



Texas Department of Health

Tobacco Prevention and
Control

STRATEGIC PLAN 2003-2008



December 2002

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TDH Tobacco Prevention and Control Strategic Plan for 2003-2008

Background

“Four million unnecessary deaths per year, 11,000 every day. It is rare—if not impossible—to find examples in history that match tobacco’s programmed trail of death and destruction. I use the word programmed carefully. A cigarette is the only consumer product which when used as directed kills its consumer.”

Dr. Gro Harlem Brundtland
Director-General, World Health Organization

Tobacco Use Impacts All Texans

Although only 22 percent of adult Texans are smokers, their tobacco use places an enormous toll on the state killing more than 24,000 Texans annually and costing in excess of \$10 billion in direct medical costs and lost productivity.¹ Tobacco use is the single largest cause of preventable death and disease in Texas contributing to over \$4.6 billion in direct healthcare costs.² In 1998, 15 percent of all Medicaid costs in Texas were spent on treating smoking-related illnesses and diseases.³

Youth Pay the Price

Unfortunately, it is today’s youth who become tomorrow’s statistics. Almost 60,000 children in Texas become daily smokers each year and 20,000 of them will ultimately die from smoking. If current tobacco use rate trends continue, approximately 486,000 teens alive today in Texas will die from tobacco-related causes.⁴

Nonsmokers Impacted

Exposure to secondhand smoke is a substantial health threat in Texas. For every 8 smokers who die, one nonsmoker is killed by secondhand smoke.⁵ It is estimated that there are between 2,500 and 4,500 adults, children and babies who die each year from others’ smoking in Texas. Nationwide, secondhand smoke contributes to more than 3,000 deaths from lung cancer and as many as 62,000 from heart disease. Secondhand smoke contributes to a myriad of other health problems and is especially detrimental to children causing ear infections, asthma and other respiratory problems, and increasing the risk for Sudden Infant Death Syndrome.⁶ Despite the documented health effects and risks, almost a million youth in Texas are exposed to secondhand smoke in their homes and in public places such as restaurants. Even though the majority of adult Texans are nonsmokers almost one third are exposed to secondhand smoke in their worksites or homes.⁷ Those in occupations with high levels of exposure to tobacco smoke, such as restaurant and bar workers and nightclub musicians, experience disproportionate effects. Secondhand smoke exposure in restaurants is three to five times higher than exposure in typical workplaces. Wait staff experience up to a 90 percent increased risk of contracting lung cancer over the general population. One study showed that waitresses had the highest mortality rate of any female occupational group including four times the expected lung cancer mortality rate and two and a half times the expected heart disease mortality rate.⁸

Effective Solutions

While these statistics are alarming, they are not insurmountable. Proven solutions do exist and have been employed successfully by other states. In 1999 the Centers for Disease Control and Prevention (CDC) published *Best Practices for Comprehensive Tobacco Control Programs*.⁹ This guide summarizes the most effective evidence-based tobacco control strategies and makes recommendations for states regarding program implementation and funding. States that followed best practices - most notably California and Massachusetts - experienced rapid declines in tobacco use among youth and adults and exposure to secondhand smoke. Furthermore, these states have found that comprehensive tobacco control programs are cost effective saving up to three dollars for every dollar spent.¹⁰

The Strategic Planning Process

In October 1998, The Texas Inter-Agency Tobacco Task Force developed a plan to utilize tobacco settlement funds to effectively address tobacco prevention and control in Texas. The Task Force plan was based on evidence-based practices, and identified the following essential elements for a comprehensive tobacco control initiative:

- Community and Local Coalitions and Programs Including School-Based Youth/Parent Programs
- Public Awareness Campaign and Media Resource Center
- Tobacco Use Cessation and Nicotine Addiction Treatment
- Efforts Targeted to Diverse/Special Populations Such as Minorities, Persons in Rural Areas, and Youth in Alternative Settings
- Surveillance, Evaluation, and Research
- Enforcement of Tobacco Control Policies and Laws
- Statewide Program Coordination Including Training and Assistance

As a follow up to the original Tobacco Task Force plan, in June 2002 the Texas Department of Health (TDH) convened a team of tobacco control experts from local, regional and state levels to develop a five-year, TDH Strategic Plan for Tobacco Use Prevention and Control. The goal of the plan is to develop a roadmap for logically and systematically expanding the “Texas Tobacco Prevention Initiative” statewide.

