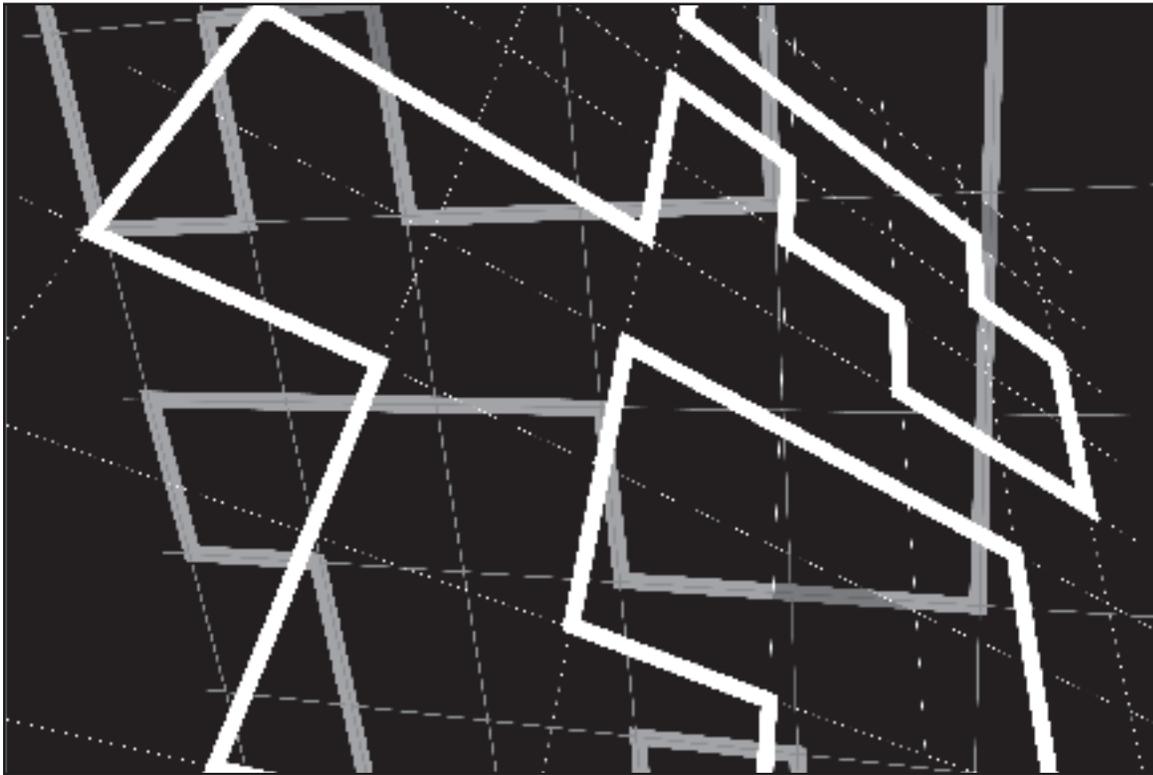
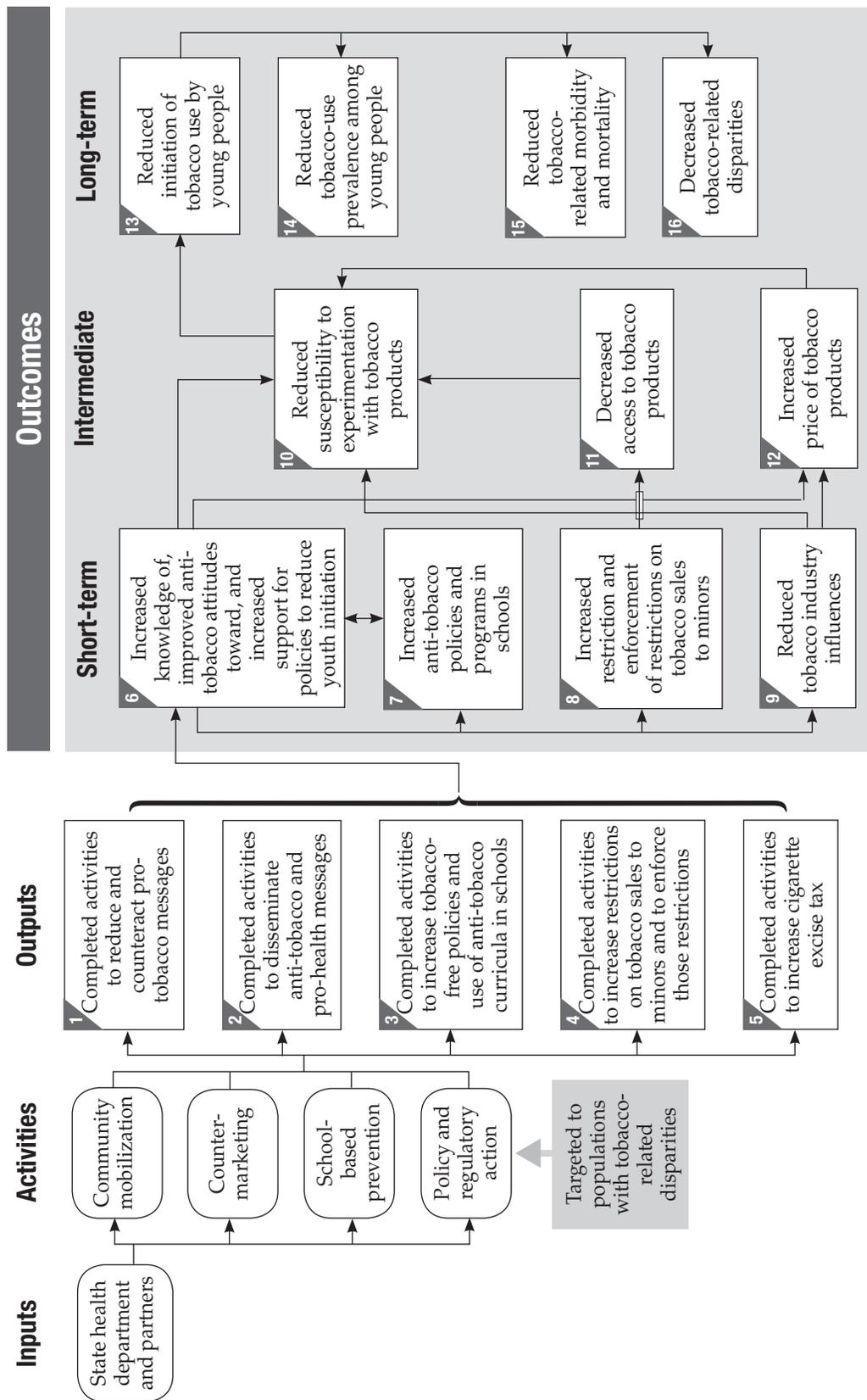


Goal Area 1: Preventing Initiation of Tobacco Use Among Young People



Goal Area 1 □

Preventing Initiation of Tobacco Use Among Young People



Preventing Initiation of Tobacco Use Among Young People □

Short-term Outcomes

- □ **Outcome 6: Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation**
 - ▶ 1.6.1 □ Level of confirmed awareness of anti-tobacco media messages
 - ▶ 1.6.2 □ Level of receptivity to anti-tobacco media messages
 - ▶ 1.6.3 □ Proportion of students who would ever wear or use something with a tobacco company name or picture
 - ▶ 1.6.4 □ Level of support for policies, and enforcement of policies, to decrease young people's access to tobacco
 - ▶ 1.6.5 □ Level of support for increasing excise tax on tobacco products
 - ▶ 1.6.6 □ Level of awareness among parents about the importance of discussing tobacco use with their children
 - ▶ 1.6.7^{NR} □ Level of support for creating policies in schools
 - ▶ 1.6.8^{NR} □ Proportion of young people who think that the cigarette companies try to get young people to smoke

- **Outcome 7: Increased anti-tobacco policies and programs in schools □**
 - ▶ 1.7.1 □ Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies
 - ▶ 1.7.2 □ Proportion of schools or school districts that provide instruction on tobacco-use prevention that meets CDC guidelines
 - ▶ 1.7.3 □ Proportion of schools or school districts that provide tobacco-use prevention education in grades K–12
 - ▶ 1.7.4 □ Proportion of schools or school districts that provide program-specific training for teachers
 - ▶ 1.7.5 □ Proportion of schools or school districts that involve families in support of school-based programs
 - ▶ 1.7.6 □ Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco
 - ▶ 1.7.7 □ Proportion of schools or school districts that assess their tobacco-use prevention program at regular intervals
 - ▶ 1.7.8 □ Proportion of students who participate in tobacco-use prevention activities

- ▶ 1.7.9 Level of reported exposure to school-based tobacco-use prevention curricula that meet CDC guidelines
- ▶ 1.7.10 Perceived compliance with tobacco-free policies in schools
- ▶ 1.7.11 Proportion of schools or school districts with policies that regulate display of tobacco industry promotional items

■ **Outcome 8: Increased restriction and enforcement of restrictions on tobacco sales to minors**

- ▶ 1.8.1 □ Proportion of jurisdictions with policies that ban tobacco vending machine sales in places accessible to young people
- ▶ 1.8.2 □ Proportion of jurisdictions with policies that require retail licenses to sell tobacco products
- ▶ 1.8.3 □ Proportion of jurisdictions with policies that control the location, number, and density of retail outlets
- ▶ 1.8.4 □ Proportion of jurisdictions with policies that control self-service tobacco sales
- ▶ 1.8.5 □ Number of compliance checks conducted by enforcement agencies
- ▶ 1.8.6 □ Number of warnings, citations, and fines issued for infractions of public policies against young people’s access to tobacco products
- ▶ 1.8.7 □ Changes in state tobacco control laws that preempt stronger local tobacco control laws

■ **Outcome 9: Reduced tobacco industry influences □**

- ▶ 1.9.1 □ Extent and type of retail tobacco advertising and promotions
- ▶ 1.9.2 □ Proportion of jurisdictions with policies that regulate the extent and type of retail tobacco advertising and promotions
- ▶ 1.9.3 □ Extent of tobacco advertising outside of stores
- ▶ 1.9.4 □ Proportion of jurisdictions with policies that regulate the extent of tobacco advertising outside of stores
- ▶ 1.9.5 □ Extent of tobacco industry sponsorship of public and private events
- ▶ 1.9.6 □ Proportion of jurisdictions with policies that regulate tobacco industry sponsorship of public events
- ▶ 1.9.7 □ Extent of tobacco advertising on school property, at school events, and near schools
- ▶ 1.9.8 □ Extent of tobacco advertising in print media

- ▶ **1.9.9** □ Amount and quality of news media stories about tobacco industry practices and political lobbying
- ▶ **1.9.10** □ Number and type of Master Settlement Agreement violations by tobacco companies
- ▶ **1.9.11** □ Extent of tobacco industry contributions to institutions and groups
- ▶ **1.9.12** □ Amount of tobacco industry campaign contributions to local and state politicians

Intermediate Outcomes

■ □ Outcome 10: Reduced susceptibility to experimentation with tobacco products

- ▶ **1.10.1** □ Proportion of young people who think that smoking is cool and helps them fit in
- ▶ **1.10.2** □ Proportion of young people who think that young people who smoke have more friends
- ▶ **1.10.3** □ Proportion of young people who report that their parents have discussed not smoking with them
- ▶ **1.10.4** □ Proportion of parents who report that they have discussed not smoking with their children
- ▶ **1.10.5** □ Proportion of young people who are susceptible never-smokers

■ Outcome 11: Decreased access to tobacco products

- ▶ **1.11.1** □ Proportion of successful attempts to purchase tobacco products by young people
- ▶ **1.11.2** □ Proportion of young people reporting that they have been sold tobacco products by a retailer
- ▶ **1.11.3** □ Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer
- ▶ **1.11.4** □ Proportion of young people reporting that they have received tobacco products from a social source
- ▶ **1.11.5** □ Proportion of young people reporting that they purchased cigarettes from a vending machine
- ▶ **1.11.6^{NR}** □ Proportion of young people who believe that it is easy to obtain tobacco products

■ Outcome 12: Increased price of tobacco products □

- ▶ **1.12.1** □ Amount of tobacco product excise tax

Long-term Outcomes

■ Outcome 13: Reduced initiation of tobacco use by young people

- ▶ 1.13.1 Average age at which young people first smoked a whole cigarette
- ▶ 1.13.2 Proportion of young people who report never having tried a cigarette

■ Outcome 14: Reduced tobacco-use prevalence among young people

- ▶ 1.14.1 Prevalence of tobacco use among young people
- ▶ 1.14.2 Proportion of established young smokers

Outcome 6

Increased Knowledge of, Improved Anti-tobacco Attitudes Toward, and Increased Support for Policies to Reduce Youth Initiation

The theory of change associated with preventing young people from starting to use tobacco begins with increasing their knowledge of the dangers of tobacco use, changing their attitudes toward tobacco use, and increasing public support for policies that reduce the likelihood that young people will use tobacco. The tobacco industry spends more than \$12.5 billion per year on marketing.¹ Adolescents are bombarded with pro-tobacco messages in and around retail stores, in magazines, in movies, and by smokers around them. Evidence shows that anti-tobacco media campaigns, when combined with other interventions, are effective in reducing tobacco use by adolescents.² For example, the “truth” anti-tobacco media campaign in Florida achieved nearly 93% confirmed awareness of the message among young people and was associated with improved anti-tobacco attitudes.³ After one year, both susceptibility to smoking and cigarette use declined more among Florida’s young people than among young people in the rest of the nation.³

In addition to changing young people’s attitudes toward tobacco use, it is necessary to increase adult support for implementing and enforcing policies that reduce the likelihood that young people will begin smoking. Such policies include increasing tobacco excise taxes, passing and enforcing strong laws that decrease young people’s access to tobacco, and implementing tobacco-free school policies. Policies such as these eventually create an environment that supports a smoke-free lifestyle among young people.

Listed below are the indicators associated with this outcome:

- ▶ 1.6.1 □ Level of confirmed awareness of anti-tobacco media messages
- ▶ 1.6.2 □ Level of receptivity to anti-tobacco media messages
- ▶ 1.6.3 □ Proportion of students who would ever wear or use something with a tobacco company name or picture
- ▶ 1.6.4 □ Level of support for policies, and enforcement of policies, to decrease young people’s access to tobacco
- ▶ 1.6.5 □ Level of support for increasing excise tax on tobacco products
- ▶ 1.6.6 □ Level of awareness among parents about the importance of discussing tobacco use with their children
- ▶ 1.6.7^{NR} □ Level of support for creating policies in schools
- ▶ 1.6.8^{NR} Proportion of young people who think that the cigarette companies try to get young people to smoke

References

1. □Federal Trade Commission. *Cigarette report for 2002*. Washington, DC: Federal Trade Commission; 2004.
2. □Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine*. 2001;20(Suppl 2):1–88.
3. □Sly DF, Heald GR, Ray S. The Florida “truth” anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control*. 2001;10(1):9–15.

For Further Reading

Alcaraz R, Klonoff EA, Landrine H. The effects on children of participating in studies of minors’ access to tobacco. *Preventive Medicine*. 1997;26(2):236–40.

Brown J, Caston M, Pollard J. Students and substances: social power in drug education. *Educational Evaluation and Policy Analysis*. 1997;19(1):65–82.

Centers for Disease Control and Prevention. Effectiveness of school-based programs as a component of a statewide tobacco control initiative. *Morbidity and Mortality Weekly Report*. 2001;50(31):663–6.

Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.

Eischen MH, Brownson RC, Davis JR, Cooperstock LR, Crawford R, Freeman D, Howard G, Michael MJ. Grassroots efforts to promote tobacco-free schools in rural Missouri. *American Journal of Public Health*. 1994;84(8):1336–7.

Elder JP, Perry CL, Stone EJ, Johnson CC, Yang M, Edmundson EW, Smyth MH, Galati T, Feldman H, Cribb P, Parcel GS. Tobacco-use measurement, prediction, and intervention in elementary schools in four states: the CATCH Study. *Preventive Medicine*. 1996;25(4):486–94.

Flay BR, Brannon BR, Johnson CA, Hansen WB, Ulene AL, Whitney-Saltiel DA, et al. The television school and family smoking prevention and cessation project. 1. Theoretical basis and program development. *Preventive Medicine*. 1988;17(5):585–607.

Lantz PM, Jacobson PD, Warner KE, Wasserman J, Pollack HA, Berson J, Ahlstrom A. Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control*. 2000;9(1):47–63.

Lee DJ, Trapido E, Weatherby N, Rodriguez R. Correlates of participation and willingness to participate in anti-tobacco activities among 4th–7th graders. *Journal of Community Health*. 2001;26(6):447–57.

Lynch BS, Bonnie RJ. *Growing up tobacco free: preventing nicotine addiction in children and youths*. Washington, DC: National Academy Press; 1994.

National Cancer Institute. Smoking and Tobacco Control Monograph, No. 14. *Changing adolescent smoking prevalence: where it is and why*. Bethesda, MD: National Cancer Institute; 2001. NIH Publication No. 02-5086.

Pentz M. *Primary prevention of adolescent drug abuse: applied developmental psychology*. Columbus, OH: McGraw-Hill; 1994. pp. 435–74.

Pentz MA, Brannon BR, Charlin VL, Barrett EJ, MacKinnon DP, Flay BR. The power of policy: the relationship of smoking policy to adolescent smoking. *American Journal of Public Health*. 1989;79(7):857–62.

Peterson AV Jr, Kealey KA, Mann SL, Marek PM, Sarason IG. Hutchinson Smoking Prevention Project: long-term randomized trial in school-based tobacco use prevention—results on smoking. *Journal of the National Cancer Institute*. 2000;92(24):1979–91.

Thomas R. School-based programmes for preventing smoking. *The Cochrane Database of Systematic Reviews*, 2002;(4):CD001293. DOI: 10.1002/14651858.CD001293.

U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Unger JB, Rohrbach LA, Howard KA, Boley Cruz T, Johnson CA, Chen X. Attitudes toward anti-tobacco policy among California youth: associations with smoking status, psychosocial variables and advocacy actions. *Health Education Research*. 1999;14(6):751–63.

Winkleby MA, Feighery EC, Altman DA, Kole S, Tencati E. Engaging ethnically diverse teens in a substance use prevention advocacy program. *American Journal of Health Promotion*. 2001;15(6):433–6.

Outcome 6 □

Increased Knowledge of, Improved Anti-tobacco Attitudes Toward, and Increased Support for Policies to Reduce Youth Initiation

Indicator Rating
 ← ○ ● ● ● → better

Number	Indicator □	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
		low ← → high					
1.6.1	Level of confirmed awareness of anti-tobacco media messages		\$\$	●	●	●	●
1.6.2	Level of receptivity to anti-tobacco media messages		\$\$	●	●	●	●
1.6.3	Proportion of students who would ever wear or use something with a tobacco company name or picture	†	\$\$	●	●	●	●
1.6.4	Level of support for policies, and enforcement of policies, to decrease young people’s access to tobacco		\$\$	⊘	●	●	●
1.6.5	Level of support for increasing excise tax on tobacco products		\$\$ †	⊘	●	●	●
1.6.6	Level of awareness among parents about the importance of discussing tobacco use with their children	†	\$\$	●	○	○ †	○
1.6.7 ^{NR}	Level of support for creating policies in schools		⊘	⊘	⊘	⊘	⊘
1.6.8 ^{NR}	Proportion of young people who think that the cigarette companies try to get young people to smoke		⊘	⊘	⊘	⊘	⊘

† □ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

⊘ Denotes no data. □

^{NR} Denotes an indicator that is not rated (see Appendix B for an explanation). □

Indicator 1.6.1

Level of Confirmed Awareness of Anti-tobacco Media Messages

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of the target population that can accurately recall a media message <input type="checkbox"/>
Why this indicator <input type="checkbox"/> is useful <input type="checkbox"/>	Evaluators should measure exposure to anti-tobacco media messages to confirm awareness of these messages by asking respondents to provide specific information about the message. ¹
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information on LMTS available at: http://tobacco.rti.org/data/lmts.cfm
Population group(s)	Young people aged less than 18 years
Example survey question(s)	<p>From LMTS</p> <p>Have you recently seen an anti-smoking or anti-tobacco ad on TV that shows _____?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Maybe, not sure <input type="checkbox"/> No <input type="checkbox"/> Refused to answer</p> <p>What happens in this advertisement? (DO NOT READ RESPONSE CATEGORIES)</p> <p>_____</p> <p>What do you think the main message of this ad was? (DO NOT READ RESPONSE CATEGORIES)</p> <p>_____</p>
Comments <input type="checkbox"/>	<p>The example questions could be asked of adults.</p> <p>Evaluators may want to categorize awareness of the medium (e.g., billboard, television, print) through which respondents learned of the anti-tobacco message.</p> <p>Programs may want to evaluate confirmed awareness of an advertisement by respondents' smoking status (current, former, or never) and addiction level (e.g., light, moderate, or heavy), because awareness levels may differ significantly among groups with different levels of addiction.</p> <p>Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.</p>

Rating <input type="checkbox"/>	<p>Overall quality low ← → high</p> 	<p>Resources needed</p> <p>\$\$</p>	<p>Strength of evaluation <input type="checkbox"/> evidence</p> 	<p>Utility</p> 	<p>Face validity</p> 	<p>Accepted practice</p> 
← ○ ● ● ● → better						

Reference

- Sly DF, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control*. 2001;10(1):9-15.

