



University of Wisconsin
Comprehensive Cancer Center

Tobacco Surveillance and Evaluation Program

School Tobacco Program: Third Year Assessment Program Brief November 2004

Major findings:

- Third year school tobacco program funding was provided to 9 projects covering 46 school buildings in 15 districts in Wisconsin. The purpose was to continue to support enhanced implementation of school tobacco programs which followed the Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addictions.
- Total funding for this program was approximately \$1.1 million in year one, \$625,000 in year two and \$225,000 in year three.
- School districts reported approximately 14,000 students received classroom instruction, about 6,200 received new or enhanced peer services, and over 400 were served by or referred to tobacco cessation programs during the third year of funding.
- Significant improvement in all areas addressed in the CDC Guidelines was reported between the baseline and three year follow-up. Schools reported increased consistency with CDC Guidelines in the areas of policy, curriculum, instruction, staff training, family and community involvement, cessation services, and evaluation.
- During the third year, additional significant improvements from the end of the first and second years of funding were reported in the areas of policy, instruction, training, family/community involvement, and evaluation. Significant improvements after year one were not reported in the area of cessation and not after year two for curriculum. The overall score showed significant improvement over each previous year.
- Evidence from prior research in other states suggests that enhanced implementation of the CDC school tobacco program guidelines is associated with significant reduction in student tobacco use. These results are expected in Wisconsin as well as a result of improved school tobacco policies and programs.

Tobacco Surveillance and Evaluation Program

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Background

The Department of Public Instruction (DPI), in cooperation with the Department of Health and Family Services' Wisconsin Tobacco Prevention and Control Program (formerly the Wisconsin Tobacco Control Board--WTCB), administers and oversees the School Tobacco Program Grants. This program allows public school districts and consortia to apply for funds to create or expand upon strategies identified as effective by the Centers for Disease Control and Prevention (CDC) in reducing or eliminating youth tobacco use. There is research evidence that implementation of the CDC Guidelines in California schools was significantly related to reduced smoking prevalence, increased quit attempts and increased negative expectations and attitudes regarding tobacco among students (Rohrbach et al., 2002). Another study in Oregon found that schools with high or medium levels of implementation of the Guidelines, relative to low implementation schools, had greater decline in 8th graders' 30-day smoking prevalence (Rohde et al., 2001). Thus the DPI used the CDC Guidelines as the cornerstone of this grant program.

In order to be considered for grant receipt, districts and consortia were required to submit policy and program assessments for each of their respective school buildings. In the first year, one hundred and nine school districts and consortia throughout the state applied for grant funding on behalf of the 313 school buildings they serve. Forty-three percent of applicant school districts and 36 percent of consortia received first year grant funding, with a total award amount of about \$1.1million. (See Anderson, Moberg and White, 2002 for a detailed report on the baseline data). In the 2002-03 school year the same projects were awarded a reduced second year total of approximately \$625,000. By the third year, funding was greatly reduced and 11 projects received a total of \$225,000.

In addition to providing grant dollars to local school districts, targeted training and technical assistance was provided to schools and communities through ongoing collaboration between the Department of Public Instruction, American Lung Association of Wisconsin, CESAs and local tobacco free coalitions. Statewide training and technical assistance efforts targeted cessation, youth education programs (including curriculum, instruction, family and community involvement), and staff development as well as policy communication and enforcement.

Methods

All applicant schools completed self assessments of their school tobacco prevention programs as part of their grant application process. These assessments serve as the baseline for evaluation. In order to evaluate change, funded schools completed the assessment at the end of each year of funding. ***This report covers only districts/schools funded in the third year.*** End of the year data were submitted by 30 buildings, of which only 19 also had submitted baseline data.

The assessment questions were developed from the CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (1994). Seven assessment sections follow the CDC's recommendations for ensuring quality school programs that prevent, reduce or eliminate tobacco use: policy, instruction, curriculum, training, family & community involvement, tobacco cessation, and evaluation. Each of the 58 assessment questions measured the level to which respondents reported that the school building had elements of quality tobacco education programs and policies in place. Questions were scored according to whether a given characteristic existed completely ('yes'), existed only to some degree ('somewhat'), or not at all

(‘no’). Responses were scored two, one, or zero points, respectively, to each question and averaged within each area of the guidelines. The higher the score, the more anti-tobacco programs consistent with the guidelines were in place.

