

2011
Healthy Active Children
Policy Report
GCS-S-000

North Carolina Healthy Schools Initiative
Summary Data from
LEA School Health Advisory Councils

Introduction: What is North Carolina's Healthy Active Children Policy?

NORTH CAROLINA STATE BOARD OF EDUCATION Policy Manual

Policy Identification

Priority: Globally Competitive Students

Category: Student Health Issues

Policy ID Number: GCS-S-000

Policy Title: Policy regarding physical education in the public schools

Current Policy Date: 04/07/2005

Other Historical Information: Previous board dates: 01/09/2003

Statutory Reference:

Administrative Procedures Act (APA) Reference Number and Category:

HEALTHY ACTIVE CHILDREN:

Section 1. LOCAL SCHOOL HEALTH ADVISORY COUNCIL

- (a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy as well as other health issues as part of the coordinated school health plan.
- (b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

Section 2. PHYSICAL EDUCATION

- (a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, students enrolled in kindergarten through eighth grades are to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of and move toward having 150 minutes per week with a certified physical education teacher throughout the 180 day school year. Middle schools should consider the benefits of and move toward having 225 minutes per week of Healthful Living Education with certified health and physical education teachers throughout the 180-day school year.
- (b) The physical education course shall be the environment in which students learn, practice and receive assessment on developmentally appropriate motor skills,

social skills, and knowledge as defined in the North Carolina Healthful Living Standard Course of Study and foster support and guidance for being physically active. In order to meet enhanced goals, these classes should be the same class size as other regular classes.

Section 3. RECESS AND PHYSICAL ACTIVITY

- (a) Structured/unstructured recess and other physical activity (such as, but not limited to, physical activity time, physical education and intramurals) shall not be taken away from students as a form of punishment. In addition, severe and inappropriate exercise may not be used as a form of punishment for students.
- (b) A minimum of 30 minutes of moderate to vigorous physical activity shall be provided by schools for all K-8 students daily. This requirement can be achieved through a regular physical education class and/or through activities such as recess, dance, classroom energizers, or other curriculum-based physical activity programs. However, such use of this time should complement and not substitute for the physical education program.
- (c) The physical activity required by this section must involve physical exertion of at least a moderate to vigorous intensity level and for a duration sufficient to provide a significant health benefit to students.

Section 4. COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)

- (a) The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:
 - (1) safe environment;
 - (2) physical education;
 - (3) health education;
 - (4) staff wellness;
 - (5) health services;
 - (6) mental and social health;
 - (7) nutrition services; and
 - (8) parental/family involvement.
- (b) The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

Section 5. THIS POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006-2007 SCHOOL YEAR.

- (a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006-2007 school year and shall include a

- review and appropriate modification of existing physical education and health curricula.
- (b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.
 - (c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.
 - (d) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and/or healthful living, physical activity received by students in each school within the district. Indicators that will mark successful implementation and evidences of completion shall be a part of the plan.
 - (e) The report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction and local boards of education.
 - (f) Progress reports and the annual reports shall also include any other information that may be recommended from the State Board of Education's Ad Hoc Committee studying implementation of the physical education and Healthful Living programs in kindergarten through eighth grades.

Progress of Local Education Agencies (LEAs) on the Healthy Active Children Policy in 2010-2011

Healthy Active Children Policy Report Key Points:

- 95% of LEAs provided the required information via electronic survey (106/112*)^
- 85% of LEA SHACs list a representative from each required area
- 41% of LEA SHACs meet at least quarterly
- 55% of LEA SHACs provide reports to their local Board of Education
- 51% of LEAs report that **ALL** of their elementary schools provide 150 minutes of weekly PE with a certified PE teacher
- 52% of LEAs report that **ALL** of their middle schools provide 225 minutes of weekly Healthful Living with certified health and physical education teachers

Local Education Agencies (LEA) Successes Reported:

- Received the NC Prevention Partners Trailblazer award for employee staff wellness initiatives.
- Received USDA Fresh Fruit and Vegetables Grants.
- Provided staff fitness, health and wellness classes.
- Revised and improved local School Wellness Policies.
- Provided weekly Mana Food Packs to needy students in the elementary and middle schools.
- Promoted joint use agreements between schools and communities.
- Created programs that support nutrition education for students and staff.
- Used FitnessGram to monitor individual students' fitness levels.
- Improved mental health services available to students.
- Held on-campus immunization clinics (including the flu shot) for students and staff.

- Made available information and other resources to parents and community members.
- Implemented Teen Pregnancy Prevention Initiatives.
- Co-sponsored (with SHAC and local health department) anti-bullying workshops provided by the NC Department of Juvenile Justice and Delinquency Prevention for community and school professionals as well as parents.
- Held vision, hearing, dental and BMI screenings for students.
- Trained support staff in Child Sexual Abuse Prevention.
- Formation of school-based Wellness Committees.
- Implemented district-level Youth Risk Behavior Survey (YRBS).
- Implemented daily Positive Behavioral Intervention and Support (PBIS) activities.
- Gave school-wide presentations on drug awareness and the benefits of making healthy choices.

