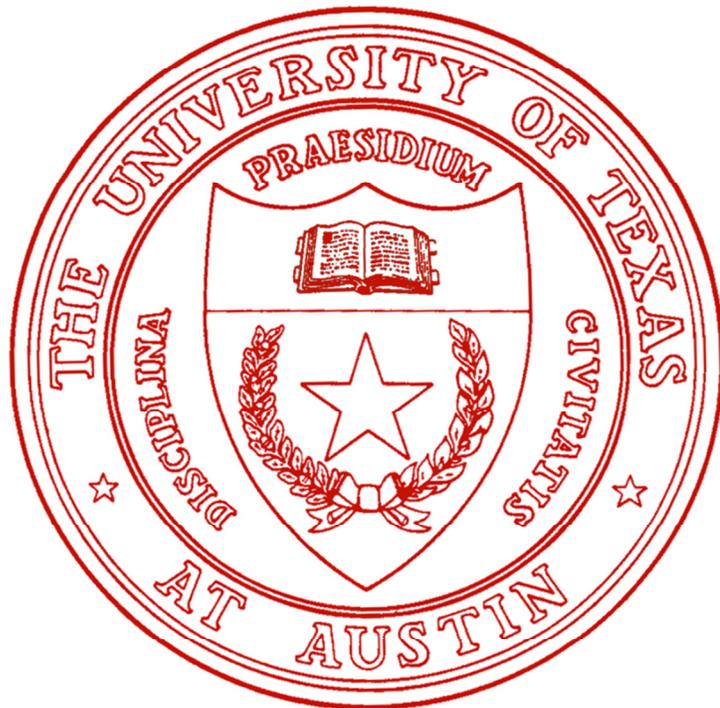


**The University of Texas at Austin**

**FY 2010 Texas**

**Tobacco Prevention and Control Coalition**  
**(TPCC) Final Evaluation Summary Report**

FY2010 Texas Department of State Health Services  
Tobacco Prevention Control Coalition



**Contract No. 2010-032937**  
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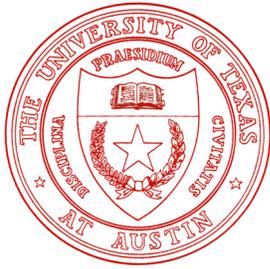
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## FY2010 Texas Tobacco Prevention and Control Coalition (TPCC) Final Evaluation Summary Report

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Department of Kinesiology and Health Education

### I. Key Findings TPCC Cross Community Outcome Evaluation

Tobacco use is the leading cause of preventable disease and death in Texas. Smoking related illnesses cause more deaths each year than alcohol, car accidents, illegal drugs, suicides, homicides driving while intoxicated and fire – combined.<sup>1</sup> To help combat the problem the Texas Legislature funded six community tobacco prevention and control coalitions in 2009 - 2010 to reduce the burden of tobacco use in Texas. The six communities, Austin, Fort Bend County, Ector/Midland County, Llano Estacado, Northeast Texas and San Antonio, represent approximately 3.35 million Texans. Each community site was charged with using the U.S. Centers for Disease Control and Prevention's (CDC) *Best Practices for Tobacco Prevention and Control*, evidenced-based programs and the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) *Strategic Prevention Framework*. This report documents the outcome and process evaluations resulting from the FY10 programs.

The **outcome evaluation** tracks progress toward the goals of preventing tobacco use among youth, enforcing local, state and national laws prohibiting sale of tobacco products to youth under 18 years of age, helping current adults and youth give up the tobacco habit, protecting Texans from exposure to secondhand smoke and reducing tobacco-related health disparities. Following are findings comparing site specific and aggregate data across the six study sites to state trends at baseline. Note that *data comparisons are reported for the examination of trends only. Comprehensive tobacco prevention and control efforts were implemented in TPCC sites beginning January 2009 and therefore we did not expect smoking use and cessation rates to change significantly in 2009.*

