

# School Health Education Profile Tobacco Module: Adaptation and Use to Assess the Extent of Implementation of CDC Recommendations for "Best Practice" in School Tobacco Programs

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**PURPOSE:** To quantitatively assess the level of fit between the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* (*Guidelines*) recommendations and school practices through 1) classification of the CDC School Health Education Profile Tobacco Module (SHEP-TM) survey questions by the seven *Guidelines* recommendations; 2) examination of the level of congruency or fit between the *Guidelines* recommendations and reported practice; and 3) identification of areas requiring supplemental questions for future analysis.

**BACKGROUND:** Currently no published tool exists for educators and health professionals to comprehensively assess the level of fit between school tobacco practices and the recommendations contained in the *Guidelines*. As part of baseline evaluations for the Texas Department of Health (TDH) — Texas Tobacco Prevention Initiative, secondary school health coordinators and principals were surveyed to assess tobacco policies and their enforcement, classroom instruction activity levels, the nature of instruction, faculty and staff attitudes, and staff development preferences.

**METHODS:** The School Health Education Profile Tobacco Module (SHEP-TM) survey was developed by CDC to monitor tobacco prevention and control activities in middle and high schools. Validity and reliability of the survey instrument were established. A focus group of health coordinators from 15 of the 50 Texas Education Service Centers modified the SHEP-TM to comprehensively reflect school policies and practices in Texas. Results were used to develop the *Principal and Health Coordinator Surveys*. A random sample of secondary schools within the East Texas pilot study area received the surveys. The *Principal Survey* included questions regarding school tobacco policies and their enforcement. The *Health Coordinator Survey* consisted of questions regarding tobacco prevention instruction. Of 171 randomly selected secondary schools, 128 (75%) completed both surveys; 51% were high schools and 49% were middle schools.

The SHEP-TM survey questions were categorized by the *Guidelines* component described. Through analysis of the CDC *Guidelines* and current literature, criteria were developed to determine the level of congruency between the *Guidelines* recommendations and survey responses. To establish validity of the classification system, five experts in school-based tobacco programs reviewed the criteria and classification system. The review panel made several suggestions; alterations were made. The criteria developed resulted in the Congruency Score. A score of 3 was given if reported practice was congruent with the *Guidelines*, a score of 2 was given if practice was partially congruent, and a score of 1 was given if practice was not congruent. Missing data was scored as "0". A percentage score was calculated based on the maximum possible points and the actual points achieved. A score of 100% - 87% indicated high congruence between practice and *Guidelines* recommendations, 86% - 84% indicated moderate congruence, and 83% - 0% indicated low congruence.

CDC Guidelines Component	1. Develop and enforce a school policy on tobacco use	2. Provide instruction about short- and long-term negative physiologic and social consequences of tobacco use, social influences, peer norms, and refusal skills	3. Provide tobacco use prevention instruction in kindergarten through 12 <sup>th</sup> grade; instruction should be intensive in junior high or middle school and be reinforced in high school	4. Provide program-specific training for teachers	5. Involve parents or families in school-based programs to prevent tobacco use	6. Support cessation efforts among students and all school staff who use tobacco	7. Assess the tobacco use prevention program at regular intervals
<b>SHEP-TM Questions</b>	<ul style="list-style-type: none"> <li>• Familiarity with Senate Bill 1</li> <li>• Enforcement of school tobacco policy</li> <li>• Prohibition of tobacco advertising at school sponsored events</li> <li>• Actions taken for student violation of tobacco policy</li> <li>• Actions taken for faculty/staff violation of tobacco policy</li> <li>• Methods of informing students of school tobacco policy</li> <li>• Methods of informing students' families of school tobacco policy</li> <li>• Persons responsible for retaining tobacco policy to students</li> <li>• Persons responsible for retaining tobacco policy to faculty/staff</li> </ul>	<ul style="list-style-type: none"> <li>• Curricula used for tobacco use prevention education</li> <li>• Methods used for tobacco use prevention education</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of information on tobacco use prevention education in each grade</li> <li>• Number of lessons dedicated to tobacco use prevention education</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of staff development for tobacco use prevention education</li> </ul>	<ul style="list-style-type: none"> <li>• Family involvement in tobacco use prevention education</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of cessation programs for students and faculty and staff, both on- and off-campus</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of monitoring and feedback provided for tobacco programs</li> </ul>
<b>Score</b>	Possible points: 27 Average points achieved: 25.23 Congruency Score: 93.5%	Possible points: 6 Average points achieved: 3.46 Congruency Score: 58.3%	Possible points: 6 Average points achieved: 4.04 Congruency Score: 67.3%	Possible points: 3 Average points achieved: 1.65 Congruency Score: 55.4%	Possible points: 3 Average points achieved: 1.82 Congruency Score: 60.7%	Possible points: 6 Average points achieved: 3.60 Congruency Score: 60.1%	Possible points: 6 Average points achieved: 3.04 Congruency Score: 50.7%

**CONCLUSIONS AND RECOMMENDATIONS:** 1) The only component with high congruency between recommendations and practice was enforcement of school tobacco policies. All other components were practiced with moderate congruency. Since the state of Texas requires schools to prohibit tobacco use through Senate Bill 1, high congruence of practice of enforcement was expected. 2) When the SHEP-TM questions were classified by the seven CDC *Guidelines* components, with the exception of enforcement of school tobacco policy, all components had insufficient questions to determine comprehensive practice. Additional questions should be included in future survey instruments to comprehensively measure each *Guidelines* component. 3) Strengthening of practice is needed at the school level in the areas of instruction on the physiologic and social consequences of tobacco use, tobacco-specific teacher training, cessation programs or referrals, parental involvement, and tobacco program assessment. 4) Additionally, schools need to have a basis for prioritization of recommended initiatives when planning and implementing new programs. Further analysis conducted to determine the relative weight of each of the components when conducting multiattribute analysis would inform this process. This study assumed that all components were of equal weight. An expert review panel may be utilized to assess the relative importance of the components. Future assessments of school tobacco prevention programs can use the calculated Congruency Score as a quantitative assessment of school practice in the *Guidelines* components.

**References:** Centers for Disease Control and Prevention. *Guidelines for school health programs to prevent tobacco use and addiction*. *Morbidity and Mortality Weekly Report* 46 (RR-21, 89). U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (2000). *Surveillance for characteristics of health education among secondary schools: School Health Education Profiles, 1998* (Rep. No. 45). U.S. Department of Health and Human Services.

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