

TEXAS TOBACCO SUMMIT

June 26 - 27, 2014

SUMMARY & EVALUATION

The University of Texas
MD Anderson Cancer Center
Mid Campus Building
Floor 3, Ballroom, Rooms 1-8
7007 Bertner Avenue, Houston, Texas

THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**
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Aim and Overview

The 2014 Texas Tobacco Summit commemorated the 50th Anniversary of the first Surgeon General's report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General*. The summit was held on June 26 – 27, 2014 and was hosted by The University of Texas MD Anderson Cancer Center in Houston.

The aim of the summit was to inform, educate and foster a dialogue among traditional and non-traditional statewide and national tobacco control organizations working towards the elimination of tobacco use and exposure across the state of Texas. The summit served as a key step towards maximizing synergy, minimizing duplication of efforts, complementing each other's work, and creating a platform to share information and tools with one another.

There were 177 participants at the two day summit.

- The participants represented concerned individual citizens and 55 different local, state, and national agencies/organizations.
- There were 201 pre-registered participants, of which 163 attended. There were 14 walk-up registrations for a total attendance of 177 participants.

Planning Committee

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Medical Education
Texas Medical Association

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Claudia Rodas

Director, Southern Region
Campaign for Tobacco-Free Kids

Richard Wender, M.D.

Chief Cancer Control Officer
American Cancer Society

Participating Organizations

A Smoke Free Paso del Norte
American Cancer Society
American Cancer Society – Cancer Action Network
American Heart Association
American Lung Association
American Lung Association of the Southwest
Asian American Health Coalition
Austin/Travis County Health and Human Services Department
Bay Area Council on Drugs and Alcohol (BACODA)
Baylor College of Medicine/VA Houston
Blue Cross and Blue Shield of Texas
Cameron County Department of Health and Human Services
Campaign for Tobacco-Free Kids
Centers for Disease Control and Prevention
Change Happens!
Clinton Foundation
CVS Caremark
Drug Prevention Resources, Inc.
Gift of Life
Harris County Public Health and Environmental Services
Harris Health Systems
Hope Clinic
Houston Department of Health and Human Services
Houston Housing Authority
Lesbian Health Initiative
LIVESTRONG Foundation
North American Quitline Consortium
Northeast Texas Public Health District
Paso del Norte Health Foundation
Pinney Associates
Texans Standing Tall
Texas Department of State Health Services
Texas Medical Association
Texas Southern University
Texas State Health Services Council
Texas State University
The Coalition Inc., Tobacco Prevention and Control Coalitions
The Council on Drug and Alcohol Abuse Coastal Bend Nueces County
The Gulf Coast Center
The Michael E. DeBakey VA Medical Center
The Office of Senator Rodney Ellis
The University of Houston
The University of Texas at Austin
The University of Texas Health Science Center at Austin
The University of Texas Health Science Center Northeast
The University of Texas MD Anderson Cancer Center
The University of Texas Medical Branch at Galveston
The University of Texas School of Public Health
The University of Texas Southwest Medical Center
The University of Texas Southwest Medical Center, Moncreif Cancer Institute
The University of Texas System
Tobacco Free Fort Bend Coalition
United Way of Greater Houston
University of Southern California Institute for Global Health
Wichita Falls Tobacco Prevention and Control Coalition

Speakers and Moderators

Linda Bailey, J.D., M.H.S.,

President and CEO, North American Quitline Consortium

Best Practices – Cessation Services: Quitlines

Karen Batory, M.P.A.

Vice President, Division of Public Health and Medical Education, Texas Medical Association

Next Steps – Collective Action for the Future: Advocacy Organization Feedback

Jan Blalock, Ph.D.

Associate Professor, Department of Behavioral Science, UT MD Anderson Cancer Center

Tobacco Use and Special Populations: Mental Health Disparities

Ritney A. Castine

Associate Director, Youth Advocacy, Campaign for Tobacco-Free Kids

Tobacco Marketing Strategies, Youth and Young Adults as Targets: Marketing Tobacco Products to Youth and Young Adults

Paul Cinciripini, Ph.D.

Professor, Department of Behavioral Science

Best Practices – Cessation Services: Clinical Cessation Services

Jennifer Cofer, M.P.H.

