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Associations of 100% Tobacco Free School Policy Components and Enforcement Practices of Georgia School Stakeholders: An Analysis of Stakeholder Data from Georgia 100% Tobacco Free School Evaluation

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Associations of 100% Tobacco Free School Policy Components and Enforcement Practices of
Georgia School Stakeholders: An Analysis of Stakeholder Data from Georgia 100% Tobacco
Free School Evaluation

By

Jon Ducote

B.S., Health Science Education
University of Florida

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of Georgia State University in Partial Fulfillment
of the
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MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
30303

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APPROVAL PAGE

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By

Jon Ducote

Approved:

Committee Chair

Committee Member

Committee Member

Date

ABSTRACT

Background: Tobacco use is a major public health problem associated with a host of preventable morbidities and premature mortality. It is a behavior that most often is initiated during adolescence; therefore schools are an ideal setting for intervention. Policy interventions have the greatest impacts on changing behaviors on a population scale. Comprehensive tobacco-free school (TFS) model policies can be replicated and applied throughout the State of Georgia to help prevent youth from initiating smoking and support their attempts to quit. Engaging stakeholders is necessary in order to ensure proper implementation and enforcement of these policies. Creating healthier school environments that support a 100% TFS policy will continue to demonstrate health improvements resulting from Public Health interventions. The following study assesses associations of key stakeholders in Georgia school districts responsible for overseeing their tobacco-free school policies with the implementation and enforcement of evidence-based components of a comprehensive tobacco-free school policy.

Methods: Developed in collaboration with the Tobacco Use Prevention Program of the State of Georgia (GTUPP), a cross-sectional survey design was used to conduct this study. The survey instrument (based on a previously used survey) consists of 49 items related to 100% tobacco-free school policy adoption and enforcement for students, staff, and visitors. The survey was electronically administered to 3,000 school stakeholders (principals, administrators, school board members). Chi-square tests examined association among those stakeholders in charge of policy enforcement and the various components of Georgia's model comprehensive TFS policy. A p-value of <0.05 and 95% confidence intervals were used to determine statistical significance of analytic tests.

Results: 328 stakeholders who were invited to participate completed surveys. This represents a response rate of 10.9%. Of the 328 total stakeholders, 315 actually had a TFS policy in place within the surveyed school district and only thirteen respondents replied from schools that did not have any policy in place. Therefore, those surveys completed by non-adopting school officials were not included in the associative analyses for this study. Results indicated that assistant principals who carried the charge of TFS enforcement had the greatest compliance with model policy enforcement (92.9%) regarding posting signage, although the majority of respondents indicated that there was no single stakeholder identified as the policy 'champion' (n=65, 40.8%). In schools where 'other stakeholders' were identified as being in charge of enforcement of TFS policies—respondents indicated 100% compliance with posting of signage at school. However, these results were not found to be statistically significant [$\chi^2= .844(3)$, $p>0.05$]. In terms of mass media messaging, while assistant principals and other stakeholders less frequently were champions of TFS policy messaging, they had the highest reports of sharing information about mass media messaging and community-based tobacco prevention efforts (71.4% and 82.6%, respectively). In comparison, among respondents who identified as principals or as another type of stakeholder, reports of sharing information were remarkably lower (55%), although this association was not found to be statistically significant. One point to consider is that all respondents of the survey may or may not have been the actual stakeholder

targeted for that school district, but rather a possible representative completing the survey in lieu of the stakeholder.

Conclusions: Study results can help the State of Georgia enhance resource allocation of tobacco prevention funds so that districts with the greatest health threats/greatest opportunities to improve can be targeted. Findings suggest that perhaps assistant principals or other stakeholders who champion the implementation and enforcement of policies may be more compliant with all elements of the Georgia model policy. The analysis conducted for this thesis and the results provided show the need for further in-depth research that examines the roles key stakeholders play in TFS policy adoption, implementation and enforcement.

INDEX WORDS: adolescent tobacco use, school policy, administrators, survey, Georgia

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The author of this thesis is:

Jon Ducote
4965 Highland Oaks Way
Mableton, GA 30126

The Chair of the committee for this thesis is:

Sheryl Strasser PhD, MPH, MSW, CHES, CPHQ
Institute of Public Health, College of Health and Human Sciences
Georgia State University
P.O. Box 3995
Atlanta, Georgia 30302-3995

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Chapter I INTRODUCTION

1.1 Background

Tobacco use in the United States continues to be a major public health concern for groups that currently consume tobacco products and those individuals that do not, but have the potential to be exposed. Tobacco use is currently the most preventable cause of disease, disability, and death in the United States. Each year, more deaths are attributed to using tobacco products than are attributed to deaths from illegal drug use, motor vehicle injuries, human immunodeficiency virus (HIV), alcohol use, suicides, and murders combined (Healthy People, 2011).

Tobacco use among youth is considered to be a significant public health issue, which is being addressed by multiple youth tobacco prevention efforts both nationally and in Georgia. The Georgia Student Health Survey (GSHS) or youth risk behavior surveillance system (YRBSS) is a collaborative effort between the Georgia Department of Public Health (GDPH) and the Georgia Department of Education. A better understanding of the Georgia prevalence rates of school-aged children and their habits pertaining to tobacco use can be reviewed in the 2009 Georgia Data Summary: Youth Tobacco Use. This 2009 Data Summary (Department of Community Health, 2009) indicates that about 10% of middle school and 23% of high school

students currently use some form of tobacco and roughly 5% and 17% of middle and high school students respectively currently smoke cigarettes.

Due to these alarming rates of tobacco use in Georgia, there is a need for increased tobacco use prevention efforts targeting youth. Such interventions will help reduce tobacco use and prevent initiation among this population. Schools provide a logical and appropriate venue for such interventions. While there has been a decrease of smoking rates between 1999 and 2009 among both males and females in grades 9th-12th, since 2004 there has been minimal progress in lowering the overall percentage of high school students that smoke cigarettes (National Center for Health Statistics, 2010). Due to these minimal decreases and a stabilization of smoking rates occurring since 2004, it is pertinent to develop cost-effective strategies and approaches to further limit the opportunity for school-aged children to begin using tobacco products. These early interventions will help to decrease the overall prevalence rates of tobacco use throughout Georgia. This is especially true of school-based interventions that offer a potentially controlled environment.

School-based interventions aimed at preventing tobacco use include tobacco free school (TFS) policies. These interventions not only help prevent children and adolescents from initiating tobacco use; developing and enforcing TFS policies can also be effective deterrents for secondary prevention. According to Trinidad, Gilpin, & Pierce (2005), schools that lack policies banning smoking also have higher rates of smoking among students and staff. The most successful policies, and those that tend to garner student support, are those that prohibit tobacco-use among both students and staff. These policies help craft a comprehensive framework to discourage tobacco use within the school system and create healthy environments for youth.

Modeling TFS policies designed and crafted after organizations like the Centers for Disease Control and Prevention (CDC) and successful states like California, North Carolina, and North Dakota may prove to be effective in Georgia as well. Examining Georgia's 100% TFS policies, the extent to which they are being implemented and enforced, and identifying the position of school stakeholders responsible for overseeing each school's policy will provide valuable information about tobacco prevention efforts in Georgia schools. This will also provide insight for moving forward with assessing the implementation of policy adoption efforts, which also occurs at the school district level.

Definitions of Terminology

Tobacco: The term tobacco has been defined in different ways. According to North Dakota's comprehensive model school policy for tobacco use, "tobacco" is defined to include any type of product that contains tobacco, manufactured from actual tobacco, or contains nicotine. It does not include FDA-approved NRT, or nicotine replacement therapy (North Dakota Department of Health, 2010, p.22). Based on the North Carolina Health and Wellness Trust Fund's website, 100% Tobacco-Free School model policy, "tobacco product" includes cigarettes, cigars, blunts, bidis, pipes, chewing tobacco, snuff, and any other product that contains or resembles tobacco/tobacco products (North Carolina 100% Tobacco-Free Schools, 2011).

100% TFS policy: According to Pennsylvania's Tobacco Free Allegheny's 100% Tobacco-Free Schools Toolkit, a 100% TFS policy "is a policy that prohibits the use of tobacco products in any form, by anyone, on any occasion and at any time on school grounds, in school vehicles, and at

school-sponsored events on or off campus. This policy is enforced 24 hours a day, 7 days a week.” (TobaccoFreeAlleghny.org, 2008).

Georgia’s model policy: Georgia’s 100% TFS policy is modeled after the template created and used by North Carolina. Topics include: Tobacco Use Prohibited, Tobacco Products and Usage, School Grounds and Property, Time of Day, Signage, Enforcement of Students, Staff, Visitors, Outdoor Sponsored Events, School-Sponsored Events, Opportunities for Cessation, Prevention Education and Procedures for Implementation. Adaption of specific language for Georgia is included in the model policy (see Appendix A).

Stakeholder: BusinessDictionary.com defines stakeholder as a person, group, or organization that has direct or indirect stake in an organization because it can affect or be affected by the organization’s actions, objectives, and policies. Types of stakeholders responsible for TFS enforcement in Georgia and include: principals, assistant principals, other school administrators, and other school faculty or staff members (e.g. health promotion coordinator and school board member).

1.2 Purpose of Study

The purpose of this study is to examine the association between the type of stakeholder in charge of TFS enforcement and the enforcement of various components of Georgia’s comprehensive TFS model policy.

