

2006 School Health Education Profile

North Carolina Middle and High Schools

Findings of the 2006 School Health Education Profile
Principals and Lead Health Education Teacher Surveys

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EXECUTIVE SUMMARY

2006 North Carolina School Health Education Profile

Principals and Lead Health Education Teacher Surveys

Demographics

- Of North Carolina public schools, 60.5% contain sixth grade students, 63% contain seventh and eighth grade students, 40% contain ninth grade students and 39% contain tenth, eleventh, and twelfth grade students.

Coordinated School Health

- 77% of schools have a School Health Advisory Council (SHAC) at the district level, reflecting a 12.5% increase from 2004.
- 39% of schools have a SHAC at the school level, reflecting a 13% increase from 2004.

For schools with an advisory committee or group, most have the membership of a school nurse (96%), a health education teacher (95%), a physical education teacher (95%), or a school administrator (89%).

Health Education

- According to Principals, 98% of high schools and 93% of middle schools have required health education, in both 2004 and 2006. However, Lead Health Education Teachers indicate that 80% of middle and high schools require health education, a 6% decline since 2004.*
- Health Education is required at the sixth grade (96%), seventh grade (97%), and eighth grade (95%) levels for middle school, and at the ninth grade level (97%) for high school. This reflects a 1-3% increase at each grade level from 2004. Fifty-eight percent of middle and high schools spend equal time teaching physical education and health education, an increase of 2% from 2004.
- 53% of high schools require 75 hours, or a ½ unit, of health education for graduation, an 8% decline since 2004. However, 40% require more than 150 hours, or a full credit, a 13% increase.
- Health education is taught for one semester per year at the sixth and seventh grade (27%) and seventh grade and eighth grade (28%) levels. However, there has been a 2% increase in schools that offer health education for a full semester (28%) and an 11% increase in schools that offer health education for two semesters, since 2004.

* While Principals and Lead Health Education Teachers received different surveys, some questions were asked of both participants.

Health Education (continued)

- Health education and physical education are taught as a combined course in 96% of high schools and 92% of middle schools. This reflects a 5% increase since 2004.
- The district level health educator or curriculum coordinator coordinates health education in approximately 25% of middle and high schools. The Lead Health Education Teacher coordinates health education in 57% of middle schools and 50% of high schools.
- Teachers are required to use state, district, or school-developed health education curricula in 94% of middle schools and 97% of high schools. Approximately 45% of teachers refer to the National Health Education Standards and 58% use a commercially developed textbook during instruction, an 11% decline since 2004.
- The most often used instructional strategy in health education is group discussion (96% for middle school and 99% for high school), followed by the use of audio-visual media and cooperative group activities (92%).
- Lack of school funding (32%) and the location or availability of health specific training (33%) are the two largest barriers to health education professional development.

HIV Policies and HIV/STDs and Teen Pregnancy Prevention Programs

- One-third of schools have a written policy that protects the rights of students and/or staff with HIV infection or AIDS, a 15% decline since 2004.
- HIV prevention is most frequently taught at the high school and middle school levels in physical education classes (76% and 53%) and family life education classes (64% and 36%). The primary person to teach HIV/STD prevention is most frequently the health education teacher (48%) or the physical education teacher (25%).
- 18% of schools offer an HIV Prevention curriculum that is more restrictive than the North Carolina Standard Course of Study and 8% or fewer have a less restrictive school curriculum.
- 96% of teachers include abstinence until marriage and transmission and prevention of HIV/AIDS (92%) in a teen pregnancy prevention class. Teachers were less likely to include classroom demonstrations for condom use (4%).
- 54% of schools have passive parental consent for sex education and 46% report active consent. In 2004, schools were somewhat more likely to have active consent and less likely to have passive consent.
- In 2006, 51% of schools did not have a student opt out of sex education classes, an 11% increase since 2004.

Tobacco Policies and Programs

- 84% of schools have tobacco prevention policies that prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff.
- All schools have a policy to prevent tobacco use by students in school buildings, on school grounds, and on school buses. Additionally, 80% of schools have tobacco-use prevention policies for faculty and staff and 97% prevent tobacco use by visitors in school buildings. 74% of schools posts signs that mark a tobacco-free zone, a 17% increase since 2004.
- 57% of schools have an Alternative to Suspension (ATS) program available on campus for students who are caught using tobacco.
- Half of schools have tobacco cessation programs for students and 30% report programs for faculty and staff. Additionally, 21% provide referrals for tobacco cessation programs for faculty and staff, an increase of 5%. 36% provide referrals for students.

Physical Education

- 99% of sixth and seventh grade students, and 98% of eighth grade students are required to take physical education. In high school, 99% of ninth, 33% of tenth and 16% of eleventh and twelfth grade students are required to take physical education.
- Physical education is taught for one semester per year at the sixth grade (38%), seventh grade (42%) and eighth grade (40%) levels, a decrease since 2004. However, there has been an increase in schools that offer physical education for two semesters in the sixth grade (53%), seventh (49%) and eighth (51%) grade.
- A limited number of students are exempt from participating in physical education. Leading reasons for being exempt include physical disabilities (60%), religious reasons (39%), and asthma (28%).
- 97% of middle school and 98% of high school newly hired staff that teach physical education must be certified, licensed, or endorsed. This reflects a 1% decrease since 2004 in middle schools and a 1% increase in high schools.
- 29% of schools have adopted the recommended standards for physical activity, while 37% of schools were unaware of the standards.
- 20% of high schools require one unit of physical education for graduation, a 23.5% decrease since 2004. Additionally, 20% required ½ unit for graduation, a 27.3% decrease.

Physical Activity

- 73% of middle schools provide opportunities for students to participate in activities such as intramurals or physical activity clubs, compared to 51% of high schools. Eighty-nine percent of schools' activity and athletic fields and facilities are used for community-sponsored sports or physical activity programs.

Nutrition Policies and Programs

- 49% of schools have voluntarily adopted NC's Recommended Standards for All Foods Available in School. Of these schools, 25.5% have adopted these standards at the Basic level and 14% at the Proficient level, while 29% of schools are not aware of these Standards.
- 39% of schools use the Winner's Circle Healthy Dining Program.
- 78% of middle school and 95% of high school students can purchase snack foods or beverages at various places on the school campus.
- 80% of schools provide 20 minutes or more for lunch, once students are seated, a 7% increase since 2004.
- 60% of teachers use food as a reward for students, a 3% decrease since 2004.

Violence Prevention

- Half of middle and high schools have peer mediation programs, 9% have a safe-passage to school program, and one third have a program to prevent gang violence. Programs to prevent bullying are provided in 77% of middle and 50% of high schools.
- 99% of middle schools and all high schools have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.

Sun Safety Policies

- School policies for sun safety include education for students (25%) and staff development for teachers (4%). Additionally, some schools have implemented policy on the use of sunscreen (38%), the use of protective clothing (18%), and constructed shade (13%).

Health Services

- 90% of schools have a school nurse who provides standard health services to students.
- 87% of schools permit students to carry and self-administer a prescription quick-relief inhaler and 56% permit students to carry an epinephrine auto-injector and self-administer the medication. Approximately one-fifth of schools allow students to carry and self-administer over-the-counter drugs or other prescribed medications.

Indoor Air Quality and Mold Growth Prevention

- 82% of schools are clean, a 1% decline from 2004. Thirty-nine percent show signs of water damage, a 12% decline.
- 67% of schools have their school heating and air-conditioning system temperature and humidity at comfortable levels, a 3% increase from 2004.

Medical Emergency Preparedness

- 37% of schools have an automated external defibrillator (AED) on campus, a 21% increase from 2004. Forty-two percent have one to five faculty, staff, or students trained to use the AED. Approximately one-fourth of these schools have no one trained in AED use.
- 79% have offered CPR training in the past twelve months, a 7% increase since 2004. Eighty-five percent have a policy to ensure rapid activation of certified CPR faculty and staff in the event of a medical emergency.

School Connectedness

- 50% of schools offered opportunities for health-related extracurricular activities.

Professional Collaboration

- 85% of middle school health education staff collaborated with physical education staff compared with 75% at the high school level. Both middle and high school and school health education staff collaborated with health services staff (75%).
- 66% of schools provide families with information on their health education program. Forty-one percent invite family members to attend a health education class and 22% meet with parent organizations to discuss their health education program.

Staff Development

- Middle school teachers were most likely to receive staff development in CPR (68%), physical activity (57%), bullying (55%), HIV (45%), and alcohol and drugs (44%). High school teachers were most likely to receive staff development in first aid (67%), CPR (66%), physical activity (63%), and HIV (53%).
- Middle school health education teachers have a strong interest in staff development for violence prevention (76%), physical activity (73%), and nutrition (73%). High school health education teachers are most interested in staff development for physical activity (80%), nutrition (78%), violence prevention (77%), CPR (76%), first aid (75%), and alcohol and drugs (74%).
- Staff development activities were most often done in the areas of classroom management (61% for middle school and 68% for high school) and interactive teaching methods (52% and 50%).
- 70% of middle school health education teachers have a strong interest in receiving staff development in working with students to produce behavior change and teaching students with disabilities (69%).

Professional Preparation

- 58% of middle school health education teachers have professional preparation in health and physical education, or in physical education alone (26%). High school teachers have professional preparation in health and physical education (63%), or in physical education alone (19%). 62% of middle schools and 66% of high schools have health education teachers with a major teacher preparation emphasis in health and physical education.
- 79% of health education teachers have a license, certificate, or endorsement from the state department of education to teach health education in middle/junior high school or senior high school, an 8% increase from 2004.
- 39% of health education teachers in middle schools have fifteen years or more teaching experience and 22% have two to five years. In high schools, 50% have fifteen or more years experience and 18% have two to five years experience.

**NORTH CAROLINA SUMMARY REPORT
2006 SCHOOL HEALTH EDUCATION PROFILE
Principals and Lead Health Education Teachers (6-12)**



INTRODUCTION

During the spring semester of 2006, the North Carolina Department of Public Instruction (NCDPI) surveyed principals and lead health education teachers in randomly selected schools containing grades 6-12 regarding the nature of health and physical education programs in their schools. Two survey instruments were mailed to each principal and teacher in each selected school. The School Health Education Profile Survey - Part I was developed by the Centers for Disease Control and Prevention (CDC), the Division of Adolescent and School Health (DASH), and the National Center for Chronic Disease Prevention and Health Promotion in collaboration with representatives of state, local, and territorial departments of health and education. This instrument was specifically designed to monitor the status of school health and physical education, including education to prevent HIV infection, tobacco use, STDs, poor nutrition, lack of physical activity, and other important health behaviors at the middle and senior high school levels. A work group consisting of members of the NCDPI and the North Carolina Department of Health and Human Services (NCDHHS) developed Part II – a North Carolina supplemental instrument for both principals and teachers. These questionnaires provided a more in-depth examination of several areas specific to the needs of North Carolina.

Sampling and Survey Procedures

Middle and secondary public schools having at least one grade six through twelve were included in the sampling frame. Systematic equal probability sampling with a random start was used to select schools for this survey. Schools were sorted by estimated enrollment in the target grades with school grade level before sampling. This procedure resulted in the selection of 420 schools.

Implementation of the School Health Education Profile Surveys occurred between January and May of 2006. To initiate this research project, the Superintendent of NCDPI prepared a letter to inform local superintendents of all school districts with selected schools. This letter was mailed in January of 2006. The initial mailing of survey instruments occurred in February of 2006. A second mailing of the survey instruments occurred in March. Telephone reminders were conducted between April and May of 2006. When 71% of surveys had been received, the data collection ended.

The initial mailing packet, mailed directly to the principals, contained four surveys (Principal Part I and II and lead Health Teacher Part I and II), stamped return envelopes for each participant, and an addressed, stamped post card to return, indicating the contact information for the lead health educator in the school. Additionally, a letter explaining the survey procedure was included in the packet.

In 2006, 299 of 420 sampled eligible lead health education teacher surveys were returned, yielding a 71% response rate. Data was analyzed from 180 middle schools, 110 high schools, and 9 junior/senior combined schools. Likewise, 299 surveys were complete and eligible for analysis for the principal survey. Data was analyzed from 180 middle schools, 109 high schools, and 10 junior/senior combined schools. Because the response rates for these surveys were greater than or equal to 70%, the results are considered weighted and are representative of all regular public middle and secondary schools in North Carolina having at least one of grades 6 through 12.

In 2002, 72% of sampled principals and 58% of lead health education teachers returned the surveys for the North Carolina School Health Education Profile study. A total of 70% of principals and 70% of teachers participated in the 2004 study. The response rate for the 2006 study for both Principals and Health Education teachers was 71%. 2002 data is not included in this report, as results for lead health education teachers do not represent the entire state.

Results from the principal and lead health education teacher surveys are presented for the following types of schools in North Carolina:

- Senior high schools with a low grade of 9 or higher and a high grade of 10 or higher;
- Middle schools with a high grade of 9 or lower;
- Junior/senior high schools with a low grade of 8 or lower and a high grade of 10 or higher; and
- All schools.

Data from the Centers for Disease Control's School Health Education Profile Instruments (Part I) were processed by WESTAT according to the CDC contract protocol. Data from the locally generated supplemental instruments (Part II) were processed by a statistician in the Department of Leadership and Educational Studies at Appalachian State University and then combined with the School Health Education Profile data set. Reporting of data occurs in valid percents. When frequency counts were too small, results from the junior/senior combined schools were not reported. All data from the 2004 study was included in this report. Data summaries include both 2004 and 2006 findings to provide insight into the changes in trends and practices in health education across North Carolina's middle and high schools. If similar questions were not asked in both surveys, the summary tables in this report will indicate that the data is not available (NA). If the data results were too small to calculate a percent, the report will indicate (--).

The findings provide an important description of school health education in North Carolina's schools.



DEMOGRAPHICS

Schools selected to participate in this study had at least one grade six through twelve.

Principal Survey

Table 1. Grades taught in the school for 2006.

Grade	Year	Percent
6th	2004	67%
	2006	60.5%
7th	2004	70%
	2006	63%
8th	2004	70%
	2006	63%
9th	2004	50%
	2006	40%
10th	2004	51%
	2006	39.5%
11th	2004	50%
	2006	39.5%
12th	2004	50%
	2006	39.5%

In 2006, 60.5% of survey participants were in a school that included a sixth grade, seventh and eighth grade (63%), ninth grade (40%), and tenth, eleventh and twelfth grade (39.5%).



COORDINATED SCHOOL HEALTH

Coordinated school health is a way of doing business. By coordinating local school health initiatives, goals to improve student health are met with more efficiency and the need for fewer resources. This type of coordination can happen at the school level or district level with guidelines from a School Health Advisory Council (SHAC). A SHAC can access current school health needs and unifying resources to address them.

Principal Survey

Table 2: School has a school health committee or advisory group.

	Year	Percent
Yes	2004	26%
	2006	39%

Table 3: Included as members on a school health committee/advisory group.

	Year	Percent
Health Educator	2004	88%
	2006	95%
School Nurse	2004	82%
	2006	96%
Physical Educator	2004	80%
	2006	95%
School Counselor	2004	70%
	2006	84%
School Social Worker	2004	55%
	2006	47%
Food Service Manager	2004	41%
	2006	47%
Resource Officer	2004	33%
	2006	31%
Student	2004	38.5%
	2006	30%
Parent	2004	54%
	2006	46%
Business Representative	2004	20%
	2006	12%
Health Department Representative	2004	44%
	2006	30%
School Administrator	2004	83%
	2006	89%
Others	2004	38%
	2006	41%

Table 4. Health committee or health advisory group influenced school policy or programs in the last year.

	Year	Percent
Yes	2004	68%
	2006	75%

Table 5. School has an individual assigned to coordinate all school health activities.

	Year	Percent
Yes	2004	70%
	2006	65%

Table 6. School has a staff wellness program.

	Year	Percent
Yes	2004	24%
	2006	39%

Table 7. School district has a school health advisory council (SHAC).

	Year	Percent
Yes	2004	64.5%
	2006	77%

Table 8. School district's SHAC influenced school policy or programs in the last year.

	Year	Percent
Yes	2004	80%
	2006	92%

There has been an increase of school nurses, health educators, physical educators, school counselors, food service managers, school administrators and others serving on School Health Advisory Councils (SHAC) since 2004. However, there was a decline in school counselors, school resource officers, students, parents, and business and health department representatives serving on SHACs. Schools with a health committee or advisory group saw an impact on school policy or programs within the past year (75%), a 7% increase.

Seventy-seven percent of schools have a SHAC at the district level, a 12.5% increase from 2004. Most SHACs have influenced school policy or programs in the past school year at the district level, a 12% increase. The number of schools with a school wellness program in operation in their school has increased 15% since 2004. While 65% of schools have an individual assigned to coordinate all school health activities, this is a 5% decrease from 2004.



HEALTH EDUCATION

Health Education is one of the eight components of a Coordinated School Health Program. As described by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH), it is a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. Health education is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. A comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

Principal Survey

Table 9. Health education is a requirement in grades 6 through 12 in this school.

	Year	Percent
Senior High School	2004	98%
	2006	98%
Middle School	2004	93%
	2006	93%
Junior/Senior High School Combined	2004	N/A
	2006	N/A
Total	2004	95%
	2006	95%

Table 10a. Health education is taught as a combined health and physical education course.*

	Year	Percent
Senior High School	2004	94%
	2006	96%
Middle School	2004	85%
	2006	92%
Junior/Senior High School Combined	2004	92%
	2006	N/A
Total	2004	89%
	2006	94%

* Among those schools that require health education for students in any of grades 6-12.

Table 10b. Health education is taught in a course mainly about another subject other than health education such as science, social studies, home economics, or English.*

	Year	Percent
High School	2004	4%
	2006	10%
Middle School	2004	21%
	2006	17%
Junior/Senior High School Combined	2004	--
	2006	--
Total	2004	15%
	2006	15%

Table 11a. Required health education courses students take in grades 6 through 12.

High School	Year	Percent
No health courses are taken	2004	9%
	2006	2%
One health course is taken	2004	82%
	2006	93%
Two health courses are taken	2004	5%
	2006	3%
Three health courses are taken	2004	0%
	2006	0%
Four or more health courses are taken	2004	3%
	2006	2%
Middle School		
No health courses are taken	2004	15%
	2006	10%
One health course is taken	2004	12%
	2006	14%
Two health courses are taken	2004	9%
	2006	7%
Three health courses are taken	2004	58%
	2006	57%
Four or more health courses are taken	2004	6%
	2006	12%
Junior/Senior High School Combined		
No health courses are taken	2004	0%
	2006	--
One health course is taken	2004	21%
	2006	--
Two health courses are taken	2004	0%
	2006	--
Three health courses are taken	2004	16%
	2006	--
Four or more health courses are taken	2004	63%
	2006	--

Total	Year	Percent
No health courses are taken	2004	12%
	2006	7%
One health course is taken	2004	39%
	2006	45%
Two health courses are taken	2004	7%
	2006	5%
Three health courses are taken	2004	34%
	2006	34%
Four or more health courses are taken	2004	7%
	2006	9%

Table 12. Health education course is taught in each of the following grades.*

	Year	Percent
Sixth Grade	2004	93%
	2006	96%
Seventh Grade	2004	95%
	2006	97%
Eighth Grade	2004	94%
	2006	95%
Ninth Grade	2004	96%
	2006	97%
Tenth Grade	2004	19%
	2006	20%
Eleventh Grade	2004	11%
	2006	14%
Twelfth Grade	2004	10%
	2006	15%

Table 13. Students required to repeat a failed health education course.*

	Year	Percent
Senior High School	2004	100%
	2006	100%
Middle School	2004	9%
	2006	15%
Junior/Senior High School Combined	2004	78%
	2006	--
Total	2004	48%
	2006	52%



Health Education Coordination

Table 14a. No one coordinates health education.

	Year	Percent
Senior High School	2004	5%
	2006	1%
Middle School	2004	5%
	2006	4%
Junior/Senior High School Combined	2004	--
	2006	--
Total	2004	5%
	2006	3%

Table 14b. District administrator coordinates health education.

	Year	Percent
Senior High School	2004	10%
	2006	10%
Middle School	2004	5%
	2006	6%
Junior/Senior High School Combined	2004	--
	2006	--
Total	2004	7%
	2006	7%

Table 14c. District health educator/curriculum coordinator coordinates health education.

	Year	Percent
High School	2004	23%
	2006	22%
Middle School	2004	22%
	2006	14%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	23%
	2006	17%

Table 14d. School administrator coordinates health education.

	Year	Percent
High School	2004	12%
	2006	15%
Middle School	2004	8%
	2006	14%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	10%
	2006	14%

Table 14e. Health education teacher coordinates health education.

	Year	Percent
High School	2004	45%
	2006	50%
Middle School	2004	53%
	2006	57%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	50%
	2006	55%

Table 14f. School nurse coordinates health education.

	Year	Percent
High School	2004	1%
	2006	0%
Middle School	2004	1%
	2006	1%
Junior/Senior Combined	2004	NA
	2006	NA
Total	2004	1%
	2006	0%

Table 14g. Someone else coordinates health education.

	Year	Percent
High School	2004	3%
	2006	3%
Middle School	2004	5%
	2006	5%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	4%
	2006	4%

Table 15. Certification, licensure, or endorsements are required for newly hired staff teaching health topics.

	Year	Percent
High School	2004	88%
	2006	90%
Middle School	2004	77%
	2006	72%
Junior/Senior Combined	2004	0%
	2006	--
Total	2004	82%
	2006	79%

Table 16. Schools with one or more groups (e.g. school health council, committee or team) that offer guidance on policy development or activities.

	Year	Percent
High School	2004	63%
	2006	56%
Middle School	2004	68%
	2006	59%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	67%
	2006	58%

Table 17. Measures that are in place to assure the quantity and quality of the required health education course taught.

	Year	Percent
Classroom observation	2004	98%
	2006	99%
Monitoring of lesson plans	2004	86%
	2006	88%
Certified health education staff is used	2004	91%
	2006	87%
Same class size is used	2004	73%
	2006	77%

Table 18. Schools with policies concerning birth control referrals.

	Year	Percent
Teachers allowed to refer	2004	3%
	2006	2%
Teachers not allowed to refer	2004	54.5%
	2006	51%
No policy	2004	43%
	2006	47%

Table 19. School district with policies concerning abortion referrals.

	Year	Percent
Teachers allowed to refer	2004	2%
	2006	1%
Teachers not allowed to refer	2004	55%
	2006	52%
No policy	2004	43%
	2006	47%



Lead Health Education Teacher Survey

Table 20. Required health education course is taught in any of grades 6 through 12.

	Year	Response
Yes	2004	86%
	2006	80%

Table 21a. Semesters or weeks per year health education is required in grade 6.

	Year	Response
Health education not taught	2004	4%
	2006	4%
Health education taught less than nine weeks per year	2004	30%
	2006	20%
Health education taught nine weeks per year	2004	29%
	2006	26%
Health education taught one semester per year	2004	24%
	2006	27%
Health education taught two semesters per year	2004	12%
	2006	22%

Table 21b. Semesters or weeks per year health education is required in grade 7.

	Year	Response
Health education not taught	2004	3%
	2006	4%
Health education taught less than nine weeks per year	2004	31%
	2006	22%
Health education taught nine weeks per year	2004	27.5%
	2006	23%
Health education taught one semester per year	2004	27%
	2006	28%
Health education taught two semesters per year	2004	11%
	2006	23%

Table 21c. Semesters or weeks per year health education is required in grade 8.

	Year	Response
Health education not taught	2004	3.5%
	2006	4%
Health education taught less than nine weeks per year	2004	31%
	2006	21%
Health education taught nine weeks per year	2004	25%
	2006	22%
Health education taught one semester per year	2004	28%
	2006	28%
Health education taught two semesters per year	2004	12%
	2006	24%

Table 22a. Days per week health education is required in grade 6.

	Year	Response
Health education not taught	2004	4%
	2006	4%
0 days per week	2004	4%
	2006	--
0 hours per week	2004	--
	2006	3%
One day per week	2004	12%
	2006	11%
Two days per week	2004	18%
	2006	25%
Three days per week	2004	11%
	2006	11%
Four days per week	2004	2.5%
	2006	2%
Five days per week	2004	49%
	2006	43%

Table 22b. Days per week health education is required in grade 7.

	Year	Response
Health education not taught	2004	3%
	2006	3%
0 days per week	2004	4%
	2006	--
0 hours per week	2004	--
	2006	4%
One day per week	2004	12%
	2006	13%
Two days per week	2004	20%
	2006	26%
Three days per week	2004	11%
	2006	10%
Four days per week	2004	2%
	2006	2%
Five days per week	2004	48%
	2006	43%

Table 22c. Days per week health education is required in grade 8.

	Year	Response
Health education not taught	2004	3%
	2006	3%
0 days per week	2004	4%
	2006	--
0 hours per week	2004	--
	2006	4%
One day per week	2004	11%
	2006	12%
Two days per week	2004	20%
	2006	25%
Three days per week	2004	12.5%
	2006	10%
Four days per week	2004	2%
	2006	2%
Five days per week	2004	46%
	2006	44%

Table 23. Health education credits required for high school graduation.

	Year	Response
0 Credits	2004	2%
	2006	2%
¼ Credit (37 hours)	2004	9%
	2006	5%
½ Credit (75 hours)	2004	61%
	2006	53%
¾ Credit (112 hours)	2004	--
	2006	0%
1 Credit (150 hours)	2004	27%
	2006	40%
More than 1 Credit (150 hours)	2004	1%
	2006	0%

This next section addresses required teacher resources used for a required health education course.

Table 24a. National Health Education Standards.

	Year	Response
High School	2004	46%
	2006	56%
Middle School	2004	44%
	2006	35%
Junior/Senior Combined	2004	27%
	2006	--
Total	2004	44%
	2006	45%

Table 24b. Health Education Curriculum Analysis Tool (HECAT) from the Centers For Disease Control and Prevention.

	Year	Response
High School	2004	NA
	2006	11%
Middle School	2004	NA
	2006	7%
Junior/Senior Combined	2004	NA
	2006	NA
Total	2004	NA
	2006	9%

Table 24c. State-developed, district-developed, or school-developed curriculum.

	Year	Response
High School	2004	NA
	2006	97%
Middle School	2004	NA
	2006	94%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	95%

Table 24d. Commercially developed curriculum.

	Year	Response
High School	2004	NA
	2006	38%
Middle School	2004	NA
	2006	26%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	31%

Table 24e. Commercially developed student textbook.