Indicator 1.6.2 □

Level of Receptivity to Anti-tobacco Media Messages

Goal area 1	Preventing initiation of tobacco use among young people □												
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation												
What to measure □	The level of receptivity to media messages by the intended audience. Receptivity is generally defined as the extent to which people are willing to listen to a persuasive message. In tobacco control evaluation, however, the definition is narrower; receptivity is the extent to which people believe that the message was convincing, made them think about their behavior, and stimulated discussion with others. ¹												
Why this indicator is useful	Message awareness is necessary but not sufficient to change the knowledge, attitudes, and intentions of young people. Media campaigns are effective only if their messages reach and resonate with the intended audience. A well-received message helps ensure campaign effectiveness. ²⁻⁵ One study found that receptivity to anti-tobacco messages was a significant predictor of lower rates of intention to smoke. ⁶												
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information on LMTS available at: http://tobacco.rti.org/data/lmts.cfm												
Population group(s)	Young people aged less than 18 years □												
Example survey question(s)	<p>From LMTS</p> <p>Tell me how much you agree or disagree with the following statement: This ad is convincing. Would you say you:</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree <input type="checkbox"/> Have no opinion <input type="checkbox"/> Don't know</p> <p>Would you say the ad gave you good reasons not to smoke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>Did you talk to your friends about this ad?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>												
Comments	<p>The example questions could be asked of adults.</p> <p>Evaluators may want to assess receptivity by the medium through which respondents learned of the media message (e.g., television, print, or radio).</p> <p>Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.</p>												
Rating	<table border="0"> <tr> <td style="text-align: center;"> <p>Overall quality</p> <p>low ← → high</p> </td> <td style="text-align: center;"> <p>Resources needed</p> <p>\$\$</p> </td> <td style="text-align: center;"> <p>Strength of evaluation evidence</p> </td> <td style="text-align: center;"> <p>Utility</p> </td> <td style="text-align: center;"> <p>Face validity</p> </td> <td style="text-align: center;"> <p>Accepted practice</p> </td> </tr> <tr> <td colspan="6" style="text-align: center;"> <p>← ○ ● ● ● → better</p> </td> </tr> </table>	<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$</p>	<p>Strength of evaluation evidence</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>	<p>← ○ ● ● ● → better</p>					
<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$</p>	<p>Strength of evaluation evidence</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>								
<p>← ○ ● ● ● → better</p>													

References

1. [Sly DF, Heald GR, Ray S. The Florida “truth” anti-tobacco media evaluation: design, first-year results, and implications for planning future state media evaluations. *Tobacco Control*. 2001;10:9–15.
2. [McGuire WJ. Public communication as a strategy for inducing health-promoting behavioral change. *Preventive Medicine*. 1984;13(3):299–319.
3. [Kotler P, Armstrong G. *Principles of marketing*, 9th ed. Upper Saddle River, NJ: Prentice-Hall; 2001.
4. [Carter WB. Health behavior as a rational process: theory of reasoned action and multiattribute utility theory. In: Glanz K, Lewis F, Rimer B, editors. *Health behavior and health education: theory, research, and practice*. San Francisco, CA: Jossey-Bass; 1990. p. 63–91.
5. [Maibach E, Parrott RL, editors. *Designing health messages: approaches from communication theory and public health practice*. Thousand Oaks, CA: Sage; 1995.
6. [Straub DM, Hills NK, Thompson PJ, Moscicki AB. Effects of pro- and anti-tobacco advertising on nonsmoking adolescents’ intentions to smoke. *Journal of Adolescent Health*. 2003;32(1):36–43.

Indicator 1.6.3

Proportion of Students Who Would Ever Wear or Use Something with a Tobacco Company Name or Picture

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of students who are willing to buy or receive a cigarette promotional item (e.g., sports gear, clothing, lighters, or sunglasses)
Why this indicator is useful	Evidence suggests a causal relationship between adolescents' willingness to wear or use tobacco promotional items and the likelihood that they will experiment with cigarettes. ¹⁻⁵ Young people who are highly receptive to tobacco marketing are more than twice as likely to become established smokers as those with a low level of receptivity to tobacco marketing. ³
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years
Example survey question(s)	From YTS Would you ever use or wear something that has a tobacco company name or picture on it, such as a lighter, t-shirt, hat, or sunglasses? <input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably not <input type="checkbox"/> Definitely not
Comments	None



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

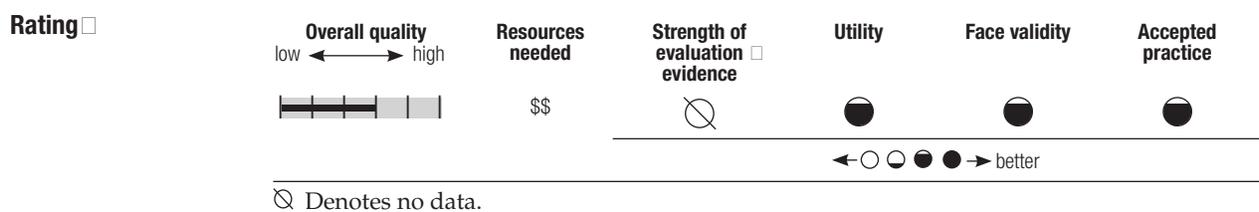
References

1. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. Gilpin EA, Pierce JP, Rosbrook B. Are adolescents receptive to current sales promotion practices of the tobacco industry? *Preventive Medicine*. 1997;26(1):14-21.
3. Biener L, Siegel M. Tobacco marketing and adolescent smoking: more support for a causal inference. *American Journal of Public Health*. 2000;90(3):407-11.
4. Sargent JD, Dalton M, Beach M, Bernhardt A, Heatherton T, Stevens M. Effect of cigarette promotions on smoking uptake among adolescents. *Preventive Medicine*. 2000;30(4):320-7.
5. Feighery EC, Borzekowski DL, Schooler C, Flora J. Seeing, wanting, owning: the relationship between receptivity to tobacco marketing and smoking susceptibility in young people. *Tobacco Control*. 1998;7:123-8.

Indicator 1.6.4

Level of Support for Policies, and Enforcement of Policies, to Decrease Young People's Access to Tobacco

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of adults who support policies and enforcement of policies restricting young people's access to tobacco products
Why this indicator <input type="checkbox"/> is useful <input type="checkbox"/>	Tobacco-free policies are unlikely to be adopted without support from business owners, policy makers, and the general public. ¹⁻⁴ In California, for example, public support for retail tobacco sales licensing policies has grown since 1990, and this has contributed to the passage of local tobacco licensing ordinances in several jurisdictions. ⁵
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section F: Policy Issues, 2003
Population group(s)	Adults aged 18 years or older <input type="checkbox"/>
Example survey question(s)	<p>From ATS</p> <p>How important is it that communities keep stores from selling tobacco products to teenagers? Would you say it is</p> <p><input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not very important <input type="checkbox"/> Not important at all <input type="checkbox"/> No opinion/Don't know <input type="checkbox"/> Refused</p> <p>How strongly do you agree or disagree with the following statement: Store owners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can't buy tobacco products. Would you say it is</p> <p><input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not very important <input type="checkbox"/> Not important at all <input type="checkbox"/> No opinion/Don't know <input type="checkbox"/> Refused</p>
Comments	The example questions could be asked of decision makers or retailers. <input type="checkbox"/> Evaluators may want to analyze the level of support for creating policies to decrease <input type="checkbox"/> access to tobacco by respondent's tobacco use. <input type="checkbox"/>



References

- U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2000.
- U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
- Thompson GW, Wilson N. Public attitudes about tobacco smoke in workplaces: the importance of workers' rights in survey questions. *Tobacco Control*. 2003;13:206-8.
- Howard KA, Rogers T, Howard-Pitney B, Flora JA, Norman GJ, Ribisl KM. Opinion leaders' support for tobacco control policies and participation in tobacco control activities. *American Journal of Public Health*. 2000;90(8):1283-7.
- Gilpin EA, Emery SL, Farkas AJ, Distefan JM, White MM, Pierce JP. *The California Tobacco Control Program: a decade of progress, results from the California tobacco surveys, 1990-1998*. La Jolla, CA: University of California, San Diego; 2001. Available from: <http://repositories.cdlib.org/tc/surveys/CTS1999/>. Accessed December 2004.

Indicator 1.6.5

Level of Support for Increasing Excise Tax on Tobacco Products

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of adults who support an increase in excise tax on cigarettes and the amount of tax increase they support
Why this indicator is useful	Public opinion is a major determinant of the feasibility of enacting an excise tax increase on tobacco products. Tobacco policies are unlikely to be adopted without support from business owners, policy makers, and the general public. ¹⁻⁴ Measuring policy makers' support for a tax increase will assess their willingness to support legislation for a tax increase. ⁵
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section F: Policy Issues, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	<p>From ATS</p> <p>How much additional tax on a pack of cigarettes would you be willing to support if some or all the money raised was used to support tobacco control programs?</p> <p> <input type="checkbox"/> More than two dollars a pack <input type="checkbox"/> Less than fifty cents a pack <input type="checkbox"/> Two dollars a pack <input type="checkbox"/> No tax increase <input type="checkbox"/> One dollar a pack <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Fifty to ninety-nine cents a pack <input type="checkbox"/> Refused </p>
Comments	<p>The example questions could be asked of decision makers or opinion leaders. Evaluators may want to analyze the level of support for increasing an excise tax on tobacco products according to the smoking status of the respondent.</p> <p>To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).</p>

Rating

<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$[†]</p>	<p>Strength of evaluation evidence</p> <p>⊘</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>
<p>← ○ ● ● ● → better</p>					

[†] ⊘ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
 ⊘ Denotes no data.

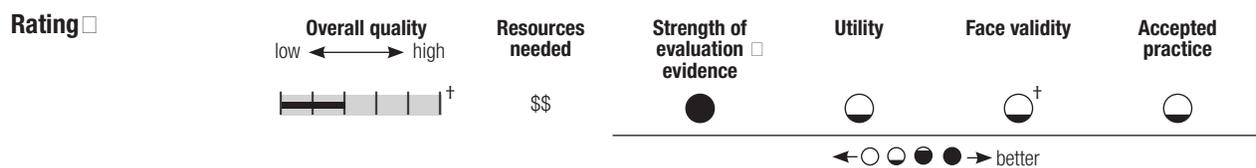
References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2000.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
3. Thompson GW, Wilson N. Public attitudes about tobacco smoke in workplaces: the importance of workers' rights in survey questions. *Tobacco Control*. 2003;13:206-8.
4. Howard KA, Rogers T, Howard-Pitney B, Flora JA, Norman GJ, Ribisl KM. Opinion leaders' support for tobacco control policies and participation in tobacco control activities. *American Journal of Public Health*. 2000;90(8):1283-7.
5. O'Connell P. Tobacco control in the land of the golden leaf. Has political perception kept pace with reality? *North Carolina Medical Journal*. 2002;63(3):175-6.

Indicator 1.6.6

Level of Awareness Among Parents About the Importance of Discussing Tobacco Use with Their Children

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of parents who believe that discussing tobacco use with their children is important
Why this indicator <input type="checkbox"/> is useful <input type="checkbox"/>	Although studies show that parental discussion about tobacco can reduce young people’s tobacco use, many parents do not discuss tobacco use with their children. ¹⁻³ Increasing awareness among parents of the importance of discussing tobacco use with their children is an important step in reducing tobacco initiation and use.
Example data source(s)	No commonly used data sources were found
Population group(s)	Parents of young people aged less than 18 years <input type="checkbox"/>
Example survey question(s)	How important is it that you discuss tobacco use with your child(ren)? Would you say it is <input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not very important <input type="checkbox"/> Not important at all <input type="checkbox"/> No opinion/Don’t know <input type="checkbox"/> Refused to answer
Comments	The authors created this example question. It does not come from any commonly used data source.



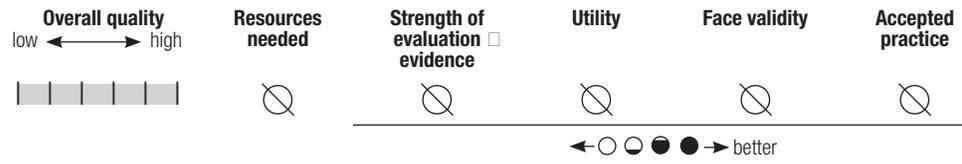
References

- Clark PI, Scarisbrick-Hauser A, Gautam SP, Wirk SJ. Anti-tobacco socialization in homes of African-American and white parents, and smoking and nonsmoking parents. *Journal of Adolescent Health*. 1999;24:329–39.
- Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.
- U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Level of Support for Creating Policies in Schools

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation
What to measure	Proportion of adults who support creating and actively enforcing tobacco-free policies in schools
Why this indicator is useful	Young people’s attitudes about the acceptability of smoking are influenced by what they see their peers and educators doing at school. Strong school anti-tobacco policies require the support of parents, teachers, principals, policy makers, and the general public. ¹
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section F: Policy Issues, 2003 ▶ University of California at San Diego, California Tobacco Survey (CTS): Adult Attitudes and Practices, 1996 Information on CTS available at: <ul style="list-style-type: none"> • http://ssdc.ucsd.edu/tobacco • http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm ▶ Behavioral Risk Factor Surveillance System (BRFSS), Tobacco Use Prevention Module, 2000
Population group(s)	Adults aged 18 years or older <input type="checkbox"/>
Example survey question(s)	<p>From ATS</p> <p>How strongly do you agree or disagree with the following statement: Tobacco use by adults should not be allowed on school grounds or at any school events.</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> No opinion/Don’t know <input type="checkbox"/> Refused</p> <p>From CTS</p> <p>Do you think schools should prohibit students from wearing clothing or bringing gear with tobacco brand logos to school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>From BRFSS</p> <p>Do you think that smoking should be allowed in all areas of schools, restaurants, day care, and indoor work areas, some areas, or not allowed at all?</p> <p><input type="checkbox"/> All areas <input type="checkbox"/> Some areas <input type="checkbox"/> <input type="checkbox"/> Not allowed <input type="checkbox"/> <input type="checkbox"/> Refused to answer</p>
Comments	<p>The example questions could also be asked of decision makers.</p> <p>Evaluators may want to analyze the level of support for creating tobacco-free policies <input type="checkbox"/> in schools based on the respondent’s tobacco use. <input type="checkbox"/></p> <p>This indicator was not rated by the panel of experts and, therefore, no rating information <input type="checkbox"/> is provided. See Appendix B for an explanation. <input type="checkbox"/></p>

Rating □



⊘ Denotes no data.

^{NR} Denotes an indicator that is not rated (see Appendix B for an explanation).

Reference

1. □ Task Force on Community Preventive Services Meeting. February 25, 2004. Meeting minutes available at www.thecommunityguide.org.

Indicator 1.6.8^{NR}

Proportion of Young People Who Think That the Cigarette Companies Try to Get Young People to Smoke

Goal area 1	Preventing initiation of tobacco use among young people [□]												
Outcome 6	Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation												
What to measure	Proportion of young people who believe that cigarette companies try to get young people to start smoking												
Why this indicator is useful	If young people are aware of the tobacco industry's attempts to persuade them to start smoking, they may become less susceptible to the tobacco industry's marketing tactics. ¹												
Example data source(s) [□]	California Independent Evaluation: Youth Survey, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm												
Population group(s)	Young people aged less than 18 years [□]												
Example survey question(s)	From California Independent Evaluation: Youth Survey Do tobacco companies try to get young people to start smoking by using advertisements that are attractive to young people? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, maybe <input type="checkbox"/> Probably not <input type="checkbox"/> Not sure												
Comments	This indicator was not rated by the panel of experts and, therefore, no rating information is provided. See Appendix B for an explanation.												
Rating [□]	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high </td> <td style="text-align: center;"> Resources needed </td> <td style="text-align: center;"> Strength of evaluation [□] </td> <td style="text-align: center;"> Utility </td> <td style="text-align: center;"> Face validity </td> <td style="text-align: center;"> Accepted practice </td> </tr> <tr> <td colspan="6" style="text-align: right;">← ○ ● ● ● → better</td> </tr> </table> <p>[□] Denotes no data.</p>	Overall quality low ← → high 	Resources needed 	Strength of evaluation [□] 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed 	Strength of evaluation [□] 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

^{NR} Denotes an indicator that is not rated (see Appendix B for an explanation).

Reference

- [□] Evans N, Farkas A, Gilpin E, Berry C, Pierce JP. Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *Journal of the National Cancer Institute*. 1995;87(20):1538–45.

Outcome 7

Increased Anti-tobacco Policies and Programs in Schools

To prevent and reduce tobacco use by young people, schools should implement comprehensive anti-tobacco policies and programs that reinforce tobacco-free norms. Young people spend much of their time in school and are influenced by school policies and programs and by the actions of their peers and of adults.¹ Evidence shows that education programs that include instruction on the short- and long-term physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms, and life skills can prevent or reduce tobacco use among students.^{2,3} School-based interventions that are combined with mass media campaigns and additional community-wide educational anti-tobacco activities show evidence of effectiveness in reducing tobacco use among young people.³ The Community Guide to Preventive Services Task Force, however, states that insufficient evidence is available to indicate that either school-based education programs (e.g., classroom programs) or student-delivered community education (e.g., Students Working Against Tobacco [SWAT]) are effective when implemented alone, without other community activities to supplement or reinforce them.³

The demand for effective tobacco-use cessation interventions for young people has been growing.⁴ As with all public health programs, such interventions must be based on evidence that proves that they work. Unfortunately, few rigorous scientific studies exist on which to base recommendations that would help young smokers quit.⁴

CDC provides guidelines for school health programs to prevent tobacco use and addiction.² The guidelines include recommendations on policies, curricula and instruction, teacher training, parental involvement, tobacco-use cessation, and evaluation. The guidelines are based on research, scientific theory, and practice.

Listed below are the indicators associated with this outcome:

- **1.7.1** □ Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies
- **1.7.2** □ Proportion of schools or school districts that provide instruction on tobacco-use prevention that meets CDC guidelines
- **1.7.3** □ Proportion of schools or school districts that provide tobacco-use prevention education in grades K–12
- **1.7.4** □ Proportion of schools or school districts that provide program-specific training for teachers
- **1.7.5** □ Proportion of schools or school districts that involve families in support of school-based programs
- **1.7.6** □ Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco
- **1.7.7** □ Proportion of schools or school districts that assess their tobacco-use prevention program at regular intervals

- ▶ 1.7.8 □ Proportion of students who participate in tobacco-use prevention □ activities □
- ▶ 1.7.9 □ Level of reported exposure to school-based tobacco-use prevention □ curricula that meet CDC guidelines □
- ▶ 1.7.10 □ Perceived compliance with tobacco-free policies in schools
- ▶ 1.7.11 □ Proportion of schools or school districts with policies that regulate □ display of tobacco industry promotional items □

References

1. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. □ Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18. Available from: <http://www.cdc.gov/mmwr/PDF/RR/RR4302.pdf>. Accessed March 2005.
3. □ Task Force on Community Preventive Services Meeting. February 25, 2004. Meeting minutes available at www.thecommunityguide.org.
4. □ Milton MH, Maule CO, Yee SL, Backinger C, Malarcher AM, Husten CG. *Youth tobacco cessation: a guide for making informed decisions*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.

For Further Reading

Alcaraz R, Klonoff EA, Landrine H. The effects on children of participating in studies of minors' access to tobacco. *Preventive Medicine*. 1997;26(2):236–40.

Epstein JA, Griffin KW, Botvin GJ. Competence skills help deter smoking among inner city adolescents. *Tobacco Control*. 2000;9(1):33–9.

Farrelly MC, Healton CG, Davis KC, Messeri P, Hersey JC, Haviland ML. Getting to the truth: evaluating national tobacco countermarketing campaigns. *American Journal of Public Health*. 2002;92(6):901–7. Erratum in: *American Journal of Public Health*. 2003;93(5):703.

Glantz SA, Begay ME. Tobacco industry campaign contributions are affecting tobacco control policymaking in California. *Journal of the American Medical Association*. 1994; 272(15):1176–82.

Huang TT, Unger JB, Rohrbach LA. Exposure to, and perceived usefulness of, school-based tobacco-prevention programs: associations with susceptibility to smoking among adolescents. *Journal of Adolescent Health*. 2000;27(4):248–54.

Lee DJ, Trapido E, Weatherby N, Rodriguez R. Correlates of participation and willingness to participate in anti-tobacco activities among 4th–7th graders. *Journal of Community Health*. 2001;26(6):447–57.

Lewit EM, Hyland A, Kerrebrock N, Cummings KM. Price, public policy, and smoking in young people. *Tobacco Control*. 1997;6(Suppl 2):S17–24.

National Cancer Institute. Smoking and Tobacco Control Monograph, No. 14. *Changing adolescent smoking prevalence: where it is and why*. Bethesda, MD: National Cancer Institute; 2001. NIH Publication No. 02-5086.

Pierce JP, Gilpin EA, Emery SL, White MM, Rosbrook B, Berry CC, Farkas AJ. Has the California tobacco control program reduced smoking? *Journal of the American Medical Association*. 1998;280(10):893–9.

Rohrbach LA, Howard-Pitney B, Unger JB, Dent CW, Howard KA, Cruz TB, Ribisl KM, Norman GJ, Fishbein H, Johnson CA. Independent evaluation of the California Tobacco Control Program: relationships between program exposure and outcomes, 1996–1998. *American Journal of Public Health*. 2002;92(6):975–83.

Sargent JD, Dalton MA, Beach M, Bernhardt A, Pullin D, Stevens M. Cigarette promotional items in public schools. *Archives of Pediatrics & Adolescent Medicine*. 1997;151(12):1189–96.

Siegel M, Biener L. The impact of an antismoking media campaign on progression to established smoking: results of a longitudinal youth study. *American Journal of Public Health*. 2000;90(3):380–6.

Sly DF, Heald GR, Ray S. The Florida “truth” anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control*. 2001;10(1):9–15.

Sly DF, Trapido E, Ray S. Evidence of the dose effects of an antitobacco counter-advertising campaign. *Preventive Medicine*. 2002;35(5):511–8.

Straub DM, Hills NK, Thompson PJ, Moscicki AB. Effects of pro- and anti-tobacco advertising on nonsmoking adolescents’ intentions to smoke. *Journal of Adolescent Health*. 2003;32(1):36–43.

Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine*. 2001;20(Suppl 2):1–88.

U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Unger JB, Rohrbach LA, Howard KA, Boley Cruz T, Johnson CA, Chen X. Attitudes toward anti-tobacco policy among California youth: associations with smoking status, psychosocial variables and advocacy actions. *Health Education Resources*. 1999;14(6):751–63.

Winkleby MA, Feighery EC, Altman DA, Kole S, Tencati E. Engaging ethnically diverse teens in a substance-use prevention advocacy program. *American Journal of Health Promotion*. 2001;15(6):433–6.

Zucker D, Hopkins R, Sly D, Urich J, Mendoza Kershaw J, Solari S. Florida's "truth" campaign: a counter-marketing, anti-tobacco media campaign. *Journal of Public Health Management and Practice*. 2000;6(3):1–6.

Outcome 7

Increased Anti-tobacco Policies and Programs in Schools

Indicator Rating
 ◀ ○ ● ▶ better

Number	Indicator	Overall quality low ← → high	Resources needed	Strength of evidence	Utility	Face validity	Accepted practice
1.7.1	Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies		\$\$	●	●	●	●
1.7.2	Proportion of schools or school districts that provide instruction on tobacco-use prevention that meets CDC guidelines		\$\$	●	○	● [†]	●
1.7.3	Proportion of schools or school districts that provide tobacco-use prevention education in grades K–12		\$\$	●	●	●	● [†]
1.7.4	Proportion of schools or school districts that provide program-specific training for teachers		\$\$	○	○	●	●
1.7.5	Proportion of schools or school districts that involve families in support of school-based programs		\$\$	○	○	●	●
1.7.6	Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco		\$\$	○	○	●	●
1.7.7	Proportion of schools or school districts that assess their tobacco-use prevention program at regular intervals		\$\$\$	○	●	● [†]	○
1.7.8	Proportion of students who participate in tobacco-use prevention activities		\$\$	●	●	●	●
1.7.9	Level of reported exposure to school-based tobacco-use prevention curricula that meet CDC guidelines		\$\$	●	●	●	●
1.7.10	Perceived compliance with tobacco-free policies in schools		\$\$	⊘	●	●	●
1.7.11	Proportion of schools or school districts with policies that regulate display of tobacco industry promotional items		\$\$	●	●	●	●

† □ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
 ⊘ Denotes no data.

