

# Research for New Insights and Innovative Solutions to School Interventions

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## **EXECUTIVE SUMMARY:**

In spite of the pledges of politicians and policy-makers, states and counties have spent the majority of the tobacco settlement money on things that have nothing to do with public health or smoking. Teen smoking rates have stopped dropping. In a recent article from National Journal Magazine, “Nearly half the states have passed "smoke-free" laws limiting smoking in workplaces, public places, or both. The effect of the state initiatives is dulled by what might be called the “tobacco paradox”. The states that have moved the most forcefully against tobacco are those with the fewest smokers; the states with the most smokers have been least likely to act.”<sup>1</sup>

Education requirements for federal, state, and individual county schools widely differ. On March 27, 2009, Gov. Steve Beshear signed a bill that eliminates the state's Commonwealth Accountability Testing System (CATS)<sup>2</sup>. The Kentucky Department of Education will develop new educational standards and a new comprehensive test for the 2011-12 school year. As students prepare for the annual testing cycle, segments in the arts, humanities, vocational studies, and practical living have been eliminated. These changes will make a tremendous impact on the education of KY students. The result of the elimination of the CATS test is tobacco education/prevention curricula is no longer required.

Children make decisions by modeling attitudes and behaviors. They need the proper tools to provide a framework to grow and progress developmentally. Children require guidance, instruction, role models, mentors, and life lessons to empower the child to make appropriate choices/decisions at that time. A child’s decision to experiment with tobacco has been a very long road in a child’s short life. With or without the child’s knowledge, the behaviors and values of the media, policy makers, role models, mentors, friends, and families affect the choices they make. Choosing whether or not to use tobacco, will be one of the most important decisions, affecting their entire life. Children spend six to seven hours each day, five days a week, interacting with other students. Without the Practical Living component, children will lack the necessary tools to help them make life-changing decisions. Practical Living curriculum offered children the knowledge and tools to use in situations they will experience through development, role-playing, instruction, and modeling behaviors.

Tobacco is the single most preventable cause of death and disease in the United States. It harms nearly every organ in the body. Our study on youth smoking and evidence based school tobacco curricula has been illuminating. Evidence based school tobacco curricula really does work when done with fidelity.<sup>3</sup> The average parent relies on schools to provide youth with tools necessary to make appropriate decisions. Our research has shown this assumption is incorrect. We learned of the exceptional marketing strategies of tobacco companies; they are true masters of their craft. Children see and hear hundreds of subliminal messages in the television programs they watch, movies they attend, candies they eat, activities in which they participate, or the places they visit daily. A few simple items put into effect would drop the smoking rates for youth and adults, improve

health care, and allow people to live longer. Increasing state and federal tobacco taxes<sup>4</sup> prohibit tobacco product advertising to children in movies with a G, PG, and PG13 rating and television programs.<sup>5</sup> Clever mass media social norms campaigns show the power of the majority (accompanied with other prevention & cessation programs) and that not everyone smokes.<sup>6</sup>

The Kentucky Department of Education must include tobacco prevention and cessation curricula in the new testing plan. It must involve parents and family members in the education process to improve the health of our state. The non-judgmental inclusion of families and changing policy to make all school campuses and school events smoke free, will save millions of lives and healthcare dollars in Kentucky. It is our vision is to educate every child in Jefferson County, K-12 to identify, hone, and sharpen tools to keep them living longer and healthier lives. Efforts must increase in preventing initiation to tobacco by educating children on the health benefits of avoiding tobacco. It is the best strategy to save lives and future healthcare costs. A well-developed mass media campaign educating the community on the harmful effects of tobacco and providing multiple resources to increase cessation<sup>7</sup> and eliminate barriers for current smokers will reduce health care expenses as well.

## **INTRODUCTION/BACKGROUND:**

Kentucky receives funding from Tobacco Settlement Agreement dollars, based on the number of residents within a county. Jefferson County distributes their allotment through the Louisville Metro Tobacco Free Coalition (LMTFC). The Schools & Youth Task (SYTG), a subset of the LMTFC, has the primary objective is to encourage and assists public and private schools (K-12) to use evaluated, evidence-based tobacco prevention curricula and to offer assistance by scheduling and promoting adolescent smoking prevention education and cessation programs in community. The LMTFC provided, Science Tobacco and You<sup>8</sup>, Quintessentially You<sup>9</sup>, Get Real About Tobacco<sup>10</sup>, and Botvin LifeSkills™ Training<sup>11</sup>, Tobacco Education Group (TEG)<sup>12</sup> and Tobacco Assistance Program (TAP)<sup>13</sup> for students in JCPS schools. Funds since 2001 have also included teacher stipends, substitute teacher salaries, digital cameras, and training workshops. Although nearly every school in Jefferson County had an educator trained by master's level trainers, the schools either did not have the additional time to dedicate to the program, did not use the program with fidelity, or chose sections to use that fit their lesson plans. There are only a handful of schools using the Lifeskills™, a Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program<sup>14</sup>, program today. Site Based Decision Making (SBDM)<sup>15</sup> councils promote shared leadership in every Jefferson County Public School. Membership of each council includes parents, teachers and an administrator of the school. The council has the responsibility to set school policy and make decisions outlined in statute which shall provide an environment to enhance student achievement and help meet the goals established in KRS 158.645<sup>16</sup> and KRS 158.6451<sup>17</sup> at each individual school determines curricula used within that school<sup>15</sup>.

***Problem Statement:***

Why, despite our best educational efforts, is the youth smoking rate still so high in Kentucky?

Why can't we achieve this goal? Despite the promises of politicians and policy-makers, states and counties have spent the majority of the tobacco settlement money on things that have nothing to do with public health or smoking.

The LMTFC's stakeholders have worked tirelessly to promote smoke free laws within our community and state. Their efforts helped put a smoking ordinance in Louisville to protect the health of children and families, reduce air pollution, and raising the health of our community. The LMTFC has stakeholders in prevention services, the food industry, healthcare providers, elementary, secondary and post secondary education, community organizations, government, and the community at large. Stakeholders are motivated to change for different reasons and some have a stronger focus than others. The benefits of changing policies within the state would improve the overall health of the community. Individuals would live longer, spend more money for services and products within their longer lifetime, pay more taxes, use less healthcare services, etc.

One of the barriers for not making policy changes, has been legislators fearing the loss of reputation for supporting the policy change. Many politicians and lobbyists benefit directly/ indirectly by businesses, groups or individuals promoting tobacco crops, production, tobacco revenue, and tobacco taxes. Many families and the counties in which they reside began their entire existence within the agrarian community based on tobacco. Tobacco farmers have held a prominent place in Kentucky. Their crops supported growers, manufacturing, wholesalers, retailers, and provided taxes for the economy.

In Kentucky, the proposed tax of 70 cents per pack of cigarettes is equal to an increase of approximately 25 percent, depending on the pack price in different areas of the state. This is a significant increase in the price of cigarettes and would likely result in a 16.5 percent decline in the rate of youth smoking. The tax would also decrease adult smoking by 5 percent, for a total reduction of 11 percent across the state. Revenue from this tax increase would be over \$237.2 million dollars and save countless amounts spent in private health care cost, Medicare and Medicaid spending. On February 13, 2009, Kentucky leaders missed a tremendous opportunity to significantly improve the physical and financial health of the state by voting for only a \$.30 raise in tobacco taxes. A poll released in January 2009 found that 68 percent of Kentucky voters supported a 70-cent increase in the cigarette tax — and 69 percent supported an even greater increase of \$1 a pack. The tax increase will go into effect on April 1, 2009.

And finally, the most disturbing barrier of all is the billions of dollars tobacco companies spend market their products specifically to children. Some example of these marketing tactics are free products, cents off coupons, product placement, candy flavorings, eye-catching containers, sports sponsorship (NASCAR), and pro-tobacco depictions in films, television and music videos. A study released by the <sup>18</sup>, describes how tobacco

advertising targets youth to give the unrealistic impression tobacco use can satisfy the adolescents' need to be popular, feel attractive, take risks and avoid or manage stress.

