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Vaping ECHO For Education **Project Partners**





























How did we get here?

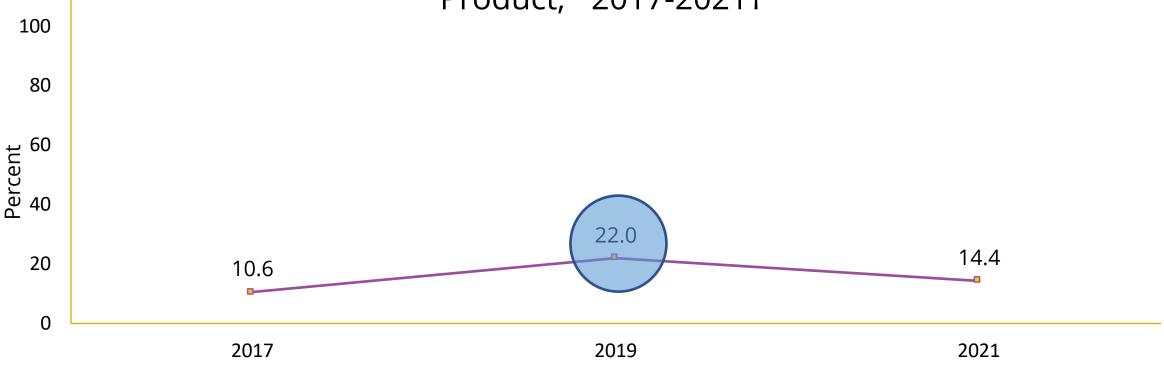
- Philip Morris: "Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers begin to smoke while still in their teens..."The smoking patterns of teenagers are particularly important to Philip Morris.
- Lorillard Tobacco: "The base of our business is the high school student".

Youth may have experimented with tobacco, not knowing how addictive it is, and now find themselves unable to quit

• The adversary is NICOTINE (and the tobacco industry), not the student

E-cigarette use (or "vaping) among youth

Percentage of High School Students Who Currently Used an Electronic Vapor Product,* 2017-2021†

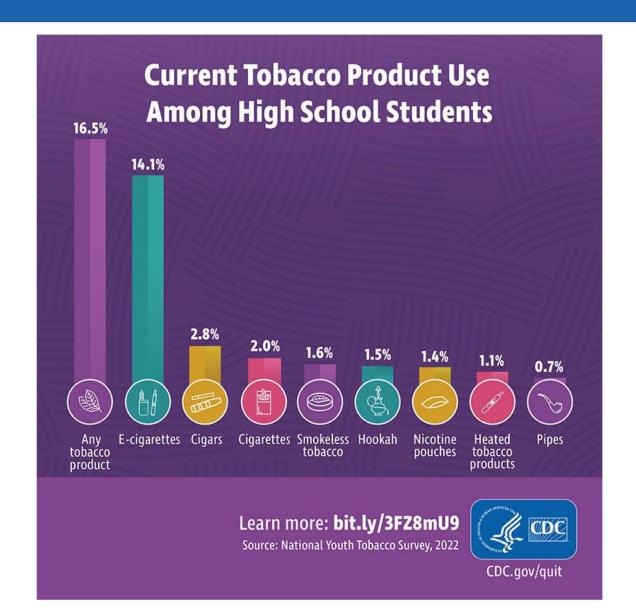


^{*}Including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods [such as JUUL, SMOK, Suorin, Vuse, and blu], on at least 1 day during the 30 days before the survey

[†]No change 2017-2021

E-cigarette Use (or "Vaping) Among Youth

- Data from 2020 show decreases in the percentage of students that are using these products
 - However, it is clear that users are using more frequently
 - Of current users, 44% of high school students reported using 20-30 out of 30 days
- Schools have limited access to evidence-based resources for addressing vaping, particularly in rural communities.