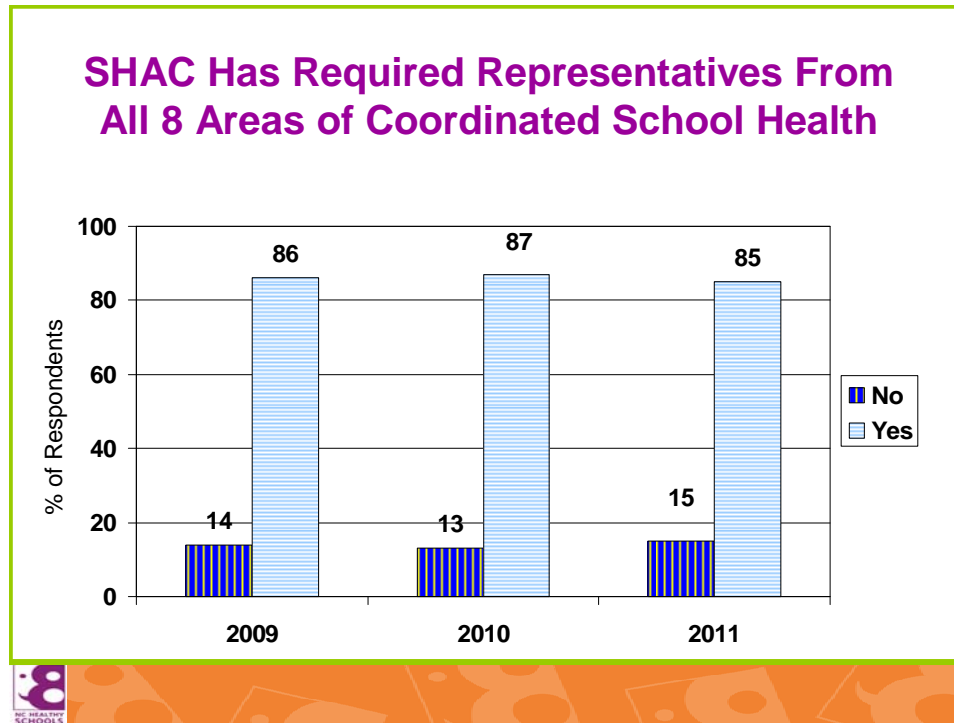
Notes:

*3 City LEAs Have Joint County/City SHACs

^ LEAs with outstanding reports have submitted reports since presenting this information to the NC State Board of Education.

SECTION 1 – LEA SCHOOL HEALTH ADVISORY COUNCILS

Q6. Does the composition of your School Health Advisory Council meet the required representatives from all eight areas of a coordinated school health program, the local health department and school administration?



The Coordinated School Health (CSH) approach consists of the following eight components:

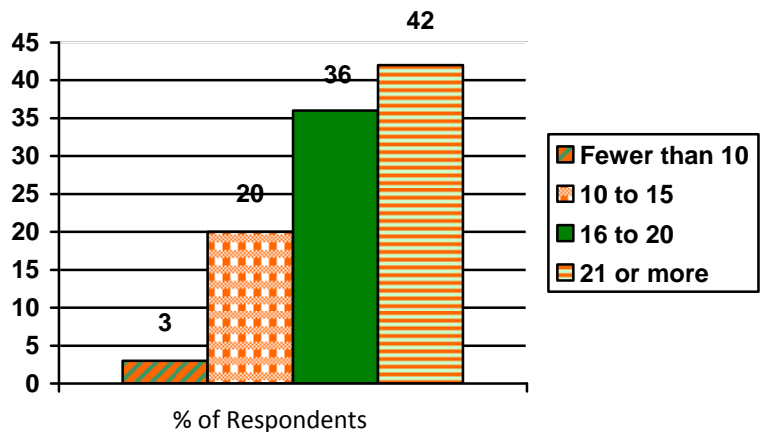
- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Healthy School Environment
- School Counseling, Psychological and Social Services
- Staff Wellness
- Family and Community Involvement in Schools

A School Health Advisory Council (SHAC) composed of representatives from the eight components listed above allows schools to identify partners within their communities that can pinpoint health problems and concerns, set priorities, and design solutions for students and school employees. Local education agencies (LEAs) are also encouraged to

include parents, community members, school administrators and students as active members of their SHACs.

Eighty-five percent (85%) of LEAs reported having a SHAC comprised to meet the required representative from all eight areas of a Coordinated School Health program. Of the 15% of LEAs reporting not meeting this requirement, many have set a short-term goal to recruit new members that will fulfill this obligation as outlined in the *Effective School Health Advisory Councils: Moving from Policy to Action* manual.

Q7. Please indicate the number of members on your SHAC.



The number of members on SHACs varies from LEA to LEA. Often, smaller districts report having fewer members serving on their council. A majority of the LEAs noted having 16 or more members on their SHAC. As of December 2011, approximately 42% of the LEAs included in this report had 21 or more SHAC members while 36% reported having 16 to 20 members. Three percent (3%) recorded having fewer than 10 members.

Q8. Please indicate the number of members you have representing each of the categories below. You must make a selection in each category, even if 0.