#### Adult Cigarette Use (Behavioral Risk Factor Surveillance Survey)

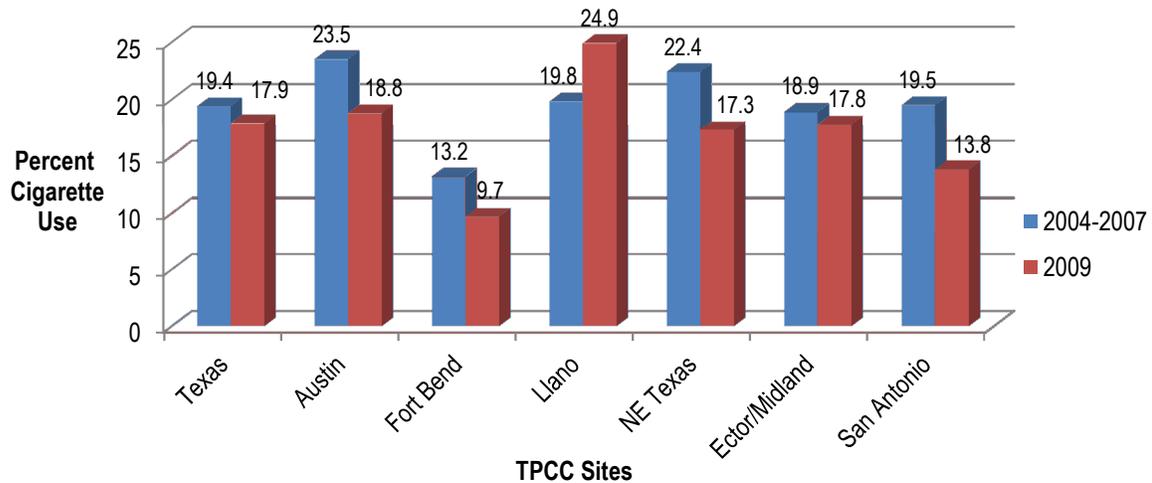
Nationally, the goal is to reduce smoking among adults to 12% by 2010. The 2009 age-adjusted adult smoking rate in Texas, 17.7%, is higher than this goal. Although rates shown in the figures below are not age-adjusted, comparison to the national goal indicates that in 2009 only one site, Fort Bend (and only in 2009), met the national Healthy People 2010 goal (see Figure 1). Comparison of the 2009 State smoking rate with the baseline rate of 19.4% indicates that smoking declined slightly statewide. The rate decrease may be due in part to the January 2009 State tax increase adding \$ 1.41 to the cost of a pack of cigarettes. Similar to the Statewide trend, smoking declined in five of the six TPCC communities from 2004-2007 to 2009. Only the rates in Llano-Estacado increased from baseline to 2009. Examination of all six sites combined (see Figure 2) indicates that the rate of smoking decreased from 19.2% in 2004-2007 to 15.6% in 2009. Moreover, although the current smoking rate for the six sites was similar to the State rate in

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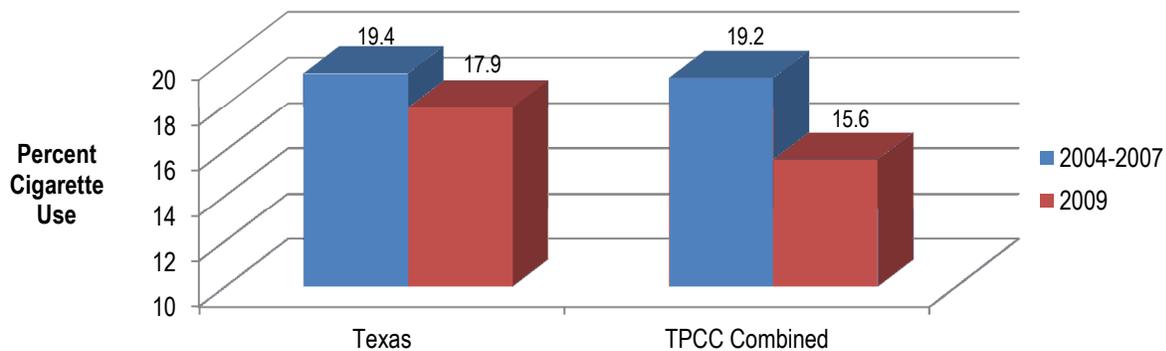
<sup>1</sup> Texas Department of State Health Services, Chronic Disease Prevention, 2001 Causes of Death in Texas.

2004-2007, the 2009 rate of current smoking was lower for the six sites combined than it was for the State (see Figure 2).

**Figure 1: Adult Cigarette Use (100 Cigarettes in Lifetime & Still Smoke Some or Everyday) (BRFSS 2004-2007<sup>2</sup> compared to 2009<sup>3</sup>)**



**Figure 2: Adult Cigarette Use in Texas and the Six TPCC Sites Combined (BRFSS 2004-2007<sup>2</sup> compared to 2009<sup>3</sup>)**



### Youth Tobacco Use (Texas Youth Tobacco Use Survey)

Data for youth tobacco use were drawn from the 2008 and 2009 Texas Youth Tobacco Survey (YTS) for Fort Bend, Llano Estacado, Ector, and North East Texas. Austin Independent School District refused participation in the YTS therefore there are no data for Austin. Midland schools also did not participate in YTS data collection. San Antonio schools participated in 2009 data collection, but because of insufficient

<sup>2</sup> Baseline data were drawn from the composite 2004-2007 Texas BRFSS because it provides a common data source for all six coalition communities and provides a large enough data set to provide information on tobacco use and cessation for specific sub-groups in each coalition community.

