

June 2009

Vermont Tobacco Prevention Education Fidelity Study

Final Report

Prepared for

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1. INTRODUCTION

To decrease tobacco-related morbidity and mortality, the Centers for Disease Control and Prevention (CDC) recommends comprehensive interventions that involve societal and community resources. They also recommend including school-based tobacco interventions in these coordinated efforts to create tobacco-free social norms. RTI has addressed tobacco-free school policy in a separate document, and this report discusses tobacco use prevention education. There are a variety of tobacco prevention and health education curricula available for implementation in school settings. The Vermont Department of Education (DOE) provides funding to local education agencies that helps cover the cost of purchasing specific curricula. DOE funding may be used for the following curricula: Know Your Body (KYB), Botvin’s LifeSkills Training (BLST), Michigan Model (MM), Teenage Health Teaching Modules (THTM), and Project Towards No Tobacco Use (PTNT). Although DOE does not select which curricula schools implement, the Vermont Tobacco Evaluation and Review Board’s (VTERB’s) scientific advisory review panel selected these five curricula as the curricula that can be purchased or implemented with tobacco use prevention funding.

Evidence-based practice assumes that interventions are implemented as designed. Implementation fidelity is the degree to which an intervention is implemented as intended by the program developers. Key components of fidelity are adherence, dosage, quality of delivery, and participant responsiveness (Table 1-1) (O’Donnell, 2008; Carroll et al., 2007; Dusenbury et al., 2003).

Table 1-1. Key Components of Implementation Fidelity

Component	Explanation	Examples
Adherence	Whether intervention components are delivered as designed (critical elements; following manual, curriculum guide, or script)	<ul style="list-style-type: none"> • Activities and methods conducted consistently with how the curriculum is written • Cover critical elements or fulfill objectives as outlined in curriculum guide
Dosage	Number, length, or frequency of sessions implemented	<ul style="list-style-type: none"> • Completeness of delivery • Number of lessons covered • Amount of time allowed for lessons
Quality of delivery	How the teacher implements the techniques and processes prescribed	<ul style="list-style-type: none"> • How well curriculum is delivered • Quality of interaction • Use of prescribed teaching methods (e.g., didactic, role play)
Participant responsiveness	Extent to which participants are engaged by and involved in the program	<ul style="list-style-type: none"> • Student involvement in lessons • Students’ perception of curriculum as interesting/relevant

Despite the importance of assessing fidelity, no widely applicable standardized methodologies for measuring fidelity are available (Dusenbury et al., 2005). This is partly due to the wide variety of interventions, which differ in their approaches. The ideal evaluation would measure all components using multiple methods (e.g., observation, teacher self-report, student reports). However, challenges include cost, participant burden, and the sheer amount of evaluation activity required to conduct a comprehensive evaluation of fidelity. Few evaluations include all components, and self-report is a common means of assessing fidelity (Carroll et al., 2007). Most implementation fidelity research focuses solely on a fidelity score determined primarily by adherence (Carroll et al., 2007; Ringwalt et al., 2003).

In addition to the key components of implementation fidelity, researchers have identified several factors that may affect fidelity. These include teacher training, complexity of the intervention, teacher attitudes about the curriculum, and school climate (Table 1-2).

Table 1-2. Factors Related to Implementation Fidelity

Factor	Examples
Teacher training	<ul style="list-style-type: none">• Whether teachers implementing curricula received training• How recently training was received• Method of training: video vs. live
Complexity of the intervention	<ul style="list-style-type: none">• How straightforward or specific the curriculum is for teachers to implement• How clear curriculum is regarding what the critical elements are
Teacher attitudes regarding curriculum	<ul style="list-style-type: none">• Teacher belief that the curriculum will be effective• Teacher confidence in ability to use interactive teaching methods
School climate	<ul style="list-style-type: none">• School morale in general• School/district support and commitment to program• Staff coordinator who provides assistance• Teacher participation in decision-making in selecting curriculum

RTI collaborated with DOE staff to develop a fidelity study to assess broadly the fidelity with which tobacco prevention education curricula are implemented in Vermont schools and assess related factors. This fidelity study was conducted to inform future planning and technical assistance and does not address any of the curricula in detail or assess student outcomes. Questions address implementer adherence, quality of delivery, and perceived participant responsiveness. We did not assess dosage because of the method of data collection, concerns about reasonable burden on respondents, and the variety of dosage expectations across curricula. We incorporated questions that address all of the factors that

have been identified as related to fidelity. This report describes findings regarding tobacco use prevention education in schools across Vermont.

2. METHODS

RTI developed an instrument collaboratively with Vermont Department of Education (DOE) staff that covers key points identified in the literature (Appendix A). Closed-ended questions asked implementers how closely implementers adhered to the curriculum guide, how much they adapted the curriculum, how they adapted the curriculum, whether they received training, perceived relevance and effectiveness, and level of support implementers have from their school and district. A matrix of constructs and questions is presented in Table 2-1.

Table 2-1. Fidelity Questionnaire Constructs and Associated Questions

Construct	Questions
Adherence	<ul style="list-style-type: none"> ▪ How closely did you keep to the curriculum as written for this session? [I did not use a curriculum guide; Not at all close; Somewhat close; Pretty close; Exactly] ▪ How did you adapt the curriculum? [I adapted the curriculum to fit in amount of time available; I adapted the curriculum to make it more culturally relevant.; I adapted the curriculum to make it more interesting to students.; I adapted the curriculum to add more information on relevant topics.; I adapted the curriculum to make it more age-appropriate for students.; I did not adapt the curriculum.]
Quality of delivery	<ul style="list-style-type: none"> ▪ How much did you adapt the recommended teaching methods, such as behavior rehearsal, didactic instruction, homework, games, or family involvement? [I adapted the methods a lot; I adapted the methods a little; I did not adapt the recommended methods]
Participant responsiveness	<ul style="list-style-type: none"> ▪ How engaged were students in this session? [Very engaged; Somewhat engaged; A little bit engaged; Not engaged at all]
Teacher training	<ul style="list-style-type: none"> ▪ Have you received formal training on this curriculum? [Yes, I received live training; Yes, I received video training; Yes, I received another type of training; No, but I am scheduled to receive training during this school year; No, I have not received formal training on this curriculum]
Complexity of the intervention	<ul style="list-style-type: none"> ▪ How complicated is it to teach this curriculum? [Very complicated; Somewhat complicated; A little complicated; Not complicated at all]
Teacher attitudes regarding curriculum	<ul style="list-style-type: none"> ▪ How relevant do you feel this curriculum is to students at your school? [Very relevant; Somewhat relevant; A little relevant; Not relevant at all] ▪ How effective do you think this curriculum is in preventing tobacco use? [Very effective; Somewhat effective; A little effective; Not effective at all] ▪ Overall, how much do you like teaching this curriculum? [Very much; Somewhat; A little bit; Not at all]
School climate	<ul style="list-style-type: none"> ▪ What level of support do you feel you have from the <u>school</u> for teaching this curriculum? [Significant support; Some support; A little bit of support; No support] ▪ What level of support do you feel you have from the <u>district</u> for teaching this curriculum? [Significant support; Some support; A little bit of support; No support] ▪ To what extent are teachers at the school where you taught this curriculum consulted before new programs or curricula are implemented? [Very much; Somewhat; A little bit; Not at all]

RTI mailed anonymous surveys to the 65 tobacco grant coordinators for local educational agencies that receive tobacco grant funding in November 2008. Each tobacco grant coordinator mailing included five surveys along with a cover letter and self-addressed stamped envelope to distribute to people who implement tobacco use prevention curricula. If more than five people implemented tobacco use prevention curricula, coordinators were asked to contact RTI for additional surveys and self-addressed stamped envelopes or they could make additional copies of the surveys. We received 116 completed surveys. Because we do not know the number of implementers across Vermont, we do not know the response rate.

Respondents were asked to report on only the curriculum they taught most recently. However, 29 respondents reported using multiple curricula. The questions were intended to be asked about a single curriculum. Therefore, surveys regarding multiple curricula could not be broken down by curriculum. Additionally, 16 respondents indicated that they most recently implemented a curriculum that is not among the five for which DOE provides funding. After a preliminary summary of responses who reported teaching all curricula, the remaining descriptive analyses include only responses related to a single curriculum among the five identified by DOE. However, one of the curricula was not reported by any respondents, so data are presented overall and by the four curricula reportedly being used.

