



Presentation Outline

- Overview of Project
 - Why Dominican Republic
 - Description of Intervention
- Intervention Effectiveness
 - Awareness Raising
 - Intervention
- Summary

Technology-assisted Tobacco Control in the Dominican Republic
Funding – Fogarty International Center (R 01)
PI: Deborah Ossip-Klein



Tobacco Use in Dominican Republic

- DR has been ranked as high as 1st or 12th in smoking rates among Latin American and Caribbean countries, depending on survey cited.
- Smoking increased over the past three decades with a 3.7 fold increase between 1962 and 1988.
- Estimates of adult prevalence:
 - 15.8% - 66.3% for males
 - 10.9% - 33.1% for females



**Although the true prevalence of tobacco use in the DR is difficult to identify because of varying survey methodologies and populations studied (PAHO, 1989), available data support a clear need for intervention.*



Dominican Republic is in an early-stage of tobacco control

- There is no surveillance system in place for tobacco use.
- There have been no active policies regarding public health infrastructures in place for tobacco control.
- There have been no public health awareness campaigns regarding tobacco risks and cessation.
- What few regulations exist are generally unknown and not enforced.
- Tobacco companies have engaged in significant efforts to thwart tobacco control efforts in the Latin American and Caribbean (LAC) region.
- There has been no significant movement towards the FCTC.



Hato del Yaque →



Study Design

Condition

Baseline

Year 1

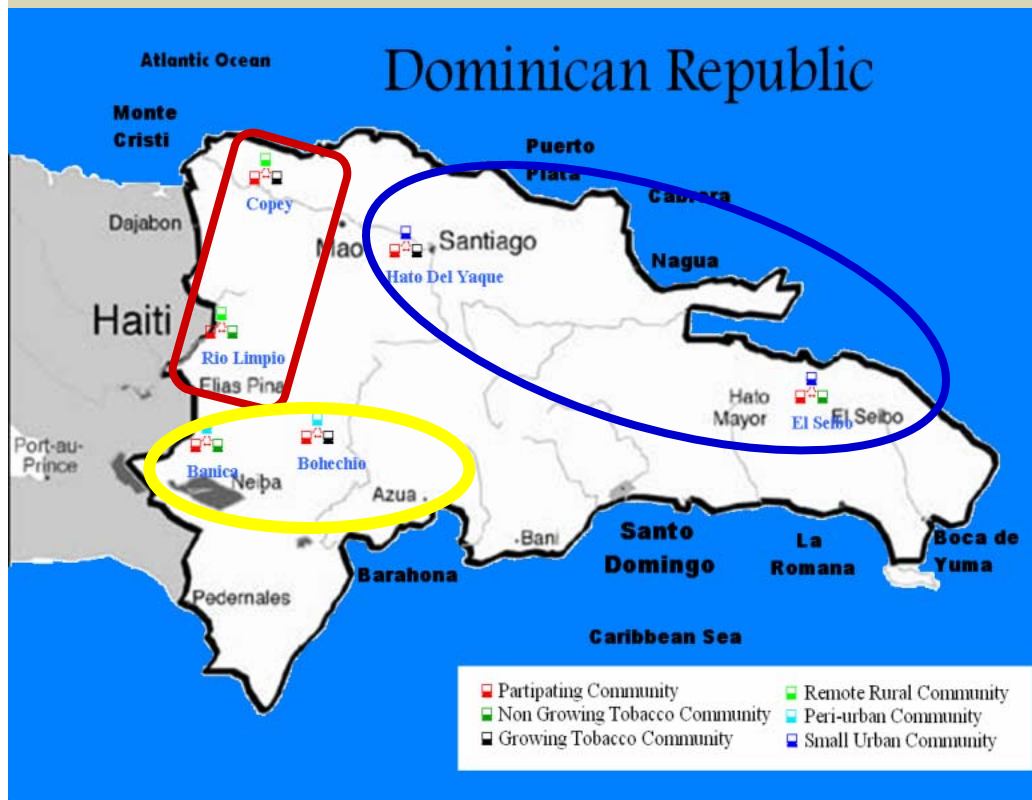
Year 2

Intervention

Intervention

Control

Intervention



- Small Urban (<25,000)
 - Hato del Yaque*
 - El Seibo
- Peri-Urban (6-10,000)
 - Banica
 - Bohechio*
- Rural (<2,000)
 - Rio Limpio
 - Copey*

