Tobacco-Use Prevention Education (TUPE)
General Program Guidance

Tier 2 Grants, 2023–26

I. Introduction

The goal of the TUPE Program is to prevent youth tobacco use in California schools by funding local educational agencies (LEAs) to help students build their knowledge and skills to make healthy decisions. Funded LEAs empower students through tobacco-specific, evidence-informed education, tobacco-free campuses, positive youth development, and reinforcement activities.

The TUPE Tier 2 program is designed to help LEAs develop and implement effective tobacco prevention and education programs for students in grades six through twelve. The most effective programs focus on four core aims:

A. Reducing the Prevalence of Youth Tobacco Use and Vaping

Early tobacco prevention and education is important because tobacco use generally starts in youth. Nicotine is highly addictive and can harm adolescent brain development. Rates of youth vaping—the use of e-cigarettes or other battery-operated devices that generate aerosols rather than smoke—are higher than the rates of youth smoking. The tobacco industry often markets vapes with names and flavors designed to appeal to children. TUPE programs must counter these influences and strive to reduce tobacco-use rates in their student populations.

Rates of marijuana use among California youth are even higher than those for tobacco. Under California state law, vaping devices are considered tobacco products even when used to consume substances other than tobacco (Business and Professions Code 22950.5, Revenue and Taxation Code 30121, Health and Safety Code 104495). Therefore, TUPE programs can and should also address the rising epidemic of marijuana vaping.

Local prevalence rates may vary greatly from statewide prevalence rates, highlighting the need for TUPE programs to participate in regular surveys such as the California Healthy Kids Survey (CHKS) to track local rates over time and to ensure that special needs among their priority populations are identified and addressed in programming.

B. Increasing Collaboration

Collaboration is critical in efforts to address the youth tobacco and vaping epidemics. Effective TUPE programs work closely with other groups that have a stake in prevention. By sharing resources and working together, schools and other youth-serving organizations can accomplish more than they can on

their own. TUPE programs can also foster collaboration by involving school staff and parents, family, and other community members in their efforts.

C. Promoting School Connectedness

When school staff, parents, and others in the community work together for students' benefit, students experience greater school connectedness—the perception that adults and peers in their school care about their learning and about them as individuals. Students who feel connected to school have better school attendance, earn higher grades, perform better on standardized tests, and are more likely to graduate. They are also more likely to engage in positive health behaviors.

Engaging students in youth development activities for tobacco prevention not only helps them develop the knowledge and skills needed to avoid tobacco use but can help set them up for success in school and beyond. Providing opportunities like these is consistent with the "whole child" approach to education, in which schools create environments where all students are safe, engaged, supported, challenged, and healthy.

D. Adopting a Holistic Approach

TUPE uses a five-level social-ecological model, as illustrated below, to assess how environmental and interpersonal factors can encourage or deter tobacco use and vaping among youth. Each level of the model identifies a point of influence and a potential opportunity to help students make healthy choices:

1. The individual level examines how personal factors such as a student's own knowledge and attitudes may increase or decrease the likelihood of tobacco use and vaping. At its most basic, tobacco-use prevention education aims to equip students with the knowledge and skills they need to avoid using tobacco.

2. The interpersonal level examines the influence of others in students' lives, such as family, peers, and mentors. TUPE programs seek to enlist family members' support in preventing youth tobacco use. They also strive to cultivate a norm of tobacco-free living in their student populations, including health disparity populations.

3. The school level explores how teachers, other school staff, and educational institutions themselves influence students. TUPE grantees ensure that their districts and schools implement and communicate tobacco-free policies, provide tobacco-use prevention education to all or most of their students, and participate in regular surveys such as CHKS to support movement toward the tobacco-free norm. Grantees support after-school and other activities such as Friday Night Live to further

support this norm while enhancing students' experience of school connectedness.

