

2008 School Health Profiles

North Carolina Middle and High Schools

Findings of the 2008 School Health Profiles
Principals and Lead Health Teacher Surveys

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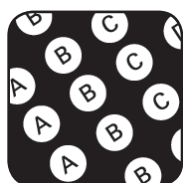
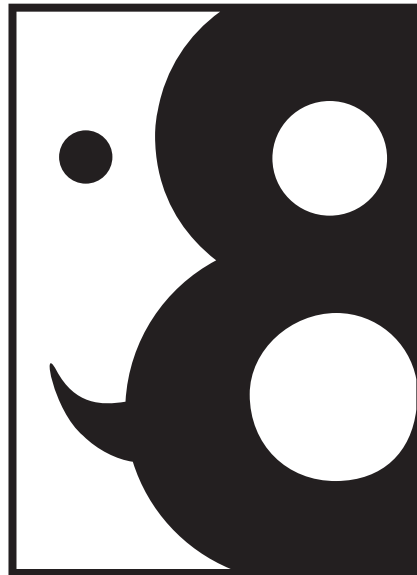


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**NC HEALTHY
SCHOOLS**

School Health Profiles: North Carolina Middle and High Schools

Findings of the 2008 School Health Profile – Principals' Survey

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The North Carolina Department of Public Instruction (NCDPI) would like to extend a warm thank you to all the principals and lead health education teachers who participated in the 2008 North Carolina School Health Profiles Survey. The time and dedication it took to complete the survey in such a timely manner is greatly appreciated. Without your responses, effective statewide monitoring of school health curricula, professional development needs, and health policies would not be possible.

The 2008 North Carolina School Health Profiles Survey was conducted by the Healthy Schools Initiative, a collaboration of NCDPI and the North Carolina Department of Health and Human Services (NCDHHS). Numerous staff members from both agencies contributed to the survey design and the ongoing success of the initiative

Sarah Langer, MPH, HIV Consultant, oversaw the survey development and sampling process and coordinated all data collection and verification. Dr. Rebecca Reeve, in the NC Department of Health and Human Services, and Dr. David Gardner, Section Chief for Healthy Schools in NCDPI, assisted with the production of the report. Dr. Terri Mitchell, Assistant Professor in the Department of Curriculum and Instruction at Appalachian State University, was the primary author for interpreting all survey results, creating charts, and developing the final Principals' report. Dr. Donna Breitenstein, Director of the North Carolina Comprehensive School Health Training Center, served as liaison and proofreader for the project.



SUMMARY REPORT 2008 SCHOOL HEALTH PROFILES PRINCIPALS (6-12)

2008 SCHOOL HEALTH PROFILES SAMPLE DESCRIPTION AND WEIGHTING PROCEDURES PRINCIPAL SURVEY

Sample Description:

All regular secondary public schools having at least one of grades 6 through 12 were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level (senior high schools, middle schools, and junior/senior high schools combined) before sampling. Systematic equal probability sampling with a random start was used to select schools for the survey. Two out of 422 sampled schools were ineligible, leaving a final sample of 420 schools. The principal or his/her designee was surveyed in each participating school.

Response Rate:

Seventy-one percent (or 297 of 420) sampled eligible principals returned questionnaires. All questionnaires were usable after data editing.

Weighting:

A weight has been associated with each questionnaire to reflect the likelihood of a principal being selected, to reduce bias by compensating for differing patterns of nonresponse, and to improve precision by making school sample distributions conform to known population distributions. The weight used for estimation is given by:

$$W = W1 * f1 * f2$$

W1 = inverse of the probability of school selection.

f1 = a nonresponse adjustment factor calculated by school size (large, medium, or small) and school level (senior high school, middle school, or junior/senior high school combined).

f2 = a post-stratification adjustment factor calculated by school level (senior high school, middle school, or junior/senior high school combined).

Use of the Results:

The weighted results can be generalized to describe school health policies and practices of all regular secondary public schools in North Carolina having at least one of grades 6 through 12.



NORTH CAROLINA 2008 SCHOOL HEALTH PROFILES SURVEY RESULTS

BACKGROUND

The School Health Profiles (Profiles) assist states and local education and health agencies in monitoring and assessing characteristics of school health education; physical education; school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition; asthma management activities; and family and community involvement in school health programs. Data from Profiles can be used to improve school health programs.

Two questionnaires are used to collect data — one for school principals and one for lead health education teachers. The two questionnaires were mailed to 422 regular secondary public schools containing any of grades 6 through 12 in North Carolina during the spring of 2008. Usable questionnaires were received from 71% of principals and from 71% of teachers. Because the response rates for these surveys were $\geq 70\%$, the results are weighted and are representative of all regular public secondary schools in North Carolina having at least one of grades 6 through 12. Results from the principal and lead health education surveys are presented for the following types of schools in North Carolina:

- 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 less and a high grade of 10 or higher; and
- All schools.

The Profiles questionnaires were developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of health and education.



EXECUTIVE SUMMARY

2008 SCHOOL HEALTH PROFILES PRINCIPALS' SURVEY

COORDINATED SCHOOL HEALTH

- Fifty-three percent of North Carolina schools have a building-level School Health Advisory Council, reflecting an increase of 27 percentage points since 2004.
- For schools with an advisory committee or group, the majority consist of a physical education teacher (94%), a school administrator (94%), a school counselor (94%) or a health education teacher (93%). Schools are less likely to have a representative from the faith-based organizations (16%), local government (17%) and the business sector (18%) serving on their school health committee or health advisory group.
- The majority of schools have a staff wellness program. The number of schools with a school wellness program in operation in their school has increased from 23.8% (2004) to 53% (2008).

HEALTH EDUCATION

- Ninety-one percent of high schools and 83% of middle schools require newly hired or *all staff* (change in item language for 2008) health education teachers to be certified, licensed, or endorsed by the state in health education. At the middle grade level, this reflects an increase of 11percentage points in this requirement from 2006.
- In 2008, classroom observation (97%) is the top measure to assure the quality and quantity of health education courses, followed by hiring certified staff (89%), monitoring lesson plans (86%), and maintaining class size (78%). Certification in health education increased by two percentage points since 2006.
- In the majority of schools, health education is taught by a licensed health education teacher (74%), followed by a licensed physical education teacher (60%). Less frequently, another licensed teacher (10%) or the school nurse teaches health education in the school (10%). Schools could make multiple selections.

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

- Physical education is required at 98% of middle schools (compared to 97% and 96% of schools in 2004 and 2006, respectively). High schools saw a seven percentage point decline in the number of schools that taught physical education from 2006 to 2008 (99% to 92%).
- Physical education is required for grades six through eight in 97-98% of schools. From 2006 to 2008, physical education for ninth grade students declined by eight percentage points in the senior high school setting. At the tenth grade level, 24% of schools require physical education. In grades eleven and twelve, the percentage declines to 13% and 12%, respectively.
- Although only a limited number of students are exempt from physical education, the leading reasons for exemption include long-term physical or medical disability (76%), religious reasons (33%), or a cognitive disability (23%).

- Although the majority of students are required to take physical education at the middle and high school levels, 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 (24%) or remediation (18%). Both of these percentages reflect an increase from 2006.
- Ninety-nine percent of all high school and 94% of all newly hired middle school staff who teach physical education must be certified, licensed, or endorsed. This reflects a two percentage point increase since 2004 at the high school level and four percent decrease at the middle grades level.
- Measures are in place to assure the quality and quantity of physical education taught in the school. Key measures include classroom observations (99%), hiring certified physical education staff (97%), and having the same class size as other academic courses (91%).
- Approximately 43% of schools have adopted Move More – NC’s Recommended Standards for Physical Activity in Schools. This reflects a 14 percentage point increase from 2006.
- Materials are provided to the majority of physical education teachers including goals, objective and expected outcomes (99%), a written curriculum (95%), assessment tools (85%), and scope and sequencing charts (83%).
- A majority of schools provide opportunities for students to participate in activities such as intramurals or physical activity clubs. At the middle school level, 77% of schools offer these opportunities (a four percentage point increase from 2006), whereas at the high school level, 50% offer physical activity programs. This shows an increase in activity opportunities for both middle- and high-schools since 2004.

TOBACCO POLICIES AND PROGRAMS

- In accordance with the August 2008 adoption of “100% Tobacco Free Schools” policy, high schools report a 100% adoption rate for tobacco-use prevention policies. Middle schools reflect no change from 2006 with 98% of schools adopting policy prohibiting tobacco use on the campus.
- Consistent with data from 2004 and 2006, between 98% and 100% of schools have a tobacco-use prevention policy for students. One hundred percent of schools prohibit cigarette use during any school-related activity. Additionally, 96% of schools have tobacco prevention policies to specifically prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff (a 12 percentage point increase from 2006). Finally, policies prohibit visitor use of cigarettes (98%), smokeless tobacco (96%), cigars (97%), and pipes (97%) in most high schools (reflecting increases for high school systems in every category since 2004), over 90% of middle schools have such policies.
- Overall, 98% of schools have a tobacco-use policy to prevent tobacco use by students in school buildings, on school grounds, and on school buses (compared to 100% in 2006). Over 90% of schools have tobacco-use prevention policies for faculty and staff, including outside use on school grounds and off-campus, while 85% report policy for faculty or staff at school-sponsored events. Most schools (91 – 96%) have a tobacco-use policy to prevent tobacco use by visitors in school buildings, on school grounds, or in school vehicles.
- All middle and high schools take action when students are caught smoking cigarettes. Most (92% of high school and 100% of middle school, respectively) contact a parent/family and a school administrator. Twenty-six percent of middle schools and 28% of high schools require students to participate in an assistance, education, or cessation program when caught smoking cigarettes (a slight increase from 2006). Overall, 22% of middle school and 24% of high school students are always or almost always suspended from school and similarly, 23% of middle school and 27% of high school students are given in-school suspension (similar to data from 2006).
- Approximately one-half of schools have tobacco cessation programs for students, while 42% report such programs for faculty and staff, an increase of 12 percentage points from 2006.

NUTRITION POLICIES

- The majority of schools (middle schools, junior/senior combined and high schools, collectively) report providing 20 minutes or more for lunch (over 80%) in 2008, similar to data reported in 2006.
- Ninety-one percent of high school and 57% of middle school students can purchase snack foods or beverages at various places on the school campus. This reflects an overall decline of 13 percentage points for both populations since 2006.
- Seventy-nine percent of schools have policies regarding foods available a la carte and 79% have policies specific to foods in vending machines. Most have policies regarding food brought from home (60%), food that is available in after-school programs (57%), food for fund raisers (58%), or food that is available for school events (70%). All policies reflect an increase from 2006.
- Most schools (74%) do not offer brand name fast foods as a la carte lunch items, reflecting an increase of 17 percentage points since 2004. Sixteen percent of schools provide these food items five days per week; this also reflects a decrease of 11 percentage points since 2004.
- The average data from all schools indicate most schools (77%) 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 23% of the schools. An average of 13% of schools generate between \$20,000 and \$29,999 and five percent of schools generate more than \$30,000 from vending machines sales.
- Most schools (70%) have adopted the Eat Smart: NC's Recommended Standards for all foods available at school. Additionally, 48% of schools have adopted the Winner's Circle Nutrition Criteria, and 30% have adopted the NC Nutrition Standards for Elementary Schools.

HEALTH SERVICES

- In 2008, 28% of schools had a full-time registered nurse to provide health services to students. This wording (full-time registered nurse) is new in 2008.
- The most common ways that schools identify students with chronic conditions are notes from parents (87%), medication records (84%), student emergency cards (77%) and emergency care plans (74%).

HIV/STD AND TEEN PREGNANCY PREVENTION POLICIES

- 2008 data indicated a decline in all categories of school policies in schools that protect the rights of students and/or staff with HIV infection or AIDS, including attendance policies, protection against discrimination, and confidentiality procedures.
- Eighty-one percent of middle grade schools, 92% of junior/senior combined and high schools and 93% of high schools agree or strongly agree that teen pregnancy is a problem within their schools. Nine percent of middle grade schools, none of the junior/senior high schools and 2% of high schools disagree or strongly disagree that teen pregnancy was a problem in their school.
- Seventeen percent of middle grade schools, 58% of junior/senior combined and high schools and 79% of high schools agree or strongly agree that teen pregnancy is a problem within their schools. Fifty-eight percent of middle grade schools, 28% of the junior/senior combined and high schools and 11% of high schools disagree or strongly disagree that teen pregnancy was a problem in their school.
- Schools reported that the greatest challenges to providing teen pregnancy prevention and support services in the schools were funding (38%), limited instruction time (35%), and perceived community opposition (29%).

INDOOR AIR QUALITY AND MOLD GROWTH PREVENTION

- In 2008, 77% of schools kept the school heating and air-conditioning system temperature and humidity at *comfortable levels* (not defined), an increase of 10 percentage points from 2006.
- Forty-eight percent of schools report indoor air humidity levels maintained above 60%. Forty-four% of schools report evidence of water leaks in ceilings, wall or floors, 37% report ceiling and wall surfaces with cracks, peeling paint or flaking, and 22% report rain water that does not drain away from the building.

MEDICAL EMERGENCY PREPAREDNESS

- In 2008, 57% of schools have an automated external defibrillator (AED) on the campus reflecting a 51 percentage point increase since 2004.
- Nearly half of the reporting schools (46%) have one to five faculty, staff, or students trained to use the AED. Approximately one-tenth of schools report no one is trained in AED use.
- Seventy-four percent of all schools surveyed have notified the local EMS that an AED is present in the school, a 31 percentage point increase from 2006.
- The majority of schools (82%) offered CPR training to faculty or staff in the past twelve months, an increase of 10 percentage points from 2004.

FAMILY AND COMMUNITY INVOLVEMENT

- The most common topics that have received input for policy or programming by students' families are nutrition and healthy eating (36%), tobacco-use prevention (45%), and physical activity (39%). The most common topics that have received input for policy or programming by the community are tobacco-use prevention (45%), nutrition and healthy eating (44%), and physical activity (39%).
- Sixty-four percent of schools have a *Professional Learning Community* (not defined on questionnaire).
- Ninety-one percent of schools have an established parent organization and 81% of schools provide parent engagement events and activities (excluding parent teacher meetings, student events, or open houses).



COORDINATED SCHOOL HEALTH

Coordinated school health consists of eight interactive components: health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family/community involvement. Research indicates that the academic success of America's youth is strongly linked with their health. By coordinating existing resources and expertise, health efforts at the local school level with, schools could provide a critical environment where partners work together to enhance the well-being of young people. The following data reflect responses from all schools: middle, junior/senior combined and high.

QUESTION 1: Does this school have a school health committee or advisory group?

TABLE 1. Schools with a health committee or advisory group.

	YEAR	PERCENT
YES	2008	53
	2006	39
	2004	26

Increasingly, schools have created health committees with those percentages doubling over the past four years from 26% to 53%, respectively.

QUESTION 2: Which of the following are included as members on your school health committee/advisory group?

TABLE 2A. Health educator serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	93
	2006	95
	2004	88

TABLE 2B. School nurse serves as a member of the health committee/advisory group. (Response option "health service staff" for 2008).

	YEAR	PERCENT
YES	2008	81
	2006	96
	2004	82

TABLE 2C. Physical educator serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	94
	2006	95
	2004	80

TABLE 2D. School counselor serves as a member of the health committee/advisory group (response option "mental health or social services staff" for 2008).

	YEAR	PERCENT
YES	2008	94
	2006	84
	2004	70

TABLE 2E. Food service manager serves as a member of the health committee/advisory group (response option "nutrition or food service staff" for 2008).

	YEAR	PERCENT
YES	2008	57
	2006	47
	2004	41

TABLE 2F. Student serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	38
	2006	30
	2004	39

TABLE 2G. Parent serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	55
	2006	46
	2004	5

TABLE 2H. Business representative serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	18
	2006	12
	2004	20

TABLE 2I. Health department representative serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	49
	2006	30
	2004	44

TABLE 2J. School administrator serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	94
	2006	89
	2004	83

The following are new response options for the 2008 Profiles.

TABLE 2K. Community person serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	50

TABLE 2L. Member of a faith-based organizations serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	16

TABLE 2M. Maintenance and transportation staff serve as a member of the health committee/ advisory group.

	YEAR	PERCENT
YES	2008	23

TABLE 2N. Local government serves as a member of the health committee/advisory group.

	YEAR	PERCENT
YES	2008	17

For schools with an advisory committee or group, the majority include the following representatives: physical education teacher (94%), school administrator (94%), school counselor (94%), or health education teacher (93%). Schools are least likely to have a representative from a faith-based organization (16%), local government (17%), the business sector (18%) serving on their school health committee or health advisory group.

QUESTION 3. Does this school have an individual assigned to coordinate all school health activities?

TABLE 3. Schools with coordinators for all school activities.

	YEAR	PERCENT
YES	2008	76
	2006	65
	2004	70

The majority of schools (76%) have an individual assigned to coordinate all school health activities. These data reflect an increase of 11 percentage points from 2006 to 2008.

QUESTION 4. Does this school have a staff wellness program?

TABLE 4. School has a wellness program.

	YEAR	PERCENT
YES	2008	53
	2006	39
	2004	24

The number of schools with a school wellness program in operation in their school has increased from 24% (2004) to 53% (2008).

QUESTION 5. Which of the following behaviors does this school staff wellness program support through written policies, environmental supports, or group programming?

TABLE 5. Behaviors supported by school staff wellness program.

BEHAVIOR	YEAR	PERCENT
Healthy Eating	2008	61
Physical Activity	2008	63
Tobacco Cessation	2008	51
Stress Management	2008	31
Other	2008	18

The majority of schools have written policies, environmental support, or group programming to promote healthy behaviors by staff, with physical activity having the greatest support (63%), followed by healthy eating (61%), and tobacco cessation (51%).

QUESTION 6. Does this school have any of the following elements that would allow children to walk or bike to school?

TABLE 6. School elements to promote walking or biking to school.

ELEMENT	YEAR	PERCENT
Close Proximity	2008	71
Walking Trails or Paths	2008	35
Sidewalks	2008	48
Bike Racks	2008	34
Crossing Guard	2008	24
Educational Programs	2008	11
School Policy	2008	12
Other	2008	5

Most schools have at least one element that supports students walking or biking to school, the most common element cited being proximity (71%). Schools also reported that sidewalks (48%), walking trails or paths (35%), and bike racks (34%) often supported this activity. Less available to all schools were a crossing guard (24%), educational programs (11%), and school policy (12%)

QUESTION 7. Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas?

TABLE 7. Schools that report assessing policies, activities, and programs.

AREA	YEAR	PERCENT
Physical Activity	2008	47
Nutrition	2008	44
Tobacco-use Prevention	2008	41
Asthma	2008	29

Schools have used the School Health Index most commonly to assess the school's policies, activities, and programs in physical activity (47%), nutrition (44%), and tobacco-use prevention (41%). Fewer have used the Index to assess asthma issues (29%).

QUESTION 8. Do you have a copy of your district's wellness policy? (The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs to establish a local school wellness policy.)

TABLE 8. Schools that report having a copy of the district's wellness policy and percent who do not have a district wellness policy.

	YEAR	PERCENT
Yes	2008	86
No	2008	11
District Does Not Have A Wellness Policy	2008	3

Eighty-six percent of schools report that they have a copy of the district's wellness policy.

QUESTION 9. Are any school staff required to receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on HIV, STD, or pregnancy prevention issues and resources for the following groups?

TABLE 9. Schools with professional development for staff on HIV, STD, or pregnancy prevention issues and resources.

GROUP	YEAR	YES
Ethnic/Racial Minority Youth at High Risk	2008	41
Youth Who Participate in Drop-Out Prevention, Alternative Education, or GED Programs	2008	44

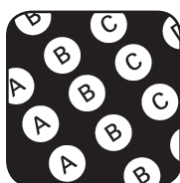
Approximately 44% of schools have provided professional development for staff on HIV, STD, or pregnancy prevention issues and resources targeted to youth who participate in drop-out prevention, alternative education, or GED programs. Forty-one percent have received professional development targeted to ethnic/racial minority youth at high risk.

QUESTION 10. Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity?

TABLE 10. Schools with a gay/straight alliance.

	YEAR	PERCENT
YES	2008	15

Few schools (15%) have a student-led club (such as a gay/straight alliance) that aims to create a safe, welcoming, and accepting school environment for all youth.



HEALTH EDUCATION

Health education taught as a required curriculum provides students knowledge, attitudes, skills, and behaviors. The curriculum gives them the confidence needed to adopt and maintain healthy lifestyles and make positive health choices. Health education can include, but is not limited to the prevention of injury and violence, alcohol and other drug use, tobacco use, HIV/STD and teen pregnancy, and the promotion of proper nutrition and physical activity.

QUESTION 11. Are newly hired staff (reworded “all staff” 2008) who teach health topics required to be certified, licensed, or endorsed by the state in health education?

TABLE 11. Certification, license, or endorsement requirements for newly hired staff teaching health topics.

	YEAR	PERCENT
High School	2008	91
	2006	90
	2004	88
Middle School	2008	83
	2006	72
	2004	77
Junior/Senior Combined	2008	NA
	2006	NA
	2004	0
Overall	2008	85
	2006	79
	2004	82

Ninety-one percent of high schools and 83% of middle schools require newly hired or all staff (2008) health education teachers to be certified, licensed, or endorsed by the state in health education. At the middle grade level, this reflects an 11 percentage point increase in this requirement from 2006.

QUESTION 12. 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?

TABLE 12. Schools with groups that offer guidance on policy development or activities.

	YEAR	PERCENT
High School	2008	51
	2006	56
	2004	63
Middle School	2008	63
	2006	59
	2004	68
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	58
	2006	58
	2004	67

Fifty-eight percent of schools have at least one group that offers guidance on the development of policies or coordinates activities on health topics. While this is consistent with the data from 2006, it represents a decline of nine percentage points from 2004.

QUESTION 13. 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?

TABLE 13A. Classroom observation is used to assure quantity and quality of the required health education course.

	YEAR	PERCENT
Overall	2008	97
	2006	99
	2004	98

TABLE 13B. Monitoring of lesson plans is used to assure quantity and quality of the required health education course.

	YEAR	PERCENT
Overall	2008	86
	2006	88
	2004	86

TABLE 13C. Certified health education staff is used to assure quantity and quality of the required health education course.

	YEAR	PERCENT
Overall	2008	89
	2006	87
	2004	91

TABLE 13D. Same class size is used to assure quantity and quality of the required health education course.

	YEAR	PERCENT
Overall	2008	78
	2006	77
	2004	73

In 2008, classroom observation (97%) is the most frequent measure to assure the quality and quantity of health education courses, followed by hiring certified staff (89%), monitoring lesson plans (86%), and maintaining class size (78%). Certification in health education increased two percentage points since 2006.

QUESTION 14. Who teaches health education in your school?

TABLE 14. Teach health education in the school.

	YEAR	PERCENT
Licensed HE Teacher	2008	74
Licensed PE Teacher	2008	60
Other Licensed Teacher	2008	10
Teacher Not Licensed	2008	3
School Nurse	2008	10
School Counselor	2008	5
School Social Worker	2008	1
Community Health Educator	2008	5
Not Taught in the School	2008	2

In the majority of schools, health education is taught by a licensed health education teacher (74%), followed by a licensed physical education teacher (60%). Less frequently, another licensed teacher (10%) or the school nurse teaches health education in the school (10%).



PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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

QUESTION 15. Is physical education required for students in any of grades 6 through 12 in this school?

TABLE 15. Schools that require physical education.

	YEAR	PERCENT
Senior High School	2008	92
	2006	99
	2004	99
Middle School	2008	98
	2006	96
	2004	97
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	96
	2006	97
	2004	98

Physical education is required at 98% of middle schools (compared to 97% and 96% in 2004 and 2006, respectively) High schools saw a decline of seven percentage points decline for schools that required physical education from 2006 (99%) to 2008 (92%).

QUESTION 16. Is a required physical education course taught in each of the following grades in this school?*

**Among those schools that required physical education for students in any of grades 6 through 12.*

TABLE 16A. Required physical education courses taught in sixth grade.

	YEAR	PERCENT
Senior High School	2008	NA
	2006	NA
	2004	NA
Middle School	2008	98
	2006	99
	2004	99
Junior/Senior Combined	2008	92
	2006	NA
	2004	NA
Overall	2008	98
	2006	99
	2004	97

TABLE 16B. Required physical education courses taught in seventh grade.

	YEAR	PERCENT
Senior High School	2008	NA
	2006	NA
	2004	NA
Middle School	2008	98
	2006	99
	2004	98
Junior/Senior Combined	2008	92
	2006	NA
	2004	81
Overall	2008	97
	2006	99
	2004	96

TABLE 16C. Required physical education courses taught in eighth grade.

	YEAR	PERCENT
Senior High School	2008	NA
	2006	NA
	2004	NA
Middle School	2008	98
	2006	98
	2004	98
Junior/Senior Combined	2008	92
	2006	NA
	2004	81
Overall	2008	97
	2006	98
	2004	96

TABLE 16D. Required physical education courses taught in ninth grade.

	YEAR	PERCENT
Senior High School	2008	91
	2006	99
	2004	99
Middle School	2008	NA
	2006	NA
	2004	NA
Junior/Senior Combined	2008	84
	2006	NA
	2004	100
Overall	2008	88
	2006	97
	2004	99

TABLE 16E. Required physical education courses taught in tenth grade.

	YEAR	PERCENT
Senior High School	2008	23
	2006	23
	2004	18
Middle School	2008	NA
	2006	NA
	2004	NA
Junior/Senior Combined	2008	31
	2006	NA
	2004	NA
Overall	2008	24
	2006	22
	2004	17

TABLE 16F. Required physical education courses taught in eleventh grade.

	YEAR	PERCENT
Senior High School	2008	14
	2006	16
	2004	13
Middle School	2008	NA
	2006	NA
	2004	NA
Junior/Senior Combined	2008	9
	2006	NA
	2004	NA
Overall	2008	13
	2006	16
	2004	12

TABLE 16G. Required physical education courses taught in twelfth grade.

	YEAR	PERCENT
Senior High School	2008	13
	2006	16
	2004	12
Middle School	2008	NA
	2006	NA
	2004	NA
Junior/Senior Combined	2008	9
	2006	NA
	2004	NA
Overall	2008	12
	2006	16
	2004	11

Physical education is required for grades six through eight in 97-98% of schools. From 2006 to 2008, physical education for ninth grade students declined by eight percentage points in the senior high school setting. At the tenth grade level, 24% of schools require physical education. In grades eleven and twelve, the percentage declines to 13% and 12%, respectively.

QUESTION 17. Can students be exempted from taking a required physical education course for any of the following reasons?*

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

TABLE 17A. Students can exempt a required physical education course due to enrollment in other courses.

	YEAR	PERCENT
Senior High School	2008	25
	2006	15
	2004	0
Middle School	2008	12
	2006	9
	2004	11
Junior/Senior Combined	2008	25
	2006	NA
	2004	0
Overall	2008	17
	2006	11
	2004	6

TABLE 17B. Students can exempt a required physical education course due to participation in school sports.

	YEAR	PERCENT
Senior High School	2008	3
	2006	0
	2004	0
Middle School	2008	2
	2006	2
	2004	1
Junior/Senior Combined	2008	8
	2006	NA
	2004	0
Overall	2008	3
	2006	1
	2004	1

TABLE 17C. Students can exempt a required physical education course due to participation in other school activities.

	YEAR	PERCENT
Senior High School	2008	12
	2006	5
	2004	3
Middle School	2008	12
	2006	13
	2004	7
Junior/Senior Combined	2008	25
	2006	NA
	2004	0
Overall	2008	13
	2006	10
	2004	5

TABLE 17D. Students can exempt a required physical education course due to participation in community sports.

	YEAR	PERCENT
Senior High School	2008	0
	2006	0
	2004	0
Middle School	2008	0
	2006	2
	2004	1
Junior/Senior Combined	2008	0
	2006	NA
	2004	0
Overall	2008	0
	2006	1
	2004	1

TABLE 17E. Students can exempt a required physical education course due to religious reasons.

	YEAR	PERCENT
Senior High School	2008	25
Middle School	2008	34
Junior/Senior Combined	2008	25
Overall	2008	31

TABLE 17F. Students can exempt a required physical education course due to long term physical or medical disability.

	YEAR	PERCENT
Senior High School	2008	81
Middle School	2008	73
Junior/Senior Combined	2008	66
Overall	2008	76

TABLE 17G. Students can exempt a required physical education course due to cognitive disability.

	YEAR	PERCENT
Senior High School	2008	33
Middle School	2008	17
Junior/Senior Combined	2008	8
Overall	2008	23

TABLE 17I. Students can exempt a required physical education course due to high physical fitness competency score.

	YEAR	PERCENT
Senior High School	2008	1
Middle School	2008	0
Junior/Senior Combined	2008	0
Overall	2008	0

TABLE 17J. Students can exempt a required physical education course due to participation in vocational training.

	YEAR	PERCENT
Senior High School	2008	3
Middle School	2008	4
Junior/Senior Combined	2008	0
Overall	2008	4

TABLE 17K. Students can exempt a required physical education course due to participation in community service activities.

	YEAR	PERCENT
Senior High School	2008	1
Middle School	2008	1
Junior/Senior Combined	2008	0
Overall	2008	1

The most common reasons cited for student exemptions in physical education are long-term physical or medical disability (76%), religious reasons (33%), or a cognitive disability (23%).

QUESTION 18. Are students routinely allowed to miss all or part of physical education for any of the following reasons?

TABLE 18. Reasons students miss physical education.

	YEAR	PERCENT
Remediation	2008	18
	2006	13
	2004	19
Testing	2008	24
	2006	18
	2004	22
Make-up Work	2008	4
	2006	5
	2004	6
Athletics	2008	9
	2006	8
	2004	9
Clubs/Activities	2008	5
	2006	5
	2004	6

Although the majority of students are required to take physical education at the middle and high school levels, some students are allowed to miss classes for testing, remediation, athletics, making up missed class work or for attending clubs or other school activities. The most often cited causes for missing physical education are testing (24%) or remediation (18%). Both of these percentages reflect an increase from 2006.

QUESTION 19. Are newly hired staff who teach physical education required to be certified, licensed or endorsed by the state in physical education?

TABLE 19. Newly hired teachers required to be certified, licensed, or endorsed.

	YEAR	PERCENT
Senior High School	2008	99
	2006	98
	2004	97
Middle School	2008	94
	2006	97
	2004	98
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	96
	2006	97
	2004	98

Ninety-nine percent of all high schools and 94% of all middle schools required all newly hired staff who teach physical education to be certified, licensed, or endorsed. This reflects an increase of two percentage points at the high school level and a four percentage point decrease at the middle grades level since 2004.

QUESTION 20. 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?

TABLE 20A. Classroom observation is used to assure quantity and quality of the required physical education course.

	YEAR	PERCENT
Overall	2008	99
	2006	100
	2004	100

TABLE 20B. Monitoring of lesson plans is used to assure quantity and quality of the required physical education course.