Indicator 1.7.1

Proportion of Schools or School Districts Reporting the Implementation of 100% Tobacco-free Policies

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 7 Increased anti-tobacco policies and programs in schools

What to measure Proportion of schools or school districts that report having a policy that prohibits anyone from using tobacco at all times on school grounds, at all school-sponsored functions, and in school vehicles

Why this indicator is useful Young people spend much of their formative years in school. Their attitudes toward the acceptability of smoking in general are influenced by the actions of their peers and educators at school.^{1,2}

Example data source(s) CDC School Health Profiles: School Principal Questionnaire (Profiles), 2002

Population group(s) School principals

Example survey question(s)

From Profiles

Has this school adopted a policy prohibiting tobacco use?

Yes No

Does the tobacco prevention policy specifically prohibit use of each type of tobacco product for each of the following groups?

Type of tobacco product	Students		Faculty/Staff		Visitors <input type="checkbox"/>	
	Yes	No	Yes	No	Yes	No
• <input type="checkbox"/> Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> Smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> Cigars	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> Pipes	<input type="checkbox"/>	<input type="checkbox"/>				

Does the tobacco prevention policy specifically prohibit use during each of the following times for each of the following groups?

Time	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
• <input type="checkbox"/> During school hours	<input type="checkbox"/>					
• <input type="checkbox"/> During non-school hours	<input type="checkbox"/>					

Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Location	Students		Faculty/Staff		Visitors <input type="checkbox"/>	
	Yes	No	Yes	No	Yes	No
• <input type="checkbox"/> In school buildings	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> On school grounds	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> In school buses or other vehicles used to transport students <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• <input type="checkbox"/> At off-campus, school-sponsored events <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments □ To measure this indicator fully, evaluators should use all four example questions, not just one or two.

Evaluators could also collect information on school districts in order to measure the proportion of students in the district who attend schools with anti-tobacco policies.

This indicator can be used to measure progress toward achieving Recommendation 1 of CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.”¹



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. □Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.
2. □U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Indicator 1.7.2

Proportion of Schools or School Districts That Provide Instruction on Tobacco-use Prevention That Meets CDC Guidelines

Goal area 1	Preventing initiation of tobacco use among young people																																																							
Outcome 7	Increased anti-tobacco policies and programs in schools																																																							
What to measure	Proportion of schools or school districts that report providing instruction on (1) the physiologic and social consequences of tobacco use and (2) the social influences on tobacco use, peer norms, and life skills																																																							
Why this indicator is useful	Evidence suggests that programs that include instruction on the short- and long-term physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms, and life skills can prevent or reduce tobacco use among students. ^{1,2}																																																							
Example data source(s)	<ul style="list-style-type: none"> ▶ CDC School Health Profiles: Lead Health Education Teacher Questionnaire (Profiles), 2002 ▶ California Tobacco Use Prevention Education Evaluation: Teacher Survey, 2003 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm 																																																							
Population group(s)	<ul style="list-style-type: none"> ▶ Health education teachers ▶ Teachers and school administrators 																																																							
Example survey question(s)	<p>From Profiles</p> <p>During this school year, did teachers in this school teach each of the following tobacco use prevention topics in a required health education course for students in any of grades 6 through 12? Mark yes or no for each topic.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Risks of cigar or pipe smoking</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Short- and long-term health consequences of using smokeless tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Benefits of not using smokeless tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Addictive effects of nicotine in tobacco products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. How many young people use tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h. The number of illnesses and deaths related to tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>i. Influence of families on tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>j. Influence of the media on tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>k. Social or cultural influences on tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>l. How to find valid information or services related to tobacco-use cessation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>m. Making a personal commitment not to use tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>n. How students can influence or support others in efforts to prevent tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>o. How students can influence or support others in efforts to quit using tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>p. How to say no to tobacco use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>q. The health effects of environmental tobacco smoke (ETS) or second-hand smoke</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer)	<input type="checkbox"/>	<input type="checkbox"/>	b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits)	<input type="checkbox"/>	<input type="checkbox"/>	c. Risks of cigar or pipe smoking	<input type="checkbox"/>	<input type="checkbox"/>	d. Short- and long-term health consequences of using smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>	e. Benefits of not using smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>	f. Addictive effects of nicotine in tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	g. How many young people use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	h. The number of illnesses and deaths related to tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	i. Influence of families on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	j. Influence of the media on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	k. Social or cultural influences on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	l. How to find valid information or services related to tobacco-use cessation	<input type="checkbox"/>	<input type="checkbox"/>	m. Making a personal commitment not to use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	n. How students can influence or support others in efforts to prevent tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	o. How students can influence or support others in efforts to quit using tobacco	<input type="checkbox"/>	<input type="checkbox"/>	p. How to say no to tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	q. The health effects of environmental tobacco smoke (ETS) or second-hand smoke	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																																																						
a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer)	<input type="checkbox"/>	<input type="checkbox"/>																																																						
b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits)	<input type="checkbox"/>	<input type="checkbox"/>																																																						
c. Risks of cigar or pipe smoking	<input type="checkbox"/>	<input type="checkbox"/>																																																						
d. Short- and long-term health consequences of using smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>																																																						
e. Benefits of not using smokeless tobacco	<input type="checkbox"/>	<input type="checkbox"/>																																																						
f. Addictive effects of nicotine in tobacco products	<input type="checkbox"/>	<input type="checkbox"/>																																																						
g. How many young people use tobacco	<input type="checkbox"/>	<input type="checkbox"/>																																																						
h. The number of illnesses and deaths related to tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
i. Influence of families on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
j. Influence of the media on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
k. Social or cultural influences on tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
l. How to find valid information or services related to tobacco-use cessation	<input type="checkbox"/>	<input type="checkbox"/>																																																						
m. Making a personal commitment not to use tobacco	<input type="checkbox"/>	<input type="checkbox"/>																																																						
n. How students can influence or support others in efforts to prevent tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
o. How students can influence or support others in efforts to quit using tobacco	<input type="checkbox"/>	<input type="checkbox"/>																																																						
p. How to say no to tobacco use	<input type="checkbox"/>	<input type="checkbox"/>																																																						
q. The health effects of environmental tobacco smoke (ETS) or second-hand smoke	<input type="checkbox"/>	<input type="checkbox"/>																																																						

Example survey question(s) (cont.)

From California Tobacco Use Prevention Education Evaluation: Teacher Survey

During the last school year (2002–2003), which of the following topics did you cover in your tobacco use prevention lessons? (Mark all that apply).

- I did not teach tobacco prevention lessons
- Effects of tobacco on health
- How many young people smoke
- Reasons why young people smoke
- Social consequences of using tobacco
- Secondhand smoke
- Social influences that promote tobacco use
- Behavioral skills for resisting tobacco offers
- General personal and social skills (e.g., problem solving, assertiveness, communication, and goal setting)
- Tobacco cessation
- Tobacco advertising and marketing
- Cigar use
- Other (specify): _____

Comments

It would be useful for evaluators to obtain information on the specific curriculum taught. Further information on the anti-tobacco curriculum being taught could be collected using a student survey.

This indicator can be used to measure progress toward achieving Recommendation 2 of CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.”²

Rating



[†] Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

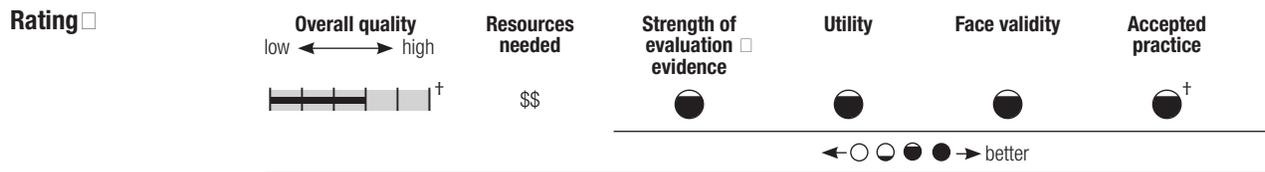
References

1. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.

Indicator 1.7.3

Proportion of Schools or School Districts That Provide Tobacco-use Prevention Education in Grades K–12

Goal area 1	Preventing initiation of tobacco use among young people																																										
Outcome 7	Increased anti-tobacco policies and programs in schools																																										
What to measure	Proportion of schools or school districts that report providing tobacco-use prevention education in grades K–12																																										
Why this indicator is useful	Research, theory, and current practice demonstrate that the success of school-based prevention programs dissipates over time. CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction,” therefore, calls for tobacco use prevention to be taught in each grade, with increasing intensity in middle school and reinforcement in high school grades. ¹																																										
Example data source(s)	CDC School Health Profiles: Lead Health Education Teacher Questionnaire (Profiles), 2002																																										
Population group(s)	Health education teachers																																										
Example survey question(s)	<p>From Profiles</p> <p>During the school year, in which of the following grades was information on tobacco-use prevention provided?</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Grade 6</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 7</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 9</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 10</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 11</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grade 12</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Are required tobacco-use prevention units or lessons taught in each of the following courses in the school?</p> <table border="0"> <thead> <tr> <th>Course</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a. Science</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Home economics or family and consumer education</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Physical education</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Family life education or life skills</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Special education</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>	<input type="checkbox"/>	Course	Yes	No	a. Science	<input type="checkbox"/>	<input type="checkbox"/>	b. Home economics or family and consumer education	<input type="checkbox"/>	<input type="checkbox"/>	c. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	d. Family life education or life skills	<input type="checkbox"/>	<input type="checkbox"/>	e. Special education	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																																									
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 11	<input type="checkbox"/>	<input type="checkbox"/>																																									
Grade 12	<input type="checkbox"/>	<input type="checkbox"/>																																									
Course	Yes	No																																									
a. Science	<input type="checkbox"/>	<input type="checkbox"/>																																									
b. Home economics or family and consumer education	<input type="checkbox"/>	<input type="checkbox"/>																																									
c. Physical education	<input type="checkbox"/>	<input type="checkbox"/>																																									
d. Family life education or life skills	<input type="checkbox"/>	<input type="checkbox"/>																																									
e. Special education	<input type="checkbox"/>	<input type="checkbox"/>																																									
Comments	This indicator can be used to measure progress toward achieving Recommendation 3 of CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.” ¹																																										



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

- Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1-18.

Indicator 1.7.4

Proportion of Schools or School Districts That Provide Program-specific Training for Teachers

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 7 Increased anti-tobacco policies and programs in schools

What to measure Proportion of schools or school districts that report providing tobacco-use prevention education training for school educators

Why this indicator is useful CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" state that curriculum implementation and overall program effectiveness are improved when teachers are trained to deliver the program as designed.¹

Example data source(s)

- ▶ CDC School Health Profiles: Lead Health Education Teacher Questionnaire, (Profiles), 2002
- ▶ California Tobacco Use Prevention Education Evaluation: Teacher Survey, 2003
Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
- ▶ California Tobacco Use Prevention Education Evaluation: District Coordinator Survey, 2003
Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm

Population group(s)

- ▶ Health education teachers
- ▶ Teachers
- ▶ District coordinators

Example survey question(s)

From Profiles

During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service training) on each of the following topics? [22 health topics (letters a–v) are listed; tobacco-use prevention is one topic] Mark yes or no for each topic.

Would you like to receive staff development on each of these [22] health education topics? Mark yes or no for each topic.

From California Tobacco Use Prevention Education Evaluation: Teacher Survey

During the past five years, how much tobacco use prevention training have you received?

- None
- More than one full day of in-service training
- One full-day of in-service training
- Less than a full-day of in-service training
- I don't remember

During the past five years, were you trained to deliver a specific published tobacco-use prevention curriculum?

- Yes
- No
- I don't remember

Example survey question(s) (cont.) Overall, to what extent do you feel you are prepared to teach tobacco use prevention lessons?

A great deal Somewhat Not too much Not at all Does not apply

From California Tobacco Use Prevention Education Evaluation: District Coordinator Survey

During the 2002–2003 school year, how many tobacco-specific in-service trainings, workshops, or staff development sessions has your school district sponsored or attended?

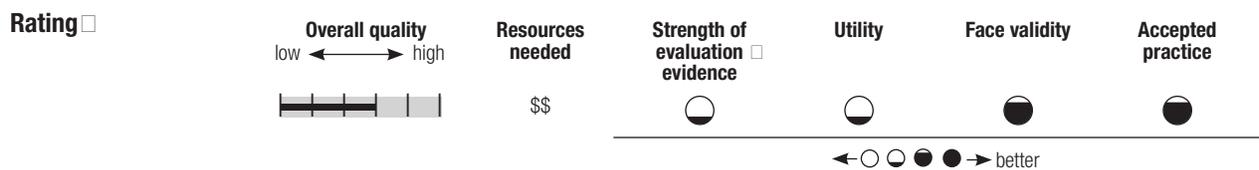
_____ Number of trainings, workshops, or staff development sessions.

I do not know/I'm not sure

If your district did sponsor or attend tobacco-specific in-service trainings, workshops, or staff development sessions during the last school year (2002–2003), how many schools were represented?

Number of schools represented: _____

Comments This indicator can be used to measure progress toward achieving Recommendation 4 of CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction."¹



Reference
1. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.

Indicator 1.7.5

Proportion of Schools or School Districts That Involve Families in Support of School-based Programs

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 7 Increased anti-tobacco policies and programs in schools

What to measure Proportion of schools or school districts that attempt to get students' parents or families involved in school-based tobacco-use prevention or cessation programs

Why this indicator is useful CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" recognizes the important role that parents and families play in providing social and environmental support that will help young people remain tobacco-free. Families are part of the greater community to which schools should be connecting their programs.^{1,2}

Example data source(s)

- ▶ CDC School Health Profiles: Lead Health Education Teacher Questionnaire (Profiles), 2002
- ▶ California Tobacco Use Prevention Education Evaluation: Teacher Survey, 2003
Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm

Population group(s)

- ▶ Health education teachers
- ▶ Teachers

Example survey question(s)

From Profiles

During this school year, has this school done each of the following activities? Mark yes or no for each activity.

	Yes	No
• <input type="checkbox"/> Provided families with information on the health education program	<input type="checkbox"/>	<input type="checkbox"/>
• <input type="checkbox"/> Met with a parents' organization such as the PTA or PTO to discuss the health education program	<input type="checkbox"/>	<input type="checkbox"/>
• <input type="checkbox"/> Invited family members to attend a health education class	<input type="checkbox"/>	<input type="checkbox"/>

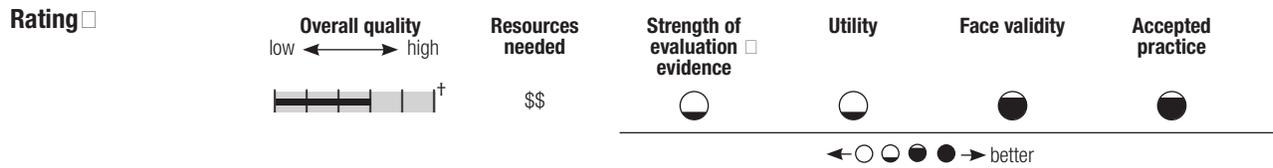
From California Tobacco Use Prevention Education Evaluation: Teacher Survey

To what extent have you tried to get students' parents involved in tobacco use prevention education?

Type of Involvement	Extent That You Tried to Get Parents Involved					
	(Please mark a response for each)					
	Not at all	Very small extent	Small extent	Modest extent	Great extent	Very great extent
• Included parents in homework assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Held meeting with parents of student smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Distributed parent-student handbook that included description of tobacco-free school policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Distributed newsletters or educational materials to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provided information on smoking cessation to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had tobacco education displays or discussions at open houses, meetings, health fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Invited parents to be guest speakers on tobacco issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Involved parents in school-related activities (e.g., as judges of poster essay contests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments □ The example survey questions are limited to the perspective of educators. They cannot be used to assess parents’ actual involvement or desire to be involved in school-based tobacco control activities.

This indicator can be used to measure progress toward achieving Recommendation 5 of CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.”[†]



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. □Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.
2. □Task Force on Community Preventive Services Meeting. February 25, 2004. Meeting minutes available at www.thecommunityguide.org.

Indicator 1.7.6

Proportion of Schools or School Districts That Support Cessation Interventions for Students and Staff Who Use Tobacco

Goal area 1	Preventing initiation of tobacco use among young people																		
Outcome 7	Increased anti-tobacco policies and programs in schools																		
What to measure	Proportion of schools or school districts that report providing tobacco cessation support (e.g., counseling for students and staff who use tobacco or referrals to tobacco-cessation programs)																		
Why this indicator is useful	CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" recommends that schools support cessation for staff and students, either by providing referrals to cessation services or by sponsoring cessation programs. ^{1,2}																		
Example data source(s)	CDC School Health Profiles: School Principal Questionnaire (Profiles), 2002																		
Population group(s)	School principals																		
Example survey question(s)	<p>From Profiles</p> <p>Does your school provide referrals to tobacco cessation programs for each of the following groups?</p> <table border="0"> <tr> <td>Group</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>• Faculty and staff</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Students</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Group	Yes	No	• Faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	• Students	<input type="checkbox"/>	<input type="checkbox"/>									
Group	Yes	No																	
• Faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>																	
• Students	<input type="checkbox"/>	<input type="checkbox"/>																	
Comments	<p>A survey question could be added regarding (1) the cessation services at the school or (2) the type of cessation programs to which students and faculty are referred.</p> <p>This indicator can be used to measure progress toward achieving Recommendation 6 of CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction."¹</p>																		
Rating	<table border="0"> <tr> <td>Overall quality low ← → high</td> <td>Resources needed</td> <td>Strength of evaluation evidence</td> <td>Utility</td> <td>Face validity</td> <td>Accepted practice</td> </tr> <tr> <td></td> <td>\$\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">← ○ ● ● ● ● → better</td> </tr> </table>	Overall quality low ← → high	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice		\$\$					← ○ ● ● ● ● → better					
Overall quality low ← → high	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice														
	\$\$																		
← ○ ● ● ● ● → better																			

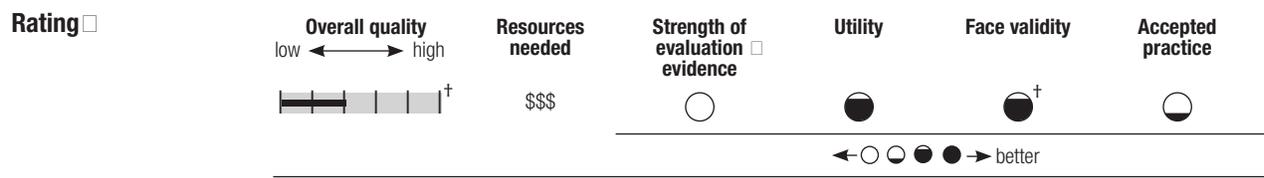
References

- Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1-18.
- Milton MH, Maule CO, Yee SL, Backinger C, Malarcher AM, Husten CG. *Youth tobacco cessation: a guide for making informed decisions*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.

Indicator 1.7.7

Proportion of Schools or School Districts That Assess Their Tobacco-use Prevention Program at Regular Intervals

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>
Outcome 7	Increased anti-tobacco policies and programs in schools <input type="checkbox"/>
What to measure	Proportion of schools or school districts that report having an evaluation system in place and using it to assess their tobacco-use prevention program at regular intervals
Why this indicator is useful	CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction” recommend that schools assess their tobacco-use prevention programs at regular intervals. ¹
Example data source(s)	No commonly used data sources were found
Population group(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ School principals ▶ Health education teachers
Example survey question(s)	Does your school (or school district) assess your tobacco-use prevention program at regular intervals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Comments <input type="checkbox"/>	<p>The authors created this example question. It does not come from any commonly used data source.</p> <p>This indicator can be used to measure progress toward achieving Recommendation 7 of CDC’s “Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.”¹</p>



[†] Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

1. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.

Indicator 1.7.8□

Proportion of Students Who Participate in Tobacco-use Prevention Activities □

Goal area 1	Preventing initiation of tobacco use among young people												
Outcome 7	Increased anti-tobacco policies and programs in schools												
What to measure	Proportion of students who report participating in at least one tobacco-use prevention activity in the past 12 months												
Why this indicator is useful	An intervention with growing popularity is involving young people in anti-tobacco activities. These activities help reduce young people's susceptibility to experimenting with tobacco by changing the social norm regarding tobacco use. ^{1,2}												
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004												
Population group(s)	Young people aged less than 18 years□												
Example survey question(s)	From YTS During the past 12 months, have you participated in any community activities to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars? <input type="checkbox"/> Yes <input type="checkbox"/> No, I did not know about any activities												
Comments □	Evaluators may choose to categorize data by grade level and type of school (elementary, middle, high school, private, parochial, public). Evaluators may want to assess young people's awareness of anti-smoking activities at school and outside school.												
Rating □	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$ </td> <td style="text-align: center;"> Strength of evaluation □  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: right;"> ← ○ ● ● ● → better </td> </tr> </table> <p>† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).</p>	Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation □ 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation □ 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

References

- Unger JB, Rohrbach LA, Howard KA, Boley Cruz T, Johnson CA, Chen X. Attitudes toward anti-tobacco policy among California youth: associations with smoking status, psychosocial variables and advocacy actions. *Health Education Resources*. 1999;14(6):751–63.
- Winkleby MA, Feighery E, Dunn M, Kole S, Ahn D, Killen JD. Effects of an advocacy intervention to reduce smoking among teenagers. *Archives of Pediatrics & Adolescent Medicine*. 2004;158(3):269–75.