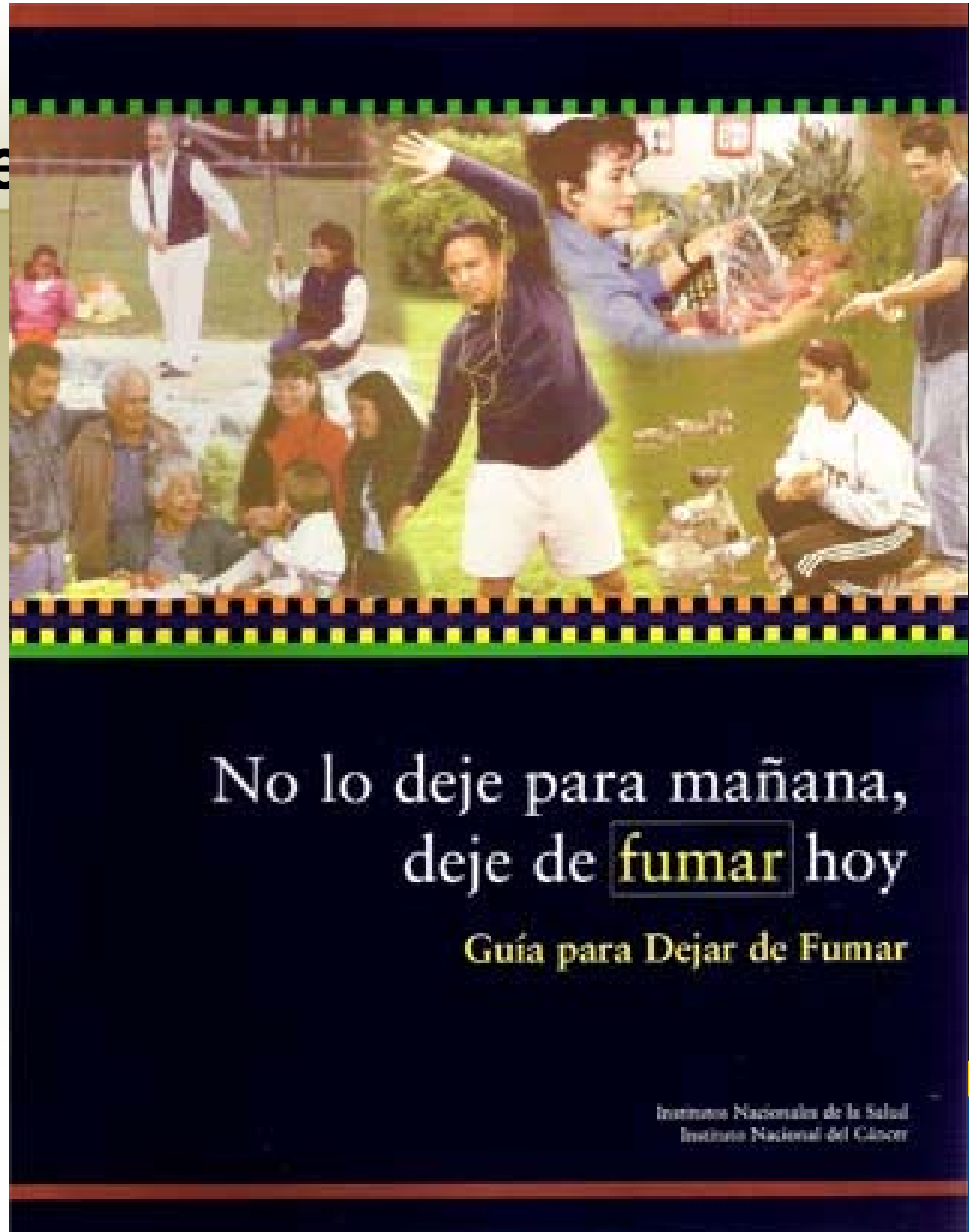
**Indicates tobacco-growing community*



Proyecto Doble

- **Involving Community to Reduce Tobacco Use**
- **School Programs**
- **Linking tobacco control interventions with smoking-related chronic disease programs**
- **Cessation Programs**
- **Central Resources**

Provided by PAHO, Uruguay, Texas, NIH





Proyecto Doble T: **Surveillance and Evaluation;** **Overall Project Coordination**

Surveillance and Evaluation

- Surveys were conducted at baseline, and at 1 year and 2 years post-intervention
 - Surveillance: 1050 (baseline); 1052 (yr 1); 1049 yr 2 randomly selected households (approx. 175/community)
 - Community Survey: 1049 (baseline); 1052 (yr 1); 1049 yr 2 randomly selected household members within each household.
 - Smoker Cohort – First available smoker within each randomly selected household; (approx. 100/community); 402 were surveyed at yrs 1-3.
 - HCP Survey: 117-150 surveyed.

