

PROJECT SUMMARY

Outline of Strategic Plan for Identifying and Eliminating Tobacco- Related Health Disparities in Clinch County, Georgia

Prepared for:

Ware County Board of Health

Prepared by :

Dr. Simone Charles, Ph.D.

Dr. Stuart Tedders, Ph.D

Georgia Southern University

Jiann-Ping Hsu College of Public Health

BACKGROUND

- 140 acres of tobacco was harvested in Clinch County in 2007 (Center for Agribusiness and Economic Development, UGA) – a farm gate value of \$417, 690
- Tobacco use is more prevalent in rural communities when compared to urban communities
- 14% of the adult population in Georgia smoke (Behavioral Risk Factor Surveillance System 2006)
- There are 10,000 tobacco-related deaths in Georgia yearly
- The Southeast Health District (which includes Clinch County) has considerably higher smoking prevalence when compared to statewide smoking prevalence
- Rural communities do not have proper access to health care and they also may not have the monetary resources to alleviate the problem
- Participants in the development of this plan helped identify the needs and issues related to tobacco use, cessation, and initiation in Clinch County
- Through the data collection and strategic plan we seek to determine current trends in Clinch County and to begin understanding the factors that contribute to these disparities
- The data will provide the framework for proposing specific intervention strategies designed to reduce identified disparities
- The **GOAL** of the Strategic Plan is to:
 1. Prevent smoking initiation by Clinch County youth
 2. Promote quitting among Clinch County adults
 3. Eliminate exposure to second-hand smoke
 4. Identify and eliminate tobacco-related health disparities among populations

DATA COLLECTION

- In order to accomplish the Goals, a participatory strategic planning process was used. Assessment included analyzing data, which included identifying and assessing tobacco-related health disparities using various indicators.
- The data collected from the assessment and the input of the coalition members and additional data collection efforts were used to develop a strategic plan outlining best practices approach to health program development and implementation.
- The Strategic Plan was developed using a participatory process involving the formation of Clinch County Tobacco Disparities Coalition.

- The Coalition is ethnically diverse and consists of community leaders, public health practitioners, and policy influencers, juvenile justice workers, nurses, teachers, and Southeast Health District personnel.
- The purpose of the Coalition is to:
 - Organize a sustainable group of stakeholders
 - Build community capacity
 - Develop key relationships
 - Create a collaborative vehicle to implement the strategic plan to address health issues in Clinch County
 - Assist in developing and administering data collection instruments such as adult/youth surveys and key informant questions.
 - Mobilize the community, and other relevant parties to implement the strategies for addressing tobacco issues in Clinch County.

Data Collection Process

- Data collection was conducted to obtain data on tobacco use and tobacco use behavior in Clinch County. A SWOT (Strength, Weaknesses, Opportunities, and Threats) analysis was conducted using key informant interviews, survey questionnaires, and focus group data
- Key informant interviews asked questions that revolved around youth smoking behavior, adult smoking behavior, community descriptions that facilitate or could help address the issue of tobacco smoking and smoking initiation in Clinch County. The key informants were chosen by the Clinch County Public Health Department Nurse Manager. They included individuals such as the Superintendent of Schools, the Director of Clinch County Family Connections, the City Manager, Local Dentists, Clinch County 4-H Leaders and Industry presidents
- Surveys were distributed to adults and youth. A total of 326 adults participated in the surveys. A total of 494 youth participated in the surveys
 - Survey questions revolved around second hand smoking behavior, media exposure, tobacco use, tobacco cessation, attitudes towards the risks of tobacco use, initiating smoking in youth
 - Surveys were given to adults through various avenues in Clinch County for example, parents and teachers of the Public School System, the Clinch County Health Department, Adult Education programs (GED). Surveys were given to kids by their teachers in the public school systems and an incentive was offered to the highest number of surveys returned in a classroom

