

# WHEN ARE WE GOING TO TEACH HEALTH?

LET'S TEACH HEALTH AS IF EACH CHILD'S  
***LIFE DEPENDS ON IT—BECAUSE IT DOES***

**DUNCAN VAN DUSEN**



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WHEN ARE WE GOING TO TEACH HEALTH?  
*Let's Teach Health as If Each Child's Life  
Depends on It – Because It Does*

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# TOBACCO AVOIDANCE: DEFUSING THE E-CIGARETTE EXPLOSION

*How the epidemic of youth vaping happened  
and how health education can mitigate it.*

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**Q:** What could possibly go wrong if we don't take K-12 health education seriously?

**A:** The youth vaping epidemic.

As of the summer of 2020, the crisis of youth electronic-cigarette use, or vaping, is still in full flame. Though a full post-mortem is premature, we are far enough along to examine how it started and to consider the role health education could have played in limiting its spread—and can still play in its eventual control and decline.

## Where We Are and Why That’s a Problem

The National Youth Tobacco Survey conducted by the FDA and CDC concluded that in 2019, 5.4 million middle and high schoolers “currently” used e-cigarettes (i.e., during the past 30 days).<sup>1</sup> That’s a staggering two-and-a-half-fold increase from 2017.

The health dangers to kids of typical e-cigarettes include addiction to nicotine, potential harm to brain development, and the unknown long-term health impacts of inhaling the other chemicals the product contains. I say “typical” because for a while, e-cigarettes and vaping were synonymous mainly with the delivery of nicotine, but vaping has come to encompass inhaling controlled substances such as THC and CBD along with many other chemicals that can be aerosolized. So, although vaping is really a behavior and not a specific drug, we will focus on nicotine since most school-age vapers use mass-market e-cigarettes that contain it (including all JUULs, their favorite brand until recent changes in law, described below).

Nicotine is uniquely dangerous to youth because the further a child’s brain is from reaching full development at around age 26, the more susceptible that child is to becoming addicted to it—almost 90 percent of adult tobacco users took up the habit by age 18, and 99 percent by age 26.<sup>2</sup> This fact should make everyone skeptical of claims from the nicotine-delivery industry that they don’t want youth using their products. Without addicting youth, simple math tells us that their business can’t continue beyond a generation or two.

The *Surgeon General’s Advisory on E-cigarette Use Among Youth* warns that, in addition to being addictive, nicotine can cause reduced impulse control, mood disorders, and attention and cognition deficits in youth.<sup>3</sup> Would any parents or teachers like to have their teens use a product that would give them *lower* impulse control, *more* mood disorders, and *less* attention and cognition?

Vaping also carries several other health, social, and educational risks for youth:

- Youth who vape are almost seven times more likely to start smoking cigarettes within 18 months than those who don’t.<sup>4</sup>
- People addicted to nicotine are more likely to become addicted to other drugs, both illicit and prescription.<sup>5,6</sup>
- Vaping is detrimental to immune health and lung function,<sup>7</sup> and therefore it is biologically plausible that vaping is a risk factor for getting COVID-19, and if you do get it, having a more severe case. (As of this writing, this risk has been demonstrated for smoking and is suspected for vaping.<sup>8</sup>)
- Manufactured e-cigarettes contain many chemical compounds with unknown short- and long-term health effects. Perhaps worse, refillable vaping devices have inspired home-brew experimentation that is minimally regulated—besides nicotine, youth vape THC, CBD, and other concoctions. An outbreak of E-cigarette and Vaping Associated Lung Injury (EVALI) in late 2019 harmed more than 2,800

people and was ultimately traced to Vitamin E acetate, a thickening agent added to vaping products containing THC.<sup>9</sup> EVALI may be only the first of many vaping-related diseases to come.

- Although vaping is less expensive than smoking, it is still not cheap. At 2020 prices, a \$4.00 JUUL pod contains the same amount of nicotine as a pack of cigarettes, which costs an average of \$7.00. This expense may distort youth behavior and lead to crime. An Austin-area high schooler was murdered in 2019 in a presumed vaping sale stick-up,<sup>10</sup> and teens are routinely caught shoplifting e-cigarette pods and devices, sometimes leading to a criminal record for life.
- The more normalized youth vaping becomes, the greater the negative social consequences for those who don't participate, including bullying and exclusion.
- Vaping is a giant distraction from education because kids leave class to feed their addiction, sneak a hit right in the classroom when the teacher isn't looking, miss school due to suspension, or are otherwise unable to properly concentrate on learning.