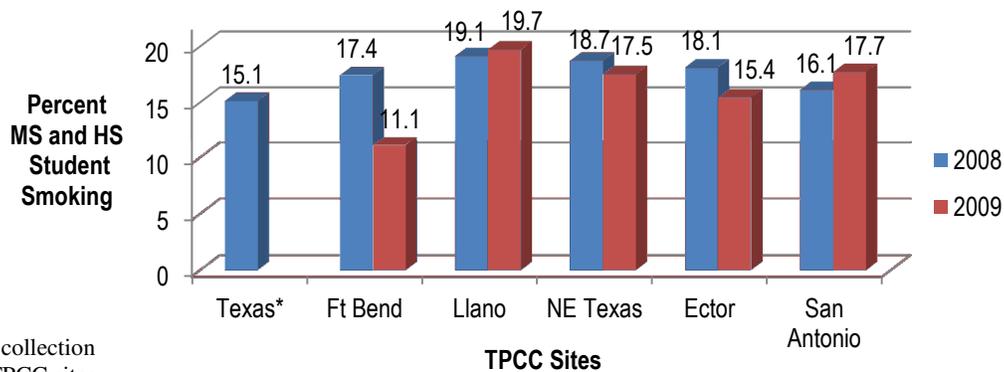
<sup>3</sup> Data for 2009 are oversampled in each coalition community, with the exception of the 78704 zip code area in Austin.

participation in 2008, baseline data for this site are drawn from the 2006 YTS. Finally, there are no 2009 statewide estimates of tobacco use because only the six TPCC sites were included in YTS data collection.

Figures 3,4 and 5 show tobacco use combined across middle and high school students. As expected, tobacco use rates did not change considerably for most communities from 2008 to 2009. An exception is Fort Bend where rates decreased considerably for cigarette and any tobacco use. The national Healthy People 2010 goal is to reduce high school youth smoking to no more than 16%. At baseline and in 2009, Texas and five sites exhibit high school smoking rates above the national goal. The rate of smoking in Fort Bend was 16.1% in 2009, which decreased from 24.6% in 2008. High school smoking also declined in Ector and San Antonio, but increased slightly in Llano and did not change in North East Texas.

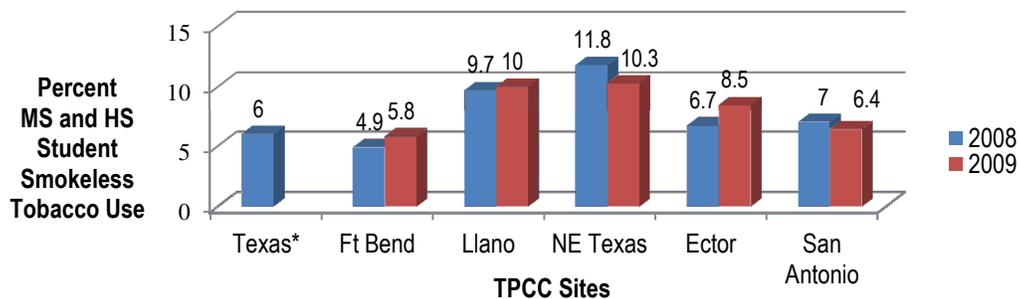
Consistent with expectations, middle school students had lower rates of tobacco use than high school students. Middle school smoking decreased from 2008 to 2009 for Fort Bend and North East Texas, but increased for Llano and Ector. San Antonio middle school smoking increased only slightly from 2008 to 2009 .

**Figure 3: Past 30-Day Smoking for Middle and High School Students Combined (YTS<sup>4</sup> 2008 compared to 2009)**



\*2009 data collection limited to TPCC sites

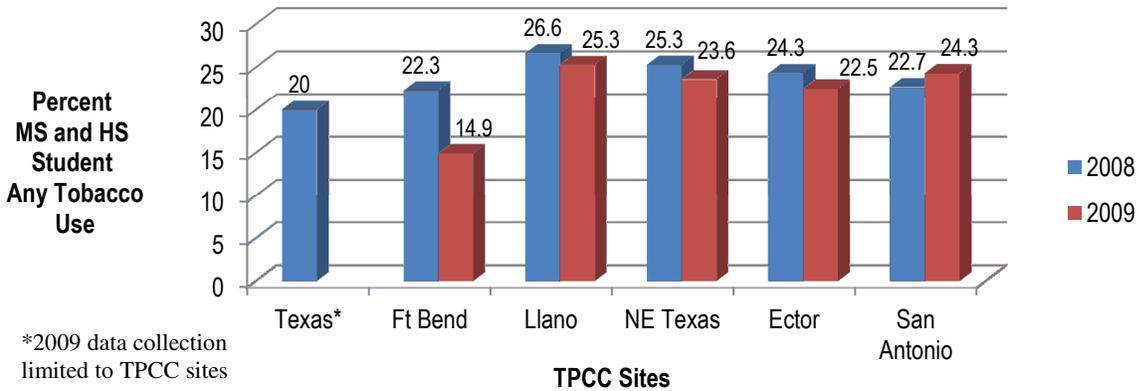
**Figure 4: Past 30-Day Smokeless/Chew Use for Middle and High School Students Combined (YTS<sup>4</sup> 2008 compared to 2009)**



