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STATUS OF SCHOOL TOBACCO PREVENTION AND
CONTROL TWO YEARS AFTER THE BEGINNING OF
THE TEXAS TOBACCO PREVENTION INITIATIVE

Comparisons of Intervention and Non-Intervention Schools

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EXECUTIVE SUMMARY

Purpose of Project

This study was designed to provide information to local, regional, and state school and health officials about the following: 1) the current status of school tobacco prevention (TPC) and control policies and practices in the East Texas study area, and 2) a comparison of practices in intervention and non-intervention schools.

Methods

The Principal Survey and Health Coordinator Surveys were designed to correspond to the School Health Education Profile (SHEP) Survey and Tobacco Module (1) developed by the Centers for Disease Control and Prevention to monitor “what happening” in middle and high schools. It builds upon recommendations in the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (School Guidelines)* (2). The Texas surveys were designed as a follow-up to an initial baseline study conducted in 2000, prior to initiation of the Texas Department of Health (TDH) *Texas Tobacco Prevention Initiative*. In the spring of 2002, follow-up surveys were sent to the 134 schools that had completed a survey in 2000. Among these, 109 (81%) completed the follow-up Principal survey, and 84 (63%) completed the Health Coordinator Survey.

Frequencies, means, and chi-square analysis were used to report the status of school tobacco use prevention education (TUPE) and to compare differences activities in intervention and comparison schools. A significance level of ≤ 0.05 was established for all analyses.

Results

Intervention schools consistently reported more positive changes than comparison schools. Furthermore, these changes were significantly more consistent with CDC *School Guidelines*. Intervention schools more frequently:

- Had increased activity pertaining to the assessment of prevention programs, student cessation support, teacher training, establishment or modification of school tobacco policies, and family involvement.
- Differed in scope, content and quality of instruction:
 - Offered more tobacco-related lessons and involved more teachers in the school.
 - Used curricula recommended by CDC and the state more frequently.
 - Used more recommended approaches such as role-playing, simulations or practice and peer educators.
 - Covered more topics in a comprehensive manner that used multiple settings in the school. These included greater use of school-wide events, peer

counseling, teen advocacy, and after-school programs to supplement classroom instruction. The enhanced use of a comprehensive approach to TUPE has been noted through research to increase the strength of school programs in modifying student behaviors.

- Utilized a wider variety of faculty and staff, including school counselors and coaches.
 - Had more active family involvement.
 - Utilized more school and community resources for providing student tobacco cessation information.
- Reported a greater likelihood of a major increase in staff development, more funding available to purchase release time, and more interest in staff development. Over half indicated interest in curriculum-specific training, behavior change skills, methods for encouraging family/community involvement and use of interactive teaching methods.

Areas to be strengthened:

The following areas need strengthening in *all* schools:

- The use of more non-punitive, remedial methods for students and faculty and staff caught using tobacco and increased provision of tobacco cessation information for students, faculty and staff;
- Expansion of the number of lessons dedicated to TUPE, increased numbers of teachers and staff actively involved, and use of research-derived, published curricula which use interactive, student-centered methods such as role playing, simulation or practice, and peer educators;
- Greater integration of TUPE through classes in physical education, science, family life education or life skills, and home economics;
- More comprehensive provision of tobacco education outside the classroom through school-wide events, the school counselor or nurse, peer counseling programs, teen advocacy programs, and after school programs;
- Expanded family involvement;
- Establishment of monitoring and feedback for faculty and staff implementing tobacco programs;
- Development of a multi-year written plan; and
- Increased staff development and technical assistance to address faculty and staff preferences and needs identified in these surveys.

Recommendations

- The approaches by the Texas Department of Health for involving and training schools produced important gains in the scope and nature of what intervention schools were doing for tobacco prevention and control, as well as increased use of instructional materials and methods conducive to enhanced student outcomes. It is important that such efforts be sustained and attention given to building upon these gains. Research

stresses the importance of supporting and maintaining new programs until the point they become locally institutionalized.

- Despite the gains made, both comparison and intervention schools had areas in which future development is needed. The communication, training and technical assistance strategies used were successful in bringing change. It is time to build upon this infrastructure and assist new schools in adoption and use of recommended programs. Use of strategies such as linkage of currently successful schools to new schools could supplement resources provided by the state.
- As Texas considers means of expanding school programs statewide, exploration of additional means of training and technical through strategies such as innovative use of the internet could leverage current gains.

INTRODUCTION

In Spring, 2000, the University of Houston conducted a baseline study which reported the status of tobacco prevention and control programs in Texas secondary schools prior to initiation of funding, training and technical assistance through the Texas Department of Health (TDH) *Texas Tobacco Prevention Initiative*. The baseline report addressed the status of tobacco prevention and control (TPC) in a sample of all schools within the pilot area. This is a two-year follow-up of those schools. This study is designed to provide information to local, regional, and state school and health officials on current school Tobacco Use Prevention Education (TUPE) policies, practices, and needs, along with recommendations of areas to strengthen in the future. The two surveys in this study build upon recommendations for school policies and practices addressed through the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (School Guidelines)* (2) and the School Health Education Profile Tobacco Module (SHEP) developed by the Centers for Disease Control and Prevention (1).

BACKGROUND

In 2000, the Texas Department of Health initiated the *Texas Tobacco Prevention Initiative* funded through the state tobacco settlement. The original study design, based on guidelines from the state legislature, was designed to examine the effectiveness of various combinations of the following interventions: low level/intensive media, enforcement, cessation and school and community programs. Three communities received all four interventions; one community received intensive media along with all other interventions and the other two received low level media in addition to the other interventions (3). The original East Texas pilot area was comprised of eight municipalities and seven counties. The municipalities included Bryan-College Station, Beaumont, Longview, Lufkin, Port Arthur, Texarkana, Tyler, and Waco. The seven counties included Bell County (control), Brazoria County, Fort Bend County, Liberty/Chambers Counties, Montgomery/Waller Counties, Galveston County and Harris County. Harris County, which is very large, was divided into five quadrants: Northeast Harris County, Northwest Harris County, South Harris County, West Harris County, and East Harris County. Those receiving school and community interventions included Beaumont, Port Arthur, Texarkana, Fort Bend County, Montgomery/Wall Counties, Northwest Harris County, and West Harris County. After a successful pilot study, the legislature approved provision of comprehensive programming in the pilot area. During fiscal year 2002 (FY02), September 2001 – August 2002, interventions were focused in five areas and funding was expanded. The cities of Beaumont and Port Arthur and Harris County, Fort Bend County, and Montgomery County received comprehensive interventions of high-level media, enforcement, cessation, and school/community. All other areas received the same level of intervention as the previous fiscal year.

