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# [EXTERNAL EVALUATION OF THE CT DPH SCHOOL-BASED TOBACCO PREVENTION & CESSATION PROGRAMS]

FINAL REPORT

# External evaluation of the CT DPH School-based Tobacco Prevention & Cessation Programs

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## Executive Summary

School-based programs are one piece of an evidence-based comprehensive statewide tobacco control program. The Connecticut Department of Public Health (CT DPH) awarded four grantees funds to implement school-based programs. Activities implemented by the grantees may have included policy, curriculum, inclusion of families and communities, events for the Great American Smokeout and Kick Butts Day, and cessation classes. Three of the four grantees formally started work in the early to mid-fall of 2010. The fourth grantee formally started work in March 2011.

Professional Data Analysts, Inc. (PDA) was hired to conduct the external evaluation for all four grantees. An evaluation firm located in Minneapolis, PDA has developed a focus on evaluation of public health programs, with over ten years of work specifically in tobacco control. PDA commenced work with each grantee once contracts were finalized; the majority of the results presented in this report are necessarily focused on the three grantees with contracts finalized in fall 2010. It was feasible to conduct only limited evaluation with the fourth grantee, which plans to implement the majority of program activities after PDA's evaluation contract has ended.

All of the results presented in this report do not cover the full scope of program activities, since the contracts of all of the grantees extend beyond that of this evaluation contract. All grantees reported plans to continue at least some of the project activities beyond the timeframe of this evaluation. Therefore, the evaluation results reported here are primarily formative in nature.

All grantees reported that cessation classes had been conducted; data was only available for three of the four grantees (no data was available for Woodstock Academy at this point in time). Colchester Public Schools had an outcome goal of registering 20 students for cessation classes; at the time of this report, over 30 students were reported in the CT DPH access database as having registered for cessation classes, and the project manager reported that over 50 students had attended cessation classes over the past two years. This outcome goal had not been documented at the time of this report for the other two grantees. These numbers should be re-evaluated after the completion of their contracts in December 2011.

All of the grantees reported work was conducted in the area of tobacco free policies. Education Connections and Colchester reported purchasing and posting additional tobacco free school signage. Colchester placed signs not only around the school campus, but also around the community. Other policy-related work focused on reviewing the current language of the school tobacco-free policies; Education Connections, Groton, and Woodstock Academy reported some work here. Overall, some barriers were reported related to changing this policy, and the problem area was often the issue of

enforcement. Additional support in this area may be useful to school-based grantees who are working on updating district's tobacco-free school policies.

Another area where all grantees focused was on creating and providing activities for Kick Butts Day and for the Great American Smokeout. Colchester, Education Connections, and Groton all conducted activities within the district. Groton and Education Connections have conducted some activities within the community, and Colchester has attempted to better engage parents of students in the district. Woodstock Academy's contract was not executed in time to conduct activities for either of these events as part of the grant activities; there are plans for activities to be conducted for upcoming events.

Finally, results from the staff surveys that were conducted in the Groton, Colchester, and Education Connections districts provided some information about staff tobacco use, and interest and awareness of tobacco prevention activities within the district. While the response rate for all three grantees was lower than desired, results provided some evidence that there is some need for increased staff awareness of current tobacco prevention and cessation activities within the district. Ideas were also generated by respondents as to where to place additional signage, and what other activities might be considered related to tobacco control.

Overall, most grantees reported plans to continue work in tobacco cessation and prevention, as possible with the available resources. There was variation in how much support was established within the district prior to this grant, which will certainly affect the district's ability to move forward beyond the resources of this project. Major barriers to sustain such work in some districts include support of school administration, awareness and support from district staff, and connections with organizations outside of the district. It is suggested that districts continue work to increase support teams as necessary, which may build on the wellness committees, health teachers, PE teachers, administrators, and possibly other partners outside of the district.

## Introduction

School-based programs are a key component of a statewide comprehensive tobacco control effort. The Campaign for Tobacco Free Kids estimated, using SAMHSA data, that 80% of tobacco users begin prior to the age of 18<sup>1</sup>. The Connecticut Department of Public Health (CT DPH) provided funds to four school-based grantees to implement tobacco prevention and cessation activities. Professional Data Analysts, Inc. (PDA) was contracted to conduct the external evaluation of these programs.

The school-based programs were to follow many of the Centers for Disease Control's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (1994)<sup>2</sup>. There are seven recommendations; optimally all seven should be adhered to in a school-based tobacco prevention and cessation program:

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 kindergarten through 12th grade; 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.

The majority of these recommendations were addressed to some extent by about half of the grantees, with the exception of tobacco-use prevention education in the early grades (most activities were focused on the secondary levels).

Since there was a delay in the finalization of the Woodstock Academy contract, the focus in most sections of this report is on the other three grantees. PDA was notified that this contract was finalized on March 18, 2011, and provided the project manager, Michelle Rawcliff, with some reference materials on school tobacco policies, assessment tools, and evidence-based interventions for schools. One interview was conducted in August 2011, prior to the commencement of most of the program activities.

After the other three the grantees had fully executed contracts, PDA reviewed each contract and conducted initial phone and email conversations with either the grant coordinator and/or the internal evaluator. Through these conversations it became clear that the grantees, while all focusing on the same broad activities components (e.g.,

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<sup>1</sup> <http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf>

<sup>2</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

prevention curriculum, cessation classes, school tobacco policy, etc.), were unique in both the approach taken as well as the resources that were already in place to address tobacco cessation and prevention. Therefore, PDA changed the evaluation plan and approach, which was approved by CT DPH in January 2011.

The utilized evaluation approach took into consideration the varying foci and capacities of the grantees. Evaluation activities were mixed-method in nature, and included telephone interviews, a staff survey, and analysis of the cessation data provided in the CT DPH Access database. The overall logic model and approach are further described in the methodology section.

The contract for three of the grantees continues until December 2011, and the contract for Woodstock Academy extends through the 2011-12 school year. Since the evaluation contract ended September 30, 2011, the results provided in this report do not encompass the full scope of project activities, but rather a snapshot of approximately 9-12 months (for three of the grantees).

The results are organized by evaluation activity for each of the grantees; some comparisons are provided in the executive summary. Please contact PDA, Inc. with questions, comments, or for additional information.

## **Evaluation Approach and Methodology**

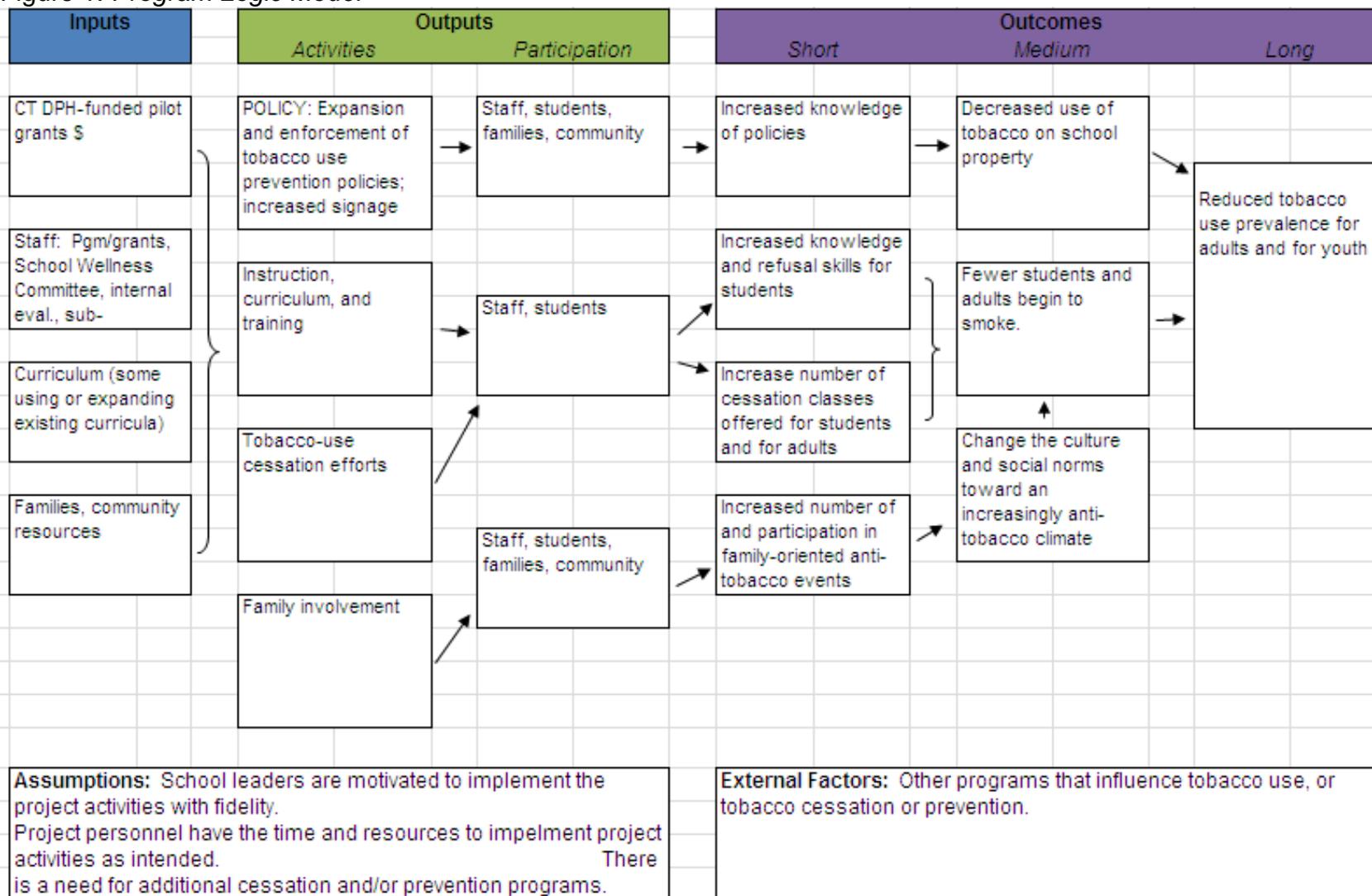
The ultimate long-term outcome for the school-based programs is to reduce tobacco use prevalence; given the relatively short time frame for this project (approximately one year from executed contract to this evaluation report), the focus is on more immediate output and outcomes. Examples may include a change in the number of tobacco cessation classes available, tobacco free campus signs posted, or discussions about tobacco free school policies that occur.

The major activities in which the grantees engaged included:

1. Policy – expansion or enforcement of tobacco free school policies
2. Curriculum – use of prevention curriculum or related activities
3. Involvement of families or of community members in tobacco-related events
4. Provision of tobacco cessation classes for students and for adults

An overview of the overall program logic is graphically displayed in Figure 1; details about the differences between grantees follow.

Figure 1. Program Logic Model



While the overall evaluation approach is useful to guide the development of evaluation activities, it was necessary to have a slightly fluid evaluation approach to address the varying activities and capacities of the grantees. Thus, the final evaluation approach attempted to be responsive to the (1) varying capacities of each grantee, (2) actual implementation of the program, and (3) difference between the program activities and existing supports. Once initial conversations occurred between the evaluation team and a key representative (or more) for each grantee, it was determined that the original evaluation plan was not responsive to the varying capacities and foci of each grantee. The evaluation will frame the programs implemented by each grantee on a continuum:

1. *Emerging programs* (few existing structures in place)
2. *Mid-level programs* (a number of structures in place for support, sustainability)
3. *Well-established programs* (programmatic and evaluative support in place, which was to be built upon in this grant)

While all three types of programs require both formative and summative evaluation activities, emerging programs may require more formative evaluation to inform program improvement. Formative information was gathered through two telephone interviews with the project coordinator, as well as a staff survey.

The overall outcome goals for the three school-based grantees that are primarily focused on in this report are detailed in Table 1. These goals were evaluated using the information provided in the CT DPH Access database.

Table 1. *Outcome goals for the school-based grantees*

Area	Education Connections	Groton	Colchester
Internal Evaluation	Yes – Mhora Lorentson, Ph.D.	Yes – Archie Swindell, Ph.D. (measures developed)	No
Outcome Goals	<b>130</b> participants registered for cessation services	<b>50</b> participants registered for cessation services	<b>20 students</b> registered for cessation services
	At least 70% of participants reduce rate of tobacco use	At least 70% of participants reduce rate of tobacco use	At least 70% of participants reduce rate of tobacco use
	At least 75% of participants will make environmental changes to protect health of non-smokers	At least 75% of participants will make environmental changes to protect health of non-smokers	At least 75% of participants will make environmental changes to protect health of non-smokers

## **Methodology**

A mixed methods approach was taken in this evaluation; qualitative information was gathered through interviews and open-ended survey items and quantitative information was gathered via survey items and from the CT DPH Access database. The methodology is provided for each of the three major evaluation activities.

### **Staff interest and awareness survey**

A staff interest and awareness survey was created by PDA in collaboration with the project managers for two of the grantees – Education Connections and Colchester Public Schools. For the Groton Public Schools grantee, the internal evaluator constructed a similar survey and shared the results with PDA.

For the PDA administered survey, existing surveys were reviewed. Mhora Lorentson, Ph.D., internal evaluator for the Education Connections program, shared a survey she had received permission to use from a New York state program. PDA also reviewed the survey Archie Swindell, Ph.D., internal evaluator for Groton, had created for that school-based program. After speaking with the program managers at Education Connections, Colchester, and Groton, PDA utilized the two surveys shared by the internal evaluators to create a survey.

Program managers from Education Connections and from Colchester, reviewed the survey and provided feedback prior to survey administration. PDA put the finalized survey on Survey Monkey and then worked with the program managers and other program leaders to distribute the survey to district staff. PDA analyzed the survey results using Excel and SPSS.

### **Telephone interviews with each program manager**

Two semi-structured interviews were conducted with the program manager for three of the grantees at two time points. One interview was conducted with the program manager at Woodstock Academy. The interviews were conducted via telephone and notes were taken to record the key points of each conversation. Summaries of the conversations were shared with the individual program managers, who reviewed for accuracy.

Questions were focused on the major intended activities areas of this project, including: tobacco free policy (including signage), curriculum, family and community involvement, cessation activities, and activities conducted for Kick Butts Day and for the Great American Smokeout. Results from the two surveys were used to create one summary, which is what is included in this report.

### **Cessation information from the CT DPH Access database**

The Connecticut Department of Public Health maintains a database using Microsoft Access, which includes cessation intake, utilization, and follow-up information collected from enrollees in cessation programs. School-based grantees received training from CT DPH in March 2011, which PDA attended via telephone.

The grantees entered data, and Ann Kloter, epidemiologist at the CT DPH, reviewed the data and worked with grantees to fix problems. PDA received the data from CT DPH in late August 2011. Analysis was conducted via Excel and SPSS.

## Evaluation Results

The evaluation results are provided by evaluation activity in the following sections; results for each grantee are discussed separately.

### Grantee Interviews

Two interviews were conducted with the project manager for three of the grantees; there was a delay in the contract for the fourth grantee, Woodstock Academy, and so only one interview was conducted. Informal phone conversations also took place with the internal evaluators, for the two grantees which had such an evaluator in place. Archie Swindell, Ph.D., was the internal evaluator for Groton and Mhora Lorentson, Ph.D., was the internal evaluator for Education Connections.

