



Texans and Tobacco

A Report to the 82nd Texas Legislature

January 2011

Forward

Cigarette smoking is the number one cause of premature death and disability in the United States, and costs society over \$193 billion annually in medical care and health-related productivity (Centers for Disease Control and Prevention (CDC), 2010). In Texas, smoking is responsible for 24,500 annual deaths and \$12.2 billion in excess medical care expenditures and lost productivity. Annual medical care costs related to smoking are more than \$5.8 billion. The estimated \$6.4 billion in annual productivity losses are associated with death-related forgone lifetime earnings.

This report, *Texans and Tobacco*, is presented pursuant to the requirements of the Texas Health and Safety Code, Section 161.0901. It details the steps that the Texas Department of State Health Services (DSHS) is taking to reduce and eliminate tobacco use statewide, presents statistical data on current and historic use, and outlines the efforts of the state's tobacco prevention and control initiatives.

The DSHS Mental Health and Substance Abuse Services Division would like to acknowledge the assistance of the staff from the Texas Comptroller of Public Accounts and the DSHS Disease Prevention and Intervention Section in creating this report.

For additional information, please contact Mike Maples, Assistant Commissioner for Mental Health and Substance Abuse at 512/206-4511.

Executive Summary

Tobacco use in Texas among adults and youth, though currently in decline, remains a serious public health problem, contributing to or causing many preventable illnesses and deaths. This report details the steps that the Texas Department of State Health Services (DSHS) is taking to reduce and eliminate tobacco use statewide, presents statistical data on current and historic use, and outlines the progress of various programs to date.

Retail Cigarette and Tobacco Sales to Minors

Federal Synar Amendment legislation requires annual, random inspections of tobacco retailers to ensure that 20% or fewer retailers are in violation of tobacco laws. In Texas, the Comptroller of Public Accounts (CPA) works in partnership with local law enforcement agencies to educate the public and to measure and enforce compliance. For Federal Fiscal Year (FFY) 2011, Texas' sales-to-minors rate was 9.0%, a dramatic decrease since the 1998 high of 24%. CPA funding for local enforcement and retailer education provided by DSHS-funded Prevention Resource Centers (PRC), as well as enhanced licensing programs, improved community education, targeted media campaigns, the Texas Tobacco Prevention Hotline, and interagency cooperation are credited with this reduction in illegal tobacco sales to minors.

Tobacco Prevention and Control Initiatives

Tobacco prevention and control activities are guided by goals and objectives that were developed through a statewide strategic planning process that included regional and local stakeholders and partners. Regional staff infrastructure is provided by DSHS to meet the needs of Texans at the local level. There are DSHS tobacco program coordinators in eight Health Service regional offices. Eleven Prevention Resource Center tobacco specialists provide services in the counties to each of the Health and Human Service regions.

Program goals include preventing initiation of tobacco use, increasing cessation of tobacco use by youth and adults, eliminating exposure to secondhand smoke in public places, and eliminating disparities among diverse and special populations.

Future Plans

In June 2007, DSHS convened a team of tobacco control experts from the local, regional and state levels to develop a five-year strategic plan for comprehensive tobacco use prevention and control. The goal of the 2008 to 2013 Strategic plan is to provide a data driven, logical evidence-based approach to achieving a smoke-free Texas (Appendix A).

Educational Programs

Education is a key component of DSHS' prevention and cessation activities. DSHS provides educational activities to support the enforcement of the Texas tobacco laws including community education, the Texas Youth Tobacco Awareness Program for youth cited for possession of tobacco, and a media campaign, *Enforcing Is Easy*. The Texas Education Agency provides school-based tobacco prevention in grades 4 to 12 statewide. The PRCs facilitate smokeless tobacco prevention education in rural areas of the state. Additionally, DSHS funds various youth leadership programs including Texas Tobacco-Free Kids Day activities. DSHS also provides education to health care providers and worksites regarding cessation of tobacco use.

Tobacco Use

According to 2009 data from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and DSHS, approximately 17.9% (3,283,303) of adult Texans smoke tobacco. This figure represents a decline from the 1993 and 1995 highs of 23.7% and from the 1990-2003 average of 22%. In 1997, 16.2% of adults in Texas said they smoked on a daily basis. According to the BRFSS in 2009, the percentage of adults in the state who said they smoke daily was down to 11.7%. National statistics, statistics for specific population subgroups, racial/ethnic groups, and other socioeconomic data are available.

Two biennial surveys, the Texas School Survey of Substance Abuse Among Youth and the Youth Tobacco Survey, measure youth tobacco use, collectively polling students in grades 4-12. Statistical evidence demonstrates that public health activities have a positive impact on the rates of underage tobacco use in Texas. According to the 2009 Youth Tobacco Survey, the overall youth tobacco use rates (middle school and high school) in Texas have dropped from 24.7% in 2006 to 20.2% in 2009. This indicates significant progress has been made in reducing tobacco use among youth during this period.

Table of Contents

I. Retail Compliance	6
<i>Health and Safety Code 161.0901(b)(1)</i>	
II. Tobacco Sales	9
<i>Health and Safety Code 191.0901(b)(2)</i>	
III. Tobacco Initiatives	13
<i>Health and Safety Code 191.0901(b)(3)</i>	
IV. Future Plans	32
<i>Health and Safety Code 191.0901(b)(4)</i>	
V. Educational Programs	35
<i>Health and Safety Code 191.0901(b)(5)</i>	
VI. Tobacco Use	36
<i>Health and Safety Code 191.0901(b)(6)</i>	
VII. Appendices	44

I. Retail Compliance

Health and Safety Code, Section 161.0901(b)(1): A baseline of statistics and analysis regarding retail compliance with this subchapter (H), Subchapter K, and Chapters 154 and 155, Tax Code.

*Sale of Cigarettes and Tobacco to Minors
S.B. No. 76, Chapter CXXXIX*

An Act to prevent the sale of cigarettes and tobacco to persons under the age of sixteen years, and to prescribe a penalty for violating the same.

Be it enacted by the Legislature of the State of Texas: Section 1. That any person who shall sell, give or barter, or cause to be sold, given or bartered, to any person under the age of sixteen years, or knowingly sell to any other person for delivering to such minor, without the written consent of the parent or guardian of such minor any cigarette or tobacco in any of its forms, shall be fined not less than ten nor more than one hundred dollars.

*Approved May 23, 1899
General Laws of Texas, page 237
26th Texas Legislature*

A. Federal Synar Inspections

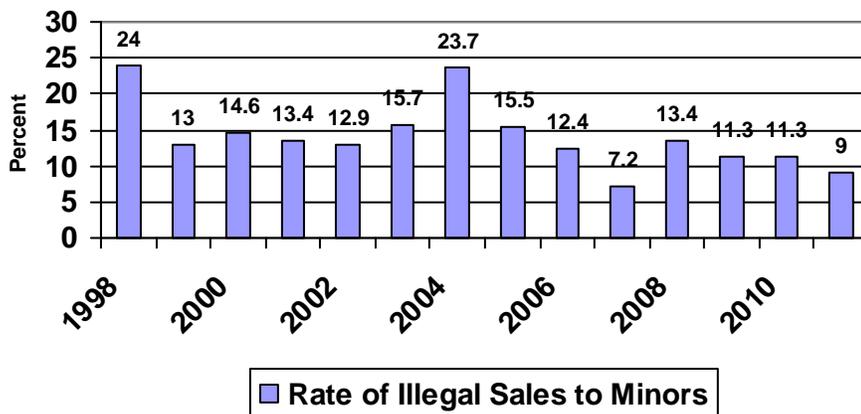
Federal legislation, called the Synar Amendment requires states to have laws that outlaw tobacco sales to persons under the age of 18 and conduct an annual random inspection of tobacco retailers. States that have a sales rate of more than 20 % (meaning that one in five tobacco retailers inspected sold tobacco to a minor) face stiff sanctions including the potential loss of federal funds for substance abuse prevention and treatment.

The Texas Comptroller of Public Accounts, in partnership with local law enforcement agencies, is responsible for compliance with the Synar amendment. The Comptroller's office is the permitting and regulatory agency for tobacco retailers in Texas. The State of Texas requires tobacco retailers to obtain permits from the Texas Comptroller to sell tobacco products to consumers. Each tobacco retailer must renew their license to sell tobacco products every two years, on the even numbered years. Additionally, a permit holder must also have an active sales tax permit for each business location from which tobacco products are sold. The Comptroller's office conducted a study during the spring of 2010 that determined the Comptroller's database of tobacco retailers was 98.61 % accurate for use in the Synar Survey. The Texas tobacco tax retailers list consisted of 27,531 tobacco retailers in 254 counties.

Through an interagency agreement with the Comptroller’s office, DSHS, Division of Mental Health and Substance Abuse Services (MHSA), conducts the Synar Survey, analyzes the survey data to determine the state’s rate of illegal sales to minors, and completes the Annual Synar Report to the Substance Abuse and Mental Health Services Administration. The Texas School Safety Center at Texas State University-San Marcos contracts with DSHS to oversee the Synar Survey field inspections. The Synar Survey is conducted according to research protocols approved by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention to ensure the findings are scientifically valid. Since passage of the state’s comprehensive tobacco control laws in 1997, Texas tobacco sales to minors from 1997 to 2010 have dramatically decreased from 24% in FFY1998 to 9% in FFY2011(Chart1). The Annual Synar Report is for the Federal Fiscal Year (FFY) following the calendar year in which the inspections were conducted.

Chart 1

Texas Synar Rates FFY1998-2011



B. Comptroller of Public Accounts Inspections

In addition to the annual Synar Survey, which is performed at the same time each year, the Comptroller’s office tracks enforcement data from local law enforcement agencies it funds with grants under Texas Health & Safety Code §161.088. The enforcement agencies include municipal police departments, county sheriffs’ departments, and county constables that provide full enforcement of the state’s tobacco laws. These agencies conduct monthly unannounced inspections using undercover officers and minors and also provide necessary enforcement for violations relating to permit visibility, required signage, tobacco products placement, retailer training, and visibility of tax stamps on the tobacco products. In addition, the Comptroller provides grants to school-based law

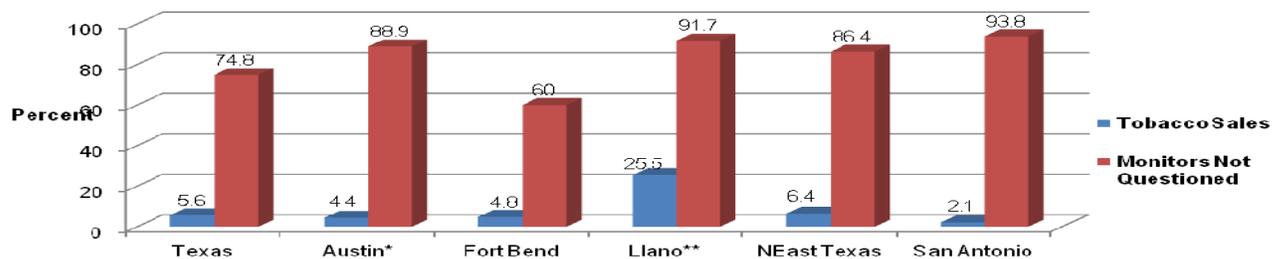
enforcement agencies to conduct enforcement and education activities appropriate to a school setting. These agencies work collaboratively to leverage resources among the different local and state organizations to increase enforcement activities.

During the year prior to the 2010 Synar Survey, data collected monthly from the Comptroller-funded law enforcement agencies showed 4.8% of retail stores inspected statewide illegally sold tobacco products to minors. The FFY 2011 Synar Survey conducted in the spring of 2010, resulted in an 9.0% rate of illegal sales to minors. Though methodology for the two different data sets (Synar Survey is a scientific random selection and Comptroller data is self-selected/self-reported by grantees) are dramatically different, both are significantly below the 20% threshold for federal penalties. These figures show that when the full range of enforcement activities are supported with necessary fiscal and staffing resources, a positive impact can be made in reducing the number of illegal tobacco sales to minors. DSHS has established a protocol to alert the Comptroller’s office during the annual Synar Survey to ensure local law enforcement is notified of local retailer violations. One hundred and fifty retailer violations during the 2010 Synar Survey were reported to local law enforcement for follow-up enforcement activities.