	Year	Response
High School	2004	80%
	2006	68%
Middle School	2004	60%
	2006	49%
Junior/Senior Combined	2004	91%
	2006	--
Total	2004	69%
	2006	58%

Table 24f. Commercially developed teacher's guide.

	Year	Response
High School	2004	71%
	2006	62%
Middle School	2004	60%
	2006	45%
Junior/Senior Combined	2004	91%
	2006	--
Total	2004	65%
	2006	53%

Table 24g. Health education performance assessment materials.

	Year	Response
High School	2004	NA
	2006	48%
Middle School	2004	NA
	2006	29%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	38%

Table 24h. Materials from health organizations such as the American Heart Association or the American Cancer Society.

	Year	Response
High School	2004	49%
	2006	38%
Middle School	2004	47%
	2006	40%
Junior/Senior Combined	2004	63%
	2006	--
Total	2004	48%
	2006	39%

This next section addresses what topics teachers are trying to increase student knowledge in.

Table 25a. Alcohol or other drug use prevention.

	Year	Response
High School	2004	99%
	2006	100%
Middle School	2004	100%
	2006	100%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	100%
	2006	100%

Table 25b. Asthma awareness.

	Year	Response
High School	2004	NA
	2006	67%
Middle School	2004	NA
	2006	76%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	72%

Table 25c. Consumer health, such as choosing sources of health-related information, products, and services wisely.

	Year	Response
High School	2004	82%
	2006	89%
Middle School	2004	80%
	2004	90%
Junior/Senior Combined	2004	81%
	2006	NA
Total	2004	80%
	2006	89%

Table 25d. Cardiopulmonary resuscitation (CPR).

	Year	Response
High School	2004	81%
	2006	70%
Middle School	2004	73%
	2006	77%
Junior/Senior Combined	2004	57%
	2006	--
Total	2004	76%
	2006	74%

Table 25e. Dental and oral health.

	Year	Response
High School	2004	52%
	2006	56%
Middle School	2004	66%
	2006	67%
Junior/Senior Combined	2004	91%
	2006	--
Total	2004	62%
	2006	63%

Table 25f. Emotional and mental health.

	Year	Response
High School	2004	98%
	2006	100%
Middle School	2004	95%
	2006	94%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	96%
	2006	97%

Table 25g. Environmental health, such as how air and water quality can affect health.

	Year	Response
High School	2004	75%
	2006	81%
Middle School	2004	74%
	2006	74%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	75%
	2006	77%

Table 25h. First aid.

	Year	Response
High School	2004	84%
	2006	78%
Middle School	2004	89%
	2006	85%
Junior/Senior Combined	2004	67%
	2006	--
Total	2004	86%
	2006	82%

Table 25i. Foodborne illness prevention.

	Year	Response
High School	2004	NA
	2006	75%
Middle School	2004	NA
	2006	72%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	74%

Table 25j. Growth and development.

	Year	Response
High School	2004	79%
	2006	86%
Middle School	2004	88%
	2006	87%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	84%
	2006	86%

Table 25k. HIV (human immunodeficiency virus) prevention.

	Year	Response
High School	2004	100%
	2006	99%
Middle School	2004	92%
	2006	95%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	95%
	2006	97%

Table 25l. Human sexuality.

	Year	Response
High School	2004	86%
	2006	85%
Middle School	2004	78%
	2006	77%
Junior/Senior Combined	2004	67%
	2006	--
Total	2004	81%
	2006	81%

Table 25m. Immunizations.

	Year	Response
High School	2004	57%
	2006	48%
Middle School	2004	65%
	2006	57%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	62%
	2006	53%

Table 25n. Injury prevention and safety.

	Year	Response
High School	2004	91%
	2006	94%
Middle School	2004	96%
	2006	95%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	94%

Table 25o. Nutrition and dietary behavior.

	Year	Response
High School	2004	99%
	2006	100%
Middle School	2004	99%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	99%
	2006	100%

Table 25p. Physical activity and fitness.

	Year	Response
High School	2004	100%
	2006	100%
Middle School	2004	100%
	2006	100%
Junior/Senior Combined	2004	100%
	2006	NA
Total	2004	100%
	2006	100%

Table 25q. Pregnancy prevention.

	Year	Response
High School	2004	90%
	2006	99%
Middle School	2004	77%
	2006	90%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	83%
	2006	94%

Table 25r. STD (sexually transmitted disease) prevention.

	Year	Response
High School	2004	94%
	2006	98%
Middle School	2004	87%
	2006	89%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	90%
	2006	93%

Table 25s. Suicide prevention.

	Year	Response
High School	2004	81%
	2006	93%
Middle School	2004	66%
	2006	71%
Junior/Senior Combined	2004	76%
	2006	--
Total	2004	73%
	2006	81%

Table 25t. Sun safety or skin cancer prevention.

	Year	Response
High School	2004	76%
	2006	73%
Middle School	2004	75%
	2006	79%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	77%
	2006	76%

Table 25u. Tobacco-use prevention.

	Year	Response
High School	2004	100%
	2006	100%
Middle School	2004	100%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	100%
	2006	100%

Table 25v. Violence prevention (such as bullying, fighting, or homicide).

	Year	Response
High School	2004	92%
	2006	96%
Middle School	2004	89%
	2006	94%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	91%
	2006	95%

This next section addresses what student skills teachers are trying to improve.

Table 26a. How to find valid information or services related to personal health and wellness.

	Year	Response
High School	2004	90%
	2006	93%
Middle School	2004	89%
	2006	87%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	89%
	2006	90%

Table 26b. Influence of media on personal health and wellness.

	Year	Response
High School	2004	79%
	2006	90%
Middle School	2004	83%
	2006	93%
Junior/Senior Combined	2004	60%
	2006	NA
Total	2004	81%
	2006	91%

Table 26c. Communication skills, such as how to ask for assistance with a health-related problem.

	Year	Response
High School	2004	89%
	2006	93%
Middle School	2004	91%
	2006	85%
Junior/Senior Combined	2004	90%
	2006	NA
Total	2004	90%
	2006	88%

Table 26d. Decision-making skills, such as deciding to get appropriate health screening and exams.

	Year	Response
High School	2004	98%
	2006	95%
Middle School	2004	96%
	2006	85%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	96%
	2006	90%

Table 26e. Goal-setting skills, such as setting a goal for improving personal health habits.

	Year	Response
High School	2004	95%
	2006	98%
Middle School	2004	94%
	2006	96%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	97%

Table 26f. Conflict resolution skills, such as techniques to resolve interpersonal conflicts without fighting.

	Year	Response
High School	2004	92%
	2006	97%
Middle School	2004	90%
	2006	95%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	91%
	2006	96%

Table 26g. Resisting peer pressure to engage in unhealthy behavior related to personal health and wellness.

	Year	Response
High School	2004	99%
	2006	99%
Middle School	2004	97%
	2006	98%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	97%
	2006	98%

This next section addresses the methods teachers are using for health education

Table 27a. Audio-visual media, such as videos.

	Year	Response
High School	2004	NA
	2006	94%
Middle School	2004	NA
	2006	93%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	92%

Table 27b. Group discussion.

	Year	Response
High School	2004	97%
	2006	99%
Middle School	2004	97%
	2006	96%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	97%
	2006	97%

Table 27c. Cooperative group activities.

	Year	Response
High School	2004	96%
	2006	97%
Middle School	2004	94%
	2006	89%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	92%

Table 27d. Role-play, simulations, or practice.

	Year	Response
High School	2004	81%
	2006	69%
Middle School	2004	83%
	2006	69%
Junior/Senior Combined	2004	82%
	2006	--
Total	2004	82%
	2006	69%

Table 27e. Teachers have used language, performing, or visual arts.

	Year	Response
High School	2004	74%
	2006	46%
Middle School	2004	73%
	2006	54%
Junior/Senior Combined	2004	72%
	2006	--
Total	2004	73%
	2006	51%

Table 27f. Pledges or contracts for changing behavior or abstaining from a behavior.

	Year	Response
High School	2004	55%
	2006	37%
Middle School	2004	60%
	2006	43%
Junior/Senior Combined	2004	46%
	2006	--
Total	2004	57%
	2006	41%

Table 27g. Peer teaching.

	Year	Response
High School	2004	77%
	2006	73%
Middle School	2004	65%
	2006	54%
Junior/Senior Combined	2004	72%
	2006	NA
Total	2004	70%
	2006	62%

Table 27h. The Internet.

	Year	Response
High School	2004	83%
	2006	78%
Middle School	2004	76%
	2006	60%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	79%
	2006	67%

Table 27i. Computer-assisted instruction.

	Year	Response
High School	2004	71%
	2006	44%
Middle School	2004	64%
	2006	46%
Junior/Senior Combined	2004	55%
	2006	--
Total	2004	67%
	2006	45%

Table 27j. Guest speakers.

	Year	Response
High School	2004	NA
	2006	79%
Middle School	2004	NA
	2006	60%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	68%

Table 27k. Health education programs available through videoconferencing or other distance learning methods.

	Year	Response
High School	2004	NA
	2006	13%
Middle School	2004	NA
	2006	11%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	11%

This next section addresses the teaching methods used to highlight diversity or the values of various cultures in a required health education course.

Table 28a. Textbooks or curricular materials reflective of various cultures.

	Year	Response
High School	2004	71%
	2006	61%
Middle School	2004	67%
	2006	67%
Junior/Senior Combined	2004	70%
	2006	--
Total	2004	69%
	2006	65%

Table 28b. Textbooks or curricular materials designed for students with limited English proficiency.

	Year	Response
High School	2004	45%
	2006	46%
Middle School	2004	42%
	2006	42%
Junior/Senior Combined	2004	38%
	2006	--
Total	2004	43%
	2006	44%

Table 28c. Asked students or families to share their own cultural experiences related to health topics.

	Year	Response
High School	2004	88%
	2006	70%
Middle School	2004	77%
	2006	59%
Junior/Senior Combined	2004	70%
	2006	--
Total	2004	81%
	2006	64%

Table 28d. Taught about cultural differences and similarities.

	Year	Response
High School	2004	83%
	2006	81%
Middle School	2004	73%
	2006	78%
Junior/Senior Combined	2004	74%
	2006	--
Total	2004	77%
	2006	79%

Table 28e. Modified teaching methods to match students' learning styles, health beliefs, or cultural values.

	Year	Response
High School	2004	90%
	2006	94%
Middle School	2004	90%
	2006	91%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	90%
	2006	91%

This next section addresses activities teachers ask students to participate in as part of a required health education course.

Table 29a. Perform volunteer work at a hospital, a local health department, or other local organization that addresses health issues.

	Year	Response
High School	2004	25%
	2006	16%
Middle School	2004	10%
	2006	6%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	16%
	2006	12%

Table 29b. Participate in a community health fair.

	Year	Response
High School	2004	31%
	2006	32%
Middle School	2004	30%
	2006	23%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	31%
	2006	28%

Table 29c. Gather information about health services that are available in the community, such as health screenings.

	Year	Response
High School	2004	66%
	2006	57%
Middle School	2004	57%
	2006	43%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	61%
	2006	50%

Table 29d. Visit a store to compare prices of health products.

	Year	Response
High School	2004	30%
	2006	28%
Middle School	2004	24%
	2006	26%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	27%
	2006	27%

Table 29e. Identify potential injury sites at school, home, or in the community.

	Year	Response
High School	2004	67%
	2006	58%
Middle School	2004	75%
	2006	58%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	71%
	2006	59%

Table 29f. Identify advertising in the community designed to influence health behaviors.

	Year	Response
High School	2004	73%
	2006	73%
Middle School	2004	75%
	2006	63%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	75%
	2006	66%

Table 29g. Advocate for a health-related issue.

	Year	Response
High School	2004	61%
	2006	61%
Middle School	2004	55%
	2006	44%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	57%
	2006	51%

Table 29h. Complete homework or projects that involve family members.

	Year	Response
High School	2004	70%
	2006	84%
Middle School	2004	73%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	72%
	2006	82%



Heath Education Summary

According to Principals, health education is taught in 95% of North Carolina's public middle and high schools (93% and 98% respectively). However, Lead Health Education Teachers indicate that only 80% of middle schools and high schools require health education, a 6% decline since 2004.

Health education and physical education are taught as a combined course in 96% of high schools and 92% of middle schools participating in this study, a 5% increase since 2004. There has been a 6% increase in the number of high schools with health education taught in another subject of the curriculum (i.e., science, social studies, or home economics) whereas, middle schools showed a 4% decrease in teaching health mainly in another subject areas.

Most middle schools require health education at the sixth (96%), seventh (97%) and eighth (95%) grade levels. In high school, required health education occurs most often in the ninth grade (97%). Ninety-three percent of high schools require one health education course, an 11% increase since 2004, and 57% of middle schools require three courses, a 1% decline. In 53% of schools, 75 hours, or $\frac{1}{2}$ unit of health education is required for graduation. Forty percent report a full credit, more than 150 hours, is required for graduation in 2006, which is an increase from the 27% required in 2004. Students that fail a high school health education class must repeat the course. In middle school, only 15% of students must repeat a failed course, a 6% increase.

Twenty-seven percent of sixth grade, and 28% of seventh and eighth grade students receive health education one semester per year. However, there has been a 2% increase in schools that offer health education one semester (28%) and an 11% increase in schools that offer it two semesters since 2004. Additionally, 46% or more middle schools offer health education five days per week during the weeks it is taught. It is taught only two days per week at the sixth (25%), seventh (26%), and eighth (25%) grade.

While the district level health educator or curriculum coordinator coordinates health education in approximately one fourth of the schools, lead health education teachers provide this leadership in 57% of middle schools and half of high schools. Four percent of middle schools and 1% of high schools do not have a coordinator for health education. There has been a slight increase in school administrators and classroom health educators coordinating health education in schools since 2004. However, 58% of schools have at least one group that offers guidance on the development of policies or coordinates activities on health topics, a 9% decrease since 2004.

Newly hired health education teachers are required to be certified, licensed, or endorsed by the state in health education in 72% of middle schools and 90% of high schools. This reflects a 5% decrease for middle schools. Four percent of middle schools indicate that the state does not offer certification, licensure, or endorsements in health education. Classroom observation (99%) is the most often used measure to assure the quality and quantity of health education courses, followed by monitoring lesson plans (88%), hiring certified staff (87%), and maintaining class size (77%). Certification in health education declined almost 4% since 2004.

Teachers are required to use state-developed, district-developed, or school-developed curricula in 94% of all middle schools and 97% of all high schools. Approximately 45% of all teachers refer to the National Health Education Standards. Fifty-eight percent used a commercially developed textbook during instruction in 2004, an 11% decrease from 2004.

All teachers strive to increase student knowledge on alcohol or other drug prevention, nutrition or dietary behavior, physical activity and fitness, and tobacco use prevention. Other key curricular areas include HIV prevention (97%), emotional and mental health (97%), violence prevention (95%), accident or injury prevention (94%), injury prevention and safety (94%), pregnancy prevention (94%), and STD prevention (93%). Less emphasis has been given to asthma awareness (72%), CPR (74%), dental and oral health (63%), and knowledge of immunizations and vaccinations (53%).

Teachers devote strong efforts to improve student skills in resisting peer pressure for unhealthy behaviors (98%), goal setting (97%), decision making (90%), conflict resolution (96%) and the influence of the media on personal health and wellness (91%). Additionally, 82% of middle school and 84% of high school students have been asked to identify and analyze advertisements designed to influence health behaviors or risks by completing homework with family members, identify potential injury sites at school, home, or in the community (58% and 73%), and analyze advertising in the community (63% and 57%).

Group discussion is a teaching strategy often used in middle school (96%) and high school (99%), followed by cooperative group activities (89% and 97%), audio visuals media (93% and 94%), role play, simulations, or practice (69% for both), guest speakers (60% and 79%), and the Internet (60% and 78%). This reflects a 13% decline in role play strategies since 2004, 22% decline in computer assisted instruction, 22% decline in performing or visual arts, 16% decline in pledges or contracts, 12% decline in peer teaching and a 12% decline in Internet use.

The most prevalent teaching strategy used to highlight diversity in a health education course was matching learning styles, beliefs, or cultural values (91%).

Over 40% of schools do not have a policy in place concerning birth control referrals. Of schools that do have such a policy, less than 3% allow teachers to refer students for birth control and 51% do not allow teachers to refer students for birth control, a 3.5% decline since 2004. Forty-seven percent of schools do not have a policy in place concerning abortion referrals. Of schools that do have such a policy, 1% allow teachers to refer students for abortions and 52% do not allow teachers to refer students for abortions.



HIV POLICIES AND HIV/STD AND TEEN PREGNANCY PREVENTION PROGRAMS

A human immunodeficiency virus (HIV) policy strives to maintain a balance between the need to educate all eligible students to control the communicable disease, and to protect students' and employees' rights. Under certain circumstances, students and employees with HIV may pose a threat to the health and safety of other students and staff. The North Carolina 2004 Profile asked several questions about HIV policies, and the results are summarized below. Being sexually active can place young people at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy. Responsible sexual behavior among adolescents is one of the leading health indicators of the national objectives for 2010 (CDC, 2002). In an effort to educate youth on this topic, the North Carolina Healthful Living Standard Course of Study requires the instruction of abstinence until marriage and HIV/STD prevention education. The following tables present data about HIV, STD, and teen pregnancy prevention in North Carolina Schools.

Table 30. Schools with a written policy that protects the rights of students and/or staff with HIV infection or AIDS.

	Year	Percent
High School	2004	50%
	2006	39%
Middle School	2004	54%
	2006	36%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	51%
	2006	36%

Table 31a. HIV policy addresses the attendance of students with HIV infection.

	Year	Percent
High School	2004	92%
	2006	94%
Middle School	2004	85%
	2006	89%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	88%
	2006	91%

Table 31b. HIV policy has procedures to protect HIV-infected students and staff from discrimination.

	Year	Percent
High School	2004	100%
	2006	94%
Middle School	2004	90%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	94%
	2006	96%

Table 31c. HIV policy has procedures to maintain confidentiality of HIV-infected students and staff.

	Year	Percent
High School	2004	100%
	2006	97%
Middle School	2004	98%
	2006	100%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	99%

Table 31d. HIV policy has procedures to address worksite safety.

	Year	Percent
High School	2004	100%
	2006	100%
Middle School	2004	99%
	2006	100%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	100%

Table 31e. HIV policy addresses confidential counseling for HIV-infected students.

	Year	Percent
High School	2004	84%
	2006	75%
Middle School	2004	84%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	84%
	2006	78%

Table 31f. HIV policy addresses communication of the policy to students, school staff, and parents.

	Year	Percent
High School	2004	83%
	2006	92%
Middle School	2004	83%
	2006	90%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	83%
	2006	91%

Table 31g. HIV policy has addressed adequate training about HIV infection for school staff.

	Year	Percent
High School	2004	88%
	2006	89%
Middle School	2004	90%
	2006	92%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	89%
	2006	91%

Table 31h. HIV policy has addressed procedures for implementing the policy.

	Year	Percent
High School	2004	95%
	2006	95%
Middle School	2004	92%
	2006	92%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	93%
	2006	93%

This next section addresses the HIV/STD teen pregnancy prevention topics taught in required health education.

Table 32a. Abstinence as the most effective method to avoid pregnancy, HIV, and STDs.

	Year	Response
High School	2004	99%
	2006	99%
Middle School	2004	88%
	2006	91%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	92%
	2006	95%

Table 32b. How to correctly use a condom.

	Year	Response
High School	2004	22%
	2006	16%
Middle School	2004	15%
	2006	13%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	17%
	2006	15%

Table 32c. Condom efficacy.

	Year	Response
High School	2004	60%
	2006	63%
Middle School	2004	59%
	2006	53%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	58%
	2006	58%

Table 32d. Risks associated with having multiple sexual partners.

	Year	Response
High School	2004	NA
	2006	88%
Middle School	2004	NA
	2006	70%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	78%

Table 32e. Social or cultural influences on sexual behavior.

	Year	Response
High School	2004	87%
	2006	82%
Middle School	2004	79%
	2006	65%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	82%
	2006	73%

Table 32f. How to prevent HIV infection.

	Year	Response
High School	2004	NA
	2006	97%
Middle School	2004	NA
	2006	86%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	91%

Table 32g. How HIV is transmitted.

	Year	Response
High School	2004	96%
	2006	97%
Middle School	2004	89%
	2006	87%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	92%
	2006	91%

Table 32h. How HIV affects the human body.

	Year	Response
High School	2004	93%
	2006	94%
Middle School	2004	88%
	2006	84%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	90%
	2006	89%

Table 32i. Influence of alcohol and other drugs on HIV-related risk behaviors.

	Year	Response
High School	2004	96%
	2006	94%
Middle School	2004	83%
	2006	84%
Junior/Senior Combined	2004	81%
	2006	--
Total	2004	88%
	2006	89%

Table 32j. How to find valid information or services related to HIV or HIV testing.

	Year	Response
High School	2004	86%
	2006	80%
Middle School	2004	63%
	2006	61%
Junior/Senior Combined	2004	72%
	2006	--
Total	2004	73%
	2006	70%

Table 32k. Compassion for persons living with HIV or AIDS.

	Year	Response
High School	2004	78%
	2006	88%
Middle School	2004	74%
	2006	63%
Junior/Senior Combined	2004	60%
	2006	--
Total	2004	75%
	2006	74%

Table 32l. All above mentioned pregnancy, HIV, and STD prevention topics.

	Year	Response
High School	2004	--
	2006	17%
Middle School	2004	--
	2006	15%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	--
	2006	17%

This next section addresses where HIV is taught.

Table 33a. HIV prevention is taught in science.

	Year	Response
High School	2004	32%
	2006	38%
Middle School	2004	26%
	2006	28%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	28%
	2006	31%

Table 33b. HIV prevention is taught in home economics or family and consumer education.

	Year	Response
High School	2004	43%
	2006	44%
Middle School	2004	7%
	2006	7%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	21%
	2006	21%

Table 33c. HIV prevention is taught in physical education.

	Year	Response
High School	2004	74%
	2006	76%
Middle School	2004	53%
	2006	53%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	62%
	2006	62%

Table 33d. HIV prevention is taught in family life education or life skills.

	Year	Response
High School	2004	63%
	2006	64%
Middle School	2004	31%
	2006	36%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	43%
	2006	46%

Table 33e. HIV prevention is taught in special education.

	Year	Response
High School	2004	24%
	2006	25%
Middle School	2004	12%
	2006	11%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	17%
	2006	16%

Table 33f. HIV prevention is taught in social studies.

	Year	Response
High School	2004	9%
	2006	14%
Middle School	2004	4%
	2006	5%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	6%
	2006	8%

Table 34. Staff member responsible for teaching HIV/STD and teen pregnancy prevention.

	Year	Response
Health Teacher	2004	50%
	2006	48%
Physical Education Teacher	2004	25%
	2006	25%
Science Teacher	2004	5%
	2006	5%
School Nurse	2004	8%
	2006	6%
Family and Consumer Science	2004	2%
	2006	1%
Other	2004	11%
	2006	15%

Table 35a. Comparison the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study in seventh grade.

	Year	Response
More restrictive	2004	23%
	2006	18%
About the same	2004	70.5%
	2006	78%
Less restrictive	2004	6%
	2006	4%

Table 35b. Comparison of the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study in eighth grade.

	Year	Response
More restrictive	2004	22%
	2006	18%
About the same	2004	72%
	2006	77%
Less restrictive	2004	6%
	2006	4%

Table 35c. Comparison of the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study in ninth grade.

	Year	Response
More restrictive	2004	24%
	2006	18%
About the same	2004	66%
	2006	74%
Less restrictive	2004	10%
	2006	8%

Table 36. Time devoted to HIV/STD and teen pregnancy prevention in a semester.

	Year	Response
No teaching time	2004	5%
	2006	3%
One class period	2004	7%
	2006	9%
Several class periods	2004	47%
	2006	46%
One week per semester	2004	31%
	2006	34%
One hour per week for one quarter (9hrs)	2004	7%
	2006	5%
One hour per week for half of the school year (18 hours)	2004	2%
	2006	3%
One hour per week for the school year (36 hours)	2004	.4%
	2006	NA

Table 37. Topics included in last teen pregnancy class taught.

	Year	Response
Abstinence until marriage	2004	95.5%
	2006	96%
Transmission and prevention of HIV/AIDS	2004	94%
	2006	92%
Transmission and prevention of STDs	2004	93%
	2006	92%
How to deal with issues/consequences of being sexually active	2004	77%
	2006	79%
How to deal with pressures to have sex	2004	88%
	2006	89%
How to talk to parents about sex and relationship issues	2004	55.5%
	2006	57%
Verbal or written instructions on how to use condoms	2004	14%
	2006	12%
Classroom demonstration on how to use condoms	2004	6%
	2006	4%
Birth control	2004	42.5%
	2006	46%
How to use birth control	2004	21%
	2006	21%
Where to get birth control	2004	27%
	2006	28%
How to get tested for STDs and HIV	2004	64%
	2006	60%
Effectiveness and failure rates of birth control including condoms	2004	65%
	2006	62%
Risks of oral sex	2004	51%
	2006	59%
Risks of anal sex	2004	41%
	2006	47%

Table 38. Staff development topics desired for teachers.

	Year	Response
Understanding state law on sexuality education	2004	77%
	2006	71%
Improving your comfort teaching sexuality education	2004	55%
	2006	50%
Holding a public hearing	2004	20%
	2006	17%
Understanding the federal abstinence guidelines	2004	64%
	2006	61%
Training in an evidence-based curriculum	2004	56%
	2006	53%

Table 39. Time devoted to teaching abstinence as a stand-alone sexuality education unit during the course of a semester.

Response	Year	Response
No time	2004	8%
	2006	7%
One class period	2004	13%
	2006	18%
Several class periods	2004	44%
	2006	46%
One week per semester	2004	23%
	2006	21%
One hour per week for one quarter (9 hrs)	2004	4%
	2006	1%
One hour per week for half of the school year (18 hrs)	2004	1.5%
	2006	2%
One hour per week for the entire school year (36 hours)	2004	.4%
	2006	1%
Abstinence until marriage is integrated into other units	2004	6%
	2006	4%

Table 40. Offer active (parent/guardian must give permission for child to receive instruction) or passive (opt out of instruction) consent for sexuality education.

Response	Year	Response
Active	2004	50%
	2006	46%
Passive	2004	50%
	2006	54%

Table 41. Students who opt out of sexuality education each semester.