**Behavior Over Time Graph:**

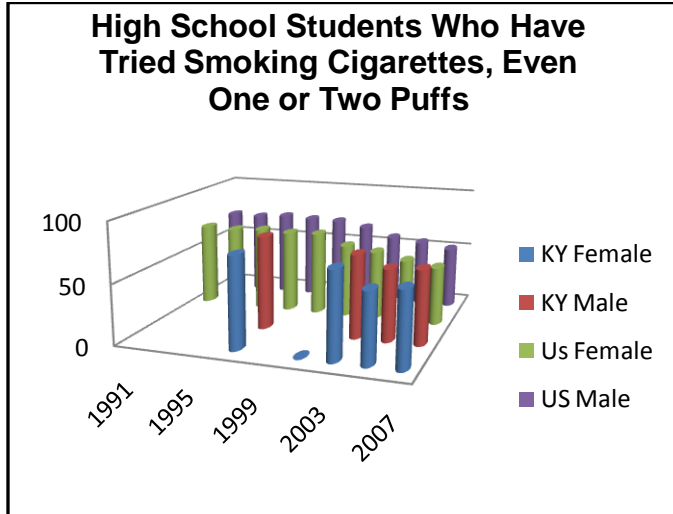


Figure 1

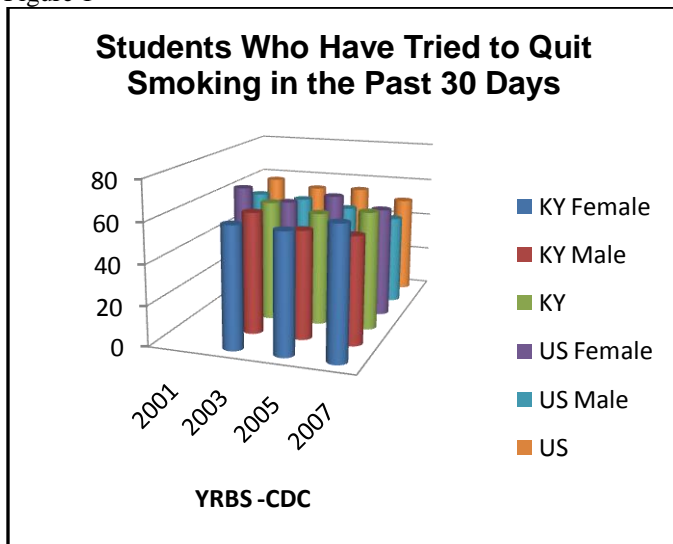


Figure 2

**Figures 1, 2, 3 and 4: Data from CDC's National Center for Chronic Disease Prevention & Health Promotion – Healthy Youth – YRBSS – Youth Online Comprehensive Results**

**Figure 1:** Kentucky leads the nation in nearly every tobacco category. Data from the national Youth Risk Behavior Surveillance System (YRBSS) Surveys was compared with Kentucky data for the next three charts. The number of students who have ever tried **smoking a cigarette, even one or two puffs in the nation** is slowly decreasing. National data has been gathered since 1991. The numbers hovered at 70% for both males and females until 1999. In 2001, there was a significant decrease of 61.6% for females and 66.3% for males. The numbers have decreased consistently each year, ending in 2007 at 48.8% for females and 51.8% for males. Nationally, high school females have tried smoking less than males.

**Figure 2:** Overall, the national incidence of trying to **quit smoking cigarettes** was consistently higher among female than male students. Data has been nationally kept since 2001. In 2001 the national average was 57.4% of high school students in the US wanted to quit smoking. There has been a significant decrease of students trying to become smoke free as of 2007 to 50%. Statistics show baseline data from 2003 at 60.2 % of KY students, currently smokers, who are trying to quit smoking cigarettes. In 2007 59.05% was the average number of students self reporting they were trying to become smoke free. Females in both KY and the US had higher averages of quit efforts. A significant difference found in 2007. Females in KY had 64.8% quit rates versus 55.1% national rates.

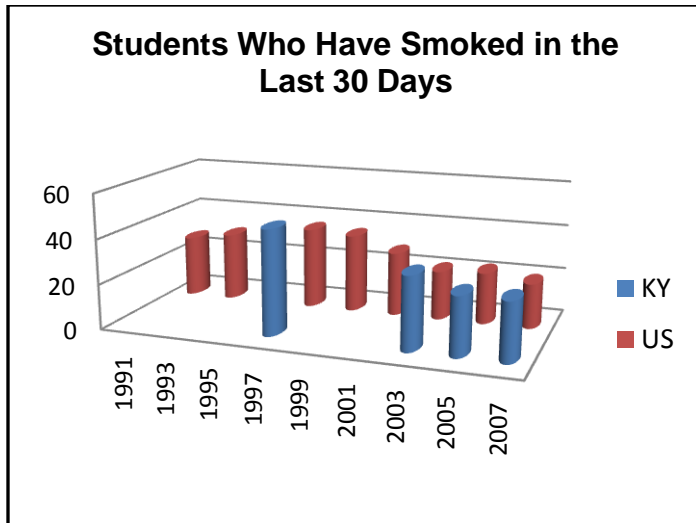


Figure 3

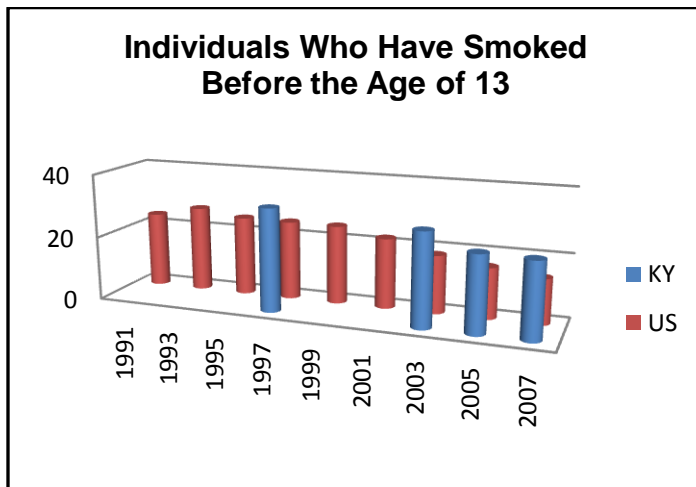


Figure 4

**Figure 3:** The US has been collecting data for student who have used tobacco in the last 30 days. This group is identified as a **“current smoker”**.

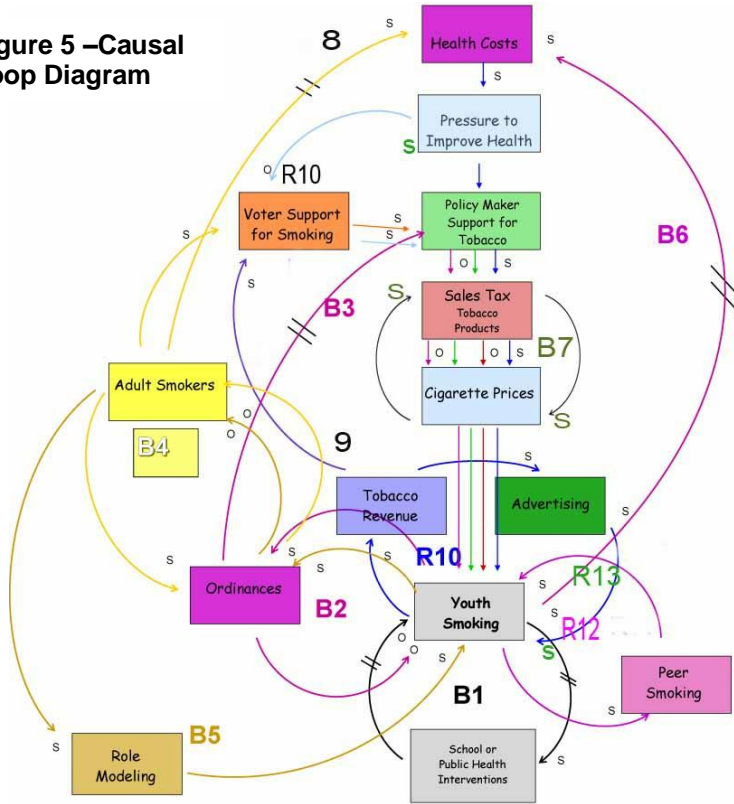
There has been some drastic changes in this rate since 1991. The baseline data for the nation began at 27.5% average with males and females showing no significant difference. Between 1995 and 1999, the percentages topped out at 35%. The current smoker rates dropped in 2003 to 21.8 and had insignificant changes for US males to the present with 21.3. However, the female quit rates have made a more significant change between 2005 from 23% to 18.7% in 2007, a difference of 4.3%. KY quit rates in 1997 averaged at 46.58%. The data shows a significant change in students who are listed as “current smokers” at 32.6% average, with the female smoking rate 33.4% higher than males 31.8%. The self reported number dropped to 26% in 2007 with the female smoking rate of 25.8% barely below the male percentage at 26.2%.