Considering the well-known dangers of tobacco and the hard-won social norms disfavoring its use, how is it possible that it could be so quickly repackaged and revisited upon our youth with such grotesque success? A proper answer to this question must address both the supply side (the product and its availability) and the demand side (how youth feel about its use).

## How We Got Here: Supply Side

E-cigarettes were introduced around 2007 as a potentially safer alternative to cigarettes. Like smoking cigarettes, e-cigarette use involves inhaling from a handheld device to deliver nicotine through the lungs and into the bloodstream. And because nicotine comes from the tobacco plant, e-cigarettes are considered tobacco products. However, whereas smoking involves burning tobacco leaves and therefore inhaling the many carcinogenic by-products of combustion, using e-cigarettes involves heating a nicotine-containing fluid into a “vapor” or aerosol that is *probably* less harmful than tobacco smoke. (If it isn't obvious why that is faint praise, see more in the health education section below.)

E-cigarettes have evolved into three product categories, each of which has different effects on and appeals to youth. They are listed below in order of their appearance on the market:

1. Disposables. These were the first e-cigarettes on the market and are typically of the same size and shape as traditional cigarettes. Initially they were not offered in exotic flavors, and their appeal was mostly limited to adults trying to reduce the harm of their nicotine use while still having an experience similar to smoking. Youth dismissed them as being “for old people.” Unfortunately, following the 2020 rules limiting flavors of pre-filled e-cigarettes (see below), many flavored disposables have appeared and youth have been drawn in.

2. Refillables. Also known as “pens,” “tanks,” or “mods,” these e-cigarettes are larger and usually held in the palm of the hand instead of between two fingers. As their name suggests, these devices allow repeated use with “e-juice” (the suspension of nicotine in an easily aerosolized propellant) available in lightly regulated neighborhood vape shops all over the country. The advent of these devices has led to a proliferation of vape flavors: hot cinnamon, sour apple, crème brûlée, Dr. Pepper, cotton candy, pancakes and maple syrup, spearmint, T-bone steak, unicorn vomit (no kidding, Google it)—or if none of those sound tempting enough, any one of about eight thousand other varieties. These products first gained popularity with young adults and were generally too expensive, cumbersome, and messy to take off with middle- and high-schoolers (who labeled them “douche flutes”). The biggest niche for these devices in the youth market today is for vaping THC or CBD.

3. Pre-filled. This type of device contains a snap-in “cartridge” or “pod” containing flavored e-juice. The most notable example is JUUL, which burst on the scene in 2017 and in less than three years, vastly expanded the under-18 market for vaping and captured 75 percent of it.<sup>11</sup> Sometimes called the “iPhone of e-cigarettes,” JUUL resembles a flash drive and is thus both sleeker and easier to conceal than other devices. With a smaller range of flavors and pre-filled pods, its simpler packaging made it

much easier to stock and sell than other types of vaping devices. When JUUL appeared, many teens were suddenly able to get e-cigarettes by faking their age and ordering online, finding a corner store or gas station with lax age enforcement, or locating an enterprising friend who had bought in quantity (legally or illegally) and would resell to them. Finally, JUUL’s breakthrough in using “nicotine salts” allowed it to make a higher-nicotine product, which it trumpeted delivered nicotine to the brain 1.25 to 2.7 times faster than other e-cigarettes.<sup>12</sup> JUUL’s innovative combination of being appealing, accessible, addictive, and discreet led to its adoption by millions of K-12 students around the country.

### Regulatory Response

The vaping crisis has triggered a new era of tobacco regulation. However, a fierce tug-of-war persists between those who point to the potential harm-reduction of vaping compared with use of other tobacco products and those who point to the soaring popularity of vaping products among youth and their health risks, both known and unknown.

To address the youth accessibility side of the equation, on December 20, 2019, President Donald Trump signed a law setting the minimum age to purchase any tobacco product at 21 years old. This change followed decades of advocacy and was undoubtedly spurred by the escalation of youth vaping and the enactment of similar laws

in 19 states, including six of the seven most populous, in the years leading up to it.

In terms of youth appeal, many public health advocates have raised alarms that 81 percent of youth ages 12–17 report that their first experience with tobacco was with a flavored product (possibly because flavors mask the natural bitterness of nicotine and thus lower the barrier to initiation).<sup>13</sup> It seemed clear that despite e-cigarettes’ promise of reducing harm to existing tobacco users, their exotic and sweet flavoring was creating harm by attracting young newcomers.

