

The Link Between Health Instruction Policies and Practices: Lessons Learned from Tobacco Education Initiatives

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- **Tobacco use is one of the six health behaviors that contribute to the leading causes of mortality in our country (Kann et al., 2000).**
- **In Texas, 21% of middle school students and 33% of high school students are current cigarette smokers (Texas Department of Health, 1998).**

- **School health education programs play an important role in reducing adolescent tobacco use (Engquist et al., 1994).**
- **Texas is not among the 42 states that require health in middle schools (Goldsmith et al., 1999).**
- **Therefore, district-level requirements for health education in middle schools were examined to assess the association of tobacco prevention practices and health requirements.**

CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (School Guidelines):

- 1. Develop and enforce a school policy on tobacco use.**
- 2. 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.**

- 3. Provide tobacco-use prevention education in K-12; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.**
- 4. Provide program-specific training for teachers.**
- 5. Involve parents or families in support of 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.**

Background:

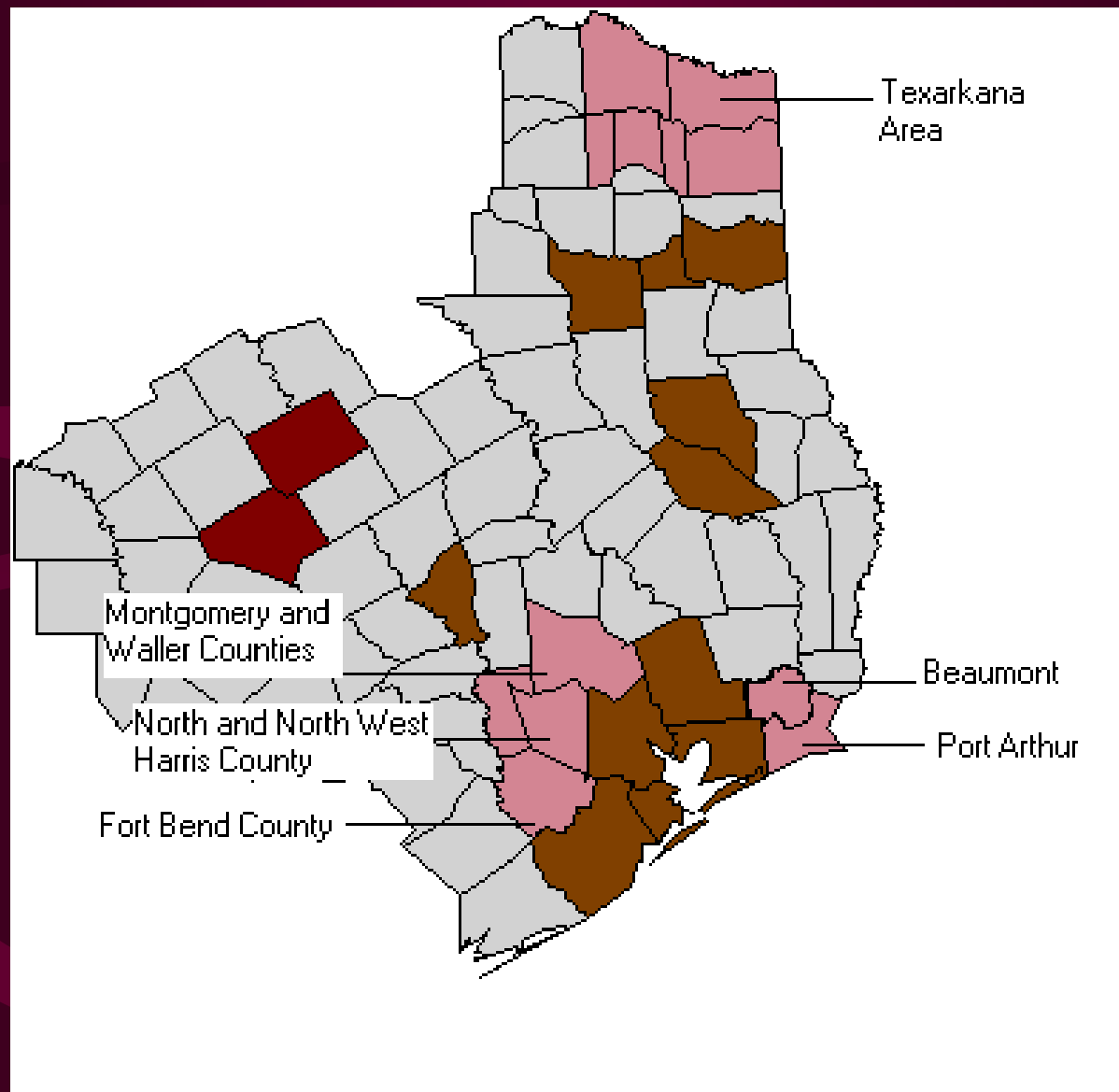
- Baseline evaluations were conducted as part of the Texas Department of Health – Texas Tobacco Prevention and Control Initiative Evaluation Project.
- During the 76th Texas Legislature (1999) TDH was allocated
 - \$10 million from \$200 million endowment from \$17.3 billion total settlement with the tobacco companies.

