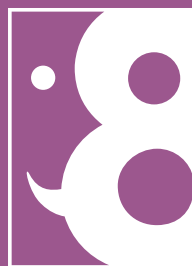


# 2010 School Health Profiles

North Carolina Middle and High Schools

Findings of the 2010 School Health Profiles  
Principals and Lead Health Teachers Surveys

[www.nchealthyschools.org](http://www.nchealthyschools.org)



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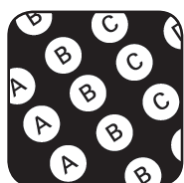
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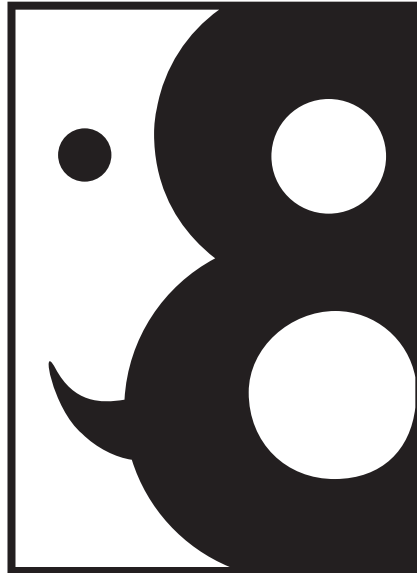
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**NC HEALTHY  
SCHOOLS**

# **School Health Profiles in North Carolina Middle and High Schools**

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Findings of the 2010 School Health Education Profiles – Principals' Survey

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April 2011



## 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 2010 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 2010 North Carolina School Health Profiles Survey were 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.

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. Paula Hildebrand and Dr. Donna Breitenstein provided proofreading assistance with the report. Dr. Donna Breitenstein, Director of the North Carolina Comprehensive School Health Training Center, served as liaison for the project.



## 2010 SCHOOL HEALTH EDUCATION PROFILES PRINCIPALS' SURVEY

### INTRODUCTION

The School Health Profiles (Profiles) assists state 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 426 regular secondary public schools containing any of grades 6 through 12 in North Carolina during spring 2010. Usable questionnaires were received from 84% of principals and from 79% of teachers. 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 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 lower 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 – 2010 SCHOOL HEALTH EDUCATION PROFILES PRINCIPALS’ SURVEY

### COORDINATED SCHOOL HEALTH AND HEALTH EDUCATION

- 2010 saw a decrease in the use of assessment tools for policies, activities, and programs in all areas. Thirty-five percent of schools have used the School Health Index to assess components of physical activity and tobacco-use prevention, while 33% assessed nutrition and 19% assessed asthma issues. New to 2010 was injury and violence prevention, with 29% of schools reporting the assessment of policies, activities, and programs for this program area.
- The majority of schools have a School Improvement Plan that includes goals and objectives for healthy and safe school environment (83%), family and community involvement (82%), physical education and physical activity (56%), and health education (53%). Fewer than half of schools have a School Improvement Plan for faculty and staff health promotion (38%), health services (34%), nutrition services and foods and beverages available at school (32%), and mental health and social services (29%).
- As part of the school’s wellness policy, more schools report the rates of student participation in school meal programs (87%) and revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria (72%). Middle schools are most likely to report the number of minutes of physical education required in each grade (83%) compared to high schools and Junior/Senior high schools (56% and 36%, respectively) and number of minutes of physical activity outside of physical education (65%) compared to high schools and Junior/Senior high schools (23% and 17%, respectively).
- The majority of schools (84%) have an individual assigned to coordinate all school health activities. These data reflect an increase of eight percentage points from 2008.
- Fifty percent of schools have at least one group that offers guidance on the development of policies or coordinates activities on health topics. This reflects a decline of 17 percentage points since 2004.
- For schools with an advisory committee or group, the majority include the following representatives: health education teacher (91%), physical education teacher (90%), school administrator (85%), or health service staff, like a school nurse (80%), parents or families of students (58%), mental health or social services staff (55%), and community members (52%). Schools are least likely to have a representative from a faith-based organization (18%), maintenance and transportation staff (18%), library/media center staff (26%), the business sector (26%), or technology staff (27%) serving on their school health committee or health advisory group.
- Approximately 38% of schools have received professional development for staff on HIV, STD, or pregnancy prevention issues and resources targeted to ethnic/racial minority youth at high risk. Thirty eight percent of schools have provided professional development targeted to youth who participate in drop-out prevention, alternative education, or GED programs. High schools are more likely to report these professional development opportunities than middle schools or combined schools.
- Few schools (19%) have a student-led club such as a gay/straight alliance. However, 32% of high schools report having such an organization that aims to create a safe, welcoming, and accepting school environment for all youth.



- Most schools have practices that prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity (86%). The majority of schools also encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity (53%) and identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff (52%). Fewer schools (42%) facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth or facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.
- Policies most frequently adopted with regard to HIV and AIDS include: worksite safety (i.e., universal precautions for all school staff) (86%); maintaining confidentiality of HIV-infected students and staff (76%); procedures to protect HIV-infected students and staff from discrimination (66%); and confidential counseling for HIV-infected students (64%). Additional policies include: adequate training about HIV infection for school staff (62%); communication of the policy to students, school staff, and parents (59%); procedures for implementing the policy (57%); and, attendance of students with HIV infection (54%).
- The majority of schools report participating in a program to prevent bullying (83%) and a student mentoring program (74%). Fewer schools report having a youth development program (48%), programs to prevent dating violence (27%), or a safe-passages to school program (21%).
- Eighty-seven percent of high schools and 85% of middle schools require health education teachers to be certified, licensed, or endorsed by the state in health education. At the middle grade level, this reflects a 13 percentage point increase in this requirement from 2006; at the high school level, this reflects a decline of four percentage points from 2006.

## **REQUIRED PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

- Physical education is required at 98% of middle schools and 97% of high schools in at least one grade, six through 12.
- Physical education is required for grades six through eight in 95% of schools. Additionally, 95% of senior high schools report that physical education is required for ninth grade students. Eleven percent of senior high schools require physical education at the tenth grade level. In grades eleven and twelve, the percentage declines to 9%. These data reflect a decline in required physical education for grades ten through 12.
- The most common reasons cited for student exemptions in physical education are long-term physical or medical disability (68%), religious reasons (33%), or a cognitive disability (24%). Eighteen percent and 11% of schools, respectively, report enrollment in other courses or participation in other school activities as exemptions from a grading period or longer of physical education.

## **PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

- The majority (92%) of schools report that physical education teachers received some type of professional development within the past two years. A slightly higher percentage of middle schools than high schools reported professional development (96% and 90%, respectively).
- Several materials are provided by the majority of schools to physical education teachers including goals, objectives and expected outcomes (97%), a written curriculum (92%), assessment tools (85%), and scope and sequencing charts (83%). These data are similar to 2008 data.

- A majority of schools provide opportunities for students to participate in activities such as intramurals or physical activity clubs. At the middle school level, 67% of schools offer these opportunities (a ten percentage point decrease from 2008), whereas, at the high school level, 52% offer intramural activities or physical activity clubs. This shows an overall increase in activity opportunities since 2004.
- The majority of schools (71%) allow use of indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons.

## **TOBACCO USE PREVENTION POLICIES**

- High schools report a 99% adoption rate for tobacco-use prevention policies while middle schools report 99% of schools adopting policy prohibiting tobacco use on the campus, for an overall 99%.
- Consistent with data from 2004 through 2008, between 98% and 99% of schools have a tobacco-use prevention policy for students in 2010.
- Ninety-eight percent of schools have tobacco prevention policies to specifically prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff (a 28 percentage point increase since 2004).
- Ninety-nine percent of high schools report the tobacco prevention policy for visitors specifically prohibits the use of all tobacco (an increase for all forms since 2008) while between 97 – 99% of middle schools have specific policy on the use of cigarettes, cigars, pipes, and smokeless tobacco.
- During school hours, 98% of schools prohibit student, faculty and staff or visitor tobacco use. During non-school hours, 94% of schools prohibit tobacco use by students, 93% for faculty and staff, and 88% for visitors.
- For students, 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings, outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students. Ninety-six percent report having a tobacco-use prevention policy that specifically prohibits tobacco use at off-campus, school-sponsored events.
- For faculty/staff, 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings, outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students. Ninety-three percent report having a tobacco-use prevention policy that specifically prohibits tobacco use at off-campus, school-sponsored events.
- For visitors, 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings and outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students.
- One hundred percent of schools report having a procedure to inform students and faculty or staff about the tobacco-use policy while 98% of schools report having a mechanism in place to inform visitors.
- Almost all schools (98%) have guidelines for actions when students are caught smoking cigarettes.
- Most schools (52%) do not have a single individual responsible for enforcing the tobacco-use prevention policy; 39% rely upon the principal for enforcement. These data are reflective of the 2008 data.
- The majority of schools considers their zero tolerance policy (85%) and repeat offender status (81%) as the most common determinants of the actions taken against students for smoking. The severity of the violation is also taken into consideration for most schools (61%) while grade level is considered by 33% of school.

- All middle and high schools take action when students are caught smoking cigarettes. Most contact parent/family and a school administrator (94% and 95%, respectively). Twenty-one percent of middle schools and 22% of high schools require students to participate in an assistance, education, or cessation program when caught smoking cigarettes and 32% and 21% of the respective schools encourage but do not require participation in such programs. Overall, 25% of students are always or almost always suspended from school and similarly, 24% are given in-school suspension.
- Ninety-three percent of schools have signage to indicate a tobacco-free school zone.
- Half of schools report sharing information with students and families about tobacco-use prevention efforts, while 54% report working with local agencies to plan and implement events or programs intended to reduce tobacco use.
- Thirty-three percent of schools have tobacco cessation programs for faculty and staff (a decline of nine percentage points from 2008) while 38% of schools report such programs for students (a decline of ten percentage points from 2008).
- Forty-seven percent of schools have an arrangement with a local provider or organization to provide tobacco cessation services for faculty or staff as well as students.

## **NUTRITION-RELATED POLICIES AND PRACTICES**

- Most schools (86%) report that they sometimes, almost always, or always provide fruits or non-fried vegetables during school celebrations.
- Eighty-eight percent of high school and 51% 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 2004.
- Most high schools allow the purchase of sports drinks (79%), salty snacks that are not low fat (60%), cookies, crackers, cakes, pastries, or other baked goods that are not low in fat (58%), soda pop or fruit drinks that are not 100% juice (55%), and half sell foods or beverages containing caffeine. The most common foods available through vending machines or at the school store, canteen, or snack bar reported by middle schools are sports drinks (33%), two percent or whole milk (25%), salty snacks that are not low fat (25%), and cookies, crackers, cakes, pastries, or other baked goods that are not low in fat (24%).
- Forty-two percent of schools limit package or serving sizes for foods sold outside of the cafeteria. More high schools (57%) than middle schools (33%) report these limitations.
- Forty-one percent of schools report providing nutrition information to parents and students while 33% of schools have collected recommendations on food preferences to promote healthy eating. Only seven percent of schools have adjusted prices to promote healthy eating and 16% report conducting taste tests to determine food preferences for nutritious items.
- Few schools (two percent) allow the promotion of candy, fast food, or soft drinks through product giveaways.
- The majority of schools prohibit the advertising of candy, fast foods, or soft drinks in the school settings, on school buses, or through student publications.

## HEALTH SERVICES

- In 2010, 24% of schools had a full-time registered nurse to provide health services to students. Twenty-seven percent to high schools report having a full-time nurse compared to 22% of middle schools.
- Ninety percent of schools report that all or most students with known asthma have an action plan on file with the school. Only two percent of school report not having an action plan for students with known asthma.
- The most commonly cited means to identify students with poorly controlled asthma were frequent visits to the school health office due to asthma (67%), frequent asthma symptoms at school (64%), and students sent home early due to asthma (51%).
- Most schools provide a variety of services to students with poorly controlled asthma including ensuring access to safe, enjoyable physical education and activity opportunities (86%), ensuring access to preventive medications before physical activity (88%), and ensuring an appropriate written asthma action plan is obtained (88%). Additionally, most schools ensure access to and appropriate use of asthma medications, spacers, and peak flow meters at school and work to minimize asthma triggers in the school environment (73%).
- Eighty-four percent of schools permit students to carry and self-administer asthma medications.
- The majority of schools with policies for students to carry and self-administer asthma medications also have procedures to inform students (95%) and families (94%) about the policy.
- Among schools that allow students to carry and self-administer asthma medication, over half schools (60%) report that the school nurse has the responsibility of implementing the school's asthma policy while 19% of schools do not have a single individual designated for this policy.

## FAMILY AND COMMUNITY INVOLVEMENT

- The most common topics for which schools report having received input from families for policy or programming are nutrition and healthy eating (28%), tobacco-use prevention (25%), and physical activity (24%). Fewer schools report family involvement for asthma (16%) and HIV, STD, or teen pregnancy prevention (13%).
- The most common topics for which schools report having received input from community for policy or programming are nutrition and healthy eating (39%), tobacco-use prevention (38%), and physical activity (32%). Fewer schools report community involvement for asthma (23%) and HIV, STD, or teen pregnancy prevention (27%).



## COORDINATED SCHOOL HEALTH AND HEALTH EDUCATION

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 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 High Combined and high.

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.

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### QUESTION 1. 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 1. Schools that report assessing policies, activities, and programs.**

	YEAR	PERCENT
<b>Physical activity</b>	2010	35
	2008	47
<b>Nutrition</b>	2010	33
	2008	44
<b>Tobacco-use prevention</b>	2010	35
	2008	41
<b>Asthma</b>	2010	19
	2008	29
<b>Injury &amp; violence prevention*</b>	2010	29

*\*new item for 2010*

2010 saw a decrease in the use of assessment tools for policies, activities, and programs in all areas. Thirty-five percent of schools have used the School Health Index to assess components of physical activity and tobacco-use prevention, while 33% assessed nutrition and 19% assessed asthma issues. New to 2010 was injury and violence prevention, with 29% of schools reporting the assessment of policies, activities, and programs for this program area.

**QUESTION 2. The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school's written SIP include health related goals and objectives on any of the following topics?**

**TABLE 2A. School has a written SIP with goals and objectives for health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	52
<b>Middle School</b>	2010	55
<b>Junior/Senior High Combined</b>	2010	48
<b>Overall</b>	2010	53

**TABLE 2B. School has a written SIP with goals and objectives for physical education and physical activity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	50
<b>Middle School</b>	2010	61
<b>Junior/Senior High Combined</b>	2010	48
<b>Overall</b>	2010	56

**TABLE 2C. School has a written SIP with goals and objectives for nutrition services and foods and beverages available at school.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	39
<b>Middle School</b>	2010	30
<b>Junior/Senior High Combined</b>	2010	15
<b>Overall</b>	2010	32

**TABLE 2D. School has a written SIP with goals and objectives for health services.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	36
<b>Middle School</b>	2010	36
<b>Junior/Senior High Combined</b>	2010	15
<b>Overall</b>	2010	34

**TABLE 2E. School has a written SIP with goals and objectives for mental health and social services.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	30
<b>Middle School</b>	2010	29
<b>Junior/Senior High Combined</b>	2010	21
<b>Overall</b>	2010	29

**TABLE 2F. School has a written SIP with goals and objectives for healthy and safe school environment.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	84
<b>Middle School</b>	2010	84
<b>Junior/Senior High Combined</b>	2010	73
<b>Overall</b>	2010	83

**TABLE 2G. School has a written SIP with goals and objectives for family and community involvement.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	79
<b>Middle School</b>	2010	84
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	82

**TABLE 2H. School has a written SIP with goals and objectives for faculty and staff health promotion.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	39
<b>Middle School</b>	2010	39
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	38

The majority of schools have a School Improvement Plan that includes goals and objectives for healthy and safe school environment (83%), family and community involvement (82%), physical education and physical activity (56%), and health education (53%). Fewer than half of schools have a School Improvement Plan for faculty and staff health promotion (38%), health services (34%), nutrition services and foods and beverages available at school (32%), and mental health and social services (29%).

**QUESTION 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 or School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy?

**Table 3A.** Required to report number of minutes of physical education required in each grade.

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	56
<b>Middle School</b>	2010	83
<b>Junior/Senior High Combined</b>	2010	36
<b>Overall</b>	2010	69

**TABLE 3B.** Required to report rates of student participation in school meal programs.

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	88
<b>Middle School</b>	2010	91
<b>Junior/Senior High Combined</b>	2010	55
<b>Overall</b>	2010	87

**TABLE 3C.** Required to report revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria.

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	77
<b>Middle School</b>	2010	76
<b>Junior/Senior High Combined</b>	2010	26
<b>Overall</b>	2010	72



**TABLE 3D. Required to report number of minutes of physical activity outside of physical education (e.g., classroom physical activity breaks, free time physical activity, or recess).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	23
<b>Middle School</b>	2010	65
<b>Junior/Senior High Combined</b>	2010	17
<b>Overall</b>	2010	45

As part of the school’s wellness policy, more schools report the rates of student participation in school meal programs (87%) and revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria (72%). Middle schools are most likely to report the number of minutes of physical education required in each grade (83%) compared to high schools and junior/senior high schools (56% and 36%, respectively) and number of minutes of physical activity outside of physical education (65%) compared to high schools and junior/senior high schools (23% and 17%, respectively).

**QUESTION 4. Currently, does someone at your school oversee or coordinate school health and safety programs and activities?**

**TABLE 4. Schools with coordinators for all school activities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	84
	2008	76
	2006	65
	2004	70

The majority of schools (84%) have an individual assigned to coordinate all school health activities. These data reflect an increase of eight percentage points from 2008.

**QUESTION 5. Is there one or more than one group (e.g., a school health council, committee, or team) at your school that offers guidance on the development of policies or coordinates activities on health topics? (Mark one response.) If no, skip to question 7.**

**TABLE 5. Schools with groups that offer guidance on policy development or activities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	48
	2008	51
	2006	56
	2004	63
<b>Middle School</b>	2010	54
	2008	63
	2006	59
	2004	68
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	50
	2008	58
	2006	58
	2004	67

Fifty percent of schools have at least one group that offers guidance on the development of policies or coordinates activities on health topics. This reflects a decline of 17 percentage points since 2004.

**QUESTION 6. Are each of the following groups represented on any school health council, committee, or team?**

**TABLE 6A. Health educator serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	91
	2008	93
	2006	95
	2004	88

**TABLE 6B. School nurse serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	79
	2008	81
	2006	96
	2004	82

**TABLE 6C. Physical educator serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	90
	2008	94
	2006	95
	2004	80

**TABLE 6D. School counselor serves as a member of the health committee/advisory group**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	55
	2008	94
	2006	84
	2004	70

**TABLE 6E. Food service manager serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	49
	2008	57
	2006	47
	2004	41

**TABLE 6F. Student serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	41
	2008	38
	2006	30
	2004	39

**TABLE 6G. Parent serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	58
	2008	55
	2006	46
	2004	5

**TABLE 6H. Business representative serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	26
	2008	18
	2006	12
	2004	20

**\*TABLE 6I. Technology staff serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	27

**\*TABLE 6J. Library/media center staff serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	26

**TABLE 6K. Health department representative serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	46
	2008	49
	2006	30
	2004	44

**TABLE 6L. School administrator serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	85
	2008	94
	2006	89
	2004	83

**TABLE 6M. Community person serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	52
	2008	50

**TABLE 6N. Member of a faith-based organizations serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	18
	2008	16

**TABLE 6O. Maintenance and transportation staff serve as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	18
	2008	23

**TABLE 6P. Local government serves as a member of the health committee/advisory group.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	32
	2008	17

*\*new item for 2010*

For schools with an advisory committee or group, the majority include the following representatives: health education teacher (91%), physical education teacher (90%), school administrator (85%), or health service staff, like a school nurse (80%), parent or family members of students (58%), mental health or social services staff (55%), and community members (52%). Schools are least likely to have a representative from a faith-based organization (18%), maintenance and transportation staff (18%), library/media center staff (26%), the business sector (26%), or technology staff (27%) serving on their school health committee or health advisory group.