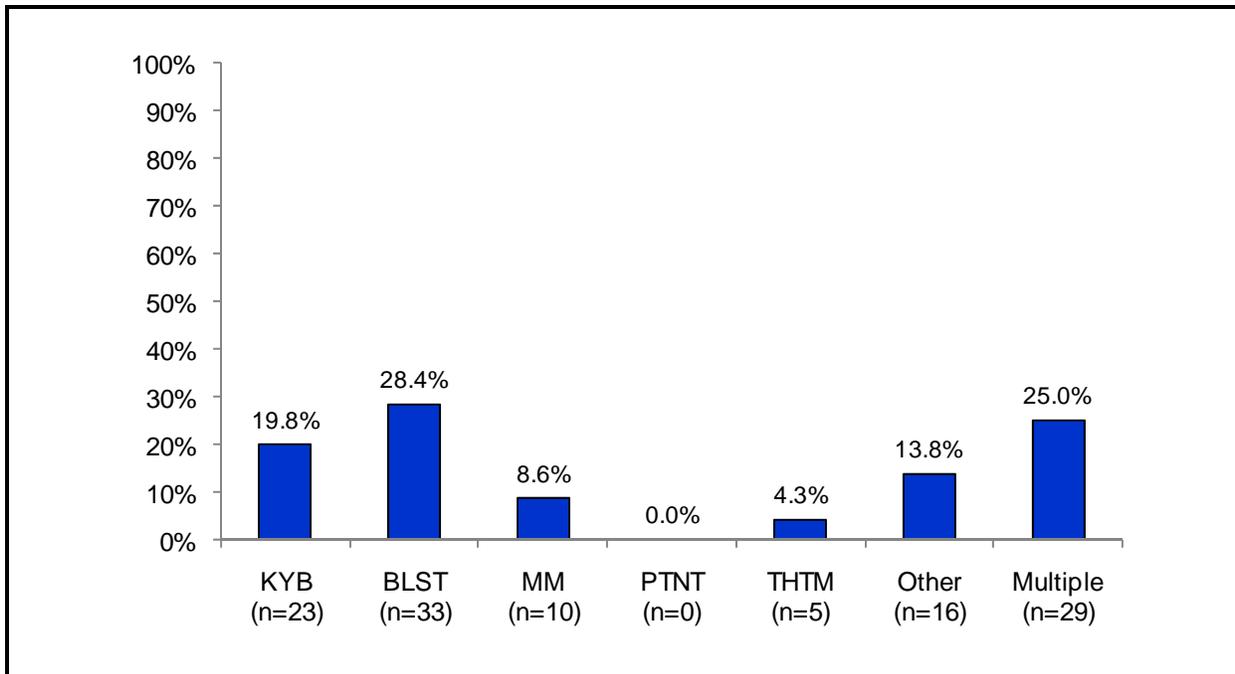
3. RESULTS

The following sections show results from the fidelity study, beginning with the curricula being implemented and the roles of implementers within the school system. Next, we show overall and curriculum-specific data for the questions about fidelity of implementation. Finally, we present overall and curriculum-specific data for factors related to fidelity.

Respondents identified the curricula they teach, with the most common curriculum being Botvin’s LifeSkills Training (Figure 3-1). The “multiple” category included a combination of the five Department of Education (DOE)-identified curricula and any other curriculum. The most commonly reported curricula in the “Other” category were Project Alert, Not On Tobacco, Here’s Looking at You, and curricula or lessons created by the implementer. Additional “Other” entries included an American Lung Association program, Health Rocks, Tobacco Awareness Program/Tobacco Education Group, and Great Body Shop.

Although the proportion reporting each curriculum is not the same as the percentage of schools in the DOE database reporting each curriculum, the order of prevalence is the same. Table 3-1 shows the percentage of schools implementing each curriculum during the 2007–2008 school year compared to the percentage of implementers reporting each curriculum.

Figure 3-1. Tobacco Use Prevention Curricula Implemented in Vermont Schools



Note: KYB = Know Your Body; BLST = Botvin’s LifeSkills Training, MM = Michigan Model, PTNT = Project Towards No Tobacco Use, and THTM = Teenage Health Teaching Modules

Table 3-1. Percentage of Each Curriculum Reported

Curriculum	Percentage of Schools Implementing Curriculum, per DOE Tobacco-Free Schools Database	Percentage of Implementers Teaching Curriculum, per Fidelity Study
Know Your Body	40.5%	19.8%
Botvin's LifeSkills Training	43.2%	28.4%
Michigan Model	9.7%	8.6%
Teenage Health Teaching Modules	5.3%	4.3%
Project Towards No Tobacco Use	1.3%	0.0%

No one in this study reported using the Project Towards No Tobacco Use curriculum. Therefore, results in the remainder of this report are for the other four curricula: Know Your Body, Botvin's LifeSkills Training, Michigan Model, and Teenage Health Teaching Modules.

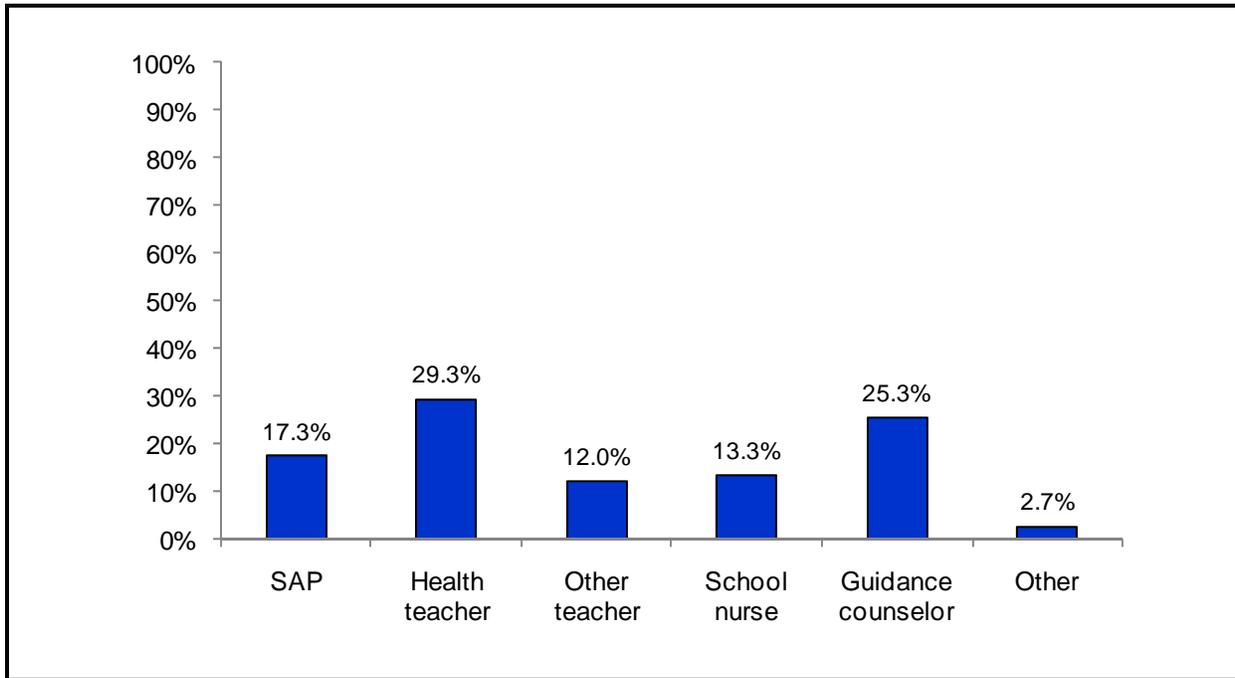
The people who teach tobacco use prevention curricula work in a variety of roles in the school setting. Most are teachers, with 29.3% being health teachers and 12.0% teaching other subjects (Figure 3-2). Guidance counselors, Student Assistance Professionals (SAP), and school nurses also taught tobacco use prevention curricula. The 2.7% of respondents who identified themselves as having "Other" roles included physical education teachers, tobacco coordinators, and a school resource officer. Survey respondents reported teaching tobacco use prevention between 1 year and 30 years, with an average of 7 years and a median of 6 years.

3.1 Implementation Fidelity

3.1.1 Adherence

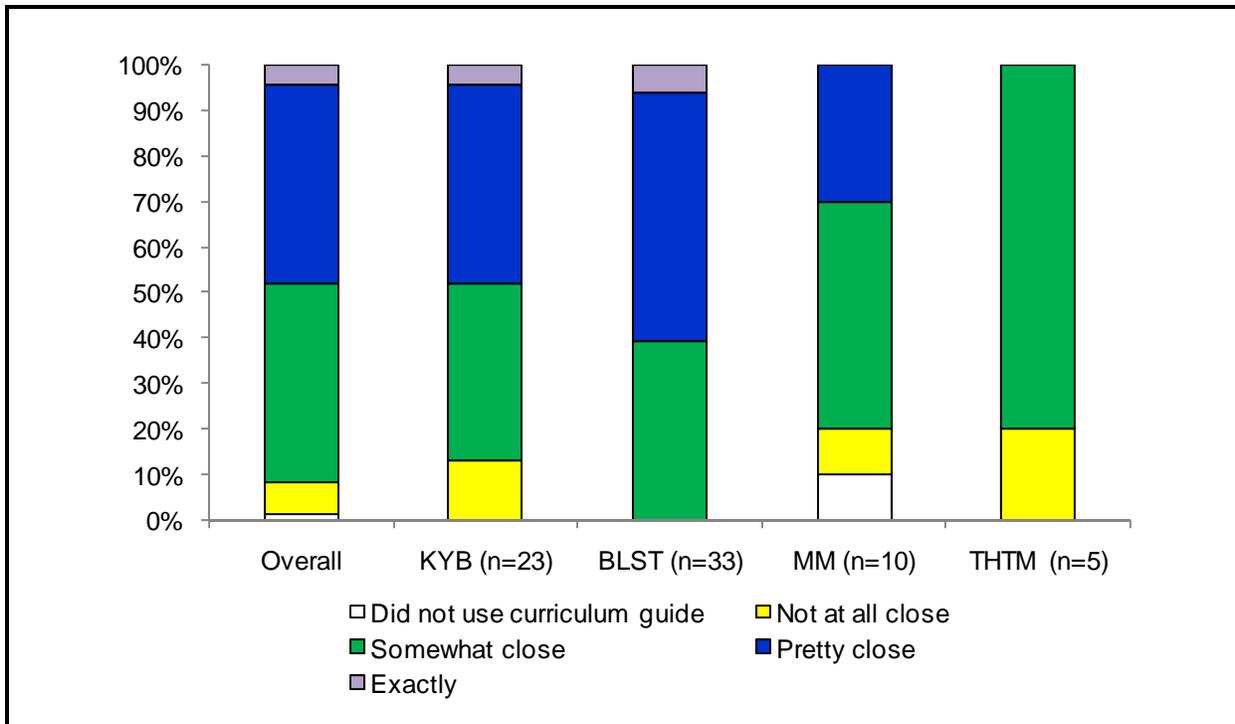
We asked implementers how closely they adhered to the curriculum guide for the curriculum they taught. Overall, the great majority reported following the guide "pretty close" or "somewhat close" (Figure 3-3). Botvin's LifeSkills Training implementers reported "exactly" and "pretty close" more often than implementers of other curricula. It should be noted, however, that the curricula vary in their recommended level of strictness in adherence to a curriculum guide. Botvin's LifeSkills Training is structured and scripted, but Know Your Body, Michigan Model, and Teenage Health Teaching Modules have more flexibility built into the curricula.

