

Tobacco Use Prevention Funding 2010-2012 Application



Student Support
(802) 828-0565

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General Information

Timeline

Application Release	December 28, 2009	
Informational Webinar and Q&A*	January 21, 2010	
Planning Worksheet Completion Date	March 1, 2010	
Regional Trainings**		
	Montpelier	March 9, 2010
	Colchester	March 11, 2010
	Fairlee	March 16, 2010
	Ludlow	March 18, 2010
Submission Deadline (Postmark Date)	April 30, 2010	
Award Announcements	May 21, 2010	
Project Implementation Period	July 1, 2010-June 30, 2012	
Funding Periods		
	Year One	July 1, 2010-June 30, 2011
	Year Two	July 1, 2011-June 30, 2012

*Participation is optional.

**Participation is required to submit a grant.

Overview

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, remains the leading preventable cause of death in the United States. Each year cigarette smoking accounts for approximately 1 of every 5 deaths, or about 443,000 people. This year, in Vermont alone, 42,000 children will be exposed to secondhand smoke at home and 800 of our students will become daily smokers (a third of them will die prematurely as a result). In an effort to reduce and prevent the dangerous impacts that tobacco has on our youth, grant funding is available through the Vermont Department of Education. Funds are appropriated annually by the Vermont Legislature to support local education agencies (LEAs) in coordinating programs and implementing tobacco prevention strategies at the local level.

The Centers for Disease Control and Prevention (CDC) state that school programs to prevent tobacco use and addiction will be most effective if they:

- Prohibit tobacco use at all school facilities and events;
- Encourage and help students and staff to quit using tobacco;
- Provide developmentally-appropriate instruction in grades K-12 that address the social and psychological causes of tobacco use;
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver a consistent message about tobacco use; and
- Are reinforced by community-wide efforts to prevent tobacco use and addiction.

In previous years, this grant was written and awarded on an annual basis. This annual timeframe was neither realistic nor efficient as affecting change requires the assessment of local needs, followed by the design of a useful program plan that integrates CDC recommended strategies. The Vermont Department of Education is aware that developing an effective, actionable grant is a time-intensive, but necessary

process. To support LEAs in developing effective grant projects, Tobacco Use Prevention grants will now be awarded on a biennial basis which will require two-year program plans that span the 2010-2011 and 2011-2012 academic years. Though applications will only need to be submitted and reviewed once during this two-year period, funding source restrictions call for annual budget submission and approval (via mid-project report due April 2011), and annual reporting forms.

Eligibility

Funding is available to those LEAs (supervisory unions, school districts, and public/private schools) listed in Appendix A. LEAs are required to send representation to one of the four regional trainings to be held March 2010 to be eligible to apply under this grant. (See “Grant Application Assistance and Training” below.)

Funding

Funding is contingent upon annual legislative budget approval and ability to fulfill previous grant obligations. Eligible LEAs will receive a formula allotment of \$8 per student based on 2008 enrollment, with a small LEA minimum of \$7,000. Refer to Appendix A for the anticipated funding breakdown for years one and two of the grant (2010-2011 and 2011-2012). Awards are dependent upon the timely submission of a grant application that includes a detailed program plan appropriate for the needs identified by the LEA.

CDC guidelines include recommendations for ensuring a quality school program to prevent tobacco use. It is expected that proposed grant activities will be consistent with these recommendations and address their locally identified needs and priority areas. (Note: It is neither necessary nor likely that an LEA will be able to conduct activities in all of these areas during a given project period. The list below has been generated as a sample list of activities that an LEA may conduct if supported by their needs assessment.)

Policy

Communication and enforcement of local policies and procedures; implementation of CDC’s *School Health Index*; organization of coordinated school health teams.

Instruction

Development of local health education scope and sequence; development of local health education assessments; use fees for the *Health Education Assessment Project’s* web-based student assessment; utilization of CDC’s *Health Education Curriculum Analysis Tool*.