The dates of the grantee interview are listed in Table 2; summaries of each interview follow the table.

Table 2. *Interviews with school-based grantees*

<b>Grantee</b>	<b>Interview date(s)</b>	<b>Interviewee(s)</b>
<b>Groton PS</b>	February 22, 2011 June 9, 2011	Martha Reynolds
<b>Colchester PS</b>	September 9, 2010 September 20, 2011	Anne DiFranco
<b>Education Connections</b>	February 11, 2011 August 16, 2011	Kali Rohr & Abby Pelko Kali Rohr
<b>Woodstock Academy</b>	August 18, 2011	Michelle Rawcliff

### Groton

The project manager for the Groton contract was Martha Reynolds, who is a retired teacher/nurse who has many years of experience in health education, generally, and tobacco prevention efforts, specifically. Her contract started on October 15, 2010; since the Great American Smokeout was only a month away, the majority of her time initially was spent preparing for this event.

She reported that once the events related to the Great American Smokeout, she was able to read the entire grant. In January 2011 Martha, in collaboration with Groton's superintendent, Cindy at Ledge Light Health District (LLHD), and Errol Roberts at CT DPH, devised a checklist of activities and responsibilities that she followed for the

duration of her contract. This checklist also clarified some disagreement between various individuals regarding the expectations about the priorities Martha should spend her time on with this contract. Although the Groton contract is in place through December 2011, Martha's contract ended in June 2011. Therefore, the second call with Martha was conducted in early June; events that will occur in fall 2011, such as cessation classes, will be conducted by Ledge Light Health District.

One characteristic of Groton Public Schools (GPS) that is important in understanding the activities of this grant is that there are a number of systems in place to support health and wellness activities. For example, the 11 schools in the district had a School Wellness Council prior to this project, and the nine School Health Leadership Teams typically have a parent night each month. The main activities prior to this project were focused on obesity and physical activity, including use of the walking train, a fun run, and a couch to 5K race. Activities related to tobacco easily fit into this system, and work was being conducting to add tobacco-related content to events focused on fresh air and environmental programs.

Martha reported that she spoke with one of the two schools that did not have a School Health Leadership team in March 2011 about forming a team. She reported the other school without a team, Cutler Middle School, did not experience a lot of smoking or tobacco use because the population of this school had a higher socioeconomic status.

### TOBACCO FREE SCHOOL POLICY

Martha reported that GPS had a fairly good, clear alcohol and drug policy. She worked to try to develop a separate tobacco policy, since there were bits and pieces of no-smoking policy in various locations but not one clear policy. Piece of the tobacco policy that did exist addressed possession and use of cigarettes on school property and during school activities. Areas in need of improvement included moving from a smoke-free to a tobacco free policy, and better communicating the policy to visitors.

Ledge Light found a model policy, and Martha communicated this policy to the superintendent. There was resistance from the superintendent and one of the members of the Groton Board of Education, however, mostly focused on the issue of enforcement and the cumbersome process of policy change in schools. One concern with enforcement was how to address people who smoke at the football stadium – who would be responsible for reporting these people and who would need to enforce the policy?

Martha reported that she re-worded the model policy from Ledge Light. This policy was then discussed in March 2011 by the policy subcommittee, which included the chair of the Groton Board of Education. The next discussion was to occur at the Board of

Education in April 2011, but was pushed back a number of times due to the fact that the conversation was dominated by budget topics related to an upcoming referendum. In early June, Martha reported that it was set to be discussed at the June 28, 2011 meeting.

### TOBACCO PREVENTION CURRICULUM

One of Martha's first activities with curriculum was to discuss and review the current curriculum with the health and PE teachers. The curriculum selected was from healthteacher.com for the high school, and then Healthy Kids in the Classroom for classrooms up to grade 8. Healthteacher.com requires a one-time subscription to the site; five teachers were able to get access.

Martha presented the curriculum to teachers, in separate trainings for elementary, middle, and high school teachers. She also created some assignments for use. One example assignment was to have the teacher present two mandatory health-related questions and some option questions, which the students would pose to one adult. Responses to these questions would then be shared with the class.

### CESSATION CLASSES AND OTHER SERVICES

Cessation classes were conducted by Ledge Light Health District; however, enrollment was low, particularly for the adult classes. It was planned that there would be two adult cessation classes using the Freedom From Smoking (FFS) curriculum, and two classes for youth using the N-O-T curriculum. The Project X curriculum was considered; however, the N-O-T was ultimately used. Staff was trained by the American Lung Association on April 29, 2011.

At the time of the second interview, Martha reported there had been seven participants, and five had completed the class using nicotine patches. There had been a second adult program, but no one signed up for the class. Martha reported that individuals are referred to the CT Quitline, although she was not aware of any fax referrals that had occurred. She also had handed out more than 50 quit kits, which included information about the next cessation class.

### GREAT AMERICAN SMOKEOUT

This event was the first activity Martha planned and implemented as part of this project. She reported that Channel 19 aired a role play of how to ask a friend or family member to quit. This aired multiple times the week prior to the Great American Smokeout.

The kickoff to this event occurred at a football game, where the cheerleaders cheered to ACS, there were “happy birthday” balloons, a banner, and the like. Martha had dog tags made, since there are many military families in the community, around the theme of less cancer, more birthdays. Finally, schools that participated in the events were entered to win a turkey.

### KICK BUTTS DAY

A conscious decision was made to get the message of this event out of the school. Therefore, Martha set up five stations in the community, where adults and students would be from 4-6 in the afternoon, jumping rope while breathing through a straw to simulate the diminished lung capacity of a smoker. There were also posters about tobacco cessation displayed and quit kits were available. Pictures were taken of the students as they jumped rope. Martha reported that the ALA-Innovative Programs sent them a letter about this event.

Stations were supposed to be set up at the following five locations:

1. In Mystic, at an ice cream shop (the east end of town)
2. Central Market (typically serves a lower socioeconomic population)
3. Avery Point Market (southwest end of town)
4. Dolphin Center convenience store
5. Northwest Deli

Two stations had to be closed due to inclement weather, which also affected the numbers of individuals who participated. Another barrier was that the Connecticut Academic Performance Test (CAPT) ended the day before Kick Butts Day, and Martha reported this affected her ability to get enough students to staff each station. Despite these barriers, this is an event that may have more success in future years.

One suggestion for a future event that Martha worked out, but which did not ultimately materialize, was the use of a flash mob. The idea is that a group of students who are wearing a shirt with a tobacco-free message would go into a store or other public place, do a dance routine, and then leave. The purpose is to draw attention and to raise awareness.

### Colchester

The project manager for the Colchester project was Anne DiFranco, who is a physical education/health teacher at Bacon Academy. In addition to the two interviews conducted with Anne DiFranco, a phone conversation was conducted with Barbara

Gilbert, an administrator at Colchester Schools, and multiple additional phone and email conversations occurred with Anne DiFranco.

An early phone conversation occurred between PDA, Katie Shuttleworth from CT DPH, and Anne DiFranco to discuss the Colchester program. Instead of curricular change, the focus with this project would be on afterschool clubs. Also discussed was the perceived lack of faculty support, a barrier to full program implementation. Further, there was not an internal evaluator for this program, and the majority of the work with the CT DPH Access database and the other internal data collection would be conducted by Anne, as well as by the school nurse.

## POLICY

The major activity related to policy was to increase the “no tobacco” signage on the school property. Approximately \$3,000 was spent on signage that was placed at entrances, around the campus. This was one of the first activities of this grant; signs were in place at the beginning of the 2010-11 school year.

Every school has an additional three signs, and every class or teacher was provided a sign. Further, signs went up around the community: the town hall, library, garage, maintenance facility, athletic and town recreation fields (by the rules signs), and the like.

Bacon Academy had a disciplinary policy implemented prior to this grant – students caught using or possessing tobacco received a five-day in-school suspension. However, if students complete the cessation program, they lose one day of suspension. This is discussed in further detail in the cessation section.

## ANTI-TOBACCO CURRICULUM/AFTER-SCHOOL CLUBS

At Colchester, there was no curriculum change related to tobacco – most of the activities were focused on after-school clubs. These clubs started prior to this grant being executed, and Anne reported good participation in the 2009-2010 school year. During the next school year, which was the first year of the grant, she had a more difficult time finding students who were interested in participating, but she did get a smaller group together. One major goal is to increase staff awareness and interest for this as well as future efforts.

Anne worked with teachers at Bacon Academy to integrate tobacco-related activities into the disciplinary procedures. This was conducted because many students were getting caught smoking on campus. So in addition to the typical discipline for a student caught

using or possessing tobacco (five day in-school suspension), students completed an anti-tobacco related activity during the in-school suspension. For example, one student made a “no smoking” sign in Spanish. An English teacher had some of these students write poems about smoking. A science teacher integrated an activity on how smoking affects the lungs and how nicotine travels through the bloodstream.

## CESSATION

The school nurse went through the Blue Cross Blue Shield training, but it is a social worker who conducts the cessation classes. Colchester uses a uniquely-constructed curriculum which is similar to the N-O-T program. Students typically attend six-to-eight one hour sessions. Sessions were done with a total of 56 students in a total of four sessions (two sessions per year). Anne is currently working on trying to contact students to conduct a follow-up. One major challenge is that some of the students have graduated.

Activities were also conducted to try to involve parents; however, this was without much success. For example, in an attempt to have a parent information meeting, kids would get into a school dance free if their parents brought them to the dance. Only two parents showed up for this event. They have also tried to get parents to sign a pledge that they will stop using tobacco.

## GREAT AMERICAN SMOKEOUT & KICK BUTTS DAY

One activity that has been conducted for the past two years on these days is that cold turkey sandwiches are served to students and to staff, to represent awareness of quitting tobacco “cold turkey.” On Kick Butts Day, Anne reported success with a pledge wall. She also got a red needle dispenser bin, and asked students to dump their tobacco in the bin on Kick Butts Day. Since Colchester has a zero tolerance policy, it took some convincing that students would not get in trouble, but at the end of the day the bin was  $\frac{3}{4}$  full. She plans to continue these events in future years.

## Education Connections

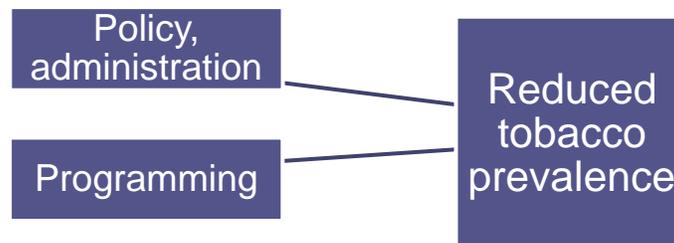
Education Connections is one of six regional educational services centers (RESCs - <http://www.rescalliance.org/>) in the state of CT. They serve 30 school districts in the NW part of the state. For this project, the activities were focused on three districts within their region: Torrington, Winchester, and Waterbury School Districts. In

addition, there is The Gilbert School, which is a quasi-private school. All high schools, and now middle school, students in Winchester have the option of either going to the Gilbert school or to another regional high school (there is no other secondary school in Winchester). The Gilbert School has a Board of Directors, instead of a Board of Education.

The grant coordinator was Abby Peklo, who participated in the first phone interview. The main contact for this project for the evaluation was Kali Rohr, who was the project manager and who answered all questions about the program. Kali and Abby indicated that parallel services were provided to each school by Kali. There are, however, demographic differences between the sites. For example, Waterbury has a higher need with a higher incidence of smoking among the students. Waterbury has the largest population, at 107,271 in the community, and community members come from “diverse ethnic, cultural, and religious backgrounds.”

Kali collaborated with School Wellness Boards, administrators, teachers, local physicians, and local cessation clinics to implement the program components. As the grant progressed, it was determined by program staff that another individual should be brought on board to deal with the policy and administrative issues, such as updating the school tobacco policy. This approach evolved in the spring of 2011, and is displayed in the following figure.

Figure 2. *Education Connection’s approach to tobacco prevention and cessation*



At the beginning of the 2011-2012 school year, Kali reported that a major barrier to working on policy change was that when school administrators hear “policy,” any change becomes a big deal that needs to go through the levels of bureaucracy. This barrier was addressed at two levels – administratively and programmatically. A support staff was hired, Neil, who had administrative experience, and he worked with the wellness and school committees. Programmatically, Kali worked with teachers and

students at the schools. Each of these areas is discussed in further detail in the following sections.

### TOBACCO FREE SCHOOL POLICIES

Kali and Abby reported that all schools involved do have a School Wellness Council, which is required. However, councils vary from 1-2 council members in Winchester to 10-12 in Waterbury. Education Connections provided one-day training with a representative from the council. Then that councilmember took that information back and worked more independently on updating the policies related to tobacco. While the school wellness councils were on board, all changes have to go through the Board of Education for approval.

The initial method to move policy change was to collect policies from schools. It was found that some policies had not changed since 1994. Next, the model policy from the Connecticut Boards of Education was shared with the schools. Two of the schools used the policy, one did not (Waterbury).

Kali reported that the emphasis was that the schools don't need to actually do any more work. They just need to support and provide the okay for EC to do this work. They try to stay a priority by checking in with the BOE and other groups periodically. They all seem positive, but Education Connections reported the need to make sure things happen.

One major barrier to address came when discussing enforcement of a tobacco policy. The initial idea was to have schools change or update the wording of their tobacco policies, which seemed straightforward. However, as mentioned previously, this turned out to be more difficult than expected, and another staff with administrative experience was brought on board to assist.

Enforcement is a very political topic, and included not just changing one part of a tobacco policy, but changes to disciplinary code and procedures. In addition, the number of disciplines, suspensions, and other disciplinary procedures is tracked and reported, giving school administrators motivation not to potentially increase the number of disciplines by enforcing tobacco-free school policies.

One method used to combat such barriers with administration was to find one champion teacher at each of the schools – this was successful at most schools. It was found that if you can get the teachers to get on board, you can use a voice from within the building to start the change process. They found that many teachers and students were very interested in becoming involved.

Finally, some work was done related to signage. Kali has ordered aluminum signs in English and Spanish, which were put up in early August 2011. She is also working with a designer in Torrington to design a banner for that school, and will show Katie

Shuttleworth at CT DPH the design for approval. Overall, Kali noted that it is a long process to gather feedback from teachers on the messages to convey to students, as well as the locations to put the signs. For example, Waterbury wanted something more clever and appealing, and so Kali is working with these teachers to develop such a message. This feedback, however, is vital and because of it signs or banners will be ordered that will be placed inside and outside of the bathrooms.