Indicator 1.7.9

Level of Reported Exposure to School-based Tobacco-use Prevention Curricula That Meet CDC Guidelines

Goal area 1	Preventing initiation of tobacco use among young people																								
Outcome 7	Increased anti-tobacco policies and programs in schools																								
What to measure	Proportion of students who report receiving tobacco prevention education in class <input type="checkbox"/>																								
Why this indicator is useful	Measuring students' recall of tobacco education helps verify curriculum delivery and saliency. ¹																								
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 <input type="checkbox"/> ► California Independent Evaluation: Youth Survey, 2000 <input type="checkbox"/> Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm <input type="checkbox"/>																								
Population group(s)	Young people aged less than 18 years <input type="checkbox"/>																								
Example survey question(s)	<p>From YTS</p> <p>During this school year, did you practice ways to say NO to tobacco in any of your classes (for example, by role-playing)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>During this school year, were you taught in any of your classes about the dangers of tobacco use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> <p>From California Independent Evaluation: Youth Survey</p> <p>During the last year (12 months), did you discuss the reasons why people your age smoke during any of your classes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know/I'm not sure</p> <p>During the last year (12 months), did you discuss how many people your age smoke during any of your classes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know/I'm not sure</p>																								
Comments	<p>Evaluators may also choose to categorize data by grade level and type of school (elementary, middle, high school, private, parochial, public).</p> <p>Student perceptions of tobacco prevention education should also be evaluated; students who perceive the education as helpful are less susceptible to smoking than those who do not perceive it as useful.²</p>																								
Rating	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Overall quality</td> <td style="width: 20%;">Resources needed</td> <td style="width: 20%;">Strength of evaluation evidence</td> <td style="width: 20%;">Utility</td> <td style="width: 20%;">Face validity</td> <td style="width: 20%;">Accepted practice</td> </tr> <tr> <td>low ← → high</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>\$\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">← ○ ● ● ● → better</td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice	low ← → high							\$\$					← ○ ● ● ● → better					
Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice																				
low ← → high																									
	\$\$																								
← ○ ● ● ● → better																									

References

1. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1-18.
2. Huang TTK, Unger JB, Rohrbach LA. Exposure to, and perceived usefulness of, school-based tobacco prevention programs: associations with susceptibility to smoking among adolescents. *Journal of Adolescent Health*. 2000;27(4): 248-54.

Indicator 1.7.10

Perceived Compliance with Tobacco-free Policies in Schools

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 7 Increased anti-tobacco policies and programs in schools

What to measure Proportion of students who report that the school population is complying with the school's tobacco-free policy

Why this indicator is useful Perceived compliance with tobacco-free policies is one measure of actual compliance with these policies.^{1,2} If tobacco-free policies are not observed, they are not likely to be effective in changing social norms or inhibiting tobacco use among young people.

Example data source(s)

- ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
- ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003
- ▶ California Independent Evaluation: Youth Survey, 2000
Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm

Population group(s) Young people aged less than 18 years

Example survey question(s) **From YTS and YRBSS**

During the past 30 days, on how many days did you smoke cigarettes on school property?

0 days 1 or 2 days 3 to 5 days 6 to 9 days
 10 to 19 days 20 to 29 days All 30 days

During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property?

0 days 1 or 2 days 3 to 5 days 6 to 9 days
 10 to 19 days 20 to 29 days All 30 days

From California Independent Evaluation: Youth Survey

Is there a rule at your school that no one is allowed to smoke cigarettes in the school building or on the school yard?

Yes No I don't know/I'm not sure

Have you seen any students break that rule?

Yes No My school does not have a no-smoking rule
 I don't know/I'm not sure

How many students who are smokers break that rule?

None A few Some Most All of them
 My school does not have a no-smoking rule I don't know/I'm not sure

Have you seen adults break that rule?

Yes No My school does not have a no-smoking rule
 I don't know/I'm not sure

Is there a rule at your school that no one is allowed to use chewing tobacco or snuff in the school building or on the school yard?

Yes No I don't know/I'm not sure

Comments □

If students report on the YTS or YRBSS instruments (1) the existence of a tobacco-free school policy and (2) having personally used tobacco products more than 1 day on school property, they are considered noncompliant.

Evaluators may categorize data by grade level and type of school (elementary, middle, high school, private, parochial, public).

Evaluators should determine the scope of the tobacco-free policies before evaluating perceived compliance with them.

The example survey questions could be asked of teachers and principals.

Rating □



□ Denotes no data.

References

1. □ Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine*. 2004;46(4):347–56.
2. □ Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California’s smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control*. 2003;12:269–73.

Indicator 1.7.11 □

Proportion of Schools or School Districts with Policies That Regulate Display of Tobacco Industry Promotional Items

Goal area 1	Preventing initiation of tobacco use among young people □																	
Outcome 7	Increased anti-tobacco policies and programs in schools □																	
What to measure □	Proportion of schools and school districts that have policies that regulate the display of tobacco advertising in the school, on school grounds, on school vehicles, or in school publications. This policy should cover apparel and other merchandise showing tobacco logos.																	
Why this indicator is useful	Studies have consistently associated possession of or willingness to use tobacco industry promotional items with increased smoking among youth. ^{1,2} Restrictions on the display of these promotional items at school contribute to an anti-tobacco social norm.																	
Example data source(s)	CDC School Health Profiles: School Principal Questionnaire (Profiles), 2002																	
Population group(s)	School principals □																	
Example survey question(s)	<p>From Profiles</p> <p>Is tobacco advertising prohibited in each of the following locations?</p> <table border="0"> <thead> <tr> <th>Location</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>• In the school building</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• On the school grounds, including on the outside of the building, on playing fields, or other areas of the campus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• On school buses or other vehicles used to transport students</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• In school publications</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Is tobacco advertising through sponsorship of school events prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your school post signs marking a tobacco-free school zone (that is, a specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			Location	Yes	No	• In the school building	<input type="checkbox"/>	<input type="checkbox"/>	• On the school grounds, including on the outside of the building, on playing fields, or other areas of the campus	<input type="checkbox"/>	<input type="checkbox"/>	• On school buses or other vehicles used to transport students	<input type="checkbox"/>	<input type="checkbox"/>	• In school publications	<input type="checkbox"/>	<input type="checkbox"/>
Location	Yes	No																
• In the school building	<input type="checkbox"/>	<input type="checkbox"/>																
• On the school grounds, including on the outside of the building, on playing fields, or other areas of the campus	<input type="checkbox"/>	<input type="checkbox"/>																
• On school buses or other vehicles used to transport students	<input type="checkbox"/>	<input type="checkbox"/>																
• In school publications	<input type="checkbox"/>	<input type="checkbox"/>																
Comments	Evaluators may also choose to categorize data by grade level and type of school (elementary, middle, high school, private, parochial, public).																	
Rating □	<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$</p>	<p>Strength of evaluation □</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>												
← ○ ● ● ● → better																		

References

1. □Sargent JD, Dalton MA, Beach M, Bernhardt A, Pullin D, Stevens M. Cigarette promotional items in public schools. *Archives of Pediatrics & Adolescent Medicine*. 1997;151(12):1189–96.
2. □Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.

Outcome 8

Increased Restriction and Enforcement of Restrictions on Tobacco Sales to Minors

Activities to decrease young people's access to tobacco products are recognized components of a comprehensive approach to reducing the number of young people who start smoking. Efforts to reduce young people's access to tobacco products are based on the rationale that making it more difficult for young people to obtain tobacco products will discourage them from beginning or continuing to use tobacco and thus reduce the prevalence of tobacco use. One strategy is to attempt to reduce retail tobacco sales to minors through activities such as (1) passing laws that restrict young people's access to tobacco (including laws barring the sale of tobacco products to minors, bans on self-service displays of tobacco products, and bans or restrictions on tobacco vending machines), (2) educating merchants about these laws, (3) enforcing compliance with these laws, (4) educating the community and the media about the value of these laws, and (5) mobilizing the community to support these laws.

Experience shows that adoption and sustained enforcement of strong laws are prerequisites for reducing young people's access to tobacco. Although this approach is necessary for success, it is not sufficient. Compliance checks show that laws against selling tobacco products to young people, when accompanied by retailer education and enforcement, can reduce the proportion of retailers who are willing to sell these products to minors. But, these reductions do not automatically translate into reductions in young people's self-reported or perceived access to tobacco products, or into reductions in their tobacco use—the ultimate goal of youth access interventions.¹ Some studies suggest that even if only a few retail outlets in a community sell tobacco to minors, young people who use tobacco are likely to know of these outlets and to frequent them.²

According to the *Guide to Community Preventive Services*, the most effective approach to preventing young people from gaining access to tobacco products (as measured by minors' self-reported tobacco purchase or use behaviors) consists of a combination of strong local and state laws, vigorous and sustained enforcement of these laws, retailer education, and—most importantly—community mobilization to generate community support for efforts to reduce youth access to tobacco products.³ As with other aspects of tobacco control, community mobilization may play a particularly important role because of its ability to change social norms—in this case, norms regarding the social acceptability of selling or otherwise providing tobacco products to minors. The *Guide to Community Preventive Services* indicates that none of the interventions listed above have been shown to be effective when implemented in isolation, in particular when implemented without a strong link to community mobilization initiatives.³

Moreover, even if illegal sales to minors were eliminated completely, young people could still acquire tobacco products through other, noncommercial or social sources, including shoplifting, stealing from parents and other relatives, borrowing from friends and relatives, and asking older friends or strangers to buy tobacco products for them. In fact, younger children (who have less success than older children in

purchasing tobacco products at retail outlets) often rely on these alternative sources to obtain tobacco products. Thus, even interventions that are successful in reducing young people's self-reported or perceived access to tobacco products through commercial sources will not necessarily reduce their overall access to or use of these products. Accordingly, as rates of retail sales to minors decline, interventions to address these other sources of access will become increasingly important.

Listed below are the indicators associated with this outcome:

- ▶ 1.8.1 □ Proportion of jurisdictions with policies that ban tobacco vending □ machine sales in places accessible to young people □
- ▶ 1.8.2 □ Proportion of jurisdictions with policies that require retail licenses □ to sell tobacco products □
- ▶ 1.8.3 □ Proportion of jurisdictions with policies that control the location, □ number, and density of retail outlets □
- ▶ 1.8.4 □ Proportion of jurisdictions with policies that control self-service □ tobacco sales □
- ▶ 1.8.5 □ Number of compliance checks conducted by enforcement agencies
- ▶ 1.8.6 □ Number of warnings, citations, and fines issued for infractions of □ public policies against young people's access to tobacco products □
- ▶ 1.8.7 □ Changes in state tobacco control laws that preempt stronger local □ tobacco control laws □

References

1. □ Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337:1044–51.
2. □ DiFranza JR, Coleman M. Source of tobacco for youths in communities with strong enforcement of youth access laws. *Tobacco Control*. 2001;10(4):323–8.
3. □ Fielding JE, Briss PA, Carande-Kulis VG, Hopkins DP, Husten CG, Pechacek TF, et al. Tobacco. In: Briss PA, Zaza S, Harris KW, editors. *The guide to community preventive services*. New York: Oxford University Press; in press 2005.

For Further Reading

Castrucci BC, Gerlach KK, Kaufman NJ, Orleans CT. The association among adolescents' tobacco use, their beliefs and attitudes, and friends' and parents' opinions of smoking. *Maternal and Child Health Journal*. 2002;6(3):159–67.

Celebucki CC, Diskin K. A longitudinal study of externally visible cigarette advertising on retail storefronts in Massachusetts before and after the Master Settlement Agreement. *Tobacco Control*. 2002;11(Suppl 2):ii47–53.

Distefan JM, Gilpin EA, Choi WS, Pierce JP. Parental influences predict adolescent smoking in the United States, 1989–1993. *Journal of Adolescent Health*. 1998; 22(6):466–74.

Howard KA, Ribisl KM, Howard-Pitney B, Norman GJ, Rohrbach LA. What factors are associated with local enforcement of laws banning illegal tobacco sales to minors? A study of 182 law enforcement agencies in California. *Preventive Medicine*. 2001 Aug;33(2 Pt 1):63–70.

Jackson C, Dickinson D. Can parents who smoke socialise their children against smoking? Results from the Smoke-Free Kids intervention trial. *Tobacco Control*. 2003;12(1):52–9.

Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.

Lantz PM, Jacobson PD, Warner KE, Wasserman J, Pollack HA, Berson J, Ahlstrom A. Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control*. 2000;9(1):47–63.

Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventive Medicine*. 2002;23(2):73–81.

Saffer H, Chaloupka F. The effect of tobacco advertising bans on tobacco consumption. *Journal of Health Economics*. 2000;19(6):1117–37.

Sargent JD, Dalton M. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001;108(6):1256–62.

Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *American Journal of Public Health*. 1996;86(9):1216–21.

Outcome 8 □

Increased Restriction and Enforcement of Restrictions on Tobacco Sales to Minors

Indicator Rating
 ← ○ ● ● → better

Number	Indicator	Overall quality low ← → high	Indicator Rating				
			Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
1.8.1	Proportion of jurisdictions with policies that ban tobacco vending machine sales in places accessible to young people		\$\$\$	●	○	●	● [†]
1.8.2	Proportion of jurisdictions with policies that require retail licenses to sell tobacco products		\$\$\$	●	●	●	●
1.8.3	Proportion of jurisdictions with policies that control the location, number, and density of retail outlets		\$\$\$	○	○*	○	○*
1.8.4	Proportion of jurisdictions with policies that control self-service tobacco sales		\$\$\$	●	●	●	●
1.8.5	Number of compliance checks conducted by enforcement agencies		\$\$\$	●	●	●	●
1.8.6	Number of warnings, citations, and fines issued for infractions of public policies against young people's access to tobacco products		\$\$\$	●	●	●	●
1.8.7	Changes in state tobacco control laws that preempt stronger local tobacco control laws		\$	⊘	●	●	●

* □ Denotes low reviewer response: that is, greater than 75% of the experts either did not rate the indicator, or gave the criterion an invalid rating (see Appendix B for an explanation).

† □ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

⊘ Denotes no data.

Indicator 1.8.1

Proportion of Jurisdictions with Policies That Ban Tobacco Vending Machine Sales in Places Accessible to Young People

Goal area 1	Preventing initiation of tobacco use among young people																		
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors □																		
What to measure	Proportion of local jurisdictions that have enforceable policies banning tobacco vending machine sales in locations accessible to minors □																		
Why this indicator is useful □	Accessible vending machines provide virtually unrestricted access to tobacco and can be used by even the youngest children. As of 2004, 46 states and the District of Columbia restricted minors' access to tobacco through vending machines, and 30 states and the District of Columbia banned vending machines in locations that are accessible to young people. ¹																		
Example data source(s) □	<ul style="list-style-type: none"> ▶ Policy tracking system □ ▶ Americans for Nonsmokers' Rights (ANR) □ Information on ANR available at: http://www.no-smoke.org □ ▶ American Lung Association's State Legislated Actions on Tobacco Issues (SLATI) □ Information on SLATI available at: http://slati.lungusa.org □ 																		
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.																		
Example survey question(s)	Not applicable																		
Comments □	<p>Evaluators may want to assess the levels of restrictions on tobacco vending machines (e.g., restrictions on placement of vending machines).</p> <p>Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.</p>																		
Rating □	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">Overall quality</td> <td style="width: 15%;">Resources needed</td> <td style="width: 15%;">Strength of evaluation evidence □</td> <td style="width: 15%;">Utility</td> <td style="width: 15%;">Face validity</td> <td style="width: 15%;">Accepted practice</td> </tr> <tr> <td>low ← → high</td> <td>\$\$\$</td> <td>●</td> <td>○</td> <td>●</td> <td>●[†]</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">← ○ ● ● ● → better</td> </tr> </table> <p>† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).</p>	Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice	low ← → high	\$\$\$	●	○	●	● [†]				← ○ ● ● ● → better		
Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice														
low ← → high	\$\$\$	●	○	●	● [†]														
			← ○ ● ● ● → better																
Reference																			

Reference

- Centers for Disease Control and Prevention. *State Tobacco Activities Tracking and Evaluation (STATE) system*. Atlanta, GA: Centers for Disease Control and Prevention. Online database. Available from: <http://www.cdc.gov/tobacco/statesystem>. Accessed February 2005.

Indicator 1.8.2

Proportion of Jurisdictions with Policies That Require Retail Licenses to Sell Tobacco Products

Goal area 1	Preventing initiation of tobacco use among young people																								
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors																								
What to measure	Proportion of local jurisdictions that have public policies requiring retailers to have a license in order to sell tobacco products																								
Why this indicator is useful	Licensing laws that include graduated penalties for illegal sales and provisions for suspension or revocation for repeated violations may be an incentive for merchants to obey the law. ¹ Requiring licenses allows evaluators to develop a comprehensive list of tobacco merchants that can be used to conduct compliance checks. In addition, licensing fees can be used to support the cost of compliance checks. As of 2004, 39 states and the District of Columbia required tobacco retailers to obtain a license for over-the-counter tobacco sales and 27 states and the District of Columbia had laws in place identifying circumstances in which retail licenses can be suspended or revoked. ²																								
Example data source(s)	<ul style="list-style-type: none"> ▶ Policy tracking system ▶ Americans for Nonsmokers' Rights (ANR) Information on ANR available at: http://www.no-smoke.org 																								
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.																								
Example survey question(s)	Not applicable																								
Comments	Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.																								
Rating	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Overall quality</td> <td style="width: 15%;">Resources needed</td> <td style="width: 15%;">Strength of evaluation</td> <td style="width: 15%;">Utility</td> <td style="width: 15%;">Face validity</td> <td style="width: 20%;">Accepted practice</td> </tr> <tr> <td>low ← → high</td> <td>\$\$\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">← ○ ○ ● ● → better</td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation	Utility	Face validity	Accepted practice	low ← → high	\$\$\$											← ○ ○ ● ● → better					
Overall quality	Resources needed	Strength of evaluation	Utility	Face validity	Accepted practice																				
low ← → high	\$\$\$																								
																									
← ○ ○ ● ● → better																									

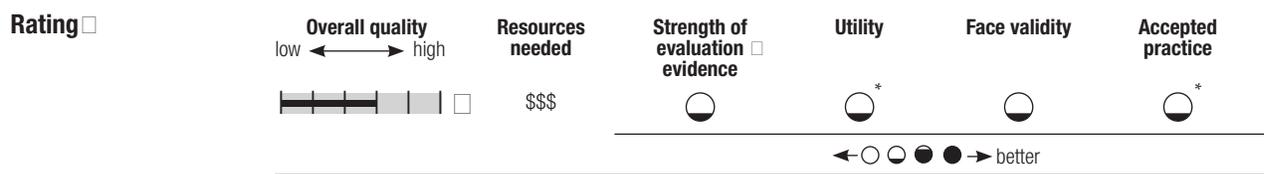
References

1. Forster JL, Wolfson M. Youth access to tobacco: policies and politics. *Annual Review of Public Health*. 1998;19:203–35.
2. Centers for Disease Control and Prevention. *State Tobacco Activities Tracking and Evaluation (STATE) system*. Atlanta, GA: Centers for Disease Control and Prevention. Online database. Available from: <http://www.cdc.gov/tobacco/statesystem>. Accessed February 2005.

Indicator 1.8.3

Proportion of Jurisdictions with Policies That Control the Location, Number, and Density of Retail Outlets

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors □
What to measure	Proportion of local jurisdictions that have public policies controlling the location, number, and density of tobacco retail outlets
Why this indicator □ is useful □	Limiting the number of retail tobacco outlets decreases the availability of tobacco products and the number of pro-tobacco messages in a community. It also means that fewer stores need to be monitored for compliance with laws that prohibit young people’s access to tobacco. ^{1,2}
Example data □ source(s) □	<ul style="list-style-type: none"> ► Policy tracking system □ ► Americans for Nonsmokers’ Rights (ANR) □ Information on ANR available at: http://www.no-smoke.org □
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.
Example survey question(s)	Not applicable
Comments	Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.



* Denotes low reviewer response: that is, greater than 75% of the experts either did not rate the indicator, or gave the criterion an invalid rating (see Appendix B for an explanation).

References

1. □Hyland A, Travers MJ, Cummings KM, Bauer J, Alford T, Wiczorek WF. Tobacco outlet density and demographics in Erie County, New York. *American Journal of Public Health*. 2003;93(7):1075–6.
2. □Hyland A, Travers MJ, Cummings KM, Bauer J, Alford T, Wiczorek WF. Demographics and tobacco outlet density. [Letter]. *American Journal of Public Health*. 2003;93(11):1794.

Indicator 1.8.4

Proportion of Jurisdictions with Policies That Control Self-service Tobacco Sales

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors <input type="checkbox"/>
What to measure <input type="checkbox"/>	Proportion of local jurisdictions that have public policies controlling self-service tobacco sales (i.e., sales that allow customers to handle tobacco products before purchasing them)
Why this indicator is useful <input type="checkbox"/>	Self-service displays contribute to the visibility of tobacco and pro-tobacco messages in stores; they also make shoplifting tobacco products easier for minors. Illegal sales are more common when young people can access tobacco products directly through self-service displays rather than having to ask clerks for assistance. ^{1,2}
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Policy tracking system <input type="checkbox"/> ▶ Americans for Nonsmokers' Rights (ANR) <input type="checkbox"/> Information on ANR available at: http://www.no-smoke.org <input type="checkbox"/>
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.
Example survey question(s)	Not applicable
Comments	Evaluators may also choose to gather data on the size and demographics of the <input type="checkbox"/> population affected by the relevant laws or ordinances. <input type="checkbox"/>



References

1. Lee RE, Feighery EC, Schleicher NC, Halvorson S. The relation between community bans of self-service tobacco displays and store environment and between tobacco accessibility and merchant incentives. *American Journal of Public Health.* 2001;91(12):2019–21.
2. Teall AM, Graham MC. Youth access to tobacco in two communities. *Journal of Nursing Scholarship.* 2001;33(2):175–8.

Indicator 1.8.5

Number of Compliance Checks Conducted by Enforcement Agencies

Goal area 1	Preventing initiation of tobacco use among young people																								
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors																								
What to measure □	The number of checks conducted by enforcement agencies (e.g., police, health department inspectors, or building inspectors) to assess the level of retailer compliance with laws, regulations, or ordinances related to the sale of tobacco to minors																								
Why this indicator is useful □	An effective means of enforcing tobacco-free public policies is to conduct regular compliance checks, which reduce illegal sales. ¹ Compliance checks are also a method of assessing rates of compliance with laws regulating tobacco sales to minors. Such checks convey the message that policy makers and the public care about tobacco-free policies and are serious about enforcing them. ^{2,3}																								
Example data source(s) □	<ul style="list-style-type: none"> ► Enforcement Agency Survey □ ► California Independent Evaluation: Policy Enforcement Survey: Youth Access to Tobacco, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm																								
Population group(s)	Agency representatives responsible for enforcement □																								
Example survey question(s)	<p>From California Independent Evaluation: Policy Enforcement Survey: Youth Access to Tobacco</p> <p>During the past 12 months, how many sting operations did your agency conduct to enforce PC §308(a) (illegal tobacco sales by merchants)?</p>																								
Comments	Survey respondents may not have access to all requested information.																								
Rating □	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Overall quality</td> <td style="width: 15%;">Resources needed</td> <td style="width: 15%;">Strength of evaluation evidence □</td> <td style="width: 15%;">Utility</td> <td style="width: 15%;">Face validity</td> <td style="width: 20%;">Accepted practice</td> </tr> <tr> <td>low ← → high</td> <td>\$\$\$</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td colspan="6"> </td> </tr> <tr> <td colspan="6"> </td> </tr> </table> <p>† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).</p>	Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice	low ← → high	\$\$\$	●	●	●	●												
Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice																				
low ← → high	\$\$\$	●	●	●	●																				

References

1. □Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337(15):1044–51.
2. □Kiser D, Boschert T. Eliminating smoking in bars, restaurants, and gaming clubs in California: BREATH, the California smoke-free bar program. *Journal of Public Health Policy*. 2001;22(i):81–7.
3. □Weber MD, Bugwell DA, Fielding JE, Glantz SA. Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles county. *Tobacco Control*. 2003;12:269–73.