\*2009 data collection limited to TPCC sites

<sup>4</sup> Insufficient data for Midland and Austin. 2008 San Antonio data drawn from the 2006 YTS. 2009 YTS data collection was limited to the six TPCC sites; therefore, no Statewide estimates are available.

**Figure 5: Past 30-Day Any Tobacco Use for Middle and High School Students Combined (YTS<sup>4</sup> 2008 compared to 2009)**



### Changes in Quitline Use

During FY10, all communities were engaged in promotion of the Texas Quitline. Comparison of new callers to the Quitline from baseline in FY08 (*September 1, 2007-August 31, 2008*) to FY10 (*September 1, 2009-July 31, 2010*) shows a combined 136% increase in calls for the six coalition communities (see Table 1). This increase is substantially larger than the 16% increase in the rest of Texas. Five of the communities showed a substantially higher rate of change in Quitline use in FY10 from FY08 than did the rest of Texas. Austin showed a very slightly higher rate of change in FY10 than did the rest of Texas.

**Table 1. Percent Change in Texas Quitline Use in FY10 Compared with FY08 and FY09**

|                | New Callers FY08 | New Callers FY09 | New Callers FY10* | % Change in FY10 from FY08 | % Change in FY10 from FY09 |
|----------------|------------------|------------------|-------------------|----------------------------|----------------------------|
| TX-TPCC sites  | 2917             | 3514             | 3396              | 16%                        | -3%                        |
| TPCC sites     | 994              | 2450             | 2350              | 136%                       | -4%                        |
| +Austin        | 368              | 516              | 432               | 17%                        | -16%                       |
| Fort Bend      | 42               | 47               | 82                | 95%                        | 74%                        |
| Llano-Estacado | 114              | 159              | 300               | 163%                       | 89%                        |
| NE Texas       | 70               | 184              | 257               | 267%                       | 40%                        |
| Ector/Midland  | 55               | 478              | 329               | 498%                       | -31%                       |
| San Antonio    | 345              | 1066             | 950               | 175%                       | -11%                       |

\* FY10 data gathered from September 1, 2009-July 31, 2010

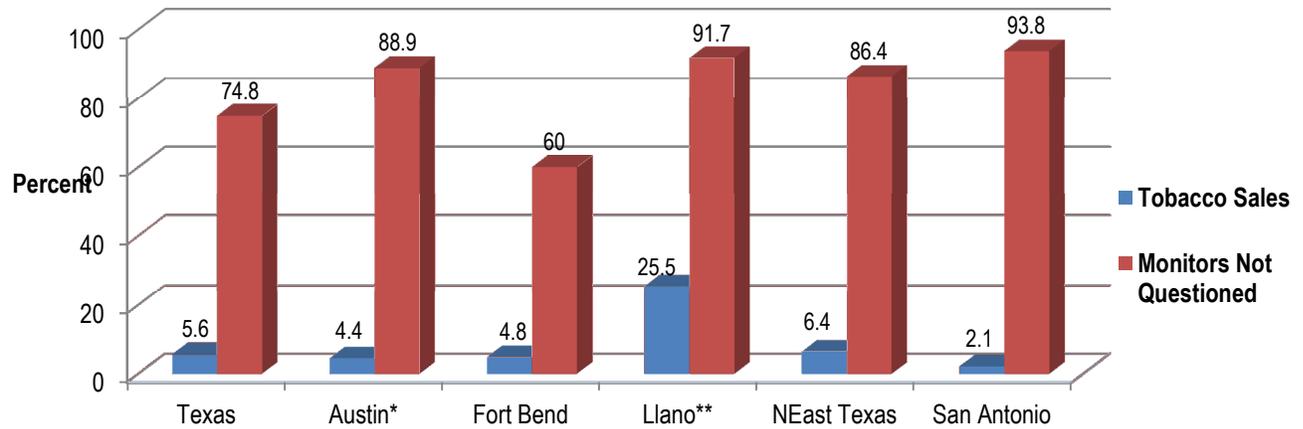
+Based on data from all of Travis County