The following TDH Strategic Plan is the first step in a series of activities designed to create an ongoing, data-based, program development cycle at the state, regional and local levels.

Highlights of the Plan

Vision: A Tobacco-Free Texas

Goal 1: Prevent Youth Tobacco Use

Strategy 1.1: Educate youth and adults who influence youth about tobacco prevention and control issues:

- ❑ Facilitate evidence-based, culturally competent and age/gender appropriate school/community-based education with special emphasis on diverse and special populations.
- ❑ Educate the public and community leaders about the effects of tobacco price increase on reductions in youth initiation and overall public health impact.
- ❑ Change peer norms toward no tobacco use and develop resistance skills.
- ❑ Provide technical assistance to give evidence-based tobacco control programs and strategies to communities.

Strategy 1.2: Increase adherence to federal, state and local youth tobacco sales, product placement and possession laws.

Strategy 1.3: Identify and recruit youth organizations, including non-school based, to promote tobacco prevention activities.

Measures of Success:

- ❑ Decline in the percentage of middle school students (grades 6 - 8) who report using any tobacco product at least one day in the past 30 days.
- ❑ Decline in the percentage of high school students (grades 9 - 12) who report using any tobacco product at least one day in the past 30 days.
- ❑ Increase percentage of youth (grades 6 - 12) who report never having used tobacco.

Goal 2: Increase Cessation Among Youth and Adults

Strategy 2.1: Educate youth and adults to quit using tobacco products.

Strategy 2.2: Increase the number of health professionals who assess and counsel youth and adults for cessation.

Strategy 2.3: Increase awareness, availability and access to cessation resources, including the American Cancer Society (ACS) Quitline, for adults and youth.

Strategy 2.4: Educate the public and community leaders on evidence-based tobacco control programs and strategies, such as the effect of tobacco price increase on reductions in tobacco use and overall public health impact.

Strategy 2.5: Increase social support for youth cessation.

Strategy 2.6: Identify and recruit youth organizations, including non-school based, to promote tobacco cessation activities.

Measures of Success:

- ❑ Decline in the percentage of youth (grades 6 - 12) who report using any tobacco product at least one day in the past 30 days.
- ❑ Increase in the percentage of youth (grades 6 – 12) who ever smoked at least one cigarette every day for 30 days but did not smoke cigarettes during the past 30 days.
- ❑ Decline in the percentage of adults who are current users of any tobacco product.
- ❑ Increase in the percentage of adult current smokers who have seriously tried to quit smoking in the past 12 months.

Goal 3: Eliminate Exposure to Secondhand Smoke

Strategy 3.1: Increase enforcement of federal, state, and local secondhand smoke laws.

Strategy 3.2: Educate the public, including parents, business owners and community leaders about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking.

Strategy 3.3: Provide technical assistance to give evidence-based programs and strategies to communities.

Strategy 3.4: Educate health professionals to assess and counsel situations where secondhand smoke may need to be eliminated.

Measures of Success:

- ❑ Decline in the percentage of youth (grades 6 – 12) who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.
- ❑ Decline in the percentage of adults who reported that they were exposed for at least one hour to secondhand smoke at work on a typical week.
- ❑ Increase in the proportion of worksites with formal smoking policies that prohibit smoking in any way.
- ❑ Increase in the percentage of the Texas population covered by municipal clean indoor air ordinances of moderate strength or better (as defined by University of Houston database).

Goal 4: Reduce Tobacco Use in Diverse and Special Populations to Eliminate Disparities

Strategy 4.1: Educate youth and adults from diverse and special populations about tobacco prevention and control.

Strategy 4.2: Increase awareness, availability and access to cessation resources, including the ACS Quitline, with an emphasis on diverse and special populations.