Thus, in September 2019, the Trump administration suggested a “flavor ban” on all e-cigarettes. After several months of intense lobbying by the vaping industry, the new rules that took effect in February 2020 only limit flavors in “pre-filled” cartridge devices. Menthol and tobacco flavors are exempt from restrictions across all devices. Initial reports suggest that since the change, youth e-cigarette use has simply shifted to the other two device types (disposables and tanks), which have fewer or no flavor restrictions.

Other innovations have quickly sprung up as well. For example, Puff Krush, whose marketers describe it as “pre-filled [flavor] pods designed to be an add-on for the [tobacco] JUUL pod.”<sup>14</sup> Krush pods are exempt from regulation because they contain no nicotine. So, by simply separating the nicotine and the flavoring into two different packages, manufacturers circumvented

the regulations in less time than it took to make them. In summary, the flavor ban did not turn out to be a flavor ban at all.

### **How We Got Here: Demand Side**

Since it takes two to tango, we also need to consider why today’s youth have been so uniquely susceptible to vaping.

First, their teachers and parents didn’t grow up with JUULs or other e-cigarettes and simply don’t have the life experience, facts, or vocabulary at hand to confidently discuss and bust myths about them. (What life experience we parents *do* have strongly argues for not taking up topics with our teens that we have not mastered ourselves!) So, most young people have not received the basic social inoculation against the dangers of e-cigarettes that they have against traditional cigarettes, marijuana, other drugs, drunk driving, unprotected sex, and other common youth health risks.

This yawning generational knowledge gap was unmitigable to me when I brought a JUUL to the largest annual gathering of high-school future health professionals (HOSA) in the summer of 2018, after this product had already been around for a while. Of the five hundred or so adults I presented to, only two or three hands went up when I asked what it was. Meanwhile, my colleagues and I were unsuccessful in finding a single high schooler among the thousands in attendance with any

such uncertainty. We did, however, collect a few classic “Duh!” looks along the way.

The second compounding element of this perfect storm was the advent of social media and micro-marketing, which allowed kids to be targeted with messages their parents weren't seeing at all. If e-cigarette makers had taken out ads in *TIME* magazine like tobacco peddlers of yore, adults would have cottoned to the dangers quickly and the period of parental cluelessness about vaping would have been much shorter. Instead, e-cigarette manufacturers, especially JUUL, exploited channels unmonitored by grown-ups through the use of paid social media “influencers” on Twitter, Instagram, and YouTube. These influencers' posts portray the product as cool and evoke emotions such as relaxation, freedom, and sex appeal. Often including images of youth, they easily reached underage consumers.

A third reason that parents and teachers were caught unawares is, ironically, that youth smoking prevention policies and programs—including hard-hitting youth awareness media campaigns like those from the non-profit Truth Initiative—were so successful. From the mid-1990s to 2018, the portion of eighth-to-twelfth graders smoking cigarettes on a daily basis plunged 88 percent.<sup>15</sup> Perhaps it is only natural that parents and schools shifted their attention away from teen nicotine use. But in so doing, we left our kids unguarded from the predations of Big Tobacco and e-cigarette upstarts like JUUL. And when they hit, those decades of neglect of

health education meant schools were without the staff skill, schedule time, parent engagement, and culture of teaching health needed to mount a rapid response.

### **How Health Education Can Help**

The dizzying rise of youth vaping shows that when it comes to health education, parents can't keep up, and because they don't make it a core priority, schools don't keep up. Skills-based health education that applies SCT and SEL could have helped stop the march of the vaping epidemic—and still can, in three ways.

The first is by disseminating knowledge through posters and other environmental supports in schools, as well as through classroom education that includes accountability measured through assignments and tests. Just because youth are familiar with vaping does not mean they understand it, and in the absence of formal (or at least parental) health education, teens bear the weight of dangerous myths passed peer-to-peer. For example, 59 percent of youth think e-juice is mostly water (it actually has none) and 41 percent think that if e-cigarettes are flavored, it means they don't contain nicotine (99 percent of mass-market products and all JUULs do).<sup>16,17</sup> This latter myth was passively stoked by the industry, which did not clearly label their products as containing nicotine until required to do so in August 2018.<sup>18</sup> In an illustration of our youths' own anger at the lack of information about vaping available to them, a number of youth-initiated lawsuits have been mounted alleging that manufactur-

ers intentionally deceived the public about e-cigarettes' nicotine content.

