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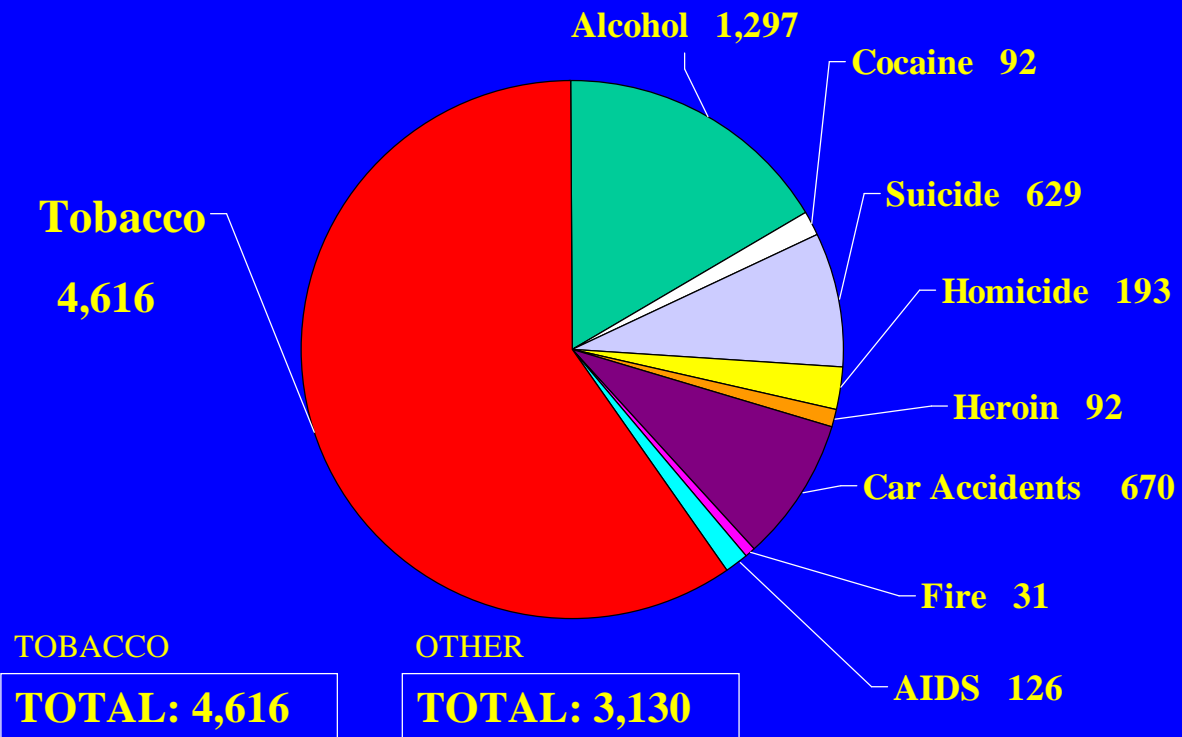
STATE TOBACCO EDUCATION
& PREVENTION PARTNERSHIP

A Colorado Model for Tobacco Prevention, Education and Cessation

**TOBACCO CONTROL STRATEGIES
CONFERENCE
April 23, 2008**

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Tobacco Kills More Coloradans Than...



Colorado Tobacco Successes

Youth

- 2000 – 18.2% (YTS – baseline)
- 2006 – 14.6% (Youth TABS)

Young Adult

- 2001 – 30.3% (Adult TABS - baseline)
- 2005 – 24.5% (Adult TABS)

Adult

- 2001 – 19.7% (Adult TABS - baseline)
- 2005 – 17.3% (Adult TABS)

Prevalence Disparities

American Indian use rates 34.9% (15.6%)

Adults in poverty 32.4%, near poverty 22.6% (15.4%)

Adults with disabilities 38.7% (16.8%)

Smoking in home with children:

Seniors 38.1% (9.6%)

Economic disadvantaged adults 20.8% (5.8%)

Disparities Continue

Youth

Decline only among white students

Quit attempt increases among white students and not among Latino smokers.

Latino and American Indian students are more exposed to SHS than white students.

Adults

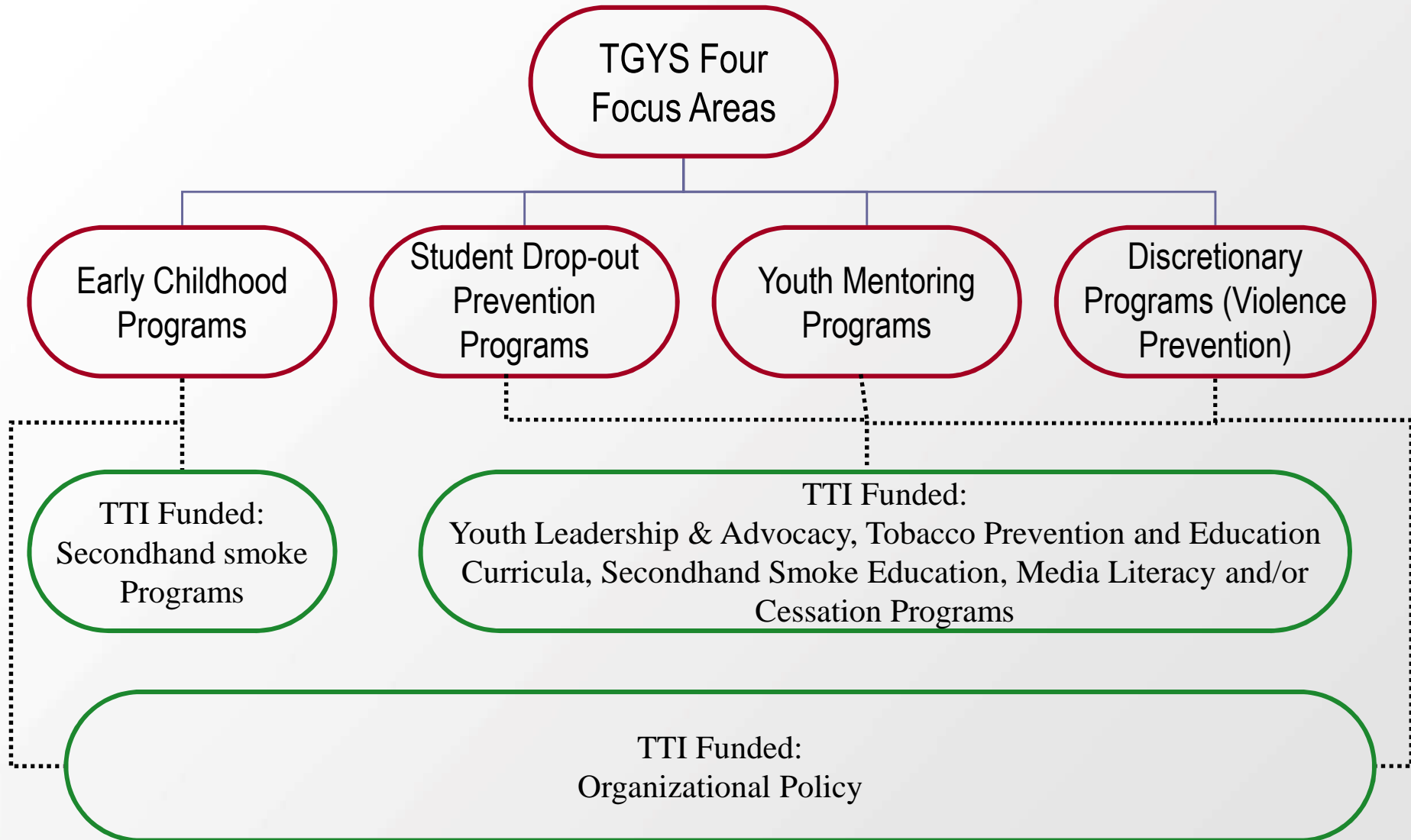
Cigarette addiction remains significantly more common among young adults, Hispanics, American Indians, GLBT, and economically disadvantaged individuals.