Curriculum

CDC recommends that tobacco prevention curricula be introduced in elementary school, intensified in middle school, and reinforced throughout high school. With this in mind, grant funds can cover activities and fees associated with implementing the six tobacco prevention curricula listed in Appendix C which may include: coordination, staffing, training, travel, and curricula materials and supplies to enhance and expand delivery.

Training

Staff and student leader professional development.

Family/Community Involvement

Local enhancement of statewide tobacco prevention common theme campaigns; hosting parent dialogue nights; youth/adult partnership activities, etc.

Tobacco-Use Cessation Efforts

Linking students, staff and family members to the cessation resources listed in Appendix C.

Evaluation

Participation in statewide program evaluations conducted by the Tobacco Evaluation and Review Board’s independent evaluator; local and statewide data collection efforts such as *Youth Risk Behavior Survey* and *Youth Health Survey*.

Grant Requirements

All grantees must:

- Abide by all financial provisions and work specifications defined in an annual grant agreement.
- Have an identified coordinator with e-mail access, and notify the Department of Education of any change in contact information.
- Work with their local committee to develop and implement grant activities.
- Be represented at two networking/training events during the grant year, including a spring regional meeting.
- Submit the following:
 - Mid-Project Report April 30, 2011
 - Year One Data Tracking Form June 30, 2011
 - Year Two Data Tracking Form June 30, 2012

Grant Application Assistance and Training

All applicants are strongly encouraged to attend the webinar that will be held from 3:00pm-4:30pm on Thursday, January 21st, 2010. The purpose of the webinar is to review the application content, discuss planning and submission processes, and to answer questions. Webinar information will be sent to all registered attendees on January 19th, 2010. To register, visit: <http://tinyurl.com/FY11webinar>

Four regional trainings have been scheduled for the purpose of providing training and time to prepare the program and budget planning portions of this grant application. All applicants are required to have representation at one of these meetings to be eligible for the grant. At minimum, the individual responsible for writing the grant should attend although additional representation is encouraged. Up to two additional representatives may attend the same training such as: SAP counselors, Title IV coordinators, community coalition representatives, health educators, etc. Meeting information will be sent to all registered attendees. Please register no later than February 26th, 2010 and select the location/date that is most convenient for you. There is no fee to participate.

Location	Date	Online Registration
Montpelier, VT	March 9, 2010	http://tinyurl.com/FY11trainings
Colchester, VT	March 11, 2010	
Fairlee, VT	March 16, 2010	
Ludlow, VT	March 18, 2010	

Grant Review Process

Applications will be reviewed for approval by a prevention panel which includes staff from the Vermont Departments of Education and Health, and representatives from organizations including the Tobacco Evaluation and Review Board and the Vermont Association of Student Assistance Professionals. Awards are dependent upon the submission of a detailed project plan which appropriately addresses the needs identified by the LEA.

Outstanding Grant Incentives

Funds are available to LEAs on a formula basis. However, there are occasionally LEAs that decide not to apply for their formula funding. In previous years, these unrequested funds have been reallocated to competitive tobacco use prevention grants such as the *Impacting Tobacco Prevention with Technology* grants. In an effort to reduce the local burden of applying for additional grant competitions, this year's grant review process will have reviewers nominate and prioritize grants based on the soundness of their project plan. These grantees will be contacted in the event that formula funds go unrequested, and will have the opportunity to supplement their project activities and budgets based on the amount of available funds.

Application Submission Instructions

Submit original application and six copies by mail to:

Kate Larose
Vermont Department of Education
120 State Street
Montpelier, Vermont 05620

Applications not postmarked by the submission date of **April 30, 2010** cannot be considered for funding. For questions about this application, please contact Kate Larose at (802) 828-0565 or kate.larose@state.vt.us.

