

N. Blair

Objective: to help young people make informed decisions about smoking by heightening youth's awareness to the messages they receive about smoking in movies and on television.

Over 80% of all smokers begin their habit before the age of 18. Smoking prevention strategies are urgently needed for this age group. In 1997-98, incidences of smoking in the movies increased 29% over previous years, and the average PG-rated film contained 18 incidences of tobacco use per movie. Youth watch, on average, 28 hours of television per week, and make up 25% of the movie audience, exposing them to countless glamorizing and normalizing tobacco messages. Media literacy enables youth to analyze the various messages they receive.

Intended to stimulate awareness and understanding of the issues surrounding tobacco use, Smoke Screeners was created in partnership with the Massachusetts Department of Public Health, and is available nationally. This curriculum guide was designed for both youth group settings and middle and early high school classes. This program consists of an engaging video and moderator's guide with facts, talking points, and reproducible materials to help the instructor maximize a teachable moment. It can easily be adapted for use in a social studies class, in English, health, science, or drama/speech. Although pretesting was conducted, there is no quantitative outcomes data at this time.

Cinema images have a powerful effect on youth, and media literacy—the ability to question what one is watching, is considered by many to be critical to help young people make healthy life decisions such as avoiding tobacco.

The Spit Tobacco Prevention Network's Community-Based Intervention Module

Lavern Holyfield, DDS

Tobacco products designed for dipping and chewing, i.e., snuff and chewing tobacco, are carcinogenic and addictive. These products are responsible for untold cancer-related death and disease. The Spit Tobacco Prevention Network (STOPN) is a collaborative effort that represents a partnership of numerous organizations that have united their efforts to eliminate spit tobacco use in Texas. Although mass media campaigns may raise awareness and temporarily change perceptions, the development or change of long-term beliefs and behaviors is the result of a lifetime of interaction with one's environment, peers, and role models. The behavior and attitudes of physicians, dentists, nurses, teachers, coaches, 4-H leaders, health educators, and other adults can impact adolescent behavior. Based on the MD Anderson Snuff and Chewing Tobacco Survey, it is important that the attitudes and behaviors of these adult role models be changed. Peer intervention has an even greater impact. According to the 1998 Youth Tobacco Survey sponsored by the Texas Department of Health, more than 30% of middle school students and 40% of high school students use tobacco. While the greatest preponderance of them use cigarettes, a significant number use spit tobacco (ST) as well. STOPN has joined forces with community volunteers who represent the afore-mentioned adult groups and with youth groups in two pilot communities to develop and implement a community-based model to decrease tobacco usage among youth in the state of Texas.

The WATCH (Working Against Tobacco by Choosing Health)

N.P. Eklund, K.M. Crews

The WATCH (Working Against Tobacco by Choosing Health) program is a tobacco use prevention program funded by The Partnership for a Healthy Mississippi; a non-profit group designated to distribute \$62 million of Mississippi's historic \$4 billion dollar settlement with tobacco industry. The program provides intergenerational delivery of anti-tobacco messages by utilizing adult and youth volunteers from a coalition of service organizations including the Mississippi Chapter of the Telephone Pioneers of America, the University of Mississippi School of Dentistry, Mississippi Affiliates of Boy Scouts and Girl Scouts of America, and the Alliance to the Mississippi Dental Association. Children in grades 1-4 are presented a healthy choices curriculum in four 30-minute sessions over a four-week period. At the first session the children are introduced to the giant clock. The hours of the day coincide with specific topics such as "watch, listen and learn", "our physical appearance", and "our inner body". At each session the children hear anti-tobacco messages as they relate to their environment, their oral health, their personal appearance and their mental health. Children are rewarded for learning to choose health, choosing to be themselves, and watching, listening and learning. They are given an opportunity to sign a contract to remain tobacco free for life. The pilot program began in February 1999 and includes both private and public educational institutions. Approximately 6000 Mississippi students have received the training.

THE CDC'S GUIDELINES FOR SCHOOL HEALTH PROGRAMS TO PREVENT TOBACCO USE AND ADDICTION: AN OPPORTUNITY FOR ORAL HEALTH PROFESSIONALS

L. S. Crossett

Objectives: The number of young people using tobacco has increased substantially in recent years. Schools are ideal settings in which to provide early intervention to prevent these problems, since 98% of the U.S. population, ages 5-17, is enrolled in school. CDC has developed guidelines that identify the most effective policies and programs schools can implement in the "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," yet many schools have failed to implement the recommendations. The oral health professional can play a key role in within the community and partner with schools to encourage implementation of these guidelines nationwide.

Methods: The session will describe the development, content, recommendations, scientific rationale, and practical applications for oral health professionals of the CDC's guidelines for schools to prevent and control tobacco use. These guidelines were developed after a comprehensive review of research findings, theory, and exemplary practice, and consultation with scientific experts and national organizations. The recommendations relate to policies, curriculum, instructional strategies, teacher training, parents and community involvement, staff and student wellness, and evaluation.

Results: Oral health professionals will identify the best practices for helping schools be tobacco free, and ways in which they can be involved in helping communities support schools' adoption of these guidelines.