Response	Year	Response
None	2004	39.5%
	2006	51%
One	2004	20%
	2006	15%
Two	2004	13%
	2006	13%
Three	2004	10%
	2006	6%
Four	2004	4%
	2006	4%
Between five and ten	2004	10%
	2006	9%
More than ten	2004	3%
	2006	2%



HIV Policy and HIV/STD and Teen Pregnancy Prevention Summary

Approximately one-third of schools have a written policy that protects the rights of students and/or staff with HIV infection or AIDS, a 15% decline since 2004. In schools with a written policy that protects the rights of students and/or staff with HIV infection or AIDS, worksite safety (100%), confidentiality for faculty and students (99%), discrimination protection (96%), implementation procedures (93%), confidential counseling for students, (78%), and training for school staff (91%) is included in the policy.

HIV prevention is taught as a required unit or lesson in several areas of the school curriculum. Most frequently, it is taught in high school in physical education classes (76%), family life education classes (64%), or home economics classes (44%). In middle school, HIV prevention units or lessons are taught in physical education (53%), family life education or life skills (36%), and in science (28%). The primary person to teach HIV/STD is most frequently the health education teacher (48%) or the physical education teacher (25%). Forty-six percent of schools devote several class periods for HIV/STD and teen pregnancy prevention in a semester, 34% devote one week per semester and 3% spend one hour per week for the entire year on this topic.

Approximately 75% of curricula for teaching HIV/STD and teen pregnancy prevention are about the same as the Healthful Living Standard Course of Study for grades seven through nine. Eighteen percent have a more restrictive curriculum, a 13% increase since 2004. Eight percent or fewer have a less restrictive curriculum. Ninety-six percent of teachers include abstinence until marriage as part of a HIV/STD and teen pregnancy prevention class, as well as transmission and prevention of HIV/AIDS (92%), transmission and prevention of STDs (92%), and how to deal with pressures to have sex (89%). Teachers were less likely to include classroom demonstrations for condom use (4%), written/verbal instructions for condoms (12%), how to use birth control (21%), and where to get birth control (28%). Other topics include the risks of oral sex (59%, an 8% increase since 2004) and anal sex (47%, a 6% increase).

According to Principals, topics included in HIV/STD and teen pregnancy prevention units most commonly include abstinence (95%), how to prevent HIV infection (91%), how HIV is transmitted (91%), and how HIV affects the body (89%). Fifteen percent teach how to correctly use a condom, a 2% decline since 2004.

Seventy-one percent of teachers have an interest in receiving staff development in understanding the state law on sexuality education, a decline of 6% since 2004. Teachers also expressed interest in understanding federal abstinence guidelines (61%), training in an evidence-based curriculum (53%), and improving their comfort level teaching sexuality education (50%).

Fifty-four percent of schools have passive parental consent for sex education and 46% percent report an active form. Fifty-one percent of schools in 2006 had no students opt out of sex education classes during a semester, an 11.5% increase since 2004.



TOBACCO POLICIES AND PROGRAMS

Tobacco is the leading preventable contributor to adult death in the United States and the vast majority of smokers begin smoking before the age of eighteen. Schools have a unique role in preventing tobacco use through education and tobacco free school policies.

Table 42. Has policy prohibiting tobacco use.

	Year	Percent
High School	2004	98%
	2006	98%
Middle School	2004	96%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	97%
	2006	98%

Table 43a. Tobacco policy prohibits the use of cigarettes for students.

	Year	Percent
High School	2004	99%
	2006	100%
Middle School	2004	99%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	96%

Table 43b. Tobacco policy prohibits the use of smokeless tobacco for students.

	Year	Percent
High School	2004	97
	2006	99
Middle School	2004	98
	2006	96
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	98
	2006	97

Table 43c. Tobacco policy prohibits the use of cigars for students.

	Year	Percent
High School	2004	98%
	2006	98%
Middle School	2004	98%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	98%
	2006	98%

Table 43d. Tobacco policy prohibits the use of pipes for students.

	Year	Percent
High School	2004	98%
	2006	98%
Middle School	2004	98%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	98%
	2006	98%

Table 43e. Tobacco policy prohibits the use of cigarettes for faculty/staff.

	Year	Percent
High School	2004	68
	2006	79
Middle School	2004	69
	2006	86
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	69
	2006	84

Table 43f. Tobacco policy prohibits the use of smokeless tobacco for faculty/staff.

	Year	Percent
High School	2004	70%
	2006	79%
Middle School	2004	69%
	2006	86%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	70%
	2006	84%

Table 43g. Tobacco policy prohibits the use of cigars for faculty/staff.

	Year	Percent
High School	2004	69%
	2006	80%
Middle School	2004	68%
	2006	87%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	69%
	2006	84%

Table 43h. Tobacco policy prohibits the use of pipes for faculty/staff.

	Year	Percent
High School	2004	69%
	2006	80%
Middle School	2004	68%
	2006	87%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	69%
	2006	84%

Table 43i. Tobacco policy prohibits the use of cigarettes for visitors.

	Year	Percent
High School	2004	69%
	2006	73%
Middle School	2004	67%
	2006	83%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	68%
	2006	79%

Table 43j. Tobacco policy prohibits the use of smokeless tobacco for visitors.

	Year	Percent
High School	2004	66%
	2006	71%
Middle School	2004	66%
	2006	81%
Junior/Senior Combined	2004	NA
	2006	NA
Overall	2004	66%
	2006	78%

Table 43k. Tobacco policy specifically prohibits the use of cigars for visitors.

	Year	Percent
High School	2004	69%
	2006	73%
Middle School	2004	67%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	68%
	2006	79%

Table 43l. Tobacco policy prohibits the use of pipes for visitors.

	Year	Percent
High School	2004	69%
	2006	73%
Middle School	2004	67%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	68%
	2006	79%

This next section addresses at which times a tobacco prevention policy is in effect.

Table 44a. Tobacco policy prohibits tobacco use during school hours for students.

	Year	Percent
High School	2004	100%
	2006	99%
Middle School	2004	100%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	99%

Table 44b. Tobacco policy prohibits tobacco use during non-school hours for students.

	Year	Percent
High School	2004	90%
	2006	95%
Middle School	2004	97%
	2006	91%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	94%
	2006	92%

Table 44c. Tobacco policy prohibits tobacco use during school hours for faculty/staff.

	Year	Percent
High School	2004	72%
	2006	76%
Middle School	2004	70%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	71%
	2006	81%

Table 44d. Tobacco policy prohibits tobacco use during non-school hours for faculty/staff.

	Year	Percent
High School	2004	60%
	2006	75%
Middle School	2004	64%
	2006	75%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	63%
	2006	75%

Table 44e. Tobacco policy prohibits tobacco use during school hours for visitors.

	Year	Percent
High School	2004	76%
	2006	77%
Middle School	2004	71%
	2006	82%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	73%
	2006	81%

Table 44f. Tobacco policy prohibits tobacco use during non-school hours for visitors.

	Year	Percent
High School	2004	59%
	2006	70%
Middle School	2004	59%
	2006	72%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	57%
	2006	72%

Table 44g. Tobacco policy prohibits tobacco use for students in school buildings.

	Year	Percent
High School	2004	100%
	2006	100%
Middle School	2004	100%
	2006	100%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	100%

Table 44h. Tobacco policy prohibits tobacco use for students on school grounds.

	Year	Percent
High School	2004	100%
	2006	99%
Middle School	2004	99%
	2006	100%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	100%

Table 44i. Tobacco policy prohibits tobacco use for students in school buses or other vehicles used to transport students.

	Year	Percent
High School	2004	99%
	2006	100%
Middle School	2004	100%
	2006	100%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	100%

Table 44j. Tobacco policy prohibits tobacco use for students at off-campus, school-sponsored events.

	Year	Percent
High School	2004	93%
	2006	99%
Middle School	2004	99%
	2006	96%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	96%
	2006	97%

Table 44k. Tobacco policy prohibits tobacco use in school buildings for faculty/staff.

	Year	Percent
High School	2004	98%
	2006	98%
Middle School	2004	99%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	98%

Table 44l. Tobacco policy prohibits tobacco use on school grounds for faculty/staff.

	Year	Percent
High School	2004	67%
	2006	81%
Middle School	2004	64%
	2006	84%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	66%
	2006	84%

Table 44m. Tobacco policy prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.

	Year	Percent
High School	2004	97%
	2006	97%
Middle School	2004	97%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	97%
	2006	98%

Table 44n. Tobacco policy prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.

	Year	Percent
High School	2004	65%
	2006	79%
Middle School	2004	68%
	2006	79%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	67%
	2006	80%

Table 44o. Tobacco policy prohibits tobacco use in school buildings for visitors.

	Year	Percent
High School	2004	98%
	2006	97%
Middle School	2004	99%
	2006	97%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	97%

Table 44p. Tobacco policy prohibits tobacco use on school grounds for visitors.

	Year	Percent
High School	2004	60%
	2006	72%
Middle School	2004	58%
	2006	76%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	59%
	2006	75%

Table 44q. Tobacco policy prohibits tobacco use on school buses or other vehicles used to transport students.

	Year	Percent
High School	2004	92%
	2006	95%
Middle School	2004	97%
	2006	94%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	95%
	2006	95%

Table 44r. Tobacco policy prohibits tobacco use at off-campus, school-sponsored events for visitors.

	Year	Percent
High School	2004	43%
	2006	58%
Middle School	2004	46%
	2006	58%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	46%
	2006	58%

This next section addresses schools with procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco.

Table 45a. Inform students about the tobacco-use prevention policy that prohibits their use of tobacco.

	Year	Percent
High School	2004	100%
	2006	100%
Middle School	2004	100%
	2006	99%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	100%

Table 45b. Inform faculty and staff about the tobacco-use prevention policy that prohibits their use of tobacco.

	Year	Percent
High School	2004	100%
	2006	99%
Middle School	2004	99%
	2006	98%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	100%
	2006	99%

Table 45c. Inform visitors about the tobacco-use prevention policy that prohibits their use of tobacco.

	Year	Percent
High School	2004	84%
	2006	87%
Middle School	2004	82%
	2006	90%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	83%
	2006	89%

Table 46. Have procedures for informing students' parents/families about rules related to tobacco use.

	Year	Percent
High School	2004	99%
	2006	99%
Middle School	2004	99%
	2006	99%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	99%
	2006	99%

The next section addresses procedures for students who are caught smoking cigarettes.

Table 47a. Parents or guardians are informed

	Year	Percent
High School		
Never	2004	0%
	2006	0%
Rarely	2004	0%
	2006	1%
Sometimes	2004	12%
	2006	7%
Always or almost always	2004	88%
	2006	92%
Middle School		
Never	2004	0%
	2006	0%
Rarely	2004	0%
	2006	0%
Sometimes	2004	2%
	2006	1%
Always or almost always	2004	98%
	2006	99%

Table 47b. Referred to a school counselor

	Year	Percent
High School		
Never	2004	16%
	2006	10%
Rarely	2004	27%
	2006	29%
Sometimes	2004	45%
	2006	44%
Always or almost always	2004	13%
	2006	17%
Middle School		
Never	2004	4%
	2006	6%
Rarely	2004	12%
	2006	9%
Sometimes	2004	47%
	2006	52%
Always or almost always	2004	38%
	2006	33%

Table 47c. Referred to a school administrator

	Year	Percent
High School		
Never	2004	0%
	2006	0%
Rarely	2004	0%
	2006	0%
Sometimes	2004	4%
	2006	4%
Always or almost always	2004	96%
	2006	96%
Middle School		
Never	2004	0%
	2006	0%
Rarely	2004	0%
	2006	1%
Sometimes	2004	3%
	2006	1%
Always or almost always	2004	97%
	2006	99%

Table 47d. Students are encouraged, but not required, to participate in an assistance, education, or cessation program

	Year	Percent
High School		
Never	2004	30%
	2006	20%
Rarely	2004	17%
	2006	23%
Sometimes	2004	32%
	2006	38%
Always or almost always	2004	21%
	2006	19%
Middle School		
Never	2004	23%
	2006	19%
Rarely	2004	25%
	2006	21%
Sometimes	2004	30%
	2006	32%
Always or almost always	2004	22%
	2006	27%

Table 47e. Students are required to participate in an assistance education, or cessation program

	Year	Percent
High School		
Never	2004	41%
	2006	35%
Rarely	2004	17%
	2006	31%
Sometimes	2004	22%
	2006	15%
Always or almost always	2004	20%
	2006	23%
Middle School		
Never	2004	29%
	2006	29%
Rarely	2004	21%
	2006	22%
Sometimes	2004	25%
	2006	26%
Always or almost always	2004	25%
	2006	22%

Table 47f. Students are referred to legal authorities.

	Year	Percent
High School		
Never	2004	60%
	2006	66%
Rarely	2004	25%
	2006	28%
Sometimes	2004	13%
	2006	5%
Always or almost always	2004	2%
	2006	1%
Middle School		
Never	2004	53%
	2006	47%
Rarely	2004	24%
	2006	28%
Sometimes	2004	17%
	2006	15%
Always or almost always	2004	6%
	2006	7%

Table 47g. Students are placed in detention.

	Year	Percent
High School		
Never	2004	31%
	2006	21%
Rarely	2004	3%
	2006	8%
Sometimes	2004	41%
	2006	38%
Always or almost always	2004	24%
	2006	3%
Middle School		
Never	2004	31%
	2006	26%
Rarely	2004	11%
	2006	9%
Sometimes	2004	35%
	2006	28%
Always or almost always	2004	23%
	2006	37%

Table 47h. Students are not allowed to participate in extra-curricular activities or interscholastic sports.

	Year	Percent
High School		
Never	2004	NA
	2006	36%
Rarely	2004	NA
	2006	18%
Sometimes	2004	NA
	2006	34%
Always or almost always	2004	NA
	2006	12%
Middle School		
Never	2004	NA
	2006	26%
Rarely	2004	NA
	2006	12%
Sometimes	2004	NA
	2006	36%
Always or almost always	2004	NA
	2006	27%

Table 47i. Students are given in-school suspension.

	Year	Percent
High School		
Never	2004	20%
	2006	19%
Rarely	2004	6%
	2006	18%
Sometimes	2004	37%
	2006	47%
Always or almost always	2004	37%
	2006	28%
Middle School		
Never	2004	18%
	2006	13%
Rarely	2004	7%
	2006	12%
Sometimes	2004	44%
	2006	47%
Always or almost always	2004	31%
	2006	33%

Table 47j. Students are suspended from school.

	Year	Percent
High School		
Never	2004	4%
	2006	6%
Rarely	2004	16%
	2006	17%
Sometimes	2004	57%
	2006	52%
Always or almost always	2004	23%
	2006	25%
Middle School		
Never	2004	8%
	2006	5%
Rarely	2004	14%
	2006	17%
Sometimes	2004	51%
	2006	48%
Always or almost always	2004	28%
	2006	30%

Table 47k. Students are expelled from school.

	Year	Percent
High School		
Never	2004	NA
	2006	82%
Rarely	2004	NA
	2006	13%
Sometimes	2004	NA
	2006	5%
Always or almost always	2004	NA
	2006	0%
Middle School		
Never	2004	NA
	2006	74%
Rarely	2004	NA
	2006	17%
Sometimes	2004	NA
	2006	6%
Always or almost always	2004	NA
	2006	3%

Table 47l. Students are reassigned to an alternative school.

	Year	Percent
High School		
Never	2004	NA
	2006	68%
Rarely	2004	NA
	2006	24%
Sometimes	2004	NA
	2006	9%
Always or almost always	2004	NA
	2006	0%
Middle School		
Never	2004	NA
	2006	57%
Rarely	2004	NA
	2006	30%
Sometimes	2004	NA
	2006	10%
Always or almost always	2004	NA
	2006	3%

Table 48a. School provides referral to tobacco cessation program for faculty and staff.

	Year	Percent
High School	2004	20%
	2006	24%
Middle School	2004	29%
	2006	33%
Junior/Senior Combined	2004	NA
	2006	NA
Overall	2004	25%
	2006	30%

Table 48b. School provides referral to tobacco cessation program for students.

	Year	Percent
High School	2004	56%
	2006	47%
Middle School	2004	51%
	2006	53%
Junior/Senior Combined	2004	NA
	2006	NA
Overall	2004	52%
	2006	50%

Table 49a. Tobacco advertising is prohibited in the school building.

	Year	Percent
High School	2004	88%
	2006	91%
Middle School	2004	93%
	2006	94%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	91%
	2006	93%

Table 49b. Tobacco advertising is prohibited on the school grounds.

	Year	Percent
High School	2004	88%
	2006	90%
Middle School	2004	92%
	2006	93%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	90%
	2006	92%

Table 49c. Tobacco advertising is prohibited on school buses or other vehicles used to transport students.

	Year	Percent
High School	2004	88%
	2006	89%
Middle School	2004	92%
	2006	94%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	90%
	2006	92%

Table 49d. Tobacco advertising is prohibited in school publications.

	Year	Percent
High School	2004	86%
	2006	89%
Middle School	2004	90%
	2006	94%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	89%
	2006	92%

Table 50. Schools that prohibit tobacco advertising.

	Year	Percent
High School	2004	89%
	2006	86%
Middle School	2004	95%
	2006	92%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	93%
	2006	90%

Table 51. Schools that prohibit students from wearing items that advertise tobacco.

	Year	Percent
High School	2004	76%
	2006	80%
Middle School	2004	82%
	2006	88%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	79%
	2006	85%

Table 52. Schools that post signs marking a tobacco-free zone.

	Year	Percent
High School	2004	56%
	2006	74%
Middle School	2004	57%
	2006	75%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	57%
	2006	74%

Table 53. Schools that have an Alternative to Suspension (ATS) program in place for students who are caught using tobacco on campus.

	Year	Percent
Yes	2004	*37%
		63%
	2006	57%

* Data collected in 2004 reflects high school and middle school, respectively.

Table 54. Faculty and staff who use tobacco on school property during school hours in designated smoking areas.

	Year	Response
0%	2004	48%
	2006	65%
5%	2004	35%
	2006	22%
10%	2004	11%
	2006	9%
15%	2004	3%
	2006	2%
20%	2004	2%
	2006	1%
25% or greater	2004	1%
	2006	0%

Table 55a. Principals that think school will benefit if a Tobacco Free policy is adopted.

	Year	Percent
Already 100% Tobacco Free School	2004	52%
	2006	67%
Yes	2004	28.5%
	2006	27%

Table 55b. Teachers that think school will benefit if a Tobacco Free policy is adopted.

Response	Year	Response
Already 100% Tobacco Free School	2004	58%
	2006	69%
Yes	2004	32%
	2006	24%



Lead Health Education Teacher Survey

The next section addresses tobacco-use prevention topics taught in a required health education course.

Table 56a. Short-term and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer).

	Year	Response
High School	2004	100%
	2006	100%
Middle School	2004	99%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	100%
	2006	100%

Table 56b. Benefits of not smoking cigarettes (including long-and short-term health benefits, social benefits, environmental benefits, and financial benefits).

	Year	Response
High School	2004	99%
	2006	100%
Middle School	2004	98%
	2006	98%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	98%
	2006	99%

Table 56c. Short-term and long-term health consequences of cigar smoking.

	Year	Response
High School	2004	90%
	2006	89%
Middle School	2004	93%
	2006	89%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	92%
	2006	89%

Table 56d. Short-term and long-term health consequences of using smokeless tobacco.

	Year	Response
High School	2004	100%
	2006	100%
Middle School	2004	99%
	2006	95%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	99%
	2006	97%

Table 56e. Benefits of not using smokeless tobacco.

	Year	Response
High School	2004	96%
	2006	99%
Middle School	2004	95%
	2006	95%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	96%
	2006	97%

Table 56f. Addictive effects of nicotine in tobacco products.

	Year	Response
High School	2004	97%
	2006	100%
Middle School	2004	98%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	98%
	2006	100%

Table 56g. How many young people use tobacco.

	Year	Response
High School	2004	95%
	2006	96%
Middle School	2004	95%
	2006	96%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	95%
	2006	96%

Table 56h. Influence of families on tobacco use.

	Year	Response
High School	2004	96%
	2006	98%
Middle School	2004	96%
	2006	94%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	96%
	2006	95%

Table 56i. Influence of media on tobacco use.

	Year	Response
High School	2004	95%
	2006	99%
Middle School	2004	98%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	97%
	2006	95%

Table 56j. Social or cultural influences on tobacco use.

	Year	Response
High School	2004	93%
	2006	96%
Middle School	2004	94%
	2006	92%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	94%
	2006	94%

Table 56k. How to find valid information or services related to tobacco-use prevention or cessation.

	Year	Response
High School	2004	84%
	2006	87%
Middle School	2004	75%
	2006	81%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	80%
	2006	84%

Table 56l. Making personal commitment not to use tobacco.

	Year	Response
High School	2004	80%
	2006	80%
Middle School	2004	87%
	2006	81%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	85%
	2006	81%

Table 56m. How students can influence or support others to prevent tobacco use.

	Year	Response
High School	2004	93%
	2006	92%
Middle School	2004	93%
	2006	94%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	93%
	2006	93%

Table 56n. How students can influence or support others in efforts to quit using tobacco.

	Year	Response
High School	2004	93%
	2006	92%
Middle School	2004	90%
	2006	91%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	91%
	2006	92%

Table 56o. Resisting peer pressure to use tobacco.

	Year	Response
High School	2004	98%
	2006	100%
Middle School	2004	97%
	2006	97%
Junior/Senior Combined	2004	100
	2006	--
Total	2004	97%
	2006	98%

Table 56p. Health effects of environmental tobacco smoke (ETS) or second-hand smoke.

	Year	Response
High School	2004	97%
	2006	100%
Middle School	2004	98%
	2006	97%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	98%
	2006	98%

Table 56q. All 16 tobacco-use prevention topics.

	Year	Response
High School	2004	NA
	2006	68%
Middle School	2004	NA
	2006	67%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	68%

Table 57. Schools that provide referrals for tobacco cessation programs.

Response	Year	Response
School provides referrals for faculty and staff	2004	16%
	2006	21%
School provides referrals for students	2004	36%
	2006	36%

Table 58. Student groups operating in schools that work to support tobacco use prevention and cessation (i.e., TATU, SWAT, Dream Team, STRIKE 2, N.O.T., or others).

Response	Year	Response
Yes	2004	22%
	2006	20%



Tobacco Policies and Programs Summary

Schools that have adopted a policy prohibiting tobacco use on the campus have increased 1% since 2004 to 98%. Between 97-99% of schools have a tobacco-use prevention policy for students and all schools prohibit cigarette use during any school-related activity.

Eighty-four percent of schools have tobacco prevention policies to prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff. Policies prohibit visitor use of cigarettes (73%), smokeless tobacco (71%), cigars (73%), and pipes (73%) in high schools and in approximately 82% of middle schools.

During school hours, 99% of high schools prohibit tobacco use by students, visitors (77%) and faculty and staff (76%). During non-school hours, 95% of schools prohibit tobacco use by students, visitors (70%), and faculty and staff (75%). Similar results are reported by middle schools. Seventy-four percent of schools post signs that mark a tobacco-free zone, a 17% increase since 2004.

All schools have a policy to prevent tobacco use by students in school buildings, on school grounds, and on school buses. Approximately 80% of schools have tobacco use prevention policies for faculty and staff, including outside use on school grounds and at off-campus, school sponsored events. Most schools (97%) have a tobacco use policy to prevent tobacco use by visitors in school buildings. All schools have procedures in place to inform students of the tobacco use prevention policy. Ninety-nine percent of schools have procedures to inform faculty and staff, and 89% have procedures to inform visitors. Almost all (99%) schools have procedures in place to inform parents/families of the tobacco prevention policies.

All middle and high schools take action when students are caught smoking cigarettes. Most contact parent/family and a school administrator. Twenty-two percent of middle schools and 23% of high schools require students to participate in an assistance education or cessation program when caught smoking cigarettes. Overall, 25-30% of students are always or almost always suspended from school and similarly, 28-33% are given in-school suspension. Approximately 50% have tobacco cessation programs for students, and 30% have programs for faculty and staff. Finally, 57% of schools had an Alternative to Suspension (ATS) program available on campus for students who are caught using tobacco.

Twenty-one percent of schools provide referrals for tobacco cessation programs for faculty and staff, a 5% increase since 2004, and 36% provide referrals for students. Twenty percent of schools have student groups that work to support tobacco use prevention and cessation, a 2% decline since 2004.

Tobacco advertising is prohibited in the school building (93%), on school grounds (92%), in vehicles used to transport students (92%), and in school publications (92%). Ninety-two percent of middle schools and 86% of high schools prohibit tobacco advertising through sponsorship of school events. Overall, 85% of schools prohibit students from wearing items that advertise tobacco products.

Topics included in tobacco use prevention instruction most commonly include short-term and long-term health consequences of cigarette smoking (100%), addictive effects of nicotine (100%), benefits of not smoking (99%), influence of media on tobacco use (99%), resisting peer pressure to use tobacco (98%), and the health effects of environmental tobacco smoke (98%).



PHYSICAL EDUCATION

Physical education is defined as instruction that helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and to maintain a physically active lifestyle. With the current epidemic of diabetes and obesity, physical education policies and practices can help ensure physically active students and physically active adults.

Principal Survey

Table 59. Schools that require physical education in any of grades 6 through 12 in this school.

	Year	Percent
Senior High School	2004	99%
	2006	99%
Middle School	2004	97%
	2006	96%
Junior/Senior High Combined	2004	--
	2006	--
Total	2004	98%
	2006	97%

Table 60a. No physical education courses taken.

	Year	Percent
Senior High School	2004	0%
	2006	1%
Middle School	2004	0%
	2006	2%
Junior/Senior High Combined	2004	NA
	2006	0%
Total	2004	0%
	2006	2%

Table 60b. One physical education course is taken.

	Year	Percent
Senior High School	2004	89%
	2006	92%
Middle School	2004	15%
	2006	14%
Junior/Senior High Combined	2004	7%
	2006	--
Total	2004	43%
	2006	44%

Table 60c. Two to three physical education courses are taken.

	Year	Percent
Senior High School	2004	8%
	2006	4%
Middle School	2004	72%
	2006	77%
Junior/Senior High Combined	2004	26%
	2006	--
Total	2004	46%
	2006	47%

Table 60d. Four to five physical education courses are taken.