	YEAR	PERCENT
Overall	2008	86
	2006	89
	2004	88

TABLE 20C. Verification for classroom assessment (other than dressing out and participating) is used to assure quantity and quality of the required physical education course.

	YEAR	PERCENT
Overall	2008	89
	2006	91
	2004	88

TABLE 20D. Certified physical education staff is used to assure quantity and quality of the required physical education course.

	YEAR	PERCENT
Overall	2008	97
	2006	87
	2004	99

TABLE 20E. Same class size as other academic courses is used to assure quantity and quality of the required physical education course.

	YEAR	PERCENT
Overall	2008	91
	2006	77
	2004	63

Measures are in place to assure the quality and quantity of physical education taught in the school. Key measures include classroom observations (99%), hiring certified physical education staff (97%), and having the same class size as other academic course (91%).

QUESTION 21. Has the school voluntarily adopted Move More – NC’s Recommended Standards for Physical Activity in Schools?*

**2006 was the first year this question was asked.*

TABLE 21. Schools that have adopted Move More-NC’s Recommended Standards for Physical Activity.

	YEAR	PERCENT
Overall	2008	43
	2006	29
	2004	NA

Approximately 43% of schools have adopted the recommended standards for physical activity. This reflects a 14 percentage point increase from 2006.

QUESTION 22. During the past two years, did any physical education teachers or specialists at this school receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on physical education?

TABLE 22. Professional development received on physical education.

	YEAR	PERCENT
Senior High School	2008	94
Middle School	2008	92
Junior/Senior Combined	2008	NA
Overall	2008	92

The majority (92%) of schools report that physical education teachers received some type of professional development within the past two years.

QUESTION 23. Are those who teach physical education at this school provided with the following materials?

TABLE 23A. Those who teach physical education are provided with goals, objectives, and expected outcomes for physical education.

	YEAR	PERCENT
Senior High School	2008	99
Middle School	2008	100
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 23B. Those who teach physical education are provided with a chart describing the annual scope and sequence of instruction for physical education.

	YEAR	PERCENT
Senior High School	2008	79
Middle School	2008	88
Junior/Senior Combined	2008	NA
Overall	2008	83

TABLE 23C. Those who teach physical education are provided with plans for how to assess student performance in physical education.

	YEAR	PERCENT
Senior High School	2008	82
Middle School	2008	89
Junior/Senior Combined	2008	NA
Overall	2008	85

TABLE 23D. Those who teach physical education are provided with a written physical education curriculum.

	YEAR	PERCENT
Senior High School	2008	97
Middle School	2008	94
Junior/Senior Combined	2008	NA
Overall	2008	95

Materials are provided by the majority of schools to of physical education teachers including goals, objective and expected outcomes (99%), a written curriculum (95%), assessment tools (85%), and scope and sequencing charts (83%).

QUESTION 24. Who teaches physical education in your school?

TABLE 24. Teach physical education in the school.

	YEAR	PERCENT
Licensed PE Teacher	2008	97
Licensed HE Teacher	2008	37
Other Licensed Teacher	2008	3
Teacher Not Licensed	2008	2
Community Partner	2008	1
Not Taught in this School	2008	0

Almost all (97%) schools have licensed physical education teachers as the instructor of physical education. More than a third (37%) use a licensed health teacher for PE courses, and two percent report using an unlicensed teacher for physical education.

QUESTION 25. Does this school offer opportunities for students to participate in intramural activities or physical activity clubs?

TABLE 25. Opportunities to participate in intramural activities or physical activity clubs.

	YEAR	PERCENT
Senior High School	2008	50
	2006	51
	2004	42
Middle School	2008	77
	2006	73
	2004	61
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	65
	2006	66
	2004	54

A majority of schools provide opportunities for students to participate in activities such as intramurals or physical activity clubs. At the middle school level, 77% of schools offer these opportunities (a four percentage point increase from 2006), whereas, at the high school level, 50% offer intramural activities or physical activity clubs. This shows an increase in activity opportunities since 2004.

QUESTION 26. 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?

TABLE 26A. Some outdoor facilities can be used without being in a supervised program.

	YEAR	PERCENT
Overall	2008	83
	2006	81
	2004	82

TABLE 26B. All outdoor facilities can be used without being in a supervised program.

	YEAR	PERCENT
Overall	2008	49
	2006	44
	2004	54

TABLE 26D. Some indoor facilities can be used without being in a supervised program.

	YEAR	PERCENT
	2008	62
	2006	61
	2004	62

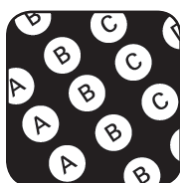
TABLE 26E. All indoor facilities can be used without being in a supervised program.

	YEAR	PERCENT
	2008	22
	2006	23
	2004	25

TABLE 26F. School does not have indoor facilities.

	YEAR	PERCENT
	2008	14
	2006	11
	2004	15

As was indicated in 2004 and 2006, the majority of schools' outdoor facilities can be used without supervision while most indoor facilities require supervised use.



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. In August 2008, North Carolina created the “100% Tobacco Free Schools” policy.

QUESTION 27. Has this school adopted a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for students during any school activity?

TABLE 27. Schools that have adopted policies prohibiting tobacco use.

	YEAR	PERCENT
High School	2008	100
	2006	98
	2004	98
Middle School	2008	98
	2006	98
	2004	96
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	98
	2006	98
	2004	97

High schools report a 100% adoption rate for tobacco-use prevention policies. Middle schools reflect no change from 2006 with 98% of schools adopting policy prohibiting tobacco use on the campus.

QUESTION 28. Does the tobacco prevention policy specifically prohibit use of each type of tobacco for students during any school-related activity?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 28A. The tobacco prevention policy specifically prohibits the use of cigarettes for students.

	YEAR	PERCENT
High School	2008	100
	2006	100
	2004	99
Middle School	2008	98
	2006	98
	2004	99
Junior/Senior Combined	2008	86
	2006	NA
	2004	NA
Overall	2008	98
	2006	96
	2004	99

TABLE 28B. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for students.

	YEAR	PERCENT
High School	2008	100
	2006	99
	2004	97
Middle School	2008	98
	2006	96
	2004	98
Junior/Senior Combined	2008	86
	2006	NA
	2004	NA
Overall	2008	98
	2006	97
	2004	98

TABLE 28C. The tobacco prevention policy specifically prohibits the use of cigars for students.

	YEAR	PERCENT
High School	2008	99
	2006	98
	2004	98
Middle School	2008	98
	2006	98
	2004	98
Junior/Senior Combined	2008	86
	2006	NA
	2004	NA
Overall	2008	98
	2006	98
	2004	98

TABLE 28D. The tobacco prevention policy specifically prohibits the use of pipes for students.

	YEAR	PERCENT
High School	2008	99
	2006	98
	2004	98
Middle School	2008	98
	2006	98
	2004	98
Junior/Senior Combined	2008	86
	2006	NA
	2004	NA
Overall	2008	98
	2006	98
	2004	98

Consistent with data from 2004 and 2006, between 98% and 100% of schools have a tobacco-use prevention policy for students in 2008. One hundred percent of schools prohibit cigarette use during any school-related activity.

QUESTION 29. Does the tobacco prevention policy specifically prohibit the use of each type of tobacco for faculty/staff during any school-related activity?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 29A. The tobacco prevention policy specifically prohibits the use of cigarettes for faculty/staff.

	YEAR	PERCENT
High School	2008	99
	2006	79
	2004	68
Middle School	2008	96
	2006	86
	2004	69
Junior/Senior Combined	2008	79
	2006	NA
	2004	NA
Overall	2008	96
	2006	84
	2004	69

TABLE 29B. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for faculty/staff.

	YEAR	PERCENT
High School	2008	99
	2006	79
	2004	70
Middle School	2008	95
	2006	86
	2004	69
Junior/Senior Combined	2008	79
	2006	NA
	2004	NA
Overall	2008	96
	2006	84
	2004	70

TABLE 29C. The tobacco prevention policy specifically prohibits the use of cigars for faculty/staff.

	YEAR	PERCENT
High School	2008	98
	2006	80
	2004	69
Middle School	2008	96
	2006	87
	2004	68
Junior/Senior Combined	2008	79
	2006	NA
	2004	NA
Overall	2008	96
	2006	84
	2004	69

TABLE 29D. The tobacco prevention policy specifically prohibits the use of pipes for faculty/staff.

	YEAR	PERCENT
High School	2008	98
	2006	80
	2004	69
Middle School	2008	96
	2006	87
	2004	68
Junior/Senior Combined	2008	79
	2006	NA
	2004	NA
Overall	2008	96
	2006	84
	2004	69

Ninety-six percent of schools have tobacco prevention policies to specifically prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff (a 12 percentage point increase from 2006).

QUESTION 30. Does the tobacco prevention policy specifically prohibit the use of each type of tobacco for visitors?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 30A. The tobacco prevention policy specifically prohibits the use of cigarettes for visitors.

	YEAR	PERCENT
High School	2008	98
	2006	73
	2004	69
Middle School	2008	93
	2006	83
	2004	67
Junior/Senior Combined	2008	72
	2006	NA
	2004	NA
Overall	2008	94
	2006	79
	2004	68

TABLE 30B. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for visitors.

	YEAR	PERCENT
High School	2008	96
	2006	71
	2004	66
Middle School	2008	92
	2006	81
	2004	66
Junior/Senior Combined	2008	72
	2006	NA
	2004	NA
Overall	2008	92
	2006	78
	2004	66

TABLE 30C. The tobacco prevention policy specifically prohibits the use of cigars for visitors.

	YEAR	PERCENT
High School	2008	97
	2006	73
	2004	69
Middle School	2008	93
	2006	82
	2004	67
Junior/Senior Combined	2008	72
	2006	NA
	2004	NA
Overall	2008	93
	2006	79
	2004	68

TABLE 30D. The tobacco prevention policy specifically prohibits the use of pipes for visitors.

	YEAR	PERCENT
High School	2008	97
	2006	73
	2004	69
Middle School	2008	93
	2006	82
	2004	67
Junior/Senior Combined	2008	72
	2006	NA
	2004	NA
Overall	2008	93
	2006	79
	2004	68

Policies prohibit visitor use of cigarettes (98%), cigars (97%), pipes (97%), and smokeless tobacco (96%) in most high schools while over 90% of middle schools have such policies.

QUESTION 31. Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 31A. The tobacco prevention policy specifically prohibits tobacco use during school hours for students.

	YEAR	PERCENT
High School	2008	100
	2006	99
	2004	100
Middle School	2008	98
	2006	98
	2004	100
Junior/Senior Combined	2008	85
	2006	NA
	2004	NA
Overall	2008	98
	2006	99
	2004	100

TABLE 31B. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for students.

	YEAR	PERCENT
High School	2008	100
	2006	95
	2004	90
Middle School	2008	96
	2006	91
	2004	97
Junior/Senior Combined	2008	75
	2006	NA
	2004	NA
Overall	2008	97
	2006	92
	2004	94

TABLE 31C. The tobacco prevention policy specifically prohibits tobacco use during school hours for faculty/staff.

	YEAR	PERCENT
High School	2008	98
	2006	76
	2004	72
Middle School	2008	91
	2006	82
	2004	70
Junior/Senior Combined	2008	77
	2006	NA
	2004	NA
Overall	2008	93
	2006	81
	2004	71

TABLE 31D. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for faculty/staff.

	YEAR	PERCENT
High School	2008	98
	2006	75
	2004	60
Middle School	2008	85
	2006	75
	2004	64
Junior/Senior Combined	2008	58
	2006	NA
	2004	NA
Overall	2008	89
	2006	75
	2004	63

TABLE 31E. The tobacco prevention policy specifically prohibits tobacco use during school hours for visitors.

	YEAR	PERCENT
High School	2008	98
	2006	77
	2004	76
Middle School	2008	93
	2006	82
	2004	71
Junior/Senior Combined	2008	69
	2006	NA
	2004	NA
Overall	2008	94
	2006	81
	2004	73

TABLE 31F. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for visitors.

	YEAR	PERCENT
High School	2008	96
	2006	70
	2004	59
Middle School	2008	87
	2006	72
	2006	59
Junior/Senior Combined	2008	58
	2006	NA
	2004	NA
Overall	2008	89
	2006	72
	2004	57

During school hours, 98% - 100% of high schools prohibit student, faculty and staff or visitor tobacco use; this percentage reflects an increase from 2006 for each population. During non-school hours, 100% of schools prohibit tobacco use by students, 98% for faculty and staff and 96% for visitors. Similar trends are reported by middle schools.

QUESTION 32. Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 32A. The tobacco prevention policy specifically prohibits tobacco use for students in school buildings.

	YEAR	PERCENT
High School	2008	100
	2006	100
	2004	100
Middle School	2008	98
	2006	100
	2004	100
Junior/Senior Combined	2008	85
	2006	NA
	2004	NA
Overall	2008	98
	2006	100
	2004	100

TABLE 32B. The tobacco prevention policy specifically prohibits tobacco use for students on school grounds.

	YEAR	PERCENT
High School	2008	100
	2006	99
	2004	100
Middle School	2008	98
	2006	100
	2004	99
Junior/Senior Combined	2008	85
	2006	NA
	2004	NA
Overall	2008	98
	2006	100
	2004	100

TABLE 32C. The tobacco prevention policy specifically prohibits tobacco use for students in school buses or other vehicles used to transport students.

	YEAR	PERCENT
High School	2008	100
	2006	100
	2004	99
Middle School	2008	98
	2006	100
	2004	100
Junior/Senior Combined	2008	85
	2006	NA
	2004	NA
Overall	2008	98
	2006	100
	2004	100

TABLE 32D. The tobacco prevention policy specifically prohibits tobacco use for students at off-campus, school-sponsored events.

	YEAR	PERCENT
High School	2008	94
	2006	99
	2004	93
Middle School	2008	97
	2006	96
	2004	99
Junior/Senior Combined	2008	84
	2006	NA
	2004	NA
Overall	2008	95
	2006	97
	2004	96

TABLE 32E. The tobacco prevention policy specifically prohibits tobacco use in school buildings for faculty/staff.

	YEAR	PERCENT
High School	2008	100
	2006	98
	2004	98
Middle School	2008	97
	2006	98
	2004	99
Junior/Senior Combined	2008	77
	2006	NA
	2004	NA
Overall	2008	97
	2006	98
	2004	99

TABLE 32F. The tobacco prevention policy specifically prohibits tobacco use on school grounds for faculty/staff.

	YEAR	PERCENT
High School	2008	98
	2006	81
	2004	67
Middle School	2008	92
	2006	84
	2004	64
Junior/Senior Combined	2008	69
	2006	NA
	2004	NA
Overall	2008	93
	2006	84
	2004	66

TABLE 32G. The tobacco prevention policy specifically prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.

	YEAR	PERCENT
High School	2008	100
	2006	97
	2004	97
Middle School	2008	97
	2006	98
	2004	97
Junior/Senior Combined	2008	77
	2006	NA
	2004	NA
Overall	2008	97
	2006	98
	2004	97

TABLE 32H. The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.

	YEAR	PERCENT
Senior High School	2008	86
	2006	79
	2004	65
Middle School	2008	86
	2006	79
	2004	68
Junior/Senior Combined	2008	75
	2006	NA
	2004	NA
Overall	2008	85
	2006	80
	2004	67

TABLE 32I. The tobacco prevention policy specifically prohibits tobacco use in school buildings for visitors.

	YEAR	PERCENT
High School	2008	98
	2006	97
	2004	98
Middle School	2008	97
	2006	97
	2004	99
Junior/Senior Combined	2008	77
	2006	NA
	2004	NA
Overall	2008	96
	2006	97
	2004	99

TABLE 32J. The tobacco prevention policy specifically prohibits tobacco use on school grounds for visitors.

	YEAR	PERCENT
High School	2008	93
	2006	72
	2004	60
Middle School	2008	92
	2006	76
	2004	58
Junior/Senior Combined	2008	69
	2006	NA
	2004	NA
Overall	2008	91
	2006	75
	2004	59

TABLE 32K. The tobacco prevention policy specifically prohibits tobacco use on school buses or other vehicles used to transport students.

	YEAR	PERCENT
High School	2008	98
	2006	95
	2004	92
Middle School	2008	96
	2006	94
	2004	97
Junior/Senior Combined	2008	77
	2006	NA
	2004	NA
Overall	2008	96
	2006	95
	2004	95

TABLE 32L. The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for visitors.

	YEAR	PERCENT
High School	2008	68
	2006	58
	2004	43
Middle School	2008	76
	2006	58
	2004	46
Junior/Senior Combined	2008	59
	2006	NA
	2004	NA
Overall	2008	72
	2006	58
	2004	46

Overall, 98% of schools have a tobacco-use policy to prevent tobacco use by students in school buildings, on school grounds, and on school buses (compared to 100% in 2006). Over 90% of schools have tobacco-use prevention policies for faculty and staff, including outside use on school grounds and at off-campus events, while 85% report policy for faculty or staff at school-sponsored events. Most schools (91 – 96%) have a tobacco-use policy to prevent tobacco use by visitors in school buildings, on school grounds or in school vehicles.

QUESTION 33. When students are caught smoking cigarettes, how often are each of the following actions taken?*

**Among those schools that adopted a policy prohibiting tobacco use.*

TABLE 33A. Parents or guardians are informed when students are caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	0
	2006	0
	2004	0
Rarely	2008	0
	2006	1
	2004	0
Sometimes	2008	8
	2006	7
	2004	12
Always or Almost Always	2008	92
	2006	92
	2004	88
MIDDLE SCHOOL		
Never	2008	0
	2006	0
	2004	0
Rarely	2008	0
	2006	0
	2004	0
Sometimes	2008	0
	2006	1
	2004	2
Always or Almost Always	2008	100
	2006	99
	2004	98

TABLE 33B. Referred to a school counselor when students are caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	8
	2006	10
	2004	16
Rarely	2008	27
	2006	29
	2004	27
Sometimes	2008	43
	2006	44
	2004	45
Always or Almost Always	2008	22
	2006	17
	2004	13
MIDDLE SCHOOL		
Never	2008	2
	2006	6
	2004	4
Rarely	2008	12
	2006	9
	2004	12
Sometimes	2008	43
	2006	52
	2004	47
Always or Almost Always	2008	42
	2006	33
	2004	38

TABLE 33C. Referred to a school administrator when students are caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	0
	2006	0
	2004	0
Rarely	2008	0
	2006	0
	2004	0
Sometimes	2008	0
	2006	4
	2004	4
Always or Almost Always	2008	100
	2006	96
	2004	96
MIDDLE SCHOOL		
Never	2008	0
	2006	0
	2004	0
Rarely	2008	0
	2006	1
	2004	0
Sometimes	2008	1
	2006	1
	2004	3
Always or Almost Always	2008	99
	2006	99
	2004	97

TABLE 33D. Students are encouraged, but not required, to participate in an assistance, education, or cessation program when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	19
	2006	20
	2004	30
Rarely	2008	20
	2006	23
	2004	17
Sometimes	2008	33
	2006	38
	2004	32
Always or Almost Always	2008	28
	2006	19
	2004	21
MIDDLE SCHOOL		
Never	2008	22
	2006	19
	2004	23
Rarely	2008	16
	2006	21
	2004	25
Sometimes	2008	36
	2006	32
	2004	30
Always or Almost Always	2008	26
	2006	27
	2004	22

TABLE 33E. Students are required to participate in an assistance, education, or cessation program when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	33
	2006	35
	2004	41
Rarely	2008	16
	2006	31
	2004	17
Sometimes	2008	24
	2006	15
	2004	22
Always or Almost Always	2008	27
	2006	23
	2004	20
MIDDLE SCHOOL		
Never	2008	33
	2006	29
	2004	29
Rarely	2008	19
	2006	22
	2004	21
Sometimes	2008	23
	2006	26
	2004	25
Always or Almost Always	2008	26
	2006	22
	2004	25

TABLE 33F. Students are referred to legal authorities when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	57
	2006	66
	2004	60
Rarely	2008	25
	2006	28
	2004	25
Sometimes	2008	12
	2006	5
	2004	13
Always or Almost Always	2008	6
	2006	1
	2004	2
MIDDLE SCHOOL		
Never	2008	54
	2006	47
	2004	53
Rarely	2008	27
	2006	28
	2004	24
Sometimes	2008	12
	2006	15
	2004	17
Always or Almost Always	2008	7
	2006	7
	2004	6

TABLE 33G. Students are placed in detention when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	24
	2006	21
	2004	31
Rarely	2008	10
	2006	8
	2004	3
Sometimes	2008	38
	2006	38
	2004	41
Always or Almost Always	2008	28
	2006	34
	2004	24
MIDDLE SCHOOL		
Never	2008	23
	2006	26
	2004	31
Rarely	2008	9
	2006	9
	2004	11
Sometimes	2008	48
	2006	28
	2004	35
Always or Almost Always	2008	20
	2006	37
	2004	23

TABLE 33H. Students are not allowed to participate in extra-curricular activities or interscholastic sports when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	23
	2006	36
	2004	NA
Rarely	2008	22
	2006	18
	2004	NA
Sometimes	2008	43
	2006	34
	2004	NA
Always or Almost Always	2008	13
	2006	12
	2004	NA
MIDDLE SCHOOL		
Never	2008	24
	2006	26
	2004	NA
Rarely	2008	18
	2006	12
	2004	NA
Sometimes	2008	38
	2006	36
	2004	NA
Always or Almost Always	2008	21
	2006	27
	2004	NA

TABLE 33I. Students are given in-school suspension when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	13
	2006	19
	2004	20
Rarely	2008	10
	2006	18
	2004	6
Sometimes	2008	54
	2006	47
	2004	37
Always or Almost Always	2008	23
	2006	28
	2004	37
MIDDLE SCHOOL		
Never	2008	11
	2006	13
	2004	18
Rarely	2008	8
	2006	12
	2004	7
Sometimes	2008	54
	2006	47
	2004	44
Always or Almost Always	2008	27
	2006	33
	2004	31

TABLE 33J. Students are suspended from school when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	6
	2006	6
	2004	4
Rarely	2008	16
	2006	17
	2004	16
Sometimes	2008	56
	2006	52
	2004	57
Always or Almost Always	2008	23
	2006	25
	2006	23
MIDDLE SCHOOL		
Never	2008	5
	2006	5
	2004	8
Rarely	2008	14
	2006	17
	2004	14
Sometimes	2008	57
	2006	48
	2004	51
Always or Almost Always	2008	24
	2006	30
	2004	28

TABLE 33K. Students are expelled from school when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	83
	2006	82
	2004	NA
Rarely	2008	12
	2006	13
	2004	NA
Sometimes	2008	2
	2006	5
	2004	NA
Always or Almost Always	2008	3
	2006	0
	2004	NA
MIDDLE SCHOOL		
Never	2008	76
	2006	74
	2004	NA
Rarely	2008	14
	2006	17
	2004	NA
Sometimes	2008	8
	2006	6
	2004	NA
Always or Almost Always	2008	2
	2006	3
	2004	NA

TABLE 33L. Students are reassigned to an alternative school when caught smoking cigarettes.

	YEAR	PERCENT
HIGH SCHOOL		
Never	2008	58
	2006	68
	2004	NA
Rarely	2008	28
	2006	24
	2004	NA
Sometimes	2008	12
	2006	9
	2004	NA
Always or Almost Always	2008	2
	2006	0
	2004	NA
MIDDLE SCHOOL		
Never	2008	64
	2006	57
	2004	NA
Rarely	2008	25
	2006	30
	2004	NA
Sometimes	2008	11
	2006	10
	2004	NA
Always or Almost Always	2008	0
	2006	3
	2004	NA

All middle and high schools take action when students are caught smoking cigarettes. Most contact parent/family and a school administrator. Twenty-six percent of middle school and 28% of high schools require students to participate in an assistance, education, or cessation program when caught smoking cigarettes (a slight increase from 2006). Overall, 22 – 24% of students are always or almost always suspended from school and similarly, 23 – 27% are given in-school suspension (similar to data from 2006).

QUESTION 34. Does your school provide referrals to tobacco cessation programs for each of the following groups?

TABLE 34A. Tobacco cessation program referrals are available for faculty and staff.

	YEAR	PERCENT
High School	2008	43
	2006	24
	2004	20
Middle School	2008	43
	2006	33
	2004	29
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	42
	2006	30
	2004	25

TABLE 34B. Tobacco cessation program referrals are available for students.

	YEAR	PERCENT
High School	2008	56
	2006	47
	2004	56
Middle School	2008	46
	2006	53
	2004	51
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	48
	2006	50
	2004	52

Approximately one half of schools have tobacco cessation programs for students. Forty-two percent report such programs for faculty and staff, an increase of 12 percentage points from 2006.

QUESTION 35. Does your school have an Alternative to Suspension (ATS) program in place for students who are caught using tobacco on campus?

TABLE 35. Schools with an ATS program.

	YEAR	PERCENT
YES	2008	56
	2006	57
	2004	*37; 63

In 2008, 56% of schools had an Alternative to Suspension (ATS) program available on campus for students who are caught using tobacco.

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

QUESTION 36. Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?

TABLE 36. School policy includes guidelines on what actions the school should take when students are caught smoking cigarettes.

	YEAR	PERCENT
YES	2008	97

Almost all schools (97%) have guidelines for actions when students are caught smoking cigarettes.

QUESTION 37. At your school, who is responsible for enforcing your tobacco-use prevention policy?

TABLE 37A. No single individual is responsible for enforcing the tobacco policy.

	YEAR	PERCENT
High School	2008	60
Middle School	2008	50
Junior/Senior Combined	2008	NA
Overall	2008	54

TABLE 37B. Principal is responsible for enforcing the tobacco policy.

	YEAR	PERCENT
High School	2008	31
Middle School	2008	45
Junior/Senior Combined	2008	NA
Overall	2008	39

TABLE 37C. Assistant principal is responsible for enforcing the tobacco policy.

	YEAR	PERCENT
High School	2008	9
Middle School	2008	4
Junior/Senior Combined	2008	NA
Overall	2008	6

TABLE 37D. Other school administrator is responsible for enforcing the tobacco policy.

	YEAR	PERCENT
High School	2008	0
Middle School	2008	0
Junior/Senior Combined	2008	NA
Overall	2008	0

TABLE 37E. Other school faculty or staff member is responsible for enforcing the tobacco policy.

	YEAR	PERCENT
High School	2008	0
Middle School	2008	1
Junior/Senior Combined	2008	NA
Overall	2008	1

Most schools (54%) do not have a single individual responsible for enforcing the tobacco-use prevention policy; 39% rely upon the principal for enforcement.

QUESTION 38. Which of the following help determine what actions the school takes when students are caught smoking cigarettes?

TABLE 38A. Zero tolerance determines actions taken when students are caught smoking cigarettes.

	YEAR	PERCENT
High School	2008	81
Middle School	2008	78
Junior/Senior Combined	2008	NA
Overall	2008	79

TABLE 38B. Effect or severity of the violation determines actions taken when students are caught smoking cigarettes.

	YEAR	PERCENT
High School	2008	26
Middle School	2008	22
Junior/Senior Combined	2008	NA
Overall	2008	23

TABLE 38C. Grade level of student determines actions taken when students are caught smoking cigarettes.

	YEAR	PERCENT
High School	2008	5
Middle School	2008	10
Junior/Senior Combined	2008	NA
Overall	2008	8

TABLE 38D. Repeat offender status determines actions taken when students are caught smoking cigarettes.

	YEAR	PERCENT
High School	2008	44
Middle School	2008	27
Junior/Senior Combined	2008	NA
Overall	2008	33

TABLE 38E. None of these determines actions taken when students are caught smoking cigarettes.

	YEAR	PERCENT
High School	2008	0
Middle School	2008	2
Junior/Senior Combined	2008	NA
Overall	2008	2

The majority of schools consider their zero tolerance policy (79%) and repeat offender status (33%) as the most common determinants of the actions taken against students for smoking.

QUESTION 39. 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?

TABLE 39. School has signage indicating the tobacco-free school zone.

	YEAR	PERCENT
YES	2008	88

Eighty-eight percent of schools have signage to indicate a tobacco-free school zone.

QUESTION 40. During the past two years, has your school engaged in either of the following activities?

TABLE 40A. Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts.

	YEAR	PERCENT
YES	2008	56

TABLE 40B. Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use.

	YEAR	PERCENT
YES	2008	57

More than half of schools (56%) have shared information with students and families about tobacco-use prevention efforts or worked with local agencies to organize tobacco prevention programs (57%).

QUESTION 41. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups?

TABLE 41A. School has arrangements to provide tobacco cessation services for faculty and staff.

	YEAR	PERCENT
YES	2008	51

TABLE 41B. School has arrangements to provide tobacco cessation services for students.

	YEAR	PERCENT
YES	2008	47

Just over half of schools (51%) have an arrangement with a local provider or organization to provide tobacco cessation services for faculty or staff. Nearly half (47%) of schools make the provision for students.



NUTRITION POLICIES

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.

QUESTION 42. How long do students have to eat lunch once they are seated?

TABLE 42A. Students have less than 20 minutes to eat lunch.

	YEAR	PERCENT
High School	2008	19
	2006	24
	2004	29
Middle School	2008	19
	2006	16
	2004	23
Junior/Senior Combined	2008*	7
	2006	NA
	2004	NA
Overall	2008	19
	2006	19
	2004	26

**7% of the combined schools do not serve lunch.*

TABLE 42B. Students have 20 minutes or more to eat lunch.

	YEAR	PERCENT
High School	2008	81
	2006	76
	2004	71
Middle School	2008	81
	2006	84
	2004	77
Junior/Senior Combined	2008*	86
	2006	NA
	2004	NA
Overall	2008	81
	2006	81
	2004	74

The majority of schools provide 20 minutes or more for lunch (over 80%) in 2008, similar to data reported in 2006.

*7% of the combined schools do not serve lunch.

QUESTION 43. Can students purchase snack foods or beverages from vending machines or at the school or at a school store, canteen, or snack bar?

TABLE 43. Schools where students can purchase snack foods or beverages at school vending machines, store, canteen, or snack bar.

	YEAR	PERCENT
High School	2008	91
	2006	95
	2004	95
Middle School	2008	57
	2006	78
	2004	83
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	71
	2006	84
	2004	88

Ninety-one percent of high school and 57% of middle schools allow students to purchase snack foods or beverages at various places on the school campus. This reflects a decline for both middle and high schools since 2006.

QUESTION 44. Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar?*

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

TABLE 44A. Schools that sell chocolate candy.

	YEAR	PERCENT
High School	2008	42
	2006	61
	2004	63
Middle School	2008	21
	2006	27
	2004	48
Junior/Senior Combined	2008	21
	2006	NA
	2004	59
Overall	2008	29
	2006	42
	2004	55

TABLE 44B. Schools that sell other kinds of candy.

	YEAR	PERCENT
High School	2008	47
	2006	66
	2004	67
Middle School	2008	27
	2006	34
	2004	54
Junior/Senior Combined	2008	21
	2006	NA
	2004	66
Overall	2008	34
	2006	48
	2004	60

TABLE 44C. Schools that sell salty snacks that are not low in fat.

