

February 2009

Vermont Tobacco-Free School Policies

Final Report

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RTI Project Number 0211783.001.004

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1. INTRODUCTION

The smoking rate among Vermont youth in grades 8 through 12 has declined from 31% in 1999 to 16% in 2007 (Mann et al., 2008). Vermont will likely reach its goal of reducing youth smoking to 15% by 2010. However, it is important to reinforce tobacco-free norms to ensure that this low prevalence is maintained or further decreased. Policies influence perceptions of what is normative and socially acceptable behavior, and schools are vital settings for health education, including tobacco use prevention efforts.

In places where students most often see people smoking, they perceive greater social acceptability of smoking for both adults and teenagers (Alesci, Forster, and Blaine, 2003). Bans on smoking in public places decrease the opportunities for youth to share cigarettes with each other, which is a primary source of cigarettes among youth (Forster et al., 2003; CDC, 2001). Potential benefits of tobacco-free school policies include establishing a tobacco-free norm for students and adults, reinforcing existing comprehensive prevention efforts, contributing to a healthy learning environment, and reducing opportunities for social exchange of tobacco (Alesci et al., 2003; Corbett, 2001; Forster et al., 2003; Heckert and Matthews, 2000; Wakefield and Chaloupka, 2000; Griffin, Loeffler, and Kasell, 1988).

Federal law prohibits tobacco use in public school buildings (20 U.S.C. § 6083). Vermont state law prohibits tobacco use on public school grounds, as well as student tobacco use at public school-sponsored functions (16 V.S.A. § 140). The Centers for Disease Control and Prevention (CDC) promotes specific policy and programmatic recommendations for schools regarding comprehensive tobacco use prevention to help achieve national health and education goals. Key among these is the recommendation that school districts develop and enforce a policy on tobacco use that is consistent with state and local laws and includes the following elements:

- an explanation of the rationale for preventing tobacco use (i.e., tobacco is the leading cause of death, disease, and disability);
- prohibitions against tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property;
- prohibitions against tobacco advertising in school buildings, at school functions, and in school publications;
- a requirement that all students receive instruction on avoiding tobacco use;
- provisions for students and all school staff to have access to programs to help them quit using tobacco;
- procedures for communicating the policy to students, all school staff, parents or families, visitors, and the community; and
- a provision for enforcing the policy (CDC, 1994).

The Vermont Department of Education encourages Vermont schools to implement tobacco-free school policies that contain the CDC-recommended components. Additionally, the Vermont Department of Education intends to provide technical assistance to help schools and local education agencies implement, communicate, and enforce tobacco-free school policies during 2009. One resource to provide background data for this effort is the School Health Profiles report on characteristics of health programs among secondary schools, released by CDC in June 2008 (Balaji et al., 2008). This data collection included surveys of 136 principals in Vermont. CDC found that 100% of principals surveyed reported that their school had a policy prohibiting tobacco use, and 63.1% prohibited tobacco use in all locations.

In collaboration with the Vermont Department of Education, RTI developed a small-scale study to get a better understanding of existing school tobacco policies and identify key issues related to policy communication and enforcement in Vermont. We compared written tobacco policies to the CDC-recommended policy components and asked school administrators about current tobacco policy communication and enforcement, including challenges encountered and potentially useful resources. This study offers detailed insight into current written policies and the perspective of school administrators for a small sample of Vermont schools, and this report shares our findings and offers recommendations.

2. METHODS

RTI conducted two types of data collection for this study: school tobacco policy collection and telephone interviews with school administrators. We selected 30 schools for participation in this study. The sampling frame included all schools in local education agencies receiving tobacco grant funding, based on a list of schools from the Vermont Department of Education's Web site and communication with Department of Education staff. This sampling frame included 318 schools in local education agencies that receive tobacco grant funding, including four public/private schools.

Three schools were nominated for participation by their tobacco grant coordinators. To select the remaining 27 schools for the study, we stratified the list of all schools by whether the school included grades 9 through 12, so that approximately one-third of selected schools would include high school grades. We randomly selected schools within the high school range and randomly selected schools in the elementary and middle school range to select our sample. Our sample consisted of 9 high schools (or schools that included high school grades), 13 elementary schools, 5 middle schools, and 3 schools that combined elementary and middle school grade levels.

For the school tobacco policy collection, RTI staff contacted the tobacco grant coordinators for the selected schools and requested any written tobacco policies for the supervisory union, district, and school. We received policies from 27 of the selected 30 schools. These policies were coded according to the seven defined recommendations by the Centers for Disease Control and Prevention (CDC) listed in Section 1. Two schools had more than one applicable written policy. For one school, we received a school-level policy and a supervisory union-level policy. For another school, we received one district-level policy and one supervisory union-level policy. All 29 policies were coded. For the two schools with more than one policy, we combined responses; where the policies related to a single school differed, we recorded the more comprehensive policy components.

For the interviews with school staff, RTI staff conducted 28 structured telephone interviews with administrators from the selected schools. We conducted 21 interviews with principals and 6 with assistant principals, and one school requested that both the principal and assistant principal respond together.