**QUESTION 7. Are any school staff required to receive professional development (e.g., 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 7A. Schools with professional development for staff on HIV, STD, or pregnancy prevention issues and resources for ethnic/racial minority youth at high risk.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	42
	2008	38
<b>Middle School</b>	2010	37
	2008	43
<b>Junior/Senior High Combined</b>	2010	28
	2008	NA
<b>Overall</b>	2010	38
	2008	41

**TABLE 7B. Schools with professional development for staff on HIV, STD, or pregnancy prevention issues and resources for youth who participate in drop-out prevention, alternative education, or GED programs.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	47
	2008	46
<b>Middle School</b>	2010	35
	2008	42
<b>Junior/Senior High Combined</b>	2010	34
	2008	NA
<b>Overall</b>	2010	40
	2008	44

Approximately 38% of schools have received professional development for staff on HIV, STD, or pregnancy prevention issues and resources targeted to ethnic/racial minority youth at high risk. Thirty-eight percent of schools have provided professional development targeted to youth who participate in drop-out prevention, alternative education, or GED programs. High schools are more likely to report these professional development opportunities than middle schools or combined schools.

**QUESTION 8. Does your 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.**

**TABLE 8. Schools with a gay/straight alliance.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	32
	2008	27
<b>Middle School</b>	2010	11
	2008	8
<b>Junior/Senior High Combined</b>	2010	12
	2008	NA
<b>Overall</b>	2010	19
	2008	15

Few schools (19%) have a student-led club such as a gay/straight alliance. However, 32% of high schools report having such an organization that aims to create a safe, welcoming, and accepting school environment for all youth.

**QUESTION 9. Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?**

**TABLE 9A. Identify "safe spaces" (e.g., a counselor's office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	63
<b>Middle School</b>	2010	44
<b>Junior/Senior High Combined</b>	2010	47
<b>Overall</b>	2010	52

**TABLE 9B. Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	92
<b>Middle School</b>	2010	80
<b>Junior/Senior High Combined</b>	2010	94
<b>Overall</b>	2010	86

**TABLE 9C. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	54
<b>Middle School</b>	2010	50
<b>Junior/Senior High Combined</b>	2010	65
<b>Overall</b>	2010	53

**TABLE 9D. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	49
<b>Middle School</b>	2010	32
<b>Junior/Senior High Combined</b>	2010	61
<b>Overall</b>	2010	40

**TABLE 9E. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	46
<b>Middle School</b>	2010	35
<b>Junior/Senior High Combined</b>	2010	50
<b>Overall</b>	2010	40

Most schools have practices that prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity (86%). The majority of schools also encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity (53%) and identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff (52%). Fewer schools (42%) facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth or facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.



**QUESTION 10. Has your school adopted a policy that addresses each of the following issues on HIV infection or AIDS?**

**TABLE 10A. Attendance of students with HIV infection.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	51
<b>Middle School</b>	2010	57
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	54

**TABLE 10B. Procedures to protect HIV-infected students and staff from discrimination.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	66
<b>Middle School</b>	2010	65
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	66

**TABLE 10C. Maintaining confidentiality of HIV-infected students and staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	77
<b>Middle School</b>	2010	75
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	76

**TABLE 10D. Worksite safety (i.e., universal precautions for all school staff).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	86
<b>Middle School</b>	2010	85
<b>Junior/Senior High Combined</b>	2010	94
<b>Overall</b>	2010	86

**TABLE 10E. Confidential counseling for HIV-infected students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	71
<b>Middle School</b>	2010	60
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	64

**TABLE 10F. Communication of the policy to students, school staff, and parents.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	61
<b>Middle School</b>	2010	56
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	59

**TABLE 10G. Adequate training about HIV infection for school staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	65
<b>Middle School</b>	2010	59
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	62

**TABLE 10H. Procedures for implementing the policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	60
<b>Middle School</b>	2010	54
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	57

Policies most frequently adopted with regard to HIV and AIDS include: worksite safety (i.e., universal precautions for all school staff) (86%); maintaining confidentiality of HIV-infected students and staff (76%); procedures to protect HIV-infected students and staff from discrimination (66%); and confidential counseling for HIV-infected students (64%). Additional policies include: adequate training about HIV infection for school staff (62%); communication of the policy to students, school staff, and parents (59%); procedures for implementing the policy (57%); and, attendance of students with HIV infection (54%).

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**QUESTION 11. Does your school have or participate in each of the following programs?**


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**TABLE 11A. A student mentoring program.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	76
<b>Middle School</b>	2010	71
<b>Junior/Senior High Combined</b>	2010	85
<b>Overall</b>	2010	74

**TABLE 11B. A safe-passages to school program.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	19
<b>Middle School</b>	2010	21
<b>Junior/Senior High Combined</b>	2010	27
<b>Overall</b>	2010	21

**TABLE 11C. A program to prevent bullying.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	69
<b>Middle School</b>	2010	92
<b>Junior/Senior High Combined</b>	2010	88
<b>Overall</b>	2010	83

**TABLE 11D. A program to prevent dating violence.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	35
<b>Middle School</b>	2010	20
<b>Junior/Senior High Combined</b>	2010	46
<b>Overall</b>	2010	27

**TABLE 11E. A youth development program.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	48
<b>Middle School</b>	2010	47
<b>Junior/Senior High Combined</b>	2010	53
<b>Overall</b>	2010	48

The majority of schools report participating in a program to prevent bullying (83%) and a student mentoring program (74%). Fewer schools report having a youth development program (48%), programs to prevent dating violence (27%), or a safe-passages to school program (21%).

**QUESTION 12. Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education?**

**TABLE 12. Certification, license, or endorsement requirements for newly hired staff teaching health topics.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	87
	2008	91
	2006	90
	2004	88
<b>Middle School</b>	2010	85
	2008	83
	2006	72
	2004	77
<b>Junior/Senior High Combined</b>	2010	73
	2008	NA
	2006	NA
	2004	0
<b>Overall</b>	2010	85
	2008	85
	2006	79
	2004	82

Eighty-seven percent of high schools and 85% of middle schools require health education teachers to be certified, licensed, or endorsed by the state in health education. At the middle grade level, this reflects a 13 percentage point increase in this requirement from 2006 and a decline of four percentage points for this requirement at the high school level.



## REQUIRED PHYSICAL EDUCATION

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

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**QUESTION 13. Is physical education required for students in any of grades 6 through 12 in your school? If no, skip to question 16.**

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**TABLE 13. Schools that require physical education.**

	YEAR	PERCENT
<b>High School</b>	2010	97
	2008	92
	2006	99
	2004	99
<b>Middle School</b>	2010	98
	2008	98
	2006	96
	2004	97
<b>Junior/Senior High Combined</b>	2010	88
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	97
	2008	96
	2006	97
	2004	98

Physical education is required at 98% of middle schools and 97% of high schools in at least one grade, six through 12.

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

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**QUESTION 14. Is a required physical education course taught in each of the following grades in your school?**

**TABLE 14A. Required physical education courses taught in sixth grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Middle School</b>	2010	96
	2008	98
	2006	99
	2004	99
<b>Junior/Senior High Combined</b>	2010	87
	2008	92
	2006	NA
	2004	NA
<b>Overall</b>	2010	95
	2008	98
	2006	99
	2004	97

**TABLE 14B. Required physical education courses taught in seventh grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Middle School</b>	2010	96
	2008	98
	2006	99
	2004	98
<b>Junior/Senior High Combined</b>	2010	88
	2008	92
	2006	NA
	2004	81
<b>Overall</b>	2010	95
	2008	97
	2006	99
	2004	96

**TABLE 14C. Required physical education courses taught in eighth grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Middle School</b>	2010	96
	2008	98
	2006	98
	2004	98
<b>Junior/Senior High Combined</b>	2010	88
	2008	92
	2006	NA
	2004	81
<b>Overall</b>	2010	95
	2008	97
	2006	98
	2004	96

**TABLE 14D. Required physical education courses taught in ninth grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	95
	2008	91
	2006	99
	2004	99
<b>Middle School</b>	2010	20
	2008	NA
	2006	NA
	2004	NA
<b>Junior/Senior High Combined</b>	2010	77
	2008	84
	2006	NA
	2004	100
<b>Overall</b>	2010	86
	2008	88
	2006	97
	2004	99

**TABLE 14E. Required physical education courses taught in tenth grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	11
	2008	23
	2006	23
	2004	18
<b>Middle School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Junior/Senior High Combined</b>	2010	31
	2008	31
	2006	NA
	2004	NA
<b>Overall</b>	2010	15
	2008	24
	2006	22
	2004	17

**TABLE 14F. Required physical education courses taught in eleventh grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	9
	2008	14
	2006	16
	2004	13
<b>Middle School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Junior/Senior High Combined</b>	2010	7
	2008	9
	2006	NA
	2004	NA
<b>Overall</b>	2010	9
	2008	13
	2006	16
	2004	12



**TABLE 14G. Required physical education courses taught in twelfth grade.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	9
	2008	13
	2006	16
	2004	12
<b>Middle School</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Junior/Senior High Combined</b>	2010	7
	2008	9
	2006	NA
	2004	NA
<b>Overall</b>	2010	9
	2008	12
	2006	16
	2004	11

Physical education is required for grades six through eight in 95% of schools. Additionally, 95% of senior high schools report that physical education is required for ninth grade students. As reported by senior high schools at the tenth grade level, 11% of schools require physical education. In grades eleven and twelve, the percentage declines to 9%. These data reflect a decline in required physical education for grades ten through 12.

\*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.

**QUESTION 15. Can students be exempted from taking required physical education for one grading period or longer for each of the following reasons?**

**TABLE 15A. Students can be exempted from a required physical education course due to enrollment in other courses.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	25
	2008	25
	2006	15
	2004	0
<b>Middle School</b>	2010	12
	2008	12
	2006	9
	2004	11
<b>Junior/Senior High Combined</b>	2010	27
	2008	25
	2006	NA
	2004	0
<b>Overall</b>	2010	18
	2008	17
	2006	11
	2004	6

**TABLE 15B. Students can be exempted from a required physical education course due to participation in school sports.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	3
	2008	3
	2006	0
	2004	0
<b>Middle School</b>	2010	2
	2008	2
	2006	2
	2004	1
<b>Junior/Senior High Combined</b>	2010	7
	2008	8
	2006	NA
	2004	0
<b>Overall</b>	2010	3
	2008	3
	2006	1
	2004	1

**TABLE 15C. Students can be exempted from a required physical education course due to participation in other school activities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	11
	2008	12
	2006	5
	2004	3
<b>Middle School</b>	2010	11
	2008	12
	2006	13
	2004	7
<b>Junior/Senior High Combined</b>	2010	13
	2008	25
	2006	NA
	2004	0
<b>Overall</b>	2010	11
	2008	13
	2006	10
	2004	5

**TABLE 15D. Students can be exempted from a required physical education course due to participation in community sports.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	2
	2008	0
	2006	0
	2004	0
<b>Middle School</b>	2010	2
	2008	0
	2006	2
	2004	1
<b>Junior/Senior High Combined</b>	2010	0
	2008	0
	2006	NA
	2004	0
<b>Overall</b>	2010	2
	2008	0
	2006	1
	2004	1

**TABLE 15E. Students can be exempted from a required physical education course due to religious reasons.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	29
	2008	25
<b>Middle School</b>	2010	39
	2008	34
<b>Junior/Senior High Combined</b>	2010	7
	2008	25
<b>Overall</b>	2010	33
	2008	31

**TABLE 15F. Students can be exempted from a required physical education course due to long term physical or medical disability.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	60
	2008	81
<b>Middle School</b>	2010	75
	2008	73
<b>Junior/Senior High Combined</b>	2010	50
	2008	66
<b>Overall</b>	2010	68
	2008	76

**TABLE 15G. Students can be exempted from a required physical education course due to cognitive disability.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	30
	2008	33
<b>Middle School</b>	2010	21
	2008	17
<b>Junior/Senior High Combined</b>	2010	4
	2008	8
<b>Overall</b>	2010	24
	2008	23

**TABLE 15H. Students can be exempted from a required physical education course due to high physical fitness competency score.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	2
	2008	1
<b>Middle School</b>	2010	1
	2008	0
<b>Junior/Senior High Combined</b>	2010	0
	2008	0
<b>Overall</b>	2010	1
	2008	0

**TABLE 15I. Students can be exempted from a required physical education course due to participation in vocational training.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	4
	2008	3
<b>Middle School</b>	2010	2
	2008	4
<b>Junior/Senior High Combined</b>	2010	0
	2008	0
<b>Overall</b>	2010	3
	2008	4

**TABLE 15J. Students can be exempted from a required physical education course due to participation in community service activities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	2
	2008	1
<b>Middle School</b>	2010	1
	2008	1
<b>Junior/Senior High Combined</b>	2010	0
	2008	0
<b>Overall</b>	2010	1
	2008	1

The most common reasons cited for student exemptions in physical education are long-term physical or medical disability (68%), religious reasons (33%), or a cognitive disability (24%). Eighteen percent and 11% of schools, respectively, report enrollment in other courses or participation in other school activities as exemptions from a grading period or longer of physical education.



## PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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**QUESTION 16.** During the past two years, did any physical education teachers or specialists at your school receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on physical education?

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**TABLE 16.** Professional development received on physical education.

	YEAR	PERCENT
High School	2010	90
	2008	94
Middle School	2010	96
	2008	92
Junior/Senior High Combined	2010	NA
	2008	NA
Overall	2010	92
	2008	92

The majority (92%) of schools report that physical education teachers received some type of professional development within the past two years. A slightly higher percentage of middle schools than high schools reported professional development (96% and 90%, respectively).

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**QUESTION 17.** Are those who teach physical education at your school provided with each of the following materials?

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**TABLE 17A.** Those who teach physical education are provided with goals, objectives, and expected outcomes for physical education.

	YEAR	PERCENT
High School	2010	97
	2008	99
Middle School	2010	99
	2008	100
Junior/Senior High Combined	2010	83
	2008	NA
Overall	2010	97
	2008	99

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**TABLE 17B. Those who teach physical education are provided with a chart describing the annual scope and sequence of instruction for physical education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	82
	2008	79
<b>Middle School</b>	2010	85
	2008	88
<b>Junior/Senior High Combined</b>	2010	67
	2008	NA
<b>Overall</b>	2010	83
	2008	83

**TABLE 17C. Those who teach physical education are provided with plans for how to assess student performance in physical education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	82
<b>Middle School</b>	2010	85
	2008	89
<b>Junior/Senior High Combined</b>	2010	73
	2008	NA
<b>Overall</b>	2010	84
	2008	85

**TABLE 17D. Those who teach physical education are provided with a written physical education curriculum.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	94
	2008	97
<b>Middle School</b>	2010	93
	2008	94
<b>Junior/Senior High Combined</b>	2010	73
	2008	NA
<b>Overall</b>	2010	92
	2008	95

Several materials are provided by the majority of schools to physical education teachers including goals, objectives, and expected outcomes (97%), a written curriculum (92%), assessment tools (85%), and scope and sequencing charts (83%). These data are similar to 2008 data.

**QUESTION 18. Does your school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activity clubs are any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.)**

**TABLE 18. Opportunities to participate in intramural activities or physical activity clubs.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	52
	2008	50
	2006	51
	2004	42
<b>Middle School</b>	2010	67
	2008	77
	2006	73
	2004	61
<b>Junior/Senior High Combined</b>	2010	58
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	61
	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, 67% of schools offer these opportunities (a ten percentage point decrease from 2008), whereas, at the high school level, 52% offer intramural activities or physical activity clubs. This shows an overall increase in activity opportunities since 2004.

**QUESTION 19. Outside of school hours or when school is not in session, do children or adolescents use any of your school’s indoor physical activity or athletic facilities for community sponsored physical activity classes or lessons?**

**TABLE 19. Percentage of schools that allow use of indoor physical activity or athletic facilities for community sponsored physical activity classes or lessons.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Senior High School</b>	2010	70
<b>Middle School</b>	2010	75
<b>Junior/Senior High Combined</b>	2010	48
<b>Overall</b>	2010	71

The majority of schools (71%) allow use of indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons.





## 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.

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### QUESTION 20. Has your school adopted a policy prohibiting tobacco use?

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**TABLE 20. Schools that have adopted policies prohibiting tobacco use.**

	YEAR	PERCENT
<b>High School</b>	2010	99
	2008	100
	2006	98
	2004	98
<b>Middle School</b>	2010	99
	2008	98
	2006	98
	2004	96
<b>Junior/Senior High Combined</b>	2010	94
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	98
	2006	98
	2004	97

High schools report a 99% adoption rate for tobacco-use prevention policies while middle schools report 99% of schools adopting policy prohibiting tobacco use on the campus, for an overall 99%.

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**QUESTION 21. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity?**

**TABLE 21A. The tobacco prevention policy specifically prohibits the use of cigarettes for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	100
	2004	99
<b>Middle School</b>	2010	99
	2008	98
	2006	98
	2004	99
<b>Junior/Senior High Combined</b>	2010	94
	2008	86
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	98
	2006	96
	2004	99

**TABLE 21B. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	99
	2004	97
<b>Middle School</b>	2010	99
	2008	98
	2006	96
	2004	98
<b>Junior/Senior High Combined</b>	2010	94
	2008	86
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	98
	2006	97
	2004	98

**TABLE 21C. The tobacco prevention policy specifically prohibits the use of cigars for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
	2006	98
	2004	98
<b>Middle School</b>	2010	98
	2008	98
	2006	98
	2004	98
<b>Junior/Senior High Combined</b>	2010	94
	2008	86
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	98
	2006	98
	2004	98

**TABLE 21D. The tobacco prevention policy specifically prohibits the use of pipes for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
	2006	98
	2004	98
<b>Middle School</b>	2010	98
	2008	98
	2006	98
	2004	98
<b>Junior/Senior High Combined</b>	2010	94
	2008	86
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	98
	2006	98
	2004	98

Consistent with data from 2004 through 2008, between 98% and 99% of schools have a tobacco-use prevention policy for students in 2010.

**TABLE 21E. The tobacco prevention policy specifically prohibits the use of cigarettes for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
	2006	79
	2004	68
<b>Middle School</b>	2010	99
	2008	96
	2006	86
	2004	69
<b>Junior/Senior High Combined</b>	2010	94
	2008	79
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	96
	2006	84
	2004	69

**TABLE 21F. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
	2006	79
	2004	70
<b>Middle School</b>	2010	99
	2008	95
	2006	86
	2004	69
<b>Junior/Senior High Combined</b>	2010	94
	2008	79
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	96
	2006	84
	2004	70

**TABLE 21G. The tobacco prevention policy specifically prohibits the use of cigars for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	80
	2004	69
<b>Middle School</b>	2010	98
	2008	96
	2006	87
	2004	68
<b>Junior/Senior High Combined</b>	2010	94
	2008	79
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	96
	2006	84
	2004	69

**TABLE 21H. The tobacco prevention policy specifically prohibits the use of pipes for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	80
	2004	69
<b>Middle School</b>	2010	98
	2008	96
	2006	87
	2004	68
<b>Junior/Senior High Combined</b>	2010	94
	2008	79
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	96
	2006	84
	2004	69

Ninety-eight percent of schools have tobacco prevention policies to specifically prevent the use of cigarettes, smokeless tobacco, cigars, and pipes by faculty and staff (a 29 percentage point increase since 2004).

**TABLE 21I. The tobacco prevention policy specifically prohibits the use of cigarettes for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	73
	2004	69
<b>Middle School</b>	2010	99
	2008	93
	2006	83
	2004	67
<b>Junior/Senior High Combined</b>	2010	94
	2008	72
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	94
	2006	79
	2004	68

**TABLE 21J. The tobacco prevention policy specifically prohibits the use of smokeless tobacco for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	96
	2006	71
	2004	66
<b>Middle School</b>	2010	98
	2008	92
	2006	81
	2004	66
<b>Junior/Senior High Combined</b>	2010	94
	2008	72
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	92
	2006	78
	2004	66

**TABLE 21K. The tobacco prevention policy specifically prohibits the use of cigars for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	97
	2006	73
	2004	69
<b>Middle School</b>	2010	97
	2008	93
	2006	82
	2004	67
<b>Junior/Senior High Combined</b>	2010	94
	2008	72
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	93
	2006	79
	2004	68

**TABLE 21L. The tobacco prevention policy specifically prohibits the use of pipes for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	97
	2006	73
	2004	69
<b>Middle School</b>	2010	97
	2008	93
	2006	82
	2004	67
<b>Junior/Senior High Combined</b>	2010	94
	2008	72
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	93
	2006	79
	2004	68

Ninety-nine percent of high schools report the tobacco prevention policy for visitors specifically prohibits the use of all tobacco (an increase for all forms since 2008) while between 97 – 99% of middle schools have specific policy on the use of cigarettes cigars, pipes, and smokeless tobacco.