Overall Project Coordination

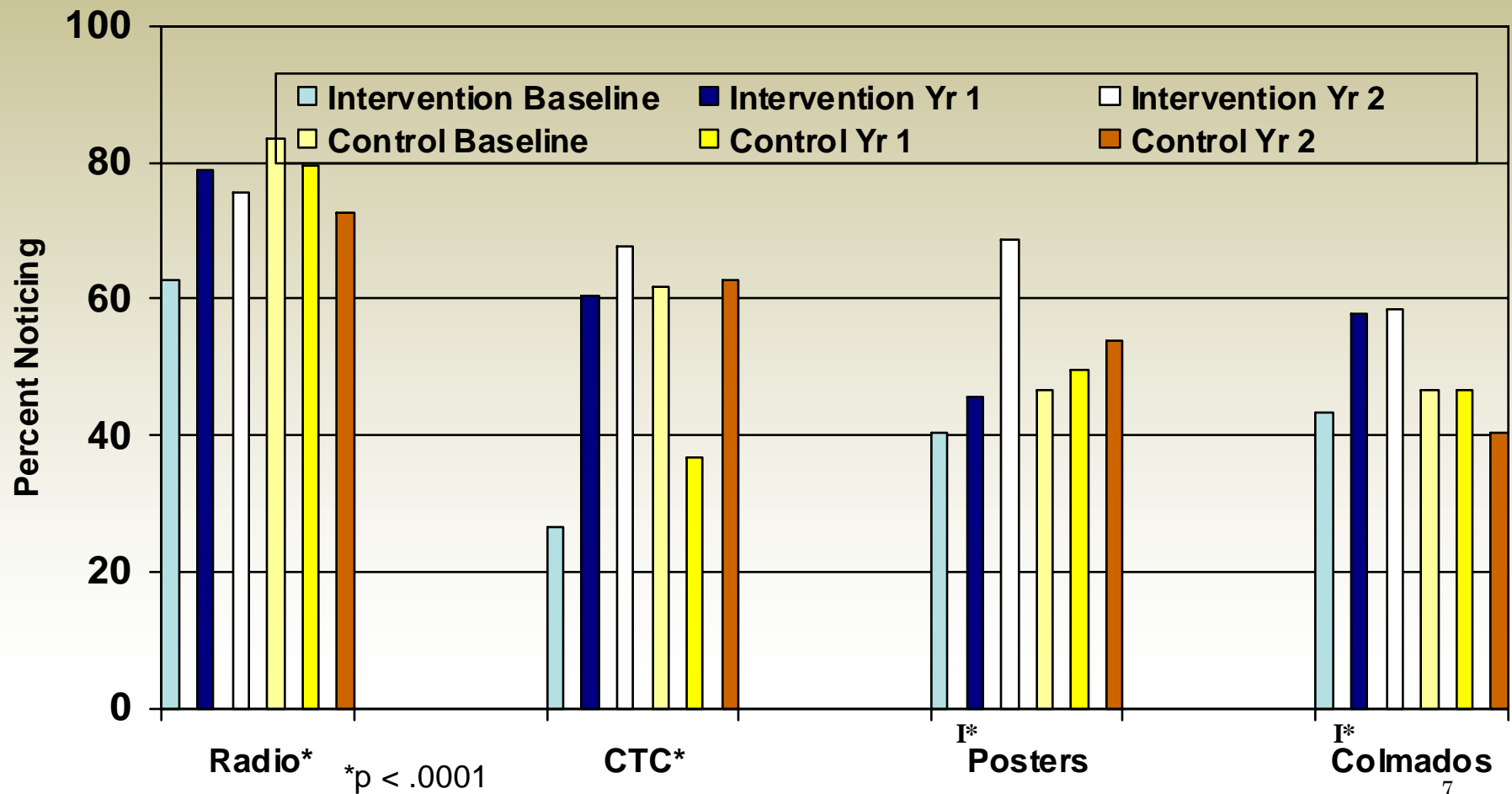
- PDT team consists of a University of Rochester based core team, DR based core team and local community based teams in each of our 6 communities



Awareness Raising: Exposure BL–Yr2

Community Survey

- Please tell me if in the last 6 months, you noticed information that talks about the dangers of smoking or encourages quitting in any of these places?*