3. RESULTS

This section describes the written school tobacco policies in place at selected Vermont schools and summarizes school administrators' perceptions about school tobacco policy communication and enforcement. We provide data from the written policies obtained for 27 schools and a summary of the administrator interviews conducted with 28 schools.

3.1 School Tobacco Policies

All public schools in Vermont are covered by the Vermont state law prohibiting tobacco use on school grounds. However, local education agencies and schools may not necessarily have local written tobacco policies that specifically cover all aspects of the state law. Because local policies are most likely to be communicated to students, staff, and visitors, it is important to understand what is included in these policies.

We obtained and reviewed written policies for 27 schools in Vermont. Twenty-five schools had stand-alone tobacco policies; two were part of broader policies covering alcohol, tobacco, and other drugs. Four of the 25 stand-alone policies matched the wording of the Vermont School Boards Association model policy on tobacco use. According to interviews, all schools involved administrators in the development or update of tobacco policies. Forty-three percent involved health professionals, 32% involved teachers, 21% involved law enforcement, 18% involved parents, and 7% involved students in the process.

All of the reviewed policies prohibit student tobacco use on school grounds. However, none of the reviewed policies fully met all seven of the Centers for Disease Control and Prevention (CDC)-recommended policy components. The sections below describe in greater detail how the reviewed Vermont school policies did or did not address each CDC component. Where applicable, we include data from CDC's School Health Profiles (SHP), which is based on written questionnaires rather than coding of written policies.

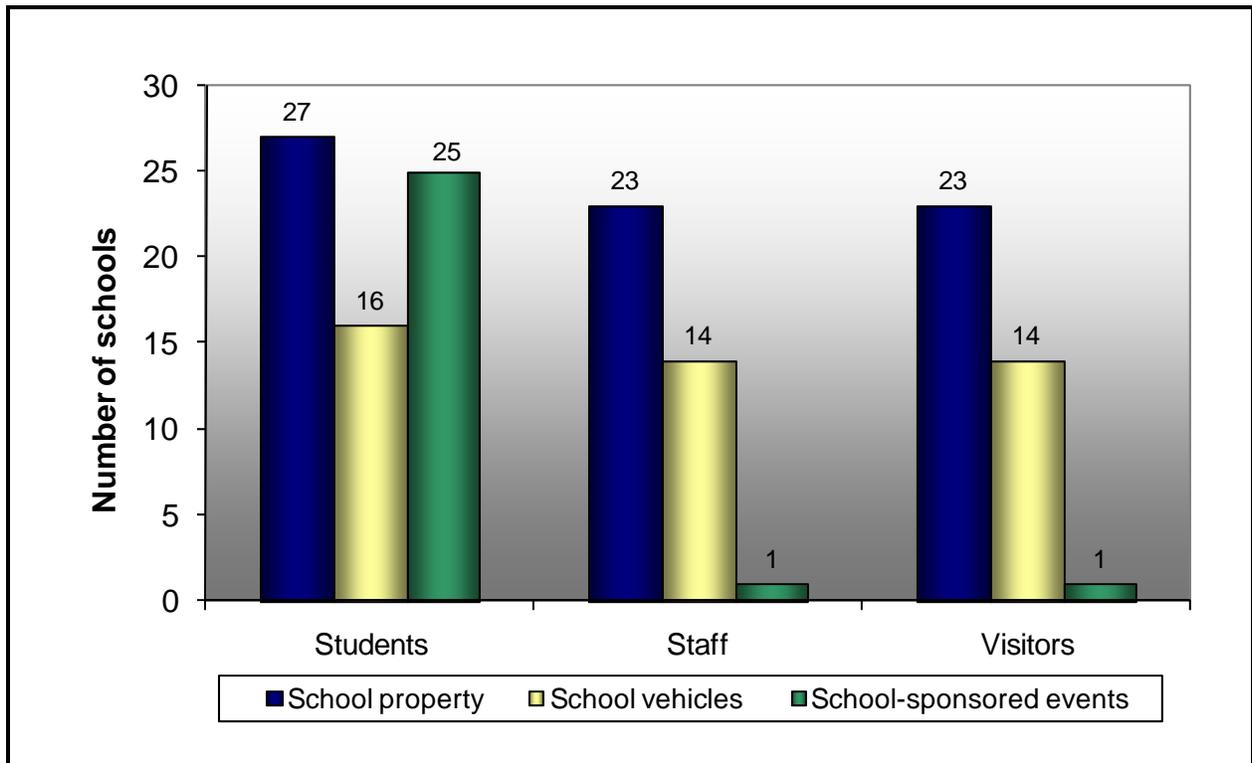
3.1.1 Policy Rationale

CDC recommends that a written school tobacco policy include a rationale for the policy. Twenty-four (89%) of 27 schools' policies included a rationale for the policy. Eighteen schools provided a law-based rationale, one school provided a health-based rationale, and five schools included both health issues and existing laws in their rationale. One policy that cited a legal rationale stated, "The use of any tobacco on school grounds is a violation of state law and is hereby prohibited." A policy that cited a health rationale stated, "Use of tobacco is a significant public health risk. Tobacco products are extremely addicting and can cause health effects that interfere with school performance."