Four regional Educational Service Centers (ESC) spanned the areas designated for school coverage. Schools that agreed to participate in the second-generation programs in 2002 had contractual agreements with TDH to offer the following:

- a) Participate in training organized by their regional Education Service Center (ESC) on tobacco issues and curricula;
 - b) Use and instruct students on tobacco use prevention with the appropriate curriculum:
 - i. *Project TNT (Towards No Tobacco)* at the middle school level,
 - ii. *NOT (Not On Tobacco)*, by American Lung Association) at the high school level;
 - c) Conduct as least one tobacco prevention event;
-

- d) Provide education and training for parents and staff regarding local policies and ordinances as well as Texas tobacco laws;
- e) Establish STARS, PALS, or TATU groups or other peer mentor programs at the high school level;
- f) Participate in evaluation and surveillance activities;
- g) Report activities to the regional ESC on a monthly basis; and
- h) Allocate up to \$2000.00 for materials, supplies, and small equipment purchased related to implementation of the effective tobacco use prevention program.

The ESCs were responsible for coordinating local funding and providing training and technical assistance to schools in their areas. Only schools that applied for funding were eligible to participate, so in each of the intervention areas, some non-intervention schools existed that did not receive funding or specialized training and technical assistance.

METHODS

Participants

The 2000 baseline sample of schools was randomly selected by the Texas Department of Health in conjunction with school agreement to participate in the 2000 Youth Tobacco Survey for students. A representative sample of schools serving students in grades 6 through 12 was selected from within each study area with probability proportional to study-area size and schools. A total of 189 schools originally were selected to participate. Eighteen of these schools refused to participate - yielding an initial sample size of 171. Original participation consisted of 130 (76%) schools for the *Principal Survey* and 128 (75%) schools for the *Health Coordinator Survey*. A total of 134 schools completed at least one of the two surveys.

The 134 schools that completed at least one survey in 2000 subsequently were requested to participate in this 2002 study. Among these, 109 (81%) of schools completed the *Principal Survey* and 84 (63%) schools completed the *Health Coordinator Survey*.

Instruments

The *Principal* and *Health Coordinator Surveys* were designed to correspond to the School Health Education Profile Tobacco Module (SHEP) developed by the Centers for Disease Control and Prevention and to further probe use of “best practice guidelines” identified in the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* (2). The SHEP was designed to monitor health education characteristics in middle and high schools in the United States; the tobacco module expanded specifically on tobacco-related policies and practices.

In 2000, an expert review panel of 12 health coordinators from the Texas regional Education Service Centers was held to assist in the development and administration of the *Principal* and *Health Coordinator Surveys*. An additional health coordinator from a large urban school district was later interviewed as well, for a total of 13 participants. Through discussion with the review panel, the SHEP survey was modified and adapted to comprehensively reflect school tobacco programs in Texas. Some questions were modified from the SHEP survey to reflect current tobacco prevention curricula and activities in Texas secondary schools; other questions were added to gather information about the provision of training for tobacco education programs, tobacco programs conducted outside the classroom, parental and community involvement, and

assessment of implementation success. The modifications resulted in the creation of the 2000 editions of the *Principal* and *Health Coordinator Surveys*.

At follow-up in 2002, key components of the baseline questionnaires were retained to track changes in policy and practices. The surveys also were updated and modified to reflect school activity in the 2001-2002 school year. Specifically, the *Health Coordinator Survey* was modified to assess the provision of instruction on the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills in the classroom setting, at school-wide events, meeting with the school counselor or nurse, after school programs, peer counseling programs, and teen advocacy programs. A description and a copy of the *Principal Survey, Edition 2* is provided in Appendix B and similar information about the *Health Coordinator Survey, Edition 2* is provided in Appendix C.

Procedures

In the spring of 2002, names of principals and health coordinators were updated and surveys were mailed to the 134 schools that had completed at least one survey in 2000. A second set of surveys was mailed one month later to schools that had not yet returned completed surveys.

Data Analysis

Frequencies, means, and chi-square analysis were used to report the status of school tobacco use prevention education (TUPE) and to compare changes in school tobacco prevention and control activity in intervention and non-intervention schools. A significance level of ≤ 0.05 was established for all analyses.

RESULTS

Respondents

Among the 134 schools receiving 2002 follow-up surveys, 109 (81%) completed the *Principal Survey* and 84 (63%) completed the *Health Coordinator Survey*. Forty-three intervention schools and 66 non-intervention schools completed the *Principal Survey*; 36 intervention schools and 48 non-intervention schools completed the *Health Coordinator Survey*.

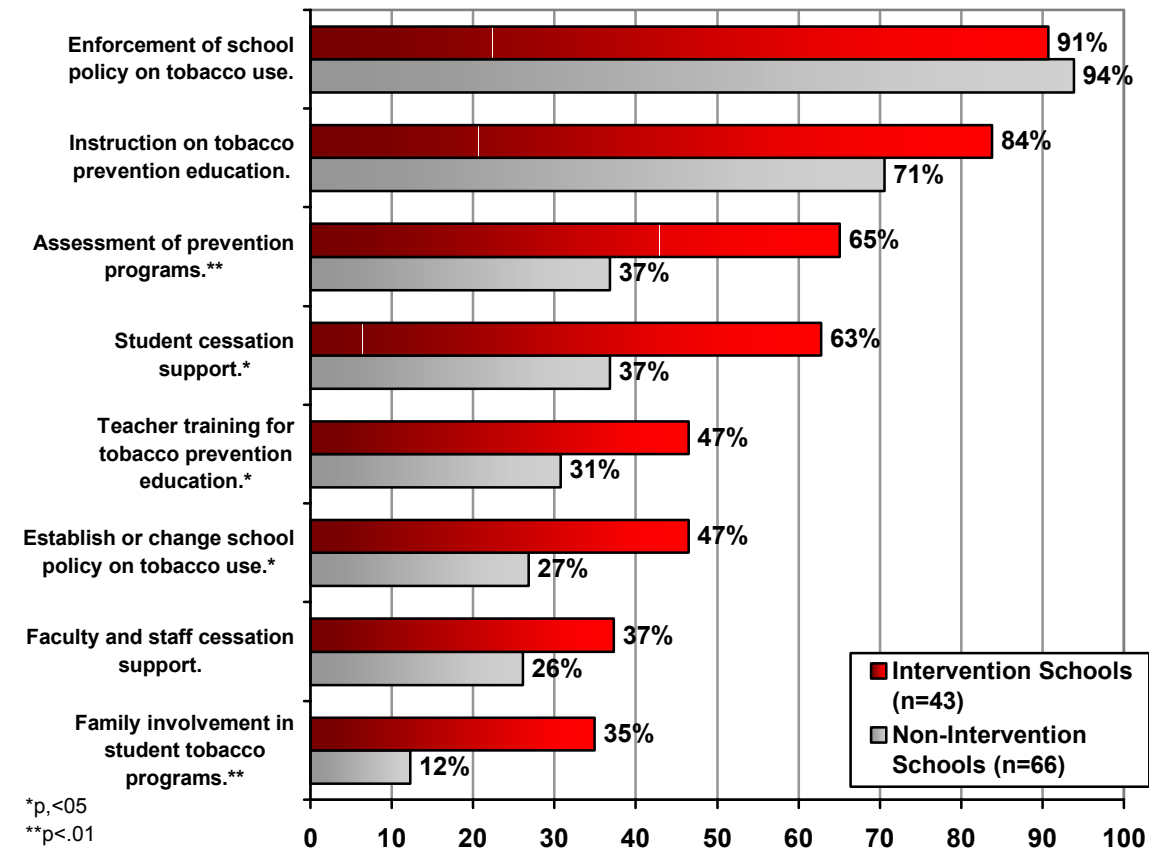
Principal Survey

Level of Activity in Tobacco Program Components

Almost all schools (92%) were extremely/moderately active in the enforcement of the school policy on tobacco use and 75% of schools were extremely/moderately active in instruction on tobacco use prevention education (TUPE). However, less than half of schools were extremely/moderately active in assessment of prevention programs (48%), student cessation support (47%), teacher training (37%), and establishment or modification of school tobacco policies (35%). Less than one-third of schools were extremely/moderately active in faculty and staff cessation (30%) and family involvement in student education or policy programs (21%).