Comptroller’s FY2010 data shows the illegal rate of tobacco sales to minors in the five DSHS-funded comprehensive target communities compared to Texas sales to minors. (Chart 2) During 2009, only Llano-Estacado exceeded the 20% rate while all other sites had rates well below the more conservative 10% goal. The higher rate in Llano-Estacado target community is tied to the West Texas area of the state that in general exhibits higher rates of tobacco use along with a cultural norm that is more favorable to tobacco use. Additionally, there is no Comptroller funding to local law enforcement in the Llano-Estacado target area to conduct compliance inspections and only four school districts have funded school-based police. 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.

Chart 2

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



II. Tobacco Sales

Health and Safety Code, Section 161.0901(b)(2): A baseline of statistics and analysis regarding illegal tobacco sales, including: (A) sales to minors; (B) enforcement actions concerning minors; and (C) sources of citations.

“Effective measures of restricting the commercial distribution of tobacco products to youth are only the beginning. The retail environment should be redesigned to effectuate the public health goals of discouraging tobacco use and reducing the numbers of people with tobacco-related disease.”

*“Ending The Tobacco Problem: A Blueprint For The Nation”
Institute of Medicine Report, May 2007*

Tobacco enforcement in Texas is conducted using a multi-pronged approach that makes use of both local and state level resources. The Comptroller of Public Accounts, under Texas Health & Safety Code §161.088, and DSHS under Texas Government Code §403.105, provide funding to local law enforcement agencies including municipal police departments, sheriffs’ departments, constable offices, and school-based police agencies. In FY10, through grants funded by the Comptroller’s office, 121 local law enforcement agencies and 119 school districts with school-based police provided compliance education to approximately 1.7 million minors, retailers, court personnel, parents, educators, and law enforcement officers. The Comptroller’s law enforcement grantees conducted 8,462 controlled buys using youth inspectors, resulting in 409 violations for retailer sales to minors. (Table 1)

Table 1

Enforcement Action	Violations	FY2010	FY2009
Minor Enforcement	Minors in Possession of Tobacco	1,490	1,894
Retailer Enforcement			
Controlled Buys (Stings)		8,462	10,118
	Sting Violations	409	570
	Sting Citations	398	553
	Sting ratio-violation to stings	4.83%	5.63%
Retailer Compliance Inspections		5,906	7,752
	# Stores in Violation	702	888
	# Violations at these stores	821	1,068
	Inspection Ratio-violations to inspections	11.89%	11.46%
Stores Cited		71	150
	# Citations issued at these stores	77	165

In addition, the Comptroller conducts its own inspection of tobacco permit holders to ensure compliance with the law. The Comptroller's enforcement and criminal investigation divisions conduct detailed misdemeanor and administrative inspections of thousands of retailers annually. The Comptroller's office in 2010 completed 579 inspections that had one or more violations (Appendix B).

A. Texas Tobacco Enforcement Collaborative Agencies

The Texas tobacco laws are enforced by the collaborative efforts of the following stakeholder entities:

- Comptroller of Public Accounts
- Department of State Health Services
- Texas State University – San Marcos
 - Texas School Safety Center
 - Texas Statewide Tobacco Education & Prevention (STEP) Program
- Office of the Attorney General

Funded law enforcement agencies use the state's model for tobacco enforcement developed by the Comptroller and Texas State University-San Marcos in the 1990s. This model includes educating retailers, the public, and youth; inspecting retailers; and enforcing the state's retail sales laws through undercover compliance checks and enforcing the state's minor-in-possession of tobacco statute. This model has provided the core of tobacco law enforcement since the law passed in 1997 and has since become a model for other states. It emphasizes voluntary compliance created through the partnership between local law enforcement agencies and local retailers.

Since the state's comprehensive tobacco laws were passed in 1997, staff from the Comptroller's office and have met on a regular basis. They have communicated best practices in order to develop necessary infrastructure and mutual relationships to limit youth access to tobacco. The state's low rate of illegal sales of tobacco products to minors demonstrates the effectiveness of statewide activities to support law enforcement at the local level.

The Office of the Attorney General has also been an active partner in reducing youth tobacco access. Through its Consumer Protection and Public Health Division and under authority of the Texas Deceptive Trade Practices - Consumer Protection Act, the Attorney General has negotiated voluntary compliance settlements with several large retail companies that include a provision that these companies will not hire minors to sell tobacco.

B. Support Activities for Enforcement of Texas Tobacco Laws

1. Community Education

During the period between the 2009 and 2010 Synar Survey, DSHS and the Comptroller conducted a number of supportive outreach activities. Education was conducted for Texas law enforcement, judicial officials, tobacco retailers, and local communities regarding the state's tobacco law. The purpose was to convey to the public the importance of complying with these laws and potential consequences for failure to do so.

When tobacco retailers initially are issued a permit, or when they renew their permit, they receive a packet of information from the Comptroller's office concerning their role in enforcing tobacco laws in Texas. Texas continues to distribute a warning sign in the merchant education packet stating: *"I Can't Sell – You Can't Buy/Under 18 No Tobacco/Together We Can Stop Kids from Buying Tobacco."* By Texas law, the warning sign must be posted at the points of sale by retailers.

The following materials are included in the retailer guideline packet distributed to all retailers who renew their permits for tobacco sales: warning signs in both English and Spanish; warning stickers for vending machines and a poster that illustrates the need for checking IDs. Also included is a flyer that details the quickest way to check ID and an employee booklet providing information on how employees can comply with the law. There are cash register stickers with a logo that states *"I check ID"*; a brochure that summarizes the Texas law and a four page information sheet for the tobacco retailers' permit requirements.

The Comptroller's office approves seller training programs that provide classes to merchants and their employees. To become an approved program, providers must meet specific criteria in their curriculums. There are 19 tobacco seller education programs located in communities across the state.

Local law enforcement agencies, DSHS funded PRCs, substance abuse prevention programs, chronic disease programs, the American Heart Association, the American Cancer Society, and many school districts across the state included minors and tobacco information in educational presentations. Aimed at youth and adults, these presentations provided the message that tobacco is harmful and addictive, as well as information concerning state laws. In FY10, through grants funded by the Comptroller's office, 121 local law enforcement agencies and 119 school districts with school-based police provided compliance education to 1.7 million minors, retailers, court personnel, parents, educators, and law enforcement officers.

DSHS funds 11 PRCs – one in each health and human service health region – to provide substance abuse prevention materials, training, and collaboration including tobacco specific activities. In the year prior to the 2010 Synar Survey, the 11 DSHS regional PRCs contacted 15,379 tobacco retailers to provide education and ask for voluntary compliance with Texas tobacco law in support of the efforts of Comptroller-funded law enforcement. During the year, the PRC and other DSHS-funded prevention programs

facilitated 17,445 prevention presentations to 93,250 adults and 416,339 youth in local communities across the state. The six comprehensive tobacco coalitions provided tobacco prevention presentations to 25,927 youth. Local law enforcement is further supported by a media campaign, *Enforcing It Is Easy*.

The Texas Teen Summit and Comprehensive Tobacco Prevention Conference, held annually in July, provides best practice training for effective tobacco use prevention and cessation programming. Among the 708 youth and adults attending the conference in 2010, 76 law enforcement officers participated in the workshops.

2. Texas Youth Tobacco Awareness Program

In 1995, the Texas Legislature passed a law to prohibit the use of tobacco products by adults and possession of tobacco products by minors at school-related or school-sanctioned events on or off school property. (Education Code Sec. 38.006) In 1997, the Texas Legislature passed SB 55, prohibiting purchase, consumption, possession, or receipt of tobacco products by anyone younger than 18. The bill also requires DSHS to provide a tobacco awareness program for youth cited for minor-in-possession of tobacco.

The Texas Youth Tobacco Awareness Program minor-in-possession classes provided by DSHS are designed to raise awareness of the dangers of tobacco use and provide youth tobacco users with cessation assistance. Research on the program has shown a 35% cessation rate among participants six months after completing the class. A train-the-trainer program has been developed and revised to sustain the program. DSHS certifies instructors for the program and maintains a current database of available instructors at the Texas Tobacco Law website at www.texastobaccolaw.org.

In FY 2010, 2,155 of the 2,292 youth cited for minors in possession of tobacco products enrolled in the Texas Youth Tobacco Awareness Program classes. These classes are administered by DSHS through an interagency contract with the Comptroller's office. These classes consist of eight hours of classroom instruction provided in two hour blocks, twice a week for two weeks. The Texas Adolescent Tobacco Use and Cessation curriculum developed by Texas A&M Health Science Center and the University of Houston is delivered during these classes.

3. Media

The *WorthIt?* campaign educates teens about the Texas Tobacco Law and its consequences. The campaign is funded by the Comptroller's office and tobacco settlement funds. The teen-focused *WorthIt?* (www.worthit.org) is supplemented by the *Enforcing It is Easy* campaign which is directed at parents, retailers, and law enforcement, and intended to educate adults about SB55. The *Enforcing It is Easy* campaign was developed by DSHS for the Comptroller's office.

The campaign includes cable over-the-air TV ads. In FY10, Channel One, the in-house TV network seen in schools in the target area was added. During FY10, the over-the-air campaign *WorthIt?* TV ads were seen by 77,337 youth, age 12-17, for an average of 4.4

times for 340,829 total impressions. The cable TV spots were seen by 175,130 youth an average of 3.7 times for 654,000 total impressions in the Tobacco Prevention and Control Coalitions' target areas. It also is estimated that over 1.8 Texas youth were exposed to the messages of *Worth It?* by Channel One in middle and high schools.

A companion to *Worth It?*, the *Enforcing It is Easy* campaign targets tobacco retailers, youth, parents, and other Texas adults. It is intended to remind them of their responsibilities under the Texas Tobacco Law, which prohibits sale or distribution of tobacco products to minors. In FY10, special emphasis was placed on promoting the consequences faced by youth under 18 who purchase or possess any tobacco product, especially the loss of driving privileges. The *Meet Your New Ride* campaign consisted of billboard and convenience store posters in selected counties throughout the state. It is estimated that the billboards had a daily effective circulation of 1,365,608 viewers.

4. Texas Tobacco Prevention Hotline

The Texas Tobacco Prevention Hotline (1-800-345-8647) is a method through which people in local communities statewide can report violations of the minors and tobacco law. This is a toll-free number to report merchant selling tobacco products to minors, tobacco advertising near a church or school, a cigarette vending machine that is accessible to minors, or other violations. Once the service determines the caller's particular need, the caller is transferred to the proper authority. This bilingual service is available 24 hours a day.

III. Tobacco Initiatives

Health and Safety Code, Section 161.0901(b)(3): Tobacco controls and initiatives by the Office of Smoking and Health of the department, or any other state agency, including an evaluation of the effectiveness of the controls and initiatives.

DSHS' tobacco prevention and control activities are guided by goals and objectives that were developed through a statewide strategic planning process that included regional and local stakeholders and partners. These goals echo the Texas Interagency Tobacco Task Force Legislative Plan presented to the Texas Legislature in 1998, as well as the comprehensive approach promoted by the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* manual revised in October 2007. The CDC best practices guidance recommends the following components for tobacco control programs:

- State and community interventions;
- Health communications interventions;
- Cessation interventions;
- Surveillance and evaluation; and
- Administration and management.