3.1.2 Prohibition of Tobacco Use

The CDC policy element related to prohibiting tobacco use states that tobacco use should be prohibited “by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property.” Every school’s policy specifically prohibited student tobacco use on school grounds. However, only one school’s policy fully met this CDC recommendation. Prohibition of tobacco use on school property was the most common element included; most policies prohibited student tobacco use at events, and about half prohibited tobacco use in school vehicles (Figure 3-1). As recommended by CDC, all policies referred to tobacco use, not just smoking. CDC’s SHP report noted that 100% of Vermont principals surveyed reported that their school had a policy prohibiting tobacco use and that 63.1% prohibited tobacco use in all locations.

Figure 3-1. Number of Schools Whose Tobacco Policy Prohibits Tobacco Use by Students, Staff, and Visitors on School Property, in School Vehicles, and at School-Sponsored Events (n=27)



3.1.3 Prohibition of Tobacco Advertising

CDC recommends that schools prohibit tobacco advertising in school buildings, at school functions, and in school publications. None of the written policies specifically mentioned prohibiting tobacco advertising. CDC’s SHP data show that 98.6% of principals in Vermont

reported that their schools prohibit tobacco advertising in school buildings, on school grounds, and in school publications.

3.1.4 Requirement That Students Receive Tobacco Use Prevention Instruction

CDC encourages schools to include language in written tobacco policies that requires all students to receive instruction on avoiding tobacco use. Five (19%) of the 27 reviewed policies required that students receive tobacco use prevention education. More than 75% of lead health education teachers participating in CDC's SHP study reported that their school taught about the health outcomes and risks of tobacco use.

3.1.5 Access to Cessation Programs

CDC's recommendations for school tobacco policies include documenting provisions for students and all school staff to have access to programs to help them quit using tobacco. Eight schools' policies (30%) referenced cessation for students. This often appeared in discussions of how to respond to violations of the policy. None of the reviewed policies documented provisions for both students and staff to have access to cessation programs. Thirty-two percent of Vermont principals in CDC's SHP reported that cessation referrals are provided for faculty and staff, and 65.8% provided cessation referrals for students.

3.1.6 Procedures for Communicating Tobacco Policy

CDC emphasizes tobacco policy communication, recommending that written policies include procedures for communicating the policy to students, all school staff, parents or families, visitors, and the community. A total of 18 (67%) of the reviewed policies addressed policy communication. Of those that mentioned communicating the policy, 17 mentioned communication to students, 14 mentioned staff, 11 mentioned visitors, and 4 mentioned parents or families. In SHP, more than 90% of Vermont school principals reported having procedures in place to inform students, faculty, staff, and visitors about their tobacco policy.

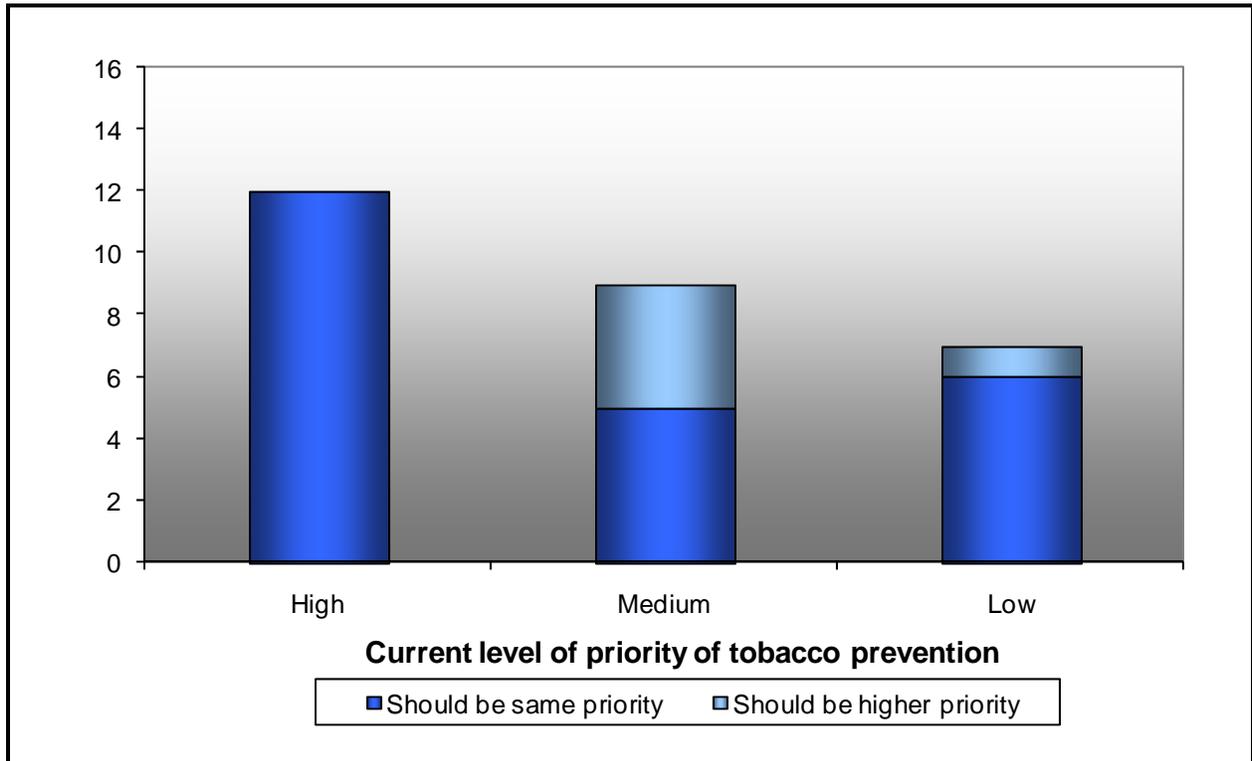
3.1.7 Provisions for Enforcing Tobacco Policy