The second benefit health education could provide is to cultivate healthy attitudes and beliefs about e-cigarettes. Many youths, to some extent abetted by adults, have underrated the dangers of vaping due to whatever is the opposite of “guilt by association” with cigarettes. Let’s call it “innocence by dissociation.” School-age youth mostly still harbor social antibodies against smoking combustible tobacco but see vaping as fundamentally different, rather than as the same old drug (nicotine) delivered in a different package. No wonder, since e-cigarettes have been promoted as a potentially safer alternative to cigarettes. In fact, JUUL illegally said “safer” until September 2019, when it received a harsh cease-and-desist letter from the FDA on that subject.<sup>19</sup>

Anyway, “potentially safer” is hardly consolation when you are comparing something with an unquantified risk with one of the deadliest products of all time. Used as designed, cigarettes have already caused one hundred million deaths and add another one hundred planeloads of fatalities every day.<sup>20</sup> And there’s certainly no need for a “safer alternative” for the millions of kids who never smoked in the first place! A good health teacher can guide youth to reframe unhealthy beliefs (for example, changing “this is safer” to “safer is not safe”), and in so doing significantly improve health behaviors.

Finally, health education can combat demand for vaping

through youth empowerment. It’s pretty clear that the dogmatic “just say no” approach never worked, and it certainly doesn’t work with today’s teens.<sup>21</sup> Instead, teachers need to help kids make their own decisions about health behaviors and arm them with the social skills to back them up. For example:

- Instead of asking students to make a “pledge” not to vape, ask them to make a “choice” about vaping. Pledges can feel coerced and, like forced apologies, may not be sincere. Making a choice is much more empowering.
- Rather than making declarative statements, ask open-ended questions about how vaping could hinder kids’ own goals. This helps them to reflect and formulate connections in their own minds between their behaviors and the short- and long-term consequences of those actions.
- As part of the health curriculum, organize peer-led small-group discussions and report-outs facilitated by peer-elected leaders. This format helps youth hear health messages in their peers’ own words and promotes participation and candor.
- Guide youth in naming and practicing peer-refusal skills. Rehearsing refusal is crucial because the moment when (not if) a child is offered an e-cigarette may well be in a socially charged atmosphere where there is little time to formulate a confident reply.
- Provide project-based learning opportunities for teens to explain, share, and advocate publicly for their healthy choice through presentations, posters,



PSA videos, and social media. This evangelism will help cement their decision and beliefs into their own identity while potentially persuading some of their peers to follow their lead (see case study on “Student in Action” following this chapter).



High schooler Luka Kinard speaks about vaping to a class of peers at Hickory High School, North Carolina (Photograph by Beverly Snowden, Director of Communications, Hickory Public Schools. Used with permission.)

These techniques help develop healthy attitudes and empowering skills, particularly important in combating the billions of dollars in advertising poured into making vaping look cool. If health educators are going to help kids replace marketers’ hollow emotional appeals with an attitude that it’s health that is cool, a facts-only, adult-delivered approach will not work. The strongest and most durable health behaviors are the ones cultivated by training youth to think and act for themselves.

## Pitfalls to Avoid

In addition to following these best practices, schools that want to make an impact on student vaping through health education will need to break a few bad habits.

First, resist the temptation to plug the topic of vaping into an already weak approach to school health education. Schools need to acknowledge when they’re behind and actively remediate the problem. I have attended several presentations for parents in which a school triumphantly announced that vaping will be added as a topic in the (one-and-done) sixth-grade health class next year! Invariably, an irate parent will raise their hand and say, “What about my seventh grader who will be in eighth grade next year—what are you doing for her?” And if no one is saying it, they’re still thinking it. If you are the one fielding that question, how will you reply?

Second, don’t limit vaping education to students who are caught in the act. Quality youth health education programs reform some kids, but their strength is in prevention, not treatment. And for a bona fide addict, the remedy may need to go beyond education to therapy with counseling and/or medication.

Moreover, making health education a punishment is a bad precedent and a huge disservice to kids who, with a dose of prevention, might have avoided an infraction in the first place. Assigning kids a community-service project like making an anti-vaping poster or video may be an instructive disciplinary “learning experience,” but

it's no substitute for making vaping prevention part of the educational core.