Our Story

Kansas state vaping taskforce



Formation of ECHO hub team



Statewide network of middle and high schools



- ECHO stands for Extension for Community Healthcare Outcome and it was designed to demonopolize knowledge and develop the capacity of underserved communities to apply best practices in addressing health issues
- We leveraged longstanding relationships among state entities to address e-cigarette use in schools statewide.
- The goal of this pilot program was to apply the Whole School, Whole Community, Whole Child (WSCC) Model and use a collaborative, blended learning approach to equip critical school-based personnel in Kansas with resources, tools and techniques to address youth ecigarette use



- Consistent with research, avoiding punitive-based approaches in policies and student interactions
 - E.g., transition away from OSS/expulsion to a supportive, restorative justice model
- Expanding understanding of cessation-based support and follow-up
 - Basics of Motivational Interviewing
- System-level and norm-based change
- Increase parent, staff, and community involvement



Reframing how we think about tobacco use

- Tobacco use, including vaping, is not typically a problem of student "defiance";
- It is consequence of physical addiction
- Discipline will not address nicotine use
- Research shows that offering support to quit is more effective





Empirical Evidence

- Out-of-school suspensions
 - Increase the risk of recidivism (Center for Advanced Studies for Child welfare)
 - "It is worth noting that non-White, male youth committed a second offense at disproportionately higher rates; more than 70% of African-American, Hispanic, and Asian males experienced recidivism as compared to 52% for White males".
 - Leads higher rates of suspension, mobility, drop-out, and low academic achievement (Mulder, E., Brand, E., Bullens, R., & Van Marle, H. (2010); Huang, H., Ryan, J. P., & Herz, D. (2012)
 - For a discretionary school violation triples the risk of juvenile court involvement in the general student population (Fabelo et al., 2011)
 - Associated with negative educational outcomes (Noltemeyer et al., 2015, Hinze-Pifer & Sartain, 2018; Hwang, 2018; Hwang & Domina, 2020; Lacoe & Steinberg, 2019; Steinberg & Lacoe, 2018)



Empirical Evidence

Out-of-school suspensions

- Associated with poor grades, disengagement, chronic absenteeism, grade repetition, dropout, lower graduation rates, adult mental illness, and incarceration (Hwang, 2018; Mendez-Raffaele & Knoff, 2003; Monahan et al., 2014; Morris & Perry, 2016; Noltemeyer et al., 2015; Wolf & Kupchik, 2017; Balfanz et al., 2014; Balfanz et al., 2015; Carpenter & Ramirez, 2007; Chu & Ready, 2018; Fabelo et al., 2011; Suh & Suh, 2007).
- For example, an analysis conducted in the Cleveland Metropolitan School District (Linick & D'Amico, 2014) found that for 9th- and 10th-grade students, missing 10 or more days of school was associated with a 40.9% drop in the probability of being on track to graduate.

Best Practice: Supportive Approach

- Non-punitive measures are most successful; avoid suspension
 - The goal is to keep students in school and on track for graduation
 - Time at home alone = more vaping; more stress and symptoms of depression
- Take a team approach
 - Student, parent, teacher, coach, nurse, pediatrician





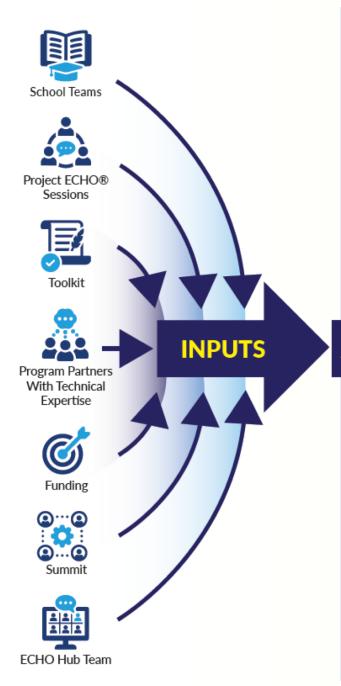
- Avoid restricting involvement in extracurriculars
 - Goal is to keep them in prosocial environments that increase connection
 - These activities may be their reason to quit or avoid vaping