Figure 3-2. Roles of Tobacco Use Prevention Curricula Implementers



Note: SAP = Student Assistance Professional

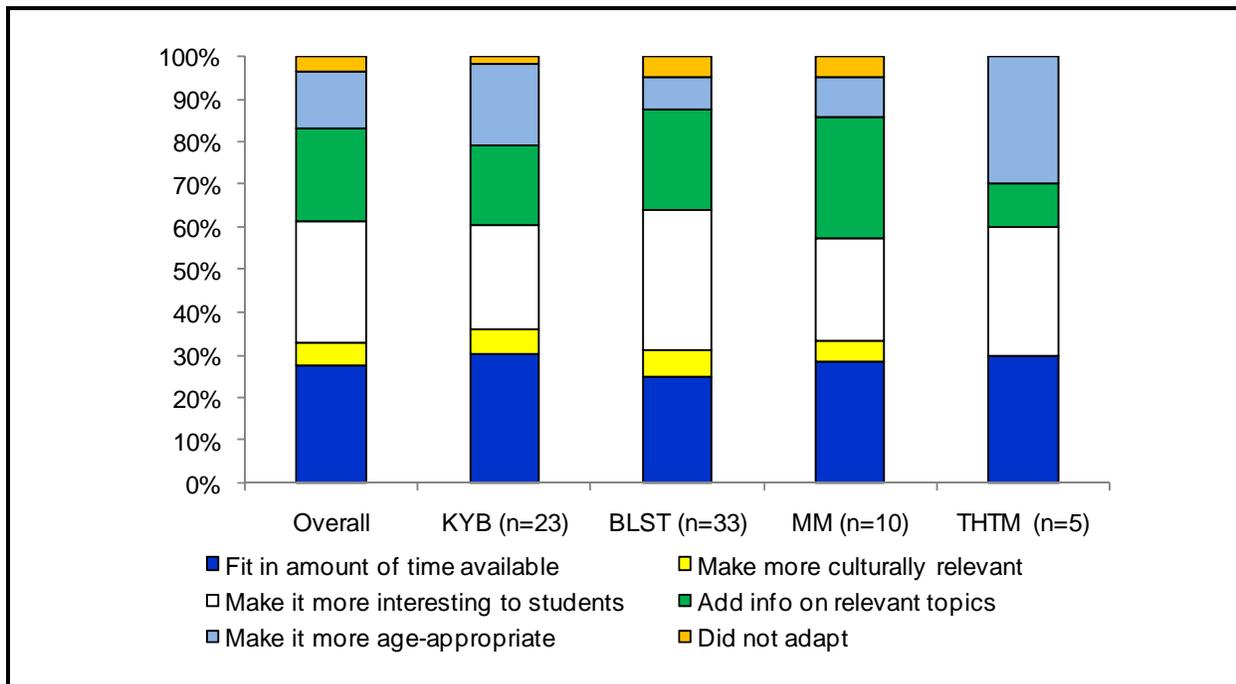
Figure 3-3. How Closely Implementers Adhered to Curriculum Guide



Note: KYB = Know Your Body, BLST = Botvin's LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

Implementers reported a variety of ways in which they adapted each curriculum. Overall, the most common types of adaptation were to make the curricula more interesting to students and to fit it in the amount of time available (Figure 3-4). The next most common adaptation was to add information on relevant topics. Responses were closed-ended, so we do not have additional detail on adaptation beyond responses to these categories.

Figure 3-4. Ways Implementers Adapted Tobacco Use Prevention Curricula



Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

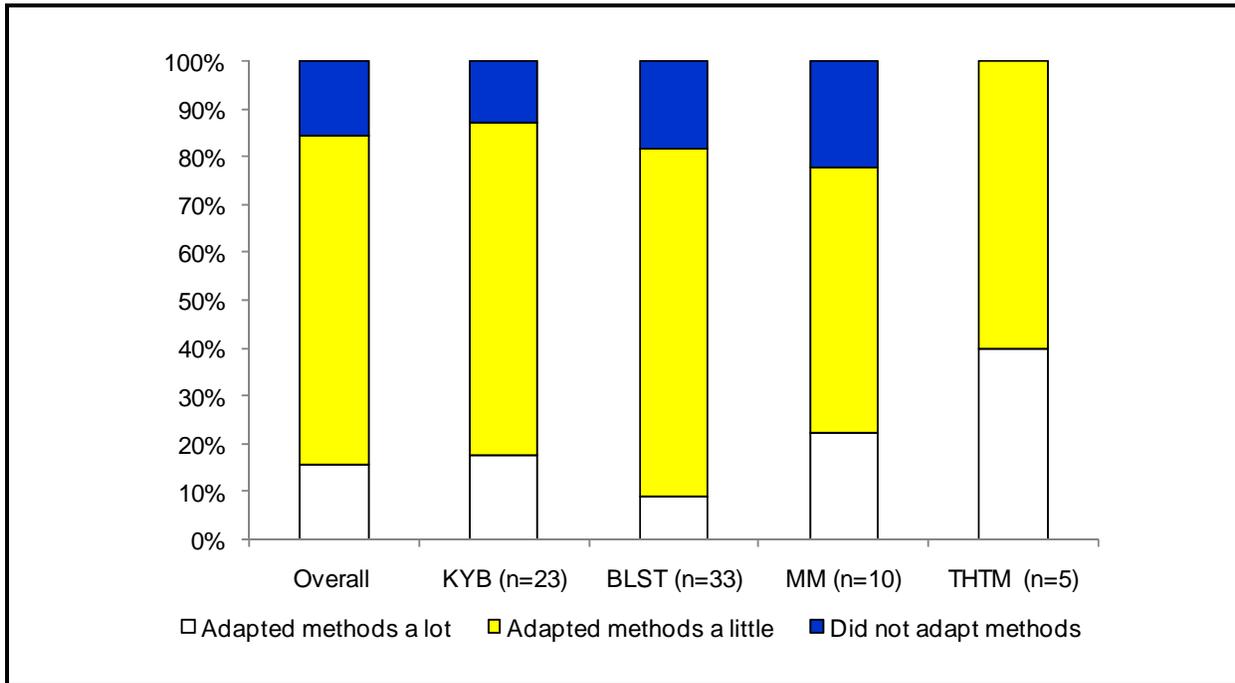
3.1.2 Quality of Delivery

We asked implementers about how much they adapted recommended teaching methods, which may include behavior rehearsal, didactic instruction, homework, games, and family involvement (Figure 3-5). Across all curricula, most reported adapting the teaching methods a little. The most adaptation was reported for Teenage Health Teaching Modules, but that curriculum also had the fewest implementers reporting and incorporates a significant amount of flexibility. Implementers of Botvin’s LifeSkills Training were least likely to report adapting the recommended teaching methods.