CDC recommends that written tobacco policies include provisions for enforcing the policy. All of the reviewed Vermont school tobacco policies included provisions for policy enforcement. More than 90% of Vermont schools in SHP reported that their school sometimes, almost always, or always referred students caught smoking to school administrators or school counselors. The written school tobacco policies we reviewed most often addressed where and by whom tobacco use is prohibited, how the policy should be enforced, what the rationale behind the policy is, and how to communicate the policy.

We asked school administrators what level of priority tobacco prevention receives at their school and whether they thought it should receive a different priority. Twelve (42.9%) of 28 administrators said that tobacco prevention receives high priority, and all of them said it

should stay the same (Figure 3-2). Nine administrators (32.1%) said tobacco prevention receives medium priority, and 44.4% of those respondents said it should be higher. Seven administrators (25%) said that tobacco prevention receives low priority at their school.

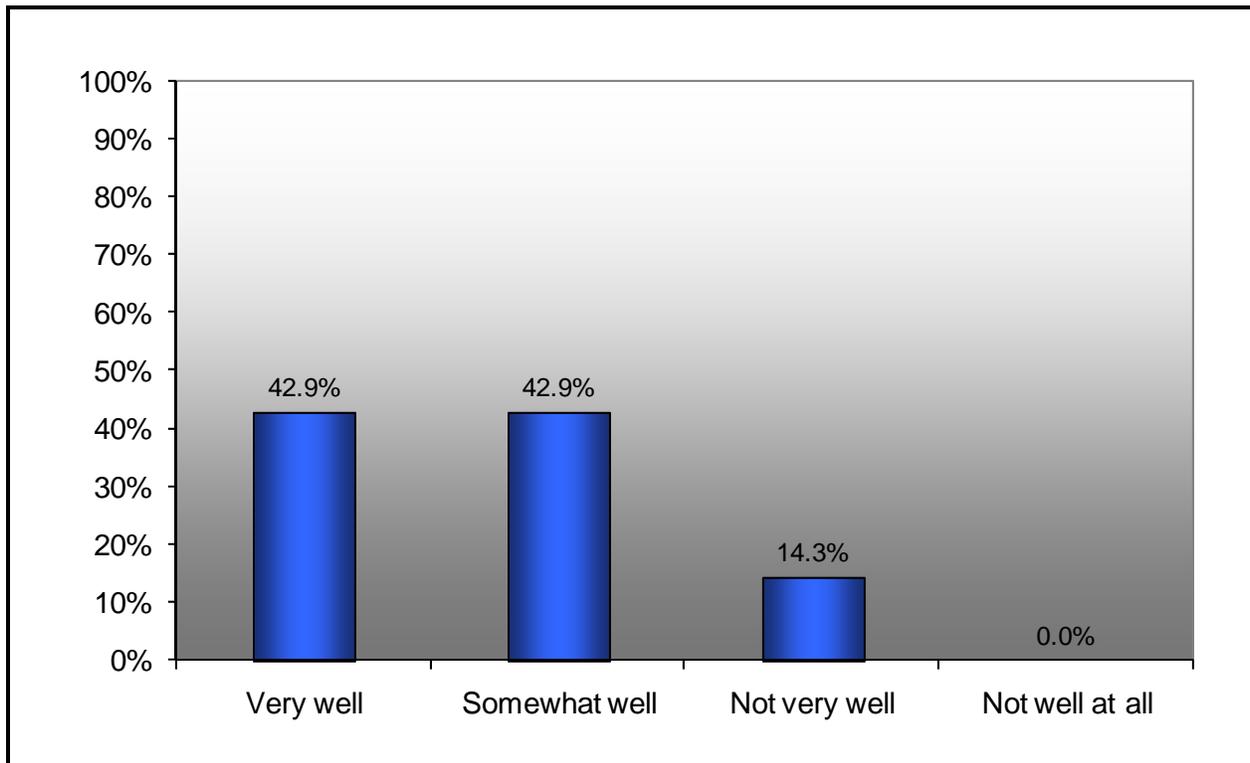
Figure 3-2. Level of Priority Given to Tobacco Prevention at Selected Vermont Schools (n=28)



3.2 Communication of School Tobacco Policy

RTI's phone interviews with school administrators included questions about how schools communicate their tobacco policy, what they define as key criteria for successful policy communication, what barriers they encountered in regards to policy communication, and what resources would help them in the future. When asked how well they felt their school tobacco policy was communicated, most administrators said very well (42.9%) or somewhat well (42.9%) communicated (Figure 3-3).