### Compliance with Tobacco Laws

Enforcement of tobacco control policies makes them more effective by discouraging people to break the laws and by sending a message to the public that community leaders believe that these policies are important. One primary policy for enforcement efforts is restrictions on minors' access to tobacco. Additionally, the Synar Amendment, directing federal funds for substance abuse prevention to states, mandated penalties for states that exceed a 20% buy rate. The federal goal is to reduce the buy rate to 10% for all states. As shown below, during 2009, only Llano-Estacado exceeded the 20% rate while all other sites had rates well below the more conservative 10% goal. Also relevant is the percent of monitors whose age was not questioned when successfully purchasing tobacco products during a controlled buy.

Results ranged from 60% for Fort Bend to 94% in San Antonio, although these rates must be contrasted against low tobacco sales to minors.

**Figure 6: Percent Tobacco Sales to Minors and Monitors Not Questioned in a Successful Controlled Buy September 1, 2008-August 31, 2009**



\*Data from 17 zip codes. \*\*Based on data from Hockley and Lubbock Counties only. Note: No data reported for Ector/Midland

## II. Key Findings & Recommendations Cross Community Process Evaluation

The **process evaluation** tracks implementation and use of the Centers for Disease Control and Prevention’s (CDC) *Best Practices*, evidence-based tobacco prevention and control programs and SAMHSA’s *Strategic Prevention Framework*. Typically process evaluation findings provide insight into how program activities contribute to program outcomes. Communities benefit by reviewing these findings and making program adjustments to allow them to better achieve their goals. The FY10 Final Evaluation Report presents findings to address five evaluation questions, to what extent:

1. Did sites plan to use comprehensive, evidence-based tobacco prevention and control programs?
2. Did sites implement SPF capacity building measures to mobilize the community to achieve its goals?
3. Were program goals achieved?
4. Were culturally appropriate, tailored strategies used to reach priority populations?
5. Did sites plan for sustainability?

Findings from the process evaluation are presented in the full report. Resulting recommendations follow.

### **Evaluation Question 1: To what extent did sites plan to use comprehensive, evidence-based tobacco prevention and control strategies to achieve their goals?**

**FY2010 Data Displays** were designed to assess the extent to which sites planned for comprehensive, evidence-based tobacco prevention and control programs to achieve their goals. The reporting process requires the coalition to 1) engage in a detailed program planning effort and 2) promote more complete implementation of comprehensive, evidence-based strategies across all sites.

**Table 2 : Goals of TPCC Tobacco Prevention and Control**

| GOAL |  |
|------|--|
| 1    | Prevent youth tobacco use  |
| 2    | Ensure compliance with state and local tobacco laws with adequate enforcement                      |
| 3    | Increase tobacco use cessation among young people and adults                                       |
| 4    | Eliminate exposure to secondhand smoke   |
| 5    | Reduce tobacco use among populations with the highest burden of tobacco-related health disparities |
| 6    | Develop and maintain local capacity for comprehensive tobacco prevention and control               |

### **Recommendations**

- After three years of funding participating sites have all developed data-based logic models linked to evidence-based programs and strategies. The logic models submitted in the FY 2011 Strategic Plans provide sufficient evidence of community plans to conduct comprehensive, evidence-based tobacco prevention and control programs.
- Emphasize development and follow-through on action plans during FY 2011.

### **Evaluation Question 2: To what extent did sites implement capacity building measures to mobilize the community to achieve its goals?**

This question looks at the coalitions' use of the Strategic Prevention Framework (SPF) model for building coalition capacity. The model calls for defined organizational structure, membership recruitment and training, leadership development, and cultural competency. The question was addressed by looking at three variables:

- A) Coalition and action team activity and membership,
- B) Use of planning as a capacity building tool, and
- C) Coalition training needs identified and provided.

### **Recommendations**

- Distinguish training that is provided *by* the coalition members/partners to the community from training that which is provided *for* coalition members and partners as a capacity building measure. The distinction is important for clear documentation of the steps required for implementing actions plan in the community.
- Use action plan monitoring as part of the on-going process assessment to better align the training plan with implementation.
- Continued focus on capacity building will help the TPCC coalitions develop tools to increase membership, diversity and additional tobacco control leaders in these communities.
- Additional technical assistance would help all sites better implement capacity building measures.