Colorado Approach Background

The 2005 tobacco tax legislation designated up to 15% of STEPP funds for eligible TGYS agencies to provide tobacco prevention services to youth and young adults.

- CDC recommended strategy to reach youth populations disparately affected by tobacco. October 2007
- IOM “Full Continuum of Care” Model: Universal, Selected, and Indicated.

Infusing Tobacco Control



Literature Review Recommendations

- Effective tobacco control programs should be comprehensive and address other risk factors.
- Tobacco use prevention should start early and engage both children and their families.
- Parenting skills and behaviors should serve as a key target of tobacco control efforts.
- Provide opportunities for at-risk youth to channel rebellious, risk-taking, and sensation-seeking energies in productive ways.

TTI Funding

July 2007 – June 2008

- Approximately \$2.8 million 74 agencies
- Serving all 64 counties in Colorado
- 65-100% program audience from disparately-affected populations

Approved Strategies

YOUTH

- Youth advocacy and policy coalitions
- Not on Tobacco (N-O-T) Youth Cessation
- Bust Big Tobacco media literacy education
- Evidence-based tobacco education curriculum

PARENT/CAREGIVERS

- ONE step secondhand smoke education

Youth Demographics

Overall sample size = 819 matched

Male = 47.4%

Female = 53.2%

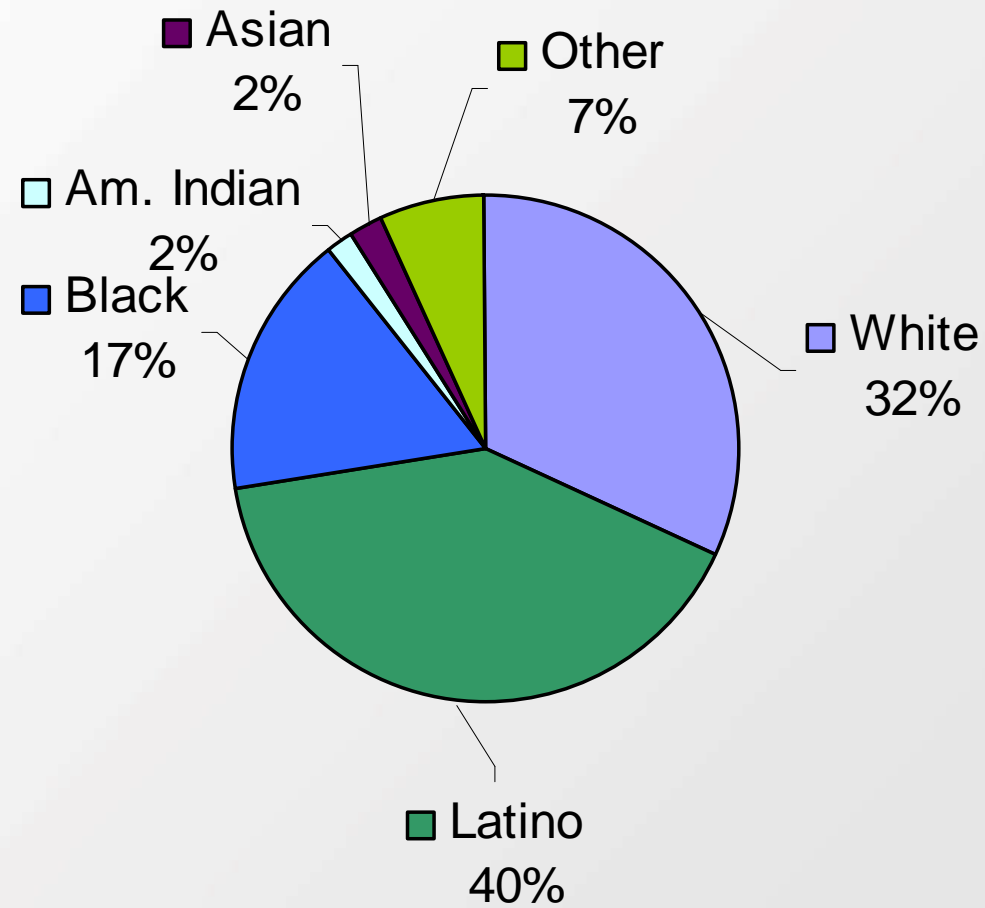
11 and younger = 13.4%

12-14 = 48.1%

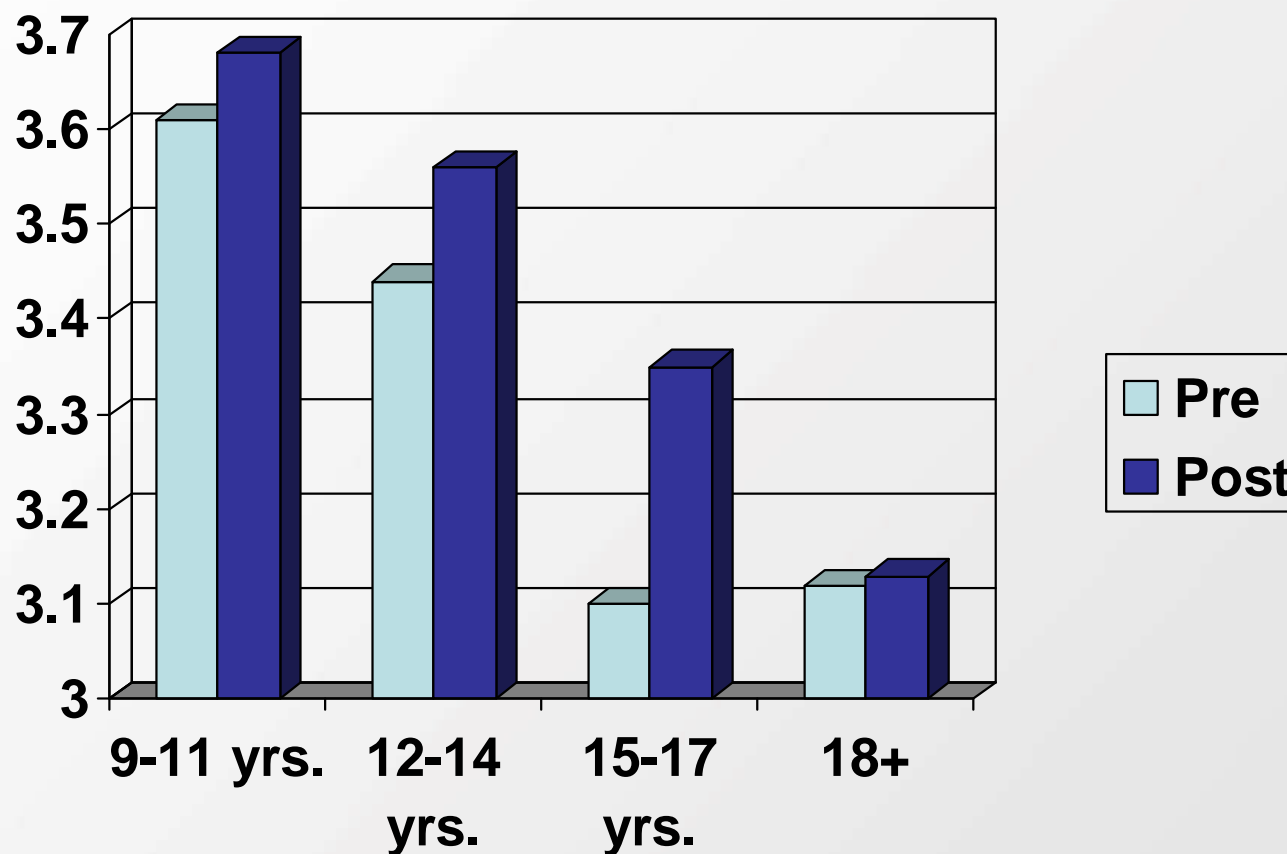
15-17 = 25.5%

18 and older = 13%

Participant Ethnicity

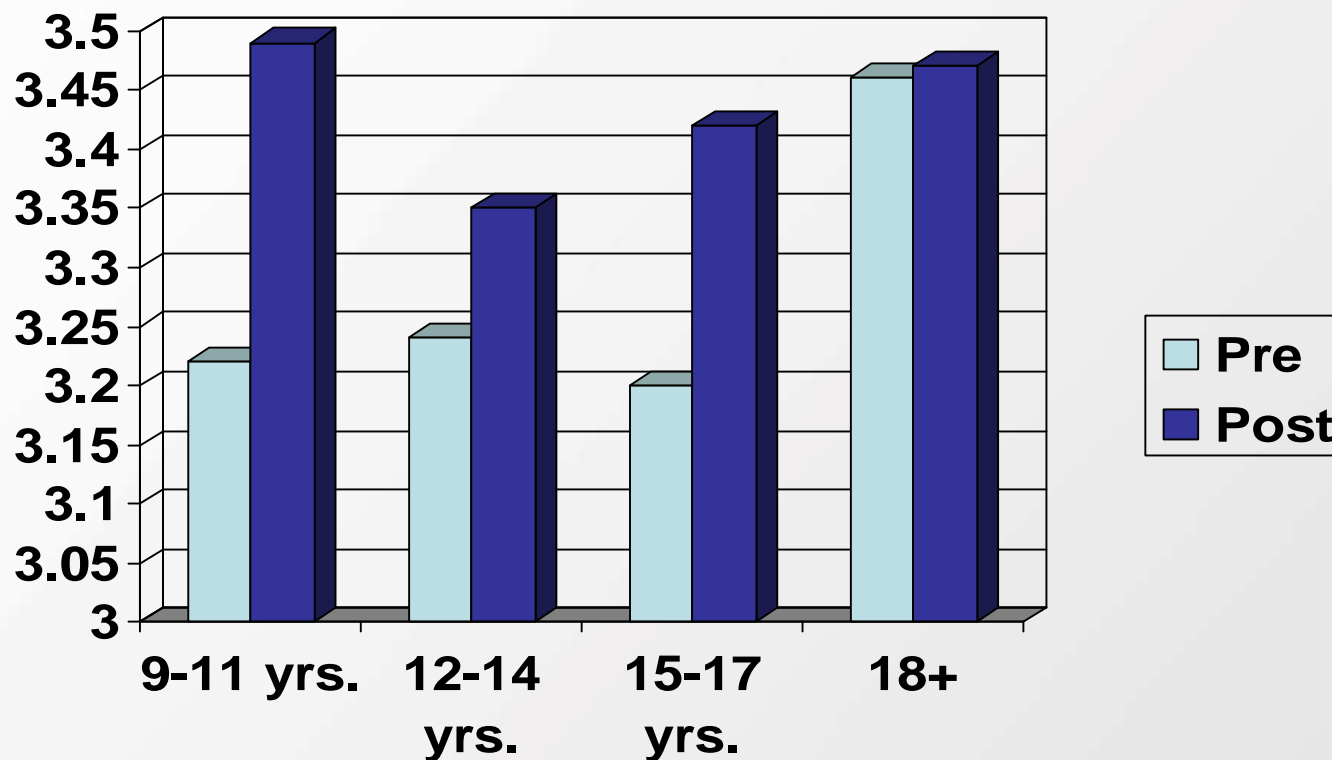


Overall Attitudes Against Tobacco Use (by Age Group; n=818)



Youth up to 17 years of age were positively influenced over the course of the TTI program in their attitudes against tobacco. This change was statistically significant for 12-14 year-olds and 15-17 year-olds.