4. The community level explores influences in students' broader environment, such as the prevalence of adult tobacco use in their community, the presence or absence of tobacco-free recreational opportunities, and exposure to pro- and anti-tobacco messaging in the media, online, and in physical locations such as retail stores. Discriminatory influences, such as the greater concentration of tobacco retailers in communities of color, tend to operate on this level. TUPE programs collaborate with local partners such as LLAs and their volunteer coalitions to ensure that influences on students from the larger community are as positive as possible.

5. The public policy level considers the influence of laws, regulations, and enforcement measures. Research has shown that lax tobacco laws are associated with higher rates of youth tobacco use. TUPE programs may seek to turn this situation around by engaging students in policy-related activities, such as educating local officials about the impact of flavored tobacco products on youth, which can create meaningful youth development opportunities.

This model provides a useful framework to help TUPE programs focus their strategies and resources most effectively.

II. General Program Guidance

A TUPE Tier 2 grant should be designed as a three-year program that prioritizes planning in Year 1, implementation and evaluation in Years 1–3, and improvement in Years 2–3. It is expected that all grantees, including new applicants, start providing services in Year 1, but that new grantees may need more time in Year 1 for planning. Project monitoring and evaluation should also begin in Year 1 and continue for the duration of the grant.

All grantees should follow a continuous quality improvement process, in which project monitoring and evaluation produce timely findings that are then used to improve the provision of services.

Following is general program guidance for TUPE Tier 2 programs:

A. Collaborative Process

As mentioned above, collaboration is critical in efforts to address youth tobacco use and vaping. One way that TUPE Tier 2 grantees can foster collaboration is to establish a collaborative group for their program. People who may be good collaborators in such a group are the TUPE County Coordinator, district-level coordinators, youth or community engagement coordinators from local public health agencies, tobacco control program staff

and their coalitions of volunteers, parents and other community members, school resource officers, counselors and other school staff, interested students, and staff of other supporting agencies. Ideally, the collaborative group would meet regularly to ensure progress. They could even be involved in development of the application itself, helping to assess needs, identify services and activities to address those needs, and develop the project monitoring and evaluation processes.

B. Needs Assessment

TUPE Tier 2 grantees must identify "data-driven needs." This refers to needs that can be demonstrated through appropriate data collection and analysis. For example, participation in standardized surveys such as CHKS can provide detailed data on the prevalence of tobacco use and vaping in the local student population, broken down demographically and by grade level. This can reveal not only how the local student population overall is doing relative to the statewide student population, but also which local subgroups are most at risk of tobacco use.

Grantees should also use data to assess whether or not the resources and services required for program implementation are available. For example, if an inventory of tobacco-related services reveals that a community has several cessation providers, but only a few youth development programs, more effort should go into creating additional youth development opportunities.

Qualitative data, such as findings from key informant interviews or focus groups comprised of students or staff who were involved in past tobacco prevention programming, can provide valuable insight about future needs. Interviews with members of target populations can likewise be helpful. For example, a focus group with members of a Gay-Straight Alliance may help to identify needs for LGBTQ-targeted programming.

C. Capacity

To be maximally effective, it is critical that a TUPE Tier 2 program develop and continually improve its capacity to provide tobacco-use prevention and education programming. Capacity is most clearly demonstrated when:

- Senior leadership (e.g., district administration) is aware of the program and strongly supports it.
- Key personnel have experience carrying out school-, district-, or county-wide health education programs.
- There is a plan in place to provide staff professional development services to TUPE and non-TUPE staff.
- The program is set up and organized to reach its intended audiences of students, families/communities, and staff, with the relevant roles and

responsibilities clearly defined and communication channels sufficiently staffed and resourced.

TUPE programs should also ensure that they have the capacity to provide culturally responsive and linguistically appropriate services, such as providing qualified interpreters at family and community engagement events. In some cases, this may involve working with local providers or collaborators to augment the capacity of school staff.