Indicator 1.8.6

Number of Warnings, Citations, and Fines Issued for Infractions of Public Policies Against Young People’s Access to Tobacco Products

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 8	Increased restriction and enforcement of restrictions on tobacco sales to minors
What to measure	The number of warnings, citations, and fines issued to retailers for infractions of public policies against young people’s access to tobacco
Why this indicator is useful	Studies show that aggressive enforcement of laws regulating tobacco sales to young people results in significantly reduced sales to minors and may also result in reduced smoking prevalence among teenagers. ¹⁻³
Example data source(s)	<ul style="list-style-type: none"> ▶ Enforcement Agency Survey ▶ California Independent Evaluation: Policy Enforcement Survey: Youth Access to Tobacco, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm

Population group(s) Agency representatives responsible for enforcement

Example survey question(s) **From California Independent Evaluation: Policy Enforcement Survey: Youth Access to Tobacco**

In the past year, how often has your agency conducted any of the following types of enforcement activities related to Penal Code §308?

	Never	Rarely	Very often	Don’t know
• Responded to complaints about merchants selling tobacco products to minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Issued warnings to merchants selling tobacco products to minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Issued citations to merchants for illegal sales of tobacco products to minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Evaluators may want to assess the effects that different penalties (e.g., graduated fines, loss of license to sell tobacco) have on illegal tobacco sale to minors.

Data must be interpreted in context. For example, a low number of citations may indicate either high levels of compliance or low levels of enforcement.



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents’ access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337(15):1044–51.
2. Jason LA, Berk M, Schnopp-Wyatt DL, Talbot B. Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology*. 1999;27(2):143–61.
3. Howard KA, Ribisl KM, Howard-Pitney B, Norman GJ, Rohrbach LA. What factors are associated with local enforcement of laws banning illegal tobacco sales to minors? A study of 182 law enforcement agencies in California. *Preventive Medicine*. 2001;33(2 Pt 1):63–70.

Indicator 1.8.7

Changes in State Tobacco Control Laws That

Preempt Stronger Local Tobacco Control Laws

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 8 Increased restriction and enforcement of restrictions on tobacco sales to minors

What to measure Any change in legislation that prevents local jurisdictions from enacting restrictions that are more stringent than the state's restrictions on minors' access to tobacco or tobacco-related marketing

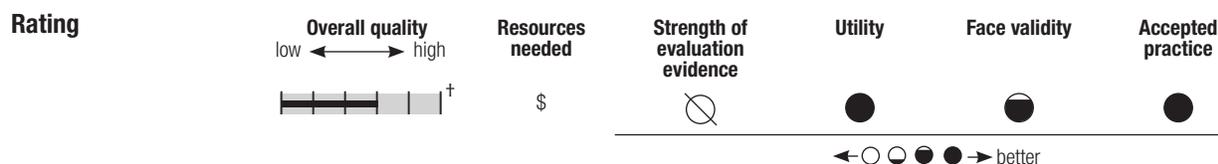
Why this indicator is useful Preemptive legislation is the tobacco industry's chief strategy for eradicating local tobacco control ordinances.¹ Because of the striking increase in the number of local tobacco control ordinances from the mid-1980s to the mid-1990s, the tobacco industry aggressively pushed for states to pass legislation that preempted local regulation of tobacco in various areas, including minors' access, smoke-free indoor air, and marketing.² As of September 1998, 21 states preempted at least one provision of local minors' access restrictions.³ As of December 31, 2004, only two states, Maine and Delaware, have successfully repealed preemption laws in their entirety in any area of tobacco control policy. Preemptive laws prevent communities from engaging in the process of public education, mobilization, and debate that occurs when a local ordinance is under consideration, a process that can increase awareness and change social norms. They also pose a barrier to local enforcement, because communities and local enforcement agencies may be less likely to enforce state laws that they were not directly involved in adopting than to enforce local ordinances.²

Example data source(s) CDC State Tobacco Activities Tracking and Evaluation (STATE) system
Data available at <http://www.cdc.gov/tobacco/STATEsystem>

Population group(s) Not applicable. This indicator is best measured by tracking and monitoring state tobacco control laws.

Example survey question(s) Not applicable

Comments None



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Denotes no data.

References

- National Cancer Institute. Smoking and Tobacco Control Monograph No. 11. *State and local legislative action to reduce tobacco use*. Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4804.
- Centers for Disease Control and Prevention. Preemptive state tobacco-control laws—United States, 1982–1998. *Morbidity and Mortality Weekly Report*. 1999;47(51 & 52):1112–4.
- Centers for Disease Control and Prevention. State laws on tobacco control—United States, 1998. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*. 1999;48(SS-3):21–40.

Reduced Tobacco Industry Influences

According to the most recent Federal Trade Commission tobacco report, the U.S. tobacco industry spent almost \$12.5 billion in 2002 to advertise and promote its products.¹ It is not surprising, therefore, that studies show that a high percentage of young people are exposed to, aware of, and able to recall tobacco advertising.² Moreover, researchers have found that receptivity to tobacco industry marketing is associated with susceptibility towards tobacco use, that teenagers are three times more sensitive to cigarette advertising than adults, and that young people who approve of tobacco advertising and identify with the images portrayed in the advertisements are more likely than non-approving young people to start smoking.²⁻⁸ In addition, tobacco advertising can distort young people's perceptions of tobacco use.^{2,6-8} An indirect result of heavy tobacco industry advertising is the dampening effect it has on the number and quality of media stories about the health risks of smoking.² By promoting smoking, the tobacco industry undermines the ability of parents to prevent adolescents from starting to smoke.⁹

Many of the tobacco industry's advertising expenditures are in retail stores.¹ Retail stores are saturated with pro-tobacco signage, branded objects, and tobacco displays. Many of these objects are clustered around the cash registers, making it virtually impossible for anyone, including children, not to be exposed to pro-tobacco messages. Signage visible outside the stores exposes entire communities to tobacco marketing. The result is that many U.S. children grow up surrounded by pro-tobacco messages.¹⁰

The tobacco industry also spends considerable resources to sponsor or support public events, the arts, and other worthy causes.¹ It is clear that the tobacco industry influences policy makers through contributions and lobbying, which results in a more favorable, pro-tobacco policy environment.¹¹

Listed below are the indicators associated with this outcome:

- ▶ **1.9.1** Extent and type of retail tobacco advertising and promotions
- ▶ **1.9.2** Proportion of jurisdictions with policies that regulate the extent and type of retail tobacco advertising and promotions
- ▶ **1.9.3** Extent of tobacco advertising outside of stores
- ▶ **1.9.4** Proportion of jurisdictions with policies that regulate the extent of tobacco advertising outside of stores
- ▶ **1.9.5** Extent of tobacco industry sponsorship of public and private events
- ▶ **1.9.6** Proportion of jurisdictions with policies that regulate tobacco industry sponsorship of public events
- ▶ **1.9.7** Extent of tobacco advertising on school property, at school events, and near schools

- 1.9.8 □ Extent of tobacco advertising in print media
- 1.9.9 □ Amount and quality of news media stories about tobacco industry practices and political lobbying
- 1.9.10 □ Number and type of Master Settlement Agreement violations by tobacco companies
- 1.9.11 □ Extent of tobacco industry contributions to institutions and groups
- 1.9.12 □ Amount of tobacco industry campaign contributions to local and state politicians

References

1. □ Federal Trade Commission. *Cigarette report for 2002*. Washington, DC: Federal Trade Commission; 2004.
2. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
3. □ Pollay RW, Siddarth S, Siegel M, Haddix A, Merritt RK, Giovino GA, et al. The last straw? Cigarette advertising and realized market shares among youths and adults. *Journal of Marketing*. 1996;60(2):1–16.
4. □ Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *American Journal of Public Health*. 1996;86(9):1216–21.
5. □ Feighery E, Borzekowski DL, Schooler C, Flora J. Seeing, wanting, owning: the relationship between receptivity to tobacco marketing and smoking susceptibility in young people. *Tobacco Control*. 1998;7(2):123–128.
6. □ Borzekowski DL, Flora JA, Feighery E, Schooler C. The perceived influence of cigarette advertisements and smoking susceptibility among seventh graders. *Journal of Health Communication*. 1999;4(2):105–118.
7. □ Evans N, Farkas A, Gilpin E, Berry C, Pierce JP. Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *Journal of the National Cancer Institute*. 1995;87(20):1538–45.
8. □ Henriksen L, Flora JA, Feighery E, Fortmann SP. Effects on youth of exposure to retail tobacco advertising. *Journal of Applied Social Psychology*. 2002;32(9):1771–89.
9. □ Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventive Medicine*. 2002;23(2):73–81.
10. Dewhirst T. POP goes the power wall? Taking aim at tobacco promotional strategies utilised at retail. *Tobacco Control*. 2004;13(2):209–10.
11. Monardi F, Glantz SA. Are tobacco industry campaign contributions influencing state legislative behavior? *American Journal of Public Health*. 1998;88(6):918–23.

For Further Reading

Biener L, Siegel M. Tobacco marketing and adolescent smoking: more support for a causal inference. *American Journal of Public Health*. 2000;90(3):407–11.

Celebucki CC, Diskin K. A longitudinal study of externally visible cigarette advertising on retail storefronts in Massachusetts before and after the Master Settlement Agreement. *Tobacco Control*. 2002;11(Suppl 2):ii47–53.

Forster JL, Murray DM, Wolfson M, Blaine TM, Wagenaar AC, Hennrikus DJ. The effects of community policies to reduce youth access to tobacco. *American Journal of Public Health*. 1998;88(8):1193–8.

Guthrie B. Tobacco advertising near schools. *British Medical Journal*. 1994 May 7;308(6929):658.

Lewit EM, Hyland A, Kerrebrock N, Cummings KM. Price, public policy, and smoking in young people. *Tobacco Control*. 1997;6(Suppl 2):S17–24.

Luke DA, Stamatakis KA, Brownson RC. State youth-access tobacco control policies and youth smoking behavior in the United States. *American Journal of Preventive Medicine*. 2000;19(3):180–7.

Morley CP, Cummings KM, Hyland A, Giovino GA, Horan JK. Tobacco Institute lobbying at the state and local levels of government in the 1990s. *Tobacco Control*. 2002;11(Suppl 1):i102–9.

Pucci L, Siegel M. Exposure to brand-specific cigarette advertising in magazines and its impact on youth smoking. *Preventive Medicine*. 1999;29(5):313–20.

Saffer H, Chaloupka F. The effect of tobacco advertising bans on tobacco consumption. *Journal of Health Economics*. 2000;19(6):1117–37.

Siegel M, Biener L, Rigotti NA. The effect of local tobacco sales laws on adolescent smoking initiation. *Preventive Medicine*. 1999;29(5):334–42.

Unger JB, Chen X. The role of social networks and media receptivity in predicting age of smoking initiation: a proportional hazards model of risk and protective factors. *Addictive Behaviors*. 1999;24(3):371–81.

Vaidya SG, Vaidya JS, Naik UD. Sports sponsorship by cigarette companies influences the adolescent children's mind and helps initiate smoking: results of a national study in India. *Journal of the Indian Medical Association*. 1999;97(9):354–6, 359.

Outcome 9

Reduced Tobacco Industry Influences □

Indicator Rating
 ← ○ ● ● ● → better

Number	Indicator	Overall quality low ← → high	Resources needed	Strength of evidence	Utility	Face validity	Accepted practice
1.9.1	Extent and type of retail tobacco advertising and promotions		\$\$\$\$ [◇]	●	●	●	●
1.9.2	Proportion of jurisdictions with policies that regulate the extent and type of retail tobacco advertising and promotions		\$\$\$	●	●	●	●
1.9.3	Extent of tobacco advertising outside of stores		\$\$\$\$ [◇]	●	●	●	●
1.9.4	Proportion of jurisdictions with policies that regulate the extent of tobacco advertising outside of stores		\$\$\$ [†]	●	●	●	●
1.9.5	Extent of tobacco industry sponsorship of public and private events		\$\$\$\$ [◇]	●	●	●	●
1.9.6	Proportion of jurisdictions with policies that regulate tobacco industry sponsorship of public events		\$\$\$ [†]	●	●	●	●
1.9.7	Extent of tobacco advertising on school property, at school events, and near schools		\$\$\$	⊘	●	●	●
1.9.8	Extent of tobacco advertising in print media		\$\$\$	●	●	●	●
1.9.9	Amount and quality of news media stories about tobacco industry practices and political lobbying		\$\$\$	⊘	●	●	●
1.9.10	Number and type of Master Settlement Agreement violations by tobacco companies		\$\$\$\$ [◇]	●	●	●	●
1.9.11	Extent of tobacco industry contributions to institutions and groups		\$ [◇]	⊘	●	● [†]	●
1.9.12	Amount of tobacco industry campaign contributions to local and state politicians		\$ [◇]	⊘	●	●	●

† □ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

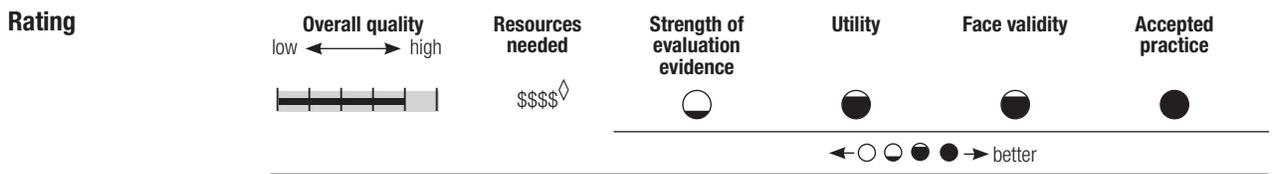
◇ □ Denotes that the experts' rating was modified (see Appendix B for an explanation).

⊘ Denotes no data.

Indicator 1.9.1 □

Extent and Type of Retail Tobacco Advertising and Promotions □

Goal area 1	Preventing initiation of tobacco use among young people □
Outcome 9	Reduced tobacco industry influences
What to measure □	The level and type of tobacco advertising and promotion in and around retail stores and the extent of indoor and outdoor advertisements including promotions, price reductions, and strategic product placement
Why this indicator is useful	Retail stores have become the industry’s primary communication channel to smokers and potential smokers. As a result, all shoppers, regardless of age or smoking status, are exposed to pro-tobacco messages. ^{1,2} Some studies show that young people who approve of tobacco advertising and identify with the image portrayed in the advertisements are more likely to start smoking. ^{3,4} Moreover, frequent (at least weekly) exposure to retail tobacco marketing among middle-school students is associated with a 50% increase in the odds of their ever smoking a cigarette, even after controlling for other known risk factors (e.g., parent smokes or friend smokes). ⁵
Example data source(s) □	<ul style="list-style-type: none"> ▶ Environmental scan of tobacco advertising and promotional practices in retail outlets □ ▶ Operation Storefront: Youth Against Tobacco Advertising and Promotion Initiative Information available at: http://www.dhs.ca.gov/tobacco/html/Evaluation_Resources.htm
Population group(s)	Not applicable. This indicator is best measured by observation.
Example survey question(s)	Not applicable
Comments	<p>Note that in <i>Lorillard v. Reilly</i> (533 U.S. 525 [2001]), the U.S. Supreme Court held that most regulations regarding cigarette advertising are preempted by the Federal Cigarette Labeling and Advertising Act, which makes it difficult for states and localities to regulate the extent and amount of retail tobacco advertising and promotion.</p> <p>Evaluators may choose to gather and report their findings by type of retailer (e.g., grocery store, convenience store, or gas station).</p> <p>States can track the price of tobacco products independently by collecting scanner data (obtained from scanning product bar codes), which provide information on brand and promotions. However, the cost of this type of data collection can be prohibitive.</p>



◇ Denotes that the experts’ rating was modified (see Appendix B for an explanation).

References

1. Feighery EC, Ribisl KM, Clark PI, Haladjian HH. How tobacco companies ensure prime placement of their advertising and products in stores: interviews with retailers about tobacco company incentive programmes. *Tobacco Control*. 2003;12(2):184–8.
2. Centers for Disease Control and Prevention. Point-of-purchase tobacco environments and variation by store type—United States, 1999. *Morbidity and Mortality Weekly Report*. 2002; 51(9):184–7.
3. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
4. Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *American Journal of Public Health*. 1996;86(9):1216–21.
5. Henriksen L, Feighery EC, Wang Y, Fortmann SP. Association of retail tobacco marketing with adolescent smoking. *American Journal of Public Health*. 2004;94(12):2081–3.

Indicator 1.9.2 □

Proportion of Jurisdictions with Policies That Regulate the Extent and Type of Retail Tobacco Advertising and Promotions

Goal area 1	Preventing initiation of tobacco use among young people □												
Outcome 9	Reduced tobacco industry influences												
What to measure	The proportion of local jurisdictions that have public policies that in some way regulate retail advertising and promotion of tobacco												
Why this indicator □ is useful □	The tobacco industry is increasingly shifting its advertising focus to retailer incentives including offering financial and trade benefits to retailers that sell and display tobacco products. Regulating retail advertising and promotions may significantly reduce young people’s exposure to tobacco advertising. ¹												
Example data source(s)	Policy tracking system												
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.												
Example survey question(s)	Not applicable												
Comments □	<p>Note that in <i>Lorillard v. Reilly</i> (533 U.S. 525 [2001]), the U.S. Supreme Court held that most regulations regarding cigarette advertising are preempted by the Federal Cigarette Labeling and Advertising Act, which makes it difficult for states and localities to regulate the extent and amount of retail tobacco advertising and promotion.</p> <p>Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.</p>												
Rating □	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$\$ </td> <td style="text-align: center;"> Strength of evaluation evidence □  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: right;"> ← ○ ● ● ● → better </td> </tr> </table>	Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better					
Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence □ 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● → better													

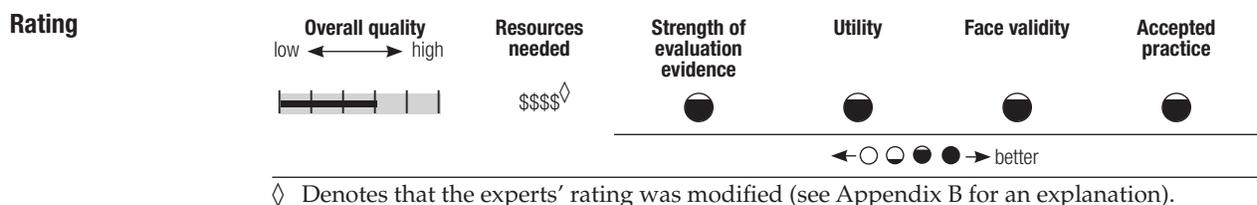
Reference

- Feighery EC, Ribisl KM, Clark PI, Haladjian HH. How tobacco companies ensure prime placement of their advertising and products in stores: interviews with retailers about tobacco company incentive programmes. *Tobacco Control*. 2003;12(2):184–8.

Indicator 1.9.3

Extent of Tobacco Advertising Outside of Stores

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	The level and type of tobacco advertising on the exteriors of retail stores
Why this indicator is useful □	Tobacco advertisements appear frequently outside U.S. stores. They can be on stores' outside walls and windows, in parking lots, or on the street. ¹ The strategies for reducing tobacco advertising on the exteriors of retail establishments are often different from the strategies for reducing advertising and promotions inside stores. ²
Example data source(s) □	<ul style="list-style-type: none"> ► Environmental scan of tobacco advertising and promotional practices in retail outlets □ ► Operation Storefront: Youth Against Tobacco Advertising and Promotion Initiative Information available at: http://www.dhs.ca.gov/tobacco/html/Evaluation_Resources.htm
Population group(s)	Not applicable. This indicator is best measured by observation.
Example survey question(s)	Not applicable
Comments	None



References

1. □Centers for Disease Control and Prevention. Point-of-purchase tobacco environments and variation by store type—United States, 1999. *Morbidity and Mortality Weekly Report*. 2002;51(9):184–7.
2. □Rogers T, Feighery EC, Tencati EM, Butler JL, Weiner L. Community mobilization to reduce point-of-purchase advertising of tobacco products. *Health Education Quarterly*. 1995;22(4):427–42.

Indicator 1.9.4 □

Proportion of Jurisdictions with Policies That Regulate the Extent of Tobacco Advertising Outside of Stores

Goal area 1	Preventing initiation of tobacco use among young people □
Outcome 9	Reduced tobacco industry influences
What to measure □	The proportion of local jurisdictions that have public policies that in some way regulate tobacco advertising on the exteriors of retail outlets (for example, some jurisdictions limit the percentage of store windows that may be covered with advertisements) ¹
Why this indicator is useful	Reducing exterior tobacco-related retail signs and displays will reduce young people’s exposure to tobacco advertising. ²
Example data source(s)	Policy tracking system
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.
Example survey question(s)	Not applicable
Comments □	Note that in <i>Lorillard v. Reilly</i> (533 U.S. 525 [2001]), the U.S. Supreme Court held that most regulations regarding cigarette advertising are preempted by the Federal Cigarette Labeling and Advertising Act, which makes it difficult for states and localities to regulate the extent and amount of retail tobacco advertising and promotion. Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

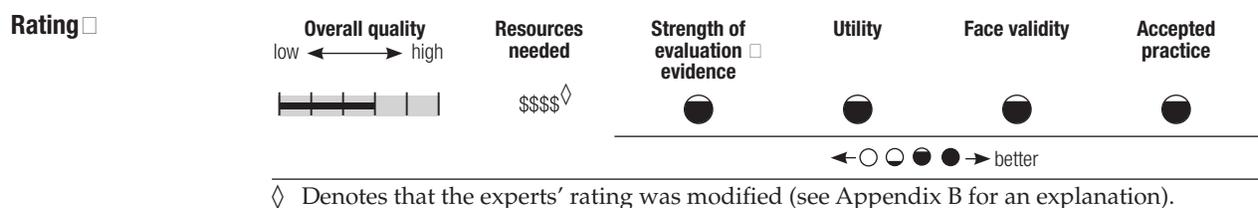
References

- Rogers T, Feighery EC, Tencati EM, Butler JL, Weiner L. Community mobilizations to reduce point-of-purchase advertising of tobacco products. *Health Economics Quarterly*. 1995;22(4):427–42.
- Jason LA, Pokorny SB, Mikulski K, Schoeny ME. Assessing storefront tobacco advertising after the billboard ban. *Evaluation and the Health Professions*. 2004;27(1):22–33.