- To comprehensively prevent and control tobacco use in the entire state, \$60 million was needed.
- Therefore, a pilot study area in East Texas was developed to determine what factors contribute most to effective tobacco prevention and control:
 - School and Community Programs
 - Cessation
 - Enforcement
 - Media

Pilot Study Areas (1999-2001)

Site	Low Media	High Media	Enforcement	Cessation	School and Community
Tyler		X			
Lufkin			X		
Waco				X	
Texarkana					X
Longview		X	X		
Bryan-College Sta.		X		X	
Beaumont		X			X
Port Arthur		X	X	X	X
Liberty/Chambers	X				
Brazoria Co.	X		X		
Galveston Co.	X			X	
Montgomery/Waller	X				X
Fort Bend	X		X	X	X
NE Harris Co.	X				
S Harris Co.	X		X		
E Harris Co.	X			X	
NW Harris Co.	X				X
W Harris Co.	X		X	X	X

School and Community Intervention Pilot Study Areas (1999-2001)



Instruments:

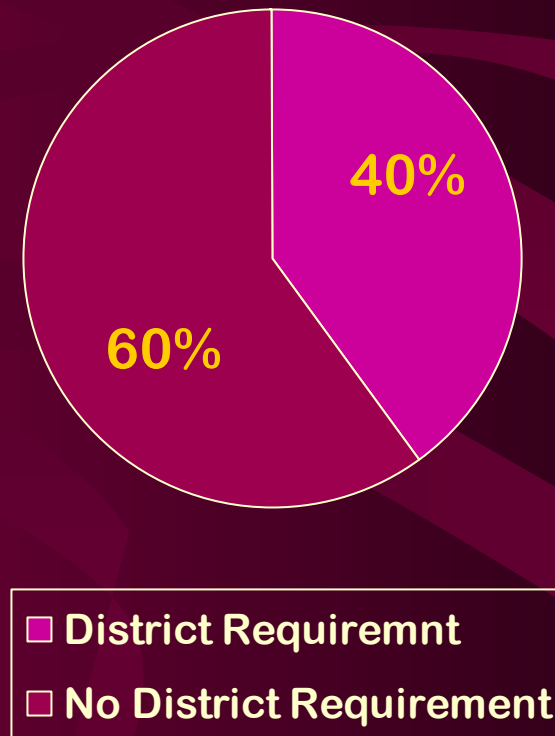
- Written surveys based on the CDC School Health Education Profile (SHEP) survey and SHEP Tobacco Module survey were modified and adapted to comprehensively reflect tobacco programs in Texas.

Subjects:

- Secondary school principals and health coordinators from schools randomly selected by the Texas Department of Health as part of the Texas Tobacco Prevention Initiative pilot study.
 - Of 171 selected schools,
 - 130 (76%) completed the *Principal Survey*
 - 67 were middle schools
 - 128 (75%) completed the *Health Coordinator Survey*
 - 65 were middle schools
 - 63 middle schools completed both surveys.