And finally, don't let up when this particular crisis passes. Being a good educator means staying at the forefront of new information and trends. As the vaping epidemic has amply illustrated, health education topics and techniques evolve at least as fast as those of any other subject. Health needs to be made a part of schools' educational core once and for all so that when the next threat emerges, we are in front of it rather than playing catch-up with a generation of children.

## Summary

The epidemic of youth vaping was caused by the combination of rapidly evolving and poorly regulated repackaging of nicotine (supply side) and a vacuum of adult awareness and school health education (demand side). Educationally sound and up-to-date approaches to health behavior skill-building and youth empowerment have been shown to help reduce vaping among K–12 students, but to make meaningful progress, more schools need to reform poor health education habits.

## Recommended Actions

Teachers and parents of school-age children: Inform yourself about vaping basics and ask your school how they are addressing the epidemic.

**Principals:** Provide youth vaping-prevention education proactively, rather than as a disciplinary response. Host a required informational session for staff and an optional one for parents.

**School boards, superintendents, and district administrators:** Require evidence-based vaping prevention education for all students in grades five through twelve. (Although some experts advocate starting even sooner, others claim that can backfire by kindling curiosity.) View the vaping epidemic as a symptom of a chronic lack of health education in schools, not an isolated problem to be overcome and forgotten.

vaping and the impact it has on the health of today's youth. Although I've always done my best to discourage kids from vaping, my warnings about the potential harm they were doing to their bodies with every inhalation were often ignored. I just didn't have the impact I had hoped to have, so I decided to learn more about this growing epidemic and figure out how I could make a difference here in my community. My goals were to complete three different service projects: deliver a great Capstone community presentation, bring the CATCH My Breath Program to Avon High School, and create a fundraising project for the cause.

## CASE STUDY

### Student in Action—Romi Eldah, Avon High School Class of 2020, Avon, Connecticut

*During Romi Eldah's senior year at Avon High School, he undertook a vaping- prevention project that won the gold medal in the inaugural CATCH My Breath Service Learning Project competition. Along with a \$2,500 college scholarship, Romi received a perfect score of 60/60 from the expert judging panel—and when you read this case study, you'll understand why. Rather than paraphrase his story, I will let Romi tell it himself through these lightly edited direct quotes compiled from his contest application.*

#### Origin and Purpose

As a student athlete, my health and wellness have been important to me my whole life. At my school, I'm required to complete a Senior Mastery Capstone Project before I graduate, so I chose to research the effects of

#### Capstone Presentation

First, I met with my anatomy teacher, Jessie Shaw, about the topic of vaping and its health effects on today's youth to ask her if she thought it was a good topic for Capstone, and if she would be my mentor and advisor. She was interested and agreed.

The topics I researched for my presentation included an overview of vaping, statistics on the rise in vaping use, marketing strategies targeting youth, chemical dangers, impact on health, and potential risks to body systems, addiction concerns, and vaping as a possible gateway to other drugs, how we can help make a difference in our community, the CATCH My Breath Program, and local, state, and federal laws around vaping.

As with any presentation, I prepared and practiced long

and hard to perfect each element. I was a week or two away from my presentation date when the coronavirus surprised us all and knocked me off my well-planned path. We moved to remote learning, so I was forced to leave my comfort zone and do something I had never done before. I had to present my Capstone over Zoom to my mentor and a grading panel of teachers while my family was there watching me.

When it was finally time to present, I was a nervous wreck, trying to make small talk before my presentation as I tested the angle of the monitor, the camera, my links, and more. My mentor mentioned that how I was feeling was just what she felt when the teachers began teaching remotely. What was amazing, though, is that once I began my presentation, my nerves washed away. I dialed in and knocked it out of the park. I passed “with distinction,” having gone “above and beyond” what was required, and I will be recognized for my hard work and exceptional results.

### **Bringing CATCH My Breath to Avon High School**

When I was doing the vaping research for my Capstone Project, I found information about the CATCH My Breath Program online. I was really interested in the idea of bringing the program to my school. The website was informative, and I also was able to speak with someone in the office directly about the different service-learning projects that were offered by CATCH My Breath.