Figure 1 presents differences between intervention and non-intervention schools. Intervention schools were significantly more active than non-intervention schools in the assessment of prevention programs, student cessation support, teacher training for tobacco prevention education, establishment or modification of school tobacco policies, and family involvement.

Figure 1. Percentage of intervention and non-intervention schools extremely or moderately active in CDC *School Guidelines* components at follow-up (2002)



Familiarity with Senate Bill 1

Almost all schools (95%) reported being extremely or moderately familiar with Senate Bill 1 (4), which requires schools to prohibit tobacco use, student possession of tobacco products, and to enforce school tobacco policies.

Parental Involvement in Development and Use of School Tobacco Policies

Overall, less than half of schools (39%) reported parent involvement in school tobacco policy development and use. However, intervention schools had significantly more parental involvement (56%) than non-intervention schools (27%).

Enforcement of School Tobacco Policy

The policy that prohibits tobacco use in school buildings, on school grounds, and in school vehicles was always or almost always enforced by 95% of schools, as were policies pertaining to off-campus school sponsored events (93%).

When students were caught using tobacco, the following actions were reported to be taken always/almost always by the schools: a) referral to the school administrator (96%); b) parents or guardians were informed (96%); c) in-school suspension (82%); d) referral to legal authorities (49%); e) referral to the school counselor (17%); and f) students were encouraged to participate in an assistance program (12%).

When faculty and staff were caught using tobacco, the following actions were taken always/almost always: a) provision of an oral or written reprimand (68%); b) referral to a school or district administrator (67%); and c) encouragement to participate in an assistance program (12%).

Provision of Tobacco Cessation

Tobacco cessation was provided for students by 26% of schools and for faculty and staff by 5% of schools. Referrals to off-site tobacco cessation programs were provided to students in 43% of schools and to faculty and staff in 31% of schools.

School Tobacco Programming – Principal Perspectives

Among principal respondents, the results of the following perceptions of school tobacco programming factors are noted:

- a) Tobacco programs are either a top priority, one of the top three priorities or one of the top five priorities at two of every three schools (8%, 17% and 40%, respectively).
- b) Most faculty and staff are committed to tobacco programs and policies (51%) or concerned (35%).
- c) A person was named and time was assigned to provide leadership in the school to facilitate implementation of tobacco programs in most schools (87%).
- d) The principal was actively engaged in school tobacco programs and policies in 45% of schools and moderately engaged in 23% of schools. Limited to no involvement was noted in the remaining schools.
- e) Written plans for tobacco programs are infrequent. Only 37% reported having a written plan. Those with plans rarely extended beyond one year.
- f) A person at the district level to facilitate, coordinate, support, and advocate for tobacco programs and policies is actively engaged in only one of every three schools (37%); another 28% noted such a person existed and was somewhat active. Among the remaining schools (39%), no active central office advocate was noted.

- g) Monitoring and feedback is limited. It is provided frequently in only 6% of schools and occasionally or periodically or one-time only in most schools (62%). Almost a third of schools (30%) either stated they did not provide it at all or did not know.

Comparisons between intervention and non-intervention schools

Results of the principal’s survey indicated that schools in the intervention and non-intervention districts primarily differed in levels of school activity noted for assessment, student cessation support, teacher training, establishment or modifications of school policies and family involvement. In each instance, the intervention schools were more active. However, schools did not differ in regard to items pertaining to enforcement, actions taken when students, faculty or staff were caught violating school policies, provision of cessation services for students, faculty and staff, or tobacco programming.

Health Coordinator Survey

The health coordinators in intervention and non-intervention schools differed significantly in responses about “what’s happening” regarding classroom instruction, the scope and nature of prevention programs, family involvement, staff development issues, and tobacco cessation programs at their schools. Overall results and significant differences in schools by intervention status will be described.

Classroom Instruction on Tobacco Prevention

In most schools (93%), student information on tobacco prevention was provided through classroom instruction.

Health Coordinators who stated that TUPE was not provided at their school through classroom instruction were instructed to skip questions six through twelve which described those activities. Therefore, the results presented for the remainder of this section are from only those schools providing classroom instruction for tobacco prevention education (n= 78).

Among those schools that provide tobacco prevention through classroom instruction (n=78), 39% reported providing tobacco use prevention education (TUPE) in 6th grade, 41% in 7th grade, 36% in 8th grade, 39% in 9th grade, 36% in 10th grade, 33% in 11th grade, and 33% in 12th grade.

As presented in Table 1, approximately a third of all schools provided five or more lessons in TUPE. Intervention schools dedicated notably more lessons to TUPE.

Table 1. Number of lessons dedicated to TUPE through classroom instruction

Number of lessons	Overall (n=78)	Intervention (n=35)	Non-intervention (n=43)	χ^2
Greater than 10 lessons	8%	17%	0	11.945*
5 - 10 lessons	23%	29%	19%	
2 – 4 lessons	33%	23%	42%	
Single lesson	18%	20%	16%	
Infused into one or more lessons	18%	11%	23%	

*p<.05

Of those schools that provided TUPE through classroom instruction, 67% (n=52) had three or more teachers spending one or more classes per year on TUPE. Among these 52 schools, 18 had involved five or more teacher.

Most schools (80%) included TUPE units, lessons, or activities in TUPE. Additionally, lessons were presented in the following classes: physical education (44%), science (42%), family life education or life skills (26%), and home economics (23%). A fourth of schools (27%) provided TUPE in “another” class.

Overall, few schools offered the state-recommended curriculum, Project TNT, at the middle school level (22%) or NOT (Not on Tobacco) for high schools (8%). 18% reported using *Teens Against Tobacco Use*, 17% reported using *Life Skills Training*, 12% reported using *Get Real About Tobacco*, 12% reported using *Project Alert*, and 1% reported using *Rebels*. 49% of schools reported using “another” curriculum for TUPE.

As shown in Table 2, intervention schools were significantly more likely to use the recommended curricula: *Towards No Tobacco*, *Teens Against Tobacco Use*, and *Not on Tobacco*. In turn, significantly more non-intervention schools reported using “other” curriculums.