## CURRICULUM

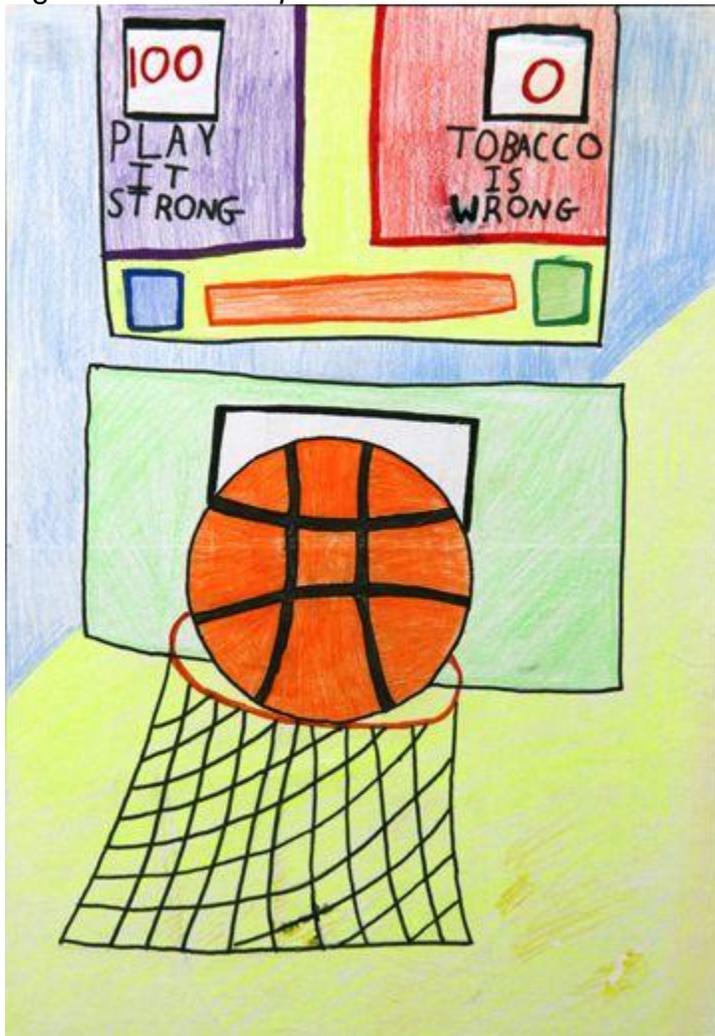
Kali leads the efforts to work with teachers in the targeted districts to incorporate tobacco components into the existing materials. She provides assistance, materials, funds, and the like for teachers. Given the current schedule of the middle and high school teachers, there are sometimes only 20 total days to cover all health curriculum, which includes topics from drugs to reproduction. Given this, Kali decided to work with general education teachers as well to integrate tobacco components into other subject areas, including physical education, literature, and school librarians.

To facilitate collaboration between health teachers and teachers in other subject areas, Kali set up a Wiki Space. This site provides a tobacco tip of the week, as well as lesson plans and supporting materials. Teachers from all the target schools have access to the Wiki Space site. As an incentive, each week a gift certificate is provided to a teacher who provides the tip of the week.

Additional support was provided to teachers during training sessions with Kali. She ordered some innovative materials, and brought catalogs to the trainings. Teachers who attended were able to use some of the materials, such as a smokers roulette game. Teachers were encouraged to select materials that could be used for multiple years, such as games, displays, or a science kit with lungs that show how tar is soaked up by this organ. Kali encouraged the teachers to share materials as well, and she was working to create a lending library, similar to the library provided by CT DPH.

Kali also offers “Tar Wars” activities, which is an anti-tobacco program for fourth and fifth-graders, operated by the American Academy of Family Physicians. For additional information, see the website: <http://www.tarwars.org/online/tarwars/home.html>. One example of an activity that has occurred as part of this grant took place in Torrington. Kids were told that an average tobacco user spends about \$250,000 over a lifetime, among other tobacco facts, and then kids wrote about what they would do with that money as part of a creative writing activity. Finally, kids were able to create anti-tobacco posters for a poster contest. One of the fifth grade students in this group, Jordan Henneberry, was selected to attend the National Tar Wars Convention in Washington, DC, and his poster is displayed on the Tar Wars website. That poster is also displayed in Figure 3.

Figure 3. *Tar Wars poster*



Jordan Henneberry, National Tar Wars Convention 2011(from <http://tinyurl.com/6k83lt4>)

Kali works with a physician to provide the Tar Wars components, which are available to any classroom who requests it at Winchester and at Waterbury schools. Her goal is to talk less about the health effects, and more about how tobacco companies are trying to manipulate kids.

### TOBACCO CESSATION

Students who ask about a smoking parent are given Kali's card, if the parent would like additional resources on how to quit tobacco. At the school, magnets with the CT Quitline phone number were provided for the teachers lounges.

For students who use and want to quit tobacco, the cessation program used is N-O-T on tobacco, a ten week program for adolescents. There is one individual trained in the N-O-T program from each school. Kali reported that this had worked well, and that students like to have a familiar face for the instructor.

Clinics were started in spring 2011, and most classes had 3-4 students. There were some scheduling challenges, since the classes were held after school in May 2011; in the future, they will try to avoid this by scheduling classes at the different time of the school year. The next set of classes is set to begin in September 2011. Kali reported that a total of nine students across the three schools had quit tobacco.

One variation that may be further explored is an approach taken by Waterbury teachers, who conducted the ten N-O-T lessons in general education classes (versus after-school). Kali plans to ask these teachers to share their experiences.

Adults are provided the Freedom From Smoking curriculum (FFS). The first clinic was conducted in Torrington, on school grounds. Some teachers felt awkward about the location – they didn't want their students to know they were using tobacco. Given this, the next two clinics were scheduled at locations other than the school. Kali is also working with clinics (such as the Heart Foundation) that provide similar cessation services. She tried to not overlap schedules, and if a parent signs up with another clinic, she could inform them that they can get cessation services free of charge (since this grant will cover the costs).

Of the three sessions offered during the 2010-11 school year, only one session was actually held. The other two sessions were cancelled due to no enrollment. There is another session scheduled for September 2011. One barrier Kali identified was that FFS is offered in many other places, and often for a fee. Since sometimes people may equate free with no value, she is now going to charge \$40 for the class, with \$5 being returned for each session attended. Further, at the Gilbert School there may not be a need, at least with faculty, as no faculty currently smoke.

In addition to the classes, Kali has also conducted additional events to spread the word about cessation classes, as well as the CT Quitline. For example, she planned to coordinate with the local Staples store on the next Teacher Appreciation Day. On this day, gift bags are provided to the first 100 teachers, and Kali will put promotional materials in the bags, including Quitline materials and information on professional development focused on tobacco cessation. She will share similar information at other events in the fall, such as during each district's convocation, during open houses, and at college nights.

### KICK BUTTS DAY

Kick Butts Day 2011 was on Wednesday, March 23. Kali reported that eight schools participated. In February she recruited schools with materials, and then followed up with each contact at the end of that month. This event was more low-key (than the Great American Smokeout), as all activities occurred in the participating school buildings. The main activity at many schools was a numbers game, where students had to guess the significance of the number 13, which is the number of Connecticutians who die each day from tobacco-related diseases. Kids who guessed what that number meant were entered to win an iTunes gift card. On Kick Butts day, 13 tombstones were displayed with tobacco facts. Winchester's student action club conducted additional activities, where students in the club were silent all day to represent each of the 13 people who die each day.

### GREAT AMERICAN SMOKEOUT

The theme for the 2010 Great American Smokeout was "Celebrate More Birthdays," so birthday party theme props were purchased, such as balloons, cupcakes, etc. Kali went into the middle and high schools to hand out materials, such as Tobacco Free Schools propaganda, pencils with the CT Quitline phone number, and more information on quitting (e.g., in-person clinics).

Students were invited to complete a postcard to ask someone they know to quit for a day. About 300-400 postcards were written, and Kali plans to do this again for the 2011 Great American Smokeout. The one change she plans to make is to not conduct this activity during lunch. Since there was a big rush, not all students who were interested may have had a chance to participate.

For the 2011 event, Kali would like to do more community-wide events, and is currently brainstorming and contacting the community recreation department.

### ADDITIONAL PRESENCE AT EVENTS

Kali attended a Relay for Life event and handed out materials. On July 30, she also attended a street festival (again, materials). August 9 she set up a booth and gave information at a baseball game, which was being sponsored by one of her colleagues.

### Woodstock Academy

An interview with Michelle Rawcliff was conducted in mid-August 2011; although many of the formal grant activities had not yet occurred at the time of this call, we discussed some related activities that had occurred prior to the grant monies being finalized, as well as plans for future activities that will extend beyond the time period of this evaluation (Woodstock Academy's contract goes for six month beyond the December timeline of the other grantees).

Woodstock Academy is a semi-private school, only one of approximately 20 such schools in the nation. Students come from up to 45 minutes away. One reason this grant was appealing was because it met a perceived need to improve health education in the schools, particularly tobacco. Prior to the start of this grant, signs were hung for Kick Butts Day. Further, a local agency ran some cessation classes; since this was unofficial, this was not recorded in the CT DPH Access database.

The major grant activity that has been conducted since the official commencement of this grant is the compilation of a district wellness team. There had not been a wellness policy or a team prior to this grant. The committee currently includes two administrators, three teachers, three students, and a couple of parents. During the spring, the committee completed the first two modules of the School Health Index (SHI); in the future more reflection and discussion will take place about what actions to take based on these results. The committee also wrote some prevention pieces for the newsletter – specifically, so articles about cessation, and the N-O-T program.

In the fall, the committee plans to meet again to focus in particular on the tobacco policies, which have not been changed for many years. Some potential items to address include the disciplinary policies, which are confusing, and the lack of signage around the school campus.

Another resource which the school may consider drawing upon is a group of local health professionals who have worked with the school in the past on health-related activities, and who are interested in continuing this collaboration. According to Michelle, one advantage of the school being in a small community is that people tend to step up to help. In the past, this group has done a culinary class. Michelle was able to pay this class to prepare and serve warm chocolate chip cookies to school staff during the administration of the Connecticut Youth Tobacco survey on June 8, 2011.

During the fall, Michelle plans to conduct at least one major grant-related activity each month. In September 2011, she plans to recruit students for the cessation classes, which will be conducted during school hours. She and three staff who are trained to use the N-O-T curriculum also plan to get trained in the Freedom From Smoking (FFS) curriculum. The next wellness committee meeting is tentatively planned for October 2011, and the major activity of November will be the Great American Smokeout.

The curriculum that has been implemented is the N-O-T program. Three staff plus Michelle are trained in the N-O-T program; these staff went through all ten sessions of the training. The recruitment of students primarily occurs as part of the disciplinary policy. Woodstock is set up as an open campus, with six buildings. Campus officers who catch students smoking will then ask them to take a N-O-T class or to face a disciplinary action (such as suspension). There is also an email sent out to all staff with information about the Connecticut Quitline, as well as Michelle's contact information as the point

person for tobacco-related questions or classes. Finally, since and morning announcements are made for what they call the “Quit Smoking Group.”

Other curriculum – Michelle was supposed to work on this over the summer in collaboration with other teachers (optimal time). Unfortunately, the school’s computer server was down, which was a major barrier in completing this work. The goal is to make changes to the curriculum so that it is more active – skills and information are provided to students. Michelle is also working to create an advanced health class, to be called Health Literacy and Advocacy. She plans to test out some new lessons, and to have students do a public health campaign as part of the class.

There is a desire by school to increase tobacco information, but administration is not sure how to do this. Hopefully this grant will meet that need. Further, Michelle reported that some of the administration had not been supportive of this grant, which has presented a major barrier to completing some of the project activities in a timely manner.

### **Staff Survey**

Staff surveys were conducted for three of the grantees – Colchester, Education Connections, and Groton. The survey to Groton staff was designed, managed, analyzed, and reported by the internal evaluator for that project, Dr. Archie Swindell. These results were shared with PDA by Dr. Swindell and are reported as secondary data in this report. For the other two districts, PDA collaborated with the project manager to design and administer each survey. Results are provided for each district in the following sections.

### **Colchester**

The survey was administered to approximately 441 staff, and there were a total of 161 respondents for a response rate of 37%. This is a lower response rate than desired, and it is likely that non-respondents may differ in some manner from those who responded. Results should be interpreted as representing a subset of staff at Colchester schools, and it may not be representative of the entire district.

At the beginning of the survey, respondents were asked to indicate whether they had noticed an increase in “no smoking” or “tobacco free” signs around the school and the community. Frequencies and percentages are provided in Table 3.

Table 3. *Frequencies and percentages, reported changes in signage*

<b>In the past year, have you noticed an increase in "no smoking" or "tobacco free" signs:</b>				
	Yes	No	Maybe	Missing
<b>On the school campus, generally?</b>	34 (21%)	117 (73%)	7 (4%)	3
<b>At the school grounds entrances?</b>	19 (12%)	127 (79%)	9 (6%)	6
<b>At the school building entrances?</b>	24 (15%)	123 (76%)	8 (5%)	6
<b>Around your community?</b>	15 (9%)	136 (84%)	10 (6%)	0

Next, respondents were asked “In your opinion, where should "tobacco-free" signs be posted to be most effective in communicating the school policy?” Open-ended responses were categorized; those categories and the frequency of response are provided in Table 4. The most frequently suggested area to hang signs was the building entrances.

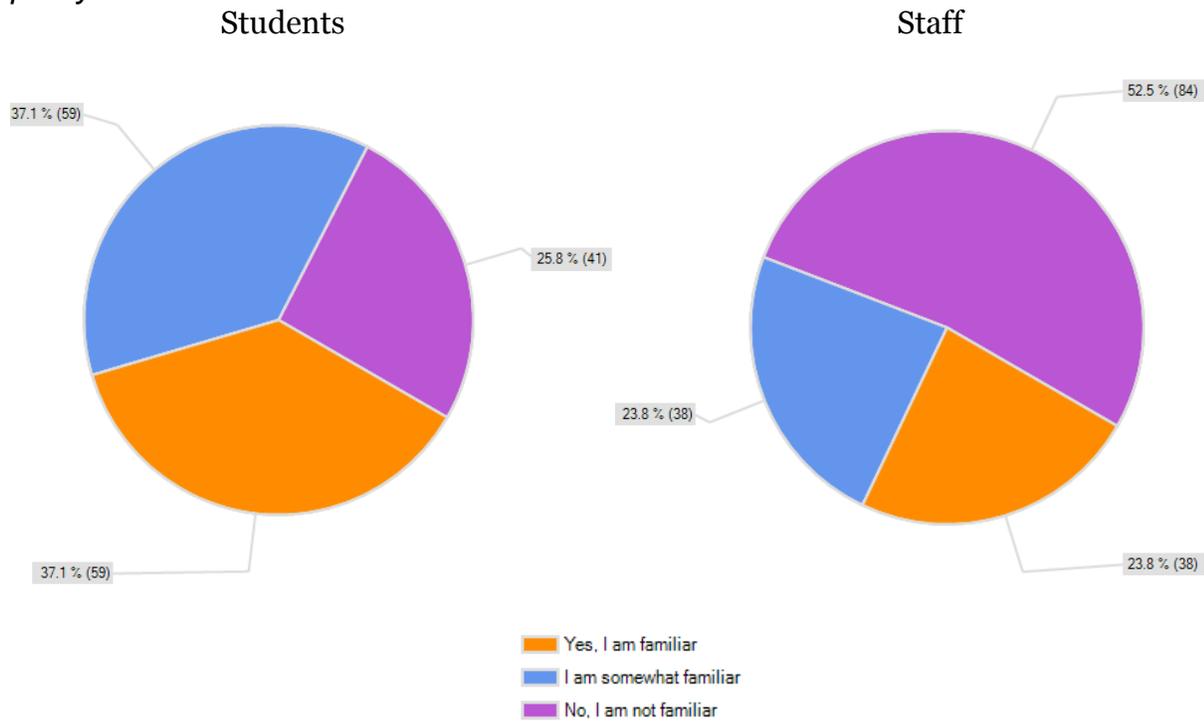
Table 4. *Categories and frequencies, suggestions for locations of additional signage*

<b>Category</b>	<b>Frequency</b>
<b>Building entrances</b>	71
<b>School grounds entrance (e.g., parking lots, driveways, walkways, bottom of the hill)</b>	28
<b>Athletic fields and playing fields – on fence, at entrance, and/or by concessions</b>	16
<b>On school campus, generally</b>	10
<b>Public gathering areas (e.g., auditorium, gym)</b>	10
<b>Bathrooms (inside and/or outside)</b>	9
<b>Main office</b>	5
<b>Cafeteria</b>	4
<b>Hallways</b>	4
<b>Playgrounds (for after-school hours, particularly)</b>	3
<b>Lobby, common areas</b>	3
<b>Signs are not effective</b>	3
<b>Around the community</b>	3
<b>Newsletter or other electronic media</b>	3
<b>Teacher’s lounge</b>	1

One respondent indicated that s/he had not seen any no smoking or tobacco free signs on the grounds or the building at JJIS, and that s/he would like to see signs “everywhere.”