### **Evaluation Question 3: To what extent were program goals achieved?**

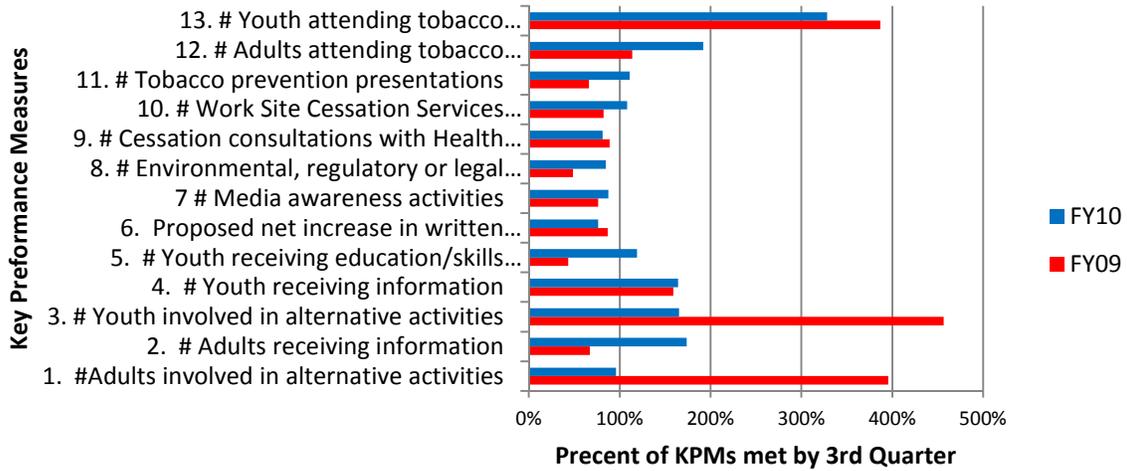
This question reports on the number of common outcomes measures achieved across the TPCC communities during FY2010. While there are multiple ways to answer this question we selected:

- A) The number of Key Performance Measures achieved three quarters into the fiscal year

- B) The number of policy changes and,
- C) Key quotes from lessons learned from the end of year debriefing at three of the sites.

Figure 7 compares the combined performance across all TPCC sites for FY 2010 to the previous year, FY 2009.

**Figure 7: TPCC FY09 and FY10 Achievement on KPMS by 3<sup>rd</sup> Quarter**



### Key Performance Measures Achieved

- All sites combined met or exceeded FY 2010 goals by the end of the 3<sup>rd</sup> Quarter on the following measures:
  - Youth attending tobacco presentations
  - Adults attending tobacco presentations
  - Number of tobacco related presentations
  - Work site cessation services consultations
  - Youth receiving education/skills training
  - Youth receiving information
  - Youth involved in alternative activities
  - Adults receiving information.
- By the end of the 3<sup>rd</sup> Quarter of 2010, together, all sites approximated or exceeded the FY 2009 key performance measures.

### Municipal and Worksite Policy Change

Entering the FY 2010 fiscal year, each site had at least one municipality with a relatively strong smoke free ordinance. (Austin, Sugarland, Lubbock, Tyler and San Antonio). Two sites entered the fiscal year with at least 3 communities having a relatively strong municipal smoke free policy (Austin – Austin, Rollingwood, and Westlake Hills; North East Texas – Tyler, Longview and Kilgore. The Ft. Bend County Coalition succeeded in passing a second strong municipality, Missouri City (population 69,037) and metropolitan San Antonio strengthened its ordinance to include restaurants and free-standing bars as

well as those in restaurants (1,277,322). *Over 1.3 million Texans received protection from exposure to secondhand smoke in restaurants and free-standing bars as well as those in restaurants as a result of TPCC activity in FY 2010.*

Only one TPCC site reported activities designed to promote smoke-free worksites in their community during FY 2010.