Figure 3-3. How Well Administrators Think School Community Would Say School Tobacco Policy Is Communicated (n=28)

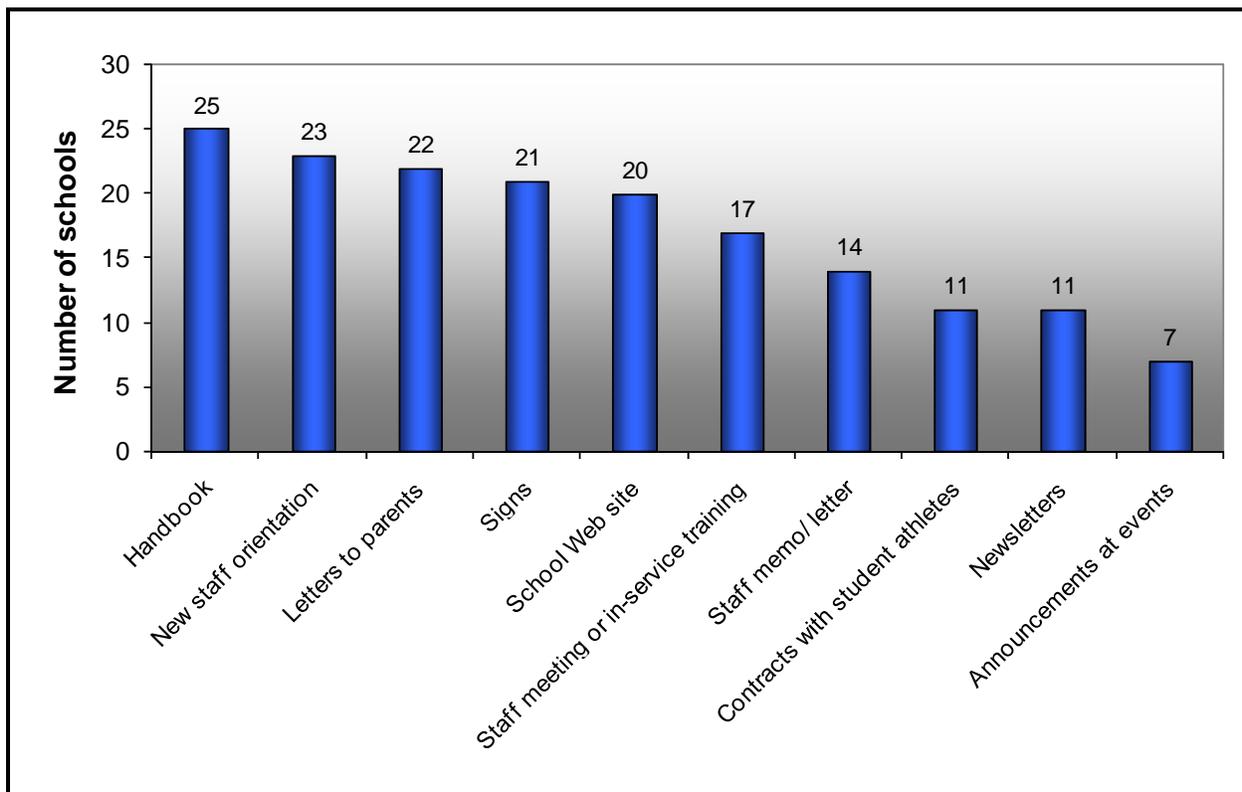


School principals and assistant principals identified what they felt were key criteria for successful communication of a school tobacco policy. The most common responses included