The goals for tobacco programs are:

1. Preventing initiation of tobacco use
2. Increasing cessation of tobacco use by youth and adults

3. Eliminating exposure to secondhand smoke in public places
4. Eliminating disparities among diverse and special populations

A. Preventing Initiation of Tobacco Use

“Youth play a unique and important policy advocacy role that contributes to an effective comprehensive tobacco control program. The initiation of and addiction to tobacco often occurs before young people are legally able to buy tobacco products – an age when they are also highly targeted by the tobacco industry. Because they are targets, young people must be engaged in tobacco control efforts. Youth are powerful allies in the fight against pro-tobacco influences, key partners in denormalizing tobacco use, and important levers in determining the future of tobacco control policy.”

Centers for Disease Control and Prevention, *Best Practices User Guide: Youth Engagement – State and Community Interventions*

DSHS addresses youth initiation with a wide-ranging approach aimed at schools and communities. DSHS regional tobacco coordinators and staff, six comprehensive community coalitions, 11 PRCs, and local contractors provide educational activities as part of their program implementation.

1. Statewide Comprehensive Tobacco Prevention Community Coalition Grant Program

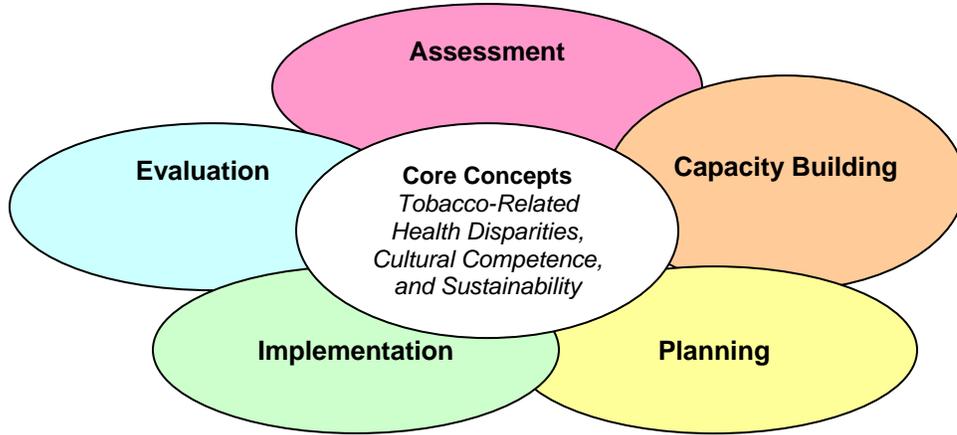
In FY2008, five city and/or county health departments and one independent school district received DSHS funding to organize and manage comprehensive community Tobacco Prevention and Control Coalitions (TPCC). Six sites were selected for the grant program: City of Austin Health and Human Services Department, Ector County Health Department, Fort Bend County Health and Human Services Department, Lubbock-Cooper Independent School District, Northeast Texas Public Health District, and the San Antonio Metropolitan Health District. (The Ector County Health Department declined funding for FY11.)

The purpose of these coalitions is to provide comprehensive evidence-based environmental tobacco prevention and control activities to meet DSHS tobacco program strategic plan goals:

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

To guide their planning and implementation, the coalitions use the CDC *Best Practices for Tobacco Prevention and Control* and the Substance Abuse and Mental Health Services Administration’s *Strategic Prevention Framework*. The Texas Strategic Prevention Framework has added tobacco-related health disparities as a core concept to the federal model.

Texas Strategic Prevention Framework



Utilizing the SPF model, the TPCCs have collected, analyzed and interpreted tobacco use data in their target communities to identify specific community tobacco-related problems and set priorities to help mobilize the community and build capacity in the coalition. The TPCCs actively implement evidence-based interventions in a comprehensive program to address the problem of 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 put into practice by coalition partners and contractors in the following year. The TPCCs are active in promoting community interventions, including “social norm changes.” Other evidence-based strategies executed by the TPCCs include youth engagement activities, promoting cessation services, and health communications.

Since receiving funding in February 2008, the six TPCCs have entered 447 written agreements with local community stakeholders. These agreements are intended to enhance each community’s ability to more effectively provide tobacco prevention, cessation, and second-hand smoke strategies through community mobilization, capacity building, and empowerment. During the last fiscal year, through alternative activities such as Tobacco-Free Kids Day events, the coalitions reached 27,877 youth. Over 3,800 youth participated in TPCC tobacco prevention education classes in the target communities. The coalitions consulted with 1,674 local health care providers to educate them on the use of *YES YOU CAN: A Clinical Toolkit for Treating Tobacco Dependence*. They visited 642 worksites to encourage smoke-free policies, and to promote the DSHS

Quitline cessation services. In addition to the six DSHS funded coalitions, two communities, El Paso and Amarillo, currently fund comprehensive tobacco programs using local foundation or hospital district funding.

DSHS has contracted with the University of Texas at Austin to develop an evaluation system for the Tobacco Prevention and Control Coalition grant program. This evaluation documents short term and intermediate program outcomes for future use by both local coalitions and DSHS (Appendix C).

Examination of all six TPCC target communities combined indicates that the rate of smoking among adults 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 2004-2007, the 2009 rate of current smoking was lower for the six sites combined than it was for the state. Compared to current smoking rates among all Texas middle and high school youth, the TPCC target communities remained higher than the state rate of 15.1%. The rate of smoking for high school students in Fort Bend was 16.1% in 2009, which is a decrease from 24.6% in 2008. High school smoking also declined in Ector and San Antonio, but increased slightly in Llano Estacado (Lubbock and surrounding counties), and did not change in North East Texas. Only San Antonio and Llano Estacado coalition communities saw a slight increase from 2008 to 2009 in youth smoking rates. The Austin Independent School District has not participated in the Youth Tobacco Survey during the grant period.

2. School-based Prevention

Tobacco prevention education is provided for individual youth in grades 4 to 12 through a \$3 million annual interagency contract with the Texas Education Agency (DSHS Rider 72, House Bill 1, 80th Texas Legislature.) The tobacco prevention education program is implemented through the 20 regional Education Service Centers (ESCs) that are providing training and curriculum materials for two programs, *The Short Story of Life* and *Toward No Tobacco Use*. TEA reports that during the 2009-2010 school year, the ESCs trained 11,254 teachers and local Texas school districts provided tobacco prevention education to over 480,499 students.

3. Smokeless Tobacco Prevention

The Texas FFA Association Convention was held in Corpus Christi, July 13-19, 2010, and for the 2nd year in a row, DSHS promoted the *Spit It Out* campaign as a convention sponsor. The *Spit It Out* booth (shown in the photo below) was designed to portray the nasty effects of smokeless tobacco, and was based on the new TV spot, *Black Hairy Tongue*. Outreach staff talked to FFA convention participants about the consequences of smokeless tobacco, specifically the oral health conditions it causes. Over 10,000 youth and adult visitors to the convention were exposed to the smokeless tobacco prevention message. In FY2011, the smokeless prevention initiative will again be promoted to the Texas FFA members through its website, newsletter, and convention.



Convention attendee pledging to be tobacco free.

An educational prevention program is also conducted in rural communities statewide by the 11 regional PRCs to prevent the use of smokeless tobacco products. The PRCs reached over 35,000 youth and adults with information and presentations while 14,135 youth and adults participated in prevention presentations. Additionally, the PRCs provided a curriculum, *SOS: Spotlight on Smokeless*, to 16,631 youth in rural school districts working with the vocational agriculture teachers and FFA chapters.

4. Youth Engagement Initiatives

The youth engagement initiatives including the Teen Ambassador Program, tobacco prevention conference, teen summits, and Texas Tobacco-Free Kids Day activities are conducted through a contract with the Texas School Safety Center (TxSSC) at Texas State University-San Marcos. (<http://cscs.txstate.edu/cscs/cscs-tobacco.htm>) The Texas youth leadership and activism initiative is implemented by TxSSC in coordination with 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 to local youth-led school groups to conduct recommended youth activities to advocate, engage with the school and community, and fight pro-tobacco influences. The Texas youth engagement movement works as a pyramid. At the top of the pyramid are youth age 14-17 that do not use tobacco. This group serves as peer models to younger youth, reinforcing the core prevention messages that are presented to youth age 6-14 to build a value structure that dissuades tobacco use. Texas youth are creating a "brand" for the youth engagement initiative that will be unveiled at the 2011 state youth summit. The Texas "brand" will serve to connect the dots between local tobacco prevention groups with a website, promotional items, and networking opportunities that will bring the youth from awareness to action.

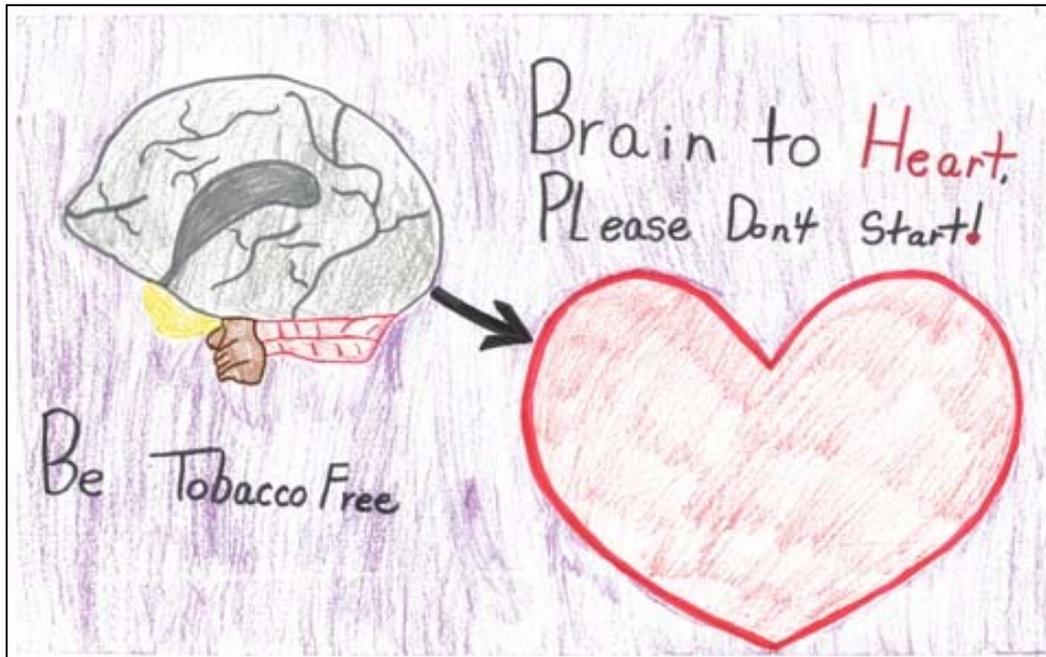
- a. **Texas Teen Ambassador Program** The Texas Teen Ambassadors are a network of well-trained, educated, and committed high school-aged youth advocates who provide the youth voice regarding tobacco use and secondhand

smoke. Teen Ambassadors provide guidance to the DSHS tobacco program on the state's tobacco prevention efforts. Texas Teen Ambassadors represent the diversity of the State of Texas. They provide guidance on various aspects of the states initiative, including tobacco prevention media campaigns aimed at young pre-teens and teens, such as *DUCK* and *Worth It?* They also serve as representatives and spokespersons for the states tobacco prevention efforts at the state and local levels. They appear on television and radio talk shows, newscasts, and present at public events on behalf of the state. Many of them have experienced the devastating effects of tobacco first hand, through illnesses and deaths of family members. These teens have a true passion for an in-depth understanding of tobacco-related issues. They employ a belief that they can make a difference in their world and change the social norms of peers. In FY2010, the Teen Ambassadors reached 18,584 of their peers through local prevention activities.