3.1.3 Participant Responsiveness

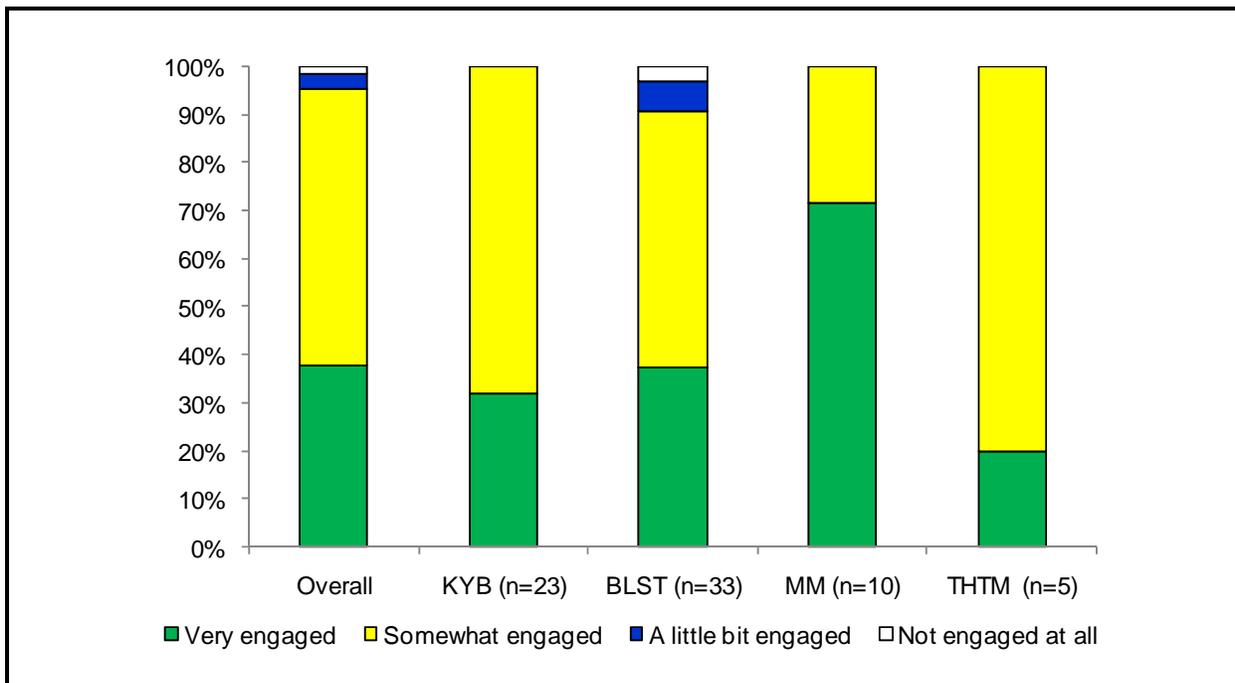
Student engagement relates to how students perceive and participate in the curriculum sessions. Overall, 40% of implementers reported that students were very engaged, and more than 50% reported that students were somewhat engaged (Figure 3-6). The Michigan Model showed the highest reports of students being very engaged.

Figure 3-5. How Much Implementers Adapted Recommended Teaching Methods for Tobacco Use Prevention Curricula



Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

Figure 3-6. Level of Student Engagement in Most Recent Session of Curricula



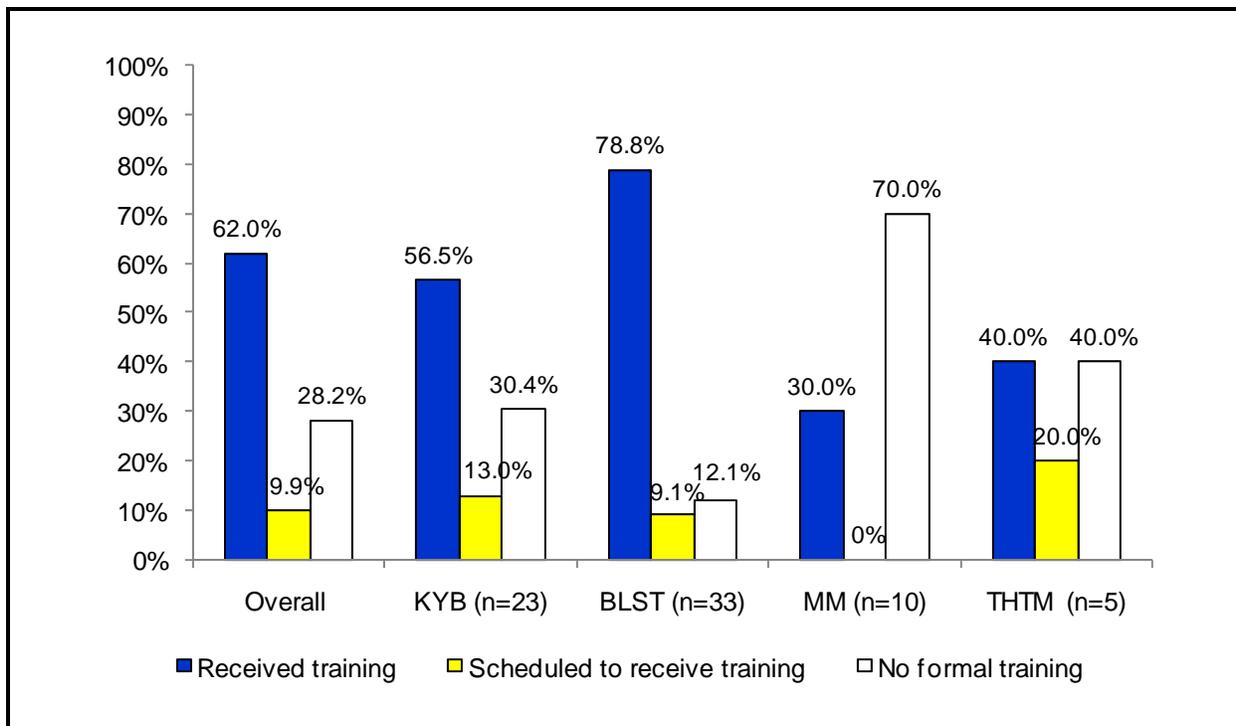
Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

3.2 Factors Related to Fidelity

3.2.1 Teacher Training

Most implementers (62.0%) received training on the curriculum they teach (Figure 3-7). Nearly 10% reported that they were scheduled to receive training within the school year. Approximately 30% reported that they have not received or been scheduled to receive training on the curriculum they teach. Among the specific curricula, implementers of Botvin’s LifeSkills Training were most likely to report receiving training, followed by those implementing Know Your Body. The majority of Michigan Model implementers (70%) reported no formal training.

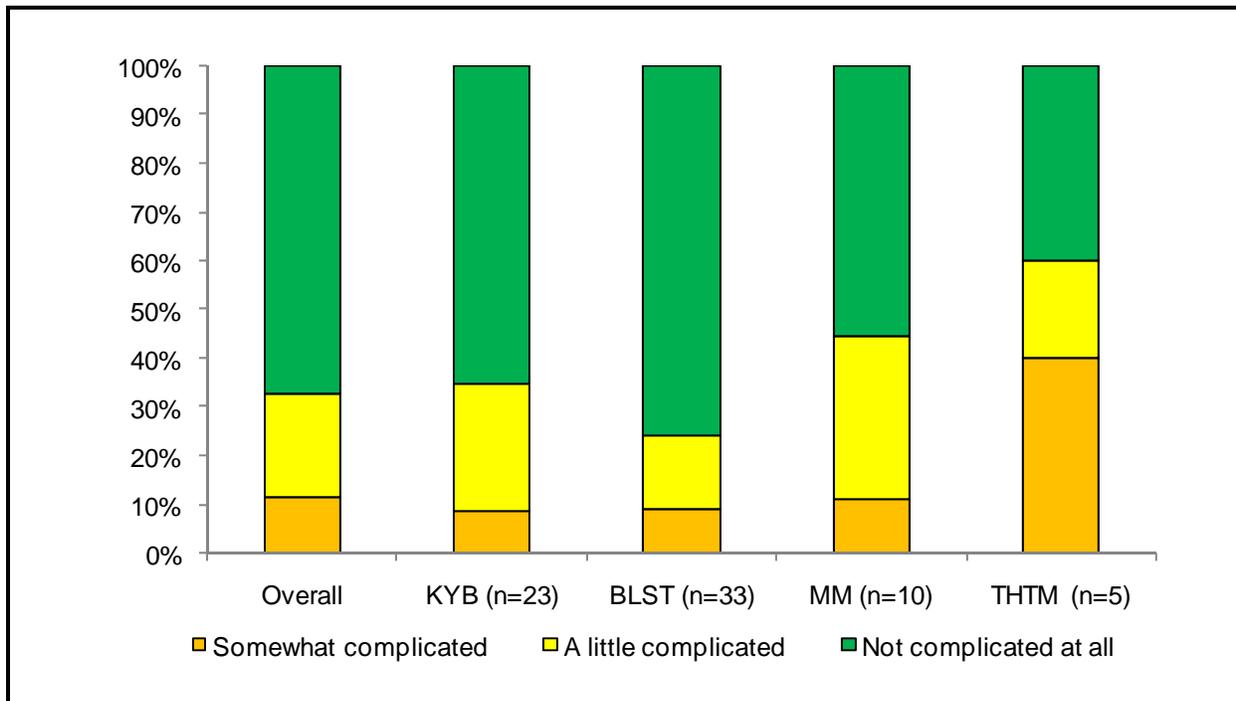
Figure 3-7. Implementer Training on Tobacco Use Prevention Curricula



Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

3.2.2 Complexity

When asked how complicated implementers feel it is to teach the curriculum, most respondents reported that it is not complicated at all (Figure 3-8). No one responded for any curriculum that it was “very complicated.”