Number of Members	Percentage of Total Respondents Selecting the Number of Members Representing Identified Categories					
	5	4	3	2	1	0
Physical Education	5%	1%	15%	25%	50%	5%
Health Education	7%	6%	16%	25%	44%	3%
Nutrition	3%	2%	7%	31%	58%	0%
Staff Wellness	4%	4%	6%	21%	59%	7%
Health Services	21%	13%	13%	25%	26%	2%
Mental Health, Counseling, Social Work	7%	10%	10%	24%	44%	5%
Safe School Environment	1%	2%	12%	17%	61%	7%
Parent	2%	3%	13%	15%	59%	8%
Community	10%	5%	12%	32%	37%	4%
School Administrator	13%	7%	12%	27%	33%	7%
Local Health Department Representative	2%	5%	12%	28%	49%	5%
Students	3%	2%	2%	8%	22%	63%

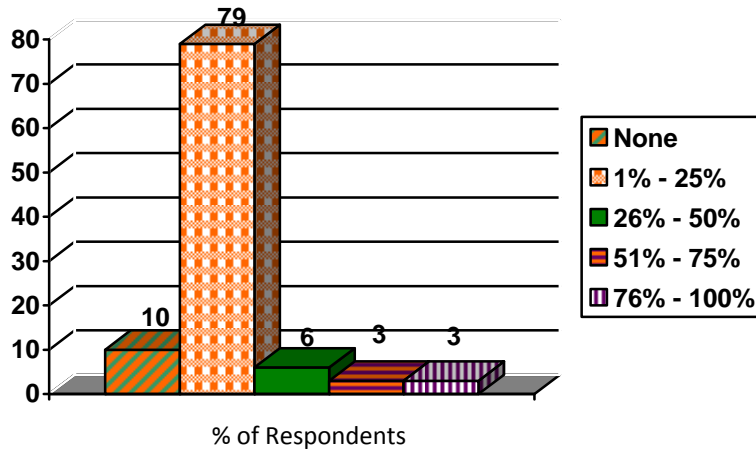
Twenty-one percent (21%) of LEAs report having a SHAC that is heavily comprised of Health Services professionals with five or more members representing the area. Over half of all respondents reported having at least one member that represented Physical Education, Nutrition, Staff Wellness, Safe School Environment, and parents. The area that lacked representation was in the area of student members, which is not a current requirement.

Q9. If you have other SHAC members not counted in the question above, please list the profession or group each of these members represent.

Several LEAs reported having SHAC members that represented other entities within their schools and communities. Other areas represented on SHACs include:

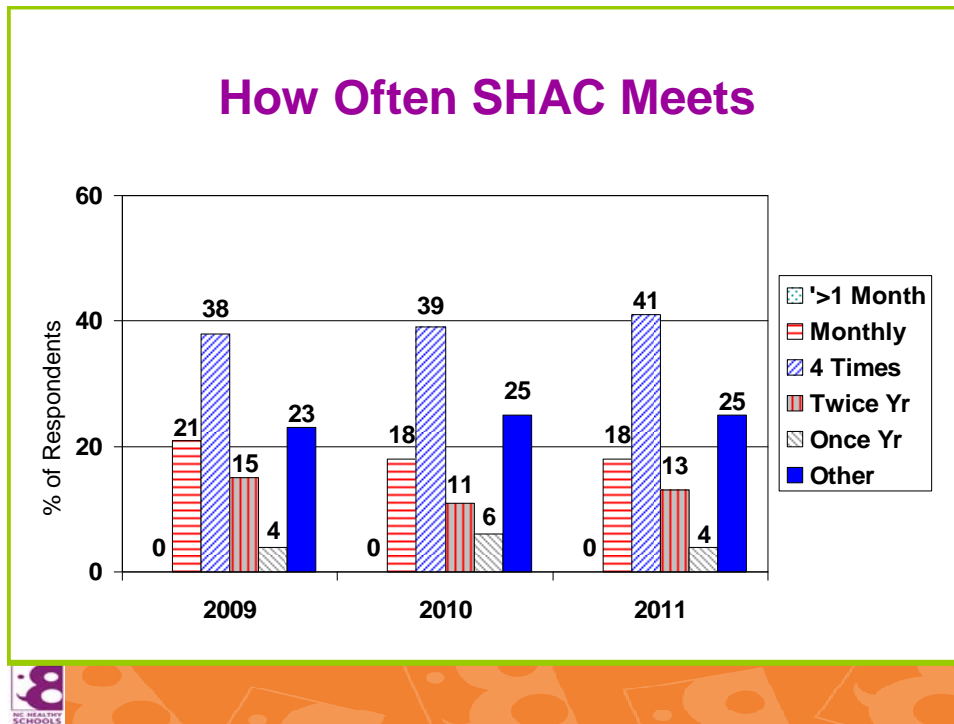
- Local Board of Education members
- Teachers from other content areas
- Central office/district administrators
- Communities In Schools
- Pediatricians, primary care physician groups
- Health researchers
- Health educators
- Hospital employees
- Faculty and staff members of local community colleges, colleges and universities
- North Carolina 4-H members
- Smart Start staff
- Staff of YMCA and/or other youth services
- Directors of local departments of social services
- Youth ministers, clergy
- Law enforcement officers
- Migrant recruiters
- McKinney Vento (Homeless Assistance Act) coordinators
- Homebound coordinators
- United States Military School liaison officers

Q10. Please estimate the percent of new members on your LEA SHAC for the 2010-2011 school year:



Seventy-nine percent (79%) of SHACs indicate that between 1 to 25% of their group is made up of new members for the 2010 – 2011 school year. Ten percent (10%) report having no new members during the reporting period.