	YEAR	PERCENT
High School	2008	61
	2006	73
	2004	89
Middle School	2008	33
	2006	49
	2004	76
Junior/Senior Combined	2008	50
	2006	NA
	2004	92
Overall	2008	45
	2006	59
	2004	82

TABLE 44D. Schools that sell soda pop or fruit drinks that are not 100% juice.

	YEAR	PERCENT
High School	2008	59
	2006	86
	2004	95
Middle School	2008	31
	2006	52
	2004	91
Junior/Senior Combined	2008	36
	2006	NA
	2004	92
Overall	2008	42
	2006	67
	2004	92

TABLE 44E. Schools that sell sports drinks.

	YEAR	PERCENT
High School	2008	84
	2006	97
	2004	NA
Middle School	2008	46
	2006	78
	2004	NA
Junior/Senior Combined	2008	57
	2006	NA
	2004	NA
Overall	2008	61
	2006	86
	2004	NA

TABLE 44F. Schools that sell 2% or whole milk (plain or flavored).

	YEAR	PERCENT
High School	2008	43
	2006	54
	2004	NA
Middle School	2008	28
	2006	43
	2004	NA
Junior/Senior Combined	2008	36
	2006	NA
	2004	NA
Overall	2008	34
	2006	48
	2004	NA

The following response options (TABLE 44G – TABLE 44L) were unique to data collected in 2008.

TABLE 44G. Schools that sell cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.

	YEAR	PERCENT
High School	2008	56
Middle School	2008	28
Junior/Senior Combined	2008	57
Overall	2008	40

TABLE 44H. Schools that sell ice cream or frozen yogurt that is not low in fat.

	YEAR	PERCENT
High School	2008	19
Middle School	2008	22
Junior/Senior Combined	2008	28
Overall	2008	21

TABLE 44I. Schools that sell water ices or frozen slushes that do not contain juice.

	YEAR	PERCENT
High School	2008	24
Middle School	2008	16
Junior/Senior Combined	2008	21
Overall	2008	19

TABLE 44J. Schools that sell foods or beverages containing caffeine.

	YEAR	PERCENT
High School	2008	67
Middle School	2008	25
Junior/Senior Combined	2008	29
Overall	2008	42

TABLE 44K. Schools that sell fruits (not fruit juice).

	YEAR	PERCENT
High School	2008	45
Middle School	2008	26
Junior/Senior Combined	2008	46
Overall	2008	34

TABLE 44L. Schools that sell non-fried vegetables (not vegetable juice).

	YEAR	PERCENT
High School	2008	37
Middle School	2008	21
Junior/Senior Combined	2008	7
Overall	2008	27

The percent of schools that sell chocolate, candy, or salty snacks decreased from 2006. More high schools than middle schools sell fruits and non-fried vegetables, (45% compared to 26% and 37% compared to 21%, respectively).

QUESTION 45. Has this school adopted any policies concerning foods in the following environments?

Table 45. Schools with policies concerning foods in specified environments.

	YEAR	PERCENT
Available A La Carte	2008	79
	2006	74
Available in Vending Machines	2008	79
	2006	73
Brought From Home for Multiple Students to Eat	2008	60
	2006	48
Available in After-School Programs	2008	57
	2006	45
Used in Fund Raisers	2008	58
	2006	43
Available in Class or School Events	2008	70
	2006	52

Seventy-nine percent of schools have policies regarding foods available a la carte and 79% have policies specific to foods in vending machines. The majority have policies regarding food brought from home, food that is available in after-school programs, food for fund raisers, or food that is available for school events. All policies reflect an increase from 2006.

QUESTION 46. In a typical week, on how many days are brand name fast food offered to students as a la carte lunch items?

TABLE 46A. Days that brand name fast foods are offered to students as a la carte lunch items.

	YEAR	PERCENT
0 Days	2008	74
	2006	67
	2004	57
1 Day	2008	5
	2006	6
	2004	10
2 Days	2008	4
	2006	2
	2004	4
3 Days	2008	1
	2006	3
	2004	2
4 Days	2008	4
	2006	0
	2004	>1
5 Days	2008	16
	2006	21
	2004	27

Most schools (74%) do not offer brand name fast foods as a la carte lunch items, reflecting a decrease in fast food availability of 17 percentage points since 2004. Sixteen percent of schools provide these food items five days per week; this also reflects a decrease of 11 percentage points since 2004.

TABLE 46B. Days that brand name fast foods offered to students for reimbursable lunch meals.

	YEAR	PERCENT
0 Days	2008	90
	2006	86
	2004	76
1 Day	2008	1
	2006	2
	2004	6
2 Days	2008	2
	2006	0
	2004	2
3 Days	2008	>1
	2006	1
	2004	2
4 Days	2008	1
	2006	0
	2004	NA
5 Days	2008	6
	2006	10
	2004	15

Fourteen percent fewer schools, compared to 2004, never offer fast foods to students for reimbursable lunch meals.

QUESTION 47. Each day for lunch, are students at this school offered a choice between vegetables, fruits, or entrees?

TABLE 47. Schools that offer a choice between vegetables, fruits, or entrees.

	YEAR	PERCENT
Two or more vegetables	2008	96
	2006	93
	2004	94
Two or more different fruits or 100% fruit juices	2008	86
	2006	83
	2004	88
Two or more different entrees or main courses	2008	92
	2006	93
	2004	95
One or more low fat entree	2008	84
	2006	76
	2004	67

In 2008, two or more entrees and two or more vegetables are offered by 96% of the schools. Most schools (84%) offer one or more low fat entrees.

QUESTION 48. How much profit is generated annually from vending machines in this school that are not operated by the Child Nutrition Program?

TABLE 48. Profit generated from vending machines.

	YEAR	PERCENT
Less than \$2,500	2008	77
	2006	54
	2004	56
\$2,500-\$4,999	2008	4
	2006	17
	2004	20
\$5,000-\$9,999	2008	19
	2006	11
	2004	12
\$10,000-\$19,999	2008	0
	2006	6
	2004	7
\$20,000-\$29,999	2008	13
	2006	2
	2004	2
\$30,000-\$39,999	2008	2
	2006	1
	2004	3
\$40,000-\$49,999	2008	2
	2006	0
	2004	>1
More than \$50,000	2008	1
	2006	0
	2004	>1

Most schools (77%) 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 23% of the schools. Thirteen percent of schools generate between \$20,000 and \$29,999 and five percent of schools generate more than \$30,000 from vending machines sales. This data reflects the average responses from middle schools, junior/senior combined and high schools.

QUESTION 49. What do these vending revenues fund in your school?

TABLE 49. Uses of vending revenues at the school.

	YEAR	PERCENT
Textbooks	2008	9
	2006	13
	2004	13
Computers	2008	19
	2006	22
	2004	28
General Supplies	2008	74
	2006	78
	2004	80
Salaries	2008	2
	2006	6
	2004	3
Sports Team	2008	22
	2006	31
	2004	37
Signage and Scoreboards	2008	12
	2006	15
	2004	21
Field Trips	2008	21
	2006	29
	2004	30
Band	2008	4
	2006	9
	2004	12
Graduation	2008	9
	2006	11
	2004	14
Other Extra Curricular Activities	2008	31
	2006	40
	2004	48

Most school utilize vending revenues for general school supplies (74%), other extracurricular activities (31%), sports teams (22%), field trips (21%), and computers (19%). These findings are similar to the data from 2006.

QUESTION 50. Does your school or school system provide any financial support to this school's food service program?

TABLE 50. School food service programs that receive financial support from school.

YES	YEAR	PERCENT
	2008	57
	2006	49
	2004	50

Fifty-seven percent of schools or school systems provide financial support for the school's food services program, an eight percentage point increase from 2006.

QUESTION 51. Do teachers in your school use food as a reward?

TABLE 52. Teachers who use food as a reward.

YES	YEAR	PERCENT
	2008	69
	2006	60
	2004	63

In 2008, 69% teachers use food as a reward for students, an increase of nine percentage points from 2006.

QUESTION 53. During the past 12 months, have any of the following staff worked collaboratively with your school's child nutrition personnel on nutrition education related activities?

TABLE 53. Individuals or groups who work with the child nutrition personnel.

	YEAR	PERCENT
Health Education Staff	2008	25
	2006	33
	2004	29
Physical Education Staff	2008	24
	2006	26
	2004	22
Classroom Teachers	2008	24
	2006	32
	2004	30
Health Services Staff from this School	2008	23
	2006	28
	2004	22
Mental Health or Social Services Staff	2008	11
	2006	10
	2004	10
Community Partners such as Public Health or Cooperative Extension	2008	17
	2006	18
	2004	19

Professionals most likely to work on nutrition-related activities with the nutrition personnel are health education staff (25%), physical education staff (24%), classroom teachers (24%), and the health services staff (23%).

QUESTION 54. When foods or beverages are offered at school celebrations, how often are fruits or non fried vegetables offered?

TABLE 54. Fruits or non-fried vegetables offered during school celebrations.

	YEAR	PERCENT
Foods or beverages are not offered at school celebrations	2008	1
Never	2008	2
Rarely	2008	10
Sometimes	2008	50
Always or almost always	2008	37

Most schools (87%) report that they sometimes, almost always or always provide fruits or non-fired vegetables during school celebrations.

QUESTION 55. Does this school limit the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar?

TABLE 55. School limits package or serving size of foods outside of the cafeteria.

	YEAR	PERCENT
YES	2008	42

Forty-two percent of schools limit package or serving sizes for foods sold outside of the cafeteria.

QUESTION 56. During this school year, has your school done any of the following?

TABLE 56. School activities to promote healthy eating.

	YEAR	PERCENT
Priced Nutritious Foods and Beverages at a Lower Cost While Increasing the Price of Less Nutritious Foods and Beverages	2008	8
Collected Suggestions from Students, Families, and School Staff on Nutritious Food Preferences and Strategies to Promote Healthy Eating	2008	34
Provided Information to Students or Families on The Nutrition and Caloric Content of Foods Available	2008	49
Conducted Taste Tests to Determine Food Preferences for Nutritious Items	2008	17
Provided Opportunities for Students to Visit the Cafeteria to Learn about Food Safety, Food Preparation or Other Nutrition-Related Topics	2008	18

About half of schools report providing nutrition information to parents and students while 34% of schools have collected recommendations on food preferences to promote healthy eating. Only eight percent of schools have adjusted prices to promote healthy eating.

QUESTION 57. At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students?

TABLE 57. Products distributed to promote candy, fast food restaurants, or soft drinks.

	YEAR	PERCENT
YES	2008	3

Few schools (three percent) allow the promotion of candy, fast food, or soft drinks through product giveaways.

QUESTION 58. Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations?

TABLE 58. School prohibits advertising for candy, fast food restaurants, or soft drinks.

	YEAR	PERCENT
In the School Building	2008	69
On School Grounds Including on the Outside of the School Building, on Playing Fields, or Other Areas of the Campus	2008	50
On School Buses or Other Vehicles Used to Transport Students	2008	77
In School Publications (e.g., Newsletters, News-Papers, Web Sites, or Other School Publications)	2008	57

The majority of schools prohibit the advertising of candy, fast foods or soft drinks in the school setting or through student publications.

QUESTION 59. Has this school voluntarily adopted any of the following?

TABLE 59. Schools that have adopted recommended nutrition standards.

	YEAR	PERCENT
NC Nutrition Standards for Elementary Schools	2008	30
Eat Smart: NC's Recommended Standards for all foods available at school	2008	70
Winner's Circle Nutrition Criteria	2008	48
Alliance for a Healthier Generation Competitive Food Guidelines	2008	18
Institute of Medicine Nutrition Standards	2008	12

Most schools (70%) have adopted the Eat Smart nutrition standards. Additionally, 48% of schools have adopted the Winner's Circle nutrition criteria and 30% have adopted the NC Nutrition Standards for Elementary Schools.

QUESTION 60. Do any of the following provide nutritional counseling and/or weight management services to students at this school?

TABLE 60. Personnel who provide nutritional counseling and/or weight management services to students.

	YEAR	PERCENT
Nurse Practitioner	2008	23
Physicians Assistant	2008	4
Registered Nurse	2008	47
Registered Dietitian	2008	7
Other School Staff	2008	38
Students are Referred to Services in the Community by School Staff	2008	34
This School Does Not Provide Services, Nor Refer to the Community	2008	13

The most commonly reported personnel to provide nutrition counseling or weight management services to students are a registered nurse (47%), other school staff (38%), or referral to community services (34%).

QUESTION 61. What time of day does this school begin and end its food service for breakfast (rounded to the nearest half hour)?

TABLE 61A. Time breakfast service begins.

	YEAR	PERCENT
6:00 am	2008	0
6:30 am	2008	4
7:00 am	2008	19
7:30 am	2008	53
8:00 am	2008	22
8:30 am	2008	1
9:00 am	2008	>1
9:30 am	2008	>1
10:00 am	2008	0

TABLE 61B. Time breakfast service ends.

	YEAR	PERCENT
6:00 am	2008	0
6:30 am	2008	0
7:00 am	2008	2
7:30 am	2008	11
8:00 am	2008	50
8:30 am	2008	30
9:00 am	2008	6
9:30 am	2008	1
10:00 am	2008	>1

The majority of schools begin breakfast service between 7:30 and 8:00 am and end breakfast service between 8:00 and 8:30 am.

QUESTION 62. What time of day does this school begin and end its food service for lunch (rounded to the nearest half hour)?

TABLE 62A. Time lunch service begins.

	YEAR	PERCENT
10:00 am	2008	2
10:30 am	2008	25
11:00 am	2008	46
11:30 am	2008	22
12:00 pm	2008	3
12:30 pm	2008	1
1:00 pm	2008	>1
1:30 pm	2008	0
2:00 pm	2008	0

TABLE 62B. Time lunch service ends.

	YEAR	PERCENT
10:00 am	2008	>1
10:30 am	2008	0
11:00 am	2008	>1
11:30 am	2008	1
12:00 pm	2008	2
12:30 pm	2008	16
1:00 pm	2008	40
1:30 pm	2008	32
2:00 pm	2008	9

The majority of schools begin lunch service between 10:30 and 11:00 am and end lunch service between 1:00 and 1:30 pm.

QUESTION 63. Does your school have a policy that allows students to leave campus during lunch?

TABLE 63. Schools that allow students to leave campus during lunch.

	YEAR	PERCENT
YES	2008	9

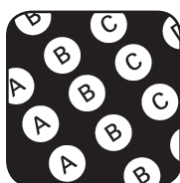
Only nine percent of all schools allow students to leave campus during lunchtime.

QUESTION 64. Do the foods and beverages in the student vending machines in this school meet the Vending Machine Sale criteria outlined in General Statute 115C-264.2?

TABLE 64. Schools with vending machines that meet the Vending Machine Sale criteria.

	YEAR	PERCENT
YES	2008	86

Eighty-six percent of schools have vending machines that meet the Vending Machine Sale criteria.



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.

QUESTION 65. Is there a school nurse who provides standard health services to students at this school?*

**2008 question asks if there is a "full-time registered nurse"*

TABLE 65. Schools with a school nurse.

	YEAR	PERCENT
High School	2008	37
	2006	91
Middle School	2008	24
	2006	94
Junior/Senior Combined	2008	NA
	2006	NA
Overall	2008	28
	2006	92

In 2008, 28% of schools had a full-time registered nurse to provide health services to students.

QUESTION 66. Which of the following sources of school health information does your school use to identify students diagnosed with chronic health conditions such as asthma?

TABLE 66. Strategies schools use to diagnose chronic conditions.

	YEAR	PERCENT
This School Does Not Identify Students Diagnosed with Chronic Health Conditions Such as Asthma	2008	1
Student Emergency Cards	2008	77
Medication Records	2008	84
Health Room Visit Information	2008	45
Emergency Care Plans	2008	74
Physical Exam Records	2008	42
Notes From Parents	2008	87
Other	2008	20

The most common ways that schools identify students with chronic conditions are notes from parents (87%), medication records (84%), student emergency cards (77%), and emergency care plans (74%).

QUESTION 67. At your school, how many students with known asthma have an asthma action plan on file? (Students with known asthma are those who are identified by the school to have a current diagnosis of asthma as reported on student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes, and other forms of health care clinician notification.)

TABLE 67. Number of students with an asthma action plan on file with the school.

	YEAR	PERCENT
This School has No Students with Known Asthma	2008	1
All Students With Known Asthma Have an Asthma Action Plan on File	2008	71
Most Students With Known Asthma Have an Asthma Action Plan on File	2008	18
Some Students With Known Asthma Have an Asthma Action Plan on File	2008	7
No Students With Known Asthma Have an Asthma Action Plan on File	2008	3

Eighty-nine percent of schools report that students with known asthma have an action plan on file with the school.

QUESTION 68. At your school, which of the following information is used to identify students with poorly controlled asthma?

TABLE 68. Methods to identify students with poorly controlled asthma.

	YEAR	PERCENT
This School Does Not Identify Students with Poorly Controlled Asthma	2008	8
Frequent Absences from School	2008	48
Frequent Visits to the School Health Office Due to Asthma	2008	67
Frequent Asthma Symptoms at School	2008	71
Frequent Non-Participation in Physical Education Class Due to Asthma	2008	45
Students Sent Home Early Due to Asthma	2008	50
Calls from School to 911, or Other Local Emergency Numbers, Due to Asthma	2008	34

The most commonly cited means to identify students with poorly controlled asthma were frequent asthma symptoms at school (71%), frequent visits to the school health office due to asthma (67%), and students sent home early due to asthma 50%).

QUESTION 69. Does your school provide the following services for students with poorly controlled asthma?

TABLE 69. Services provide to students with poorly controlled asthma.

	YEAR	PERCENT
Providing Referrals to Primary Healthcare Clinicians or Child Health Insurance Programs	2008	66
Ensuring an Appropriate Written Asthma Action Plan is Obtained	2008	88
Ensuring Access to and Appropriate Use of Asthma Medications, Spacers, and Peak Flow Meters at School	2008	83
Offering Asthma Education for the Student with Asthma and His/Her Family	2008	63
Minimizing Asthma Triggers in the School Environment	2008	75
Addressing Social and Emotional Issues Related to Asthma	2008	55
Providing Additional Psychosocial Counseling or Support Services As Needed	2008	53
Ensuring Access to Safe, Enjoyable Physical Education and Activity Opportunities	2008	94
Ensuring Access to Preventive Medications Before Physical Activity	2008	88

Most schools provide a variety of services to students with poorly controlled asthma including ensuring access to safe, enjoyable physical education and activity opportunities (94%), ensuring access to preventive medications before physical activity (88%), and ensuring an appropriate written asthma action plan is obtained (88%).

QUESTION 70. Does this school have a designated and secure storage location for medications, including quick-relief asthma medications? (A secure location is one that is locked or inaccessible to everyone except the school nurse or her designee.)

TABLE 70. Schools that have a designated and secure storage location for medications.

	YEAR	PERCENT
YES	2008	96

Almost all schools provide a designated and secure location for medicines (96%).

QUESTION 71. Is this location accessible at all times by the school nurse or her designee?

TABLE 71. Secure location is accessible at all times.

	YEAR	PERCENT
YES	2008	100

All schools report that a secure storage location for medications is accessible at all times.

QUESTION 72. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms?

TABLE 72. Frequency that school staff members are required to receive training on recognizing and responding to severe asthma symptoms.

	YEAR	PERCENT
More Than Once Per Year	2008	5
Once Per Year	2008	63
Less Than Once Per Year	2008	9
No Such Requirement	2008	23

Most schools require staff to attend asthma training once per year (63%). Twenty-three percent have no requirement for training.

Question 73. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

TABLE 73. Student are permitted to carry and self-administer asthma medications.

	YEAR	PERCENT
YES	2008	82

Eighty-two percent of schools permit students to carry and self-administer asthma medications.

QUESTION 74. Does your school have procedures to inform each of the following groups about your school's policy permitting students to carry and self-administer asthma medications?*

** For schools that have a policy that allows students to carry and self-administer asthma medication.*

TABLE 74. Schools with procedures to inform students and/or parents about asthma medication policies.

	YEAR	PERCENT
Students	2008	96
Parents/Families	2008	94

The majority of schools with policies for students to carry and self-administer asthma medications also have procedures to inform students and families about the policy.

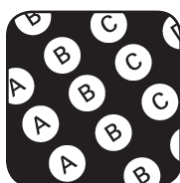
QUESTION 75. At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medication?*

** For schools that have a policy that allows students to carry and self-administer asthma medication.*

TABLE 75. School personnel responsible for implementation of school's asthma policy.

	YEAR	PERCENT
No Single Individual is Responsible	2008	28
Principal	2008	15
Assistant Principal	2008	0
School Nurse	2008	51
Other School Faculty or Staff Member	2008	7

Just over half of schools (51%), report that the school nurse has the responsibility of implementing the school's asthma policy while 28% of schools do not have a single individual designated for this policy.



HIV/STD AND TEEN PREGNANCY PREVENTION

A human immunodeficiency virus (HIV) policy strives to maintain a balance between the need to educate all eligible students to protect students' and employees' rights, and to control the communicable disease. Under certain circumstances, students and employees with HIV may pose a threat to the health and safety of other students and staff.

QUESTION 76. Does that policy address each of the following issues for students and/or with staff with HIV infection or AIDS?*

**Among those schools that adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS.*

TABLE 76A. Schools with HIV infection policy that addresses the attendance of students with HIV infection.

	YEAR	PERCENT
High School	2008	54
	2006	94
	2004	92
Middle School	2008	60
	2006	89
	2004	85
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	57
	2006	91
	2004	88

TABLE 76B. Schools with HIV infection policy that have procedures to protect HIV-infected students and staff from discrimination.

	YEAR	PERCENT
High School	2008	61
	2006	94
	2004	100
Middle School	2008	65
	2006	98
	2004	90
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	63
	2006	96
	2004	94

TABLE 76C. Schools with HIV infection policy that have procedures to maintain confidentiality of HIV-infected students and staff.

	YEAR	PERCENT
High School	2008	70
	2006	97
	2004	100
Middle School	2008	73
	2006	100
	2004	98
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	71
	2006	99
	2004	99

TABLE 76D. Schools with HIV infection policy that have procedures to address worksite safety.

	YEAR	PERCENT
High School	2008	76
	2006	100
	2004	100
Middle School	2008	82
	2006	100
	2004	99
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	79
	2006	100
	2004	99

TABLE 76E. Schools with HIV infection policy that have addressed confidential counseling for HIV-infected students.

	YEAR	PERCENT
High School	2008	57
	2006	75
	2004	84
Middle School	2008	60
	2006	82
	2004	84
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	57
	2006	78
	2004	84

TABLE 76F. Schools with HIV infection policy that have addressed communication of the policy to students, school staff, and parents.

	YEAR	PERCENT
High School	2008	54
	2006	92
	2004	83
Middle School	2008	56
	2006	90
	2004	83
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	54
	2006	91
	2004	83

TABLE 76G. Schools with HIV infection policy that have addressed adequate training about HIV infection for school staff.

	YEAR	PERCENT
High School	2008	59
	2006	89
	2004	88
Middle School	2008	66
	2006	92
	2004	90
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	63
	2006	91
	2004	89

TABLE 76H. Schools with HIV infection policy that have addressed procedures for implementing the policy.

	YEAR	PERCENT
High School	2008	58
	2006	95
	2004	95
Middle School	2008	61
	2006	92
	2004	92
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	60
	2006	93
	2004	93

2008 saw a steep decline in all categories of school policies to protect the rights of students and/or staff with HIV infection or AIDS. Fewer schools reported having policies which address confidentiality, worksite safety, counseling, or training.

QUESTION 77. Do you agree that teen pregnancy is a problem in this county?

TABLE 77. Schools opinion that teen pregnancy in a problem in their county.

	YEAR	PERCENT
HIGH SCHOOL		
Strongly Agree	2008	53
Agree	2008	40
Neither Agree or Disagree	2008	5
Disagree	2008	2
Strongly Disagree	2008	0
MIDDLE SCHOOL		
Strongly Agree	2008	29
Agree	2008	52
Neither Agree or Disagree	2008	10
Disagree	2008	9
Strongly Disagree	2008	0
JUNIOR/SENIOR COMBINED		
Strongly Agree	2008	71
Agree	2008	21
Neither Agree or Disagree	2008	7
Disagree	2008	0
Strongly Disagree	2008	0
OVERALL		
Strongly Agree	2008	34
Agree	2008	47
Neither Agree or Disagree	2008	8
Disagree	2008	6
Strongly Disagree	2008	0

The majority of high schools (93%) agree or strongly agree that teen pregnancy is a problem within their county, while 81% of middle schools agree or strongly agree that teen pregnancy is a problem within their county. Two percent of high schools disagree or strongly disagreed that teen pregnancy was a problem in their school while 9% of middle schools disagree or strongly disagreed that teen pregnancy is a problem in their county.

QUESTION 78. Do you agree that teen pregnancy is a problem in this school?

TABLE 78. Schools opinion that teen pregnancy in a problem in their school.

	YEAR	PERCENT
HIGH SCHOOL		
Strongly Agree	2008	36
Agree	2008	43
Neither Agree or Disagree	2008	10
Disagree	2008	10
Strongly Disagree	2008	1
MIDDLE SCHOOL		
Strongly Agree	2008	3
Agree	2008	14
Neither Agree or Disagree	2008	12
Disagree	2008	24
Strongly Disagree	2008	34
JUNIOR/SENIOR COMBINED		
Strongly Agree	2008	36
Agree	2008	22
Neither Agree or Disagree	2008	14
Disagree	2008	7
Strongly Disagree	2008	21
OVERALL		
Strongly Agree	2008	16
Agree	2008	25
Neither Agree or Disagree	2008	12
Disagree	2008	22
Strongly Disagree	2008	24

The majority of high schools (79%) agree or strongly agree that teen pregnancy is a problem within their county, while 17% of middle schools agree or strongly agree that teen pregnancy is a problem within their school. Eleven percent of high schools disagree or strongly disagreed that teen pregnancy was a problem in their school while 58% of middle schools disagree or strongly disagreed that teen pregnancy is a problem in their school.

QUESTION 79. What are the greatest challenges to implementing teen pregnancy prevention and support services within this school? (Mark all that apply.)

TABLE 79. Greatest challenges to implementing teen pregnancy prevention and support services within schools.

	YEAR	PERCENT
There Are No Challenges	2008	20
Funding	2008	38
Federal Policy	2008	6
State Policy	2008	11
School/School Board Policy	2008	19
Lack of Familiarity With Policies	2008	5
Lack of Educational Resources	2008	14
Lack of Professional Development	2008	9
Lack of Interest By Students	2008	13
Limited Instructional Time	2008	35
Perceived Community Opposition	2008	29

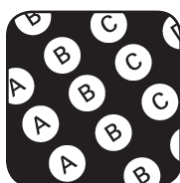
School reported that the greatest challenges to providing teen pregnancy prevention and support services in the schools were funding (38%), limited instruction time (35%) and perceived community opposition (29%). Twenty percent perceive there are no challenges.

QUESTION 80. Have you completed the HIV module “Opting Out is Not an Option: State Requirements for HIV Prevention Education”?

TABLE 80. Schools that have completed the NC module “Opting Out is Not an Option: State Requirements for HIV Prevention Education”.

	YEAR	PERCENT
Yes	2008	16
Not Aware of the Module	2008	51

The majority of schools, 51%, report that they were unaware of the module while 16% report completion.



INDOOR AIR QUALITY (IAQ) AND MOLD GROWTH PREVENTION

Studies have shown that poor IAQ (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.

QUESTION 81. Does the heating and air-conditioning system keep the temperature and humidity at comfortable levels?*

**Comfort able levels not defined on questionnaire.*

TABLE 81. Temperature and humidity are kept at appropriate levels by heating and air-conditioning system.

	YEAR	PERCENT
YES	2008	77
	2006	67
	2004	70

In 2008, 77% of schools report that school heating and air-conditioning system kept temperature and humidity at comfortable levels, an increase of 10 percentage points from 2006.

Question 82. Does this school participate in a program to systematically evaluate the indoor environmental or air quality conditions in the school?

TABLE 82. School has a program to systematically evaluate the indoor environmental or air quality conditions.

	YEAR	PERCENT
YES	2008	32

Approximately one-third of schools have a program that evaluated the indoor environmental or air quality conditions.

QUESTION 83. Does this school building currently have the following conditions?

TABLE 83. Schools with the following conditions in their school environment.

	YEAR	PERCENT
Indoor Air Humidity Levels Maintained Above 60%	2008	48
Evidence of Water Leaks in Ceilings, Wall or Floors	2008	44
Carpets With Objectionable Odor	2008	18
Rain Water That Does Not Drain Away from the Building	2008	22
Ceiling and Wall Surfaces with Cracks, Peeling Paint or Flaking	2008	37
Radon Emissions about 4 pCi/L Mitigated After the Initial Test of the 1990's	2008	5

Forty-eight percent of schools report indoor air humidity levels maintained above 60%, 44% report evidence of water leaks in ceilings, wall or floors, 37% report ceiling and wall surfaces with cracks, peeling paint or flaking, and 22% report rain water that does not drain away from the building.



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.

QUESTION 84. Is there an Automated External Defibrillator (AED) present in your school?

TABLE 84. Schools with Automated External Defibrillators.

	YEAR	PERCENT
YES	2008	57
	2006	37
	2004	16

In 2008, 57% of schools have an automated external defibrillator on the campus reflecting an increase of 41 percentage points since 2004.

QUESTION 85. How many faculty, staff, and students have been trained to use the AED(s)?

TABLE 85. Schools where faculty, staff, and students have been trained to use the AED(s).

	YEAR	PERCENT
None	2008	10
	2006	28
	2004	32
1-5	2008	46
	2006	42
	2004	44
6-10	2008	26
	2006	19
	2004	17
11-15	2008	6
	2006	5
	2004	1
16-20	2008	2
	2006	1
	2004	1
More Than 20	2008	10
	2006	5
	2004	4

Fewer than half of schools (46%) have one to five faculty, staff, or students trained to use the AED. Approximately 10% of these schools report having no one trained in AED use.

QUESTION 86. 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?

TABLE 86. Schools with policies to ensure use of AED in an emergency.

	YEAR	PERCENT
Overall	2008	77
	2006	57
	2004	53

Seventy-seven percent of schools have a policy to ensure rapid activation of an AED in the event of an emergency, a 20 percentage point increase from 2006.

QUESTION 87. 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?

TABLE 87. Policies to ensure the presence of AED(s) at school events.

	YEAR	PERCENT
Overall	2008	59
	2006	42
	2004	50

Fifty-nine percent of schools have a policy that ensures the presence of an AED at on and off-site school events such as football games.

QUESTION 88. Has your school notified the local Emergency Medical Services (EMS) or rescue squad that there is an AED present in your school?

TABLE 88. Schools that have notified the local EMS that an AED is present in the school.

	YEAR	PERCENT
Overall	2008	74
	2006	43
	2004	42

Seventy-four percent of schools have notified the local EMS that an AED is present in the school, a 31 percentage point increase from 2006.