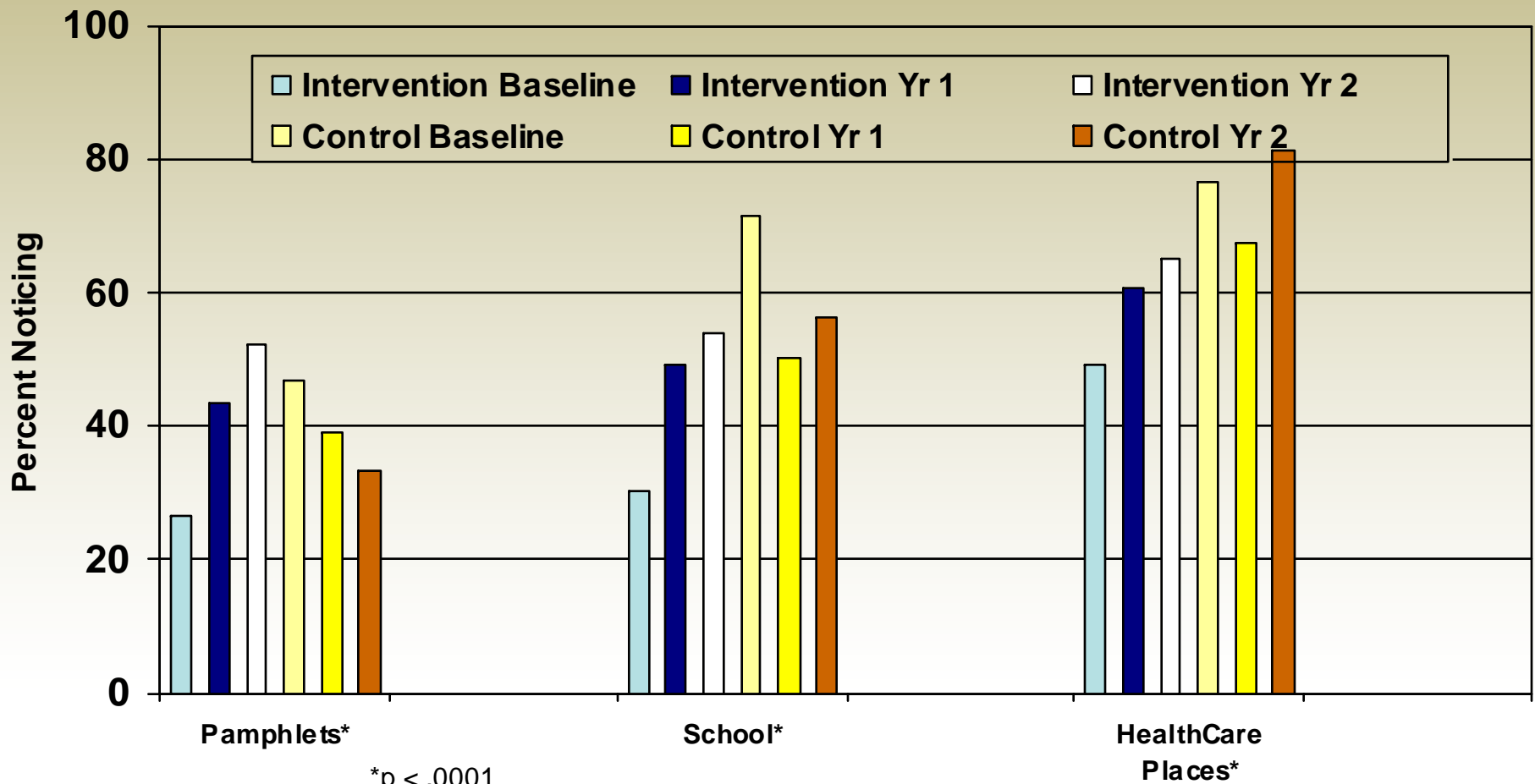




Awareness Raising: Exposure BL-Yr2

Community Survey

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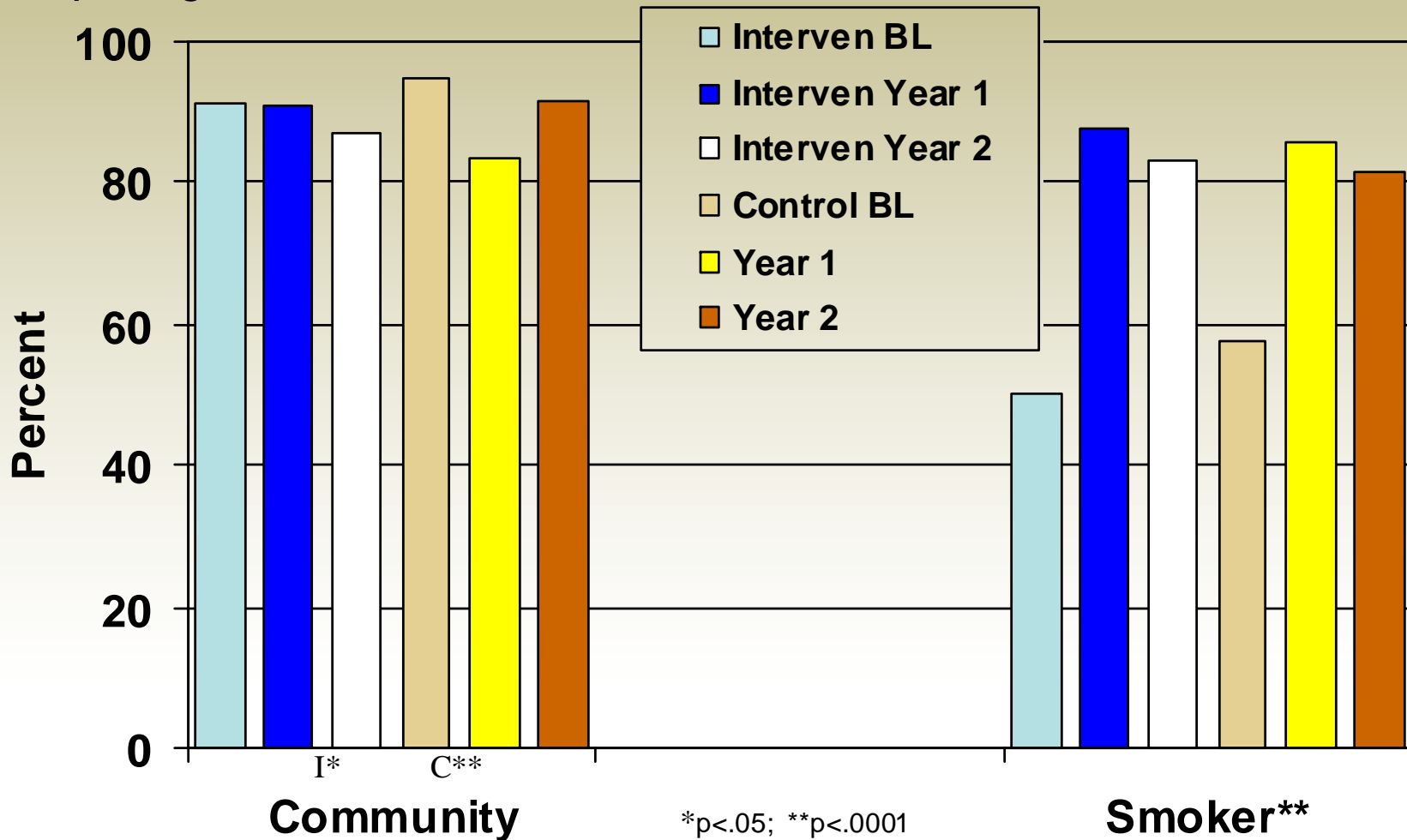
*p < .0001



