# **Tobacco Control Efforts in Texas**

Nearly one-quarter of Americans still smoke, and the percentage of young people who smoke increased dramatically in the early to mid-1990s. Centers for Disease Control and Prevention (CDC) data show that if current trends continue, 5 million children alive today will die prematurely during adulthood of tobacco-related illnesses. Public health efforts in the field of tobacco control underwent dramatic changes in the late 1990s when four states–Mississippi, Florida, Minnesota, and Texas–successfully sued tobacco companies to recover the Medicaid costs of treating smokers.<sup>1</sup> This summary of the Texas Department of Health (TDH) Office of Tobacco Prevention and Control (OTPC) report, "Texas Tobacco Prevention Initiative," describes current tobacco control efforts in Texas.

The 76th Session of the Texas Legislature (1999) used tobacco settlement funds to establish a \$200 million trust fund. the yearly interest of which is allocated for TDH activities designed to effectively prevent tobacco use and promote cessation among Texans of all ages. By 2000, TDH had established an infrastructure of nearly 400 contractors and collaborating partners to determine the best ways to prevent and end tobacco use among its constituents. TDH determined that initially it would conduct a pilot study, the "Texas Tobacco Prevention Initiative," to determine community needs and assist with local program implementation. Contracts that emphasize reaching diverse and special populations are in place with organizations and individuals in university, private business, law enforcement, school, and community settings.

In the fall of 1999, TDH conducted a series of community forums, focus groups, and one-on-one discussions and found that people want to prevent tobacco use among youth and promote adult cessation efforts through schools, community organizations, media, and enforcement of laws. These results were presented to workgroups of the TDH Commissioner's Tobacco Task Force in December 1999 and were used to develop the pilot study infrastructure.

East Texas and Houston were chosen as the primary sites for the pilot study because these regions experience a high rate of lung cancer and other tobacco-related diseases, and they contain demographically diverse populations that are heavily targeted by the tobacco industry. The pilot areas, or "intervention communities," included these cities/counties: Tyler, Lufkin, Waco, Texarkana, Longview, Bryan-College Station, Beaumont, Port Arthur, Harris County, Galveston County, Brazoria County, Montgomery/Waller County, Fort Bend, Liberty County, and Chambers County. Bell County served as the "nonintervention community" (control area).

TDH and its partners focused their work in the following program activities:

- School and Community Programs
- Cessation
- Texas Law and Enforcement
- Media

Intervention strategies were based on the best practices observed from other states and from the community forums and focus groups conducted in Texas in the fall of 1999.

In early 2000, prior to implementation of the Texas Tobacco Prevention Initiative, the research partners conducted surveys in the pilot areas to determine the following:

- Use of tobacco by adults and youth
- Needs, opinions, and attitudes of local school and community leaders
- Status of municipal/state tobacco control ordinances and enforcement of current laws
- Tobacco use cessation and nicotine management programs
- Media industry attitudes toward tobacco use prevention
- Current availability of tobacco control and prevention programs

Continued @

Also in this issue Bimonthly Statistical Summary Vaccine Preventable Disease Update

Texas Department of Health

By Fall 2000, the program activities listed above were occurring in 18 sites across the pilot area. Activity levels ranged from no activity in the control area to single and multiple combinations of program activities in the pilot areas.

### **Preliminary Observations**

The number of youth using tobacco in Texas is extremely high, especially when compared with the usage level among adults. Initial research indicates that an alarming 32% of high school students are current cigarette smokers, compared with 22% of adults. Among youth, sixth-graders are most at risk of becoming smokers. Although local business, civic, and community leaders recognize youth tobacco use as a serious problem and want to implement prevention programs, resources have not been available. Therefore, there are currently too few youth programs.

Local communities want a variety of programs that address the needs of current tobacco users and youth along with policies that make it easy not to smoke. Isolated interventions are difficult to implement, in part because infrastructure development is needed. Therefore, TDH is building a strong infrastructure for delivering community-level programs. It takes time to prepare community leaders in strategies of tobacco prevention and control and then to establish and coordinate programs before significant behavioral changes can be seen. However, people are ready and responding well to tobacco control and prevention programs that are already in place. Public participation in media and program development is essential.