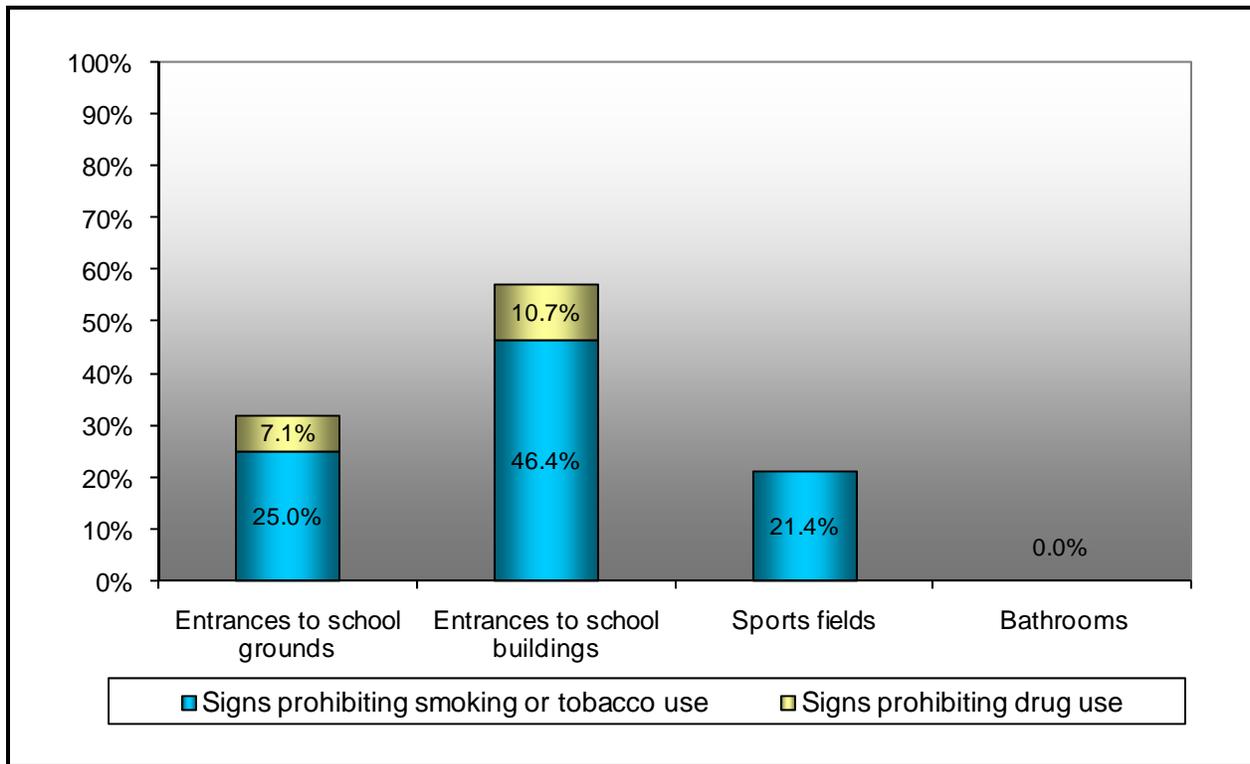
- consistency of communication,
- clarity of policy,
- inclusion of policy in handbook and posting it on Web site,
- visibility of the policy,
- communication that happens in lots of different ways and at lots of different times, and
- communication with parents or relationships between the school and parents.

The main methods used to communicate school tobacco policies included handbooks, staff orientation and trainings, letters to parents, and signs (Figure 3-4). Combined, these methods allow for communication to students, staff, parents, and the community. None of the methods were used by all schools.

Figure 3-4. Methods Used to Communicate School Tobacco Policies in Vermont (n=28)



One common way to communicate tobacco use policies is via posted signs. Twenty-one schools (75.0%) had signs at entrances to school grounds, entrances to school buildings, or in both locations. School building entries were most frequently cited as locations for signs; 46.4% of schools had signs specific to smoking or tobacco use, and 10.7% had drug-free signs (Figure 3-5). Thirty-two percent of schools had signs prohibiting tobacco or drugs at entrances to school grounds. About one-fifth of administrators reported that their school posted signs prohibiting tobacco use at sports fields. None of the respondents reported having signs related to tobacco or drug use at bathrooms. According to the CDC SHP study, 68.9% of schools post signs marking a tobacco-free zone.

Figure 3-5. Percentage of Schools with Signs Prohibiting Tobacco Use (n=28)

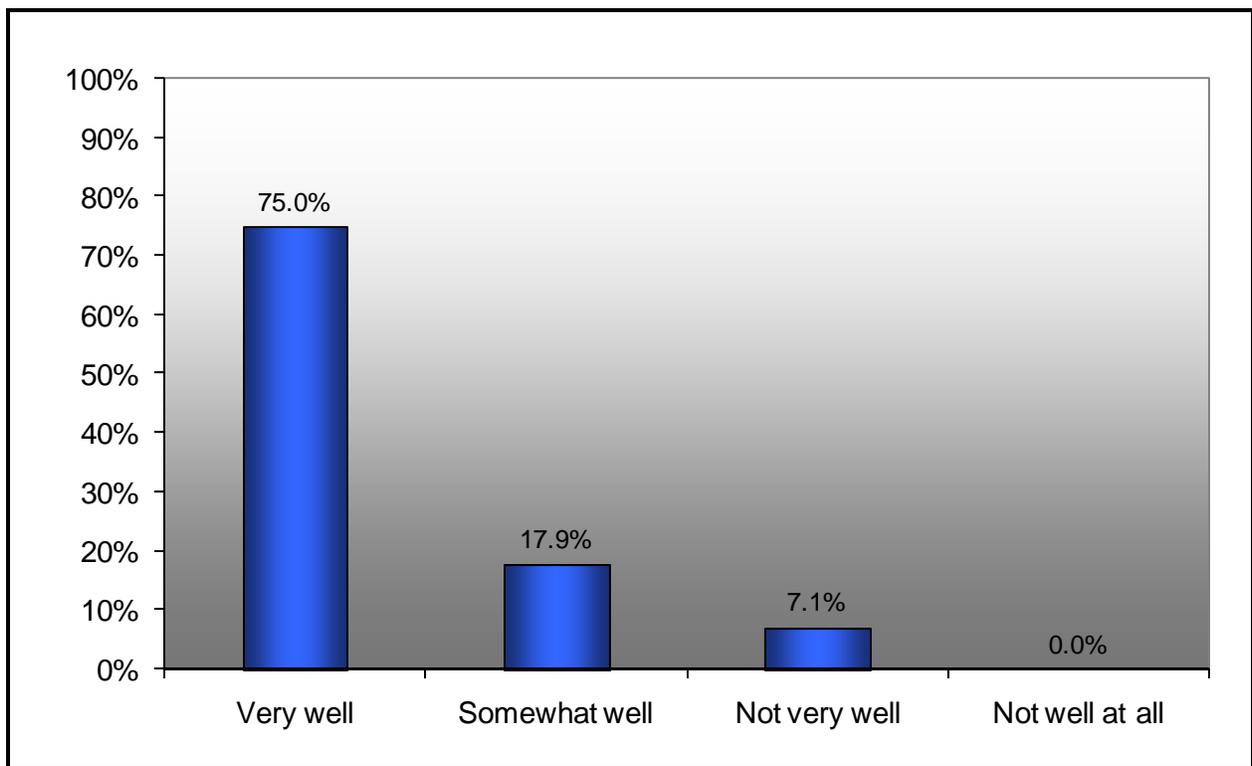
We asked school administrators about any barriers they encountered specific to communicating their school tobacco policies. Approximately half of respondents (46.4%) said that they did not have barriers to communicating the school's tobacco policy. Those who reported encountering barriers most frequently described competing priorities, as staff have many issues to address in the school setting. Two respondents indicated that communicating the policy is a lower priority because smoking prevalence is low. Other barriers included finding it hard to communicate effectively with smokers, parents not reading all information, and lacking effective tools for communicating with non-regular visitors.