Indicator 1.9.5

Extent of Tobacco Industry Sponsorship of Public and Private Events

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	The extent of tobacco industry sponsorship of public and private events (e.g., sports, recreation, music, family, or work-related events)
Why this indicator is useful	The tobacco industry spends considerable resources sponsoring visible public events. ¹ This sponsorship increases exposure to advertisements for tobacco product advertising and buys legitimacy for the tobacco industry. ^{1,2}
Example data source(s)	<ul style="list-style-type: none"> ► Event sponsorship tracking system ► California Tobacco Industry Monitoring Evaluation: Project SMART Money Information available at: http://www.ttac.org/enews/mailler09-30-03full.html#LinkF
Population group(s)	Not applicable. This indicator is best measured by observation.
Example survey question(s)	Not applicable
Comments	Evaluators may want to assess the types of events that are being sponsored and the numbers of attendees.



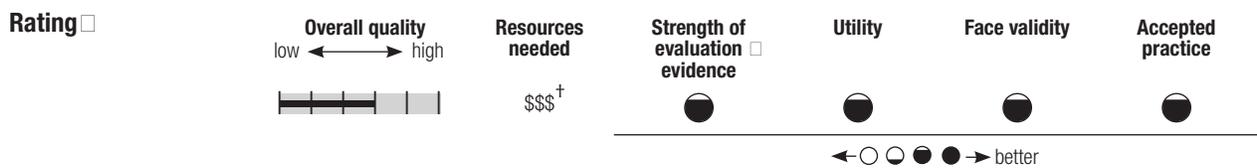
References

1. Rosenberg NJ, Siegel M. Use of corporate sponsorship as a tobacco marketing tool: a review of tobacco industry sponsorship in the USA, 1995–99. *Tobacco Control*. 2001;10(3):239–46.
2. Federal Trade Commission. *Cigarette report for 2002*. Washington, DC: Federal Trade Commission; 2004.

Indicator 1.9.6 □

Proportion of Jurisdictions with Policies That Regulate Tobacco Industry Sponsorship of Public Events

Goal area 1	Preventing initiation of tobacco use among young people □
Outcome 9	Reduced tobacco industry influences
What to measure	The proportion of local jurisdictions with public policies that regulate tobacco industry sponsorship of public events
Why this indicator is useful	The tobacco industry spends considerable resources to sponsor highly publicized events. ¹ This sponsorship increases exposure to tobacco-product advertising and buys legitimacy for the tobacco industry. ^{1,2}
Example data source(s)	Policy tracking system
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, or regulations.
Example survey question(s)	Not applicable
Comments	Evaluators may also choose to gather data on the size and demographics of the □ population affected by the relevant laws or ordinances. □



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

- Rosenberg NJ, Siegel M. Use of corporate sponsorship as a tobacco marketing tool: a review of tobacco industry sponsorship in the USA, 1995–99. *Tobacco Control*. 2001;10(3):239–46.
- Federal Trade Commission. *Cigarette report for 2002*. Washington, DC: Federal Trade Commission; 2004.

Indicator 1.9.7

Extent of Tobacco Advertising on School Property, at School Events, and Near Schools

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>																				
Outcome 9	Reduced tobacco industry influences																				
What to measure	The extent of tobacco advertising on school property, at school events off campus, and within a designated distance from schools																				
Why this indicator is useful	Findings from a California study of retail tobacco advertising showed that stores near schools (within 1,000 feet) had significantly more tobacco advertising and promotional materials overall and more advertising on their exteriors than stores not near schools. ¹ Stores near schools also had a significantly higher probability of having tobacco advertising or promotions near candy and low to the ground (at the eye level of children) than stores not near schools. ¹																				
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► CDC School Health Profiles: School Principal Questionnaire (Profiles), 2002 ► Environmental scan of tobacco advertising and promotional practices in retail outlets ► Operation Storefront: Youth Against Tobacco Advertising and Promotion Initiative Information available at: http://www.dhs.ca.gov/tobacco/html/Evaluation_Resources.htm 																				
Population group(s)	School principals																				
Example survey question(s)	<p>From Profiles</p> <p>Is tobacco advertising prohibited in each of the following locations? (Mark yes or no for each location.)</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>• In the school building</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• On school grounds, including on the outside of the building, on playing fields, or other areas of the campus</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• On school buses or other vehicles used to transport students</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• In school publications (e.g., newsletters, newspapers, websites, in other school publications)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Is tobacco advertising through sponsorship of school events prohibited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							Yes	No	• In the school building	<input type="checkbox"/>	<input type="checkbox"/>	• On school grounds, including on the outside of the building, on playing fields, or other areas of the campus	<input type="checkbox"/>	<input type="checkbox"/>	• On school buses or other vehicles used to transport students	<input type="checkbox"/>	<input type="checkbox"/>	• In school publications (e.g., newsletters, newspapers, websites, in other school publications)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																			
• In the school building	<input type="checkbox"/>	<input type="checkbox"/>																			
• On school grounds, including on the outside of the building, on playing fields, or other areas of the campus	<input type="checkbox"/>	<input type="checkbox"/>																			
• On school buses or other vehicles used to transport students	<input type="checkbox"/>	<input type="checkbox"/>																			
• In school publications (e.g., newsletters, newspapers, websites, in other school publications)	<input type="checkbox"/>	<input type="checkbox"/>																			
Comments	None																				
Rating <input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$\$ </td> <td style="text-align: center;"> Strength of evaluation evidence <input type="checkbox"/>  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ● ● ● → better </td> </tr> </table>						Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence <input type="checkbox"/> 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better								
Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence <input type="checkbox"/> 	Utility 	Face validity 	Accepted practice 																
← ○ ● ● ● → better																					

Reference

1. Roeseler A, Rogers T, Feighery E, Gehrman J. *Operation storefront: youth against tobacco advertising and promotion*. Sacramento, CA: California Department of Health Services; 2003. pp. 1–4.

Indicator 1.9.8

Extent of Tobacco Advertising in Print Media

Goal area 1	Preventing initiation of tobacco use among young people																		
Outcome 9	Reduced tobacco industry influences																		
What to measure	The extent of tobacco advertisement in print media (e.g., magazines or newspapers)																		
Why this indicator is useful	The Master Settlement Agreement (MSA) regulated aspects of tobacco advertising in print media. However, one study found that after the MSA, the combined advertising expenditures of the four major tobacco companies increased in 19 magazines that have a youth focus. ¹ Another study found that 54% of teenagers' favorite magazines had cigarette advertisements. ²																		
Example data source(s)	<ul style="list-style-type: none"> ▶ Media Tracking Service (e.g., clipping service) ▶ TNS Media Intelligence Competitive Media Reporting (CMR) Information available at: http://www.tnsmi-cmr.com/products/index.html 																		
Population group(s)	Not applicable. This indicator is best measured by tracking tobacco advertisements in print media.																		
Example survey question(s)	Not applicable																		
Comments	<p>Evaluators may want to assess tobacco advertising by type of print media (e.g., magazines targeted to adults or magazines targeted to adolescents).</p> <p>Quantitative studies involve counting articles, measuring column-inches, or noting article placement. Qualitative studies require detailed content analyses to detect article themes.^{3,4}</p> <p>More information on how to collect data on this indicator is in reference 5 below.</p>																		
Rating	<table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%;">Overall quality</td> <td style="width: 15%;">Resources needed</td> <td style="width: 15%;">Strength of evaluation evidence</td> <td style="width: 15%;">Utility</td> <td style="width: 15%;">Face validity</td> <td style="width: 15%;">Accepted practice</td> </tr> <tr> <td>low ← → high</td> <td>\$\$\$</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td colspan="6">← ○ ● ● ● → better</td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice	low ← → high	\$\$\$	●	●	●	●	← ○ ● ● ● → better					
Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice														
low ← → high	\$\$\$	●	●	●	●														
← ○ ● ● ● → better																			

References

1. Hamilton WL, Turner-Bowker DM, Celebucki CC, Connolly GN. Cigarette advertising in magazines: the tobacco industry response to the Master Settlement Agreement and to public pressure. *Tobacco Control*. 2002;11(Suppl 2):ii54–8.
2. Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *American Journal of Public Health*. 1996;86(9):1216–21.
3. Lima JC, Siegel M. The tobacco settlement: an analysis of newspaper coverage of a national policy debate, 1997–98. *Tobacco Control*. 1999;8(3):247–53.
4. Menashe CL, Siegel M. The power of a frame: an analysis of newspaper coverage of tobacco issues—United States, 1985–1996. *Journal of Health Communication*. 1998;3(4):307–25.
5. Stillman F, Cronin K, Evans W, Ulasevich A. Can media advocacy influence newspaper coverage of tobacco: measuring the effectiveness of the American Stop Smoking Intervention Study's (ASSIST) media advocacy strategies. *Tobacco Control*. 2001;10(2):137–44.

Indicator 1.9.9

Amount and Quality of News Media Stories About Tobacco Industry Practices and Political Lobbying □

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	Media coverage of tobacco industry practices and political lobbying
Why this indicator is useful □	Demonstrating the negative aspects of tobacco industry practices may influence young people’s behavior. ¹⁻³ For example, being aware that the tobacco industry is trying to manipulate behavior may reduce young people’s susceptibility to tobacco marketing and increase overall support for anti-tobacco policies, laws, or regulations. ⁴
Example data source(s)	Media Tracking Service (e.g., clipping service)
Population group(s)	Not applicable. This indicator is best measured by monitoring and tracking pertinent media coverage of tobacco industry practices.
Example survey question(s)	Not applicable
Comments □	Quantitative studies involve counting articles, measuring column-inches, or noting article placement. Qualitative studies require detailed content analyses to detect article themes. ^{2,3} More information on how to collect data on this indicator is in reference 5 below.

Rating □	<p>Overall quality low ← → high</p>	<p>Resources needed</p> <p>\$\$\$</p>	<p>Strength of evaluation evidence □</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>
	← ○ ● ● ● → better					
	□ Denotes no data.					

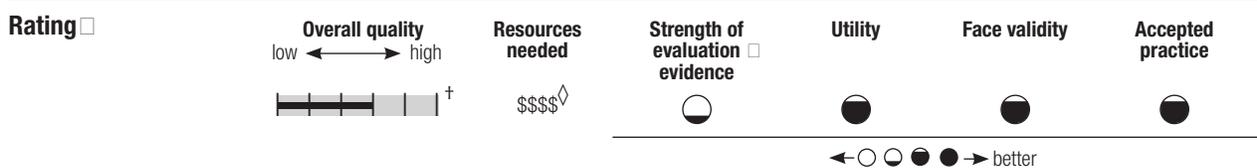
References

1. □Caburnay CA, Kreuter MW, Luke DA, Logan RA, Jacobsen HA, Reddy VC, Vempaty AR, Zayed HR. The news on health behavior: coverage of diet, activity, and tobacco in local newspapers. *Health Education & Behavior*. 2003;30(6):709-722.
2. □Lima JC, Siegel M. The tobacco settlement: an analysis of newspaper coverage of a national policy debate, 1997-98. *Tobacco Control*. 1999;8(3):247-53.
3. □Menashe CL, Siegel M. The power of a frame: an analysis of newspaper coverage of tobacco issues—United States, 1985-1996. *Journal of Health Communication*. 1998;3(4):307-25.
4. □Hicks JJ, Crispin, Porter & Bogusky. The strategy behind Florida’s truth campaign. Miami, FL: Truth Campaign; 2001. Online publication. Available from: http://www.tobaccofreedom.org/msa/articles/truth_review.html.
5. □Stillman F, Cronin K, Evans W, Ulasevich A. Can media advocacy influence newspaper coverage of tobacco: measuring the effectiveness of the American Stop Smoking Intervention Study’s (ASSIST) media advocacy strategies. *Tobacco Control*. 2001;10(2):137-44.

Indicator 1.9.10

Number and Type of Master Settlement Agreement Violations by Tobacco Companies

Goal area 1 <input type="checkbox"/>	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	The number and type of Master Settlement Agreement (MSA) violations by tobacco companies
Why this indicator is useful <input type="checkbox"/>	In 2000, all of the major tobacco manufacturers failed to comply with the MSA, which bans the tobacco companies from targeting young people through magazine advertisements. The companies are selectively increasing their magazine advertisements targeted to young people. ¹ Tracking these and other violations of the MSA will aid in the MSA's enforcement. ^{2,3}
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Tobacco industry monitoring system <input type="checkbox"/> ▶ California Tobacco Industry Monitoring Evaluation: Project SMART Money Information available at: http://www.ttac.org/enews/maile09-30-03full.html#LinkF
Population group(s)	Not applicable. This indicator is best measured by monitoring and tracking tobacco industry practices.
Example survey question(s)	Not applicable
Comments	None



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
 ◇ Denotes that the experts' rating was modified (see Appendix B for an explanation).

References

- Chung PJ, Garfield CF, Rathouz PJ, Lauderdale DS, Best D, Lantos J. Youth targeting by tobacco manufacturers since the Master Settlement Agreement: the first study to document violations of the youth-targeting ban in magazine ads by the three top U.S. tobacco companies. *Health Affairs*. 2002;21(2):254–63.
- Hamilton WL, Turner-Bowker DM, Celebucki CC, Connolly GN. Cigarette advertising in magazines: the tobacco industry response to the Master Settlement Agreement and to public pressure. *Tobacco Control*. 2002; 11(Suppl 2):ii54–8.
- Celebucki CC, Diskin K. A longitudinal study of externally visible cigarette advertising on retail storefronts in Massachusetts before and after the Master Settlement Agreement. *Tobacco Control*. 2002;11(Suppl 2):ii47–53.

Indicator 1.9.11

Extent of Tobacco Industry Contributions to Institutions and Groups

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	The amount of funds contributed by the tobacco industry to institutions and groups (e.g., the hospitality industry, movie industry, sports organizations, and civic groups)
Why this indicator is useful	Studies show that the tobacco industry has a history of collaborating with businesses and community organizations. The amount of the tobacco industry’s influence on these groups is directly related to the amount it contributes. ¹⁻⁴ Tracking this indicator will help to understand tobacco industry influence.
Example data source(s)	<ul style="list-style-type: none"> ▶ Public records of political contributions Information available from the Office of the State Secretary or equivalent in each state ▶ Center for Responsive Politics (CRP) Information available at: http://www.opensecrets.org ▶ Tobacco industry fiscal reports
Population group(s)	Not applicable. This indicator is best measured by reviewing public and tobacco industry records.
Example survey question(s)	Not applicable
Comments	<p>Evaluators may want to categorize their findings by type of business or organization (e.g., the hospitality industry, movie industry, sports organizations, or civic groups) that received funds from the tobacco industry.</p> <p>More information on how to collect data on this indicator is in reference 5 below.</p>



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

⋄ Denotes that the experts’ rating was modified (see Appendix B for an explanation).

⊗ Denotes no data.

References

1. Ritch WA, Begay ME. Strange bedfellows: the history of collaboration between the Massachusetts Restaurant Association and the tobacco industry. *American Journal of Public Health*. 2001;91(4):598–603.
2. Rosenberg NJ, Siegel M. Use of corporate sponsorship as a tobacco marketing tool: a review of tobacco industry sponsorship in the USA, 1995–99. *Tobacco Control*. 2001;10(3):239–46.
3. Dearlove JV, Bialous SA, Glantz SA. Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control*. 2002;11(2):94–104.
4. Mekemson C, Glantz SA. How the tobacco industry built its relationship with Hollywood. *Tobacco Control*. 2002;11(Suppl 1):i81–91.
5. Rosenberg NJ, Siegel M. Use of corporate sponsorship as a tobacco marketing tool: a review of tobacco industry sponsorship in the USA, 1995–99. *Tobacco Control*. 2001;10(3):239–46.

Indicator 1.9.12

Amount of Tobacco Industry Campaign Contributions to Local and State Politicians

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 9	Reduced tobacco industry influences
What to measure	The amount of funds contributed to local and state politicians by the tobacco industry
Why this indicator is useful	Studies show an association between political contributions from the tobacco industry and pro-tobacco legislation. ¹⁻³ Tobacco industry contributions are a significant predictor of the industry’s political influence, including its influence on votes for tobacco-related legislation. ^{1,2} Tracking this indicator may help states counter the influence of the tobacco industry.
Example data source(s)	<ul style="list-style-type: none"> ▶ Public records of political contributions Information available from the Office of the State Secretary or equivalent in each state ▶ Federal Election Commission (FEC) Searchable database available at: http://www.fec.gov ▶ Center for Responsive Politics (CRP) Information available at: http://www.opensecrets.org
Population group(s)	Not applicable. This indicator is best measured by reviewing public records.
Example survey question(s)	Not applicable
Comments	More information on how to collect data on this indicator is in references 4 and 5 below.



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
 ♦ Denotes that the experts’ rating was modified (see Appendix B for an explanation).
 ⊗ Denotes no data.

References

1. Glantz SA, Begay ME. Tobacco industry campaign contributions are affecting tobacco control policymaking in California. *Journal of the American Medical Association*. 1994;272(15):1176–82.
2. Monardi F, Glantz SA. Are tobacco industry campaign contributions influencing state legislative behavior? *American Journal of Public Health*. 1998;88(6):918–23.
3. Luke DA, Krauss M. Where there’s smoking there’s money: tobacco industry campaign contributions and U.S. Congressional voting. *American Journal of Preventive Medicine*. 2004;27(5):363–72.
4. Givel MS, Glantz SA. Tobacco lobby political influence on U.S. state legislatures in the 1990s. *Tobacco Control*. 2001;10(2):124–34.
5. Morley CP, Cummings KM, Hyland A, Giovino GA, Horan JK. Tobacco Institute lobbying at the state and local levels of government in the 1990s. *Tobacco Control*. 2002;11:102–9.

Outcome 10

Reduced Susceptibility to Experimentation with Tobacco Products

Susceptibility to smoking is defined as the intention to smoke or the absence of a strong intention not to smoke.¹ Studies show that susceptibility to experimentation is a valid and reliable predictor of future smoking behavior.¹ Studies also show that susceptible young people (those who have not made a firm decision not to smoke) are more likely than other young people to experiment with smoking.¹ Furthermore, recent evidence suggests that even low levels of smoking experimentation (two to four cigarettes smoked by age 10 years) substantially increase the likelihood of daily smoking in late adolescence.² To reduce the percentage of young people who take up smoking, it is therefore necessary to prevent young people from becoming susceptible to experimenting with tobacco.³ In addition to tobacco industry influences, tobacco use by peers is strongly associated with early tobacco experimentation among children.⁴ Parental involvement in young people's decision making about tobacco use is also an important contributor to reduced susceptibility to tobacco use.⁵⁻⁷

Listed below are the indicators associated with this outcome:

- **1.10.1** □ Proportion of young people who think that smoking is cool and helps them fit in
- **1.10.2** □ Proportion of young people who think that young people who smoke have more friends
- **1.10.3** □ Proportion of young people who report that their parents have discussed not smoking with them
- **1.10.4** □ Proportion of parents who report that they have discussed not smoking with their children
- **1.10.5** □ Proportion of young people who are susceptible never-smokers

References

1. □ Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychology*. 1996;15(5):355–361.
2. □ Jackson C, Dickinson D. Cigarette consumption during childhood and persistence of smoking through adolescence. *Archives of Pediatrics & Adolescent Medicine*. 2004;158:1050–1056.
3. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
4. □ Jackson C. Initial and experimental stages of tobacco and alcohol use during late childhood: relation to peer, parent, and personal risk factors. *Addictive Behaviors*. 1997;22(5):685–98.

5. Distefan JM, Gilpin EA, Choi WS, Pierce JP. Parental influences predict adolescent smoking in the United States, 1989–1993. *Journal of Adolescent Health*. 1998;22(6):466–74.
6. Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.
7. Sargent JD, Dalton M. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001;108(6):1256–62.

For Further Reading

Bidell MP, Furlong MJ, Dunn DM, Koegler JE. Case study of attempts to enact self-service tobacco display ordinances: a tale of three communities. *Tobacco Control*. 2000;9(1):71–7.

Centers for Disease Control and Prevention. Estimates of retailers willing to sell tobacco to minors: California, August–September 1995 and June–July 1996. *Morbidity and Mortality Weekly Report*. 1996;45(50):1095–9.

Feighery E, Altman DG, Shaffer G. The effects of combining education and enforcement to reduce tobacco sales to minors: a study of four northern California communities. *Journal of the American Medical Association*. 1991;266(22):3168–71.

Forster JL, Murray DM, Wolfson M, Blaine TM, Wagenaar AC, Hennrikus DJ. The effects of community policies to reduce youth access to tobacco. *American Journal of Public Health*. 1998;88(8):1193–8.

Howard KA, Ribisl KM, Howard-Pitney B, Norman GJ, Rohrbach LA. What factors are associated with local enforcement of laws banning illegal tobacco sales to minors? A study of 182 law enforcement agencies in California. *Preventive Medicine*. 2001 Aug;33(2 Pt 1):63–70.

Jason L, Billows W, Schnopp-Wyatt D, King C. Reducing the illegal sales of cigarettes to minors: analysis of alternative enforcement schedules. *Journal of Applied Behavior Analysis*. 1996;29(3):333–44.

Jason LA, Pokorny SB, Schoeny ME. Evaluating the effects of enforcements and fines on youth smoking. *Critical Public Health*. 2003;13(1):33–45.

Jason LA, Berk M, Schnopp-Wyatt DL, Talbot B. Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology*. 1999;27(2):143–61.

Jason LA, Ji PY, Anes MD, Birkhead SH. Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *Journal of the American Medical Association*. 1991;266(22):3159–61.

Luke DA, Stamatakis KA, Brownson RC. State youth-access tobacco control policies and youth smoking behavior in the United States. *American Journal of Preventive Medicine*. 2000;19(3):180–7.

Ma GX, Shive S, Tracy M. The effects of licensing and inspection enforcement to reduce tobacco sales to minors in greater Philadelphia, 1994–1998. *Addictive Behaviors*. 2001;26(5):677–87.

Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337:1044–51.

Siegel M, Biener L, Rigotti NA. The effect of local tobacco sales laws on adolescent smoking initiation. *Preventive Medicine*. 1999;29(5):334–42.

Stead LF, Lancaster T. A systematic review of interventions for preventing tobacco sales to minors. *Tobacco Control*. 2000;9(2):169–76.

Teall AM, Graham MC. Youth access to tobacco in two communities. *Journal of Nursing Scholarship*. 2001;33(2):175–8.