**QUESTION 22. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?**

**TABLE 22A. The tobacco prevention policy specifically prohibits tobacco use during school hours for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	99
	2004	100
<b>Middle School</b>	2010	98
	2008	98
	2006	98
	2004	100
<b>Junior/Senior High Combined</b>	2010	94
	2008	85
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	98
	2006	99
	2004	100

**TABLE 22B. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	100
	2006	95
	2004	90
<b>Middle School</b>	2010	94
	2008	96
	2006	91
	2004	97
<b>Junior/Senior High Combined</b>	2010	88
	2008	75
	2006	NA
	2004	NA
<b>Overall</b>	2010	94
	2008	97
	2006	92
	2004	94



**TABLE 22C. The tobacco prevention policy specifically prohibits tobacco use during school hours for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	76
	2004	72
<b>Middle School</b>	2010	98
	2008	91
	2006	82
	2004	70
<b>Junior/Senior High Combined</b>	2010	94
	2008	77
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	93
	2006	81
	2004	71

**TABLE 22D. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	98
	2006	75
	2004	60
<b>Middle School</b>	2010	92
	2008	85
	2006	75
	2004	64
<b>Junior/Senior High Combined</b>	2010	88
	2008	58
	2006	NA
	2004	NA
<b>Overall</b>	2010	93
	2008	89
	2006	75
	2004	63

**TABLE 22E. The tobacco prevention policy specifically prohibits tobacco use during school hours for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	77
	2004	76
<b>Middle School</b>	2010	98
	2008	93
	2006	82
	2004	71
<b>Junior/Senior High Combined</b>	2010	94
	2008	69
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	94
	2006	81
	2004	73

**TABLE 22F. The tobacco prevention policy specifically prohibits tobacco use during non-school hours for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	96
	2006	70
	2004	59
<b>Middle School</b>	2010	91
	2008	87
	2006	72
	2004	59
<b>Junior/Senior High Combined</b>	2010	88
	2008	58
	2006	NA
	2004	NA
<b>Overall</b>	2010	93
	2008	89
	2006	72
	2004	57

During school hours, 98% of schools prohibit student, faculty and staff or visitor tobacco use. During non-school hours, 94% of schools prohibit tobacco use by students, 93% for faculty and staff and 88% for visitors.

**QUESTION 23. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?**

**TABLE 23A. The tobacco prevention policy specifically prohibits tobacco use for students in school buildings.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	100
	2004	100
<b>Middle School</b>	2010	99
	2008	98
	2006	100
	2004	100
<b>Junior/Senior High Combined</b>	2010	94
	2008	85
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	98
	2006	100
	2004	100

**TABLE 23B. The tobacco prevention policy specifically prohibits tobacco use for students on school grounds.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	99
	2004	100
<b>Middle School</b>	2010	99
	2008	98
	2006	100
	2004	99
<b>Junior/Senior High Combined</b>	2010	94
	2008	85
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	98
	2006	100
	2004	100

**TABLE 23C. The tobacco prevention policy specifically prohibits tobacco use for students in school buses or other vehicles used to transport students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	100
	2004	99
<b>Middle School</b>	2010	99
	2008	98
	2006	100
	2004	100
<b>Junior/Senior High Combined</b>	2010	94
	2008	85
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	98
	2006	100
	2004	100

**TABLE 23D. The tobacco prevention policy specifically prohibits tobacco use for students at off-campus, school-sponsored events.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	94
	2006	99
	2004	93
<b>Middle School</b>	2010	96
	2008	97
	2006	96
	2004	99
<b>Junior/Senior High Combined</b>	2010	88
	2008	84
	2006	NA
	2004	NA
<b>Overall</b>	2010	96
	2008	95
	2006	97
	2004	96

For students, 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings, outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students. Ninety-six percent of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use at off-campus, school-sponsored events.

**TABLE 23E. The tobacco prevention policy specifically prohibits tobacco use in school buildings for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	98
	2004	98
<b>Middle School</b>	2010	99
	2008	97
	2006	98
	2004	99
<b>Junior/Senior High Combined</b>	2010	94
	2008	77
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	97
	2006	98
	2004	99

**Table 23f. The tobacco prevention policy specifically prohibits tobacco use on school grounds for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	81
	2004	67
<b>Middle School</b>	2010	99
	2008	92
	2006	84
	2004	64
<b>Junior/Senior High Combined</b>	2010	94
	2008	69
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	93
	2006	84
	2004	66

**TABLE 23G. The tobacco prevention policy specifically prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
	2006	97
	2004	97
<b>Middle School</b>	2010	99
	2008	97
	2006	98
	2004	97
<b>Junior/Senior High Combined</b>	2010	94
	2008	77
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	97
	2006	98
	2004	97

**TABLE 23H. The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	95
	2008	86
	2006	79
	2004	65
<b>Middle School</b>	2010	92
	2008	86
	2006	79
	2004	68
<b>Junior/Senior High Combined</b>	2010	88
	2008	75
	2006	NA
	2004	NA
<b>Overall</b>	2010	93
	2008	85
	2006	80
	2004	67

For faculty/staff, 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings, outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students. Ninety- three percent of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use at off-campus, school-sponsored events.

**TABLE 23I. The tobacco prevention policy specifically prohibits tobacco use in school buildings for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	97
	2004	98
<b>Middle School</b>	2010	99
	2008	97
	2006	97
	2004	99
<b>Junior/Senior High Combined</b>	2010	94
	2008	77
	2006	NA
	2004	NA
<b>Overall</b>	2010	99
	2008	96
	2006	97
	2004	99

**TABLE 23J. The tobacco prevention policy specifically prohibits tobacco use on school grounds for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	93
	2006	72
	2004	60
<b>Middle School</b>	2010	99
	2008	92
	2006	76
	2004	58
<b>Junior/Senior High Combined</b>	2010	94
	2008	69
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	91
	2006	75
	2004	59

**TABLE 23K. The tobacco prevention policy specifically prohibits tobacco use by visitors on school buses or other vehicles used to transport students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	95
	2004	92
<b>Middle School</b>	2010	98
	2008	96
	2006	94
	2004	97
<b>Junior/Senior High Combined</b>	2010	94
	2008	77
	2006	NA
	2004	NA
<b>Overall</b>	2010	98
	2008	96
	2006	95
	2004	95

**TABLE 23L. The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for visitors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	82
	2008	68
	2006	58
	2004	43
<b>Middle School</b>	2010	83
	2008	76
	2006	58
	2004	46
<b>Junior/Senior High Combined</b>	2010	77
	2008	59
	2006	NA
	2004	NA
<b>Overall</b>	2010	82
	2008	72
	2006	58
	2004	46

For visitors, 98 - 99% of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use in school buildings and outside on school grounds (including parking lots and playing fields) and on school buses or other vehicles used to transport students. Eighty-two percent of schools report having a tobacco-use prevention policy that specifically prohibits tobacco use at off-campus, school-sponsored events.



**QUESTION 24. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco?**

**TABLE 24A. School has procedures to inform students about the tobacco-use policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	100
	2008	100
<b>Middle School</b>	2010	99
	2008	100
<b>Junior/Senior High Combined</b>	2010	100
	2008	100
<b>Overall</b>	2010	99
	2008	100

**TABLE 24B. School has procedures to inform faculty and staff about the tobacco-use policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	100
	2008	100
<b>Middle School</b>	2010	99
	2008	99
<b>Junior/Senior High Combined</b>	2010	100
	2008	100
<b>Overall</b>	2010	99
	2008	100

**TABLE 24C. School has procedures to inform visitors about the tobacco-use policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
<b>Middle School</b>	2010	98
	2008	96
<b>Junior/Senior High Combined</b>	2010	100
	2008	90
<b>Overall</b>	2010	98
	2008	97

One hundred percent of schools report having a procedure to inform students and faculty or staff about the tobacco-use policy while 98% of schools report having a mechanism in place to inform visitors.

**QUESTION 25. Does your school’s tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?**

**TABLE 25. School policy includes guidelines on what actions the school should take when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	98
	2008	97

Almost all schools (98%) have guidelines for actions when students are caught smoking cigarettes.

**QUESTION 26. At your school, who is responsible for enforcing your tobacco-use prevention policy?**

**TABLE 26A. No single individual is responsible for enforcing the tobacco policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	56
	2008	60
<b>Middle School</b>	2010	47
	2008	50
<b>Junior/Senior High Combined</b>	2010	59
	2008	NA
<b>Overall</b>	2010	52
	2008	54

**TABLE 26B. Principal is responsible for enforcing the tobacco policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	30
	2008	31
<b>Middle School</b>	2010	46
	2008	45
<b>Junior/Senior High Combined</b>	2010	35
	2008	NA
<b>Overall</b>	2010	39
	2008	39

**TABLE 26C. Assistant principal is responsible for enforcing the tobacco policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	14
	2008	9
<b>Middle School</b>	2010	4
	2008	4
<b>Junior/Senior High Combined</b>	2010	6
	2008	NA
<b>Overall</b>	2010	8
	2008	6

**TABLE 26D. Other school administrator is responsible for enforcing the tobacco policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	0
	2008	0
<b>Middle School</b>	2010	2
	2008	0
<b>Junior/Senior High Combined</b>	2010	0
	2008	NA
<b>Overall</b>	2010	1
	2008	0

**TABLE 26E. Other school faculty or staff member is responsible for enforcing the tobacco policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	0
	2008	0
<b>Middle School</b>	2010	1
	2008	1
<b>Junior/Senior High Combined</b>	2010	0
	2008	NA
<b>Overall</b>	2010	1
	2008	1

Most schools (52%) do not have a single individual responsible for enforcing the tobacco-use prevention policy; 39% rely upon the principal for enforcement. These data are reflective of the 2008 data.

**QUESTION 27. Do each of the following criteria help determine what actions your school takes when students are caught smoking cigarettes?**

**TABLE 27A. Zero tolerance determines actions taken when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	81
<b>Middle School</b>	2010	87
	2008	78
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	85
	2008	79

**TABLE 27B. Effect or severity of the violation determines actions taken when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	56
	2008	26
<b>Middle School</b>	2010	62
	2008	22
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	61
	2008	23

**TABLE 27C. Grade level of student determines actions taken when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	21
	2008	5
<b>Middle School</b>	2010	39
	2008	10
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	33
	2008	8

**TABLE 27D. Repeat offender status determines actions taken when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	44
<b>Middle School</b>	2010	78
	2008	27
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	81
	2008	33

The majority of schools considers their zero tolerance policy (85%) and repeat offender status (81%) as the most common determinants of the actions taken against students for smoking. The severity of the violation is also taken into consideration for most schools (61%) while grade level is considered by 33% of school.

**QUESTION 28. When students are caught smoking cigarettes, how often are each of the following actions taken?**

**TABLE 28A. Parents or guardians are informed when students are caught smoking cigarettes.**

	<b>YEAR</b>	<b>HIGH SCHOOL</b>	<b>MIDDLE SCHOOL</b>
		<b>PERCENT</b>	<b>PERCENT</b>
<b>Never</b>	2010	0	2
	2008	0	0
	2006	0	0
	2004	0	0
<b>Rarely</b>	2010	0	0
	2008	0	0
	2006	1	0
	2004	0	0
<b>Sometimes</b>	2010	9	0
	2008	8	0
	2006	7	1
	2004	12	2
<b>Always or almost always</b>	2010	91	99
	2008	92	100
	2006	92	99
	2004	88	98

**TABLE 28B. Students are referred to a school counselor when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	9	5
	2008	8	2
	2006	10	6
	2004	16	4
<b>Rarely</b>	2010	29	11
	2008	27	12
	2006	29	9
	2004	27	12
<b>Sometimes</b>	2010	42	50
	2008	43	43
	2006	44	52
	2004	45	47
<b>Always or almost always</b>	2010	20	35
	2008	22	42
	2006	17	33
	2004	13	38

**TABLE 28C. Students are referred to a school administrator when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	0	2
	2008	0	0
	2006	0	0
	2004	0	0
<b>Rarely</b>	2010	0	0
	2008	0	0
	2006	0	1
	2004	0	0
<b>Sometimes</b>	2010	2	2
	2008	0	1
	2006	4	1
	2004	4	3
<b>Always or almost always</b>	2010	98	97
	2008	100	99
	2006	96	99
	2004	96	97

**TABLE 28D. Students are encouraged, but not required, to participate in an assistance, education, or cessation program when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
Never	2010	26	23
	2008	19	22
	2006	20	19
	2004	30	23
Rarely	2010	19	17
	2008	20	16
	2006	23	21
	2004	17	25
Sometimes	2010	34	28
	2008	33	36
	2006	38	32
	2004	32	30
Always or almost always	2010	21	32
	2008	28	26
	2006	19	27
	2004	21	22

**TABLE 28E. Students are required to participate in an assistance, education, or cessation program when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
Never	2010	36	37
	2008	33	33
	2006	35	29
	2004	41	29
Rarely	2010	23	19
	2008	16	19
	2006	31	22
	2004	17	21
Sometimes	2010	19	23
	2008	24	23
	2006	15	26
	2004	22	25
Always or almost always	2010	22	21
	2008	27	26
	2006	23	22
	2004	20	25

**TABLE 28F. Students are referred to legal authorities when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	54	46
	2008	57	54
	2006	66	47
	2004	60	53
<b>Rarely</b>	2010	26	31
	2008	25	27
	2006	28	28
	2004	25	24
<b>Sometimes</b>	2010	16	18
	2008	12	12
	2006	5	15
	2004	13	17
<b>Always or almost always</b>	2010	4	5
	2008	6	7
	2006	1	7
	2004	2	6

**TABLE 28G. Students are placed in detention when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	23	26
	2008	24	23
	2006	21	26
	2004	31	31
<b>Rarely</b>	2010	10	16
	2008	10	9
	2006	8	9
	2004	3	11
<b>Sometimes</b>	2010	41	38
	2008	38	48
	2006	38	28
	2004	41	35
<b>Always or almost always</b>	2010	27	20
	2008	28	20
	2006	34	37
	2004	24	23



**TABLE 28H. Students are not allowed to participate in extra-curricular activities or interscholastic sports when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	32	24
	2008	23	24
	2006	36	26
	2004	NA	NA
<b>Rarely</b>	2010	25	24
	2008	22	18
	2006	18	12
	2004	NA	NA
<b>Sometimes</b>	2010	35	38
	2008	43	38
	2006	34	36
	2004	NA	NA
<b>Always or almost always</b>	2010	9	14
	2008	13	21
	2006	12	27
	2004	NA	NA

**TABLE 28I. Students are given in-school suspension when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	18	15
	2008	13	11
	2006	19	13
	2004	20	18
<b>Rarely</b>	2010	9	10
	2008	10	8
	2006	18	12
	2004	6	7
<b>Sometimes</b>	2010	47	51
	2008	54	54
	2006	47	47
	2004	37	44
<b>Always or almost always</b>	2010	26	24
	2008	23	27
	2006	28	33
	2004	37	31

**TABLE 28J. Students are suspended from school when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	6	9
	2008	6	5
	2006	6	5
	2004	4	8
<b>Rarely</b>	2010	17	16
	2008	16	14
	2006	17	17
	2004	16	14
<b>Sometimes</b>	2010	51	53
	2008	56	57
	2006	52	48
	2004	57	51
<b>Always or almost always</b>	2010	26	22
	2008	23	24
	2006	25	30
	2004	23	28

**TABLE 28K. Students are expelled from school when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	81	78
	2008	83	76
	2006	82	74
	2004	NA	NA
<b>Rarely</b>	2010	12	14
	2008	12	14
	2006	13	17
	2004	NA	NA
<b>Sometimes</b>	2010	6	6
	2008	2	8
	2006	5	6
	2004	NA	NA
<b>Always or almost always</b>	2010	1	2
	2008	3	2
	2006	0	3
	2004	NA	NA

**TABLE 28L. Students are reassigned to an alternative school when caught smoking cigarettes.**

	HIGH SCHOOL		MIDDLE SCHOOL
	YEAR	PERCENT	PERCENT
<b>Never</b>	2010	61	68
	2008	58	64
	2006	68	57
	2004	NA	NA
<b>Rarely</b>	2010	24	21
	2008	28	25
	2006	24	30
	2004	NA	NA
<b>Sometimes</b>	2010	14	9
	2008	12	11
	2006	9	10
	2004	NA	NA
<b>Always or almost always</b>	2010	1	1
	2008	2	0
	2006	0	3
	2004	NA	NA

All middle and high schools take action when students are caught smoking cigarettes. Most contact parent/family and a school administrator (94% and 95%, respectively). Twenty-one percent of middle schools and 22% of high schools require students to participate in an assistance, education, or cessation program when caught smoking cigarettes while 32% and 21% of the respective schools encourage participation. Overall, 25% of students are always or almost always suspended from school and similarly, 24% are given in-school suspension.

**QUESTION 29. 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 29. School has signage indicating the tobacco-free school zone.**

	YEAR	PERCENT
<b>YES</b>	2010	93
	2008	88

Ninety-three percent of schools have signage to indicate a tobacco-free school zone.

**QUESTION 30. During the past two years, has your school done each of the following activities?**

**TABLE 30A. Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts.**

	YEAR	PERCENT
YES	2010	50
	2008	56

**TABLE 30B. Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use.**

	YEAR	PERCENT
YES	2010	54
	2008	57

Half of schools report sharing information with students and families about tobacco-use prevention efforts, while 54% report working with local agencies to plan and implement events or programs intended to reduce tobacco use.

**QUESTION 31. Does your school provide tobacco cessation services for each of the following groups?**

**TABLE 31A. Tobacco cessation program referrals are available for faculty and staff.**

	YEAR	PERCENT
High School	2010	33
	2008	43
	2006	24
	2004	20
Middle School	2010	33
	2008	43
	2006	33
	2004	29
Junior/Senior High Combined	2010	37
	2008	NA
	2006	NA
	2004	NA
Overall	2010	33
	2008	42
	2006	30
	2004	25

**TABLE 31B. Tobacco cessation program referrals are available for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	43
	2008	56
	2006	47
	2004	56
<b>Middle School</b>	2010	36
	2008	46
	2006	53
	2004	51
<b>Junior/Senior High Combined</b>	2010	25
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	38
	2008	48
	2006	50
	2004	52

Thirty-three percent of schools have tobacco cessation programs for faculty and staff (a decline of nine percentage points from 2008) while 38% of schools report such programs for students (a decline of ten percentage points from 2008).

**QUESTION 32. 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 32A. School has arrangements to provide tobacco cessation services for faculty and staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	47
	2008	51

**TABLE 32B. School has arrangements to provide tobacco cessation services for students.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	47
	2008	47

Forty-seven percent of schools have an arrangement with a local provider or organization to provide tobacco cessation services for faculty or staff as well as 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.

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### QUESTION 33. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?

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TABLE 33. Frequency at which fruits or non-fried vegetables offered during school celebrations.

	YEAR	PERCENT
<b>Foods or beverages are not offered at school celebrations</b>	2010	3
	2008	1
<b>Never</b>	2010	1
	2008	2
<b>Rarely</b>	2010	11
	2008	10
<b>Sometimes</b>	2010	59
	2008	50
<b>Always or almost always</b>	2010	27
	2008	37

Most schools (86%) report that they sometimes, almost always or always provide fruits or non-fried vegetables during school celebrations.

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**QUESTION 34. Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar?**

**TABLE 34. Schools where students can purchase snack foods or beverages at school vending machines, store, canteen, or snack bar.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	88
	2008	91
	2006	95
	2004	95
<b>Middle School</b>	2010	51
	2008	57
	2006	78
	2004	83
<b>Junior/Senior High Combined</b>	2010	55
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	65
	2008	71
	2006	84
	2004	88

Eighty-eight percent of high schools and 51% 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 2004.