Strategy 4.3: Educate diverse and special populations about the harmful effects of secondhand smoke and the laws prohibiting or restricting smoking.

Strategy 4.4: Provide technical assistance to give evidenced-based programs and strategies to communities with diverse and special populations

Strategy 4.5: Develop demographic and geographic profiles of diverse and special populations in Texas that experience the greatest adverse impact of tobacco, or in which the impact is increasing.

Strategy 4.6: Collaborate with Texas colleges and universities to develop partnerships for comprehensive, campus-wide tobacco prevention and control.

Measures of Success:

- ❑ Decline in the percentage of youth (grades 6 – 12) from diverse and special populations who report using tobacco at least 1 day in the past 30 days.
- ❑ Decline in the percentage of adults from diverse and special populations who report current use of any tobacco product.
- ❑ Increase in the percentage of youth (grades 6 – 12) from diverse and special populations who ever smoked cigarettes daily but did not smoke cigarettes during the past 30 days.
- ❑ Increase in the percentage of adult recent quitters (report that they have last smoked regularly within the past 6 months) from diverse and special populations.
- ❑ Decline in the percentage of youth (grades 6 – 12) from diverse and special populations who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.
- ❑ Decline in the percentage of adults from diverse and special populations who reported that they were exposed for at least 1 hour to secondhand smoke at work on a typical week.
- ❑ Decline in the percentage of 18-24 year-olds who are current users of any tobacco product.

Goal 5: Develop and Sustain a Coordinated, Comprehensive Statewide Tobacco Prevention and Control Initiative

Strategy 5.1: Identify current state, regional and local tobacco prevention and control initiatives and facilitate dissemination of information about state and local tobacco prevention and control activities, resources and opportunities among participating agencies and organizations.

Strategy 5.2: Build state, regional and local capacity to plan, implement and evaluate effective tobacco prevention and control initiatives.

Strategy 5.3: Track national and international state-of-the-art advances in tobacco prevention and control and facilitate timely access to new information, skills and resources.

Strategy 5.4: Maintain an infrastructure for coordinating tobacco prevention and control activities in Texas.

Strategy 5.5: Reduce the burden of tobacco-related chronic diseases on communities.

Strategy 5.6: Develop a common, recognizable identity for statewide tobacco prevention and control initiatives.

Strategy 5.7: Organize, monitor and evaluate implementation of the strategic plan and annual action plan and report on progress.

Strategy 5.8: Enhance the research foundation for planning and implementation of tobacco prevention and control programs specific to Texas.

Strategy 5.9: Communicate and collaborate with comprehensive substance abuse activities at the state, regional and local levels.

Measures of Success:

- ❑ Maintain an infrastructure for coordination of tobacco prevention and control activities in Texas.
- ❑ Maintain a visible identity for tobacco prevention and control in Texas.
- ❑ Enhance communication and information-sharing mechanisms for state and local tobacco prevention and control.
- ❑ Complete an annual evaluation and status report for the strategic plan and action plan.
- ❑ Plan and implement activities to build tobacco prevention and control capacity.

Strategic Plan Goals

Goal 1: Prevent Youth Tobacco Use

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
1 - Decline in the percentage of middle school students (grades 6-8) who report using any tobacco product at least one day in the past 30 days.	26.7%	24.5%	13.4%	9.8%
2 - Decline in the percentage of high school students (grades 9-12) who report using any tobacco product at least one day in the past 30 days.	40.5%	40.1%	28.4%	20.1%
3 - Increase percentage of youth (grades 6-12) who report never having used tobacco.	28.0%	33.2%	56.0%	66.4%

SOURCE: 1998 Texas YTS; 1998 Texas Adult Tobacco Survey (Point in Time)