Interim Chief Executive Officer, American Lung Association, Plains Gulf Region

Existing Tobacco Prevention and Control Plans and Initiatives: State/Regional Plans

David Coultas, M.D.

Vice President for Clinical and Academic Affairs & Physician-in-Chief, UT Health Sciences Center
Northeast

Introduction: Jonathan M. Samet, M.D., M.S.

Ronald DePinho, M.D.

President, UT MD Anderson Cancer Center

Welcome and Open Address

Lewis Foxhall, M.D.

Vice President, Health Policy and Professor, Department of Clinical Cancer Prevention, UT MD Anderson Cancer Center

Introductions: Ronald DePinho, M.D., Barry Sharp, M.S.H.P., M.A.C.M., M.C.H.E.S. , and Cheryl Perry, Ph.D.

Moderated: *Tobacco as a Business and The Cost of Doing Business in Texas*

Ellen Gritz, Ph.D.

Professor and Chair, Department of Behavioral Science, UT MD Anderson Cancer Center

Tobacco Use and Special Populations: Tobacco and Chronic Disease

Ernest Hawk, M.D., M.P.H.

Vice President and Division Head, Division of Cancer Prevention & Population Sciences, UT MD Anderson Cancer Center

Looking Toward the Future of Tobacco Prevention and Control in Texas

Introduction: Matthew Myers

Jack Henningfield, Ph.D.

Adjunct Professor, Behavioral Biology, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine

Vice President, Research and Health Policy, Pinney Associates

Tobacco Marketing Strategies, Youth and Young Adults as Targets: Marketing E-Cigarettes and Other Tobacco Products to Youth and Young Adults

Phil Huang, M.D., M.P.H.

Medical Director and Health Authority, Austin/Travis County Health and Human Services Department

Existing Tobacco Prevention and Control Plans and Initiatives: Austin/Travis County Example

Steve Kelder, Ph.D.

Professor, Division of Epidemiology, UT School of Public Health

Moderated: *Tobacco Use and Special Populations*

David Lakey, M.D.

Commissioner, Texas Department of State Health Services

*Tobacco as a Business and the Cost of Doing Business in Texas: Costs to Texas State Government
Welcome and Agenda Overview – Day 2*

Bert E. Marshall, J.D.

President, Blue Cross and Blue Shield of Texas

Tobacco as a Business and the Cost of Doing Business in Texas: Costs to Employers

Tim McAfee, M.D., M.P.H.

Director, Office of Smoking and Health, Centers for Disease Control and Prevention

Tobacco as a Business and the Cost of Doing Business in Texas: Costs of Tobacco

Existing Tobacco Prevention and Control Plans and Initiatives: National Plans

Best Practices – Cessation Services: CDC’s “Tips” Campaign

Mark Moreno

Vice President, Government Affairs, UT MD Anderson Cancer Center

Moderated: *Next Steps – Collective Action for the Future*

Matthew Myers

President, Campaign for Tobacco-Free Kids

The Surgeon General’s Report and What We Can Do To Keep the Next Generation Tobacco-Free

Cheryl Perry, Ph.D.

Professor and Austin Regional Dean, UT School of Public Health

FDA-Funded Tobacco Centers of Regulatory Sciences (TCORS): Tobacco Center of Regulatory Sciences on Youth and Young Adults (Austin, Texas)

Moderated: *Tobacco Marketing Strategies: Youth and Young Adults as Targets*

Alex Prokhorov, M.D., Ph.D.

Professor, Department of Behavioral Science, UT MD Anderson Cancer Center

Moderated: *Best Practices – Cessation Services*

Claudia Rodas

Director, Southern Region, Campaign for Tobacco-Free Kids

Next Steps – Collective Action for the Future: Advocacy Organization Feedback

Jonathan M. Samet, M.D., M.S.

Director, USC Institute for Global Health, Professor and Flora L. Thornton Chair, Department of Preventive Medicine, Keck School of Medicine of USC

Surgeon General’s Report: Past and Present

Cam Scott

Senior Director, Texas Government Relations, American Cancer Society Cancer Action Network
Moderated: *Existing Tobacco Prevention and Control Plans and Initiatives*

Barry Sharp, M.S.H.P., M.A.C.M., M.C.H.E.S.