1.3 Research Questions

- Is there an association between the stakeholder (person enforcing the policy) and the comprehensive tobacco-free school policy component: posting signs marking a tobacco-free zone a specified distance from the school grounds where tobacco use is not allowed?
- Is there an association between the stakeholder (person enforcing the policy) and the comprehensive tobacco-free school policy component of sharing information with students/families about mass-media messages or community-based tobacco-use prevention efforts?
- Is there an association between the stakeholder (person enforcing the policy) and the comprehensive tobacco-free school policy component of working with local agencies/organizations to plan and implement events and programs to reduce tobacco use?
- Is there an association between the stakeholder (person enforcing the policy) and the comprehensive tobacco-free school policy component providing tobacco cessation services for both students and the faculty/staff?
- Is there an association between the stakeholder (person enforcing the policy) and the comprehensive tobacco-free school policy component of having arrangements with organizations and/or health care professionals not on school property to provide tobacco cessation services for both the students and faculty/staff?

Chapter II

REVIEW OF THE LITERATURE

According to the Centers for Disease Control and Prevention (CDC), cigarette smoking is attributable to roughly 443,000 deaths each year in the United States, or every one in five deaths (Centers for Disease Control and Prevention [CDC], 2011a). People who smoke contribute to high mortality rates among both men and women. Smoking is associated with increased health risks such as cardiovascular disease, respiratory disease, and over eleven kinds of cancer. The effects of secondhand smoke have also become a serious health concern. The CDC reports that 46,000 premature deaths are caused by secondhand smoke and the people who are exposed have an increased risk of 25-30% of developing heart disease (CDC, 2011b).

Tobacco use among adults, adolescents, and children is constantly being tracked and measured and is considered helpful surveillance data. According to the Healthy People 2010 report from the U.S. Department of Health and Human Services, in 2009 an estimated 20.6% of all American adults over the age of 18, or roughly 46.6 million people, smoked every day (Healthy People, 2011). Among adolescents aged 12 to 17, 850 began smoking on a daily basis in 2010. These specific measures recorded across the country, states, and local communities provide a valuable foundation for determining the effects of tobacco usage among certain populations, as well as informing evidence-based approaches for prevention and cessation.

The Department of Public Health (DPH) in Georgia currently conducts tobacco use surveillance and helps monitor and report on the existing use of tobacco products across the state. The Georgia Tobacco Use Prevention Program (GTUPP) also helps highlight other areas such as environmental exposure to second-hand smoke, financial/economic impacts of tobacco use, tobacco use prevention policies, and community/population-based programs being implemented and evaluated. According to the 2010 Georgia Tobacco Data Summary Report, approximately 1.3 million (18%) adults over the age of 18 years in Georgia currently smoke cigarettes (Georgia Tobacco Use Prevention Program, 2010). This report also indicates that 340,000 or roughly 5% of the adults in Georgia use smokeless tobacco (e.g. chewing tobacco, snuff, or snus- a type of smokeless tobacco). All of these products have been found to be harmful and contribute to the high rates of morbidity and mortality in Georgia.

2.1 Problem of Tobacco Use Among Adolescents

According to CDC's website regarding youth and tobacco use, the initiation of tobacco use generally occurs during adolescence. Data suggests that each year roughly 3,800 young people between 12 and 17 years of age smoke their first cigarette, and it is anticipated that approximately 1000 of these youth will eventually become daily cigarette smokers (CDC, 2011c).

Regarding cigarettes, the percentages of high school students who were current cigarette smokers in 2009 are as follows: 19.5% of overall high school students, 19.1% of female high school students, 19.8% of male high school students, 9.5% of African-American high school students, 9.7% of Asian-American high school students, 18.0% of Hispanic high school students, and 22.5% of white high school students.

The percentage of middle school students who were current cigarette smokers in 2009 include: 5.2% of all middle school students, 4.7% of female middle school students, 5.6% of male middle school students, 5.2% of African-American middle school students, 2.5% of Asian-American middle school students, 6.7% of Hispanic middle school students, and 4.3% of white middle school students.

The CDC also reports cigar use among both high school and middle school children according to their gender. The percentages of high school students who were current cigar smokers in 2009 are as follows: 14% of all high school students, 8.8% of female high school students, and 18.6% of male high school students. The percentages of middle school students who were current cigar smokers in 2009 are as follows: 3.9% of middle school students, 3.2% of female middle school students, and 4.6% of male middle school students.

According to Health and Human Services (HHS), Office of the Surgeon General, “secondhand smoke contains more than 250 chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide. Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers” (U.S. Department of Health and Human Services, 2007). It is imperative to highlight the dangers of second-hand smoke as the Surgeon General concludes that just brief exposures can be harmful, and there are no levels of exposure that are considered risk-free.

Regarding smokeless tobacco, the CDC also indicates via their website the percentage of high school students who were current smokeless tobacco users in 2009 (CDC, 2011c). Overall, 8.9% of high school students were current users of smokeless tobacco. Approximately 2.2% of

female high school students were smokeless tobacco users and 15% of all male high school students were users of smokeless tobacco. The percentages of middle school students who were current smokeless tobacco users in 2009 are as follows: 2.6% of middle school students overall, 1.4% of female middle school students, and 3.7% of male middle school students.

The CDC also lists a variety of factors associated with youth tobacco use including: low socioeconomic status; use and approval of tobacco use by peers or siblings; lack of skills to resist influences to use tobacco; smoking by parents or guardians and/or lack of parental support or involvement; accessibility, availability, and price of tobacco products; a perception that tobacco use is the norm; low levels of academic achievement; low self-image or self-esteem; and aggressive behavior (e.g., fighting, carrying weapons). The use of tobacco during adolescence is also associated with the following health risk behaviors: high-risk sexual behavior, use of alcohol, and use of other drugs (CDC, 2011c). As a result, tobacco use in adolescence continues to be a critical topic of great interest and concern especially due to the increased likelihood of becoming regular smokers as adults.

2.2 Smoking Perceptions and Social Attitudes

Developing healthy environments through effective policies and providing youth with proper support for quitting are effective strategies for preventing initiation of tobacco use and encouraging quit attempts. Lazuras, Rodafinos, & Eiser (2010) assessed adolescents' support of smoke free public settings according to their smoking status and compared support for public smoke-free policies among smoking and non-smoking adolescents. The age, gender, smoking status, expectations to smoke, and beliefs about health consequences of smoking and social norms were part of the methods used with their assessment.

A reliability analysis was used to help assess for consistency with these measures. A frequency analysis and chi-square testing was used to look at any differences with smoking status by gender and overall support of smoke-free places and the smoking status of the adolescents. A hierarchical linear regression analysis was used to help identify any support for smoke-free locations and the expectations to smoke as well as the beliefs about health consequences of smoking and related social norms (Lazuras et al., 2010).

Nearly two thousand (1,924) Greek secondary students were surveyed. The mean age of participants was 14 years. The large majority of nonsmoking students (93.4%) agreed with smoke-free school policies, while as compared to 6.6% who disagreed. While most adolescents who smoked (56.1%) disagreed with smoke-free school policies, a significant number of adolescent smokers agreed that such policies were appropriate (Lazuras et al., 2010).

Study findings revealed that actual public smoking wasn't necessarily a significant predictor of supporting smoke-free settings. After controlling for the smoking status of the adolescents, results indicated that social norms play a considerable role in developing policies that are supported by other adolescents and youth groups, and those who observe others smoking in public are less likely to support a smoke-free policy. Therefore, de-normalizing smoking in adolescents' environments, such as schools, is important for developing adolescent beliefs about such policies and would garner support for future interventions. Additionally, knowledge about the potential negative health effects of second-hand smoke was also found to be a significant predictor of adolescent support for smoke free policies.

Trinidad, Gilpin, and Pierce (2005) examined compliance and support for smoke-free school policies by analyzing school-based adolescent survey data collected by the California Tobacco Control Program and other large, population-based surveys used to measure tobacco use and

attitudes and beliefs pertaining to tobacco use. Youth sampled were between 12 and 17 years of age, and data were analyzed from the calendar collection years of 1993, 1996, 1999, and 2002. Study results indicated that the students' perceptions of policy compliance among other students and teachers is a powerful factor among both smokers and non-smokers regarding support of smoke-free policies. There was an increase of the perceived compliance among students from approximately 43.7% in 1993 to approximately 71.5% in 2002 by most of the student smokers.

This support and perception of compliance actually was lower among the student smokers that saw their teachers smoking at the school. Perceived compliance amongst students was associated with the support of the policy and what supplementary influence the teacher may have on the students' perception of whether smoking is considered acceptable and part of the daily norm. Study authors further concluded that the perceptions of student smokers who obeyed the smoke-free policy were associated with support for smoke-free grounds. Additionally, those schools with low enforcement, made the opportunity to smoke "much easier and tempting for adolescents" (Trinidad, 2005, p. 472).

2.3 Adoption of Policy/Best Practices

The Pro-Children Act of 1994 limits smoking in facilities that provide federally funded children's services. However, this act does not prohibit tobacco products from being used on all school grounds by the students, staff, and visitors. This leaves the responsibility on each individual school district, at both the state and local levels, to adopt their own TFS policies (Summerlin-Long & Goldstein, 2008).

These authors imply that the findings should help key policy makers in North Carolina to continue to better understand certain strategies used towards adoption of TFS policies as well as other groups across the country. Similar to the efforts here in Georgia for this project of

analyzing the survey results from key stakeholders regarding TFS policies, this specific research paper also reviewed participation rates within each district across North Carolina.