**QUESTION 35. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar?**

**TABLE 35A. Schools that sell chocolate candy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	43
	2008	42
	2006	61
	2004	63
<b>Middle School</b>	2010	15
	2008	21
	2006	27
	2004	48
<b>Junior/Senior High Combined</b>	2010	40
	2008	21
	2006	NA
	2004	59
<b>Overall</b>	2010	27
	2008	29
	2006	42
	2004	55

**TABLE 35B. Schools that sell other kinds of candy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	48
	2008	47
	2006	66
	2004	67
<b>Middle School</b>	2010	19
	2008	27
	2006	34
	2004	54
<b>Junior/Senior High Combined</b>	2010	28
	2008	21
	2006	NA
	2004	66
<b>Overall</b>	2010	31
	2008	34
	2006	48
	2004	60



**TABLE 35C. Schools that sell salty snacks that are not low in fat.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	60
	2008	61
	2006	73
	2004	89
<b>Middle School</b>	2010	25
	2008	33
	2006	49
	2004	76
<b>Junior/Senior High Combined</b>	2010	46
	2008	50
	2006	NA
	2004	92
<b>Overall</b>	2010	40
	2008	45
	2006	59
	2004	82

**TABLE 35D. Schools that sell soda pop or fruit drinks that are not 100% juice.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	55
	2008	59
	2006	86
	2004	95
<b>Middle School</b>	2010	18
	2008	31
	2006	52
	2004	91
<b>Junior/Senior High Combined</b>	2010	38
	2008	36
	2006	NA
	2004	92
<b>Overall</b>	2010	33
	2008	42
	2006	67
	2004	92

**TABLE 35E. Schools that sell sports drinks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	79
	2008	84
	2006	97
	2004	NA
<b>Middle School</b>	2010	33
	2008	46
	2006	78
	2004	NA
<b>Junior/Senior High Combined</b>	2010	46
	2008	57
	2006	NA
	2004	NA
<b>Overall</b>	2010	51
	2008	61
	2006	86
	2004	NA

**TABLE 35F. Schools that sell 2% or whole milk (plain or flavored).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	42
	2008	43
	2006	54
	2004	NA
<b>Middle School</b>	2010	25
	2008	28
	2006	43
	2004	NA
<b>Junior/Senior High Combined</b>	2010	19
	2008	36
	2006	NA
	2004	NA
<b>Overall</b>	2010	31
	2008	34
	2006	48
	2004	NA

**TABLE 35G. Schools that sell cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	58
	2008	56
<b>Middle School</b>	2010	24
	2008	28
<b>Junior/Senior High Combined</b>	2010	52
	2008	57
<b>Overall</b>	2010	39
	2008	40

**TABLE 35H. Schools that sell ice cream or frozen yogurt that is not low in fat.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	19
	2008	19
<b>Middle School</b>	2010	16
	2008	22
<b>Junior/Senior High Combined</b>	2010	15
	2008	28
<b>Overall</b>	2010	17
	2008	21

**TABLE 35I. Schools that sell water ices or frozen slushes that do not contain juice.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	23
	2008	24
<b>Middle School</b>	2010	10
	2008	16
<b>Junior/Senior High Combined</b>	2010	0
	2008	21
<b>Overall</b>	2010	14
	2008	19

**TABLE 35J. Schools that sell foods or beverages containing caffeine.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	50
	2008	67
<b>Middle School</b>	2010	17
	2008	25
<b>Junior/Senior High Combined</b>	2010	15
	2008	29
<b>Overall</b>	2010	29
	2008	42

**TABLE 35K. Schools that sell fruits (not fruit juice).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	36
	2008	45
<b>Middle School</b>	2010	22
	2008	26
<b>Junior/Senior High Combined</b>	2010	15
	2008	46
<b>Overall</b>	2010	27
	2008	34

**TABLE 35L. Schools that sell non-fried vegetables (not vegetable juice).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	33
	2008	37
<b>Middle School</b>	2010	17
	2008	21
<b>Junior/Senior High Combined</b>	2010	10
	2008	7
<b>Overall</b>	2010	23
	2008	27

Most high schools allow the purchase of sports drinks (79%), salty snacks that are not low fat (60%), cookies, crackers, cakes, pastries, or other baked goods that are not low in fat (58%), soda pop or fruit drinks that are not 100% juice (55%), and half sell foods or beverages containing caffeine. The most common foods available through vending machines or at the school store, canteen, or snack bar reported by middle schools are sports drinks (33%), two percent or whole milk (25%), salty snacks that are not low fat (25%), and cookies, crackers, cakes, pastries, or other baked goods that are not low in fat (24%).

**QUESTION 36. Does your 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 36. School limits package or serving size of foods outside of the cafeteria.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	59
	2008	50
<b>Middle School</b>	2010	33
	2008	37
<b>Junior/Senior High Combined</b>	2010	18
	2008	36
<b>Overall</b>	2010	42
	2008	42

Forty-two percent of schools limit package or serving sizes for foods sold outside of the cafeteria. More high schools (57%) than middle schools (33%) report these limitations.

**QUESTION 37. During this school year, has your school done any of the following?**

**TABLE 37. School activities to promote healthy eating.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages</b>	2010	7
	2008	8
<b>Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating</b>	2010	33
	2008	34
<b>Provided information to students or families on the nutrition and caloric content of foods available</b>	2010	41
	2008	49
<b>Conducted taste tests to determine food preferences for nutritious items</b>	2010	16
	2008	17
<b>Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics</b>	2010	13
	2008	18

Forty-one percent of schools report providing nutrition information to parents and students while 33% of schools have collected recommendations on food preferences to promote healthy eating. Only seven percent of schools have adjusted prices to promote healthy eating and 16% report conducting taste tests to determine food preferences for nutritious items.

**QUESTION 38. At your 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 38. Products distributed to promote candy, fast food restaurants, or soft drinks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	2
	2008	3

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

**QUESTION 39. Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations?**

**TABLE 39. School prohibits advertising for candy, fast food restaurants, or soft drinks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>In the school building</b>	2010	68
	2008	69
<b>On school grounds including on the outside of the school building, on playing fields, or other areas of the campus</b>	2010	57
	2008	50
<b>On school buses or other vehicles used to transport students</b>	2010	78
	2008	77
<b>In school publications (e.g., newsletters, newspapers, web sites, or other school publications)</b>	2010	63
	2008	57

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



## 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.

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**QUESTION 40. 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.)**

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**TABLE 40. Schools with a school nurse.**

	YEAR	PERCENT
High School	2010	27
	2008	37
	2006	91
Middle School	2010	22
	2008	24
	2006	94
Junior/Senior High Combined	2010	25
	2008	NA
	2006	NA
Overall	2010	24
	2008	28
	2006	92

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

In 2010, 24% of schools had a full-time registered nurse to provide health services to students. Twenty-seven percent of high schools report having a full-time nurse compared to 22% of middle schools.

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**QUESTION 41. 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 41. Number of students with an asthma action plan on file with the school.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>This school has no students with known asthma</b>	2010	0
	2008	1
<b>All students with known asthma have an asthma action plan on file</b>	2010	73
	2008	71
<b>Most students with known asthma have an asthma action plan on file</b>	2010	17
	2008	18
<b>Some students with known asthma have an asthma action plan on file</b>	2010	7
	2008	7
<b>No students with known asthma have an asthma action plan on file</b>	2010	2
	2008	3

Ninety percent of schools report that all or most students with known asthma have an action plan on file with the school. Only two percent of school report not having an action plan for students with known asthma.



**QUESTION 42. At your school, which of the following events are used to identify students with poorly controlled asthma?**

**TABLE 42. Methods to identify students with poorly controlled asthma.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>This school does not identify students with poorly controlled asthma</b>	2010	13
	2008	8
<b>Frequent absences from school</b>	2010	46
	2008	48
<b>Frequent visits to the school health office due to asthma</b>	2010	65
	2008	67
<b>Frequent asthma symptoms at school</b>	2010	64
	2008	71
<b>Frequent non-participation in physical education class due to asthma</b>	2010	48
	2008	45
<b>Students sent home early due to asthma</b>	2010	51
	2008	50
<b>Calls from school to 911, or other local emergency numbers, due to asthma</b>	2010	38
	2008	34

The most commonly cited means to identify students with poorly controlled asthma were frequent visits to the school health office due to asthma (67%), frequent asthma symptoms at school (64%), and students sent home early due to asthma (51%).

**QUESTION 43. Does your school provide each of the following services for students with poorly controlled asthma?**

**TABLE 43. Services provide to students with poorly controlled asthma.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Providing referrals to primary healthcare clinicians or child health insurance programs</b>	2010	65
	2008	66
<b>Ensuring an appropriate written asthma action plan is obtained</b>	2010	88
	2008	88
<b>Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school</b>	2010	86
	2008	83
<b>Offering asthma education for the student with asthma and his/her family</b>	2010	57
	2008	63
<b>Minimizing asthma triggers in the school environment</b>	2010	73
	2008	75
<b>Addressing social and emotional issues related to asthma</b>	2010	54
	2008	55
<b>Providing additional psychosocial counseling or support services as needed</b>	2010	57
	2008	53
<b>Ensuring access to safe, enjoyable physical education and activity opportunities</b>	2010	89
	2008	94
<b>Ensuring access to preventive medications before physical activity</b>	2010	86
	2008	88

Most schools provide a variety of services to students with poorly controlled asthma including ensuring access to preventive medications before physical activity (88%), ensuring an appropriate written asthma action plan is obtained (88%), and ensuring access to safe, enjoyable physical education and activity opportunities (86%). Additionally, most schools ensure access to and appropriate use of asthma medications, spacers, and peak flow meters at school and work to minimize asthma triggers in the school environment (73%).

**QUESTION 44. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms?**

**TABLE 44. Frequency that school staff members are required to receive training on recognizing and responding to severe asthma symptoms.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>More than once per year</b>	2010	2
	2008	5
<b>Once per year</b>	2010	53
	2008	63
<b>Less than once per year</b>	2010	6
	2008	9
<b>No such requirement</b>	2010	38
	2008	23

Most schools require staff to attend asthma training once per year (53%). Thirty-eight percent have no requirement for training. Both of these data reflect a decline in training requirements since 2008.

**QUESTION 45. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?**

**TABLE 45. Student are permitted to carry and self-administer asthma medications.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>YES</b>	2010	84
	2008	82

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

Questions 46 and 47 are for schools that have a policy that allows students to carry and self-administer asthma medication.

**QUESTION 46. 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?**

**TABLE 46. Schools with procedures to inform students and/or parents about asthma medication policies.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>Students</b>	2010	95
	2008	96
<b>Parents/families</b>	2010	94
	2008	94

The majority of schools with policies for students to carry and self-administer asthma medications also have procedures to inform students (95%) and families (94%) about the policy.

**QUESTION 47. At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medications?**

**TABLE 47. School personnel responsible for implementation of school's asthma policy.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>No single individual is responsible</b>	2010	19
	2008	28
<b>Principal</b>	2010	11
	2008	15
<b>Assistant principal</b>	2010	1
	2008	0
<b>School nurse</b>	2010	60
	2008	51
<b>Other school faculty or staff member</b>	2010	10
	2008	7

Among schools that allow students to carry and self-administer asthma medication, over half schools (60%), report that the school nurse has the responsibility of implementing the school's asthma policy while 19% of schools do not have a single individual designated for this policy.



## FAMILY AND COMMUNITY INVOLVEMENT

According to the Centers for Disease Control and Prevention, Family and Community Involvement are essential for enhancing 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 program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

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### QUESTION 48. During the past two years, have students' families helped develop or implement policies and programs related to each of the following topics?

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**TABLE 48. Student family involvement in the development/implementation of policy or programs for the following topics.**

	YEAR	PERCENT
<b>HIV, STD, or teen pregnancy prevention</b>	2010	13
	2008	17
<b>Tobacco-use prevention</b>	2010	25
	2008	34
<b>Physical activity</b>	2010	24
	2008	31
<b>Nutrition and healthy eating</b>	2010	28
	2008	36
<b>Asthma</b>	2010	16
	2008	20

The most common topics for which schools report having received input from families for policy or programming are nutrition and healthy eating (28%), tobacco-use prevention (25%), and physical activity (24%). Fewer schools report family involvement for asthma (16%) and HIV, STD, or teen pregnancy prevention (13%).

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**QUESTION 49. During the past two years, have community members helped develop or implement policies and programs related to each of the following topics?**

**TABLE 49. Community involvement in the development/implementation of policy or programs for the following topics.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>HIV, STD, or teen pregnancy prevention</b>	2010	27
	2008	28
<b>Tobacco-use prevention</b>	2010	38
	2008	45
<b>Physical activity</b>	2010	32
	2008	39
<b>Nutrition and healthy eating</b>	2010	39
	2008	44
<b>Asthma</b>	2010	23
	2008	28

The most common topics for which schools report to having received input from community for policy or programming are nutrition and healthy eating (39%), tobacco-use prevention (38%), and physical activity (32%). Fewer schools report community involvement for asthma (23%) and HIV, STD, or teen pregnancy prevention (27%).

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## COORDINATED SCHOOL HEALTH AND HEALTH EDUCATION

TABLE 1.	Schools that report assessing policies, activities, and programs.
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TABLE 2D.	School has a written SIP with goals and objectives for health services.
TABLE 2E.	School has a written SIP with goals and objectives for mental health and social services.
TABLE 2F.	School has a written SIP with goals and objectives for healthy and safe school environment.
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TABLE 6K.	Health department representative serves as a member of the health committee/advisory group.
TABLE 6L.	School administrator serves as a member of the health committee/advisory group.
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TABLE 9B.	Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity.
TABLE 9C.	Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.
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- 

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- 

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TABLE 23D.	The tobacco prevention policy specifically prohibits tobacco use for students at off-campus, school-sponsored events.
TABLE 23E.	The tobacco prevention policy specifically prohibits tobacco use in school buildings for faculty/staff.
TABLE 23F.	The tobacco prevention policy specifically prohibits tobacco use on school grounds for faculty/staff.
TABLE 23G.	The tobacco prevention policy specifically prohibits tobacco use in school buses or other vehicles used to transport students for faculty/staff.
TABLE 23H.	The tobacco prevention policy specifically prohibits tobacco use at off-campus, school-sponsored events for faculty/staff.
TABLE 23I.	The tobacco prevention policy specifically prohibits tobacco use in school buildings for visitors.
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## **FAMILY AND COMMUNITY INVOLVEMENT**

- TABLE 48. Student family involvement in the development/implementation of policy or programs for the following topics.  
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## 2010 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 for the grade span 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

**2010 SCHOOL HEALTH PROFILES  
PRINCIPAL QUESTIONNAIRE**

**1. 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 . . . . .	O . . . . .	O . . . . .
b. Nutrition . . . . .	O . . . . .	O . . . . .
c. Tobacco-use prevention . . . . .	O . . . . .	O . . . . .
d. Asthma . . . . .	O . . . . .	O . . . . .
e. Injury and violence prevention . . . . .	O . . . . .	O . . . . .

**2. The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school's written SIP include health-related goals and objectives on any of the following topics? (Mark yes or no for each topic, or if your school does not have a SIP, mark "no SIP.")**

TOPIC	YES	NO	NO SIP
a. Health education . . . . .	O . . . . .	O . . . . .	O . . . . .
b. Physical education and physical activity . . . . .	O . . . . .	O . . . . .	O . . . . .
c. Nutrition services and foods and beverages available at school . . . . .	O . . . . .	O . . . . .	O . . . . .
d. Health services . . . . .	O . . . . .	O . . . . .	O . . . . .
e. Mental health and social services . . . . .	O . . . . .	O . . . . .	O . . . . .
f. Healthy and safe school environment . . . . .	O . . . . .	O . . . . .	O . . . . .
g. Family and community involvement . . . . .	O . . . . .	O . . . . .	O . . . . .
h. Faculty and staff health promotion . . . . .	O . . . . .	O . . . . .	O . . . . .

**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 or School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy? (Mark yes or no for each.)**

TYPE OF INFORMATION	YES	NO
a. Number of minutes of physical education required in each grade . . . . .	O . . . . .	O . . . . .
b. Rates of student participation in school meal programs . . . . .	O . . . . .	O . . . . .
c. Revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria . . . . .	O . . . . .	O . . . . .
d. Number of minutes of physical activity outside of physical education (e.g., classroom physical activity breaks, free time physical activity, or recess) . . . . .	O . . . . .	O . . . . .

**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 your 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 administrators . . . . .	0	0
b. Health education teachers . . . . .	0	0
c. Physical education teachers. . . . .	0	0
d. Mental health or social services staff . . . . .	0	0
e. Nutrition or food service staff . . . . .	0	0
f. Health services staff (e.g., school nurses) . . . . .	0	0
g. Maintenance and transportation staff. . . . .	0	0
h. Technology staff . . . . .	0	0
i. Library/media center staff . . . . .	0	0
j. Student body. . . . .	0	0
k. Parents or families of students . . . . .	0	0
l. Community members . . . . .	0	0
m. Local health departments, agencies, or organizations . . . . .	0	0
n. Faith-based organizations . . . . .	0	0
o. Businesses. . . . .	0	0
p. Local government agencies. . . . .	0	0

7. Are any school staff required to receive professional development (e.g., 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
a. Ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth) . . .	0	0
b. Youth who participate in drop-out prevention, alternative education, or GED programs . . .	0	0

8. Does your 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. Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth? (Mark yes or no for each practice.)**

<b>PRACTICE</b>	<b>YES</b>	<b>NO</b>
a. Identify "safe spaces" (e.g., a counselor's office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff. . . . .	O	O
b. Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity. . . . .	O	O
c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity. . . . .	O	O
d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth. . . . .	O	O
e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth . . . . .	O	O

**10. Has your school adopted a policy that addresses each of the following issues on human immunodeficiency virus (HIV) infection or AIDS? (Mark yes or no for each issue.)**

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

**11. Does your school have or participate in each of the following programs? (Mark yes or no for each program.)**

<b>PROGRAM</b>	<b>YES</b>	<b>NO</b>
a. A student mentoring program. . . . .	O	O
b. A safe-passages to school program . . . . .	O	O
c. A program to prevent bullying . . . . .	O	O
d. A program to prevent dating violence . . . . .	O	O
e. A youth development program. . . . .	O	O

**12. Are all staff who teach health education topics at your 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 your school.)

**13. Is physical education required for students in any of grades 6 through 12 in your school?**

(Mark one response.)

- Yes
- No – Skip to Question 16

**14. Is a required physical education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)**

GRADE IN YOUR SCHOOL	YES	NO	GRADE NOT TAUGHT
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"/>

**15. Can students be exempted from taking required physical education for one grading period or longer for each of the following reasons? (Mark yes or no for each reason.)**

REASON	YES	NO
a. Enrollment in other courses (e.g., 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 (e.g., 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

**16. During the past two years, did any physical education teachers or specialists at your school receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on physical education? (Mark one response.)**

- Yes
- No

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

MATERIAL	YES	NO
a. Goals, objectives, and expected outcomes for physical education . . . . .	O . . . . .	O
b. A chart describing the annual scope and sequence of instruction for physical education. . . . .	O . . . . .	O
c. Plans for how to assess student performance in physical education . . . . .	O . . . . .	O
d. A written physical education curriculum . . . . .	O . . . . .	O

18. Does your school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activity clubs are any physical activity 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

19. Outside of school hours or when school is not in session, do children or adolescents use any of your school's indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons? (Mark one response.)

- Yes
- No

## TOBACCO-USE PREVENTION POLICIES

20. Has your school adopted a policy prohibiting tobacco use? (Mark one response.)

- Yes
- No – Skip to Question 27

21. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

TYPE OF TOBACCO	<u>STUDENTS</u>		<u>FACULTY/STAFF</u>		<u>VISITORS</u>	
	YES	NO	YES	NO	YES	NO
a. Cigarettes. . . . .	O . . . . .	O	O . . . . .	O	O . . . . .	O
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip). . . . .	O . . . . .	O	O . . . . .	O	O . . . . .	O
c. Cigars. . . . .	O . . . . .	O	O . . . . .	O	O . . . . .	O
d. Pipes . . . . .	O . . . . .	O	O . . . . .	O	O . . . . .	O



22. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

TIME	STUDENTS		FACULTY/STAFF		VISITORS	
	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"/>

23. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

LOCATION	STUDENTS		FACULTY/STAFF		VISITORS	
	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"/>

24. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

GROUP	YES	NO	NOT APPLICABLE
	a. Students . . . . .	<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"/>

25. 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

26. 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

27. Do each of the following criteria help determine what actions your school takes when students are caught smoking cigarettes? (Mark yes or no for each criterion.)