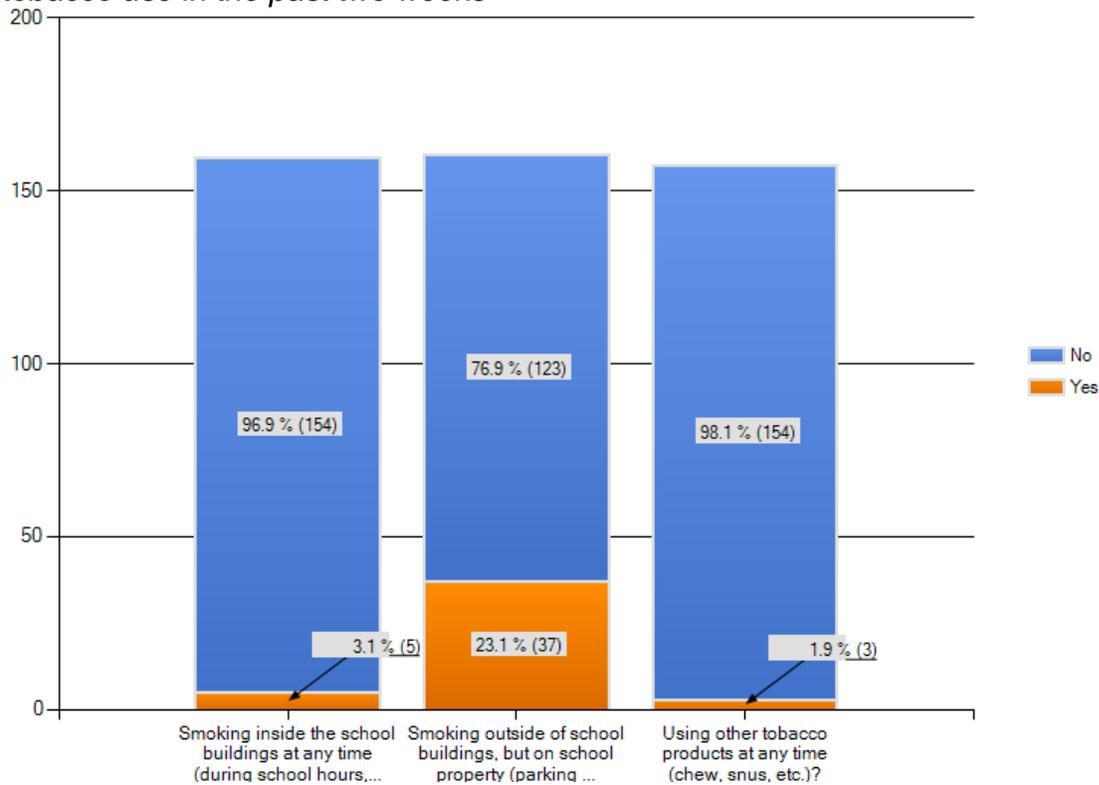
Next, respondents were asked to indicate whether they were familiar with the student and with the staff tobacco policies. Results are in Figure 4.

Figure 4. Number and percent of staff familiar with the student and the staff tobacco policy



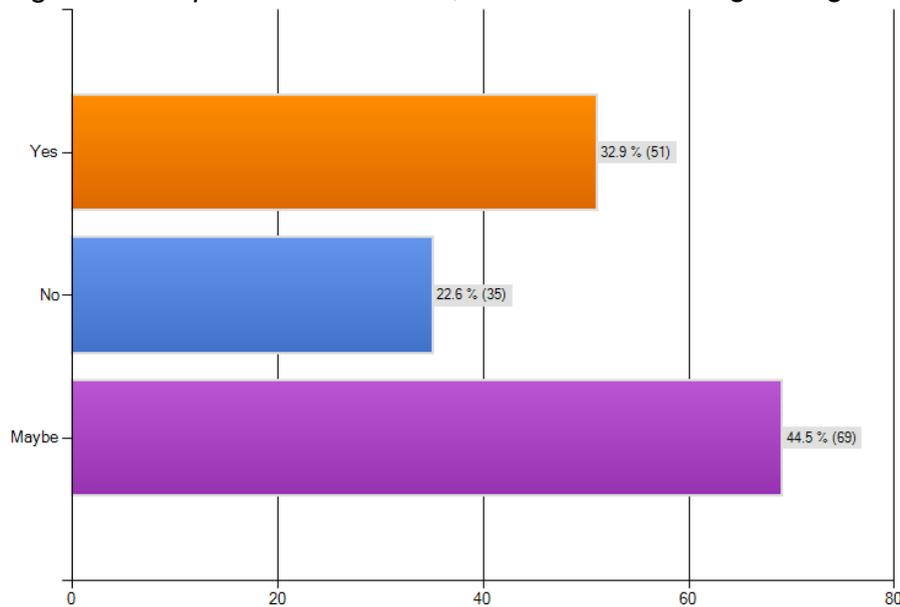
Respondents then indicated whether they had seen anyone (staff, student, or visitor) smoking or using tobacco in the past two weeks. As indicated in the following table, the majority of respondents had not. Of those who had seen someone smoking, however, the most frequently cited area was outside the school building, while on school property.

Figure 5. Number and frequency of respondents who have seen individuals smoking or tobacco use in the past two weeks



There were 72% (n=117) respondents who did not know that cessation classes were available to district staff, and three who indicated they “maybe” knew there were such classes available. One quarter (n=41) of the respondents did indicate knowledge that such classes exist. Figure 6 displays whether respondents thought the district was doing enough to prevent tobacco use among students.

Figure 6. Responses to the item, “Is the district doing enough to prevent tobacco use?”



Respondents also provided suggestions for additional things the district could do to prevent tobacco use.

Table 5. Categories and frequency of responses, suggestions for cessation or prevention activities

Category	Frequency
Increased enforcement (e.g., bathrooms), harsher penalties	8
Communicate the health effects (e.g., movies with images of smoker’s lungs, actual lungs)	8
Health classes – continue and/or increase education, especially in early grades	5
Personal testimonials and/or program like MADD	5
Educate parents who use tobacco – relation of their tobacco use on their children	5
Student assemblies, rallies	2
Focus on Secondhand Smoke (SHS)	2
Financial cost of using tobacco	1
Put smoke alarms in the bathrooms	2
Communicate what is currently being done to staff, parents	2
Ban the sale of tobacco/charger higher insurance to tobacco users	2
Don’t know	2
More signage	1
Implement DARE	1
Show “Truth” commercial daily	1
Nothing needs to be done	1
Relationship between smoking and birth defects	1

The two most frequently mentioned suggestions were to increase enforcement, and to communicate the health effects to students. Some respondents provided detailed suggestions, provided below:

- “[Have] a campaign week...much like the RED RIBBON/DRUG FREE week. Students could denounce smoking...encourage parents, friends not to smoke. Write letters to tobacco companies asking why they still make cigarettes knowing it causes cancer? Just because they have a cancer warning on the packaging, how do they justify making it available to purchase to ANYONE? The answer is simple: profit...what do the students think about that? Instill a sense of awareness, warning, ire about the dangers of this addictive habit.”
- “Having a punishment when smoking in the lavs is more than apparent even if you don’t see the student physically smoking b/c the likelihood of that is probably never. Mixed messages of the 'rule' vs. "enforcement" and consequences.”
- “My biggest concern is the increased number of students smoking in the restrooms. It's absolutely getting out of control. One very simple solution is to dedicate one adult (duty period or parent volunteer) to sit in a desk outside student bathrooms and monitor the smell of smoke. They can grade, read, whatever, but they should let kids know that their primary purpose for sitting there is to monitor who's using the bathrooms for how long and to smell for smoke. I think having that for even one quarter would nip this problem in the bud. It takes some man hours, but I can't think of how this will work otherwise. Kids are angry when smokers cause the bathrooms to be shut down--they put pressure on the smokers to stop. Let's use peer pressure as our advantage.”
- “There is always a group of students leaving Bacon at dismissal time smoking just across the road from the entrance. Several have their cigs in their mouth or hands ready to go before they are even off school grounds. Perhaps searching school lockers of known smokers and confiscating tobacco products and having them suffer the consequences would help get the message across. I think we make it too easy to get away with.”
- “ School resource officer could be more visible at target locations after school.”

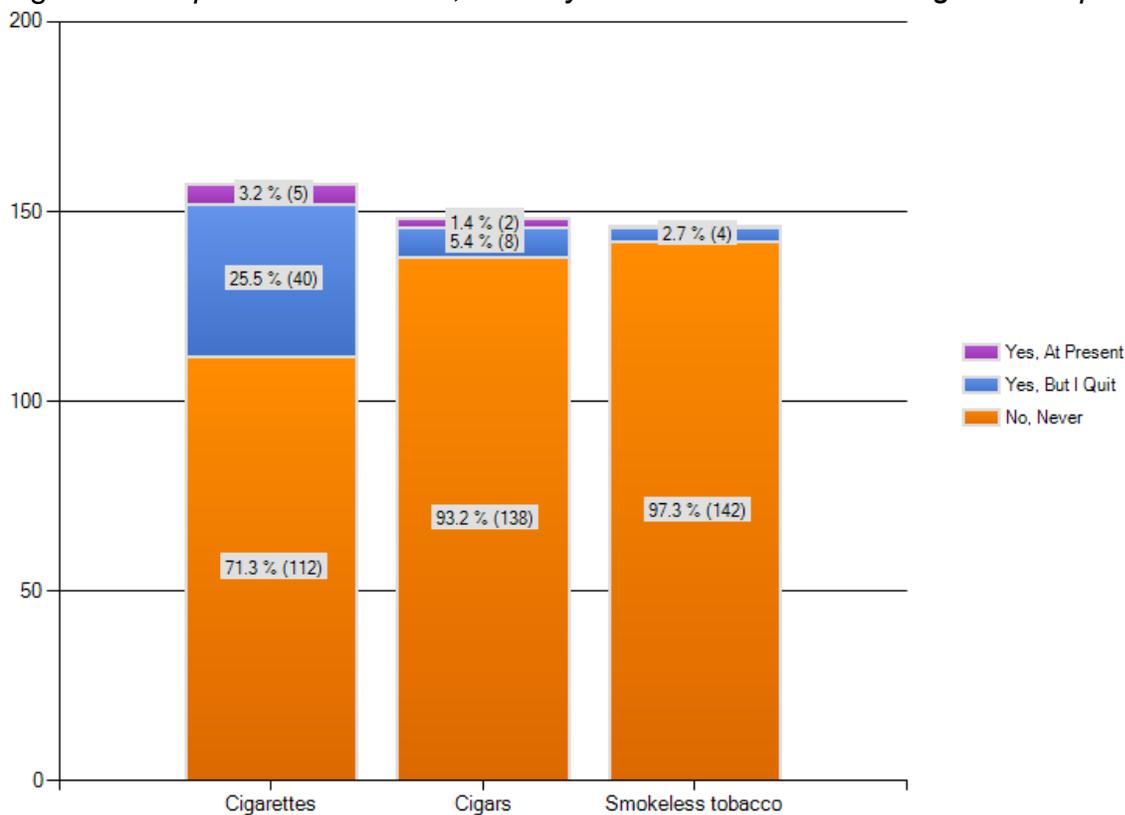
There were five respondents who indicated each of the following categories: continue or increase education in health classes (especially early grade levels), have students hear personal testimonials related to the effects of tobacco use, and educate parents who use tobacco about the effects of their use on their children.

Respondents were then asked whether the district provides a clear message about not using tobacco on school property. Nearly half (n=79) indicated the school does provide a clear message. Nearly 30% (n=48) indicated the district maybe providing a clear message, and just over 20% indicated the district was not providing a clear message (n=34).

Seven respondents currently serve on the district wellness committee. Two additional respondents indicated interest in serving on the committee, and their names were provided to the project manager.

The majority of respondents did not currently use any type of tobacco.

Figure 7. Responses to the item, “Have you ever used the following tobacco products?”

