

## UH - Principal and Health Coordinator Surveys: Prepared for Texas Department of Health - FY 2002

### Results from mailed survey at baseline in 2000 and follow-up in 2002

#### Purpose of Project

To track the level of practice of school tobacco prevention and control programs in secondary schools in the East Texas Pilot Study area from baseline (Spring 2000) to present (Spring 2002).

#### Methods and Sample

The *Principal Survey* and *Health Coordinator Surveys* were designed to correspond to the School Health Education Profile (SHEP) survey and SHEP Tobacco Module developed by the Centers for Disease Control and Prevention to monitor health education characteristics in middle and high schools through surveys completed by principals and lead health education teachers. A focus group of health coordinators from 13 of the 20 Texas Education Service Centers modified the SHEP to comprehensively reflect school policies and practices in Texas.

The *Principal and Health Coordinator Surveys* were distributed in the spring of 2000 to 171 randomly selected secondary in the East Texas Pilot Study area, with 134 schools completing at least one survey and 128 (75%) schools completing both surveys. In the spring of 2002, follow-up surveys were sent to the 134 schools that had previously completed a survey. Of those, 110 completed at least one follow-up survey; 71 (53%) schools completed both. Of 68 schools completing both the *Principal and Health Coordinator Surveys* at baseline and at follow-up, half (n=34) received school-level intervention as part of the TDH Pilot Study.

#### Key Outcomes

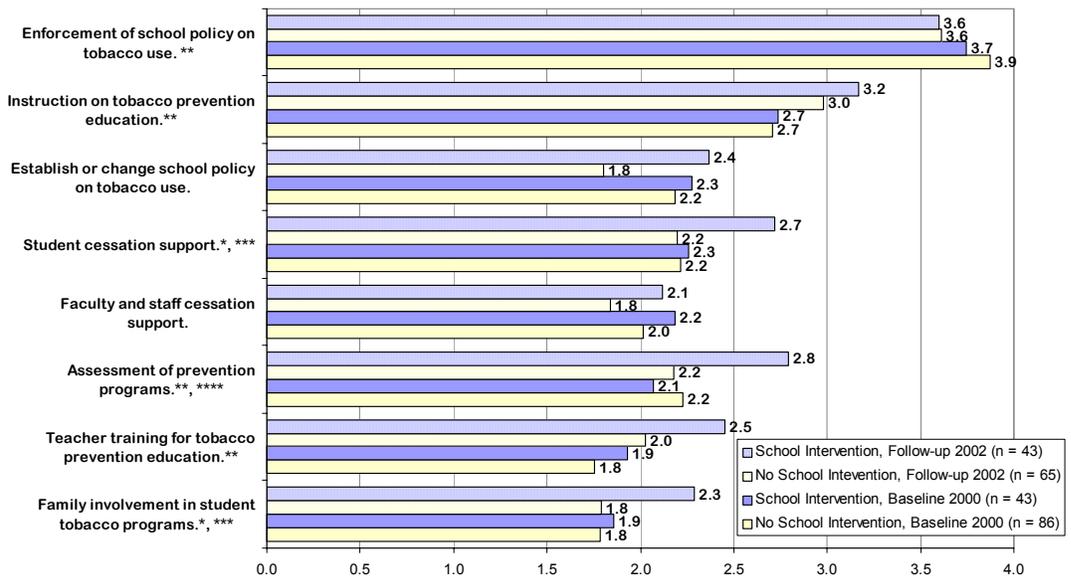
- From baseline to follow-up, significant increases in activity levels were noted for classroom instruction, student cessation support, assessment of prevention programs, teacher training, and family involvement (Figure 1).
- Intervention schools reported more positive changes than comparison schools from baseline to present in the following areas: Student cessation support, assessment of prevention programs, teacher training, instruction and family involvement (Figure 1).
- Only in areas of enforcement, policy change and faculty and staff cessation support did activity levels remain the same or slightly diminish. Since activity for enforcement was already extremely high in almost all schools, no changes were expected in that area (Figure 1).
- Schools receiving intervention were significantly more consistent with the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* for provision of instruction about the consequences of tobacco use.
- Intervention schools significantly increased their “fit” with CDC *Guidelines* for overall levels of practice from baseline to follow-up more than non-intervention schools.

#### Lessons Learned

These data show that since baseline schools receiving TDH intervention have 1) increased their level of activity in tobacco prevention and control and that 2) the nature of school activities is more consistent with the CDC Best Practice *Guidelines* than that of schools not receiving an intervention. However, while activity levels increased, it was still modest in areas other than classroom instruction and enforcement. Future TDH training and technical assistance could reinforce and continue to build upon areas of progress and target the area of faculty and staff cessation support, where increased activity was not reported.

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**A comparison of Texas intervention and non-intervention schools for changes in activity levels from baseline to present for each of the CDC-identified components for "Best Practice."**



\* Change from baseline to 2002,  $p < .05$   
 \*\* Change from baseline to 2002,  $p < .01$   
 \*\*\* Change across intervention groups from baseline to 2002,  $p < .05$   
 \*\*\*\* Change across intervention groups from baseline to 2002,  $p < .01$

4 = Extremely active  
 3 = Moderate activity  
 2 = Low activity  
 1 = No activity