QUESTION 89. During the past 12 months, have faculty and staff at this school been offered cardiopulmonary resuscitation (CPR) training?

TABLE 89. Schools that have offered CPR in the past 12 months.

	YEAR	PERCENT
Overall	2008	82
	2006	79
	2004	72

The majority of schools (82%) have offered CPR training in the past twelve months, an increase of 10 percentage points from 2004.

QUESTION 90. How many faculty and staff are currently certified in CPR?

TABLE 90. Number of faculty and staff certified in CPR.

	YEAR	PERCENT
None	2008	>1
	2006	>1
	2004	>1
1-5	2008	37
	2006	45
	2004	45
6-10	2008	34
	2006	29
	2004	38
11-15	2008	16
	2006	14
	2004	8
16-20	2008	5
	2006	5
	2004	6
More Than 20	2008	7
	2006	7
	2004	3

Most schools have between one and five (37%) or six and ten (34%) members of the faculty or staff certified in CPR. This reflects a 13 percentage point decline from 2004.

QUESTION 91. Does your school have policies in place ensuring rapid activation of those certified in CPR in the case of a medical emergency?

TABLE 91. Schools with a policy to activate certified CPR staff in an emergency.

	YEAR	PERCENT
Overall	2008	91
	2006	85
	2004	85

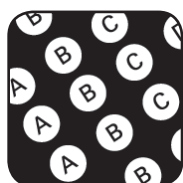
The majority of schools (91%) have a policy to ensure rapid activation of certified CPR faculty and staff in the event of a medical emergency.

QUESTION 92. Are there clear evacuation routes that include special and Americans with Disabilities Act (ADA) students and staff?

TABLE 92. Schools with evacuation routes that are inclusive of special and Americans with Disabilities Act (ADA) students and staff.

	YEAR	PERCENT
YES	2008	98

Ninety-eight percent of schools report evacuation routes that accommodate all students and staff.



FAMILY AND COMMUNITY INVOLVEMENT

An integrated school, parent, and community approach can enhance the health and well-being of students. School health advisory councils, coalitions and broadly based constituencies for school health can build support for school health efforts. Schools can actively solicit parent involvement and engage community resources and services to promote health and academic achievement.

QUESTION 93. During the past two years, have students' families helped develop or implement policies and programs related to the following topics?

TABLE 93. Student family involvement in the development/implementation of policy or programs for the following topics.

	YEAR	PERCENT
HIV, STD, or Teen Pregnancy Prevention	2008	17
Tobacco-Use Prevention	2008	34
Physical Activity	2008	31
Nutrition and Healthy Eating	2008	36
Asthma	2008	20

The most common topics that schools report to have received input from families for policy or programming are nutrition and healthy eating, tobacco-use prevention, and physical activity.

QUESTION 94. During the past two years, have community members helped develop or implement policies and programs related to the following topics?

TABLE 94. Community involvement in the development/implementation of policy or programs for the following topics.

	YEAR	PERCENT
HIV, STD, or Teen Pregnancy Prevention	2008	28
Tobacco-Use Prevention	2008	45
Physical Activity	2008	39
Nutrition and Healthy Eating	2008	44
Asthma	2008	28

The most common topics that schools report to have received input from community for policy or programming are tobacco-use prevention nutrition and healthy eating, and physical activity.

QUESTION 95. Does this school have an established Professional Learning Community?

TABLE 95. Schools with an established Professional Learning Community.

	YEAR	PERCENT
YES	2008	64

Sixty-four percent of schools have a Professional Learning Community.

QUESTION 96. Does this school have an established parent organization?

TABLE 96. Schools with an established parent organization.

	YEAR	PERCENT
YES	2008	91

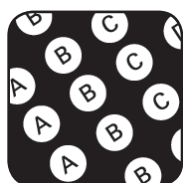
Ninety-one percent of schools have an established parent organization.

QUESTION 97. Does this school provide parent engagement events and activities (not including parent teacher meetings, student events, or open house)?

TABLE 97. Schools provide opportunities for parent engagement events and activities.

	YEAR	PERCENT
YES	2008	81

Eighty-one percent of schools provide parent engagement events and activities.



LIST OF TABLES

COORDINATED SCHOOL HEALTH

TABLE 1.	Schools with a health committee or advisory group.
TABLE 2A.	Health educator serves as a member of the health committee/advisory group.
TABLE 2B.	School nurse serves as a member of the health committee/advisory group. (response option "health service staff" for 2008).
TABLE 2C.	Physical educator serves as a member of the health committee/advisory.
TABLE 2D.	School counselor serves as a member of the health committee/advisory group (response option "mental health or social services staff" for 2008).
TABLE 2E.	Food service manager serves as a member of the health committee/advisory group (response option "nutrition or food service staff" for 2008).
TABLE 2F.	Student serves as a member of the health committee/advisory group.
TABLE 2G.	Parent serves as a member of the health committee/advisory group.
TABLE 2H.	Business representative serves as a member of the health committee/advisory group.
TABLE 2I.	Health department representative serves as a member of the health committee/advisory group.
TABLE 2J.	School administrator serves as a member of the health committee/advisory group.
TABLE 2K.	Community person serves as a member of the health committee/advisory group.
TABLE 2L.	Member of a faith-based organizations serves as a member of the health committee/advisory group.
TABLE 2M.	Maintenance and transportation staff serve as a member of the health committee/advisory group.
TABLE 2N.	Local government serves as a member of the health committee/advisory group.
TABLE 3.	Schools with coordinators for all school activities.
TABLE 4.	School has a wellness program.
TABLE 5.	Behaviors supported by school staff wellness program.
TABLE 6.	School elements to promote walking or biking to school.
TABLE 7.	Schools that report assessing policies, activities, and programs.
TABLE 8.	Schools that report having a copy of the district's wellness policy and percent who do not have a district wellness policy.
TABLE 9.	Schools with professional development for staff on HIV, STD, or pregnancy prevention issues and resources.
TABLE 10.	Schools with a gay/straight alliance.

HEALTH EDUCATION

TABLE 11.	Certification, license, or endorsement requirements for newly hired staff teaching health topics.
TABLE 12.	Schools with groups that offer guidance on policy development or activities.
TABLE 13A.	Classroom observation is used to assure quantity and quality of the required health education course.
TABLE 13B.	Monitoring of lesson plans is used to assure quantity and quality of the required health education course.
TABLE 13C.	Certified health education staff is used to assure quantity and quality of the required health education course.
TABLE 13D.	Same class size is used to assure quantity and quality of the required health education course.
TABLE 14.	Teach health education in the school.

PHYSICAL EDUCATION & PHYSICAL ACTIVITY

Table 15.	Schools that require physical education.
Table 16a.	Physical education courses taught in sixth grade.
TABLE 16B.	Physical education courses taught in seventh grade.
TABLE 16C.	Physical education courses taught in eighth grade.
TABLE 16D.	Physical education courses taught in ninth grade.
TABLE 16E.	Physical education courses taught in tenth grade.

TABLE 16F.	Physical education courses taught in eleventh grade.
TABLE 16G.	Physical education courses taught in twelfth grade.
TABLE 17A.	Students can exempt a required physical education course due to enrollment in other courses.
TABLE 17B.	Students can exempt a required physical education course due to participation in school sports.
TABLE 17C.	Students can exempt a required physical education course due to participation in other school activities.
TABLE 17D.	Students can exempt a required physical education course due to participation in community sports.
TABLE 17E.	Students can exempt a required physical education course due to religious reasons.
TABLE 17F.	Students can exempt a required physical education course due to long term physical or medical disability.
TABLE 17G.	Students can exempt a required physical education course due to cognitive disability.
TABLE 17I.	Students can exempt a required physical education course due to high physical fitness competency score.
TABLE 17J.	Students can exempt a required physical education course due to participation in vocational training.
TABLE 17K.	Students can exempt a required physical education course due to participation in community service activities.
TABLE 18.	Reasons students miss physical education.
TABLE 19.	Newly hired teachers required to be certified, licensed, or endorsed.
TABLE 20A.	Classroom observation is used to assure quantity and quality of the required physical education course.
TABLE 20B.	Monitoring of lesson plans is used to assure quantity and quality of the required physical education course.
TABLE 20C.	Verification for classroom assessment (other than dressing out and participating) is used to assure quantity and quality of the required physical education course.
TABLE 20D.	Certified physical education staff is used to assure quantity and quality of the required physical education course.
TABLE 20E.	Same class size as other academic courses is used to assure quantity and quality of the required physical education course.
TABLE 21.	Schools that have adopted Move More-NC's Recommended Standards for Physical Activity.
TABLE 22.	Professional development received on physical education.
TABLE 23A.	Those who teach physical education are provided with goals, objectives, and expected outcomes for physical education.
TABLE 23B.	Those who teach physical education are provided with a chart describing the annual scope and sequence of instruction for physical education.
TABLE 23C.	Those who teach physical education are provided with plans for how to assess student performance in physical education.
TABLE 23D.	Those who teach physical education are provided with a written physical education curriculum.
TABLE 24.	Teach physical education in the school.
TABLE 25.	Opportunities to participate in intramural activities or physical activity clubs.
TABLE 26A.	Some outdoor facilities can be used without being in a supervised program.
TABLE 26B.	All outdoor facilities can be used without being in a supervised program.
TABLE 26C.	School does not have outdoor facilities.
TABLE 26D.	Some indoor facilities can be used without being in a supervised program.
TABLE 26E.	All indoor facilities can be used without being in a supervised program.
TABLE 26F.	School does not have indoor facilities.

TOBACCO POLICIES AND PROGRAMS

TABLE 27.	Schools that have adopted policies prohibiting tobacco use.
TABLE 28A.	The tobacco prevention policy specifically prohibits the use of cigarettes for students.
TABLE 28B.	The tobacco prevention policy specifically prohibits the use of smokeless tobacco for students.
TABLE 28C.	The tobacco prevention policy specifically prohibits the use of cigars for students.
TABLE 28D.	The tobacco prevention policy specifically prohibits the use of pipes for students.
TABLE 29A.	The tobacco prevention policy specifically prohibits the use of cigarettes for faculty/staff.
TABLE 29B.	The tobacco prevention policy specifically prohibits the use of smokeless tobacco for faculty/staff.
TABLE 29C.	The tobacco prevention policy specifically prohibits the use of cigars for faculty/staff.
TABLE 29D.	The tobacco prevention policy specifically prohibits the use of pipes for faculty/staff.
TABLE 30A.	The tobacco prevention policy specifically prohibits the use of cigarettes for visitors.
TABLE 30B.	The tobacco prevention policy specifically prohibits the use of smokeless tobacco for visitors.
TABLE 30C.	The tobacco prevention policy specifically prohibits the use of cigars for visitors.
TABLE 30D.	The tobacco prevention policy specifically prohibits the use of pipes for visitors.
TABLE 31A.	The tobacco prevention policy specifically prohibits tobacco use during school hours for students.
TABLE 31B.	The tobacco prevention policy specifically prohibits tobacco use during non-school hours for students.

TABLE 31C.	The tobacco prevention policy specifically prohibits tobacco use during school hours for faculty/staff.
TABLE 31D.	The tobacco prevention policy specifically prohibits tobacco use during non-school hours for faculty/staff.
TABLE 31E.	The tobacco prevention policy specifically prohibits tobacco use during school hours for visitors.
TABLE 31F.	The tobacco prevention policy specifically prohibits tobacco use during non-school hours for visitors.
TABLE 32A.	The tobacco prevention policy specifically prohibits tobacco use for students in school buildings.
TABLE 32B.	The tobacco prevention policy specifically prohibits tobacco use for students on school grounds.
TABLE 32C.	The tobacco prevention policy specifically prohibits tobacco use for students in school buses or other vehicles used to transport students.
TABLE 32D.	The tobacco prevention policy specifically prohibits tobacco use for students at off-campus, school-sponsored events.
TABLE 32E.	The tobacco prevention policy specifically prohibits tobacco use in school buildings for faculty/staff.
TABLE 32F.	The tobacco prevention policy specifically prohibits tobacco use on school grounds for faculty/staff.
TABLE 32G.	The tobacco prevention policy specifically prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.
TABLE 32H.	The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.
TABLE 32I.	The tobacco prevention policy specifically prohibits tobacco use in school buildings for visitors.
TABLE 32J.	The tobacco prevention policy specifically prohibits tobacco use on school grounds for visitors.
TABLE 32K.	The tobacco prevention policy specifically prohibits tobacco use on school buses or other vehicles used to transport students.
TABLE 32L.	The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for visitors.
TABLE 33A.	Parents or guardians are informed when students are caught smoking cigarettes.
TABLE 33B.	Referred to a school counselor when students are caught smoking cigarettes.
TABLE 33C.	Referred to a school administrator when students are caught smoking cigarettes.
TABLE 33D.	Students are encouraged, but not required, to participate in an assistance, education, or cessation program when caught smoking cigarettes.
TABLE 33E.	Students are required to participate in an assistance, education, or cessation program when caught smoking cigarettes.
TABLE 33F.	Students are referred to legal authorities when caught smoking cigarettes.
TABLE 33G.	Students are placed in detention when caught smoking cigarettes.
TABLE 33H.	Students are not allowed to participate in extra-curricular activities or interscholastic sports when caught smoking cigarettes.
TABLE 33I.	Students are given in-school suspension when caught smoking cigarettes.
TABLE 33J.	Students are suspended from school when caught smoking cigarettes.
TABLE 33K.	Students are expelled from school when caught smoking cigarettes.
TABLE 33L.	Students are reassigned to an alternative school when caught smoking cigarettes.
TABLE 34A.	Tobacco cessation program referrals are available for faculty and staff.
TABLE 34B.	Tobacco cessation program are available referrals for students.
TABLE 35.	Schools with an Alternate to Suspension (ATS) program.
TABLE 36.	School policy includes guidelines on what actions the school should take when students are caught smoking cigarettes.
TABLE 37A.	No single individual is responsible for enforcing the tobacco policy.
TABLE 37B.	Principal is responsible for enforcing the tobacco policy.
TABLE 37C.	Assistant principal is responsible for enforcing the tobacco policy.
TABLE 37D.	Other school administrator is responsible for enforcing the tobacco policy.
TABLE 37E.	Other school faculty or staff member is responsible for enforcing the tobacco policy.
TABLE 38A.	Zero tolerance determines actions taken when students are caught smoking cigarettes.
TABLE 38B.	Effect or severity of the violation determines actions taken when students are caught smoking cigarettes.
TABLE 38C.	Grade level of student determines actions taken when students are caught smoking cigarettes.
TABLE 38D.	Repeat offender status determines actions taken when students are caught smoking cigarettes.
TABLE 38E.	None of these determines actions taken when students are caught smoking cigarettes.
TABLE 39.	School has signage indicating the tobacco-free school zone.
TABLE 40A.	Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts.
TABLE 40B.	Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use.
TABLE 41A.	School has arrangements for faculty and staff to provide tobacco cessation services.
TABLE 41B.	School has arrangements for students to provide tobacco cessation services.

NUTRITION POLICIES

TABLE 42A.	Students have less than 20 minutes to eat lunch.
TABLE 42B.	Students have 20 minutes or more to eat lunch.
TABLE 43.	Schools where students can purchase snack foods or beverages at school vending machines, store, canteen, or snack bar.
TABLE 44A.	Schools that sell chocolate candy.
TABLE 44B.	Schools that sell other kinds of candy.
TABLE 44C.	Schools that sell salty snacks that are not low in fat.
TABLE 44D.	Schools that sell soda pop or fruit drinks that are not 100% juice.
TABLE 44E.	Schools that sell sports drinks.
TABLE 44F.	Schools that sell 2% or whole milk (plain or flavored).
TABLE 44G.	Schools that sell cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.
TABLE 44H.	Schools that sell ice cream or frozen yogurt that is not low in fat.
TABLE 44I.	Schools that sell water ices or frozen slushes that do not contain juice.
TABLE 44J.	Schools that sell foods or beverages containing caffeine.
TABLE 44K.	Schools that sell fruits (not fruit juice).
TABLE 44L.	Schools that sell non-fried vegetables (not vegetable juice).
TABLE 45.	Schools with policies concerning foods in specified environments.
TABLE 46A.	Days that brand name fast foods are offered to students as a la carte lunch items.
TABLE 46B.	Days that brand name fast foods offered to students for reimbursable lunch meals.
TABLE 48.	Profit generated from vending machines.
TABLE 49.	Uses of vending revenues at the school.
TABLE 50.	School food service programs that receive financial support from school.
TABLE 52.	Teachers who use food as a reward.
TABLE 53.	Individuals or groups who work with the child nutrition personnel.
TABLE 54.	Fruits or non-fried vegetables offered during school celebrations.
TABLE 55.	School limits package or serving size of foods outside of the cafeteria.
TABLE 56.	School activities to promote healthy eating.
TABLE 57.	Products distributed to promote candy, fast food restaurants, or soft drinks.
TABLE 58.	School prohibits advertising for candy, fast food restaurants, or soft drinks.
TABLE 59.	Schools that have adopted recommended nutrition standards.
TABLE 60.	Personnel who provide nutritional counseling and/or weight management services to students.
TABLE 61A.	Time breakfast service begins.
TABLE 61B.	Time breakfast service ends.
TABLE 62A.	Time lunch service begins.
TABLE 62B.	Time lunch service ends.
TABLE 63.	Schools that allow students to leave campus during lunch.
TABLE 64.	Schools with vending machines that meet the Vending Machine Sale criteria.

HEALTH SERVICES

TABLE 65.	Schools with a school nurse.
TABLE 66.	Strategies schools use to diagnose chronic conditions.
TABLE 67.	Number of students with an asthma action plan on file with the school.
TABLE 68.	Methods to identify students with poorly controlled asthma.
TABLE 69.	Services provide to students with poorly controlled asthma.
TABLE 70.	Schools that have a designated and secure storage location for medications.
TABLE 71.	Secure location is accessible at all times.
TABLE 72.	Frequency that school staff members are required to receive training on recognizing and responding to severe asthma symptoms.
TABLE 73.	Student are permitted to carry and self-administer asthma medications.
TABLE 74.	Schools with procedures to inform students and/or parents about asthma medication policies.
TABLE 75.	School personnel responsible for implementation of school's asthma policy.

HIV/STD AND TEEN PREGNANCY PREVENTION

TABLE 76A.	Schools with HIV infection policy that addresses the attendance of students with HIV infection.
TABLE 76B.	Schools with HIV infection policy that have procedures to protect HIV-infected students and staff from discrimination.
TABLE 76C.	Schools with HIV infection policy that have procedures to maintain confidentiality of HIV-infected students and staff.
TABLE 76D.	Schools with HIV infection policy that have procedures to address worksite safety.
TABLE 76E.	Schools with HIV infection policy that have addressed confidential counseling for HIV-infected students.
TABLE 76F.	Schools with HIV infection policy that have addressed communication of the policy to students, school staff, and parents.
TABLE 76G.	Schools with HIV infection policy that have addressed adequate training about HIV infection for school staff.
TABLE 76H.	Schools with HIV infection policy that have addressed procedures for implementing the policy.
TABLE 77.	Schools opinion that teen pregnancy is a problem in their county.
TABLE 78.	Schools opinion that teen pregnancy is a problem in their school.
TABLE 79.	Greatest challenges to implementing teen pregnancy prevention and support services within schools.
TABLE 80.	Schools that have completed the NC module "Opting Out is Not an Option: State Requirements for HIV Prevention Education"

INDOOR AIR QUALITY (IAQ) AND MOLD GROWTH PREVENTION

TABLE 81.	Temperature and humidity are kept at appropriate levels by heating and air-conditioning system.
TABLE 82.	School has a program to systematically evaluate the indoor environmental or air quality conditions.
TABLE 83.	Schools with the following conditions in their school environment.

MEDICAL EMERGENCY PREPAREDNESS

TABLE 84.	Schools with Automated External Defibrillators.
TABLE 85.	Schools where faculty, staff, and students have been trained to use the AED(s).
TABLE 86.	Schools with policies to ensure use of AED in an emergency.
TABLE 87.	Policies to ensure the presence of AED(s) at school events.
TABLE 88.	Schools that have notified the local EMS that an AED is present in the school.
TABLE 89.	Schools that have offered CPR in the past 12 months.
TABLE 90.	Number of faculty and staff certified in CPR.
TABLE 91.	Schools with a policy to activate certified CPR staff in an emergency.
TABLE 92.	Schools with evacuation routes that are inclusive of special and Americans with Disabilities Act (ADA) students and staff.

FAMILY AND COMMUNITY INVOLVEMENT

TABLE 93.	Student family involvement in the development/implementation of policy or programs for the following topics.
TABLE 94.	Community involvement in the development/implementation of policy or programs for the following topics.
TABLE 95.	Schools with an established Professional Learning Community.
TABLE 96.	Schools with an established parent organization.
TABLE 97.	Schools provide opportunities for parent engagement events and activities.

2008 SCHOOL HEALTH PROFILES 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

2008 SCHOOL HEALTH PROFILES PRINCIPAL QUESTIONNAIRE

1. Are any of the following grades taught in this school? (Mark yes or no for each grade.)

GRADE	YES	NO
a. 6	<input type="radio"/>	<input type="radio"/>
b. 7	<input type="radio"/>	<input type="radio"/>
c. 8	<input type="radio"/>	<input type="radio"/>
d. 9	<input type="radio"/>	<input type="radio"/>
e. 10	<input type="radio"/>	<input type="radio"/>
f. 11	<input type="radio"/>	<input type="radio"/>
g. 12	<input type="radio"/>	<input type="radio"/>

If you answered NO to all grades in Question 1, you are finished. Please return this questionnaire.

2. Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas? (Mark yes or no for each area.)

AREA	YES	NO
a. Physical activity	<input type="radio"/>	<input type="radio"/>
b. Nutrition	<input type="radio"/>	<input type="radio"/>
c. Tobacco-use prevention	<input type="radio"/>	<input type="radio"/>
d. Asthma	<input type="radio"/>	<input type="radio"/>

3. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) to establish a local school wellness policy. Do you have a copy of your district's wellness policy? (Mark one response.)

- ☐ Yes
- ☐ No
- ☐ Our district does not have a wellness policy

4. Currently, does someone at your school oversee or coordinate school health and safety programs and activities? (Mark one response.)

- ☐ Yes
- ☐ No

5. 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.)

- ☐ Yes
- ☐ No – Skip to Question 7

6. Are each of the following groups represented on any school health council, committee, or team? (Mark yes or no for each group.)

GROUP	YES	NO
a. School administration	<input type="radio"/>	<input type="radio"/>
b. Health education teachers	<input type="radio"/>	<input type="radio"/>
c. Physical education teachers.	<input type="radio"/>	<input type="radio"/>
d. Mental health or social services staff	<input type="radio"/>	<input type="radio"/>
e. Nutrition or food service staff	<input type="radio"/>	<input type="radio"/>
f. Health services staff (e.g., school nurse)	<input type="radio"/>	<input type="radio"/>
g. Maintenance and transportation staff.	<input type="radio"/>	<input type="radio"/>
h. Student body.	<input type="radio"/>	<input type="radio"/>
i. Parents or families of students	<input type="radio"/>	<input type="radio"/>
j. Community	<input type="radio"/>	<input type="radio"/>
k. Local health departments, agencies, or organizations	<input type="radio"/>	<input type="radio"/>
l. Faith-based organizations	<input type="radio"/>	<input type="radio"/>
m. Businesses.	<input type="radio"/>	<input type="radio"/>
n. Local government.	<input type="radio"/>	<input type="radio"/>

7. Are any school staff required to receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on HIV, STD, or pregnancy prevention issues and resources for the following groups? (Mark yes or no for each group.)

GROUP	YES	NO
<input type="radio"/> Ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth) . . .	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Youth who participate in drop-out prevention, alternative education, or GED programs. . . .	<input type="radio"/>	<input type="radio"/>

8. Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances. (Mark one response.)

- ☐ Yes
☐ No

9. Has your school adopted a policy that addresses each of the following issues for students or staff with HIV infection or AIDS? (Mark yes or no for each issue.)

ISSUE	YES	NO
a. Attendance of students with HIV infection	<input type="radio"/>	<input type="radio"/>
b. Procedures to protect HIV-infected students and staff from discrimination	<input type="radio"/>	<input type="radio"/>
c. Maintaining confidentiality of HIV-infected students and staff.	<input type="radio"/>	<input type="radio"/>
d. Worksite safety (i.e., universal precautions for all school staff)	<input type="radio"/>	<input type="radio"/>
e. Confidential counseling for HIV-infected students.	<input type="radio"/>	<input type="radio"/>
f. Communication of the policy to students, school staff, and parents.	<input type="radio"/>	<input type="radio"/>
g. Adequate training about HIV infection for school staff	<input type="radio"/>	<input type="radio"/>
h. Procedures for implementing the policy	<input type="radio"/>	<input type="radio"/>

10. Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education? (Mark one response.)

- ☐ Yes
☐ No
☐ Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)

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.)

11. Is physical education required for students in any of grades 6 through 12 in this school? (Mark one response.)

- ☐ Yes
☐ No – Skip to Question 14

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.)

GRADE		YES	NO	NOT APPLICABLE (e.g., grade not taught in this school.)
a.	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Can students be exempted from taking required physical education 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)	<input type="radio"/>	<input type="radio"/>
b. Participation in school sports	<input type="radio"/>	<input type="radio"/>
c. Participation in other school activities (i.e., ROTC, band, or chorus)	<input type="radio"/>	<input type="radio"/>
d. Participation in community sports activities	<input type="radio"/>	<input type="radio"/>
e. Religious reasons	<input type="radio"/>	<input type="radio"/>
f. Long-term physical or medical disability	<input type="radio"/>	<input type="radio"/>
g. Cognitive disability	<input type="radio"/>	<input type="radio"/>
h. High physical fitness competency test score	<input type="radio"/>	<input type="radio"/>
i. Participation in vocational training	<input type="radio"/>	<input type="radio"/>
j. Participation in community service activities	<input type="radio"/>	<input type="radio"/>

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

14. Are all staff who teach physical education at this school certified, licensed, or endorsed by the state in physical education? (Mark one response.)

- ☐ Yes
☐ No
☐ Not applicable (i.e., state does not offer certification, licensure, or endorsement in physical education)
-

15. During the past two years, did any physical education teachers or specialists at this school receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on physical education? (Mark one response.)

- ☐ Yes
☐ No
-

16. Are those who teach physical education at this school provided with the following materials? (Mark yes or no for each material.)

MATERIAL	YES	NO
a. Goals, objectives, and expected outcomes for physical education	<input type="radio"/>	<input type="radio"/>
b. A chart describing the annual scope and sequence of instruction for physical education	<input type="radio"/>	<input type="radio"/>
c. Plans for how to assess student performance in physical education	<input type="radio"/>	<input type="radio"/>
d. A written physical education curriculum	<input type="radio"/>	<input type="radio"/>

17. Does this school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activities clubs are any physical activities programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.) (Mark one response.)

- ☐ Yes
☐ No
-

TOBACCO-USE PREVENTION POLICIES

18. Has this school adopted a policy prohibiting tobacco use? (Mark one response.)

- ☐ Yes
☐ No – Skip to Question 25
-

19. 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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cigars.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During non-school hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Outside on school grounds, including parking lots and playing fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. On school buses or other vehicles used to transport students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At off-campus, school-sponsored events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Faculty and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Visitors.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes? (Mark one response.)

☐ Yes
☐ No

24. At your school, who is responsible for enforcing your tobacco-use prevention policy? (Mark one response.)

- ☐ No single individual is responsible
- ☐ Principal
- ☐ Assistant principal
- ☐ Other school administrator
- ☐ Other school faculty or staff member

25. Which of the following help determine what actions the school takes when students are caught smoking cigarettes? (Mark all that apply.)

- ☐ Zero tolerance
- ☐ Effect or severity of the violation
- ☐ Grade level of student
- ☐ Repeat offender status
- ☐ None of these

26. When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

ACTION	NEVER	RARELY	SOMETIMES	ALWAYS OR ALMOST ALWAYS
a. Parents or guardians are notified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Referred to a school counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Referred to a school administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Encouraged, but not required, to participate in an assistance, education, or cessation program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Required to participate in an assistance, education, or cessation program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Referred to legal authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Placed in detention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Not allowed to participate in extra- curricular activities or interscholastic sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Given in-school suspension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Suspended from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Expelled from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Reassigned to an alternative school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. 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.)

- ☐ Yes
- ☐ No

28. During the past two years, has your school... (Mark yes or no for each activity.)

ACTIVITY	YES	NO
a. Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts	O	O
b. Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use	O	O

29. Does your school provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

GROUP	YES	NO
a. Faculty and staff	O	O
b. Students	O	O

30. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

GROUP	YES	NO
a. Faculty and staff	O	O
b. Students	O	O

NUTRITION-RELATED POLICIES AND PRACTICES

31. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? (Mark one response.)

- ☐ Foods or beverages are not offered at school celebrations
 - ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Always or almost always
-

32. 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.)

- ☐ Yes
 - ☐ No – Skip to Question 35
-

33. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

FOOD OR BEVERAGE	YES	NO
a. Chocolate candy	O	O
b. Other kinds of candy	O	O
c. Salty snacks that are not low in fat, such as regular potato chips	O	O
d. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	O	O
e. Ice cream or frozen yogurt that is not low in fat	O	O
f. 2% or whole milk (plain or flavored)	O	O
g. Water ices or frozen slushes that do not contain juice	O	O
h. Soda pop or fruit drinks that are not 100% juice	O	O
i. Sports drinks, such as Gatorade	O	O
j. Foods or beverages containing caffeine.	O	O
k. Fruits (not fruit juice)	O	O
l. Non-fried vegetables (not vegetable juice)	O	O

34. Does this school limit the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar? (Mark one response.)

- ☐ Yes
☐ No

35. During this school year, has your school done any of the following? (Mark yes or no for each.)

	YES	NO
a. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	O	O
b. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.	O	O
c. Provided information to students or families on the nutrition and caloric content of foods available	O	O
d. Conducted taste tests to determine food preferences for nutritious items.	O	O
e. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics.	O	O

36. At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students? (Mark one response.)

- ☐ Yes
☐ No

37. Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations? (Mark yes or no for each location.)

LOCATION	YES	NO
a. In the school building	<input type="radio"/>	<input type="radio"/>
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	<input type="radio"/>	<input type="radio"/>
c. On school buses or other vehicles used to transport students.	<input type="radio"/>	<input type="radio"/>
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	<input type="radio"/>	<input type="radio"/>

HEALTH SERVICES

38. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.) (Mark one response.)

- ☐ Yes
☐ No

39. Which of the following sources of school health information does your school use to identify students diagnosed with chronic health conditions such as asthma? (Mark all that apply.)

- ☐ This school does not identify students diagnosed with chronic health conditions such as asthma
☐ Student emergency cards
☐ Medication records
☐ Health room visit information
☐ Emergency care plans
☐ Physical exam records
☐ Notes from parents
☐ Other

40. At your school, how many students with known asthma have an asthma action plan on file? (Students with known asthma are those who are identified by the school to have a current diagnosis of asthma as reported on student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes, and other forms of health care clinician notification.) (Mark one response.)