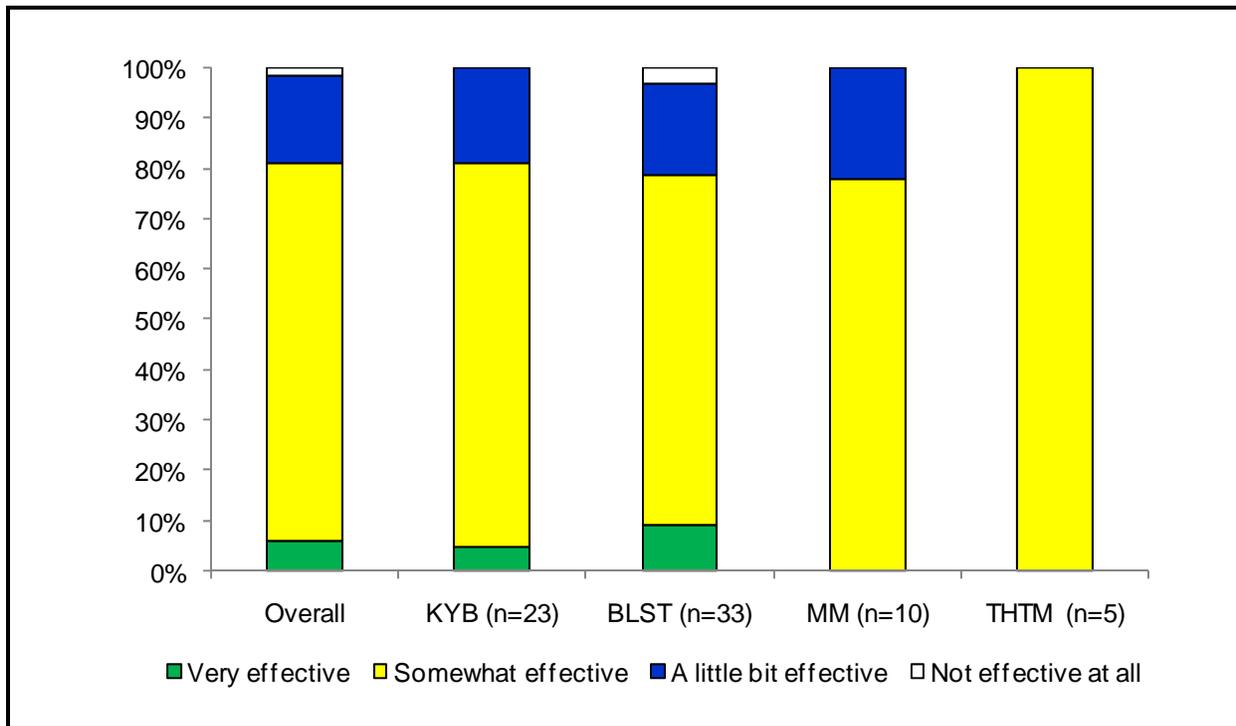
Figure 3-8. Perception of How Complicated It Is to Teach Curricula

Note: KYB = Know Your Body, BLST = Botvin's LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

3.2.3 Teacher Attitudes Regarding Curriculum

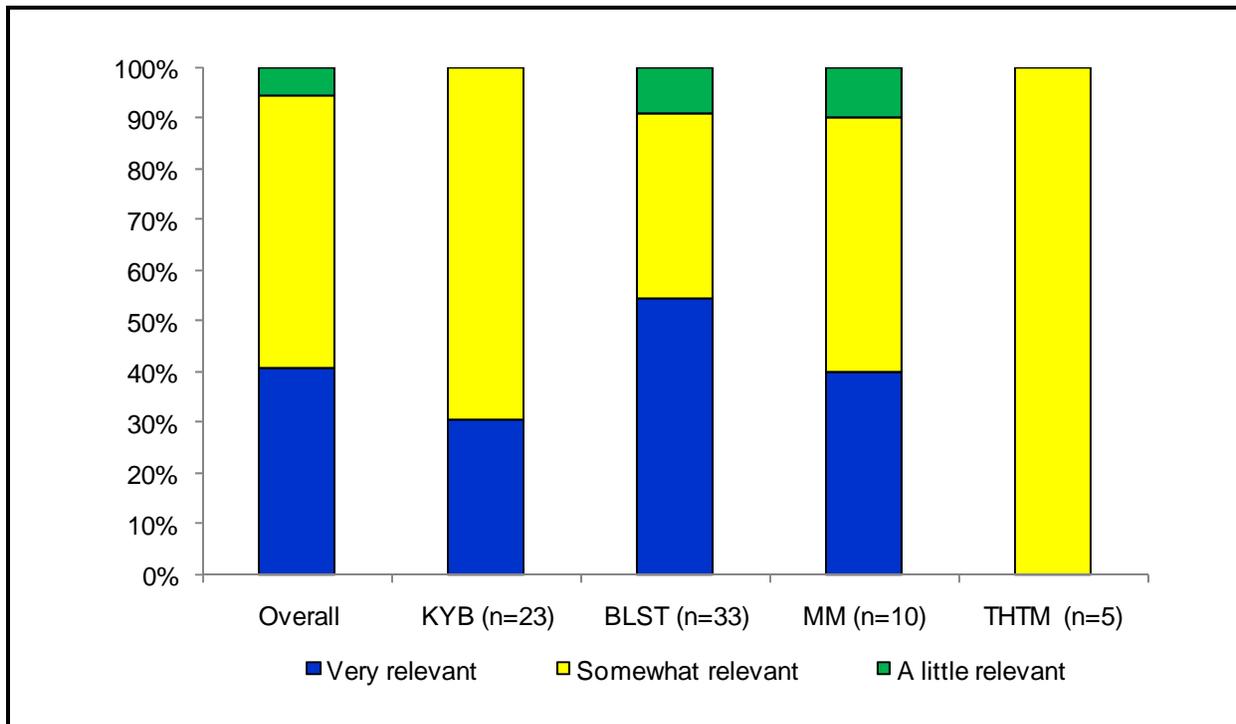
The perceived effectiveness of the tobacco use prevention curricula was overwhelmingly reported as "somewhat effective" (Figure 3-9). None of these curricula are primarily focused on tobacco use prevention, but are focused more broadly on health behaviors, social skills, decision-making, and alcohol, tobacco, and other drugs.

Figure 3-9. Perceived Effectiveness of Tobacco Use Prevention Curricula



Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

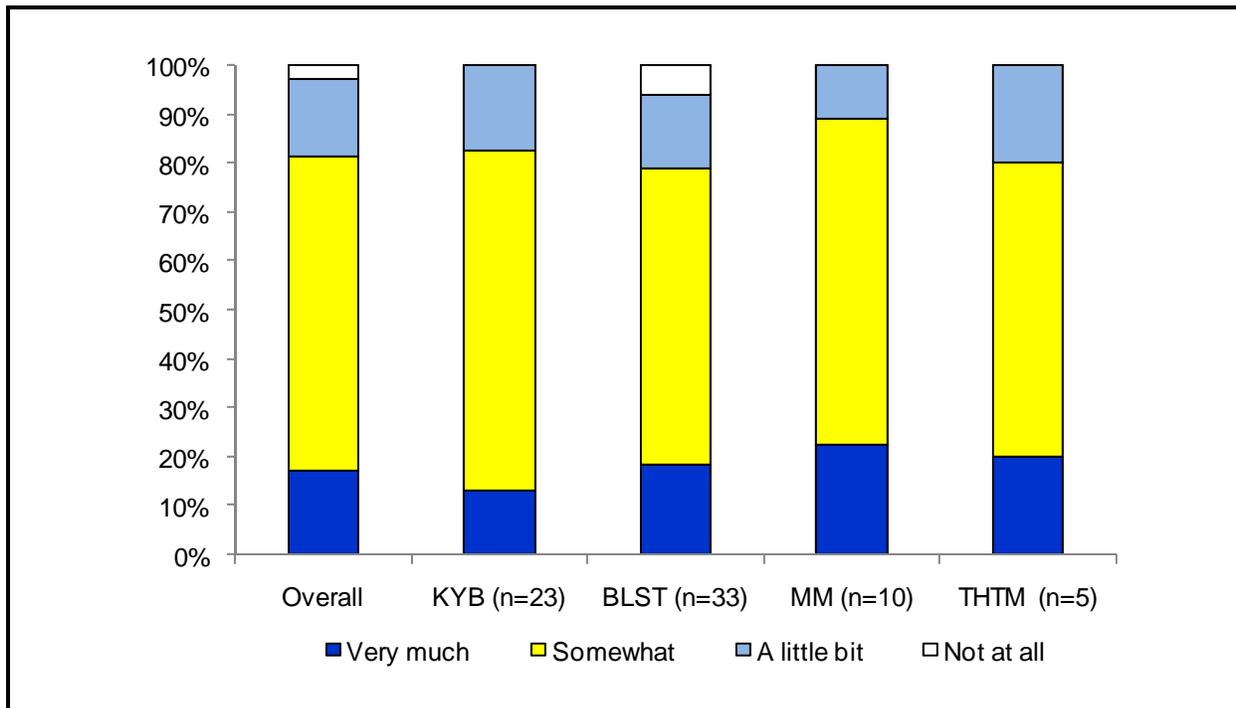
Overall, approximately 40% of implementers reported feeling that the curriculum they teach is very relevant to students at their school (Figure 3-10). No one reported that the curriculum is not relevant at all. Botvin’s LifeSkills Training received the highest proportion of “very relevant” responses.

Figure 3-10. Perceived Relevance of Curriculum to Students

Note: KYB = Know Your Body, BLST = Botvin's LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

Implementers reported generally liking teaching the curriculum, with the majority reporting liking to teach that curriculum "somewhat" (Figure 3-11). Percentages were very similar across curricula.

Figure 3-11. How Much Implementers Liked Teaching Tobacco Use Prevention Curricula



Note: KYB = Know Your Body, BLST = Botvin’s LifeSkills Training, MM = Michigan Model, and THTM = Teenage Health Teaching Modules

3.2.4 School Climate

Implementers felt that their schools and districts support them in teaching the curricula (Figure 3-12). More than 75% of implementers reported having “some support” or “significant support” from their school and district.

There was some variation in the extent to which teachers are consulted prior to implementation of new programs or curricula (Figure 3-13). The most common response was that teachers are consulted “a little bit” before new curricula are implemented (38.5%).