Table 2. TUPE classroom curricula used

Curriculum	Overall n=78	Intervention n=35	Non-Intervention n=43	χ^2
<i>Towards No Tobacco</i>	22%	43%	5%	16.117*
<i>Teens Against Tobacco Use</i>	18%	34%	5%	11.134*
<i>Life Skills Training</i>	17%	11%	21%	n/s
<i>Get Real About Tobacco</i>	12%	17%	7%	n/s
<i>Project Alert</i>	12%	17%	7%	n/s
<i>Not on Tobacco</i>	8%	17%	0	7.736*
<i>Rebels</i>	1%	3%	0	n/s
Other	49%	29%	65%	12.347*

*p < .01, n/s = Not Significant

Among those schools that provided tobacco prevention through classroom instruction (see Table 3), traditional instructional methods such as lectures, group discussions, films or videos and seatwork were used most frequently as the primary means of instruction. Student-centered, experiential, interactive methods such as role playing, simulations or practice, special projects, peer educators and the internet were used by less than half of schools. However, intervention schools were significantly more likely to include recommended approaches such as role-playing, simulations or practice, and use of peer educators.

Table 3. Methods used for provision of TUPE

Method	Overall n=78	Intervention n=35	Non-Intervention n=43	χ^2
Lectures	88%	77%	95%	5.452*
Group discussions	86%	94%	79%	7.036**
Films or videos	78%	80%	77%	n/s
Seatwork	75%	77%	74%	n/s
Adult guest speakers	44%	49%	40%	n/s
Role playing, simulation, or practice	42%	63%	26%	12.287**
Special projects	35%	43%	28%	n/s
Peer educators	31%	46%	19%	7.359**
The internet	22%	26%	19%	n/s

*p < .05, **p < .01, n/s = Not Significant

School-wide Settings for TUPE

Participants were asked to indicate all of the program types/settings in their school for each of eighteen topics. Topics pertained to the following categories: the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. The intent of the question was to determine the scope and nature of content addressed in each of the settings in which that content was covered. Table 4 provides information about the average number of topics covered in each setting. Most topics were presented through classroom instruction (96%) and school-wide events (56%). Additional activities were offered through the counselor or nurse (24%), peer counseling (16%), teen advocacy training (14%), and after school programs (13%). Intervention schools covered a significantly greater mean number of topics through school-wide events, peer counseling, and teen advocacy programs.

Table 4. Mean number of TUPE topics covered per setting

Setting	Overall N=84	Intervention n=36	Non-Intervention n=48	F
Classroom instruction	15.1	15.3	14.9	n/s
School-wide events	5.6	8.8	3.3	15.042**
Counselor or nurse	2.7	3.5	2.2	n/s
Peer counseling programs	1.4	2.8	0.4	7.627**
Teen advocacy programs	1.0	2.1	0.2	6.276*
After schools programs	0.9	1.6	0.4	n/s

Total number of topics = 18

*p < .05, **p < .01, n/s = Not Significant

Notable differences existed between intervention and non-intervention schools in the scope and nature of topics covered. In each instance, the number of topics covered and the use of multiple

settings/resources in the schools to address topics was greater in intervention schools. The enhanced use of a comprehensive approach to TUPE has been noted through research to increase the strength of school programs in modifying student behaviors. Appendices A1-A3 provide detailed information about the frequency of coverage of each topic through school-wide events, peer counseling, and teen advocacy training, approaches TDH recommended as supplements to classroom instruction.

Intervention schools were significantly more likely to provide instruction through school-wide events on all the individual tobacco prevention topics except for the social or cultural influences of tobacco use topic. Only eight of the 18 prevention topics were covered by 50% or more of intervention schools; however, in contrast, *none* of the topics were covered by greater than 25% of non-intervention schools (see Table 5).

Intervention schools provided more comprehensive instruction through peer counseling on all individual tobacco prevention topics except the long-term health consequences of smokeless tobacco and how to find valid sources of information on tobacco use prevention or cessation topics. Relatedly, intervention schools provided more instruction through teen advocacy training on all of the individual tobacco prevention topics except the following: long-term health consequences of smokeless tobacco, number of young people that use tobacco, number of illnesses related to tobacco use, social or cultural influences of tobacco use, how to find valid sources of information on tobacco use prevention or cessation, making a personal commitment to remain tobacco free, and how students can influence others to quit tobacco. However, as in the instance of school-wide events, none of the topics were covered through peer counseling or teen advocacy training by more than 25% of intervention schools or by more than 5% of non-intervention schools (see Appendices A2 and A3). Thus, room for improvement remains.

Table 5. Tobacco subjects provided through school-wide events in \geq 50% of intervention schools

Topic	Overall N=84	Intervention n=36	Non-Intervention n=48	χ^2
Long-term health consequences of cigarette smoking	43%	67%	25%	14.583**
Short-term health consequences of cigarette smoking	42%	64%	25%	12.800**
Addictive effects of nicotine in tobacco products	37%	61%	19%	15.853**
Benefits of not smoking cigarettes	39%	58%	25%	9.583**
Long-term health consequences of smokeless tobacco	33%	58%	15%	17.719**
Short-term health consequences of smokeless tobacco	32%	56%	15%	15.833**
Benefits of using smokeless tobacco	31%	56%	13%	17.844**
Influence of media on tobacco use	32%	50%	19%	9.211**

*p < .05, **p < .01

Intervention schools provided significantly more instruction through after school programs on the following topics: addictive effects of nicotine in tobacco products, how to find valid sources of information on tobacco use prevention or cessation, and making a personal commitment to remain tobacco free (Appendix A4). However, again, room for expansion of school efforts exists. For example, limited numbers of intervention schools and *none* of the non-intervention schools provided information on the following: 1) the addictive effects of nicotine (14%); 2) how

to find valid sources of information (11%), and 3) making a personal commitment to remain tobacco free (11%).

No differences in school category were noted regarding the provision instruction on the individual tobacco prevention topics through classroom instruction or through the counselor or nurse.

The school counselor and coach were significantly more likely to provide tobacco use prevention education outside the classroom in intervention schools. TUPE was provided outside the classroom by the school counselor in 61% of intervention schools and 29% of non-intervention schools, and by the coach in 56% of intervention schools and 23% of non-intervention schools.

Family Involvement in Tobacco Prevention

Overall, most schools did not have active family involvement across the multiple components of TUPE. For example, high/moderate family involvement was reported in less than two-thirds of school in the following areas: 1) tobacco policy (30%), 2) organizations such as the PTA or PTO (18%), 3) school and community activities (16%), 4) student tobacco cessation (13%), 5) program planning or implementation (12%), or classroom instruction (11%). Intervention schools reported higher levels of family involvement across components. Still, 58% of intervention schools and 65% of non-intervention schools reported no family involvement in student tobacco cessation.

Staff Development for Tobacco Prevention

Overall, the majority of schools (58%) did not report a major increase in staff development. Intervention schools reported a significant increase in staff development for tobacco prevention more frequently than did non-intervention schools. Many non-intervention schools did not report any increase in staff development.

Funding was available to purchase release time to attend staff development in 32% of schools overall. Funding was made available more often to purchase release time in intervention schools (47%) than in non-intervention schools (21%).

Three of every four schools (73%) expressed some interest in staff development, although the median response was low interest (Table 6). Intervention schools more frequently expressed moderate interest than did non-intervention schools.