**Figure 4 -** Data for the baseline of the US percentage for individuals who **smoked their first cigarette before their 13th birthday** has reduces gradually since 1991. Data shows the average rate for initiation was at 23.8%. The percentage increased in 1993 to 26.9% and stabilized from

1995 through 1999. It began dropping in 2003 to 18.7% and has decreased to 14.2 in 2007. Kentucky collected baseline data in 1997 with 32.5% of its students had their initiation to tobacco before the age of 13. Data is missing in 1999 and 2001, but reduced in 29.4% in 2003. Individuals using tobacco before the age of 13 is listed at 16% in 2005 and is now listed as 14.2% in 2007.

**Causal Loop Diagram:**

**Figure 5 –Causal Loop Diagram**



Our systems thinking diagram demonstrates linkages between tobacco revenue, tax policy, cigarette pricing, advertising or marketing expenditures, and adult and youth smoking rates.

From 1998 to 2005, tobacco marketing nearly doubled from 6.9 billion to 13.4 billion according to the most recent data from the Federal Trade Commission. Tobacco companies have increasingly concentrated their marketing expenditures on price discounts, undermining the efforts to reduce tobacco use through price increases (i.e., offsetting the price increase effect of higher cigarette taxes). Price discounts and

promotions accounted for more than 80 percent of the 13.4 billion dollars spent on marketing. Since 2003, the actual price of cigarettes has actually declined slightly despite state cigarette tax increases, and smoking declines have stalled.

Our Causal Loop Diagram begins with a balancing loop comparing youth smoking and school and public health interventions. Youth smoking will gradually reduce through ongoing school based programs and public health education interventions. Jefferson County Public Schools has a new superintendent who would like school programs to include a more “holistic” approach to all curricula, including tobacco education. Presently, there is no legislation requiring Kentucky educators to teach tobacco education. Redesigning the policies within the schools to include tobacco education would be an acceptable approach. KY youth are tested in the fourth, seventh and tenth grades on tobacco issues in the Curriculum portion of the Practical Living section of the Comprehensive Accountability Testing System (CATS) test. The Practical Living portion accounts for only 15% of the entire CATS test. The issue is the health education portion of the test is only 25% of the Practical Living content. This small percentage is the primary reason there is not more focus placed on elevating tobacco education within the JCPS curriculum.

Our group used a balancing loop of enacting smoking ordinances to reduce youth smoking. This method has been shown in studies to decrease youth smoking. A

Smoking Ordinance has been enacted within Jefferson County as well as other counties in KY. There is a time delay with this loop, because the data on youth smoking rates is measured via the Kentucky Youth Tobacco Survey (KYTS), Youth Risk Behavior Factor Surveillance Survey (YRBS), JCPS Comprehensive Survey and Health Promotion Schools of Excellence (HPSE) survey. The KYTS (even years) and YRBS (odd years) surveys are administered every other year on alternating years. The JCPS Comprehensive and HPSE surveys are administered annually.

Over time, as health care costs go up, there will be pressure to improve healthcare via raising taxes. As the number of smoking ordinances goes up, the policy makers for KY's support for tobacco goes down, sales tax for tobacco will increase. The result of higher prices for tobacco products will rise, and increase the price of cigarettes. Youth smoking rate will go down as a result. As the number of ordinances increase, the pressure for policy makers to vote for stronger smoking ordinances will rise. The consequence will be decreased adult smoking rates as well.

Another possible effect would be if the adult smoking rate increases, youth follow the example of their role models, therefore the youth smoking rate increases. Policymakers will address this issue by enacting more smoking ordinances and thereby reducing youth smoking rates.

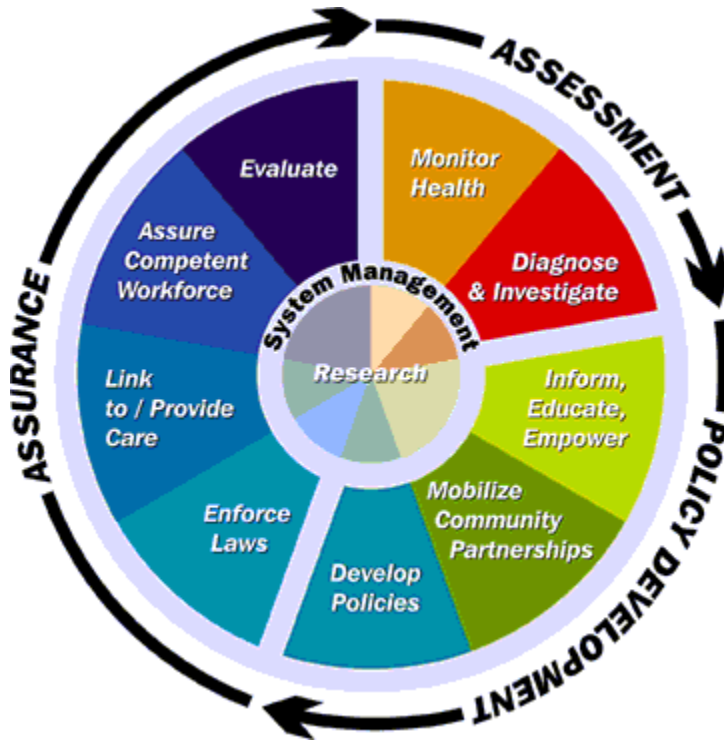
Peer smoking pressure is a vicious cycle. A study in the Archives of Pediatric and Adolescent Medicine found that receptivity to tobacco advertising had a significant impact on each step in the progression from non-smoking to established regular smoking, even when exposure to smoking in the home and by peers was controlled. The biggest impact was on influencing non-susceptible youth to becoming susceptible to smoking.<sup>19</sup> A study in the Journal of the National Cancer Institute found that teens are more likely to be influenced to smoke by cigarette advertising than they were by peer pressure.<sup>19</sup>

The universal health coverage plan will eventually become too expensive unless health care related costs slow down. Targeting disease prevention, rather than only treating the disease, would reduce health care expense dramatically. Tobacco use and its dangerous effects would be a more attainable target to programs by increasing smoke free environments, especially those involving children.



*10 Essential Public Health Services/National Goals Supported:*

Figure 6: This picture is from the 10 Essential Public Health Services<sup>20</sup>



Our group identified three of the 10 Essential Public Health Services/National Goals:

**Essential Public Health Services #3 - Inform, Educate, and Empower People about Health Issues**

1. Project uses media, and suggests moving to advance technologies.
2. Obtains and interprets information regarding risks and benefits to the community.
3. States the feasibility and expected outcomes of each policy option, decides on the appropriate course of action.
4. Used the media, advanced technologies, and community networks to communicate information.
5. Affectively presents accurate demographic statistical, programmatic, and scientific information for professional and lay audiences.
6. Listens to others in an unbiased manor, respects points of view of others, and promotes the expression of non-judgmental diverse opinions and perspectives.
7. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services.
8. Collaborates with community partners to promote the health of the population.
9. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders.

**Essential Public Health Services #9  
Evaluates Effectiveness Accessibility of Personal and Population Health Based Services**

1. Evaluates the integrity and comparability of data and identifies gaps in data source.
2. Monitors program performance.

3. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services.
4. Contributes to the development, implementation and monitoring organizational performance standards.

### **Essential Public Health Services/National Goal #10**

#### **\* Research for new Insights and Innovative Solutions to Health Problems**

1. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services.
2. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders.
3. Monitors Program Performance.

### **Healthy People 2010 - Department of Health & Human Service (DHHS)**

#### **School Health Education<sup>21</sup>**

*Objective 7-2*, Increase the proportion of middle, junior high, & senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

*Objective 7-2* Increasing the percentage of schools providing health education in these priority areas from 28% at baseline year 1994 to 70% by 2010 (an overall increase of 150%).

## PROJECT OBJECTIVES:

- The objective to better understand why the youth smoking rates have not continued to decrease.
- To better understand what constitutes a good evidence based youth prevention smoking programs in a school setting.
- To understand what is being used at Jefferson County Public Schools currently.
- To evaluate what evidence based programs are being used and how they are used.

## DESCRIPTION:

The seven recommendations summarizing strategies effective in preventing tobacco use among youth taken from the MMWR, Feb. 25, 1994 <sup>22</sup>

1. Develop and enforce school policy on tobacco use.
2. Provide 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.
3. Provide tobacco-prevention education in k-12; this should be especially intensive in junior high and reinforced in high school.
4. Provide program-specific training for teachers.
5. Involve parents or families in support of school-based programs.
6. Support cessation efforts among students and all school staff who use tobacco.
7. Assess the tobacco-use prevention program at regular intervals.

The Task Force on Community Preventive Services <sup>23</sup> issued the following recommended areas for effective Tobacco Control efforts. These interventions reaching tobacco control objectives are included in Healthy People 2010. The CDC's Guide to Community Services on Tobacco list two highly recommended strategies to: Reduce Tobacco Use Initiation by Children, Adolescents, and Young Adults <sup>24</sup>

- Targets increasing the price for a (unit) pack of cigarettes. This can be achieved by raising state and federal taxes on tobacco products.
- There is also strong evidence mass media education campaigns combined with other interventions will help reduce youth smoking rates. This strategy can be achieved using positive social norms messages on radio, television, billboards, print media, movies, websites, and social networking sites via the internet. The positive social norms messages are developed using in depth research.



Figures 7 and 8 – Social Norms Campaign 2008 – Molly S.

The LMTFC has been using social norms messages created for youth, by youth in their Positive Social Norms Marketing (PSNM) Campaigns and Poster Contests<sup>25</sup>. The CDC recommends campaigns be conducted for long periods, have brief, recurring messages, educate, and motivate individuals to stop smoking or remain smoke free. LMTFC has been using this tactic for the past five years in Jefferson County public and parochial schools. Information and examples of these messages are utilized in the “Tobacco Toolkit”. Jefferson County students are pretested in the early fall and post tested at the end of the school year. Program evaluation was conducted by University of Louisville’s School of Public Health and Information Sciences. It was honored as a poster presentation at the Kentucky Public Health Association in 2008. The pre and post test results showed a significant increases in the perceptions of students who have ever smoked, students who have smoked in the last thirty days, those who recall seeing the “*Do you Really Know*” logo. There were no significant changes in the perceptions of smoking or smoking’s effect on health.

**METHODOLOGY:**

Our group chose the topic of youth smoking. As our topic developed in more detail, the group became aware of a particular project the Louisville Metro Smoke Free Coalition (LMTFC) and its partners were working on. One of our KPHLI member’s is a stakeholder and co-developer of the “Tobacco Toolkit”. She is coordinator of the Tobacco Prevention & Cessation Program at Louisville Metro Department of Public Health & Wellness. The toolkit is a compilation of valuable tobacco education programs and materials offered by community partners throughout Louisville. The goal of the toolkit was to make use of the varied opportunities within the community since there are not specific requirements from the Kentucky Board of Education for Jefferson County. The goal of reviewing the tobacco toolkit is to make a uniform curricula used with fidelity and consistency. All kids receiving information include in the toolkits would complete the program goals and objectives for the requirements for Jefferson County Public Schools. The curricula would include everything children would be tested on in the Practical Living core components. Instruction should be uniform and consistent. All the schools need to the same page. Youth attending different schools could possibly receive no consistent messages and instruction. The toolkit has the potential to fill in the gaps kids might have missed at minimum. The evaluation was a measure to determine if the minimum requirements in Practical Living core components have been taught.

Kentucky Cancer Program (KCP), Seven Counties Services, Kentucky ACTION (KY Action), Louisville Metro Public Health & Wellness (LMPHW), Drive Cancer Out (DCO), and Jefferson County Public Schools’ Practical Living Curriculum Specialist and the Office of Safe and Drug Free Schools pulled resources together to develop this “Tobacco Toolkit”. The group was in need of an unbiased assessment to preview the materials, method of delivery, and make recommendations. Our KPHLI group offered services to provide quality assurance, quality improvement and assessment.

The Core Content for Practical Living and Vocational Studies<sup>26</sup> is organized into four “*subdomains*”: health education, physical education, consumerism, and vocational studies. The Tobacco portion falls into the health education “*subdomain*”. Tobacco education falls into the realm of personal wellness, nutrition and safety. This criterion is set to define the Kentucky Academic Expectations. This tool determines the information students should possess upon graduation from high school. These large goals were used as a basis for developing the Program of Studies and the Core Content for Assessment in Jefferson County Public Schools. Each grade level has its own respective core curriculum.

The Tobacco Toolkit reflects the specific goals requiring mastery. Initially the program was to cover the basics of tobacco exposure on the different body systems and cardiovascular damage. However, the LMTFC representatives chose to include more lessons on appropriate health choices and consequences of smoking to create a holistic program rather than a tobacco only syllabus. The Tobacco Toolkit covers media, consumerism, economic impact, addiction, positive choices, consequences, coping skills, mental and emotional health, and peer pressure. Tobacco intersects and is associated with dozens of different educational aspects. The CATS<sup>27</sup> test was designed to improve teaching and student learning in Kentucky. CATS includes the Kentucky Core Content Test, writing portfolios and prompts, alternate assessments for students with severe to profound disabilities, the ACT, PLAN and nonacademic components.

The items below are the JCPS Practical Living Core Content for high schools related to tobacco. These requirements intended for educators and youth in the high school level.

<p><b>PL-HS-1.1.6</b> Students will analyze the effect of individual behavior choices and habits relating to diet, exercise, rest and other choices (e.g., tobacco, alcohol, and other drug use) on various body systems (e.g., circulatory, respiratory, nervous, digestive).</p>	<p><b>PL-HS-1.1.7</b> Students will describe symptoms, causes, patterns of transmission, prevention and treatments of communicable diseases (hepatitis, tuberculosis, STD/HIV/AIDS) and non-communicable diseases (cancer, diabetes, obesity, cardiovascular disease, arthritis, and osteoporosis).</p>	<p><b>PL-HS-1.1.8</b> Students will explain risks associated with unhealthy habits and behaviors (e.g., dietary, physical activity, tobacco, alcohol, steroids, other substance abuse, sexual activity, violent/aggressive behavior).</p>	<p><b>PL-HS-1.1.9</b> Students will compare causes, symptoms, consequences and treatments of mental and emotional problems (e.g., depression, anxiety, drug abuse, addictions, eating disorders, aggressive behaviors) for individuals and families.</p>
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**PL-HS-1.1.10**

Students will recommend interventions (e.g., cease enabling activities), treatments (e.g., AA, outpatient therapy, group therapy) and other strategies (e.g., enhancing self esteem, building skills for success) as forms of help for negative behaviors or addictions (e.g., drug addictions, *eating disorders*).

**PL-HS-1.1.11**

Students will recommend and justify effective self-management and coping strategies (e.g., setting realistic goals, time, task and stress management, decision making, learning style preference, perseverance) for maintaining mental and emotional health.