CRITERION	YES	NO
a. Zero tolerance . . . . .	O . . . . .	O
b. Effect or severity of the violation . . . . .	O . . . . .	O
c. Grade level of student . . . . .	O . . . . .	O
d. Repeat offender status . . . . .	O . . . . .	O

28. 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 . . . . .	O . . . . .	O	O . . . . .	O
b. Referred to a school counselor . . . . .	O . . . . .	O	O . . . . .	O
c. Referred to a school administrator . . . . .	O . . . . .	O	O . . . . .	O
d. Encouraged, but not required, to participate in an assistance, education, or cessation program . . . . .	O . . . . .	O	O . . . . .	O
e. Required to participate in an assistance, education, or cessation program . . . . .	O . . . . .	O	O . . . . .	O
f. Referred to legal authorities . . . . .	O . . . . .	O	O . . . . .	O
g. Placed in detention . . . . .	O . . . . .	O	O . . . . .	O
h. Not allowed to participate in extra-curricular activities or interscholastic sports . . . . .	O . . . . .	O	O . . . . .	O
i. Given in-school suspension . . . . .	O . . . . .	O	O . . . . .	O
j. Suspended from school . . . . .	O . . . . .	O	O . . . . .	O
k. Expelled from school . . . . .	O . . . . .	O	O . . . . .	O
l. Reassigned to an alternative school . . . . .	O . . . . .	O	O . . . . .	O

29. 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

30. During the past two years, has your school done each of the following activities? (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

**31. 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 .....	0	0
b. Students .....	0	0

**32. 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 .....	0	0
b. Students .....	0	0

## NUTRITION-RELATED POLICIES AND PRACTICES

**33. 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

**34. Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar? (Mark one response.)**

- Yes
- No – Skip to Question 37

**35. 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 .....	0	0
b. Other kinds of candy .....	0	0
c. Salty snacks that are not low in fat (e.g., regular potato chips) .....	0	0
d. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat .....	0	0
e. Ice cream or frozen yogurt that is not low in fat .....	0	0
f. 2% or whole milk (plain or flavored) .....	0	0
g. Water ices or frozen slushes that do not contain juice .....	0	0
h. Soda pop or fruit drinks that are not 100% juice .....	0	0
i. Sports drinks (e.g., Gatorade) .....	0	0
j. Foods or beverages containing caffeine .....	0	0
k. Fruits (not fruit juice) .....	0	0
l. Non-fried vegetables (not vegetable juice) .....	0	0

36. Does your 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

37. 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

38. At your 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

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

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

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## HEALTH SERVICES

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40. 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

**41. 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.

**42. At your school, which of the following events are 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

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

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

**44. 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

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

- Yes
- No – Skip to Question 48

46. 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 .....	O	O
b. Parents and families .....	O	O

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

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

## FAMILY AND COMMUNITY INVOLVEMENT

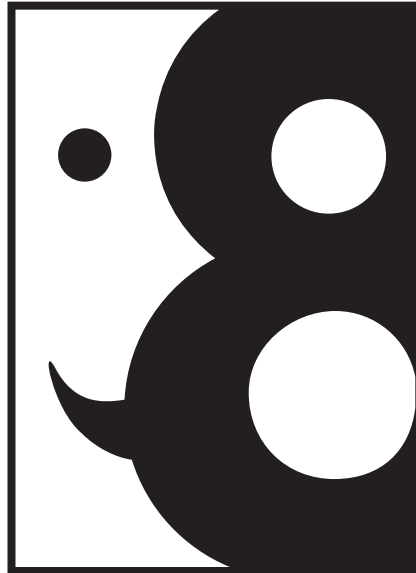
48. During the past two years, have students' families helped develop or implement policies and programs related to each of the following topics? (Mark yes or no for each topic.)

TOPIC	YES	NO
a. HIV, STD, or teen pregnancy prevention .....	O	O
b. Tobacco-use prevention .....	O	O
c. Physical activity .....	O	O
d. Nutrition and healthy eating .....	O	O
e. Asthma .....	O	O

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

TOPIC	YES	NO
a. HIV, STD, or teen pregnancy prevention .....	O	O
b. Tobacco-use prevention .....	O	O
c. Physical activity .....	O	O
d. Nutrition and healthy eating .....	O	O
e. Asthma .....	O	O

Thank you for your responses. Please return this questionnaire.



**NC HEALTHY  
SCHOOLS**

# **School Health Profiles: North Carolina Middle and High Schools**

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Findings of the 2010 School Health Education Profiles  
Lead Health Education Teachers' Survey

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April 2011



## 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 2010 North Carolina School Health Education 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 2010 North Carolina School Health Education Profiles Survey were 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.

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 Lead Health Education Teachers' report. Paula Hildebrand and Dr. Donna Breitenstein provided proofreading assistance with the report. Dr. Donna Breitenstein, Director of the North Carolina Comprehensive School Health Training Center, served as liaison for the project.





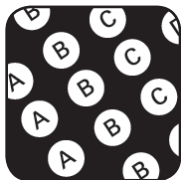
## 2010 SCHOOL HEALTH EDUCATION PROFILES LEAD HEALTH EDUCATION TEACHERS' SURVEY

### INTRODUCTION:

The School Health Profiles (Profiles) assists state 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 426 regular secondary public schools containing any of grades 6 through 12 in North Carolina during spring 2010. Usable questionnaires were received from 84% of principals and from 79% of teachers. Because the response rates for these surveys were greater than 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 educator 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 lower 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 – 2010 SCHOOL HEALTH EDUCATION PROFILES LEAD HEALTH EDUCATION TEACHER SURVEY

### REQUIRED HEALTH EDUCATION COURSES

- North Carolina requires one credit of health and physical education at the high school level. One hundred percent of lead health teachers report that one or more health courses are required at their secondary level schools. Health education courses are required in grades six, seven, and eight; however, 15% of lead teachers in middle schools report that students at their respective schools do not take a health course, as compared to 6% two years ago.
- In schools where health education is taught, 81% of lead teachers report that health education is taught at the ninth grade level. At the middle school level health is required in grades six (79%), seven (79%), and eight (78%).
- High school students are required to repeat a required health education course, if they fail, according to 95% of lead health education teachers. One unit of health and physical education is required for high school graduation.
- Eighty-nine percent of high school and 85% of middle school lead health education teachers report that they are provided with a written health education curriculum. Over 90% of them report being provided with the goals, objectives, and expected outcomes for health education. Plans for assessing student performance are provided for high school teachers (71%) and middle school teachers (58%).
- The health education curriculum includes the following components at the high school level: Practicing health-enhancing behaviors to avoid or reduce risks (99%), using decision-making skills to enhance health (99%), health promotion and disease (97%), analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors (97%), and using goal-setting to enhance health (97%). Similar results were found at the middle school level.

### REQUIRED HEALTH EDUCATION

- Lead health education teachers responded to this questionnaire. Ninety percent of middle and high schools required health education in 2010 which reflects a 6% decrease since 2008.
- Lead health teachers at the high school level report high attention levels given to increasing student knowledge in the areas of alcohol or drug use prevention (100%), physical activity and fitness (99%), nutrition and dietary behavior (99%), tobacco use prevention (99%), and emotional and mental health (97%). At the middle school level, attention is given to nutrition and dietary behavior (94%), physical activity and fitness (97%), and tobacco-use prevention (93%). Similar results were reported in the 2008 study.
- Lead health education teachers at the secondary and middle school levels report that tobacco-use prevention topics received significant attention. They focus on the short-term and long-term consequences of tobacco use (91% total), the effects of second-hand smoke (91% total), the harmful substances contained in tobacco products (90% total), the addictive nature of nicotine (90% total), and why students should not use these products (89% total).
- Topics related to HIV, STD, and pregnancy prevention are included in the secondary and middle school curricula. Data from 2010 show that high school students are taught how HIV and other STDs are transmitted (92%), the benefits of being sexually abstinent (92%), and how to prevent HIV, other STDs and pregnancy (91%). Seventy-six percent report that middle school students are taught how HIV and STDs are transmitted, down from 90% in 2008. Seventy-four percent are taught the differences between HIV and AIDS, down from 87% in 2008.

- Approximately ninety-four percent of lead health education 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. Slight gradual decreases in each of these categories were noted in each study since 2004.
- Ninety-four percent of teachers include physical, psychological or social benefits of physical activity and health-related fitness in their health curriculum. Phases of a workout (93%), decreasing sedentary activities and how much physical activity is adequate (92%), preventing injury (91%), weather-related safety (84%), and the dangers of using performance-enhancing drugs (83%) are also important topics in a required health education course for students.

## **HIV PREVENTION**

- Approximately 30% of high and middle school teachers report using curricula or supplementary materials that reflect life experiences of high risk minority students, facilitating their access to health services, arranging access to social and psychological services not available on school property for them. This data represents an increase from the 2008 study in each category.
- Twelve percent of lead health teachers report providing curricula or supplementary materials on the topics of HIV, STD, or pregnancy prevention that are relevant to lesbian, gay, bisexual, transgender, and questioning youth.

## **COLLABORATION**

- High school health education staff work with physical education staff (93%), school health services staff (76%), and mental health or social services staff (66%). Only 38% work with food service staff. At the middle school level, 89% work with physical education staff, 80% work with school health services staff, and 63% work with mental health or social services staff. Forty percent of middle school lead health education teachers work with food service staff. In 2010, teachers were more likely to work with school mental health or social service staff and nutrition or food service staff than in 2008.
- High school teachers provided information to parents and families in the areas of physical activity (40%), tobacco use prevention (34%), and HIV prevention, STD prevention, or teen pregnancy prevention (28%). Middle school teachers were somewhat more likely to provide health information to parents and families in the areas of physical activity (57%) and nutrition (49%) than HIV prevention (31%), or asthma (25%).

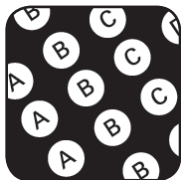
## **PROFESSIONAL DEVELOPMENT**

- At the high school level, teachers have received staff development in injury prevention and safety (58%), human sexuality (46%), HIV prevention (45%), and drug use prevention (43%). An increase in staff development in all categories occurred from 2008 to 2010, with the exception of HIV, pregnancy prevention, and STDs, which showed decreased activity. Middle school teachers have received a variety of workshops, conferences, continuing education or in-service programs in physical activity (73%), violence prevention (63%), HIV prevention (44%), alcohol or other drug use prevention (40%), and human sexuality (38%). Middle school teachers were much more likely to receive staff development on physical activity and fitness in 2010 (73%) than in 2008 (59%).
- Professional development was received by lead health teachers in the past two years in the areas of understanding the modes of transmission and effective prevention strategies for HIV and other STDs (41%), implementing health education strategies using prevention messages (41%), and describing how widespread HIV and other STD infections are (40%).
- High school level lead health education teachers are more interested in staff development for suicide prevention (83%), alcohol and drug use prevention (82%), and violence prevention (80%).

- Middle school lead health education teachers have a strong interest in staff development for violence prevention (80%), physical activity and fitness (79%), nutrition and dietary needs (77%), for suicide prevention (75%), alcohol and drug use prevention (73%), emotional and mental health (69%), and asthma awareness (66%).
- Between 2004 and 2006, there was an 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 (for 49% to 57%). However, since 2006, there has been an increased desire for teachers to have staff development related to emotional and mental health and pregnancy prevention.
- High school teachers have had staff development in the areas of classroom management (72%), using interactive teaching strategies (67%), teaching students with various cultural backgrounds (50%), and teaching students of different sexual orientations or gender identities (14%). Staff development in the areas of classroom management techniques (66%), teaching students of various cultural backgrounds (50%), and teaching students with disabilities (48%) has been provided for middle school lead health education teachers. These data reflect an increase in professional development since 2008 in the areas of teaching students with disabilities, various cultural backgrounds, using interactive teaching methods, classroom management techniques, and assessment as reported by all teachers.
- High and middle school health teachers would like to receive staff development for teaching skills for behavior change (76%), for encouraging family or community involvement (76%), for teaching students with physical, medical, or cognitive disabilities (73%), for using interactive teaching methods (70%), and for assessing students (70%).

## PROFESSIONAL PREPARATION

- At the high school level, 65% of lead health education teachers' professional preparation is in health and physical education or in physical education (21%). Fifty-six percent of middle school teachers have professional preparation in health and physical education or in physical education (28%). In 2004, more high school health teachers had preparation in physical education (26%), changing to 19% in 2006. However, between 2008 and 2010, teachers were more likely to have professional preparation in health and physical education, increasing from 51% to 58%. In 2010, only seven percent of lead high school health education teachers and 6% of middle level health education teachers reported major professional preparation in health education.
- Eighty percent of all lead health education teachers have a license, certificate, or endorsement from the Department of Public Instruction to teach health education in middle/junior high school or senior high school. In 2004, 71% held a license, certification, or endorsement. In 2006 and 2008 that percentage rose to 79%, representing a gradual increase during the past several years.
- At the high school level, 49% of lead health teachers have fifteen or more years of experience, 18% have ten to fourteen years of experience, 18% have six to nine years, and 21% have two to five years of experience. In 2004, there was a higher percentage of high school teachers with ten to fourteen years of experience (22% versus 14%) and a lower percentage with fifteen or more years than in 2006 (43% versus 50%), whereas, in 2006, fewer teachers indicated fifteen or more years of experience. In 2010, approximately half (49%) of all secondary teachers had fifteen or more years of teaching experience.
- Thirty-six percent of the lead health education teachers at the middle school level have fifteen years or more of teaching experience, 18% have ten to fourteen years, 17% have six to nine years, and 25% have two to five years.



## REQUIRED HEALTH EDUCATION COURSES

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

TABLE 1A. No required health education courses.

	YEAR	PERCENT
High School	2010	0
	2008	3
Middle School	2010	15
	2008	6
Junior/Senior High Combined	2010	NA
	2008	0
Overall	2010	9
	2008	5

TABLE 1B. One required health education course.

	YEAR	PERCENT
High School	2010	87
	2008	83
Middle School	2010	13
	2008	23
Junior/Senior High Combined	2010	NA
	2008	10
Overall	2010	42
	2008	45

**TABLE 1C. Two required health education courses.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	2
	2008	2
<b>Middle School</b>	2010	4
	2008	9
<b>Junior/Senior High Combined</b>	2010	NA
	2008	27
<b>Overall</b>	2010	4
	2008	7

**TABLE 1D. Three required health education courses.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	2
<b>Middle School</b>	2010	52
	2008	50
<b>Junior/Senior High Combined</b>	2010	NA
	2008	10
<b>Overall</b>	2010	29
	2008	30

**TABLE 1E. Four required health education courses.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	10
	2008	10
<b>Middle School</b>	2010	16
	2008	11
<b>Junior/Senior High Combined</b>	2010	NA
	2008	52
<b>Overall</b>	2010	16
	2008	13

North Carolina requires one credit of health and physical education at the high school level. One hundred percent of lead health teachers report that one or more health courses are required at their secondary level schools. Health education courses are required in grades six, seven, and eight; however, 15% of lead teachers in middle schools report that students at their respective schools do not take a health course, as compared to 6% two years ago.

**QUESTION 2. Is a required health education course taught in each of the following grades in this school?**

**TABLE 2A. Required health education course taught at 6th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
<b>Middle School</b>	2010	81
	2008	88
<b>Junior/Senior High Combined</b>	2010	68
	2008	NA
<b>Overall</b>	2010	79
	2008	88

**TABLE 2B. Required health education course taught at 7th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
<b>Middle School</b>	2010	82
	2008	93
<b>Junior/Senior High Combined</b>	2010	59
	2008	77
<b>Overall</b>	2010	79
	2008	91

**TABLE 2C. Required health education course taught at 8th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	NA
	2008	NA
<b>Middle School</b>	2010	81
	2008	91
<b>Junior/Senior High Combined</b>	2010	59
	2008	88
<b>Overall</b>	2010	78
	2008	91

**TABLE 2D. Required health education course taught at 9th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	98
	2008	95
<b>Middle School</b>	2010	7
	2008	33
<b>Junior/Senior High Combined</b>	2010	86
	2008	NA
<b>Overall</b>	2010	81
	2008	88

**TABLE 2E. Required health education course taught at 10th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	9
	2008	8
<b>Middle School</b>	2010	NA
	2008	NA
<b>Junior/Senior High Combined</b>	2010	25
	2008	NA
<b>Overall</b>	2010	12
	2008	8

**TABLE 2F. Required health education course taught at 11th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	6
	2008	2
<b>Middle School</b>	2010	NA
	2008	NA
<b>Junior/Senior High Combined</b>	2010	21
	2008	NA
<b>Overall</b>	2010	9
	2008	2



**TABLE 2G. Required health education course taught at 12th grade level.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	6
	2008	2
<b>Middle School</b>	2010	NA
	2008	NA
<b>Junior/Senior High Combined</b>	2010	14
	2008	NA
<b>Overall</b>	2010	8
	2008	2

In schools where health education is taught, 81% of lead teachers report that health education is taught at the ninth grade level. At the middle school level health education is required in grades six (79%), seven (79%), and eight (78%).

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**QUESTION 3. If students fail a required health education course, are they required to repeat it?**

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**TABLE 3A. Requirement to repeat failed health education course.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	95
	2008	98
<b>Middle School</b>	2010	8
	2008	11
<b>Junior/Senior High Combined</b>	2010	80
	2008	61
<b>Overall</b>	2010	50
	2008	47

High school students are required to repeat a failed health education course according to 95% of lead health education teachers. One unit of health and physical education is required for high school graduation.

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**QUESTION 4. Are those who teach health education at this school provided with the following materials?**

**TABLE 4A. Goals, objectives, and expected outcomes for health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	93
<b>Middle School</b>	2010	93
	2008	98
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	94
	2008	96

**TABLE 4B. A chart describing the annual scope and sequence of instruction for health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	64
	2008	58
<b>Middle School</b>	2010	59
	2008	61
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	60
	2008	60

**TABLE 4C. Plans for how to assess student performance in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	71
	2008	67
<b>Middle School</b>	2010	58
	2008	57
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	63
	2008	61

**TABLE 4D. A written health education curriculum.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	89
<b>Middle School</b>	2010	85
	2008	87
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	87
	2008	87

Eighty-nine percent of high school and 85% of middle school lead health education teachers report that they are provided with a written health education curriculum. Over 90% of them report being provided with the goals, objectives, and expected outcomes for health education. Plans for assessing student performance are provided for high school teachers (71%) and middle school teachers (58%).

**QUESTION 5. Does your health education curriculum address each of the following?**

**TABLE 5A. Comprehending concepts related to health promotion and disease prevention to enhance health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	100
<b>Middle School</b>	2010	95
	2008	98
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	96
	2008	99

**TABLE 5B. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	99
<b>Middle School</b>	2010	94
	2008	95
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	95
	2008	96

**TABLE 5C. Assessing valid information in products and services to enhance health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	91
	2008	94
<b>Middle School</b>	2010	82
	2008	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	85
	2008	92

**TABLE 5D. Using interpersonal communication skills to enhance health and avoid or reduce health risks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	99
<b>Middle School</b>	2010	93
	2008	97
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	94
	2008	97

**TABLE 5E. Using decision-making skills to enhance health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	100
<b>Middle School</b>	2010	96
	2008	98
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	97
	2008	99

**TABLE 5F. Using goal-setting skills to enhance health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	99
<b>Middle School</b>	2010	91
	2008	99
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	93
	2008	99

**TABLE 5G. Practicing health-enhancing behaviors to avoid or reduce risks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
<b>Middle School</b>	2010	93
	2008	99
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	95
	2008	99

**TABLE 5H. Advocating for personal, family, and community health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	100
<b>Middle School</b>	2010	89
	2008	93
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	91
	2008	95

The health education curriculum includes the following components at the high school level: practicing health-enhancing behaviors to avoid or reduce risks (99%), using decision-making skills to enhance health (99%), health promotion and disease prevention (97%), analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors (97%), and using goal-setting to enhance health (97%). Similar results were found at the middle school level.



## REQUIRED HEALTH EDUCATION

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

**TABLE 6A. Health education requirement.**

	YEAR	PERCENT
YES	2010	90
	2008	96
	2006	80
	2004	86

A total of 79% of lead health education teachers surveyed responded to this questionnaire. Ninety percent of middle and high schools required health education in 2010 which reflects a 6% decrease since 2008.

**QUESTION 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?**

**TABLE 7A. Alcohol or other drug use prevention.**

	YEAR	PERCENT
High School	2010	100
	2008	97
Middle School	2010	92
	2008	95
Junior/Senior High Combined	2010	NA
	2008	NA
Overall	2010	96
	2008	96

**TABLE 7B. Asthma awareness.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	74
	2008	54
<b>Middle School</b>	2010	66
	2008	69
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	68
	2008	63

**TABLE 7C. Emotional and mental health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	97
<b>Middle School</b>	2010	83
	2008	92
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	89
	2008	95

**TABLE 7D. Foodborne illness prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	76
<b>Middle School</b>	2010	62
	2008	71
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	71
	2008	72

**TABLE 7E. HIV prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	92
<b>Middle School</b>	2010	83
	2008	88
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	88
	2008	90

**TABLE 7F. Human sexuality.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	84
	2008	81
<b>Middle School</b>	2010	74
	2008	78
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	79
	2008	79

**TABLE 7G. Injury prevention and safety.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	93
<b>Middle School</b>	2010	84
	2008	90
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	87
	2008	91



**TABLE 7H. Nutrition and dietary behavior.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
<b>Middle School</b>	2010	94
	2008	97
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	97
	2008	98

**TABLE 7I. Physical activity and fitness.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
<b>Middle School</b>	2010	97
	2008	99
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	97
	2008	99

**TABLE 7J. Pregnancy prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	92
	2008	87
<b>Middle School</b>	2010	75
	2008	84
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	82
	2008	85

**TABLE 7K. STD prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	93
<b>Middle School</b>	2010	79
	2008	87
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	86
	2008	90

**TABLE 7L. Suicide prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	87
	2008	80
<b>Middle School</b>	2010	61
	2008	67
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	72
	2008	73

**TABLE 7M. Tobacco-use prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	99
<b>Middle School</b>	2010	93
	2008	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	95
	2008	97

**TABLE 7N. Violence prevention, such as bullying, fighting, or homicide.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	91
<b>Middle School</b>	2010	90
	2008	93
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	93
	2008	92

Lead health teachers at the high school level report high attention levels given to increasing student knowledge in the areas of alcohol or drug use prevention (100%), physical activity and fitness (99%), nutrition and dietary behavior (99%), tobacco use prevention (99%), and emotional and mental health (97%). At the middle school level, attention is given to nutrition and dietary behavior (94%), physical activity and fitness (97%), and tobacco-use prevention (93%). Similar results were reported in the 2008 study.