Awareness Raising: Knowledge BL-Yr2

Community Survey and Smoker Cohort Survey

- How much do you think smokers can improve their health by quitting?

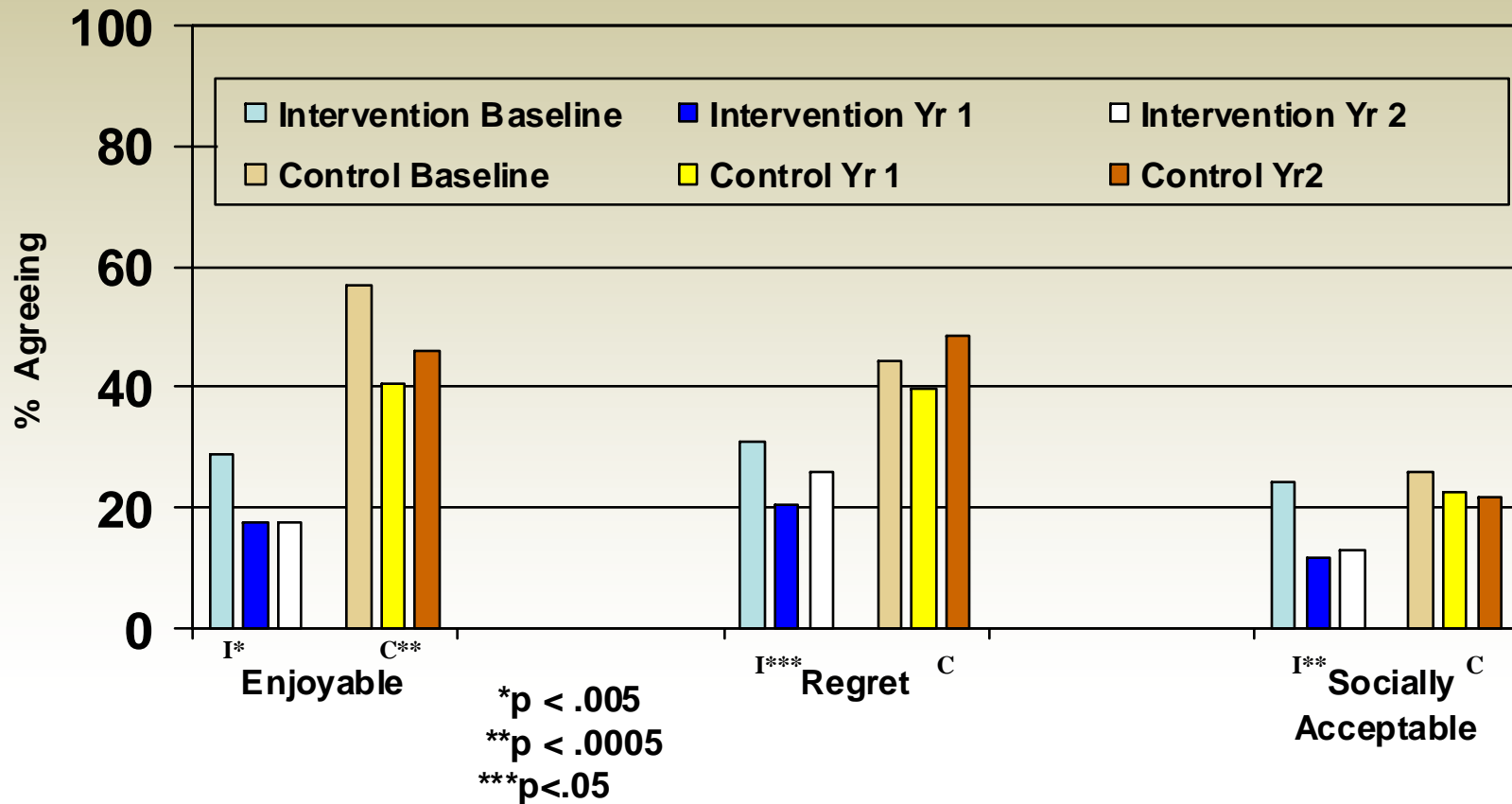




Awareness Raising: Psychosocial Beliefs BL-Yr2

Smoker Cohort Survey

- 4.19a: *Smoking is too enjoyable for me to give it up.*
- 4.19b: *If you were young again, would not have started smoking.*
- 4.19c: *Society approves of smoking.*