A questionnaire was adapted to help examine the school districts that adopted policies and was implemented through a series of interviews, roughly 188 in total. During the 12-year period of 1990 to 2002, only 15 out of their 115 school districts actually passed a TFS policy. This amount tripled to 46 school districts adopting a TFS policy from 2003 to 2005 (Summerlin-Long & Goldstein, 2008). A spike in adoption occurred as a result of efforts by the North Carolina Health and Wellness Trust Fund (HWTF) Teen Tobacco Use Prevention and Cessation Initiative. Among the 46 policies occurring in the last two years of this Initiative, analysis revealed three underlying themes critical for adoption of TFS policies: 1) effective leadership with individuals having influence 2) community grassroots efforts from local coalition and youth groups 3) communication strategies promoting policy adoption and compliance.

The article, *A Decade of Sustaining Best Practices for Tobacco Control: Indiana's Story*, examines sustaining best practices for tobacco control in Indiana and highlights successful results through economic and political challenges that occurred. The Indiana Tobacco Prevention and Cessation Agency (ITPC) was developed in 2000 to help address tobacco use and begin to apply CDC best practices regarding comprehensive tobacco control programs (Jay, Torabi, & Spitznagle, 2012). The ITPC helped target areas of need such as program implementation, community support, and policy changes. During a review of evidence-based practices and interventions such as public health education campaigns and the support of cessation efforts, a review of the implementation efforts to change behavior was captured.

According to Jay et al. (2012) in 2001, 87 public school districts had a 100% tobacco-free policy protecting youth from second-hand smoke. Ten years later through the implementation of

best practices, the number of school districts with a TFS policy increased to 234. As a result, high school youth smoking rates have decreased from 31.6% in 2000 to 17.5% in 2010, an overall decrease of 14% in the ten-year span.

Though the Indiana study demonstrated that with proper guidance, funding, and support, TFS policies are an effective means of reducing tobacco use among adolescents, it also shows how quickly programs and initiatives can break down. Funding challenges continue to be an issue and mutual agreement amongst key policy makers is lacking. In order to achieve long-term goals that support the health and economic interests of Indiana residents, the ITPC strongly recommends continued key support/program leadership, sustaining evidence-based tobacco control programs, and promoting public support and political will of key policy makers.

Additional research in North Carolina highlights recommendations, which include promoting TFS policies with targeted media campaigns. Summerlin-Long, Goldstein, Davis, and Shah (2009) provide recommendations for utilizing media campaigns as part of comprehensive efforts to promote TFS policies. Recommendations include: making positive messages about TFS policies part of the norm highlighting experiences of successful TFS districts and the significance of adult role modeling, providing personal stories of youth pertaining to TFS policies and health consequences.

The health and economic impacts of smoking have been studied and reported multiple times. However, the impact of policies and environmental strategies at the local level are less understood and largely ignored. The systematic review, *The impact of local U.S. tobacco policies on youth tobacco use: A critical review*, discusses results from numerous studies around different policy types targeting tobacco prices, retail access, possession by a minor, and clean air laws.

Friend, Lipperman-Kreda, and Grube (2011) imply that there is strong evidence that state-level policies that restrict smoking are associated with a reduction in youth tobacco-use. Research regarding local clean air laws indicates that such policies have helped create stronger anti-smoking norms among youth. Regarding impact on youth, the authors claim inconclusive results since some of the research confirms an association of reduction in use amongst youth and other research with no association link. Similar studies with contradictory evidence indicate the need for further research regarding the effects of local policies on youth tobacco use.

2.4 Model Tobacco-Free School Policies

The CDC provides guidelines for model tobacco free school policies. The components of a model policy include consistency with both state and local laws. The CDC recommends that TFS policies contain the following components (CDC, 1994):

1. Rationale for prevention of tobacco use, which may include tobacco-related morbidity and mortality rates
2. Prohibitions of tobacco use by students, staff, parents and visitors on school property, vehicles, and at school-sponsored events on and away from school property
3. Prohibition of tobacco advertisements at the school, within publications, or at school related functions
4. Student education on avoiding tobacco use
5. Provision of cessation services for students and the staff
6. Procedures for communicating the policy to students, staff, parents, visitors, and the community as well as the enforcement of the policy

Regarding school health programs and preventing tobacco use with the most impact, the CDC also recommends the implementation of seven strategies at the school as part of their 100% tobacco free school (TFS) policy (CDC, 1994).

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.

There have been several other states that have developed successful model TFS policies. California has always been progressive in their efforts around Public Health and implementing healthy approaches for communities and school settings. The California Department of Education explains via their website the tobacco-free school district certification. The information is very detailed with actual code language, but also provides guidance for all types of leaders involved: school staff, students, parents and community advocates. School districts are certified once they meet specific requirements of the CA Health and Safety Code.

California provides sample policies for both business/non-instructional operations as well as for students. For businesses, it has sample board policy and the administrative regulations like notifications, enforcement and discipline, and various options for the districts that may or may not receive Tobacco-Use Prevention Education or TUPE funding. The sample policies pertaining to the students in California, describe prohibition against tobacco use, instructions around prevention, cessation, and program planning and evaluation (California Department of Education, 2011).

North Dakota is another state that has developed and implemented a comprehensive policy along with the guidance through a resource tool-kit to aid in the adoption, communication, and enforcement of the TFS policy. North Dakota efforts support educating communities around the effectiveness of TFS policies along with the value and benefits. This includes items like positive role modeling, reducing children observing tobacco use, reducing second-hand smoke, protection from tobacco addiction and label of being a dangerous drug, prohibiting smoking inside buildings, preparation of smoke-free workplaces/communities, protection of the school against future liability, and overall support of state law limiting smoking in public places (North Dakota Department of Health, 2010). The tool-kit does provide additional information with Tobacco Fact sheets indicating the trends and usage statistics in youth from 7th-12th grades.

The North Dakota model policy was updated in August 2010 and list rationales for regulating and possession use of tobacco. It defines tobacco and describes the use/possession of tobacco prohibitions for students, staff/visitors, and additional- including advertisement of tobacco products around school grounds, related functions, and even clothing worn. The policy states it does not accept any type of gifts from the tobacco industry. The policy also shows the

communication efforts, responsibility for any violations, and a referral service for tobacco cessation services.

North Carolina Health and Wellness Trust Fund (2005) model policy highlights overall language from the perspective of the school board inserted. Between acknowledgments of staff members serving as role models for the students to the obligation of the school board promoting healthy environments, the model policy allows for any state or school district to adopt and enhance as needed. This policy layout highlights how tobacco use is prohibited, clearly defines tobacco products and its use, and provides recommended categories of a comprehensive policy. This includes sections around proper signage, the enforcement details for students, staff, and visitors.

North Carolina's model policy also contains opportunities for cessation in partnership with the local health department. Prevention education is a policy section that describes the learning opportunities for students using curriculum from the North Carolina Healthful Living Education Standard Course of Study and is taught in K-9th grade. The policy closes with procedures how to implement, a communication plan that is shared through items like employee handbooks, announcements at school-sponsored events, and an enforcement protocol relayed to all students, staff, and parents (North Carolina Health and Wellness Trust Fund, 2005).

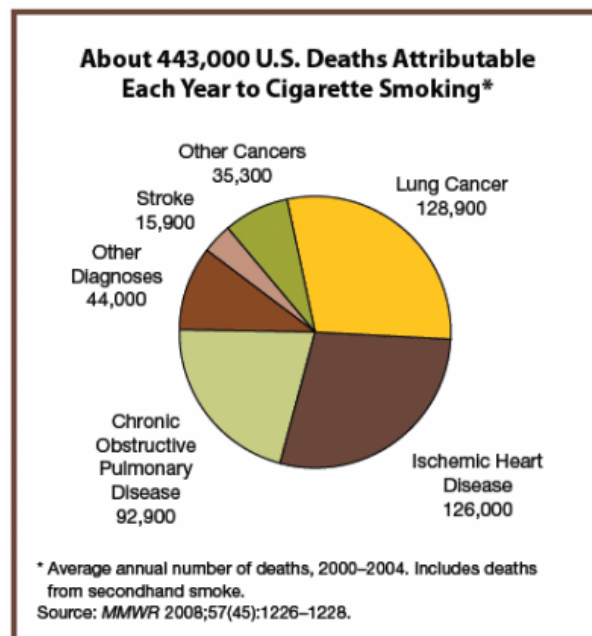
2.5 Georgia Tobacco-Free Model Policy

Regarding Georgia's model policy, it is clear that it was adapted from North Carolina's policy template. Just as North Carolina focused on relevant areas like prohibiting tobacco, enforcement, and prevention education, Georgia adapted this policy further to expand additional target areas and essential sections to highlight. This policy supports the School Board perspective and describes the legal authority and need for such a policy. Like many of the

policies reviewed for comparison, it focuses on prohibiting tobacco use, defines tobacco and various kinds of products. This policy also explains the terms: “school grounds and property” and “time of day” (Eriksen & Strasser, 2011, pp.1-2).