Figure 3-12. Perceived Support from Schools and Districts for Teaching Curricula

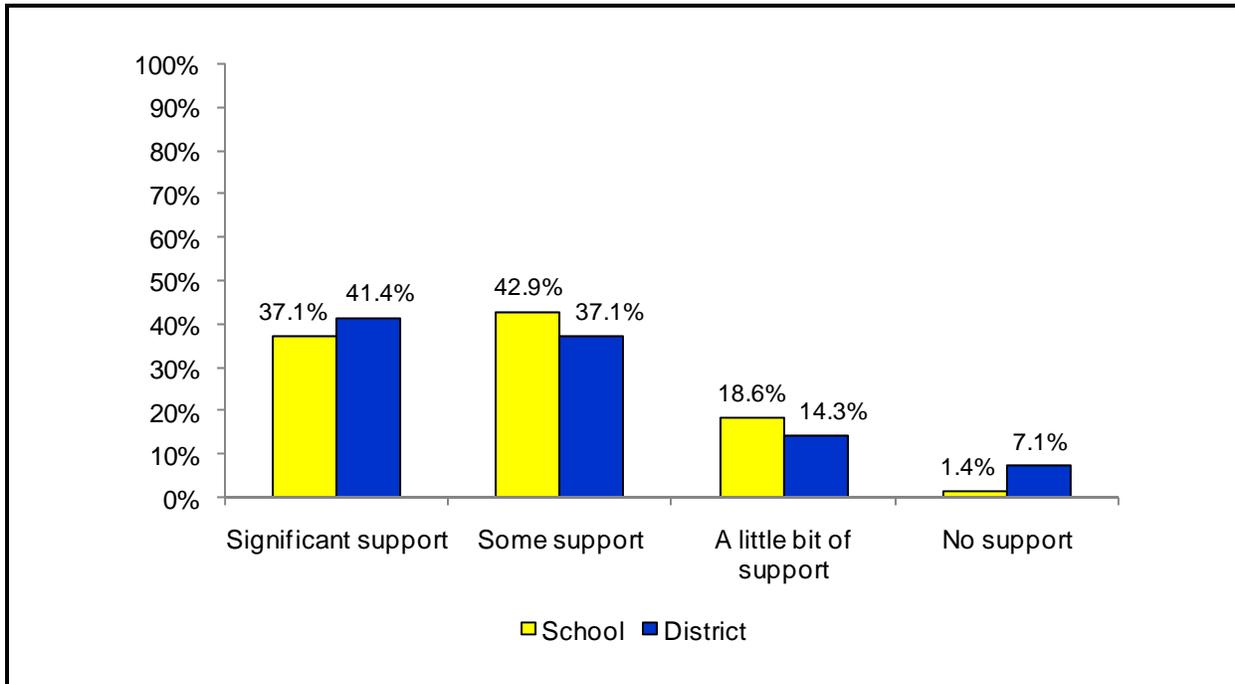
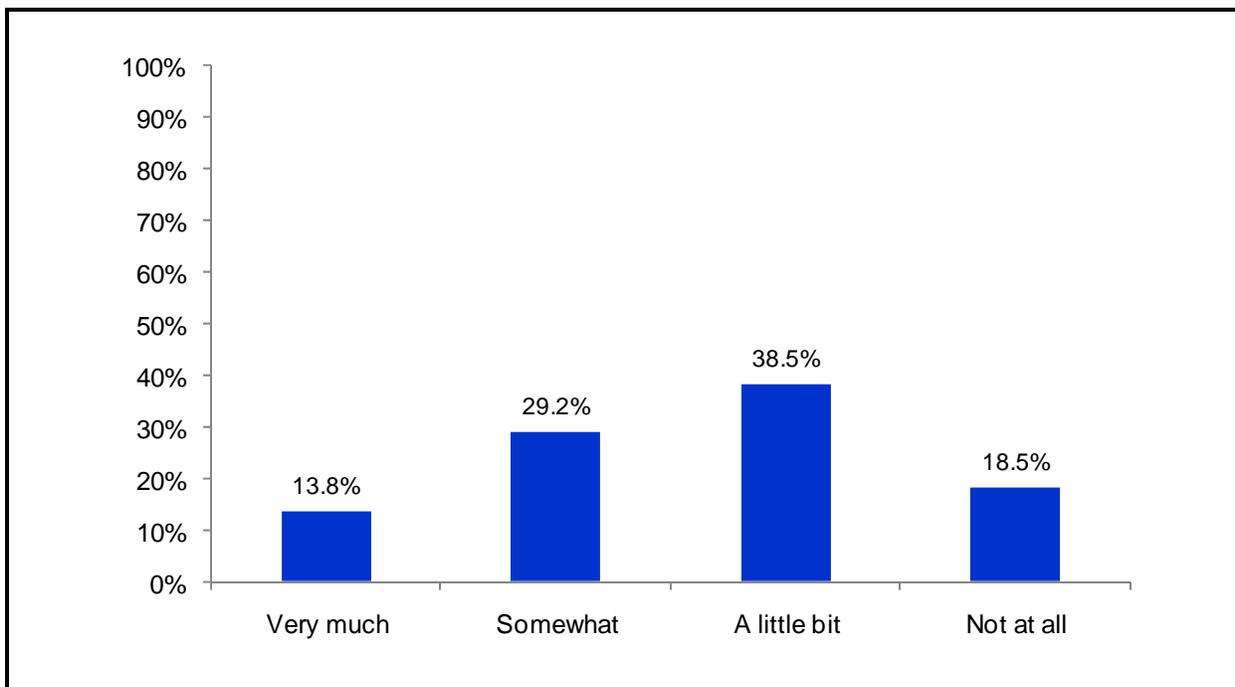


Figure 3-13. Extent to which Teachers at the School are Consulted Before New Programs or Curricula are Implemented



4. CONCLUSION

This study was developed to assess implementation fidelity with which tobacco use prevention curricula are being implemented in Vermont schools. We conducted a study using constructs in the fidelity literature to learn about implementation and adaptation from the people who actually teach the lessons. Our goal was to collect data to provide a snapshot across the state to inform the Department of Education (DOE) technical assistance to grantees. We measured core constructs of fidelity—adherence, quality of delivery, and participant responsiveness—as well as other factors that are related to fidelity: teacher training, complexity of the intervention, teacher attitudes regarding curricula, and school climate. We used self-report surveys of implementers of tobacco use prevention curricula as a cost-effective way to gather a large amount of information from across Vermont.

We found that 86% of implementers reported teaching evidence-based curricula that the Vermont Tobacco Evaluation and Review Board's (VTERB's) scientific advisory review panel selected as curricula for which local education agencies can be reimbursed. To interpret the overall findings, we looked at all three measures of fidelity assessed, particularly how closely implementers kept to the curriculum guide (adherence). Less than 1% of respondents reported that they did not use a curriculum guide; nearly half reported following a guide exactly or pretty closely. While there is no well-established threshold that identifies whether tobacco use prevention curricula are implemented with fidelity, we found relatively high fidelity across curricula. Implementers reported little adaptation of teaching methods, and the most commonly reported adaptations include fitting the lessons into the time available and making the lessons more interesting to students. Reports of training, perceived effectiveness, relevance, and school and district support were all positive. Overall, the relatively high fidelity reported in Vermont schools indicates that the key messages and potential effects of the evidence-based curricula being implemented are reaching Vermont students.

Some adaptation to curricula is inevitable, as school schedules may not allow the full amount of time for a single lesson or relevant examples may change with shifts in pop culture. Some adaptations may represent positive changes, such as technological innovations that can be utilized in ways that still carry the curriculum developer's message. It is possible that some negative changes occur as well, especially if implementers have not received training that emphasizes key teaching methods, messages, or theory behind the curriculum. The literature does not uniformly consider adaptation positive or negative. Some researchers call for identification of critical components in curricula, to allow room for adaptation, perhaps with some guidance about the type or amount of adaptation. Additionally, expectations for adherence to scripts and guides vary by curriculum. We recommend that DOE and VTERB consider assessing fidelity and curricula adaptations periodically over time to continue to understand what implementers are changing. DOE staff

should also consider communicating with curriculum developers to inquire about whether they have recommendations about what lessons, concepts, and teaching methods can be adapted and which should be used exactly as designed. While these core constructs and methods may not be readily available at this time, inquiries may increase awareness of interest in adaptation assistance.

The majority of implementers received or were scheduled to receive training on the curricula they teach. Although this finding is encouraging, it is important to note that nearly one-third of implementers have not received training on curricula they teach to students. We recommend that DOE and VTERB continue offering training, especially to those who have not had it.

Potential limitations of this study include the unknown response rate and the self-report methodology. The response rate could not be calculated because DOE currently tracks the number of tobacco coordinators but not the number of individuals implementing curricula. Requesting participation of the actual implementers allowed us to get a more accurate representation of fidelity of implementation than could be achieved by asking coordinators. Our self-report methodology is subject to social desirability bias and is not as objective as on-site observation. However, the anonymity of responses may have encouraged more honest answers. Additionally, we worded questions in a value-neutral way to avoid having respondents answer in what they perceived to be the “correct” way. The instrument was developed collaboratively with DOE, and we believe that it is a more relevant tool as a result.

