

Status of Implementation of Tobacco Use Prevention Education (TUPE) in Secondary Schools in Texas

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Purpose: To identify: 1) the activities and nature of school tobacco prevention education instruction at the beginning of the Texas Tobacco Prevention Initiative; 2) staff development preferences; and 3) to provide strategies for strengthening school programs.

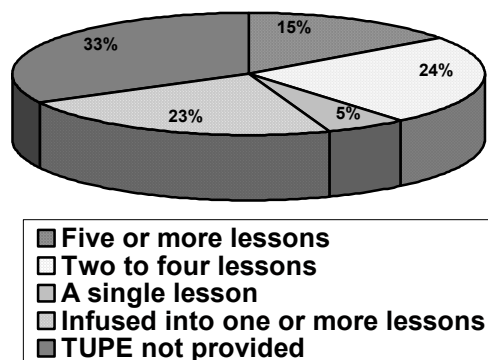
Background: As part of baseline evaluations for the Texas Department of Health - Texas Tobacco Prevention Initiative, secondary school health coordinators and principals were surveyed to assess Tobacco Use Prevention Education (TUPE): 1) classroom instruction activity levels, 2) nature of instruction, 3) faculty and staff attitudes, and 4) staff development preferences.

Methods: Written questionnaires, corresponding to the Centers of Disease Control and Prevention's School Health Education Profile (SHEP) survey and SHEP Tobacco Module survey, were modified and adapted to reflect school tobacco programs in Texas. A random sample of schools within the 19 TDH East Texas pilot study areas received the *Principal Survey* and the *Health Coordinator Survey*. In 171 randomly selected secondary schools, 130 (76%) completed the *Principal Survey* and 128 (75%) completed the *Health Coordinator Survey*.

Classroom TUPE Instruction Activity Levels:

- Only 19% of Principals reported that their school was extremely active in providing classroom instruction on TUPE.
- Very few schools (15%) dedicated five or more lessons to TUPE. In the majority of schools TUPE either consisted of a single lesson, was infused into multiple lessons, or was not provided. (see Figure 1)
- Only 2% of schools reported being extremely active in family involvement in student tobacco education.

Figure 1. Number Lessons Provided for TUPE



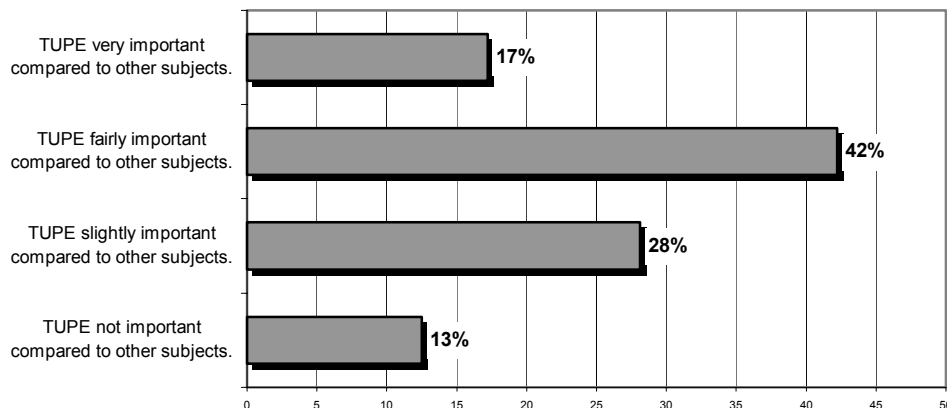
Nature of TUPE Instruction:

- TUPE lessons were included in health class in 59% of schools. One-third or less of schools included TUPE lessons in the following subjects: Science, Physical Education, Family life education or Life skills, or Home economics.
- Less than 13% of schools reported using a research-derived published curriculum with research-supported evidence of effectiveness. *Life Skills Training* curriculum was used in only 10% of schools and *Project Towards No Tobacco Use* curriculum was used in only 6% of schools.
- Traditional instructional methods, such as lectures, group discussions, films or videos, and seatwork, were most commonly used by schools for TUPE instruction. More effective interactive, skill-based, student-centered methods, such as role playing, peer educators, special projects, guest speakers, and the internet, were used by only one-third or less of schools for TUPE instruction.
- The materials used for TUPE were predominantly from voluntary community organizations such as the American Cancer Society, American Lung Association, and American Heart Association.