Solution

- ISS instead of OSS
- Refer to Treatment





ACTIVITIES

Review of Toolkit



Developing Action Plan



Implementing Action Plan



Learning From and Collaborating with Other School Teams

Short-Term Outcomes

Sept.-Dec. 2021

- Development of School Teams
- Increased Knowledge, Skills, and Self-Efficacy Among Participants
- Established Network of School Teams, Stakeholders, and **ECHO Experts**
- Improved Intra-School Team Coordination



Action Plan Presentation

OUTPUTS

Lessons Learned Presentation



Jan.-May 2022

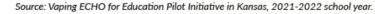
- Increased Collaboration Among School Teams, Stakeholders, and ECHO Experts
- Increased Access to Vaping Cessation Resources
- Increased Student Referrals Using the Ask Advise Connect (AAC) Model
- Reduction in Disciplinary Action Related to Vaping Among Students
- Introduction of School Policy/Practice to Address Student Vaping
- Implementation of School Policy/Practice Comprehensively Addressing Vaping/ Nicotine Dependence Among Students

Long-Term Outcomes

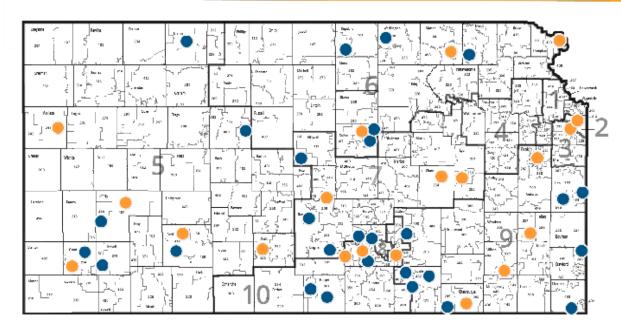
Two-three years

- Improved Health Behaviors (i.e., Reduced Vaping Among Students)
- Improved Health Outcomes (i.e., Reduced Likelihood of Long-Term Addiction, Substance Use, and Respiratory Health Conditions)
- School System Changes Due to Established Vaping Policy/Practice
- Consistent and Evolving Guidance Around Vaping Cessation Resources in Schools





Pilot School Applications





20

29

Total applications received 49

Selected Pilot Schools

Schools not selected

Lessons:

Application process may have increased buy-in - Forethought to team - Not every school selected

Pilot Schools Characteristics

STATE BOE REPRESENTATION:

∀Districts 1, 2 and 3: Combined two pilot schools.

∀District 4: None.

∀District 5: Four.

∀District 6: Three.

∀District 7: Three.

∀District 8: None*

∀District 9: Four

∀District 10: Four

 1 school dessified as in Districts 8 and 10, included in number of District 10 schools.



Mark Thompson, PhD Health and Physical Education Consultant

For more information, contact:

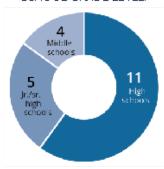
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Health and Physical Education Consultant Career, Standards and Assessment Services (785) 296-6823

POPULATION DENSITY CLASSIFICATION:



SCHOOL GRADE LEVEL:



Kansas leads the world in the success of each student.

ECHO Sessions and Presenters

*a topic-specific toolkit was provided the week prior to each session

Date	Topic	Presenter
September 15	Prevention in the School Setting	Shelby Rebeck, RN, BSN Alicia Jackson, School Counselor
September 29	Legal Issues	Mike Freiberg, JD Public Health Law Center Angie Stallbaumer, JD, KASB
October 13	Introduction to Addiction and Cessation	Eleanor Leavens, PhD
October 27	Discussing Cessation: Putting Cessation Into Practice	Nikki Nollen, PhD
November 10	Restorative Justice: A Student-Centered Approach	Tony Woollen, District Resource Officer Bill Faflick, Executive Director KSHSAA
December 8	School Action Plan Presentations	Babalola Faseru, MD, MPH