Most implementers reported that they believe the curriculum they teach is somewhat effective in preventing tobacco use. This is positive, although not the highest possible effectiveness rating. This could be due to multiple reasons; key among them is the fact that multiple influences affect tobacco use initiation. We encourage DOE and VTERB to continue to emphasize a comprehensive approach to tobacco use prevention, integrating school-based instruction with media, policy, and social norm change efforts.

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APPENDIX A: VERMONT TOBACCO USE PREVENTION EDUCATION QUESTIONNAIRE

Please do not write your name on this form. Please answer these questions regarding the tobacco use prevention curricula that you teach. If you teach more than one curriculum, think about the curriculum that you taught most recently and answer the questions for only that curriculum.

1. What tobacco use prevention curriculum did you teach?

<input type="checkbox"/> 1 Know Your Body	<input type="checkbox"/> 4 Project TNT
<input type="checkbox"/> 2 Botvin's Life Skills Training	<input type="checkbox"/> 5 Teenage Health Teaching Modules
<input type="checkbox"/> 3 Michigan Model	<input type="checkbox"/> 6 Other (specify) _____

2. How recently did you teach a session for this curriculum? Date: ____/____/____

3. Have you received formal training on this curriculum?

<input type="checkbox"/> 1 Yes, I received live training.
<input type="checkbox"/> 2 Yes, I received video training.
<input type="checkbox"/> 3 Yes, I received another type of training.
<input type="checkbox"/> 4 No, but I am scheduled to receive training during this school year. (Skip to question #4.)
<input type="checkbox"/> 5 No, I have not received formal training on this curriculum. (Skip to question # 4.)

3a. During what school year did you most recently receive this training? _____

Please answer questions 4-10 based on the most recent time you taught this curriculum.

4. How relevant do you feel this curriculum is to students at your school?

<input type="checkbox"/> 1 Very relevant	<input type="checkbox"/> 3 A little relevant
<input type="checkbox"/> 2 Somewhat relevant	<input type="checkbox"/> 4 Not relevant at all

5. How complicated is it to teach this curriculum?

<input type="checkbox"/> 1 Very complicated	<input type="checkbox"/> 3 A little complicated
<input type="checkbox"/> 2 Somewhat complicated	<input type="checkbox"/> 4 Not complicated at all

6. How effective do you think this curriculum is in preventing tobacco use?

<input type="checkbox"/> 1 Very effective	<input type="checkbox"/> 3 A little bit effective
<input type="checkbox"/> 2 Somewhat effective	<input type="checkbox"/> 4 Not effective at all

7. How closely did you keep to the curriculum as written for this session?

<input type="checkbox"/> 1 I did not use a curriculum guide	<input type="checkbox"/> 4 Pretty close
<input type="checkbox"/> 2 Not at all close	<input type="checkbox"/> 5 Exactly
<input type="checkbox"/> 3 Somewhat close	

8. How did you adapt the curriculum?

<input type="checkbox"/> 1 I adapted the curriculum to fit in amount of time available.
<input type="checkbox"/> 2 I adapted the curriculum to make it more culturally relevant.
<input type="checkbox"/> 3 I adapted the curriculum to make it more interesting to students.
<input type="checkbox"/> 4 I adapted the curriculum to add more information on relevant topics.
<input type="checkbox"/> 5 I adapted the curriculum to make it more age-appropriate for students.
<input type="checkbox"/> 6 I did not adapt the curriculum.

9. How much did you adapt the recommended teaching methods, such as behavior rehearsal, didactic instruction, homework, games, or family involvement?

- 1 I adapted the methods a lot
2 I adapted the methods a little
3 I did not adapt the recommended methods

10. How engaged were students in this session?

- 1 Very engaged
2 Somewhat engaged
3 A little bit engaged
4 Not engaged at all

11. Overall, how much do you like teaching this curriculum?

- 1 Very much
2 Somewhat
3 A little bit
4 Not at all

12. What level of support do you feel you have from the school for teaching this curriculum?

- 1 Significant support
2 Some support
3 A little bit of support
4 No support

13. What level of support do you feel you have from the district for teaching this curriculum?

- 1 Significant support
2 Some support
3 A little bit of support
4 No support

14. To what extent are teachers at the school where you taught this curriculum consulted before new programs or curricula are implemented?

- 1 Very much
2 Somewhat
3 A little bit
4 Not at all

15. What is your role at the school where you taught this curriculum?

- 1 Student Assistance Professional
2 Health teacher
3 Teacher (subject other than health)
4 School nurse
5 Guidance counselor
6 Other: _____

16. How many years have you taught tobacco use prevention at any school?

years

Thank you for your time.

Using the return envelope you were provided, please send this form to:

Betty Brown
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709
Phone: 919-541-6951
Fax: 919-541-6683

APPENDIX B: SPECIFIC MEASURES BY WHETHER IMPLEMENTER WAS TRAINED ON CURRICULUM THEY TAUGHT

Figure B-1. How Much Implementers Adapted Recommended Teaching Methods for Tobacco Use Prevention Curricula, by Implementer Training

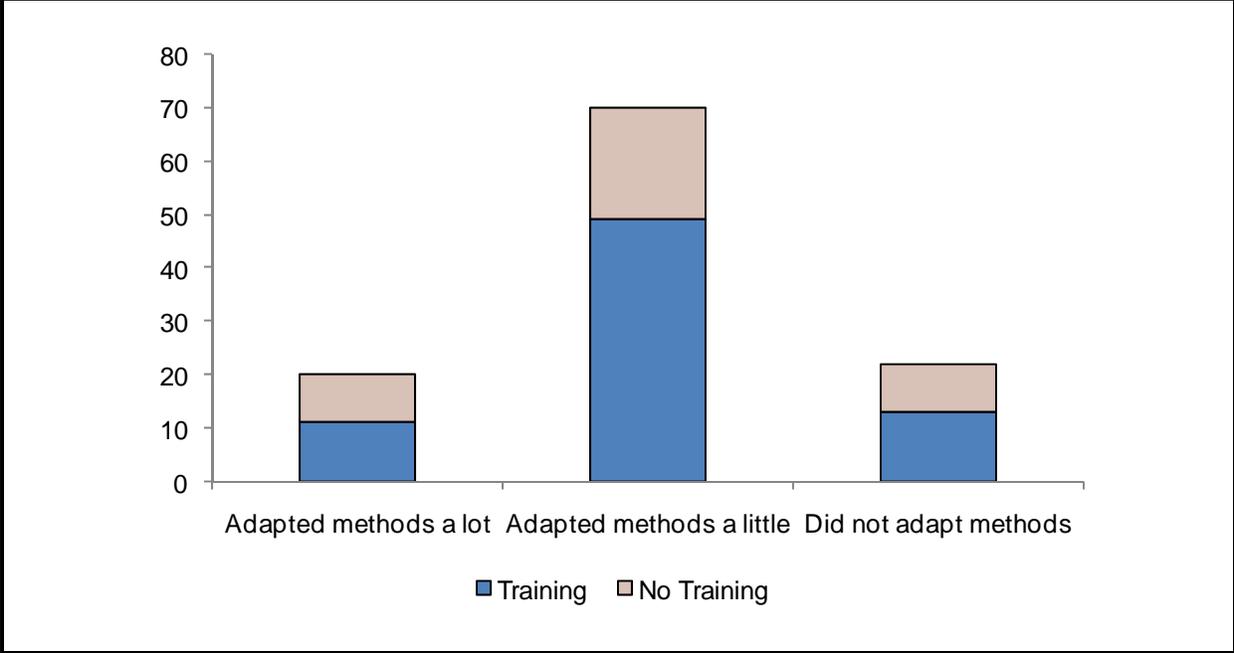


Figure B-2. Level of Student Engagement in Most Recent Session of Curricula, by Implementer Training

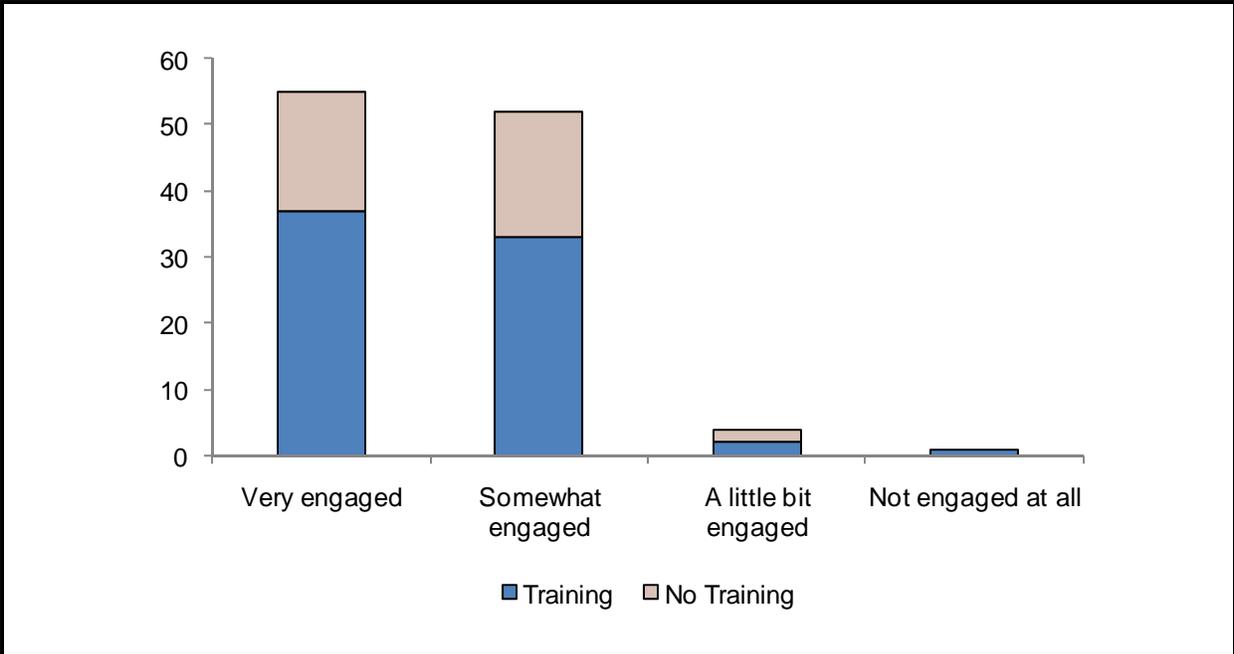


Figure B-3. Perception of How Complicated It Is to Teach Curricula, by Implementer Training