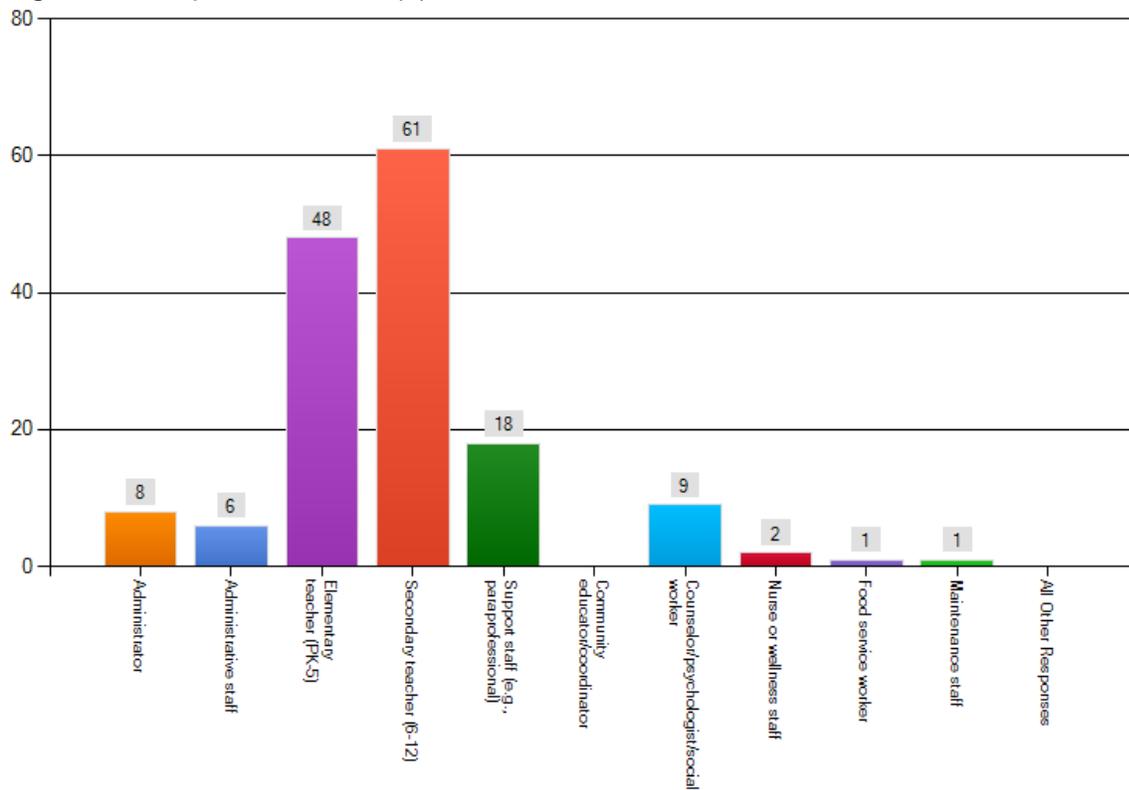


Two individuals indicated they would be interested in an 8-week cessation class; three indicated they might be interested. The two individuals who were interested provided contact information, which was passed on to the program manager.

Finally, respondents were asked to provide some basic demographic information. Just over half (56%, n=87) of the respondents had worked for the Colchester School District for over ten years.

The respondent’s role(s) in the district are displayed in Figure 8.

Figure 8. Respondent's role(s) in the school district



Finally, respondents were asked to provide any additional comments or questions that they had. Those comments were:

- Older students in the district need to be made aware that there is no smoking allowed on any school property. It is disheartening to see middle or high school students smoking on the elementary school playground and dropping their butts for young students to find at recess.
- I would like to know the policies regarding students/staff smoking on school grounds.
- Will we be informed of the results?
- Want to know why the building smells like cigarette smoke.
- We need to find a way to combat smoking in the bathrooms
- Why [are the questions in this survey] being asked now?

## Education Connections

The survey was administered to approximately 1,500 staff across three districts; there were a total of 260 who responded, which is just over a 17% response rate. The project manager, Kali Rohr, provided an incentive and any staff that completed a survey was eligible.

The majority of responses were from Torrington Schools, with 206 respondents reporting they were primarily affiliated with Torrington schools. There were 30 respondents affiliated with The Gilbert School in Winchester, CT and one respondent affiliated with Waterbury Schools. Twenty-three respondents did not indicate with which district they were affiliated.

Table 6. *In the past year, have you noticed an increase in "no smoking" or "tobacco free" signs?*

	Yes	No	Maybe	Missing
<b>On the school campus, generally?</b>				
Total	34 (13%)	212 (82%)	14 (5%)	0
Torrington	20 (10%)	176 (85%)	11 (5%)	0
The Gilbert School	12 (41%)	14 (48%)	3 (10%)	0
<b>At the school grounds entrances?</b>				
Total	26 (10%)	214 (82%)	15 (6%)	5
Torrington	18 (9%)	174 (84%)	11 (5%)	4
The Gilbert School	4 (14%)	22 (76%)	3 (10%)	0
<b>At the school building entrances?</b>				
Total	48 (18%)	198 (76%)	12 (5%)	2
Torrington	27 (13%)	168 (81%)	11 (5%)	1
The Gilbert School	17 (59%)	12 (41%)	0	0
<b>Around your community?</b>				
Total (n=260)	84 (32%)	154 (59%)	22 (8%)	0
Torrington (n=207)	68 (33%)	119 (57%)	20 (10%)	0
The Gilbert School (n=29)	5 (17%)	22 (76%)	2 (7%)	0

Respondents were also asked to suggest where additional signage is needed; 237 respondents provided suggestions, and many individuals provided multiple suggestions. These open-ended responses were tabulated and are summarized in Table 7. The most frequent suggestion, by far, was to place signs at the building entrances; the next most frequently cited areas were the entrance to the school grounds and the bathrooms.

Table 7. *Categories and frequencies for suggestions on tobacco-free signage*

<b>Category</b>	<b>Frequency</b>
<b>Building entrances</b>	155
<b>School grounds entrance (e.g., parking lots, driveways, walkways, bottom of the hill)</b>	52
<b>Bathrooms (inside and/or outside)</b>	40
<b>On school campus, generally</b>	15
<b>Playgrounds (for after-school hours, particularly)</b>	13
<b>Main office</b>	12
<b>Athletic fields and playing fields – on fence, at entrance, and/or by concessions</b>	10
<b>Cafeteria</b>	9
<b>Public gathering areas (e.g., auditorium, gym)</b>	9
<b>Main hallways, general hallways, stairwells</b>	7
<b>Wherever building occupants take smoke breaks, or loiter</b>	4
<b>Not a problem at the elementary schools</b>	4
<b>Guidance office, nurses office</b>	4
<b>In lobby</b>	3
<b>Faculty room, teacher workrooms</b>	3
<b>Around the community</b>	3
<b>Exterior courtyards and lobbies</b>	3
<b>Common areas</b>	2
<b>School web page, to students electronic devices</b>	2
<b>School handbook, student handbook</b>	2
<b>Bulletin boards</b>	2
<b>At eye level</b>	1
<b>Out back near the dumpsters</b>	1
<b>Health room, health classrooms</b>	1

Some respondents had suggestions for the content of the signs:

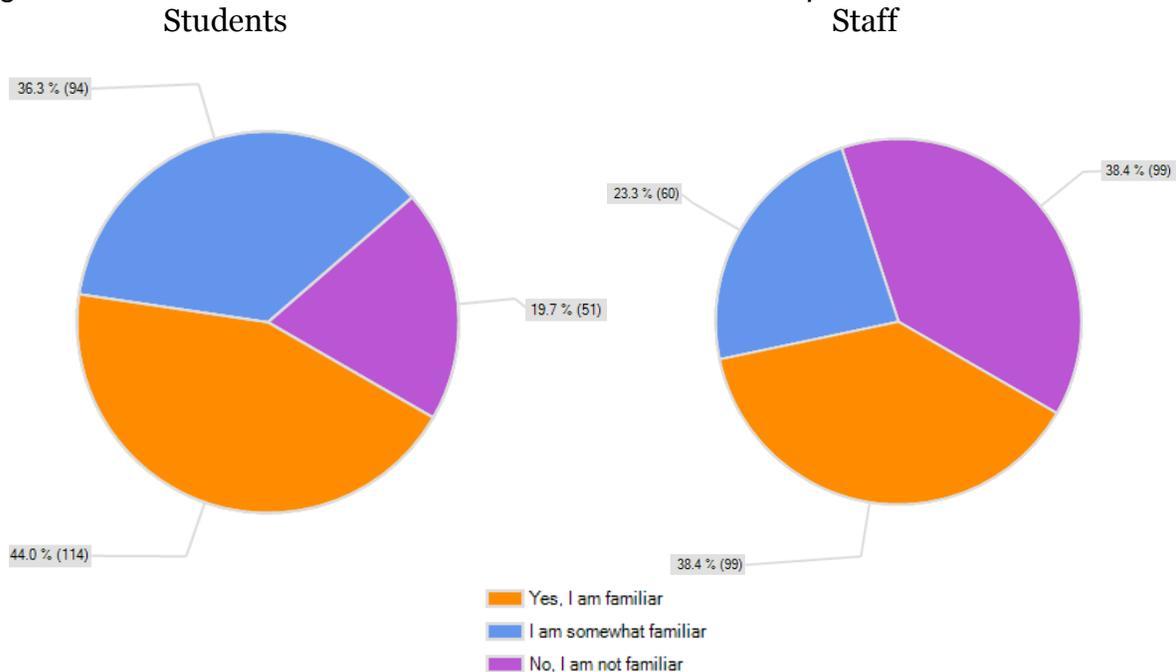
- Tobacco-free may not be enough...consequences should be included
- Signs should highlight this is a "clean Air zone" "no butts" on the field.....etc
- 3 main entrances stating this is a tobacco free zone, I would rather not see "no smoking"
- Huge signs posted at the entrance to the PROPERTY - NO SMOKING ON SCHOOL GROUNDS (land & building). I'm so tired of seeing parents smoking 10 feet from the doorways, especially in winter. Let them go sit in their car and smoke!!!

There were two respondents who indicated they did not think signs would matter, "The signs are irrelevant. People know they can't smoke on school grounds." More individuals, however, indicated specific areas where they have seen individuals smoking. For example:

- Entryway/Parking Lot...many parents smoke in the lot
- On the playground. Community members use it and it would be nice not to pick up cigarette butts during recess.
- I'm sure there may be people that volunteer or who are parents that smoke and I feel if they are getting out of their car they have the right to put their cigarette out. It's an addiction and to some a disease but these people love their children and the school.

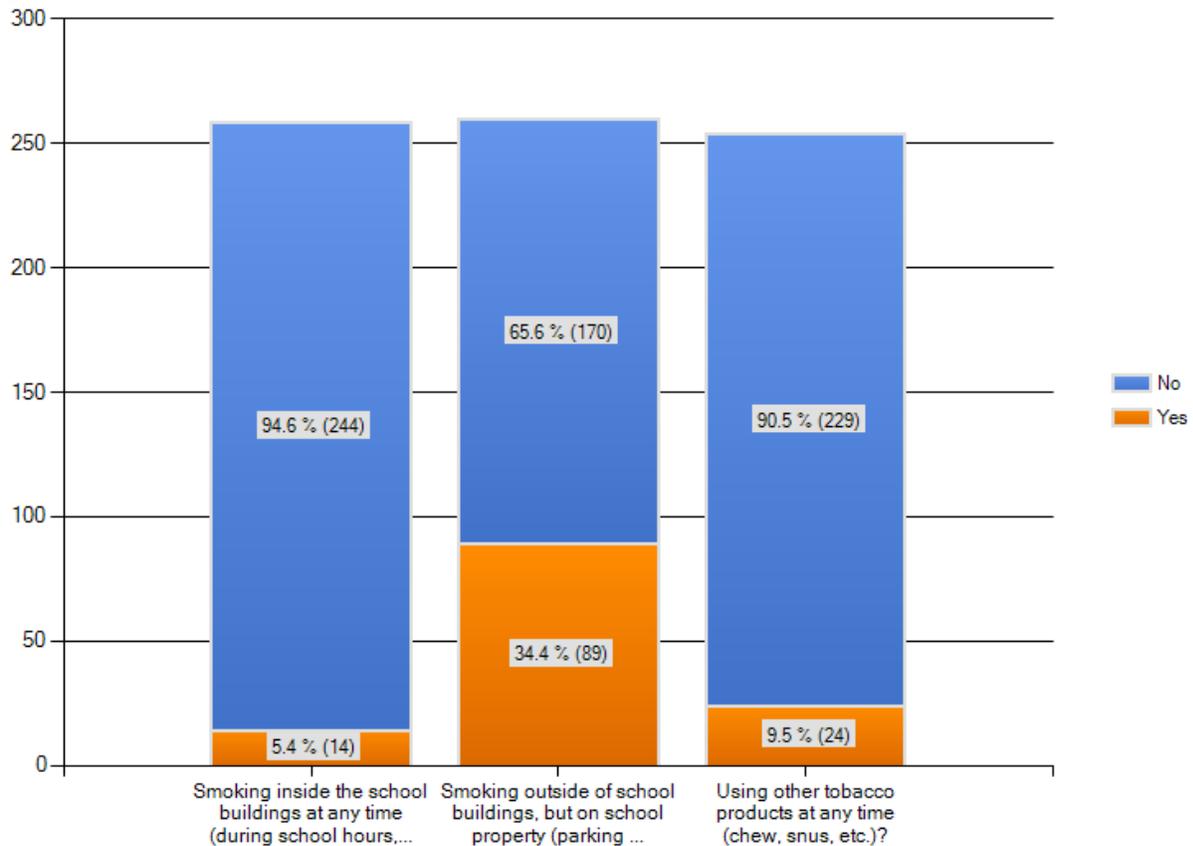
Next, respondents were asked to indicate whether they were familiar with the student and the staff tobacco free policies. Results are displayed in Figure 1. It is notable that respondents reported being less aware of the staff tobacco policy than the student tobacco policy.

Figure 9. Staff awareness of student and staff tobacco free policies



Next, respondents were asked to indicate whether they had seen anyone smoking on school grounds (staff, student, and visitor) in the past two weeks. Results are displayed in Figure 10.

Figure 10. *Frequency and percentages, reported observances of tobacco use on school grounds*



The majority of respondents indicated they had not seen anyone smoking in the past two weeks on school grounds. Of those who did report seeing someone smoking, it was most frequently reported outside of the school building, but on school property.

Next, respondents were asked whether they knew cessation classes were available for staff. Nearly 2/3 (n=167) of the respondents indicated they did not know cessation classes were available, and just under one-third (n=82) indicated they were aware of such classes.

Respondents were then asked to indicate whether the school district is doing enough to prevent tobacco use among its students. Those results are provided in Figure 11; additional suggestions follow the figure.