**PL-HS-3.1.3**

Students will explain why various factors that influence consumer decisions, such as peer pressure, impulses, desire for status and advertising techniques (jingles/slogans, facts and figures, glittering generalities, endorsement, testimonial, bandwagon, snob appeal, emotional appeal, free gifts/rewards) are influential

**Kentucky’s Educational Requirements**

*The Kentucky High School Skills and Concepts*<sup>28</sup> – *Alcohol, Tobacco and Other Drugs*  
Students will:

Demonstrate an understanding of the use and misuse of alcohol, tobacco and other drugs by:

- Distinguishing between legal (e.g., over the counter, prescription drugs) and illegal drugs (e.g., inhalants, marijuana, stimulants, depressants) and describing how their usage affects the body systems.
- Predicting the immediate/long-term effects of alcohol, tobacco and illegal drug usage and analyzing the impact on an individual’s health.
- Recommending interventions (e.g., cease enabling activities), treatments (e.g., AA, outpatient therapy, group therapy) and other strategies (e.g., enhancing self esteem, building skills for success) as forms of help for negative behaviors or addictions (e.g., drug addictions, eating disorders).

Our KPHLI group began reviewing data available from the Kentucky Youth Tobacco Survey (KYTS), the Youth Risk Behavior Factor Survey (YRBS), and JCPS Office of Safe and Drug Free School’s Annual Comprehensive Survey<sup>29</sup>. Questions for the teacher and student surveys were compiled and compared to the Practical Living Core Curriculum. We used sample questions from the above survey instruments as well as, Project TNT<sup>30</sup>, another evidence based program on tobacco listed as a SAMHSA Model Practice.<sup>31</sup>

The first round of surveys will be conducted in June of 2009. The “Tobacco Toolkit” will be “rolled out” at a Jefferson County Public Schools Professional Development day. Information on all of the major components will be demonstrated by the Tobacco Curriculum Community Partners at this time. The objective of this professional development day will convey a consistent message to educators in a uniform fashion. You will collect any data from the surveys in the Appendix. JCPS teachers will be offered an incentive by the Louisville Metro Department of Public Health & Wellness Tobacco Prevention and Cessation Program for completing surveys. A second evaluation will be collected following the course as scheduled by each participating school.

## **THE TOBACCO TOOLKIT CONTENTS:**

### **Project ASPIRE<sup>32</sup>**

The Kentucky Cancer Program (KCP) has provided JCPS with the University of Texas, MD Anderson Cancer Center created a web-based program called ASPIRE, "A Smoking Prevention Interactive Experience". The ASPIRE program is an interactive tool for youth to educate, inform, and affect a positive behavioral change. It is geared towards middle and high school students and encourages a tobacco free lifestyle. Program can be launched in the classroom, computer lab, school library, or anywhere there is internet access. An alternative is to introduce the program via a student assembly. The student proceeds at their stage of change. Students are also encouraged to seek assistance from trusted teachers and school personnel.

### **Tobacco Prevention & Cessation Resources for Ninth Grade Classrooms<sup>33</sup>**

This resource guide allows educators to view the interactive tobacco displays the Louisville Metro Public Health & Wellness' Tobacco Prevention & Cessation Program has available through their “Lending Library”. The resource guide empowers educators to preview display items and have the opportunity check out, free of charge, displays<sup>34</sup>, videos, DVD's, posters and games to utilize in the classroom. Educators also have the option of a tobacco specifically trained health educator to come to the school and teach lessons in the classroom covering all of the practical living components for the age group. Health Educators bring displays, games, incentives and/or audiovisual materials to accent the program.

### **Positive Social Norms Marketing & Poster Challenge<sup>35</sup>**

The Positive Social Norms Marketing Campaign and Positive Social Norms Poster Challenge are intertwined pieces of the Tobacco Toolkit. The Positive Social Norms Marketing Campaign uses statistics from the Jefferson County Public School's Comprehensive School Survey, a.k.a. the Safe & Drug Free Schools Survey. This marketing campaign uses only the data gathered specifically from youth. The survey covers demographics, substance use and perceptions, safety, and driving under the influence for students.

The “*Do Your Really Know*” positive social norms media campaign is a tobacco misuse and abuse prevention program based on the social norms theory. Social norms theory is a “state the facts” policy. Statistics collected from the survey are used to educate the student body, through print or electronic media, about what they and their peers are really doing. The “Do You Really Know” campaign is an innovative approach to addressing the issue of tobacco abuse by highlighting the responsible behavior of the majority –most youth DON’T smoke. A pre and post test is administered to students. Year by year data is collected by comparing the comprehensive survey data year by year to see the perceptions of youth changing over time. <sup>36</sup>

### **Drive Cancer Out<sup>37</sup>**

Drive Cancer Out is a program led by a thoracic surgeon and medical professionals devoted to the educating our youth about the effects and consequences of smoking and other tobacco products so that they may remain strong, healthy and smoke free. Students watch, listen and learn from student physicians, surgeons, and health care colleagues about smoking related diseases. Youth learn of the illnesses causes by smoking, including cancer, heart disease, stroke, asthma and emphysema.

A team of two medical students presents a host of persuasive material including informational flyers, posters, surgical instruments, diseased and normal organs, and with persuasive videos including patient testimonials. The educational program describes the mechanisms of disease, the symptoms and signs of various maladies and discusses their treatment.

### **RESULTS:**

A survey has been created for educators and students to measure the effectiveness of the various components of the toolkit and the overall impact if the toolkit.

An additional longitudinal means of data collection will be seen by a long term impact of the “Tobacco Toolkit”. The LMPHW Tobacco Prevention and Cessation Program and epidemiologists from the Cabinet of Family and Human will measure the change in survey results for the Kentucky Youth Tobacco Survey (KYTS), the Youth Risk Behavior Factor Survey (YRBS), and Jefferson County Safe and Drug Free Schools Comprehensive Schools Survey. The YRBS and YRBS are administered in alternate years while the Safe and Drug Free Schools Comprehensive Survey is administered annually in Jefferson County.

During our research, we became acutely aware some of the survey instruments utilized in the schools were quite lengthy. The Aspire Program, Drive Cancer Out, Social Norms Media Campaign, Resource Guide for JCPS had pre and post-tests developed. JCPS’s Safe and Drug Free Schools regularly administered pre and post-tests for all evidence based programs. One of the concerns about the “Tobacco Toolkit” was the lack of accountability for the instructional portion of the program, (i.e. what was taught and how it was taught). Educators have the option of teaching minimal to maximal amount of



content material of the programs listed in the Toolkit. For example, an educator could show a movie **or** have students utilized the Aspire Program, an internet based curricula consisting of five - 45 minute computer sessions.

Jefferson County Public Schools are not tobacco free campuses. During the collection of research and fact finding for this evaluation, we discovered not all JCPS school campuses are smoke free. Members of our KPHLI group attended meetings with Jefferson County School Board members and asked board members why campuses are not smoke free? A 100 percent tobacco-free school policy prohibits all tobacco use (including smoking and spit tobacco), by everyone (including students, staff, and visitors), at all times (24 hours a day/7 days a week), everywhere on campus (including athletic fields).<sup>38</sup>

The Site Based Decision Making (SBDM) councils determine the curricula taught at each school. School councils promote shared leadership among those who are closest to the students. Membership of each council includes parents, teachers and an administrator of the school. The council has the responsibility to set school policy and make decisions outlined in statute which shall provide an environment to enhance student achievement and help meet the goals established in KRS 158.645<sup>39</sup> and KRS158.6451<sup>40</sup>

The Kentucky Department for Public Health and the University of Kentucky's College of Nursing collaborated on the School Tobacco Policy Study, 2007. The survey had 22 Jefferson County respondents. Data gathered from this survey state that 9 of the 22 Louisville schools allow school employees to smoke outside on school grounds.<sup>41</sup>

Core Curriculum (specifically Practical Living) line items may be disseminated to different educators within each school. One teacher may or may not be teaching the practical living skills curriculum. A math teacher might lead instruction on one component, while the English teacher completes another and a different teacher teaches the remaining lessons.

There are only two health teachers at the middle school level teaching at JCPS. If students do not get preliminary tobacco education in elementary and middle school, there leaves an extraordinary potential to be skipped in high school.

