A Statewide School Tobacco Policy Review: Process, Results, and Implications
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ABSTRACT: The federal Pro-Children’s Act of 1994 and other public health laws prompted most schools to create policies that address tobacco issues. To date, however, the literature is devoid of research that assesses the quality of a district’s tobacco policy. This article describes the process and results from a large-scale tobacco policy review. An Interagency Tobacco Task Group requested that tobacco policies of all New York State schools be reviewed. A policy rubric was developed using the documents Fit, Healthy, and Ready to Learn and the School Health Index. The rubric assessed five policy components. Aggregate data were calculated for each policy component and for the final score. School policies also were evaluated for compliance with state and federal laws. Overall policy review scores were quite low, suggesting greater effort be placed on helping schools to develop more effective tobacco policies. Initial efforts included sending letters and a “tobacco tool kit” to schools containing recommendations and resources to improve their district’s tobacco policy. (J Sch Health. 2002;72(8):334-338)

Each day 30,000 young people across the United States become daily smokers. Most start this habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol. Most also underestimate the health consequences, even though tobacco use is the leading cause of preventable death in the United States. School programs to prevent tobacco use among young people can make a contribution to the health of the nation, particularly when these programs are coordinated with community efforts.2

According to the Youth Risk Behavior Survey results, nearly one-third (32%) of adolescents in New York State reported smoking cigarettes within the past 30 days, with 15% reporting smoking on school property. Significant increases occurred between 9th and 12th grades in the percentage of students (9th graders: 26%; 12th graders: 40%) who smoked on one or more of the past 30 days. While 13% of 9th graders smoked two or more cigarettes on the days they smoked, 30% of 12th graders reported this behavior.3

The Centers for Disease Control and Prevention (CDC) has issued several recommendations to prevent initiation of tobacco use by adolescents. Among these include instruction about the long-term and short-term consequences of tobacco use, K-12 instruction about tobacco with intensive instruction at the junior high school level, and program-specific training for teachers. The CDC also has recommended that schools develop and enforce a school policy on tobacco use.4 Reputable policy guides are available, such as Fit, Healthy, and Ready to Learn,5 and the School Health Index.6 Both documents provide schools with tools to implement a self-assessment and subsequent action plan for improving student health in the areas of physical activity, healthy eating, and tobacco-use prevention, and guidelines to develop, implement, and enforce effective policies.

Because of safe and drug-free schools funding requirements, the federal Pro-Children’s Act of 1994,4 and other public health and education laws,5 schools must create policies that address the tobacco issue. Thus, nearly all schools have tobacco policies in place. To date, however, the literature is devoid of research that assessed the quality of a school’s or district’s tobacco policy. This article describes a process and results from a large-scale, tobacco policy review.

SOLICITATION OF POLICIES
The New York State Education Department (NYSED) designated the Statewide Center for Healthy Schools to develop a review process and conduct a tobacco policy review of all New York schools. From April - August 2001, every school district in New York State was requested to submit their tobacco policy to the state education department. Schools not submitting policies by June were faxed a letter reminding them of the earlier request. By August, 477 (67%) of 714 districts had submitted policies for review.

All districts were expected to comply with the request for their policies. The fact that the request came from the state education department emphasized the credibility and importance of the project. Districts that missed the submission deadline in the initial review were not excused from the review process. However, policies received after the initial review will be evaluated by tobacco specialists at one of the state’s coordinated school health regional centers.

RUBRIC DEVELOPMENT
A rubric was developed to provide policy reviewers a tool to assess degrees of difference among the policies and systematically quantify these differences. Rubrics identify requirements that must be included for an item of interest (in this case, a policy) to be considered high quality.4 Criteria defined by the rubric identify parameters considered in evaluating the item. These features characterize the desired standard of acceptability. A well-constructed rubric allows for not only an indepth and comprehensive evaluation, but it enhances the objectivity and consistency of the evaluation process.5 Rubrics also provide greater insight and targeted feedback regarding areas of competence and areas needing improvement.

The tobacco policy rubric was developed using existing school policy documents. The National Association of State Boards of Education’s (NASBE) Fit, Healthy, and Ready to Learn, and CDC’s School Health Index, served as the primary documents guiding development of the rubric. Sections targeting tobacco policy issues were reviewed, from which a rubric was developed that delineated the major policy components for assessment, including specific
The rubric was designed to assess five policy components. Subscores for each component and a total score were calculated. The five areas were: Part I. Policy Development/Oversight/Communication; Part II. Purpose and Goals; Part III. Tobacco-Free Environment; Part IV. Tobacco Use Prevention Education; and Part V. Assistance to Overcome Tobacco Addictions. An Interagency Tobacco Task Group of members representing the state department of education, state department of health, Statewide Center for Healthy Schools, the American Lung Association, and the American Cancer Society provided input during the rubric development process and approved the final rubric.