	Year	Percent
Senior High School	2004	2%
	2006	3%
Middle School	2004	8%
	2006	7%
Junior/Senior High Combined	2004	66%
	2006	--
Total	2004	8%
	2006	7%

Table 60e. Six to seven physical education courses are taken.

	Year	Percent
Senior High School	2004	0%
	2006	0%
Middle School	2004	2%
	2006	1%
Junior/Senior High Combined	2004	0%
	2006	--
Total	2004	1%
	2006	1%

Table 60f. Eight or more physical education courses are taken.

	Year	Percent
Senior High School	2004	0%
	2006	1%
Middle School	2004	0%
	2006	1%
Junior/Senior High Combined	2004	0%
	2006	NA
Total	2004	0%
	2006	1%

Table 61. Physical education courses taught in sixth grade.

	Year	Percent
6 th grade	2004	99%
	2006	99%
7 th grade	2004	98%
	2006	99%
8 th grade	2004	98%
	2006	98%
9 th grade	2004	99%
	2006	99%
10 th grade	2004	18%
	2006	23%
11 th grade	2004	13%
	2006	16%
12 th grade	2004	12%
	2006	16%

This next section addresses reasons why a student can be exempt from taking a required physical education class.

Table 62a. Enrollment in other courses.

	Year	Percent
Senior High School	2004	0%
	2006	15%
Middle School	2004	11%
	2006	9%
Junior/Senior High Combined	2004	0%
	2006	--
Total	2004	6%
	2006	11%

Table 62b. Participation in school sports.

	Year	Percent
Senior High School	2004	0%
	2006	0%
Middle School	2004	1%
	2006	2%
Junior/Senior High Combined	2004	0%
	2006	--
Total	2004	1%
	2006	1%

Table 62c. Participation in other school activities.

	Year	Percent
Senior High School	2004	3%
	2006	5%
Middle School	2004	7%
	2006	13%
Junior/Senior High Combined	2004	0%
	2006	--
Total	2004	5%
	2006	10%

Table 62d. Participation in community sports.

	Year	Percent
Senior High School	2004	0%
	2006	0%
Middle School	2004	1%
	2006	2%
Junior/Senior High Combined	2004	0%
	2006	--
Total	2004	1%
	2006	1%

Table 63. Reasons for exemptions from physical education.

	Year	Percent
Religious	2004	42%
	2006	39%
Physical disability	2004	66%
	2006	60%
Asthma	2004	39%
	2006	28
High physical competency test score	2004	2%
	2006	1%
Vocational training	2004	1%
	2006	2%
Band	2004	5%
	2006	8%
ROTC	2004	1%
	2006	2%
Athletics	2004	1%
	2006	3%
Chorus	2004	2%
	2006	3%
Community Service	2004	3%
	2006	1%
Other	2004	100%
	2006	20%

Table 64. Reasons students are routinely allowed to miss all or part of physical education.

	Year	Percent
Remediation	2004	19%
	2006	13%
Testing	2004	22%
	2006	18%
Make-up Work	2004	6%
	2006	5%
Athletics	2004	9%
	2006	8%
Cubs/Activities	2004	5.5%
	2006	5%

Table 65. Time devoted to health education and physical education.

	Year	Response
Yes	2004	56%
	2006	58%
No, more time is devoted to physical education	2004	40%
	2006	38%
No, more time is devoted to health education	2004	4%
	2006	4%

Table 66. Barriers to health education staff development.

	Year	Response
School funding is largest barrier to health education staff development	2004	38%
	2006	32%
Substitute availability	2004	1%
	2006	3%
Location or availability of health specific trainings	2004	30%
	2006	33%
Other barriers	2004	10%
	2006	5%
No barriers to staff development	2004	21%
	2006	27%

Table 67. Newly hired teachers are required to be certified, licensed, or endorsed by the state in physical education.

	Year	Percent
Senior High School	2004	97%
	2006	98%
Middle School	2004	98%
	2006	97%
Junior/Senior High Combined	2004	--
	2006	--
Total	2004	98%
	2006	97%

Table 68. Measures in place to assure the quantity and quality of required physical education course.

	Year	Percent
Classroom observation	2004	100%
	2006	100%
Monitoring of lesson plans	2004	88%
	2006	89%
Verification for classroom assessment other than dressing out and participating	2004	88%
	2006	91%
Certified physical education staff	2004	99%
	2006	87%
Same class size as other academic courses	2004	63%
	2006	77%

Table 69. Students required to repeat physical education when failed.

	Year	Percent
Senior High School	2004	100%
	2006	100%
Middle School	2004	8%
	2006	8%
Junior/Senior High Combined	2004	92%
	2006	--
Total	2004	47%
	2006	46%

Table 70. Have adopted Move More-NC's Recommended Standards for Physical Activity.

	Year	Percent
Yes	2004	NA
	2006	29%



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Table 71a. Semesters/weeks sixth graders are required to take physical education.

	Year	Response
Physical Education Not Taught	2004	.6%
	2006	0%
Less Than Nine Weeks	2004	1%
	2006	0%
Nine Weeks	2004	14%
	2006	9%
One Semester	2004	44%
	2006	38%
Two Semesters	2004	40%
	2006	53%

Table 71b. Semesters/weeks seventh graders are required to take physical education.

	Year	Response
Physical Education Not Taught	2004	--
	2006	0%
Less Than Nine Weeks	2004	2%
	2006	1%
Nine Weeks	2004	14%
	2006	8%
One Semester	2004	44%
	2006	42%
Two Semesters	2004	39.5%
	2006	49%

Table 71c. Semesters/weeks eighth graders are required to take physical education.

Response	Year	Response
Physical Education Not Taught	2004	--
	2006	0%
Less Than Nine Weeks	2004	3%
	2006	1%
Nine Weeks	2004	14%
	2006	9%
One Semester	2004	46%
	2006	40%
Two Semesters	2004	37%
	2006	51%

Table 72a. Days per week sixth graders are required to take physical education.

	Year	Response
Physical Education Not Taught	2004	.6%
	2006	0%
0 Hours Per Week	2004	--
	2006	0%
1 Day Per Week	2004	.6%
	2006	1%
2 Days Per Week	2004	11%
	2006	9%
3 Days Per Week	2004	28%
	2006	30%
4 Days Per Week	2004	4%
	2006	5%
5 Days Per Week	2004	56%
	2006	56%

Table 72b. Days per week seventh graders are required to take physical education.

	Year	Response
Physical Education Not Taught	2004	--
	2006	0%
0 Hours Per Week	2004	--
	2006	0%
1 Day Per Week	2004	.6%
	2006	1%
2 Days Per Week	2004	12%
	2006	7%
3 Days Per Week	2004	28%
	2006	31%
4 Days Per Week	2004	3.5%
	2006	6%
5 Days Per Week	2004	56%
	2006	56%

Table 72c. Days per week eighth graders are required to take physical education.

	Year	Response
Physical Education Not Taught	2004	--
	2006	0%
0 Hours Per Week	2004	--
	2006	0%
1 Day Per Week	2004	.6%
	2006	1%
2 Days Per Week	2004	12%
	2006	7%
3 Days Per Week	2004	27%
	2006	31%
4 Days Per Week	2004	4%
	2006	6%
5 Days Per Week	2004	56.5%
	2006	54%

Table 73. Number of credits of physical education required for graduation.

	Year	Response
0 Credits (0 hours)	2004	.8%
	2006	1%
½ Credit (75 hours)	2004	47%
	2006	20%
¾ Credit (112 hours)	2004	6%
	2006	1%
1 Credit (150 hours)	2004	43.5%
	2006	20%
2 Credits (300 hours)	2004	1.5%
	2006	1%



Physical Education Summary

Physical education is required at 96% of middle schools, a 1% decline since 2004, and 99% of high schools. It is required 98-99% for grades six through nine, 33% for tenth, and 16% for eleventh and twelfth grades. All schools have students participate in any physical education courses, while 92% of high school students take one course and 77% of middle school students take two to three courses. One full credit of physical education is required in 20% of schools for graduation, a 23.5% decline since 2004. Additionally, 20% require a half credit for graduation, a 27% decline. Physical education must be retaken if it is failed in 8% of middle schools and all high schools.

Approximately 40% of middle schools require one semester of physical education and approximately half require two semesters each year. During the semesters/weeks physical education is taught, students are required to take the class five days per week in sixth and seventh grade (56%) and eighth grade (54%). Approximately one-third of these students take the class only three days per week. Only 1% of students take the class one day per week. Although the majority of students are required to take physical education in middle and high school, they are allowed to miss classes for testing, remediation, athletics, making up missed class work or for attending clubs or other school activities. The most cited causes for missing physical education are testing (18%) or remediation (13%).

A limited number of students are exempt from physical education. The leading reasons include physical disabilities (60%), religious reasons (39%), and asthma (28%). In 2006, 20% of schools indicated students could be exempted for "other" reasons, an 80% decline since 2004. Additional reasons include enrollment in other courses (11%) and participation in other school activities (10%).

Key measures to assure the quality and quantity of physical education taught in the school include classroom observations (99-100%), hiring certified physical education staff (87-98%), and verification for classroom assessment other than dressing out and participating (88-91%). Newly hired staff that teach physical education must be certified, licensed, or endorsed in 97% of middle schools, a 1% decline since 2004, and 98% of high schools, a 1% increase. Approximately 29% of schools have adopted the recommended standards for physical activity, whereas 37% were unaware of these standards. Most teachers (58%) devote equal time for teaching physical and health education, a 2% increase since 2004. Almost 40% of teachers devote more time for physical education.

School funding (32%) and the location or availability of specific training (33%) are the two largest barriers to physical education staff development. Twenty-seven percent have no barriers to staff development, a 6% increase since 2004.



PHYSICAL ACTIVITY

Physical education teaches and promotes critical life skills development for healthy lifestyles including physical activity. Physical activity among school-age children and staff improves school performance and establishes healthy habits for success in life. Moreover, research demonstrates that students participating in physical activity programs at school have increased concentration, and improved math, reading and writing test scores.

Table 74. School offers opportunities to participate in intramural activities or physical activity clubs.*

	Year	Percent
Senior High School	2004	42%
	2006	51%
Middle School	2004	61%
	2006	73%
Junior/Senior High Combined	2004	--
	2006	--
Total	2004	54%
	2006	66%

Table 75. School provides transportation home for students who participate in after-school intramural activities or physical education activity clubs.*

	Year	Percent
Senior High School	2004	19%
	2006	23%
Middle School	2004	20%
	2006	23%
Junior/Senior High Combined	2004	--
	2006	--
Total	2004	20%
	2006	23%

* Among those schools that required health education for students and where students take one or more required health education courses in any of grades 6 through 12.

* Among those schools that offered students opportunities to participate in before-or after-school intramural activities or physical activity clubs.

Table 76. Use of activity/athletic facilities by children or adolescents for community-sponsored sports, teams, classes, or lessons after school hours or when school is not in session.

	Year	Percent
Senior High School	2004	83%
	2006	89%
Middle School	2004	95%
	2006	89%
Junior/Senior High Combined	2004	NA
	2006	NA
Total	2004	90%
	2006	89%

Table 77. Outside of school hours or when school is not in session, people in the community can use the school's physical activity or athletic facilities without being in a supervised program.

	Year	Percent
Some outdoor facilities	2004	82%
	2006	81%
All outdoor facilities	2004	54%
	2006	44%
School does not have outdoor facilities	2004	19%
	2006	15%
Some indoor facilities	2004	62%
	2006	61%
All indoor facilities	2004	25%
	2006	23%
School does not have indoor facilities	2004	14.5%
	2006	11%

Table 78. School policies to prevent walking or biking to school.

	Year	Percent
Total	2004	9%
	2006	8%

Table 79. School supports or promotes walking or biking to and from school.

	Year	Percent
Senior High School	2004	NA
	2006	19%
Middle School	2004	NA
	2006	30%
Junior/Senior High Combined	2004	NA
	2006	--
Total	2004	NA
	2006	27%

This next section addresses the physical activity topics included in a required health education course for students in any of grades 6 through 12.

Table 80a. The physical, psychological or social benefits of physical activity.

	Year	Response
High School	2004	97%
	2006	100%
Middle School	2004	96%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	97%
	2006	99%

Table 80b. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).

	Year	Response
High School	2004	97%
	2006	96%
Middle School	2004	97%
	2006	99%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	97%
	2006	98%

Table 80c. The difference between physical activity, exercise, and fitness.

	Year	Response
High School	2004	NA
	2006	92%
Middle School	2004	NA
	2006	87%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	89%

Table 80d. Phases of workout (i.e., warm-up, workout, and cool-down).

	Year	Response
High School	2004	97%
	2006	92%
Middle School	2004	93%
	2006	96%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	95%
	2006	94%

Table 80e. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity plan).

	Year	Response
High School	2004	94%
	2006	88%
Middle School	2004	88%
	2006	87%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	91%
	2006	88%

Table 80f. Developing an individualized physical activity plan.

	Year	Response
High School	2004	87%
	2006	85%
Middle School	2004	73%
	2006	78%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	80%
	2006	82%

Table 80g. Monitoring progress toward reaching goals in an individualized physical activity plan.

	Year	Response
High School	2004	83%
	2006	81%
Middle School	2004	70%
	2006	79%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	77%
	2006	80%

Table 80h. Overcoming barriers to physical activity.

	Year	Response
High School	2004	86%
	2006	88%
Middle School	2004	82%
	2006	81%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	84%
	2006	84%

Table 80i. Decreasing sedentary activities such as television watching.

	Year	Response
High School	2004	93%
	2006	98%
Middle School	2004	91%
	2006	93%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	92%
	2006	95%

Table 80j. Opportunities for physical activity in the community.

	Year	Response
High School	2004	89%
	2006	88%
Middle School	2004	82%
	2006	93%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	86%
	2006	91%

Table 80k. Preventing injury during physical activity in the community.

	Year	Response
High School	2004	95%
	2006	92%
Middle School	2004	91%
	2006	95%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	93%
	2006	94%

Table 80l. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while engaging in physical activity).

	Year	Response
High School	2004	92%
	2006	88%
Middle School	2004	87%
	2006	89%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	89%
	2006	89%

Table 80m. Dangers of using performance-enhancing drugs, such as steroids.

	Year	Response
High School	2004	95%
	2006	99%
Middle School	2004	89%
	2006	90%
Junior/Senior Combined	2004	100%
	2006	--
Total	2004	92%
	2006	94%

Table 80n. All 13 physical activity topics included above.

	Year	Response
High School	2004	--
	2006	71%
Middle School	2004	--
	2006	55%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	--
	2006	62%



Physical Activity Summary

In middle schools, 73% provide opportunities for students to participate in activities such as intramurals or physical activity clubs, whereas 51% of high schools offer physical activity programs. Transportation is provided for students who participate in after-school intramurals or physical education activities in 23% of schools, a 3% increase since 2004.

Most schools' activity and athletic fields and facilities (89%) are used for community-sponsored sports or physical activity programs. Most outdoor facilities can be used without supervision, however most indoor facilities require supervised use.

The majority of schools do not have policies that prohibit students from walking or biking to school. Twenty-seven percent support walking or biking to and from school.

Teachers include the physical, psychological or social benefits of physical activity (99%), health-related fitness (98%), decreasing sedentary activities (95%), preventing injury (94%), phases of a workout (94%), and the dangers of using performance-enhancing drugs (94%) in a required health education course.



NUTRITION POLICIES AND PROGRAMS PRINCIPAL SURVEY

Schools can play an important role in influencing students' eating patterns. Nutrition policies can help ensure that eating habits will contribute to students' learning achievement and lifelong good health. Nutrition policies should address comprehensive, integrated nutrition education; the school meals program; and food choices outside of the cafeteria such as vending machines, school stores, classroom celebrations, meetings, concessions and fundraisers.

This next section addresses the time students have to eat lunch once seated.

Table 81a. Less than 20 minutes.

	Year	Percent
High School	2004	29%
	2006	24%
Middle School	2004	23%
	2006	16%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	26%
	2006	19%

Table 81b. 20 minutes or more.

	Year	Percent
High School	2004	71%
	2006	76%
Middle School	2004	77%
	2006	84%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	74%
	2006	81%

Table 82. Schools with a policy for serving fruits/vegetables at school parties, after-school or extended day programs, or concession stands.

	Year	Percent
High School	2004	12%
	2006	18%
Middle School	2004	12%
	2006	15%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	11%
	2006	17%

Table 83. Students can purchase snack foods or beverages at school vending machines, store, canteen, or snack bar.

	Year	Percent
High School	2004	95%
	2006	95%
Middle School	2004	83%
	2006	78%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	88%
	2006	84%

This next section addresses items students can purchase from vending machines or school store, canteen, or snack bar.*

Table 84a. Chocolate candy.

	Year	Percent
High School	2004	63%
	2006	61%
Middle School	2004	48%
	2006	27%
Junior/Senior Combined	2004	59%
	2006	--
Overall	2004	55%
	2006	42%

Table 85b. Other kinds of candy.

	Year	Percent
High School	2004	67%
	2006	66%
Middle School	2004	54%
	2006	34%
Junior/Senior Combined	2004	66%
	2006	--
Overall	2004	60%
	2006	48%

* Among those schools where students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar.

Table 85c. Salty snacks that are not low in fat.

	Year	Percent
High School	2004	89%
	2006	73%
Middle School	2004	76%
	2006	49%
Junior/Senior Combined	2004	92%
	2006	--
Overall	2004	82%
	2006	59%

Table 85d. Salty snacks that are low in fat.

	Year	Percent
High School	2004	86%
	2006	86%
Middle School	2004	78%
	2006	65%
Junior/Senior Combined	2004	78%
	2006	--
Overall	2004	81%
	2006	74%

Table 85e. Fruits or vegetables, not juice.

	Year	Percent
High School	2004	43%
	2006	47%
Middle School	2004	38%
	2006	29%
Junior/Senior Combined	2004	42%
	2006	--
Overall	2004	40%
	2006	36%

Table 85f. Low-fat cookies, crackers, cakes, pastries, or other low fat baked goods.

	Year	Percent
High School	2004	72%
	2006	83%
Middle School	2004	66%
	2006	54%
Junior/Senior Combined	2004	68%
	2006	--
Overall	2004	68%
	2006	66%

Table 85g. Soda pop or fruit drinks that are not 100% juice.

	Year	Percent
High School	2004	95%
	2006	86%
Middle School	2004	91%
	2006	52%
Junior/Senior Combined	2004	92%
	2006	--
Overall	2004	92%
	2006	67%

Table 85h. Sports drinks.

	Year	Percent
High School	2004	NA
	2006	97%
Middle School	2004	NA
	2006	78%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	86%

Table 85i. 100% fruit juice or vegetable juice.

	Year	Percent
High School	2004	86%
	2006	84%
Middle School	2004	83%
	2006	71%
Junior/Senior Combined	2004	82%
	2006	--
Overall	2004	84%
	2006	76%

Table 85j. Bottled water.

	Year	Percent
High School	2004	97%
	2006	100%
Middle School	2004	93%
	2006	91%
Junior/Senior Combined	2004	92%
	2006	--
Overall	2004	95%
	2006	95%

Table 85k. Schools that sell 1% or skim milk.

	Year	Percent
High School	2004	NA
	2006	55%
Middle School	2004	NA
	2006	45%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	49%

Table 85l. 2% or whole milk (plain or flavored).

	Year	Percent
High School	2004	NA
	2006	54%
Middle School	2004	NA
	2006	43%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	48%

This next section addresses the times a student can purchase candy; high fat snacks; or soft drinks, sports drinks, or fruit drinks that are not 100% fruit juice; or 2% or whole milk.*

Table 86a. Before classes begin in the morning.

	Year	Percent
High School	2004	71%
	2006	53%
Middle School	2004	9%
	2006	17%
Junior/Senior Combined	2004	34%
	2006	--
Overall	2004	35%
	2006	32%

* Among those schools where students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar.

Table 86b. Any school hours when meals are not being served.

	Year	Percent
High School	2004	55%
	2006	41%
Middle School	2004	21%
	2006	16%
Junior/Senior Combined	2004	23%
	2006	--
Overall	2004	35%
	2006	27%

Table 86c. During school lunch periods.

	Year	Percent
High School	2004	34%
	2006	24%
Middle School	2004	55%
	2006	29%
Junior/Senior Combined	2004	58%
	2006	--
Overall	2004	47%
	2006	27%

Table 87a. Schools that have voluntarily adopted NC's Recommended Standards for all Foods Available in School.

	Year	Percent
Yes	2004	31%
	2006	49%

Table 87b. Schools not aware of the NC's Recommended Standards for all Foods Available in School.

	Year	Percent
Yes	2004	63.5%
	2006	26%

Table 88. Level the school has adopted NC's Recommended Standards for all Foods Available in School.

	Year	Percent
Basic	2004	NA
	2006	25.5%
Proficient	2004	NA
	2006	14%
Superior	2004	NA
	2006	8%

Table 89. Schools with policies concerning foods in specified environments.

	Year	Percent
Available a la carte	2004	NA
	2006	74%
Available in vending machines	2004	NA
	2006	73%
Brought from home for multiple students to eat	2004	NA
	2006	48%
Available in after school programs	2004	NA
	2006	45%
Used in fund raisers	2004	NA
	2006	43%
Available in class or school events	2004	NA
	2006	52%

Table 90a. Days brand name fast foods are offered to students as a la carte lunch items.

	Year	Percent
0 Days	2004	57%
	2006	67%
1 Day	2004	10%
	2006	6%
2 Days	2004	4%
	2006	2%
3 Days	2004	2%
	2006	3%
4 Days	2004	0.4%
	2006	0%
5 Days	2004	27%
	2006	21%

Table 90b. Days brand name fast foods are offered to students for reimbursable lunch meals.

	Year	Percent
0 Days	2004	76%
	2006	86%
1 Day	2004	6%
	2006	2%
2 Days	2004	2%
	2006	0%
3 Days	2004	2%
	2006	1%
4 Days	2004	--
	2006	0%
5 Days	2004	15%
	2006	10%

Table 91. Schools that offer a choice between vegetables, fruits, or entrees each day for lunch.

	Year	Percent
Two or more vegetables	2004	94%
	2006	93%
Two or more different fruits or 100% fruit juices	2004	88%
	2006	83%
Two or more different entrees or main courses	2004	95%
	2006	93%
One or more low fat entree	2004	67%
	2006	76%

Table 92. Kinds of milk offered each day for lunch.

	Year	Percent
Low fat (1%) unflavored milk	2004	70.5%
	2006	81%
Low fat (1%) flavored milk (any flavor)	2004	58%
	2006	77%
Skim unflavored milk	2004	54.5%
	2006	62%
Skim flavored milk (any flavor)	2004	23%
	2006	30%
Reduced fat (2%) unflavored milk	2004	70%
	2006	37%
Reduced fat (2%) flavored milk (any flavor)	2004	52%
	2006	61%
Whole milk (3 1/2% fat) unflavored milk	2004	71%
	2006	51%
Whole milk (3 1/2% fat) flavored milk (any flavor)	2004	61%
	2006	37%

Table 93. Schools with Winner's Circle Healthy Dining Programs.

	Year	Percent
Yes	2004	NA
	2006	39%

Table 94. Schools with Qualified Winner's Circle foods labeled.

	Year	Percent
Meals	2004	NA
	2006	74%
A la carte foods	2004	NA
	2006	58%
Foods in vending machines	2004	NA
	2006	20%

Table 95. Profit generated annually from vending machines in schools not operated by the Child Nutrition Program.

Question Response	Year	Percent
Less than \$2,500	2004	56%
	2006	54%
\$2,500-\$4,999	2004	20%
	2006	17%
\$5,000-\$9,999	2004	12%
	2006	11%
\$10,000-\$19,999	2004	7%
	2006	6%
\$20,000-\$29,999	2004	2%
	2006	2%
\$30,000-\$39,999	2004	3%
	2006	1%
\$40,000-\$49,999	2004	.04%
	2006	0%
More than \$50,000	2004	.04%
	2006	0%

Table 96. Use of vending revenues at the school.

	Year	Percent
Textbooks	2004	13%
	2006	13%
Computers	2004	28%
	2006	22%
General Supplies	2004	80%
	2006	78%
Salaries	2004	3%
	2006	6%
Sports Team	2004	37%
	2006	31%
Signage and Scoreboards	2004	21%
	2006	15%
Field Trips	2004	29.5%
	2006	29%
Band	2004	12%
	2006	9%
Graduation	2004	14%
	2006	11%
Other Extra Curricular Activities	2004	48%
	2006	40%

Table 97. School food service programs that receive financial support from school.

	Year	Percent
Yes	2004	50%
	2006	49%

Table 98. Teachers who use food as a reward.

	Year	Percent
Yes	2004	63%
	2006	60%

Table 99. Individuals or groups who work collaboratively with the child nutrition personnel on nutrition education related activities.

	Year	Percent
Health Education Staff	2004	29%
	2006	33%
Physical Education Staff	2004	22%
	2006	26%
Classroom Teachers	2004	30%
	2006	32%
Health Services Staff from this School	2004	22%
	2006	28%
Mental Health or Social Services Staff	2004	9.5%
	2006	10%
Community Partners such as Public Health or Cooperative Extension	2004	19%
	2006	18%



Lead Health Education Teacher Survey

This next section addresses the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12.

Table 100a. Benefits of healthy eating.

	Year	Response
High School	2004	98%
	2006	100%
Middle School	2004	98%
	2006	97%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	98%
	2006	98%

Table 100b. Food guidance using My Pyramid.

	Year	Response
High School	2004	93%
	2006	87%
Middle School	2004	96%
	2006	92%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	90%

Table 100c. Using food labels.

	Year	Response
High School	2004	92%
	2006	95%
Middle School	2004	96%
	2006	96%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	96%

Table 100d. Balancing food intake and physical activity.

	Year	Response
High School	2004	96%
	2006	100%
Middle School	2004	98%
	2006	97%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	97%
	2006	98%

Table 100e. Eating more fruits, vegetables, and grain products.

	Year	Response
High School	2004	NA
	2006	98%
Middle School	2004	NA
	2006	97%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	97%

Table 100f. Choosing food products that are low in fat, saturated fat, and cholesterol.

	Year	Response
High School	2004	93%
	2006	98%
Middle School	2004	95%
	2006	96%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	97%

Table 100g. Using sugars in moderation.

	Year	Response
High School	2004	90%
	2006	95%
Middle School	2004	95%
	2006	96%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	93%
	2006	95%

Table 100h. Using salt and sodium in moderation.