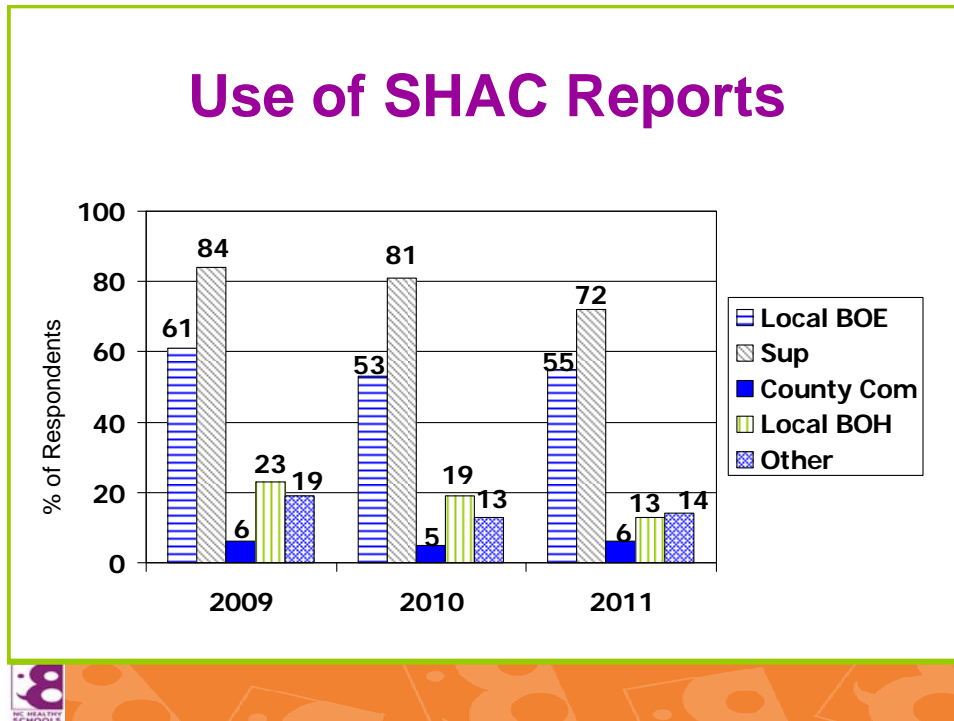
Q11. How often does your SHAC meet?



The frequency of SHAC meetings vary from LEA to LEA. Based on the information from 2009, 2010 and 2011 the majority of SHACs meet at least 4 times a year. Each year shows an increase in the percentage of SHACs which meet that often. Some SHACs meet

more frequently (i.e. bimonthly, 6 to 8 times a year) while several report only meeting for ad hoc issues.

Q12. Does your SHAC provide reports to any of the following? Please mark all that apply. (Local Board of Education, Superintendent, County Commissioners, Local Board of Health, None of the above, and/or Other, please specify)



Over the years, the trend data reveals that many LEAs provide SHAC reports to their local Boards of Education (BOE), Superintendents, County Commissioners, local Boards of Health and other entities. Although there has been a slight decline over the past two years, 72% of respondents provide SHAC reports to their Superintendents. The percentage of those providing reports to their local Boards of Education (BOE) has fluctuated over the years, with 55% of respondents rendering data to their respective BOE. SHACs also report using collected data for grant proposals and providing reports to their local school nurse supervisors, local health departments, school leadership teams, core teams, and curriculum and instructional teams.

Q13. Please list the key policy successes your SHAC had during the 2010-2011 school year.

Common themes cited as 2010-2011 school year policy successes include:

- Employee staff wellness initiatives.
- Superintendent approved 15 on-the-clock minutes for daily employee exercise.
- Updated student wellness policy.
- Increased physical education and recess times.
- Improved guidelines for providing healthier foods options and addressed concession stands food sold.
- Revised and improved School Wellness Policy.
- Incorporated policies that limit outside foods being brought into the dining rooms during lunch by parents and guardians.
- Focused attention on the implementation of new curricula that meet the requirements of the Healthy Youth Act (Reproductive Health and Safety).
- Increased the frequency of SHAC meeting times.
- Revisited policies that improve the school environment, including local policies on discrimination, bullying and harassment.
- Revamped Blood borne Pathogen Policy.

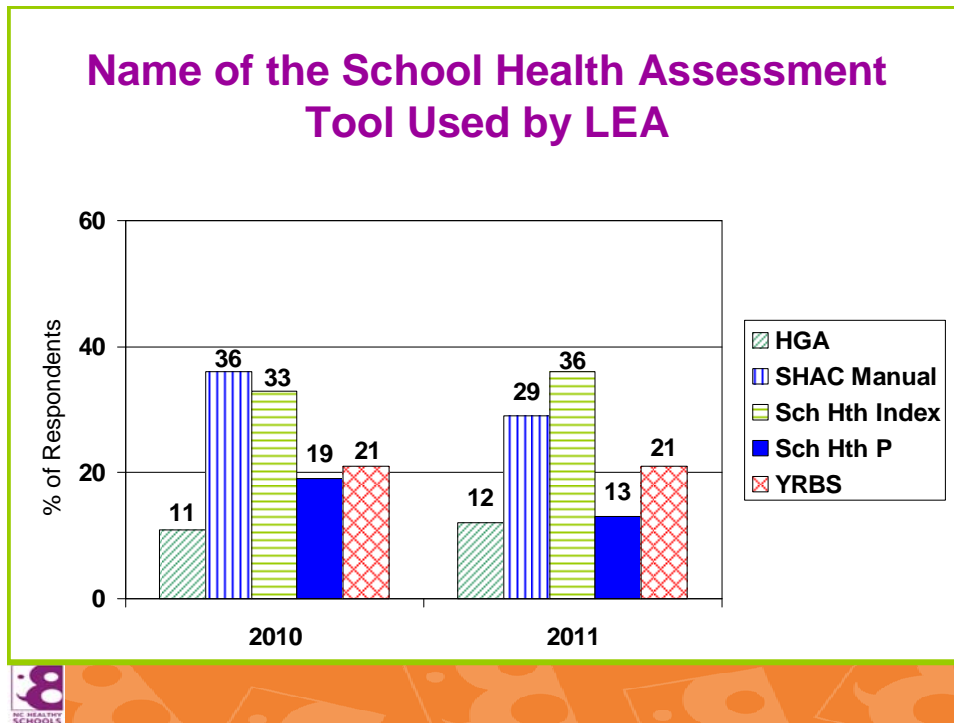
Q14. Please list below the key Program & Practice successes your SHAC had during the 2010-2011 school year.