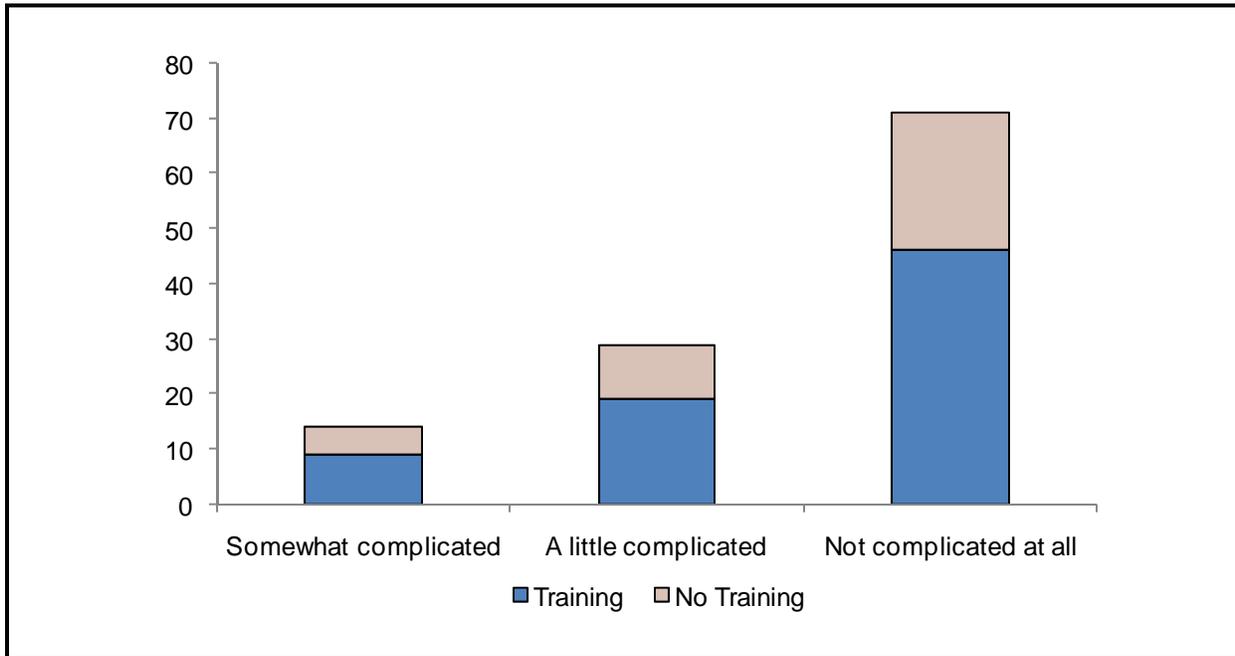


Figure B-4. Perceived Effectiveness of Tobacco Use Prevention Curricula, by Implementer Training

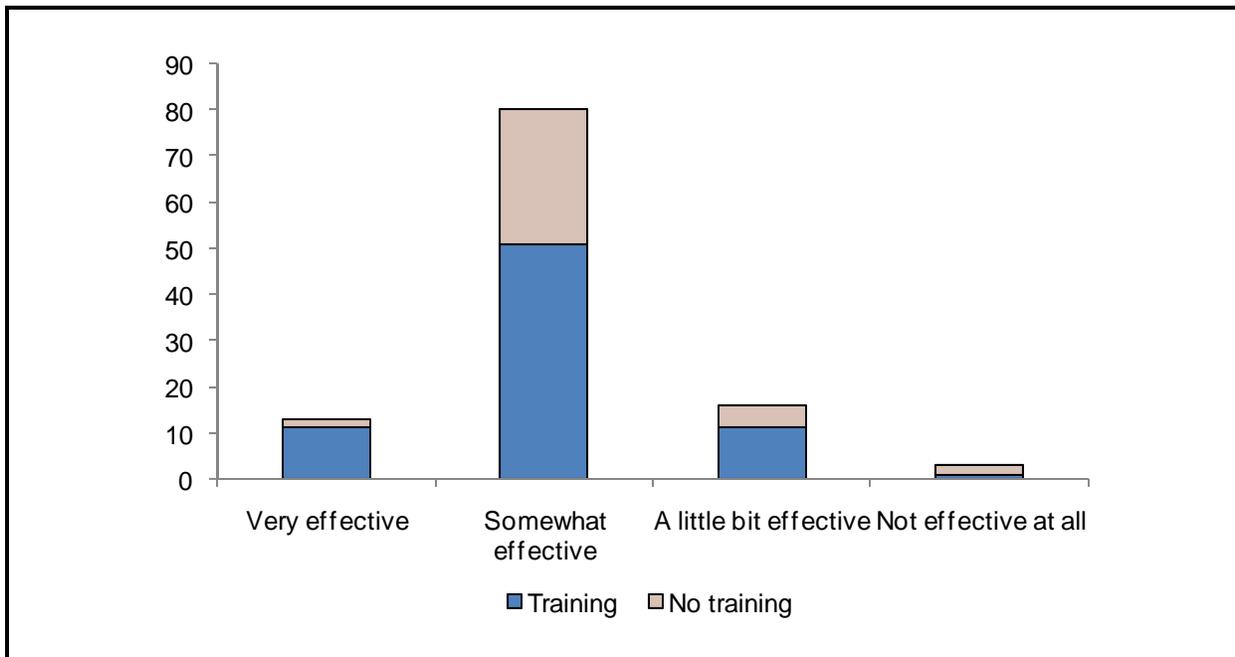


Figure B-5. Perceived Relevance of Curricula to Students, by Implementer Training

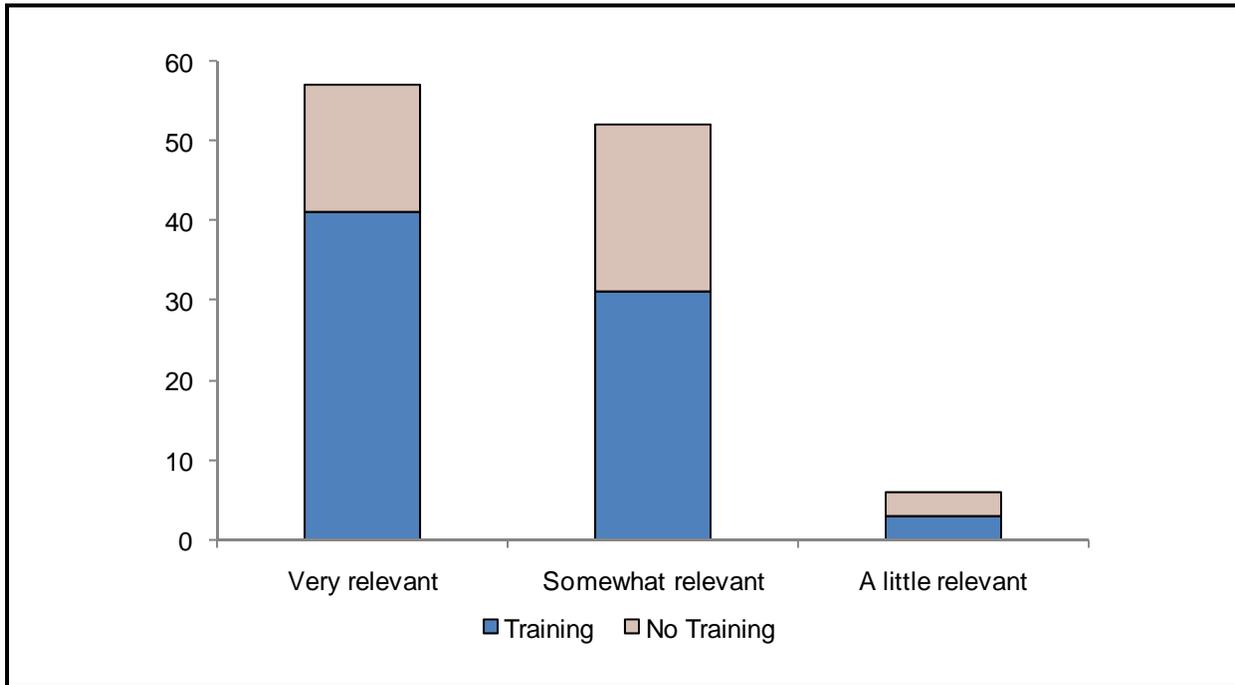


Figure B-6. How Much Implementers Liked Teaching Tobacco Use Prevention Curricula, by Implementer Training