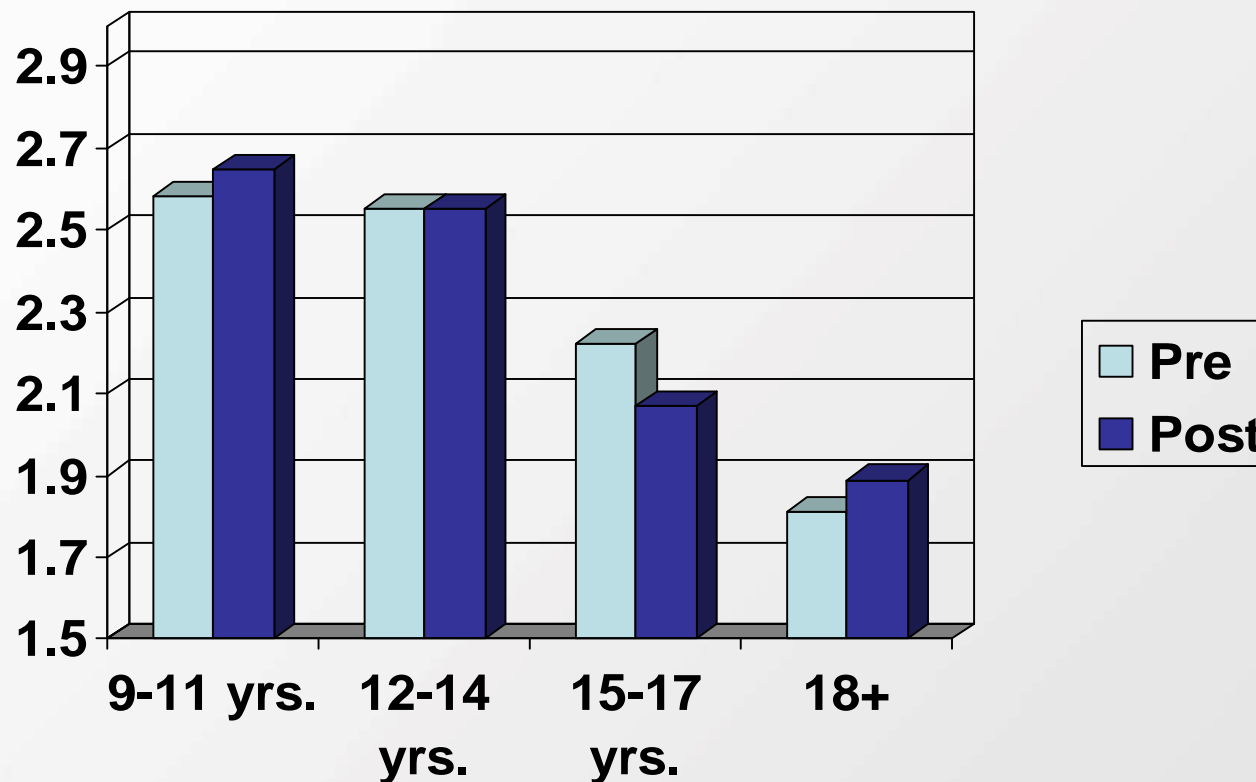
Overall Perceived Harm of Tobacco Use (by Age Group; n=826)



Children up to 17 years of age were positively influenced in their perceived harm of tobacco use. These changes were statistically significant for all ages except the 18+ group, however, notice that this oldest group had maximally desirable perceptions of harm at both pre-test and post-test

Q18: During the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you?

(by Age Group; n=814)



Unexpectedly, the 15-17 year-old group reported a statistically significant decrease in the amount of parental discussion about the dangers of tobacco. The other changes were not statistically significant, however, note that the 18+ group showed a pre-post increase larger than any of the other groups.

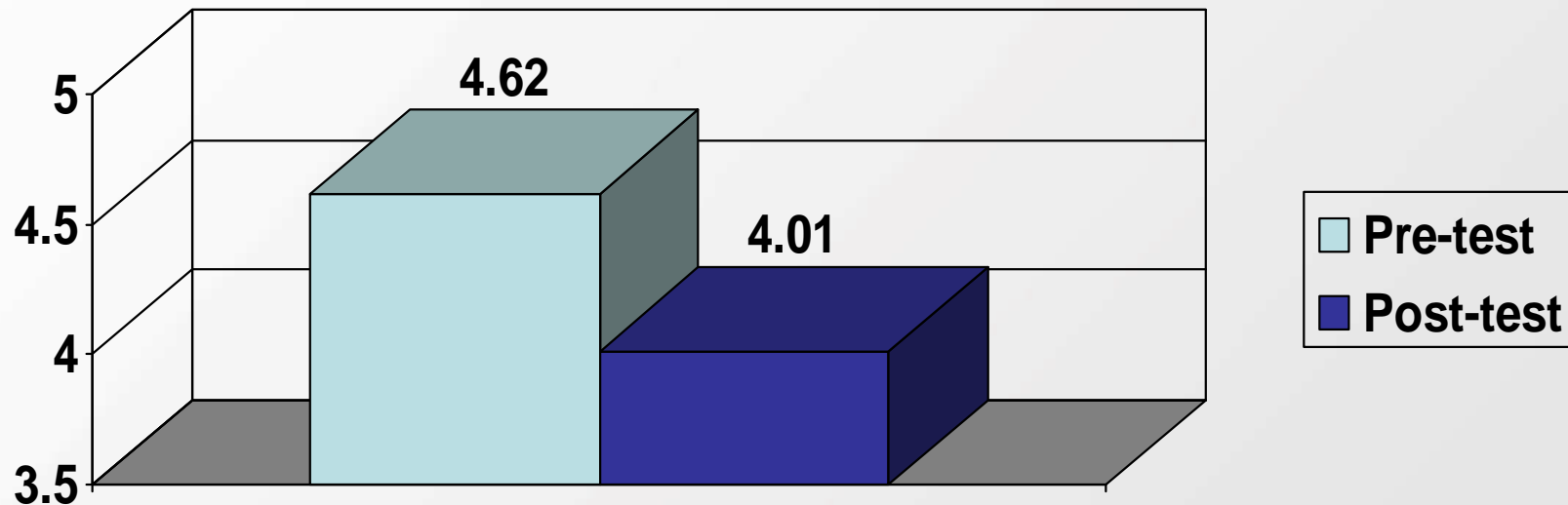
Prevention Summary

Approximately 80% of youth reported having never smoked a cigarette, with about equal rates for males and females.

Prevention of any cigarette use over the past 30 days was substantial across all age groups; however effects were somewhat larger for younger participants.

The majority of participants reported at both pre-test and post-test that they did not think they would try a cigarette or smokeless tobacco soon.