**POLICY REVIEW PROCESS**

To accomplish the task of reviewing the policies, teams of four to six policy readers were paired with one of five team leaders. Readers were graduate students and upper class students majoring in health education or a health-related area. Team leaders were faculty members from the colleges represented. Each team leader was responsible for overseeing and assisting pairs of readers throughout the policy review process. Working in pairs, each team reviewed approximately 40-42 tobacco policies per day during the process. Prior to the official training, one group of lead trainers scored several sample policies using the rubric developed for the project. A second group of lead trainers, and then a third group of trainers, scored the same policies independently. Results from these reviews were consistent, thereby supporting accuracy and utility of the rubric.

To effectively train policy readers for the review process, a three-phase training process was adopted. The first phase required readers to complete a guided practice activity followed by a structured policy review and finally an independent review.

**Phase One: Guided Practice**

The first phase of the tobacco policy review project involved staff training that included providing team leaders and policy readers with the background and rationale for the project, a detailed explanation of the policy review process, and the scoring rubric. Phase one concluded with team leaders and policy readers completing a guided policy review.

One of the previously scored policies was used for the guided practice activity. This sample policy was presented to the trainees and broken down section by section. Each

<table>
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<th>Policy Component</th>
<th>Policy Criteria</th>
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- Development of Policy: In collaboration with students, parents, staff, health professionals, and school boards.  
- Overseeing Policy: Representative committee oversees policy and programs  
- Communicating Policy: Staff, students, parents, and visitors are oriented to policy; tobacco policy is posted and sign prohibiting use of all forms of tobacco products are posted. |
| **Part II: Purpose and Goals** | - Intent of Policy  
- Rationale of Policy  
- Definition of Tobacco Policy |
| **Part III: Tobacco-Free Environments** | - Tobacco Use Prohibited  
- Tobacco Possession Prohibited  
- Tobacco Promotional Items Prohibited  
- Tobacco Advertising Prohibited  
- Closed Campus Policy  
- Enforcement of Tobacco Policy |
| **Part IV: Tobacco Use Prevention Education** | - Teacher/Staff Preparation  
- Instruction Program Design: Grade levels targeted, Scope and sequence  
- Collaboration With School Health Services  
- Educational Objectives and/or Outcomes  
- Family and Community Involvement  
- Educational Collaboration  
- Collaboration with School Health Services  
- Collaboration and Reinforcement by School Counseling, Psychological and Social Services  
- Training of School Counseling, Psychological and Social Services Staff |
| **Part V: Assistance to Overcome Tobacco Addictions** | - Program Availability  
- School Health Services/Mental Health Staff Involvement  
- Access to Screening for School Staff  
- Program Attendance |
section corresponded to one of the five policy components. Readers assessed each section independently using the rubric, and provided justification to their team leader and team members as to why they scored sections as they did. Group consensus resulted in policy scores that were compared to the original policy scores calculated by the lead trainers. Group scores on the guided policy review were consistent with the original scores for each of the five components as well as the overall policy score. During the discussion of score comparisons, lead trainers provided a rationale for the policy scores. Further group discussion clarified confounding terms and language uncovered during the sample policy review, establishing a basis for consistent method and procedure throughout the subsequent review process.

**Phase Two: Structured Policy Review**

The second phase of the review involved a structured policy review period. This process allowed pairs of readers to review one tobacco policy and score it using the rubric. After completing this first review, each pair met with their team leader, who had previously scored the same policy, and discussed scoring results. Discrepancies were identified and readers received clarification and direction where needed for subsequent policy reviews. Additional consultation with the team leader was required if the leader lacked confidence in results of the pair’s first review. When necessary, team leaders consulted with lead trainers regarding specific questions and issues, resulting in decisions made that would be consistent among team leaders and subsequent readers.

**Phase Three: Individual Policy Review**

The third phase of the review involved an individual policy review period, during which pairs of readers received several policies at a time to evaluate prior to consulting with their team leader. To establish consistency of quality and inter-rater reliability, two reviews by two independent teams of readers, were completed for each policy. The initial read for all policies was completed on the first day of the project, and the second read was completed on day two. Results from both evaluations then were passed to the team leader to verify that the scores were reported in a consistent manner. When differences greater than five points emerged between total scores reported by the two teams, the team leader resolved the scoring discrepancies through a third review. Once any scoring issues were resolved, the team leader recorded the final scores on a clean rubric, with dimensions and subscores noted, and then highlighted the final scores. This rubric was returned to the school district.