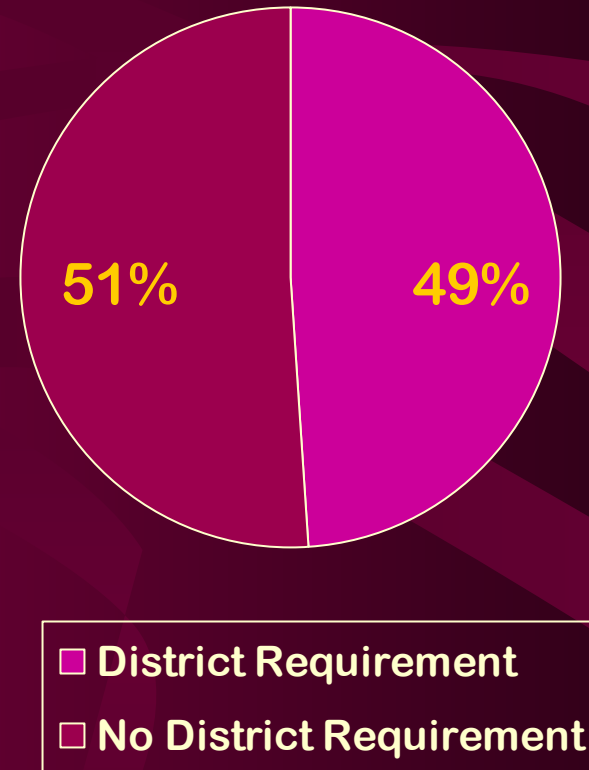
Participating School Districts

- 40 School districts completed the *Principal and Health Coordinator Surveys* and the telephone survey.
 - 16 require health education in middle school.
 - 24 do not require health education in middle school.



Participating Schools

- 63 Middle Schools completed both the *Principal* and *Health Coordinator Surveys*.
 - 31 were in districts with a district requirement.
 - 32 were in district without a requirement.



Average School Population:

District Requirement

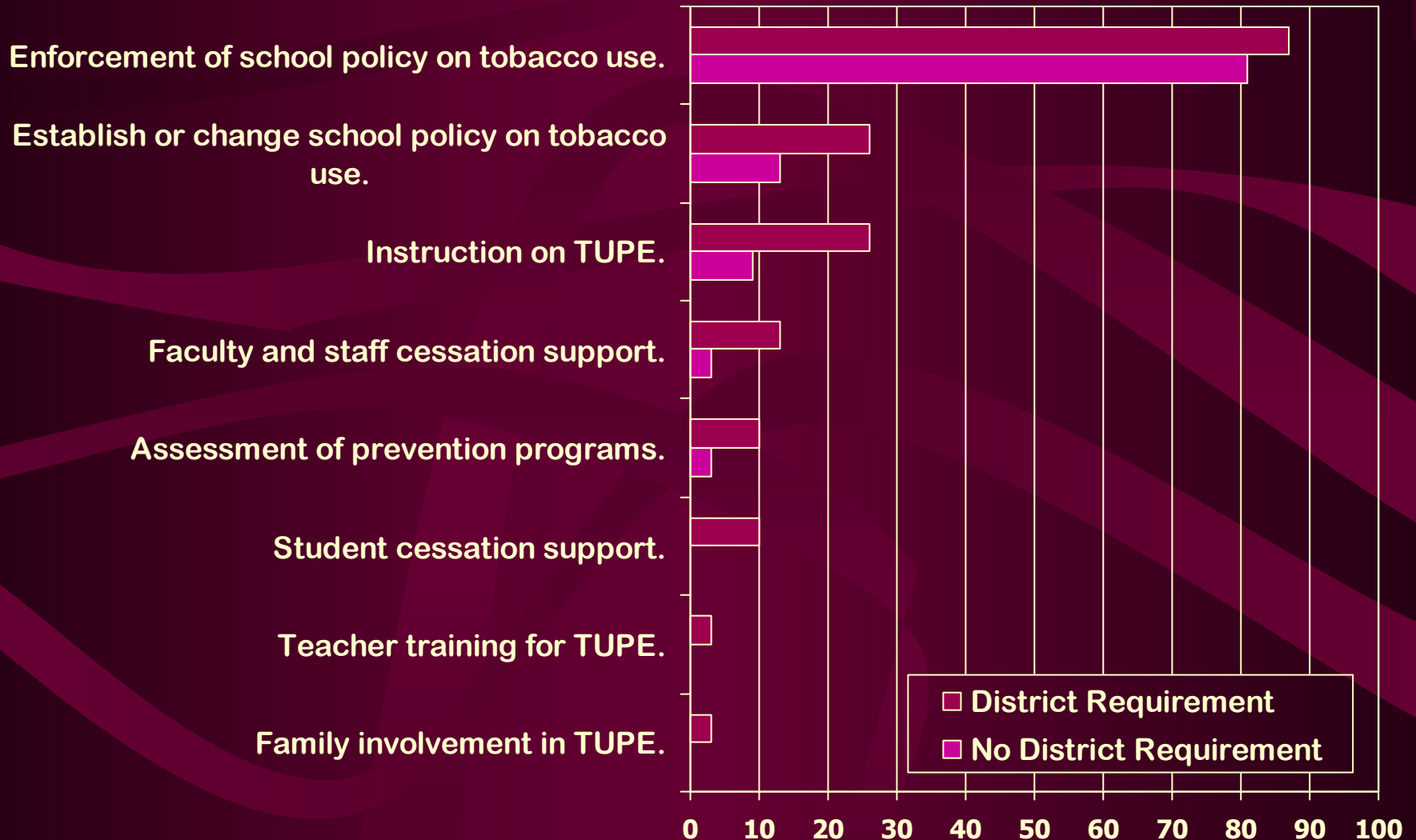
- Students – 945
- Female – 463
- Male – 483
- Native American – 1
- Asian – 39
- Hispanic – 271
- African American – 319***
- White – 316
- Economically disadvantaged – 506**
- At risk – 381*