Common themes cited as 2010-2011 school year program and practice successes include:

- Launched workplace wellness programs.
- Held health fairs for all school employees.
- Offered immunization clinics in schools through the local health department.
- Improved provision of mental health services available to students via partnerships that provide meeting space for therapists serving students during the school day.
- Promoted alternative methods to fundraising such as Walk-A-Thons, and selling flowers/flower bulbs.
- Conducted district-level Youth Risk Behavior Surveys (YRBS).
- Implemented USDA Fruit and Vegetable Grant in several districts across the state.

- Implemented teen pregnancy prevention and sexuality education professional development opportunities to address House Bill 88 (Reproductive Health and Safety Education).
- Implemented suicide awareness and prevention programs.
- Increased participation of staff and students in school and local health awareness activities.
- Developed partnerships with the Alliance for a Healthier Generation.
- Identified areas of concern, including bullying/cyber bullying.
- Created wellness/fitness centers.

15. How often has your SHAC used any of the following assessment tools for your LEA? If your SHAC has not used a tool, be sure to indicate "Never."



The graph above displays trend data for the past two years. A majority of respondents report using the Healthier Generation Alliance Framework and the NC SHAC Manual Assessment tools most frequently. Use of data from the Youth Risk Behavior Survey remains consistent, with about 21% of SHACs reporting using data from this source as an assessment tool.

Q16. If your LEA has used any other assessment tool, please describe the tool below.

- Successful Students Scorecard- NC Action for Healthy Kids.
- NC Prevention Partners' Zone Health Assessment and Workplace Wellness Assessment tools
- School Safety Survey
- Health Education Curriculum Assessment Tool (HECAT)
- Physical Education Curriculum Assessment Tool (PECAT)
- Local student and staff surveys
- Assessment tool as recommended by the North Carolina Comprehensive School Health Training Center.
- Weight and BMI as an assessment to determine objectives for the school year
- School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle Self-Assessment
- Planning Guides for Elementary and Middle Schools
- Effective School Health Advisory Councils: Moving from Policy to Action
- Eat Smart: NC's Recommended Standards for All Foods Available in School
- ASCD Healthy Schools Report Card
- Community Health Assessment
- Local Assessment Tool
- State of the County Health Report
- LEA survey for parents, students, and staff
- Children's Summit survey
- Local Youth Risk Behavior Survey
- Health Risk Appraisal
- Physical activity assessment for high school students
- A+ Fit Schools

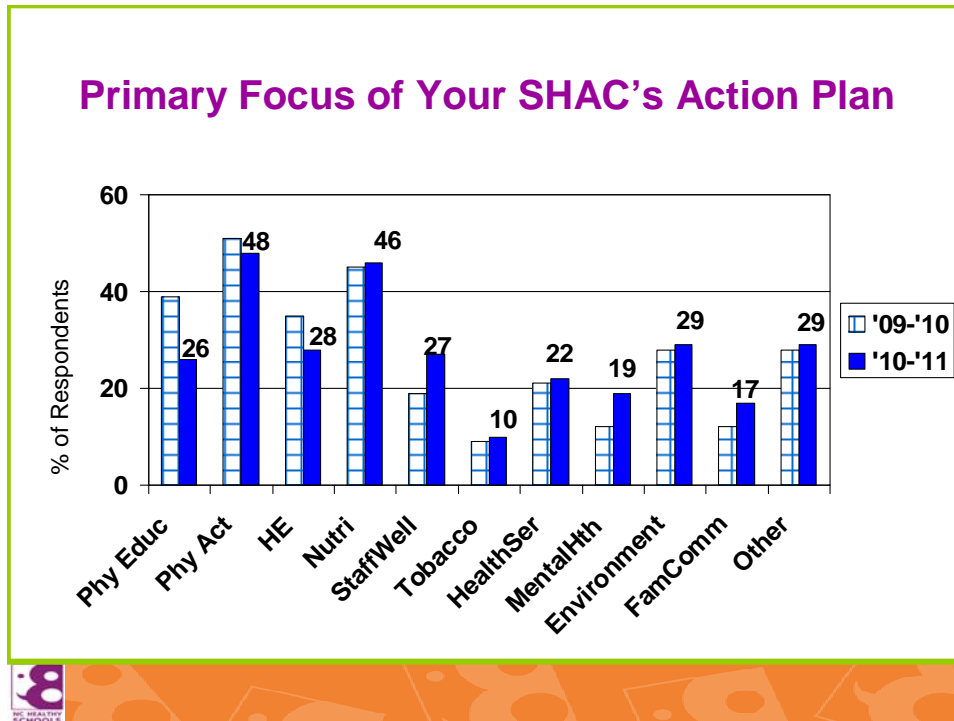
Q17. Please briefly describe how your LEA has used the results of any assessments you have implemented.

