



2017/18 Tobacco-Use Prevention Education (T.U.P.E.) Competitive Grant Annual Report

1. Contact Information

Name: Ann Brodsky

LEA Name: Chico Unified School District

Cohort: K

County: Butte

Email: abrodsky@chicousd.org

Phone: 530-891-3050 112

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

| | |
|---|------|
| Botvin's Life Skills Training | 0 |
| Keepin' It Real | 0 |
| Minnesota Smoking Prevention Program | 100 |
| Project Alert | 0 |
| Project Northland | 0 |
| Project SUCCESS | 0 |
| Project TND (Towards No Drug Abuse) | 0 |
| Project TNT (Towards No Tobacco Use) | 0 |
| SPORT | 2000 |
| Stanford Tobacco Prevention Program | 0 |
| State-Wide Indian Drug Prevention Program | 0 |

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



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4. Which other curriculum-based programs (e.g., LEA adopted health curricula, lessons addressing specific populations, etc.) listed below were offered to students in the general population during the 2017/18 school year?

| <u>Program/Strategy Name</u> | Number of Participating Students |
|--|--|
| Anti-Tobacco Media Blitz | 0 |
| Blowing Away Big Tobacco's Big Lies | 0 |
| Classroom Animation Studio Kit | 0 |
| Decisions for Health Series | 0 |
| Effective Youth and Adult Partnerships | 0 |
| Enough Snuff | 50 |
| Guiding Good Choices – Families That Care | 0 |
| Hands Off Tobacco! Series | 0 |
| Health and Wellness Series | 0 |
| Personal/Social Lessons: The Missing Link | 0 |
| Project ABCD (Analyze, Beware, Create, Disseminate) | 0 |
| Project ALIVE! (Arts Leading Into Vital Education) | 0 |
| Project SCAT (Schools and Communities Against Tobacco) | 0 |
| Something Stinks in Hollywood | 0 |
| Stay On Track Series | 0 |
| Teen Health Course Series | 0 |
| Teens Tackle Tobacco | 50 |



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5. If a non researched-validated curriculum-based program not listed in the table above was offered, please specify the name of the program/strategy along with the number of projected and participating students in the boxes below.

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

7. Which of the non-curricula activities listed below were offered to students in the general population during the 2017/18 school year?

| <u>Non-Curricula Activities</u> | Number of Projected Students |
|---|------------------------------|
| Assembly Presentations | 0 |
| Law enforcement sting operations to monitor tobacco sales to minors (i.e., Stop Tobacco Access to Kids Enforcement (STAKE) Act or others) | 25 |
| Media Literacy and Youth Media Production to Counter the Influence of the Tobacco Industry | 500 |
| Youth Involvement in Anti-Tobacco Advocacy | 1,000 |
| Tobacco use prevention Peer Educator | 50 |
| Tobacco use prevention focused Service-Learning Projects | 50 |

8. 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.



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9. If you selected *Assembly Presentation* as an activity, please specify the names of the speaker(s) and a brief description of the presentation in the space below:

10. Comments pertaining to question 7, 8 & 9 are located in the appendix. (Optional)

11. Which of the intervention programs listed below were offered during the 2017/18 school year?

| Intervention Programs | Number of students identified | Number of students served |
|---|-------------------------------|---------------------------|
| Brief Intervention | 75 | 75 |
| Craving Identification and Management (CIM) | 75 | 75 |
| Intervention with Teen Tobacco Users (TEG) | 0 | 0 |
| Project Life | 0 | 0 |
| Smokeless Schooldays: Smokeless Saturday School | 0 | 0 |
| Tobacco-Free Generations | 5 | 5 |



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

13. Comments pertaining to question 11& 12 are located in the appendix. (Optional)

14. Which of the cessation services listed below were offered during the 2017/18 school year? For each program offered provide the number of students identified and served under this grant.

| 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 | 25 | 25 |
| Helping Teens Stop Using Tobacco (TAP) | 0 | 0 |
| California Smoker's Helpline | 50 | 50 |
| Project EX: Teen Tobacco Use Cessation Program | 0 | 0 |
| Project N-O-T (Not on Tobacco) | 0 | 0 |



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15. 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)*

16. Comments pertaining to question 14 & 15 are located in the appendix. (Optional)

17. Indicate which programs were provided to students in the grades listed below

| | Research-Validated or Evidence-based curricula-based programs | Other Curricula-based programs | Non-curricula activities | Intervention programs | Cessation programs |
|-----------------|---|--------------------------------|--------------------------|-----------------------|--------------------|
| 6th Grade | | | | X | |
| 7th Grade | X | X | X | X | X |
| 8th Grade | X | X | X | X | X |
| 9th Grade | X | X | X | X | X |
| 10th Grade | | | X | X | X |
| 11th Grade | | | X | X | X |
| 12th Grade | | | X | X | X |
| Non Traditional | X | X | X | X | X |



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

19. Indicate which programs were specifically targeted to students in the priority populations listed below (i.e.; a conscientious decision was made to select or tailor programs to impact priority populations). Enter an “x” in the appropriate boxes below for the school year.

| | Research-Validated or evidence-based curricula-based programs | Other Curricula- based programs | Non-curricula activities | Intervention programs | Cessation programs |
|----------------------------------|--|------------------------------------|-----------------------------|--------------------------|-----------------------|
| African American | X | X | X | X | X |
| American Indian or Alaska Native | X | X | X | X | X |
| Asian | X | X | X | X | X |
| Pacific Islander | X | X | X | X | X |
| Hispanic/Latino | X | X | X | X | X |

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

21. How many parenting and/or pregnant minors were identified and served during the 2017/18 school year under this grant?

| | Number of students |
|---|--------------------|
| Number of parenting and/or pregnant minors identified | 3 |
| Number of parenting and/or pregnant minors served | 3 |
| Number of parenting and/or pregnant minors in school based programs | 3 |
| Number of parenting and/or pregnant minors referred to community programs | 2 |

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



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23. Report the total number of classified and/or certificated staff trained in one or more of the areas listed in the table below. Then identify how many individuals received each type of training.

| Training Type | Classified | Certificated |
|--|------------|--------------|
| TOTAL persons receiving any kind of training related to the TUPE program | 6 | 40 |
| Trained to deliver program curriculum | 0 | 11 |
| Trained to deliver youth development strategies | 0 | 11 |
| Trained to deliver intervention strategies | 0 | 40 |
| Trained to deliver cessation strategies | 0 | 2 |
| General TUPE information | 33 | 2,000 |

24. 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.

25. Comments pertaining to question 23 & 24 are located in the appendix. (Optional)



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26. How many parents received general TUPE information during the 2017/18 school year under this grant? 98

27. 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.

28. Comments pertaining to questions 26 & 27 are located in the appendix. (Optional)

29. 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 | Yes | Yes | No | No |
| Youth Development activities | Yes | Yes | No | No |
| Cessation activities | No | Yes | No | No |
| Intervention activities | Yes | Yes | No | No |
| Local tobacco control coalition planning meetings | Yes | Yes | No | No |



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30. 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.

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



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APPENDIX

Comments regarding question 2:

Comments regarding questions 4 & 5:

Comments regarding questions 7, 8 & 9:



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Comments regarding questions 11 & 12:

Comments regarding questions 14 & 15:

Comments regarding questions 17:



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Comments regarding questions 19:

Comments regarding questions 21:

Comments regarding questions 23 & 24:



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Comments regarding questions 26 & 27:

Comments regarding questions 29 & 30:

If you are the lead agency for a consortium, please list in the space provided below which districts in your consortium contributed to this report.