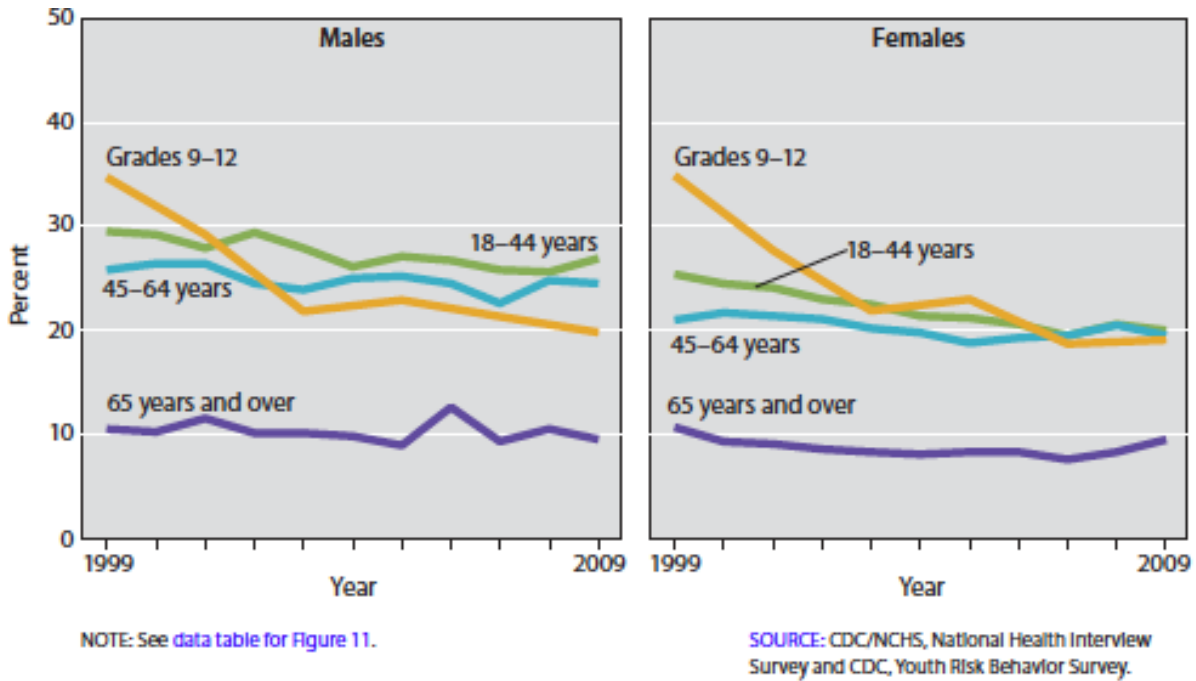
The Georgia model policy adds some additional language from the core North Carolina template. Like North Carolina, it details the enforcement component for students, staff, and visitors, but also expands on enforcement at outdoor school sponsored events occurring on campus property and enforcement at any school-sponsored events that are hosted offsite of school grounds. This is significant, since it really emphasizes the 100% element of the policy and shows influential support with anyone and anywhere that is connected with the school. Further information in the policy also highlights prevention education and the procedures for implementation.

Figure 1. Annual United States Deaths Attributable to Cigarette Smoking



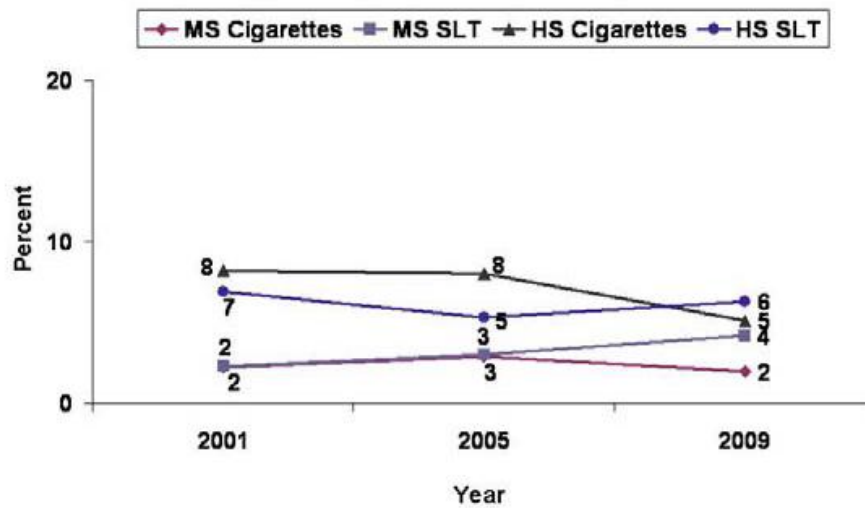
Source: (CDC, 2011d)

Figure 2. Cigarette smoking among students in grades 9-12 and adults 18 years of age and over, by sex, grade, and age: United States, 1999-2009



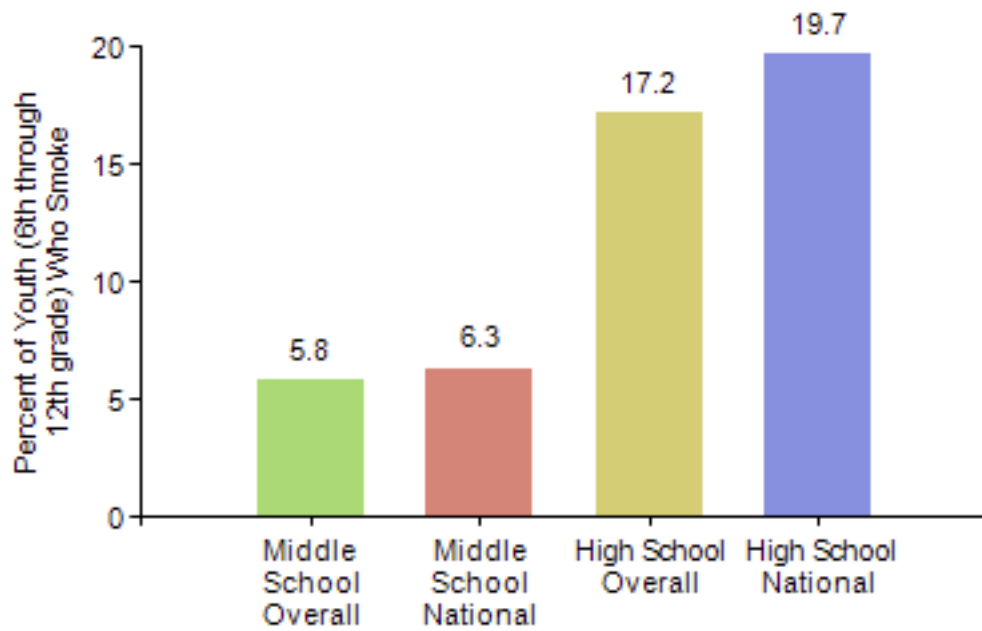
Source: (National Center for Health Statistics, 2011)

Figure 3. Percentage of youth who smoked cigarettes or used smokeless tobacco (SLT) on school property, Georgia, 2001, 2005, & 2009



Source: 2009 Youth Tobacco Data Summary

Figure 4. Smoking Prevalence (Youth), Georgia, 2011



Source: (CDC, 2011e)

Chapter III

METHODS AND PROCEDURES

3.1. Study Instrumentation and Study Population

A cross-sectional survey design was used to conduct this study. The instrument used for data collection was based on a previously developed survey instrument- *Tobacco Use Prevention Policies Survey for Statewide Stakeholders* (Eriksen & Strasser, 2011, pp. 55-59). The instrument was developed in collaboration with research faculty and staff from GSU Institute of Public Health and representatives from the Department of Public Health, Tobacco Use Prevention Program of the State of Georgia. The instrument consists of 49 items and is included in Appendix B. Survey items relate to 100% tobacco-free school policy adoption and enforcement for students, staff, and visitors. The survey questions also include demographic and school setting items.

A total of over 3,000 stakeholders across Georgia were emailed an invitation to participate in the link to access the questionnaire. The stakeholders were given a three-week timeframe for completion between 5.4.11 through 5.25.11. A total of three rounds of invitations were sent to potential participants. After 3 weeks, the survey was officially closed and the online link was removed. Data was downloaded from the Psychdata server and imported into SPSS—the Statistical Package for Social Sciences, Version 18.0 (Chicago, IL, www.spss.com). Chi-

square tests were run to see examine the association among stakeholders in charge of policy enforcement and the five various components of a comprehensive tobacco-free school policy.

3.2 Study Measures

Five components of a comprehensive TFS policy that were examined in this study were designated by various sections of the Georgia model policy and stakeholder survey issued. In keeping line with the overarching study aims toward evidence relating to school-based tobacco research, the following five model policy elements were captured in the following survey questions/items: (Eriksen & Strasser, 2011, p.33-35)

1. Does the school post signage marking a tobacco-free school zone with a specified distance from the school grounds where tobacco is not allowed
2. Share information with the students and families about mass media messages or tobacco use prevention efforts
3. Worked with local agencies to plan and implement programs to reduce tobacco use
4. Provide tobacco cessation services for those students and staff/faculty using tobacco products
5. School has arrangements with organizations and healthcare professionals not on school property to provide tobacco cessation services

Each of these variables was operationally defined (Table 3.1) and used to examine associations with the stakeholder type.

Table 1. Operational Definitions of Numerical Study Variables

Study Variables	Operational Definitions
Posting signage	Posting signage marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed
Mass media messages/ community-based efforts	Sharing information with students and families about mass-media messages or community-based tobacco-use prevention efforts
Plan/implement events	Work with local agencies or organizations to plan and implement events for programs intended to reduce tobacco use
Tobacco cessation services	School provides tobacco cessation services for each of the following groups: faculty/staff & students
Tobacco cessation services not on school property	School has arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups: faculty/staff & students

3.3 Statistical Analysis

Cross tabulations were run to determine associations between the key stakeholder enforcing the policy and the model policy topic area. The six variables used to analyze the descriptive statistics of the person at the school who is responsible for enforcing the tobacco-use prevention policy included: 1) no single individual is responsible 2) principal 3) assistant principle 4) other school administrator 5) other school faculty/staff member 6) other that is specified. Each of these variables were assigned an analytic code for analysis and some were later combined for analysis and reporting.