	Year	Response
High School	2004	89%
	2006	94%
Middle School	2004	91%
	2006	92%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	90%
	2006	93%

Table 100i. Eating more calcium-rich foods.

	Year	Response
High School	2004	87%
	2006	95%
Middle School	2004	87%
	2006	91%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	87%
	2006	92%

Table 100j. Food safety.

	Year	Response
High School	2004	85%
	2006	90%
Middle School	2004	78%
	2006	83%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	81%
	2006	86%

Table 100k. Preparing healthy meals and snacks

	Year	Response
High School	2004	94%
	2006	92%
Middle School	2004	94%
	2006	95%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	94%
	2006	94%

Table 100l. Risks of unhealthy weight control practices.

	Year	Response
High School	2004	99%
	2006	97%
Middle School	2004	97%
	2006	97%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	97%
	2006	97%

Table 100m. Accepting body size differences.

	Year	Response
High School	2004	93%
	2006	98%
Middle School	2004	93%
	2006	91%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	93%
	2006	94%

Table 100n. Eating disorders.

	Year	Response
High School	2004	96%
	2006	98%
Middle School	2004	94%
	2006	93%
Junior/Senior Combined	2004	90%
	2006	--
Total	2004	95%
	2006	95%

Table 100o. All 14 nutrition and dietary behavior topics listed above.

	Year	Response
High School	2004	NA
	2006	81%
Middle School	2004	NA
	2006	75%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	77%



Nutrition Policies and Programs Summary

Seventy-four percent of schools have policies regarding foods available a la carte and 73% have policies specific to foods in vending machines. Approximately one-half have policies regarding food brought from home, available in after school programs, fundraisers, or school events. Seventeen percent of schools have a policy stating that fruits or vegetables will be served at school settings for student parties, after school or extended day programs or concession stands, a 6% increase from 2004. Two-thirds (67%) do not offer brand name fast foods as a la carte lunch items, a 10% decrease since 2004. Twenty-one percent of schools provide these food items five days per week, a 6% decrease. Eighty-six percent of schools do not offer fast foods to students for reimbursable lunch meals.

Seventy-eight percent of middle school and 95% of high school students can purchase snack foods or beverages at various places on the school campus, and includes chocolate (42%), candy (48%), salty snacks (59%), fruits and vegetables (36%), low-fat baked goods (66%), soda pop (67%), and juice drinks (76%) that be purchased from the school store, vending machines, or at a snack bar at their school. Most (95%) schools sell bottled water and almost half sell a milk product. Less than one third of schools sell candy, snacks, or drinks before school, 27% report selling during any school hours when meals are not being served, and 27% report selling during school lunch periods.

Almost half (48.7%) of schools have voluntarily adopted the NC Recommended Standards for All Foods Available in School, a 16.5% increase since 2004, whereas 26% were not aware of these standards, a 37.5% decrease. One-fourth of schools have adopted the NC Recommended Standards for all Foods Available in School at the basic level, 13.8% have adopted at the proficient level, and 8.4% have adopted at the superior level. Approximately 80% of schools provide 20 minutes or more for lunch once students are seated, a 7% increase since 2004. Finally, 60% of teachers use food as a reward for students, a 3% decline since 2004.

Over half of schools generate less than \$2,500 in profits annually from vending machines. Between \$2,500 and \$9,999 in profits were generated from vending machines in a third of the schools. One percent of schools generate \$30,000 or more from vending machines. Most schools utilize vending revenues for general school supplies (78%), other extracurricular activities (40%), sports teams (31%), field trips (29%), and computers (22%). Approximately half of schools provide financial support for the school's food services program.

Professionals most likely to work on nutrition related activities with the nutrition personnel are health education staff (33%), classroom teachers (32%), health services staff (28%), and the physical education staff (26%). Ninety-eight percent of lead health education teachers provide instruction on the benefits of healthy eating, balancing food intake and physical activity (98%), eating more fruits, vegetables, and grain products (97%), choosing foods which are low in fat, saturated fat, and cholesterol (97%), risks of unhealthy weight control practices (97%), and eating disorders (95%).



VIOLENCE PREVENTION

Efforts to ensure a safe school can include education on bullying, peer mediation, and gang violence. It can also include policies on student identification, closed campuses and routine inspections. With a comprehensive approach to violence prevention students and staff can feel secure at their school.

Table 101. Use the School Health Index to assess health and safety policies and programs.

	Year	Percent
High School	2004	NA
	2006	19%
Middle School	2004	NA
	2006	19%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	19%

This next section addresses safety and security measures used in schools.

Table 102a. Require visitors to report to the main office or reception area upon arrival.

	Year	Percent
High School	2004	100%
	2006	100%
Middle School	2004	100%
	2006	100%
Junior/Senior Combined	2004	100%
	2006	--
Overall	2004	100%
	2006	100%

Table 102b. Maintain a “closed campus” where students are not allowed to leave school during the school day, including during lunchtime.

	Year	Percent
High School	2004	91%
	2006	83%
Middle School	2004	97%
	2006	96%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	94%
	2006	90%

Table 102c. Staff or adult volunteers monitor school halls during and between classes.

	Year	Percent
High School	2004	92%
	2006	94%
Middle School	2004	89%
	2006	92%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	90%
	2006	93%

Table 102d. Routinely conduct bag, desk, or locker searches.

	Year	Percent
High School	2004	58%
	2006	59%
Middle School	2004	53%
	2006	55%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	55%
	2006	56%

Table 102e. Require students to wear school uniforms.

	Year	Percent
High School	2004	1%
	2006	5%
Middle School	2004	9%
	2006	10%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	7%
	2006	9%

Table 102f. Require students to wear identification badges.

	Year	Percent
High School	2004	11%
	2006	9%
Middle School	2004	10%
	2006	4%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	10%
	2006	6%

Table 102g. Use metal detectors, including wands.

	Year	Percent
High School	2004	31%
	2006	37%
Middle School	2004	23%
	2006	22%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	26%
	2006	27%

Table 102h. Use security or surveillance cameras, either inside or outside of the building.

	Year	Percent
High School	2004	NA
	2006	88%
Middle School	2004	NA
	2006	51%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	64%

Table 102i. Have police, school resource officers, or security guards during the regular school day.

	Year	Percent
High School	2004	97%
	2006	96%
Middle School	2004	74%
	2006	75%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	83%
	2006	82%

This next section addresses programs that schools have or participate in.

Table 103a. Peer mediation program.

	Year	Percent
High School	2004	58%
	2006	52%
Middle School	2004	57%
	2006	48%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	57%
	2006	49%

Table 103b. Safe-passage to school program.

	Year	Percent
High School	2004	9%
	2006	9%
Middle School	2004	12%
	2006	8%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	10%
	2006	9%

Table 103c. Program to prevent gang violence.

	Year	Percent
High School	2004	21%
	2006	38%
Middle School	2004	29%
	2006	34%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	26%
	2006	36%

Table 103d. Program to prevent bullying.

	Year	Percent
High School	2004	27%
	2006	50%
Middle School	2004	58%
	2006	77%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	46%
	2006	68%

Table 104. Has a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.

	Year	Percent
High School	2004	100%
	2006	100%
Middle School	2004	96%
	2006	99%
Junior/Senior Combined	2004	--
	2006	--
Overall	2004	98%
	2006	99%



Violence Prevention Summary

All schools require visitors to report to the main office or reception area upon arrival to the campus. Over 80% of schools did not allow students to leave during the school day, 93% use staff or adult volunteers to monitor the school halls during and between classes, and approximately half have routine bag, desk or locker checks. Four percent of middle schools and 9% of high schools require students to wear identification badges and less than 10% require students to wear school uniforms. One fourth of middle schools and one third of high schools use metal detectors. Police, resource officers, or security guards are on middle school campuses (75%) and high school campuses (96%) during the regular school day.

Approximately half of middle and high schools have peer mediation programs, 9% have a safe-passage to school program, and one third have a program to prevent gang violence. Programs to prevent bullying are in 77% of middle schools and 50% of high schools.

All high schools and 99% of middle schools have a comprehensive plan in place to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation. Nineteen percent of schools use the School Health Index to assess health and safety policies and programs.



SUN SAFETY POLICIES

Skin cancer is the most common kind of cancer in the United States and occurs more often than all other cancers combined. The lifetime risk of getting skin cancer is linked to sun exposure in childhood. A child's skin, particularly before the age of ten, is especially vulnerable to the harmful ultraviolet rays. School policies that reduce exposure to ultraviolet radiation (limiting time outdoors during 11:00 am – 1:00 pm) and encourage the use of sun safety protective measures during the school day (protective clothing, hats and sunglasses) when the UV rays are most prevalent provide protection for students and staff.

Table 105. Policy for establishing sun safety education guidelines.

	Year	Percent
Sun Safety Education for Students	2004	23%
	2006	25%
Sun Safety Staff Development for Teachers	2004	5%
	2006	4%
Promote or Require the Use of Protective Clothing	2004	23%
	2006	18%
Encourage Use of Lip Balm or Sunscreen	2004	45%
	2006	38%
New Construction that included Shade Areas	2004	10%
	2006	13%
Other Areas	2004	7%
	2006	8%

School policies for sun safety include education for students (25%) and staff development for teachers (4%). Additionally, some schools have implemented policy on the use of sunscreen (38%), the use of protective clothing (18%), and constructed shade (13%).



HEALTH SERVICES

School health services are preventive services, education, emergency care, referral, and management of acute and chronic health conditions. They are designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

Table 106. Have a school nurse who provides standard health services to students.

	Year	Percent
High School	2004	NA
	2006	91%
Middle School	2004	NA
	2006	94%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	92%

This next section addresses what medications students are permitted to carry and self-administer.

Table 107a. Prescription quick-relief inhaler.

	Year	Percent
High School	2004	NA
	2006	87%
Middle School	2004	NA
	2006	87%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	87%

Table 107b. Epinephrine auto-injector.

	Year	Percent
High School	2004	NA
	2006	56%
Middle School	2004	NA
	2006	57%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	56%

Table 107c. Insulin or other injected medications.

	Year	Percent
High School	2004	NA
	2006	45%
Middle School	2004	NA
	2006	44%
Junior/Senior Combined	2004	NA
	2006	NA
Overall	2004	NA
	2006	44%

Table 107d. Students who are permitted to carry and self-administer any other prescribed medications.

	Year	Percent
High School	2004	NA
	2006	26%
Middle School	2004	NA
	2006	14%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	18%

Table 107e. Over-the-counter medications.

	Year	Percent
High School	2004	NA
	2006	27%
Middle School	2004	NA
	2006	16%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	20%

This next section addresses health services that are provided to students.

Table 108a. Identification or school-based management of chronic health conditions, such as asthma or diabetes.

	Year	Percent
High School	2004	NA
	2006	93%
Middle School	2004	NA
	2006	89%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	90%

Table 108b. Identification or school-based management of acute illnesses.

	Year	Percent
High School	2004	NA
	2006	87%
Middle School	2004	NA
	2006	75%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	79%

Table 108c. Asthma Action Plan.

	Year	Percent
High School	2004	70%
	2006	85%
Middle School	2004	80%
	2006	83%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	76%
	2006	83%

Table 108d. Immunizations.

	Year	Percent
High School	2004	NA
	2006	51%
Middle School	2004	NA
	2006	67%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	60%

Table 108e. Assistance with enrolling in Medicaid or SCHIP.

	Year	Percent
High School	2004	NA
	2006	49%
Middle School	2004	NA
	2006	48%
Junior/Senior Combined	2004	NA
	2006	--
Overall	2004	NA
	2006	48%

Approximately 90% of schools have a school nurse who provides standard health services to students. Most (87%) permit students to carry and self-administer a prescription quick-relief inhaler and 56% permit students to carry an epinephrine auto-injector and self-administer the medication. Approximately one-fifth of schools allow students to carry and self-administer over-the-counter drugs or other prescribed medications.

Overall, 90% of schools provide services for identifying and managing chronic health conditions, 79% provide similar services for students with acute illnesses, and 83% provide similar services for students with asthma.



INDOOR AIR QUALITY (IAQ) AND MOLD GROWTH PREVENTION

Studies have shown that poor indoor air quality (mold is a subset of IAQ) in schools can have a negative impact on the student's learning experience. Poor IAQ can also contribute to the aggravation of asthma and allergy like symptoms. It therefore seems prudent to implement proactive programs to better design schools, to evaluate the design of existing schools, to review the operation of building systems, and to assure the proper maintenance of these systems.

Table 109a. Temperature and humidity are kept at appropriate levels by heating and air-conditioning system.

	Year	Percent
Total	2004	64%
	2006	67%

Table 109b. Schools that are clean and/or have water damage, i.e. water-stained ceiling tiles.

	Year	Response
Clean School	2004	83%
	2006	82%
Signs of Water Damage	2004	51%
	2006	39%

Two thirds (67%) of schools keep the school heating and air-conditioning system temperature and humidity at comfortable levels, an increase of three percent from 2004. Eighty-two percent of schools are clean, a 1% decline since 2004. However, 39% have signs of water damage, a 12% decline.



MEDICAL EMERGENCY PREPAREDNESS

A group of leading national organizations (including the American Heart Association, American Academy of Pediatrics, and the National Association of School Nurses) recently recommended that schools develop a medical emergency response plan for cardiac arrest and other life-threatening medical emergencies. The recommended elements of such a plan were 1) effective and efficient communication throughout the school campus, 2) coordinated and practiced response plan, 3) risk reduction, 4) training and equipment for first aid and CPR (cardiopulmonary resuscitation), and 5) implementation of a lay rescuer AED (automated external defibrillator) program in schools with an established need. The organizations also gave recommendations for how schools should implement an AED program, including the need to train likely rescuers in both CPR and AED use and the need to coordinate with the community's emergency medical system (EMS). During the last few years there has been growing interest in placing AEDs in North Carolina schools, but there has been limited information on how many schools have implemented AED programs or how schools have implemented these programs.

Table 110. Schools with Automated External Defibrillators (AED) present.

	Year	Percent
Total	2004	16%
	2006	37%

Table 111. Faculty, staff, and students have been trained to use the AED(s).

	Year	Percent
None	2004	32%
	2006	28%
1-5	2004	44%
	2006	42%
6-10	2004	17%
	2006	19%
11-15	2004	1%
	2006	5%
16-20	2004	1%
	2006	1%
More than 20	2004	4%
	2006	5%

Table 112. Schools with policies to ensure rapid activation of those trained to use the AED in the case of an emergency.

	Year	Percent
Total	2004	53%
	2006	57%

Table 113. Policies to ensure the presence of AED(s) at school events (both on-and off-site).

	Year	Percent
Total	2004	50%
	2006	42%

Table 114. Notified local Emergency Medical Services (EMS) or rescue squad that there is an AED in the school.

	Year	Percent
Total	2004	42%
	2006	43%

Table 115. Faculty and staff at this school have been offered cardiopulmonary resuscitation (CPR) training in the past 12 months.

	Year	Percent
Total	2004	72%
	2006	79%

Table 116. Number of faculty and staff certified in CPR.

	Year	Percent
None	2004	0.7%
	2006	0.4%
1-5	2004	45%
	2006	45%
6-10	2004	38%
	2006	29%
11-15	2004	7.5%
	2006	14%
16-20	2004	6%
	2006	5%
More than 20	2004	3%
	2006	7%

Table 117. Schools with a policy to ensure rapid activation of those certified CPR in the case of a medical emergency.

	Year	Percent
Total	2004	85%
	2006	85%

Table 118. Topics included to increase student knowledge of heart health topics in health education or physical education courses.

	Year	Response
Heart disease and stroke prevention	2004	91%
	2006	89%
Blood pressure prevention	2004	88%
	2006	82%
High cholesterol prevention	2004	86%
	2006	82%
Signs and symptoms of a stroke	2004	79%
	2006	78%
Signs and symptoms of a heart attack	2004	85%
	2006	83%
The need to treat a stroke as a medical emergency	2004	77%
	2006	76%
Need to treat a heart attack as a medical emergency	2004	81%
	2006	78%
Use of an automated external defibrillator	2004	33%
	2006	33%

Thirty-seven percent of schools have an automated external defibrillator (AED) on campus, a 21% increase from 2004, and 42% have one to five faculty, staff, or students trained to use the AED. Approximately one-fourth do not have anyone trained in AED use. Finally, 57% have a policy to ensure rapid activation of an AED in the event of an emergency and 42% have a policy that ensures the presence of an AED at on and off-site school events such as football games. Forty-three percent have notified the local EMS that an AED is present in the school.

The majority of schools (79%) have offered CPR training in the past twelve months, a 7% increase since 2004, and most schools have between one and five members of the faculty or staff certified in CPR. Eighty-five percent have a policy to ensure rapid activation of certified CPR faculty and staff in the event of a medical emergency.

Teachers strived to increase student knowledge of heart health by including topics such as heart disease and stroke prevention (89%), high blood pressure prevention (82%), high cholesterol prevention (82%), and the signs and symptoms of a heart attack (83%). Fewer teachers report efforts to increase student knowledge and use of an AED (33%), how to treat a stroke as a medical emergency (76%), and the signs and symptoms of a stroke (78%).



SCHOOL CONNECTEDNESS

School connectedness is a protective factor for many youth risk behaviors. Schools which offer multi-component health prevention which includes the community and a strong educational element are more likely to have students who can avoid risk behaviors.

Table 119. Extracurricular health-related activities for students are offered.

	Year	Response
Yes	2004	50%
	2006	50%



PROFESSIONAL COLLABORATION

There is a growing understanding that piecemeal, competitive, or uncoordinated efforts to address school health are counterproductive. Collaborative initiatives that organize and optimize resources should be the foundation and focus for overall student well-being.

This next section addresses collaboration with health education staff.

Table 120a. Physical education staff.

	Year	Response
High School	2004	84%
	2006	91%
Middle School	2004	89%
	2006	85%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	87%
	2006	87%

Table 120b. School health services staff (e.g., nurses).

	Year	Response
High School	2004	70%
	2006	75%
Middle School	2004	75%
	2006	75%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	73%
	2006	74%

Table 120c. School mental health or social services staff (e.g., psychologists, counselors, and social workers).

	Year	Response
High School	2004	65%
	2006	62%
Middle School	2004	69%
	2006	55%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	66%
	2006	57%

Table 120d. Nutrition or food service staff.

	Year	Response
High School	2004	18%
	2006	35%
Middle School	2004	30%
	2006	39%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	25%
	2006	38%

This next section addresses activities that schools provide.

Table 121a. Families with information on the school health education program.

	Year	Response
High School	2004	73%
	2006	63%
Middle School	2004	76%
	2006	67%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	75%
	2006	66%

Table 121b. Met with a parents' organization such as the PTA to discuss school health education program.

	Year	Response
High School	2004	27%
	2006	24%
Middle School	2004	24%
	2006	19%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	26%
	2006	22%

Table 121c. Invited family members to attend health education classes.

	Year	Response
High School	2004	40%
	2006	38%
Middle School	2004	50%
	2006	44%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	46%
	2006	41%

Middle school health education staff work with physical education staff (85%), school health services staff (75%), and food service staff (39%). In high schools, 91% work with physical education staff, school health services staff (75%), work with mental health or social services staff (62%), and food service staff (35%).

One-third (66%) of schools provide families with information on health education program offered. Forty-one percent invite family members to attend a health education class and 22% meet with parent organizations to discuss their health education program.



STAFF DEVELOPMENT

Professional development that promotes and strengthens interdisciplinary collaboration and integration of services is one of the keys to successful school health education.

This next section addresses the staff development (such as workshops, conferences, continuing education, or any other kind of in-service) received for the following health education topics.

Table 122a. Alcohol or other drug use prevention.

	Year	Response
High School	2004	36%
	2006	43%
Middle School	2004	35%
	2006	44%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	36%
	2006	42%

Table 122b. Asthma awareness.

	Year	Response
High School	2004	NA
	2006	31%
Middle School	2004	NA
	2006	31%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	31%

Table 122c. Consumer health, such as choosing sources of health-related information, products, and services wisely.

	Year	Response
High School	2004	14%
	2006	20%
Middle School	2004	7%
	2006	19%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	10%
	2006	19%

Table 122d. Cardiopulmonary resuscitation (CPR).

	Year	Response
High School	2004	61%
	2006	66%
Middle School	2004	61%
	2006	68%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	61%
	2006	68%

Table 122e. Staff development on dental and oral health.

	Year	Response
High School	2004	4%
	2006	8%
Middle School	2004	6%
	2006	11%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	6%
	2006	10%

Table 122f. Emotional and mental health.

	Year	Response
High School	2004	25%
	2006	33%
Middle School	2004	6%
	2006	19%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	22%
	2006	26%

Table 122g. Environmental health, such as how air and water quality can affect health.

	Year	Response
High School	2004	9%
	2006	14%
Middle School	2004	14%
	2006	12%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	12%
	2006	13%

Table 122h. First aid

	Year	Response
High School	2004	57%
	2006	67%
Middle School	2004	54%
	2006	62%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	56%
	2006	64%

Table 122i. Foodborne illness prevention

	Year	Response
High School	2004	NA
	2006	17%
Middle School	2004	NA
	2006	21%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	19%

Table 122j. Growth and development.

	Year	Response
High School	2004	19%
	2006	24%
Middle School	2004	18%
	2006	24%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	19%
	2006	24%

Table 122k. HIV (human immunodeficiency virus) prevention.

	Year	Response
High School	2004	37%
	2006	53%
Middle School	2004	40%
	2006	45%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	39%
	2006	48%

Table 122l. Human sexuality.

	Year	Response
High School	2004	26%
	2006	38%
Middle School	2004	27%
	2006	36%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	27%
	2006	37%

Table 122m. Immunizations.

	Year	Response
High School	2004	13%
	2006	13%
Middle School	2004	11%
	2006	14%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	12%
	2006	13%

Table 122n. Injury prevention and safety.

	Year	Response
High School	2004	42%
	2006	49%
Middle School	2004	40%
	2006	41%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	41%
	2006	45%

Table 122o. Nutrition and dietary behavior.

	Year	Response
High School	2004	21%
	2006	38%
Middle School	2004	25%
	2006	29%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	23%
	2006	33%

Table 122p. Physical activity and fitness.

	Year	Response
High School	2004	47%
	2006	63%
Middle School	2004	55%
	2006	57%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	51%
	2006	58%

Table 122q. Pregnancy prevention.

	Year	Response
High School	2004	24%
	2006	39%
Middle School	2004	30%
	2006	33%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	28%
	2006	36%

Table 122r. STD (sexually transmitted disease) prevention.

	Year	Response
High School	2004	34%
	2006	46%
Middle School	2004	38%
	2006	43%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	37%
	2006	44%

Table 122s. Suicide prevention.

	Year	Response
High School	2004	11%
	2006	23%
Middle School	2004	8%
	2006	14%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	9%
	2006	18%

Table 122t. Sun safety or skin cancer prevention.

	Year	Response
High School	2004	9%
	2006	15%
Middle School	2004	7%
	2006	19%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	8%
	2006	17%

Table 122u. Tobacco use prevention.

	Year	Response
High School	2004	27%
	2006	42%
Middle School	2004	31%
	2006	36%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	29%
	2006	38%

Table 122v. Violence prevention (such as bullying, fighting, or homicide).

	Year	Response
High School	2004	34%
	2006	46%
Middle School	2004	38%
	2006	55%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	36%
	2006	52%

This next section addresses the staff development teachers would like to receive.

Table 123a. Alcohol or other drug use prevention staff development.

	Year	Response
High School	2004	75%
	2006	74%
Middle School	2004	68%
	2006	66%
Junior/Senior Combined	2004	NA
	2006	NA
Total	2004	71%
	2006	70%

Table 123b. Asthma awareness.

	Year	Response
High School	2004	NA
	2006	60%
Middle School	2004	NA
	2006	66%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	64%

Table 123c. Consumer health, such as choosing sources of health-related information, products, and services wisely.

	Year	Response
High School	2004	40%
	2006	48%
Middle School	2004	44%
	2006	47%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	42%
	2006	47%

Table 123d. Cardiopulmonary resuscitation (CPR).

	Year	Response
High School	2004	62%
	2006	76%
Middle School	2004	71%
	2006	65%
Junior/Senior Combined	2004	NA
	2006	NA
Total	2004	68%
	2006	69%

Table 123e. Dental and oral health.

	Year	Response
High School	2004	33%
	2006	45%
Middle School	2004	40%
	2006	41%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	37%
	2006	42%

Table 123f. Emotional and mental health.

	Year	Response
High School	2004	61%
	2006	65%
Middle School	2004	64%
	2006	61%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	63%
	2006	62%

Table 123g. Environmental health, such as how air and water quality can affect health.

	Year	Response
High School	2004	39%
	2006	43%
Middle School	2004	52%
	2006	48%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	46%
	2006	46%

Table 123h. First aid.

	Year	Response
High School	2004	68%
	2006	75%
Middle School	2004	71%
	2006	71%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	71%
	2006	73%

Table 123i. Foodborne illness prevention.

	Year	Response
High School	2004	NA
	2006	47%
Middle School	2004	NA
	2006	49%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	48%

Table 123j. Growth and development.

	Year	Response
High School	2004	33%
	2006	49%
Middle School	2004	46%
	2006	56%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	41%
	2006	53%

Table 123k. HIV (human immunodeficiency virus) prevention.

	Year	Response
High School	2004	63%
	2006	62%
Middle School	2004	62%
	2006	60%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	62%
	2006	62%

Table 123l. Human sexuality.

	Year	Response
High School	2004	57%
	2006	60%
Middle School	2004	53%
	2006	51%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	54%
	2006	55%

Table 123m. Teachers want immunizations staff development.

	Year	Response
High School	2004	35%
	2006	47%
Middle School	2004	38%
	2006	42%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	37%
	2006	43%

Table 123n. Injury prevention and safety.

	Year	Response
High School	2004	41%
	2006	68%
Middle School	2004	51%
	2006	65%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	48%
	2006	66%

Table 123o. Teachers want nutrition and dietary behavior staff development.

	Year	Response
High School	2004	69%
	2006	78%
Middle School	2004	70%
	2006	73%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	70%
	2006	75%

Table 123p. Physical activity and fitness.

	Year	Response
High School	2004	65%
	2006	80%
Middle School	2004	70%
	2006	73%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	68%
	2006	75%

Table 123q. Pregnancy prevention.