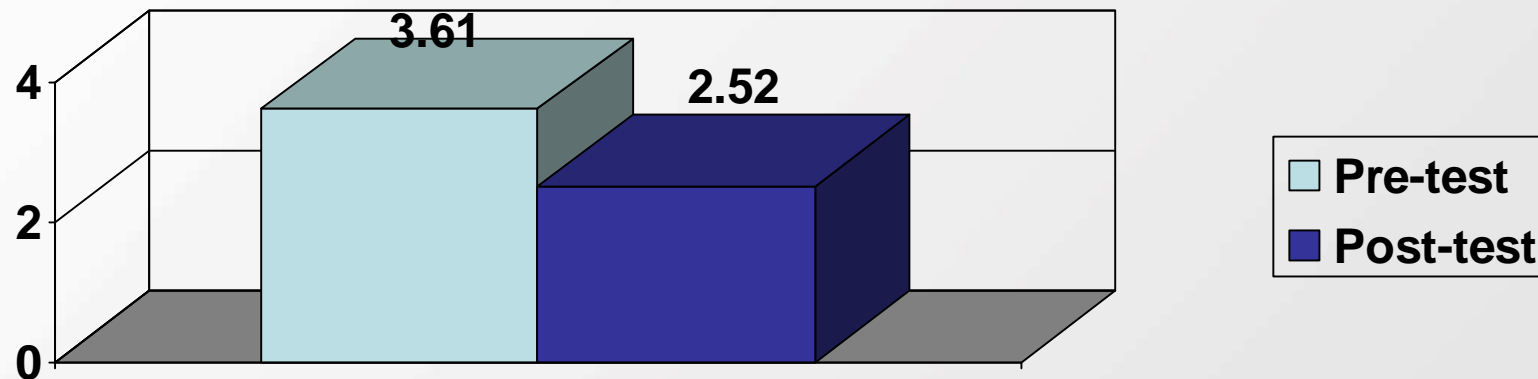
During the past 30 days, on how many days did you smoke cigarettes? (Youth who reported use at pre-test; n=138)



Youth who smoked at pre-test reported a statistically significant decrease in the number of days they smoked from pre- to post-test.

During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

(Youth who reported any chewing tobacco use at pre-test; n=33)



Youth who reported any use of chewing tobacco at pre-test reduced their use of chewing tobacco by post-test to a statistically significant extent.

Effective prevention was demonstrated in the higher-risk status groups of:

Youth *who reported tobacco use at pretest by*

- Decreased use over the course of TTI programs
- Increased optimism/willingness to not smoke in the future
- Strengthening of attitudes against and perceived harm of tobacco use
- An increase in length of most recent quit attempt

Youth *18 and older by*

- Endorsing that smoking does not make you fit in or popular
- Optimism/willingness about not smoking in the future
- Very strong views about tobacco use being addictive and harmful

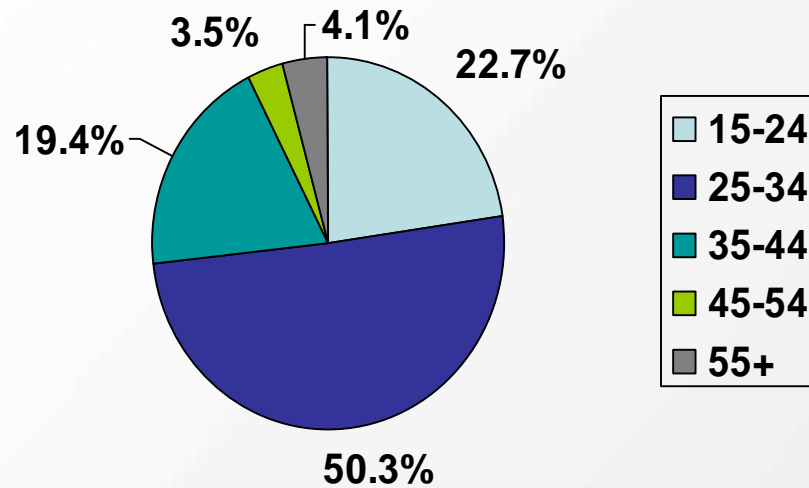
Secondhand Smoke Reduction

Education about dangers of secondhand smoke, encouragement to declare home and auto smoke free, and to not rely on myths about protecting children from SHS smoke infused into

- Home Visitation Programs
- Parenting Education
- Childcare Provider Training

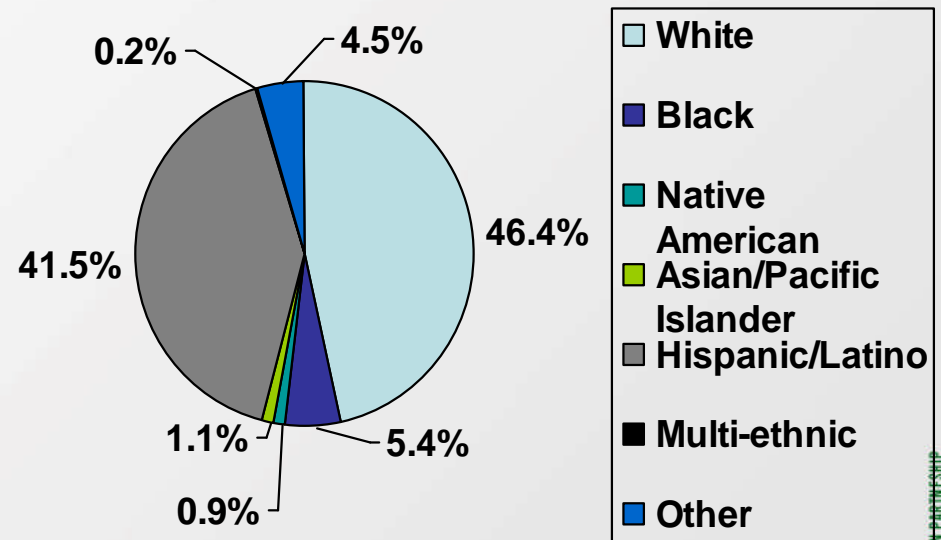
Demographic Data

Age of Parent (N = 459)