U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Outcome 10 □

Reduced Susceptibility to Experimentation with Tobacco Products

Indicator Rating
 ← ○ ● ● ● → better

Number	Indicator	Overall quality low ← → high	Indicator Rating				
			Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
1.10.1	Proportion of young people who think that smoking is cool and helps them fit in		\$\$ [†]	●	●	●	●
1.10.2	Proportion of young people who think that young people who smoke have more friends		\$\$	●	◐	●	●
1.10.3	Proportion of young people who report that their parents have discussed not smoking with them		\$\$	●	●	●	●
1.10.4	Proportion of parents who report that they have discussed not smoking with their children		\$\$\$	⊘	●	●	●
1.10.5	Proportion of young people who are susceptible never-smokers		\$\$ [†]	●	●	●	●

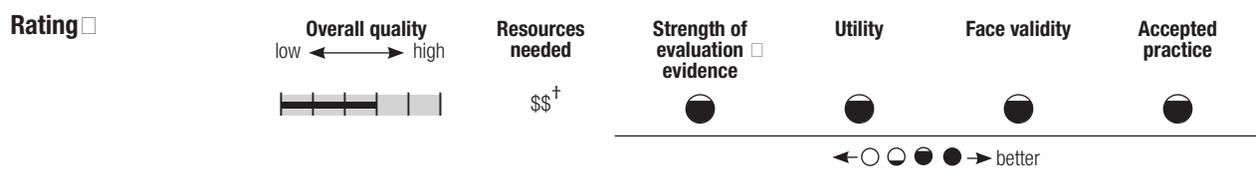
† □ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

⊘ Denotes no data.

Indicator 1.10.1

Proportion of Young People Who Think That Smoking Is Cool and Helps Them Fit In

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 10	Reduced susceptibility to experimentation with tobacco products
What to measure	Proportion of young people who believe that smoking cigarettes will improve their social standing
Why this indicator is useful	Data indicate that adolescent cigarette smokers are significantly more likely to believe that smokers are more socially adept than nonsmokers. ¹⁻⁵ These data can be used to estimate norms regarding the social desirability of smoking.
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years □
Example survey question(s)	From YTS Do you think smoking cigarettes makes young people look cool or fit in? <input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably not <input type="checkbox"/> Definitely not
Comments	None



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

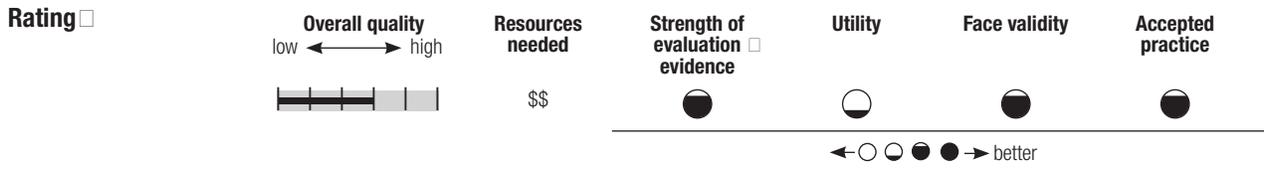
References

1. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. □ Unger JB, Rohrbach LA, Howard-Pitney B, Ritt-Olson A, Mouttapa M. Peer influences and susceptibility to smoking among California adolescents. *Substance Use and Misuse*. 2001;36(5):551–71.
3. □ Wang MQ. Social environmental influences on adolescents' smoking progression. *American Journal of Health Behavior*. 2001;25(4):418–25.
4. □ Distefan JM, Gilpin EA, Sargent JD, Pierce JP. Do movie stars encourage adolescents to start smoking? Evidence from California. *Preventive Medicine*. 1999;28(1):1–11.
5. □ Tickle JJ, Sargent JD, Dalton MA, Beach ML, Heatherton TF. Favorite movie stars, their tobacco use in contemporary movies, and its association with adolescent smoking. *Tobacco Control*. 2001;10(1):16–22.

Indicator 1.10.2

Proportion of Young People Who Think That
Young People Who Smoke Have More Friends

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 10	Reduced susceptibility to experimentation with tobacco products <input type="checkbox"/>
What to measure	Proportion of young people who believe that those who smoke have more friends than those who do not smoke
Why this indicator is useful	Data indicate that cigarette smokers are significantly more likely to believe that those who smoke have more friends than those who do not smoke. ¹⁻⁵ These data can be used as an estimate of norms concerning the social desirability of smoking.
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years <input type="checkbox"/>
Example survey question(s)	From YTS Do you think young people who smoke cigarettes have more friends? <input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably not <input type="checkbox"/> Definitely not
Comments	None



References

- U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
- Unger JB, Rohrbach LA, Howard-Pitney B, Ritt-Olson A, Mouttapa M. Peer influences and susceptibility to smoking among California adolescents. *Substance Use and Misuse*. 2001;36(5):551-71.
- Wang MQ. Social environmental influences on adolescents' smoking progression. *American Journal of Health Behavior*. 2001;25(4):418-25.
- Distefan JM, Gilpin EA, Sargent JD, Pierce JP. Do movie stars encourage adolescents to start smoking? Evidence from California. *Preventive Medicine*. 1999;28(1):1-11.
- Tickle JJ, Sargent JD, Dalton MA, Beach ML, Heatherton TF. Favorite movie stars, their tobacco use in contemporary movies, and its association with adolescent smoking. *Tobacco Control*. 2001;10(1):16-22.

Indicator 1.10.3

Proportion of Young People Who Report That Their Parents Have Discussed Not Smoking with Them

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 10	Reduced susceptibility to experimentation with tobacco products <input type="checkbox"/>
What to measure	Proportion of young people who report that their parents have discussed the dangers of tobacco use with them in the past 12 months
Why this indicator <input type="checkbox"/> is useful <input type="checkbox"/>	Parental involvement in their children’s smoking decisions is a predictor of whether their children take up smoking. ¹⁻³ Teenagers who report that their parents are unconcerned about smoking or do not talk to them about it are more likely than other teenagers to take up smoking and to become regular smokers. ¹⁻⁴
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years <input type="checkbox"/>
Example survey question(s)	From YTS In the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you? <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often
Comments <input type="checkbox"/>	Evaluators may want to ask young people questions about parental rules about smoking and the perceived consequences of being caught smoking. Evaluators may also want to ask young people if their parents have discussed the dangers of tobacco use (not just smoking) with them.



References

- Distefan JM, Gilpin EA, Choi WS, Pierce JP. Parental influences predict adolescent smoking in the United States, 1989–1993. *Journal of Adolescent Health*. 1998;22(6):466–74.
- Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.
- Sargent JD, Dalton M. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001;108(6):1256–62.
- Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventive Medicine*. 2002;23(2):73–81.

Indicator 1.10.4 □

Proportion of Parents Who Report That They Have Discussed Not Smoking with Their Children

Goal area 1	Preventing initiation of tobacco use among young people												
Outcome 10	Reduced susceptibility to experimentation with tobacco products □												
What to measure	Proportion of parents who report that they talked to their children at least once in the previous 6 months about what their children may or may not do regarding tobacco use												
Why this indicator is useful	Parental involvement in their children’s smoking decisions is a predictor of whether their children take up smoking. ¹⁻³ In addition, asking parents about their children and smoking sensitizes parents to the importance of discussing tobacco use with their children. ¹⁻⁴												
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section G: Parental Involvement, 2003												
Population group(s)	Parents of children aged less than 18 years □												
Example survey question(s)	<p>From ATS</p> <p>During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Twice</p> <p><input type="checkbox"/> Three or more times <input type="checkbox"/> Don’t know/Not sure <input type="checkbox"/> Refused</p> <p>During the last 6 months, how many times have you told your child he/she cannot use tobacco?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Twice</p> <p><input type="checkbox"/> Three or more times <input type="checkbox"/> Don’t know/Not sure <input type="checkbox"/> Refused</p>												
Comments	None												
Rating	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$\$ </td> <td style="text-align: center;"> Strength of evaluation evidence  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ● ● ● ● → better </td> </tr> </table> <p>⊗ Denotes no data.</p>	Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● ● → better					
Overall quality low ← → high 	Resources needed \$\$\$	Strength of evaluation evidence 	Utility 	Face validity 	Accepted practice 								
← ○ ● ● ● ● → better													

References

- Distefan JM, Gilpin EA, Choi WS, Pierce JP. Parental influences predict adolescent smoking in the United States, 1989–1993. *Journal of Adolescent Health*. 1998;22(6):466–74.
- Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.
- Sargent JD, Dalton M. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001;108(6):1256–62.
- Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventive Medicine*. 2002;23(2):73–81.

Indicator 1.10.5

Proportion of Young People Who Are Susceptible Never-smokers

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 10	Reduced susceptibility to experimentation with tobacco products
What to measure	Proportion of young people who have never tried a cigarette but have not made a firm decision not to smoke
Why this indicator is useful	Studies show that susceptible young people (those who have not made a firm decision not to smoke) are more likely than other young people to experiment with smoking. ¹
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years
Example survey question(s)	<p>From YTS</p> <p>Have you ever tried cigarette smoking, even one or two puffs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you think that you will try a cigarette soon? <input type="checkbox"/> I have already tried smoking cigarettes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you think you will smoke a cigarette at any time during the next year? <input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably not <input type="checkbox"/> Definitely not</p> <p>If one of your best friends offered you a cigarette, would you smoke it? <input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably not <input type="checkbox"/> Definitely not</p>
Comments	Evaluators should ask all four example questions to create a susceptibility index. ¹

Rating □	<p>Overall quality low ← → high</p>	<p>Resources needed</p> <p>\$\$[†]</p>	<p>Strength of evaluation evidence □</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>
<p>← ○ ● ● ● → better</p>						

[†] Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Reference

- Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychology*. 1996;15(5):355–61.

Decreased Access to Tobacco Products

As noted in the discussion of logic model component 8 (increased restriction and increased enforcement of restrictions on tobacco sales to minors), adopting and enforcing strong laws that restrict young people's access to tobacco can reduce the proportion of retailers that illegally sell tobacco products to minors. As also noted in that discussion, reductions in illegal sales to minors may not automatically translate into reductions in minors' self-reported access to tobacco products through commercial sources. In addition, reductions in illegal sales to young people would not be expected to affect minors' access to tobacco products through noncommercial (social) sources. More importantly, it is unclear whether reductions in retail tobacco sales to minors result in reductions in the actual rate of tobacco use by young people. Although some studies indicate that this is the case, other studies fail to support such a link.¹⁻³ The data suggest that to be successful in reducing young people's tobacco use, efforts to reduce commercial access must achieve high levels of retailer compliance (perhaps as high as 90% or more).² In practice, these levels may not always be attainable.

According to the *Guide to Community Preventive Services*, the most effective approach to preventing young people from gaining access to tobacco (as measured by minors' self-reported tobacco purchase or use behaviors) includes a combination of strong local and state laws, vigorous and sustained enforcement of these laws, retailer education, and—most importantly—community mobilization to generate community support for efforts to reduce youth access to tobacco products.⁴ The *Guide to Community Preventive Services* notes that none of these interventions has been shown to be effective when implemented in isolation, in particular when implemented without a strong link to community mobilization initiatives.^{4,5}

The *Guide to Community Preventive Services* and *Reducing Tobacco Use: A Report of the Surgeon General* also underscore the importance of taking a comprehensive approach to reducing tobacco use among young people.^{4,5} Such an approach includes interventions to reduce the appeal of, and demand for, tobacco products among young people, as well as to restrict their access to these products. In addition, because young people are influenced by the social norms and environmental cues that they observe in adult society, efforts to reduce their tobacco use should be integrated into the broader framework of a comprehensive tobacco control program that also addresses tobacco use by adults.

Listed below are the indicators associated with this outcome:

- ▶ **1.11.1** Proportion of successful attempts to purchase tobacco products by young people
- ▶ **1.11.2** Proportion of young people reporting that they have been sold tobacco products by a retailer
- ▶ **1.11.3** Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer
- ▶ **1.11.4** Proportion of young people reporting that they have received tobacco products from a social source

- 1.11.5□ Proportion of young people reporting that they purchased cigarettes from a vending machine
- 1.11.6^{NR} Proportion of young people who believe that it is easy to obtain tobacco products

References

1. □Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337:1044–51.
2. □National Cancer Institute. Smoking and Tobacco Control Monograph, No. 14. *Changing adolescent smoking prevalence: where it is and why*. Bethesda, MD: National Cancer Institute; 2001. NIH Publication No. 02–5086.
3. □Fichtenberg CM, Glantz SA. Youth access interventions do not affect youth smoking. *Pediatrics*. 2002;109(6):1088–92.
4. □U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General*. 2000.
5. □Fielding JE, Briss PA, Carande-Kulis VG, Hopkins DP, Husten CG, Pechacek TF, et al. Tobacco. In: Briss PA, Zaza S, Harris KW, editors. *The guide to community preventive services*. New York: Oxford University Press: [In press] 2005.

For Further Reading

Alexander C, Piazza M, Mekos D, Valente T. Peers, schools, and adolescent cigarette smoking. *Journal of Adolescent Health*. 2001;29(1):22–30.

Altman DG, Levine DW, Coeytaux R, Slade J, Jaffe R. Tobacco promotion and susceptibility to tobacco use among adolescents aged 12 through 17 years in a nationally representative sample. *American Journal of Public Health*. 1996;86(11):1590–3.

Biener L, Siegel M. Tobacco marketing and adolescent smoking: more support for a causal inference. *American Journal of Public Health*. 2000;90(3):407–11.

Castrucci BC, Gerlach KK, Kaufman NJ, Orleans CT. The association among adolescents' tobacco use, their beliefs and attitudes, and friends' and parents' opinions of smoking. *Maternal and Child Health Journal*. 2002;6(3):159–67.

Centers for Disease Control and Prevention. Youth tobacco surveillance: United States, 2000. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*. 2001;50(SS-4):1–84.

Distefan JM, Gilpin EA, Choi WS, Pierce JP. Parental influences predict adolescent smoking in the United States, 1989–1993. *Journal of Adolescent Health*. 1998; 22(6):466–74.

Forster JL, Murray DM, Wolfson M, Blaine TM, Wagenaar AC, Hennrikus DJ. The effects of community policies to reduce youth access to tobacco. *American Journal of Public Health*. 1998;88(8):1193–8.

Gilpin EA, Pierce JP, Rosbrook B. Are adolescents receptive to current sales promotion practices of the tobacco industry? *Preventive Medicine*. 1997;26(1):14–21.

Jackson C, Henriksen L. Do as I say: parent smoking, antismoking socialization, and smoking onset among children. *Addictive Behaviors*. 1997;22(1):107–14.

Jason LA, Berk M, Schnopp-Wyatt DL, Talbot B. Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology*. 1999;27(2):143–61.

Jason LA, Ji PY, Anes MD, Birkhead SH. Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *Journal of the American Medical Association*. 1991;266(22):3159–61.

Jason LA, Pokorny SB, Schoeny M.E. Evaluating the effects of enforcements and fines on youth smoking. *Critical Public Health*. 2003;13(1):33–45.

Luke DA, Stamatakis KA, Brownson RC. State youth-access tobacco control policies and youth smoking behavior in the United States. *American Journal of Preventive Medicine*. 2000;19(3):180–7.

Pierce JP, Distefan JM, Jackson C, White MM, Gilpin EA. Does tobacco marketing undermine the influence of recommended parenting in discouraging adolescents from smoking? *American Journal of Preventive Medicine*. 2002;23(2):73–81.

Sargent JD, Dalton M, Beach M, Bernhardt A, Heatherton T, Stevens M. Effect of cigarette promotions on smoking uptake among adolescents. *Preventive Medicine*. 2000;30(4):320–7.

Sargent JD, Dalton M. Does parental disapproval of smoking prevent adolescents from becoming established smokers? *Pediatrics*. 2001;108(6):1256–62.

Schooler C, Feighery E, Flora JA. Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *American Journal of Public Health*. 1996;86(9):1216–21.

Simons-Morton B, Haynie DL, Crump AD, Eitel SP, Saylor KE. Peer and parent influences on smoking and drinking among early adolescents. *Health Education & Behavior*. 2001;28(1):95–107.

U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Unger JB, Chen X. The role of social networks and media receptivity in predicting age of smoking initiation: a proportional hazards model of risk and protective factors. *Addictive Behaviors*. 1999;24(3):371–81.

Wang MQ. Social environmental influences on adolescents' smoking progression. *American Journal of Health Behavior*. 2001;25(4):418–25.

Outcome 11

Decreased Access to Tobacco Products

Indicator Rating
← ○ ● → better

Number	Indicator	Overall quality low ← → high	Indicator Rating				
			Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
1.11.1	Proportion of successful attempts to purchase tobacco products by young people		\$\$\$ ⁺	●	●	●	● ⁺
1.11.2	Proportion of young people reporting that they have been sold tobacco products by a retailer		\$\$	●	●	●	●
1.11.3	Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer		\$\$	⊘	● ⁺	●	●
1.11.4	Proportion of young people reporting that they have received tobacco products from a social source		\$\$	●	●	●	●
1.11.5	Proportion of young people reporting that they purchased cigarettes from a vending machine		\$\$	⊘	○	○	●
1.11.6 ^{NR}	Proportion of young people who believe that it is easy to obtain tobacco products		⊘	⊘	⊘	⊘	⊘

†□ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

⊘ Denotes no data.□

^{NR} Denotes an indicator that is not rated (see Appendix B for an explanation).□

Indicator 1.11.1 □

Proportion of Successful Attempts to Purchase Tobacco Products by Young People

Goal area 1 □	Preventing initiation of tobacco use among young people
Outcome 11	Decreased access to tobacco products
What to measure	The proportion of retailers not in compliance with policies prohibiting the sale of tobacco products to minors
Why this indicator is useful	Decreasing the rate at which young people are successful in purchasing tobacco may contribute to a reduction in tobacco use by young people. ¹
Example data source(s)	Substance Abuse and Mental Health Services Administration (SAMHSA) Compliance Checks Information available at: http://prevention.samhsa.gov/tobacco/guidance.asp
Population group(s)	Tobacco retailers
Example survey question(s)	Not applicable
Comments □	Evaluators must consider a number of factors when determining the proportion of successful purchase attempts, including (1) variations in the sampling frame (e.g., number, type, and location of stores), (2) number of successful and unsuccessful purchase attempts per store, and (3) real and apparent ages of minors attempting to purchase tobacco. ²

Rating □

<p>Overall quality</p> <p>low ← → high</p>	<p>Resources needed</p> <p>\$\$\$[†]</p>	<p>Strength of evaluation evidence □</p>	<p>Utility</p>	<p>Face validity</p>	<p>Accepted practice</p>
<p>← ○ ● ● ● → better</p>					

[†] Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. □Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337:1044-51.
2. □DiFranza JR. Are the federal and state governments complying with the Synar Amendment? *Archives of Pediatrics & Adolescent Medicine*. 1999;153(10):1089-97.

Indicator 1.11.2

Proportion of Young People Reporting That They Have Been Sold Tobacco Products by a Retailer

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>																		
Outcome 11	Decreased access to tobacco products																		
What to measure	The proportion of young people who report having been sold tobacco products by a retailer in the previous 30 days																		
Why this indicator is useful	Even if most retailers in a community comply with laws prohibiting the sale of tobacco to young people and only a few continue to sell tobacco products to minors, young people's access to tobacco products through retail stores may remain unacceptably high. Young smokers will seek out the retailers that are willing to sell to them. Measuring this indicator helps determine the extent to which illegal sales of tobacco to young people are occurring. ¹																		
Example data <input type="checkbox"/> source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ► CDC Youth Risk Behavior Surveillance System (YRBSS), 2003 																		
Population group(s)	Young people aged less than 18 years																		
Example survey question(s)	<p>From YTS</p> <p>During the past 30 days, where did you buy the last pack of cigarettes you bought?</p> <table border="0"> <tr> <td><input type="checkbox"/> I did not buy a pack of cigarettes during the past 30 days</td> <td><input type="checkbox"/> A drugstore</td> </tr> <tr> <td><input type="checkbox"/> A gas station</td> <td><input type="checkbox"/> A vending machine</td> </tr> <tr> <td><input type="checkbox"/> A convenience store</td> <td><input type="checkbox"/> I bought them over the Internet</td> </tr> <tr> <td><input type="checkbox"/> A grocery store</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>From YTS and YRBSS</p> <p>During the past 30 days, how did you usually get your own cigarettes?</p> <table border="0"> <tr> <td><input type="checkbox"/> I did not smoke cigarettes during the past 30 days</td> <td><input type="checkbox"/> I borrowed (or bummed) them from someone else</td> </tr> <tr> <td><input type="checkbox"/> I bought them in a store such as a convenience store, supermarket, discount store, or gas station</td> <td><input type="checkbox"/> A person 18 years or older gave them to me</td> </tr> <tr> <td><input type="checkbox"/> I bought them from a vending machine</td> <td><input type="checkbox"/> I took them from a store or family member</td> </tr> <tr> <td></td> <td><input type="checkbox"/> I got them some other way</td> </tr> <tr> <td></td> <td><input type="checkbox"/> I gave someone else money to buy them for me</td> </tr> </table>	<input type="checkbox"/> I did not buy a pack of cigarettes during the past 30 days	<input type="checkbox"/> A drugstore	<input type="checkbox"/> A gas station	<input type="checkbox"/> A vending machine	<input type="checkbox"/> A convenience store	<input type="checkbox"/> I bought them over the Internet	<input type="checkbox"/> A grocery store	<input type="checkbox"/> Other _____	<input type="checkbox"/> I did not smoke cigarettes during the past 30 days	<input type="checkbox"/> I borrowed (or bummed) them from someone else	<input type="checkbox"/> I bought them in a store such as a convenience store, supermarket, discount store, or gas station	<input type="checkbox"/> A person 18 years or older gave them to me	<input type="checkbox"/> I bought them from a vending machine	<input type="checkbox"/> I took them from a store or family member		<input type="checkbox"/> I got them some other way		<input type="checkbox"/> I gave someone else money to buy them for me
<input type="checkbox"/> I did not buy a pack of cigarettes during the past 30 days	<input type="checkbox"/> A drugstore																		
<input type="checkbox"/> A gas station	<input type="checkbox"/> A vending machine																		
<input type="checkbox"/> A convenience store	<input type="checkbox"/> I bought them over the Internet																		
<input type="checkbox"/> A grocery store	<input type="checkbox"/> Other _____																		
<input type="checkbox"/> I did not smoke cigarettes during the past 30 days	<input type="checkbox"/> I borrowed (or bummed) them from someone else																		
<input type="checkbox"/> I bought them in a store such as a convenience store, supermarket, discount store, or gas station	<input type="checkbox"/> A person 18 years or older gave them to me																		
<input type="checkbox"/> I bought them from a vending machine	<input type="checkbox"/> I took them from a store or family member																		
	<input type="checkbox"/> I got them some other way																		
	<input type="checkbox"/> I gave someone else money to buy them for me																		
Comments	None																		
Rating <input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$ </td> <td style="text-align: center;"> Strength of evaluation evidence <input type="checkbox"/>  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ● ● ● → better </td> </tr> </table>	Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation evidence <input type="checkbox"/> 	Utility 	Face validity 	Accepted practice 	← ○ ● ● ● → better											
Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation evidence <input type="checkbox"/> 	Utility 	Face validity 	Accepted practice 														
← ○ ● ● ● → better																			

Reference

1. Rigotti NA, DiFranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. *New England Journal of Medicine*. 1997;337:1044–51.