Forms to be Completed and Returned

Application Cover Page

Project Number:
5555- _____ 11-01
Department use only

Tobacco Use Prevention Program
Vermont Department of Education
120 State Street
Montpelier, VT 05620

FY2010
(July 1, 2010 through June 30, 2012)
Tobacco Use Prevention Grant Application

LEA Name: _____

Mailing Address: _____

City State Zip

Superintendent/Headmaster: _____ Telephone: () - _____

Superintendent/Headmaster Email: _____ Fax Number: () - _____

Fiscal Contact: _____ Telephone: () - _____

Total Funds Requested In This Application: \$ _____

Assurance

I certify that, to the best of my knowledge and belief, this application is accurate and complete. I agree to support the activities conducted for which the funding is intended including all objectives, budget items and action steps detailed in the attached Action Plan Worksheet.

Superintendent/Head of School Signature: _____

**Tobacco Coordinator Contact Information Form
2010-2012**

Fill out and attach one of these forms for **each** tobacco coordinator in your LEA. DOE shall be notified within two weeks of any changes in tobacco coordinators via resubmission of this form to kate.larose@state.vt.us.

Coordinator's Name: _____

Anticipated Hours per Week That They Will Serve as the Tobacco Coordinator _____

Position Title (ex. SAP, school counselor, etc.): _____

LEA Name: _____

Preferred Mailing Address: _____

City

State

Zip

Phone Number: (____) ____-____

Fax: (____) ____-____

Phone Number for Meeting Cancellations (nights/weekends): (____) ____-____

E-mail Address: _____

Please list names/email addresses of the next point of contact if you are not available:

Name

Title

E-mail

Project Planning Instructions

In previous years, this grant was written and awarded on an annual basis and applicants were required to focus their activities to fulfill four predetermined objectives. Best practice tells us that affecting local change requires: 1) an understanding of local needs and gaps, and 2) the implementation of strategies that will address those needs and gaps. As such, applicants are required to fill out and submit two sets of worksheets described below, along with budgets for years one and two of the proposed project.

Needs Assessment Worksheets

The data gathered from the needs assessment will inform the project plan and budget, and will serve as the basis for the design and prioritization of project objectives. These worksheets include:

- Needs Assessment Worksheet #1: Snapshot of Existing Programming
- Needs Assessment Worksheet #2: Big Picture Indicators
- Needs Assessment Worksheet #3: School Level Indicators

Completing these worksheets will require a team approach. A list of possible participants in the LEA-wide needs assessment process follows: tobacco coordinator, health educators, principals, student assistance counselors, Title IV coordinators, school resource officers, community coalition members, nurses, school counselors, superintendent, school board members, parents, etc. If LEAs have existing teams (such as coordinated school health teams), convening a new team is not necessary. Estimated time to complete the worksheets is six hours, and can be over the course of one meeting or spread across several meetings.

You will want to have a variety of data sources on hand to complete your needs assessment. Required sources include:

- 2009 Youth Risk Behavior Survey (if LEA participated)
- 2007 Youth Health Survey (if LEA participated)
- 2008-2009 Tobacco Use Prevention Year-End Reports
- 2008-2009 Combined Incident Reporting Software (CIRS) data for each school
- 2008-2009 Annual Student Assistance Program (SAP) reports for SAP schools
- Sources and amounts of prevention funding for the current school year

LEAs may also opt to use additional data sources to establish a more accurate needs assessment. Potentially relevant sources might include:

- School nursing data
- Summary findings from CDC's *School Health Index* or *Health Education Analysis Tool*
- Other local sources of data such as local youth assets surveys or student information system data (e.g., SWIS, PowerSchool, etc.)

All three worksheets will need to be completed no later than March 1st, 2010.

Action Plan Worksheet

Note: This worksheet and the budget pages will be filled out at the March training. Please do not complete these in advance.

The March trainings will walk grantees through the process of translating their needs assessment findings into relevant objectives. Time will be allotted to design corresponding action plans.