**POLICY SCORING**

Each of the five policy components contained specific criteria to be evaluated. For each criterion, the most ideal characteristics were identified and categorized under the “Outstanding” dimension of the scoring rubric. Subsequent dimensions were outlined under categories of “Good,” “Fair,” and “Poor.” A score from three to zero was assigned to each dimension (Outstanding = 3, Good = 2, Fair = 1, and Poor = 0) so subscores for each policy component and a total score could be calculated. Aggregate data, including percentages, mean, and median scores were calculated for each of nine regional Coordinated School Health and Wellness Centers in the state. Results were calculated for each policy component, as well as for the final policy score.

A second area of interest associated with this review was determining to what degree school districts were in compliance with state and federal laws relevant to tobacco issues. Three specific parts of these laws applied to schools in New York State. The first relates to posting of policies and signage that prohibits consumption of tobacco products. The second focuses on establishing a smoke-free environment, and the third deals with enforcement of existing tobacco policies. The percentage of school policies in compliance or not in compliance was calculated for all policies reviewed and divided into the nine regional areas in the state. In addition, specific percentages of compliance for each of the three compliant areas were calculated.

**REVIEW RESULTS**

Of 477 tobacco policies submitted for review, 471 were included for analysis. Six policies were grossly incomplete. Districts submitting grossly incomplete or inappropriate policies for this review were contacted and asked to resub-
mit a complete policy. At the time of this review, these policies had not been received and therefore were not included in the analysis.

**Rubric Scores.** Results for all policies combined indicated the mean percentage for final score was 12% of 100%. From a possible score of 81, the mean score was 9.68, and the median score was 8.36. Mean percentages for the five components ranged from 3% for Part V (Assistance to Overcome Tobacco Addiction) to 20% for Part I D/O/C (Policy Development/Oversight/Communication). Table 2 contains mean percentages and mean and median scores for each component.

**Compliance.** Of 471 policies reviewed, 103 (21.87%) were in compliance with all three parts of relevant tobacco laws, while the remaining 368 policies (78.13%) were not in compliance with one or more of the laws. In terms of each area of compliance 347 (73%) were compliant in the posting of tobacco-free restrictions (Area 1). However, only 208 (44%) clearly stated in their policies that tobacco use was completely prohibited on school grounds (Area 2). Similarly, only 255 (54%) were compliant in identifying how and who was responsible for tobacco policy enforcement (Area 3). Table 3 contains an overview of the compliance adherence.

**REVIEW IMPLICATIONS**

As the results indicate, overall policy review scores were quite low. These results suggest that many districts have policies that do not provide tobacco-free environments for students, and that greater effort should be put into training and assisting schools to develop and enforce effective tobacco policies consistent with the CDC guidelines. During the rubric development process, it was expected that most policies would score in the “fair-to-good” range. Unfortunately, this expectation was overly optimistic. The “gold standard” criteria are defined as outstanding in the scoring rubric. This outstanding category, by design, challenges schools to go far beyond what is simply required by law and establish, through comprehensive efforts, a healthy school environment where use of tobacco products is not only prohibited but is the norm.

This review process should be considered the initial step toward improving existing tobacco policy in schools. After the review, districts were sent letters thanking them for submitting their policy and inviting them to a regional forum hosted by the nine Coordinated School Health and Wellness Centers across the state. At each forum, district representatives received the results of the tobacco policy review. These results included a scoring sheet that provided an overview of the strengths and weaknesses found in their policies as well as the actual rubric used to assess the policy. Together, these documents provided clear and meaningful feedback to districts outlining specific areas for improvement.

A representative from the Statewide Center for Healthy Schools was present at each forum to present the statewide findings and answer questions about the review process. A tobacco education specialist from each center also was present to provide the district representatives with information about resources, training, and technical assistance available to improve tobacco policy.

Prior to letters being sent to school districts, the regional Coordinated School Health and Wellness Centers were provided with mean scores from schools in their regions and with overall mean scores from the state for comparison. Regional centers also received a list of schools in their region in compliance with both state and federal laws. However, while schools were strongly encouraged to attend the regional forums to receive results and connect with the regional centers for help in improving their policies, they did so of their own volition. Schools that did not participate in the regional forums were mailed their results with a letter describing the resources and services available through the regional centers.

Although several policies were in compliance with relevant state and federal laws, many compliant districts scored poorly on the rubric used for the assessment. Hence, it is possible for a poorly written policy to be in full compliance with state and federal laws. Schools should consider the importance of both compliance and “good” policy, and take the steps necessary to design such a policy. In many cases it appeared as though tobacco policies were developed by outside legal counsel, with little consideration given to developing a practical, well-prepared policy with input and support.