Most administrators had ideas about the types of resources or technical assistance that might help with policy communication. Some administrators said they would like to have information on what other schools have done, with examples from schools serving the same grade levels. Others said they would like assistance with strategies to engage the community, including model letters for communicating policy to families or communities. Some respondents indicated that they would like more signs, with several requesting signs or graphics that get people's attention in an effective manner.

3.3 Enforcement of School Tobacco Policy

Interviews with school administrators included questions about how well enforced they thought the tobacco policy is, how consistently youth are ticketed for tobacco possession in the community, what they feel are key criteria for successful policy enforcement, barriers to policy enforcement, and resources needed. When we asked school administrators how well enforced they thought most people in their school community would say the school's tobacco policy is, the majority of respondents said their school's policy is considered very well enforced (Figure 3-6).

Figure 3-6. How Well Administrators Think School Community Would Say School Tobacco Policy Is Enforced (n=28)



Principals are most often responsible for enforcement (53.6%), while 17.9% reported that the assistant principal is primarily responsible and 28.5% reported that no single individual is responsible because the role is shared. Eight (29%) administrators said that their school has a School Resource Officer (SRO), and SROs were routinely involved in policy enforcement.

Vermont state law prohibits youth purchase or possession of tobacco products (16 V.S.A. § 1005). We asked school administrators whether they felt that youth in their community were being ticketed by law enforcement officers for possession of tobacco products. Half of

respondents said “yes,” with the other half split evenly between “no” and “don’t know” (Table 3-1). Of those who said law enforcement do ticket youth, most felt this enforcement was fairly consistent.

Table 3-1. School Administrator Reports of Law Enforcement Ticketing Students for Possession of Tobacco Products Off School Property (n=28)

Are local law enforcement officers ticketing students off school property for possession of tobacco products?	
No	7 (25%)
Don't know	7 (25%)
Yes	14 (50%)
If yes, how consistently?	
Very consistently	4 (29%)
Somewhat consistently	5 (36%)
Not very consistently	1 (7%)
Not very consistently at all	2 (14%)

The most commonly cited factor related to effective school enforcement of tobacco-free school policies was consistency. Respondents stated that consistency in responding to violations and being fair were of paramount importance. Additionally, key criteria for success included clear communication of consequences, vigilance in identifying violations, and reporting the civil violation.

Many respondents reported that they have had few or no violations of their school’s tobacco policy on school property. Of those who reported violations, most were described as taking place at the end of the school day or during events on school property. Others mentioned some violations during lunch, in bathrooms, and off campus after school. Staff involvement in enforcement usually involves reporting violations to school administration.

We asked school administrators what barriers they faced to enforcement of their school tobacco policy. A total of 17 respondents (60.7%) said they did not face any barriers to enforcement. The majority of these responses did not have SROs on their campus. Those who reported encountering barriers mentioned the challenge of having a large campus, where there are lots of places for students to go; the perception that tobacco is not a major concern compared to other drugs; parents’ considering tobacco policy violations a low priority; and the challenge of new students coming from other states with different policies. To address barriers, schools have continued to remind staff, students, and families of the policy; asked students to communicate the policy to other students and report violations; and gotten help from SROs with enforcement.

School administrators identified resources that would help them with policy enforcement. Their responses included

- getting help offering cessation for students and staff,
- sharing best practices from other schools,
- obtaining additional support from local law enforcement, and
- getting advice about apprising contractors of the policy and ensuring that they adhere to it.

4. SUMMARY AND RECOMMENDATIONS

4.1 Summary

This study reviewed written tobacco policies among a small sample of Vermont schools and obtained school administrators' perceptions of issues related to policy communication and enforcement. The Vermont schools participating in this study have significant variety in their written tobacco policies. All of the policies reviewed prohibit student tobacco use, but overall, local policies are not as comprehensive as the state law or the Centers for Disease Control and Prevention (CDC) recommendation for school tobacco policies. Consistency was described as a key to success for both policy communication and enforcement. Not all administrators encountered barriers to policy communication and enforcement, but, among those who did, competing priorities in the school setting was a common challenge.