**QUESTION 8. During this school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required health education course for students in any of grades of 6 through 12?**

**TABLE 8A. Identifying tobacco products and the harmful substances they contain.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	85
	2008	98
<b>Middle School</b>	2010	88
	2008	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	90
	2008	97

**TABLE 8B. Identifying short-term and long-term health consequences of tobacco use.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	98
<b>Middle School</b>	2010	88
	2008	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	91
	2008	97

**TABLE 8C. Identifying legal, social, economic, and cosmetic consequences of tobacco use.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	92
<b>Middle School</b>	2010	83
	2008	90
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	85
	2008	91

**TABLE 8D. Understanding the addictive nature of nicotine.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	94
	2008	98
<b>Middle School</b>	2010	87
	2008	93
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	90
	2008	95

**TABLE 8E. Effects of tobacco use on athletic performance.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	89
<b>Middle School</b>	2010	83
	2008	88
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	85
	2008	89

**TABLE 8F. Effects of second-hand smoke and benefits of a smoke-free environment.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	96
<b>Middle School</b>	2010	88
	2008	94
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	91
	2008	95

**TABLE 8G. Understanding the social influences on tobacco use including media, family, peers, and culture.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	92
	2008	94
<b>Middle School</b>	2010	86
	2008	92
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	88
	2008	92

**TABLE 8H. Identifying reasons why students do and do not use tobacco.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	94
	2008	96
<b>Middle School</b>	2010	87
	2008	94
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	89
	2008	95

**TABLE 8I. Making accurate assessments of how many peers use tobacco.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	74
	2008	76
<b>Middle School</b>	2010	70
	2008	74
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	70
	2008	76

**TABLE 8J. Using interpersonal communication skills to avoid tobacco use.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	90
	2008	98
<b>Middle School</b>	2010	84
	2008	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	87
	2008	94

**TABLE 8K. Using goal-setting and decision-making skills related to not using tobacco.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	92
<b>Middle School</b>	2010	79
	2008	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	83
	2008	91

**TABLE 8L. Finding valid information in services related to tobacco-use prevention and cessation.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	82
	2008	88
<b>Middle School</b>	2010	71
	2008	76
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	75
	2008	82

**TABLE 8M. Supporting others who abstain from or want to quit using tobacco.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	85
	2008	84
<b>Middle School</b>	2010	74
	2008	80
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	79
	2008	83

**TABLE 8N. Supporting school and community action to support a tobacco-free environment.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	91
<b>Middle School</b>	2010	79
	2008	84
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	83
	2008	87

**TABLE 80. Identifying harmful effects of tobacco use on fetal development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	86
	2008	91
<b>Middle School</b>	2010	77
	2008	81
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	80
	2008	86

Lead health education teachers at the secondary and middle school levels report that tobacco-use prevention topics received significant attention. They focus on the short-term and long-term consequences of tobacco use (91% total), the effects of second-hand smoke (91% total), the harmful substances contained in tobacco products (90% total), the addictive nature of nicotine (90% total), and why students should not use these products (89% total).

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**QUESTION 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.**

**TABLE 9A. HIV, STD, or pregnancy prevention topics taught in a required course in any of grades 6, 7, or 8.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>The differences between HIV and AIDS</b>	2010	74
	2008	87
<b>How HIV and other STDs are transmitted</b>	2010	76
	2008	90
<b>How HIV and other STDs are diagnosed and treated</b>	2010	66
	2008	82
<b>Health consequences of HIV, other STDs, and pregnancy</b>	2010	73
	2008	88
<b>The relationship among HIV, other STDs, and pregnancy</b>	2010	68
<b>How to prevent HIV, other STDs, and pregnancy</b>	2010	75
	2008	88
<b>The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy</b>	2010	72
<b>The benefits of being sexually abstinent</b>	2010	77
<b>How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy</b>	2010	62
	2008	80
<b>The influences of media, family, and social and cultural norms on sexual behavior</b>	2010	72
	2008	84
<b>Communication and negotiation skills related to eliminating or reducing risks for HIV, other STDs, and pregnancy</b>	2010	70
	2008	86
<b>Goal-setting and decision-making skills related to eliminating or reducing the risks for HIV, other STDs, and pregnancy</b>	2010	69
	2008	84
<b>Compassion for persons living with HIV or AIDS</b>	2010	55
	2008	73
<b>Efficacy of condoms, that is, how well condoms work and do not work</b>	2010	51
<b>The importance of using condoms consistently and correctly</b>	2010	34
<b>How to obtain condoms</b>	2010	25
<b>How to correctly use a condom</b>	2010	19

**TABLE 9B. HIV, STD, or pregnancy prevention topics taught in a required course in any of grades 9, 10, 11, or 12.**

<b>BEHAVIOR</b>	<b>YEAR</b>	<b>PERCENT</b>
<b>The differences between HIV and AIDS</b>	2010	87
<b>How HIV and other STDs are transmitted</b>	2010	92
<b>How HIV and other STDs are diagnosed and treated</b>	2010	83
<b>Health consequences of HIV, other STDs, and pregnancy</b>	2010	90
<b>The relationship among HIV, other STDs, and pregnancy</b>	2010	86
<b>The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy</b>	2010	88
<b>The benefits of being sexually abstinent</b>	2010	92
<b>How to prevent HIV, other STDs, and pregnancy</b>	2010	91
<b>How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy</b>	2010	81
<b>The influences of media, family, and social and cultural norms on sexual behavior</b>	2010	85
<b>Communication and negotiation skills related to eliminating or reducing risks for HIV, other STDs, and pregnancy</b>	2010	81
<b>Goal-setting and decision-making skills related to eliminating or reducing the risks for HIV, other STDs, and pregnancy</b>	2010	81
<b>Compassion for persons living with HIV or AIDS</b>	2010	72
<b>Efficacy of condoms, that is, how well condoms work and do not work</b>	2010	61
<b>The importance of using condoms consistently and correctly</b>	2010	45
<b>How to obtain condoms</b>	2010	32
<b>How to correctly use a condom</b>	2010	23

Topics related to HIV, STD, and pregnancy prevention are included in the secondary and middle school curricula. Data from 2010 show that high school students are taught how HIV and other STDs are transmitted (92%), the benefits of being sexually abstinent (92%), and how to prevent HIV, other STDs and pregnancy (91%). Seventy-six percent report that middle school students are taught how HIV and STDs are transmitted, down from 90% in 2008. Seventy-four percent are taught the differences between HIV and AIDS, down from 87% in 2008.

**QUESTION 10. During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12?**

**TABLE 10A. The benefits of healthy eating.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	98
	2006	100
	2004	98
<b>Middle School</b>	2010	91
	2008	96
	2006	97
	2004	98
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	94
	2008	97
	2006	98
	2004	98

**TABLE 10B. Food guidance using My Pyramid.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	96
	2006	87
	2004	93
<b>Middle School</b>	2010	88
	2008	90
	2006	92
	2004	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	90
	2008	93
	2006	90
	2004	94

**TABLE 10C. Using food labels.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	94
	2006	95
	2004	92
<b>Middle School</b>	2010	82
	2008	92
	2006	96
	2004	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	87
	2008	93
	2006	96
	2004	94

**TABLE 10D. Balancing food intake and physical activity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	99
	2008	96
	2006	100
	2004	96
<b>Middle School</b>	2010	88
	2008	95
	2006	97
	2004	98
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	92
	2008	96
	2006	98
	2004	97

**TABLE 10E. Eating more fruits, vegetables, and grain products.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	98
	2008	97
	2006	98
	2004	NA
<b>Middle School</b>	2010	90
	2008	94
	2006	97
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	93
	2008	96
	2006	97
	2004	NA

**TABLE 10F. Choosing food products which are low in fat, saturated fat, and cholesterol.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	95
	2006	98
	2004	93
<b>Middle School</b>	2010	86
	2008	93
	2006	96
	2004	95
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	90
	2008	93
	2006	97
	2004	94

**TABLE 10G. Using sugars in moderation.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	95
	2006	95
	2004	90
<b>Middle School</b>	2010	87
	2008	93
	2006	96
	2004	95
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	89
	2008	93
	2006	95
	2004	93

**TABLE 10H. Using salt and sodium in moderation.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	95
	2008	95
	2006	94
	2010	89
<b>Middle School</b>	2010	83
	2008	91
	2006	92
	2004	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	87
	2008	93
	2006	93
	2004	90

**TABLE 10I. Eating more calcium-rich foods.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	90
	2008	92
	2006	95
	2004	87
<b>Middle School</b>	2010	80
	2008	86
	2006	91
	2004	87
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	84
	2008	88
	2006	92
	2004	87

**TABLE 10J. Food safety.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	86
	2006	90
	2004	85
<b>Middle School</b>	2010	74
	2008	85
	2006	83
	2004	78
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	79
	2008	86
	2006	86
	2010	81

**TABLE 10K. Preparing healthy meals and snacks.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	91
	2008	87
	2006	92
	2004	94
<b>Middle School</b>	2010	81
	2008	91
	2006	95
	2004	94
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	85
	2008	90
	2006	94
	2004	94

**TABLE 10L. Risks of unhealthy weight control practices.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	93
	2006	97
	2004	99
<b>Middle School</b>	2010	87
	2008	95
	2006	97
	2004	97
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	91
	2008	94
	2006	97
	2004	97



**TABLE 10M. Accepting body size differences.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	95
	2006	98
	2004	93
<b>Middle School</b>	2010	83
	2008	87
	2006	91
	2004	93
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	87
	2008	90
	2006	94
	2004	93

**TABLE 10N. Eating disorders.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	95
	2008	93
	2006	98
	2004	96
<b>Middle School</b>	2010	80
	2008	87
	2006	93
	2004	94
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	90
<b>Overall</b>	2010	85
	2008	90
	2008	95
	2004	95

Approximately ninety-four percent of lead health education 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. Slight gradual decreases in each of these categories were noted in each study since 2004.

**QUESTION 11. During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12?**

**TABLE 11A. The physical, psychological or social benefits of physical activity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	98
	2008	97
	2006	100
	2004	97
<b>Middle School</b>	2010	92
	2008	98
	2006	99
	2004	96
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	94
	2008	98
	2006	99
	2004	97

**TABLE 11B. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	97
	2008	97
	2006	96
	2004	97
<b>Middle School</b>	2010	92
	2008	97
	2006	99
	2004	97
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	94
	2008	97
	2006	98
	2004	97

**TABLE 11C. Phases of workout (i.e., warm-up, workout, and cool-down).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	95
	2006	92
	2004	97
<b>Middle School</b>	2010	92
	2008	98
	2006	96
	2004	93
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	93
	2008	97
	2006	94
	2004	95

**TABLE 11D. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity plan.)**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	93
	2006	88
	2004	94
<b>Middle School</b>	2010	89
	2008	87
	2006	87
	2004	88
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	92
	2008	90
	2006	88
	2004	91

**TABLE 11E. Developing an individualized physical activity plan.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	84
	2008	88
	2006	85
	2004	87
<b>Middle School</b>	2010	74
	2008	71
	2006	78
	2004	73
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	78
	2008	76
	2006	82
	2004	80

**TABLE 11F. Monitoring progress toward reaching goals in an individualized physical activity plan.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	84
	2008	82
	2006	81
	2004	83
<b>Middle School</b>	2010	76
	2008	64
	2006	79
	2004	70
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	78
	2008	71
	2006	80
	2004	77

**TABLE 11G. Overcoming barriers to physical activity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	90
	2006	88
	2004	86
<b>Middle School</b>	2010	86
	2008	87
	2006	81
	2004	82
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	87
	2008	87
	2006	84
	2004	84

**TABLE 11H. Decreasing sedentary activities such as television watching.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	96
	2008	94
	2006	98
	2004	93
<b>Middle School</b>	2010	89
	2008	93
	2006	93
	2004	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	92
	2008	94
	2006	95
	2004	92

**TABLE 11I. Opportunities for physical activity in the community.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	93
	2006	88
	2004	89
<b>Middle School</b>	2010	86
	2008	88
	2006	93
	2004	82
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	87
	2008	90
	2006	91
	2004	86

**TABLE 11J. Preventing injury during physical activity in the community.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	94
	2006	92
	2004	95
<b>Middle School</b>	2010	90
	2008	95
	2006	95
	2004	91
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	91
	2008	95
	2006	94
	2004	93

**TABLE 11K. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while engaging in physical activity).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	89
	2008	89
	2006	88
	2004	92
<b>Middle School</b>	2010	81
	2008	87
	2006	89
	2004	87
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	84
	2008	89
	2006	89
	2004	89

**TABLE 11L. Dangers of using performance-enhancing drugs, such as steroids.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	94
	2006	99
	2004	95
<b>Middle School</b>	2010	76
	2008	88
	2006	90
	2004	89
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	100
<b>Overall</b>	2010	83
	2008	91
	2006	94
	2004	92

Ninety-four percent of teachers include physical, psychological or social benefits of physical activity and health-related fitness in their health curriculum. Phases of a workout (93%), decreasing sedentary activities and how much physical activity is adequate (92%), preventing injury (91%), weather-related safety (84%), and the dangers of using performance-enhancing drugs (83%) are also important topics in a required health education course for students.



## HIV PREVENTION

In addition to effective curricula, access to valid information and products, as well as access or referral to health, social, and psychological services to prevent HIV, other STDs, and pregnancy prevention are especially important in ethnic/racial minority communities where the higher prevalence of HIV, other STDs, and pregnancy reflects both risky adolescent sexual behaviors and system barriers to quality prevention services. Factors which may influence adolescents' access to care include health insurance, cost, convenience, confidentiality, and demographic factors such as age, gender, and ethnicity.

**QUESTION 12.** 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 12A.** 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	2010	30
	2008	18
Middle School	2010	28
	2008	25
Junior/Senior High Combined	2010	NA
	2008	NA
Overall	2010	30
	2008	24

**TABLE 12B.** Provided curricula or supplementary materials in the primary languages of the youth and families.

	YEAR	PERCENT
High School	2010	25
	2008	17
Middle School	2010	26
	2008	22
Junior/Senior High Combined	2010	NA
	2008	NA
Overall	2010	27
	2008	23



**TABLE 12C. Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	31
	2008	21
<b>Middle School</b>	2010	29
	2008	27
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	30
	2008	27

**TABLE 12D. 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.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	29
	2008	21
<b>Middle School</b>	2010	28
	2008	25
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	30
	2008	26

Approximately 30% of high and middle school teachers report using curricula or supplementary materials that reflect life experiences of high-risk minority students, facilitating their access to health services, arranging access to social and psychological services not available on school property for them. This data represents an increase from the 2008 study in each category.

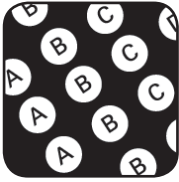
**QUESTION 13. Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g. curricula or materials that use inclusive language or terminology)?**

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**TABLE 13A. School provides curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	12
<b>Middle School</b>	2010	12
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	12

Twelve percent of lead health teachers report providing curricula or supplementary materials on the topics of HIV, STD, or pregnancy prevention that are relevant to lesbian, gay, bisexual, transgender, and questioning youth.



## COLLABORATION

An integrated school and community approach is an effective strategy to promote adolescent health and well being as well as the framework for the Coordinated School Health Programs model

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**QUESTION 14. During this school year, have any health education staff worked with each of the following groups on health education activities?**

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**TABLE 14A. Health education staff worked with physical education staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	93
	2008	88
	2006	91
	2004	84
<b>Middle School</b>	2010	89
	2008	90
	2006	85
	2004	89
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	89
	2008	90

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**TABLE 14B. Health education staff worked with school health services staff (e.g., nurses).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	76
	2008	69
	2006	75
	2004	70
<b>Middle School</b>	2010	80
	2008	75
	2006	75
	2004	75
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	78
	2008	71

**TABLE 14C. Health education staff worked with school mental health or social services staff (e.g., psychologists, counselors, and social workers).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	66
	2008	60
	2006	62
	2004	65
<b>Middle School</b>	2010	63
	2008	58
	2006	55
	2004	69
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	64
	2008	58

**TABLE 14D. Health education staff worked with nutrition or food service staff.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	38
	2008	23
	2006	35
	2004	18
<b>Middle School</b>	2010	40
	2008	38
	2006	39
	2004	30
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	38
	2008	32

**TABLE 14E. School health council, committee, or team**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	48
<b>Middle School</b>	2010	39
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	42

High school health education staff work with physical education staff (93%), school health services staff (76%), and mental health or social services staff (66%). Only 38% work with food service staff. At the middle school level, 89% work with physical education staff, 80% work with school health services staff, and 63% work with mental health or social services staff. Forty percent of middle school lead health education teachers work with food service staff. In 2010, teachers were more likely to work with school mental health or social service staff and nutrition or food service staff than in 2008.

**QUESTION 15. 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 15A. HIV prevention, STD prevention, or teen pregnancy prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	28
	2008	37
<b>Middle School</b>	2010	31
	2008	36
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	29
	2008	37

**TABLE 15B. Tobacco use prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	34
	2008	28
<b>Middle School</b>	2010	39
	2008	34
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	37
	2008	32

**TABLE 15C. Physical activity.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	40
	2008	35
<b>Middle School</b>	2010	57
	2008	43
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	49
	2008	40

**TABLE 15D. Nutrition and healthy eating.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	35
	2008	28
<b>Middle School</b>	2010	49
	2008	40
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	43
	2008	35

**TABLE 15E. Asthma.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	21
	2008	16
<b>Middle School</b>	2010	25
	2008	20
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
<b>Overall</b>	2010	23
	2008	20

High school teachers provided information to parents and families in the areas of physical activity (40%), tobacco use prevention (34%), and HIV prevention, STD prevention, or teen pregnancy prevention (28%). Middle school teachers were somewhat more likely to provide health information to parents and families in the areas of physical activity (57%) and nutrition (49%) than HIV prevention (31%), or asthma (25%).



## PROFESSIONAL DEVELOPMENT

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

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**QUESTION 16.** 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?

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**TABLE 16A.** Staff development received on alcohol or other drug use prevention.