There are so many different academic requirements for teachers and administrators. The National requirements are different then the state requirements. The state requirements are different from the county requirements. The individual schools SBDM council determines what specific curricula each school will use. The individual core curriculum requirements for one area can be taught by a multitude of teachers.

The CATS test scores children in the 4th, 7th and 10th grades, yet the "health" classes are mostly occurring in the 9th grade. This leaves much room for interpretation.

## CONCLUSIONS:

Our project began as an evaluation project for the new “Tobacco Toolkit”. What we discovered along the way by utilizing the Causal Loop was schools are unable to do the work of tobacco education alone. Changes must occur in tobacco policies on education, enactment of smoking ordinances on school campuses, community collaboration for tobacco control, tobacco advertising, healthcare, and adult cessation. If these issues are not addressed nothing will change. Youth educated on the dangers of tobacco use go home to parents and loved ones smoking. Youth need to have a voice in what happens in their community. Tobacco advertising suffocates children via television, movies, print ads, and recreational activities. Future prevention efforts benefit from prioritizing elementary schools where children are more inclined to give up their nonsmoking position<sup>42</sup> a protocol for the development of theory- and evidence-based health promotion programs, provided the guidelines and tools for the application of theories and for their translation into program materials and activities<sup>43</sup>.

The Scorekeepers recommend the following bullets to improve the “Tobacco Toolkit” for JCPS. We also would like to encourage and challenge policymakers and community leaders to keep working to help our community become a more healthy place for our children to live and grow. If the toolkit is not being administered properly then therein lies the problem – we don’t have a good administration of the education materials. *Maybe it is not our best educational efforts, maybe it is our best efforts to provide educational material.*

### Cessation

- Continued use and recommendation of the Cooper Clayton Stop Smoking program to assist family members of students and individuals within the community to become smoke free.<sup>44</sup>
- Continued use of the 1-800- QUIT NOW (available in 150 languages) line to school faculty members, parents, and neighbors. The QUIT NOW line offers free cessation assistance. The LMTFC has translated the QUIT Line prescription pads into Spanish, French, Vietnamese, and Bosnian.<sup>45</sup>
- Recommend policies for the Kentucky Department of Education and Jefferson County Public Schools, to make evidence based tobacco education programs mandatory for all elementary, middle and high schools. The curriculum will cover cessation, prevention, secondhand smoke, and third hand smoke<sup>46</sup> exposure for youth.
- Parents must be included, as well as invited, in the efforts to educate families. If a parent feels “judged”, they will not be receptive to changing norms. Utilizing existing resources such as Health Promotions Schools of Excellence, the Mayor’s Healthy Hometown Movement, PTSA councils, Booster Clubs and the Family

Resource Youth Service Centers in Jefferson County will be an effective way to encourage collaboration for a healthier family while gaining support for cessation.

## **Technology**

- Investigate avenues for interactive media on tobacco education and cessation. Text messaging cessation aimed at teens and young adults has been evaluated by Stanford University<sup>47</sup>. The CDC recommends utilizing social networking sites (Face book, MySpace, U Tube, and Twitter) to be used as a tool for answering teen questions, offering education, opportunities to create poems, songs, stories of how tobacco use of others, becoming smoke free, illnesses aggravated by, etc. has changed their lives. The CDC's eMarketing<sup>48</sup> reports in 2006, 160 billion text messages were sent compared to 82 billion in 2005. The beauty of this media would be to utilize it for not only tobacco. It is proven to be a useful tool for youth cessation. It has the potential to be used for asthma, HIV, Diabetes, physical activity and nutrition education.
- More research on using nicotine replacement therapy (NRT) for teens and pregnant women. NRT is not recommended for youth under the age of 18 or pregnant women who smoke. This will assist current smokers to become smoke free through gradual reduction of nicotine, thereby easing the withdrawal process. More studies are needed in this area.<sup>49</sup>

A grant was submitted by Louisville Metro Department of Public Health & Wellness Tobacco Prevention and Cessation Program to provide the adjunct services using technology via text messaging cessation services for youth and adults in the Louisville Metro area. Louisville was chosen be a pilot site for this program. KY's Tobacco Prevention & Cessation Program provided funding for this grant. Louisville Metro Public Health & Wellness will partner with the University of Louisville's School of Public Health and Information Systems, to develop the platform for this project. The text messaging program will include an electronic health record program for individuals and families to use. The Tobacco Program is in the process of identifying community partners to collaborate on the project ensuring the program is well utilized and has ample community input. The project will consist of bringing "pods" of people together in middle and high schools, college campuses, educators, community health partners, and technology personnel to draft the narrative for messaging. A task group is now being formed as a steering committee for the project.

## **Personnel (Nurses, Health Educators, Tobacco Control Staff)**

- Increasing the number of school nurses to assist in providing tobacco education and cessation services to JCPS students and staff.
- A special Tobacco Training was sponsored by LMPHW's Tobacco Program and provided by Kentucky Cancer Program for the nursing staff at LMPHW. Nurses

from JCPS were invited to attend the training to learn to deliver cessation strategies to individuals. The session was videotaped and is in the process of being added to TRAIN.

- Increase the number of Tobacco Health Educators throughout the state.
- Include smoking cessation information in all cardiac, diabetes, prenatal, Aids/HIV classes.
- Utilizing the University of Louisville’s School of Public Health & information Sciences as an additional resource. The LMPHW has had the opportunity of having a Master level Public Health student aid the Tobacco Prevention and Cessation Program in data collection for the Positive Social Norms Marketing Campaign. The student contacted schools, distributed pre and post-tests, and added the data to a database on the youth’s perception regarding tobacco use. The student gave the Louisville Metro Tobacco Free Coalition supporting data towards changing the way youth sees tobacco.

### **Funding**

- Funding levels from the Tobacco Settlement funds must increase to the levels defined by the Center for Disease Control.
- Incentives to schools for adding the “Tobacco Toolkit” to their curricula selection via their SBDM councils.
- Offer an incentive to classroom teachers to use the “Tobacco Toolkit” and return evaluations from self and students.

### **Accountability**

- Determine accountability of educators for the Practical Living Core Curriculum.
- There was a lack of accountability for academic testing. The weight of the CATS test on the JCPS Practical Living Core Curriculum was so small, tobacco education is being ignored. Weighting is a mathematical procedure that makes data representative of the population from which it was drawn. As the CATS test is eliminated, the potential for eliminating all tobacco education hangs in the balance. More focus needs to be directed at increasing the number of health teachers at JCPS middle schools. Practical Living components are often divided up by several different educators. Children need consistent, accurate information each year as they grow developmentally and mature.
- Since the CATS test has been discarded from Jefferson County Public Schools. Tobacco prevention education must be included in the new standardized aptitude

testing system for Jefferson County. The topic must be approached “holisticly” when youth receive instruction on cardiac, circulator, pulmonary, etc. systems.

- Have JCPS Practical Living curriculum specialists evaluate the “Tobacco Toolkit” from an educator’s point of view to make sure all components of the toolkit are evidence based. List the specific core curriculum in each program on the contacts page of each program. List the minimal through maximal guidelines syllabus style.
- Demographic information could be studied/collected to include questions like “do you care about people who smoke?” Jefferson County has a vast number of schools throughout the county. Utilizing data from a particular zip code or neighborhood might be identified as needing additional segments administered. Pre and post test should be used habitually to measure changes in knowledge, attitudes, and beliefs thereby continuously improve the Toolkit.