D. Reaching Health Disparity Populations

With the grant cycle beginning in July 2023, TUPE Tier 2 programs are required to provide services not only for their general populations but also for high-priority subgroups identified as health disparity populations.

The general population refers to all students in grades six through twelve, their parents, families, and members of the community. Health disparity (HD) populations refer to subgroups of students (and their parents, families, and communities) that a TUPE program has identified through a data-driven needs assessment process as needing additional, targeted services above and beyond those provided to the general population. Subpopulations are identified as HD when they are disproportionately impacted by tobacco. For example, members of a HD population may use tobacco or vape at higher rates than the general population, experience greater secondhand exposure, be disproportionately targeted by the tobacco industry, or suffer higher rates of tobacco-related disease.

HD populations may include:

- Youth of color, such as African American, Hispanic/Latino, Asian American, Pacific Islander, American Indian, and Alaska Native youth
- Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth
- Youth of low socioeconomic status
- Rural youth
- Pregnant minors and minor parents
- Students experiencing homelessness or foster placement
- Students in nontraditional school settings
- Youth involved in the criminal justice system
- Youth with co-occurring disorders such as mental health conditions and substance use disorders
- Other subgroups identified through a data-driven process as being at greater risk

Tier 2 TUPE programs must provide services for the general population as well as additional, targeted services for HD populations in the following

program areas: Student Services, Family and Community Engagement, and Staff Professional Development (described below).

Culturally responsive strategies must be used to recruit and engage members of HD populations in the TUPE services and activities that are designed to reach them. Culturally responsive strategies are those that foster equity and belonging. They empower youth, parents, and other community members to affirm their own values, customs, genders, and ethnic/racial heritages while also affirming the lived experiences of others.

Although designed for HD populations, these services should be made available to non-HD students who also want to use them.

E. Program Plan

The program plan guides the overall development, implementation, and evaluation of a TUPE Tier 2 program. It addresses five program areas:

- Student services
- Family and community engagement
- Staff professional development
- Tobacco-free policy development and implementation
- Project monitoring and evaluation

The five program areas are discussed in greater detail below.

1. Student Services

Providing high-quality, evidence-informed student services is the most important and resource-intensive part of the program plan. This is reflected in the requirement that at least 60 percent of a TUPE Tier 2 budget be allocated to student services. Student services can be grouped into four categories:

a. Prevention

Prevention refers to providing students with the skills and knowledge they need to avoid initiating tobacco use. TUPE programs must use an approved curriculum for at least one of their prevention services for the general population of students. Approved curriculum refers to an evidence-informed tobacco-use prevention curriculum which has been vetted by a CDE-designated team of tobacco-use prevention experts and approved by the CDE. The following are approved curricula:

- CATCH My Breath
- Keepin’ it REAL
- Model Smoking Prevention Program
- Project ALERT

- Stanford Tobacco Prevention Toolkit/You and Me, Together Vape-Free Curriculum
- The Real Cost of Vaping

The most prominent example of a prevention service is classroom-based instruction that is provided across the board to all students in particular grades, per the selected curriculum.

In addition to the approved tobacco-use prevention curriculum, grantees must provide another prevention service. Here are some other examples of prevention services:

- Develop a district-wide campaign to deglamorize and denormalize vaping.
- Hold a World No Tobacco Day event.
- Teach students to deconstruct tobacco ads to learn how the industry manipulates young people.
- Ask students to create a Photovoice project after learning about the health consequences of vaping.
- Lead students to explore the history of smokeless tobacco in sports.
- Invite a guest speaker to address the personal cost of tobacco use.
- Hold an assembly with a tobacco-related message.
- Include peer-to-peer leadership programs such as Friday Night Live.
- Create social media campaigns and the development of Public Service
  Announcements
- Provide supplemental curricula related to Social Emotional Learning (SEL) or Mental Health that supports students' self-management, self awareness, social awareness, relationship skills, responsible decision-making, and stress reduction techniques.