Manager, Tobacco Prevention and Control Branch, Texas Department of State Health Services
History of Tobacco Prevention and Control in Texas

Jennifer Irvin Vidrine, Ph.D.

Associate Professor, Health Disparities Research, UT MD Anderson Cancer Center
Best Practices – Cessation Services: Working with FQHCs and Community Clinics

Richard Wender, M.D.

Chief Cancer Control Officer, American Cancer Society
Next Steps – Collective Action for the Future: Advocacy Organization Feedback
Moderated: *Roundtable Discussions – Priority Areas for Collective Engagement*

David Wetter, Ph.D.

Professor and Chair, Health Disparities Research, UT MD Anderson Cancer Center
Tobacco Use and Special Populations: Geographic, Cultural, and Financial Disparities

Roundtable Discussion and Audience Response System (ARS) Voting

Roundtable breakout sessions were held at the end of Day 2 in order to engage attendees in the discussion of tobacco control and prevention. Strategies that were developed by each roundtable were presented to all attendees and each attendee had the opportunity to vote on the priority-level via an Audience Response System (ARS). This provided a different avenue for engagement and allowed all attendees to provide their feedback on the various topics of the roundtables.

The following are the roundtable topics and corresponding initiatives that were identified during the roundtable discussions. The ARS voting results are shown for each.

Cessation

Provide funds for state quitline treatment	34	43.04%
Help to support & institutionalize quitlines' ability to proactively contact patients	33	41.77%
Disseminate evidence-based treatments	12	15.19%
Totals	79	100%

E-Cigarettes and Alternative Tobacco Products

Restrict youth access: local, state policies	38	47.50%
Participate in the FDA deeming process: public comments on marketing, ingredients, emissions	28	35%
Restrict use indoor/public settings – local state policies	8	10%
Research	6	7.50%
Local Advocacy efforts	0	0%
Totals	80	100%

Policy – State, Local/Municipal, Institutional

State-wide restrictions – Identify partners on the local level	27	32.93%
Regulate youth access to e-cigs and advertisements	27	32.93%
Tax policy	23	28.05%
Fund Quitline – Funds for Texas tobacco prevention and control that meet the CDC-recommended level	5	6.10%
Totals	82	100%

Youth Engagement and Prevention

Identify and develop youth champions to educate their peers	11	13.25%
Identify and develop more adult champions in venues where youth learn, play & socialize (e.g.: sports, social & faith-based organizations)	5	6.02%
Create comprehensive media campaigns to include traditional and social media channels	31	37.35%
Enhance school curriculums to include tobacco/nicotine product education	28	33.73%
More messaging for college-age young adults	8	9.64%
Totals	83	100%

Mental Health

Policy: Implement smoke-free policies in psychiatric facilities; If not smoke-free then no access to federal or state dollars	30	38.96%
Screen: Screen for depression & smoking in high school; Ensure all psychiatric clients are screened for tobacco use & have a method for referrals	30	38.96%
Provide educational opportunities for facilities that work with the homeless. Deliver training to staff on how to deliver smoking cessation intervention to clients	17	22.08%
Totals	77	100%

Persons Living with Chronic Disease

Create collaborations between state/national organizations – example: American Lung Association and American Diabetes Association to align strategies creating fiscal efficiency	38	49.35%
Create education programs for health professionals – EMR (hospitals), create guidelines	21	27.27%
Advocate for education programs for the general public – support from family and friends	18	23.38%
Totals	77	100%

Special Populations (Rural, LGBT, Veterans, Pregnant Women, Low Socioeconomic Status)

Increase surveillance on sexual orientation & gender identity	4	4.94%
Culturally tailored interventions & integrate cultural competency	34	41.98%
Market Quitline in specific communities	16	19.75%
Identifying unique needs of special population. Ex: cell phone minutes for low SES	13	16.05%
Including social network into tobacco cessation programs	12	14.81%
Representation from select interest groups to attract researchers	2	2.47%
Totals	81	100%