Table 6. Level of faculty and staff interest in staff development

	High	Moderate	Low	No	χ^2
Overall, N=84	1%	26%	46%	23%	-
Intervention, n=36	3%	42%	42%	11%	11.065*
Non-Intervention, n=48	0	15%	50%	31%	

*p < .05

Almost two-thirds (74%) of all schools indicated they would like to receive staff development for TUPE on one or more of the following topics: 1) curriculum specific training, 2) teaching behavior change skills (69%), 3) encouraging family or community involvement (63%), and 4) use of interactive teaching methods (54%).

Provision of Tobacco Cessation

Information on tobacco cessation was provided for students through school sources in 62% of all schools and through community sources in 35% of all schools. Intervention schools were more likely to use school and community sources to provide information. Schools provided information more frequently than did the community about cessation information sources.

Information on tobacco cessation was provided for faculty and staff through school sources in 33% of schools and through community sources in 23% of schools.

School Tobacco Programming – Health Coordinator Perspectives

Among respondents, the following perceptions of school tobacco programming factors were stated: TUPE is a high/moderate priority of the principal (37%); faculty and staff are committed or aware of student TUPE needs (53%); many/some of faculty are willing to try TUPE (62%); and monitoring and feedback is provided frequently or occasionally (31%). *None* of the schools indicated monitoring and feedback was planned and provided regularly. Of some concern, between 16% - 36% of respondents replied “don’t know” to each of these questions.

In comparison with other subjects, the majority of teachers and administrators at the schools were perceived to view tobacco prevention as very/fairly important in 39% of schools and as slightly important in another 37% of schools.

Teachers in only a very few schools (2%) were perceived to have a belief that TUPE can have a major influence on student tobacco-behaviors, although 58% of schools viewed teachers as believing teaching TUPE would have some influence.

REFERENCES

- (1) Centers for Disease Control and Prevention. *School health education profile tobacco module*. Atlanta, GA: Centers for Disease Control and Prevention. 2000.
- (2) Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report*. 43[RR-2]. Atlanta, GA: U.S. Department of Health and Human Services; 1994.
- (3) *Texas Tobacco Prevention Initiative: Infrastructure and baseline data. 2001*. Austin, TX: Texas Department of Health; 2001.
- (4) Ratliff B. Senate Bill 1. 1. 5-30-1995. 74R 00433.

APPENDIX A

Appendix A1. Percentage of schools providing instruction on the following tobacco-related topics through school-wide events

Topics	Overall N=84	Intervention n=36	Non-Intervention n=48	χ^2
Short-term health consequences of cigarette smoking	42%	64%	25%	12.800**
Long-term health consequences of cigarette smoking	43%	67%	25%	14.583**
Benefits of not smoking cigarettes	39%	58%	25%	9.583**
Risks of cigar or pipe smoking	27%	44%	15%	9.225**
Short-term health consequences of smokeless tobacco	32%	56%	15%	15.833**
Long-term health consequences of smokeless tobacco	33%	58%	15%	17.719**
Benefits of using smokeless tobacco	31%	56%	13%	17.844**
Addictive effects of nicotine in tobacco products	37%	61%	19%	15.853**
How many young people use tobacco	29%	42%	19%	5.294*
Number of illnesses and deaths related to tobacco use	32%	44%	23%	4.371*
Influence of families on tobacco use	25%	36%	17%	4.148*
Influence of media on tobacco use	32%	50%	19%	9.211**
Social or cultural influences on tobacco use	26%	36%	19%	n/s
How to find valid information or services related to tobacco use prevention or cessation	25%	39%	15%	6.481*
Making a personal commitment to remain tobacco free	35%	47%	25%	4.494*
How students can influence or support others in prevention of tobacco use	27%	44%	15%	9.225**
How students can influence others with efforts to quit tobacco	26%	44%	13%	10.859**
Economic costs of tobacco	23%	36%	13%	6.552*

*p < .05, **p < .01, n/s = Not Significant

Appendix A2. Percentage of schools providing instruction on the following tobacco-related topics through peer counseling

Topics	Overall N=84	Intervention n=36	Non-Intervention n=48	χ^2
Short-term health consequences of cigarette smoking	10%	19%	2%	7.196**
Long-term health consequences of cigarette smoking	8%	17%	2%	5.727*
Benefits of not smoking cigarettes	10%	19%	2%	7.196**
Risks of cigar or pipe smoking	10%	19%	2%	7.196**
Short-term health consequences of smokeless tobacco	8*	16%	2%	5.727*
Long-term health consequences of smokeless tobacco	10%	17%	4%	n/s
Benefits of using smokeless tobacco	8%	17%	2%	5.727*
Addictive effects of nicotine in tobacco products	10%	19%	2%	7.196**
How many young people use tobacco	7%	14%	2%	4.323*
Number of illnesses and deaths related to tobacco use	6%	14%	0%	7.089**
Influence of families on tobacco use	7%	14%	2%	4.323*
Influence of media on tobacco use	6%	14%	0%	7.089**
Social or cultural influences on tobacco use	4%	8%	0%	4.148*
How to find valid information or services related to tobacco use prevention or cessation	5%	8%	2%	n/s
Making a personal commitment to remain tobacco free	7%	14%	2%	4.323*
How students can influence or support others in prevention of tobacco use	13%	25%	4%	7.846**
How students can influence others with efforts to quit tobacco	12%	22%	4%	6.395*
Economic costs of tobacco	10%	19%	2%	7.196**

*p < .05, **p < .01, n/s = Not Significant

Appendix A3. Percentage of schools providing instruction on the following tobacco-related topics through teen advocacy training

Topics	Overall N=84	Intervention n=36	Non-Intervention n=48	χ^2
Short-term health consequences of cigarette smoking	10%	19%	2%	7.196**
Long-term health consequences of cigarette smoking	6%	14%	0%	7.089**
Benefits of not smoking cigarettes	6%	14%	0%	7.089**
Risks of cigar or pipe smoking	3%	6%	0%	
Short-term health consequences of smokeless tobacco	5%	11%	0%	5.600*
Long-term health consequences of smokeless tobacco	2%	6%	0%	n/s
Benefits of using smokeless tobacco	5%	11%	0%	5.600*
Addictive effects of nicotine in tobacco products	6%	14%	0%	7.089**
How many young people use tobacco	5%	8%	2%	n/s
Number of illnesses and deaths related to tobacco use	6%	11%	2%	n/s
Influence of families on tobacco use	5%	11%	0%	5.600*
Influence of media on tobacco use	5%	11%	0%	5.600*
Social or cultural influences on tobacco use	6%	11%	2%	n/s
How to find valid information or services related to tobacco use prevention or cessation	6%	11%	2%	n/s
Making a personal commitment to remain tobacco free	6%	11%	2%	n/s
How students can influence or support others in prevention of tobacco use	7%	14%	2%	4.323*
How students can influence others with efforts to quit tobacco	6%	11%	2%	n/s
Economic costs of tobacco	7%	14%	2%	4.323*

*p < .05, **p < .01, n/s = Not Significant

Appendix A4. Percentage of schools providing instruction on the following tobacco-related topics through after school programs