HD-focused prevention services could include translating tobacco prevention and education materials into threshold languages, engaging school clubs with prevention messaging, developing and disseminating culturally responsive social media, and other activities that target specific HD populations with prevention messaging.

Applicants should plan prevention services not only for middle school students, but also for students in the higher grades (i.e., grades ten through twelve).

b. Intervention

Intervention refers to engaging in a helpful way with students who have been caught with tobacco or marijuana or who have disclosed that they are experimenting with vaping. Situations like these present teachable moments when a teacher or other influential person can do or say something that makes the students less likely to advance to regular use.

Here are some examples of intervention activities:

- Work with students and their parents/guardians to develop a counseling and/or education plan as an alternative to suspension.
- Develop a peer-to-peer intervention program.
- Refer students to YVAPE (Youth Vaping Alternative Prevention Education).
- Offer another intervention curriculum, such as Brief Interventions, after school or on Saturdays.
- Require community service activities related to TUPE.

The CDE encourages the use of intervention strategies that are consistent with Alternatives to Suspension and Expulsion (ATSE). The spirit of ATSE is that the tobacco industry is to blame for youth tobacco use, not students who may be struggling with addiction, and that intervention should focus on helping students, not punishing them. ATSE approaches improve educational outcomes, especially for African American, Hispanic/Latino, and LGBTQ students, English language learners, foster youth, and youth with disabilities, who are more likely to be suspended and expelled than other youth cited for tobacco use. For more information, see the Fix Discipline Toolkit at http://www.fixschooldiscipline.org/community-toolkit/#.

Because disciplinary actions historically have fallen most heavily on students of color and other disparity populations, it is particularly important that HD-focused intervention activities be used to communicate care and promote school connectedness. As an example, hire counselors that are familiar with the HD population and can provide culturally responsive intervention services.

c. Cessation

Cessation refers to helping students who regularly use tobacco products to quit. Cessation services can include providing school-based counseling or referring students to Kick It California, or local resources. Referral is considered a cessation service only when regular tobacco users are individually identified and directly referred to a treatment provider.

In developing their cessation strategies, applicants should consider all tobacco products used by students. They should address all vaping devices, whether used to consume tobacco or marijuana, as well as products such as blunts and spliffs, which contain both tobacco and marijuana.

A cessation program for youth should aim to:

- Increase the desirability of quitting and the sense of urgency about quitting early in life, for example by educating students about the hazards of using tobacco and/or marijuana and the benefits of quitting.
- Increase the number of students trying to quit by providing frequent supportive reminders and offers of help.
- Normalize quitting by celebrating successes.
- Increase social support for quitting by developing a peer-to-peer or group support program.
- Boost the quit attempt rate across subgroups by tailoring cessation services to HD populations and using culturally responsive strategies to recruit and engage them.
- Increase the use of evidence-based treatments such as cessation medications, by referring students to pediatricians and other providers who are known to prioritize cessation.
- Increase the use of behavioral support programs, such as Kick It California or local cessation programs, if available, by proactively referring students who vape or smoke.

Here are some examples of specific cessation activities:

- Refer students to Kick It California. The Kick It California referral page is at https://kickitca.org/student-referral-form#. As part of the referral activity, create a tracking process to identify students who:
    - need cessation services,
    - agree to accept services,
    - actually, engage in services, and
    - complete services.
- Provide encouragement and support at each step, as the goal of referral is to ensure that the needs of students at high risk of advancing to a lifetime of tobacco use and addiction are met. These steps help to encourage participation and track the effectiveness of the cessation referral and support process.
- Contract with a local cessation service provider to deliver necessary cessation resources to students, using a thoughtful and supportive process as described above.
- Provide quit kits for students wishing to quit. Determine what items will be included in the kit by soliciting input from students that have successfully completed a cessation program.