	Year	Response
High School	2004	63%
	2006	57%
Middle School	2004	51%
	2006	58%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	56%
	2006	58%

Table 123r. STD (sexually transmitted disease) prevention.

	Year	Response
High School	2004	69%
	2006	64%
Middle School	2004	60%
	2006	61%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	64%
	2006	62%

Table 123s. Suicide prevention.

	Year	Response
High School	2004	65%
	2006	76%
Middle School	2004	69%
	2006	65%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	67%
	2006	69%

Table 123t. Sun safety or skin cancer prevention.

	Year	Response
High School	2004	45%
	2006	64%
Middle School	2004	51%
	2006	54%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	49%
	2006	57%

Table 123u. Tobacco use prevention.

	Year	Response
High School	2004	62%
	2006	70%
Middle School	2004	61%
	2006	61%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	61%
	2006	64%

Table 123v. Violence prevention (such as bullying, fighting, or homicide).

	Year	Response
High School	2004	71%
	2006	77%
Middle School	2004	76%
	2006	76%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	74%
	2006	76%

This next section addresses staff development received in the past two years on each of the following teaching methods.

Table 124a. Teaching students with physical, medical, or cognitive disabilities.

	Year	Response
High School	2004	44%
	2006	41%
Middle School	2004	51%
	2006	50%
Junior/Senior Combined	2004	--
	2006	-
Total	2004	49%
	2006	47%

Table 124b. Teaching students of various cultural backgrounds.

	Year	Response
High School	2004	48%
	2006	47%
Middle School	2004	49%
	2006	48%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	49%
	2006	47%

Table 124c. Teaching students with limited English proficiency.

	Year	Response
High School	2004	38%
	2006	30%
Middle School	2004	36%
	2006	33%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	37%
	2006	31%

Table 124d. Interactive teaching methods such as role-plays or cooperative group activities.

	Year	Response
High School	2004	51%
	2006	50%
Middle School	2004	58%
	2006	52%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	55%
	2006	52%

Table 124e. Encouraging family or community involvement.

	Year	Response
High School	2004	36%
	2006	33%
Middle School	2004	29%
	2006	36%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	32%
	2006	35%

Table 124f. Teaching skills for behavior change (e.g. communication, decision making).

	Year	Response
High School	2004	51%
	2006	42%
Middle School	2004	40%
	2006	48%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	45%
	2006	46%

Table 124g. Classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.

	Year	Response
High School	2004	NA
	2006	68%
Middle School	2004	NA
	2006	61%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	64%

Table 124h. Assessing or evaluating students in health education.

	Year	Response
High School	2004	NA
	2006	41%
Middle School	2004	NA
	2006	27%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	32%

This next section addresses teachers would like staff development in the following teaching methods.

Table 125a. Teaching students with physical, medical or cognitive disabilities.

	Year	Response
High School	2004	67%
	2006	69%
Middle School	2004	68%
	2006	69%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	68%
	2006	70%

Table 125b. Teaching students of various cultural backgrounds.

	Year	Response
High School	2004	58%
	2006	64%
Middle School	2004	67%
	2006	61%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	64%
	2006	63%

Table 125c. Teaching students with limited English proficiency.

	Year	Response
High School	2004	64%
	2006	60%
Middle School	2004	73%
	2006	65%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	69%
	2006	63%

Table 125d. Using interactive teaching methods such as role-plays or cooperative group activities.

	Year	Response
High School	2004	54%
	2006	65%
Middle School	2004	62%
	2006	56%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	59%
	2006	60%

Table 125e. Encouraging family or community involvement.

	Year	Response
High School	2004	57%
	2006	63%
Middle School	2004	64%
	2006	64%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	62%
	2006	64%

Table 125f. Teaching skills for behavior change.

	Year	Response
High School	2004	71%
	2006	76%
Middle School	2004	74%
	2006	70%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	73%
	2006	73%

Table 125g. Classroom management techniques, conflict resolution and mediation, and behavior management.

	Year	Response
High School	2004	NA
	2006	72%
Middle School	2004	NA
	2006	64%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	67%

Table 125h. Assessing or evaluating students in health education.

	Year	Response
High School	2004	NA
	2006	72%
Middle School	2004	NA
	2006	65%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	68%



Staff Development Summary

Middle school teachers received a variety of workshops, conferences, continuing education or in-service programs in CPR (68%), physical activity (57%), bullying (55%), HIV prevention (45%), and alcohol and drugs (44%). Middle school teachers were less likely to have staff development on dental and oral health (11%), environmental health (12%), immunizations (14%), and suicide prevention (14%). In high school, teachers received staff development in first aid (67%), CPR (66%), physical activity (63%), and HIV prevention (53%). Teachers were less likely to receive training in emotional and mental health (3%), dental and oral health (8%), and immunizations (13%).

Middle school health education teachers have a strong interest in staff development for violence prevention (76%), physical activity (73%), and nutrition (73%). Less need exists for dental and oral health (41%) and immunizations (42%). High school health education teachers are interested in staff development for physical activity (80%), nutrition (78%), violence prevention (77%), CPR (76%), first aid (75%), and alcohol and drugs (74%). Less need is shown by high school teachers for staff development in the areas of environmental health (43%) and dental and oral health (45%).

Staff development in the areas of classroom management (61%), interactive teaching methods (52%), and teaching students with disabilities (50%) has been provided for middle school health education teachers. High school teachers have had staff development in the areas of classroom management (68%), using interactive teaching strategies (50%), and teaching students with various cultural backgrounds (47%). Staff development in the areas of working with students who have limited English proficiency (30%) and for encouraging family or community involvement (33%) occurred less than other topics included in this survey by high school teachers.

Seventy percent of middle school health education teachers have a strong interest in receiving staff development in teaching skills for behavior change and in teaching students with disabilities (69%). Seventy-six percent of high school health education teachers have an interest in staff development for teaching skills for behavior change, teaching students with physical or cognitive disabilities (69%), and teaching students with limited English proficiency (60%).



PROFESSIONAL PREPARATION

Professional preservice and graduate programs aim to prepare practitioners for specific services. Based on this preparation, a training plan can be developed to maximize professional development for all staff.

This next section addresses major emphasis of professional preparation.

Table 126a. Health and physical education combined.

	Year	Response
High School	2004	61%
	2006	63%
Middle School	2004	57%
	2006	58%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	59%
	2006	60%

Table 126b. Health education.

	Year	Response
High School	2004	2%
	2006	3%
Middle School	2004	10%
	2006	4%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	7%
	2006	3%

Table 126c. Physical education.

	Year	Response
High School	2004	26%
	2006	19%
Middle School	2004	23%
	2006	26%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	24%
	2006	23%

Table 126d. Other education field.

	Year	Response
High School	2004	0%
	2006	3%
Middle School	2004	1%
	2006	5%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	1%
	2006	4%

Table 126e. Kinesiology, exercise science, or exercise physiology.

	Year	Response
High School	2004	0%
	2006	8%
Middle School	2004	0%
	2006	2%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	0%
	2006	5%

Table 126f. Home economics or family and consumer science.

	Year	Response
High School	2004	0%
	2006	0%
Middle School	2004	0%
	2006	0%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	0%
	2006	0%

Table 126g. Biology or other science.

	Year	Response
High School	2004	0%
	2006	0%
Middle School	2004	4%
	2006	1%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	2%
	2006	0%

Table 126h. Nursing.

	Year	Response
High School	2004	7%
	2006	2%
Middle School	2004	1%
	2006	0%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	3%
	2006	1%

Table 126i. Counseling.

	Year	Response
High School	2004	0%
	2006	0%
Middle School	2004	1%
	2006	3%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	0%
	2006	2%

Table 126j. Public health.

	Year	Response
High School	2004	0%
	2006	1%
Middle School	2004	0%
	2006	0%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	0%
	2006	0%

Table 126k. Nutrition.

	Year	Response
High School	2004	NA
	2006	0%
Middle School	2004	NA
	2006	0%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	0%

Table 126l. Other field.

	Year	Response
High School	2004	1%
	2006	1%
Middle School	2004	3%
	2006	1%
Junior/Senior Combined	2004	NA
	2006	NA
Total	2004	2%
	2006	1%

This next section addresses major emphasis of the lead health educations teacher's professional preparation.

Table 127a. Health education or health and physical education combined.

	Year	Response
High School	2004	61%
	2006	66%
Middle School	2004	57%
	2006	62%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	59%
	2006	64%

Table 127b. Physical education, kinesiology, exercise science or exercise physiology.

	Year	Response
High School	2004	NA
	2006	27%
Middle School	2004	NA
	2006	28%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	28%

Table 127c. Home economics or family and consumer science, biology or other science, or nutrition.

	Year	Response
High School	2004	0%
	2006	0%
Middle School	2004	0%
	2006	1%
Junior/Senior Combined	2004	0%
	2006	--
Total	2004	0%
	2006	0%

Table 127d. Nursing or counseling.

	Year	Response
High School	2004	NA
	2006	2%
Middle School	2004	NA
	2006	3%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	3%

Table 127e. Public health or other.

	Year	Response
High School	2004	NA
	2006	2%
Middle School	2004	NA
	2006	1%
Junior/Senior Combined	2004	NA
	2006	--
Total	2004	NA
	2006	1%

Table 128. Teachers with a license, certificate, or endorsement from the state department of education.

	Year	Response
High School	2004	71%
	2006	90%
Middle School	2004	71%
	2006	73%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	71%
	2006	79%

This next section addresses the years of teaching experience in health education.

Table 129a. Teachers with one year of teaching experience in health education.

	Year	Response
High School	2004	2%
	2006	4%
Middle School	2004	2%
	2006	8%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	2%
	2006	6%

Table 129b. Teachers with two to five years of teaching experience in health education.

	Year	Response
High School	2004	22%
	2006	18%
Middle School	2004	29%
	2006	22%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	26%
	2006	21%

Table 129c. Teachers with six to nine years of teaching experience in health education.

	Year	Response
High School	2004	12%
	2006	14%
Middle School	2004	13%
	2006	15%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	12%
	2006	14%

Table 129d. Teachers with ten to fourteen years of teaching experience in health education.

	Year	Response
High School	2004	22%
	2006	14%
Middle School	2004	18%
	2006	16%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	19%
	2006	15%

Table 129e. Teachers with fifteen or more years of teaching experience in health education.

	Year	Response
High School	2004	43%
	2006	50%
Middle School	2004	39%
	2006	39%
Junior/Senior Combined	2004	--
	2006	--
Total	2004	40%
	2006	44%

Fifty-eight percent of middle school health education teachers have professional preparation in health and physical education, or in physical education alone (26%). In high school, 63% of health education teachers' professional preparation is in health and physical education (63%), or in physical education alone (19%).

Sixty-two percent of middle schools and 66% of high schools have lead health education teachers with a major teacher preparation emphasis in health and physical education. In 2004, fewer middle school teachers (57%) and high school teachers (61%) had similar preparation.

Seventy-nine percent of all lead health education teachers have a license, certificate, or endorsement from the state department of education to teach health education in middle/junior high school or senior high school, an 8% increase since 2004.

Thirty-nine percent of the lead health education teachers in middle school have 15 or more years of teaching experience, 16% have ten to 14 years, and 22% have two to five years. In high school, 50% have 15 or more years of experience, 14% have ten to 14 years, and 18% have two to five years.

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HEALTH EDUCATION

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22b	Days per week health education is required in grade 7.	21
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26e	Teachers want to increase student skills in goal-setting, such as setting a goal for improving personal health habits.	31
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38	Staff development topics desired for teachers.	50
39	Time devoted to teaching abstinence as a stand-alone sexuality education unit during the course of a semester.	51
40	Offer active (parent/guardian must give permission for child to receive instruction) or passive (opt out of instruction) consent for sexuality education.	51
41	Students who opt out of sexuality education each semester.	51

TOBACCO POLICIES AND PROGRAMS

42	Has a policy prohibiting tobacco use.	53
43a	Tobacco policy prohibits the use of cigarettes for students.	53
43b	Tobacco policy prohibits the use of smokeless tobacco for students.	53
43c	Tobacco policy prohibits the use of cigars for students.	54
43d	Tobacco policy prohibits the use of pipes for students.	54
43e	Tobacco policy prohibits the use of cigarettes for faculty/staff.	54
43f	Tobacco policy prohibits the use of smokeless tobacco for faculty/staff.	54
43g	Tobacco policy prohibits the use of cigars for faculty/staff.	55
43h	Tobacco policy prohibits the use of pipes for faculty/staff	55
43i	Tobacco policy prohibits the use of cigarettes for visitors.	55
43j	Tobacco policy prohibits the use of smokeless tobacco for visitors.	55
43k	Tobacco policy specifically prohibits the use of cigars for visitors.	56
43l	Tobacco policy prohibits the use of pipes for visitors.	56
44a	Tobacco policy prohibits tobacco use during school hours for students.	56
44b	Tobacco policy prohibits tobacco use during non-school hours for students.	56
44c	Tobacco policy prohibits tobacco use during school hours for faculty/staff	57
44d	Tobacco policy prohibits tobacco use during non-school hours for faculty/staff.	57
44e	Tobacco policy prohibits tobacco use during school hours for visitors.	57
44f	Tobacco policy prohibits tobacco use during non-school hours for visitors.	57
44g	Tobacco policy prohibits tobacco use for students in school buildings.	58
44h	Tobacco policy prohibits tobacco use for students on school grounds.	58
44i	Tobacco policy prohibits tobacco use for students in school buses or other vehicles used to transport students.	58
44j	Tobacco policy prohibits tobacco use for students at off-campus, school-sponsored events.	58
44k	Tobacco policy prohibits tobacco use in school buildings for faculty/staff.	59
44l	Tobacco policy prohibits tobacco use on school grounds for faculty/staff.	59
44m	Tobacco policy prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.	59
44n	Tobacco policy prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.	59

44o	Tobacco policy prohibits tobacco use in school buildings for visitors.	60
44p	Tobacco policy prohibits tobacco use on school grounds for visitors.	60
44q	Tobacco policy prohibits tobacco use on school buses or other vehicles used to transport students.	60
44r	Tobacco policy prohibits tobacco use at off-campus, school-sponsored events for visitors.	60
45a	School has procedures to inform students about the tobacco-use prevention policy that prohibits their use of tobacco.	61
45b	School has procedures to inform faculty and staff about the tobacco-use prevention policy that prohibits their use of tobacco.	61
45c	School has procedures to inform visitors about the tobacco-use prevention policy that prohibits their use of tobacco.	61
46	School has procedures to inform students' parents/families about rules related to tobacco use.	62
47a	Parents or guardians are informed when a student is caught smoking.	62
47b	Students are referred to a school counselor when a student is caught smoking.	63
47c	Students are referred to a school administrator when a student is caught smoking.	63
47d	Students are encouraged, but not required, to participate in an assistance, education, or cessation program when caught smoking.	64
47e	Students are required to participate in an assistance education, or cessation program when caught smoking.	64
47f	Students are referred to legal authorities when caught smoking.	65
47g	Students are placed in detention when caught smoking.	65
47h	Students are not allowed to participate in extra-curricular activities or interscholastic sports when caught smoking.	66
47i	Students are given in-school suspension when caught smoking.	66
47j	Students are suspended from school when caught smoking.	67
47k	Students are expelled from school when caught smoking.	67
47l	Students are reassigned to an alternative school when caught smoking.	68
48b	School provides referral to tobacco cessation program for students when caught smoking.	68
49a	Tobacco advertising is prohibited in the school building.	69
49b	Tobacco advertising is prohibited on the school grounds.	69
49c	Tobacco advertising is prohibited on school buses or other vehicles used to transport students.	69
49d	Tobacco advertising is prohibited in school publications.	69
50	Schools that prohibit tobacco advertising.	70
51	Schools that prohibit students from wearing items that advertise tobacco.	70
52	Schools that post signs marking a tobacco-free zone.	70

53	Schools that have an Alternative to Suspension (ATS) program in place for students who are caught using tobacco on campus..	70
54	Faculty and staff who use tobacco on school property during school hours in designated smoking areas.	71
55a	Principals that think school will benefit if a Tobacco Free policy is adopted.	71
55b	Teachers that think school will benefit if a Tobacco Free policy is adopted.	71
56a	Short-term and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer).	71
56b	The benefits of not smoking cigarettes is taught in health education.	72
56c	Short-term and long-term health consequences of cigar smoking is taught in health education.	72
56d	Short-term and long-term health consequences of using smokeless tobacco is taught in health education.	72
56e	Benefits of not using smokeless tobacco is taught in health education.	72
56f	Addictive effects of nicotine in tobacco products is taught in health education.	73
56g	How many young people use tobacco is taught in health education.	73
56h	Influence of families on tobacco use is taught in health education.	73
56i	Influence of media on tobacco use is taught in health education.	73
56j	Social or cultural influences on tobacco use is taught in health education.	74
56k	How to find valid information or services related to tobacco-use prevention or cessation is taught in health education.	74
56l	Making a personal commitment not to use tobacco is taught in health education.	74
56m	How students can influence or support others to prevent tobacco use is taught in health education.	74
56n	How students can influence or support others in efforts to quit using tobacco is taught in health education.	75
56o	Resisting peer pressure to use tobacco is taught in health education.	75
56p	Health effects of environmental tobacco smoke (ETS) or second-hand smoke is taught in health education.	75
56q	All 16 tobacco-use prevention topics is taught in health education.	75
57	Schools that provide referrals for tobacco cessation programs	76
58	Student groups operating in schools that work to support tobacco use prevention and cessation.	76

PHYSICAL EDUCATION

59	Schools that require physical education in any of grades 6 through 12 in this school.	78
60a	No physical education courses taken.	78
60b	One physical education course is taken.	78
60c	Two to three physical education courses are taken.	79

60d	Four to five physical education courses are taken.	79
60e	Six to seven physical education courses are taken.	79
60f	Eight or more physical education courses are taken.	79
61	Physical education courses taught in sixth grade.	80
62a	Students can be exempt from taking physical education if enrollment in other courses.	80
62b	Students can be exempt from taking physical education if participating in school sports.	80
62c	Students can be exempt from taking physical education if participating in other school activities.	81
62d	Students can be exempt from taking physical education if participating in community sports.	81
63	Reasons for exemptions from physical education.	81
64	Reasons students are routinely allowed to miss all or part of physical education.	82
65	Time devoted to health education and physical education.	82
66	Barriers to health education staff development.	82
67	Newly hired teachers are required to be certified, licensed, or endorsed by the state in physical education.	83
68	Measures in place to assure the quantity and quality of required physical education course.	83
69	Students that are required to repeat physical education when failed.	83
70	Schools that have adopted Move More-NC's Recommended Standards for Physical Activity.	83
71a	Semesters/weeks sixth graders are required to take physical education.	84
71b	Semesters/weeks seventh graders are required to take physical education.	84
71c	Semesters/weeks eighth graders are required to take physical education.	84
72a	Days per week sixth graders are required to take physical education	85
72b	Days per week seventh graders are required to take physical education.	85
72c	Days per week eighth graders are required to take physical education.	86
73	Number of credits of physical education required for graduation.	86

PHYSICAL ACTIVITY

74	School offers opportunities to participate in intramural activities or physical activity clubs.	88
75	School provides transportation home for students who participate in after-school intramural activities or physical education activity clubs.	88
76	Use of activity/athletic facilities by children or adolescents for community-sponsored sports, teams, classes, or lessons after school hours or when school is not in session.	89

77	Facilities used for physical activity without being in a supervised program.	89
78	School policies to prevent walking or biking to school.	89
79	School supports or promotes walking or biking to and from school.	90
80a	The physical, psychological or social benefits of physical activity.	90
80b	Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).	90
80c	The difference between physical activity, exercise, and fitness is taught as part of health education.	91
80d	Phases of workout (i.e., warm-up, workout, and cool-down) is taught as part of health education.	91
80e	How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity plan) is taught as part of health education.	91
80f	Developing an individualized physical activity plan is taught as part of health education.	91
80g	Monitoring progress toward reaching goals in an individualized physical activity plan is taught as part of health education.	92
80h	Overcoming barriers to physical activity is taught as part of health education.	92
80i	Decreasing sedentary activities such as television watching is taught as part of health education.	92
80j	Opportunities for physical activity in the community is taught as part of health education.	92
80k	Preventing injury during physical activity in the community is taught as part of health education.	93
80l	Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while engaging in physical activity) is taught as part of health education.	93
80m	Dangers of using performance-enhancing drugs as part of health education.	93
80n	All 13 physical activity topics included above is taught as part of health education.	93

NUTRITION POLICIES AND PROGRAMS

81a	Students have less than 20 minutes to eat once seated for lunch.	95
81b	Students have 20 minutes or more to eat once seated for lunch.	95
82	Schools with a policy for serving fruits/vegetables at school parties, after-school or extended day programs, or concession stands.	95
83	Students can purchase snack foods or beverages at school vending machines, store, canteen, or snack bar.	96
84a	Students can purchase chocolate candy from school.	96
85b	Students can purchase other kinds of candy from school.	96
85c	Students can purchase salty snacks that are not low in fat from school.	97
85d	Students can purchase salty snacks that are low in fat from school.	97
85e	Students can purchase fruits or vegetables, not juice from school.	97
85f	Students can purchase low-fat cookies, crackers, cakes, pastries, or other low fat baked goods from school.	97

85g	Students can purchase soda pop or fruit drinks that are not 100% juice from school.	98
85h	Students can purchase sports drinks from school.	98
85i	Students can purchase 100% fruit juice or vegetable juice from school.	98
85j	Students can purchase bottled water from school.	98
85k	Students can purchase 1% or skim milk from school.	99
85l	Students can purchase 2% or whole milk (plain or flavored) from school.	99
86a	Students can purchase snacks before classes begin in the morning.	99
86b	Students can purchase snacks during any school hours when meals are not being served.	100
86c	Students can purchase snacks during school lunch periods.	100
87a	Schools that have voluntarily adopted <u>NC's Recommended Standards for all Foods Available in School.</u>	100
87b	Schools not aware of the <u>NC's Recommended Standards for all Foods Available in School.</u>	100
88	Level the school has adopted <u>NC's Recommended Standards for all Foods Available in School.</u>	100
89	Schools with policies concerning foods in specified environments.	101
90a	Days brand name fast foods are offered to students as a la carte lunch items.	101
90b	Days brand name fast foods offered to students for reimbursable lunch meals.	101
91	Schools that offer a choice between vegetables, fruits, or entrees each day for lunch.	102
92	Kinds of milk offered each day for lunch.	102
93	Schools with Winner's Circle Healthy Dining Programs.	102
94	Schools with Qualified Winner's Circle foods labeled.	103
95	Profit generated annually from vending machines in schools not operated by the Child Nutrition Program.	103
96	Uses of vending revenues at the school.	104
97	School food service programs that receive financial support from school.	104
98	Teachers who use food as a reward.	104
99	Individuals or groups who work collaboratively with the child nutrition personnel on nutrition education related activities.	105
100a	Benefits of healthy eating are taught in health education.	105
100b	Food guidance using My Pyramid is taught in health education.	105
100c	Using food labels is taught in health education.	106
100d	Balancing food intake and physical activity are taught in health education.	106

100e	Eating more fruits, vegetables, and grain products are taught in health education.	106
100f	Choosing food products that are low in fat, saturated fat, and cholesterol are taught in health education.	106
100g	Using sugars in moderation is taught in health education.	107
100h	Using salt and sodium in moderation is taught in health education.	107
100i	Eating more calcium-rich foods is taught in health education.	107
100j	Food safety is taught in health education.	107
100k	Preparing healthy meals and snacks are taught in health education.	108
100l	Risks of unhealthy weight control practices are taught in health education.	108
100m	Accepting body size differences is taught in health education.	108
100n	Eating disorders are taught in health education.	108
100o	All 14 nutrition and dietary behavior topics listed above are taught in health education.	109

VIOLENCE PREVENTION

101	Use the School Health Index to assess health and safety policies and programs.	111
102a	Schools that require visitors to report to the main office or reception area upon arrival.	111
102b	Schools that maintain a “closed campus” where students are not allowed to leave school during the school day, including during lunchtime	111
102c	Schools that have staff or adult volunteers monitor school halls during and between classes	112
102d	Schools that routinely conduct bag, desk, or locker searches	112
102e	Schools that require students to wear school uniforms.	112
102f	Schools that require students to wear identification badges.	112
102g	Schools that use metal detectors, including wands.	113
102h	Schools that use security or surveillance cameras, either inside or outside of the building.	113
102i	Schools that have police, school resource officers, or security guards during the regular school day.	113
103a	Schools that have a peer mediation program.	113
103b	Schools that have a safe-passage to school program.	114
103c	Schools that have a program to prevent gang violence.	114
103d	Schools that have a program to prevent bullying.	114
104	Has a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation.	114

SUN SAFETY POLICIES

105	Policy for establishing sun safety education guidelines for students.	116
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HEALTH SERVICES

106	Have a school nurse who provides standard health services to students	117
107a	Students are permitted to carry and self-administer prescription quick-relief inhaler.	117
107b	Students are permitted to carry and self-administer epinephrine auto-injector.	117
107c	Students are permitted to carry and self-administer insulin or other injected medications.	118
107d	Students who are permitted to carry and self-administer any other prescribed medications.	118
107e	Over-the-counter medications.	118
108a	Identification or school-based management of chronic health conditions, such as asthma or diabetes.	118
108b	Identification or school-based management of acute illnesses.	119
108c	Asthma Action Plan.	119
108d	Immunizations.	119
108e	Assistance with enrolling in Medicaid or SCHIP.	119

INDOOR AIR QUALITY (IAQ) AND MOLD GROWTH PREVENTION

109a	Temperature and humidity are kept at appropriate levels by heating and air-conditioning system	121
109b	Schools that are clean and/or have water damage, i.e. water-stained ceiling tiles.	121

MEDICAL EMERGENCY PREPAREDNESS

110	Schools with Automated External Defibrillators (AED) present.	122
111	Faculty, staff, and students have been trained to use the AED(s).	122
112	Schools with policies to ensure rapid activation of those trained to use the AED in the case of an emergency.	123
113	Policies to ensure the presence of AED(s) at school events (both on-and off-site).	123
114	Notified local Emergency Medical Services (EMS) or rescue squad that there is an AED in the school.	123
115	Faculty and staff at this school have been offered cardiopulmonary resuscitation (CPR) training in the past 12 months.	123
117	Schools with a policy to ensure rapid activation of those certified CPR in the case of a medical emergency.	124
118	Topics included to increase student knowledge of heart health topics in health education or physical education courses.	124