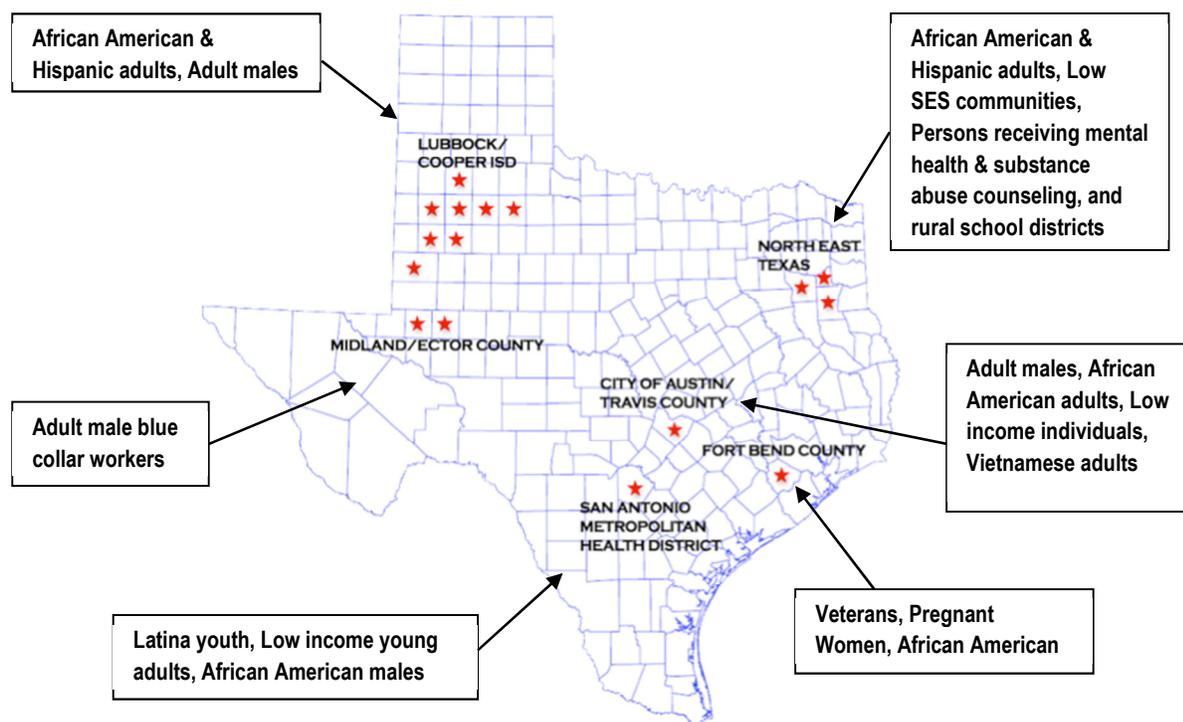
### **Recommendations**

- All sites should review progress toward data-based outcome measures listed in their previous year's logic models as part of the development of their current *Strategic Action Plans*.
- Each community has at least one municipality that could be targeted with efforts to either strengthen or enhance enforcement or develop a new municipal ordinance in FY 2011.
- Each community could expand its efforts to develop or strengthen smoke-free worksites in FY 2010.
- Expand youth awareness and prevention activities among high school students.
- Develop and implement innovative strategies to engage high school youth and build skills.
- Establish relationships with law enforcement officers, provide training and create a sense of urgency to motivate officers around enforcement of youth tobacco access laws.
- Focus efforts on provider education and quitline promotion.
- Stress to mental health/substance abuse facilities that mixed messages are being sent when instructors use tobacco.
- Provide tobacco cessation resources to staff in mental health/substance abuse facilities.
- Make a commitment to municipal and worksite policy change.
- Establish trust and spread awareness among priority population groups.
- Educate and provide necessary skills and resources to priority populations to quit or avoid tobacco use.
- Develop case statements based on health considerations that connect priority populations to tobacco related health disparities.
- Create talking points and templates for sustaining the work of the coalition.
- Delegate tasks across coalition members directed at sustaining the work of the coalition.

### **Evaluation Question 4: To what extent were goal specific, culturally appropriate, tailored strategies used to reach priority populations?**

CDC guidelines suggest that coalition resources, both human and financial, can be used most effectively when communities identify the populations most affected by tobacco-related health disparities and target interventions to address tobacco use and exposure. Each TPCC site identified one or more priority populations in their strategic plan. This question addresses the extent to which coalitions developed strategies to reach those populations.

**Figure 8: 2010 Priority Populations Identified by TPCC Sites**



### Recommendations

- Address priority populations in all goal areas of the strategic plan to increase the impact of the tobacco prevention and control efforts in the communities with the greatest need.
- Partner with the Texas Department of Health and Human Service’s Office for the Elimination of Health Disparities for technical assistance in identifying strategies to address priority populations.
- Identify the important issues that mobilize communities of interest and build case statement around issues that overlap with tobacco control.
- Seek and provide training on community based participatory programming and research to open channels of communication, build trust and support among previously underutilized community leaders.

### Evaluation Question 5: To what extent did the coalition plan for sustainability?

To answer this question we analyzed data and documents from the End of Year Coalition Member Debriefing, Sustainability Checklist, and a 46-item Coalition Member Satisfaction Survey. The debriefing was conducted in the form of a focus group interview, lead by a Community Evaluation Workgroup member. Themes and illustrative quotes were identified and documented on the End of Year Coalition Debriefing form.

## Recommendations

Quotes are attached to those directly from coalitions based on the end of year debriefing.

