Health Education Program

A. Tobacco control programs funded through this program are to apply current research findings regarding the effectiveness of tobacco use prevention, tobacco cessation, and tobacco control policy activities.

B. Tobacco use prevention and cessation activities are to give preference to utilizing currently available curricula and implement those curricula with no or as few modifications as possible and appropriate.

C. The distribution of educational interventions and resource allocation are to be based on the objective identification of the populations at risk for tobacco use, current tobacco users, and the availability of existing local programs.

D. Health education shall both provide information and address motivation, behavior modification, skill building, organizational change, economic incentives, and policy activities.

E. Educational materials alone are not to be used as the primary health education methodology, but rather as an aid to the educational process. The exception to this is materials designed for self-instruction.

F. Priority is to be given to tobacco control interventions that have proven to be effective and offer the potential to be institutionalized into the community and that will be self-perpetuating.

G. At a minimum, tobacco use prevention programs are to include the following components:

1) Information about the social consequences, long-term, and short-term physiological effects of tobacco use, e.g., lung disease, cancer, bad breath, stained teeth, or gum disease.
2) Information about social influences on tobacco use, especially peer, parent, and media influences.
3) Training in refusal skills, including modeling and practice of resistance skills.
4) Evaluation.

H. Tobacco cessation methodologies are to incorporate one or more of the following:

1) Cognitively based self-management procedures.
2) Relapse prevention including weight control, avoidance of high risk situations, and coping behaviors.
3) Pharmacologic interventions supported by a health education intervention.
4) Evaluation.

I. Aversion therapy is not allowed. Hypnosis only methodologies shall not be utilized.
J. Tobacco control programs are to be culturally and linguistically appropriate for the target populations and intervention groups.

K. Tobacco control programs are to be designed with the assistance of representatives of target populations and intervention groups. They shall be conducted with the participation or support of organizations or individuals from the target populations or from organizations serving those populations.

L. Agencies, organizations, or individuals knowledgeable, sensitive, and having access to target populations and intervention groups are to be utilized to deliver services to target populations and intervention groups.

M. Multiple channels are to be utilized to promote tobacco control activities with a change in community norms as the goal.

N. Program evaluation shall be built into tobacco control activities and, at a minimum, should assess how well the target populations and intervention groups were reached, the quantity and quality of achievement obtained, and shall determine whether changes in knowledge, attitude, behavior, skills, and policies, tobacco sales, etc. have occurred.