No District Requirement

- Students – 800
- Female – 388
- Male – 413
- Native American – 1
- Asian – 26
- Hispanic – 208
- African American – 130***
- White – 435
- Economically disadvantaged – 311**
- At risk – 260*

* $p < .05$, ** $p < .01$, *** $p < .001$

Percentage of Middle Schools Active in CDC Tobacco Best Practice Components - Baseline (1999-2000)



Enforcement of School Policy on Tobacco Use:

	District Requirement	No District Requirement
• Familiarity with Senate Bill 1.	72%	66%
• Prohibit tobacco use by students in school buildings, on school grounds, in school vehicles, and at off-campus school events.	97%	88%
• School administrators responsible for reinforcing school policy prohibiting tobacco use.	100%	100%
• Refer students to the school counselor when caught using tobacco.*	84%	60%

* $p < .05$, ** $p < .01$

Instruction on Tobacco Use Prevention Education (TUPE):

District
Require-
ment

No District
Require-
ment

• Require Tobacco Use Prevention Education (TUPE).*	42%	19%
• Provide TUPE in 8 th grade.*	61%	28%
• Provide TUPE in health class.*	65%	28%
• Provide TUPE through classroom teachers.*	77%	47%
• Have the Safe and Drug Free School Coordinator provide TUPE outside the classroom.*	55%	25%

* $p < .05$, ** $p < .01$

Instruction on Tobacco Use Prevention Education (TUPE):

	District Requirement	No District Requirement
• Use role-playing, simulations, or practice for TUPE.**	42%	9%
• Use special projects for TUPE.*	32%	19%
• Use <i>Life Skills Training</i> curricula for TUPE.*	19%	3%
• Use <i>Teens Against Tobacco Use</i> (TATU) curricula for TUPE.*	13%	0%
• Use a school-developed curriculum for TUPE.*	48%	19%

* $p < .05$, ** $p < .01$

Program Specific Training for Teachers:

	District Requirement	No District Requirement
• Received staff development for TUPE.	32%	34%
• Request training for teaching behavior change skills.	74%	53%
• Request curriculum specific training for TUPE.*	55%	25%

* $p < .05$, ** $p < .01$

Provision of Cessation for Students, Faculty, and Staff:

	District Requirement	No District Requirement
• Provide on-site cessation for students.	26%	16%
• Provide on-site cessation for faculty and staff.	10%	6%
• Provide referrals to off-site cessation programs for students.	29%	39%
• Provide referrals to off-site cessation programs for faculty and staff.	19%	13%

* $p < .05$, ** $p < .01$

Conclusions & Recommendations:

- Differences in school tobacco prevention and control practices are attributable to state and district requirements for enforcement and instruction.
 - When there is a state or district requirement, practice is increased.
- The state-level requirement for health education in middle school should be reinstated.

2001-2003 Pilot Study:

- **Comprehensive sites** (receive all four interventions: School & Community, Cessation, Enforcement, and Media):
 - Port Arthur
 - Beaumont
 - Harris County
 - Fort Bend County
 - Montgomery County

Participation in Pilot Study:

- Additional middle and high schools are needed in Harris County and Fort Bend County.
- To participate, contact Annette Johnson at Region IV Education Service Center at:
ajohnson@esc4.net.

References:

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