- b. Texas Teen Tobacco Summit and Comprehensive Tobacco Prevention Conference** This conference is held annually in late July and provides best practice training for effective tobacco use prevention and cessation programming. The 2010 conference was the largest conference since the first conference held in 2000. In attendance were 335 adults including youth sponsors and law enforcement officers and 373 youth. This event assembles tobacco-control professionals, researchers, healthcare providers, community coalition members, law enforcement officers, counselors, teachers, and young people dedicated to protecting Texas youth from the dangers of tobacco use and helping those who smoke to quit.
- c. Regional Texas Teen Tobacco Summits** These weekend summits provide training and resources to community and school-based organizations to invest in youth and create a positive social change at the local level. Summit participants receive prevention training to guide them to address local community conditions that contribute to youth tobacco use. In the spring of 2010, summits were conducted for 487 youth statewide in seven regional camp settings.
- d. Texas Tobacco-Free Kids Day** Tobacco-Free Kids Day is held annually in Texas in conjunction with the national Kick Butts Day event sponsored by the Campaign for Tobacco-Free Kids. This tobacco awareness day encourages students of all ages to live tobacco-free lifestyles. Schools and organizations receive an activity guide to use in their community or school. On March 24, 2010, the third annual youth leadership event Tobacco-Free Kids Day reached 1,102,500 youth and adults statewide.



- e. **Tar Wars** In partnership with the Texas Academy of Family Physicians, DSHS promotes the Tar Wars educational outreach and poster contest statewide. Tar Wars is a free, nationwide tobacco education campaign for fourth and fifth graders. The curriculum is consistent with CDC 's Guidelines for School Health Programs to prevent tobacco use among youth. The Tar Wars program uses medical professionals to educate and motivate students to be tobacco free and encourages community involvement.



B. Cessation of Tobacco Use by Adults and Children

“Tobacco smoke contains a deadly mixture of more than 7,000 chemicals and compounds, of which hundreds are toxic and at least 70 cause cancer. Every exposure to these cancer-causing chemicals could damage DNA in a way that leads to cancer. Exposure to smoke also decreases the benefits of chemotherapy and other cancer treatments. Smoking causes more than 85% of lung cancers and can cause cancer almost anywhere in the body. One in three cancer deaths in the U.S. is tobacco-related. Even brief exposure to secondhand smoke can cause cardiovascular disease and could trigger acute cardiac events, such as heart attack. The report describes how chemicals from tobacco smoke quickly damage blood vessels and make blood more likely to clot. The evidence in this report shows how smoking causes cardiovascular disease and increases risks for heart attack, stroke, and aortic aneurysm. Smoking causes many other harmful effects throughout the body, including making it harder for diabetics to control their blood sugar. Smoking makes it harder for women to get pregnant and can cause a miscarriage, preterm delivery, low birth weight, as well as damage to fetal lungs and brain tissue. Babies who are exposed to secondhand smoke are more likely to die from sudden infant death syndrome.”

Surgeon General’s Report, December, 2010 “How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease.”

The CDC’s *Best Practices for Comprehensive Tobacco Control Programs*, October 2007, states the case for smoking cessation activities to include:

- A tobacco-use screening and brief intervention by clinicians, is not only a top-ranked clinical preventive service relative to health impact and cost effectiveness, but also is a cost-saving measure.
- Interventions that increase quitting tobacco use can decrease premature mortality and tobacco-related health care costs in the short term.
- Tobacco use treatment is more cost-effective than other commonly provided clinical services, including mammography, colon cancer screening, Pap tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.
- Quitting by age 30 eliminates nearly all excess risk associated with smoking, and smokers who quit smoking before age 50 cut in half their risk of dying from smoking related causes during the next 15 years.

1. Texas Quitline Services

DSHS has funded the telephone Quitline since 2000, contracting with the American Cancer Society to provide telephone counseling to tobacco users and nicotine replacement therapy (NRT) to Texas residents. ACS began collaboration with Free & Clear, Inc. in the fall of 2009 changing the name of the new quitline services to the *American Cancer Society Quit for Life* Program. DSHS has contracted with Free & Clear since the American Cancer Society closed their national call center in Austin in January 2010. Through a competitive request for proposal, Free and Clear, Inc. was chosen as the Texas Quitline contractor in FY11. Free and Clear, Inc. has a 25 year history with operational expertise and clinical experience to handle all cessation service delivery,

promotional support, account management and reporting. The American Cancer Society continues to build broad public awareness of the scientific relationship between tobacco use and chronic disease, while also actively promoting the cessation Quitline service. There were 14,222 callers to the Quitline in FY10 compared to 3,946 callers in FY08. The total number of tobacco users receiving counseling services in FY 10 was 6,835 compared to 3,128 in FY08. The increased volume can be attributed to the awareness activities in the TPCC target communities supported by an effective media campaign, along with the increased capacity of Free and Clear, Inc. to respond to callers.

In June 2010, DSHS received American Recovery and Reinvestment Act (ARRA) funding to promote and expand the Texas Quitline services. The ARRA initiative supports media marketing for the Quitline services and free NRT in 13 additional counties. An ARRA contract with the University of Texas, Austin is establishing a health care system change pilot project to help ensure cessation treatment protocols are used in daily practice.

Counties targeted for additional cessation services with ARRA funding:

- 1) Beaumont-Port Arthur Metropolitan Statistical Area: Hardin, Jefferson and Orange Counties
- 2) College Station-Bryan Metropolitan Statistical Area: Brazos, Burleson and Robertson Counties
- 3) Killeen-Temple-Fort Hood Metropolitan Statistical Area: Bell, Coryell and Lampasas Counties
- 4) Lufkin-Nacogdoches Metropolitan Statistical Area: Angelina and Nacogdoches Counties
- 5) Texarkana Metropolitan Statistical Area: Bowie County
- 6) Waco Metropolitan Statistical Area: McLennan County

Additionally, all state employees, retirees and their dependents became eligible for the Quitline tobacco cessation program and free NRT. The ARRA funding for these targeted cessation services ends in December, 2011.

Quitline users double their chance of quitting by taking advantage of the free counseling and NRT. According to the American Cancer Society, within 12 hours of quitting, the carbon monoxide level in a smoker's blood drops to normal. Within nine months of quitting, shortness of breath and coughing decrease, and the lungs have repaired their ability to function. After just one year of not smoking, the risk of coronary heart disease decreases by half, compared to a smoker's risk. According to a study in 2006 by the Center for Health Research at Keiser Permanente, for every Texan who quits smoking, there is a five-year savings of \$8,127 in medical costs and lost productivity.

2. Yes You Can Cessation Media and Outreach Campaign

Cessation efforts educate the public, and also focus on healthcare providers in an effort to increase their role in patient cessation. The DSHS program has made major strides toward this goal with development and dissemination of the *Yes You Can* cessation

toolkit. This kit 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 and provided appropriate counseling and resources. It is directly linked to the *Yes You Can* media campaign. The *Yes You Can* cessation toolkit is available for downloading on the YES QUIT website at www.yesquit.org. The toolkit is now available in CD form for easy distribution. The toolkit includes multiple reminders and aids for clinic staff to identify patients who use tobacco and to encourage them to quit. Also included are the introductory staff guide, tips on counseling patients, pharmacotherapy guide, prescription pad, and vital signs stickers for patient charts. A fax referral form, a list of resources, patient brochures, Quitline cards, a poster, and audio scripts for on-hold telephone messaging complete the resources.

The toolkit uses information from the United States Health and Human Services reference guide for clinicians, *Treating Tobacco Use and Dependence*.

Regional staff and TPCC contractors work to make direct contact with health care providers. TPCC contractors consulted with more than 700 local health care providers in FY10, to disseminate the *Yes You Can* cessation toolkit. All *Yes You Can* materials promote the Texas Quitline's free, confidential telephone counseling service available to all Texans who want to quit using tobacco products.

State level partnerships between the DSHS tobacco program and the Texas Medical Association's Physician Oncology Education Program, Nurses Oncology Education Program, the American Cancer Society, and the DSHS Women, Infants, and Children (WIC) program have been developed and maintained to ensure program success. These partnerships provide additional support to promote use of the *Yes You Can* toolkit and the Texas Quitline by healthcare clinicians, providers and insurers.

C. Eliminating Exposure to Secondhand Smoke

"The health effects of secondhand smoke exposure are more pervasive than we previously thought. The scientific evidence is now indisputable: Secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults."

"The Health Consequences of Involuntary Exposure to Tobacco Smoke, a Report of the Surgeon General"

Richard Carmona, MD, MPH, FACS, Surgeon General, June 2006

Confirming the findings of the June 2006 Surgeon General's Report that made it clear that secondhand smoke is a serious health hazard, the December 2010 Surgeon General's Report describes in detail the multiple ways that tobacco smoke damages every organ in the body, resulting in disease and death. In the report, Surgeon General Benjamin states, "There is no safe level of exposure to tobacco smoke. Every inhalation of tobacco smoke exposes our children, our families, and our loved ones to dangerous chemicals that can

damage their bodies and result in life-threatening diseases such as cancer and heart disease.”

Strategies recommended by the Center for Disease Control and Prevention to reduce the exposure to secondhand smoke include:

- Enforcing federal, state, and local secondhand smoke laws
- Educating the public (including parents), business owners, and community leaders about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking
- Providing technical assistance to offer evidence-based programs and strategies to communities
- Educating health professionals on how to assess and counsel regarding situations where secondhand smoke should be eliminated
- Conducting research on the lack of adverse economic impact on communities that have passed strong smoke-free laws and ordinances

DSHS collaborated with the University of Texas in random tests of 17 bars throughout Austin approximately one month before and one month after a 100 percent smoke-free city ordinance went into effect. The tests found that there was a dramatic reduction in air pollutants following the implementation of the smoking ban, including the respiratory suspended particles linked to heart disease and cancer. The tests also showed dramatic reduction of carbon monoxide levels after the ordinance went into effect. This data is currently being used to demonstrate to cities considering similar ordinances that smoke-free policies do protect non-smoking employees and patrons from health risks associated with secondhand smoke.

DSHS staff works with community contractors and local community groups to educate the public about the health effects of secondhand smoke. Education targets students, parents, faith communities, local governments, and employers.

Local efforts of the regional tobacco staff, contractors, and coalitions, as well as state efforts facilitated by partners such as the American Cancer Society, American Heart Association and the American Lung Association have brought about significant policy changes that impact secondhand smoke exposure.