- Focus groups were conducted with various groups of community members to solicit information about risk, perception and ideas for strategies for addressing tobacco use
 - The participants of the groups included male employees of Slash Pine Plant, pre-natal's and women with families, high school, middle school, and GED students, along with senior citizens
- Based on data analysis of surveys and focus group data we identified critical issues from which initial goals and strategies for addressing and eliminating identified tobacco-related health disparities were developed
- Goals and strategies were shared with the Coalition, prioritized, and refined with the input of the Coalition, particularly the Department of Human Resources, Health Promotion Director
- The Coalition put into place the culturally competent strategies that were of immediate priority. The strategies were implemented and evaluated by the Coalition and the Georgia Southern University faculty

OUTCOMES

Key Informant Outcomes

From these interviews, some of the common issues were:

- Lack of activities to engage the youth
- No unified approach to address the issue
- Easy access to tobacco products for all ages
- Abilities within the community to facilitate tobacco prevention programs

Critical Issues identified were:

1. Lack of sustained funding to address tobacco use in the community
2. Community groups vary in their readiness to coordinate and implement tobacco prevention and control activities. Most communities do not consider tobacco use and SHS exposure priority issues when facing many more acute issues.
3. There is a poor understanding of tobacco issues in the community and lack resources to increase awareness among their populations.
4. The community varies in its involvement and support of prevention programs.
5. The community could build on established relationships, particularly the Churches and Schools, to convey culturally appropriate anti-tobacco messages.
6. The youth can be their own voice and motivator. Youth incentives to facilitate change.
7. Lack of county and school contractors experienced in working with culturally diverse populations around tobacco use issues.

8. Lack of safe spaces and general community programs

Adult Survey Outcomes

From the adult survey analysis, some key findings were:

- 29% of the adults admitted to smoking at least 100 cigarettes in their lifetime
- 12% of the adults smoke every day
- 12% of the adults smoke 5 cigarettes per day
- 75% of smokers smoked everyday with 78% of them using 5 cigarettes or more
- 24% of adults felt that there were minimal benefits to quitting smoking after smoking a pack of cigarettes a day
- 61% were contemplating stopping smoking
- 48% of adults actually tried to stop smoking

Critical Issues identified were:

1. Adequate communication is needed, and these messages must be consistent with literacy levels (46% of smokers have a high school diploma or less)
 - a. Tobacco is addictive
 - b. Several quitting options are available
 - c. Tobacco cessation options are covered by Medicaid
2. Need for increased efficiency of quitting programs
3. Increase awareness of quitting help options and tobacco-related illnesses
4. Increase media coverage of tobacco-related issues (i.e., television, PSA)
5. Employer-based tobacco use program (74% of respondents are full-time or part-time employed)

Youth Survey Outcomes

From the youth survey analysis, some key findings were:

- 12% of youth participants do not perceive tobacco as addictive
- 24% of youth participants stated definitely that people who smoke have more friends
- 11% of the youth participants thought that smoking makes them look cool
- 49% of youth participants thought the smoking helps a person lose weight
- 28% of youth participants think that it is at least probably safe to smoke for 1 -2 years if they quit afterwards

- 23% of youth participants said that smoking is allowed in their homes and 37% said that smoking is allowed in their vehicles
- 42% of youth participants said that they lived with someone who smokes
- 34% of youth participants have a friend that smokes cigarettes
- 29% of youth participants indicated they had puffed a cigarette
- 17% of youth participants said they use smokeless tobacco products
- 27% of youth participants indicated some likelihood of smoking in next 5 years
- 29% of youth participants who have smoked a whole cigarette were 13 or 14 years old
- Among the 76 students reporting to have chewed tobacco, 22% were between the ages of 13 and 14 when they first used this product
- The majority of the parents (64%) spoke of the dangers of tobacco with less frequency than 'sometimes'
- 54% of youth indicated that their school does not have special groups or classes for students wanting to quit using tobacco

Critical Issues identified were:

1. Adequate communication is needed:
 - a. Tobacco is addictive
 - b. Tobacco use should not be used as a weight loss tool
 - c. Tobacco use is not cool and does not help you gain friends
 - d. Exposure to second-hand smoke in the home is hazardous to health
2. Parental training on tobacco-related illness, smoking and tobacco products and second-hand smoke exposure
3. Lack of school programs to assist students who want to quit smoking (not only prevention)
4. Media coverage of tobacco-related illnesses (i.e., television, PSA)

Focus Group Outcomes

Each of the seven focus groups (conducted on October 28, 2008) discussed certain themes, which included tobacco use, factors influencing quitting, suggestion for programs, and general thoughts.