Faculty and Staff TUPE Attitudes:

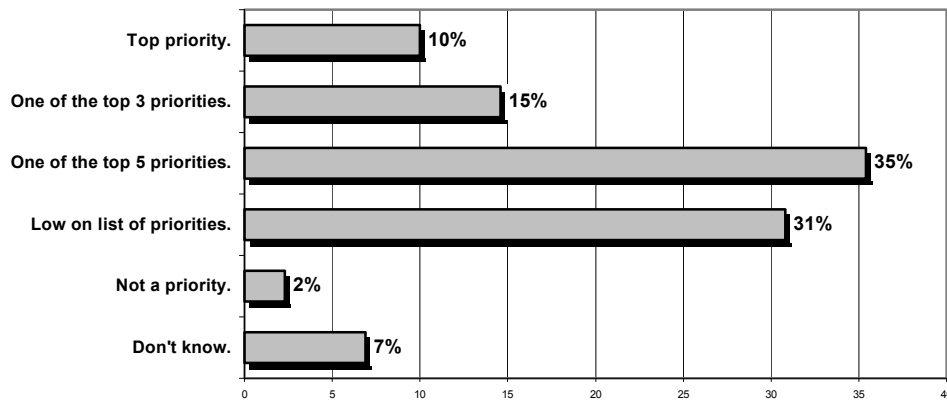
- Very few Health Coordinators (17%) reported that the majority of teachers viewed TUPE as important compared to other subject. (see **Figure 2**)

Figure 2. Importance of TUPE in School



- Only 10% of Principals reported that TUPE was a top priority for their school. (see Figure 3)

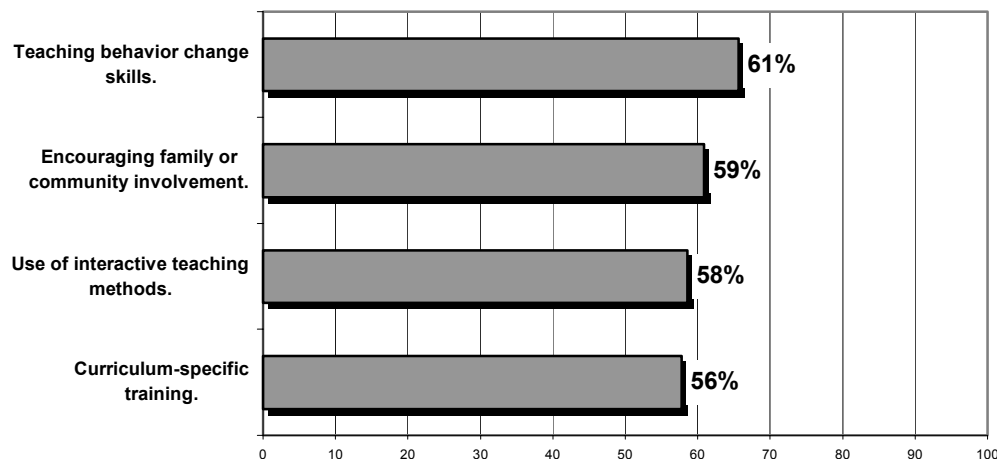
Figure 3. Priority of TUPE in School



Staff TUPE Development Preferences:

- Only 4% of Principals reported that their schools were extremely active in teacher training for TUPE.
- One-third of Health Coordinators reported that in the past two years faculty received staff development on TUPE.
- However, most of schools indicated that faculty would like to receive staff development in various teaching methods for TUPE. Areas preferred for staff development included teaching behavior change skills (66%), encouraging family or community involvement (61%), use of interactive teaching methods (59%), and curriculum-specific training (58%). (see Figure 4)

Figure 4. Faculty Preferences for Development in TUPE Teaching Methods



Discussion

- At baseline, instruction for Tobacco Use Prevention Education was limited and in most cases, not sufficient to be effective.
- The recommended minimum amount of time spent on tobacco prevention programs is at least five classroom sessions every year for at least two years (Glynn, 1989).
- The CDC Research to Classroom project found that *Project Towards No Tobacco Use* (TNT) and *Life Skills Training* curricula meet the criteria for effective school-based tobacco use prevention programs (Satcher, 2000), but these programs were rarely used in schools.
- Teacher training for TUPE was lacking in the majority of schools, although most faculty expressed interest in staff development for TUPE.

Recommendations

- Guidelines or technical assistance to help schools adopt and implement effective TUPE curricula can be provided by the Texas Department of Health, through the Texas Tobacco Prevention and Control Initiative, along with other other recognized training resources.
- Provision of guidelines and criteria for planning may help schools use curricula proven to be effective to maximize their likelihood of achieving successful student outcomes.
- Increased staff development for TUPE may be provided according to the preferences identified.

References:

Glynn, T. J. (1989). Essential elements of school-based smoking prevention programs. Journal of School Health, 59, 181-188.

Satcher, D. (2000). Reducing tobacco use: A report of the Surgeon General U.S. Department of Health and Human Services.

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