Goal 2: Increase Cessation Among Youth and Adults

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
1 - Decline in the percentage of youth (grades 6-12) who report using any tobacco product at least one day in the past 30 days.	34.3%	33.1%	20.6%	16.6%
2 – Increase in the percentage of youth (grades 6– 12) who ever smoked at least one cigarette every day for 30 days but did not smoke cigarettes during the past 30 days.	23.5%	25.9%	24.7%	27.3%
3 – Decline in the percentage of adults who are current users of any tobacco product.	27.7%	28.4% (2001)	26.3%	25.6%
4- Increase in the percentage of adult current smokers who have seriously tried to quit smoking in the past 12 months.	42.3% (1999)	47.2% (1999)	44.5%	52.4%

SOURCE: 1998 Texas YTS; 1998 Texas Adult Tobacco Survey (Point in Time)

Goal 3: Eliminate Exposure to Secondhand Smoke

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
1 - Decline in the percentage of youth (grades 6–12) who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.	68%	69.3%	54.4%	48.5%
2 - Decline in the percentage of adults who reported that they were exposed for at least one hour to secondhand smoke at work on a typical week.	36%	31% (2000)	32.4%	25.0%
3 – Increase in the proportion of worksites with formal smoking policies that prohibit smoking in any way (Healthy People 2010 Goal 27-12).	78.9%	61.4% (2000)	87.7%	76.7%
4– Increase in the percentage of the Texas population covered by municipal clean indoor air ordinances of moderate strength or better (as defined by U of H database).	NA	NA	50%	80%

SOURCE: 1998 Texas YTS; 1998 Texas Adult Tobacco Survey (Point in Time)

Goal 4: Reduce Tobacco Use in Diverse and Special Populations

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
1 - Decline in the percentage of youth (grades 6–12) from diverse and special populations who report using tobacco at least 1 day in the past 30 days.	<p>BY RACE: Whites – 34.3% Afr Amer – 30% Hispanics – 35.6%</p> <p>BY SEX: Males – 38.8% Females – 29.5%</p> <p>BY RACE: Whites – 30.2% Afr Amer – 22.3% Hispanics – 21.2%</p> <p>BY SEX: Males – 34.5% Females – 21.3%</p> <p>BY EDUC: <HS - 32.9% HS - 30.1% >HS - 24.7%</p> <p>BY INCOME <\$10K - 28.3% \$10-19K- 27.7% >\$20K - 28.4%</p> <p>BY PREGNANCY STATUS: Pregnant women – 16.3%</p>	<p>BY RACE: Whites – 35% Afr Amer – 31.5% Hispanics – 32.4%</p> <p>BY SEX: Males – 37.6% Females – 28.3%</p> <p>BY RACE: Whites – 27.1% (1999) Afr Amer – 29.0% (1999) Hispanics – 20.5% (1999)</p> <p>BY SEX: Males – 33.4% (1999) Females – 18.8% (1999)</p> <p>BY EDUC: <HS - 19.6% (1999) HS - 30.5% (1999) >HS - 15.6% (1999)</p> <p>BY INCOME <\$10K - 27.6% (1999) \$10-19K- 33.3% (1999) >\$20K - 25.5% (1999)</p> <p>BY PREGNANCY STATUS: Pregnant women – 12.1% (1999)</p>	<p>BY RACE: Whites – 20.6% Afr Amer – 18.0% Hispanics – 21.4%</p> <p>BY SEX: Males – 23.3% Females – 17.7%</p> <p>BY RACE: Whites – 28.7% Afr Amer – 21.2% Hispanics – 22.6%</p> <p>BY SEX: Males – 32.8% Females – 20.2%</p> <p>BY EDUC: <HS - 31.3% HS - 28.6% >HS - 23.5%</p> <p>BY INCOME <\$10K - 26.9% \$10-19K- 26.3% >\$20K - 26.9%</p> <p>BY PREGNANCY STATUS: Pregnant women: 15.5%</p>	<p>BY RACE: Whites – 17.5% Afr Amer – 15.8% Hispanics – 16.7%</p> <p>BY SEX: Males – 18.8% Females – 14.2%</p> <p>BY RACE: Whites – 24.0% Afr Amer – 26.1% Hispanics – 18.5%</p> <p>BY SEX: Males – 30.1% Females – 16.9%</p> <p>BY EDUC: <HS - 26.6% HS - 27.4% >HS - 14.0%</p> <p>BY INCOME <\$10K - 24.8% \$10-19K- 29.9% >\$20K - 22.9%</p> <p>BY PREGNANCY STATUS: Pregnant women: 10.9%</p>
2 - Decline in the percentage of adults from diverse and special populations who report current use of any tobacco product.	<p>BY RACE: Whites – 34.3% Afr Amer – 30% Hispanics – 35.6%</p> <p>BY SEX: Males – 38.8% Females – 29.5%</p> <p>BY RACE: Whites – 30.2% Afr Amer – 22.3% Hispanics – 21.2%</p> <p>BY SEX: Males – 34.5% Females – 21.3%</p> <p>BY EDUC: <HS - 32.9% HS - 30.1% >HS - 24.7%</p> <p>BY INCOME <\$10K - 28.3% \$10-19K- 27.7% >\$20K - 28.4%</p> <p>BY PREGNANCY STATUS: Pregnant women – 16.3%</p>	<p>BY RACE: Whites – 24.3% Afr Amer – 26.4% Hispanics – 33.6%</p> <p>BY SEX: Males – 26.1% Females – 25.7%</p>	<p>BY RACE: Whites – 24.3% Afr Amer – 36.1% Hispanics – 23.5%</p> <p>BY SEX: Males – 24.3% Females – 25.4%</p>	<p>BY RACE: Whites – 27.0% Afr Amer – 29.3% Hispanics – 37.3%</p> <p>BY SEX: Males – 29.0% Females – 28.6%</p>
3 - Increase in the percentage of youth (grades 6–12) from diverse and special populations who ever smoked cigarettes daily but did not smoke cigarettes during the past 30 days.	<p>BY RACE: Whites – 23.1% Afr Amer – 34.3% Hispanics – 22.3%</p> <p>BY SEX: Males – 23.1% Females – 24.1%</p>	<p>BY RACE: Whites – 24.3% Afr Amer – 26.4% Hispanics – 33.6%</p> <p>BY SEX: Males – 26.1% Females – 25.7%</p>	<p>BY RACE: Whites – 24.3% Afr Amer – 36.1% Hispanics – 23.5%</p> <p>BY SEX: Males – 24.3% Females – 25.4%</p>	<p>BY RACE: Whites – 27.0% Afr Amer – 29.3% Hispanics – 37.3%</p> <p>BY SEX: Males – 29.0% Females – 28.6%</p>