Topics	Overall N=84	Intervention n=36	Non-Intervention n=48	χ^2
Short-term health consequences of cigarette smoking	7%	8%	6%	n/s
Long-term health consequences of cigarette smoking	7%	11%	4%	n/s
Benefits of not smoking cigarettes	7%	11%	4%	n/s
Risks of cigar or pipe smoking	5%	8%	2%	n/s
Short-term health consequences of smokeless tobacco	7%	11%	4%	n/s
Long-term health consequences of smokeless tobacco	7%	8%	6%	n/s
Benefits of using smokeless tobacco	5%	8%	2%	n/s
Addictive effects of nicotine in tobacco products	6%	14%	0%	7.089**
How many young people use tobacco	6%	11%	2%	n/s
Number of illnesses and deaths related to tobacco use	5%	8%	2%	n/s
Influence of families on tobacco use	5%	8%	2%	n/s
Influence of media on tobacco use	2%	6%	0%	n/s
Social or cultural influences on tobacco use	2%	6%	0%	n/s
How to find valid information or services related to tobacco use prevention or cessation	5%	11%	0%	5.600*
Making a personal commitment to remain tobacco free	5%	11%	0%	5.600*
How students can influence or support others in prevention of tobacco use	5%	8%	2%	n/s
How students can influence others with efforts to quit tobacco	4%	6%	2%	n/s
Economic costs of tobacco	5%	6%	4%	n/s

*p < .05, **p < .01, n/s = Not Significant

APPENDIX B

Appendix B1. *Principal Survey, Edition 2, components*

Assessment Question	Subject	Question(s)	Method
Level of activity in tobacco program components.		5a. – 5h.	Likert-like scale including range of extremely active, moderate activity, low activity, and no activity.
Familiarity with Senate Bill 1.		6	Likert-like scale including range of extremely familiar, moderately familiar, vaguely familiar, and not at all familiar.
Parental involvement in school tobacco policies.		7	Dichotomous yes/no question.
Enforcement of school tobacco policy.	Frequency of policy enforcement for students in specific school locations.	8a. – 8d.	Likert-like scale including range of always or almost always, sometimes, rarely, and never.
	Disciplinary actions taken when students are caught using tobacco.	9a. – 9f.	Likert-like scale including range of always or almost always, sometimes, rarely, and never.
	Disciplinary actions taken when faculty or staff are caught using tobacco.	10a. – 10c.	Likert-like scale including range of always or almost always, sometimes, rarely, and never.
Provision of tobacco cessation.	Provision of tobacco cessation programs on-site and off-site for both students and faculty and staff.	11 – 14	Dichotomous yes/no questions.
School tobacco programming.	Importance of tobacco programs.	15	Self-anchored 5-point scale with “don’t know” option.
	Leadership identified and time allocated.	16	Self-anchored 5-point scale with “don’t know” option.
	Level of engagement in school tobacco programs and policies.	17	Self-anchored 5-point scale with “don’t know” option.
	Presence of written plan.	18	Self-anchored 5-point scale with “don’t know” option.
	Presence of district champion.	19	Self-anchored 4-point scale with “don’t know” option.
	Commitment to tobacco programs.	20	Self-anchored 4-point scale with “don’t know” option.
	Level of monitoring and feedback of tobacco program.	21	Self-anchored 5-point scale with “don’t know” option.

TEXAS TOBACCO PREVENTION INITIATIVE PRINCIPAL SURVEY, SPRING 2002

The first questions ask background information about your school and yourself.

1. What is the name of your school?

2. What is the name of your school district?

3. What is your position in your school?

- A Principal
 B Assistant or Vice Principal
 C Other administrator
 D Other _____

4. If you have received funds to support your school tobacco program this school year (Fall 2001 and Spring 2002), mark all applicable sources:

- Texas Department of Health (through your Educational Service Center or Health Dept.)
 Texas Education Agency (e.g. Safe and Drug Free School Programs)
 Other Texas Tobacco Settlement Sources (source: _____)
 Other state or national sources (source: _____)
 Foundation funding
 Local community organizations or groups
 Other (source: _____)

5. Which response best describes your school's level of activity in implementing each of the following tobacco program components during this school year (Fall 2001 and Spring 2002)? (Mark one response for each component.)

<u>Tobacco Program Components</u>	No activity			
	Extremely active	Moderate activity	Low activity	No activity
a. Establish or change school policy on tobacco use.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
b. Enforcement of school policy on tobacco use.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
c. Instruction on tobacco prevention.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
d. Teacher training for tobacco prevention.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
e. Family involvement in student tobacco education and policy programs.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
f. Student cessation support. (Awareness, referrals to community resources or provision of school program.)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
g. Faculty and staff cessation support (Awareness, referrals to community resources or provision of school program.)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
h. Assessment of prevention programs.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

6. During this school year, how familiar has your position required you to be with Senate Bill 1? (Senate Bill 1 requires schools to prohibit tobacco use, student possession of tobacco products, and school policy enforcement.)

- A Extremely familiar
 B Moderate familiar
 C Vaguely familiar
 D Not at all familiar

7. During this school year were parents or guardians of students involved in the development and use of school policies prohibiting tobacco use by students?

- Y Yes
 N No

The next questions ask about enforcement of your school's tobacco policy.

8. How often is the policy enforced at your school that prohibits tobacco use by students in each of the following locations? (Mark one response for each location.)

<u>Locations</u>	Always or almost always	Sometimes	Rarely	Never
				(A)
a. In school buildings	(A)	(B)	(C)	(D)
b. On school grounds	(A)	(B)	(C)	(D)
c. In school buses or other vehicles used to transport students	(A)	(B)	(C)	(D)
d. At off-campus, school-sponsored events	(A)	(B)	(C)	(D)

9. When students are caught using tobacco, how often are each of the following actions taken? (Mark one response for each action.)

<u>Actions</u>	Always or almost always	Sometimes	Rarely	Never
				(A)
a. Referred to school counselor	(A)	(B)	(C)	(D)
b. Referred to school administrator	(A)	(B)	(C)	(D)
c. Referred to an assistance, education or cessation program	(A)	(B)	(C)	(D)
d. Referred to legal authorities	(A)	(B)	(C)	(D)
e. Parents or guardians are informed	(A)	(B)	(C)	(D)
f. Given in-school suspension or suspended from school	(A)	(B)	(C)	(D)

10. When faculty or staff are caught violating school policies which prohibit tobacco use during school related activities, how often are the following actions taken?

<u>Actions</u>	Always or almost always	Sometimes	Rarely	Never
				(A)
a. Referred to school or district administrator	(A)	(B)	(C)	(D)
b. Given a written or oral reprimand	(A)	(B)	(C)	(D)
c. Referred to a cessation program	(A)	(B)	(C)	(D)

The next questions ask about tobacco cessation at your school.

11. Does your school provide tobacco cessation programs on-site for students?

- Y Yes N No

12. Does your school provide tobacco cessation programs on-site for faculty and staff?

- Y Yes N No

13. Does your school provide referrals to off-site tobacco cessation programs for students?

- Y Yes N No

14. Does your school provide referrals to off-site tobacco cessation programs for faculty and staff?

- Y Yes N No

The last set of questions ask about tobacco programming at your school.

15. How important are tobacco programs in this school to you?

- A Top priority
- B One of top three priorities
- C One of the top five priorities
- D Low on the list of priorities
- E Not a priority
- F Don't know

16. Is a person identified to provide leadership for implementation of tobacco programs and has time been provided for this person?