Figure 11. *Frequencies and percentages, responses to the item: Is the district doing enough to prevent tobacco use?*

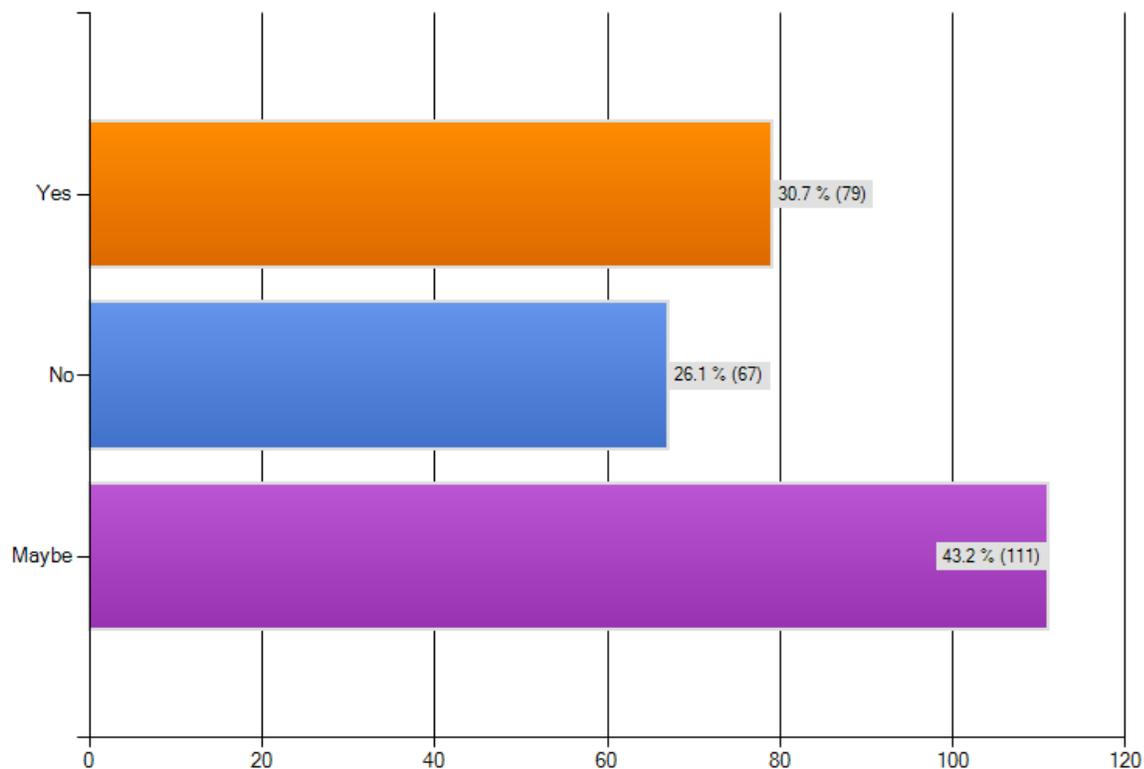


Table 8. *Categories and frequencies - suggestions for additional tobacco prevention or cessation activities*

Category	Frequency
Enforce policy, monitor problem areas (bathrooms, parking lots, bottom of hill)	27
Communicate the health effects (e.g., movies with images of smoker's lungs, actual lungs)	13
Health classes – continue and/or increase education, awareness	12
Posted information – bulletin boards, posters, signs – around school	7
Student assemblies, rallies	7
Counseling, cessation courses (including advertisement of such classes) for students	7
Parents need to provide anti-tobacco messages; provide more materials to parents	6
Personal testimonials (e.g., lung cancer patient)	5
Increased education in early grades	4
Continued education on SHS	3
A weekly promotion, other incentives for not smoking	3
DARE program	3
Ban tobacco production and sale	3
Impose a fine for tobacco use on campus	3

<b>Do nothing/it's not a problem/I don't see it</b>	3
<b>Smoke detectors in bathrooms</b>	2
<b>Student Public Service Announcements (PSAs), student-created campaigns</b>	2
<b>Media – anti-tobacco commercial (for school TV network)</b>	2
<b>Not a problem in elementary schools</b>	2
<b>Cessation classes for parents</b>	2
<b>General wellness approach (include stress management, team building)</b>	2
<b>Activities to influence peer groups, social norms (smoking is not cool)</b>	2
<b>Increase taxes on tobacco</b>	2
<b>Presentations from medical personnel</b>	2
<b>Financial cost of tobacco use</b>	2
<b>Age-appropriate information, presentation</b>	1
<b>Having all staff provide a consistent message</b>	1
<b>Student-run anti-tobacco group (monitored by an adult)</b>	1

Enforcement suggestions:

- “Monitor "drug free zone" areas at the bottom of the hill and across the street from the school.”
- “I know this year our administration has been more diligent in applying consequences to students smoking 'at the bottom of the hill'. In the past, some students were allowed to do this if parent permission was on file in the office - I always disagreed with this policy so I'm glad to be seeing less of that this year. I hope it becomes permanent Gilbert School policy that no student is allowed to have tobacco in their possession on school property regardless of parent permission.”
- “Make a direct consequence that takes away a privilege (parking pass, extracurricular activity other than sports) rather than in-school suspension.”
- “Actually enforcing the rules, regulations, and laws on the books. They are all good and can be effective, yet are flatly ignored due to pressure to "look" better in terms of discipline.”
- “A more public stance against tobacco use with clear consequences and lower tolerance for clear violators.”
- “While not seeing students smoking, there is a great deal of smoking going on in the high school bathrooms because you can smell the second hand smoke, which is a health hazard.”
- “The skate park must also be made tobacco free.”

- “Have administrator outside to enforce no smoking on school grounds especially before school. Give consequences to smoking offenders that includes education of the effects of smoking and mandatory participation in a cessation program.”
- “Health classes cover the topic. Many students are not aware of the penalties for smoking in buildings. Perhaps we have become complacent regarding the problem of smoking.”
- “Teachers must see the lit cigarette in the student’s hand. Smelling smoke or seeing smoke rising is not enough. That policy should be changed. Sometimes when students smoke in lav they just post a lookout at the door. So we cannot actually catch them in the act.”
- “Stricter guidelines, especially enforced with parents of children. MORE information given to students as contests, classroom activities, building consequences of smoking information data into classes to use as writing prompts, math calculations, science investigations, and the "history" of smoking along with the changing attitudes as we have become more educated about the short and long-term health effects.”

Some respondents had specific suggestions for age-appropriate activities:

- “Maybe a puppet show and a fun coloring book or age-appropriate hand-out per grade level.”
- “Add relevant units of study at each grade level starting with 1st grade.”
- “In our school, many of the parents smoke. The kids come to school with everything stinking like cigarettes (Backpacks, clothing, even homework). I think that preventative education has to be done all year long.....beginning in kindergarten. So many kids are being exposed to second hand smoke. I am sure that the coughs, ear infections, allergies etc. could all be linked to second hand smoke.....it's really too bad. There should also be parent education and support to quit available.....”

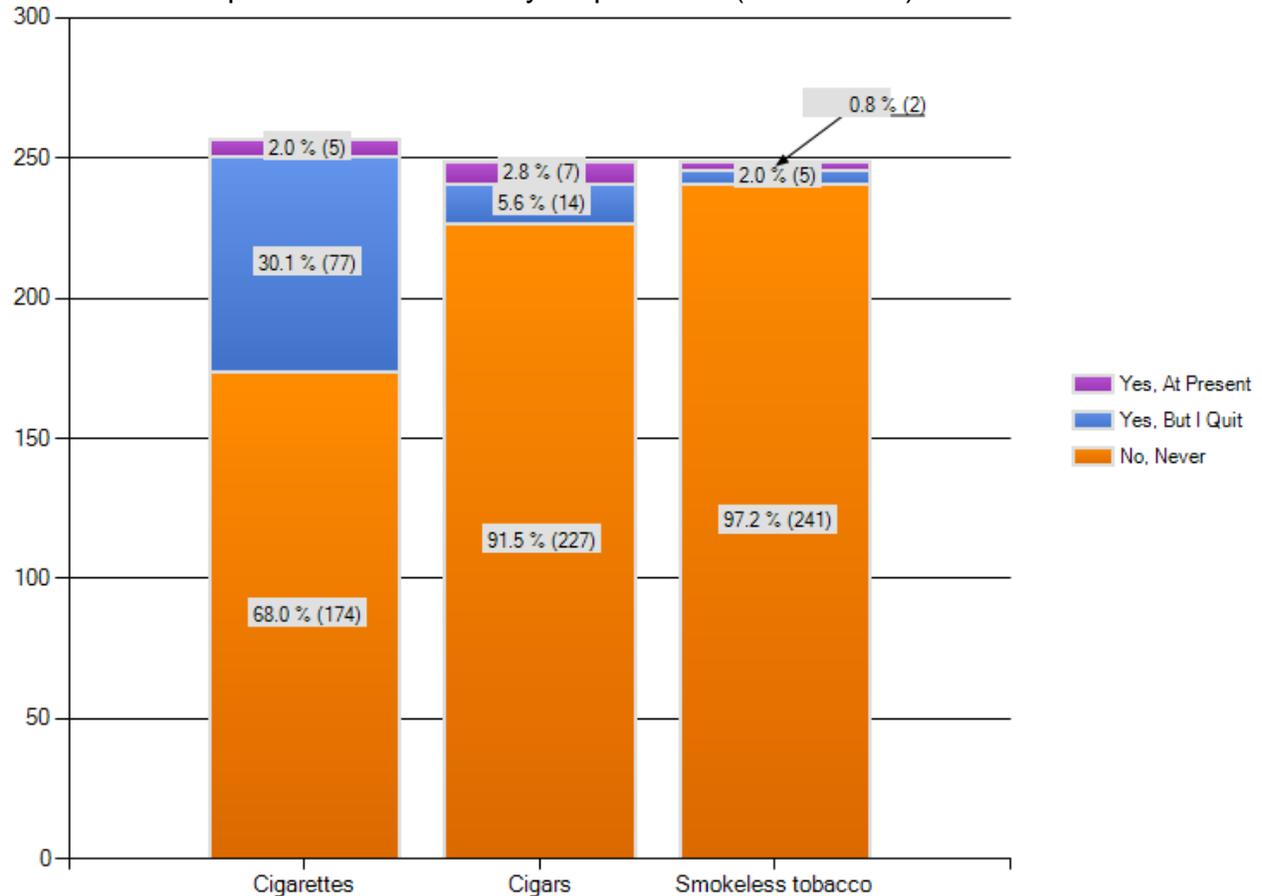
Over half of the respondents indicated the district is providing a clear message about not using tobacco on school property (n=145).

There were eleven respondents who already served on the district wellness committee. An additional eight were interested in serving; those names were provided to the project manager.

Nearly two-thirds (64.5%, n=167) of respondents did not know free cessation classes were available for interested staff.

The majority of respondents indicated they had never used tobacco products; a notable number also indicated they had used cigarettes but have quit. Full results are in the following table.

Table 9. Self-reported tobacco use by respondents (school staff)

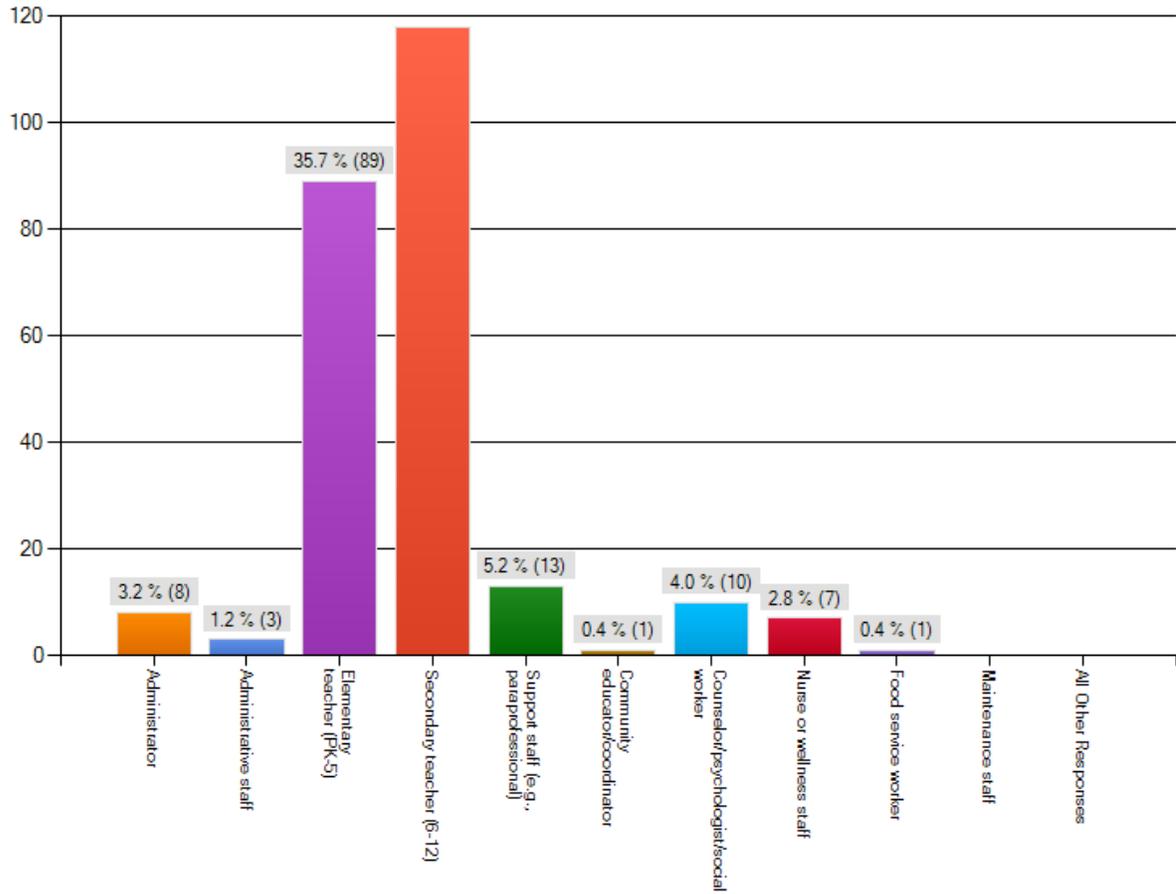


Four respondents indicated they would like to quit tobacco; two were indicated in a free 8-week clinic and those names were provided to the project manager.

## DEMOGRAPHICS

The majority of respondents (47.4%, n=118) were secondary teachers. The next largest number of respondents was elementary teachers. Full results are in the following table.

Table 10. Respondent's role(s) in the school district



Just over half of the respondents had worked in their current school district for over ten years (51.6%, n=130). Nearly 40% had worked in the district for three to nine years (n=100) and less than 10% had only worked in the current district for less than three years (n=22).

## Groton

The Groton tobacco use survey was administered to approximately 1,000 district employees from November 10, 2010 through December 31, 2010. Respondents had the option to complete the survey on-line or via paper; 117 completed the survey online via Survey Monkey and 56 completed the survey via paper. The response rate (173/1,000) was 17%, similar to the staff surveys conducted with the other grantees. These results should be viewed with this in mind – the responses include only a subset of district employees and are not necessarily representative of the district.

Table 11. *Survey question responses*

<b>Have you ever used:</b>	<b>No, Never</b>	<b>I did but I quit</b>	<b>Yes, now</b>
<b>Cigarettes</b>	87	53	18
<b>Smokeless tobacco</b>	124	6	6
<b>Other tobacco product</b>	125	4	8

Of those respondents who currently smoked, nine indicated they would like to quit, and six indicated they would “maybe” like to quit. Ten respondents indicated they were interested in a free 8-week smoking cessation program for themselves, and another ten indicated interest for a family member. Eleven respondents indicated they would like to be contacted about the cessation class.

Sixteen of the respondents currently served on the district or school wellness committee. There were twelve who indicated interested in joining a wellness committee, and 51 respondents who indicated they may be interested. Eleven respondents indicated they would like to be contacted about the wellness committee.

Respondents were also asked if they had interest in training as a smoking cessation facilitator. Two respondents were interested in training to become a youth facilitator and one indicated interest to become an adult facilitator. There were fifteen respondents who indicated they may be interested.

Finally, respondents were asked whether Groton Public Schools was doing enough to prevent youth tobacco use. The majority of respondents indicated they had no opinion (n=110), which may suggest apathy or simply disinterest in the issue. Of the remaining respondents, 22 indicated Groton PS was not doing enough, and 16 indicated enough was being done.

There were 127 females who completed the survey, 44 males, and two respondents who did not report gender. The majority of respondents were at the primary (n=71) and the secondary (n=79) levels, and 24 respondents were from the central office. The majority of respondents were teachers, as indicated in Table 12.