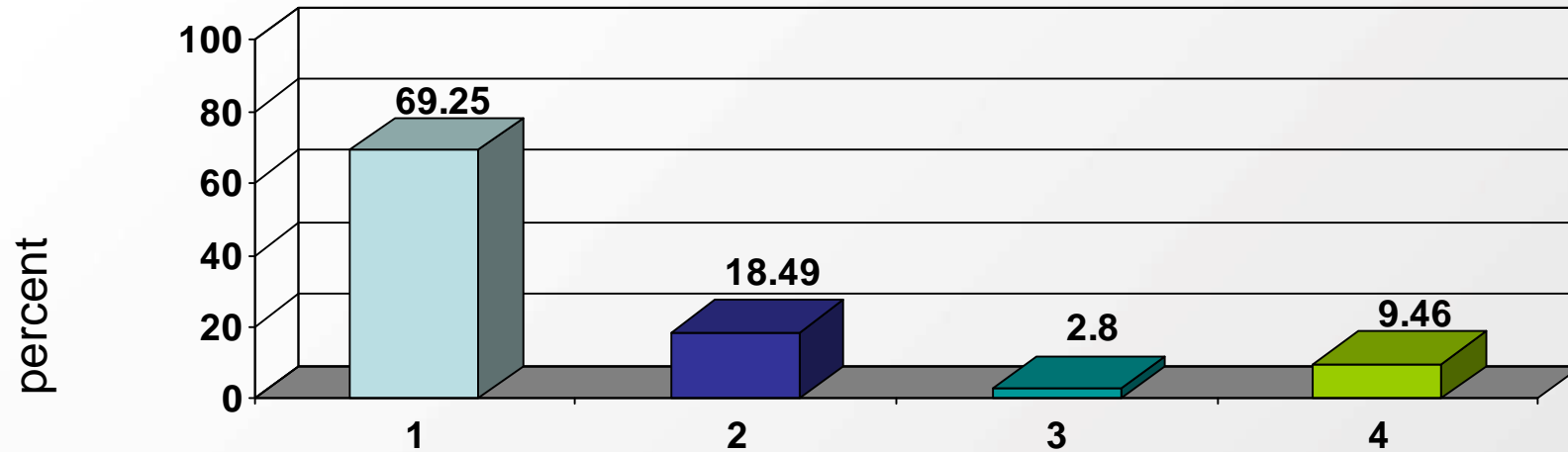


Average age of a parent participant = 31 years old.

Ethnicity of Parent (N = 463)



Smoking in the Household



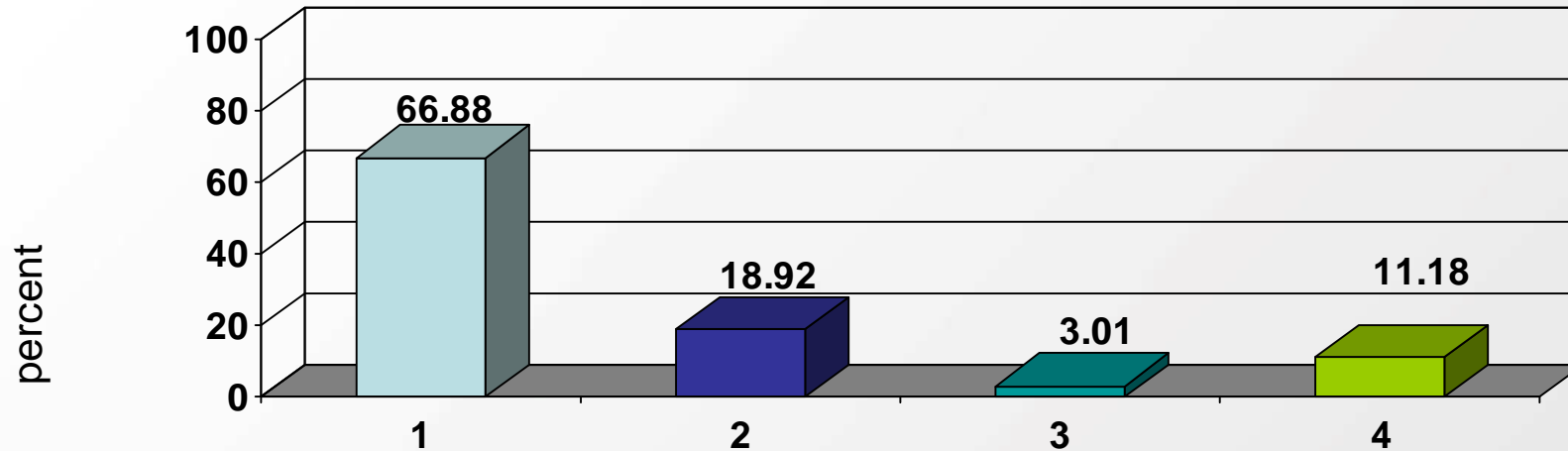
1=No smoking in the household at Pre and Post (**strong commitment group**)

2=Some smoking in the household at both Pre and Post

3=Increased smoking in the household from Pre to Post

4=Decreased smoking in the household from Pre to Post (**positive change group**)

Rules Against Smoking in the Home



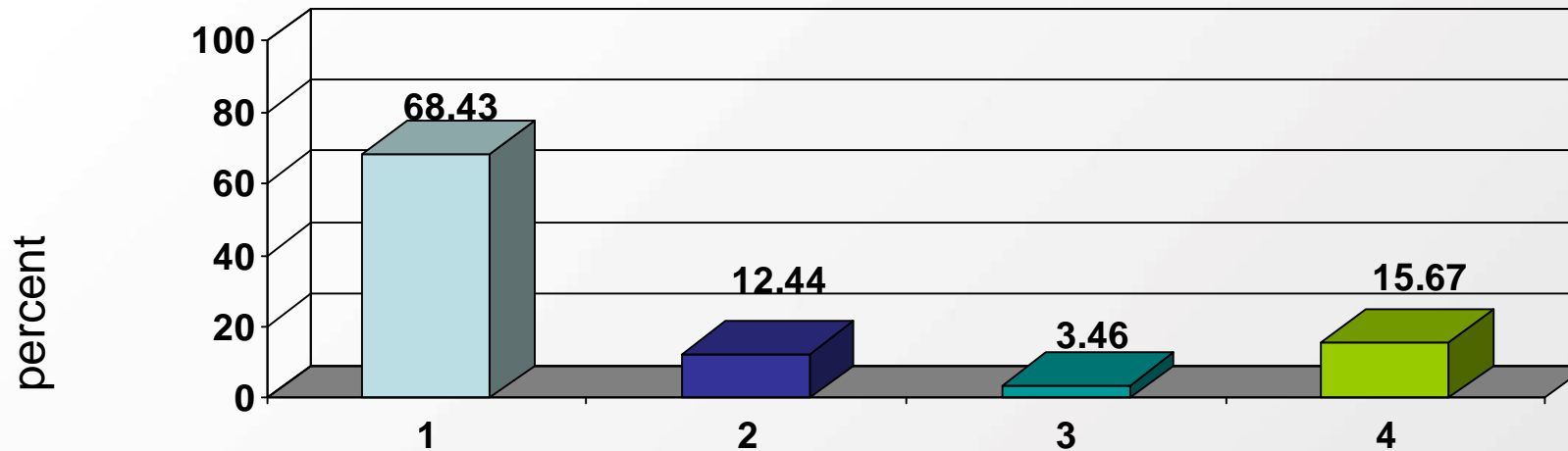
1=Smoking not allowed anywhere in the home at Pre and Post (**strong commitment group**)

2=Smoking allowed in some places or no rules about smoking in the home at both Pre and Post

3=Smoking not allowed in the home at Pre and smoking allowed in some places or no rules at Post