Community Partnerships

Cessation – maintaining abstinence after quitline treatment; Partner with CVS to provide messages of encouragement that are printed when customers come in and use their CVS card or visit pharmacy	32	41.03%
Developing smoke-free campus model with faith-based institutions (initiator)	15	19.23%
ASPIRE – dissemination via GED / credit recovery groups to reach drop outs	12	15.38%
Using Say What Program as state clearinghouse and resource for youth programs	10	12.82%
Developing media campaign that targets youth sports programs/teams	9	11.54%
Totals	78	100%

Areas of Priority across the Eight Topics

Policy: State, Local/Municipal, Institutional	27	33.75%
Youth Engagement and Prevention	20	25%
E-Cigarettes and Alternative Tobacco Products	17	21.25%
Cessation	5	6.25%
Special Populations (Rural, LGBT, Veterans, Pregnant Women, Low SES)	5	6.25%
Community Partnerships	4	5%
Mental Health	2	2.50%
Persons Living with Chronic Diseases	0	0%
Totals	80	100%

Findings: Action Cards

Summit participants were asked to complete Action Cards in order to continue dialogue and action following the summit. Action Cards were available on the tables at the end of Day 2 and an electronic version was sent via email along with the link to the Survey Monkey summit evaluation. Participants were asked if they would like to join and/or serve as a lead group addressing the topics that were covered during the Roundtable Discussions:

1. Cessation
2. E-Cigarettes and Alternative Tobacco Products
3. Policy – State, Local/Municipal, Institutional
4. Youth Engagement and Prevention
5. Mental Health
6. Persons Living with Chronic Disease
7. Special Populations (LGBT, Rural, Veterans, Pregnant Women, Low SES)
8. Community Partnerships

Results

General support towards the topic of E-cigarette and alternative products was greatest, with 52% of all respondents volunteering their efforts towards this area. Youth engagement and tobacco related policy were also highly supported by attendees as areas they would like to contribute their efforts towards. Topics that received the least response for service were mental health, persons living with chronic disease and tobacco use within special populations.

In addition to general volunteer support, 27% of the respondents volunteered to assume a leadership role for one of the eight high priority areas. Leadership volunteer responses were received across all categories; however, tobacco-related policy, smoking cessation and youth engagement topics received the highest number of leadership volunteers. Mental health received the lowest number of leadership volunteers with a response of 4.7%, followed by topics regarding E-cigarette and alternative tobacco products, tobacco use by special populations and persons living with chronic disease.

Analysis

These results highlight topics gaining momentum and support by community leaders. Areas such as E-cigarettes and alternative tobacco use, youth engagement and tobacco-related policy have garnered the most support by respondents and reinforce the importance of addressing these issues swiftly.

The results help identify community expertise and possible gaps in expertise. Alternative tobacco and E-cigarette use have received a great response for action however few leadership volunteers have come forward illustrating a possible gap in expertise at the leadership level. Cessation has received the second highest response for leadership involvement but falls behind and claims the fifth spot (16.6%) for general support.

Addressing these disparities will be helpful when developing action plans going forward. A gap in community expertise may also be apparent for the topics receiving the least number of volunteers. Through the collection of the Action Cards, we are able to identify action groups which have adequate support and are ready to mobilize and also those which require development and/or recruitment of more community expertise.

Results: Summit Evaluation

Participants received an email that invited them to complete an online summit evaluation via Survey Monkey. The link was emailed to the participants on Monday, July 14th and was available until Friday, August 8th. Fifty-one participants completed the evaluation.

Participant Experience and Environment

How long have you been working in tobacco prevention and control? (51 respondents)

Less than 1 year	33.33% (17)
1 – 3 years	21.57% (11)
3 – 5 years	7.84% (4)
5 – 10 years	5.88% (3)
10 or more years	31.37% (16)

What role does your organization serve in tobacco prevention and control? Choose all that apply. (46 respondents)

Public policy: advocating and initiating	52.17% (24)
Public education: health impacts	76.09% (35)
Public education: cessation	52.17% (24)
Professional education: cessation	34.78% (16)
Providing services: cessation	43.48% (20)
Providing services: prevention interventions	52.17% (24)

Which of the following does your organization have in place to promote tobacco prevention and control? Choose all that apply. (46 respondents)