Results

Schools in districts that received third year funding were compared at baseline, one, two, and three year follow-up to estimate the effects of funding on changes in school tobacco policies and programs over time. All data are based on self report of school staff.

Baseline Assessment

The 30 reporting school buildings funded for year three included 17% elementary, 33% middle schools or junior highs, and 40% high schools. The remaining 10% were various atypical combinations of grade levels.

On the baseline self assessments, we found that school policies were most consistent with the CDC Guidelines (76% of possible score), followed by curriculum (53%) and instruction (37%). Less consistent with guidelines were the areas of family/community involvement (25%), staff training (15%), evaluation (9%) and cessation programming (6%). Thus there was a great deal of room for improvement in many of the guideline areas.

Third Year Results

In addition to building assessments, 11 districts provided outline reports on the reach of their projects. These districts reported that 13,828 students received instruction using “curriculum developed, enhanced or purchased through the grant”, and 408 students were referred/served by cessation programs. Also 370 students were trained to provide peer to peer tobacco program mediation and 6,214 students received programs/services from trained peers.

Results from self assessments at the end of the third year show that the funded schools had increased significantly from the baseline on all areas of the CDC guidelines. Table 1 presents the data in the original metric of the questions, averaged across the items in that domain. The scales can thus range from 0 = Not in place, 1 = Somewhat, and a possible high of 2 = Yes, is in place. A 0 score would indicate none of the elements of an area are in place, while a 2 would indicate all elements in that area are in place.

The end of year three assessments were compared to the end of year results for years one and two. The third year results are significantly higher in the areas of policy, instruction, training, family/community involvement, and evaluation. Significant improvements were not found after year one in the area of cessation and after year two in curriculum. The overall summary score showed significant improvement over each previous year. These results show that progress has been cumulative for each year, although the greatest progress was made during the first year.

Limitations

The self assessment tool was developed primarily as a planning and needs assessment device for schools. As such, validity and reliability of responses were not initially issues in the development of the tool. The limitations from an evaluation research perspective are that the

tool is completed as a self report from individuals or teams in each school, potentially with differential incentives for impression management at baseline (to demonstrate need) and at follow-up (to demonstrate progress). In addition, different individuals/teams may have completed the tool at the baseline, one, two and three year follow-up with different response biases inherent in the process. A few buildings/districts that were funded for the third year have been excluded. The end of the year assessments were not available for three school districts and another district was excluded, because they previously reported as a district and now report as individual buildings.

Table 1 :				
Mean Change from Baseline to Year One, Year Two, and Year Three				
(Based on 30 buildings that completed year three instruments)				
	Baseline (N=19)	One Year (N=23)	Two Year (N=23)	Three Year* (N=30)
Policy (17 Items)	1.51	1.75	1.77	1.85
Curriculum (17 Items)	1.06	1.53	1.65	1.80
Instruction (6 Items)	0.74	1.14	1.23	1.48
Training (4 Items)	0.29	0.75	0.87	1.38
Family / Community Involvement (7 Items)	0.49	0.99	1.15	1.22
Cessation (3 items)	0.12	0.99	0.98	1.11
Evaluation (4 Items)	0.18	0.80	0.96	1.35
Overall (58 Items)	0.96	1.37	1.47	1.62
	<i>Scale ranges from 0 = none in place to 2= all elements in place.</i>		* Based on paired sample T-tests (N=19 to 23), wave 4 is significantly greater (at p<.05) than every other time period, except for cessation from waves 2 and 3 and curriculum from wave 3.	

Comment

These data indicate significant self-reported improvement in tobacco programming in Wisconsin schools related to receipt of the Tobacco Program grants. These improvements continued over the three years of funding. In addition to Tobacco Program grants, training and technical assistance provided by DPI under the grant program may have also affected both funded and unfunded schools. In addition to these self-report data, the next round of School Health Education Program (SHEP) survey data will be analyzed to assess anticipated long term differences between funded schools and random schools in their tobacco programs and policies. Generalizing from other research linking student outcomes to high levels of implementation of CDC Guidelines, we expect that student tobacco use will be significantly reduced by this grant program, but have not directly measured this outcome.

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