	YEAR	PERCENT
<b>High School</b>	2010	43
	2008	37
	2006	43
	2004	36
<b>Middle School</b>	2010	40
	2008	38
	2006	44
	2004	35
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	43
	2008	38
	2006	42
	2004	36

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**TABLE 16B. Staff development received on asthma awareness.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	40
	2008	25
	2006	31
	2004	NA
<b>Middle School</b>	2010	30
	2008	33
	2006	31
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	36
	2008	29
	2006	31
	2004	NA

**TABLE 16C. Staff development received on emotional and mental health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	41
	2008	30
	2006	33
	2004	25
<b>Middle School</b>	2010	29
	2008	20
	2006	19
	2004	6
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	36
	2008	24
	2006	26
	2004	22

**TABLE 16D. Staff development received on foodborne illness prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	27
	2008	21
	2006	17
	2004	NA
<b>Middle School</b>	2010	19
	2008	20
	2006	21
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	23
	2008	20
	2006	19
	2004	NA

**TABLE 16E. Staff development received on HIV (human immunodeficiency virus) prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	45
	2008	47
	2006	53
	2004	37
<b>Middle School</b>	2010	44
	2008	49
	2006	45
	2004	40
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	46
	2008	49
	2006	48
	2004	39

**TABLE 16F. Staff development received on human sexuality.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	46
	2008	44
	2006	38
	2004	26
<b>Middle School</b>	2010	38
	2008	42
	2006	36
	2004	27
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	41
	2008	43
	2006	37
	2004	27

**TABLE 16G. Staff development received on injury prevention and safety.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	58
	2008	45
	2006	49
	2004	42
<b>Middle School</b>	2010	57
	2008	45
	2006	41
	2004	40
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	59
	2008	45
	2006	45
	2004	41

**TABLE 16H. Staff development received on nutrition and dietary behavior.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	44
	2008	34
	2006	38
	2004	21
<b>Middle School</b>	2010	42
	2008	33
	2006	29
	2004	25
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	43
	2008	33
	2006	33
	2004	23

**TABLE 16I. Staff development received on physical activity and fitness.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	73
	2008	57
	2006	63
	2004	47
<b>Middle School</b>	2010	73
	2008	59
	2006	57
	2004	55
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	73
	2008	59
	2006	58
	2004	51

**TABLE 16J. Staff development received on pregnancy prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	36
	2008	42
	2006	39
	2004	24
<b>Middle School</b>	2010	35
	2008	42
	2006	33
	2004	30
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	37
	2008	42
	2006	36
	2004	28

**TABLE 16K. Staff development received on STD (sexually transmitted disease) prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	41
	2008	45
	2006	46
	2004	34
<b>Middle School</b>	2010	39
	2008	47
	2006	43
	2004	38
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	41
	2008	47
	2006	44
	2004	37

**TABLE 16L. Staff development received on suicide prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	30
	2008	25
	2006	23
	2004	11
<b>Middle School</b>	2010	17
	2008	18
	2006	14
	2004	8
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	25
	2008	21
	2006	18
	2004	9

**TABLE 16M. Staff development received on tobacco use prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	47
	2008	37
	2006	42
	2004	27
<b>Middle School</b>	2010	40
	2008	41
	2006	36
	2004	31
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	44
	2008	40
	2006	38
	2004	29

**TABLE 16N. Staff development received on violence prevention (such as bullying, fighting, or homicide).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	62
	2008	53
	2006	46
	2004	34
<b>Middle School</b>	2010	63
	2008	57
	2006	55
	2004	38
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	64
	2008	56
	2006	52
	2004	36

At the high school level, teachers have received staff development in injury prevention and safety (58%), human sexuality (46%), HIV prevention (45%), and drug use prevention (43%). An increase in staff development in all categories occurred from 2008 to 2010, with the exception of HIV, pregnancy prevention, and STDs, which showed decreased activity. Middle school teachers have received a variety of workshops, conferences, continuing education or in-service programs in physical activity (73%), violence prevention (63%), HIV prevention (44%), alcohol or other drug use prevention (40%), and human sexuality (38%). Middle school teachers were much more likely to receive staff development on physical activity and fitness in 2010 (73%) than in 2008 (59%).

**QUESTION 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?**

**TABLE 17A. Describing how widespread HIV and other STD infections are and the consequences of these infections.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	38
<b>Middle School</b>	2010	40
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	40

**TABLE 17B. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	41
<b>Middle School</b>	2010	40
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	41

**TABLE 17C. Identifying populations of youth who are at high risk of being infected with HIV and other STDs**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	33
<b>Middle School</b>	2010	33
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	35

**TABLE 17D. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	47
<b>Middle School</b>	2010	37
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	41

**TABLE 17E. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	22
<b>Middle School</b>	2010	17
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	20

**TABLE 17F. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	28
<b>Middle School</b>	2010	24
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	26



**TABLE 17G. Using interactive teaching methods for HIV prevention education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	33
<b>Middle School</b>	2010	29
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	31

**TABLE 17H. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	36
<b>Middle School</b>	2010	31
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	33

**TABLE 17I. Teaching about health-promoting social norms and beliefs related to HIV prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	34
<b>Middle School</b>	2010	26
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	30

**TABLE 17J. Strategies for involving parents, families, and others in student learning of HIV prevention education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	21
<b>Middle School</b>	2010	21
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	21

**TABLE 17K. Assessing students' performance in HIV prevention education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	25
<b>Middle School</b>	2010	21
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	23

**TABLE 17L. Implementing standards-based HIV prevention education curriculum and student assessment.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	30
<b>Middle School</b>	2010	27
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	28

**TABLE 17M. Using technology to improve HIV prevention education instruction.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	27
<b>Middle School</b>	2010	23
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	25

**TABLE 17N. Teaching HIV prevention education to students with limited English proficiency.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	15
<b>Middle School</b>	2010	15
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	16

**TABLE 17O. Addressing community concerns and challenges related to HIV prevention education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	16
<b>Middle School</b>	2010	18
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	18

Professional development was received by lead health teachers in the past two years in the areas of understanding the modes of transmission and effective prevention strategies for HIV and other STDs (41%), implementing health education strategies using prevention messages (41%), and describing how widespread HIV and other STD infections are (40%).

**QUESTION 18. Would you like to receive staff development on each of these health education topics?**

**TABLE 18A. Teachers want alcohol or other drug use prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	82
	2008	76
	2006	74
	2004	75
<b>Middle School</b>	2010	73
	2008	76
	2006	66
	2004	68
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	76
	2008	77
	2006	70
	2004	71

**TABLE 18B. Teachers want asthma awareness staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	64
	2008	72
	2006	60
	2004	NA
<b>Middle School</b>	2010	66
	2008	72
	2006	66
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	65
	2008	73
	2006	64
	2004	NA

**TABLE 18C. Teachers want emotional and mental health staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	72
	2008	68
	2006	65
	2004	61
<b>Middle School</b>	2010	69
	2008	73
	2006	61
	2004	64
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	70
	2008	72
	2006	62
	2004	63

**TABLE 18D. Teachers want foodborne illness prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	57
	2008	58
	2006	47
	2004	NA
<b>Middle School</b>	2010	59
	2008	63
	2006	49
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	58
	2008	62
	2006	48
	2004	NA

**TABLE 18E. Teachers want HIV (human immunodeficiency virus prevention) staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	72
	2008	75
	2006	62
	2004	63
<b>Middle School</b>	2010	68
	2008	70
	2006	60
	2004	62
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	70
	2008	72
	2006	62
	2004	62

**TABLE 18F. Teachers want human sexuality staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	69
	2008	73
	2006	60
	2004	57
<b>Middle School</b>	2010	66
	2008	67
	2006	51
	2004	53
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	67
	2008	69
	2006	55
	2004	54

**TABLE 18G. Teachers want injury prevention and safety staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	66
	2008	70
	2006	68
	2004	41
<b>Middle School</b>	2010	67
	2008	70
	2006	65
	2004	51
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	67
	2008	70
	2006	66
	2004	48

**TABLE 18H. Teachers want nutrition and dietary behavior staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	79
	2008	76
	2006	78
	2004	69
<b>Middle School</b>	2010	77
	2008	78
	2006	73
	2004	70
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	78
	2008	78
	2006	75
	2004	70

**TABLE 18I. Teachers want physical activity and fitness staff development prevention.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	76
	2008	80
	2006	80
	2004	65
<b>Middle School</b>	2010	79
	2008	78
	2006	73
	2004	70
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	78
	2008	79
	2006	75
	2004	68

**TABLE 18J. Teachers want pregnancy prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	73
	2008	73
	2006	57
	2004	63
<b>Middle School</b>	2010	67
	2008	65
	2006	58
	2004	51
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	69
	2008	69
	2006	58
	2004	56

**TABLE 18K. Teachers want STD (sexually transmitted disease) prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	74
	2008	77
	2006	64
	2004	69
<b>Middle School</b>	2010	66
	2008	68
	2006	61
	2004	60
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	69
	2008	72
	2006	62
	2004	64

**TABLE 18L. Teachers want suicide prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	83
	2008	80
	2006	76
	2004	65
<b>Middle School</b>	2010	75
	2008	84
	2006	65
	2004	69
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	78
	2008	83
	2006	69
	2004	67



**TABLE 18M. Teachers want tobacco use prevention staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	69
	2008	76
	2006	70
	2004	62
<b>Middle School</b>	2010	67
	2008	69
	2006	61
	2004	61
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	68
	2008	72
	2006	64
	2004	61

**TABLE 18N. Teachers want violence prevention (such as bullying, fighting, or homicide) staff development.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	80
	2008	79
	2006	77
	2004	71
<b>Middle School</b>	2010	80
	2008	81
	2006	76
	2004	76
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	80
	2008	80
	2006	76
	2004	74

High school level lead health education teachers are more interested in staff development for suicide prevention (83%), alcohol and drug use prevention (82%), and violence prevention (80%).

Middle school lead health education teachers have a strong interest in staff development for violence prevention (80%), physical activity and fitness (79%), nutrition and dietary needs (77%), for suicide prevention (75%), alcohol and drug use prevention (73%), emotional and mental health (69%), and asthma awareness (66%).

Between 2004 and 2006, there was an 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 (for 49% to 57%). However, since 2006, there has been an increased desire for teachers to have staff development related to emotional and mental health and pregnancy prevention.

**QUESTION 19.** 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 19A.** Teaching students with physical, medical, or cognitive disabilities.

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	40
	2008	35
	2006	41
	2004	44
<b>Middle School</b>	2010	48
	2008	35
	2006	50
	2004	51
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	44
	2008	35
	2006	47
	2004	49

**TABLE 19B.** Teaching students of various cultural backgrounds.

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	50
	2008	46
	2006	47
	2004	48
<b>Middle School</b>	2010	50
	2008	41
	2006	48
	2004	49
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	49
	2008	43
	2006	47
	2004	49

**TABLE 19C. Teaching students with limited English proficiency.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	34
	2008	36
	2006	30
	2004	38
<b>Middle School</b>	2010	35
	2008	32
	2006	33
	2004	36
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	35
	2008	32
	2006	31
	2004	37

**TABLE 19D. Teaching students of different sexual orientations or gender identities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	14
<b>Middle School</b>	2010	9
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	13

**TABLE 19E. Using interactive teaching methods such as role plays or cooperative group activities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	67
	2008	45
	2006	50
	2004	51
<b>Middle School</b>	2010	61
	2008	59
	2006	52
	2004	58
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	64
	2008	54
	2006	52
	2004	55

**TABLE 19F. Encouraging family or community involvement.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	39
	2008	22
	2006	33
	2004	36
<b>Middle School</b>	2010	42
	2008	34
	2006	36
	2004	29
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	40
	2008	29
	2006	35
	2002	32

**TABLE 19G. Teaching skills for behavior change (e.g. communication, decision making).**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	42
	2008	37
	2006	42
	2004	51
<b>Middle School</b>	2010	45
	2008	41
	2006	48
	2004	40
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	44
	2008	40
	2006	46
	2004	45

**TABLE 19H. Classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	72
	2008	61
	2006	68
	2004	NA
<b>Middle School</b>	2010	66
	2008	54
	2006	61
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	69
	2008	58
	2006	64
	2004	NA

**TABLE 19I. Assessing or evaluating students in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	44
	2008	31
	2006	41
	2004	NA
<b>Middle School</b>	2010	40
	2008	33
	2006	27
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	42
	2008	31
	2006	32
	2004	NA

High school teachers have had staff development in the areas of classroom management (72%), using interactive teaching strategies (67%), teaching students with various cultural backgrounds (50%), and teaching students of different sexual orientations or gender identities (14%). Staff development in the areas of classroom management techniques (66%), teaching students of various cultural backgrounds (50%), and teaching students with disabilities (48%) has been provided for middle school lead health education teachers. These data reflect an increase in professional development since 2008 in the areas of teaching students with disabilities, various cultural backgrounds, using interactive teaching methods, classroom management techniques, and assessment particularly, as reported by all teachers.

**QUESTION 20. Would you like to receive staff development on each of these topics?**

**TABLE 20A. Teaching students with physical, medical or cognitive disabilities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	76
	2008	67
	2006	69
	2004	67
<b>Middle School</b>	2010	71
	2008	80
	2006	69
	2004	68
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	73
	2008	76
	2006	70
	2004	68

**TABLE 20B. Teaching students of various cultural backgrounds.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	68
	2008	68
	2006	64
	2004	58
<b>Middle School</b>	2010	65
	2008	70
	2006	61
	2004	67
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	66
	2008	70
	2006	63
	2004	64



**TABLE 20C. Teaching students with limited English proficiency**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	63
<b>Middle School</b>	2010	62
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	61

**TABLE 20D. Teaching students of different sexual orientations or gender identities.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	59
<b>Middle School</b>	2010	55
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	57

**TABLE 20E. Using interactive teaching methods (e.g., role plays or cooperative group activities)**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	75
<b>Middle School</b>	2010	68
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	70

**TABLE 20F. Encouraging family or community involvement.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	75
<b>Middle School</b>	2010	76
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	76

**TABLE 20G. Teaching skills for behavior change.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	78
<b>Middle School</b>	2010	76
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	76

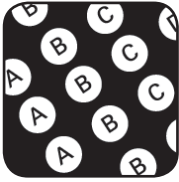
**TABLE 20H. Classroom management techniques.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	67
<b>Middle School</b>	2010	66
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	65

**TABLE 20I. Assessing or evaluating students in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	72
<b>Middle School</b>	2010	70
<b>Junior/Senior High Combined</b>	2010	NA
<b>Overall</b>	2010	70

High and middle school health teachers would like to receive staff development for teaching skills for behavior change (76%), for encouraging family or community involvement (76%), for teaching students with physical, medical, or cognitive disabilities (73%), for using interactive teaching methods (70%), and for assessing students (70%).



## 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.

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### QUESTION 21. What was the major emphasis of your professional preparation?

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TABLE 21A. Major professional preparation in health and physical education combined.

	YEAR	PERCENT
High School	2010	65
	2008	59
	2006	63
	2004	61
Middle School	2010	56
	2008	45
	2006	58
	2004	57
Junior/Senior High Combined	2010	NA
	2008	NA
	2006	NA
	2004	NA
Overall	2010	58
	2008	51
	2006	60
	2004	59

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**TABLE 21B. Major professional preparation in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	7
	2008	6
	2006	3
	2004	2
<b>Middle School</b>	2010	6
	2008	9
	2006	4
	2004	10
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	6
	2008	7
	2006	3
	2004	7

**TABLE 21C. Major professional preparation in physical education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	21
	2008	23
	2006	19
	2004	26
<b>Middle School</b>	2010	28
	2008	34
	2006	26
	2004	23
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	26
	2008	30
	2006	23
	2004	24

**TABLE 21D. Major professional preparation in other education field.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	1
	2006	3
	2004	0
<b>Middle School</b>	2010	3
	2008	4
	2006	5
	2004	1
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	3
	2008	3
	2006	4
	2004	1

**TABLE 21E. Major professional preparation in kinesiology, exercise science, or exercise physiology.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	3
	2008	5
	2006	8
	2004	0
<b>Middle School</b>	2010	1
	2008	4
	2006	2
	2004	0
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	2
	2008	4
	2006	5
	2004	0

**TABLE 21F. Major professional preparation in home economics or family and consumer science.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	0
	2008	0
	2006	0
	2004	0
<b>Middle School</b>	2010	1
	2008	0
	2006	0
	2004	0
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	0
	2008	0
	2006	0
	2004	0

**TABLE 21G. Major professional preparation in biology or other science.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	1
	2006	0
	2004	0
<b>Middle School</b>	2010	1
	2008	1
	2006	1
	2004	4
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	1
	2008	1
	2006	0
	2004	2

**TABLE 21H. Major professional preparation in nursing.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	3
	2006	2
	2004	7
<b>Middle School</b>	2010	2
	2008	2
	2006	0
	2004	1
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	3
	2008	2
	2006	1
	2004	3

**TABLE 21I. Major professional preparation in counseling.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	0
	2006	0
	2004	0
<b>Middle School</b>	2010	1
	2008	0
	2006	3
	2004	1
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	1
	2008	0
	2006	2
	2004	0

**TABLE 21J. Major professional preparation in public health.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	0
	2008	1
	2006	1
	2004	0
<b>Middle School</b>	2010	0
	2008	0
	2006	0
	2004	0
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	0
	2008	0
	2006	0
	2004	0

**TABLE 21K. Major professional preparation in nutrition.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	0
	2008	0
	2006	0
	2004	NA
<b>Middle School</b>	2010	0
	2008	0
	2006	0
	2004	NA
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	0
	2008	0
	2006	0
	2004	NA



**TABLE 21L. Major professional preparation in other field.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	1
	2008	2
	2006	1
	2004	1
<b>Middle School</b>	2010	2
	2008	1
	2006	1
	2004	3
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	1
	2008	1
	2006	1
	2004	2

At the high school level, 65% of lead health education teachers' professional preparation is in health and physical education or in physical education (21%). Fifty-six percent of middle grades teachers have professional preparation in health and physical education or in physical education (28%). In 2004, more high school health teachers had preparation in physical education (26%), changing to 19% in 2006. However, between 2008 and 2010, teachers were more likely to have professional preparation in health and physical education, increasing from 51% to 58%. In 2010, only seven percent of lead high school health education teachers and 6% of middle level health education teachers reported major professional preparation in health education.

**QUESTION 22. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?**

**TABLE 22A. Teachers with license, certificate, or endorsement from the state department of education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	85
	2008	80
	2006	90
	2004	71
<b>Middle School</b>	2010	79
	2008	79
	2006	73
	2004	71
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	80
	2008	79
	2006	79
	2004	71

Eighty percent of all lead health education teachers have a license, certificate, or endorsement from the Department of Public Instruction to teach health education in middle/junior high school or senior high school. In 2004, 71% held a license, certification, or endorsement. In 2006 and 2008 that percentage rose to 79%, representing a gradual increase during the past several years.

**QUESTION 23. Including this school year, how many years have you been teaching health education class topics?**

**TABLE 23A. Teachers with one year of teaching experience in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	4
	2008	8
	2006	4
	2004	2
<b>Middle School</b>	2010	5
	2008	4
	2006	8
	2004	2
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	5
	2008	6
	2006	6
	2004	2

**TABLE 23B. Teachers with two to five years of teaching experience in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	11
	2008	18
	2006	18
	2004	22
<b>Middle School</b>	2010	25
	2008	19
	2006	22
	2004	29
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	21
	2008	19
	2006	21
	2004	26

**TABLE 23C. Teachers with six to nine years of teaching experience in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	18
	2008	12
	2006	14
	2004	12
<b>Middle School</b>	2010	17
	2008	17
	2006	15
	2004	13
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	18
	2008	15
	2006	14
	2004	12

**TABLE 23D. Teachers with ten to fourteen years of teaching experience in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	18
	2008	17
	2006	14
	2004	22
<b>Middle School</b>	2010	18
	2008	13
	2006	16
	2004	18
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	17
	2008	15
	2006	15
	2004	19

**TABLE 23E. Teachers with fifteen or more years of teaching experience in health education.**

	<b>YEAR</b>	<b>PERCENT</b>
<b>High School</b>	2010	49
	2008	46
	2006	50
	2004	43
<b>Middle School</b>	2010	36
	2008	46
	2006	39
	2004	39
<b>Junior/Senior High Combined</b>	2010	NA
	2008	NA
	2006	NA
	2004	NA
<b>Overall</b>	2010	41
	2008	44
	2006	44
	2004	40

At the high school level, 49% of lead health teachers have fifteen or more years of experience, 18% have ten to fourteen years of experience, 18% have six to nine years, and 21% have two to five years of experience. In 2004, there was a higher percentage of high school teachers with ten to fourteen years of experience (22% versus 14%) and a lower percentage with fifteen or more years than in 2006 (43% versus 50%), whereas, in 2006, fewer teachers indicated fifteen or more years of experience. In 2010, approximately half (49%) of all secondary teachers had fifteen or more years of teaching experience.

Thirty-six percent of the lead health education teachers at the middle school level have fifteen years or more of teaching experience, 18% have ten to fourteen years, 17% have six to nine years, and 25% have two to five years.

# LIST OF TABLES

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## Required Health Education Courses

TABLE 1A.	No required health education courses.
TABLE 1B.	One required health education course.
TABLE 1C.	Two required health education courses.
TABLE 1D.	Three required health education courses.
TABLE 1E.	Four required health education courses.
TABLE 2A.	Required health education course taught at 6th grade level.
TABLE 2B.	Required health education course taught at 7th grade level.
TABLE 2C.	Required health education course taught at 8th grade level.
TABLE 2D.	Required health education course taught at 9th grade level.
TABLE 2E.	Required health education course taught at 10th grade level.
TABLE 2F.	Required health education course taught at 11th grade level.
TABLE 2G.	Required health education course taught at 12th grade level.
TABLE 3A.	Requirement to repeat failed health education course.
TABLE 4A.	Goals, objectives, and expected outcomes for health education.
TABLE 4B.	A chart describing the annual scope and sequence of instruction for health education.
TABLE 4C.	Plans for how to assess student performance in health education.
TABLE 4D.	A written health education curriculum.