The response options 4, 5, and 6 (other school administrator, other school faculty/staff member, other- specify) respectively were combined due to low frequency. For analytic purposes, variable categories with a frequency value less than five indicate that combining categories may be necessary. Table 3.2 represents the stakeholder type variables used and the assigned analytic code assigned to each.

Table 2. Analytic Coding of Stakeholders

Stakeholder Type	Assigned Analytic Code
No single individual	1
Principal	2
Assistant Principal	3
Other school administrator	4
Other school faculty or staff member	5
Other (specify)	6

Selections of using descriptive statistics features, crosstabs, and Pearson chi-square test features were run using SPSS software. Each comprehensive TFS policy element, considered the independent variables of the study, was loaded and run separately against the stakeholders responsible for the enforcement, with stakeholder type representing the dependent variable. During the analysis, a p value of 0.05 and confidence interval of 95% was used to determine the statistical significance of the associations. The results of the tests are presented in Chapter 4.

CHAPTER IV RESULTS

The following section will describe the findings of this evaluation study and address the research questions:

4.1 Sample Demographics

A total of 328 stakeholders completed the electronic survey out of 3,000 who were invited. This represents a response rate of 10.9%. Of the 328 total stakeholders, 315 actually had a TFS policy in place within the surveyed school district and only thirteen respondents replied from schools that did not have any policy in place. Therefore, those surveys completed by non-adopting school officials were not included in the associative analyses for this study. Of the respondents who completed the survey, one hundred and twelve (36%) were identified as female and seventy two (23%) as male.

In terms of race, one hundred forty two (44%) respondents identified themselves as White, forty (13%) respondents identified as Black, two (<1%) identified themselves as Asian or Pacific Islander, and one (<1%) identified 'other'. The majority of the survey respondents (26%) were between the ages of 50-59. Most of the stakeholders in charge of the policy adoption and enforcement were the variable of no single individual responsible, which was roughly 23%. These demographic values are based on 185 respondents (60%) who provided complete

information. Roughly 7% or 23 respondents of the survey had tenure of more than 20 years. A complete demographic profile of the study sample is presented in Table 3.

Table 3. Demographic Profile of Study Sample- GA 100% TFS Stakeholder Survey

Demographic Features	Percent	Frequency (n=315)
Age		
19-29	<1%	2
30-39	7%	21
40-49	18%	56
50-59	26%	81
60-69	8%	24
70+	<1%	1
Gender		
Male	23%	72
Female	36%	112
Stakeholder Role		
No single individual	23%	74
Principal	22%	70
Assistant principal	4%	13
Other school administrator	0%	0
Other school faculty or staff	0%	0
Other (specify)	7%	22
Ethnicity		
White	44%	142
Black	13%	40
Asian/Pacific Islander	<1%	2
Other	<1%	1
Years in Position		
0-3	18%	58
4-7	16%	51
8-11	8%	25
12-15	4%	13
16-20	3%	9
20+	7%	23

Next, tests of association were run for each of the model policy component that was identified as a key variable in the study. The first research question considered the type of stakeholder that oversaw TFS policy as related to signage posted on school grounds.

4.2 Association of Stakeholders and Posting Signage

Results indicated that assistant principals who carried the charge of TFS enforcement indicated the greatest compliance with model policy enforcement for posting signs(92.9%); although the majority of respondents indicated that there was no single stakeholder identified as the policy ‘champion’ (n=65, 40.9%). In schools where ‘other stakeholders’ were identified as being in charge of enforcement of TFS policies—respondents indicated 100% compliance with posting of signage at school. However, these results were not found to be statistically significant [$\chi^2=.844(3)$, $p>0.05$]. Full results are presented in Table 4.

Table 4. Stakeholder count/percentage of school posting TFS zone signage

Variables	Yes	No	Total
Principal	60	11	71
Stakeholder Enforcement %	84.5%	15.5%	100%
Posting signage at school %	38.2%	45.8%	39.2%
Assistant Principal	13	1	14
Stakeholder Enforcement %	92.9%	7.1%	100%
Posting signage at school %	8.3%	4.2%	7.7%
No Single Individual	65	9	74
Stakeholder Enforcement %	87.8%	12.2%	100%
Posting signage at school %	41.4%	37.5%	40.9%
Other (please specify)	19	3	22
Stakeholder Enforcement %	86.4%	13.6%	100%
Posting signage at school %	100%	12.5%	12.2%

Next, tests of association were run for the second research question which considered the type of stakeholder that shared information around mass media messaging and community-based tobacco prevention efforts.

4.3 Association of stakeholders and sharing info around mass media messaging/community-based tobacco-prevention efforts

In terms of mass media messaging, while assistant principals and other stakeholders less frequently were champions of TFS policy messaging, they had the maximum reports of sharing information about mass media messaging and community-based tobacco prevention efforts (71.4% and 82.6%, respectively). In comparison, among respondents who identified as principals or as no single individual, reports of sharing information were remarkably lower (55%), although this association was not found to be statistically significant [$\chi^2 = 7.014(3)$, $p > 0.05$]. Results are presented in Table 5.

Table 5. Stakeholder count/percentage of schools sharing information about mass-media messaging and community-based tobacco-prevention efforts

Variables	Yes	No	Total
Principal	39	32	71
Stakeholder Enforcement %	54.9%	45.1%	100%
Sharing mass media messaging %	36.1%	44.4%	39.4%
Assistant Principal	10	4	14
Stakeholder Enforcement %	71.4%	28.6%	100%
Sharing mass media messaging %	9.3%	5.6%	7.8%
No Single Individual	40	32	72
Stakeholder Enforcement %	55.6%	44.4%	100%
Sharing mass media messaging %	37.0%	44.4%	40.0%
Other (please specify)	19	4	23
Stakeholder Enforcement %	82.6%	17.4%	100%
Sharing mass media messaging %	17.6%	5.6%	12.8%

Next, tests of association were run for the third research question, which considered the type of stakeholder that worked with local agencies or organizations for planning and implementation of tobacco reduction events. Results are presented in Table 6.

4.4 Association of stakeholders and schools working with local agencies/organizations for planning/implementation of tobacco reduction events

Regarding the schools working with local agencies and organizations, the variable of no single individual had the highest count with principals a near second. These two groups combined for more than two-thirds of the efforts done (79.6%) working with local entities to help diminish tobacco through various events and partnership with local agencies and organizations. Even with only 11 individuals indicating assistant principal, the percentage of enforcement for this stakeholder type was 78.6%. Stakeholders labeled as ‘other’ had 17 respondents and also a high percentage of enforcement, 77.3%. Although the variable of no single individual had the highest tally of 45 respondents and 64.3% of stakeholder enforcement, overall this association was not found to be statistically significant [$\chi^2=6.92(3)$, $p>0.05$].

Table 6. Stakeholder count/percentage of schools working with local agencies/orgs to plan and implement events and programs to reduce tobacco use

Variables	Yes	No	Total
Principal	37	34	71
Stakeholder Enforcement %	52.1%	47.9%	100%
Plan/implement tobacco reduction events with local agencies/orgs	33.6%	50.7%	40.1%
Assistant Principal	11	3	14
Stakeholder Enforcement %	78.6%	21.4%	100%
Plan/implement tobacco reduction events with local agencies/orgs	10%	4.5%	7.9%
No Single Individual	45	25	70
Stakeholder Enforcement %	64.3%	35.7%	100%
Plan/implement tobacco reduction events with local agencies/orgs	40.9%	37.3%	39.5%
Other (please specify)	17	5	22
Stakeholder Enforcement %	77.3%	22.7%	100%
Plan/implement tobacco reduction events with local agencies/orgs	15.5%	7.5%	12.4%

Next, tests of association were run for the fourth research question, which considered the association of stakeholders and schools providing tobacco cessation services for both faculty/staff and the students.

4.5 Association of stakeholders and schools providing tobacco cessation services for both faculty/staff and students

The following results highlight the lack of cessation services that are provided for both groups of faculty/staff and students at Georgia schools (Table 7). Even though the largest variables indicating these services was the principal (n=12; faculty/staff) and no single individual (n=10; for students), assistant principals still carried the largest enforcement percentage overall with 21.4% amongst students- clearly fewer than other model elements in this research study, but still worthwhile in the implications. The services being offered for students versus faculty/staff were relatively identical (n=24, n=23) and the overall respondents of the survey yielded a higher response from the principals and no single individual compared to assistant principals and other respectively (n=144: n=37). Throughout this entire association it was not found to be statistically significant for both faculty/staff and student groups respectively [$\chi^2 = 1.997(3)$, $p > 0.05$] and [$\chi^2 = 1.262(3)$, $p > 0.05$].

Table 7. Stakeholder count/percentage of schools providing cessation services

Variables	Faculty/Staff			Students		
	Yes	No	Total	Yes	No	Total
Principal Stakeholder	12	60	72	9	62	71
Enforcement %	16.7%	83.3%	100%	12.7%	87.3%	100%
Providing tobacco cessation services %	52.2%	37.5%	39.3%	37.5%	39.5%	39.2%
Assistant Principal Stakeholder	1	13	14	3	11	14
Enforcement %	7.1%	92.9%	100%	21.4%	78.6%	100%
Providing tobacco cessation services %	4.3%	8.1%	7.7%	12.5%	7.0%	7.7%
No Single Individual Stakeholder	8	66	74	10	63	73
Enforcement %	10.8%	89.2%	100%	13.7%	86.3%	100%
Providing tobacco cessation services %	34.8%	41.3%	40.4%	41.7%	40.1%	40.3%
Other (please specify) Stakeholder	2	21	23	2	21	23
Enforcement %	8.7%	91.3%	100%	8.7%	91.3%	100%
Providing tobacco cessation services %	8.7%	13.1%	12.6%	8.3%	13.4%	12.7%

Next, tests of association were run the fifth research question, which considered the association of stakeholders and schools providing tobacco cessation services with offsite groups or health professionals for both faculty/staff and the students.