HD-focused cessation activities could include using culturally responsive approaches to engage and recruit members of HD populations into one-on-one or group counseling with a school counselor, and working with school club members to develop a peer-to-peer or group support program. Another example is hiring counselors that are familiar with the HD population and can provide culturally responsive cessation services.

d. Youth Development

Youth development refers to intentional, pro-social approaches that engage young people in their communities, schools, organizations, peer groups, or families in ways that recognize, utilize, and enhance their strengths.

TUPE programs should make special efforts to recruit students from HD populations for these activities, and to include students as leaders with active roles and experiential participation in tobacco-use and vaping prevention.

There are numerous possibilities for youth development. Here are some examples:

- Engage youth to help develop a more comprehensive tobacco-free policy for school sites within the district, to communicate it to other students, families, community members, and staff, and to take roles in enforcing the policy.
- Work with students to foster a school culture that demands and expects a tobacco-free and vape-free environment.
- Involve students in educating city councilmembers or county supervisors on tobacco issues that affect youth, such as the prevalence of tobacco and marijuana vaping in places where young people congregate and the problem of predatory marketing by the tobacco industry in neighborhoods of color.
- Engage youth in developing and disseminating a social media and digital media campaign against tobacco, marijuana, and vaping.
- Build youth relationships with law enforcement to combat illegal sales to underage students and develop cadet programs.
- Engage youth in developing and promoting prevention services or products that are culturally responsive to the needs of HD populations.
- Train students to become peer-to-peer educators to promote the message about the dangers of tobacco, e-cigarette use, and vaping.
- Ask students to research current trends and data regarding underage use and tobacco industry manipulation and present to their peers.

- Engage students in conducting a visible litter study to determine whether tobacco waste is the most prevalent source of litter on local roads and waterways.
- Conduct a visual survey of the stores located within a determined proximity to schools and document the number of tobacco or vaping ads inside and outside the store, as well as the location of the ads.
- Invite youth to attend regional and statewide conferences that build their skills and knowledge by providing opportunities to learn about tobacco prevention and research from subject matter experts.
- Train youth to facilitate peer discussions and conduct peer-to-peer interventions and cessation referrals.
- Invite HD population students to attend leadership and wellness conferences to provide opportunities to learn about tobacco prevention, youth development, and SEL.

2. Family and Community Engagement

Family and Community Engagement refers to services and activities that directly engage parents, families, and other community members in youth tobacco prevention activities. This program area is important because parents, guardians, and other community members have strong influence on students and can help prevent youth tobacco use. This may be especially important in populations experiencing disparities, including African American, Hispanic/Latino, and other communities that experience disproportionate, targeted marketing by the tobacco industry.

Here are some examples of activities to engage family and community members:

- Seek the input of parents and guardians in tobacco and vaping needs assessments, because they often play critical roles in tobacco prevention by providing social and environmental support and intervening on youth tobacco use.
- Ask parents to reinforce tobacco-free educational messages at home.
- Involve parents and families in homework assignments, to increase the likelihood that smoking and vaping will be discussed at home, and to motivate adults in the family to quit or reduce their own tobacco use.
- Solicit support for the TUPE program from community-based organizations.
- Conduct parent information nights or workshops.
- Coordinate with schools to distribute printed informational materials to parents at back-to-school nights or other events where parents are invited. Ensure that the information is translated, as appropriate.

HD-focused activities to engage families and communities could include some of the same activities listed above, but should be linguistically tailored and specifically designed to reach HD populations with culturally responsive approaches. An example would be conducting parent workshops in multiple languages, utilizing translators and interpreters as needed. It may also help to hire a Family and Community Engagement Specialist or Outreach Coordinator with a specific focus on reaching HD populations.

3. Staff Professional Development

Staff professional development refers to trainings and related activities that increase the skills, knowledge, and ability of school staff to prevent youth tobacco use. This program area is important because it helps ensure that staff have the training they need to support students in making healthy choices with regard to tobacco use and vaping.