- People and organizations with a vested interest in the problem, not just contractual deliverables, are needed to sustain the work of the coalition. This is consistent with concepts presented in original trainings on the Strategic Prevention Framework.  
*“We don’t have enough people working with us who aren’t contractors. The contractors won’t do anything but what they’re contracted to do and that stinks.”*
- Continue to expand and strengthen the involvement of community members and coalition activities. Additional effort is needed to increase diversity of coalition members and revitalize youth program activities.  
*“The Ambassador program needs to be more robust along with active youth coalition members”.*
- Expand the coalition to include members from more diverse sectors of the community and give them a meaningful role related to organizational goals.
- Emphasize Sustainability in FY 2011. There is a need for bringing additional attention to developing and sharing sustainability plans and proposals in the coming year. The lack of detailed sustainability plans (as described in the SPF to include resource inventories, case for support statements, prospect lists and proposal development) or proposal development is problematic in at least three of the sites. The existence of a plan could also help assure consistency and less haphazard execution of activities designed to sustain the work of the coalition.

### III. Categorical Summary of Recommendations for 2011 TPCC Program

| Category                                | FY 2010 Recommendations   | FY 2009 Recommendations  |
|---|---|--|
| Organizational Structure                | <ul style="list-style-type: none"> <li>• Retain emphasis on the use of action teams</li> </ul>  | <ul style="list-style-type: none"> <li>• Minimize staff turnover</li> </ul>  |
| Organizational Processes and Activities | <ul style="list-style-type: none"> <li>• <u>Review data-based outcome measures when developing 2011 action plans</u> – All sites should review progress toward data-based outcome measures listed in their logic models as they develop FY 2011 Action Plans</li> <li>• <u>Training</u> - Sites that have successfully navigated the grant development process should work with <i>Texans Standing Tall</i> to conduct trainings on developing proposals for additional funding in other sites</li> <li>• <u>Policy Change</u> – Expand efforts to develop, enforce, or strengthen smoke or tobacco-free policy changes in municipalities and worksites in FY 2011.</li> <li>• <u>Expand coalition</u> to include members from diverse community sectors and give them meaningful roles on coalition.</li> <li>• <u>Youth programs</u> - Expand &amp; develop innovative</li> </ul> | <ul style="list-style-type: none"> <li>• Expand training and schedule booster training sessions on the SPF to include the Skill Sets recommended by the University of Kansas in their Core Competencies that facilitate</li> <li>• Continue to monitor understanding of the SPF processes and provide TA to remedy gaps in understanding</li> <li>• Emphasize how to construct and use meeting minutes and agendas</li> <li>• Continue to monitor meeting minutes</li> <li>• Emphasize recruitment and training of community stakeholders and contractors on action teams</li> <li>• Provide professional development on coalition management</li> </ul> |

|  |   |  |
|--|---|--|
|  | <p>strategies to engage high school youth and build skills</p> <ul style="list-style-type: none"> <li>• Establish relationships with and provide training to <u>create a sense of urgency to motivate law enforcement officers to enforce youth tobacco laws.</u></li> </ul>  |  |
| <b>Reduction of tobacco-related health disparities</b> | <ul style="list-style-type: none"> <li>• Address priority populations in all goal areas to increase the impact of tobacco prevention and control efforts in the communities with the greatest need.</li> <li>• Partner with the Texas Department of Health and Human Service’s Office for the Elimination of Health Disparities for technical assistance in identifying strategies to address priority populations.</li> <li>• Identify the important issues that mobilize communities of interest and build case statements around issues that overlap with tobacco control.</li> <li>• Seek and provide training on community based participatory program research to open channels of communication, build trust and support among underutilized community leaders.</li> </ul> | Develop a TRHD plan that includes local data, resources and alignment of coalition activities with needs of priority populations   |
| <b>Coalition Sustainability</b>                        | <ul style="list-style-type: none"> <li>• <u>Emphasize sustainability</u> in FY 2011.</li> <li>• Sites should actively be working with university-based public health leaders to <u>form grant writing partnerships.</u></li> <li>• Institutionalize work of the coalition through collaborating partners (ie. School and hospital districts, worksites and health care facilities)</li> <li>• Each site should be required to submit a <u>sustainability plan that include a list of potential funding agents,a written case for support ( proposals) and an action plan.</u></li> <li>• <u>Publicize the addition of 1.3 million Texans</u> to the role of those protected from exposure to secondhand smoke in restaurants and bars by TPCC coalitions in FY 2010</li> </ul>    | Continue to educate and inform decision makers on the need to adequately fund community based tobacco control programs   |
| <b>Evaluation</b>                                      | <ul style="list-style-type: none"> <li>• Emphasize <u>development and follow-through on strategic action plans</u> in quarterly process evaluation reports.</li> <li>• Continue to <u>monitor coalition and action team minutes.</u></li> </ul>   | <ul style="list-style-type: none"> <li>• Continue to monitor process indicators but decrease number of reporting requirements</li> <li>• Require submission of monthly meeting minutes</li> <li>• Set up regular meetings between DSHS and TA providers</li> </ul> |