Needs Assessment Worksheets

Needs Assessment Worksheet #1: Snapshot of Existing Programming

	Source(s)	(Type in the name for each school. Make additional copies as needed.)						
		LEA Wide	_____	_____	_____	_____	_____	_____
% of Tobacco Coordinator time dedicated to each school for the current school year?	Tobacco coordinator's estimate							
% of current total tobacco use prevention grant funding that school receives?	2009-2010 Tobacco Use Prevention Application							
Does school have an SAP Counselor for the current school year?	School personnel							
% of students receiving any of the six fundable curricula.	2009 Tobacco Year End Report							
List names of active youth empowerment groups for the current school year (i.e., VKAT, OVX, VTLSP/SADD).	School personnel							
Does the school offer N-O-T or TAP/TEG cessation groups?	School personnel							
Has school ever utilized the CDC's <i>School Health Index</i> ? (If yes, please attach any results pertinent to this grant.)	School personnel							
Does school have a certified health educator?	School personnel							
Does school have a coordinated school health team?	School personnel							

	Source(s)	(Type in the name for each school. Make additional copies as needed.)						
		LEA Wide	_____	_____	_____	_____	_____	_____
Prevention Funding Amounts for the Current School Year	School personnel, Business office							
SAP Grant(s)								
Title IV Funding								
VKAT Grant(s)								
OVX Grant(s)								
N-O-T Funding								
Competitive grants (i.e., SS/HS)								
Other:								
Other:								

Describe any additional information that is pertinent to your grant planning, or grant reviewer understanding, below (e.g., summary from CDC's *Health Education Curriculum Analysis Tool*, resources from other prevention grants, other applicable local level information, etc.).

Needs Assessment Worksheet #2: Big Picture Indicators

Fill out the table below using LEA-wide Youth Risk Behavior Data, and any other pertinent LEA-wide data that may be available (noting any large differences in grade or gender, if applicable). Sample analyses are provided for you using statewide Youth Risk Behavior Survey and Youth Health Survey data.

	Statewide YRBS or YHS <i>(YHS data is in italics)</i>	LEA Level Youth Risk Behavior Survey	Other: _____	Other: _____
Year of Data Source	2009 YRBS/2006 YHS	2009		
Cigarette Smoking				
Parental disapproval (Q.117)	Overall, 91% of students report that their parents think it is wrong or very wrong to smoke cigarettes (unchanged from 2007).			
Peer approval of use (Q.114)	46% of all students think that it is very wrong for someone their age to smoke cigarettes.			
Perceived harmfulness (Q. 122)	67% of students think that there is great risk from smoking one or more packs of cigarettes a day (decrease from 2007).			
Perceived availability (Q.111)	45% of students state that it would be very easy for them to get cigarettes (unchanged from 2007).			
Perception of use (Q.103)	17% of students think that, out of 100 Vermont high school students, 56 or more smoke cigarettes.			
Age of first use (Q.29)	12% of all students were 12 years old or younger when they smoked a whole cigarette for the first time (down from 14% in 2005).			
Past 30 day use (Q.30)	16% of 8 th -12 th graders report use (unchanged since 2005).			
Want to quit (Q.21)	<i>46% of students who smoked reported wanting to stop (down from 56% in 2004).</i>			