Critical Issues identified were:

1. Tobacco use as a stress relief, relaxation, and easing boredom were all commonly mentioned gains from smoking. Participants who expressed no desire to stop smoking expressed reluctance to forgo these positives.

2. There is a lack of options for activities for stress relief or engagement of adults or youth
3. Culture - In a rural culture of hunting, and being outdoors smoking and chewing is a favored pastime passed down from generation to generation. Chewing tobacco is viewed as part of the hunting experience.
4. A matter of choice.
5. Social pressures - Smoking behavior of others. Respected persons such as coaches and family members smoke. Youth are exposed to tobacco use at an early age. Peers also strongly influence tobacco use. Way of fitting in and being cool. Friends and family acceptance.
6. Persons have an early start
7. Addiction coupled with a lack of willpower supports tobacco use
8. Perceptions that it is not an issue
9. Ready access either from family members, friends, or stores. Store ownership influences access

DISPARITIES

Tobacco-Related Health Disparities

- Independent and dependent variables were taken from the adult surveys and grouped in order to facilitate the analysis
 - The independent variables were race, gender, education, and household income
 - Dependent variables were quality of life, secondhand smoke, smoking rules in the home, smoking status, benefits of quitting smoking even after 20 years of the behavior, effects of secondhand smoke.
- Findings included:
 - Whites are almost 6 times more likely to be satisfied with their quality of life compared to non-whites
 - 49% of non-white participants indicated there was a health benefit to long-term smokers who make the decision to quit smoking compared to only 23% of white respondents
 - White respondents were 2.7 times more likely to perceive an association between respiratory problems in children and exposure to secondhand smoke. There is a significant difference in perception.
 - A higher proportion of less educated (\leq high school (HS)) respondents agree that it is beneficial to stop smoking even after a long-term addiction. In fact, these individuals appear to be twice more likely to hold this view than more educated ($>$ HS) individuals
 - A higher proportion of educated individuals ($>$ HS) believe that secondhand smoke can cause heart disease than less educated (\leq HS)

- Respondents with more than a high school diploma are more likely to perceive an association between respiratory problems in children and secondhand smoke
- Over 40% of respondents with more than a high school education perceive an association between SIDS and secondhand smoke as compared to less educated subjects
- Survey participants reporting a higher income (>\$25,000) are more likely than lower income (≤\$25,000) participants to be satisfied with their life
- A higher proportion of higher income (>\$25,000) participants do not allow smoking in their homes compared to lower income (≤\$25,000) participants
- Lower income (≤\$25,000) participants were almost 3 times more likely to be a self-reported smoker compared to higher income (>\$25,000) participants
- A large proportion of lower income groups (≤\$25,000) perceived a benefit to quitting after a long-term addiction compared to higher income (>\$25,000) participants
- The lower income group (≥\$25,000) was 60% less likely to perceive an association between secondhand smoke and respiratory problems in children compared to higher income (>\$25,000) participants

Critical Issues identified were:

1. There is a need for increased education and awareness training for whites compared to nonwhites
2. There is a need to educate men about the harmful effect of secondhand smoke particularly among children
3. Education level was a strong determinant for smoking and smoking risk perception with higher percentages of smokers being adults with less than a high school education
4. Youth were identified as one of disparate groups in Clinch County with nonwhite children facing a higher risk of exposure to secondhand smoke compared to white children

Disparate Groups

Disparate groups were identified as:

1. White males with <\$25,000 income and less than some college was identified as one of the disparate groups in Clinch County
2. Youth in middle school of parents with less than/with high school education, primarily nonwhite youth

STRATEGIC PLAN

Outline

- Using the information gathered from the population assessment, as well as the Consumer Health Profile for Clinch County, the strategic plan was developed
- The Plan outlines strategies to reduce tobacco-related health disparities and create greater equality and parity within Clinch County
- The strategic plan will be used as a guide for future activities to identify and eliminate tobacco-related health disparities in Clinch County
- The Plan contains 5 general categories:
 1. Community strategies including community development, cessation strategies and ensuring program ownership
 2. School strategies
 3. Public awareness/media advocacy and literacy strategy
 4. Policy and enforcement strategies
 5. Assessment and evaluation strategies
- Adult programs should be reduced cost or free and facilitated, in part, through the major employers
- Youth programs can be administered through the school systems in conjunction with the other school and youth community programs
- Community programs can be run through the Boys Scouts, school system and the religious organizations, private physician practices, county health department and hospital, and other organizations within the community

The Coalition

- The Clinch County Coalition will be an essential group to help implement the Strategic Plan. They will continue to convene in order sustain an ongoing dialogue about tobacco issues and support the work outlined by the Strategic Plan.

TOP PRIORITY ISSUES

OBJECTIVE #1: To increase the number of school districts that adopts a 100% Tobacco Free School Policy in Clinch County

Strategy 1.1: Increase teen participation in coalition to implement specific strategies for reducing risk among youth population

- Create and build membership of youth coalition
- Youth coalition to outline charges of teen coalition

Strategy 1.2: Train teen coalition to effectively discuss specific strategies for reducing risk among youth populations

- Train youth coalition members on tobacco use prevention and have youth make presentations to full coalition and school board
- Outline peer mentoring activities and youth-focused programs utilizing peer mentoring
- Youth coalition to implement one non-smoking school-wide activity

Strategy 1.3: Increase awareness of 'NOT' and 'ATS', Quit Line, and enforcement programs in schools

- Educate youth, school administrators and school staff by presentations and/or trainings on the importance of having 'NOT' and 'ATS' programs in schools
- Distribute materials on Quit Line for youth and adults at school and school functions
- Educate faculty, staff and peers on school policy by presentations and/or trainings for students, staff and visitors

Strategy 1.4: Program Sustainability

- Identify funding sources for sustained program development, assessment, and evaluation
- Establish relationships with community health care providers to support tobacco use reduction efforts
- Host meetings with health care providers

OBJECTIVE # 2: To increase the number of worksites that implements a policy to prohibit tobacco use in the work place in Clinch County

Strategy 2.1: Create a marketing strategy for increasing community awareness around tobacco

- Publish findings of strategic plan and tobacco use disparities project in local newspaper
- Create 3 public service announcements (PSAs) that include targeting identified tobacco-related disparate populations – low income, white males and youth
- Air PSAs on local radio station and in appropriate community venues
- Distribute tobacco-related printed educational materials in community

- Publish strategic plan on Public Health Department and Clinch Memorial Hospital websites

Strategy 2.2: Train coalition to effectively discuss specific strategies for reducing tobacco risk among partnering agencies

- Conduct training for Coalition on Tobacco 101, Smoke Free Air Act, Tobacco Free Worksites, and other identified training needs
- Meet with key business leaders to identify opportunities to create tobacco free environments
- Identify 5 to 7 local businesses willing to begin movement to a tobacco free worksite including worksites that employ identified disparate population
- Assist local businesses in developing, adopting and implementing a model policy for a tobacco free work site
- Host events for increasing community awareness around tobacco-related issues
- Conduct baseline data on tobacco awareness in community

OTHER PRIORITY ISSUES

Other specific strategies are outlined in a separate document.

PROJECT EVALUATION

Evaluation of Program

Evaluation methods include quantitative and qualitative data collection from surveys and focus groups. Surveys will be dispensed at various intervals after the implementation of the Strategic Plan.