The complete TDH OTPC report, "Texas Tobacco Prevention Initiative," is available at http://www.tdh.state.tx.us/otpc/Pilot/default.htm.

*For further information contact Barry Sharp* by phone: 512/458-7402, 800/345-8647 or e-mail: barry/sharp@tdh.state.tx.us

### **Texas Laws and Enforcement**

Surveys were conducted in all 248 law enforcement departments in the pilot study area and in 328 departments from 23 randomly selected counties outside the study area. There was a 41% response rate.

On the positive side, Texas has some of the toughest laws in the nation on minors' access to tobacco. Officers in contracted departments were much more likely than those in control areas to engage in enforcement activities such as sting operations, training fellow officers, educating merchants, and citing merchants for legal violations. Several enforcement areas, however, are still sorely lacking. Half the judges surveyed could not adequately answer questions testing their knowledge of tobacco laws (missing three or more of seven questions). Very few merchant violations (an average of 1 in the pilot and 3 in the control areas) and a relatively small number of youth violations (an average of 38 in pilot and 40 in control areas) were being adjudicated. Regarding retail compliance with tobacco advertising laws, 76% of stores did not have the Texas Comptroller warning sign in view.

#### **Next Steps**

Analysis of the pilot study data is ongoing. These findings will soon be published with recommendations for model outreach and evaluation programs that can be duplicated in and tailored to other parts of the state.

#### Reference

1. CDC. Special Focus: Reducing Tobacco Use. Chronic Disease Notes & Reports Fall 2001;14(3):1,2.

## Bimonthly Statistical Summary of Selected Reportable Diseases: Provisional Cumulative Data

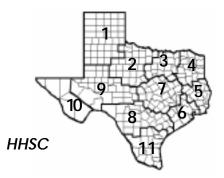
Jan-December 2001					HHS	C Reg	ion							Select	ted Te	xas Cou	unties			Cumu	lative[1]
Selected Diseases/Conditions	1	2	3	4	5	6	7	8	9	10	11	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	2000	2001
Sexually Transmitted Diseases[2]																					
Syphilis, primary and secondary	16	10	171	9	10	118	36	75	1	14	16	70	124	12	103	7	1	40	16	398	476
Congenital Syphilis	0	2	14	7	2	20	3	8	0	3	10	8	7	2	20	3	0	6	1	71	69
Resistant Neisseria gonorrhoeae	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Enteric Diseases																					
Salmonellosis	153	58	430	57	69	264	473	271	72	108	350	137	195	106	113	135	58	72	137	2941	2305
Shigellosis	80	85	277	23	28	126	245	350	27	56	425	227	194	56	55	174	74	35	105	2859	1722
Hepatitis A	35	71	302	17	16	83	291	93	16	14	57	55	129	14	46	26	10	84	89	1937	995
Campylobacteriosis	91	16	142	6	14	61	267	194	27	08	194	136	85	7	32	61	50	16	140	1237	1020
Bacterial Infections																					
H. influenzae type b, invasive	1	0	0	0	0	1	0	1	0	0	0	1	0	0	1	0	0	0	0	4	3
Meningococcal, invasive	5	0	44	7	3	79	13	18	1	1	8	11	25	1	38	0	7	14	5	146	179
Lyme disease	2	5	52	1	1	3	6	4	0	0	0	0	4	0	2	0	0	29	3	77	74
Vibrio species	0	0	2	0	0	2	3	1	0	2	2	1	0	2	1	0	0	1	3	37	12
Other Conditions																					
AIDS[4]	59	20	788	77	66	829	307	240	29	122	154	202	721	122	747	52	36	131	200	2711	2809
Hepatitis B	33	16	116	10	23	139	78	23	13	13	24	7	54	13	113	2	10	23	46	1059	489
Adult elevated blood lead levels	1	2	596	12	43	67	2	4	0	11	4	3	45	11	56	1	2	2	1	1719	748
Animal rabies - total	40	61	412	37	31	175	176	46	30	6	32	28	10	6	39	3	1	91	21	830	1046
Animal rabies - dogs and cats	1	6	10	1	0	0	7	0	3	0	1	0	0	0	0	0	0	1	0	36	29
Tuberculosis Disease (2) (4)																					
Children (0-14 years)	2	1	31	1	2	34	13	9	0	2	18	7	17	2	29	8	0	13	8	50	113
Adults (>14 years)	16	17	369	41	7	478	141	105	13	60	192	64	247	59	398	63	26	88	75	748	1463
Injuries[2]																					
Spinal Cord Injuries (5)	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0