	Statewide YRBS or YHS <i>(YHS data is in italics)</i>	LEA Level Youth Risk Behavior Survey	Other: _____	Other: _____
Taught about dangers <i>(Q. 47)</i>	<i>46% of all students reported that they were taught about the dangers of tobacco use that school year (unchanged from 2004).</i>			
Practiced saying no <i>(Q. 48)</i>	<i>24% of all students reported that they practiced ways to say no to tobacco use that school year (41% in 6th grade; 7% in 12th grade).</i>			
Cessation participation <i>(Q.46)</i>	<i>12% of students who smoked reported ever participating in a tobacco cessation program (20% of 8th graders; 7% of 11th graders).</i>			
Spit Tobacco (chewing tobacco, snuff, dip)				
Where obtained <i>(Q.30)</i>	<i>Of students that reported using tobacco, 26% obtained spit tobacco from the store (9% obtained cigarettes from the store).</i>			
Ever used <i>(Q.28)</i>	<i>17% of all students reported ever using chewing tobacco, snuff or dip (up from 14% in 2004).</i>			
Past 30 day use <i>(Q.36)</i>	<i>Overall, 8% of students used chewing tobacco, snuff or dip (up from 5% in 2001).</i>			
Cigarette Smoke Exposure				
In a room with smoking, past seven days <i>(Q.101)</i>	<i>Half of all students were in a room with someone smoking (rates do not vary greatly between grades).</i>			
In a car with smoking, past seven days <i>(Q.102)</i>	<i>39% of all students were in a car with someone smoking (same as 2007 rates; slightly higher for 12th graders).</i>			

	Statewide YRBS or YHS <i>(YHS data is in italics)</i>	LEA Level Youth Risk Behavior Survey	Other: _____	Other: _____
Youth Assets				
Sad or hopeless every day for at least two weeks in the past 12 months (Q.23)	Over one fifth of all students reported stopping usual activities because they felt sad or hopeless. This is highest in grade 10 (24%).			
Eat meals with family three or more times in the past seven days (Q.129)	72% of all students reported eating a meal with most or all family members on three or more days of the past seven days (unchanged from 2007).			
Feel like they matter to community (Q.135)	Overall, 47% of all students strongly agree or agree (unchanged from 2007).			
Participate in clubs/organizations outside of school (Q.132)	73% of students reported spending zero hours in clubs or organizations in an average week (up from 70% in 2007).			
Has an adult they can turn to for help (Q.131)	89% of all students reported having an adult in their life they could turn to for help (same for males and females).			
Other (specify below)				

	Statewide YRBS or YHS <i>(YHS data is in italics)</i>	LEA Level Youth Risk Behavior Survey	Other: _____	Other: _____

Conclusions

What strikes you about the data? What trends do you notice? What conclusions can you make?

Based on the statewide LEA data above, name the top three priority areas for prevention programming in your LEA and provide rationale. Once identified, transfer these three priorities to the Needs Assessment Worksheet #3 (*School Level Indicators*) on the next page.

- 1.
- 2.
- 3.

Needs Assessment Worksheet #3: School Level Indicators

Now that you've identified priorities, complete the following table by selecting school level measures that you can use as indicators for these three priority areas. For each priority, identify one measure from CIRS and one measure from the 2008-2009 SAP Annual report. Up to two additional measures from any data source may be included. (If the school did not have an SAP in 2008-2009, leave those cells blank.)

Identified SU Priority	Data Source	Indicator Selected	School 1: _____	School 2: _____	School 3: _____	School 4: _____
Priority 1: _____	CIRS					
Priority 1: _____	SAP Annual					
Priority 1: _____						
Priority 1: _____						
Priority 2: _____	CIRS					
Priority 2: _____	SAP Annual					
Priority 2: _____						
Priority 2: _____						
Priority 3: _____	CIRS					
Priority 3: _____	SAP Annual					
Priority 3: _____						
Priority 3: _____						

Conclusions Drawn from Above Data

What conclusions are you able to draw between LEA level data and school-level data?

Now that you've identified three priorities, revisit your programming snapshot. What could your current prevention programming do to better address your LEA's three priorities?

**STOP HERE. The following worksheet and the budget pages will be filled out at the March training!
Please do not fill these out in advance.**

Action Plan Worksheet

To be completed at the March regional trainings.

Objective Number:

SMART Objective for 2010-2012

Budget

Explain all budget items necessary to attain this objective in year one (2010-2011). Provide specific details about cost, quantity and rationale for each item.

Are any additional or different budget items anticipated for year two (2011-2012)?
If so, briefly describe below.