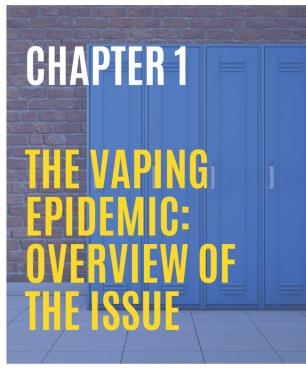
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Vaping ECHO Toolkit



Resources

a. Top 4 Resources to Review/Quick Fact Sheets:

1. E-Cigarettes, or Vaping, Products Visual Dictionary

2. E-Cigarettes and Youth: Information for Parents, Educators, and Health Care Providers

Introduction

Estimated time to complete: 30 minutes

Learning Objectives:

- 1. Discuss the public health concern regarding the high prevalence of e-cigarette use among youth
- 2. Review the progression of the vaping epidemic
- 3. Understand best practices in youth tobacco prevention and control

The background information provided in this chapter is critical to understanding the overall issue of ecigarette use (i.e., "vaping") among students. The information you learn in this chapter should be used as a foundation of knowledge that you will be able to build on as we progress through the modules for the Vaping ECHO for Education.

A substantial number of Americans are using e-cigarettes. Nicotine is a naturally occurring substance that is found in tobacco plants and products. Nicotine is extremely <u>addictive and is harmful</u> to the developing brain. Instead of burning tobacco, <u>e-cigarettes</u> use battery powered atomizers to turn a liquid nicotine solution into an aerosol that is inhaled by the e-cigarette user.

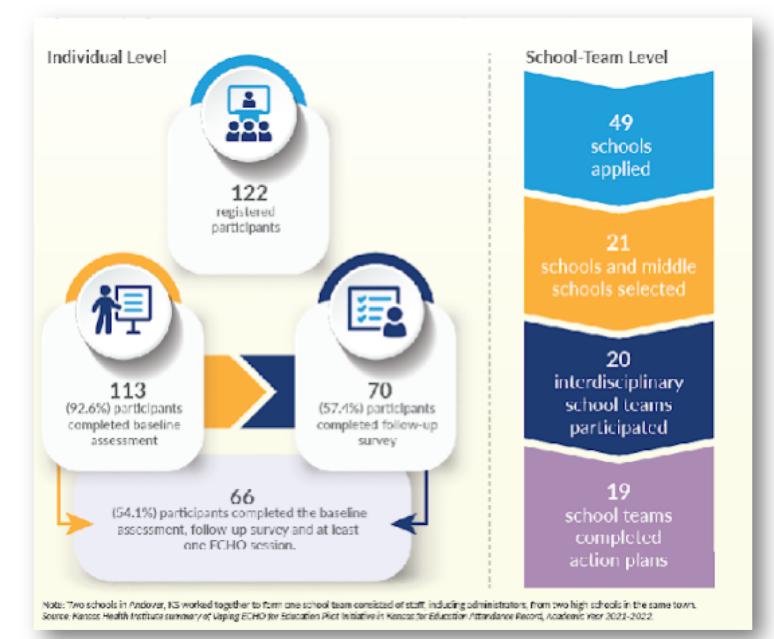
Preliminary Outcomes



EVALUATION OF THE VAPING ECHO FOR EDUCATION PILOT INITIATIVE IN KANSAS

KHI/23-22 JUNE 2023

Participant overview



Outcomes: Project Perceptions

Program Attendance				
122 Number of School Team Participants Registered	70 Number of School Team Participants Who Completed Posttest			
Program Component	Number of School Team Participants in Attendance			
Orientation	87			
Summit	90			
ECHO 1 — Tobacco Prevention in the School Setting	78			
ECHO 2 — Legal Issues	93			
ECHO 3 — Introduction to Addiction and Cessation	78			
ECHO 4 — Discussing Cessation: Putting Cessation Into Practice	78			
ECHO 5 — A Student- Centered Approach	77			
ECHO 6 — School Action Plan Presentations	80			
ECHO 7 — School Debrief	44			

- 81.5% of respondents indicated that over 25% of pilot information was new to them
- 92.8% learned from case studies presented by other schools, some or most of the time
- 91.5% learned from some or most action plans presented by other schools
- 52.9% preferred discussions as a whole group compared to breakout room sessions
- 72.9% found the toolkit somewhat or very useful