To be effective, TUPE Tier 2 programs should ensure that:

- Training is interactive, as experience has shown that learning is more likely to occur when trainees interact with the trainer and/or the content, such as by asking questions or taking a learning assessment at the end of the training.
- Training is provided not only to TUPE staff but also to non-TUPE staff, in order to increase schools' overall capacity to prevent youth tobacco use.
- Specialized training is provided to school staff to increase their capacity to support tobacco prevention in HD populations.

Trainings may be developed locally or provided by the County Office of Education (COE) or the Capacity Building Program (CBP). They may cover a variety of tobacco-related topics and include attendance at TUPE-related conferences. Ancillary development services, such as information distribution, may be provided in addition to, or in conjunction with, the required training services.

The selected trainings and staff professional development activities should focus on building and improving the program's capacity to provide high-quality services in the other program areas, and/or address needs identified in the needs assessment.

Here are some examples of appropriate staff development activities:

- Provide a live, in-person training for front-line TUPE staff on a topic such as how to make the most effective use of the selected prevention curriculum, how to intervene effectively and equitably with students who are using or experimenting with tobacco or marijuana, and elements of effective cessation programming.

- Provide an online, interactive training for non-TUPE staff on the basics of youth tobacco-use and vaping prevention.
- Send selected staff to meetings or conferences to increase their capacity to support TUPE programming, such as the Stanford University Cannabis Prevention Awareness Conference, the Boost Conference, the Wellness Together Conference, local/regional health and wellness conferences, youth vaping prevention conferences, SEL, or mental health conferences.

The goal of HD-focused training is to enhance school staff's capacity to engage HD students, parents, and families using culturally responsive approaches. For example, a program that has identified Hispanic/Latino students and their families/communities as a HD population could provide a training led by community members on cultural differences or similarities with respect to how tobacco use is used or viewed within the community. In addition, staff can attend conferences related to the HD population, such as the Lead With Pride Summit for LGBTQ+ students, the California Rural Health Conference, or trainings offered by the Prevention Institute and the Public Health Institute that focus on HD populations.

4. Tobacco-Free Policy Development and Implementation

The development and implementation of tobacco-free policy is a key part of the program plan because effective policy provides a strong foundation for communicating the importance of a tobacco-free lifestyle to students, family, the community, and staff.

There are a few main considerations for TUPE grantees concerning tobacco-free policies:

- School districts must be certified as having a district-wide policy prohibiting tobacco use at all school sites and in all school property before they can receive TUPE funding.
- Some grantees may need to take steps during the grant period to develop a more comprehensive policy.
- The policy should be effectively communicated to students, families and community, and staff, such as by announcing the policy in school assemblies, sending printed information about it home with students, including it on school and district web sites, and addressing it in staff trainings for both TUPE and non-TUPE staff.
- Grantees must ensure that equitable enforcement practices are used, such as ATSE.

5. Project Monitoring and Evaluation

Project monitoring and evaluation help to ensure that TUPE programs are implemented as planned and that they achieve their intended outcomes.

They also help ensure that data needed for critical decision-making are collected and analyzed so that timely program improvements can be made.

A project monitoring and evaluation plan is based on measurable outcomes, which are tracking measures that indicate the extent to which a service was implemented as intended, or that quantify the effect a service had on the knowledge, attitudes, or behavior of the population being targeted. They should be specific, measurable, attainable, relevant, and timely.

TUPE Tier 2 grantees are encouraged to develop the most robust—but useful—monitoring plan that they have the capacity to implement.

For more on this topic, see the TUPE Tier 2 webinar on developing a project monitoring and evaluation plan at https://sites.google.com/view/tupegemsresources/evaluation?authuser=0.

Grantees are also required to administer CHKS to ensure that up-to-date, local data on youth tobacco use are available for program planning and evaluation. Detailed guidance and resources are available at https://calschls.org/docs/tupe_chks_guidance_june_2021.pdf.