<table>
<thead>
<tr>
<th>Compliance and Non-Compliance</th>
<th>Area 1, 2, 3</th>
<th>Area 2, 3</th>
<th>Area 1, 3</th>
<th>Area 1 Only</th>
<th>Area 2 Only</th>
<th>Area 3 Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance %</td>
<td>21.87%</td>
<td>21.87%</td>
<td>16.30%</td>
<td>5.98%</td>
<td>29.35%</td>
<td>20.65%</td>
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<tr>
<td>n</td>
<td>(103)</td>
<td>(103)</td>
<td>(60)</td>
<td>(22)</td>
<td>(108)</td>
<td>(76)</td>
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<tr>
<td>Non-Compliance %</td>
<td>78.13%</td>
<td>15.49%</td>
<td>5.98%</td>
<td>20.65%</td>
<td>6.25%</td>
<td>5.98%</td>
</tr>
<tr>
<td>n</td>
<td>(368)</td>
<td>(57)</td>
<td>(22)</td>
<td>(76)</td>
<td>(23)</td>
<td>(22)</td>
</tr>
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Table 3: Tobacco Policy Compliance and Non-Compliance by Area

- Area 1 - Posting of Tobacco-Free Restrictions
- Area 2 - Prohibition of Tobacco Use
- Area 3 - Enforcement of Tobacco Policy

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from the greater community which has been identified as a critical component in successful policy development.10

FACTORS AFFECTING INTERPRETATION

Paper vs. Reality. The review was based solely on information presented as policy on paper. In many cases, policies submitted by districts appeared outdated, impractical, and difficult, if not impossible, to enforce. Hence, material submitted as policy may not accurately reflect actual practice.

Partial Policies. Districts scored considerably lower in the review than expected. One explanation suggests the materials submitted by districts for policy review might have been individual sections of a more comprehensive policy document. For example, one of the policies directed readers to a section in “Student Dress Code” which addressed the issue of clothing that promoted alcohol, tobacco, and other drugs. As a result, this particular policy received a low score for that criterion. Likewise, several rubric items address issues more likely found in the procedures section of a comprehensive policies and procedures document. For example, while faculty, staff, and community members should be involved in developing a policy, this information might not appear in a policy document. If a large number of incomplete policies was submitted, the reported scores would be skewed in a negative direction.

Individual Interpretations. Although using a comprehensive rubric to score the tobacco policies enabled more consistency in scoring, it became evident that readers interpreted one item differently. Of 471 policies scored twice, 31% of the variance, where the difference in two total scores was greater than five points, occurred in the state’s requirement for compliance with public law and the criteria for communicating the policy. This approach was reflected in the rubric criteria for “Communicating the Policy” that recommended posting tobacco policies and additional tobacco-free signage. While the law states that the actual policy must be posted in a public place, readers often interpreted this law to mean that essential elements of the policy, in addition to signs prohibiting tobacco use, must be posted at each entryway to the school and in all school facilities. To resolve the interpretation issue with this one item on the rubric, schools were scored consistently high if either appeared in the policy. However, only those policies that stated the actual tobacco policy was posted in a public place were considered in compliance with state law. Other minor discrepancies were clarified through discussions among lead trainers and team leaders, resulting in agreement prior to a final score being recorded.

CONCLUSIONS

Several initiatives have been put forth at the state and national levels to target tobacco use prevention in school-aged children. Schools offer an ideal setting to establish themselves as key participants in creating a tobacco-free society. Although schools must create and enforce a tobacco policy as part of these prevention efforts, few studies have assessed the existence and quality of these policies. This study reviewed and evaluated all district tobacco policies in New York State. Prior to beginning the project, staff agreed the project intent was not punitive. While the “gold standard” policy sets a desirable goal for school districts to attain, consideration must be given to reasonable, feasible, and acceptable policy in a given district and depends on local circumstances and results from the policy-making process. The intended outcome of the statewide policy review project is to provide school districts with useful feedback and direction to improve their district’s tobacco policy and establish a starting point to begin work to reduce the carnage caused by tobacco.

In addition to schools using the feedback for tobacco policy improvement, schools should be aware of the additional resources available to them in developing other health-related policies as well. For example, the policy guides discussed earlier can provide schools with the essential information for constructing strong policies in nutrition and physical activity.

If a coordinated school health approach plays a significant role in preventing health-related problems in youth, then strong and effective policies should be developed and consistently enforced across a multitude of areas. Schools should have available to them a number of additional resources, such as regional Coordinated School Health and Wellness Centers with trained personnel to assist in policy development and other health-related topics. Although each state’s configuration may be somewhat different, the key to these resources being used is first making schools aware they exist.

Until society identifies smoking as an unacceptable social norm, we must involve many people in the process of tobacco control. While tobacco policy represents one important piece to a comprehensive tobacco control effort, it cannot be a successful strategy in and of itself.

References