Table 12. *Respondent's position in the school district*

<b>Position</b>	<b>Frequency</b>
<b>Teacher</b>	70
<b>Support personnel</b>	32
<b>Administrator</b>	19
<b>Maintenance</b>	17
<b>Food worker</b>	7
<b>Bus driver</b>	6
<b>Counselor, psychologist, social worker</b>	5
<b>Nurse</b>	3
<b>Custodian</b>	3
<b>Other</b>	1

There were also four students who completed this survey.

## Cessation Information

In this section, information from enrollees in cessation classes is summarized. The information was reported by grantees via the CT DPH Access database; CT DPH provided PDA information from the database for the school-based grantees. Results are organized by grantee; no information was available for Woodstock Academy at the time of this report.

### Colchester

Only students were included in the Colchester database. There were a total of 33 students from Bacon Academy with cessation information.

Table 13. *Primary referral source for enrollees at intake*

	N	%
<b>Primary care Provider</b>	0	
<b>Brochure/Flyer</b>	0	
<b>Dental Care Provider</b>	0	
<b>Counselor/Therapist</b>	5	15%
<b>Friend/Family</b>	7	21%
<b>Employer</b>	0	
<b>Other Health Care Provider</b>	0	
<b>Other Referral Source</b>	20	61%
<b>Missing</b>	1	3%
<b>Total</b>	<b>33</b>	<b>100.0</b>

The other referral source was the most frequent source of referral. Fifteen of these individuals were referred by the school nurse, four were referred by the health teacher, and one was referred by a teacher.

Table 14. *Number of Unique Enrollments per Month (excludes dual enrollments)*

	N	%
<b>April 2010</b>	18	55%
<b>May 2010</b>	5	15%
<b>February 2011</b>	9	27%
<b>March 2011</b>	1	3%
<b>Total</b>	<b>33</b>	<b>100.0</b>

No enrollees were pregnant at the time of intake. The primary language of all but one of the enrollees (97%) was reported as English. One enrollee spoke Gujarthi.

Table 15. *Sexual Orientation at Intake*

	N	%
<b>Heterosexual/Straight</b>	23	<b>70%</b>
<b>Gay Women/Lesbian</b>	1	<b>3%</b>
<b>Gay Man</b>	0	
<b>Bisexual</b>	4	<b>12%</b>
<b>Refused/Prefer not to say</b>	2	<b>6%</b>
<b>Missing</b>	3	<b>9%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 16. *Type of Health Insurance at Intake*

	N	%
<b>No insurance</b>	0	
<b>Government sponsored insurance</b>	11	<b>33%</b>
<b>Private insurance</b>	20	<b>61%</b>
<b>Other Type of Insurance</b>	2	<b>6%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 17. *Annual Income of Enrollees at Intake*

	N	%
<b>Less than \$10,000</b>	0	
<b>\$10,000 to less than \$15,000</b>	0	
<b>\$15,000 to less than \$20,000</b>	0	
<b>\$20,000 to less than \$25,000</b>	10	<b>30%</b>
<b>\$25,000 to less than \$35,000</b>	3	<b>9%</b>
<b>\$35,000 to less than \$50,000</b>	10	<b>30%</b>
<b>\$50,000 to less than \$75,000</b>	1	<b>3%</b>
<b>\$75,000 or more</b>	0	
<b>Refused/Don't Know</b>	0	
<b>Missing</b>	9	<b>27%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

### **Clinical Characteristics at Intake**

Table 18. *Enrollees Use of Tobacco Other than Cigarettes at Intake*

	N	%
<b>No</b>	32	<b>97%</b>
<b>Yes</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

One enrollee indicated use of an “other” tobacco product, though it was actually a drug (pot).

Table 19. *When was the Last Time You Used Any Type of Tobacco at Intake*

	N	%
<b>Less than 30 Days</b>	27	<b>82%</b>
<b>30 days or more</b>	0	
<b>Missing</b>	4	<b>12%</b>
<b>Total</b>	<b>31</b>	<b>94%**</b>

\*\*2 or 6% of cases had a last tobacco use date after the intake date, and so these responses are not included

Table 20. *Type of Quit Method Used at Intake*

	N	%
<b>Nicotine Spray</b>	0	
<b>Nicotine Patch</b>	2	<b>6%</b>
<b>Nicotine Lozenge</b>	0	
<b>Zyban</b>	0	
<b>Wellbutrin</b>	0	
<b>Chantix</b>	0	
<b>Group Counseling</b>	3	<b>9%</b>
<b>Individual Counseling</b>	0	
<b>Quit Cold Turkey</b>	10	<b>30%</b>
<b>Other</b>	0	
<b>Nicotine Gum</b>	<b>0</b>	

\*\*\* Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times.

No enrollees had received treatment for the following (current or past) at intake:

- Heart disease
- Diabetes
- Cholesterol
- Stroke
- Cancer

Table 21. *Received Treatment for Blood Pressure at Intake*

	N	%
<b>Past/Current</b>	1	<b>3%</b>
<b>None</b>	32	<b>97%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 22. *Received Treatment for Lung Condition at Intake*

	N	%
<b>Past/Current</b>	7	<b>21%</b>
<b>None</b>	26	<b>79%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 23. *Received Treatment for Drug Addiction at Intake*

	N	%
<b>Past/Current</b>	9	<b>27%</b>
<b>None</b>	23	<b>70%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 24. *Received Treatment for Depression at Intake*

	N	%
<b>Past/Current</b>	9	<b>27%</b>
<b>None</b>	23	<b>70%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 25. *Received Treatment for Anxiety at Intake*

	N	%
<b>Past/Current</b>	8	<b>24%</b>
<b>None</b>	24	<b>73%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 26. *Received Treatment for Schizophrenia at Intake*

	N	%
<b>Past/Current</b>	1	<b>3%</b>
<b>None</b>	31	<b>94%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 27. *Received Treatment for Bipolar at Intake*

	N	%
<b>Past/Current</b>	1	<b>3%</b>
<b>None</b>	31	<b>94%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 28. *Received Treatment for Gambling Addiction at Intake*

	N	%
<b>Past/Current</b>	1	<b>3%</b>
<b>None</b>	31	<b>94%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

Table 29. *Received Treatment for Alcohol Addiction at Intake*

	N	%
<b>Past/Current</b>	4	<b>12%</b>
<b>None</b>	28	<b>85%</b>
<b>Missing</b>	1	<b>3%</b>
<b>Total</b>	<b>33</b>	<b>100.0</b>

### **Program Utilization**

Table 30. *Tobacco Cessation Program Utilization per Enrollee*  
(Excluding those without program utilization)

		Average Total Sessions per Enrollee
<b>N</b>		<b>31</b>
<b>Mean</b>		<b>4.4</b>
<b>Std. Dev.</b>		<b>1.8</b>
<b>Minimum</b>		<b>1</b>
<b>Maximum</b>		<b>8</b>

Information was missing for two enrollees.

### **Patient Satisfaction**

There were four enrollees who had patient satisfaction data from Colchester.

Table 31. *Overall Satisfaction with the Tobacco Program*

	N	%
<b>Very Satisfied</b>	2	<b>50%</b>
<b>Mostly Satisfied</b>	2	<b>50%</b>
<b>Somewhat Dissatisfied</b>	0	
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 32. *The Tobacco Sessions Met at a Convenient Time*

	N	%
<b>Strongly Agree</b>	1	<b>25%</b>
<b>Agree</b>	3	<b>75%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 33. *The Tobacco Sessions Met at a Convenient Location*

	N	%
<b>Strongly Agree</b>	1	<b>25%</b>
<b>Agree</b>	3	<b>75%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 34. *The information given at the sessions was clear and easy to understand*

	N	%
<b>Strongly Agree</b>	1	<b>25%</b>
<b>Agree</b>	3	<b>75%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 35. *My tobacco counselor treated me with respect*

	N	%
<b>Very Satisfied</b>	2	<b>50%</b>
<b>Mostly Satisfied</b>	2	<b>50%</b>
<b>Somewhat Dissatisfied</b>	0	
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 36. *I received the kind of service I wanted to help me quit*

	N	%
<b>Strongly Agree</b>	1	<b>25%</b>
<b>Agree</b>	3	<b>75%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 37. *The tobacco program met most of my needs to quit*

	N	%
<b>Strongly Agree</b>	0	
<b>Agree</b>	4	<b>100%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 38. *I would recommend the tobacco program to a friend*

	N	%
<b>Strongly Agree</b>	0	
<b>Agree</b>	4	<b>100%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

Table 39. *If I were to seek help again, I would come back to the tobacco program*

	N	%
<b>Strongly Agree</b>	0	
<b>Agree</b>	4	<b>100%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100.0</b>

## Education Connections

There were nine students with cessation data in the database, and two adults. Cessation information for these individuals is summarized and reported in this section.

Table 40. *Primary referral source for enrollees at intake*

	Students		Staff	
	N	%	N	%
<b>Primary care Provider</b>	0		0	
<b>Brochure/Flyer</b>	8	<b>89%</b>	0	
<b>Dental Care Provider</b>	0		0	
<b>Counselor/Therapist</b>	0		0	
<b>Friend/Family</b>	1	<b>11%</b>	1	<b>50%</b>
<b>Employer</b>	0		1	<b>50%</b>
<b>Other Health Care Provider</b>	0		0	
<b>Other Referral Source</b>	0		0	
<b>Total</b>	<b>9</b>	<b>100.0</b>	<b>2</b>	<b>100%</b>

Table 41. *Number of Unique Enrollments per Month (excludes dual enrollments)-Students*

	N	%
<b>February 2011</b>	3	<b>33%</b>
<b>March 2011</b>	5	<b>56%</b>
<b>April 2011</b>	1	<b>11%</b>
<b>Total</b>	<b>9</b>	<b>100.0</b>

The two staff were enrolled in October 2010.

No enrollees were pregnant at the time of intake.

Table 42. *Sexual Orientation at Intake*

	N	%
<b>Heterosexual/Straight</b>	7	<b>78%</b>
<b>Gay Women/Lesbian</b>	0	
<b>Gay Man</b>	0	<b>11%</b>
<b>Bisexual</b>	1	
<b>Other</b>	0	
<b>Refused/Prefer not to say</b>	1	<b>11%</b>
<b>Total</b>	<b>9</b>	<b>100.0</b>

Both staff reported they were heterosexual/straight.

The primary language of all of the enrollees, both students and staff, was reported as English.

Table 43. *Type of Health Insurance at Intake*

	N	%
<b>No insurance</b>	2	<b>22%</b>
<b>Government sponsored insurance</b>	4	<b>44%</b>
<b>Private insurance</b>	3	<b>33%</b>
<b>Other Type of Insurance</b>	0	
<b>Total</b>	<b>9</b>	<b>100.0</b>

Both staff reported they had private insurance.

No students or staff had an income reported; all responses were “refused/don’t know.”

### **Clinical Characteristics at Intake**

Table 44. *Enrollees Use of Tobacco Other than Cigarettes at Intake*

	N	%
<b>No</b>	9	<b>100%</b>
<b>Yes</b>	0	
<b>Total</b>	<b>9</b>	<b>100.0</b>

The two staff reported no other use of tobacco, other than cigarettes.

Table 45. *When was the Last Time You Used Any Type of Tobacco at Intake*

	N	%
<b>Less than 30 Days</b>	9	<b>82%</b>
<b>30 days or more</b>	0	
<b>Total</b>	<b>9</b>	<b>100%</b>

The two staff reported their last use of tobacco was in the last 30 days.

Table 46. *Type of Quit Method Used at Intake (select all)*

	Students		Staff	
	N	%	N	%
<b>Nicotine Spray</b>	0		2	<b>100%</b>
<b>Nicotine Patch</b>	0		2	<b>100%</b>
<b>Nicotine Lozenge</b>	0		0	
<b>Zyban</b>	0		0	
<b>Wellbutrin</b>	0		0	
<b>Chantix</b>	0		1	<b>50%</b>
<b>Group Counseling</b>	0		0	
<b>Individual Counseling</b>	0		0	
<b>Quit Cold Turkey</b>	7	<b>78%</b>	1	<b>50%</b>
<b>Other</b>	1	<b>11%</b>	0	
<b>Nicotine Gum</b>	0		0	
<b>None</b>	2	<b>22%</b>	0	
<b>Total</b>	<b>9</b>	<b>--</b>	<b>6</b>	<b>--</b>

No enrollees had received treatment for the following (current or past) at intake:

- Heart disease
- Blood pressure
- Diabetes
- Cholesterol
- Stroke
- Cancer
- Schizophrenia
- Bipolar
- Gambling addiction
- Alcohol addiction

Neither of the adults reported any treatment at intake. Results for the students are provided in the following tables.

Table 47. *Received Treatment for Lung Condition at Intake*

	N	%
<b>Past/Current</b>	1	<b>11%</b>
<b>None</b>	8	<b>89%</b>
<b>Total</b>	<b>9</b>	<b>100.0</b>

Table 48. *Received Treatment for Depression at Intake*

	N	%
<b>Past/Current</b>	2	<b>22%</b>
<b>None</b>	7	<b>78%</b>
<b>Total</b>	<b>9</b>	<b>100.0</b>

Table 49. *Received Treatment for Anxiety at Intake*

	N	%
<b>Past/Current</b>	1	<b>11%</b>
<b>None</b>	8	<b>89%</b>
<b>Total</b>	<b>9</b>	<b>100.0</b>

### **Program Utilization**

Table 50. *Tobacco Cessation Program Utilization per Enrollee by Session Type*  
(Excluding those without program utilization)

		Average Total Sessions per Enrollee
	<b>N</b>	<b>8</b>
	<b>Mean</b>	<b>8.6</b>
	Std. Dev.	<b>2.1</b>
	Minimum	<b>3</b>
	<b>Maximum</b>	<b>10</b>

Information was missing for one enrollee.

Information was missing for one of the adult enrollee; the other enrollee had two group sessions followed by six individual sessions for a total of eight sessions.

### **Patient Satisfaction**

There were eight enrollees who had patient satisfaction data from Education Connections.

Table 51. *Overall Satisfaction with the Tobacco Program*

	N	%
<b>Very Satisfied</b>	2	<b>25%</b>
<b>Mostly Satisfied</b>	4	<b>50%</b>
<b>Somewhat Dissatisfied</b>	2	<b>25%</b>
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 52. *The Tobacco Sessions Met at a Convenient Time*

	N	%
<b>Strongly Agree</b>	2	<b>25%</b>
<b>Agree</b>	6	<b>75%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 53. *The Tobacco Sessions Met at a Convenient Location*

	N	%
<b>Strongly Agree</b>	3	<b>38%</b>
<b>Agree</b>	5	<b>63%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 54. *The information given at the sessions was clear and easy to understand*

	N	%
<b>Strongly Agree</b>	3	<b>38%</b>
<b>Agree</b>	5	<b>63%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 55. *My tobacco counselor treated me with respect*

	N	%
<b>Very Satisfied</b>	5	<b>63%</b>
<b>Mostly Satisfied</b>	3	<b>38%</b>
<b>Somewhat Dissatisfied</b>	0	
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 56. *I received the kind of service I wanted to help me quit*

	N	%
<b>Strongly Agree</b>	1	<b>12%</b>
<b>Agree</b>	7	<b>88%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 57. *The tobacco program met most of my needs to quit*

	N	%
<b>Strongly Agree</b>	1	<b>12%</b>
<b>Agree</b>	6	<b>76%</b>
<b>Disagree</b>	1	<b>12%</b>
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 58. *I would recommend the tobacco program to a friend*

	N	%
<b>Strongly Agree</b>	1	<b>12%</b>
<b>Agree</b>	7	<b>88%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Table 59. *If I were to seek help again, I would come back to the tobacco program*

	N	%
<b>Strongly Agree</b>	1	<b>12%</b>
<b>Agree</b>	7	<b>88%</b>
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>8</b>	<b>100.0</b>

Satisfaction information was included for two adult enrollees. One reported being mostly satisfied and the other reported being very satisfied overall. The remaining results are provided in the following table.