General Domains Enhanced

- 78.6% reported enhanced Knowledge (principles learned)
- 68.6% reported enhanced Competence (ability to apply knowledge)
- 72.9 % reported enhanced Performance (skills, abilities and strategic implementation in practice)

Outcomes for Non-Administrative School Staff Knowledge, Skills, Capacity

- 67.4% of non-administrative staff on the school team reported increase in their knowledge and skills.
- **58.7**% of non-administrative staff on the school team reported increase in their confidence.

 Non-administrative were defined as school team members who were counselors, nurses, teachers, coaches, school resource officers, community partners, etc.

Outcomes for Administrative School Staff Knowledge, Skills, Capacity

- **86.7**% of administrative staff on the school team (e.g.,) reported increase in their knowledge and skills.
- 93.3% of administrative staff on the school team reported increase in their confidence.

 Administrative were defined school teams members who were principal, vice principal, superintendent, etc.

Outcomes: Goals, Skill-building, and Policy Change

- 17 out of 20 schools submitted action plans
- 65% of submitted action plans included at least 2 goals for the pilot period
- Of those that completed a follow-up survey, **66.7**% of schools indicated that they met all or most of their action plan goals
- Examples of activities include:
 - Presenting a policy change to board (7 schools);
 - Board passed a new vaping related policy (5 schools);
 - School implemented new policy (10 schools);
 - School started offering vaping cessation treatment to students (9 schools);
 - Provided presentation to staff, students, parents, etc. (18 schools);
 - Started a RESIST chapter (9 schools)

Barriers to Practice or Policy Change

Type of Barrier	Number of Respondents	Percent
Competing priorities (COVID-19)	24	34.3%
Lack of ability to build culture	21	30.0%
Lack of modifying curriculum	11	15.7%
Lack of leadership buy-in	9	12.9%
Lack of political will	8	11.4%
Lack of knowledge or skills	7	10.0%
Other	9	12.9%

Source: Vaping ECHO for Education Posttest Survey, 2022.

School Team Feedback

Praise and enthusiasm expressed across all sessions

(54 comments)

- "Having a chance to hear from schools directly was beneficial and allowed more insight on the direction we should be leading towards."
 - Participant of ECHO 1: Tobacco Prevention in the School Setting

Mixed receptiveness toward Vaping ECHO peer learning model (5 comments)

- "Many of us are here because we don't know what to do with our vaping problems, so asking each other for help isn't really helpful because we don't know how to help ourselves. Hearing from the experts is much more helpful."
 - Participant of ECHO 2 Legal Issues.

Resistance to departure from punitive measures (3 comments)

- "Having a real problem with going away from punitive consequences. That really is not life. Vaping as a child is against the law."
 - Participant of ECHO 6:
 School Action Plan
 Presentations

Considering participants' time constraints (6 comments)

- "Be more to the point. We are missing class and school time to attend these meetings."
 - Participant of Kickoff Summit

Vaping ECHO: Unique Features

Vaping already identified as problem area

Summit kick-off with speakers

Resources provided in toolkit ahead of sessions

Action plans

- Entirely school teamdirected based on training
- Accompanying meetings without didactic portion