- ☐ This school has no students with known asthma.
☐ All students with known asthma have an asthma action plan on file.
☐ Most students with known asthma have an asthma action plan on file.
☐ Some students with known asthma have an asthma action plan on file.
☐ No students with known asthma have an asthma action plan on file.

41. At your school, which of the following information is used to identify students with poorly controlled asthma? (Mark all that apply.)

- ☐ This school does not identify students with poorly controlled asthma.
- ☐ Frequent absences from school
- ☐ Frequent visits to the school health office due to asthma
- ☐ Frequent asthma symptoms at school
- ☐ Frequent non-participation in physical education class due to asthma
- ☐ Students sent home early due to asthma
- ☐ Calls from school to 911, or other local emergency numbers, due to asthma

42. Does your school provide the following services for students with poorly controlled asthma? (Mark yes or no for each service.)

SERVICE	YES	NO
a. Providing referrals to primary healthcare clinicians or child health insurance programs	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensuring an appropriate written asthma action plan is obtained	<input type="checkbox"/>	<input type="checkbox"/>
c. Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	<input type="checkbox"/>	<input type="checkbox"/>
d. Offering asthma education for the student with asthma and his/her family.	<input type="checkbox"/>	<input type="checkbox"/>
e. Minimizing asthma triggers in the school environment	<input type="checkbox"/>	<input type="checkbox"/>
f. Addressing social and emotional issues related to asthma	<input type="checkbox"/>	<input type="checkbox"/>
g. Providing additional psychosocial counseling or support services as needed.	<input type="checkbox"/>	<input type="checkbox"/>
h. Ensuring access to safe, enjoyable physical education and activity opportunities	<input type="checkbox"/>	<input type="checkbox"/>
i. Ensuring access to preventive medications before physical activity.	<input type="checkbox"/>	<input type="checkbox"/>

43. Does this school have a designated and secure storage location for medications, including quick-relief asthma medications? (A secure location is one that is locked or inaccessible to everyone except the school nurse or her designee.)

- ☐ Yes
- ☐ No – Skip to Question 45

44. Is this location accessible at all times by the school nurse or her designee?

- ☐ Yes
- ☐ No

45. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms? (Mark one response.)

- ☐ More than once per year
- ☐ Once per year
- ☐ Less than once per year
- ☐ No such requirement

46. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

- ☐ Yes
☐ No – Skip to Question 49

47. Does your school have procedures to inform each of the following groups about your school's policy permitting students to carry and self-administer asthma medications? (Mark yes or no for each group.)

GROUPS	YES	NO
a. Students	<input type="radio"/>	<input type="radio"/>
b. Parents/families	<input type="radio"/>	<input type="radio"/>

48. At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medication? (Mark one response.)

- ☐ No single individual is responsible
☐ Principal
☐ Assistant principal
☐ School nurse
☐ Other school faculty or staff member

FAMILY AND COMMUNITY INVOLVEMENT

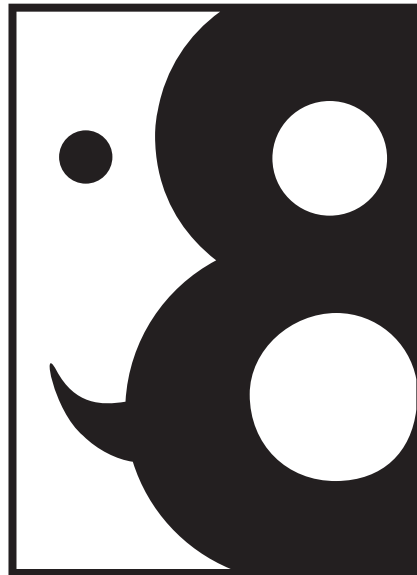
49. During the past two years, have students' families helped develop or implement policies and programs related to the following topics? (Mark yes or no next to each topic.)

TOPIC	YES	NO
a. HIV, STD, or teen pregnancy prevention	<input type="radio"/>	<input type="radio"/>
b. Tobacco-use prevention	<input type="radio"/>	<input type="radio"/>
c. Physical activity	<input type="radio"/>	<input type="radio"/>
d. Nutrition and healthy eating	<input type="radio"/>	<input type="radio"/>
e. Asthma	<input type="radio"/>	<input type="radio"/>

50. During the past two years, have community members helped develop or implement policies and programs related to the following topics? (Mark yes or no next to each topic.)

TOPIC	YES	NO
a. HIV, STD, or teen pregnancy prevention	<input type="radio"/>	<input type="radio"/>
b. Tobacco-use prevention	<input type="radio"/>	<input type="radio"/>
c. Physical activity	<input type="radio"/>	<input type="radio"/>
d. Nutrition and healthy eating	<input type="radio"/>	<input type="radio"/>
e. Asthma	<input type="radio"/>	<input type="radio"/>

Thank you for your responses. Please return this questionnaire.



**NC HEALTHY
SCHOOLS**

School Health Profiles: North Carolina Middle and High Schools

Findings of the 2008 School Health Profiles
Lead Health Teacher Survey

Report Prepared by Melanie W. Greene, Ed.D.
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ACKNOWLEDGEMENTS

The North Carolina Department of Public Instruction (NCDPI) would like to extend a warm thank you to all the principals and lead health education teachers who participated in the 2008 North Carolina School Health Profiles Surveys. The time and dedication it took to complete the survey in such a timely manner is greatly appreciated. Without their responses, effective statewide monitoring of school health curricula, professional development needs, and health policies would not be possible.

The 2008 North Carolina School Health Profiles Surveys were conducted by the Healthy Schools Partnership, a collaboration of NCDPI and the North Carolina Department of Health and Human Services (NCDHHS). Numerous staff members from both agencies contributed to the survey design and the ongoing success of the initiative.

Sarah Langer, Evaluator for the Childhood Obesity Prevention Project, oversaw the survey development and sampling process and coordinated all data collection and verification under contract to NCDPI. Dr. Melanie Greene, Professor in the Department of Curriculum and Instruction at Appalachian State University, was the primary author for interpreting all survey results, creating charts, and developing the final report. Dr. Donna Breitenstein, Director of the North Carolina Comprehensive School Health Training Center, served as liaison and proofreader for the project. Dr. Rebecca Reeve, Senior Advisor and Dr. David Gardner, Section Chief for North Carolina Healthy Schools, assisted with the production of the report.



SUMMARY REPORT 2008 SCHOOL HEALTH PROFILES LEAD HEALTH TEACHERS (6-12)

INTRODUCTION:

During the spring semester of 2008, the North Carolina Department of Public Instruction 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 Profiles Survey – Part I was developed by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH). This instrument was specifically designed to monitor the status of coordinated school health including health education and physical education. Areas addressed include education to prevent HIV infection, tobacco use, STDs, poor nutrition, lack of physical activity, and other important health issues at the middle and senior high school levels. A work group consisting of members of the North Carolina Department of Public Instruction and the North Carolina Department of Health and Human Services developed Part II – a North Carolina supplemental instrument for both principals and teachers. These questionnaires provided a more in-depth examination of several areas addressed on Part I – School Health Profiles Survey.

SAMPLING AND SURVEY PROCEDURES:

All regular secondary public schools having at least one of the grades six through twelve were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level (senior high schools, middle schools, and junior/senior high schools combined) before sampling. Systematic equal probability sampling with a random start was used to select schools for this survey. This procedure resulted in the selection of 420 schools, as two out of 422 sampled schools were ineligible. The lead health education teacher was surveyed in each participating school.

Implementation of the School Health Profiles Surveys occurred between January and May of 2008. To initiate this research project, the Superintendent of North Carolina Public Instruction prepared a letter to inform local superintendents of all school districts with selected schools. This letter was mailed in January of 2008. The initial mailing of survey instruments occurred in February of 2008. Follow-up reminder post cards were sent to non-respondents two weeks later. A second mailing of the survey instruments occurred early in March. Telephone reminders were conducted between April and May of 2008. When 71% of surveys had been received, the data collection ended.

In 2008 71% of sampled lead health teachers returned the surveys for the North Carolina School Health Profiles study. This is similar to previous survey years. In 2002, 58% of lead health education teachers returned the surveys. The 2004 and 2006 lead health teacher return rates were each 70%.

In 2008, a total of 300 of the 420 sampled eligible lead health teacher surveys were returned yielding a 71% response rate. Data were analyzed from 191 middle schools, 126 high schools, and 15 junior/senior combined schools. Because the response rates for these surveys were greater than or equal to 70%, the results are weighted and are representative of all regular public secondary schools in North Carolina having at least one of grades 6 through 12. Results from the lead health 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 combined and 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 Profiles 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 the North Carolina Department of Public Instruction and then combined with the CDC Instrument School Health Profiles data set. Reporting of data occurs in valid percents. When frequency counts were too small, results from the junior/senior combined schools are not reported. Data from the 2004 and the 2006 study are included in this report. Data summaries provide insight into the changes in trends and practices in health education across North Carolina's middle and high schools.

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

Sample Description:

All regular secondary public schools having at least one of grades 6 through 12 were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level (senior high schools, middle schools, and junior/senior high schools combined) before sampling. Systematic equal probability sampling with a random start was used to select schools for the survey. Two out of 422 sampled schools were ineligible. The lead health education teacher was surveyed in each participating school.

Response Rate:

Seventy-one percent (or 300 out of 420 sampled) eligible lead health education teacher returned questionnaires. All questionnaires were usable after data editing.

Weighting:

A weight has been associated with each questionnaire to reflect the likelihood of a lead health education teacher being selected, to reduce bias by compensating for differing patterns of non-response, and to improve precision by making school sample distributions conform to known population distributions. The weight used for estimation is given by:

$$W = W1 * f1 * f2$$

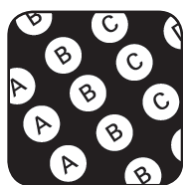
W1 = inverse of the probability of school selection.

f1 = a nonresponse adjustment factor calculated by school size (large, medium, or small) and school level (senior high school, middle school, or junior/senior high school combined).

f2 = a post-stratification adjustment factor calculated by school level (senior high school, middle school, or junior/senior high school combined).

Use of the Results:

The weighted results can be used to describe school health policies and practices of all regular secondary public schools in North Carolina having at least one of grades 6 through 12.



EXECUTIVE SUMMARY

2008 SCHOOL HEALTH EDUCATION PROFILE

LEAD HEALTH EDUCATION TEACHER SURVEY

HEALTH EDUCATION

- A total of 298 lead health teachers responded to this questionnaire. Ninety-six percent of middle and high schools required health education in 2008, which reflects an increase of 16 percentage points since 2006.
- Health education courses are required in grades six through high school. Eighty-three percent of lead health teachers report that one health course is required at the high school level and 50% of middle school lead health teachers report that three health education classes are required at the middle school level. North Carolina requires only one credit of Healthful Living Education (Health and Physical Education) at the high school level.
- Approximately 90% of all lead health teachers report that health education is taught in grades six, seven, and eight. At the high school level, 95% of teachers report that health education is taught at the ninth grade level.
- High school students must repeat a required health education course, if failed, according to 98% of lead health education teachers.
- Fewer than 30% percent of grades six through eight offer health education five days per week during the weeks it is taught at their school. It is taught only two days per week or 11% of schools at the sixth grade level, 14% at the seventh grade level, and 14% at the eighth grade level, which reveals a decline since the 2004 and 2006 studies.
- In 42% of schools 75 hours or $\frac{1}{2}$ unit of health education is required for graduation. Forty-nine percent report that a full credit, more than 150 hours, is required for graduation in 2008, which is a percentage increase from the 40% of schools that reported this requirement in 2006.
- A majority of middle school lead health teachers (51%) and high school lead health teachers (70%) report that their textbooks are less than five years old. Teachers at both levels rely heavily on the Healthful Living Standard Course of Study in lesson preparation and one-third of them report the use of commercially generated health education curricula.
- Lead health teachers at the middle school level report high attention levels given to increasing student knowledge in the areas of physical activity and fitness (99%), nutrition and dietary behavior (97%), tobacco use prevention (96%), and alcohol or drug use prevention (95%). At the high school level, attention is given to nutrition and dietary behavior (99%), physical activity and fitness (99%), and tobacco-use prevention (99%).
- Lead health education teachers at the middle and the high school levels report that tobacco-use prevention topics received significant attention. Approximately 95% of them report they focus on the short-term and long-term consequences of tobacco use, the harmful substances contained in tobacco products, the addictive nature of nicotine, and why students should not use these products.
- Topics related to HIV, STD, and pregnancy prevention are included in the middle school curriculum. Ninety percent report that students are taught how STDs are transmitted and 89% report the benefits of being sexually abstinent are included in their curriculum.
- Topics related to HIV, STD, and pregnancy prevention are included in the high school curriculum. Ninety-six percent report students are taught the relationship between HIV, other STDs, and pregnancy. Ninety-six percent report the benefits of being sexually abstinent are included in their curriculum.

- Approximately ninety-six percent of lead health teachers provide instruction on the benefits of healthy eating, balancing food intake and physical activity, eating more fruits, vegetables, and grain products, and the risks of unhealthy weight control practices. Similar results were found in the 2004 and the 2006 studies. There was a slight decline from former studies related to the emphasis on acceptance of body size differences and eating disorders from 2004 to 2008.
- Ninety-seven percent of teachers include physical, psychological or social benefits of physical activity and health-related fitness in their health curriculum. Decreasing sedentary activities (93%), preventing injury (94%), phases of a workout (95%), and the dangers of using performance-enhancing drugs (94%) are also important topics in a required health education course for students.
- Sixty-four percent of lead health teachers devote equal time for teaching physical education and health education. More teachers report devoting more time to physical education, an increase of 30 percentage points above 2006 levels. This increase reveals that more teachers are devoting equal time to both courses, up from 2004 (56%) and 2006 (58%).
- School funding and the location or availability of health specific training are the two most frequently reported barriers to health education staff development. Twenty-four percent of lead health teachers report no barriers to staff development.

HIV/STDS AND TEEN PREGNANCY PREVENTION

- Nearly all lead health education teachers at the high school level (97%) and middle school level (90%) agree that teen pregnancy is a problem in their schools.
- Lead health teachers at the high school level (36%) and the middle school level (5%) strongly agree that teen pregnancy is a problem.
- The greatest reported challenges to implementing teen pregnancy prevention and support services within the school are funding (44%), school board policies (35%), state policies (31%), and perceived community opposition (31%) at the high school level. Limited instruction time (35%), school and school board policies (32%), school funding are the greatest challenges at the middle school level.
- The primary person reported to teach HIV/STD and teen pregnancy at the middle school is either the licensed physical education teacher (39%) or the licensed health education teacher (38%). In a small percentage of middle schools (8%) the school nurse teaches this content. At the high school level, the health education teacher (52%) and the physical education teacher (30%) are responsible for teaching the content.
- In 2006, forty-six percent of lead health teachers reported devoting several class periods in a semester to teaching abstinence until marriage as a stand-alone sexuality education unit. Similar results were found in this 2008 study – 45% of high schools and 47% of middle schools. Twenty-five percent of middle and secondary lead health teachers reported devoting one week per semester to the topic. Similar results were also found in the 2004 study.
- Fifty-three percent of middle schools require active parental consent for sexual health education and 40% of high school teachers report using active consent. Similar results were noted in the 2006 study. In 2004, schools were somewhat more likely to have active consent and less likely to have passive consent.
- Only 1% of students opt out of sexual education classes. Fifty-eight percent of secondary schools in 2008 had no students withdraw from health education classes during a semester, compared to 51% in 2006 and 40% in 2004. However, at the middle school level, 33% report that a few students opt out of sexual health education each semester.

- Lead health teachers at the middle school level report that abstinence until marriage (93%), transmission and prevention of sexually transmitted diseases (90%), transmission and prevention of HIV/AIDS (89%), how to deal with the pressure to have sex (89%), and how to deal with issues/consequences of being sexually active (70%) were the most likely topics to be taught. At the high school level, transmission and prevention of HIV/AIDS (98%), transmission and prevention of sexually transmitted diseases (96%) and the risks of oral sex (70%) were cited.
- Middle school lead health teachers were more likely to report providing HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk than were high school teachers. Twenty-two percent of middle schools provide curricular materials in the primary languages and facilitate access to health, psychological, and social services.

TOBACCO POLICIES AND PROGRAMS

- Twenty-seven percent of high schools report providing referrals for tobacco cessation programs for faculty and staff and 50% provide referrals for students. At the middle school level, one-third provides these referrals for both faculty and students. Teacher referrals increased in 2006 while student referrals decreased.
- Thirty-two percent of high schools and 17% of middle schools have student groups that work to support tobacco use prevention and cessation.

PHYSICAL EDUCATION

- Approximately 45% of middle schools report requiring sixth, seventh, and eighth graders to take one semester of physical education, which is more than reported this requirement in 2006, yet fewer than reported in 2004. In 2006 and in 2008, approximately half of NC schools required these students to take physical education two semesters each year, which was an increase from 2004.
- During the semesters/weeks physical education is required, more than half take the class five days per week, 55% of sixth graders, 52% of seventh graders, and 52% of eighth graders. Approximately one-third of students in these three grades take the class only three days per week. Only 2% of students are reported to take the class one day per week. Similar results were found in 2004 and in 2006.
- Two thirds (67%) of NC high schools require one credit of physical education for graduation and 29% require one-half credit for graduation. In 2004, 44% of schools required one credit of physical education for graduation, and 47% required one-half credit.
- The Move More – NC’s Recommended Standards for Physical Activity in Schools have been adopted by 35% of middle schools and 16% of high schools.
- Most physical education teachers at the middle school level are provided with the goals and objectives for teaching physical education (92%), a written curriculum (81%), and assessment plans for student performance (62%). Fewer high school teachers report provisions for the goals and objectives for teaching physical education (89%), a written curriculum (81%), and assessment plans for student performance (61%).

MOLD GROWTH PREVENTION

- Eighty percent of schools surveyed are reported to be clean, with approximately 40% reporting signs of water damage.
- The indoor environment of the reporting schools contains a comfortable temperature (74%), humidity (70%), air quality (65%), and level of cleanliness (50%).

MEDICAL EMERGENCY PREPAREDNESS

- In 2008, high school teachers increased student knowledge of heart health by including topics such as heart disease and stroke prevention (89%), high blood pressure prevention (82%), high cholesterol prevention (80%), and the signs and symptoms of a heart attack (83%). Fewer teachers report increasing student knowledge and use of an automated external defibrillator (46%), how to treat a stroke as a medical emergency (66%), and the signs and symptoms of a stroke (83%). Similar results were reported at the middle school level.

PROFESSIONAL COLLABORATION

- Middle school health education staff work with both physical education staff (90%) and school health services staff (75%). Only 38% work with food service staff. At the high school level, 88% work with physical education staff, 69% work with school health services staff, and 60% work with mental health or social services staff. Only 23% of high school lead health teachers reported working with food service staff.
- Middle schools were somewhat more likely to report providing health information to parents and families in the areas of physical activity (43%) and nutrition (40%) than HIV (36%) prevention or asthma (20%). High school teachers were more likely to report providing information to parents in the areas of HIV prevention, STD prevention, or teen pregnancy prevention (37%) and physical activity (35%).

PROFESSIONAL DEVELOPMENT

- Professional development was most likely to be received by health teachers in the past two years in the areas of physical fitness (59%), violence prevention (56%), and HIV prevention (49%). Teachers were reported to be less likely to have professional development in the areas of emotional and mental health (24%), suicide prevention (21%), and food-borne illness prevention (20%).
- Middle school teachers were reported to have received a variety of workshops, conferences, continuing education or in-service programs in physical activity (59%), bullying (57%), HIV prevention (49%), human sexuality (42%), and alcohol or other drug use prevention (38%). At the high school level, teachers were reported to have received staff development in HIV prevention (47%), injury prevention and safety (45%), human sexuality (42%), and drug use prevention (38%). An increase in staff development in all categories occurred between 2004 and 2006, particularly in the topics of violence prevention, nutrition, and human sexuality. This trend continued in the 2008 study.
- Middle and high school lead health teachers indicated they would like to receive professional development in various nutrition topics including dietary guidelines, health claims and food labels, eating disorders, media and peer pressures, healthful eating plans, food nutrients, weight management, integrated topics, and sports nutrition.
- Middle school lead health teachers reported a strong interest in staff development for suicide prevention (84%), violence prevention (81%), nutrition and dietary (78%), physical activity and fitness (78%), alcohol and drug use prevention (76%), emotional and mental health (73%), and asthma awareness (72%). High school level lead health teachers reported interest in staff development for physical activity (80%), suicide prevention (80%), nutrition and dietary (76%), HIV (75%), and human sexuality (73%).
- Between 2004 and 2006, there was an increase in reported teacher interest for receiving staff development in the areas of growth and development (from 41% to 53%), injury prevention (from 48% to 66%), and sun safety (for 49% to 57%). However, since the 2006 survey, there has been a reported increase in desire for teachers to have staff development related to emotional and mental health, pregnancy prevention, suicide, and violence prevention.

- Provision of staff development in the areas of interactive teaching methods (59%), classroom management techniques (54%), teaching students of various cultural backgrounds (41%), and teaching students with disabilities (35%) was reported for middle school lead health education teachers. High school teachers reported to have had staff development in the areas of classroom management (61%), teaching students with various cultural backgrounds (46%), and using interactive teaching strategies (45%).
- Approximately 35% of all middle and high school respondents report that a health education teacher in their school participates in a professional learning community.

PROFESSIONAL PREPARATION

- In this survey, 9% of middle school and 6% of high school teachers were reported to have professional preparation in health education. Forty-five percent of middle grades teachers were reported to have professional preparation in both health and physical education or in physical education alone (23%). At the high school level, fifty-nine percent of lead health teachers' professional preparation is reported to be in both health and physical education or in physical education alone (34%). In 2004, more high school health teachers had preparation in physical education alone (26%), compared to 19% in 2006.
- Seventy-nine percent of all lead health teachers reported having a license, certificate, or endorsement from the state department of education to teach health education in middle/junior high school or senior high school. In 2004, 71% held a license, certification, or endorsement. In 2006, that percentage rose to 79% where it has remained.
- Forty-six percent of the lead health teachers at the middle school level reported fifteen years or more of teaching experience, 13% have ten to fourteen years, 17% have six to nine years, and 19% have two to five years. At the high school level, 46% reported fifteen or more years of experience, 17% have ten to fourteen years of experience, 12% have six to nine years, and 18% have two to five years of experience. In 2004, a higher percentage of high school teachers reported ten to fourteen years of experience (22% versus 14%) and a lower percentage reported fifteen or more years than in 2006 (43% versus 50%). In 2006, fewer teachers reported fifteen or more years of experience.



HEALTH EDUCATION

Health education taught as a required curriculum provides students knowledge, attitudes, skills, and behaviors. The curriculum gives them the confidence needed to adopt and maintain healthy lifestyles and make positive health choices. Health education can include, but is not limited to the prevention of injury and violence, alcohol and other drug use, tobacco use, HIV/STD and teen pregnancy, and the promotion of proper nutrition and physical activity.

QUESTION 1. Is health education required for students in any of grades 6 through 12 in this school?

TABLE 1. Health education requirement.

	YEAR	PERCENT
YES	2008	96
	2006	80
	2004	86

A total of 298 lead health teachers responded to this questionnaire. Ninety-six percent of middle and high schools required health education in 2008 which reflects a 16 percentage point increase since 2006.

QUESTION 2. How many required health education courses do students take in grades 6 through 12 in this school?

TABLE 2A. 0 required health education courses.

	YEAR	PERCENT
High School	2008	3
Middle School	2008	6
Junior/Senior Combined	2008	0
Overall	2008	5

TABLE 2B. 1 required health education course.

	YEAR	PERCENT
High School	2008	83
Middle School	2008	23
Junior/Senior Combined	2008	10
Overall	2008	45

TABLE 2C. 2 required health education courses.

	YEAR	PERCENT
High School	2008	2
Middle School	2008	9
Junior/Senior Combined	2008	27
Overall	2008	7

TABLE 2D. 3 required health education courses.

	YEAR	PERCENT
High School	2008	2
Middle School	2008	50
Junior/Senior Combined	2008	10
Overall	2008	30

TABLE 2E. 4 required health education courses.

	YEAR	PERCENT
High School	2008	10
Middle School	2008	11
Junior/Senior Combined	2008	52
Overall	2008	13

Health education courses are required in grades six, seven, and eight and one unit in high school. Eighty-three percent of lead health teachers report that one health course is required at the secondary level and 50% of middle school lead health teachers report that three health education classes are required. North Carolina requires one credit of Healthful Living Education (health and physical education) at the high school level.

QUESTION 3. Is a required health education course taught in each of the following grades in this school?

TABLE 3A. Required health education course taught at 6th grade level.

	YEAR	PERCENT
High School	2008	NA
Middle School	2008	88
Junior/Senior Combined	2008	NA
Overall	2008	88

TABLE 3B. Required health education course taught at 7th grade level.

	YEAR	PERCENT
High School	2008	NA
Middle School	2008	93
Junior/Senior Combined	2008	77
Overall	2008	91

TABLE 3C. Required health education course taught at 8th grade level.

	YEAR	PERCENT
High School	2008	NA
Middle School	2008	91
Junior/Senior Combined	2008	88
Overall	2008	91

TABLE 3D. Required health education course taught at 9th grade level.

	YEAR	PERCENT
High School	2008	95
Middle School	2008	33
Junior/Senior Combined	2008	NA
Overall	2008	88

TABLE 3E. Required health education course taught at 10th grade level.

	YEAR	PERCENT
High School	2008	8
Middle School	2008	NA
Junior/Senior Combined	2008	NA
Overall	2008	8

TABLE 3F. Required health education course taught at 11th grade level.

	YEAR	PERCENT
High School	2008	2
Middle School	2008	NA
Junior/Senior Combined	2008	NA
Overall	2008	2

TABLE 3G. Required health education course taught at 12th grade level.

	YEAR	PERCENT
High School	2008	2
Middle School	2008	NA
Junior/Senior Combined	2008	NA
Overall	2008	2

Approximately 90% of all lead health teachers report that health education is taught in grades six (88%), seven (93%), and eight (91%). At the high school level, 95% of lead health teachers report that health education is taught at the ninth grade level.

QUESTION 4. If students fail a required health education course, are they required to repeat it?

TABLE 4. Requirement to repeat failed health education course.

	YEAR	PERCENT
High School	2008	98
Middle School	2008	11
Junior/Senior Combined	2008	61
Overall	2008	47

High school students are required to repeat a failed required health education course according to 98% of lead health teachers. One unit of Healthful Living Education (health and physical education) is required for high school graduation.

QUESTION 5. How many semesters or weeks per year are students required to take health education?

TABLE 5A. Health education required in grade 6.

	YEAR	PERCENT
Health Education Not Taught	2008	4
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	16
	2006	20
	2004	30
Health Education Taught Nine Weeks Per Year	2008	14
	2006	26
	2004	29
Health Education Taught One Semester Per Year	2008	14
	2006	27
	2004	24
Health Education Taught Two Semesters Per Year	2008	15
	2006	22
	2004	12

TABLE 5B. Health education required in grade 7.

	YEAR	PERCENT
Health Education Not Taught	2008	3
	2006	4
	2004	3
Health Education Taught Less Than Nine Weeks Per Year	2008	15
	2006	22
	2004	31
Health Education Taught Nine Weeks Per Year	2008	16
	2006	23
	2004	28
Health Education Taught One Semester Per Year	2008	15
	2006	28
	2004	27
Health Education Taught Two Semesters Per Year	2008	16
	2006	23
	2004	11

TABLE 5C. Health education required in grade 8.

	YEAR	PERCENT
Health Education Not Taught	2008	4
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	15
	2006	21
	2004	31
Health Education Taught Nine Weeks Per Year	2008	15
	2006	22
	2004	25
Health Education Taught One Semester Per Year	2008	15
	2006	28
	2004	28
Health Education Taught Two Semesters Per Year	2008	32
	2006	24
	2004	12

TABLE 5D. Health education required in grade 9.

	YEAR	PERCENT
Health Education Not Taught	2008	<1
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	6
	2006	21
	2004	31
Health Education Taught Nine Weeks Per Year	2008	20
	2006	22
	2004	25
Health Education Taught One Semester Per Year	2008	21
	2006	28
	2004	28
Health Education Taught Two Semesters Per Year	2008	2
	2006	24
	2004	12

TABLE 5E. Health education required in grade 10.

	YEAR	PERCENT
Health Education Not Taught	2008	10
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	14
	2006	21
	2004	31
Health Education Taught Nine Weeks Per Year	2008	>1
	2006	22
	2004	25
Health Education Taught One Semester Per Year	2008	4
	2006	28
	2004	28
Health Education Taught Two Semesters Per Year	2008	1
	2006	24
	2004	12

TABLE 5F. Health education required in grade 11.

	YEAR	PERCENT
Health Education Not Taught	2008	7
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	11
	2006	21
	2004	31
Health Education Taught Nine Weeks Per Year	2008	NA
	2006	22
	2004	25
Health Education Taught One Semester Per Year	2008	1
	2006	28
	2004	28
Health Education Taught Two Semesters Per Year	2008	1
	2006	24
	2004	12

TABLE 5G. Health education required in grade 12.

	YEAR	PERCENT
Health Education Not Taught	2008	74
	2006	4
	2004	4
Health Education Taught Less Than Nine Weeks Per Year	2008	14
	2006	21
	2004	31
Health Education Taught Nine Weeks Per Year	2008	NA
	2006	22
	2004	25
Health Education Taught One Semester Per Year	2008	1
	2006	28
	2004	28
Health Education Taught Two Semesters Per Year	2008	1
	2006	24
	2004	12

Twenty-four percent of sixth grade, 23% of seventh, and 21% of eighth grade students are reported to receive health education one semester per year. Approximately four percent of middle schools do not teach health education, the same percentage noted in previous surveys.

QUESTION 6. During those semesters or weeks, how many days per week are students required to take health education?

TABLE 6A. Days per week health education required in grade 6.

	YEAR	PERCENT
Health Education Not Taught	2008	4
	2006	4
	2004	4
0 Days Per Week	2008	1
	2006	NA
	2004	4
0 Hours Per Week	2008	NA
	2006	3
	2004	NA
One Day Per Week	2008	11
	2006	11
	2004	12
Two Days Per Week	2008	11
	2006	25
	2004	18
Three Days Per Week	2008	10
	2006	11
	2004	11
Four Days Per Week	2008	1
	2006	2
	2004	3
Five Days Per Week	2008	26
	2006	43
	2004	49

TABLE 6B. Days per week health education required in grade 7.

	YEAR	PERCENT
Health Education Not Taught	2008	2
	2006	3
	2004	3
0 Days Per Week	2008	NA
	2006	NA
	2004	4
0 Hours Per Week	2008	1
	2006	4
	2004	NA
One Day Per Week	2008	12
	2006	13
	2004	12
Two Days Per Week	2008	13
	2006	26
	2004	20
Three Days Per Week	2008	9
	2006	10
	2004	11
Four Days Per Week	2008	1
	2006	2
	2004	2
Five Days Per Week	2008	28
	2006	43
	2004	48

TABLE 6C. Days per week health education required in grade 8.