Smoke-free workplace policy	71.74% (33)
Tobacco-free workplace policy	67.39% (31)
Tobacco-free hiring policy	34.78% (16)
Insurance coverage for cessation services	43.48% (20)
Employee education programs regarding tobacco use prevention and cessation	54.35% (25)
Tobacco cessation services or referrals	63.04% (29)
I don't know	4.35% (2)

Feedback and Effectiveness

98%	learned new and useful information
93%	felt the summit content related to their tobacco prevention and control work
70%	will utilize strategies from the roundtable discussions
91%	believed the summit was a significant step in cultivating partnerships
80%	believed the time management for the speakers was suitable
51%	believed the roundtable duration was appropriately selected
96%	were satisfied with the summit.
100%	are interested in follow-up regarding strategic priorities

Open Ended Questions

What was the most positive part of the summit? (36 respondents) Select responses:

- “The coming together of a number of individuals and organizations who are committed to the same goal and for whom future collaborative efforts will be most meaningful.”
- “It was great to meet with leaders of tobacco control in Texas.”
- “The speakers were amazing. This was by far the best training I have received for tobacco prevention. As one of the funded TPCCs, this was great info for our program.”
- “Hearing about some of the public health initiatives in tobacco control.”
- “Networking”, “Networking and hearing relevant data”, and “Connections”
- “I didn’t notice until someone from my organization brought it to my attention, but it was very nice that leaders in tobacco control outside of Texas were also invited and were active participants in the Summit. It definitely made the event more robust.”
- “My favorite part of the summit was when the floor was open to all the attendees to address the speakers. I believe the questions brought about good debate and key information that the speakers were portraying.”
- “Seeing that people at the local, state, and federal levels have made eliminating tobacco a priority for the state of Texas, as well as for the nation.”
- “Roundtable Discussions”
- “The level of expertise that was gathered in one place”
- “The entire summit; the staff was very friendly and inviting to us, we applaud them!”

What could be improved for future summits? (34 respondents) Select responses:

- “More interactive sessions... a creative approach for networking opportunities. Maybe a brunch or alcohol-free professional mixer. Something that could be fun, but still purposeful.”
- “Annual summits would be great!!”
- “Limit speakers – more interactive and discussion based sessions”
- “More networking time”
- “Better facilitation of the breakouts...”
- “The FYI. My roundtable wound up being a question and answer time. Folks who didn't ask questions after the presentations took time during the roundtable to probe the previous presenters about parts of their presentations. In the future, I think it might be nice if the speakers led the roundtables. I think the MD Anderson staff did the best they could, but they were almost too respectful of the speakers not wanting to stop the ancillary discussion and get back on task. Thus our priorities were guided by two of the presenters because we didn't have enough time to discuss.”
- “More round table discussions and breaks. I felt like I was going to miss something when going to the restroom.”
- “Could you address cultural perspectives on smoking and how we need to consider those in developing prevention and cessation programs? I also noticed that in many of the statistics and presentations, there was no mention of Asian American or Native American tobacco use.”

Evaluation Summary

Participants appreciated the diversity of stakeholders in attendance and valuable information presented across a spectrum of tobacco control topics including public health initiatives, tobacco industry marketing, evidence-based research programs and description of current data on tobacco use.

The roundtable sessions encouraged attendees to work together and develop strategies related to their area of interest and expertise. They promoted collaboration among the attendees in hopes that this collaborative approach will continue to be used in tobacco control and prevention efforts after the summit. Most attendees enjoyed the roundtable discussion and provided feedback that they will utilize the information discussed during the sessions.

The summit provided a suitable platform to inform, discuss and strategize for tobacco control and prevention efforts. The high level of engagement and diverse representation of tobacco control leaders laid the groundwork for the development of influential action groups to collectively address Tobacco use across the state of Texas.

Attendees also believed the summit could be improved with the addition of breaks and networking sessions to allow ample time to reflect on the content provided in the presentations and opportunities to foster partnerships. Many would like to see more breakout activities with stronger facilitation in potential future events.

Acknowledgements

The implementation and evaluation of the 2014 Texas Tobacco Summit are a result of the time and talents of the following staff at The University of Texas MD Anderson Cancer Center:

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