ECHO ran during second school year of COVID, during Delta and Omicron

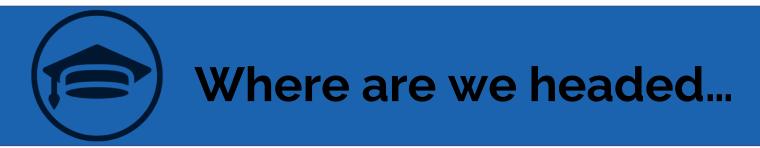
Six sessions in Fall and one in Spring

 Resulting in over 12 hours of training dedicated to the problem

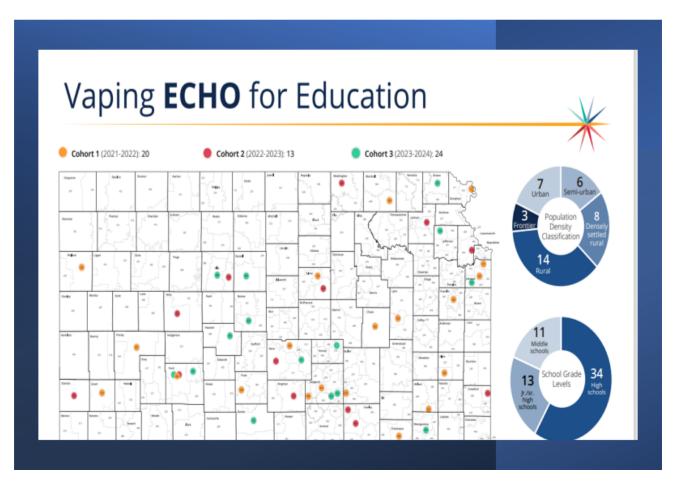


Conclusions and Implications

- ECHO model is an effective platform for disseminating evidencebased strategies to school staff
- Both urban and rural and small and large schools showed significant benefit:
 - Research-based policy changes
 - Staff and student engagement in e-cigarette prevention and cessation efforts
 - Increased offering of cessation resources
- Given these successes, the ECHO model may be a viable method for addressing other health-related issues faced by schools, including other substance use and mental health



- Toolkit release statewide independent of ECHO
- Vaping ECHO for Education Cohort III ongoing
 - Core ECHO sessions ongoing
- Ongoing dissemination of pilot methods and findings
- Discussion of sustainability
- Adaptation to other health behaviors



Communities have adopted and put into action some of the strongest, innovative and effective tobacco control policies that have served as a catalyst for transitioning social norms about tobacco use.



Sara Prem

President, Tobacco Free Kansas Coalition
Advocacy Director, American Lung Association in Kansas & Greater Kansas City

State Policy

Tobacco 21 became the law in the U.S. on Dec. 19, 2019. Though

Federal law supersedes state law in all cases, state agencies including

KDOR and AGs office do not enforce federal law. This lack of

alignment was remedied when Tobacco 21 became the law in Kansas

on July 1, 2023.

State Policy

Current tobacco statute (reference Kansas Roots Act)

- T21 (July 1, 2023)
- PUP
- Penalty on owners not clerks
- Increase licensing fee to fully fund enforcement

Local Policy

Zoning

Tobacco Retail Licensing

Preemption

Local Policy - Zoning

Zoning is the primary way in which governments shape a community's land use.

Zoning ordinances are used to separate incompatible uses of land, regulating how land can be used – both in terms of the physical nature of the buildings (such as height) and the kind of activities or "uses" that are permitted in different zoning classifications or districts (for example, commercial, industrial, or residential).

Zoning laws can prohibit the sale or distribution of tobacco products within certain zoning districts, as well as establish density or proximity restrictions between tobacco retailers

Local Policy - Zoning

Zoning – Mission, Kansas

The Mission Planning Commission consider an ordinance to restrict tobacco retailers from acquiring a business license or operating a business which sells tobacco products within a 1000-foot buffer of a property used or zoned for a park, church, school, or an existing tobacco retail establishment.

- The ordinance defines the terms "electronic cigarette," "electronic cigarette retail establishment," "tobacco," "tobacco products," and "tobacco retailer."
- The ordinance makes an exception for established tobacco retailers, with the stipulation that if the establishment abandons or discontinues operations, future tobacco retailers at that location would be held to the stipulations of the distance requirements.
- Ordinance passed August 16 with a vote of 7 to 1. Tobacco industry did not come out to oppose

The Surgeon General has found that licensing retailers is an evidence-based tobacco control measure to reduce tobacco use.

Requiring a license for tobacco retailers lets states and localities know who is selling tobacco products in their jurisdiction, allowing states and localities to enact and enforce policies that that help to prevent young people from ever starting to use tobacco products.