	YEAR	PERCENT
Health Education Not Taught	2008	3
	2006	3
	2004	3
0 Days Per Week	2008	NA
	2006	NA
	2004	4
0 Hours Per Week	2008	1
	2006	4
	2004	NA
One Day Per Week	2008	11
	2006	12
	2004	11
Two Days Per Week	2008	14
	2006	25
	2004	20
Three Days Per Week	2008	10
	2006	10
	2004	12
Four Days Per Week	2008	1
	2006	2
	2004	2
Five Days Per Week	2008	27
	2006	44
	2004	46

TABLE 6D. Days per week health education required in grade 9.

	YEAR	PERCENT
Health Education Not Taught	2008	0
	2006	3
	2004	3
0 Days Per Week	2008	1
	2006	NA
	2004	4
0 Hours Per Week	2008	NA
	2006	4
	2004	NA
One Day Per Week	2008	2
	2006	12
	2004	11
Two Days Per Week	2008	9
	2006	25
	2004	20
Three Days Per Week	2008	6
	2006	10
	2004	13
Four Days Per Week	2008	1
	2006	2
	2004	2
Five Days Per Week	2008	30
	2006	44
	2004	46

TABLE 6E. Days per week health education required in grade 10.

	YEAR	PERCENT
Health Education Not Taught	2008	0
	2006	3
	2004	3
0 Days Per Week	2008	16
	2006	NA
	2004	4
0 Hours Per Week	2008	NA
	2006	4
	2004	NA
One Day Per Week	2008	NA
	2006	12
	2004	11
Two Days Per Week	2008	1
	2006	25
	2004	20
Three Days Per Week	2008	NA
	2006	10
	2004	13
Four Days Per Week	2008	NA
	2006	2
	2004	2
Five Days Per Week	2008	7
	2006	44
	2004	46

TABLE 6F. Days per week health education required in grade 11.

	YEAR	PERCENT
Health Education Not Taught	2008	9
	2006	3
	2004	3
0 Days Per Week	2008	17
	2006	NA
	2004	4
0 Hours Per Week	2008	NA
	2006	4
	2004	NA
One Day Per Week	2008	NA
	2006	12
	2004	11
Two Days Per Week	2008	1
	2006	25
	2004	20
Three Days Per Week	2008	NA
	2006	10
	2004	13
Four Days Per Week	2008	NA
	2006	2
	2004	2
Five Days Per Week	2008	3
	2006	44
	2004	46

TABLE 6G. Days per week health education required in grade 12.

	YEAR	PERCENT
Health Education Not Taught	2008	3
	2006	3
	2004	3
0 Days Per Week	2008	17
	2006	NA
	2004	4
0 Hours Per Week	2008	NA
	2006	4
	2004	NA
One Day Per Week	2008	NA
	2006	12
	2004	11
Two Days Per Week	2008	1
	2006	25
	2004	20
Three Days Per Week	2008	NA
	2006	10
	2004	13
Four Days Per Week	2008	NA
	2006	2
	2004	2
Five Days Per Week	2008	3
	2006	44
	2004	46

Lead health teachers report that fewer than 30% percent of grades six through eight offer health education five days per week during the weeks it is taught at their school. Health Education is reportedly taught only two days per week in 11% of schools at the sixth grade level, 14% at the seventh grade level, and 14% at the eighth grade level, which reveals a decline since the 2004 and the 2006 study. At the ninth grade level, 30% of schools are reported to require health education five days per week.

QUESTION 7. At this high school, how many credits of health education are required for graduation?

TABLE 7. Health education credits required for graduation.

	YEAR	PERCENT
0 Credits	2008	2
	2006	2
	2004	2
¼ Credit (37 hours)	2008	7
	2006	5
	2004	9
½ Credit (75 hours)	2008	42
	2006	53
	2004	61
¾ Credit (112 hours)	2008	NA
	2006	0
	2004	NA
1 Credit (150 hours)	2008	49
	2006	40
	2004	27
More than 1 Credit (150 hours)	2008	NA
	2006	0
	2004	NA

Forty-two percent of high schools report that 75 hours or ½ unit of health education is required for graduation. Forty-nine percent report a full credit (more than 150 hours) is required for graduation in 2008, which is an increase of nine percentage points from 2006.

QUESTION 8. Are those who teach health education at this school provided with the following materials?

TABLE 8A. Goals, objectives, and expected outcomes for health education.

	YEAR	PERCENT
High School	2008	93
Middle School	2008	98
Junior/Senior Combined	2008	NA
Overall	2008	96

TABLE 8B. A chart describing the annual scope and sequence of instruction for health education.

	YEAR	PERCENT
High School	2008	58
Middle School	2008	61
Junior/Senior Combined	2008	NA
Overall	2008	60

TABLE 8C. Plans for how to assess student performance in health education.

	YEAR	PERCENT
High School	2008	67
Middle School	2008	57
Junior/Senior Combined	2008	NA
Overall	2008	61

TABLE 8D. A written health education curriculum.

	YEAR	PERCENT
High School	2008	89
Middle School	2008	87
Junior/Senior Combined	2008	NA
Overall	2008	87

Most lead health teachers report those who teach health education are provided a written health education curriculum and with the goals, objectives, and expected outcomes for their curriculum.

Question 9. Are those who teach health education provided with the following?

TABLE 9A. Textbook less than five years old.

	YEAR	PERCENT
High School	2008	70
Middle School	2008	51

TABLE 9B. Annual professional development.

	YEAR	PERCENT
High School	2008	30
Middle School	2008	42
Junior/Senior Combined	2008	44

TABLE 9C. Use of the Healthful Living Standard Course of Study in lesson preparation.

	YEAR	PERCENT
High School	2008	88
Middle School	2008	91
Junior/Senior Combined	2008	91

TABLE 9D. Use of commercially generated health education curricula.

	YEAR	PERCENT
High School	2008	38
Middle School	2008	39
Junior/Senior Combined	2008	38

TABLE 9E. Use of school or district wide generated health education curricula.

	YEAR	PERCENT
High School	2008	52
Middle School	2008	45
Junior/Senior Combined	2008	44

TABLE 9F. Participation in ongoing grade level and vertical articulation meetings on scope and sequence of health education curriculum, instruction, and assessment.

	YEAR	PERCENT
High School	2008	27
Middle School	2008	22
Junior/Senior Combined	2008	19

TABLE 9G. Analysis of assessment results on relevant health education program or student health behavior data.

	YEAR	PERCENT
High School	2008	8
Middle School	2008	16
Junior/Senior Combined	2008	100

Most middle school lead health teachers (51%) and high school lead health teachers (70%) report their textbooks are less than five years old. Teachers at both levels rely heavily on the Healthful Living Standard Course of Study in lesson preparation and one-third of them report the use of commercially generated health education curricula.

QUESTION 10. Does your health education curriculum address each of the following?

TABLE 10A. Comprehending concepts related to health promotion and disease prevention to enhance health.

	YEAR	PERCENT
High School	2008	100
Middle School	2008	98
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 10B. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	95
Junior/Senior Combined	2008	NA
Overall	2008	96

TABLE 10C. Assessing valid information in products and services to enhance health.

	YEAR	PERCENT
High School	2008	94
Middle School	2008	91
Junior/Senior Combined	2008	NA
Overall	2008	92

TABLE 10D. Using interpersonal communication skills to enhance health and avoid or reduce health risks.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	97
Junior/Senior Combined	2008	NA
Overall	2008	97

TABLE 10E. Using decision-making skills to enhance health.

	YEAR	PERCENT
High School	2008	100
Middle School	2008	98
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 10F. Using goal-setting skills to enhance health.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	99
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 10G. Practicing health-enhancing behaviors to avoid or reduce risks.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	99
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 10H. Advocating for personal, family, and community health.

	YEAR	PERCENT
High School	2008	100
Middle School	2008	93
Junior/Senior Combined	2008	NA
Overall	2008	95

The health education curriculum is reported to include the following components at the middle school level: Health promotion and disease (98%); Using decision-making skills to enhance health (98%); Using goal-setting to enhance health (99%); and Practicing health-enhancing behaviors to avoid or reduce risks. Similar results were found at the high school level.

QUESTION 11. Are those who teach health education provided with the following support documents?

TABLE 11A. National Health Education Standards.

	YEAR	PERCENT
High School	2008	29
Middle School	2008	32
Junior/Senior Combined	2008	28

TABLE 11B. Health Education Assessment Project.

	YEAR	PERCENT
High School	2008	7
Middle School	2008	8
Junior/Senior Combined	2008	100

TABLE 11C. Successfully Teaching Middle School or High School Manuals.

	YEAR	PERCENT
High School	2008	44
Middle School	2008	50
Junior/Senior Combined	2008	38

TABLE 11D. Other support documents.

	YEAR	PERCENT
High School	2008	31
Middle School	2008	39
Junior/Senior Combined	2008	25

Approximately one-half of all lead health teachers report they are supplied with materials such as the Middle School or High School Manuals. One-third of these teachers report access to the National Health Education Standards.

QUESTION 12. During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12?

TABLE 12A. Alcohol or other drug use prevention.

	YEAR	PERCENT
High School	2008	97
Middle School	2008	95
Junior/Senior Combined	2008	NA
Overall	2008	96

TABLE 12B. Asthma awareness.

	YEAR	PERCENT
High School	2008	54
Middle School	2008	69
Junior/Senior Combined	2008	NA
Overall	2008	63

TABLE 12C. Emotional and mental health.

	YEAR	PERCENT
High School	2008	97
Middle School	2008	92
Junior/Senior Combined	2008	NA
Overall	2008	95

TABLE 12D. Foodborne illness prevention.

	YEAR	PERCENT
High School	2008	76
Middle School	2008	71
Junior/Senior Combined	2008	NA
Overall	2008	72

TABLE 12E. HIV prevention.

	YEAR	PERCENT
High School	2008	92
Middle School	2008	88
Junior/Senior Combined	2008	NA
Overall	2008	90

TABLE 12F. Human sexuality.

	YEAR	PERCENT
High School	2008	81
Middle School	2008	78
Junior/Senior Combined	2008	NA
Overall	2008	79

TABLE 12G. Injury prevention and safety.

	YEAR	PERCENT
High School	2008	93
Middle School	2008	90
Junior/Senior Combined	2008	NA
Overall	2008	91

TABLE 12H. Nutrition and dietary behavior.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	97
Junior/Senior Combined	2008	NA
Overall	2008	98

TABLE 12I. Physical activity and fitness.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	99
Junior/Senior Combined	2008	NA
Overall	2008	99

TABLE 12J. Pregnancy prevention.

	YEAR	PERCENT
High School	2008	87
Middle School	2008	84
Junior/Senior Combined	2008	NA
Overall	2008	85

TABLE 12K. STD prevention.

	YEAR	PERCENT
High School	2008	93
Middle School	2008	87
Junior/Senior Combined	2008	NA
Overall	2008	90

TABLE 12L. Suicide prevention.

	YEAR	PERCENT
High School	2008	80
Middle School	2008	67
Junior/Senior Combined	2008	NA
Overall	2008	73

TABLE 12M. Tobacco-use prevention.

	YEAR	PERCENT
High School	2008	99
Middle School	2008	96
Junior/Senior Combined	2008	NA
Overall	2008	97

TABLE 12N. Violence prevention, such as bullying, fighting, or homicide.

	YEAR	PERCENT
High School	2008	91
Middle School	2008	93
Junior/Senior Combined	2008	NA
Overall	2008	92

Lead health teachers at the middle school level most frequently report increasing student knowledge in the areas of physical activity and fitness (99%), nutrition and dietary behavior (97%), tobacco use prevention (96%), and alcohol or drug use prevention (95%). At the high school level, they most frequently report nutrition and dietary behavior (99%), physical activity and fitness (99%), and tobacco-use prevention (99%).

QUESTION 13. 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 of 6 through 12?

TABLE 13A. Identifying tobacco products and the harmful substances they contain.

	YEAR	PERCENT
High School	2008	98
Middle School	2008	96
Junior/Senior Combined	2008	NA
Overall	2008	97

TABLE 13B. Identifying short and long term health consequences of tobacco use.

	YEAR	PERCENT
High School	2008	98
Middle School	2008	96
Junior/Senior Combined	2008	NA
Overall	2008	97

TABLE 13C. Identifying legal, social, economic, and cosmetic consequences of tobacco use.

	YEAR	PERCENT
High School	2008	92
Middle School	2008	90
Junior/Senior Combined	2008	NA
Overall	2008	91

TABLE 13D. Understanding the addictive nature of nicotine.

	YEAR	PERCENT
High School	2008	98
Middle School	2008	93
Junior/Senior Combined	2008	NA
Overall	2008	95

TABLE 13E. Effects of tobacco use on athletic performance.

	YEAR	PERCENT
High School	2008	89
Middle School	2008	88
Junior/Senior Combined	2008	NA
Overall	2008	89

TABLE 13F. Effects of second-hand smoke and benefits of a smoke-free environment.

	YEAR	PERCENT
High School	2008	96
Middle School	2008	94
Junior/Senior Combined	2008	NA
Overall	2008	95

TABLE 13G. Understanding the social influences on tobacco use including media, family, peers, and culture.

	YEAR	PERCENT
High School	2008	94
Middle School	2008	92
Junior/Senior Combined	2008	NA
Overall	2008	92

TABLE 13H. Identifying reasons why students do and do not use tobacco.

	YEAR	PERCENT
High School	2008	96
Middle School	2008	94
Junior/Senior Combined	2008	NA
Overall	2008	95

TABLE 13I. Making accurate assessments of how many peers use tobacco.

	YEAR	PERCENT
High School	2008	76
Middle School	2008	74
Junior/Senior Combined	2008	NA
Overall	2008	76

TABLE 13J. Using interpersonal communication skills to avoid tobacco use.

	YEAR	PERCENT
High School	2008	98
Middle School	2008	91
Junior/Senior Combined	2008	NA
Overall	2008	94

TABLE 13K. Using goal-setting and decision-making skills related to not using tobacco.

	YEAR	PERCENT
High School	2008	92
Middle School	2008	91
Junior/Senior Combined	2008	NA
Overall	2008	91

TABLE 13L. Finding valid information in services related to tobacco-use prevention and cessation.

	YEAR	PERCENT
High School	2008	88
Middle School	2008	76
Junior/Senior Combined	2008	NA
Overall	2008	82

TABLE 13M. Supporting others who abstain from or want to quit using tobacco.

	YEAR	PERCENT
High School	2008	84
Middle School	2008	80
Junior/Senior Combined	2008	NA
Overall	2008	83

TABLE 13N. Supporting school and community action to support a tobacco-free environment.

	YEAR	PERCENT
High School	2008	91
Middle School	2008	84
Junior/Senior Combined	2008	NA
Overall	2008	87

TABLE 13O. Identifying harmful effects of tobacco use on fetal development.

	YEAR	PERCENT
High School	2008	91
Middle School	2008	81
Junior/Senior Combined	2008	NA
Overall	2008	86

Lead health teachers at the middle and the high school levels report tobacco-use prevention topics were addressed. Approximately 95% report they focus on the short-term and long-term consequences of tobacco use, the harmful substances contained in tobacco products, the addictive nature of nicotine, and why students should not use these products. They were less likely (82%) to address prevention and cessation services or the harmful effects of tobacco use on fetal development (86%).

QUESTION 14. During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course in any of grades 6, 7, or 8?

TABLE 14. HIV, STD, or pregnancy prevention topics.

	YEAR	PERCENT
The Differences Between HIV and AIDS	2008	87
How HIV and Other STDs are Transmitted	2008	90
How HIV and Other STDs are Diagnosed and Treated	2008	82
Health Consequences of HIV, Other STDs, and Pregnancy	2008	88
The Benefits of Being Sexually Abstinent	2008	89
How to Prevent HIV, Other STDs, and Pregnancy	2008	88
How to Access Valid and Reliable Health Information, Products, and Services Related to HIV, Other STDs, and Pregnancy	2008	80
The Influences of Media, Family, and Social and Cultural Norms on Sexual Behavior	2008	84
Communication and Negotiation Skills Related to Eliminating or Reducing Risks for HIV, Other STDs, and Pregnancy	2008	86
Goal-Setting and Decision-Making Skills Related to Eliminating or Reducing the Risks for HIV, Other STDs, and Pregnancy	2008	84
Compassion for Persons Living With HIV or AIDS	2008	73

Topics related to HIV, STD, and pregnancy prevention are included in the middle school curriculum. Ninety percent report students are taught how STDs are transmitted and 89% report the benefits of being sexually abstinent are included in their curriculum.

QUESTION 15. During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course in any of grades 9, 10, 11, or 12?

TABLE 15. HIV, STD, or pregnancy prevention topics.

	YEAR	PERCENT
The Relationship Among HIV, Other STDs, and Pregnancy	2008	96
The Relationship Between Alcohol and other Drug Use and Risks for HIV, Other STDs, and Pregnancy	2008	94
The Benefits of Being Sexually Abstinent	2008	96
How to Prevent HIV, Other STDs, and Pregnancy	2008	95
How to Access Valid and Reliable Health Information, Products, and Services Related to HIV, Other STDs, and Pregnancy	2008	88
The Influences of Media, Family, and Social and Cultural Norms on Sexual Behavior	2008	94
Communication and Negotiation Skills Related to Eliminating or Reducing Risks for HIV, Other STDs, and Pregnancy	2008	95
Goal-setting and Decision-making Skills Related to Eliminating or Reducing the Risks for HIV, Other STDs, and Pregnancy	2008	92
Efficacy of Condoms, that is, How Well Condoms Work and Do Not Work	2008	72
The Importance of Using Condoms Consistently and Correctly	2008	45
How to Obtain Condoms	2008	38

Topics related to HIV, STD, and pregnancy prevention are included in the high school curriculum. Ninety-six percent report students are taught about the relationship between HIV, other STDs, and pregnancy are related and 96% report the benefits of being sexually abstinent are included in their curriculum.

QUESTION 16. 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?

TABLE 16A. The benefits of healthy eating.

	YEAR	PERCENT
High School	2008	98
	2006	100
	2004	98
Middle School	2008	96
	2006	97
	2004	98
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	97
	2006	98
	2004	98

TABLE 16B. Food guidance using My Pyramid.

	YEAR	PERCENT
High School	2008	96
	2006	87
	2004	93
Middle School	2008	90
	2006	92
	2004	96
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	93
	2006	90
	2004	94

TABLE 16C. Using food labels.

	YEAR	PERCENT
High School	2008	94
	2006	95
	2004	92
Middle School	2008	92
	2006	96
	2004	96
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	93
	2006	96
	2004	94

TABLE 16D. Balancing food intake and physical activity.

	YEAR	PERCENT
High School	2008	96
	2006	100
	2004	96
Middle School	2008	95
	2006	97
	2004	98
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	96
	2006	98
	2004	97

TABLE 16E. Eating more fruits, vegetables, and grain products.

	YEAR	PERCENT
High School	2008	97
	2006	98
	2004	NA
Middle School	2008	94
	2006	97
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	96
	2006	97
	2004	NA

TABLE 16F. Choosing food products which are low in fat, saturated fat, and cholesterol.

	YEAR	PERCENT
High School	2008	95
	2006	98
	2004	93
Middle School	2008	93
	2006	96
	2004	95
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	93
	2006	97
	2004	94

TABLE 16G. Using sugars in moderation.

	YEAR	PERCENT
High School	2008	95
	2006	95
	2004	90
Middle School	2008	93
	2006	96
	2004	95
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	93
	2006	95
	2004	93

TABLE 16H. Using salt and sodium in moderation.

	YEAR	PERCENT
High School	2008	95
	2006	94
	2004	89
Middle School	2008	91
	2006	92
	2004	91
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	93
	2006	93
	2004	90

TABLE 16I. Eating more calcium-rich foods.

	YEAR	PERCENT
High School	2008	92
	2006	95
	2004	87
Middle School	2008	86
	2006	91
	2004	87
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	88
	2006	92
	2004	87

TABLE 16J. Food safety.

	YEAR	PERCENT
High School	2008	86
	2006	90
	2004	85
Middle School	2008	85
	2006	83
	2004	78
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	86
	2006	86
	2004	81

TABLE 16K. Preparing healthy meals and snacks.

	YEAR	PERCENT
High School	2008	87
	2006	92
	2004	94
Middle School	2008	91
	2006	95
	2004	94
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	90
	2006	94
	2004	94

TABLE 16L. Risks of unhealthy weight control practices.

	YEAR	PERCENT
High School	2008	93
	2006	97
	2004	99
Middle School	2008	95
	2006	97
	2004	97
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	94
	2006	97
	2004	97

TABLE 16M. Accepting body size differences.

	YEAR	PERCENT
High School	2008	95
	2006	98
	2004	93
Middle School	2008	87
	2006	91
	2004	93
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	90
	2006	94
	2004	93

TABLE 16N. Eating disorders.

	YEAR	PERCENT
High School	2008	93
	2006	98
	2004	96
Middle School	2008	87
	2006	93
	2004	94
Junior/Senior Combined	2008	NA
	2006	NA
	2004	90
Overall	2008	90
	2006	95
	2004	95

Approximately ninety-six percent of lead health teachers report providing instruction on the benefits of healthful eating, balancing food intake and physical activity, eating more fruits, vegetables, and grain products, and the risks of unhealthy weight control practices. Similar results were found in the 2004 and the 2006 surveys. There was a slight decline from 2004 to 2008 related to the emphasis on acceptance of body size differences and eating disorders.

QUESTION 17. 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?

TABLE 17A. The physical, psychological or social benefits of physical activity.

	YEAR	PERCENT
High School	2008	97
	2006	100
	2004	97
Middle School	2008	98
	2006	99
	2004	96
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	98
	2006	99
	2004	97

TABLE 17B. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).

	YEAR	PERCENT
High School	2008	97
	2006	96
	2004	97
Middle School	2008	97
	2006	99
	2004	97
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	97
	2006	98
	2004	97

TABLE 17C. Phases of workout (i.e., warm-up, workout, and cool-down).

	YEAR	PERCENT
High School	2008	95
	2006	92
	2004	97
Middle School	2008	98
	2006	96
	2004	93
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	97
	2006	94
	2004	95

TABLE 17D. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity plan.)

	YEAR	PERCENT
High School	2008	93
	2006	88
	2004	94
Middle School	2008	87
	2006	87
	2004	88
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	90
	2006	88
	2004	91

TABLE 17E. Developing an individualized physical activity plan.

	YEAR	PERCENT
High School	2008	88
	2006	85
	2004	87
Middle School	2008	71
	2006	78
	2004	73
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	76
	2006	82
	2004	80

TABLE 17F. Monitoring progress toward reaching goals in an individualized physical activity plan.

	YEAR	PERCENT
High School	2008	82
	2006	81
	2004	83
Middle School	2008	64
	2006	79
	2004	70
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	71
	2006	80
	2004	77

TABLE 17G. Overcoming barriers to physical activity.

	YEAR	PERCENT
High School	2008	90
	2006	88
	2004	86
Middle School	2008	87
	2006	81
	2004	82
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	87
	2006	84
	2004	84

TABLE 17H. Decreasing sedentary activities such as television watching.

	YEAR	PERCENT
High School	2008	94
	2006	98
	2004	93
Middle School	2008	93
	2006	93
	2004	91
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	94
	2006	95
	2004	92

TABLE 17I. Opportunities for physical activity in the community.

	YEAR	PERCENT
High School	2008	93
	2006	88
	2004	89
Middle School	2008	88
	2006	93
	2004	82
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	90
	2006	91
	2004	86

TABLE 17J. Preventing injury during physical activity in the community.

	YEAR	PERCENT
High School	2008	94
	2006	92
	2004	95
Middle School	2008	95
	2006	95
	2004	91
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	95
	2006	94
	2004	93

TABLE 17K. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while engaging in physical activity).

	YEAR	PERCENT
High School	2008	89
	2006	88
	2004	92
Middle School	2008	7
	2006	89
	2004	87
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	89
	2006	89
	2004	89

TABLE 17L. Dangers of using performance-enhancing drugs, such as steroids.

	YEAR	PERCENT
High School	2008	94
	2006	99
	2004	95
Middle School	2008	88
	2006	90
	2004	89
Junior/Senior Combined	2008	NA
	2006	NA
	2004	100
Overall	2008	91
	2006	94
	2004	92

Ninety-seven percent of teachers reported inclusion of physical, psychological or social benefits of physical activity and health-related fitness in their health curriculum. Decreasing sedentary activities (93%), preventing injury (94%), phases of a workout (95%), and the dangers of using performance-enhancing drugs (94%) were also reported as topics included in a required health education course for students.

QUESTION 18. In your healthful living curriculum, do you spend equal time teaching physical education and health education?

TABLE 18. Time devoted to health education and physical education.

	YEAR	PERCENT
Yes	2008	65
	2006	58
	2004	56
No, More Time is Devoted to Physical Education	2008	28
	2006	38
	2004	40
No, More Time is Devoted to Health Education	2008	7
	2006	4
	2004	4
Overall	2008	100
	2006	NA
	2004	100

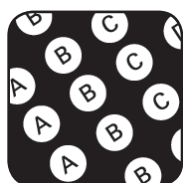
Sixty-five percent of lead health teachers reported devotion of equal time for teaching physical and health education.

QUESTION 19. Which is the largest barrier to health education staff development for you?

TABLE 19. Barriers to health education staff development.

	YEAR	PERCENT	
School Funding is Largest Barrier to Health Education Staff Development	2008	Middle	28
		Jr. High	20
		High School	25
	2006	32	
	2004	37	
Substitute Availability	2008	Middle	1
		Jr. High	NA
		High School	1
	2006	3	
	2004	1	
Location or Availability of Health Specific Trainings	2008	Middle	30
		Jr. High	37
		High School	37
	2006	33	
	2004	30	
Other Barriers	2008	Middle	17
		Jr. High	NA
		High School	13
	2006	5	
	2004	10	
No Barriers to Staff Development	2008	Middle	24
		Jr. High	43
		High School	25
	2006	27	
	2004	21	
Overall	2008	Middle	100
		Jr. High	100
		High School	100
	2006	NA	
	2004	100	

School funding and the location or availability of health specific training are the two most frequently cited barriers to health education staff development. Twenty-four percent of lead health teachers reported no barriers to staff development.



HIV/STDS AND TEEN PREGNANCY PREVENTION

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 Health 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.

QUESTION 20. Do you agree that teen pregnancy is a problem in this county?

TABLE 20A. Strongly agree that teen pregnancy is a problem in the county.

	YEAR	PERCENT
High School	2008	60
Middle School	2008	47
Junior/Senior Combined	2008	68

TABLE 20B. Agree that teen pregnancy is a problem in the county.

	YEAR	PERCENT
High School	2008	37
Middle School	2008	43
Junior/Senior Combined	2008	32

Most lead health teachers at the high school level (97%) and middle school level (90%) report agreement that teen pregnancy is a problem in their respective counties.

QUESTION 21. Do you agree that teen pregnancy is a problem in this school?

TABLE 21A. Strongly agree that teen pregnancy is a problem in the school.

	YEAR	PERCENT
High School	2008	36
Middle School	2008	5
Junior/Senior Combined	2008	10

TABLE 21B. Agree that teen pregnancy is a problem in the school.

	YEAR	PERCENT
High School	2008	48
Middle School	2008	22
Junior/Senior Combined	2008	59

A third of lead health teachers at the high school level (36%) but few middle school level lead health teachers (5%) strongly agree teen pregnancy is a problem in their school.

QUESTION 22. What are the greatest challenges to implementing teen pregnancy prevention and support services within the school?

TABLE 22A. No challenge to implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	6
Middle School	2008	19
Junior/Senior Combined	2008	31

TABLE 22B. Funding challenge is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	44
Middle School	2008	31
Junior/Senior Combined	2008	34

TABLE 22C. Federal policy is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	6
Middle School	2008	4
Junior/Senior Combined	2008	100

TABLE 22D. State policy is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	31
Middle School	2008	15
Junior/Senior Combined	2008	9

TABLE 22E. School or school board policy is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	35
Middle School	2008	32
Junior/Senior Combined	2008	9

TABLE 22F. Lack of familiarity is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	11
Middle School	2008	9
Junior/Senior Combined	2008	16

TABLE 22G. Lack of educational resources is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	13
Middle School	2008	16
Junior/Senior Combined	2008	25

TABLE 22H. Lack of professional development is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	20
Middle School	2008	20
Junior/Senior Combined	2008	16

TABLE 22I. Lack of student interest is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	28
Middle School	2008	15
Junior/Senior Combined	2008	19

TABLE 22J. Limited instructional time is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	25
Middle School	2008	35
Junior/Senior Combined	2008	9

TABLE 22K. Perceived community opposition is a challenge in implementing teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	31
Middle School	2008	28
Junior/Senior Combined	2008	15

The most frequently reported challenges to implementing teen pregnancy prevention and support services within the school are funding (44%), school board policies (35%), state policies (31%), and perceived community opposition (31%) at the high school level and limited instruction time (35%), school and school board policies (32%), and school funding at the middle school level.

QUESTION 23. Which of the following staff members is the primary person who teaches HIV/STD and teen pregnancy prevention in your school?

TABLE 23A. Staff member responsible for teaching HIV/STD and teen pregnancy prevention at the middle school level.

	YEAR	PERCENT
Licensed Health Education Teacher	2008	38
Licensed Physical Education Teacher	2008	39
Licensed Science Teacher	2008	5
Licensed Family and Consumer Science Teacher	2008	0
Other Licensed Teacher	2008	4
Teacher that is Not Licensed	2008	1
School Nurse	2008	8
	2006	6
	2004	8
School Counselor	2008	4
School Social Worker	2008	1

TABLE 23B. Staff member responsible for teaching HIV/STD and teen pregnancy prevention at the combined junior/senior high school level.

	YEAR	PERCENT
Licensed Health Education Teacher	2008	12
Licensed Physical Education Teacher	2008	52
Licensed Science Teacher	2008	NA
Licensed Family and Consumer Science Teacher	2008	NA
Other Licensed Teacher	2008	NA
Teacher that is Not Licensed	2008	24
School Nurse	2008	12
	2006	6
	2004	8
School Counselor	2008	NA
School Social Worker	2008	NA

TABLE 23C. Staff member responsible for teaching HIV/STD and teen pregnancy prevention at the high school level.

	YEAR	PERCENT
Licensed Health Education Teacher	2008	52
Licensed Physical Education Teacher	2008	30
Licensed Science Teacher	2008	NA
Licensed Family and Consumer Science Teacher	2008	3
Other Licensed Teacher	2008	1
Teacher that is Not Licensed	2008	NA
School Nurse	2008	5
	2006	6
	2004	8
School Counselor	2008	1
School Social Worker	2008	NA

The primary person reported to teach HIV/STD and teen pregnancy at the middle school is either the licensed physical education teacher (39%) or the licensed health education teacher (38%). In a small percentage of middle schools (8%) the school nurse reportedly teaches this content. At the high school level, the health education teacher (52%) and the physical education teacher (30%) most often reported responsibility for the content.