Table 60. *Staff satisfaction with cessation classes*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>Time Convenient</b>		2		
<b>Location Convenient</b>		2		
<b>Information Clear</b>		2		
<b>Counselor Treated me with respect</b>	2			
<b>Service provided was wanted</b>		2		
<b>Service met my need</b>		2		
<b>Would refer a friend</b>	1	1		
<b>Would come back if needed</b>		2		

## Groton

There were three students with cessation data in the database, and five adults. Cessation information for these individuals is summarized and reported in this section.

Table 61. *Primary referral source for enrollees at intake*

	Students		Adults	
	N	%	N	%
Primary care Provider	0		0	
Brochure/Flyer	0		3	60%
Dental Care Provider	0		0	
Counselor/Therapist	0		0	
Friend/Family	1	33%	1	20%
Employer	0		0	
Other Health Care Provider	0		0	
Other Referral Source	2	67%	1	20%
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>5</b>	<b>100%</b>

Table 62. *Number of Unique Enrollments per Month (excludes dual enrollments)-Students*

	Students		Adults	
	N	%		
March 2011	2	67%	5	100%
April 2011	1	33%		
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>5</b>	<b>100%</b>

No enrollees were pregnant at the time of intake.

Table 63. *Sexual Orientation at Intake*

	Students		Staff	
	N	%		
<b>Heterosexual/Straight</b>	2	67%	5	<b>100%</b>
<b>Gay Women/Lesbian</b>	0		0	
<b>Gay Man</b>	0		0	
<b>Bisexual</b>	1	33%	0	
<b>Other</b>	0		0	
<b>Refused/Prefer not to say</b>	0		0	
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>5</b>	<b>100%</b>

The primary language of all of the enrollees, both students and staff, was reported as English.

Table 64. *Type of Health Insurance at Intake*

	Students		Staff	
	N	%		
<b>No insurance</b>	1	33%	3	<b>60%</b>
<b>Government sponsored insurance</b>	0		0	
<b>Private insurance</b>	1	33%	1	<b>20%</b>
<b>Other Type of Insurance</b>	1	33%	1	<b>20%</b>
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>5</b>	<b>100%</b>

The majority of students and staff either refused or didn't know their income, or that information was missing. One student reported income as "50,000 to less than \$75,000; one staff reported less than \$10,000 and another reported \$25,000 to less than \$35,000.

### **Clinical Characteristics at Intake**

No enrollees, students or adults, reported use of tobacco other than cigarettes at intake.

Table 65. *When was the Last Time You Used Any Type of Tobacco at Intake*

	Students		Adults	
	N	%	N	%
<b>Less than 30 Days</b>	3	100%	5	<b>100%</b>
<b>30 days or more</b>	0		0	
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>5</b>	<b>100%</b>

Table 66. *Type of Quit Method Used at Intake (select all)*

	Students		Adults	
	N	%	N	%
<b>Nicotine Spray</b>	0		0	
<b>Nicotine Patch</b>	1	33%	4	<b>80%</b>
<b>Nicotine Lozenge</b>	0		0	
<b>Zyban</b>	0		0	
<b>Wellbutrin</b>	0		2	<b>40%</b>
<b>Chantix</b>	0		0	
<b>Group Counseling</b>	0		0	
<b>Individual Counseling</b>	0		0	
<b>Quit Cold Turkey</b>	1	33%	3	<b>60%</b>
<b>Other</b>	0		1	<b>20%</b>
<b>Nicotine Gum</b>	0		0	
<b>None</b>	2	<b>67%</b>	0	
<b>Total</b>	<b>3</b>	<b>--</b>	<b>5</b>	<b>--</b>

No enrollees had received treatment for the following (current or past) at intake:

- Heart disease
- Blood pressure
- Diabetes
- Stroke

- Cancer
- Depression
- Anxiety
- Schizophrenia
- Bipolar
- Gambling addiction
- Alcohol addiction
- Drug Addiction

None of the students reported any treatment at intake. Results for the adults are provided in the following tables.

Table 67. *Received Treatment for Lung Condition at Intake*

	N	%
<b>Past/Current</b>	1	<b>20%</b>
<b>None</b>	4	<b>80%</b>
<b>Total</b>	<b>5</b>	<b>100.0</b>

Table 68. *Received Treatment for Cholesterol at Intake*

	N	%
<b>Past/Current</b>	2	<b>40%</b>
<b>None</b>	3	<b>60%</b>
<b>Total</b>	<b>5</b>	<b>100.0</b>

### **Program Utilization**

Table 69. *Tobacco Cessation Program Utilization per Student Enrollees*

		Average Total Sessions per Enrollee
	<b>N</b>	<b>3</b>
	<b>Mean</b>	<b>2.7</b>
	<b>Std. Dev.</b>	<b>2.1</b>
	<b>Minimum</b>	<b>1</b>
	<b>Maximum</b>	<b>5</b>

Table 70. *Tobacco Cessation Program Utilization per Adult Enrollees*

		Average Total Sessions per Enrollee
	<b>N</b>	<b>5</b>
	<b>Mean</b>	<b>6.8</b>
	<b>Std. Dev.</b>	<b>2.2</b>
	<b>Minimum</b>	<b>3</b>
	<b>Maximum</b>	<b>8</b>

### ***Patient Satisfaction***

There were four adult enrollees who had patient satisfaction data from Groton Public Schools; no students had satisfaction data. Results for the four adult enrollees are provided in the following tables.

Table 71. *Overall Satisfaction with the Tobacco Program*

	N	%
<b>Very Satisfied</b>	4	<b>100%</b>
<b>Mostly Satisfied</b>	0	
<b>Somewhat Dissatisfied</b>	0	
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 72. *The Tobacco Sessions Met at a Convenient Time*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 73. *The Tobacco Sessions Met at a Convenient Location*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 74. *The information given at the sessions was clear and easy to understand*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 75. *My tobacco counselor treated me with respect*

	N	%
<b>Very Satisfied</b>	4	<b>100%</b>
<b>Mostly Satisfied</b>	0	
<b>Somewhat Dissatisfied</b>	0	
<b>Not At All Satisfied</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 76. *I received the kind of service I wanted to help me quit*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 77. *The tobacco program met most of my needs to quit*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 78. *I would recommend the tobacco program to a friend*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

Table 79. *If I were to seek help again, I would come back to the tobacco program*

	N	%
<b>Strongly Agree</b>	4	<b>100%</b>
<b>Agree</b>	0	
<b>Disagree</b>	0	
<b>Strongly Disagree</b>	0	
<b>Total</b>	<b>4</b>	<b>100%</b>

# Appendix A. Staff survey for Education Connections

**School Staff Tobacco Survey**

**1. Tobacco-Free School Policies and Programs**

The results of this survey will be used to inform the tobacco-related policies and programming at your school. It is being conducted by an external evaluation firm, Professional Data Analysts, Inc., as part of a Connecticut school-based tobacco program evaluation funded by the Connecticut Department of Public Health. Please respond candidly to each of the following items. Your responses will be kept confidential, and will in no way be linked with any individual. For further information, or for questions, please contact Melissa Chapman Haynes, Ph.D., MChapman@pdastats.com. Thank you for your time and input!

**1. In the past year, have you noticed an increase in "no smoking" or "tobacco free" signs?**

	Yes	No	Maybe
On the school campus, generally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the school grounds entrances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the school building entrances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. In your opinion, where should "tobacco-free" signs be posted to be most effective in communicating the school policy?**

**3. Have you noticed an increase in "no smoking" or "tobacco free" signs around your community?**

Yes

No

Maybe

**4. Are you familiar with your district STUDENT tobacco policy regarding consequences for those who violate the policy?**

Yes, I am familiar

I am somewhat familiar

No, I am not familiar

**5. Are you familiar with your district STAFF tobacco policy regarding consequences for those who violate the policy?**

Yes, I am familiar

I am somewhat familiar

No, I am not familiar

## School Staff Tobacco Survey

**6. In the past two weeks, have you seen anyone (staff, student, visitor)!**

	Yes	No
Smoking inside the school buildings at any time (during school hours, after school, during extracurricular events)?	<input type="radio"/>	<input type="radio"/>
Smoking outside of school buildings, but on school property (parking lots, sports fields, etc.)?	<input type="radio"/>	<input type="radio"/>
Using other tobacco products at any time (chew, snus, etc.)?	<input type="radio"/>	<input type="radio"/>

**7. Are you aware that cessation classes are available for all school staff?**

- Yes
- No
- Maybe

**8. Do you think your school district is doing enough to prevent tobacco use among its students?**

- Yes  No  Maybe

What ideas do you have for improving the prevention of tobacco use?

**9. Do you think that your school district gives a clear message about not using tobacco on school property?**

- Yes
- No
- Maybe

**10. Do you currently serve on the District's Wellness Committee?**

- Yes
- No

If you are interested in joining, please provide your email:

# School Staff Tobacco Survey

## 2. Tobacco Use

We are interested in gaining a better understanding of the tobacco use of staff. This information will inform tobacco cessation programming in the future. Please respond honestly; your responses will be kept confidential.

### 1. Have you ever used the following tobacco products:

	No, Never	Yes, But I Quit	Yes, At Present
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other tobacco product (please specify)

### 2. If you currently use tobacco, have you ever wanted to quit tobacco?

- Yes
- No
- Maybe

### 3. Would you be interested in a free, 8-session cessation clinic?

- Yes
- No
- Maybe
- Not Applicable

If interested, please provide your email:

# School Staff Tobacco Survey

## 3. Demographic Information

### 1. I am a/an (select all that apply):

- Administrator
- Administrative staff
- Elementary teacher (PK-5)
- Secondary teacher (6-12)
- Support staff (e.g., paraprofessional)
- Community educator/coordinator
- Counselor/psychologist/social worker
- Nurse or wellness staff
- Food service worker
- Maintenance staff
- Volunteer

Other (please specify)

### 2. I have been working at my current school district for:

- Less than three years
- Three to nine years
- More than ten years

### 3. I primarily affiliated with the following school district:

### 4. Do you have any questions about this evaluation, or about the tobacco policies or prevention and cessation programming at your school?

After completing this survey, please contact Kelli at Education Connections to be entered into a drawing for a prize: [rohr@educationconnection.org](mailto:rohr@educationconnection.org)

For questions or comments regarding this survey, please contact:

Melissa Chapman Haynes, Ph.D.

Senior Evaluator

(612)623-0110

[MChapman@PDAstata.com](mailto:MChapman@PDAstata.com)

## Appendix B. Staff survey for Colchester

### School Staff Tobacco Survey\_Colchester

#### 1. Tobacco-Free School Policies and Programs

The results of this survey will be used to inform the tobacco-related policies and programming at your school. It is being conducted by an external evaluation firm, Professional Data Analysts, Inc., as part of a Connecticut school-based tobacco program evaluation funded by the Connecticut Department of Public Health. Please respond candidly to each of the following items. Your responses will be kept confidential, and will in no way be linked with any individual. For further information, or for questions, please contact Melissa Chapman Haynes, Ph.D., MChapman@pdastats.com. Thank you for your time and input!

**1. In the past year, have you noticed an increase in "no smoking" or "tobacco free" signs:**

	Yes	No	Maybe
On the school campus, generally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the school grounds entrances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the school building entrances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. In your opinion, where should "tobacco-free" signs be posted to be most effective in communicating the school policy?**

**3. Have you noticed an increase in "no smoking" or "tobacco free" signs around your community?**

Yes

No

Maybe

**4. Are you familiar with your district STUDENT tobacco policy regarding consequences for those who violate the policy?**

Yes, I am familiar

I am somewhat familiar

No, I am not familiar

**5. Are you familiar with your district STAFF tobacco policy regarding consequences for those who violate the policy?**

Yes, I am familiar

I am somewhat familiar

No, I am not familiar

## School Staff Tobacco Survey\_Colchester

### 6. In the past two weeks, have you seen anyone (staff, student, visitor):

	Yes	No
Smoking inside the school buildings at any time (during school hours, after school, during extra-curricular events)?	<input type="radio"/>	<input type="radio"/>
Smoking outside of school buildings, but on school property (parking lots, sports fields, etc.)?	<input type="radio"/>	<input type="radio"/>
Using other tobacco products at any time (chew, snus, etc.)?	<input type="radio"/>	<input type="radio"/>

### 7. Are you aware that cessation classes are available for all school staff?

- Yes
- No
- Maybe

### 8. Do you think your school district is doing enough to prevent tobacco use among its students?

- Yes
- No
- Maybe

What ideas do you have for improving the prevention of tobacco use?

### 9. Do you think that your school district gives a clear message about not using tobacco on school property?

- Yes
- No
- Maybe

### 10. Do you currently serve on the District's Wellness Committee?

- Yes
- No

If you are interested in joining, please provide your email:

## School Staff Tobacco Survey\_Colchester

### 2. Tobacco Use

We are interested in gaining a better understanding of the tobacco use of staff. This information will inform tobacco cessation programming in the future. Please respond honestly; your responses will be kept confidential.

#### 1. Have you ever used the following tobacco products:

	No, Never	Yes, But I Quit	Yes, At Present
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other tobacco product (please specify)

#### 2. If you currently use tobacco, have you ever wanted to quit tobacco?

- Yes
- No
- Maybe

#### 3. Would you be interested in a free, 8-session cessation clinic?

- Yes
- No
- Maybe
- Not Applicable

If interested, please provide your email:

## School Staff Tobacco Survey\_Colchester

### 3. Demographic Information

**1. I am a/an (select all that apply):**

- Administrator
- Administrative staff
- Elementary teacher (PK-5)
- Secondary teacher (6-12)
- Support staff (e.g., paraprofessional)
- Community educator/coordinator
- Counselor/psychologist/social worker
- Nurse or wellness staff
- Food service worker
- Maintenance staff
- Volunteer

Other (please specify)

**2. I have been working at my current school district for:**

- Less than three years
- Three to nine years
- More than ten years

**3. I primarily affiliated with the following school in the Colchester School District:**

**4. Do you have any questions about this evaluation, or about the tobacco policies or prevention and cessation programming at your school?**

For questions or comments regarding this survey, please contact:  
Melissa Chapman Haynes, Ph.D.  
Senior Evaluator  
(612)623-9110  
MChapman@PDAstats.com