Goal 4: Reduce Tobacco Use in Diverse and Special Populations (continued)

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
4 – Increase in the percentage of adult recent quitters (report that they have last smoked regularly within the past 6 months) from diverse and special populations.	<p>BY RACE: Whites – 4.4% Afr Amer – 5.8% Hispanics – 6.8%</p> <p>BY SEX: Males – 4.3% Females – 4.7%</p> <p>BY EDUC: <HS – 4.2% HS – 4.5% >HS – 4.8%</p> <p>BY INCOME: <\$10K – 2.9% \$10-19K – 7.0% >\$20K – 4.7%</p> <p>BY PREGNANCY STATUS: Pregnant women – 18.7%</p>	<p>BY RACE: Whites – 6.1% (1999) Afr Amer – 16.5% (1999) Hispanics – 28.2% (1999)</p> <p>BY SEX: Males – 10.8% (1999) Females – 8.8% (1999)</p> <p>BY EDUC: <HS – 28.6% (1999) HS – 8.7% (1999) >HS – 4.2% (1999)</p> <p>BY INCOME: <\$10K – 28.5% (1999) \$10-19K – 27.8% (1999) >\$20K – 6.4% (1999)</p> <p>BY PREGNANCY STATUS: Pregnant women – 18.2% (1999)</p>	<p>BY RACE: Whites – 4.9% Afr Amer – 6.4% Hispanics – 7.6%</p> <p>BY SEX: Males – 4.8% Females – 5.2%</p> <p>BY EDUC: <HS – 4.7% HS – 5.0% >HS – 5.3%</p> <p>BY INCOME: <\$10K – 3.2% \$10-19K – 7.8% >\$20K – 5.2%</p> <p>BY PREGNANCY STATUS: Pregnant women: 20.8%</p>	<p>BY RACE: Whites – 7.6% Afr Amer – 20.6% Hispanics – 35.3%</p> <p>BY SEX: Males – 13.5% Females – 11.0%</p> <p>BY EDUC: <HS – 35.8% HS – 10.9% >HS – 5.3%</p> <p>BY INCOME: <\$10K – 35.6% \$10-19K – 34.8% >\$20K – 8.0%</p> <p>BY PREGNANCY STATUS: Pregnant women: 22.8%</p>
5 – Decline in the percentage of youth (grades 6-12) from diverse and special populations who report they were in the same car or room with someone who was smoking cigarettes in the past 7 days.	<p>BY RACE: Whites – 70.8% Afr Amer – 63.9% Hispanics – 65.5%</p> <p>BY SEX: Males – 67.2% Females – 68.8%</p>	<p>BY RACE: Whites – 72.8% Afr Amer – 65.4% Hispanics – 63.4%</p> <p>BY SEX: Males – 68% Females – 70.6%</p>	<p>BY RACE: Whites – 56.6% Afr Amer – 51.1% Hispanics – 52.4%</p> <p>BY SEX: Males – 53.8% Females – 55.0%</p>	<p>BY RACE: Whites – 51.0% Afr Amer – 45.8% Hispanics – 44.4%</p> <p>BY SEX: Males – 47.6% Females – 49.4%</p>