- A Person named and time assigned
- B Person named, but inadequate time
- C Person named, but no time assigned
- D Person suggested with no time assigned
- E No one named or suggested
- F Don't know

17. How actively engaged are you in your school's tobacco programs and policies?

- A Actively engaged
- B Moderately engaged
- C Somewhat engaged
- D Little involvement
- E Not interested
- F Don't know

18. Does a plan exist for making tobacco programs and policies work in your school?

- A Three year plan has been written
- B Two year plan has been written
- C One year plan has been written
- D Plan exists, but is not written
- E No plan exists
- F Don't know

19. Is there a person at the district level who will facilitate, coordinate, support and advocate for tobacco programs and policies?

- A Yes, actively engaged
- B Yes, some activity
- C Yes, but not active
- D No program leader or champion at district level
- E Don't know

20. How committed to tobacco programs and policies for children/youth are the staff and faculty in your school?

- A Most are passionate and actively committed
- B Many are actively committed
- C Most are concerned about tobacco issues
- D A few are concerned
- E The staff are indifferent

21. How much monitoring and feedback by colleagues or administrators at your school has been provided in the past year to faculty and staff implementing tobacco programs and policies?

- A Planned regular monitoring and feedback
- B Frequent periodic monitoring
- C Occasional monitoring and feedback
- D Monitoring and feedback one time only
- E No monitoring and feedback
- F Don't know

Thank you for your responses.

Have a great day!

APPENDIX C

Appendix C1. *Health Coordinator Edition 2*, components

Assessment Question	Subject	Question(s)	Method
Classroom instruction on tobacco prevention.	Provision of instruction.	5	Dichotomous yes/no question. “No” responses were instructed to skip to question 13.
	Grades including classroom instruction.	6a. – 6g.	Dichotomous yes/no question, with “grade not in school” option.
	Number of lessons including instruction.	7	Six-point scale ranging from “not provided” to “greater than 10 lessons”.
	Number of teachers providing instruction.	8	Likert-like scale including range of one, two, three to four, and five or more.
	Level of interest in instruction since 2000.	9	Likert-like scale including range of increased, stayed the same, diminished, and none.
	Classes including instruction.	10a. – 10f.	Dichotomous yes/no question.
	Published curriculum used for instruction.	11a. – 11h.	Dichotomous yes/no question.
	Methods used for instruction.	12a. – 12i.	Dichotomous yes/no question.
School-wide tobacco prevention education.	Coverage of various tobacco prevention topics through classroom instruction, school-wide events, the counselor or nurse, after school programs, peer counseling programs, and teen advocacy training.	13a. – 13r.	Dichotomous yes/no question.
	Persons providing education outside the classroom.	14a. – 14k.	Dichotomous yes/no question.
Family involvement in tobacco prevention.		15a. – 15f.	Likert-like scale including range of high, moderate, low, and no.
Staff development for tobacco prevention.	Increase in staff development from previous years.	16	Likert-like scale including range of major, some, little, and no.
	Funding for release time to attend development training.	17	Dichotomous yes/no question.
	Level of interest in development.	18	Likert-like scale including range of high, moderate, low, and no.
Provision of tobacco cessation.	Sources providing information for students and faculty and staff.	20a. – 20b., 21a. – 21b.	Dichotomous yes/no questions.
School tobacco programming.	Importance of tobacco programs to the school administration.	22	Self-anchored 5-point scale with “don’t know” option.
	Importance of tobacco education compared to other subjects.	23	Likert-like scale including range of not at all, slightly, fairly, and very important.
	Perception of worth of tobacco programs.	24	Likert-like scale including range of major, some, little, and no.
	Commitment to tobacco programs.	25	Self-anchored 5-point scale with “don’t know” option.
	Willingness to try tobacco prevention programs.	26	Self-anchored 5-point scale with “don’t know” option.
	Level of monitoring and feedback of tobacco program.	27	Self-anchored 5-point scale with “don’t know” option.

TEXAS TOBACCO PREVENTION INITIATIVE HEALTH COORDINATOR SURVEY, SPRING 2002

The first questions ask background information about your school and yourself.

1. What is the name of your school campus?

2. What is the name of your school district?

3. What is your position in your school?

- A Curriculum director
- B Program area coordinator in health and/or physical education
- C Health teacher
- D School nurse
- E Safe and Drug Free School coordinator
- F Other (state: _____)

4. If you have received funds to support your school tobacco program this school year (Fall 2001 and Spring 2002), mark all applicable sources:

- Texas Department of Health (through your Educational Service Center or Health Dept.)
- Texas Education Agency (e.g. Safe and Drug Free School Programs)
- Other Texas Tobacco Settlement Sources (source: _____)
- Other state or national sources (source: _____)
- Foundation funding
- Local community organizations or groups
- Other (source: _____)

5. During this school year (Fall 2001 - Spring 2002), has information been provided or will information be provided on tobacco prevention through classroom instruction to students in this school?

- Y Yes N No – If no, **skip to Question 13 (page 3).**

The next questions ask about classroom instruction on tobacco prevention in your school.

6. During this school year, was instruction provided or will instruction be provided on tobacco prevention in each of the following grades? (Mark one response for each grade.)

Grades	Yes	No	Grade not in school
a. 6	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
b. 7	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
c. 8	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
d. 9	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
e. 10	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
f. 11	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>
g. 12	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/>

7. How was classroom instruction on tobacco use prevention provided within your school this school year (Fall 2001 - Spring 2002)?

- A Infused into one or more lessons (e.g. as a lesson or example for teaching peer refusal skills)
- B A single lesson dedicated to tobacco use prevention
- C 2-4 lessons dedicated to tobacco use prevention
- D 5-10 lessons dedicated to tobacco use prevention
- E Greater than 10 lessons dedicated to tobacco use prevention
- F Not provided

8. How many teachers provided instruction on tobacco prevention during this school year?

- A One teacher
- B Two teachers
- C Three to four teachers
- D Five or more teachers

9. Since 2000, has interest in instruction on tobacco prevention:

- A Increased
- B Stayed the same
- C Diminished
- D None demonstrated then or now

10. In this school year, which classes included units, lessons, or activities in tobacco prevention?
(Mark one response for each.)

Subjects	Yes	No
a. Health	<input type="radio"/>	<input type="radio"/>
b. Physical Education	<input type="radio"/>	<input type="radio"/>
c. Science	<input type="radio"/>	<input type="radio"/>
d. Home Economics or Family and Consumer Education	<input type="radio"/>	<input type="radio"/>
e. Family Life Education or Life Skills	<input type="radio"/>	<input type="radio"/>
f. Other (state: _____)	<input type="radio"/>	<input type="radio"/>

11. From which published curriculum were tobacco prevention lessons taken during this school year? (Mark one response for each.)

