

# A Comparison of Changes in Tobacco Control Practices in Intervention and Non-Intervention Schools From Baseline (2000) to Follow-Up (2002)

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**PURPOSE** To provide information to local, regional, and state school and health officials about the status of school tobacco prevention and control policies and practices in the Texas Department of Health (TDH) *Texas Tobacco Prevention Initiative* East Texas study area from baseline (2000) to follow-up (2002) in intervention and non-intervention schools.

## **METHODS**

**Participants:** A representative sample of 171 schools serving students in grades 6 to 12 from within each geographic area within the study area received two surveys at baseline, one for the Principal to complete and one for the Health Coordinator; 134 (78%) completed one or more surveys and were sent follow-up surveys. Subsequently, 68 schools completed both surveys at both baseline and follow-up; half of these schools (n=34) received school-level interventions based on TDH funding and contractual guidelines.

**Questionnaire:** 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 (CDC) and to further probe use of "best practice guidelines" identified in the *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*<sup>1</sup> (*Guidelines*). 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, 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. At follow-up in 2002, key components of the baseline questionnaires were retained to track changes in policy and practices. The surveys were modified to reflect school activity in the 2001-2002 school year.

**Analysis:** A comparison of mean scores was used to compare changes in school tobacco prevention and control activity in intervention and non-intervention schools from baseline to follow-up.

### *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*<sup>1</sup>

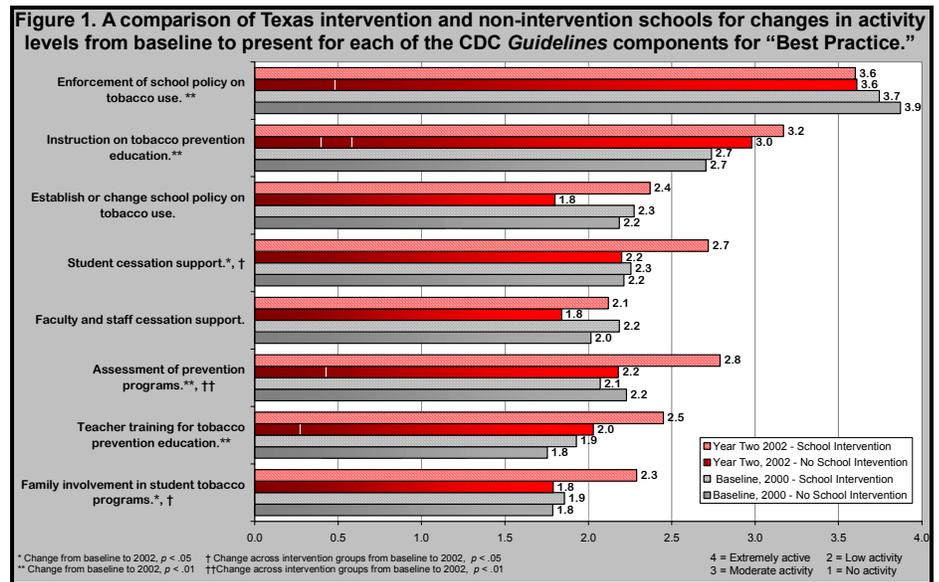
- Develop and enforce a school policy on tobacco use;
- Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use peer norms regarding tobacco use, and refusal skills;
- Provide tobacco-use prevention education in kindergarten through 12<sup>th</sup> grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school;
- Provide program-specific training for teachers;
- Involve parents or families in support of school-based programs to prevent tobacco use;
- Support cessation efforts among students and all school staff who use tobacco; and
- Assess the tobacco-use prevention program at regular intervals. (p. 7)

<sup>1</sup>Centers for Disease Control and Prevention (1994). Guidelines for school health programs to prevent tobacco use and addiction (Rep. No. 43). U.S. Department of Health and Human Services.

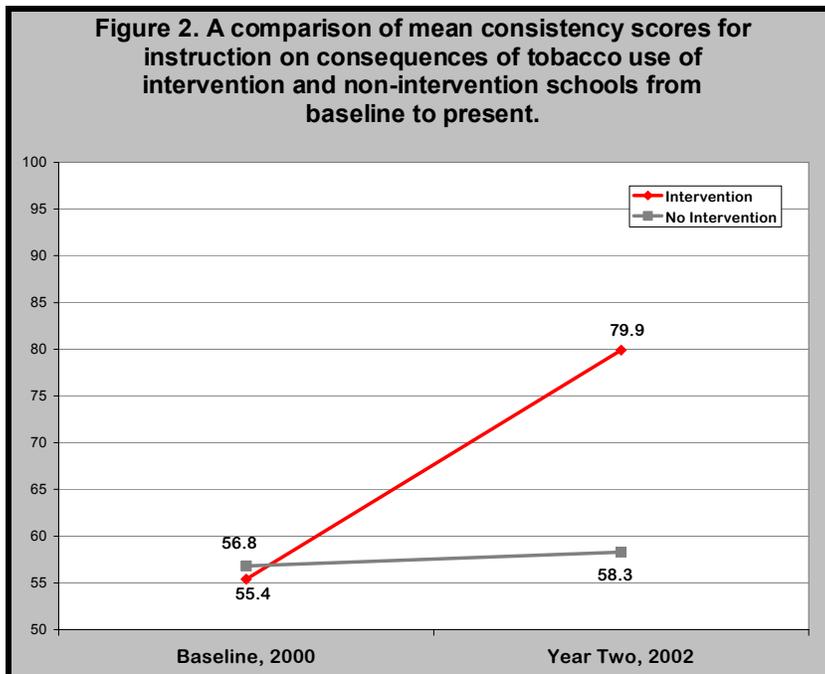
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## RESULTS

- 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.



- Schools receiving intervention were significantly ( $p < .05$ ) more consistent with the CDC Guidelines for provision of instruction about the consequences of tobacco use (Figure 2).



- When compared by intervention status, "fit" with CDC Guidelines for overall levels of practice from baseline to follow-up was significantly higher in intervention schools.

## DISCUSSION AND IMPLICATIONS

The approaches implemented 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. It is important that such efforts be sustained and attention given to building upon these gains. Research stresses the im-

portance of supporting and maintaining new programs until the point they become locally institutionalized. The existing infrastructure may continue to be strengthened through assistance for new schools in adoption and use of recommended programs. Use of strategies such as linkage of currently successful

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