QUESTION 24. How do your school's curricula for teaching HIV/STD and teen pregnancy prevention compare to the Healthful Living Standard Course of Study?

TABLE 24A. Comparing the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study at the sixth grade level.

	YEAR	PERCENT
More Inclusive	2008	6
About the Same	2008	64
More Restrictive	2008	30

TABLE 24B. Comparing the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study at the seventh grade level.

	YEAR	PERCENT
More Inclusive	2008	14
About the Same	2008	64
More Restrictive	2008	23

TABLE 24C. Comparing the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study at the eighth grade level.

	YEAR	PERCENT
More Inclusive	2008	16
About the Same	2008	64
More Restrictive	2008	21

TABLE 24D. Comparing the school's curricula for teaching HIV/STD and teen pregnancy prevention with the Healthful Living Standard Course of Study at the ninth grade level.

	YEAR	PERCENT
More Inclusive	2008	15
About the Same	2008	71
More Restrictive	2008	14

In 2008, sixty-three percent of North Carolina's secondary schools' lead health teachers reported curricula for teaching HIV/STD and teen pregnancy prevention that were about the same as the Healthful Living Standard Course of Study in grades six to eight. Twenty percent reported a more restrictive curriculum and fewer than 16% reported a more inclusive school curriculum than the Healthful Living Standard Course of Study.

QUESTION 25. Would you like to receive staff development in each of these health topics?

TABLE 25A. State statues staff development topics desired.

	YEAR	PERCENT
High School	2008	72
Middle School	2008	72
Junior/Senior Combined	2008	76

TABLE 25B. Standard Course of Study staff development topics desired.

	YEAR	PERCENT
High School	2008	72
Middle School	2008	66
Junior/Senior Combined	2008	66

TABLE 25C. Improving comfort level in teaching staff development topics desired.

	YEAR	PERCENT
High School	2008	52
Middle School	2008	52
Junior/Senior Combined	2008	46

TABLE 25D. State guidelines for schools staff development topics desired.

	YEAR	PERCENT
High School	2008	73
Middle School	2008	64
Junior/Senior Combined	2008	69

TABLE 25E. Understanding federal abstinence funding guidelines staff development topics desired.

	YEAR	PERCENT
High School	2008	63
Middle School	2008	58
Junior/Senior Combined	2008	59

TABLE 25F. Training in an evidence-based HIV prevention curriculum desired.

	YEAR	PERCENT
High School	2008	67
Middle School	2008	72
Junior/Senior Combined	2008	76

In 2008, 72% of lead health teachers reported an interest in receiving staff development in understanding the state statutes on sexuality education. High school lead health teachers reported an interest in receiving staff development related to the Standard Course of Study (72%), state guidelines for staff development (72%), and evidence based HIV prevention (67%). At the middle school level, teachers report an interest in the Standard Course of Study (66%) and understanding federal abstinence funding guidelines (58%).

QUESTION 26. Typically, how much time is devoted to teaching abstinence until marriage as a stand alone sexuality education unit during the course of the semester?

TABLE 26A. Time devoted to teaching abstinence in a semester in a middle school.

RESPONSE	YEAR	PERCENT
No time	2008	8
One class period	2008	10
Several class periods	2008	49
One week per semester	2008	25
One hour per week for one quarter (9 hrs)	2008	6
One hour per week for half of the school year (18 hrs)	2008	1
One hour per week for the entire school year (36 hours)	2008	1

TABLE 26B. Time devoted to teaching abstinence in a semester in a combined junior/senior school.

RESPONSE	YEAR	PERCENT
No time	2008	19
One class period	2008	28
Several class periods	2008	47
One week per semester	2008	6
One hour per week for one quarter (9 hrs)	2008	NA
One hour per week for half of the school year (18 hrs)	2008	NA
One hour per week for the entire school year (36 hours)	2008	NA

TABLE 26C. Time devoted to teaching abstinence in a semester in a senior high school.

RESPONSE	YEAR	PERCENT
No time	2008	4
One class period	2008	18
Several class periods	2008	45
One week per semester	2008	26
One hour per week for one quarter (9 hrs)	2008	3
One hour per week for half of the school year (18 hrs)	2008	31
One hour per week for the entire school year (36 hours)	2008	NA

In 2006, 46% of lead health teachers reported devoting several class periods in a semester to teaching abstinence until marriage as a stand-alone sexuality education unit. Similar results were found in the 2008 survey with high schools reporting 45%, and middle schools reporting 47%. Twenty-five percent devoted one week per semester to the topic. Similar results were also found in the 2004 survey.

QUESTION 27. Does your school have active (parent/guardian must give permission for child to receive instruction) or passive (parent/guardian must opt child out from instruction) parental consent for sexuality education?

TABLE 27. Active consent for sexuality education.

	YEAR	PERCENT
High School	2008	40
Middle School	2008	53
Junior/Senior Combined	2008	28

Forty percent of high school lead health teachers report using an active parental consent form for sexuality education while 53% of middle school lead health teachers report requiring an active parental consent for sex education. Similar results were noted in the 2006 study. In 2004, schools were somewhat more likely to report active consent and less likely to report passive consent.

QUESTION 28. Typically, how many students in your classes opt out of sexuality education each semester?

TABLE 28A. Middle school students who opt out of sexuality education each semester.

	YEAR	PERCENT
None	2008	33
One	2008	27
Two	2008	16
Three	2008	9
Four	2008	2
Between Five and Ten	2008	10
More than Ten	2008	5

TABLE 28B. Junior/Senior combined school students who opt out of sexuality education each semester.

	YEAR	PERCENT
None	2008	59
One	2008	9
Two	2008	32
Three	2008	NA
Four	2008	NA
Between Five and Ten	2008	NA
More than Ten	2008	NA

TABLE 28C. High school students who opt out of sexuality education each semester.

	YEAR	PERCENT
None	2008	58
One	2008	21
Two	2008	7
Three	2008	4
Four	2008	3
Between Five and Ten	2008	3
More than Ten	2008	4

A total of 87% of middle school lead health teachers report fewer than five students opt out of sex education classes, whereas, 91% of high school lead health teachers report fewer than five students opt out. Fifty-eight percent of secondary schools in 2008 had no students withdraw from sex education classes during a semester, compared to 51% in 2006 and 39.5% in 2004. However, at the middle school level, 33% report that a few students opt out of sexuality education each semester.

QUESTION 29. The last time you taught the HIV/STD and teen pregnancy prevention unit in your class, were the following topics included?

TABLE 29. Topics included in a HIV/STD and teen pregnancy prevention unit.

	YEAR	MIDDLE	JR./SR.	HIGH
Abstinence Until Marriage	2008	93	100	97
Transmission and Prevention of HIV/AIDS	2008	89	100	98
Transmission and Prevention of Sexually Transmitted Diseases	2008	90	100	96
How to Deal with Issues/Consequences of Being Sexually Active	2008	70	100	84
How to Deal with the Pressure to Have Sex	2008	89	90	94
How to Talk to Parents About Sex and Relationship Issues	2008	46	56	55
Verbal or Written Instructions on How to Use a Condom	2008	12	10	16
Classroom Demonstrations on How to Use a Condom	2008	4	100	3
Birth Control	2008	41	51	49
How to Use Birth Control	2008	15	51	24
Where to Get Birth Control	2008	22	61	33
How to Get Tested for STDs and HIV	2008	49	74	64
Effectiveness and Failure Rates of Birth Control Including Condom	2008	64	69	73
Risks of Oral Sex	2008	53	48	70
Risks of Anal Sex	2008	43	48	57

Lead health teachers at the middle school level report that abstinence until marriage (93%), transmission and prevention of sexually transmitted diseases (90%), transmission and prevention of HIV/AIDS (89%), how to deal with the pressure to have sex (89%), and how to deal with issues/consequences of being sexually active (70%) were the most likely topics to be taught. At the high school level, transmission and prevention of HIV/AIDS (98%), transmission and prevention of sexually transmitted diseases (96%) and the risks of oral sex (70%) were reported most often.

QUESTION 30. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (eg. Black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following? (Mark yes or no for each activity.)

TABLE 30A. Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.

	YEAR	PERCENT
High School	2008	18
Middle School	2008	25
Junior/Senior Combined	2008	NA
Overall	2008	24

TABLE 30B. Provided curricula or supplementary materials in the primary languages of the youth and families.

	YEAR	PERCENT
High School	2008	17
Middle School	2008	22
Junior/Senior Combined	2008	NA
Overall	2008	23

TABLE 30C. Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community.

	YEAR	PERCENT
High School	2008	21
Middle School	2008	27
Junior/Senior Combined	2008	NA
Overall	2008	27

TABLE 30D. Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community.

	YEAR	PERCENT
High School	2008	21
Middle School	2008	25
Junior/Senior Combined	2008	NA
Overall	2008	26

Middle level lead health teachers were more likely to report providing HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk than high school teachers. Twenty-two percent of middle schools provide curricular materials in the primary languages and facilitate access to health, psychological, and social services for youth at high risk



TOBACCO POLICIES AND PROGRAMS

Tobacco is the leading preventable contributor to adult death in the United States. 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.

QUESTION 31. Does your school provide referrals to tobacco cessation programs for each of the following groups?

TABLE 31A. Schools which provide referrals for faculty and staff for tobacco cessation programs.

	YEAR	PERCENT
High School	2008	27
Middle School	2008	34
Junior/Senior Combined	2008	27

TABLE 31B. Schools which provide referrals for students for tobacco cessation programs.

	YEAR	PERCENT
High School	2008	50
Middle School	2008	31
Junior/Senior Combined	2008	50

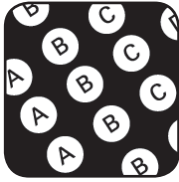
Twenty-seven percent of high schools report providing referrals for tobacco cessation programs for faculty and staff and 50% report providing referrals for students. At the middle school level, one-third report providing these referrals for faculty and students. More teacher referrals for faculty were reported in 2006, but fewer for students.

QUESTION 32. Are there student groups operating in your school which work to support tobacco use prevention and cessation (i.e., TATU, SWAT, Dream Team, STRIKE 2, N.O.T., or others)?

TABLE 32. Student groups which support tobacco use prevention and cessation.

	YEAR	PERCENT
High School	2008	32
Middle School	2008	17
Junior/Senior Combined	2008	19

Thirty-two percent of high school lead health teachers and 17% of middle school lead health teachers report student groups that work to support tobacco use prevention and cessation.



PHYSICAL EDUCATION

Physical education is defined as instruction which helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain a physically active lifestyle. With the current epidemics of obesity and diabetes, physical education policies and practices to ensure physically active students who are more likely to become physically active adults are of increased importance.

QUESTION 33. For the following grades at this middle school, how many semesters/weeks per year are students required to take physical education?

TABLE 33A. Time sixth graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	1
	2006	0
	2004	<1
Less than Nine Weeks	2008	2
	2006	0
	2004	1
Nine Weeks	2008	10
	2006	9
	2004	14
One Semester	2008	34
	2006	38
	2004	44
Two Semesters	2008	52
	2006	53
	2004	40

TABLE 33B. Time seventh graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	NA
	2006	0
	2004	NA
Less Than Nine Weeks	2008	2
	2006	1
	2004	2
Nine Weeks	2008	11
	2006	8
	2004	14
One Semester	2008	34
	2006	42
	2004	44
Two Semesters	2008	52
	2006	49
	2004	40

TABLE 33C. Time eighth graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	NA
	2006	0
	2004	NA
Less Than Nine Weeks	2008	2
	2006	1
	2004	3
Nine Weeks	2008	11
	2006	9
	2004	14
One Semester	2008	34
	2006	40
	2004	46
Two Semesters	2008	52
	2006	51
	2004	37

Approximately 45% of lead health teachers report requiring sixth, seventh, and eighth graders to take one semester of physical education, which is a higher percentage than in 2006, yet lower than was reported in 2004. In 2006 and 2008, approximately one-half of lead health teachers in NC secondary schools reported requiring these students to take physical education two semesters each year, which was an increase from 2004.

QUESTION 34. During those semesters/weeks, how many days per week are students required to take physical education?

TABLE 34A. Days per week sixth graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	1
	2006	0
	2004	1
0 Days Per Week	2008	NA
	2006	0
	2004	NA
1 Day Per Week	2008	3
	2006	1
	2004	1
2 Days Per Week	2008	11
	2006	9
	2004	11
3 Days Per Week	2008	27
	2006	30
	2004	28
4 Days Per Week	2008	3
	2006	5
	2004	4
5 Days Per Week	2008	55
	2006	56
	2004	56

TABLE 34B. Days per week seventh graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	NA
	2006	0
	2004	NA
0 Days Per Week	2008	NA
	2006	0
	2004	NA
1 Day Per Week	2008	2
	2006	1
	2004	<1
2 Days Per Week	2008	12
	2006	7
	2004	12
3 Days Per Week	2008	30
	2006	31
	2004	28
4 Days Per Week	2008	3
	2006	6
	2004	4
5 Days Per Week	2008	53
	2006	56
	2004	56

TABLE 34C. Days per week eighth graders in a middle school are required to take physical education.

RESPONSE	YEAR	PERCENT
Physical Education Not Taught	2008	NA
	2006	0
	2004	NA
0 Days Per Week	2008	NA
	2006	0
	2004	NA
1 Day Per Week	2008	2
	2006	1
	2004	<1
2 Days Per Week	2008	13
	2006	7
	2004	12
3 Days Per Week	2008	30
	2006	31
	2004	27
4 Days Per Week	2008	3
	2006	6
	2004	4
5 Days Per Week	2008	52
	2006	54
	2004	57

During the semesters/weeks physical education is required, lead health teachers reported that more than half (55%) of sixth, seventh (52%) and eighth graders are required to take the class five days per week. Approximately one-third of students in these grades were reported to take the class only three days per week. Only two percent of students were reported to take the class one day per week. Similar results were found in 2004 and 2006.

QUESTION 35. At this high school, how many total credits of physical education are required to graduate?

TABLE 35. Number of credits of physical education required for high school graduation.

	YEAR	PERCENT
0 Credits (0 hours)	2008	NA
	2006	1
	2004	1
½ Credit (75 hours)	2008	29
	2006	20
	2004	47
¾ Credit (112 hours)	2008	1
	2006	1
	2004	6
1 Credit (150 hours)	2008	67
	2006	20
	2004	44
2 Credits (300 hours)	2008	1
	2006	1
	2004	2

Sixty-seven percent of reporting NC high schools required one credit of physical education for graduation and 29% require one-half credit for graduation. In 2004, 44% of schools required one credit of physical education for graduation, and 47% required one-half credit.

QUESTION 36. Has this school voluntarily adopted the Move More – NC’s Recommended Standards for Physical Activity in Schools?

TABLE 36. Adoption of the Move More Standards

	YEAR	PERCENT
High School	2008	16
Middle School	2008	35
Junior/Senior Combined	2008	58

The Move More – NC’s Recommended Standards for Physical Activity in Schools have been reported by lead health teachers as adopted by 35% of middle schools and 16% of high schools.

QUESTION 37. Are those who teach physical education at this school provided with the following materials?

TABLE 37A. Goals, objectives, and outcomes for physical education.

	YEAR	PERCENT
High School	2008	89
Middle School	2008	92
Junior/Senior Combined	2008	90

TABLE 37B. Chart describing scope and sequence for physical education instruction.

	YEAR	PERCENT
High School	2008	43
Middle School	2008	56
Junior/Senior Combined	2008	35

TABLE 37C. Plans for assessment of student performance in physical education.

	YEAR	PERCENT
High School	2008	61
Middle School	2008	6
Junior/Senior Combined	2008	61

TABLE 37D. A written physical education curriculum.

	YEAR	PERCENT
High School	2008	81
Middle School	2008	81
Junior/Senior Combined	2008	29

Lead health teachers report that physical education teachers at the middle level are provided the goals and objectives for teaching physical education (92%), a written curriculum (81%), and assessment plans for student performance (62%). Lead health teachers at the high school level report provisions for the goals and objectives for teaching physical education (89%), a written curriculum (81%), and assessment plans for student performance (61%) for high school physical education teachers.



MOLD GROWTH PREVENTION

Studies have shown schools with poor indoor air quality (IAQ), which includes mold, can have negative impact on the student's learning experience. Poor IAQ can also contribute to aggravation of asthma and allergy-like symptoms. Therefore, it 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.

QUESTION 38. Is this school clean and are there signs of water damage, i.e. water-stained ceiling tiles?

TABLE 38A. Teachers who report their schools are clean.

	YEAR	PERCENT
High School	2008	81
Middle School	2008	82
Junior/Senior Combined	2008	100

TABLE 38B. Teachers who report their schools have water damage.

	YEAR	PERCENT
High School	2008	44
Middle School	2008	36
Junior/Senior Combined	2008	29

Eighty percent of responding lead health teachers report their schools as clean. Approximately 40% of lead health teachers report signs of water damage.

QUESTION 39. On an average day, the indoor environment of the school is:

TABLE 39A. Environment is hot, comfortable, or cold.

	YEAR	PERCENT
High School	2008	74
Middle School	2008	74
Junior/Senior Combined	2008	89

TABLE 39B. Environment is dry, comfortable, or damp.

	YEAR	PERCENT
High School	2008	76
Middle School	2008	68
Junior/Senior Combined	2008	80

TABLE 39C. Environment is fresh, comfortable, or stuffy.

	YEAR	PERCENT
High School	2008	67
Middle School	2008	62
Junior/Senior Combined	2008	78

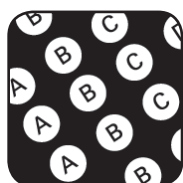
TABLE 39D. Environment is smelly, comfortable, or no odor.

	YEAR	PERCENT
High School	2008	62
Middle School	2008	70
Junior/Senior Combined	2008	71

TABLE 39E. Environment is clean, comfortable, or dirty.

	YEAR	PERCENT
High School	2008	56
Middle School	2008	50
Junior/Senior Combined	2008	52

Responding lead health teachers report the indoor environment of the majority of schools surveyed had a comfortable temperature (74%), humidity (70%), air quality (65%), and level of cleanliness (50%).



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 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.

QUESTION 40. During the school year, what percentage of teachers tried to increase student knowledge on the following heart health topics in health education or physical education courses in grades 6 through 12?

TABLE 40A. Heart disease and stroke prevention.

	YEAR	PERCENT
High School	2008	89
Middle School	2008	82
Junior/Senior Combined	2008	100

TABLE 40B. High blood pressure prevention.

	YEAR	PERCENT
High School	2008	83
Middle School	2008	81
Junior/Senior Combined	2008	81

TABLE 40C. High cholesterol prevention.

	YEAR	PERCENT
High School	2008	80
Middle School	2008	78
Junior/Senior Combined	2008	90

TABLE 40D. The signs and symptoms of a stroke.

	YEAR	PERCENT
High School	2008	76
Middle School	2008	71
Junior/Senior Combined	2008	79

TABLE 40E. The signs and symptoms of a heart attack.

	YEAR	PERCENT
High School	2008	83
Middle School	2008	74
Junior/Senior Combined	2008	81

TABLE 40F. The need to treat stroke as a medical emergency.

	YEAR	PERCENT
High School	2008	66
Middle School	2008	70
Junior/Senior Combined	2008	79

TABLE 40G. The need to treat heart attack as a medical emergency.

	YEAR	PERCENT
High School	2008	74
Middle School	2008	73
Junior/Senior Combined	2008	79

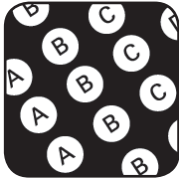
TABLE 40H. The use of Automated External Defibrillator.

	YEAR	PERCENT
High School	2008	46
Middle School	2008	38
Junior/Senior Combined	2008	31

TABLE 40I. CPR Training.

	YEAR	PERCENT
High School	2008	60
Middle School	2008	59
Junior/Senior Combined	2008	41

In 2008, responding lead health teachers reported that high school teachers in their school increased student knowledge of heart health by including topics such as heart disease and stroke prevention (89%), high blood pressure prevention (82%), high cholesterol prevention (80%), and the signs and symptoms of a heart attack (83%). Fewer responded that teachers increased student knowledge and use of an automated external defibrillator (46%), how to treat a stroke as a medical emergency (66%), and the signs and symptoms of a stroke. Middle school teachers increased student knowledge of heart health by including topics such as heart disease and stroke prevention (82%), high blood pressure prevention (81%), high cholesterol prevention (78%), and the signs and symptoms of a heart attack (74%). Fewer responded that teachers increased student knowledge and use of an automated external defibrillator (38%) and CPR training (59%). Similar results were found in 2004 and in 2006 across middle level and high schools.



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.

QUESTION 41. During this school year, have any health education staff worked with each of the following groups on health education activities?

TABLE 41A. Health education staff worked with physical education staff.

	YEAR	PERCENT
High School	2008	88
	2006	91
	2004	84
Middle School	2008	90
	2006	85
	2004	89
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	90

TABLE 41B. Health education staff worked with school health services staff (e.g., nurses).

	YEAR	PERCENT
High School	2008	69
	2006	75
	2004	70
Middle School	2008	75
	2006	75
	2004	75
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	71

TABLE 41C. Health education staff worked with school mental health or social services staff (e.g., psychologists, counselors, and social workers).

	YEAR	PERCENT
High School	2008	60
	2006	62
	2004	65
Middle School	2008	58
	2006	55
	2004	69
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	58

TABLE 41D. Health education staff worked with nutrition or food service staff.

	YEAR	PERCENT
High School	2008	23
	2006	35
	2004	18
Middle School	2008	38
	2006	39
	2004	30
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	32

Lead health teachers reported that most middle school health education staff work with physical education staff (90%) and school health services staff (75%). Only thirty-eight percent reported working with food service staff. At the high school level most 88% reported working with physical education staff, school health services staff (69%), and with mental health or social services staff (60%). Only 23% of high school lead health teachers reported working with food service staff. In the 2004 survey, teachers reported they were more likely to work with school mental health or social service staff and less likely to work with nutrition or food service staff compared to the 2006 survey.

QUESTION 42. During the school year did your school provide parents and families with health information designed to increase parent and family knowledge about the following topics.

TABLE 42A. HIV prevention, STD prevention, or teen pregnancy prevention.

	YEAR	PERCENT
High School	2008	37
Middle School	2008	36
Junior/Senior Combined	2008	NA
Overall	2008	37

TABLE 42B. Tobacco use prevention.

	YEAR	PERCENT
High School	2008	28
Middle School	2008	34
Junior/Senior Combined	2008	NA
Overall	2008	32

TABLE 42C. Physical activity.

	YEAR	PERCENT
High School	2008	35
Middle School	2008	43
Junior/Senior Combined	2008	NA
Overall	40	40

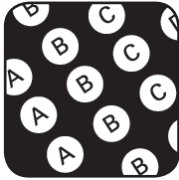
TABLE 42D. Nutrition and healthy eating.

	YEAR	PERCENT
High School	2008	28
Middle School	2008	40
Junior/Senior Combined	2008	NA
Overall	2008	35

TABLE 42E. Asthma.

	YEAR	PERCENT
High School	2008	16
Middle School	2008	20
Junior/Senior Combined	2008	NA
Overall	2008	20

Respondents reported that middle schools were more likely to provide health information to parents and families in the areas of physical activity (43%) and nutrition (40%) than HIV (36%) prevention, or asthma (20%). High school teachers were more likely to provide information to parents in the areas of HIV prevention, STD prevention, or teen pregnancy prevention (37%) and physical activity (35%).



PROFESSIONAL DEVELOPMENT

Professional development that promotes and strengthens interdisciplinary collaboration and integration of services is one of the keys to quality school health education and to a coordinated school health approach or system.

QUESTION 43. 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?

TABLE 43A. Staff development received on alcohol or other drug use prevention.

	YEAR	PERCENT
High School	2008	37
	2006	43
	2004	36
Middle School	2008	38
	2006	44
	2004	35
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	38
	2006	42
	2004	36

TABLE 43B. Staff development received on asthma awareness.

	YEAR	PERCENT
High School	2008	25
	2006	31
	2004	NA
Middle School	2008	33
	2006	31
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	29
	2006	31
	2004	NA

TABLE 43C. Staff development received on emotional and mental health.

	YEAR	PERCENT
High School	2008	30
	2006	33
	2004	25
Middle School	2008	20
	2006	19
	2004	6
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	24
	2006	26
	2004	22

TABLE 43D. Staff development received on foodborne illness prevention.

	YEAR	PERCENT
High School	2008	21
	2006	17
	2004	NA
Middle School	2008	20
	2006	21
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	20
	2006	19
	2004	NA

TABLE 43E. Staff development received on HIV (human immunodeficiency virus) prevention.

	YEAR	PERCENT
High School	2008	47
	2006	53
	2004	37
Middle School	2008	49
	2006	45
	2004	40
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	49
	2006	48
	2004	39

TABLE 43F. Staff development received on human sexuality.

	YEAR	PERCENT
High School	2008	44
	2006	38
	2004	26
Middle School	2008	42
	2006	36
	2004	27
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	43
	2006	37
	2004	27

TABLE 43G. Staff development received on injury prevention and safety.

	YEAR	PERCENT
High School	2008	45
	2006	49
	2004	42
Middle School	2008	45
	2006	41
	2004	40
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	45
	2006	45
	2004	41

TABLE 43H. Staff development received on nutrition and dietary behavior.

	YEAR	PERCENT
High School	2008	34
	2006	38
	2004	21
Middle School	2008	33
	2006	29
	2004	25
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	33
	2006	33
	2004	23

TABLE 43I. Staff development received on physical activity and fitness.

	YEAR	PERCENT
High School	2008	57
	2006	63
	2004	47
Middle School	2008	59
	2006	57
	2004	55
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	59
	2006	58
	2004	51

TABLE 43J. Staff development received on pregnancy prevention.

	YEAR	PERCENT
High School	2008	42
	2006	39
	2004	24
Middle School	2008	42
	2006	33
	2004	30
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	42
	2006	36
	2004	28

TABLE 43K. Staff development received on STD (sexually transmitted disease) prevention.

	YEAR	PERCENT
High School	2008	45
	2006	46
	2004	34
Middle School	2008	47
	2006	43
	2004	38
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	47
	2006	44
	2004	37

TABLE 43L. Staff development received on suicide prevention.

	YEAR	PERCENT
High School	2008	25
	2006	23
	2004	11
Middle School	2008	18
	2006	14
	2004	8
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	21
	2006	18
	2004	9

TABLE 43M. Staff development received on tobacco use prevention.

	YEAR	PERCENT
High School	2008	37
	2006	42
	2004	27
Middle School	2008	41
	2006	36
	2004	31
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	40
	2006	38
	2004	29

TABLE 43N. Staff development received on violence prevention (such as bullying, fighting, or homicide).

	YEAR	PERCENT
High School	2008	53
	2006	46
	2004	34
Middle School	2008	57
	2006	55
	2004	38
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	56
	2006	52
	2004	36

Lead middle school lead health teachers reported receiving a variety of workshops, conferences, continuing education or in-service programs in alcohol or other drug use prevention (38%), HIV prevention (49%), human sexuality (42%), physical activity (59%), bullying (57%). At the high school level, lead health teachers reported receiving staff development in HIV prevention (47%), injury prevention and safety (45%), drug use prevention (38%), and human sexuality (42%). An increase in staff development in all categories was reported between 2004 and 2006, particularly in the topics of violence prevention, nutrition, and human sexuality. This trend continued in the 2008 survey.

QUESTION 44. Would you like to receive professional development on each of these nutrition topics?

TABLE 44. Professional Development/Nutrition.

	YEAR	MIDDLE	JR./SR.	HIGH
Dietary Guidelines for Americans and My Pyramid	2008	74	79	71
Health Claims and Food Labels	2008	65	60	62
Signs, Symptoms and Consequences of Eating Disorders	2008	78	79	78
Media and Peer Pressures of Unhealthy Weight Control	2008	75	66	70
Strategies and Barriers to Developing Healthful Eating Plans	2008	78	66	77
Role and Food Sources of Specific Nutrients	2008	69	87	66
Healthy and Risky Approaches to Weight Management	2008	84	69	80
Portion Sizes	2008	71	60	62
Connection Between Healthy Eating and Chronic Disease Prevention	2008	82	87	73
Integrating Nutrition Education with Other Subjects	2008	70	75	70
Sports Nutrition	2008	88	87	87

Middle and high school lead health teachers indicated they would like to receive professional development in various nutrition topics including dietary guidelines, health claims and food labels, eating disorders, media and peer pressures, healthful eating plans, food nutrients, weight management, integrated topics, and sports nutrition. The top three issues for high school teachers were sports nutrition (87%), healthy & risky approaches to weight management (80%), and signs, symptoms and consequences of eating disorders (78%). The top three issues for middle school teachers were sports nutrition (88%), connection between healthy eating and chronic disease prevention (82%), and strategies and barriers to developing healthful eating plans (78%).

QUESTION 45. Would you like to receive staff development on each of these health education topics?

TABLE 45A. Teachers want alcohol or other drug use prevention staff development.

	YEAR	PERCENT
High School	2008	76
	2006	74
	2004	75
Middle School	2008	76
	2006	66
	2004	68
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	77
	2006	70
	2004	71

TABLE 45B. Teachers want asthma awareness staff development.

	YEAR	PERCENT
High School	2008	72
	2006	60
	2004	NA
Middle School	2008	72
	2006	66
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	73
	2006	64
	2004	NA

TABLE 45C. Teachers want emotional and mental health staff development.

	YEAR	PERCENT
High School	2008	68
	2006	65
	2004	61
Middle School	2008	73
	2006	61
	2004	64
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	72
	2006	62
	2004	63

TABLE 45D. Teachers want foodborne illness prevention.

	YEAR	PERCENT
High School	2008	58
	2006	47
	2004	NA
Middle School	2008	63
	2006	49
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	62
	2006	48
	2004	NA

TABLE 45E. Teachers want HIV (human immunodeficiency virus prevention) staff development.

	YEAR	PERCENT
High School	2008	75
	2006	62
	2004	63
Middle School	2008	70
	2006	60
	2004	62
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	72
	2006	62
	2004	62

TABLE 45F. Teachers want human sexuality staff development.

	YEAR	PERCENT
High School	2008	73
	2006	60
	2004	57
Middle School	2008	67
	2006	51
	2004	53
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	69
	2006	55
	2004	54

TABLE 45G. Teachers want injury prevention and safety staff development.

	YEAR	PERCENT
High School	2008	70
	2006	68
	2004	41
Middle School	2008	70
	2006	65
	2004	51
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	70
	2006	66
	2004	48

TABLE 45H. Teachers want nutrition and dietary behavior staff development.

	YEAR	PERCENT
High School	2008	76
	2006	78
	2004	69
Middle School	2008	78
	2006	73
	2004	70
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	78
	2006	75
	2004	70

TABLE 45I. Teachers want physical activity and fitness staff development prevention.

	YEAR	PERCENT
High School	2008	80
	2006	80
	2004	65
Middle School	2008	78
	2006	73
	2004	70
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	79
	2006	75
	2004	68

TABLE 45J. Teachers want pregnancy prevention staff development.