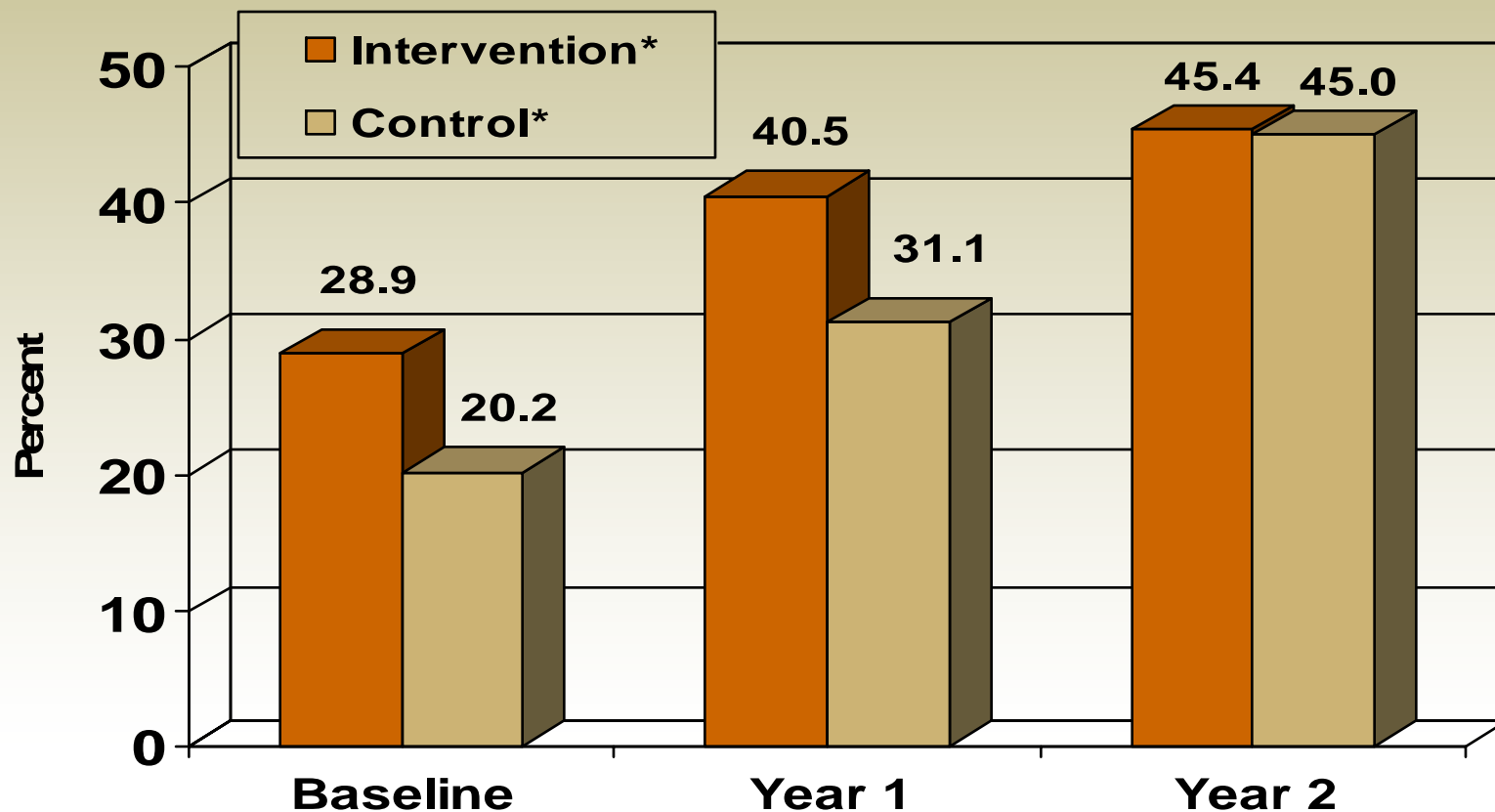




Smoke-Free Homes

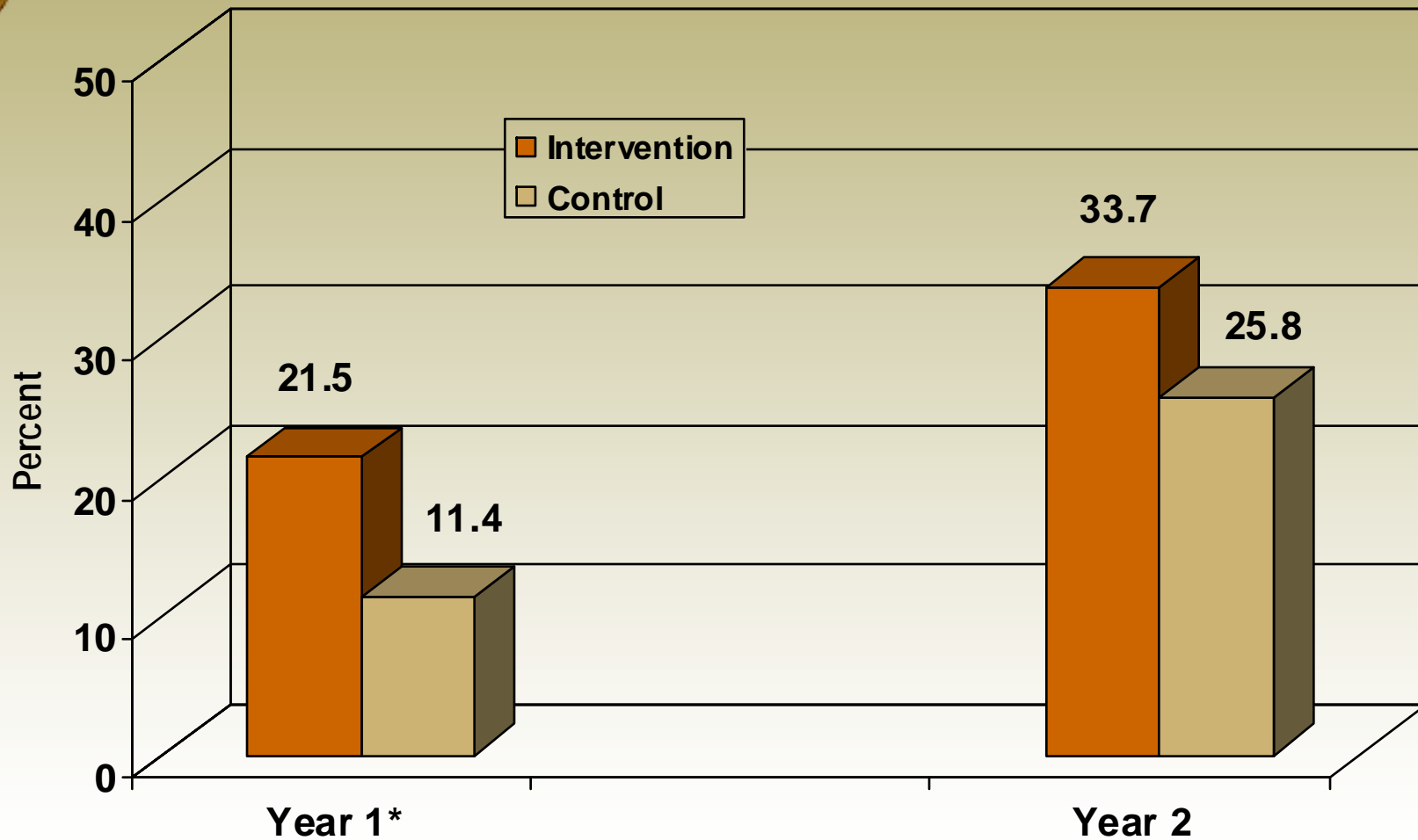
Surveillance Survey

- *What if any amount of smoking is allowed in your home?
(never allowed vs. all others)*