Below are a few of the common themes cited as ways LEAs use the results of assessment results.

1. Youth Risk Behavior Survey
 - Results from the YRBS were used to evaluate needs in Health and Physical Education
 - Used for assessment of programs and grant applications
 - Used data for grant applications

- Used to report data to the community and school officials in order to enhance collaboration between constituents (region, LEA, local health department and/or mental health agencies.)
 - Results used to structure and design quality professional development
2. SHAC Manual Assessment Tool
 - Realign and revitalize SHAC goals for the school year.
 3. Alliance for a Healthier Generation Framework Used
 - To improve the overall wellness at each school.
 - Used to develop goals at participating schools.
 4. School Health Index (SHI)
 - Provide guidance in developing menus to battle the increase of childhood obesity
 5. Community Health Assessment
 - Improved collaborative effort between the public health department and school district
 6. Health Education Curriculum Assessment Tool
 - Used to upgrade current teaching of Health Education
 7. Other Assessment Tools
 - Used to identify areas that need improvement such as health education and staff wellness
 - To access needs for programming and grant writing specific to the county
 - To assess the areas that need to be addressed
 - Create changes for safe schools policy
 - Surveys are used to plan goals and objectives for school improvement plans
 - Evaluating outcomes over time and research to support grant-writing and reports

Q18. Please rank the following areas of focus in order of priority from your SHAC's 2010-2011 Action Plan. Use each number one time only to indicate priority from #1, highest priority, to #12, lowest priority. (Physical Education, Physical Activity, Health Education, Nutrition, Tobacco, Alcohol and Other Drugs, Staff Wellness, Health Services, Mental Health/Counseling/Social Work, Safe School Environment, Family and Community Involvement, Injury and Violence Prevention).



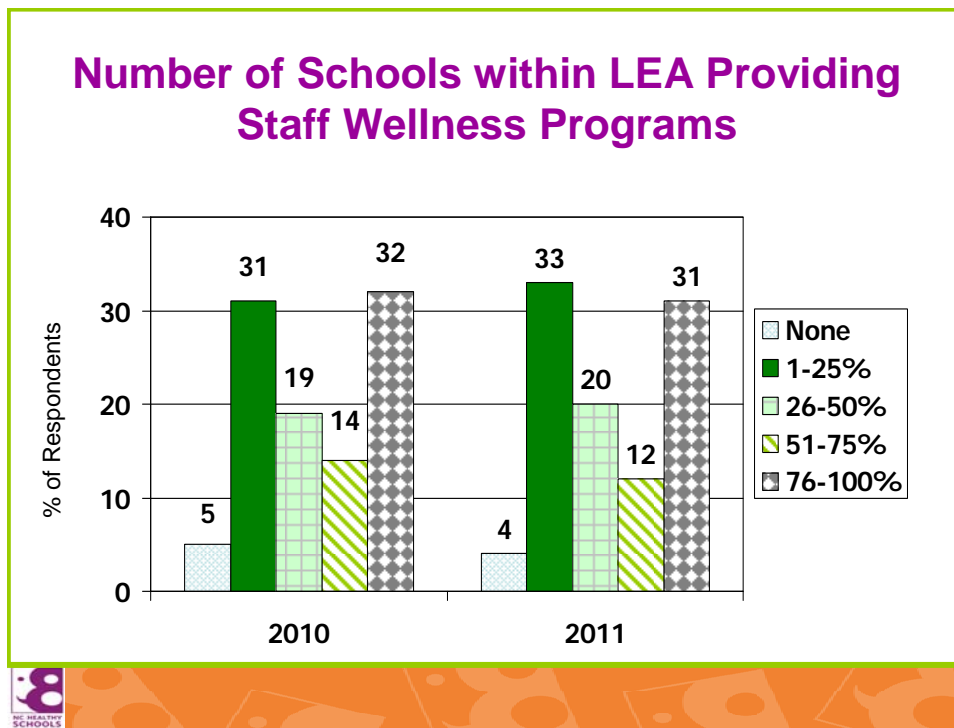
The bar graph displays the primary focus of SHAC Action Plans and provides a comparison over the 2009-2010 and 2010-2011 school years. Over the past two years, majority of respondents report physical activity and nutrition being the areas of primary focus for their annual action plan. The areas of physical education and health education have shown a slight decrease, while majority of the other areas have shown an increase in priority since the 2009-2010 school year.

Q19. Did your SHAC have any priorities not listed above? If “yes” please list those priorities.