Two Year Action Plan

Action Steps to Achieve Objective	Position/Title(s) of Individuals Involved	Evidence of Completion	Date of Completion

Year 1 Budget (2010-2011)

The budget serves as a planning document and also provides peer reviewers with an understanding of how grant funds will be used to address the priorities listed to meet the proposed objective(s). Note that all budget items **MUST** be included in the Action Plan Worksheet(s), broken down by cost and quantity in the budget narrative section.

	DOE Tobacco	SAP Grant	Title IV	VKAT/OVX	NOT	Other:	
Revenue							
Anticipated Funding							
Expenses							
Personnel Salaries							
Personnel Benefits							
Professional Development							
Contracted Services							
Travel							
Overhead/Admin							
TOTALS							Prevention Programming Total

Year 2 Estimated Budget (2011-2012)

The budget serves as a planning document and also provides peer reviewers with an understanding of how grant funds will be used to address the priorities listed and meet the proposed objective(s). Provide an estimate of expenses for year two. Explain any differences in budget items if they differ between years one and two in the Action Plan Worksheet(s).

	DOE Tobacco	SAP Grant	Title IV	VKAT/OVX	NOT	Other:	
Revenue							
Anticipated Funding							
Expenses							
Personnel Salaries							
Personnel Benefits							
Professional Development							
Contracted Services							
Travel							
Overhead/Admin							
TOTALS							Prevention Programming Total

Appendices

Appendix A: Anticipated Funding Amounts, 2010-2011 and 2011-2012

Supervisory	Enrollment	2008 AT \$8/PER PUPIL	Supervisory	Enrollment	2008 AT \$8/PER PUPIL
Addison Central SU	1,935	\$15,480	Orange North SU	767	\$7,000
Addison Northeast SU	1,848	\$14,784	Orange Southwest SU	1,007	\$8,056
Addison Northwest SU	1,245	\$9,960	Orange-Windsor SU	942	\$7,536
Addison Rutland SU	1,643	\$13,144	Orleans Central SU	1,117	\$8,936
Barre SU	2,985	\$23,880	Orleans-Essex North SU	3,032	\$24,256
Battenkill Valley SU	360	\$7,000	Orleans Southwest SU	1,063	\$8,504
Bennington-Rutland SU	986	\$7,888	Rice Memorial HS	392	\$7,000
Blue Mountain USD	460	\$7,000	Rivendell Interstate SD	235	\$7,000
Burlington PS	3,550	\$28,400	Rutland Central SU	1,074	\$8,592
Burr & Burton Academy	708	\$7,000	Rutland City SD	2,631	\$21,048
Caledonia Central SU	688	\$7,000	Rutland Northeast SU	1,660	\$13,280
Caledonia North SU	1,009	\$8,072	Rutland South SU	1,142	\$9,136
Chittenden Central SU	2,806	\$22,448	Rutland Southwest SU	662	\$7,000
Chittenden East SU	2,835	\$22,680	Rutland-Windsor SU	494	\$7,000
Chittenden South SU	4,257	\$34,056	South Burlington SD	2,461	\$19,688
Colchester SD	2,296	\$18,368	Southwest Vermont SU	3,314	\$26,512
Dresden SD (SAU 70)	304	\$7,000	Springfield SD	1,391	\$11,128
Essex Caledonia SU	613	\$7,000	St. Johnsbury Academy	955	\$7,640
Essex North SU	300	\$7,000	St. Johnsbury SD	687	\$7,000
Essex Town SD	1,267	\$10,136	Thetford Academy	386	\$7,000
Franklin Central SU	2,925	\$23,400	Washington Central SU	1,748	\$13,984
Franklin Northeast SU	1,672	\$13,376	Washington Northeast SU	623	\$7,000
Franklin Northwest SU	2,288	\$18,304	Washington South SU	786	\$7,000
Franklin West SU	1,803	\$14,424	Washington West SU	2,185	\$17,480
Grand Isle SU	690	\$7,000	Windham Central SU	1,052	\$8,416
Hartford SD	1,729	\$13,832	Windham Northeast SU	1,330	\$10,640
Lamoille North SU	1,908	\$15,264	Windham Southeast SU	2,798	\$22,384
Lamoille South SU	1,685	\$13,480	Windham Southwest SU	874	\$7,000
Lyndon Institute	653	\$7,000	Windsor Central SU	1,137	\$9,096
Milton Town SD	1,876	\$15,008	Windsor Northwest SU	629	\$7,000
Montpelier SU	989	\$7,912	Windsor Southeast SU	1,226	\$9,808
Orange East SU	1,346	\$10,768	Windsor Southwest SU	1,109	\$8,872
			Winooski SD	786	\$7,000
			TOTAL FOR ALLOCATIONS	93,354	\$797,056.00

