

2012/13 Tobacco-Use Prevention Education (T.U.P.E.) Competitive Grant Annual Report

1. Contact Information

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Cohort: G Year: 2012/13

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2. Which of the research-validated or evidence-based programs listed below were implemented?

Botvin's Life Skills Training	No
Keepin' It Real	No
Minnesota Smoking Prevention Program	Yes
Project Alert	No
Project Northland	No
Project SUCCESS	Yes
Project TND (Towards No Drug Abuse)	NO
Project TNT (Towards No Tobacco Use)	No
SPORT	No
State-Wide Indian Drug Prevention Program	No

3. Comments pertaining to question 2 are located in the appendix. (Optional)

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4. How many students per grade participated in the program/s identified in question 2?

Grade	Number of Projected Students	Number of Participating Students
Grade 6	1,000	500
Grade 7	500	250
Grade 8	0	0
Grade 9	1,200	1,000
Grade 10	0	0
Grade 11	0	0
Grade 12	0	0
Non Traditional	200	200
Grade Total	2,900	1,950

5. Comments pertaining to question 4 are located in the appendix. (Optional)

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none

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8. Comments pertaining to question 6 are located in the appendix. (Optional)

9. Which of the non-curricula activities (e.g., Teens Kick Butts, Teens Kick Ash, poster contests etc.) listed below were offered to students in the general population?

Program/Strategy Name	Number of Projected Students	Number of Participating Students
Great American Smoke Out	0	0
Red Ribbon Week (Tobacco focus)	2,000	2,000
Teens Kick Butts / Ash	0	0
Schoolwide contests	2,000	2,000
Tobacco & Hollywood Campaign	0	0
Mission Possible	0	0
Youth Quest	15	15
Assembly Speaker	0	0

10. If a non-curricula activity not listed in the table above was offered, please specify the name of the activity along with the number of projected and participating students.

none

11. If you selected *School-wide contest* as a non-curricular activity, indicate the name of the contest:

Teens Against Tobacco Use t-shirt contest (FVHS) "Bloody Prom Couple" Safe Prom Program (CHS)

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12. If you selected *Assembly Speaker* as a non-curricula activity, indicate the name of the speaker:

none

13. Comments pertaining to question 9 are located in the appendix. (Optional)

14. Which TUPE Specific Youth Development Activities (e.g., STAKE Act “stings”, local community tobacco control ordinance development/enforcement, media literacy, media production to counter tobacco industry influence) were offered to students in the general population?

Program/Strategy Name	Number of Projected Students	Number of Actual Students
Youth Involvement in Stop Tobacco Access to Kids Enforcement (STAKE) Act	50	0
Other law enforcement sting operations to monitor tobacco sales to minors	0	0
Youth Involvement in Anti-tobacco Advocacy	50	50
Media Literacy and Youth Media Production to Counter the Influence of the Tobacco Industry	0	0
Tobacco use prevention Peer Educator	25	25
Tobacco use prevention focused Service-Learning Projects	50	50

15. If a TUPE Specific Youth Development activity not listed in the table above was offered, please specify the name of the activity along with the number of projected and participating students.

none

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16. Comments pertaining to question 14 are located in the appendix. (Optional)

17. How many students from the following priority populations participated in one or more of the youth development strategies listed below during?

	Youth Involvement in Stop Tobacco Access to Kids Enforcement (STAKE) Act	Other law enforcement sting operations to monitor tobacco sales to minors	Youth Involvement in Anti- Tobacco Advocacy	Media Literacy and Youth Media Production to Counter the Influence of the Tobacco Industry	Tobacco use prevention Peer Educator	Tobacco use prevention focused Service-Learning Projects
American Indian or Alaska Native	0	0	0	0	0	0
Asian	0	0	1	0	1	1
Pacific Islander	0	0	0	0	0	0
Hispanic/Latino	0	0	3	0	1	5
African American	0	0	1	0	1	2
Lesbian, Gay, Bisexual, Transgendered, & Questioning	0	0	2	0	0	3
Low Socio Economic Status	0	0	10	0	5	10

18. Comments pertaining to question 17 are located in the appendix. (Optional)

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19. Which of the intervention programs listed below were offered? For each program offered provide the number of students, identified and served, under this grant.

Intervention Programs	Number of students identified	Number of students served
Craving Identification and Management (CIM)	35	35
Intervention with Teen Tobacco Users (TEG)	15	15
Project Life	0	0
Smokeless Schooldays: Smokeless Saturday School	5	5
Tobacco-Free Generations	15	15

20. If an intervention program not listed in the table above was offered, please specify the name of the program and the number of project and participating students.

none

21. Comments pertaining to question 19 are located in the appendix. (Optional)

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22. How many students from the following priority populations participated in one or more of the intervention programs listed below?