Other areas that LEA SHACs identified as priorities include:

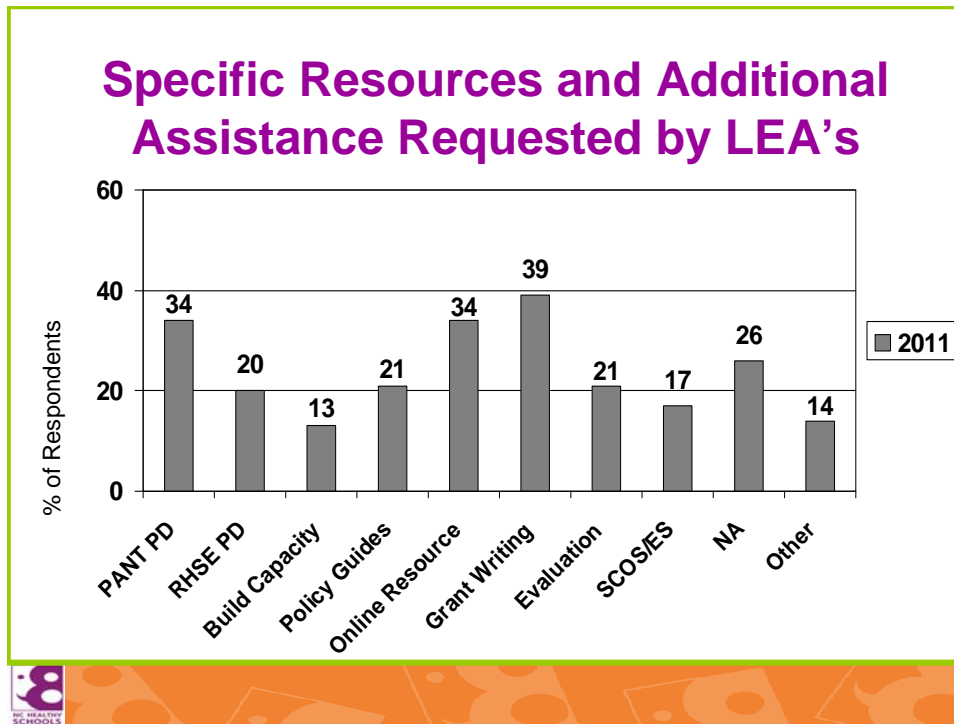
- Healthy fundraisers
- BMI reduction awareness and activities
- Dropout prevention
- Bullying
- Stress reduction
- Dental Health
- Childhood Obesity

Q20. What percentage of schools within your LEA provides staff wellness programs?



A significant number of SHACs have intensified their attention to the area of Staff Wellness since the 2009-2010 reporting year. The number of LEAs that have up to 50% of their schools providing Staff Wellness programs has increased slightly.

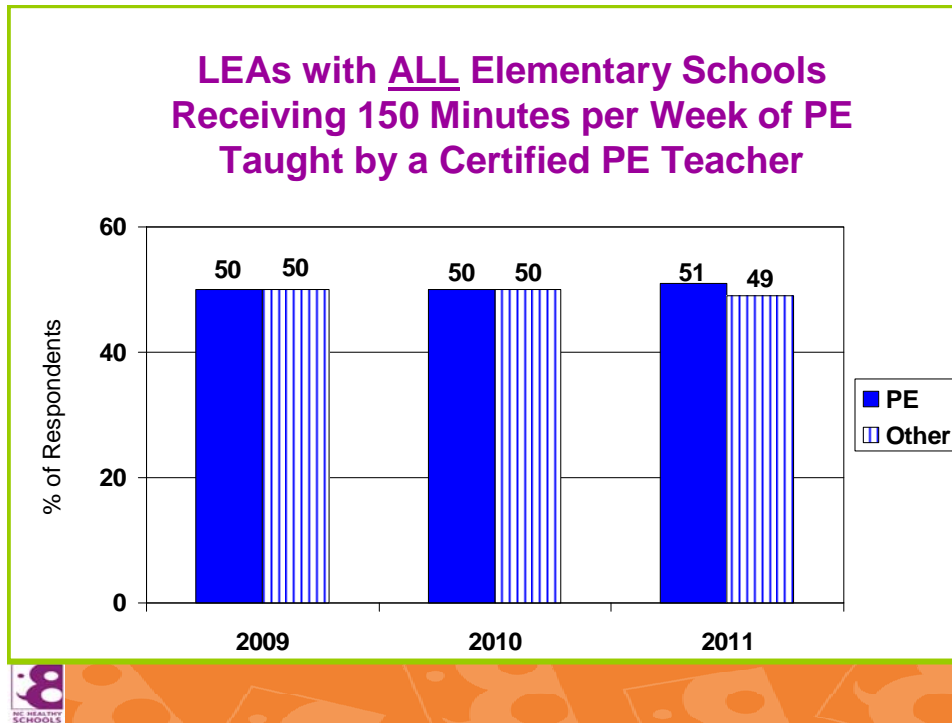
Q21. Please let us know of specific resource and/or additional assistance you need. Mark all that apply. (Advocacy, Capacity Building, Policy, PANT Content, Reproductive Health and Safety Education (RHSE) Content, Evaluation, Grant Writing, Healthful Living Standard Course of Study, Needs Assessment, Web-based Resources, Other – Please Specify)



A majority of respondents reporting (39%) cite grant writing as an area in which specific resources and/or additional assistance is needed. Thirty-four percent (34%) of respondents also cite physical activity/nutrition and tobacco and online resources as a area in which additional resources and assistance is requested.