### **Curriculum Expansion**

- Expand the “Tobacco Toolkit” curriculum to middle and elementary schools and fit the curriculum to the specific needs of the community (rural, urban, or suburban) and age group (not one size fits all).
- Include information in the “Tobacco Toolkit” on how tobacco smoke, second hand and third hand smoke affects not only humans, but is very harmful to pets. About 40% of current smokers and 24% of non-smokers living with smokers indicated that they would be interested in receiving information on smoking, quitting, or SHS. Educational campaigns informing pet owners of the risks of SHS exposure for pets could motivate some pet owners to quit smoking. It could also motivate these owners and non-smoking owners who cohabit with smokers make their homes smoke-free.<sup>50</sup>
- Expand the “Tobacco Toolkit” by adding lesson plans to include in-depth learning across the curriculum
  - Chemistry classes - What exactly are the chemicals (carcinogens) in tobacco?
  - Math/Statistics - How much one point in smoking rate reduction impacts the community?
  - The cost of smoking (price of cigarettes, health insurance rates climbing)
  - History –World history, US history, and Kentucky tobacco in history
  - Epidemiology – Efforts to understand trends in and patterns of lung cancer, heart disease, asthma, by studies of trends in and patterns of tobacco use in different communities in Louisville Metro.
  - Agriculture – How the tobacco farmers have evolved by raising other crops instead of tobacco.

## **LEADERSHIP DEVELOPMENT OPPORTUNITIES:**

### ***Carolyn Blair***

A hero is born of the moment. A person becomes a hero by acting courageously to the unknown. A leader evolves. Experience, knowledge and confidence meld to form good leaders. Seldom are good leaders born. KPHLI is a positive tool for developing leadership skills and abilities. As each session moves through the Institute, new ideas are brought along and old ones are reassessed. Everyone contributes. While in my current position, I do not have obvious opportunities to lead, yet I feel I have benefitted from this program in ways more subtle. As I gain confidence in myself and appreciation for public health leaders, I have learned ways to apply this experience to my personal life, and most certainly, with my career and my department.

### ***Kim Jackson***

My participation in KPHLI has been both rewarding and challenging. I have learned a great deal about myself and how I handle things in the work environment. I have learned about my strengths and weaknesses. I feel I now look at situations differently and that I spend more time analyzing problems before deciding on a solution. I have had the chance to work with some very nice people, and learn views that are different from my own. I am glad I was offered the chance to participate in such a great learning experience.

### ***Steve Salt***

I want to thank those who have afforded me the opportunity to participate in KPHLI. Reflecting on the KPHLI experience, I am especially pleased to have been able to attend the Summits and collaborate with others across the state. I especially enjoyed the systems mapping work and discussing our project with the course instructor. KPHLI has helped me to see where my weaknesses and strengths are and provided me ways to improve in needed areas.

### ***Ellie Schweizer***

Participating in the Kentucky Public Health Leadership Institute has allowed me to focus on improving myself. The self-evaluation tools and suggested readings were invaluable to help me evolve as a better person and leader. Seeing myself through another's eyes helped me evaluate myself and research ways to improve my communication and supervisory skills. The Masters Change Project has also given me a much clearer vision of the benefits of collaboration. I had the pleasure of working with some brilliant individuals who shared their experience and knowledge in ways I never would have imagined. The knowledge I have absorbed has taught me to embrace change and the usefulness of conflict. Our project opened so many doors. The information we researched and presented will truly benefit our community.

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**Figure 1:** High School Students Who Have Tried Smoking Cigarettes, Even One or Two Puffs - <http://apps.nccd.cdc.gov/yrbss/>

**Figure 2:** Students Who Have Tried to Quit Smoking in the Past 30 Days-Information - <http://apps.nccd.cdc.gov/yrbss/>

**Figure 3:** Students Who Have Smoked in the Last 30 Days - <http://apps.nccd.cdc.gov/yrbss/>

**Figure 4:** Individuals Who Have Smoked Before the Age of 13 - <http://apps.nccd.cdc.gov/yrbss/>

**Figure 5:** Causal Loop Diagram – KPHLI Scorekeepers Causal Loop Diagram created with David Stroh

**Figure 6:** 10 Essential Public Health Services - <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>

**Figure 7 & 8:** Positive Social Norms Marketing message created by M. Schweizer in 2008. Liberty High School used this poster for their positive social norms marketing campaign.

**Addendum 1:** Data pulled from: <http://apps.nccd.cdc.gov/yrbss/>



Addendum 1-Kentucky vs. US Data

	1991	1993	1995	1997	1999	2001	2003	2005	2007
<b>KY1 – Current Smoker</b>				47			32.7	26.2	26
<b>KY2 - Quit last 30 days</b>				46.85			32.6	26.2	26
<b>KY3 - Tried one or 2</b>				77.2			71	59.45	62.2
<b>KY4 – Started before 13</b>				32.5			29.4	24.2	23.8
<b>US1 – Current Smoker</b>	27.5	30.5	34.8	36.4	34.8	28.5	21.9	23	20
<b>US2 - Quit last 30 days</b>	27.45	30.5	34.85	36.2	34.8	28.45	21.85	26.2	20
<b>US3 - Tried 1 or 2</b>	70.05	69.4	71.25	70.1	70.35	63.95	58.4	54.3	50.3
<b>US4 - Started before 13</b>	23.8	26.9	24.9	24.8	24.7	22.1	18.3	16	14.2

**KENTUCKY vs. UNITED STATES ALL YEARS  
AMONG STUDENTS WHO CURRENTLY SMOKED CIGARETTES, THE PERCENTAGE WHO HAD TRIED TO QUIT SMOKING CIGARETTES DURING THE 12 MONTHS**

	1991	1993	1995	1997	1999	2001	2003	2005	2007
KY Female							60	59.3	64.8
KY Male							60.4	53.8	53.3
<b>KY Total</b>							<b>60.2</b>	<b>56.55</b>	<b>59.05</b>
US Female						61.4	55.5	60.3	55.1
US Male						53.4	52.2	48.9	45.1
<b>US TOTAL</b>						<b>57.4</b>	<b>53.85</b>	<b>54.6</b>	<b>50.1</b>

**KENTUCKY vs. UNITED STATES  
ALL YEARS  
STUDENTS WHO HAVE SMOKED IN THE  
LAST 30 DAYS**

	1991	1993	1995	1997	1999	2001	2003	2005	2007
KY				46.85			32.6	26.2	26
US	27.45	30.5	34.8	36.2	34.8	28.45	21.85	22.95	20

**KENTUCKY vs. UNITED STATES  
ALL YEARS  
PERCENTAGE OF STUDENTS WHO EVER TRIED CIGARETTE SMOKING,  
EVEN ONE OR TWO PUFFS**

	1991	1993	1995	1997	1999	2001	2003	2005	2007
KY Female				76.3			72.4	58.7	62.4
KY Male				78.1			69.6	60.2	62
<b>KY</b>				<b>77.2</b>			<b>71</b>	<b>59.45</b>	<b>62.2</b>
Us Female	69.5	68.7	70.4	69.3	70.2	61.6	58.1	52.7	48.8
US Male	70.6	70.1	72.1	70.9	70.5	66.3	58.7	55.9	51.8
<b>US</b>	<b>70.5</b>	<b>69.4</b>	<b>71.25</b>	<b>70.1</b>	<b>70.35</b>	<b>63.95</b>	<b>58.4</b>	<b>54.3</b>	<b>50.3</b>

**UNITED STATES vs. KENTUCKY ALL YEARS  
PERCENTAGE OF STUDENTS WHO SMOKED A WHOLE CIGARETTE FOR THE  
FIRST TIME BEFORE AGE 13 YEARS**

	1991	1993	1995	1997	1999	2001	2003	2005	2007
KY				32.5			29.4	24.2	23.8
US	23.8	26.9	24.9	24.8	24.7	22.1	18.3	16	14.2



## Tobacco Toolkit Youth Evaluation

Please take a moment to evaluate the tobacco curriculum. Please read the form carefully and answer every question. When you have completed the form, please turn your paper over and sit quietly while the rest of the class finishes.

I am (Please fill in the blank):?

- Black
- White
- Hispanic/Latino
- Asian
- Other \_\_\_\_\_

How addictive is tobacco?

- Not addictive
- Kind of addictive
- Very addictive

Do you think people can get addicted to using tobacco, just like people get addicted to cocaine?

- Yes
- No

Can you become addicted to tobacco after smoking one cigarette?

- Yes
- No

The nicotine in tobacco is one of the most addictive chemicals known to man?

- True
- False

Do you know the smoke from other people use of tobacco is harmful to you?