	Craving Identification and Management (CIM)	Intervention with Teen Tobacco Users (TEG)	Project Life	Smokeless Schooldays Smokeless Saturday School	Tobacco- Free Generations
American Indian or Alaska Native	1	1	0	0	0
Asian	3	3	0	1	3
Pacific Islander	0	0	0	0	0
Hispanic/ Latino	10	10	0	3	3
African American	5	0	0	0	2
Lesbian, Gay, Bisexual, Transgendered, & Questioning	5	1	0	0	2
Low Socio Economic Status	28	5	09	5	10

23. Comments pertaining to question 22 are located in the appendix. (Optional)

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24. Which of the cessation services listed below were offered during the 2012/13 school year? For each program offered provide the number of students identified and served

Cessation Programs	Number of students identified	Number of students served
Adolescent Smoking Cessation-Escaping Nicotine and Tobacco (ASCENT)	0	0
Enough Snuff: A Guide for Quitting Smokeless Tobacco	30	30
Helping Teens Stop Using Tobacco (TAP)	10	10
California Smoker's Helpline	75	75
Project EX: Teen Tobacco Use Cessation Program	0	0
Project N-O-T (Not on Tobacco)	0	0

25. If a cessation program not listed in the table above was offered, please specify the name of the program along with the number of students identified to be served and the number of students served in the space below. *(Please do not use acronyms)*

none

26. Comments pertaining to question 24 are located in the appendix. (Optional)

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27. How many students from the following priority populations participated in one or more of the cessation services listed below?

	Adolescent Smoking Cessation-Escaping Nicotine and Tobacco (ASCENT)	Enough Snuff: A Guide for Quitting Smokeless Tobacco	Helping Teens Stop Using Tobacco (TAP)	California Smoker's Helpline	Project EX: Teen Tobacco Use Cessation Program	Project N-O-T (Not on Tobacco)
American Indian or Alaska Native	0	0	0	0	0	0
Asian	0	2	1	5	0	0
Pacific Islander	0	0	0	0	0	0
Hispanic/Latino	0	10	5	20	0	0
African American	0	5	1	10	0	0
Lesbian, Gay, Bisexual, Transgendered, & Questioning	0	10	3	5	0	0
Low Socio Economic Status	0	28	9	40	0	0

28. Comments pertaining to question 27 are located in the appendix. (Optional)

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29. How many parenting and/or pregnant minors were identified and served?

Category	Number of students
Number of parenting and/or pregnant minors identified	5
Number of parenting and/or pregnant minors served	5
Number of parenting and/or pregnant minors in school based programs	5
Number of parenting and/or pregnant minors referred to community programs	5

30. Comments pertaining to question 29 are located in the appendix. (Optional)

31. How many classified and/or certificated staff were trained in the areas listed below?

Training Type	Classified	Certificated
Trained to deliver program curriculum	0	5
Trained to deliver youth development strategies	0	5
Trained to deliver intervention strategies	0	5
Trained to deliver cessation strategies	0	5
General TUPE information	10	25

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32. If staff were trained in areas not listed in the table above please specify the type of training and how many classified and/or certificated staff were trained in the box below.

none

33. Comments pertaining to question 31 are located in the appendix. (Optional)

34. How many parents received general TUPE information during the 2012/13 school year under this grant?

2,000

35. If parents received training other than general TUPE information, please specify in the space below the type of trainings or information they received and the number of parents participating in each activity.

none

36. Comments pertaining to questions 34 are located in the appendix. (Optional)

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37. Were the activities listed in the table below offered in collaboration or coordination with LEAs, community agencies or other organizations?

Activity Type	Local Education Agency	Local public health agency	Local governmental agency	Local non-governmental organization
Curriculum Implementation	No	Yes	No	Yes
Youth Development activities	No	Yes	No	Yes
Cessation activities	No	Yes	No	Yes
Intervention activities	No	Yes	No	Yes
Local tobacco control coalition planning meetings	No	Yes	No	Yes

38. If an activity other than those listed in the table above was offered, please specify the type of activity and if the activity was in collaboration with an LEA, community agency, local coalitions, or another agency.

none

39. Comments pertaining to question 37 are located in the appendix. (Optional)

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Comments regarding question 2:

none

Comments regarding question 4:

none

Comments regarding question 6:

none

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Comments regarding question 9:

none

Comments regarding question 14:

none

Comments regarding question 17:

none

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Comments regarding question 19:

none

Comments regarding question 22:

none

Comments regarding question 24:

none

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Comments regarding question 27:

none

Comments regarding question 29:

none

Comments regarding question 31:

none

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Comments regarding question 34:

none

Comments regarding question 37:

none