Appendix B: Acronyms and Resources

ASAP	<i>Association of Student Assistance Professionals of Vermont</i>
CIRS	<i>Combined Incident Reporting Software</i>
CDC	<i>Centers for Disease Control and Prevention</i> (Includes the Division of Adolescent and School Health , and the Office Smoking and Health .)
DOE	<i>Vermont Department of Education</i> (Includes the Tobacco Use Prevention Program .)
HEAP	<i>Health Education Assessment Project</i>
HECAT	<i>Health Education Curriculum Analysis Tool</i>
LEA	<i>Local Education Agency</i> (Includes supervisory unions, school districts, and public/private schools.)
N-O-T	<i>Not On Tobacco</i>
OVX	<i>Our Voices Xposed</i>
SAP	<i>Student Assistance Program Counselor</i>
SHI	<i>School Health Index</i>
SMART Objectives	<i>Specific, Measureable, Achievable, Realistic and Time-Phased Objectives</i>
TAP	<i>Helping Teens Stop Using Tobacco</i>
TEG	<i>Intervening with Teen Tobacco Users</i>
TERB	<i>Vermont Tobacco Evaluation and Review Board</i>
VDH	<i>Vermont Department of Health</i> (Includes the Tobacco Control Program .)
VKAT	<i>Vermont Kids Against Tobacco</i>
VTLSP/SADD	<i>Vermont Teen Leadership Safety Program</i>
YHS	<i>Youth Health Survey</i> (formerly the Youth Tobacco Survey)
YRBS	<i>Youth Risk Behavior Survey</i>

Appendix C: Fundable Prevention Curricula and Cessation Programs

Tobacco Use Prevention Funding can support the curricula and cessation programs listed below including materials, training, and implementation. Currently there are two resources within the state for training; the fee for training varies depending on the curricula and materials. Training may or may not include the price of curriculum guides. Training is offered locally or statewide. More information and price quotes can be obtained by contacting the organizations listed below.

CBE Educational Services, Inc.
info@cbeeducatoralservices.org
(802) 754-2611

Center for Health and Learning
www.healthandlearning.org
(802) 254-6590

Curricula

The Vermont Department of Education operates the Health Education Resource Center (HERC). The HERC maintains a variety of PreK-12 health education curriculum materials, and is a terrific resource for supervisory unions that want to review curricula prior to making a purchase decision. Currently practicing school-based and community-based health educators may borrow curricula, books, kits, reference resources and audio-visual materials from the center, free of charge. Materials can be mailed or picked up in person, and meeting space is available. The only cost to borrow materials is postage to return materials by mail.

For an updated list of resources, please visit our website:

http://education.vermont.gov/new/html/pgm_coordhealth/resources/herc.html

(For detailed descriptions and current prices, explore publishers' websites.)

Botvin's LifeSkills Training - Grades 3-10, Parent Component

Botvin's LST consists of three major components that address critical domains found to promote substance use. The focus of each component is on a different set of skills; drug resistance skills, personal self-management skills, and general social skills. Curricula are delivered in a series of classroom sessions over three years. Sessions use lecture, discussion, coaching, and practice. Prices vary by grade level, but range around \$635-\$655 for a three-year set or up to \$275 individually each year. Student guides are \$6 each.