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## Required Health Education

TABLE 5A.	Comprehending concepts related to health promotion and disease prevention to enhance health.
TABLE 5B.	Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.
TABLE 5C.	Assessing valid information in products and services to enhance health.
TABLE 5D.	Using interpersonal communication skills to enhance health and avoid or reduce health risks.
TABLE 5E.	Using decision-making skills to enhance health.
TABLE 5F.	Using goal-setting skills to enhance health.
TABLE 5G.	Practicing health-enhancing behaviors to avoid or reduce risks.
TABLE 5H.	Advocating for personal, family, and community health.
TABLE 6A.	Health education requirement for students in grades 6-12.
TABLE 7A.	Alcohol or other drug use prevention.
TABLE 7B.	Asthma awareness.
TABLE 7C.	Emotional and mental health.
TABLE 7D.	Foodborne illness prevention.
TABLE 7E.	HIV prevention.
TABLE 7F.	Human sexuality.
TABLE 7G.	Injury prevention and safety.
TABLE 7H.	Nutrition and dietary behavior.
TABLE 7I.	Physical activity and fitness.
TABLE 7J.	Pregnancy prevention.
TABLE 7K.	STD prevention.
TABLE 7L.	Suicide prevention.
TABLE 7M.	Tobacco-use prevention.
TABLE 7N.	Violence prevention, such as bullying, fighting, or homicide.
TABLE 8A.	Identifying tobacco products and the harmful substances they contain.
TABLE 8B.	Identifying short and long term health consequences of tobacco use.
TABLE 8C.	Identifying legal, social, economic, and cosmetic consequences of tobacco use.
TABLE 8D.	Understanding the addictive nature of nicotine.
TABLE 8E.	Effects of tobacco use on athletic performance.
TABLE 8F.	Effects of second-hand smoke and benefits of a smoke-free environment.
TABLE 8G.	Understanding the social influences on tobacco use including media, family, peers, and culture.
TABLE 8H.	Identifying reasons why students do and do not use tobacco.

TABLE 8I.	Making accurate assessments of how many peers use tobacco.
TABLE 8J.	Using interpersonal communication skills to avoid tobacco use.
TABLE 8K.	Using goal-setting and decision-making skills related to not using tobacco.
TABLE 8L.	Finding valid information in services related to tobacco-use prevention and cessation.
TABLE 8M.	Supporting others who abstain from or want to quit using tobacco.
TABLE 8N.	Supporting school and community action to support a tobacco-free environment.
TABLE 8O.	Identifying harmful effects of tobacco use on fetal development.
TABLE 9A.	HIV, STD, or pregnancy prevention topics taught in a required course in any of grades 6, 7, or 8.
TABLE 9B.	HIV, STD, or pregnancy prevention topics taught in a required course in any of grades 9,10,11, or 12.
TABLE 10A.	The benefits of healthy eating.
TABLE 10B.	Food guidance using My Pyramid.
TABLE 10C.	Using food labels.
TABLE 10D.	Balancing food intake and physical activity.
TABLE 10E.	Eating more fruits, vegetables, and grain products.
TABLE 10F.	Choosing food products which are low in fat, saturated fat, and cholesterol.
TABLE 10G.	Using sugars in moderation.
TABLE 10H.	Using salt and sodium in moderation.
TABLE 10I.	Eating more calcium-rich foods.
TABLE 10J.	Food safety.
TABLE 10K.	Preparing healthy meals and snacks.
TABLE 10L.	Risks of unhealthy weight control practices.
TABLE 10M.	Accepting body size differences.
TABLE 10N.	Eating disorders.
TABLE 11A.	The physical, psychological, or social benefits of physical activity.
TABLE 11B.	Health related fitness.
TABLE 11C.	Phases of a workout.
TABLE 11D.	How much physical activity is enough.
TABLE 11E.	Developing an individualized physical activity plan.
TABLE 11F.	Monitoring progress toward reaching goals in an individualized physical activity plan.
TABLE 11G.	Overcoming barriers to physical activity.
TABLE 11H.	Decreasing sedentary activities such as television watching.
TABLE 11I.	Opportunities for physical activity in the community.
TABLE 11J.	Preventing injury during physical activity in the community.
TABLE 11K.	Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while engaging in physical activity).
TABLE 11L.	Dangers of using performance-enhancing drugs, such as steroids.

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## HIV Prevention

TABLE 12A.	Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.
TABLE 12B.	Provided curricula or supplementary materials in the primary languages of the youth and families.
TABLE 12C.	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 12D.	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.
TABLE 13A.	School provides curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth.

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## Collaboration

TABLE 14A.	Health education staff worked with physical education staff.
TABLE 14B.	Health education staff worked with school health services staff (e.g., nurses).
TABLE 14C.	Health education staff worked with school mental health or social services staff (e.g., psychologists, counselors, and social workers).
TABLE 14D.	Health education staff worked with nutrition or food service staff.
TABLE 14E.	Health education staff worked with school health council, committee, or team.
TABLE 15A.	HIV prevention, STD prevention, or teen pregnancy prevention.

- TABLE 15B. Tobacco use prevention.  
 TABLE 15C. Physical activity.  
 TABLE 15D. Nutrition and healthy eating.  
 TABLE 15E. Asthma.
- 

## Professional Development

- TABLE 16A. Staff development received on alcohol or other drug use prevention.  
 TABLE 16B. Staff development received on asthma awareness.  
 TABLE 16C. Staff development received on emotional and mental health.  
 TABLE 16D. Staff development received on foodborne illness prevention.  
 TABLE 16E. Staff development received on HIV prevention.  
 TABLE 16F. Staff development received on human sexuality.  
 TABLE 16G. Staff development received on injury prevention and safety.  
 TABLE 16H. Staff development received on nutrition and dietary behavior.  
 TABLE 16I. Staff development received on physical activity and fitness.  
 TABLE 16J. Staff development received on pregnancy prevention.  
 TABLE 16K. Staff development received on STD (sexually transmitted disease) prevention.  
 TABLE 16L. Staff development received on suicide prevention.  
 TABLE 16M. Staff development received on tobacco use prevention.  
 TABLE 16N. Staff development received on violence prevention (such as bullying, fighting, or homicide).  
 TABLE 17A. Describing how widespread HIV and other STD infections are and the consequences of these infections.  
 TABLE 17B. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.  
 TABLE 17C. Identifying populations of youth who are at high risk of being infected with HIV and other STDs.  
 TABLE 17D. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.  
 TABLE 17E. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities.  
 TABLE 17F. Teaching HIV prevention education to students of various cultural backgrounds.  
 TABLE 17G. Using interactive teaching methods for HIV prevention education.  
 TABLE 17H. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.  
 TABLE 17I. Teaching about health-promoting social norms and beliefs related to HIV prevention.  
 TABLE 17J. Strategies for involving parents, families, and others in student learning of HIV prevention education.  
 TABLE 17K. Assessing students' performance in HIV prevention education.  
 TABLE 17L. Implementing standards-based HIV prevention education curriculum and student assessment.  
 TABLE 17M. Using technology to improve HIV prevention education instruction.  
 TABLE 17N. Teaching HIV prevention education to students with limited English proficiency.  
 TABLE 17O. Addressing community concerns and challenges related to HIV prevention education.  
 TABLE 18A. Teachers want alcohol or other drug use prevention staff development.  
 TABLE 18B. Teachers want asthma awareness staff development.  
 TABLE 18C. Teachers want emotional and mental health staff development.  
 TABLE 18D. Teachers want foodborne illness prevention.  
 TABLE 18E. Teachers want HIV (human immunodeficiency virus prevention) staff development.  
 TABLE 18F. Teachers want human sexuality staff development.  
 TABLE 18G. Teachers want injury prevention and safety staff development.  
 TABLE 18H. Teachers want nutrition and dietary behavior staff development.  
 TABLE 18I. Teachers want physical activity and fitness staff development prevention.  
 TABLE 18J. Teachers want pregnancy prevention staff development.  
 TABLE 18K. Teachers want STD (sexually transmitted disease) prevention staff development.  
 TABLE 18L. Teachers want suicide prevention staff development.  
 TABLE 18M. Teachers want tobacco use prevention staff development.  
 TABLE 18N. Teachers want violence prevention (such as bullying, fighting, or homicide) staff development.  
 TABLE 19A. Teaching students with physical, medical, or cognitive disabilities.  
 TABLE 19B. Teaching students of various cultural backgrounds.  
 TABLE 19C. Teaching students with limited English proficiency.  
 TABLE 19D. Teaching students of different sexual orientations or gender identities.  
 TABLE 19E. Using interactive teaching methods such as role plays or cooperative group activities.  
 TABLE 19F. Encouraging family or community involvement.  
 TABLE 19G. Teaching skills for behavior change (e.g. communication, decision making).



TABLE 19H.	Classroom management techniques, such as social skills training, environmental management techniques, conflict resolution and mediation, and behavior management.
TABLE 19I.	Assessing or evaluating students in health education.
TABLE 20A.	Teaching students with physical, medical or cognitive disabilities.
TABLE 20B.	Teaching students of various cultural backgrounds.
TABLE 20C.	Teaching students with limited English proficiency.
TABLE 20D.	Teaching students of different sexual orientations or gender identities.
TABLE 20E.	Using interactive teaching methods.
TABLE 20F.	Encouraging family or community involvement.
TABLE 20G.	Teaching skills for behavior change.
TABLE 20H.	Classroom management techniques.
TABLE 20I.	Assessing or evaluating students in health education.

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## **Professional Preparation**

TABLE 21A.	Major professional preparation in health and physical education combined.
TABLE 21B.	Major professional preparation in health education.
TABLE 21C.	Major professional preparation in physical education.
TABLE 21D.	Major professional preparation in other education field.
TABLE 21E.	Major professional preparation in kinesiology, exercise science, or exercise physiology.
TABLE 21F.	Major professional preparation in home economics or family and consumer science.
TABLE 21G.	Major professional preparation in biology or other science.
TABLE 21H.	Major professional preparation in nursing.
TABLE 21I.	Major professional preparation in counseling.
TABLE 21J.	Major professional preparation in public health.
TABLE 21K.	Major professional preparation in nutrition.
TABLE 21L.	Major professional preparation in other field.
TABLE 22A.	Teachers with license, certificate, or endorsement from the state department of education.
TABLE 23A.	Teachers with one year of teaching experience in health education.
TABLE 23B.	Teachers with two to five years of teaching experience in health education.
TABLE 23C.	Teachers with six to nine years of teaching experience in health education.
TABLE 23D.	Teachers with ten to fourteen years of teaching experience in health education.
TABLE 23E.	Teachers with fifteen or more years of teaching experience in health education.



## 2010 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

**2010 SCHOOL HEALTH PROFILES  
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

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**REQUIRED HEALTH EDUCATION COURSES**

(Definition: A required health education course is defined as one that students must take for graduation or promotion from your school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity.)

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**1. How many required health education courses do students take in grades 6 through 12 in your school? (Mark one response.)**

- 0 courses – Skip to Question 4
  - 1 course
  - 2 courses
  - 3 courses
  - 4 or more courses
- 

**2. Is a required health education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)**

GRADE IN YOUR SCHOOL	YES	NO	GRADE NOT TAUGHT
a. 6 .....	O	O	O
b. 7 .....	O	O	O
c. 8 .....	O	O	O
d. 9 .....	O	O	O
e. 10 .....	O	O	O
f. 11 .....	O	O	O
g. 12 .....	O	O	O

---

**3. If students fail a required health education course, are they required to repeat it? (Mark one response.)**

- Yes
- No

The following questions apply to any instruction on health topics such as those listed above Question 1, including instruction that is not required and instruction that occurs outside of health education courses.

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**4. Are those who teach health education at your school provided with each of 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

---

5. 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	NA
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

### REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as any classroom instruction on health topics such as those listed above, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from your school.)

6. Is health education instruction required for students in any of grades 6 through 12 in your school? (Mark one response.)

- Yes
- No

7. During this school year, have teachers in your 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 . . . . .	O	O
c. Emotional and mental health . . . . .	O	O
d. Foodborne illness prevention . . . . .	O	O
e. Human immunodeficiency virus (HIV) 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. Sexually transmitted disease (STD) prevention. . . . .	O	O
l. Suicide prevention . . . . .	O	O
m. Tobacco-use prevention . . . . .	O	O
n. Violence prevention (e.g., bullying, fighting, or homicide). . . . .	O	O

**8. During this school year, did teachers in your 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 your school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below? (Mark yes or no for each topic for each grade span; or mark NA for each topic if your school does not contain grades in that grade span.)**

TOPIC	<u>GRADES 6, 7, OR 8</u>			<u>GRADES 9, 10, 11, OR 12</u>		
	YES	NO	NA	YES	NO	NA
a. The differences between HIV and AIDS . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
b. How HIV and other STDs are transmitted . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
c. How HIV and other STDs are diagnosed and treated . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
d. Health consequences of HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
e. The relationship among HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
f. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
g. The benefits of being sexually abstinent . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
h. How to prevent HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
i. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
j. The influences of media, family, and social and cultural norms on sexual behavior . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
k. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
l. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O
m. Compassion for persons living with HIV or AIDS . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O . . . . .	O

- n. Efficacy of condoms, that is, how well condoms work and do not work . . . . .  . . .  . . .  . . . . .  . . .  . . .
- o. The importance of using condoms consistently and correctly . . . . .  . . .  . . .  . . . . .  . . .  . . .
- p. How to obtain condoms . . . . .  . . .  . . .  . . . . .  . . .  . . .
- q. How to correctly use a condom . . . . .  . . .  . . .  . . . . .  . . .  . . .

**10. During this school year, did teachers in your 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 . . . . .	<input type="radio"/>	<input type="radio"/>
b. Food guidance using MyPyramid . . . . .	<input type="radio"/>	<input type="radio"/>
c. Using food labels . . . . .	<input type="radio"/>	<input type="radio"/>
d. Balancing food intake and physical activity . . . . .	<input type="radio"/>	<input type="radio"/>
e. Eating more fruits, vegetables, and whole grain products . . . . .	<input type="radio"/>	<input type="radio"/>
f. Choosing foods that are low in fat, saturated fat, and cholesterol . . . . .	<input type="radio"/>	<input type="radio"/>
g. Using sugars in moderation . . . . .	<input type="radio"/>	<input type="radio"/>
h. Using salt and sodium in moderation . . . . .	<input type="radio"/>	<input type="radio"/>
i. Eating more calcium-rich foods . . . . .	<input type="radio"/>	<input type="radio"/>
j. Food safety . . . . .	<input type="radio"/>	<input type="radio"/>
k. Preparing healthy meals and snacks . . . . .	<input type="radio"/>	<input type="radio"/>
l. Risks of unhealthy weight control practices . . . . .	<input type="radio"/>	<input type="radio"/>
m. Accepting body size differences . . . . .	<input type="radio"/>	<input type="radio"/>
n. Signs, symptoms, and treatment for eating disorders . . . . .	<input type="radio"/>	<input type="radio"/>

**11. During this school year, did teachers in your 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 . . . . .	<input type="radio"/>	<input type="radio"/>
b. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition) . . . . .	<input type="radio"/>	<input type="radio"/>
c. Phases of a workout (i.e., warm-up, workout, cool down) . . . . .	<input type="radio"/>	<input type="radio"/>
d. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity) . . . . .	<input type="radio"/>	<input type="radio"/>
e. Developing an individualized physical activity plan . . . . .	<input type="radio"/>	<input type="radio"/>
f. Monitoring progress toward reaching goals in an individualized physical activity plan . . . . .	<input type="radio"/>	<input type="radio"/>
g. Overcoming barriers to physical activity . . . . .	<input type="radio"/>	<input type="radio"/>
h. Decreasing sedentary activities (e.g., television viewing) . . . . .	<input type="radio"/>	<input type="radio"/>
i. Opportunities for physical activity in the community . . . . .	<input type="radio"/>	<input type="radio"/>
j. Preventing injury during physical activity . . . . .	<input type="radio"/>	<input type="radio"/>
k. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active) . . . . .	<input type="radio"/>	<input type="radio"/>
l. Dangers of using performance-enhancing drugs (e.g., steroids) . . . . .	<input type="radio"/>	<input type="radio"/>

## HIV PREVENTION

12. 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

13. Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)? (Mark one response.)

- Yes
- No

## 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
b. Health services staff (e.g., nurses) . . . . .	O . . . . .	O
c. Mental health or social services staff (e.g., psychologists, counselors, and social workers) . . . . .	O . . . . .	O
d. Nutrition or food service staff . . . . .	O . . . . .	O
e. School health council, committee, or team . . . . .	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 each 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
b. Tobacco-use prevention . . . . .	O . . . . .	O
c. Physical activity . . . . .	O . . . . .	O
d. Nutrition and healthy eating . . . . .	O . . . . .	O
e. Asthma . . . . .	O . . . . .	O

## PROFESSIONAL DEVELOPMENT

16. During the past two years, did you receive professional development (e.g., 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 . . . . .	0	0
b. Asthma . . . . .	0	0
c. Emotional and mental health . . . . .	0	0
d. Foodborne illness prevention . . . . .	0	0
e. HIV prevention . . . . .	0	0
f. Human sexuality . . . . .	0	0
g. Injury prevention and safety . . . . .	0	0
h. Nutrition and dietary behavior . . . . .	0	0
i. Physical activity and fitness . . . . .	0	0
j. Pregnancy prevention . . . . .	0	0
k. STD prevention . . . . .	0	0
l. Suicide prevention . . . . .	0	0
m. Tobacco-use prevention . . . . .	0	0
n. Violence prevention (e.g., bullying, fighting, or homicide) . . . . .	0	0

17. During the past two years, did you receive professional development (e.g., 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 . . . . .	0	0
b. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs . . . . .	0	0
c. Identifying populations of youth who are at high risk of being infected with HIV and other STDs . . . . .	0	0
d. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth . . . . .	0	0
e. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities . . . . .	0	0
f. Teaching HIV prevention education to students of various cultural backgrounds . . . . .	0	0
g. Using interactive teaching methods for HIV prevention education (e.g., role plays or cooperative group activities) . . . . .	0	0
h. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills . . . . .	0	0
i. Teaching about health-promoting social norms and beliefs related to HIV prevention . . . . .	0	0
j. Strategies for involving parents, families, and others in student learning of HIV prevention education . . . . .	0	0
k. Assessing students' performance in HIV prevention education . . . . .	0	0
l. Implementing standards-based HIV prevention education curricula and student assessment . . . . .	0	0
m. Using technology to improve HIV prevention education instruction . . . . .	0	0
n. Teaching HIV prevention education to students with limited English proficiency . . . . .	0	0
o. Addressing community concerns and challenges related to HIV prevention education . . . . .	0	0



**18. Would you like to receive professional development on each of the following topics? (Mark yes or no for each topic.)**

TOPIC	YES	NO
a. Alcohol- or other drug-use prevention . . . . .	0	0
b. Asthma . . . . .	0	0
c. Emotional and mental health . . . . .	0	0
d. Foodborne illness prevention . . . . .	0	0
e. HIV prevention . . . . .	0	0
f. Human sexuality . . . . .	0	0
g. Injury prevention and safety . . . . .	0	0
h. Nutrition and dietary behavior . . . . .	0	0
i. Physical activity and fitness . . . . .	0	0
j. Pregnancy prevention . . . . .	0	0
k. STD prevention . . . . .	0	0
l. Suicide prevention . . . . .	0	0
m. Tobacco-use prevention . . . . .	0	0
n. Violence prevention (e.g., bullying, fighting, or homicide) . . . . .	0	0

**19. During the past two years, did you receive professional development (e.g., 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. Teaching students with physical, medical, or cognitive disabilities . . . . .	0	0
b. Teaching students of various cultural backgrounds . . . . .	0	0
c. Teaching students with limited English proficiency . . . . .	0	0
d. Teaching students of different sexual orientations or gender identities . . . . .	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities) . . . . .	0	0
f. Encouraging family or community involvement . . . . .	0	0
g. Teaching skills for behavior change . . . . .	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management) . . . . .	0	0
i. Assessing or evaluating students in health education . . . . .	0	0

**20. Would you like to receive professional development on each of these topics? (Mark yes or no for each topic.)**

TOPIC	YES	NO
a. Teaching students with physical, medical, or cognitive disabilities . . . . .	0	0
b. Teaching students of various cultural backgrounds . . . . .	0	0
c. Teaching students with limited English proficiency . . . . .	0	0
d. Teaching students of different sexual orientations or gender identities . . . . .	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities) . . . . .	0	0
f. Encouraging family or community involvement . . . . .	0	0
g. Teaching skills for behavior change . . . . .	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management) . . . . .	0	0
i. Assessing or evaluating students in health education . . . . .	0	0

## PROFESSIONAL PREPARATION

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**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 school or high school? (Mark one response.)**

- Yes
  - No
- 

**23. Including this school year, how many years of experience do you have teaching health education courses 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.