Some of our findings may seem to paint a different picture than the data from CDC's School Health Profiles (SHP). Because the CDC survey asked respondents to report on procedures and our review assessed what was documented in written policies, the two studies' findings may be complementary rather than contradictory. For example, the SHP data show that more than 75% of schools in Vermont provide tobacco prevention education for students, whereas our review found that less than 20% of schools' policies required such instruction. It is possible that school principals in our sample would have stated that they provide tobacco prevention education, but it may not have been specifically stated in written policy. Our findings highlight the possibility of discrepancies between written policies and common practices and explore administrators' perspectives in greater detail.

Although CDC recommends seven key components for tobacco-free schools, these components require varying levels of resources to successfully implement. These components also vary in their potential impact and underlying evidence base. For example, although there is not direct support for tobacco use bans in schools, an extensive literature shows that workplace smoking bans reduce smoking. Other literature suggests that reduced levels of adult smoking may decrease youth smoking. In light of the available evidence and potential impact, we recommend prioritizing ensuring that tobacco use bans are comprehensive and enforced and that evidence-based tobacco prevention education is implemented with fidelity. RTI will release a brief report in spring 2009 regarding fidelity of implementation of tobacco prevention curricula in Vermont. We also recommend using judgment to ensure that policies are communicated in a cost-effective way.

Some of the CDC tobacco-free policy components may not necessarily contribute to measurable change in youth tobacco use prevalence. For example, although there is literature that links youth smoking and their exposure to tobacco advertising, it is unclear whether schools are a significant source of youth's exposure to tobacco advertising. In our assessment of the literature and available data, focusing on advertising bans and access to

cessation services are not likely to have a significant impact on youth smoking. CDC Best Practices puts greater effort on youth-focused interventions that prioritize policy change rather than service provision.

4.2 Recommendations

Given that tobacco-free school policy efforts are a focus for the Vermont Department of Education, we make the following recommendations for prioritizing these activities:

- Share successful tobacco policy implementation, communication, and enforcement experiences from other schools.
- Enable comprehensive written tobacco policies by providing resources, including a model policy.
- Encourage schools to communicate the policy.
- Encourage schools to enforce the policy.

4.2.1 Share Experiences from Other Schools

School administrators' most common request was to learn more about other schools' experiences with tobacco policy communication and enforcement. Sharing others' experiences can provide schools with good examples and ideas, identify potential challenges and solutions, provide reassurance that others have succeeded, and prevent duplication of planning efforts. The Vermont Department of Education can share findings from this study and adapt resources available from other states. Wisconsin has prepared written guidance documenting common challenges, contributing factors, and effective solutions (Wisconsin Department of Public Instruction). Advocates for tobacco-free schools in North Carolina released checklists for communicating school tobacco policies to students, parents and guardians, employees, and the public (North Carolina Health & Wellness Trust Fund). The Michigan Department of Education shared a policy implementation planning form with details about education, communication, compliance, and collaboration (Michigan Department of Education). In Oregon, a comprehensive document describes strategies for communication and enforcement, as well as a sample policy, checklists, and background information (Oregon Department of Human Services). Vermont could create documents tailored to the needs of Vermont schools that would provide similar strategies and assistance.

4.2.2 Enable Comprehensive Written Tobacco Policies

The Department of Education can make available to local education agencies a model policy that includes all of the components in Vermont's state law and the CDC recommendations. For schools or supervisory unions ready to update their school tobacco policies, having a standard model policy available can facilitate the process and ensure that common practices are documented in writing.

4.2.3 Encourage Schools to Communicate the Policy

The Department of Education can work with schools to encourage policy communication. Technical assistance with this may take the form of encouraging schools to post signs prohibiting tobacco use at building entrances, providing model letters for schools to send to parents, sharing resources for attention-getting signs, and offering advice on communicating the policy to visitors. Administrators cited competing priorities as a barrier to addressing tobacco use in the school setting, which emphasizes the importance of streamlining assistance to schools.

4.2.4 Encourage Schools to Enforce the Policy

The Department of Education can assist schools and supervisory unions with policy enforcement. In our study, school administrators had questions regarding how to enforce the policy with visitors. Sharing resources and answering common enforcement questions across the state will enable schools to enforce their policies more effectively.

4.3 Limitations

The study's main limitation is its small sample size. However, the study was designed to be exploratory rather than representative. Selected schools represent all grade levels and are located throughout the state. Findings from this study cannot be generalized to Vermont schools overall but can help the Vermont Department of Education understand some of the perceptions and challenges of school administrators in order to provide more effective technical assistance to schools across the state.

4.5 Conclusions

Vermont has made great strides in decreasing youth tobacco use prevalence. Clearly communicating and consistently enforcing school tobacco policies can help reinforce tobacco-free norms. Vermont's Department of Education can provide technical assistance with this effort that will reduce the burden on schools and local education agencies. The Vermont Department of Education can build on existing resources to assist schools with tobacco policy implementation, communication, and enforcement.

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