SCHOOL CONNECTEDNESS

119	Extracurricular health-related activities for students are offered. <i>e following on health education activities.</i>	125
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PROFESSIONAL COLLABORATION

120a	Health education staff collaborate with physical education staff.	126
120b	Health education staff collaborate with school health services staff (e.g., nurses).	126
120c	Health education staff collaborate with school mental health or social services staff (e.g., psychologists, counselors, and social workers).	126
120d	Health education staff collaborate with nutrition or food service staff.	127
121a	School provides families with information on the school health education program.	127
121b	School meets with a parents' organization such as the PTA to discuss school health education program	127
121c	School invites family members to attend health education classes.	127

STAFF DEVELOPMENT

122a	Staff development was received in alcohol or other drug use prevention	129
122b	Staff development was received in asthma awareness.	129
122c	Staff development was received in consumer health, such as choosing sources of health-related information, products, and services wisely.	129
122d	Staff development was received in cardiopulmonary resuscitation (CPR).	130
122e	Staff development was received in dental and oral health.	130
122f	Staff development was received in emotional and mental health.	130
122g	Staff development was received in environmental health, such as how air and water quality can affect health.	130
122h	Staff development was received in first aid.	131
122i	Staff development was received in foodborne illness prevention.	131
122j	Staff development was received in growth and development.	131
122k	Staff development was received in HIV (human immunodeficiency virus) prevention.	131
122l	Staff development was received in human sexuality.	132
122m	Staff development was received in immunizations.	132
122n	Staff development was received in injury prevention and safety.	132
122o	Staff development was received in nutrition and dietary behavior.	132
122p	Staff development was received in physical activity and fitness.	133

122q	Staff development was received in pregnancy prevention.	133
122r	Staff development was received in STD (sexually transmitted disease) prevention.	133
122s	Staff development was received in suicide prevention.	133
122t	Staff development was received in sun safety or skin cancer prevention.	134
122u	Staff development was received in tobacco use prevention.	134
122v	Staff development was received in violence prevention (such as bullying, fighting, or homicide).	134
123a	Teachers would like staff development in alcohol or other drug use prevention staff development.	134
123b	Teachers would like staff development in asthma awareness.	135
123c	Teachers would like staff development in consumer health, such as choosing sources of health-related information, products, and services wisely.	135
123d	Teachers would like staff development in cardiopulmonary resuscitation (CPR).	135
123e	Teachers would like staff development in dental and oral health.	135
123f	Teachers would like staff development in emotional and mental health.	136
123g	Teachers would like staff development in environmental health, such as how air and water quality can affect health.	136
123h	Teachers would like staff development in first aid.	136
123i	Teachers would like staff development in foodborne illness prevention.	136
123j	Teachers would like staff development in growth and development.	137
123k	Teachers would like staff development in HIV (human immunodeficiency virus prevention).	137
123l	Teachers would like staff development in human sexuality.	137
123m	Teachers would like staff development in immunizations.	137
123n	Teachers would like staff development in injury prevention and safety.	138
123o	Teachers would like staff development in nutrition and dietary behavior.	138
123p	Teachers would like staff development in physical activity and fitness.	138
123q	Teachers would like staff development in pregnancy prevention.	138
123r	Teachers would like staff development in STD (sexually transmitted disease) prevention.	139
123s	Teachers would like staff development in suicide prevention.	139
123t	Teachers would like staff development in un safety or skin cancer prevention.	139
123u	Teachers would like staff development in tobacco use prevention.	139
123v	Teachers would like staff development in violence prevention.	140

124a	Staff development received in teaching students with physical, medical, or cognitive disabilities.	140
124b	Staff development received in teaching students of various cultural backgrounds.	140
124c	Staff development received in teaching students with limited English proficiency	140
124d	Staff development received in interactive teaching methods such as role-plays or cooperative group activities	141
124e	Staff development received in encouraging family or community involvement.	141
124f	Staff development received in teaching skills for behavior change (e.g. communication, decision making).	141
124g	Staff development received in classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.	141
124h	Staff development received in assessing or evaluating students in health education.	142
125a	Teachers would like staff development in teaching students with physical, medical or cognitive disabilities.	142
125b	Teachers would like staff development in teaching students of various cultural backgrounds.	142
125c	Teachers would like staff development in teaching students with limited English proficiency.	142
125d	Teachers would like staff development in using interactive teaching methods such as role-plays or cooperative group activities.	143
125e	Teachers would like staff development in encouraging family or community involvement.	143
125f	Teachers would like staff development in teaching skills for behavior change.	143
125g	Teachers would like staff development in classroom management techniques, conflict resolution and mediation, and behavior management.	143
125h	Teachers would like staff development in assessing or evaluating students in health education.	144

PROFESSIONAL PREPARATION

126a	Health and physical education combined is a major emphasis of professional preparation.	145
126b	Health education is a major emphasis of professional preparation.	145
126c	Physical education is a major emphasis of professional preparation.	145
126d	Other education field is a major emphasis of professional preparation.	146
126e	Kinesiology, exercise science, or exercise physiology is a major emphasis of professional preparation.	146
126f	Home economics or family and consumer science is a major emphasis of professional preparation.	146
126g	Biology or other science is a major emphasis of professional preparation.	146
126h	Nursing is a major emphasis of professional preparation.	147
126i	Counseling is a major emphasis of professional preparation.	147
126j	Public health is a major emphasis of professional preparation.	147

126k	Nutrition is a major emphasis of professional preparation.	147
126l	Other field is a major emphasis of professional preparation.	148
127a	Health education or health and physical education combined is the major emphasis of professional preparation for the lead health education teacher.	148
127b	Physical education, kinesiology, exercise science or exercise physiology is the major emphasis of professional preparation for the lead health education teacher.	148
127c	Home economics or family and consumer science, biology or other science, or nutrition is the major emphasis of professional preparation for the lead health education teacher.	149
127d	Nursing or counseling is the major emphasis of professional preparation for the lead health education teacher.	149
127e	Public health or other is the major emphasis of professional preparation for the lead health education teacher.	149
128	Teachers with a license, certificate, or endorsement from the state department of education.	149
129a	Teachers with one year of teaching experience in health education	150
129b	Teachers with two to five years of teaching experience in health education	150
129c	Teachers with six to nine years of teaching experience in health education.	150
129d	Teachers with ten to fourteen years of teaching experience in health education.	150
129e	Teachers with fifteen or more years of teaching experience in health education.	151



Appendices

2006 SCHOOL HEALTH PROFILE SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

1. Are any of the following grades taught in this school? (Mark yes or no for each grade.)

Grade	Yes	No
a. 6.....	0.....	0
b. 7.....	0.....	0
c. 8.....	0.....	0
d. 9.....	0.....	0
e. 10.....	0.....	0
f. 11.....	0.....	0
g. 12.....	0.....	0

If you answered NO to all grades in Question 1, you are finished. Please return this questionnaire.

REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as instruction about health education topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity that students must receive for graduation or promotion from this school.)

2. Is health education required for students in any of grades 6 through 12 in this school? (Mark one response.)

- a. Yes
- b. No ⇒ Skip to Question 7

3. Is required health education taught in each of the following ways to students in grades 6 through 12 in this school? (Mark yes or no for each method.)

Method	Yes	No
a. In a combined health education and physical education course.....	0.....	0
b. In a course mainly about another subject other than health education such as science, social studies, or English.....	0.....	0

REQUIRED HEALTH EDUCATION COURSE

(Definition: A required health education course is taught as a separate semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not health education units or lessons integrated into other subjects.)

4. How many required health education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → Skip to Question 7
- b. 1 course
- c. 2 courses
- d. 3 courses
- e. 4 or more courses

5. Is a required health education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

	Yes	No	Not Applicable
			(e.g., grade not taught in this school.)

Grade

- | | | | | |
|----|---------|--------|--------|--------|
| a. | 6..... | 0..... | 0..... | 0..... |
| b. | 7..... | 0..... | 0..... | 0..... |
| c. | 8..... | 0..... | 0..... | 0..... |
| d. | 9..... | 0..... | 0..... | 0..... |
| e. | 10..... | 0..... | 0..... | 0..... |
| f. | 11..... | 0..... | 0..... | 0..... |
| g. | 12..... | 0..... | 0..... | 0..... |

6. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

HEALTH EDUCATION

7. **Who coordinates health education in this school?** (Mark one response.)
- a. No one coordinates health education in this school
 - b. District administrator
 - c. District health education or curriculum coordinator
 - d. School administrator
 - e. Health education teacher
 - f. School nurse
 - g. Someone else
8. **Are newly hired staff who teach health topics required to be certified, licensed, or endorsed by the state in health education?** (Mark one response.)
- a. Yes
 - b. No
 - c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)
9. **Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)
- a. Yes
 - b. No

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from this school.)

10. **Is physical education required for students in any of grades 6 through 12 in this school?** (Mark one response.)
- a. Yes
 - b. No → skip to question 15

REQUIRED PHYSICAL EDUCATION COURSE

(Definition: A required physical education course is taught as a semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not physical activity units or lessons integrated into other subjects. It is not recess, intramural activities, physical activity clubs, or school sports.)

11. How many required physical education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → skip to question 15
- b. 1 course
- c. 2 or 3 courses
- d. 4 or 5 courses
- e. 6 or 7 courses
- f. 8 or more courses

12. Is a required physical education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

	Yes	No	Not Applicable (e.g., grade not taught in this school.)
Grade			
a. 6.....	0.....	0.....	0.....
b. 7.....	0.....	0.....	0.....
c. 8.....	0.....	0.....	0.....
d. 9.....	0.....	0.....	0.....
e. 10.....	0.....	0.....	0.....
f. 11.....	0.....	0.....	0.....
g. 12.....	0.....	0.....	0.....

13. Can students be exempted from taking a required physical education course for one grading period or longer for any of the following reasons? (Mark yes or no for each reason.)

Reason	Yes	No
a. Enrollment in other courses (i.e., math or science).....	0	0
b. Participation in school sports.....	0	0
c. Participation in other school activities (i.e., ROTC, band, or chorus).....	0	0
d. Participation in community sports activities.....	0	0
e. Religious reasons.....	0	0
f. Long-term physical or medical disability.....	0	0
g. Cognitive disability.....	0	0
h. High physical fitness competency test score.....	0	0
i. Participation in vocational training.....	0	0
j. Participation in community service activities.....	0	0

14. If students fail a required physical education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

15. Are newly hired staff who teach physical education required to be certified, licensed, or endorsed by the state in physical education? (Mark one response.)

- a. Yes
- b. No
- c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in physical education)

16. Does this school offer opportunities for students to participate in intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No → Skip to question 18

17. Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No

18. Outside of school hours or when school is not in session, do children or adolescents use any of this school's physical activity or athletic facilities for community-sponsored sports teams, classes, or lessons? (Mark one response.)

- a. Yes
- b. No

19. Does your school support or promote walking or biking to and from school (e.g., through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets)? (Mark one response.)

- a. Yes
- b. No

TOBACCO-USE PREVENTION POLICIES

20. Has this school adopted a policy prohibiting tobacco use? (Mark one response.)

- a. Yes
- b. No → Skip to Question 27

21. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. Cigarettes	0	0	0	0	0	0
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c. Cigars	0	0	0	0	0	0
d. Pipes	0	0	0	0	0	0

22. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. During school hours	0	0	0	0	0	0
b. During non-school hours	0	0	0	0	0	0

23. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. In school buildings	0	0	0	0	0	0
b. Outside on school grounds, including parking lots and playing fields	0	0	0	0	0	0
c. On school buses or other vehicles used to transport students	0	0	0	0	0	0
d. At off-campus, school-sponsored events	0	0	0	0	0	0

24. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

Group	Yes	No	Not Applicable
a. Students.....	0	0	0
b. Faculty and staff.....	0	0	0
c. Visitors.....	0	0	0

25. Does your school have procedures to inform students' families about rules related to tobacco use by students? (Mark one response.)

- a. Yes
- b. No
- c. Not applicable

26. When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

		Never	Rarely	Sometimes	Always or almost always
Action					
a.	Parents or guardians are notified.....	0	0	0	0
b.	Referred to a school counselor.....	0	0	0	0
c.	Referred to a school administrator.....	0	0	0	0
d.	Encouraged, but not required, to participate in an assistance, education, or cessation program.....	0	0	0	0
e.	Required to participate in an assistance, education, or cessation program.....	0	0	0	0
f.	Referred to legal authorities.....	0	0	0	0
g.	Placed in detention.....	0	0	0	0
h.	Not allowed to participate in extra-curricular activities or interscholastic sports.....	0	0	0	0
i.	Given in-school suspension.....	0	0	0	0
j.	Suspended from school.....	0	0	0	0
k.	Expelled from school.....	0	0	0	0
l.	Reassigned to an alternative school....	0	0	0	0

27. Does your school provide referrals to tobacco cessation programs for each of the following groups? (Mark yes or no for each group.)

Group		Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

28. **Is tobacco advertising prohibited in each of the following locations?** (Mark yes or no for each location.)

Location	Yes	No
a. In the school building.....	0	0
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus.....	0	0
c. On school buses or other vehicles used to transport students	0	0
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	0	0

29. **Is tobacco advertising through sponsorship of school events prohibited?** (Mark one response.)

- a. Yes
- b. No

30. **Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?** (Mark one response.)

- a. Yes
- b. No

31. **Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?** (Mark one response.)

- a. Yes
- b. No

NUTRITION-RELATED POLICIES AND PRACTICES

32. **How long do students usually have to eat lunch once they are seated?** (Mark one response.)

- a. Less than 20 minutes
- b. 20 minutes or more
- c. This school does not serve lunch to students

33. **Has this school adopted a policy stating that, if food is served at student parties, after-school or extended day programs, or concession stands, fruits or vegetables will be among the foods offered? (Mark one response.)**

a. Yes
b. No

34. **Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar? (Mark one response.)**

a. Yes
b. No → **Skip to Question 37**

35. **Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)**

Food/Beverage		Yes	No
a.	Chocolate candy.....	0	0
b.	Other kinds of candy.....	0	0
c.	Salty snacks that are not low in fat, such as regular potato chips.....	0	0
d.	Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips.....	0	0
e.	Fruits or vegetables, not juice.....	0	0
f.	Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods.....	0	0
g.	Soda pop or fruit drinks that are not 100% juice.....	0	0
h.	Sports drinks.....	0	0
i.	100% fruit juice or vegetable juice	0	0
j.	Bottled water.....	0	0
k.	1% or skim milk.....	0	0
l.	2% or whole milk (plain or flavored).....	0	0

36. **Can students purchase candy; snacks that are not low in fat; soda pop, sports drinks, or fruit drinks that are not 100% fruit juice; or 2% or whole milk during the following times? (Mark yes or no for each time.)**

Time	Yes	No
a. Before classes begin in the morning.....	0	0
b. During any school hours when meals are not being served.....	0	0
c. During school lunch periods.....	0	0

VIOLENCE PREVENTION

- 37. Has your school ever used the School Health Index from the Centers for Disease Control and Prevention to assess your school's health and safety policies and programs?** (Mark one response.)

- a. Yes
- b. No

- 38. Does your school implement each of the following safety and security measures?** (Mark yes or no for each measure.)

Measure	Yes	No
a. Require visitors to report to the main office or reception area upon arrival.....	0	0
b. Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime... ..	0	0
c. Use staff or adult volunteers to monitor school halls during and between classes.....	0	0
d. Routinely conduct locker searches.....	0	0
e. Require students to wear school uniforms.....	0	0
f. Require students to wear identification badges.....	0	0
g. Use metal detectors, including wands.....	0	0
h. Use security or surveillance cameras, either inside or outside the building.....	0	0
i. Use police, school resource officers, or security guards during the regular school day.....	0	0

- 39. Does your school have or participate in each of the following programs?** (Mark yes or no for each program.)

Program	Yes	No
a. A peer mediation program.....	0	0
b. A safe-passages to school program.....	0	0
c. A program to prevent gang violence.....	0	0
d. A program to prevent bullying.....	0	0

- 40. Does your school have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation?** (Mark one response.)

- a. Yes
- b. No

HEALTH SERVICES

41. Is there a school nurse who provides standard health services to students at this school? (Mark one response.)

- a. Yes
- b. No

42. At this school, would a student ever be permitted to carry and self-administer each of the following medications? (Mark yes or no for each medication.)

Medication	Yes	No
a. A prescription quick-relief inhaler.....	0	0
b. An epinephrine auto-injector (e.g., EpiPen ^R).....	0	0
c. Insulin or other injected medications.....	0	0
d. Any other prescribed medications.....	0	0
e. Any over-the-counter medications.....	0	0

43. Does your school provide each of the following health services to students at the school? (Mark yes or no for each activity.)

Activity	Yes	No
a. Identification or school-based management of chronic health conditions, such as asthma or diabetes.....	0	0
b. Identification or school-based management of acute illnesses.....	0	0
c. An Asthma Action Plan (or Individualized Health Plan) for all students with asthma.....	0	0
d. Immunizations.....	0	0
e. Assistance with enrolling in Medicaid or SCHIP (State Children's Health Insurance Program).....	0	0

HIV INFECTION POLICIES

44. Has this school adopted a policy on students and/or staff who have HIV infection or AIDS? (Mark one response.)

- a. Yes
- b. No ⇒ You are finished. Please return the questionnaire.

45. Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS? (Mark yes or no for each issue.)

Issue	Yes	No
a. Attendance of students with HIV infection0.....0		
b. Procedures to protect HIV-infected students and staff from discrimination.....0.....0		
c. Maintaining confidentiality of HIV-infected students and staff.....0.....0		
d. Worksite safety (i.e., universal precautions for all school staff).....0.....0		
e. Confidential counseling for HIV-infected students.....0.....0		
f. Communication of the policy to students, school staff, and parents.....0.....0		
g. Adequate training about HIV infection for school staff.....0.....0		
h. Procedures for implementing the policy.....0.....0		

Thank you for your responses. Please return this questionnaire.

COMMENTS

SCHOOL HEALTH EDUCATION PROFILE

PRINCIPAL SURVEY 2006 - PART II

Note:

As part of a cooperative agreement with the Centers for Disease Control and Prevention, North Carolina is required to conduct this two-part survey. We ask that you complete both portions of this survey which contain critical information to help us plan programs to support student health. Please return **both parts of the survey** in the envelope provided. Any questions concerning this survey can be addressed to Sarah Langer, Evaluation and Abstinence Consultant, North Carolina Department of Public Instruction, 6349 Mail Service Center, Raleigh, NC 27699-6349. Email: slanger@dpi.state.nc.us Telephone: 919-807-3867

Everyone returning completed surveys will be entered into a drawing for the chance to win a \$100 gift certificate.

INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns activities that occur in the school listed below. Please consult with other school staff if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____

Email: _____

Telephone number (Please include area code.): _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

COORDINATION OF SCHOOL HEALTH

The next five questions ask about the coordination of school health activities in your school.

1. Does this school have a school health committee or health advisory group? (Mark *one* response.)

- ① Yes
② No → **If No, Skip to question 4**

2. Which of the following are included as members of this school's health committee or health advisory group?
(Mark *yes* or *no* for each.)

	Yes	No
a. Health Educator	①	②
b. School Nurse	①	②
c. Physical Educator	①	②
d. School Counselor	①	②
e. School Social Worker	①	②
f. Food Service Manager	①	②
g. Resource Officer	①	②
h. Student	①	②
i. Parent	①	②
j. Business Representative	①	②
k. Health Department Representative	①	②
l. School Administrator	①	②
m. Other	①	②

3. Has this school's health committee or health advisory group influenced school policy or programs in the last year?
(Mark *one* response.)

- ① Yes
② No

4. Does this school have an individual assigned to coordinate all school health activities? (Mark *one* response.)

- ① Yes
② No

5. Does this school have a staff wellness program? (Mark *one* response.)

- ① Yes
② No

The next two questions ask about the coordination of school health activities in the school district.

6. Does this school district have a school health advisory council? (Mark *one* response.)

- ① Yes
② No → **If No, Skip to question 8**

7. Has this school district's school health advisory council influenced school policy or programs in the last year?
(Mark *one* response.)

- ① Yes
② No

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

The following six questions ask about physical education and opportunities for physical activity in your school.

8. Can students be exempted from taking required physical education for any of the following reasons?

(Mark **yes** or **no** for each.)

	Yes	No
a. Religious reasons	①	②
b. Permanent physical disability	①	②
c. Asthma	①	②
d. High physical competency test score	①	②
e. Participation in vocational training	①	②
f. Participation in band	①	②
g. Participation in ROTC	①	②
h. Participation in athletics	①	②
i. Participation in chorus	①	②
j. Participation in community service activities	①	②
k. Other reasons	①	②

9. Are students routinely allowed to miss all or part of physical education for any of the following reasons?

(Mark **yes** or **no** for each.)

	Yes	No
a. Remediation	①	②
b. Testing	①	②
c. Make-up work	①	②
d. Athletics	①	②
e. Clubs/Activities	①	②

10. Outside of school hours or when school is not in session, can people in the community use all or some of this school's physical activity or athletic facilities (such as gymnasiums, weight rooms, exercise rooms, track, athletic fields) without being in a supervised program? (Mark **yes or **no** for each.)**

	Yes	No
a. Some outdoor facilities	①	②
b. All outdoor facilities	①	②
c. Do not have outdoor facilities	①	②
d. Some indoor facilities	①	②
e. All indoor facilities	①	②
f. Do not have indoor facilities	①	②

11. Does this school have any policy that prevents students from walking or biking to school?

(Mark **one** response.)

- ① Yes
② No

12. Are any of the following measures in place to assure the quantity and quality of the required physical education course that is taught in your school? (Mark **yes or **no** for each.)**

	Yes	No
a. Classroom observation	①	②
b. Monitoring of lesson plans	①	②
c. Verification for classroom assessment other than dressing out and participating ...	①	②
d. Certified physical education staff	①	②
e. Same class size as other academic courses	①	②

13. Has this school voluntarily adopted Move More - NC's Recommended Standards for Physical Activity in Schools? (Mark **one response.)**

- ① Yes
② No
③ Not aware of the standards

HEALTH EDUCATION

The following two questions ask about health education in your school.

14. Are any of the following measures in place to assure the quantity and quality of the required health education course that is taught in your school? (Mark *yes* or *no* for each.)

	Yes	No
a. Classroom observation	(1)	(2)
b. Monitoring of lesson plans	(1)	(2)
c. Certified health education staff	(1)	(2)
d. Same class size as other academic courses	(1)	(2)

15. Does your school district currently have any policies concerning birth control or abortion referrals? (Mark *one* for each.)

Birth Control Referrals

- (1) Teachers are allowed to provide birth control referrals.
- (2) Teachers are not allowed to provide birth control referrals.
- (3) There is no policy regarding birth control referrals.

Abortion Referrals

- (1) Teachers are allowed to provide abortion referrals.
- (2) Teachers are not allowed to provide abortion referrals.
- (3) There is no policy regarding abortion referrals.

NUTRITION

The following thirteen questions ask about support for nutrition in your school. Please consult with your cafeteria or food service manager if needed.

16. Has this school voluntarily adopted NC's Recommended Standards for all Foods Available in School that was developed by a consensus panel in December 2003? (Mark *one* response.)

- (1) Yes
- (2) No → Skip to question 18
- (3) Not aware of the standards → Skip to question 18

17. At what level have the NC's Recommended Standards for all Foods Available in School been adopted? (Mark *one* response.)

- (1) Basic
- (2) Proficient
- (3) Superior

18. Has this school adopted any policies concerning foods in the following environments? (Mark *yes* or *no* for each.)

	Yes	No
a. Foods available a la carte	(1)	(2)
b. Foods available in vending machine	(1)	(2)
c. Food brought from home for multiple students to eat	(1)	(2)
d. Food available in after school programs	(1)	(2)
e. Food used in fund raisers	(1)	(2)
f. Food available at class or school events	(1)	(2)

19. In a typical week, on how many days are brand name fast foods offered to students?

(Mark *number of days* for each.)

	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days
a. As a la carte lunch items	(0)	(1)	(2)	(3)	(4)	(5)
b. For reimbursable lunch meals	(0)	(1)	(2)	(3)	(4)	(5)

20. Each day for lunch, are students at this school offered a choice between:

(Mark *yes* or *no* for each.)

	Yes	No
a. 2 or more different vegetables?	(1)	(2)
b. 2 or more different fruits or 100% fruit juices?	(1)	(2)
c. 2 or more different entrées or main courses?	(1)	(2)
d. 1 or more low fat entrées?	(1)	(2)

NUTRITION

21. **Each day for lunch**, are students at this school offered a choice of the following kinds of milk?

(Mark **yes** or **no** for each.)

	Yes	No
a. Low fat (1% fat) unflavored milk	①	②
b. Low fat (1% fat) flavored milk (any flavor)	①	②
c. Skim unflavored milk	①	②
d. Skim flavored milk (any flavor)	①	②
e. Reduced fat (2% fat) unflavored milk	①	②
f. Reduced fat (2% fat) flavored milk (any flavor)	①	②
g. Whole milk (3 1/2% fat) unflavored milk	①	②
h. Whole milk (3 1/2% fat) flavored milk (any flavor)	①	②

22. **Is the Winner's Circle Healthy Dining Program in use at your school?** (Mark **one** response.)

- ① Yes
 ② No → **Skip to question 24**
 ③ Don't know about Winner's Circle → **Skip to question 24**

23. **Do you label qualified Winner's Circle foods for the following?** (Mark **yes** or **no** for each.)

	Yes	No
a. Meals	①	②
b. A la carte foods	①	②
c. Foods in vending machines	①	②

24. **How much profit is generated annually from vending machines in this school that are not operated by the Child Nutrition Program?** (Mark **one** response.)

- ⑧ more than \$50,000 ⑥ \$30,000 - \$39,999 ④ \$10,000 - \$19,999 ② \$2,500 - \$4,999
 ⑦ \$40,000 - \$49,999 ⑤ \$20,000 - \$29,999 ③ \$5,000 - \$9,999 ① less than \$2,500

25. **What do these vending revenues fund in your school?** (Mark **yes** or **no** for each.)

	Yes	No
a. Textbooks	①	②
b. Computers	①	②
c. General supplies	①	②
d. Salaries	①	②
e. Sports teams	①	②
f. Signage and scoreboards	①	②
g. Field trips	①	②
h. Band	①	②
i. Graduation	①	②
j. Other extracurricular activities	①	②

26. **Does your school or school system provide any financial support to this school's food service program?** (Mark **one** response.)