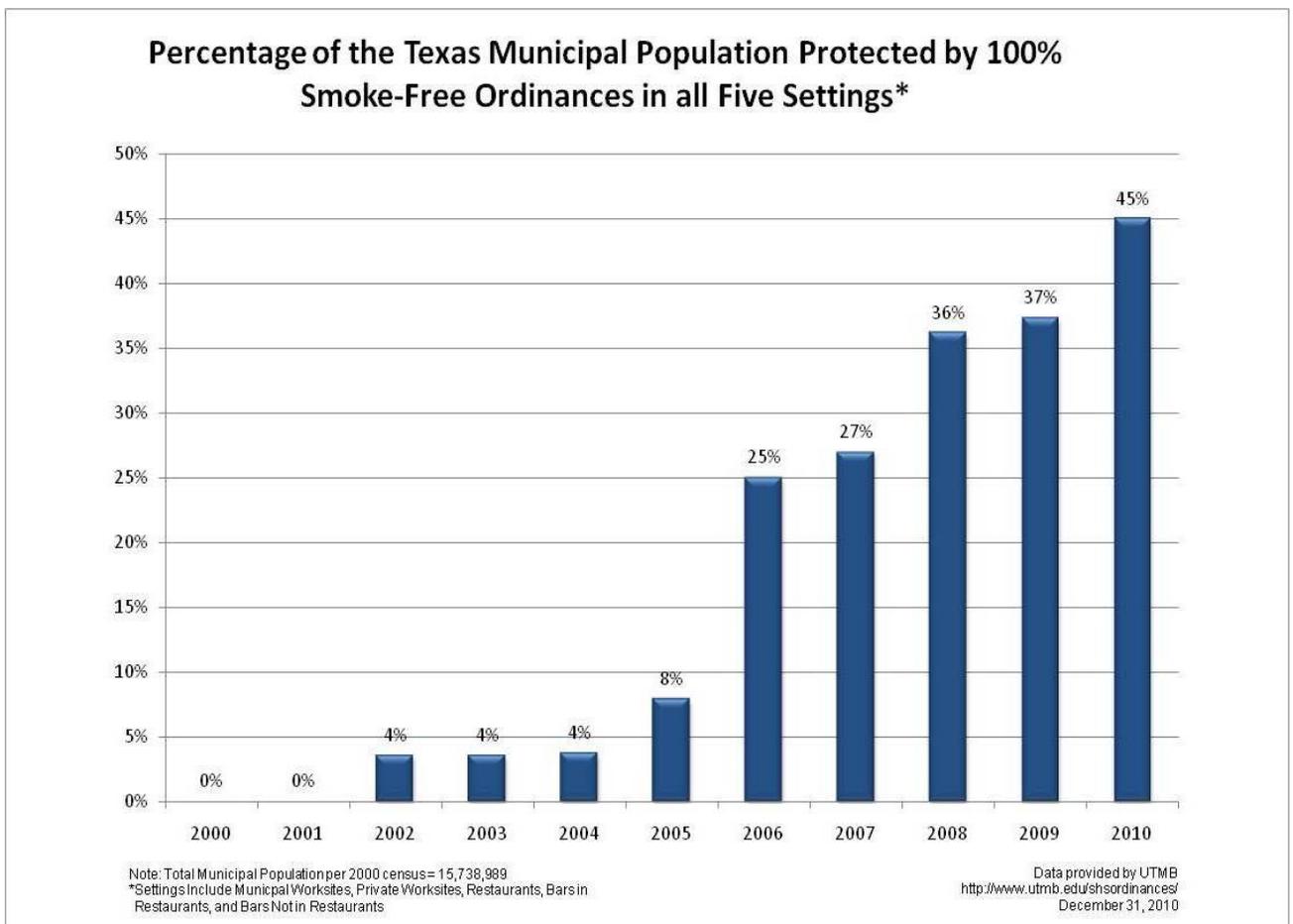
Studies continue to demonstrate that exposure to secondhand smoke is causally linked to cancer and other serious health consequences among children and adults. Placing restrictions on smoking in public places is a key strategy to limit the public’s exposure to secondhand smoke. DSHS supports a website designed to track the state’s 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 Texas Medical Branch - Galveston maintains the Texas Smoke Free

Ordinance Database website <http://www.utmb.edu/shsordinances/>.

At the end of 2010, 45 percent of the Texas municipal population (Chart 3) was covered by strong smoke-free policies and 55 percent was covered by moderate smoke-free policies. The chart below shows the progress made since 2000 when there were no smoke-free ordinances in any municipality. On August 19th 2010, San Antonio became the last major municipality in Texas to pass a comprehensive smoke-free ordinance. The ordinance takes effect on August 19th 2011 and includes bars, pool halls, comedy clubs, restaurants and bingo halls. At that time, 55 percent of the Texas municipal population will be covered by a strong smoke-free policy.

Chart 3



DSHS received ARRA funding in June 2010 to provide community-planned evidence-based environmental tobacco prevention and control activities to enact smoke-free air policies. Six Texas communities: Carrollton, Denton, Grand Prairie, Lewisville, Lufkin and Rio Grande City and are funded to strengthen existing community coalitions to promote adoption of public and private tobacco control policies; specifically the

elimination of exposure to secondhand smoke. These coalitions work to increase the public knowledge of the dangers of secondhand smoke, increase public support for smoke-free environments, and increase the number of tobacco-related public policy changes created 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 policy change strategies.

D. Eliminating Health Disparities Related to Tobacco Use

“Because some populations experience a disproportionate health and economic burden from tobacco use, a focus on eliminating tobacco-related disparities is necessary. Tobacco-related disparities are “differences in patterns, prevention, and treatment of tobacco use; differences in risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States: and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.””

CDC Best Practices for Comprehensive Tobacco Control Programs, October 2007

Tobacco-related health disparities refer to differences in health status, disease burden, and death rates in certain population groups when compared to the general population. Tobacco-related health disparities include differences among various priority population groups with respect to mortality, morbidity, exposure to secondhand smoke, and access to and use of cessation resources. Priority populations’ exhibit higher prevalence of tobacco use and/or greater incidence of tobacco related death and disease.

Throughout the state, DSHS staff works to engage faith-based communities, health care providers, community groups, racial and ethnic groups, and other diverse and special populations in its tobacco prevention efforts. Six newly funded community coalitions have conducted thorough needs assessments and developed strategic plans to help implement comprehensive tobacco prevention and control programs at the local level. This includes assessing the health disparities in their areas and identifying the correct strategies needed to lower the proportion of smokers among youth and adults. The coalitions are building on the strategies developed through FY06 CDC funding to address tobacco-related disparities.

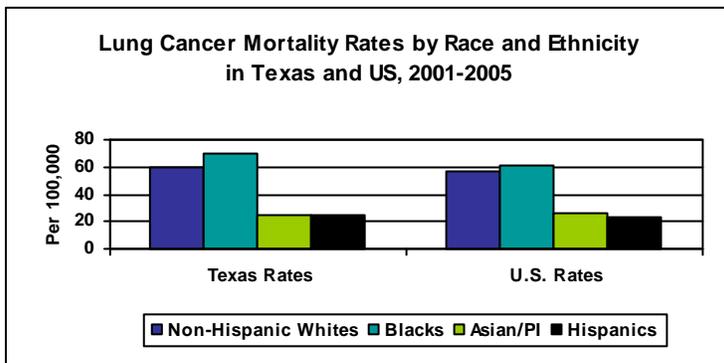
DSHS regional tobacco coordinators have also conducted population assessments and developed regional program strategies based on these findings. The regional coordinators are directing the efforts of the Tobacco Prevention and Control Coalitions to identify and develop local action plans to address tobacco related disparities.

The Youth Tobacco Survey, Adult Tobacco Survey, and Behavior Risk Factor Surveillance System are used to identify tobacco use prevalence, secondhand smoke exposure, cessation rates, and changes in attitudes and beliefs among diverse and special populations. All communities do not share the burden of tobacco equally. For example,

the Behavioral Risk Factor Surveillance System shows that current cigarette use is typically high among both white males (18.9 % use) and black males (25% use). However, the death rate due to lung cancer among white males (79.5 per 100,000) is much lower than among black males (104.1 per 100,000.) Smoking rates tend to be much higher in rural communities than in metropolitan areas. Also, smoking rates and the disease burden are higher among adults with low levels of income and education than among those with higher levels of income and education.

In Texas, it is estimated that there were 14,150 new cases of lung cancer and 10,625 deaths in 2010. Lung cancer is the leading cause of cancer deaths among Texas men and women, and the second most commonly diagnosed cancer overall. 9 out of 10 lung cancer deaths in the U.S. are attributable to tobacco use.

Chart 4



Although lung cancer mortality rates in Texas continue to decline slightly, the total number of deaths and new cases diagnosed continues to climb. This is especially true among black men who bear an especially large lung cancer burden. Black men in Texas had the highest incidence rate of lung

cancer among all racial and ethnic groups for the years 2001–2005. In addition, black men had almost three times the mortality rate of Hispanic men, and over 37 % higher mortality than non-Hispanic whites. Among women, non-Hispanic white women had both the highest incidence and the highest mortality rates from lung cancer, with incidence and mortality rates over twice as high as in Hispanic women.

Research conducted by the University of Texas Health Sciences Center - Houston School of Public Health and Baylor College of Medicine identified how to best reach special and diverse populations to yield the most impact. Specifically, the research identified outreach and media venues most appropriate for young males and females, Hispanics, Asians, and African Americans. This research was used to direct the tobacco programming for these diverse populations.

DSHS partners with the WIC Special Nutrition and Diabetes Program to bring information on effects of Secondhand smoke and provide access to cessation resources, such as the Quitline (1-877-YES-QUIT), to pregnant women and those with children less than five years old. WIC clinics located throughout Texas are excellent channels for reaching pregnant women who smoke to promote cessation and reduction of tobacco use.

E. Health Communications

“Health communication interventions can be powerful tools for preventing smoking initiation, promoting and facilitating cessation, and shaping social norms related to tobacco use. Effective messages, targeted appropriately, can stimulate public support for tobacco control interventions and create an encouraging climate for community-based prevention efforts.”

“Best Practices for Comprehensive Tobacco Control Programs”

Centers for Disease Control and Prevention, October 2007

1. Media Campaigns

Developed through a contract with EnviroMedia Social Marketing, the following targeted media campaigns support tobacco prevention and cessation efforts in Texas. The number of Texans reached with tobacco prevention advertising for these campaigns is estimated based on the Nielsen Ratings and/or Arbitron Ratings and indicates the number of persons who see or hear the spot.

a. DUCK – Tobacco is Foul

This campaign targets tweens – 10–12 year olds through outreach activities; a web site; and television, radio, Internet, and theater advertisements. The campaign’s goal is to prevent youth from experimenting with tobacco and to motivate those who are already experimenting to quit.

Messages emphasize tobacco’s negative consequences on appearance, social life, and health. Some materials are available in Spanish. In FY10, *DUCK* advertising on television, cable, and radio ran in the six the Tobacco Prevention and Control Coalitions’ media markets and resulted in 199,854 youth viewing or hearing these messages an average of 7.3 times, for a total of 1,467,000 impressions.

(www.ducktexas.org)



b. WorthIt?

The *WorthIt?* campaign targets teenagers 12-17, with a secondary audience of adults.

Worth It? presents the facts about tobacco use and its consequences, and challenges teens to decide for themselves.

The campaign includes over-the-air and cable TV, and in FY10 it added Channel One, the in-house TV network seen in school in the target area. During FY10, the *WorthIt?* over-the-air TV campaign ads were seen by 77,337 youth, age 12-17, and an average of 4.4 times for 340,829 total impressions. The cable

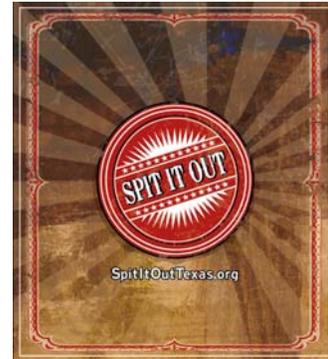
TV spots were seen by 175,130 youth an average of 3.7 times for 654,000 total impressions in the Tobacco Prevention and Control Coalitions’ target areas. It also is



estimated that over 1.8 Texas youth were exposed to the *Worth It?* messages on Channel One in middle and high schools. (www.worthit.org)

c. Spit It Out

While the targeted age group was similar to the *Worth It?* campaign, this educational campaign was designed to prevent smokeless tobacco use by Texas youth in rural areas. The campaign consists of youth-oriented outreach, a web resource for teens, and cable TV and radio advertising. *Spit It Out* was a major sponsor at the Texas FFA Association's annual conference, which drew over 10,000 teenagers from across the state. In FY10, the *Spit It Out* cable TV ads were seen in several markets across the state including, Waco, Odessa-Midland, Harlingen, San Antonio, Austin, Wichita Falls, Tyler-Longview and Lubbock.



A total of 206,636 youth age 12-17 saw the spots an average of 3.1 times for 636,792 total impressions. *Spit It Out* radio ads ran 21 markets across the state, including: Austin, Corpus Christi, Bryan-College Station, Lubbock, Amarillo, McAllen-Harlingen, Dallas-Ft. Worth, and San Antonio. 569,001 youth age 12-17 heard the spots an average of 4.8 times for 2,749,276 total impressions. (www.spititouttexas.org)

d. Enforcing It Is Easy

A companion to *Worth It?*, this campaign targets tobacco retailers, parents, and other Texas adults. It is intended to remind them of their responsibilities under the Texas Tobacco Law, which prohibits sale or distribution of tobacco products to minors. In FY10, special emphasis was placed on promoting the consequences faced by youth under 18 who purchase or possess any tobacco product, especially the loss of driving privileges. The "*Meet Your New Ride*" campaign consisted of billboard and convenience store posters in selected counties throughout the state. They included Austin, Hill, Houston, Lamb, and Wood counties as well as Odessa-Midland, El Paso, Tyler, and the Rio Grande Valley. It is estimated that the billboards had a Daily Effective Circulation of 1,365,608 viewers.

e. Yes You Can!; ¡Sí Se Puede!