Goal 4: Reduce Tobacco Use in Diverse and Special Populations (continued)

Measure of Success	Statewide Baseline 1998	Pilot Regions Baseline 1998	2008 Goals	
			Statewide	Pilot
6 – Decline in the percentage of adults from diverse and special populations who reported that they were exposed for at least one hour to secondhand smoke at work on a typical week.	<p>BY RACE: Whites – 33.3% Afr Amer – 25.3% Hispanics – 47.3%</p> <p>BY SEX: Males – 43.6% Females – 26.2%</p> <p>BY EDUC: <HS - 53.6% HS - 43.1% >HS - 29.4%</p> <p>BY INCOME: <\$10K - 44.7% \$10-19K- 33.7% >\$20K - 40.6%</p> <p>BY PREGNANCY STATUS: Pregnant women - NA</p> <p>34.7%</p>	<p>BY RACE: Whites – 29.3% (2000) Afr Amer – 34.9% (2000) Hispanics – 39.7% (2000)</p> <p>BY SEX: Males – 36.6% (2000) Females – 25.5% (2000)</p> <p>BY EDUC: <HS - 40.3% (2000) HS - 38.7% (2000) >HS - 27.9% (2000)</p> <p>BY INCOME: <\$10K - 35.9% (2000) \$10-19K- 41.6% (2000) >\$20K - 32.5% (2000)</p> <p>BY PREGNANCY STATUS: Pregnant women - NA</p> <p>37.3%*</p>	<p>BY RACE: Whites – 30.0% Afr Amer – 22.8% Hispanics – 42.6%</p> <p>BY SEX: Males – 39.2% Females – 23.6%</p> <p>BY EDUC: <HS - 48.2% HS - 38.8% >HS - 26.5%</p> <p>BY INCOME: <\$10K - 40.2% \$10-19K- 30.3% >\$20K - 36.5%</p> <p>BY PREGNANCY STATUS: Pregnant women: - NA</p> <p>31.2%</p>	<p>BY RACE: Whites – 23.4% Afr Amer – 27.9% Hispanics – 31.8%</p> <p>BY SEX: Males – 29.3% Females – 20.4%</p> <p>BY EDUC: <HS - 32.2% HS - 31.0% >HS - 22.3%</p> <p>BY INCOME: <\$10K - 28.7% \$10-19K- 33.3% >\$20K - 26.0%</p> <p>BY PREGNANCY STATUS: Pregnant women: - NA</p> <p>29.8%</p>
7 - Decline in the percentage of 18-24 year olds who are current users of any tobacco product.	<p>34.7%</p>	<p>37.3%*</p>	<p>31.2%</p>	<p>29.8%</p>