- ① Yes ② No

27. **Do teachers in your school use food as a reward?** (Mark **one** response.)

- ① Yes ② No

28. **During the past 12 months, have any of the following staff worked collaboratively with your school's child nutrition personnel on nutrition education activities?** (Mark **yes** or **no** for each.)

	Yes	No
a. Health education staff from this school	①	②
b. Physical education staff from this school	①	②
c. Classroom teachers from this school	①	②
d. Health services staff from this school	①	②
e. Mental health or social services staff from this school	①	②
f. Community partners such as public health or cooperative extension	①	②

SUN SAFETY

The following question asks about sun safety in your school.

29. Does your school have a policy establishing sun safety guidelines for any of the following areas?

(Mark *yes* or *no* for each.)

	Yes	No
a. Sun safety education for students	①	②
b. Sun safety staff development opportunities for teachers	①	②
c. Promote or require the use of protective clothing outside (i.e., hats, sunglasses)	①	②
d. Encourage or allow students to apply lip balm and/or sunscreen	①	②
e. New construction/renovation projects include a plan for shade areas	①	②
f. Other areas	①	②

TOBACCO PROGRAMS AND POLICIES

The following three questions ask about tobacco-related school policies in your school.

30. Does your school have an Alternatives to Suspension (ATS) program in place for students who are caught using tobacco on campus? (Mark *one* response.)

- ① Yes ② No

31. In your best estimation, what percentage of faculty and staff use tobacco on school property during school hours in designated smoking areas? (Mark *one* response.)

- ① 0% ② 5% ③ 10% ④ 15% ⑤ 20% ⑥ 25% or greater

32. Do you think your school would benefit if your school district adopted a 100% Tobacco Free School policy, meaning tobacco use is prohibited by everyone at all times on school property and at school-related events? (Mark *one* response.)

- ① Already 100% Tobacco Free School ② Yes ③ No

MOLD GROWTH PREVENTION

The following question asks about mold growth prevention in your school.

33. The heating and air-conditioning system keeps the temperature and humidity at comfortable levels.

(Mark *one* response.)

- ① Yes ② No

MEDICAL EMERGENCY PREPAREDNESS

The following eight questions ask about medical emergency preparedness in your school.

34. Is there an Automated External Defibrillator (AED) present in your school? (Mark *one* response.)

- ① Yes ② No → If No, Skip to question 34

35. How many faculty, staff, and students have been trained to use the AED(s)? (Mark *one* response.)

- ① none
② 1 - 5
③ 6 - 10
④ 11 - 15
⑤ 16 - 20
⑥ more than 20

36. Does your school have policies in place ensuring rapid activation of those trained to use the AED(s) in the case of a medical emergency? (Mark *one* response.)

- ① Yes ② No

MEDICAL EMERGENCY PREPAREDNESS

37. Does your school have policies in place ensuring the presence of AED(s) at school events (both off-site and on-site) such as football games? *(Mark one response.)*

- ① Yes
- ② No

38. Has your school notified the local Emergency Medical Services (EMS) or rescue squad that there is an AED present in your school? *(Mark one response.)*

- ① Yes
- ② No

39. During the past 12 months, have faculty and staff at this school been offered CPR (cardiopulmonary resuscitation) training? *(Mark one response.)*

- ① Yes
- ② No

40. How many faculty and staff are currently certified in CPR? *(Mark one response.)*

- ① None
- ② 1 - 5
- ③ 6 - 10
- ④ 11 - 15
- ⑤ 16 - 20
- ⑥ More than 20

41. Does your school have policies in place ensuring rapid activation of those certified in CPR in the case of a medical emergency? *(Mark one response.)*

- ① Yes
- ② No

Thank you for your responses. Please return both parts of this questionnaire.

COMMENTS

Continue comments on next page if more space is needed →

2006 SCHOOL HEALTH PROFILE LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

REQUIRED HEALTH EDUCATION COURSES

(Definition: A required health education course is taught as a separate semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not health education units or lessons integrated into other subjects.)

1. Is a required health education course taught for students in any of grades 6 through 12 in this school? (Mark one response.)

- a. Yes
b. No → Skip to Question 12

2. Are teachers in this school required to use each of the following materials in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each type of material.)

Material	Yes	No
a. The National Health Education Standards.....	0	0
b. The Health Education Curriculum Analysis Tool (HECAT) from the Centers for Disease Control and Prevention.....	0	0
c. Any state-, district-, or school-developed curriculum.....	0	0
d. A commercially-developed curriculum.....	0	0
e. A commercially-developed student textbook.....	0	0
f. A commercially-developed teacher's guide.....	0	0
g. Health education performance assessment materials.....	0	0
h. Any materials from health organizations, such as the American Heart Association or the American Cancer Society.....	0	0

3. **During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Alcohol or other drug use prevention.....	0	0
b. Asthma awareness.....	0	0
c. Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d. Cardiopulmonary resuscitation (CPR).....	0	0
e. Dental and oral health.....	0	0
f. Emotional and mental health.....	0	0
g. Environmental health, such as how air and water quality can affect health.....	0	0
h. First aid.....	0	0
i. Foodborne illness prevention.....	0	0
j. Growth and development.....	0	0
k. HIV (human immunodeficiency virus) prevention.....	0	0
l. Human sexuality.....	0	0
m. Immunizations.....	0	0
n. Injury prevention and safety.....	0	0
o. Nutrition and dietary behavior.....	0	0
p. Physical activity and fitness.....	0	0
q. Pregnancy prevention.....	0	0
r. STD (sexually transmitted disease) prevention.....	0	0
s. Suicide prevention.....	0	0
t. Sun safety or skin cancer prevention.....	0	0
u. Tobacco-use prevention.....	0	0
v. Violence prevention (such as bullying, fighting, or homicide).....	0	0

4. During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Mark yes or no for each skill.)

Skill	Yes	No
a. How to find valid information or services related to personal health and wellness.....	0	0
b. Influence of media on personal health and wellness.....	0	0
c. Communication skills, such as how to ask for assistance with a health-related problem.....	0	0
d. Decision-making skills, such as deciding to get appropriate health screenings and exams	0	0
e. Goal-setting skills, such as setting a goal for improving personal health habits.....	0	0
f. Conflict resolution skills, such as techniques to resolve interpersonal conflicts without fighting.....	0	0
g. Resisting peer pressure to engage in unhealthy behavior related to personal health and wellness	0	0

5. During this school year, how often have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching Method	Never	Rarely	Sometimes	Almost always or always
a. Audio-visual media, such as videos.....	0	0	0	0
b. Group discussions.....	0	0	0	0
c. Cooperative group activities.....	0	0	0	0
d. Role play, simulations, or practice.....	0	0	0	0
e. Language, performing, or visual arts.....	0	0	0	0
f. Pledges or contracts for changing behavior or abstaining from a behavior...	0	0	0	0
g. Peer teaching.....	0	0	0	0
h. The Internet.....	0	0	0	0
i. Computer-assisted instruction.....	0	0	0	0
j. Guest speakers.....	0	0	0	0
k. Health education programs available through videoconferencing or other distance learning methods.....	0	0	0	0

6. During this school year, have teachers in this school used each of the following teaching methods to highlight diversity or the values of various cultures in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching method	Yes	No
a. Use textbooks or curricular materials reflective of various cultures.....	0	0
b. Use textbooks or curricular materials designed for students with limited English proficiency.....	0	0
c. Ask students or families to share their own cultural experiences related to health topics.....	0	0
d. Teach about cultural differences and similarities.....	0	0
e. Modify teaching methods to match students' learning styles, health beliefs, or cultural values.....	0	0

7. During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12? (Mark yes or no for each activity.)

Activity	Yes	No
a. Perform volunteer work at a hospital, a local health department, or any other local organization that addresses health issues.....	0	0
b. Participate in or attend a community health fair.....	0	0
c. Gather information about health services that are available in the community, such as health screenings.....	0	0
d. Visit a store to compare prices of health products.....	0	0
e. Identify potential injury sites at school, home, or in the community.....	0	0
f. Identify advertising in the community designed to influence health behaviors	0	0
g. Advocate for a health-related issue.....	0	0
h. Complete homework or projects that involve family members	0	0

8. **During this school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer).....	0	0
b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits).....	0	0
c. Short- and long-term health consequences of cigar smoking.....	0	0
d. Short- and long-term health consequences of using smokeless tobacco.....	0	0
e. Benefits of not using smokeless tobacco.....	0	0
f. Addictive effects of nicotine in tobacco products.....	0	0
g. How many young people use tobacco.....	0	0
h. Influence of families on tobacco use.....	0	0
i. Influence of the media on tobacco use.....	0	0
j. Social or cultural influences on tobacco use.....	0	0
k. How to find valid information or services related to tobacco-use prevention or cessation.....	0	0
l. Making a personal commitment not to use tobacco.....	0	0
m. How students can influence or support others to prevent tobacco use	0	0
n. How students can influence or support others in efforts to quit using tobacco.....	0	0
o. Resisting peer pressure to use tobacco.....	0	0
p. The health effects of environmental tobacco smoke (ETS) or second-hand smoke.....	0	0

9. **During this school year, did teachers in this school teach each of the following pregnancy, HIV, or STD prevention topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Abstinence as the most effective method to avoid pregnancy, HIV, and STDs.....	0	0
b. How to correctly use a condom.....	0	0
c. Condom efficacy, that is, how well condoms work and do not work.....	0	0
d. Risks associated with having multiple sexual partners.....	0	0
e. Social or cultural influences on sexual behavior.....	0	0
f. How to prevent HIV infection.....	0	0
g. How HIV is transmitted.....	0	0
h. How HIV affects the human body.....	0	0
i. Influence of alcohol and other drugs on HIV-related risk behaviors.....	0	0
j. How to find valid information or services related to HIV or HIV testing.....	0	0
k. Compassion for persons living with HIV or AIDS.....	0	0

10. **During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. The benefits of healthy eating.....	0	0
b. Food guidance using MyPyramid	0	0
c. Using food labels.....	0	0
d. Balancing food intake and physical activity.....	0	0
e. Eating more fruits, vegetables, and grain products.....	0	0
f. Choosing foods that are low in fat, saturated fat, and cholesterol	0	0
g. Using sugars in moderation.....	0	0
h. Using salt and sodium in moderation.....	0	0
i. Eating more calcium-rich foods.....	0	0
j. Food safety.....	0	0
k. Preparing healthy meals and snacks.....	0	0
l. Risks of unhealthy weight control practices.....	0	0
m. Accepting body size differences.....	0	0
n. Eating disorders.....	0	0

11. During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic	Yes	No
a. The physical, psychological, or social benefits of physical activity...0.....0		
b. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition)....0.....0		
c. The difference between physical activity, exercise, and fitness.....0.....0		
d. Phases of a workout (i.e., warm-up, workout, and cool down).....0.....0		
e. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity).....0.....0		
f. Developing an individualized physical activity plan.....0.....0		
g. Monitoring progress toward reaching goals in an individualized physical activity plan.....0.....0		
h. Overcoming barriers to physical activity.....0.....0		
i. Decreasing sedentary activities such as television watching.....0.....0		
j. Opportunities for physical activity in the community.....0.....0		
k. Preventing injury during physical activity.....0.....0		
l. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....0.....0		
m. Dangers of using performance-enhancing drugs, such as steroids.....0.....0		

HIV PREVENTION

12. Are required HIV prevention units or lessons taught in each of the following courses in this school? (Mark yes or no for each course.)

Topic	Yes	No
a. Science.....0.....0		
b. Home economics or family and consumer education.....0.....0		
c. Physical education.....0.....0		
d. Family life education or life skills.....0.....0		
e. Special education.....0.....0		
f. Social studies.....0.....0		

COLLABORATION

13. During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

Group	Yes	No
a. Physical education staff.....	0	0
b. School health services staff (e.g., nurses).....	0	0
c. School mental health or social services staff (e.g., psychologists, counselors, and social workers).....	0	0
d. Nutrition or food service staff.....	0	0

14. During this school year, has this school done each of the following activities? (Mark yes or no for each activity.)

Activity	Yes	No
a. Provided families with information on school health education	0	0
b. Met with a parents' organization such as the PTA to discuss school health education	0	0
c. Invited family members to attend health education classes.....	0	0

STAFF DEVELOPMENT

15. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Alcohol or other drug use prevention.....	0	0
b. Asthma awareness.....	0	0
c. Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d. Cardiopulmonary resuscitation (CPR).....	0	0
e. Dental and oral health.....	0	0
f. Emotional and mental health.....	0	0
g. Environmental health, such as how air and water quality can affect health.....	0	0
h. First aid.....	0	0
i. Foodborne illness prevention.....	0	0
j. Growth and development.....	0	0
k. HIV (human immunodeficiency virus) prevention.....	0	0
l. Human sexuality.....	0	0
m. Immunizations.....	0	0
n. Injury prevention and safety.....	0	0
o. Nutrition and dietary behavior.....	0	0
p. Physical activity and fitness.....	0	0
q. Pregnancy prevention.....	0	0
r. STD (sexually transmitted disease) prevention.....	0	0
s. Suicide prevention.....	0	0
t. Sun safety or skin cancer prevention.....	0	0
u. Tobacco-use prevention.....	0	0
v. Violence prevention (such as bullying, fighting, or homicide).....	0	0

16. Would you like to receive staff development on each of these health education topics? (Mark yes or no for each topic.)

Topic		Yes	No
a.	Alcohol or other drug use prevention.....	0	0
b.	Asthma awareness.....	0	0
c.	Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d.	Cardiopulmonary resuscitation (CPR).....	0	0
e.	Dental and oral health.....	0	0
f.	Emotional and mental health.....	0	0
g.	Environmental health, such as how air and water quality can affect health.....	0	0
h.	First aid.....	0	0
i.	Foodborne illness prevention.....	0	0
j.	Growth and development.....	0	0
k.	HIV (human immunodeficiency virus) prevention.....	0	0
l.	Human sexuality.....	0	0
m.	Immunizations.....	0	0
n.	Injury prevention and safety.....	0	0
o.	Nutrition and dietary behavior.....	0	0
p.	Physical activity and fitness.....	0	0
q.	Pregnancy prevention.....	0	0
r.	STD (sexually transmitted disease) prevention.....	0	0
s.	Suicide prevention.....	0	0
t.	Sun safety or skin cancer prevention.....	0	0
u.	Tobacco-use prevention.....	0	0
v.	Violence prevention (such as bullying, fighting, or homicide).....	0	0

17. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each teaching topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities.....	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Using interactive teaching methods such as role plays or cooperative group activities	0	0
e. Encouraging family or community involvement	0	0
f. Teaching skills for behavior change	0	0
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management...0.....	0	0
h. Assessing or evaluating students in health education...0.....	0	0

18. Would you like to receive staff development on each of these topics? (Mark yes or no for each teaching topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities.....	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Using interactive teaching methods such as role plays or cooperative group activities	0	0
e. Encouraging family or community involvement	0	0
f. Teaching skills for behavior change	0	0
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management...0.....	0	0
h. Assessing or evaluating students in health education...0.....	0	0

PROFESSIONAL PREPARATION

19. What was the major emphasis of your professional preparation? (Mark one response.)
- a. Health and physical education combined
 - b. Health education
 - c. Physical education
 - d. Other education degree
 - e. Kinesiology, exercise science, or exercise physiology
 - f. Home economics or family and consumer science
 - g. Biology or other science
 - h. Nursing
 - i. Counseling
 - j. Public health
 - k. Nutrition
 - l. Other
20. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?
- a. Yes
 - b. No
21. Including this school year, how many years of experience do you have teaching health education classes or topics? (Mark one response.)
- a. 1 year
 - b. 2 to 5 years
 - c. 6 to 9 years
 - d. 10 to 14 years
 - e. 15 years or more

Thank you for your responses. Please return this questionnaire.

COMMENTS

SCHOOL HEALTH EDUCATION PROFILE

TEACHER SURVEY 2006 - PART II

Note:

As part of a cooperative agreement with the Centers for Disease Control and Prevention, North Carolina is required to conduct this two-part survey. We ask that you complete both portions of this survey which contain critical information to help us plan programs to support student health. Please return **both parts of the survey** in the envelope provided. Any questions concerning this survey can be addressed to Sarah Langer, Evaluation and Abstinence Consultant, North Carolina Department of Public Instruction, 6349 Mail Service Center, Raleigh, NC 27699-6349. Email: slanger@dpi.state.nc.us Telephone: 919-807-3867

Everyone returning completed surveys will be entered into a drawing for the chance to win a \$100 gift certificate.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns activities that occur in the school listed below. Please consult with other school staff if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____

Email: _____

Telephone number (Please include area code.): _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

HIV/STD AND TEEN PREGNANCY PREVENTION

The following eight questions ask about the HIV/STD and teen pregnancy prevention in your school.

1. Which of the following staff members is the primary person who teaches HIV/STD and teen pregnancy prevention in your school? (Mark *one* response.)

- ☐ ① Health teacher
- ☐ ② Physical education teacher
- ☐ ③ Science teacher
- ☐ ④ School nurse
- ☐ ⑤ Family and consumer science teacher
- ☐ ⑥ Other

2. How do your school's curricula for teaching HIV/STD and teen pregnancy prevention compare to the Healthful Living Standard Course of Study?

(Mark *one* response *per grade*.)

	More restrictive	About the same	Less restrictive
a. 7th Grade	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③
b. 8th Grade	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③
c. 9th Grade	<input type="radio"/> ①	<input type="radio"/> ②	<input type="radio"/> ③

3. Typically, how much teaching time is devoted to teaching HIV/STD and teen pregnancy prevention during the course of the semester? (Mark *one* response.)

- ☐ ① None
- ☐ ① One class period
- ☐ ② Several class periods
- ☐ ③ One week per semester
- ☐ ④ One hour per week for one quarter (9 hours)
- ☐ ⑤ One hour per week for half of the school year (18 hours)
- ☐ ⑥ One hour per week for the entire school year (36 hours)

4. The last time you taught the HIV/STD and teen pregnancy prevention unit in your class, were the following topics included? (Mark *yes* or *no* for each.)

	Yes	No
a. Abstinence until marriage	<input type="radio"/> ①	<input type="radio"/> ②
b. Transmission and prevention of HIV/AIDS	<input type="radio"/> ①	<input type="radio"/> ②
c. Transmission and prevention of sexually transmitted diseases	<input type="radio"/> ①	<input type="radio"/> ②
d. How to deal with issues/consequences of being sexually active	<input type="radio"/> ①	<input type="radio"/> ②
e. How to deal with the pressure to have sex	<input type="radio"/> ①	<input type="radio"/> ②
f. How to talk to parents about sex and relationship issues	<input type="radio"/> ①	<input type="radio"/> ②
g. Verbal or written instructions on how to use a condom	<input type="radio"/> ①	<input type="radio"/> ②
h. Classroom demonstrations on how to use a condom	<input type="radio"/> ①	<input type="radio"/> ②
i. Birth control	<input type="radio"/> ①	<input type="radio"/> ②
j. How to use birth control	<input type="radio"/> ①	<input type="radio"/> ②
k. Where to get birth control	<input type="radio"/> ①	<input type="radio"/> ②
l. How to get tested for STDs and HIV	<input type="radio"/> ①	<input type="radio"/> ②
m. Effectiveness and failure rates of birth control including condoms	<input type="radio"/> ①	<input type="radio"/> ②
n. Risks of oral sex	<input type="radio"/> ①	<input type="radio"/> ②
o. Risks of anal sex	<input type="radio"/> ①	<input type="radio"/> ②

HIV/STD AND TEEN PREGNANCY PREVENTION

5. Would you like to receive staff development in each of these health topics? (Mark *yes* or *no* for each.)

	Yes	No
a. Understanding the state law on sexuality education	①	②
b. Improving your comfort teaching sexuality education	①	②
c. Holding a public hearing	①	②
d. Understanding the federal abstinence guidelines	①	②
e. Training in an evidence-based curriculum	①	②

6. Typically, how much time is devoted to teaching abstinence until marriage as a stand alone sexuality education unit during the course of the semester? (Mark *one* response.)

- ① None
- ② One class period
- ③ Several class periods
- ④ One week per semester
- ⑤ One hour per week for one quarter (9 hours)
- ⑥ One hour per week for half of the school year (18 hours)
- ⑦ One hour per week for the entire school year (36 hours)
- ⑧ Abstinence until marriage is integrated into other units

7. Does your school have active (parent/guardian must give permission for child to receive instruction) or passive (parent/guardian must opt child out of instruction) parental consent for sexuality education?

(Mark *one* response.)

- ① Active
- ② Passive

8. Typically, how many students in your classes opt out of sexuality education each semester? (Mark *one* response.)

- ① None
- ② One
- ③ Two
- ④ Three
- ⑤ Four
- ⑥ Between five and ten
- ⑦ More than ten

TOBACCO PROGRAMS AND POLICIES

The following three questions relate to tobacco policies and activities in your school.

9. Does your school provide referrals to tobacco cessation programs for each of the following groups?

(Mark *yes* or *no* for each.)

	Yes	No
a. Faculty and staff	①	②
b. Students	①	②

10. Are there student groups operating in your school that work to support tobacco use prevention and cessation (i.e., TATU, SWAT, Dream Team, STRIKE 2, N.O.T., or others)? (Mark *one* response.)

- ① Yes
- ② No

11. Do you think that your school would benefit if your school district adopted a 100% Tobacco Free School policy, meaning tobacco use is prohibited by everyone at all times on school property and at school-related events?

(Mark *one* response.)

- ① Already 100% Tobacco Free School
- ② Yes
- ③ No

PHYSICAL EDUCATION

The next questions are about physical education in your school. If this school is a high school, please skip questions 12 and 13, and go to question 14. If this school is a middle school, please answer questions 12 and 13, and then go to question 15.

MIDDLE SCHOOLS

12. For the following grades at this middle school, how many semesters or weeks per year are students required to take physical education? (Mark *one* for each grade.)

(Include physical education taught as part of the Healthful Living state requirement and any additional requirements. If a required course includes both physical education and health education, please include only the estimated amount of time spent on physical education.)

	2 semesters	1 semester	9 weeks	Less than 9 weeks	Physical education not taught
a. 6th Grade	4	3	2	1	0
b. 7th Grade	4	3	2	1	0
c. 8th Grade	4	3	2	1	0

13. During those semesters or weeks, how many days per week are students required to take physical education? (Mark *one* for each grade.)

	Physical education not taught	0 days per week	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
a. 6th Grade	0	1	2	3	4	5	6
b. 7th Grade	0	1	2	3	4	5	6
c. 8th Grade	0	1	2	3	4	5	6

HIGH SCHOOLS

14. At this high school, how many total credits of physical education are required to graduate? (Mark *one* response.)

(Include physical education taught as part of the Healthful Living state requirement and any additional requirements. If a required course includes both physical education and health education, please include only the estimated amount of time spent on physical education.)

- | | |
|--------------------------|---|
| 0 0 credits (0 hours) | 4 1 credit (150 hours) |
| 1 1/4 credit (37 hours) | 5 1-1/2 credits (225 hours) |
| 2 1/2 credit (75 hours) | 6 2 credits (300 hours) |
| 3 3/4 credit (112 hours) | 7 More than 2 credits (more than 300 hours) |

HEALTH EDUCATION

The next five questions are about health education in your school. If this school is a high school, please skip questions 15 and 16, and go to question 17. If this school is a middle school, please answer questions 15 and 16, and then go to question 18.

MIDDLE SCHOOLS

15. For the following grades at this middle school, how many semesters or weeks per year are students required to take health education? (Mark *one* for each grade.)

(Include health education taught as part of the Healthful Living state requirement and any additional requirements. If a required course includes both physical education and health education, please include only the estimated amount of time spent on health education.)

	2 semesters	1 semester	9 weeks	Less than 9 weeks	Health education not taught
a. 6th Grade	4	3	2	1	0
b. 7th Grade	4	3	2	1	0
c. 8th Grade	4	3	2	1	0

16. During those semesters or weeks, how many days per week are students required to take health education? (Mark *one* for each grade.)

	Health education not taught	0 days per week	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
a. 6th Grade	0	1	2	3	4	5	6
b. 7th Grade	0	1	2	3	4	5	6
c. 8th Grade	0	1	2	3	4	5	6

HEALTH EDUCATION

HIGH SCHOOLS

17. At this high school, how many total credits of health education are required to graduate? (Mark *one* response.)

(Include health education taught as part of the Healthful Living state requirement and any additional requirements. If a required course includes both physical education and health education, please include only the estimated amount of time spent on health education.)

- | | |
|-------------------------|--|
| ① 0 credits (0 hours) | ③ 3/4 credit (112 hours) |
| ② 1/4 credit (37 hours) | ④ 1 credit (150 hours) |
| ⑤ 1/2 credit (75 hours) | ⑥ More than 1 credit (more than 150 hours) |

18. Which of the following is the largest barrier to health education staff development for you?

(Mark *one* response.)

- ① School funding
- ② Substitute availability
- ③ Location or availability of health specific trainings
- ④ Other barrier
- ⑤ No barriers to staff development

19. In your Healthful Living curriculum, do you spend equal time teaching physical education and health education? (Mark *one* response.)

- ① Yes
- ② No. More time is devoted to physical education.
- ③ No. More time is devoted to health education.

MOLD GROWTH PREVENTION

The following question asks about mold growth prevention in your school.

20. Is this school clean and are there signs of water damage, i.e. water-stained ceiling tiles?

(Mark *yes* or *no* for each.)

	Yes	No
a. Is this a clean school?	①	②
b. Are there signs of water damage?	①	②

MEDICAL EMERGENCY PREPAREDNESS

The following question asks about medical emergency preparedness in your school.

21. During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in any health education or physical education courses in any of grades 6 through 12?

(Mark *yes* or *no* for each.)

	Yes	No
a. Heart disease and stroke prevention	①	②
b. High blood pressure prevention	①	②
c. High cholesterol prevention	①	②
d. The signs and symptoms of a stroke	①	②
e. The signs and symptoms of a heart attack	①	②
f. The need to treat a stroke as a medical emergency	①	②
g. The need to treat a heart attack as a medical emergency	①	②
h. The use of Automated External Defibrillator (AED)	①	②

SCHOOL CONNECTEDNESS

The following question asks about school connectedness in your school.

22. Does your school offer any health-related extracurricular activities for students? (Mark *one* response.)

- ① Yes
- ② No