Quit Rates^a: Smoker Cohort Sample

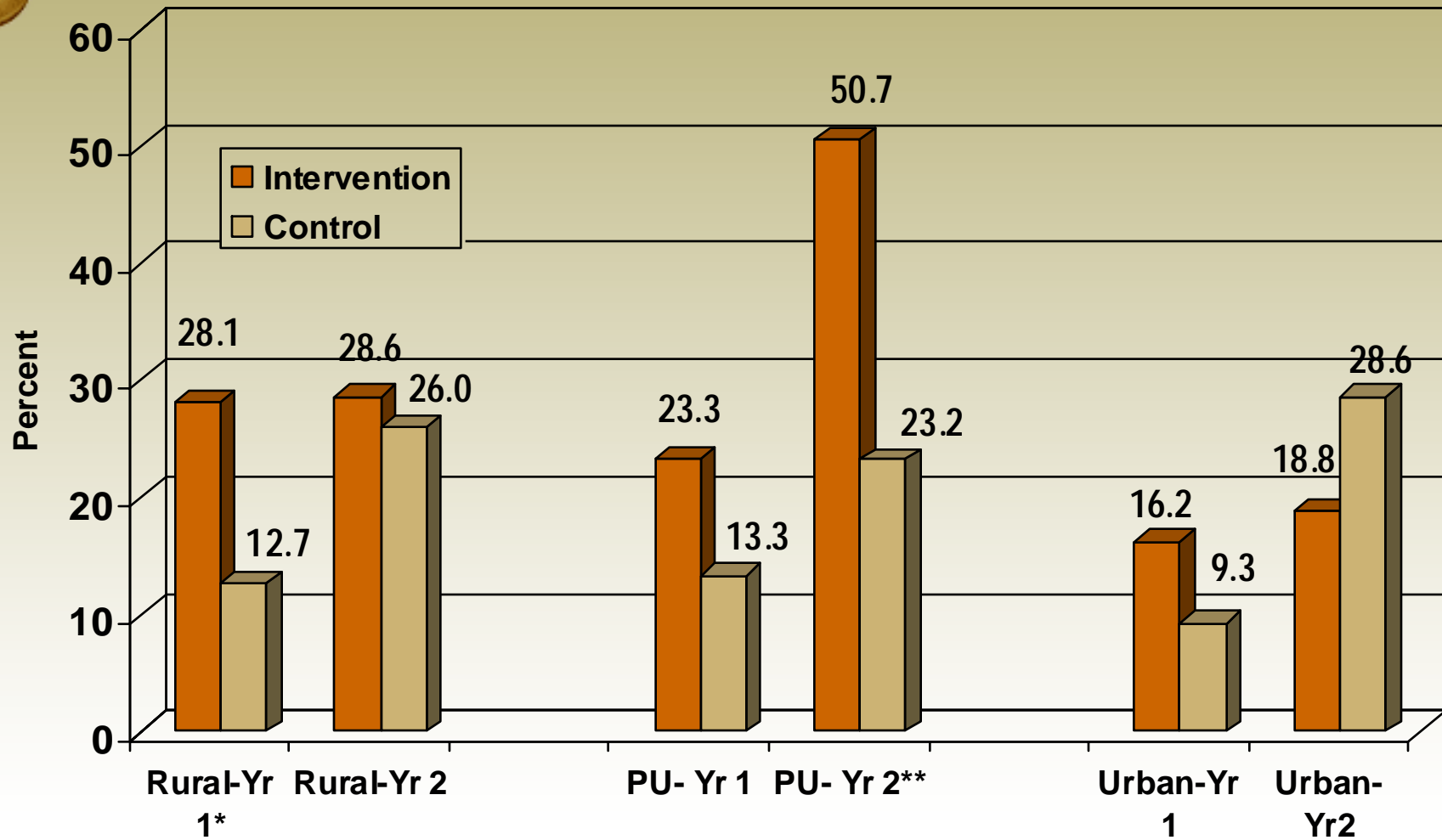


*p < .005

a = report quit completely



Quit Rates: Smoker Cohort Sample



*p < .05

**p < .0005



Summary

Evidence of effectiveness of the intervention:

- Increased exposure to information on dangers of tobacco use and cessation.
- Decrease in social acceptability of tobacco use.
- Fewer smokers believed smoking was too enjoyable to give up.
- Overall greater participation in tobacco control activities (self-help, health fairs).
- These effects were maintained or continued to improve in year 2.
- Self-reported quit rates were about twice as high in intervention vs. control communities in year 1 and continued to increase in year 2.
- Though the intervention appeared to be more inconsistently in control communities, the impact on increasing quit rates was replicated.



Summary

- Some effects appeared to occur for both intervention and control communities. For example:
 - Decreased belief that smoking is too enjoyable to give up
 - Belief in benefits of quitting
 - Increase in smokefree homes
- Since there were no other tobacco control activities taking place in the country at the time, and PDT provided the first tobacco control activities ever in these communities, it is possible that these changes were either an artifact of self report, or having the project in the community – even just through surveys in control communities – functioned as an intervention



Summary

No beneficial or differential impact was seen in several areas, e.g.:

- Decrease regret about starting in intervention vs. control communities.
- No effect on Health Care Provider behaviors.
- These may represent opportunities to have an even greater impact (knowledge, health care provider interventions, use of resources).
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