Curricula	Yes	No
a. Teens Against Tobacco Use (TATU)	<input type="radio"/>	<input type="radio"/>
b. Not on Tobacco (NOT)	<input type="radio"/>	<input type="radio"/>
c. Towards No Tobacco Use (TNT)	<input type="radio"/>	<input type="radio"/>
d. Life Skills Training	<input type="radio"/>	<input type="radio"/>
e. Get Real About Tobacco	<input type="radio"/>	<input type="radio"/>
f. Rebels	<input type="radio"/>	<input type="radio"/>
g. Project Alert	<input type="radio"/>	<input type="radio"/>
h. Other (state: _____)	<input type="radio"/>	<input type="radio"/>

12. During this school year, which of the following methods were used for tobacco prevention?
(Mark one response for each.)

Methods	Yes	No
a. Seat work	<input type="radio"/>	<input type="radio"/>
b. Lectures	<input type="radio"/>	<input type="radio"/>
c. Films or videos	<input type="radio"/>	<input type="radio"/>
d. Group discussions	<input type="radio"/>	<input type="radio"/>
e. Adult guest speakers	<input type="radio"/>	<input type="radio"/>
f. Peer educators	<input type="radio"/>	<input type="radio"/>
g. Role-playing, simulations, or practice	<input type="radio"/>	<input type="radio"/>
h. The internet	<input type="radio"/>	<input type="radio"/>
i. Special projects (e.g.: _____)	<input type="radio"/>	<input type="radio"/>

The next set of questions ask about tobacco prevention programs delivered throughout your school.

13. Mark each of the programs or settings that addressed or will address each of the following tobacco topics (a. - r.) during this school year. (Mark all responses that apply.)

Topics	Program Type/Setting						
	Classroom instruction	School-wide events	Counselor or Nurse meetings	After school programs	Peer counseling programs	Teen advocacy training	
a. Short-term health consequences of cigarette smoking (such as decreased stamina, stained teeth, bad breath, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Long-term health consequences of cigarette smoking (such as heart disease, cancer, emphysema, premature wrinkling, and premature death)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Benefits of not smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Risks of cigar or pipe smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Short-term health consequences of using smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Long-term health consequences of using smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Benefits of not using smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Addictive effects of nicotine in tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i. How many young people use tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
j. The number of illnesses and deaths related tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k. Influence of families on tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. Influence of media on tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m. Social or cultural influences on tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n. How to find valid information or services related to tobacco use prevention or cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
o. Making a personal commitment to remain tobacco-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
p. How students can influence or support others in preventing tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
q. How students can influence or support others with efforts to quit using tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
r. Economic costs of tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

14. In this school year, which faculty, staff, or volunteers provided tobacco use prevention outside of the classroom? (Mark one response for each.)

Faculty, staff or volunteers	Yes	No
a. School nurse	<input type="radio"/> Y	<input type="radio"/> N
b. Counselor	<input type="radio"/> Y	<input type="radio"/> N
c. Safe and Drug Free School Coordinator	<input type="radio"/> Y	<input type="radio"/> N
d. Coach	<input type="radio"/> Y	<input type="radio"/> N
e. Librarian	<input type="radio"/> Y	<input type="radio"/> N
f. PAL participants	<input type="radio"/> Y	<input type="radio"/> N
g. School health clinic staff	<input type="radio"/> Y	<input type="radio"/> N
h. Parents	<input type="radio"/> Y	<input type="radio"/> N
i. Guest speakers	<input type="radio"/> Y	<input type="radio"/> N
j. Community representatives	<input type="radio"/> Y	<input type="radio"/> N
k. Other (state: _____)	<input type="radio"/> Y	<input type="radio"/> N

The next question asks about family involvement in tobacco use prevention in your school.

15. During this school year, what level of involvement have families (parents or guardians) had in tobacco prevention? (Mark one response for each.)

Family involvement:	No involvement			
	Low involvement		Moderate involvement	
	High involvement			
a. Classroom instruction	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
b. Planning and/or implementing school-wide tobacco programs	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
c. School tobacco policy	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
d. Student tobacco cessation	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
e. School and community tobacco initiatives	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
f. Organizations such as the PTA or PTO	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

The next questions ask about staff development for tobacco use prevention in your school.

16. Was there an increase in staff development opportunities for tobacco prevention and control over this school years?

- A Major increase
- B Some increase
- C Little increase
- D No increase

17. Was funding available during this school year to purchase release time to attend staff development training for tobacco prevention and control?

- A Yes
- B No

18. During this school year, which best describes the level of faculty and staff interest in attending staff development training for tobacco prevention and control?

- A High interest
- B Moderate interest
- C Low interest
- D No interest

19. Mark each of the tobacco related staff development topics faculty or staff would like to receive. (Mark one response for each.)

Staff development topics	Yes	No
a. Use of interactive teaching methods such as role-play or cooperative group activities	<input type="radio"/> Y	<input type="radio"/> N
b. Encouraging family or community involvement	<input type="radio"/> Y	<input type="radio"/> N
c. Teaching behavior change skills	<input type="radio"/> Y	<input type="radio"/> N
d. Curriculum-specific training	<input type="radio"/> Y	<input type="radio"/> N

The next questions ask about tobacco cessation at your school.

20. Indicate each of the following sources that have provided information on tobacco cessation (e.g. special classes, groups, or programs for tobacco cessation) for students during this school year? (Mark one response for each.)

Cessation sources	Yes	No
a. School	<input type="radio"/> Y	<input type="radio"/> N
b. Community	<input type="radio"/> Y	<input type="radio"/> N

21. Indicate each of the following sources that have provided information on tobacco cessation (e.g. special classes, groups, or programs for tobacco cessation) for faculty and staff during this school year? (Mark one response for each.)

Cessation sources	Yes	No
a. School	<input type="radio"/> Y	<input type="radio"/> N
b. Community	<input type="radio"/> Y	<input type="radio"/> N

The last set of questions ask about tobacco programming at your school.

22. How important is tobacco prevention to your principal?

- A Top priority for the year
- B One of the top 3 priorities
- C One of the top 5 priorities
- D Low on the list of priorities
- E Not a priority
- F Don't know

23. How much importance do the majority of teachers and administrators in your school place on students receiving tobacco education in comparison to other subjects?

- A Tobacco prevention not at all important compared to other subjects
- B Tobacco prevention slightly important compared to other subjects
- C Tobacco prevention fairly important compared to other subjects
- D Tobacco prevention very important compared to other subjects

24. How much do you think teachers in your school believe teaching tobacco prevention will influence students' tobacco-related behaviors (prevention and cessation)?

- A Major influence
- B Some influence
- C Little influence
- D No influence

25. How committed to tobacco prevention and control for children/youth are the faculty and staff at your school?

- A Most are passionate and active in tobacco issues
- B Many are actively involved in tobacco issues
- C Most are aware of student needs
- D A few are concerned about student tobacco use
- E They are indifferent to tobacco issues
- F Don't know

26. Are the faculty and staff willing to try tobacco prevention programs?

- A All or most are enthusiastic
- B Many are willing
- C Mixed: Some are willing, others are not
- D Few to none are willing to try
- E There is active opposition
- F Don't know

27. How much monitoring and feedback has been provided by colleagues or administrators in the last year for faculty/staff implementing tobacco program components?

- A Planned regular monitoring and feedback
- B Frequent periodic monitoring
- C Occasional monitoring and feedback
- D Monitoring and feedback one time only
- E No monitoring and feedback
- F Don't know

Thank you for your responses. Have a great day!