4=Smoking allowed in some places or no rules at Pre and smoking not allowed anywhere in the home at Post (**positive change group**)

Rules Against Smoking in the Vehicle



1=Smoking never allowed in the vehicle at Pre and Post (**strong commitment group**)

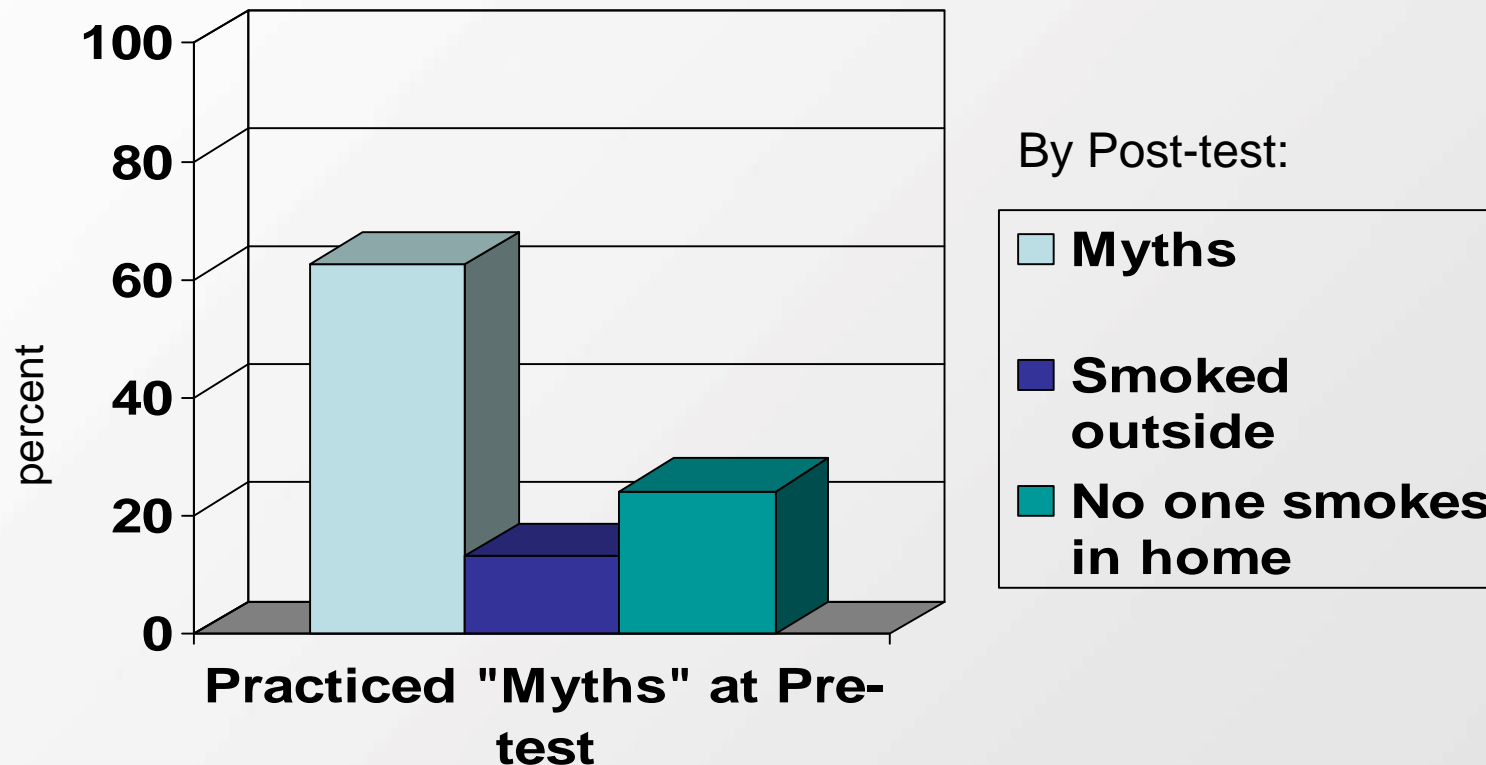
2=Smoking allowed or no rules about smoking in the vehicle at both Pre and Post

3=Smoking never allowed in the vehicle at Pre and smoking allowed or no rules at Post

4=Smoking allowed in in the vehicle or no rules at Pre and smoking never allowed at Post (**positive change group**)