Contact: Princeton Health Press for LifeSkills Training
www.lifeskillstraining.com
(800) 636-3415

Know Your Body - Grades K-6

KYB is a comprehensive, skills-based health promotion program for grades K-6. Its main objective is to promote knowledge, attitudes, skills, and experience to practice positive health behaviors using ten modules at each grade level. Performance assessments accompany each module. Prices vary at each grade level, but are around \$125 for teaching materials and average \$5 per pupil.

Contact: Kendall/Hunt Publishing
www.kendallhunt.com
(800) 228-0810

Project ALERT- Grades 7-8

Project ALERT is an evidence-based two-year ATOD curriculum consisting of 11 lessons—to be taught once a week during the first year—plus three booster lessons that should be delivered the following year. The cost for the entire curriculum is \$150 which includes access to online training, student videos, phone support and online technical assistance.

Contact: Project ALERT
<http://www.projectalert.com/>
(800) ALERT-10

Project Towards No Tobacco Use - Grades 5-9

This 10 day curriculum addresses tobacco through changing perceptions, decision-making, and refusal and communication skill development. Teaching guides are around \$45 a piece, and student guides are around \$5 each.

Contact: ETR Publishing
www.pub.etr.org
(800) 321-4407

Teenage Health Teaching Modules - Grades 6-12

THTM is skills-based, comprehensive health program emphasizing resistance, personal, and social skills through small group learning. It consists of a series of modules containing six to 15 class sessions. Costs vary by module and supporting materials, but average \$50 per module.

Contact: EDC
www.thtm.org
(800) 793-5076

Michigan Model for Health - Grades K-12

Michigan Model is comprehensive health program that “facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families”. Teaching manuals average \$35 per grade.

Contact: EMC
www.emc.cmich.edu
(800) 214-8961

Cessation Resources

N-O-T (Not on Tobacco) - Ages 14-19

N-O-T is a research and evaluation-based teen smoking cessation program. N-O-T includes 10 weekly sessions and four booster sessions delivered by trained facilitators in school and community settings. Grants, training and technical assistance are currently funded through the Vermont Department of Health, and are available through the Vermont chapter of the American Lung Association.

Contact: American Lung Association
(800) LUNG-USA or (802) 876-6500

TAP and TEG - Teens

TEG is a positive alternative to suspension for those caught using tobacco on school property, it includes eight sessions to motivate participants to quit or join the TAP program.

TAP is a voluntary tobacco group focused on cessation and behavior modification. The cost of training is about \$400 per person and starter kits/materials (for 50 participants) are about \$1,900.

Contact: www.communityintervention.org
(802) 254-6590

VermontQuitNet

QuitNet offers advice, tips and other help for smokers to succeed in their quit attempt. QuitNet develops an individual smoking cessation plan from information the smoker provides on a secure website. Vermonters who register with QuitNet have a free lifetime membership. While not designed for teens in mind, it can be used by smokers of any age.

Contact: www.vermontquitnet.com

Vermont Quit Network

As of September 2007, teens can call the Vermont Quit Network's phone service without parental consent for free counseling to quit smoking. Teens who use telephone counseling from the Vermont Quit Network will get help to pick a quit date and plan their quit. Teens can expect to have five calls, which they can arrange at times that accommodate their schedules and privacy. This is the same phone counseling service (run by the American Cancer Society) that offers quit coaching for adults. However, nicotine replacement therapy (like gum, patches and lozenges) is not available for teens, as it is not been shown to be effective nor is it approved by the Federal Drug Administration.

Promotional cards with information about Vermont Quit Network phone and online counseling are available as downloadable templates. Contact Kate Larose for more information.

Contact: 1-800-QUIT-NOW (784-8669)
www.VTQuitNetwork.org