This statewide campaign encourages Texas adults to take the first steps to quit tobacco by seeking the support and information they need through family, health care providers, and the DSHS toll-free Quitline. Blue-collar adult males have the highest rate of tobacco use in Texas and are the primary target audience, but the message is applicable to all smokers who wish to quit. This campaign included over-the-air and cable TV ads, with some ads available in Spanish. In FY10, the *Yes You Can* campaign ran during two different time frames. The first media buy covered the last week of December 28, 2009, through January 10, 2010. The buy was designed to coincide with the New Year and people's consideration of resolving to quit smoking. The campaign ran in the Tobacco Prevention and Control Coalitions' media markets of Austin, Lubbock, Odessa-Midland, San Antonio, and Tyler. 1,271,126 adults, 25-54, saw the spots an estimated 2.7 times to

create 3,458,669 total impressions. Another *Yes You Can* media flight ran from Feb. 14, 2010 through March 28, 2010. This campaign was on cable TV and included the Ft. Bend-Sugarland area. 501,550 persons age 25-54 were reached an average of 2.9 times for 1,504,083 total impressions. The media campaign supports local coalition cessation interventions with health care providers, worksites, local school districts, and others. As a result of the coordinated effort between the media campaign and the Tobacco Prevention and Control Coalitions' efforts on the ground, the Quitline experienced over a 600 percent increase in volume of calls from FY2008 to FY10 (3,607 to 14,222). (<http://yesquit.org>)

f. Share Air

The *Share Air* media campaign educates the public about the dangers of secondhand smoke. Television, radio, outdoor, theater, Internet, and print advertisements are available in English and Spanish on a recently revised web site <http://www.shareair.org/>.



The *Share Air* website also provides additional resources for health care providers. The 2010 *Share Air* educational campaign ran in the Austin, Lubbock, Midland-Odessa, San Antonio, and Tyler TPCC markets during the summer months

and was seen or heard by 7,246,928 persons.

The paid media campaigns described above are supplemented through the efforts of the Tobacco Prevention and Control Coalitions, community groups, and volunteer agencies who work to raise public awareness through press releases, letters to the editor, and public service announcements. Stations that run paid media schedules typically provide further exposure for campaigns by running additional public service announcements free-of-charge.

2. Earned Media & Added Value

In addition to the paid media described above, community groups, volunteer agencies, and contractors work to raise public awareness through “earned” media—press releases, letters to the editor, and public service announcements on radio and television.

Additionally, stations that run paid media schedules typically provide additional airtime for the campaigns by running additional public service announcements free-of-charge.

The economic climate in 2010 worked in favor of increasing the “earned” media run in addition to the paid media for the campaigns. In fact, the in-kind total almost matched the full budget for paid media for 2010:

- The *DUCK*, *WorthIt?*, *Spit It Out*, *Yes You Can*, and *Share Air* media campaigns earned \$1,774,319 in added value through free public service announcements provided by stations where advertising was placed, which represented almost a 95 percent increase in value added to the advertising budgets.

F. Tobacco Prevention and Control Program Infrastructure

The DSHS Tobacco Prevention and Control Program (TPCP) staff in Austin provides oversight for the program interventions. The program coordinates across other DSHS divisions providing a strategy that involves multiple state agencies, local and regional governments, voluntary organizations, universities, and local community coalitions. DSHS also has tobacco staff located in the eight regional health service offices across the state. DSHS regional tobacco coordinators conduct the following activities in their health services regions:

- Community mobilization and training activities
- Policy change activities
- Counter-marketing/educational activities
- Activities targeted to diverse/special populations, such as minorities, persons in rural areas, youth in alternative settings
- Cessation activities

Training for Tobacco Prevention and Control Coalitions is provided statewide through DSHS Coordinated Training Services prevention subcontract with Texans Standing Tall. DSHS also sponsors local, regional, and statewide trainings, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs. As part of these activities, DSHS supports the Education Service Center - Coordinated School Health project. This initiative strengthens collaborative approaches to tobacco prevention by providing training and technical assistance to the 20 regional ESCs' school health specialists.

DSHS will continue to provide statewide and targeted community surveillance through participation in state and national surveillance systems. These include the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, the Youth Tobacco Survey, and the Adult Tobacco Survey.

G. Best Practices Approach to Tobacco Prevention

The DSHS has provided an online resource for local community coalitions, grantees, and other interested stakeholders by identifying best practices and evidence-based interventions in tobacco prevention, cessation, and enforcement strategies.

1. Community Tobacco Prevention and Control Toolkit

This evidence-based guide for communities is on the DSHS website at: <http://www.dshs.state.tx.us/tobacco/bestpractices/>. Using the federal Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework, a public health model for building healthy communities, this six module toolkit provides information on the comprehensive tobacco prevention and control program components. The five basic components are:

- State and community interventions
- Health communications
- Cessation services
- Surveillance and evaluation
- Administration and management

These Center for Disease Control and Prevention-developed components are used to coordinate community efforts to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic, and social strategies.

2. The Department of State Health Services tobacco prevention webpage (<http://www.dshs.state.tx.us/tobacco/default.shtm>) also provides links to other evidence-based tobacco program resources.

IV. Future Plans

Health and Safety Code, Section 161.0901(b)(4)

“The science is now clear that ‘appropriate remedial actions’ include protecting everyone in the country from having to breath secondhand smoke; making all tobacco products progressively less affordable; expanding access to proven cessation treatments and services; taking actions at the federal, state, and local levels to counteract the influence of tobacco advertising, promotions, and sponsorship; and ensuring that all adults and children clearly understand that the result of tobacco use is addiction, suffering, reduced quality of life, and all too often, early death.....I say, if not now, when? The health of our nation depends on it”

Regina Benjamin, MD, MBA, Surgeon General’s Report, December 2010

The December 2010 Surgeon General’s Report is a comprehensive scientific report that describes specific pathways by which tobacco smoke damages the human body and leads to disease and death. The report is US Surgeon General Regina Benjamin’s first Surgeon General’s report and the 30th tobacco-related Surgeon General’s report issued since 1964. The report increases the science-based foundation to support policies to reduce smoking as one of the most effective actions to improve the nation’s health and prevent some of the most deadly and costly diseases in our society.

The mission of the DSHS Tobacco Prevention and Control Program is to reduce disease, disability, and death related to tobacco use in Texas using the comprehensive tobacco prevention and control program components recommended by CDC. . A comprehensive approach includes a mix of educational, clinical, regulatory, economic and social strategies, all “best practices” designed to help organize an integrated and effective structure that maximizes interventions proven to be effective to help eliminate both the health and cost burden of tobacco use on Texans.

A. Strategic Plan

In 2011, DSHS will continue to implement a five-year strategic plan that has been established for comprehensive tobacco prevention and control. The goal of the *Tobacco Prevention & Control Strategic Plan for 2008-2013* is to provide a data driven, logical evidence-based approach for achieving a smoke-free Texas. (Appendix A)

2008-2013 Strategic Plan Goals

Goal 1: Prevent Tobacco Use among Young People

Guiding Principles:

- Tobacco use in young people is associated with many other unhealthy behaviors, including risky sexual behavior and use of alcohol and other drugs.
- Stopping young people before they start using tobacco is easier and more cost effective than helping them break the addiction later.

- Young people face fewer health risks if they never start using tobacco.

Goal 2: Promote Compliance and Support Adequate Enforcement of Federal, State and Local Tobacco Laws

Guiding Principles:

- Education and support for tobacco laws is critical at all levels – law enforcement, parents, retailers and the community in general.
- A well informed/educated public can model compliance and support tobacco laws, creating an environment that de-normalizes tobacco use among young people.

Goal 3: Increase Cessation among Young People and Adults

Guiding Principles:

- Tobacco use is a major risk factor for multiple cancers, heart disease, stroke, and lung disease.
- Tobacco-related diseases kill more than 24,000 Texans annually and cost the state more than \$11 billion in health care costs and lost productivity.
- For every one person who dies from tobacco-related causes, 20 more people are suffering with at least one serious illness from smoking.

Goal 4: Eliminate Exposure to Secondhand Smoke

Guiding Principles:

- Secondhand smoke contains a complex mixture of more than 4,000 chemicals, more than 50 of which are cancer-causing agents (9 carcinogens).
- Secondhand smoke is associated with an increased risk for lung cancer and coronary heart disease in non-smoking adults.
- Because their lungs are not fully developed, children are particularly vulnerable to secondhand smoke. Exposure to secondhand smoke is associated with an increased risk for sudden death syndrome (SIDS), asthma, bronchitis, and pneumonia in children.

Goal 5: Reduce Tobacco use among Populations with the Highest Burden of Tobacco-Related Health Disparities

Guiding Principles:

- Tobacco-related health disparities result in poorer health outcomes and higher death rates among specific populations when compared to the general population.
- The most vulnerable and marginalized populations typically have the greatest impact on health care costs to the state.
- Ignoring tobacco-related health disparities threaten the viability of valuable segments of communities.

- Tobacco use negatively affects other diseases like diabetes, asthma, heart disease and stroke.

The *Tobacco Prevention & Control Strategic Plan for 2008-2013* is attached as Appendix A in its entirety.

B Return on Investment

Recent events provide an example of how prevention and cessation can help to provide long-term benefits to Texans through tobacco prevention and control.

The tobacco program received \$200,000 in the March 2010 from DSHS Maternal and Child Health Services' Title V funding to conduct media outreach targeting women who smoke. The funding was to support Title V national and state performance measures to address women who smoke during the last three months of pregnancy and the proportion of women between the ages of 18 and 44 who are current cigarette smokers.

The media outreach was designed to impact the number of women who would be motivated to call the Texas telephone cessation Quitline for help in quitting smoking. The media flight started in April two-weeks prior to Mother's Day on May 9th. The flight continued in the six comprehensive tobacco coalition target markets following Mother's Day through May 23rd. During the media flight, there were 579 callers to the Quitline from the six coalition media markets. Of the 579 callers to the Quitline, 348 were women.

A recent study by the Texas Quitline contractor found that approximately 27% of callers receiving services successfully quit tobacco use. It is estimated that of the 348 women calling the Quitline from the six targeted media markets, 94 will be tobacco free later this year. A Texas study by the Center for Health Research at Keiser Permanente found that for every Texan who quits smoking, there is a five-year savings of \$8,127 in medical costs and lost productivity. For this \$200,000 investment in media promoting quitting in the six Texas communities, there is a potential return of \$763,938 through reduced future medical costs and increased productivity.

V. Educational Programs

Health and Safety Code, Section 161.0901(b)(5): The educational programs of the Office of Smoking and Health of the department and the effectiveness of those programs.

Education is a key component of the Department of State Health Services prevention and cessation activities which are listed in Section II: Tobacco Sales and Section III: Tobacco Initiatives. The effectiveness of these programs is shown through the decrease of illegal sales of tobacco products to minors in Section II and the decrease of tobacco use in adults and youth as described in Section VI: Tobacco Use. Below are the specific activities described in the sections above.

Section II: Tobacco Sales

- Support Activities for Enforcement of Texas Tobacco Laws:
 - Community education
 - Texas Youth Tobacco Awareness Program
 - Media

Section III: Tobacco Use

- Statewide Comprehensive Tobacco Prevention Community Grant Program
 - Tobacco Prevention and Control Coalitions
- Statewide Tobacco Prevention
 - School-based prevention
 - Smokeless tobacco prevention
 - Texas Teen Tobacco Summit and Comprehensive Tobacco Conference
 - Regional Texas Teen Tobacco Summits
 - Texas Tobacco Free Kids Day
 - Tar Wars
- Cessation of Tobacco Use by Adults and Children
 - *Yes You Can* cessation campaign

VI. Tobacco Use

Health and Safety Code, Section 161.0901(b) (6): The incidence of use of tobacco and tobacco products by regions in this state, including use of cigarettes and tobacco products by ethnicity.