4.6 Association of stakeholders and schools providing tobacco cessation services with offsite groups or health professionals for both faculty/staff and students

The results [Table 8] indicate that the schools providing tobacco cessation services for both the faculty/staff and for the students offsite with some other type of group or health professional suggest more stakeholders offer these services overall for the faculty/staff (n=57) group compared to the students (n=42). Besides the variable group ‘other’, which is almost identical between faculty/staff and students pertaining to stakeholder enforcement (n=7, 30.4%), the group of faculty/staff exceeds all areas with variables (principal, assistant principal, no single

individual) compared to that of the students with stakeholder enforcement respectively (Faculty/staff: 27.8%, 28.6%, 35.6%; Students: 22.2%, 15.4%, 24.3%).

Unlike the other research questions indicating that the assistant principal had the highest percentages of enforcement, overall this variable yielded the lowest percentage pertaining to enforcement of cessation services offsite with other health groups and professionals. This association was not found to be statistically significant for both faculty/staff and student groups respectively [$\chi= 1.104(3)$, $p>0.05$] and [$\chi= 1.177(3)$, $p>0.05$].

Table 8. Stakeholder count/percentage of schools having arrangement with offsite groups providing cessation services not on school property

Variables	Faculty/Staff			Students		
	Yes	No	Total	Yes	No	Total
Principal	20	52	72	16	56	72
Stakeholder Enforcement %	27.8%	72.2%	100%	22.2%	77.8%	100%
Providing tobacco cessation services offsite%	35.1%	41.6%	39.6%	38.1%	41.2%	40.4%
Assistant Principal	4	10	14	2	11	13
Stakeholder Enforcement %	28.6%	71.4%	100%	15.4%	84.6%	100%
Providing tobacco cessation services offsite %	7%	8%	7.7%	4.8%	8.1%	7.3%
No Single Individual	26	47	73	17	53	70
Stakeholder Enforcement %	35.6%	64.4%	100%	24.3%	75.7%	100%
Providing tobacco cessation services offsite %	45.6%	37.6%	40.1%	40.5%	39%	39.3%
Other (please specify)	7	16	23	7	16	23
Stakeholder Enforcement %	30.4%	69.6%	100%	30.4%	69.6%	100%
Providing tobacco cessation services offsite %	12.3%	12.8%	12.6%	16.7%	11.8%	12.9%

CHAPTER V DISCUSSION AND CONCLUSION

5.1 Discussion of Research Questions

Study results showed that stakeholders responsible for the oversight of TFS policy implementation and enforcement by type (no single individual, principal, assistant principle, or specified other) were not significantly associated with model tobacco free school policy components (posting signage, sharing mass media messages, collaboration with local groups to plan/implement tobacco reduction events, provide tobacco cessation services for faculty/staff and students, and provide tobacco cessation services offsite for faculty/staff and students). Despite the lack of significant findings, important patterns, such as the potential role certain stakeholders, in particular assistant principals may play in carrying out TFS policies, were revealed.

For many of the tests of associations between stakeholder type and TFS model policy, the assistant principal had the highest percentage of stakeholder enforcement and clearly emerged as the champion group. Speculation allows one to think individuals like principals within Georgia school districts may have too many other responsibilities and not enough time to focus on the enforcement of model TFS policy components. It also shows that the enforcement tasks of various components are still necessary by someone with authority and may not be as suitable for other stakeholder types.

Reasoning behind why these particular results occur can be attributed to the separation of the actual stakeholder in charge of enforcement for that particular school district and the actual person completing the survey. Even though 328 individuals responded to the survey, just over half completed demographic information. It is also assumed that the survey respondent, if not the actual stakeholder overseeing enforcement in the school district, knew the answers to each question and was able to answer accurately. These assumptions are recognized as potentially limiting factors in making conclusions in this study. A more robust study design, perhaps using in-depth interviews with individuals who have been identified as the overseer of a school's TFS policy may be more enlightening than results garnered from an electronic survey to school stakeholders.

The results also indicate there is only a fair amount of involvement of enforcing TFS policies here in Georgia. Additionally, of the 315 survey respondents that indicated they currently do have a TFS policy in place, not all of them are applying the five recommended policy components. Nationally recognized organizations like CDC and other states like California and North Carolina have laid the groundwork for justifying the effectiveness of comprehensive approaches regarding the type of efforts applied with curbing youth from beginning or quitting use of tobacco products. Minimal application of key policy components by Georgia stakeholders and their respective school district was not surprising since Georgia is labeled as one of the unhealthiest states in the country—and this is true when tobacco usage among youth across states are compared.

The association results were a little surprising since most of the research included in Chapter 2, highlighted various studies with statistically significant results and favorable outcomes clearly showing associations. It was anticipated that there would be a clear association

of the principal and each of the policy components prior to the study. The majority of the literature favors the need for leadership buy-in and executive involvement from the beginning for most interventions and public health programs to be successful in the long-term. The platform of Georgia school districts does show promise for future research in this area, especially since there are so many other school district stakeholders that never responded to the survey. Additionally, the ability to better understand exposure to second hand smoke and smoking cessation for youth in rural areas, where there is a higher reported prevalence rate of tobacco use, is largely unknown, as the vast majority of participants in this study were from urban areas.

5.2 Study Strengths and Limitations

The sample size of the surveys collected and used for this survey can be considered a strength. Even though over 3000 surveys were sent out across Georgia there was a total of 328 were collected. Inclusion of 315 surveys in this study can be considered substantial due to the short amount of time allotted for survey administration and data collection. Targeting a variety of stakeholders and obtaining a good preliminary understanding of individuals with the charge of TFS policy implementation and enforcement throughout Georgia was acquired.

These results can raise the question of whether 11% is considered a good rate of response compared to other similar research. This all depends upon the outcomes anticipated by the researcher and overall goals in mind. Since this may be the first attempt to reach out to school stakeholders, establishing a baseline of understanding is a good first step in the research process. Insights from this exercise can help inform next steps for future studies. This also highlights the area of research being somewhat new and having a limited number of similar studies and overall research within this study field and type. Therefore, due to the limited timeframe of completion and collection, the 11% is a respectable response rate for all practical purposes.

A limitation of this study includes the short window of opportunity that existed for stakeholders to participate. A timeline of roughly three weeks during the month of May (when schools are busy in the final month of an academic year) to receive, complete and submit the survey could potentially limit more stakeholders from completing the survey. Several reminders were sent via email to encourage completion and a timely submission. This mode of correspondence may not be the preferred method of information sharing and utilization. Too many other variables could have also led to non-participation in the three-week required timeframe. This might include limited email contacts and inside connections amongst stakeholder groups to help endorse the study and receive a greater submission rate.

Items like urbanicity may also be considered a limitation and should be considered. The more metropolitan areas like the city of Atlanta may potentially be more progressive and considered early adopters on the limitations of tobacco use and development and enforcement of policies. Having potential access to more educational materials/literature, overall staffing support, and financial resources can potentially impact the strengths and limitations of policy development and sustainability. The more rural areas across the state of Georgia may find a less stringent attitude towards policies, enforcement practices, and actual components of model policies that may be in place.

5.3 Recommendations for Future Research

Designing a larger scale study on TFS policy implementation and enforcement would be advantageous to the State of Georgia. Utilizing key information from the literature review highlights larger system-wide changes like comprehensive school policies and ordinances as a recommendation. Even though all the research questions in this study were not found to be statistically associated with stakeholder role in TFS policy implementation, future studies that

recruit individuals identified as a “leader” or those champions with “influence” should be conducted. This will help further define what model policy pieces are and the need to implement from a comprehensive approach. This will help achieve ideal results indicating a relationship or association with those individuals responsible for enforcement and the policy component.

Approaching a multi-level or comprehensive effort is the key to success regarding TFS policies. Based on a review done by Backinger, Fagan, Mathews, and Grana (2003) if the outcome is to prevent and reduce youth tobacco use, then the focus needs to be more on a macro-level approach. Targeting a broad range of methods and system-wide strategies like counter-marketing campaigns, increasing tobacco taxation, and tobacco control policies will have the most favorable results in reduction of youth using tobacco. The authors go on to suggest that more local or micro-level interventions will help provide better insight around what is effective and ineffective dealing with reducing tobacco use initiation. Developing an approach that is guided by these recommendations would be very insightful for the Georgia TUPP program.

Backinger and colleagues emphasize that prevention programming alone is insufficient; however, tobacco control policies combined with school programming is much more effective. These school-based policies help support healthier environments for youth just like smoke-free homes and workplaces help support adolescents being less likely to smoke. Studies like these do support a much-needed effort around smoke-free air ordinances at public venues, places of business, and controlled environments like schools (Backinger et al., 2003).

Allowing ample time for any future survey efforts should be noted. Given the size of Georgia and the number of school districts, a large group of stakeholders were targeted. Though a substantial number of individuals responded to the survey and provided valuable feedback, there is potential to obtain an even larger sample size and really create a snapshot of the horizon

in Georgia pertaining to tobacco youth prevention and cessation efforts through enforcement of 100% TFS policies.