Indicator 1.11.3

Proportion of Young People Reporting That They Have Been Unsuccessful in Purchasing Tobacco Products from a Retailer

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>
Outcome 11	Decreased access to tobacco products
What to measure	Proportion of young people who report that they were refused sale of cigarettes because of their age during the previous 30 days
Why this indicator is useful	Measuring this indicator helps determine the extent to which local and state policies and enforcement activities are reducing young people's access to tobacco products. ¹
Example data source(s)	Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	Young people aged less than 18 years <input type="checkbox"/>
Example survey question(s)	<p>From YTS</p> <p>During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?</p> <p><input type="checkbox"/> I did not try to buy cigarettes in a store during the past 30 days</p> <p><input type="checkbox"/> Yes, someone refused to sell me cigarettes because of my age</p> <p><input type="checkbox"/> No, no one refused to sell me cigarettes because of my age</p>
Comments	Evaluators may also want to assess the type of retailer (e.g., gas station, convenience store, or grocery store) that sold tobacco to a minor.

Rating <input type="checkbox"/>	Overall quality low ← → high	Resources needed	Strength of evaluation evidence <input type="checkbox"/>	Utility	Face validity	Accepted practice
		\$\$				
← ○ ● ● ● → better						
<p>† <input type="checkbox"/> Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).</p> <p>⊘ Denotes no data.</p>						

Reference

- Jones SE, Sharp DJ, Husten CG, Crossett LS. Cigarette acquisition and proof of age among US high school students who smoke. *Tobacco Control*. 2002;11:20–5.

Indicator 1.11.4

Proportion of Young People Reporting That They Have Received Tobacco Products from a Social Source

Goal area 1	Preventing initiation of tobacco use among young people <input type="checkbox"/>												
Outcome 11	Decreased access to tobacco products												
What to measure	Proportion of young people who report getting their cigarettes from a social source such as a friend, family member, or schoolmate during the previous 30 days												
Why this indicator is useful	Although increasing enforcement of laws prohibiting the sale of tobacco to minors reduces illegal sales, studies also suggest that more than half of high-school-aged smokers report obtaining cigarettes from social sources. ¹												
Example data <input type="checkbox"/> source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ► CDC Youth Risk Behavior Surveillance System (YRBSS), 2003 												
Population group(s)	Young people aged less than 18 years												
Example survey question(s)	<p>From YTS and YRBSS</p> <p>During the past 30 days, how did you usually get your own cigarettes?</p> <p><input type="checkbox"/> I did not smoke cigarettes during the past 30 days</p> <p><input type="checkbox"/> I bought them in a store such as a convenience store, supermarket, discount store, or gas station</p> <p><input type="checkbox"/> I bought them from a vending machine</p> <p><input type="checkbox"/> I gave someone else money to buy them for me</p> <p><input type="checkbox"/> I borrowed (or bummed) them from someone else</p> <p><input type="checkbox"/> A person 18 years old or older gave them to me</p> <p><input type="checkbox"/> I took them from a store or family member</p> <p><input type="checkbox"/> I got them some other way</p>												
Comments	None												
Rating <input type="checkbox"/>	<table border="0"> <tr> <td style="text-align: center;"> Overall quality low ← → high  </td> <td style="text-align: center;"> Resources needed \$\$ </td> <td style="text-align: center;"> Strength of evaluation <input type="checkbox"/> evidence  </td> <td style="text-align: center;"> Utility  </td> <td style="text-align: center;"> Face validity  </td> <td style="text-align: center;"> Accepted practice  </td> </tr> <tr> <td colspan="6" style="text-align: center;"> ← ○ ○ ● ● → better </td> </tr> </table>	Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation <input type="checkbox"/> evidence 	Utility 	Face validity 	Accepted practice 	← ○ ○ ● ● → better					
Overall quality low ← → high 	Resources needed \$\$	Strength of evaluation <input type="checkbox"/> evidence 	Utility 	Face validity 	Accepted practice 								
← ○ ○ ● ● → better													

Reference

- Centers for Disease Control and Prevention. Tobacco use and usual source of cigarettes among high school students—United States. *Morbidity and Mortality Weekly Report*. 1996;45(20):413–8.

Indicator 1.11.5

Proportion of Young People Reporting That They Purchased Cigarettes from a Vending Machine

Goal area 1 Preventing initiation of tobacco use among young people

Outcome 11 Decreased access to tobacco products

What to measure The proportion of young people who usually purchased their cigarettes from a vending machine during the previous 30 days

Why this indicator is useful Accessible vending machines provide virtually unrestricted access to cigarettes and can be used by even the youngest children. As of 2004, 46 states and the District of Columbia restricted minors' access to tobacco through vending machines, and 30 states and the District of Columbia banned vending machines in locations that are accessible to young people.¹

Example data source(s)

- ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
- ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003

Population group(s) Young people aged less than 18 years

Example survey question(s)

From YTS
 During the past 30 days, where did you buy the last pack of cigarettes you bought?
 I did not buy a pack of cigarettes during the past 30 days
 A grocery store
 A gas station
 A drugstore
 A vending machine
 A convenience store
 I bought them over the Internet

From YTS and YRBSS
 During the past 30 days, how did you usually get your own cigarettes?
 I did not smoke cigarettes during the past 30 days
 I borrowed (or bummed) them from someone else
 I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 A person 18 years or older gave them to me
 I took them from a store or family member
 I got them some other way
 I bought them from a vending machine
 I gave someone else money to buy them for me

Comments None



Denotes no data.

Reference

- Centers for Disease Control and Prevention. *State Tobacco Activities Tracking and Evaluation (STATE) system*. Atlanta, GA: Centers for Disease Control and Prevention. Online database. Available from: <http://www.cdc.gov/tobacco/statesystem>. Accessed February 2005.

Indicator 1.11.6^{NR}

Proportion of Young People Who Believe That It Is Easy to Obtain Tobacco Products

Goal area 1	Preventing initiation of tobacco use among young people□																		
Outcome 11	Decreased access to tobacco products																		
What to measure	The degree to which young people believe that it is easy or difficult to obtain tobacco products																		
Why this indicator is useful □	Changing the social norms regarding tobacco use by young people requires changing the perception among young people that tobacco products are easily obtained. If young people perceive that obtaining tobacco products is difficult, they are less likely to try to obtain such products. ¹																		
Example data source(s) □	California Youth Tobacco Survey (CA YTS), 1999 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm																		
Population group(s)	Young people aged less than 18 years□																		
Example survey question(s)	From CA YTS Do you think it would be easy or hard for you to get cigarettes if you wanted some? <input type="checkbox"/> Easy <input type="checkbox"/> Hard <input type="checkbox"/> Don't know/Not sure <input type="checkbox"/> Refused																		
Comments	This indicator was not rated by the panel of experts and, therefore, no rating information is available. See Appendix B for an explanation.																		
Rating □	<table border="0"> <tr> <td style="text-align: center;">Overall quality low ← → high</td> <td style="text-align: center;">Resources needed</td> <td style="text-align: center;">Strength of evaluation evidence □</td> <td style="text-align: center;">Utility</td> <td style="text-align: center;">Face validity</td> <td style="text-align: center;">Accepted practice</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;">⊘</td> </tr> <tr> <td colspan="3"></td> <td colspan="3" style="text-align: center;">← ○ ● ● → better</td> </tr> </table> <p>⊘ Denotes no data.</p>	Overall quality low ← → high	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice		⊘	⊘	⊘	⊘	⊘				← ○ ● ● → better		
Overall quality low ← → high	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice														
	⊘	⊘	⊘	⊘	⊘														
			← ○ ● ● → better																

^{NR} Denotes an indicator that is not rated (see Appendix B for an explanation).

Reference

1. □ Gilpin EA, Lee L, Pierce JP. Does adolescent perception of difficulty in getting cigarettes deter experimentation? *Preventive Medicine*. 2004;38(4):485–91.

Increased Price of Tobacco Products

Studies show an inverse relationship between cigarette price and smoking prevalence by young people and adults. Increasing state or local excise taxes on cigarettes is an effective method of increasing the real price of cigarettes. However, maintaining higher real prices requires further tax increases to offset the effects of inflation and industry practices designed to control retail product prices.^{1,2} Recent efforts to offset industry pricing practices have focused on supporting minimum retail pricing laws.³ Econometric studies show price elasticity for tobacco use among adolescents of -0.76 , which means that a 10% increase in price would result in a 7.6% decrease in tobacco use.⁴ In addition, to directly motivate people to quit or not start tobacco use, price increases can indirectly reduce tobacco use if a portion of the excise tax revenue is dedicated to the state's tobacco control program.⁴

Although young people usually start using tobacco by first experimenting with cigarettes, some begin by experimenting with other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own). All tobacco products are taxed. To prevent tobacco users from shifting to cheaper tobacco products, increasing taxes on all tobacco products is important.⁵ Tax increases on tobacco products increase the real price of tobacco products and thus reduce young people's demand for such products.

Listed below is the indicator associated with this outcome:

- ▶ **1.12.1** Amount of tobacco product excise tax

References

1. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. Feighery EC, Ribisl KM, Clark PI, Haladjian HH. How tobacco companies ensure prime placement of their advertising and products in stores: interviews with retailers about tobacco company incentive programmes. *Tobacco Control*. 2003;12:184–8.
3. Bloom PN. Role of slotting fees and trade promotions in shaping how tobacco is marketed in retail stores. *Tobacco Control*. 2001;10(4):340–4.
4. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine*. 2001;20(Suppl 2):1–88.
5. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2000.

For Further Reading

Gratias EJ, Krowchuk DP, Lawless MR, Durant RH. Middle school students' sources of acquiring cigarettes and requests for proof of age. *Journal of Adolescent Health*. 1999;25(4):276–83.

Ringel J, Pacula RL, Wasserman J. *Youth access to cigarettes: results from the 1999 National Youth Tobacco Survey*. Legacy First Look Report 10. Washington, DC: American Legacy Foundation; 2000.

U.S. Centers for Disease Control and Prevention. Responses to cigarette prices by race/ethnicity, income, and age groups—United States, 1976–1993. *Morbidity and Mortality Weekly Report*. 1998;47(29):605–9.

Outcome 12 □

Increased Price of Tobacco Products

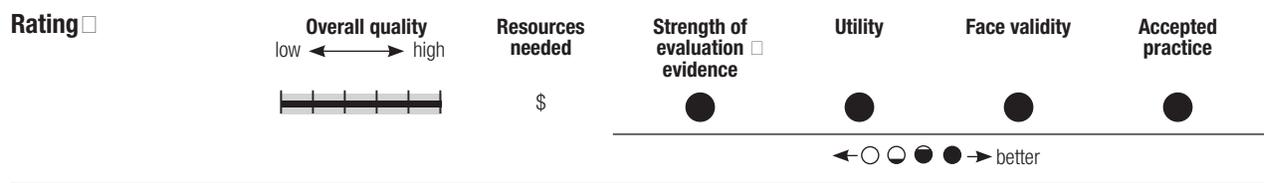
Indicator Rating
 ← ○ ◐ ● ● → better

Number	Indicator	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
		low ← → high					
1.12.1	Amount of tobacco product excise tax		\$	●	●	●	●

Indicator 1.12.1

Amount of Tobacco Product Excise Tax

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 12	Increased price of tobacco products
What to measure	(1) The state excise tax per pack of cigarettes and (2) the percentage of the total price of a pack of cigarettes that is attributable to tax
Why this indicator is useful	Increasing tax on tobacco products reduces tobacco consumption and prevalence, especially among the most price-sensitive populations (e.g., young people). ^{1,2} Increasing cigarette excise taxes is an effective method of increasing the real price of cigarettes, although maintaining high prices requires further tax increases to offset the effects of inflation. ^{1,2}
Example data source(s)	<ul style="list-style-type: none"> ▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system □ Data available at: http://www.cdc.gov/tobacco/STATEsystem. Select “economics” and “cigarette sales.” ▶ Campaign For Tobacco-Free Kids (CTFK) □ Information available at: http://tobaccofreekids.org/research/factsheets □ ▶ State departments of revenue □
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring state excise taxes on tobacco products.
Example survey question(s)	Not applicable
Comments	<p>States can also independently track the price of tobacco products by collecting scanner data (obtained from product bar codes), which provide information on product price, brand, and promotions. However, the cost of this type of data collection can be prohibitive.</p> <p>To gather more complete data on tobacco price, evaluators can also collect data on other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).</p>



References

1. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. □ Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine*. 2001;20(Suppl 2):1–88.

Reduced Initiation of Tobacco Use by Young People

Tobacco use begins primarily during adolescence, decades earlier than when the death and disability associated with tobacco use are likely to occur. Few people begin to use tobacco as adults; almost 90% of adult smokers began by age 18 years.¹ The earlier young people begin using tobacco products, the more likely they are to use them as adults and the longer they are likely to be users.^{1,2} Both the duration and amount of tobacco use are related to eventual chronic health problems, with duration posing the stronger risk.^{3,4} The processes of nicotine addiction further ensure that many of today's adolescent smokers will use tobacco regularly when they are adults.¹

Listed below are the indicators associated with this outcome:

- ▶ **1.13.1** Average age at which young people first smoked a whole cigarette
- ▶ **1.13.2** Proportion of young people who report never having tried a cigarette

References

1. □ U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. □ Jackson C, Dickinson D. Cigarette consumption during childhood and persistence of smoking through adolescence. *Archives of Pediatrics & Adolescent Medicine*. 2004;158:1050–6.
3. □ Doll R, Peto R. Cigarette smoking and lung cancer: dose and time relationships among regular smokers and lifelong non-smokers. *Journal of Epidemiology and Community Health*. 1978;32(4):303–13.
4. □ Flanders DW, Lally CA, Ahu BP, Henley J, Thun MJ. Lung cancer mortality in relation to age, duration of smoking, and daily cigarette consumption: results from Cancer Prevention Study II. *Cancer Research*. 2003;63:6556–62.

Outcome 13

Reduced Initiation of Tobacco Use by Young People

Indicator Rating
 ◀ ○ ◐ ◑ ◒ ▶ better

Number	Indicator	Overall quality	Resources needed	Strength of evidence	Utility	Face validity	Accepted practice
		low ← → high					
1.13.1	Average age at which young people first smoked a whole cigarette		\$\$	●	◐	◐	●
1.13.2	Proportion of young people who report never having tried a cigarette		\$\$	●	●	●	●

Indicator 1.13.1

Average Age at Which Young People First Smoked a Whole Cigarette

Goal area 1	Preventing initiation of tobacco use among young people																		
Outcome 13	Reduced initiation of tobacco use by young people																		
What to measure	The average age at which young smokers first smoked a whole cigarette																		
Why this indicator <input type="checkbox"/> is useful <input type="checkbox"/>	The age at which someone first smokes a whole cigarette is significantly related to that person's long-term smoking habits. The younger people are when they start using tobacco, the more likely they are to use tobacco products as adults. ¹																		
Example data <input type="checkbox"/> source(s) <input type="checkbox"/>	<ul style="list-style-type: none">▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003																		
Population group(s)	Young people aged less than 18 years																		
Example survey question(s)	From YTS and YRBSS How old were you when you smoked a whole cigarette for the first time? <input type="checkbox"/> I have never smoked cigarettes <input type="checkbox"/> 8 years or younger <input type="checkbox"/> 9 or 10 years <input type="checkbox"/> 11 or 12 years <input type="checkbox"/> 13 or 14 years <input type="checkbox"/> 15 or 16 years <input type="checkbox"/> 17 years or older																		
Comments <input type="checkbox"/>	To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).																		
Rating <input type="checkbox"/>	<table border="0"><tr><td style="text-align: center;">Overall quality low ← → high</td><td style="text-align: center;">Resources needed</td><td style="text-align: center;">Strength of evaluation <input type="checkbox"/> evidence</td><td style="text-align: center;">Utility</td><td style="text-align: center;">Face validity</td><td style="text-align: center;">Accepted practice</td></tr><tr><td style="text-align: center;"></td><td style="text-align: center;">\$\$</td><td style="text-align: center;"></td><td style="text-align: center;"></td><td style="text-align: center;"></td><td style="text-align: center;"></td></tr><tr><td colspan="6" style="text-align: right;">← ○ ● ● ● → better</td></tr></table>	Overall quality low ← → high	Resources needed	Strength of evaluation <input type="checkbox"/> evidence	Utility	Face validity	Accepted practice		\$\$					← ○ ● ● ● → better					
Overall quality low ← → high	Resources needed	Strength of evaluation <input type="checkbox"/> evidence	Utility	Face validity	Accepted practice														
	\$\$																		
← ○ ● ● ● → better																			

Reference

- U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Indicator 1.13.2

Proportion of Young People Who Report Never Having Tried a Cigarette

Goal area 1	Preventing initiation of tobacco use among young people
Outcome 13	Reduced initiation of tobacco use by young people
What to measure	Proportion of young people who have never tried a cigarette, not even one or two puffs <input type="checkbox"/>
Why this indicator is useful	Reducing the number of minors who experiment with tobacco will decrease the number who become established smokers. ¹
Example data source(s) <input type="checkbox"/>	<ul style="list-style-type: none"> ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ► CDC Youth Risk Behavior Surveillance System (YRBSS), 2003
Population group(s)	Young people aged less than 18 years
Example survey question(s)	<p>From YTS and YRBSS</p> <p>Have you ever tried cigarette smoking, even one or two puffs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Comments <input type="checkbox"/>	To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).

Rating <input type="checkbox"/>	<p>Overall quality</p> <p>low ← → high</p> 	<p>Resources needed</p> <p>\$\$</p>	<p>Strength of evaluation <input type="checkbox"/></p> <p>evidence</p> <p>●</p>	<p>Utility</p> <p>●</p>	<p>Face validity</p> <p>●</p>	<p>Accepted practice</p> <p>●</p>
<p>← ○ ○ ● ● → better</p>						

Reference

- U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Reduced Tobacco-use Prevalence Among Young People

Smoking by young people is associated with serious health problems, such as reduced lung capacity and physical fitness.¹ Smoking by young people also increases the likelihood that they will continue to smoke through adulthood, increasing their risk of tobacco-related diseases such as lung and other cancers, heart disease, and emphysema.^{2,3}

Because the number of years of cigarette smoking produces a greater risk of disease than the number of cigarettes smoked per day, it is critically important to work on both preventing young people from starting to smoke and increasing the number and percentage of young smokers who quit.^{4,5}

Listed below are the indicators associated with this outcome:

- ▶ **1.14.1** Prevalence of tobacco use among young people
- ▶ **1.14.2** Proportion of established young smokers

References

1. [U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.
2. [Jackson C, Dickinson D. Cigarette consumption during childhood and persistence of smoking through adolescence. *Archives of Pediatrics & Adolescent Medicine*. 2004;158(11):1050–6.
3. [U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.
4. [Doll R, Peto R. Cigarette smoking and lung cancer: dose and time relationships among regular smokers and lifelong non-smokers. *Journal of Epidemiology and Community Health*. 1978;32(4):303–13.
5. [Flanders DW, Lally CA, Ahu BP, Henley J, Thun MJ. Lung cancer mortality in relation to age, duration of smoking, and daily cigarette consumption: results from Cancer Prevention Study II. *Cancer Research*. 2003;63(19):6556–62.

For Further Reading

Centers for Disease Control and Prevention. *Targeting tobacco use: the nation's leading cause of death, 2004* [At a Glance]. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 2004. Available from: http://www.cdc.gov/nccdphp/aag/aag_osh.htm. Accessed March 2005.

Centers for Disease Control and Prevention. Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report*. 1996;45(44):971–4.

U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.

Outcome 14 □

Reduced Tobacco-use Prevalence Among Young People

Indicator Rating

← ○ ● ● → better

Number	Indicator	Overall quality	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
		low ← → high					
1.14.1	Prevalence of tobacco use among young people		\$\$	●	●	●	●
1.14.2	Proportion of established young smokers		\$\$	●	●	●	●

Indicator 1.14.1

Prevalence of Tobacco Use Among Young People

Goal area 1	Preventing initiation of tobacco use among young people																								
Outcome 14	Reduced tobacco-use prevalence among young people																								
What to measure	Proportion of young people who have smoked on at least 1 day during the previous 30 days ¹																								
Why this indicator is useful	Reducing tobacco use among young people decreases their chances of smoking as adults. ²																								
Example data source(s) □	<ul style="list-style-type: none"> ► Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ► CDC Youth Risk Behavior Surveillance System (YRBSS), 2003 																								
Population group(s)	Young people aged less than 18 years																								
Example survey question(s)	<p>From YTS and YRBSS</p> <p>During the past 30 days, on how many days did you smoke cigarettes?</p> <p><input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days</p> <p><input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days</p>																								
Comments □	<p>Evaluators may also want to collect data on young people who ever smoked a cigarette and young people who frequently smoke.</p> <p>To gather more complete data on tobacco use, evaluators can also ask questions about the use of other tobacco products such as spit tobacco (smokeless), bidis, small cigars, and loose tobacco (roll-your-own).</p>																								
Rating □	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">Overall quality</td> <td style="text-align: center; width: 15%;">Resources needed</td> <td style="text-align: center; width: 15%;">Strength of evaluation evidence □</td> <td style="text-align: center; width: 15%;">Utility</td> <td style="text-align: center; width: 15%;">Face validity</td> <td style="text-align: center; width: 15%;">Accepted practice</td> </tr> <tr> <td style="text-align: center;">low ← → high</td> <td style="text-align: center;">\$</td> <td style="text-align: center;"><input checked="" type="radio"/></td> </tr> <tr> <td style="text-align: center;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">← ○ ● ● ● → better</td> <td></td> <td></td> </tr> </table>	Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice	low ← → high	\$	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>										← ○ ● ● ● → better		
Overall quality	Resources needed	Strength of evaluation evidence □	Utility	Face validity	Accepted practice																				
low ← → high	\$	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>																				
			← ○ ● ● ● → better																						

References

1. □Centers for Disease Control and Prevention. Cigarette use among high school students—United States, 1991–2003. *Morbidity and Mortality Weekly Report*. 2004;53(23):499–502.
2. □U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention; 1994.