“The way tobacco is grown, mixed, and processed today has made cigarettes more addictive than ever before. Because of this, the majority of smokers who try to quit on their own typically require many attempts. It is imperative that we use this information to prevent initiation, make tobacco products less addictive, and provide access to treatments and services to help smokers quit successfully.”

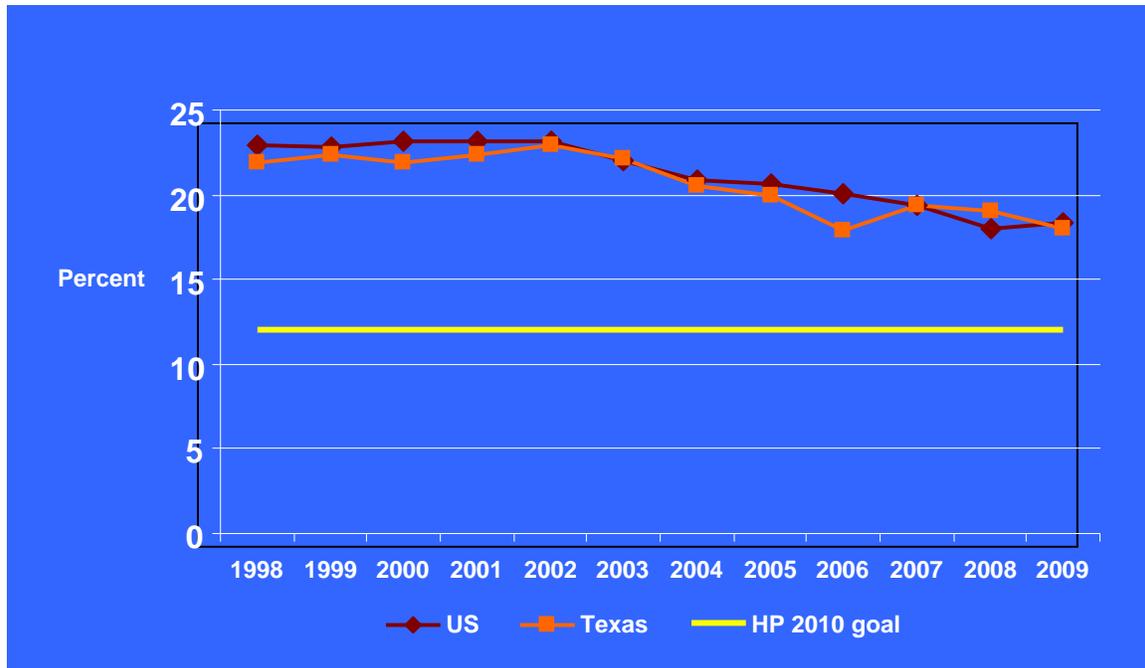
*“How Tobacco Smoke Causes Disease, a Report of the Surgeon General”
Regina Benjamin, MD, MBA, Surgeon General, December 2010*

A. Adult Tobacco Use

Texas adults had consistently maintained a smoking rate of approximately 22% for the past decade. However, efforts to increase cessation have resulted in a 17.9% smoking rate in 2009 among Texas adults according to the Behavioral Risk Factor Surveillance System data. (Chart 5)

Chart 5

Adult Smoking in Texas (BRFSS 1998-2009)

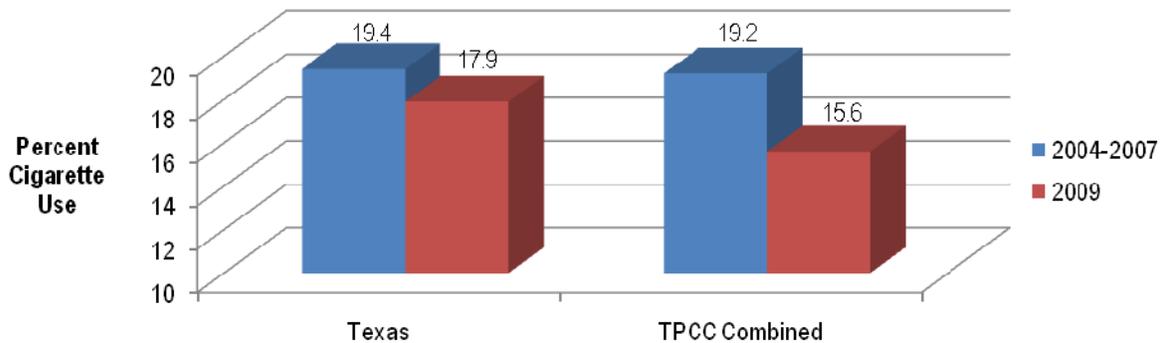


1. Adult Tobacco Use in Tobacco Prevention and Control Coalition Communities

Similar to the statewide trend, adult smoking rates declined in five of the six TPCC communities from 2004-2007 to 2009. Only the rates in Llano Estacado (Lubbock and surrounding counties) increased from 2007 to 2009. Examination of all six target communities combined indicates that the rate of smoking decreased from 19.2% in 2004-2007 to 15.6% in 2009. Although the current smoking rate for the six sites is similar to the state rate in 2004-2007, the 2009 rate of current smoking was lower for the six sites combined than it was for the state (Chart 6).

Chart 6

Adult Cigarette Use in Texas and the Six TPCC Sites Combined (BRFSS 2004-2007¹ compared to 2009²)



In Austin, Fort Bend, and North East Texas, the smoking rates were higher for males than for females (Table 2). In Llano Estacado, women had a higher prevalence of smoking in 2004-2007, but this was reversed in 2009. In San Antonio, men had a higher prevalence of smoking in 2004-2007, but the 2009 data indicate that females have a higher prevalence. Ector/Midland reports a higher rate of smoking for women than men at both time periods, although the differences were very small in 2004-2007.

Table 2

Adult Cigarette Use by Gender (BRFSS 2004-2007¹ compared to 2009²)

	Texas	Austin	Fort Bend	Llano-Estacado	NE Texas	Ector/Midland	San Antonio
Males (2004-2007)	22.3%	31.8%	17.1%	16.5%	25.8%	18.2%	24.8%
Females (2004-2007)	16.7%	16.5%	8.7%	23.2%	19.3%	19.5%	14.1%
Males (2009)	22.1%	21.7%	10.8%	29.1%	19.4%	16.2%	10.4%
Females (2009)	13.8%	15.3%	8.7%	20.9%	15.4%	19.2%	17.0%

2. National Comparisons

A look at 2010 national statistics from the Center for Disease Control and Prevention, Office on Smoking and Health, provide a comparison between Texas and the rest of the nation:

- a) West Virginia (26.5 percent), Indiana (26 %), and Kentucky (25.2 %) had the highest prevalence of current smokers. Smoking prevalence was lowest in Utah (9.3 %), California (14 %), and New Jersey (14.8%). The rate for Texas was 17.9% in 2009.
- b) An estimated 20.6 % (46.6 million) of U.S. adults were current cigarette smokers; of these, 77.8 % (36.2 million) smoked every day, and 22.2 % (10.4 million) smoked some days.
- c) Prevalence of current cigarette smoking varied substantially across population subgroups. Nationally, current smoking was higher among men (23.5 %), than women (17.9 %). Current smoking among Texas men (22.1 %) was higher than Texas women (13.8 %). Adults aged 18-24 years (23.4 %) and 25-44 years (21.9 %), had the highest prevalence.
- d) Among racial/ethnic groups, American Indians and Alaska Natives had the highest prevalence (29.7% followed by non-Hispanic whites (22.8 %), and non-Hispanic blacks (21.0 %). Asians (9.9 %) and Hispanics (13.5 %) had the lowest rates.
- e) By education level, 26.4 % of adults who do not graduate from high school smoke, compared to just 11.1% of those with a college degree, and only 5.6% of those with a graduate degree.
- f) Prevalence of current smoking was higher among adults living below the poverty level (31.1%), than among those at or above the poverty level (19.4 %).

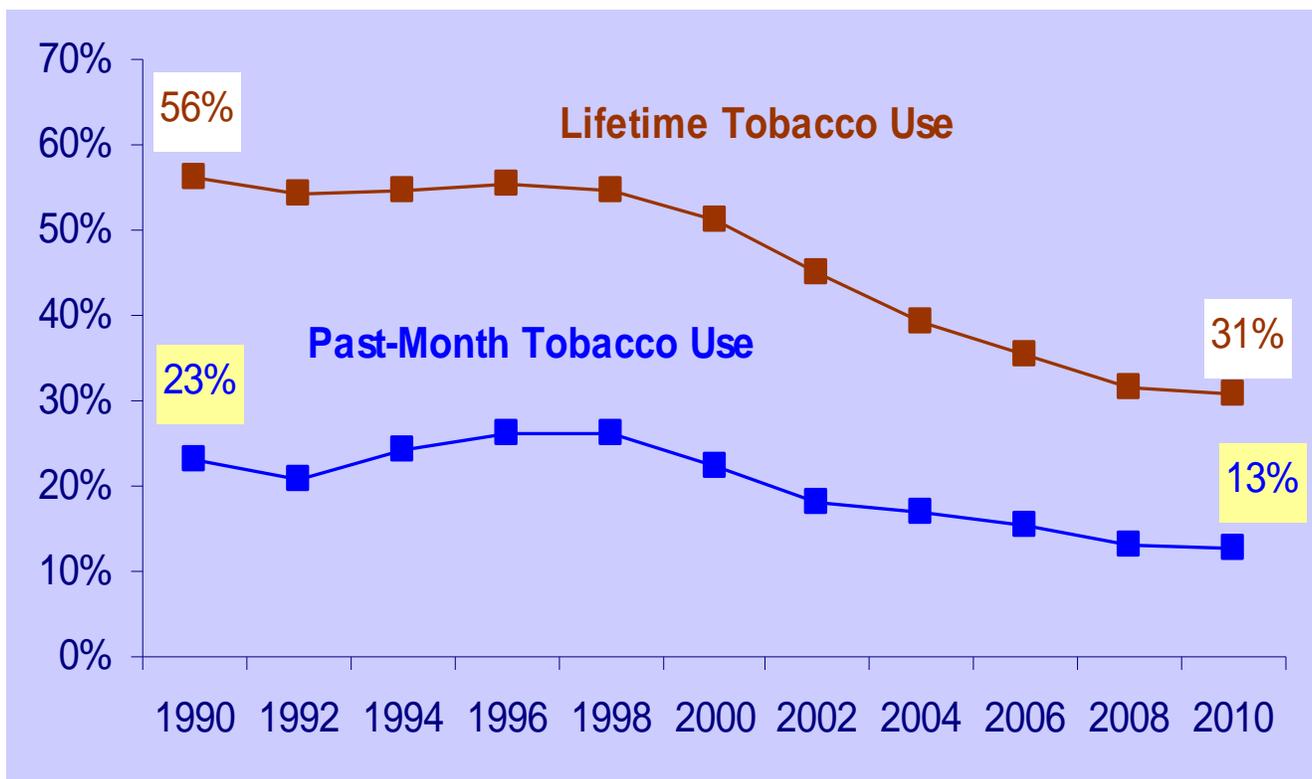
B. Youth Tobacco Use

1. Texas School Survey of Substance Use Among Youth

Public health activities continue to have a positive impact on rates of underage tobacco use in Texas. Overall tobacco use by Texas youth has decreased significantly since 1990 (Chart 7). The Texas School Survey of Substance Use Among Youth, a statewide survey of alcohol, tobacco and other drug use among students in secondary (grades 7 – 12) and elementary schools (grades 4 – 6), has documented a significant decrease in tobacco use among students since 1990. Both the Texas school survey and the statewide Youth Tobacco Survey track trends in tobacco use that substantiate the positive effects of comprehensive approaches to tobacco prevention and control activities. These approaches utilize skills and resources of public health and substance abuse prevention programs which are located in government, non-profit, and grass-roots community-based organizations throughout the state. The Texas school survey shows that 12.6% of all secondary students reported use of tobacco in the month preceding the 2010 school survey, down considerably from the 23% high in 1998. All students in grades 7-12 had their lowest rate of past-month tobacco use since measurements began in 1992. Approximately 215,888 Texas high school students are currently using tobacco products