SOURCE: 1998 Texas YTS; 1998 Texas Adult Tobacco Survey (Point in Time)

* BRFSS 1999

Strategic Planning Participants

Dottie Atkins

Texas Southern University
Houston

Donna Bacchi

Texas Tech Health Science Center
Lubbock

Betty Boenisch

Texas Department of Health
Arlington

Debbie Campbell

Fort Bend Regional Council on
Alcohol and Drug Abuse
Stafford

Brian Colwell

Texas A&M School of Rural Public Health
College Station

LuAnn Edwards

American Cancer Society
Austin

Robyn Ferguson

Center for Safe Communities and Schools
San Marcos

Fred Fridinger

University of North Texas School of Public
Health
Fort Worth

Kip Gallion

Baylor College of Medicine
San Antonio

Phyllis Gingiss

University of Houston
Houston

Amy Gottlieb

University of Texas
Austin

Nell Gottlieb

University of Texas
Austin

Megan Haley

University of Texas
Austin

Kentya Hart

University of Texas Health Science Center
Houston

Kwa heri Heard

City of Beaumont Health Department
Beaumont

Philip Huang

Texas Department of Health
Austin

Annette Johnson

Region IV Education Service Center
Houston

Joseph Jones

Texas Southern University
Houston

Kim Landrum

University of Texas Health Science Center
Houston

Janette Lastrape

University of Texas Health Science Center
Houston

Stephanie Maya

Centers for Disease Control and Prevention
Atlanta

Danielle Melhem

University of Texas Health Science Center
Houston

Deleene Menefee
University of Houston
Houston

Angela Meshack
University of Texas Health Science Center
Houston

Kim Pounds
University of Texas Health Science Center
Houston

Stephen Roberts
Tuerff-Davis EnviroMedia
Austin

Donna Roy
Harris County Public Health and
Environmental Services
Houston

Nancy Salas
Facilitator
Tobacco Technical Assistance Consortium
Atlanta

Sherri Scott
Texas Department of Health
Lubbock

Barry Sharp
Texas Department of Health
Austin

Gail Sneden
University of Texas
Austin

Kimberly Steege
Texas Department of Health
Austin

Jennifer Steele
Center for Safe Communities and Schools
San Marcos

Judy Terry
Texas Department of Health
Houston

Paula Traffas
Texas Department of Health
Austin

Luis Velez
Baylor College of Medicine
Houston

Rebecca Zima
Texas Department of Health
El Paso

¹ Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost and Economic Costs – U.S., 1995-1991. MMWR. April 12, 2002; 51: (14) 300-3.

² Texas Department of Health. Bureau of Chronic Disease and Tobacco Prevention. State Attributable Morbidity, Mortality and Economic Costs.

³ Centers for Disease Control and Prevention. “Tobacco Control State Highlights 2002: Impact and Opportunity”. Atlanta, GA: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2002.
http://www.cdc.gov/tobacco/statehi_2002.htm Accessed August 13, 2002

⁴ Campaign for Tobacco Free-Kids. “State Tobacco Settlement: Show Us the Money: The Toll of Tobacco in Texas”. Washington, D.C., January, 2002. <http://tobaccofreekids.org/reports/settlement/> Accessed August 12, 2002.

⁵ Glantz, S.A. & Parmley, W., “Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry,” *Circulation*, 1991; 83(1): 1-12; and, Taylor, A., Johnson, D. & Kazemi, H., “Environmental Tobacco Smoke and Cardiovascular Disease,” *Circulation*, 1992; 86: 699-702.

⁶ Centers for Disease Control and Prevention. “Exposure to Environmental Tobacco Smoke and Cotinine Levels- Fact Sheet”. http://www.cdc.gov/tobacco/research_data/environmental/factsheet_ets.htm Accessed August 12, 2002.

⁷ Centers for Disease Control and Prevention. “Tobacco Control State Highlights 2002: Impact and Opportunity”. Atlanta, GA: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2002.

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