	YEAR	PERCENT
High School	2008	73
	2006	57
	2004	63
Middle School	2008	65
	2006	58
	2004	51
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	69
	2006	58
	2004	56

TABLE 45K. Teachers want STD (sexually transmitted disease) prevention staff development.

	YEAR	PERCENT
High School	2008	77
	2006	64
	2004	69
Middle School	2008	68
	2006	61
	2004	60
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	72
	2006	62
	2004	64

TABLE 45L. Teachers want suicide prevention staff development.

	YEAR	PERCENT
High School	2008	80
	2006	76
	2004	65
Middle School	2008	84
	2006	65
	2004	69
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	83
	2006	69
	2004	67

TABLE 45M. Teachers want tobacco use prevention staff development.

	YEAR	PERCENT
High School	2008	76
	2006	70
	2004	62
Middle School	2008	69
	2006	61
	2004	61
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	72
	2006	64
	2004	61

TABLE 45N. Teachers want violence prevention (such as bullying, fighting, or homicide) staff development.

	YEAR	PERCENT
High School	2008	79
	2006	77
	2004	71
Middle School	2008	81
	2006	76
	2004	76
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	80
	2006	76
	2004	74

Middle school lead health teachers have a strong interest in staff development for suicide prevention (84%), violence prevention (81%), nutrition and dietary (78%), physical activity and fitness (78%), alcohol and drug use prevention (76%), emotional and mental health (73%), and asthma awareness (72%). High school level lead health teachers are interested in staff development for physical activity (80%), suicide prevention (80%), nutrition and dietary (76%), HIV (75%), and human sexuality (73%).

Between 2004 and 2006, there was a reported increase in teacher interest for receiving staff development in the areas of growth and development (from 41% to 53%), injury prevention (from 48% to 66%), and sun safety (from 49% to 57%). Since 2006, there has also been reported an increased desire for teachers to have staff development related to emotional and mental health, pregnancy prevention, suicide, and violence prevention.

QUESTION 46. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kinds of in-service) on each of the following teaching topics?

TABLE 46A. Teaching students with physical, medical, or cognitive disabilities.

	YEAR	PERCENT
High School	2008	35
	2006	41
	2004	44
Middle School	2008	35
	2006	50
	2004	51
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	35
	2006	47
	2004	49

TABLE 46B. Teaching students of various cultural backgrounds.

	YEAR	PERCENT
High School	2008	46
	2006	47
	2004	48
Middle School	2008	41
	2006	48
	2004	49
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	43
	2006	47
	2004	49

TABLE 46C. Teaching students with limited English proficiency.

	YEAR	PERCENT
High School	2008	36
	2006	30
	2004	38
Middle School	2008	32
	2006	33
	2004	36
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	32
	2006	31
	2004	37

TABLE 46D. Using interactive teaching methods such as role plays or cooperative group activities.

	YEAR	PERCENT
High School	2008	45
	2006	50
	2004	51
Middle School	2008	59
	2006	52
	2004	58
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	54
	2006	52
	2004	55

TABLE 46E. Encouraging family or community involvement.

	YEAR	PERCENT
High School	2008	22
	2006	33
	2004	36
Middle School	2008	34
	2006	36
	2004	29
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	29
	2006	35
	2004	32

TABLE 46F. Teaching skills for behavior change (e.g. communication, decision making).

	YEAR	PERCENT
High School	2008	37
	2006	42
	2004	51
Middle School	2008	41
	2006	48
	2004	40
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	40
	2006	46
	2004	45

TABLE 46G. Classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.

	YEAR	PERCENT
High School	2008	61
	2006	68
	2004	NA
Middle School	2008	54
	2006	61
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	58
	2006	64
	2004	NA

TABLE 46H. Assessing or evaluating students in health education.

	YEAR	PERCENT
High School	2008	31
	2006	41
	2004	NA
Middle School	2008	33
	2006	27
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	31
	2006	32
	2004	NA

Staff development was reported in the areas of interactive teaching methods (59%), classroom management techniques (54%), teaching students of various cultural backgrounds (41%), and teaching students with disabilities (35%) by middle school lead health teachers. High school lead health teachers reported staff development in the areas of classroom management (61%), teaching students with various cultural backgrounds (46%), and using interactive teaching strategies (45%).

QUESTION 47. Would you like to receive staff development on each of these topics?

TABLE 47A. Teaching students with physical, medical or cognitive disabilities.

	YEAR	PERCENT
High School	2008	67
	2006	69
	2004	67
Middle School	2008	80
	2006	69
	2004	68
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	76
	2006	70
	2004	68

TABLE 47B. Teaching students of various cultural backgrounds.

	YEAR	PERCENT
High School	2008	68
	2006	64
	2004	58
Middle School	2008	70
	2006	61
	2004	67
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	70
	2006	63
	2004	64

Over 66% of middle and high school lead health teachers reported that they would like to receive staff development for teaching students with physical, medical, or cognitive disabilities and for those students from various cultural backgrounds.

QUESTION 48. During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?

TABLE 48. Professional development actually received by teachers in the past two years.

	YEAR	MIDDLE	JR./SR.	HIGH	ALL SCHOOLS
Alcohol or Other Drug Use Prevention	2008	37	38	NA	38
Asthma Awareness	2008	25	33	NA	29
Emotional and Mental Health	2008	30	20	NA	24
Foodborne Illness Prevention	2008	21	20	NA	20
HIV Prevention	2008	47	49	NA	49
Human Sexuality	2008	44	42	NA	43
Injury Prevention and Safety	2008	45	45	NA	45
Nutrition and Dietary Behavior	2008	34	33	NA	33
Physical Activity and Fitness	2008	57	59	NA	59
Pregnancy Prevention	2008	42	41	NA	42
STD Prevention	2008	45	47	NA	47
Suicide Prevention	2008	25	18	NA	21
Tobacco Use Prevention	2008	37	41	NA	40
Violence Prevention; Such as Bullying, Fighting, or Homicide	2008	53	57	NA	56

Professional development was received by lead health teachers in the past two years in the areas of physical fitness (59%), violence prevention (56%), and HIV prevention (49%). Teachers reported they were less likely to have professional development in the areas of foodborne illness prevention (20%), suicide prevention (21%), and emotional and mental health (24%).

QUESTION 49. Is there a health education teacher in this school who actively participates in a Professional Learning Community?

TABLE 49. Participation in a Professional Learning Community.

	YEAR	PERCENT
High School	2008	35
Middle School	2008	38
Junior/Senior Combined	2008	21

Approximately 35% of all middle and high school lead health teachers reported a health education teacher in their school actively participates in a professional learning community.



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.

QUESTION 50. What was the major emphasis of your professional preparation?

TABLE 50A. Major professional preparation in health and physical education combined.

	YEAR	PERCENT
High School	2008	59
	2006	63
	2004	61
Middle School	2008	45
	2006	58
	2004	57
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	51
	2006	60
	2004	59

TABLE 50B. Major professional preparation in health education.

	YEAR	PERCENT
High School	2008	6
	2006	3
	2004	2
Middle School	2008	9
	2006	4
	2004	10
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	7
	2006	3
	2004	7

TABLE 50C. Major professional preparation in physical education.

	YEAR	PERCENT
High School	2008	23
	2006	19
	2004	26
Middle School	2008	34
	2006	26
	2004	23
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	30
	2006	23
	2004	24

TABLE 50D. Major professional preparation in other education field.

	YEAR	PERCENT
High School	2008	1
	2006	3
	2004	0
Middle School	2008	4
	2006	5
	2004	1
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	3
	2006	4
	2004	1

TABLE 50E. Major professional preparation in kinesiology, exercise science, or exercise physiology.

	YEAR	PERCENT
High School	2008	5
	2006	8
	2004	0
Middle School	2008	4
	2006	2
	2004	0
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	4
	2006	5
	2004	0

TABLE 50F. Major professional preparation in home economics or family and consumer science.

	YEAR	PERCENT
High School	2008	0
	2006	0
	2004	0
Middle School	2008	0
	2006	0
	2004	0
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	0
	2006	0
	2004	0

TABLE 50G. Major professional preparation in biology or other science.

	YEAR	PERCENT
High School	2008	1
	2006	0
	2004	0
Middle School	2008	1
	2006	1
	2004	4
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	1
	2006	0
	2004	2

TABLE 50H. Major professional preparation in nursing.

	YEAR	PERCENT
High School	2008	3
	2006	2
	2004	7
Middle School	2008	2
	2006	0
	2004	1
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	2
	2006	1
	2004	3

TABLE 50I. Major professional preparation in counseling.

	YEAR	PERCENT
High School	2008	0
	2006	0
	2004	0
Middle School	2008	0
	2006	3
	2004	1
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	0
	2006	2
	2004	0

TABLE 50J. Major professional preparation in public health.

	YEAR	PERCENT
High School	2008	1
	2006	1
	2004	0
Middle School	2008	0
	2006	0
	2004	0
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	0
	2006	0
	2004	0

TABLE 50K. Major professional preparation in nutrition.

	YEAR	PERCENT
High School	2008	0
	2006	0
	2004	NA
Middle School	2008	0
	2006	0
	2004	NA
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	0
	2006	0
	2004	NA

TABLE 50L. Major professional preparation in other field.

	YEAR	PERCENT
High School	2008	2
	2006	1
	2004	1
Middle School	2008	1
	2006	1
	2004	3
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	1
	2006	1
	2004	2

Forty-five percent of middle grades lead health teachers have professional preparation in combined health and physical education. At the high school level, fifty-nine percent of lead health teachers' professional preparation is in combined health and physical education. Seven percent of respondents to this survey indicate that their major professional preparation is in health education.

QUESTION 51. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?

TABLE 51. Teachers with license, certificate, or endorsement from the state department of education.

	YEAR	PERCENT
High School	2008	80
	2006	90
	2004	71
Middle School	2008	79
	2006	73
	2004	71
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	79
	2006	79
	2004	71

More than three-quarters of all lead health teachers report having a license, certificate, or endorsement from the state department of education to teach health education in middle/junior high school (79%) or senior high school (80%). In 2004, overall 71% of lead health teachers reportedly held a license, certification, or endorsement. In 2006, that percentage rose to 79% and remains the same in 2008.

QUESTION 52. Including this school year, how many years have you been teaching health education class topics?

TABLE 52A. Teachers with one year of teaching experience in health education.

	YEAR	PERCENT
High School	2008	8
	2006	4
	2004	2
Middle School	2008	4
	2006	8
	2004	2
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	6
	2006	6
	2004	2

TABLE 52B. Teachers with two to five years of teaching experience in health education.

	YEAR	PERCENT
High School	2008	18
	2006	18
	2004	22
Middle School	2008	19
	2006	22
	2004	29
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	19
	2006	21
	2004	26

TABLE 52C. Teachers with six to nine years of teaching experience in health education.

	YEAR	PERCENT
High School	2008	12
	2006	14
	2004	12
Middle School	2008	17
	2006	15
	2004	13
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	15
	2006	14
	2004	12

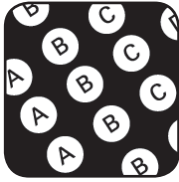
TABLE 52D. Teachers with ten to fourteen years of teaching experience in health education.

	YEAR	PERCENT
High School	2008	17
	2006	14
	2004	22
Middle School	2008	13
	2006	16
	2004	18
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	15
	2006	15
	2004	19

TABLE 52E. Teachers with fifteen or more years of teaching experience in health education.

	YEAR	PERCENT
High School	2008	46
	2006	50
	2004	43
Middle School	2008	46
	2006	39
	2004	39
Junior/Senior Combined	2008	NA
	2006	NA
	2004	NA
Overall	2008	44
	2006	44
	2004	40

Forty-six percent of the lead health teachers at the middle school level report fifteen years or more of teaching experience, 13% report ten to fourteen years, 17% report six to nine years, and 19% report two to five years. At the high school level, 46% report fifteen or more years of experience, 17% report ten to fourteen years of experience, 12% report six to nine years, and 18% report two to five years of experience. In 2004, a higher percentage of high school teachers with ten to fourteen years of experience was reported (22% versus 14%) and a lower percentage with fifteen or more years than in 2006 (43% versus 50%). In 2006, fewer lead health teachers reported fifteen or more years of experience.



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HIV/STDs AND TEEN PREGNANCY PREVENTION

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TABLE 22G.	Lack of educational resources challenge in implementing teen pregnancy prevention.
TABLE 22H.	Lack of professional development challenge in implementing teen pregnancy prevention.
TABLE 22I.	Lack of student interest challenge in implementing teen pregnancy prevention.
TABLE 22J.	Limited instructional time challenge in implementing teen pregnancy prevention.
TABLE 22K.	Perceived community opposition challenge in implementing teen pregnancy prevention.
TABLE 26A.	Time devoted to teaching abstinence in a semester in a middle school.

TABLE 26B.	Time devoted to teaching abstinence in a semester in a combined junior/senior school.
TABLE 26C.	Time devoted to teaching abstinence in a semester in a senior high school.
TABLE 27.	Active consent for sexuality education.
TABLE 28A.	Middle school students who opt out of sexuality education each semester.
TABLE 28B.	Junior/Senior high school students who opt out of sexuality education each semester.
TABLE 28C.	Senior high school students who opt out of sexuality education each semester.
TABLE 29.	Topics included in a HIV/STD and teen pregnancy unit.
TABLE 30A.	Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.
TABLE 30B.	Provided curricula or supplementary materials in the primary languages of the youth and families.
TABLE 30C.	Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community.
TABLE 30D.	Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community.

TOBACCO POLICIES AND PROGRAMS

TABLE 31A.	Schools which provide referrals for faculty and staff for tobacco cessation programs.
TABLE 31B.	Schools which provide referrals for students for tobacco cessation programs.
TABLE 32.	Student groups which support tobacco use prevention and cessation.

PHYSICAL EDUCATION

TABLE 33A.	Time sixth graders in a middle school are required to take physical education.
TABLE 33B.	Time seventh graders in a middle school are required to take physical education.
TABLE 33C.	Time eighth graders in a middle school are required to take physical education.
TABLE 34A.	Days per week sixth graders in a middle school are required to take physical education.
TABLE 34B.	Days per week seventh graders in a middle school are required to take physical education.
TABLE 34C.	Days per week eighth graders in a middle school are required to take physical education.
TABLE 35.	Number of credits of physical education required for high school graduation.
TABLE 36.	Adoption of the Move More Standards
TABLE 37A.	Goals, objectives, and outcomes for physical education.
TABLE 37B.	Chart describing scope and sequence for physical education instruction.
TABLE 37C.	Plans for assessment of student performance in physical education.
TABLE 37D.	A written physical education curriculum.

MOLD GROWTH PREVENTION

TABLE 38A.	Teachers who report their schools are clean.
TABLE 38B.	Teachers who report their schools have water damage.
TABLE 39A.	Environment is hot, comfortable, or cold.
TABLE 39B.	Environment is dry, comfortable, or damp.
TABLE 39C.	Environment is fresh, comfortable, or stuffy.
TABLE 39D.	Environment is smelly, comfortable, or no odor.
TABLE 39E.	Environment is clean, comfortable, or dirty.

MEDICAL EMERGENCY PREPAREDNESS

TABLE 40A.	Heart disease and stroke prevention.
TABLE 40B.	High blood pressure prevention.
TABLE 40C.	High cholesterol prevention.
TABLE 40D.	The signs and symptoms of a stroke.
TABLE 40E.	The signs and symptoms of a heart attack.
TABLE 40F.	The need to treat stroke as a medical emergency.
TABLE 40G.	The need to treat heart attack as a medical emergency.
TABLE 40H.	The use of Automated External Defibrillator.
TABLE 40I.	CPR training.

PROFESSIONAL COLLABORATION

TABLE 41A.	Health education staff worked with school health services staff (e.g., nurses).
TABLE 41C.	Health education staff worked with school mental health or social services staff (e.g., psychologists, counselors, and social workers).
TABLE 41D.	Health education staff worked with nutrition or food service staff.
TABLE 42A.	HIV prevention, STD prevention, or teen pregnancy prevention.
TABLE 42B.	Tobacco use prevention.
TABLE 42C.	Physical activity.
TABLE 42D.	Nutrition and healthy eating.
TABLE 42E.	Asthma.

PROFESSIONAL DEVELOPMENT

TABLE 43A.	Staff development received on alcohol or other drug use prevention.
TABLE 43B.	Staff development received on asthma awareness.
TABLE 43C.	Staff development received on emotional and mental health.
TABLE 43D.	Staff development received on HIV (human immunodeficiency virus) prevention.
TABLE 43E.	Staff development received on human sexuality.
TABLE 43F.	Staff development received on foodborne illness prevention.
TABLE 43G.	Staff development received on injury prevention and safety.
TABLE 43H.	Staff development received on nutrition and dietary behavior.
TABLE 43I.	Staff development received on physical activity and fitness.
TABLE 43J.	Staff development received on pregnancy prevention.
TABLE 43K.	Staff development received on STD (sexually transmitted disease) prevention.
TABLE 43L.	Staff development received on suicide prevention.
TABLE 43M.	Staff development received on tobacco use prevention.
TABLE 43N.	Staff development received on violence prevention (such as bullying, fighting, or homicide).
TABLE 44.	Professional Development/Nutrition.
TABLE 45A.	Teachers want alcohol or other drug use prevention staff development.
TABLE 45B.	Teachers want asthma awareness staff development.
TABLE 45C.	Teachers want emotional and mental health staff development.
TABLE 45D.	Teachers want foodborne illness prevention.
TABLE 45E.	Teachers want HIV (human immunodeficiency virus prevention) staff development.
TABLE 45F.	Teachers want human sexuality staff development.
TABLE 45G.	Teachers want injury prevention and safety staff development.
TABLE 45H.	Teachers want nutrition and dietary behavior staff development.
TABLE 45I.	Teachers want physical activity and fitness staff development prevention.
TABLE 45J.	Teachers want pregnancy prevention staff development.
TABLE 45K.	Teachers want STD (sexually transmitted disease) prevention staff development.
TABLE 45L.	Teachers want suicide prevention staff development.
TABLE 45M.	Teachers want tobacco use prevention staff development.
TABLE 45N.	Teachers want violence prevention (such as bullying, fighting, or homicide) staff development.

TABLE 46A.	Teaching students with physical, medical, or cognitive disabilities.
TABLE 46B.	Teaching students of various cultural backgrounds.
TABLE 46C.	Teaching students with limited English proficiency.
TABLE 46D.	Using interactive teaching methods such as role plays or cooperative group activities.
TABLE 46E.	Encouraging family or community involvement.
TABLE 46F.	Teaching skills for behavior change (e.g. communication, decision making).
TABLE 46G.	Classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.
TABLE 46H.	Assessing or evaluating students in health education.
TABLE 47A.	Teaching students with physical, medical or cognitive disabilities.
TABLE 47B.	Teaching students of various cultural backgrounds.
TABLE 48.	Professional development actually received by teachers in the past two years.
TABLE 49.	Participation in a Professional Learning Community.

PROFESSIONAL PREPARATION

TABLE 50A.	Major professional preparation in health and physical education combined.
TABLE 50B.	Major professional preparation in health education.
TABLE 50C.	Major professional preparation in physical education.
TABLE 50D.	Major professional preparation in other education field.
TABLE 50E.	Major professional preparation in kinesiology, exercise science, or exercise physiology.
TABLE 50F.	Major professional preparation in home economics or family and consumer science.
TABLE 50G.	Major professional preparation in biology or other science.
TABLE 50H.	Major professional preparation in nursing.
TABLE 50I.	Major professional preparation in counseling.
TABLE 50J.	Major professional preparation in public health.
TABLE 50K.	Major professional preparation in nutrition.
TABLE 50L.	Major professional preparation in other field.
TABLE 51.	Teachers with license, certificate, or endorsement from the state department of education.
TABLE 52A.	Teachers with one year of teaching experience in health education.
TABLE 52B.	Teachers with two to five years of teaching experience in health education.
TABLE 52C.	Teachers with six to nine years of teaching experience in health education.
TABLE 52D.	Teachers with ten to fourteen years of teaching experience in health education.
TABLE 52E.	Teachers with fifteen or more years of teaching experience in health education.

2008 SCHOOL HEALTH PROFILES

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

2008 SCHOOL HEALTH PROFILES LEAD HEALTH EDUCATION TEACHER 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.)

1. Is health education required for students in any of grades 6 through 12 in this school? (Mark one response.)

- ☐ Yes
☐ No – Skip to Question 5
-

2. How many required health education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- ☐ 0 courses – Skip to Question 5
☐ 1 course
☐ 2 courses
☐ 3 courses
☐ 4 or more courses
-

3. 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.)

GRADE		YES	NO	NOT APPLICABLE (e.g., grade not taught in this school.)
a.	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- ☐ Yes
☐ No
-

5. Are those who teach health education at this school provided with the following materials? (Mark yes or no for each material.)

MATERIAL	YES	NO
a. Goals, objectives, and expected outcomes for health education.	O	O
b. A chart describing the annual scope and sequence of instruction for health education. . .	O	O
c. Plans for how to assess student performance in health education	O	O
d. A written health education curriculum	O	O

6. Does your health education curriculum address each of the following? (Mark yes or no for each skill; or mark NA for each skill if your school does not have a health education curriculum.)

SKILL	YES	NO	NOT APPLICABLE
a. Comprehending concepts related to health promotion and disease prevention to enhance health.	O	O	O
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	O	O	O
c. Accessing valid information and products and services to enhance health	O	O	O
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks	O	O	O
e. Using decision-making skills to enhance health	O	O	O
f. Using goal-setting skills to enhance health	O	O	O
g. Practicing health-enhancing behaviors to avoid or reduce risks . .	O	O	O
h. Advocating for personal, family, and community health	O	O	O

7. During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required 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.	O	O
b. Asthma awareness	O	O
c. Emotional and mental health	O	O
d. Foodborne illness prevention	O	O
e. HIV (human immunodeficiency virus) prevention.	O	O
f. Human sexuality	O	O
g. Injury prevention and safety	O	O
h. Nutrition and dietary behavior	O	O
i. Physical activity and fitness.	O	O
j. Pregnancy prevention	O	O
k. STD (sexually transmitted disease) prevention	O	O
l. Suicide prevention	O	O
m. Tobacco-use prevention.	O	O
n. Violence prevention, such as bullying, fighting, or homicide.	O	O

8. During this school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

TOPIC	YES	NO
a. Identifying tobacco products and the harmful substances they contain	O	O
b. Identifying short and long-term health consequences of tobacco use	O	O
c. Identifying legal, social, economic, and cosmetic consequences of tobacco use	O	O
d. Understanding the addictive nature of nicotine	O	O
e. Effects of tobacco use on athletic performance.	O	O
f. Effects of second-hand smoke and benefits of a smoke-free environment.	O	O
g. Understanding the social influences on tobacco use, including media, family, peers, and culture	O	O
h. Identifying reasons why students do and do not use tobacco	O	O
i. Making accurate assessments of how many peers use tobacco	O	O
j. Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	O	O
k. Using goal-setting and decision-making skills related to not using tobacco	O	O
l. Finding valid information and services related to tobacco-use prevention and cessation	O	O
m. Supporting others who abstain from or want to quit using tobacco	O	O
n. Supporting school and community action to support a tobacco-free environment.	O	O
o. Identifying harmful effects of tobacco use on fetal development	O	O

9. During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 6, 7, or 8? (Mark yes or no for each topic; or mark NA for each topic if your school does not contain grades 6, 7, or 8.)

TOPIC	YES	NO	NOT APPLICABLE
a. The differences between HIV and AIDS	O	O	O
b. How HIV and other STDs are transmitted.	O	O	O
c. How HIV and other STDs are diagnosed and treated	O	O	O
d. Health consequences of HIV, other STDs, and pregnancy	O	O	O
e. The benefits of being sexually abstinent	O	O	O
f. How to prevent HIV, other STDs, and pregnancy	O	O	O
g. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	O	O	O
h. The influences of media, family, and social and cultural norms on sexual behavior	O	O	O
i. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	O	O	O
j. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	O	O	O
k. Compassion for persons living with HIV or AIDS	O	O	O

10. During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 9, 10, 11, or 12? (Mark yes or no for each topic; or mark NA for each topic if your school does not contain grades 9, 10, 11, or 12.)

TOPIC	YES	NO	NOT APPLICABLE
a. The relationship among HIV, other STDs, and pregnancy	O	O	O
b. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	O	O	O
c. The benefits of being sexually abstinent	O	O	O
d. How to prevent HIV, other STDs, and pregnancy	O	O	O
e. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	O	O	O
f. The influences of media, family, and social and cultural norms on sexual behavior	O	O	O
g. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	O	O	O
h. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	O	O	O
i. Efficacy of condoms, that is, how well condoms work and do not work	O	O	O
j. The importance of using condoms consistently and correctly.	O	O	O
k. How to obtain condoms.	O	O	O

11. During this school year, did teachers in this school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

TOPIC	YES	NO
a. Benefits of healthy eating	O	O
b. Food guidance using MyPyramid	O	O
c. Using food labels	O	O
d. Balancing food intake and physical activity	O	O
e. Eating more fruits, vegetables, and whole grain products.	O	O
f. Choosing foods that are low in fat, saturated fat, and cholesterol.	O	O
g. Using sugars in moderation	O	O
h. Using salt and sodium in moderation	O	O
i. Eating more calcium-rich foods.	O	O
j. Food safety	O	O
k. Preparing healthy meals and snacks.	O	O
l. Risks of unhealthy weight control practices.	O	O
m. Accepting body size differences	O	O
n. Signs, symptoms, and treatment for eating disorders	O	O

12. During this school year, did teachers in this school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

TOPIC	YES	NO
a. Physical, psychological, or social benefits of physical activity	O	O
b. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	O	O
c. Phases of a workout (i.e., warm-up, workout, cool down)	O	O
d. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)	O	O
e. Developing an individualized physical activity plan	O	O
f. Monitoring progress toward reaching goals in an individualized physical activity plan	O	O
g. Overcoming barriers to physical activity	O	O
h. Decreasing sedentary activities such as television viewing	O	O
i. Opportunities for physical activity in the community	O	O
j. Preventing injury during physical activity	O	O
k. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	O	O
l. Dangers of using performance-enhancing drugs such as steroids	O	O

HIV PREVENTION

13. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following? (Mark yes or no for each activity.)

ACTIVITY	YES	NO
a. Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities . .	O	O
b. Provided curricula or supplementary materials in the primary languages of the youth and families	O	O
c. Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community	O	O
d. Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community	O	O

COLLABORATION

14. 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	O O	O O
b. School health services staff (e.g., nurses)	O O	O O
c. School mental health or social services staff (e.g., psychologists, counselors, and social workers)	O O	O O
d. Nutrition or food service staff	O O	O O

15. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of the following topics? (Mark yes or no for each topic.)

TOPIC	YES	NO
a. HIV prevention, STD prevention, or teen pregnancy prevention	O O	O O
b. Tobacco-use prevention	O O	O O
c. Physical activity	O O	O O
d. Nutrition and healthy eating	O O	O O
e. Asthma	O O	O O

PROFESSIONAL DEVELOPMENT

16. During the past two years, did you receive professional 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 topic.)

TOPIC	YES	NO
a. Alcohol or other drug use prevention.	O O	O O
b. Asthma awareness	O O	O O
c. Emotional and mental health	O O	O O
d. Foodborne illness prevention	O O	O O
e. HIV (human immunodeficiency virus) prevention.	O O	O O
f. Human sexuality	O O	O O
g. Injury prevention and safety	O O	O O
h. Nutrition and dietary behavior	O O	O O
i. Physical activity and fitness.	O O	O O
j. Pregnancy prevention	O O	O O
k. STD (sexually transmitted disease) prevention	O O	O O
l. Suicide prevention	O O	O O
m. Tobacco-use prevention.	O O	O O
n. Violence prevention, such as bullying, fighting, or homicide.	O O	O O

17. During the past two years, did you receive professional 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 topic.)

TOPIC	YES	NO
a. Describing how widespread HIV and other STD infections are and the consequences of these infections	O	O
b. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	O	O
c. Identifying populations of youth who are at high risk of being infected with HIV and other STDs	O	O
d. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	O	O
e. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities.	O	O
f. Teaching HIV prevention education to students of various cultural backgrounds	O	O
g. Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities	O	O
h. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.	O	O
i. Teaching about health-promoting social norms and beliefs related to HIV prevention	O	O
j. Strategies for involving parents, families, and others in student learning of HIV prevention education.	O	O
k. Assessing students' performance in HIV prevention education.	O	O
l. Implementing standards-based HIV prevention education curriculum and student assessment	O	O
m. Using technology to improve HIV prevention education instruction.	O	O
n. Teaching HIV prevention education to students with limited English proficiency	O	O
o. Addressing community concerns and challenges related to HIV prevention education	O	O

18. Would you like to receive professional 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.	O	O
b. Asthma awareness	O	O
c. Emotional and mental health	O	O
d. Foodborne illness prevention	O	O
e. HIV (human immunodeficiency virus) prevention.	O	O
f. Human sexuality	O	O
g. Injury prevention and safety	O	O
h. Nutrition and dietary behavior	O	O
i. Physical activity and fitness.	O	O
j. Pregnancy prevention	O	O
k. STD (sexually transmitted disease) prevention	O	O
l. Suicide prevention	O	O
m. Tobacco-use prevention.	O	O
n. Violence prevention, such as bullying, fighting, or homicide.	O	O

19. During the past two years, did you receive professional 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	O	O
b. Teaching students of various cultural backgrounds	O	O
c. Teaching students with limited English proficiency	O	O
d. Using interactive teaching methods, such as role plays or cooperative group activities	O	O
e. Encouraging family or community involvement	O	O
f. Teaching skills for behavior change	O	O
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management	O	O
h. Assessing or evaluating students in health education	O	O

20. Would you like to receive professional 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	O	O
b. Teaching students of various cultural backgrounds	O	O
c. Teaching students with limited English proficiency	O	O
d. Using interactive teaching methods, such as role plays or cooperative group activities	O	O
e. Encouraging family or community involvement	O	O
f. Teaching skills for behavior change	O	O
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management	O	O
h. Assessing or evaluating students in health education	O	O

PROFESSIONAL PREPARATION

21. What was the major emphasis of your professional preparation? (Mark one response.)

- ☐ Health and physical education combined
 - ☐ Health education
 - ☐ Physical education
 - ☐ Other education degree
 - ☐ Kinesiology, exercise science, or exercise physiology
 - ☐ Home economics or family and consumer science
 - ☐ Biology or other science
 - ☐ Nursing
 - ☐ Counseling
 - ☐ Public health
 - ☐ Nutrition
 - ☐ Other
-

22. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?

- ☐ Yes
 - ☐ No
-

23. Including this school year, how many years of experience do you have teaching health education classes or topics? (Mark one response.)

- ☐ 1 year
- ☐ 2 to 5 years
- ☐ 6 to 9 years
- ☐ 10 to 14 years
- ☐ 15 years or more

Thank you for your responses. Please return this questionnaire.