5.4 Conclusion

Just as worldwide efforts from a global perspective and those at the national level continue to focus on the burden of chronic disease and health challenges that affect numbers in large masses, it is important to tailor specific interventions and action items like 100% TFS policies at state, district and even local county/city levels. Helping to further define these policies and the advantage of placement at venues like schools will contribute to the considerable scale of collective efforts worldwide amongst healthier communities and the residents living within.

Magnusson (2009) claims that with so many vast issues dominating the agendas and potential resources of government agencies and key stakeholders, establishing policy change all at once may be unlikely. It is important that Georgia's TUPP utilizes efforts and set aside appropriate resources available for collaboration. Following similar efforts at both the global and international levels for the need to improve the effectiveness of funding and emphasize on partnerships, local districts like those within Georgia can heed this advice to formalize the commitments of key stakeholders. Restructuring their activities and efforts in unique ways to receive a more collective response from those targeted is one way to obtain sustainable policies, interventions, and the intended successful outcomes.

Targeting the right stakeholders is critical in the success of any program and the efforts like the enforcement of a 100% TFS policy. The CDC indicated that in 2011, the federal and national investment in tobacco control total funding from the CDC Office on Smoking and Health was only \$1,094,478 (CDC, 2011e). This amount is minimal compared to the billion of

dollars spent by the large tobacco companies each year promoting and selling their tobacco products. This is why creating healthy environments that curb the potential or assist those youth that use tobacco to avoid or quit altogether is imperative.

Having the right stakeholder oversee enforcement of model policy components like posting appropriate signage around the school grounds and sharing educational information on mass media messages for the students and their families is essential. Future goals should also entail working in close collaboration with local health organizations and individuals to plan and implement tobacco prevention events as well as provide tobacco cessation service for faculty/staff and the students both on and offsite of school property.

Proper legislation and finding the ideal mix of policy makers and those stakeholders with regard to the development and enforcement of these components can be a complex undertaking. Referring to the health of a child or adult can sometimes be a complicated task. Rosen et al. (2010, p.6-7) reminds us that these decisions often include both philosophical and scientific considerations. The authors' state "Decisions made by policy makers implicitly reflect philosophical beliefs about the balance of governmental and individual responsibility for health. This is a subject rife with inconsistencies".

The youth of Georgia should be a top priority for all communities, school systems, administrators, parents, and any other entity that deals with creating day-to-day involvement of these children and adolescents. Creating a healthy platform of proper education and a tobacco free environment that is enforced by stakeholders is imperative for future generations of healthy youth. If all of the Georgia school districts "were on board" and implemented the existing Georgia model policy and had their stakeholders oversee and enforce it 100%, then Georgia can

begin to see a true difference in its youth considering using tobacco products or quitting altogether.

References

- Backinger, C.L., Fagan, P., Mathews, E., & Grana, R. (2003). Adolescent and young adult tobacco prevention and cessation: current status and future directions. *Tobacco Control*, 12(4), 46-53. doi:10.1136/tc.12.suppl_4.iv46
- California Department of Education. (2011). Tobacco-Free School District Certification, Sample Policies and Regulations. Retrieved from California DOE website:
<http://www.cde.ca.gov/ls/he/at/tobaccofreecert.asp>
- Centers for Disease Control and Prevention. (1994). Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*, 43(RR-2), 1-18.
- Centers for Disease Control and Prevention, Office on Smoking and Health. (2011a). *Health Effects of Cigarette Smoking*. Retrieved from CDC's website:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
- Centers for Disease Control and Prevention. (2011b). *Health Effects of Secondhand Smoke*. Retrieved from CDC's website:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm
- Centers for Disease Control and Prevention. (2011c). Youth and Tobacco Use. Retrieved from CDC's website:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Centers for Disease Control and Prevention (2011d). *Tobacco Use- Targeting the Nation's Leading Killer At A Glance 2011*. Retrieved from CDC's website:

<http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm>

Centers for Disease Control and Prevention, Office on Smoking and Health. (2011e). *State Tobacco Activities Tracking and Evaluation (STATE) System*. Retrieved from CDC's website:

<http://apps.nccd.cdc.gov/statesystem/HighLightReport/highlightReport.aspx?StateID=GA&StateName=Georgia&DeliverableID=0&DraftInd=P&FromHomePage=Y>

Department of Community Health. (2009). 2009 Georgia Data Summary: Youth Tobacco Use. Retrieved from Georgia Department of Public Health website:

<http://health.state.ga.us/epi/cdiee/tobaccouse.asp>

Eriksen, M., & Strasser, S. (2011). Georgia 100% Tobacco Free School Evaluation. December 14th, 2011-September 30th, 2011.

Friend, K.B., Lipperman-Kreda, S., & Grube, J.W. (2011). The impact of local U.S. tobacco policies on youth tobacco use: A critical review. *Open J Prev Med*, 1(2), 34-43.

doi:10.4236/ojpm.2011.12006

Georgia Tobacco Use Prevention Program. (2010). *2010 Data Summary, Adult Tobacco Use*.

Retrieved from Department of Public Health website:

<http://health.state.ga.us/epi/cdiee/tobaccouse.asp>

Healthy People 2010. (2011). *Tobacco*. Retrieved from HealthPeople.gov website:

<http://healthypeople.gov/2020/LHI/tobacco.aspx>

- Jay, S.J., Torabi, M.R., & Spitznagle, M.H. (2012). A Decade of Sustaining Best Practices for Tobacco Control: Indiana's Story. *Prev Chronic Dis*, 9(11_0144), 1-7.
doi.dx.org/10.5888/pcd9.110144
- Lazuras, L., Rodafinos, A., & Eiser, R.J. (2011). Adolescents' Support for Smoke-Free Public Settings: The Roles of Social Norms and Beliefs About Exposure to Secondhand Smoke. *Journal of Adolescent Health*, 49, 70-75. doi:10.1016/j.jadohealth.2010.10.013
- Magnusson, R.S. (2009). Rethinking global health challenges: Towards a 'global compact' for reducing the burden of chronic disease. *The Royal Society for Public Health*, 123, 265-274. doi:10.1016/j.puhe.2008.12.023
- National Center for Health Statistics. (2011). *Health, United States, 2010: With Special Feature on Death and Dying*. 76, 1-547. Hyattsville, Maryland.
- North Carolina Health and Wellness Trust Fund. (2005). *A Model 100% Tobacco-Free School Policy For North Carolina School Districts*. Retrieved from 100% Tobacco-Free Schools website: www.tobaccofreeschoolsnc.com/ModelPolicy.doc
- North Dakota Department of Health. (2010). Comprehensive Tobacco-Free School Policy Tool Kit [Tools and Resources for North Dakota Schools], 1-58. Tobacco Prevention and Control Program.
- Rosen, L., Rosenberg, E., McKee, M., Gan-Noy, S., Levin, D., Mayshar, E.,...Lev, B. (2010). A framework for developing an evidence-based, comprehensive tobacco control program. *Health Research Policy and Systems*, 8(17), 1-13. doi:10.1186/1478-4505-8-17
- Summerlin-Long, S.K., & Goldstein, A.O. (2008). A Statewide Movement to Promote the Adoption of Tobacco-Free School Policies. *Journal of School Health*, 78(12), 625-632.
- Summerlin-Long, S.K., Goldstein, A.O., Davis, J., & Shah, V. (2009). Promoting Tobacco-Free

School Policies Through a Statewide Media Campaign. *Journal of School Health*, 79(4), 184-192.

TobaccoFreeAllegheny. (2008). Five Key Features of Tobacco Policy. *Pennsylvania's 100% Tobacco Free Schools Toolkit for Student Assistance Programs*. Retrieved from:
<http://www.tobaccofreeallegheny.org/>

Trinidad, D.R., Gilpin, E.A., & Pierce, J.P. (2005). Compliance and support for smoke-free school policies. *Health Education Research*, 20(4), 466-475. doi:10.1093/her/cyg143

U.S. Department of Health and Human Services, Office of the Surgeon General. (2007). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services*. Retrieved from Surgeon General website:
<http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet2.html>