- Yes
- No

Can secondhand smoke cause?

- Heart Disease
- Asthma
- Ear infections
- Bronchitis
- All of the above

Is secondhand smoke as harmful as directly smoking?

- Yes
- No

After the first puff of a new cigarette, nicotine is back in the brain within

- 7 seconds
- 5 minutes
- One hour

Can tobacco use reduce blood circulation in your body?

- Yes
- No

Who spend more money?

- Tobacco advertisers
- Others who are working to educate on the harmful effects of tobacco on your health

Tobacco use can cause

- Heart attacks and stroke
- Premature wrinkles in your skin
- Stain your teeth
- Affect your taste buds
- All the above

Is selling products like Big League Chew, Bubble Gum Cigars or Candy Cigarettes a form of advertising for Tobacco Products:

- Yes
- No

Do you think tobacco advertisers always tell the truth?

- Yes
- No

Tobacco advertisements are aimed at:  
New or young smokers  
People who have smoked for many years

Most people do not smoke?  
Yes  
No

Should your friends judge you if you choose  
NOT to use tobacco products?  
Yes  
No

Do you think you have lost friend/friendships  
because of your decision to use or not use tobacco  
products?  
Yes  
No

Tobacco companies pay billions of dollars each year  
to advertise tobacco products by:  
Paying professional athletes and actors to use their  
products  
Show brands of tobacco products or people smoking in  
movies and on TV  
Printing their names on race cars, t-shirts, and other  
clothing  
Use ads to make people smoking look cool, sexy, or  
mature  
All of the above

If you or someone you care about wants to stop  
smoking, you can help them by calling:  
1-800-QUIT NOW  
Your local health department  
502-574-STOP  
American Lung Association  
American Cancer Society  
American Heart Association  
Kentucky Cancer Program  
All or any of the above

*Thank you for your participation!*

Name \_\_\_\_\_ Grade \_\_\_\_\_

Today's Date \_\_\_\_\_ Sex \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_



# Tobacco Toolkit Teacher Survey



*We would like to know your overall impressions of the Tobacco Toolkit. Please take a few moments to complete this survey so that we can effectively evaluate our efforts and develop the best programs for your students. **Your responses are completely confidential.***

*All classroom teachers administering program and submitting survey at the end of tobacco lessons **MUST** return completed surveys to Louisville Metro Public Health & Wellness to be eligible for program incentives. **Please return your completed survey to:***

*Ellie Schweizer  
Louisville Metro Public Health & Wellness  
400 East Gray Street  
Louisville, KY 40202  
502-574-5313 voice  
502-574-6810 (fax)  
[ellie.schweizer@louisvilleky.gov](mailto:ellie.schweizer@louisvilleky.gov)*

**SCHOOL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SEX:** Male / Female (please circle)

**POSITION:**

- \_\_\_\_ Principal
- \_\_\_\_ Vice Principal
- \_\_\_\_ Counselor
- \_\_\_\_ Teacher
- \_\_\_\_ Other: \_\_\_\_\_

**SUBJECT(S) YOU TEACH:**

- \_\_\_\_ Science
- \_\_\_\_ English
- \_\_\_\_ Social Studies
- \_\_\_\_ Math
- \_\_\_\_ Health Education
- \_\_\_\_ Other

: \_\_\_\_\_

**For each lesson in the curriculum (listed below), indicate how much of the lesson you taught in your classroom.**

	<b>All of Lesson</b>	<b>Part of Lesson</b>	<b>None of Lesson</b>
#1: Safe & Drug Free Schools Curricula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2: ASPIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3: Positive Social Norms Media Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4: Positive Social Norms Poster Contest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5: Tobacco Resource Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6: Health Education Specialist present in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7: DRIVE Cancer Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#8: Tobacco Lesson Plan – Social Norms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#9: Tobacco Lennon Plan -Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#10: Tobacco Cessation Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please take a moment to evaluate the tobacco curriculum. Please read the form carefully and answer every question.**

**Rate the overall behavior of the class(es) you taught**

- Excellent
- Above Average
- Average
- Below Average
- Poor

**How effective do you think the Tobacco Toolkit will be in teaching students in this age group about tobacco?**

- Not very effective
- Reasonably effective
- Effective
- Extremely Effective

**How receptive was the student’s level of interest in the program overall?**

- Very interested
- Interested
- Disinterested
- Very Disinterested

**How does the Tobacco Toolkit compare with other school based tobacco curriculum you have used in the past?**

- I have not used school based curricula
- The Tobacco Toolkit is somewhat better than other programs
- The Tobacco Toolkit is about the same as other tobacco curricula
- The Tobacco Toolkit is worse than other programs

**How likely is it that any information taught from the Tobacco Toolkit will help students to...**

**Not begin using tobacco?**

- Not likely
- Somewhat likely
- Very likely

**Know about other things they can do with their friends besides using tobacco?**

- Not likely
- Somewhat likely
- Very likely

**Quit using tobacco if they have started?**

- Not likely
- Somewhat likely
- Very likely

**Make their own decisions about using tobacco.?**

- Not likely
- Somewhat likely
- Very likely

**Know about the diseases associated with tobacco?**

- Not likely
- Somewhat likely
- Very likely

**Encourage family members and loved ones in their household become or stay tobacco free.**

- Very Not likely
- Somewhat likely
- Very likely

**Tell others that they don't want them to use tobacco around them.**

- Not likely
- Somewhat likely
- Very likely?

**Know about the legal and environmental effects of tobacco use.**

- Very Not likely
- Somewhat likely
- Very likely

*Please answer the following questions about implementation of The Tobacco Toolkit. (Remember that your responses are completely confidential.)*

**Please rate your overall enthusiasm for the program(s).**

- Excellent
- Above average
- Average
- Below Average
- Poor

**Rate your overall level of interest in, or receptivity to the Tobacco Toolkit program:**

- Very disinterested
- Somewhat interested
- Interested
- Not interested

**Rate the level of interest in or receptivity to the Tobacco Toolkit program by other school staff**

- Very disinterested
- Somewhat interested
- Inter

**How effective, in general, do you think a tobacco use prevention curriculum is in teaching this age group of students to resist tobacco use?**

- Not addictive
- Kind of addictive
- Very addictive

**Is the \_\_\_\_\_ grade the right grade/age to be teaching prevention programs like the Tobacco Toolkit?**

- Too late, start at grade \_\_\_\_\_
- Too early, start at grade \_\_\_\_\_
- \_\_\_\_\_ grade is right grade

**How disruptive was it for your school to implement this program?**

- Very disruptive
- Somewhat disruptive
- A little disruptive
- Not at all disruptive

**Will the Tobacco Toolkit curriculum be used in your school in the future?**

- No, we will not use any curriculum
- No, we will use some other curriculum
- Yes, but only in some classes
- Yes, in all classes

**Do you think that all teachers at your school who are responsible for tobacco education should be trained to teach the Tobacco Toolkit curriculum?**

- Yes
- No

**Overall, how actively involved are parents at your school in their children's education?**

- Not at all
- A little
- Moderately
- A great deal

**How often have parents at your school expressed a concern about adolescent tobacco use?**

- Not at all
- A little
- Moderately
- A great deal

**In general, how do you feel about tobacco use by adolescents?**

- It's OK anytime, even around me
- It's OK except in certain places (i.e. elevators, public buildings)
- It's OK only at home (not in any public place)
- It's never OK for adolescents to smoke or chew tobacco.

**In general, how do you feel about tobacco use by adults?**

- It's OK anytime, even around me
- It's OK except in certain places (i.e. elevators, public buildings)
- It's OK only at home (not in any public place)
- It's never OK for adolescents to smoke or chew tobacco.

***PLEASE LIST ANY SUGGESTIONS ON THE BACK OF THIS PAGE***

***Thank you for your participation!***

Please don't forget to send your completed evaluation form to:

Ellie Schweizer  
Louisville Metro Public Health & Wellness  
400 East Gray Street  
Louisville, KY 40202  
502-574-6541 (voice)  
502-574-6810 (FAX)

**All completed surveys will receive prize allocation for your classroom!**