1. Cumulative to this month. 2. Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset. 3. Voluntary reporting. 4. AIDS + TB totals include reported cases from Texas Department of Corrections, which are not included in the regional and county totals. 5. 6 reports were missing PHR identification.

## Call 1-800-705-8868 to report 1999 POPULATION ESTIMATES

	HHSC REGIONS							-	SELECTED COUNTIES						
1	770,440	4	971,877	7	1,989,767	10	784,287		Bexar	1,360,411	Hidalgo	528,300			
2	533,633	5	690,501	8	2,076,931	11	1,687,473		Dallas	2,172,486	Nueces	315,965			
3	5,366,008	6	4,557,450	9	567,058				El Paso	755,339	Tarrant	1,506,790			
	STATEWIDE TOTAL				19,995,428				Harris	3,268,099	Travis	647,366			

Ian-December 2001



TDH TEXAS DEPARTMENT OF HEALTH	Disease Prevention News (DPN) Texas Department of Health 1100 West 49th Street Austin, TX 78756-3199 Phone: (512) 458-7677 Fax: (512) 458-7340 Email: dpn@tdh.state.tx.us
subscription form,	sion of <i>Disease Prevention News</i> , the and a searchable index of issues from e at the followingwebsite: (.us/phpep/
Eduardo J. Sanc Charles E. Bell, M Leslie Mansolo, I Office of Pu Dennis M. Perrotta	Chair, Texas Board of Health hez, MD, MPH, Commissioner of Health AD, Executive Deputy Commissioner MSN, RN, CSN, Acting Director, Iblic Health Practice a, PhD, CIC, State Epidemiologist MA, Director, Public Health Education
Susan Hammacl	MD, MPH&TM, Medical Editor k, MEd, Managing Editor n, Production Assistant
DPN Editorial Boa Suzanne S. Barth Peter Langlois, P Susan U. Neill, M Sharilyn K. Stanle Lucina Suarez, P	i, PhD hD BA, PhD ey, MD

TDH Publication #E59-10940

# Vaccine-Preventable Disease Update Reported Cases with Onset From November 1 thru December 31, 2001

Condition	County	Number of Cases	Date of Onset	Condition	County	Date of Cases	Date of Onset
A	<b>T</b>	1	11/10	Dentin	1.1:11	1	11/20
Aumps	Travis	1	11/10	Pertussis	Hill	1	11/29
Pertussis	Bee	1	11/21		Johnson	1	11/22
	Bell	1	11/04			1	11/23
	Bexar	1	11/30		Kaufman	1	11/26
		1	12/01		Limestone	1	12/03
	Collin	1	11/14			1	12/16
		1	11/22		Nueces	1	12/06
	Dallas	1	11/05		_	1	12/16
		1	11/08		Tarrant	1	11/01
		1	11/10			1	11/19
		1	11/12			1	11/21
		1	11/19			1	11/23
		2	11/20		Tom Green	1	11/05
	Ellis	1	11/16		Travis	1	11/01
	Grayson	1	11/23			1	11/09
	Harris	1	11/01			1	11/24
		2	11/12			1	11/25
		2	11/19			1	12/02
	Hays	1	11/10			2	12/04
	Hiɗalgo	1	11/30			1	12/08
	0	1	12/07			1	12/10
	Hill	2	11/02			1	12/19
		1	11/06			1	12/22
		1	11/12			1	12/26
		2	11/16		Williamson	1	12/08
		1	11/23				
YTD	Measle	es l	Mumps	<b>Pertussis</b> 497	Rube 2	ella	<b>Tetanus</b> 3