Chart 7

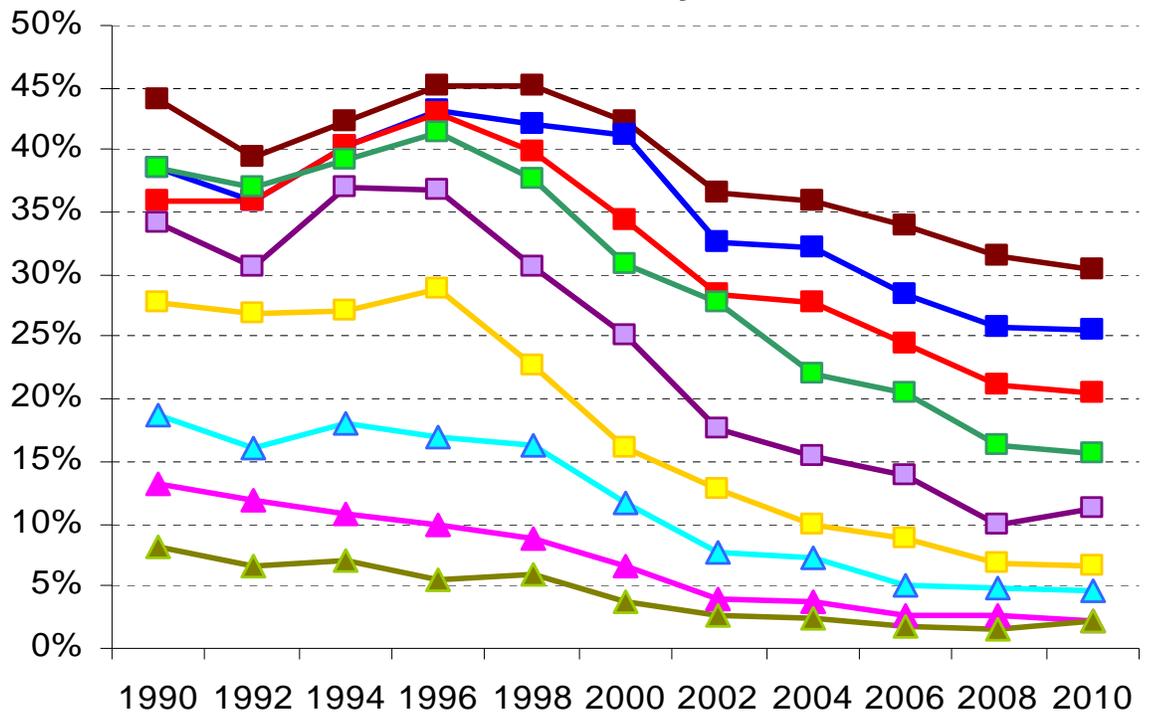
Lifetime and Past-Month Use of Tobacco Among Students in Grades 7-12, 1990-2010



The Texas school survey reports that about 31% of all secondary students in 2010 reported having used some type of tobacco product (cigarettes or smokeless tobacco) during their lifetime, significantly down from 39% in 2004 and from 56% in 1990. As indicated below (Chart 8), the number of students who report using tobacco products climbs with each grade. 42% of students in grades 7-12 reported initiating tobacco use before the age of 13, with tobacco use increasing between middle school and high school. In 2010, 30.7% of all students reported ever using tobacco, with seniors (45.3%), reporting nearly twice the lifetime use of 8th graders (23.6%), and three times the lifetime use of 7th graders (14.9%).

Chart 8

Past-Year Use of Tobacco by Grade: Texas School Survey 1990-2010



2. Texas Youth Tobacco Survey

The Texas Youth Tobacco Survey has been conducted throughout the state on even-numbered years since 1998. The Texas Youth Tobacco Survey has been completed in randomly selected middle school (grades 6-8) and high schools (grades 9-12) throughout the state. The survey is another tool to help evaluate the prevention efforts being used to bring about changes in youth tobacco use.

In 1999, 15% of Texas middle school students reported current use of cigarettes. In the 2009 Texas Youth Tobacco Survey, that number had decreased to 12.8%. In

1999, 32.8% of Texas high school students reported that they currently used cigarettes, compared to 20.5% in 2009. The numbers for the use of any tobacco product have also dropped since the survey began. In 1999, 22.9% of Texas middle school students reported using some kind of tobacco product. By 2009, that percentage had dropped to 18.9%. In Texas high schools, the percentage of those who used any tobacco product in 1999 was 42.1%, but it had dropped to 27.4% by 2009. The smokeless tobacco use rate for Texas middle school youth and high school youth was the same at 7.2%.

3. Youth Tobacco Use in Tobacco Prevention and Control Coalition Communities

According to the 2009 Youth Tobacco Survey, all tobacco program TPCC target communities were found to be above the state rate for current tobacco use among middle and high school students. Charts 9, 10 and 11 show tobacco use combined across middle and high school students. The combined middle and high school youth tobacco use rates for the target communities was 22.3%. As expected, tobacco use rates did not change considerably for most TPCC communities from 2008 to 2009. An exception is Fort Bend, where rates decreased considerably for cigarette and any tobacco use.

While Fort Bend County had the lowest rate for middle school students and Bexar County had the lowest rate for high school students, Lubbock and surrounding counties had the highest rates of current tobacco use for high school students. Northeast Texas, and Lubbock and surrounding counties, had similarly high rates of current tobacco use among middle school students. The Austin Independent School District declined to participate in the Youth Tobacco Survey due to time constraints within the district.

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. Examination of gender differences indicates that on average, males are more likely to use cigarettes than females. One exception is North East Texas where smoking rates were similar for male and female middle school students in 2009. Interestingly, 2008 smoking rates were higher for female than male high school and middle school students in Fort Bend, and middle school students in San Antonio, but these gender differences were reversed in 2009.

Chart 9

Past 30-Day Any Tobacco Use for Middle and High School Students Combined (YTS 2008 compared to 2009)

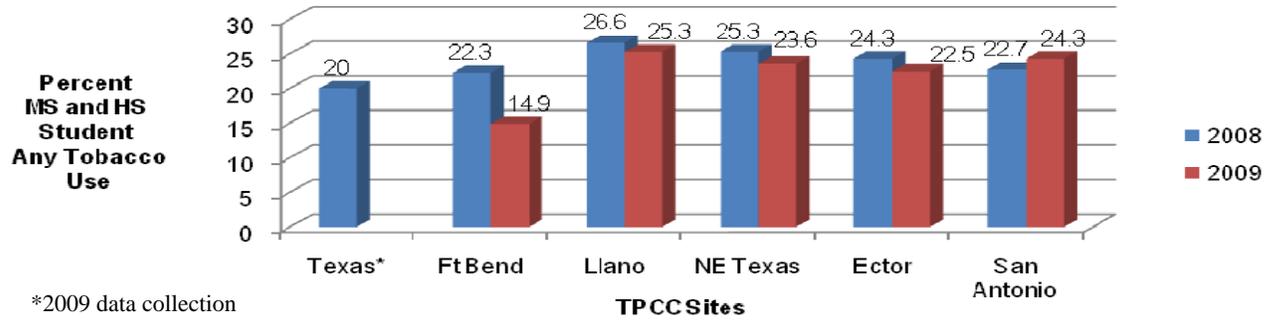
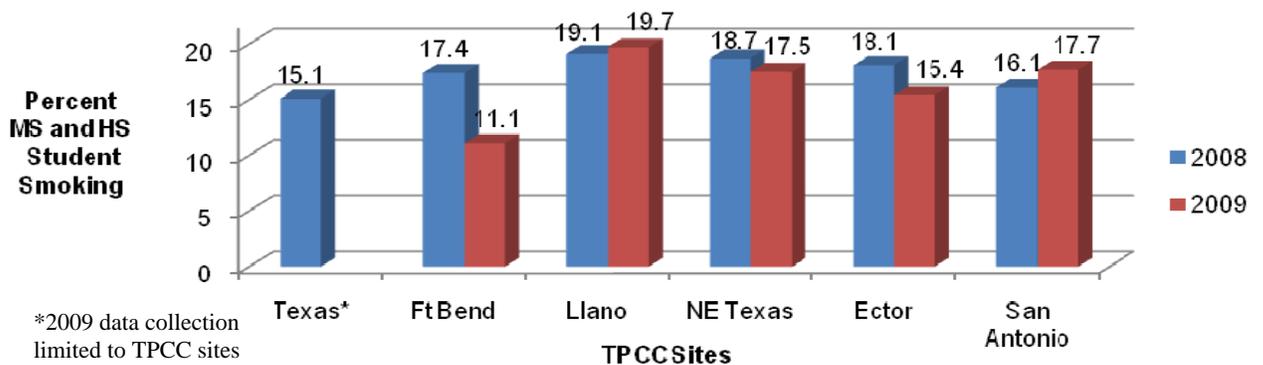


Chart 10

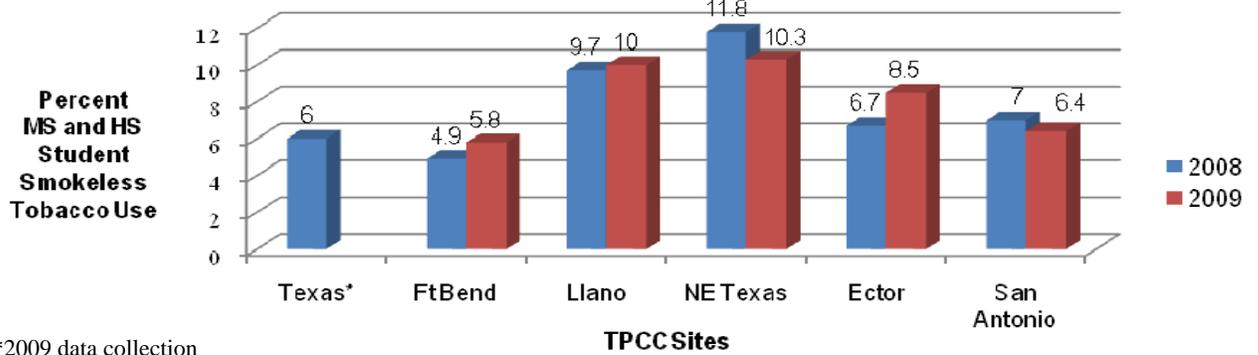
Past 30-Day Smoking for Middle and High School Students Combined (YTS 2008 compared to 2009)



The rate of smoking for high school students in Fort Bend was 16.1% in 2009, which is a decrease from 24.6% in 2008. High school smoking also declined in Ector and San Antonio, but increased slightly in Llano Estacado (Lubbock and surrounding counties), and did not change in North East Texas. (Chart 10)

Chart 11

**Past 30-Day Smokeless Use for Middle and High School Students Combined
(YTS 2008 compared to 2009)**



*2009 data collection limited to TPCC sites

Current use of smokeless tobacco products among middle school and high school students was higher in the target communities compared to the state's 6% rate except in Fort Bend County. (Chart 11)

VII. Appendices

Appendix A – Texas Department of State Health Services Tobacco Prevention and Control Strategic Plan, 2008 – 2013

Appendix B – Texas Comptroller of Public Accounts, tobacco related enforcement activities as reported by local law enforcement agencies and school based police, FY2009 and FY2010

Appendix C – The University of Texas at Austin – FY 2010 Texas Tobacco Prevention and Control Coalition Final Evaluation Summary Report