After talking with the assistant principals, I was able to meet with my high school principal, Michael Renkawitz. I knew my principal was very busy and that I might only have one chance at impressing him and getting my point through. So I prepared my notes about why I wanted to bring a vaping prevention program to our school, what it meant to me, and why it was important to our entire school. I explained the details of how the CATCH My Breath school program works and gave him the CATCH brochure and their website address. I also informed him about how successful their program is by sharing their research, which says that seven out of eight students say they are less likely to use e-cigarettes after CATCH My Breath. We agreed to set up another meeting after he’d reviewed the information. Unfortunately, due to COVID-19, we just didn’t have time to finalize the plan. Instead of meeting in person, we had to move to communicating remotely through email.

Fortunately, I did achieve my goal and he agreed to join the movement, stating “Avon High School has officially joined the CATCH My Breath Program; doing so gives us access to the researched student presentations, short lessons, parent information, and future updates.” He indicated that he was proud of what I had done in representing Avon High School’s student body, and that I was helping our community as a whole.

Although we were faced with the obstacle of COVID-19 and were not able to deliver the program this spring, it will begin in the fall. I will be in college then, but look

forward to hearing all about it from my younger brother. I am glad I persevered and didn't let COVID-19 derail the plan, and I hope that Avon High School is able to offer this program for many, many years. It will be a great resource for the parents, teachers, and school staff who work so hard to support the health and education of children and students.

### **Fundraising Project**

I met with the principal a second time to talk about my idea to sell custom bracelets that I had designed with the message “HEALTH IS YOUR WEALTH, DON'T GET SUCKED IN” at school. We discussed how donations to the CATCH My Breath Program support vaping prevention education in schools and that for every \$25 raised, 50 students could be educated. During this meeting, I was given permission to sell custom bracelets as a fundraiser. We decided on a time and location for me to sell them; for example, during our lunch break as everyone was walking to the cafeteria.

Unfortunately, the coronavirus forced me to find another way to sell them, so I turned to social media, posting stories on my Instagram and Snapchat as well as messaging my friends, teammates, neighbors, and relatives. I had countless responses saying how great the idea was and that I was doing an amazing thing. I couldn't believe the support I received.

Knowing I had to keep to social-distancing rules, I

collected addresses, drove the bracelets to drop off in people's mailboxes, and picked up the donations they had left for me. I included an insert explaining that \$25 of donations reaches 50 students and that there was new research being done to address the links between vaping and infectious diseases like COVID-19.

This fundraiser reached 100 percent of my goal of raising \$250, allowing me to help CATCH My Breath provide vaping prevention education to over five hundred students!



Romi Eldah's promotional picture of his anti-vaping bracelets (Photograph by Romi Eldah. Used with permission.)

## Conclusions and Lessons Learned

I estimate I have spent more than two hundred hours working on my Capstone and these service projects over more than six months. I certainly benefited a lot from learning and studying this topic and feel like I can now better teach others to help prevent them from starting to use e-cigarettes or encourage those who are already using to stop. I have a much better understanding about the vaping epidemic and addiction, the effects of vaping on the human body, how it can affect the health of today's youth, and how important it is to offer vaping-prevention education.

These projects also helped me develop important life skills I will use next year in college and hopefully for years after, like how to thoroughly research and present on a topic that I am passionate about to a group, whether in person or remotely using Zoom. I went from being nervous with the idea of public speaking to actually enjoying it. I also benefited a lot through the fundraising process of designing and selling my bracelets. I learned how to reach out to people to ask them to support a cause by educating them and being sure they knew how their donation would be used to make a difference. It taught me how to advocate for something I believed in and how to find different ways to spread awareness and get my message out.

Now that my high school is officially part of the CATCH My Breath Program, I see that I can make a difference with causes that are important to me and can be suc-

cessful if I'm willing to put in the hard work and stay focused on the goal. And with the unprecedented times of COVID-19, not only did I learn how to be flexible and adaptable, but I now know that you have to be persistent and determined to find ways to reach your goal even when things don't go as planned.

My plan for the fall is to attend Springfield College in their Master of Science Physician Assistant Studies Program. Being awarded a scholarship from CATCH My Breath would be such a huge help for me, as I would put it toward paying for my education. I plan to continue to spread the word about the dangers of vaping and remind people that "HEALTH IS YOUR WEALTH, DON'T GET SUCKED IN."

*Congratulations on your service to your peers and community, Romi! And thank you for allowing me to share your work in this book. Kudos also go to the team at Avon High School who, by supporting Romi, demonstrated the principles of youth empowerment so important to the effective teaching of health (see chapter 9).*