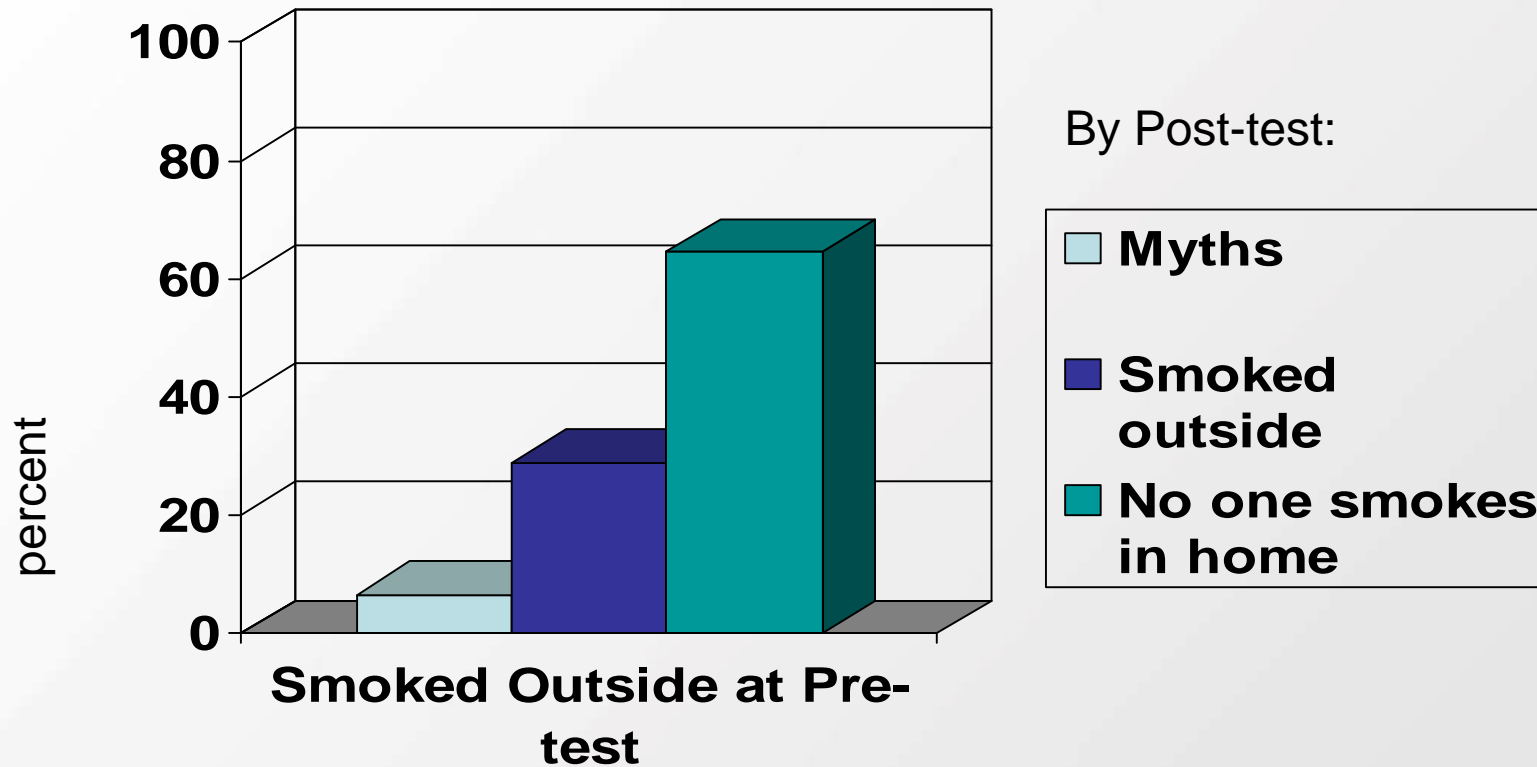
Myths about Secondhand Smoke

“MYTHS”: using a fan or room deodorizers, smoking in another room,
Of those who practiced one or more myth at pre-test, here are
behaviors exhibited by post-test:

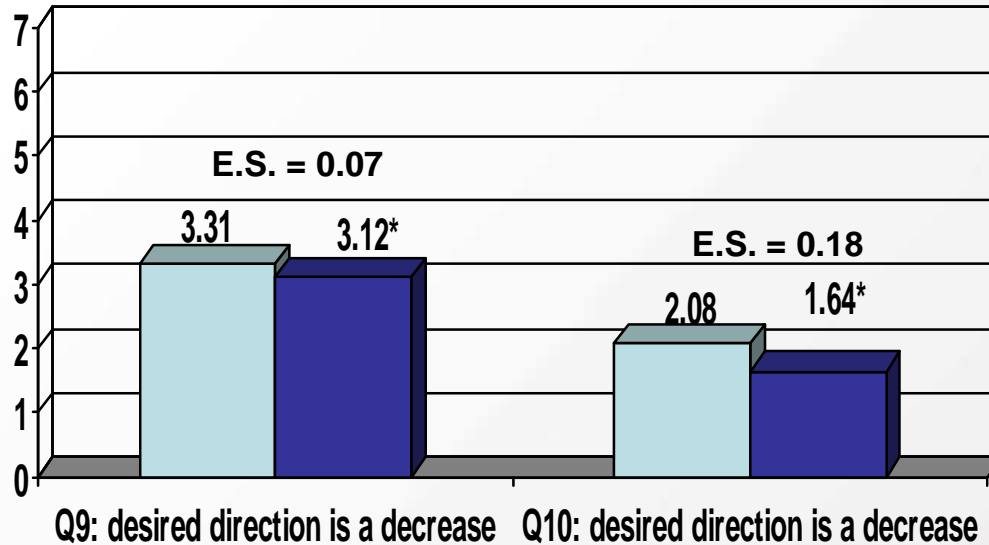


Myths about Secondhand Smoke

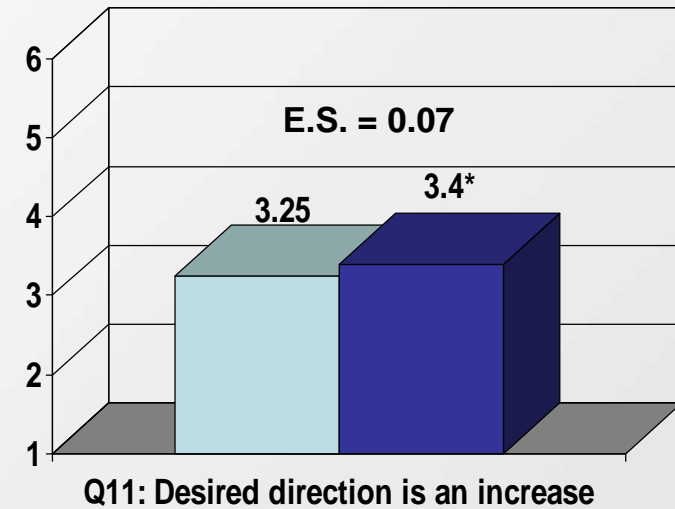
Of those who **smoked outside** at pre-test, here are behaviors exhibited by post-test:



Individuals with a History of Smoking



Pre-test Post-test



Pre-test Post-test

Q9: During the past 30 days, on how many days did you smoke cigarettes?

1=0 Days; 7=all 30 days

Q10: During the past 30 days, on how many days did you smoke cigarettes in the presence of children?

1=0 Days; 7=all 30 days

Q11: When you last tried to quit, how long did you stay off cigarettes?

1= I have never tried to quit; 2=less than a day; 3=1-7 days; 4=more than 7 and less than 30 days; 5=30 days or more and less than a year; 6=a year or more

Limitations of Current Study

- As in all effectiveness research, we assume programming is at least partially responsible for the results, but cannot say for sure without a randomly assigned control group.
- Attrition, which occurs in all longitudinal research, may mean that the higher-functioning youth were the ones who remained by post-test
- A large portion of TTI youth participated in the evaluation, but representativeness can always be improved
- Statistical significance does not guarantee clinical significance (i.e., real changes in the lives of youth), but it is the only acceptable starting point to justify further programming and evaluation of that programming.

What Were the Barriers

- Tobacco very low priority for CBOs
- Unaware of disparities
- Lacked tobacco control training
- History of high tobacco use rates among staff

What is Working

- CBO network serves many of Colorado's most underserved
- Impact change from a system level
- Reinforce tobacco control media messages
- Ignited a new passion
- New partners for tobacco control

Where is TTI Going Next?

- Building TTI grantee capacity to effectively plan, deliver and evaluate the impact of their tobacco control programming.
- Implement TTI Agency Policy Assessment and Policy Checklist.
- Elevate the importance of tobacco control within CBOs.
- De-normalize tobacco use among all youth.
- Build linkages between TTI grantees, state wide partners and local health organizations.
- Track grantee outcomes to then inform TTI programming.
- Design evaluation demonstration projects to determine population specific best practices.

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TTI Web Page ~ www.steppcolorado.com

(Link provided on “Youth and Young Adults” or “Secondhand Smoke” pages.)