Appendices

A. Model GA Policy

(Name of School District)	Tobacco Products	Policy Code:
<p style="text-align: center;">A Model 100% Tobacco-Free School Policy For School Districts In Georgia</p> <p>The <i>(name of school district)</i> School Board recognizes that the use of tobacco products is a health, safety, and environmental hazard for students, employees, visitors, and school facilities. The Board acknowledges that adult employees and visitors serve as role models for students and that the Board's acceptance of any use of tobacco products implies school approval, if not endorsement, of such use. In addition, the Board recognizes that it has an obligation to promote positive role models in schools and promote a healthy learning and working environment, free from unwanted smoke, for the students, employees, and visitors to the school campus. Finally, the board recognizes that it has a legal authority and obligation pursuant to the Georgia Smokefree Air Act of 2005 (O.C.G.A. 31-2a-1 et seq.), the federal Pro-Children's Act (Title X of Public Law 103-227), the Georgia Youth Access Law (GA. Code ANN. § 16-12-171 2004) and the No Child Left Behind Act.</p> <p>Tobacco Use Prohibited No student, staff member or school visitor is permitted to use any tobacco product at any time, including non-school hours 24 hours per day, seven days per week:</p> <ul style="list-style-type: none"> • In any building, facility, or vehicle owned, leased, rented or chartered by the <i>(Name of School District)</i> Schools. • On any school grounds and property – including athletic fields and parking lots – owned leased, rented or chartered by <i>(Name of School District)</i> Schools; or • At any school-sponsored or school-related event on-campus or off-campus. <p>In addition, no student is permitted to possess a tobacco product. The policy may permit tobacco products to be included in instructional or research activities in public school buildings if the activity is conducted or supervised by the faculty member overseeing the instruction or research and the activity does not include smoking, chewing, or otherwise ingesting the tobacco product.</p> <p>Tobacco Products and Tobacco Use Tobacco products are defined to include cigarettes, candy cigarettes, chewing tobacco, blunts, blunt wraps, pre wrapped blunt cones & tubes, cigars, cigarillos, bidis, pipes, cigarette packages or smokeless tobacco containers, lighters, ash trays, key chains, t-shirts, coffee mugs, and any other items containing or reasonably resembling tobacco or tobacco products. Tobacco use includes smoking, chewing, dipping, or any other use of tobacco products.</p> <p>School Grounds and Property School grounds and property means and includes land, school facilities and school vehicles used for the provision of academic, extracurricular programs and administration by the district. School grounds include playgrounds and recreational places. School grounds include that portion of land, school facilities and other facilities owned by municipalities, private entities or other individuals during those times when the school district has exclusive use of a portion of such land, school facilities, or other facilities for the provision of extracurricular programs.</p> <p>Time of Day "Any time" or "at all times" means during normal school and non-school hours - 24 hours per day, 7 days per week.</p> <p>Signage Signs declaring all school grounds and property as tobacco-free will be posted in all school buildings and vehicles. Signs will be posted at all vehicular entrances to school grounds and building entrances, and in all indoor and outdoor athletic facilities.</p>		
Legal Reference:	Adopted on: <i>(Date)</i> Revised on:	Page 1 of 2

(Name of School District)	Tobacco Products	Policy Code:
<p>Enforcement for Students Consequences for students engaging in the prohibited behavior will be provided in accordance with the school's behavior management plan. Students who violate the school districts tobacco use policy will be referred to the guidance counselor, school nurse, or other health or counseling services for all offenses for screening, information, counseling and referral. All student violators will have access to an Alternative to Suspension (ATS) program. The ATS program will provide up-to-date information on the many consequences of tobacco use, offer techniques that students can use to stop tobacco use at school, and provide referrals to local youth tobacco cessation programs. Parents/guardians will be notified of all violations and actions taken by the school. School may also use community service as part of the consequences. Suspension will only be used after a student has several prior violations or refused to participate in other outlined measures.</p> <p>Enforcement for Staff and Visitors Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies and may include verbal warning, written reprimand, or termination. Visitors using tobacco products will be asked to refrain while on school property or leave the premises. If they refuse, law enforcement officers will be contacted to escort the person off the premises or cite the person for trespassing in case the person refuses to leave the school property. In the case of a violation within the building of a school, the person is in violation of the Georgia Smokefree Air Act of 2005 (O.C.G.A. 31-2a-1 et seq.) and the federal Pro-Children's Act (Title X of Public Law 103-227) and subject to a fine. Signage will be prominently posted in all visitors' areas and school staff and officials will communicate policy to visitors upon arrival and infractions.</p> <p>Enforcement at Outdoor School Sponsored Events on Campus Grounds All outdoor school sponsored events on campus (ex. athletic events, meetings or functions by community groups renting school property) must be tobacco free. This policy must be clearly stated in all contracts, correspondence and verbal and written announcements to all attendees and contractors.</p> <p>Enforcement at School Sponsored Events Off Campus All indoor and outdoor school sponsored events off campus in venues (ex: rented arenas, stadiums, halls, theaters) must be tobacco free. This policy must be clearly stated in all contracts, correspondence and verbal and written announcements to all attendees and contractors.</p> <p>Opportunities for Cessation The administration will identify and offer programs and services for students who are ready to quit tobacco use. The administration will identify and offer programs and services for school staff who use tobacco products to support them in complying with the policy that prohibits tobacco use on school grounds and during school-related events and assisting those staff who are ready to quit smoking or other tobacco use.</p> <p>Prevention Education The administration will identify programs or opportunities for students (inside and or outside of the classroom) to gain a greater understanding of the health hazards of tobacco use and the impact of tobacco use as it relates to providing a safe, orderly, clean and inviting school environment. To reduce tobacco and secondhand smoke as a trigger to cases of asthma while a student and adult is attending school, each school district/school shall prepare, adopt, implement and evaluate a comprehensive plan for the prevention and management of asthma as per the guidelines of the National Association of State Boards of Education, <i>Fit, Health, and Ready to Learn: A School Health Policy Guide</i>.</p> <p>Procedures for Implementation The policy will go into effect (<i>Date policy will go into effect</i>). The administration will develop a plan for communicating the policy that will include information in student and employee handbooks, announcements at school-sponsored or school-related events, and appropriate signage (as mentioned above) in buildings and around campus. Other methods will be identified for notifying students, employees and parents about this policy. An enforcement plan, which identifies consequences for students, staff and visitors who violate the policy, will be created and communicated to all students, staff and parents.</p>		
Legal Reference:	Adopted on: <i>(Date)</i> Revised on:	Page 2 of 2

Model Enforcement Policy

Enforcement policies for students:

1st Offense: Tobacco education/Alternative To Suspension course is mandatory; parent notification

2nd Offense: Tobacco education/Alternative To Suspension course is mandatory; parent notification

3rd Offense: Three-day suspension; parent notification

4th Offense: Administrator's discretion

Enforcement for staff: Should follow the school's personnel regulations as with any other personnel policy.

Enforcement policies for visitors: Communicate, Communicate, And Communicate!

B. Stakeholder Survey Instrument

Tobacco Use Prevention Policies Survey for Statewide Stakeholders

You are being contacted as an identified stakeholder—whether you serve on a local school board or in a health promotion coordination capacity. The aim of this survey is to examine implementation, enforcement, and promotion of tobacco-free policies among school districts in Georgia. We are sincerely appreciative of your time and input.

*1) Has your school adopted a policy prohibiting tobacco use?

- Yes
 No

Continue ONLY when finished. You will be unable to return or change your answers.

Continue »

Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

	Student	Faculty/Staff	Visitors
2) Cigarettes	--Select--	--Select--	--Select--
3) Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	--Select--	--Select--	--Select--
4) Cigars	--Select--	--Select--	--Select--
5) Pipes	--Select--	--Select--	--Select--
6) E-cigarettes	--Select--	--Select--	--Select--

Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

	Student	Faculty/Staff	Visitors
7) During school hours	--Select--	--Select--	--Select--
8) During non-school hours	--Select--	--Select--	--Select--

Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

	Student	Faculty/Staff	Visitors
9) In school buildings	--Select--	--Select--	--Select--
10) Outside on school grounds, including parking lots and playing fields	--Select--	--Select--	--Select--
11) On school buses or other vehicles used to transport students	--Select--	--Select--	--Select--

Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

12) Students

Yes No N/A

13) Faculty and Staff

Yes No N/A

14) Visitors

Yes No N/A

15) Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught using tobacco? (Mark one response.)

Yes No

16) At your school, who is responsible for enforcing your tobacco-use prevention policy? (Mark one response.)

- No single individual is responsible
- Principal
- Assistant principal
- Other school administrator
- Other school faculty or staff member
- Other (please specify)

Do each of the following criteria help determine what actions your school takes when students are caught using tobacco? (Mark yes or no for each criterion.)

17) Zero tolerance

Yes No

18) Effect or severity of the violation

Yes No

19) Grade level of student

Yes No

20) Repeat offender status

Yes No

When students are caught using tobacco, how often are each of the following actions taken? (Mark one response for each action.)

21) Parents or guardians are notified

Yes No

22) Referred to a school counselor

Yes No

23) Referred to a school administrator

Yes No

- 24) Encouraged, but not required, to participate in an assistance, education, or cessation program
- Yes No
- 25) Required to participate in an assistance, education, or cessation program
- Yes No
- 26) Referred to legal authorities
- Yes No
- 27) Placed in detention
- Yes No
- 28) Not allowed to participate in extra-curricular activities or interscholastic sports
- Yes No
- 29) Given in-school suspension
- Yes No
- 30) Suspended from school
- Yes No
- 31) Expelled from school
- Yes No
- 32) Reassigned to an alternative school
- Yes No
- 33) Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed? (Mark one response.)
- Yes No

During the past two years, has your school done each of the following activities? (Mark yes or no for each activity.)

- 34) Shared information with students/families about mass-media messages or community-based tobacco-use prevention efforts
- Yes No
- 35) Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use
- Yes No

Does your school provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

- 36) Faculty and staff
- Yes No
- 37) Students
- Yes No

Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

38) Faculty and staff

Yes

No

39) Students

Yes

No

40) Stakeholder Name (Optional):

41) Has a Youth Tobacco Prevention Summit been held in your school district?

Yes

No

42) School:

43) School District:

Continue ONLY when finished. You will be unable to return or change your answers.

Continue »

44) County(ies) you work in:

(1000 characters remaining)

45) Gender

Male

Female

46) Age:

19-29

30-39

40-49

50-59

60-69

70+

47) Type of Stakeholder:

Principal

Assistant Principal

Other School Administrator

Other School Faculty or Staff Member

Health Promotion Coordinator

School Board Member

Other (please specify)

48) Years in Stakeholder Role:

49) Race [Select All that Apply]:

- Black/African American
- Hispanic
- Native American
- White
- Asian/Pacific Islander
- Other (please specify)

Continue ONLY when finished. You will be unable to return or change your answers.

Continue »

C. Map of Georgia 100% Tobacco-Free School Policy Adopters by District and System