- A comprehensive TRL is a robust licensing program for retailers that want to sell tobacco products that includes an annual fee that is high enough to cover the costs for adequate enforcement
- Annual compliance checks, requiring re-checks and increasing fines on retail owners for repeat violations will help the effectiveness and reduce illegal tobacco sales to youth.
- At TFKC, we do not support any TRL policy that includes youth purchase, use, or possession penalties
 - We believe it is the responsibility of the retail owner to ensure laws are followed, and youth consumers should not be held accountable if the business does not comply with the law.

In 2021, The Kansas Department of Health and Environment (KDHE) contracted the Kansas Health Institute (KHI) to develop a report describing the landscape of tobacco retail licensing and zoning in Kansas and policies that Kansas communities could consider adopting to curb youth access to tobacco products.

Case Studies

City of Wichita

- With a retailer fee and indoor smoking ban in place since 2008, a more recent TRL ordinance in 2018 established a \$260 annual fee for tobacco retail licenses and a \$15 annual fee for each vending machine
- In 2019, the City of Wichita updated the 2018 ordinance to raise the minimum legal age to 21 for tobacco purchases

Case Studies

City of Shawnee

- City has been concerned about the growing number of vape shops
- Adopted ordinances related to the number and location of vape shops
- In general, ordinances included sections on definitions, license term and fees, and distance requirements



City of Newton

- High school students in a leadership initiative presented a report to the City Commission on the widespread use of e-cigarettes among their peers, encouraging the city to raise the minimum age to purchase tobacco to 21
- All tobacco products covered in ordinance

UPDATE: City of Newton repealed their 2019 (implemented 2020) tobacco retail licensing ordinance and that means PUP is reinstated, effective August 2023.

The City and the police dept. enforcement never instituted the compliance checks as outlined in the ordinance. The Healthy Harvey Coalition and the Drug Free Youth group brought this up many times to the City Clerk and Administrator and police dept. They did not get a favorable response and this was the result.

Currently, Kansas City, KS/Unified Government is considering a TRL. (Before Commission in October)

- Create a local solution to reduce teen tobacco access and protect them from a lifelong addiction.
- Hold business owners accountable for violations of commercial tobacco control laws.

To be effective, the following elements must be included:

- An annual license fee that is high enough to cover the cost of local retailer compliance checks. (\$1,000 annual)
- Clear process to establish requirements to apply for a license.
- At least one compliance check per store per year, with a recheck for compliance failures.
- Penalty for retailers selling tobacco products without a license.
- No criminal penalty for clerks.
- Tobacco retail businesses are held accountable for the sales to underage youth.



Local Policy - Preemption

Preemption occurs when a higher level of government supersedes the authority of a lower level of government; it is a constraint on local policymaking power.

- In recent years, it has become an increasingly common legislative tactic that removes the regulatory power of local governments across a variety of issues while also limiting the average person's ability to participate in our democracy
- The tobacco industry has historically supported state preemption laws as a way to reverse existing local tobacco control laws and prevent future enactment of such laws.

Local Policy - Preemption

State Preemption Related to Smokefree Indoor Air

- As of March 31, 2023, 12 states have laws or court decisions in effect that explicitly preempt local ordinances from restricting smoking in government worksites, private worksites, restaurants, or bars. Seven of these 12 states preempt local action in all four of these settings.
- Twenty-seven states have passed laws that explicitly allow local communities to adopt smoking restrictions that are stricter or differ from the state standard.

Local Policy - Preemption

State Preemption Related to Tobacco Policy

2023 Session: HB 2447 was a bill prohibiting cities and counties from banning the sale of products or services otherwise allowed by state law. (This included tobacco products which are allowed to be sold under state law)

- TFKC and ALA, along with many other groups testified in opposition to the Kansas House's efforts to broadly limit local action and self-government.
- Communities have adopted and put into action some of the strongest, innovative, and effective tobacco control policies that have served as a catalyst for transitioning social norms about tobacco use. States should set the "floor" in public health policy – not the ceiling.







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