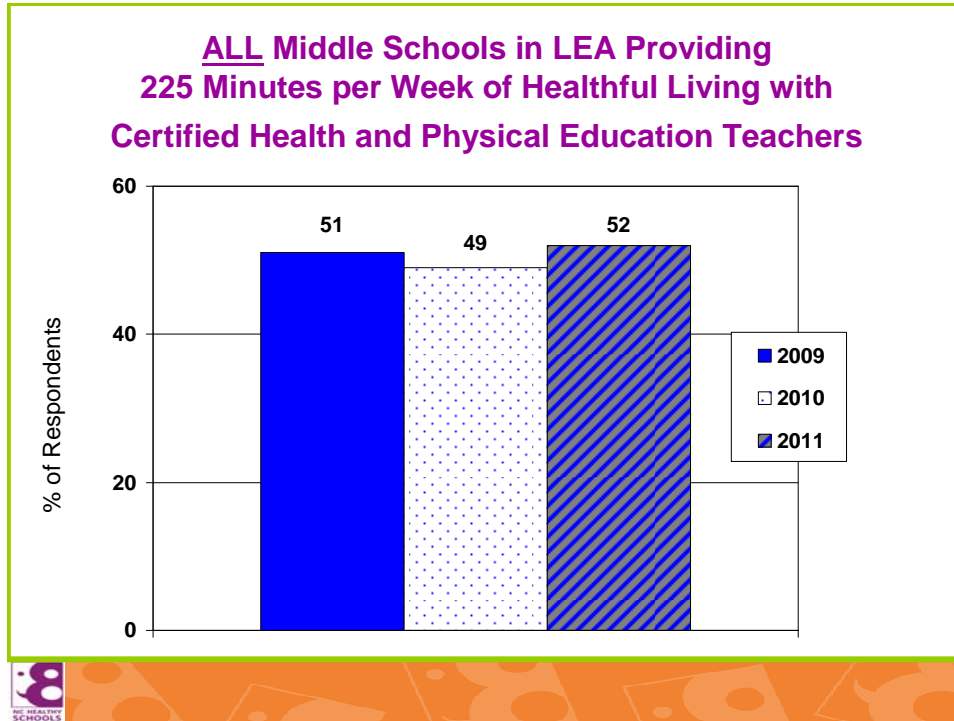
SECTION 2 – PHYSICAL EDUCATION

Q22. ALL elementary schools in our LEA currently provide 150 minutes per week of physical education taught by a certified physical education specialist.



Healthy Active Children Policy Report respondents report there being a slight incline in the percentage of ALL elementary schools within their LEA that currently provide 150 minutes per week of physical education by a certified PE teacher. Fifty-one percent (51%) of respondents cite that all elementary schools provide the recommended 150 minutes per week, up from the 50% of the previous year.

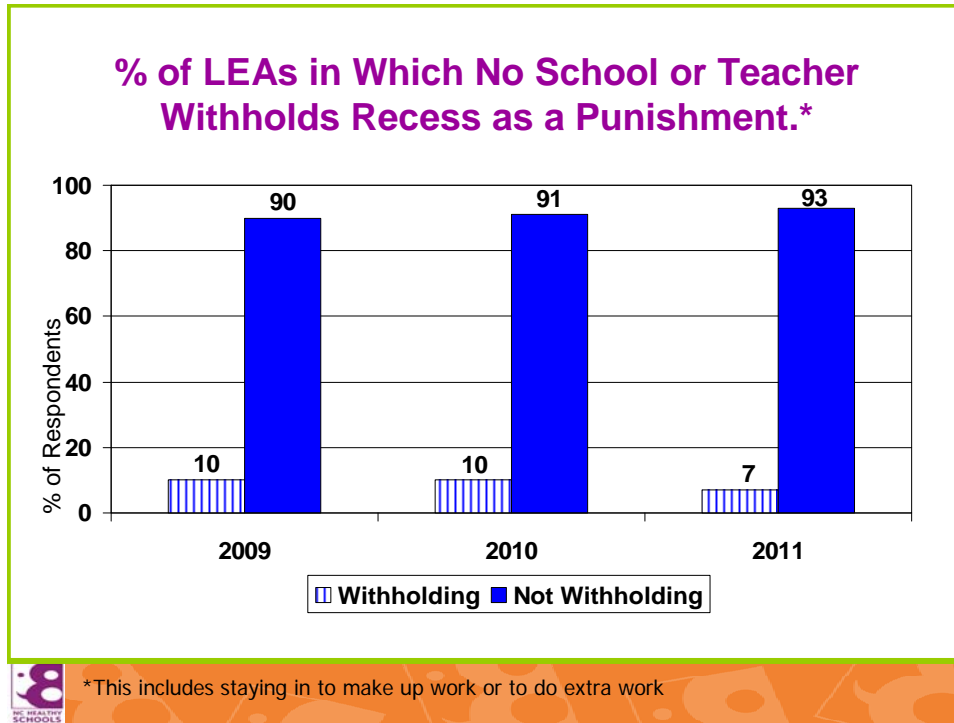
Q23. ALL middle schools in our LEA currently provide 225 minutes per week of Healthful Living (50% health education, 50% physical education) taught by a certified health and physical education specialist.



These data show a slight increase in the percentage of ALL middle schools within their LEA that currently provide 225 minutes per week of Healthful Living instruction (50% health education, 50% physical education) taught by a certified health and physical education specialist. Fifty-two percent (52%) of respondents cite that all middle schools provide the recommended 225 minutes per week, up from 49% in the previous year.

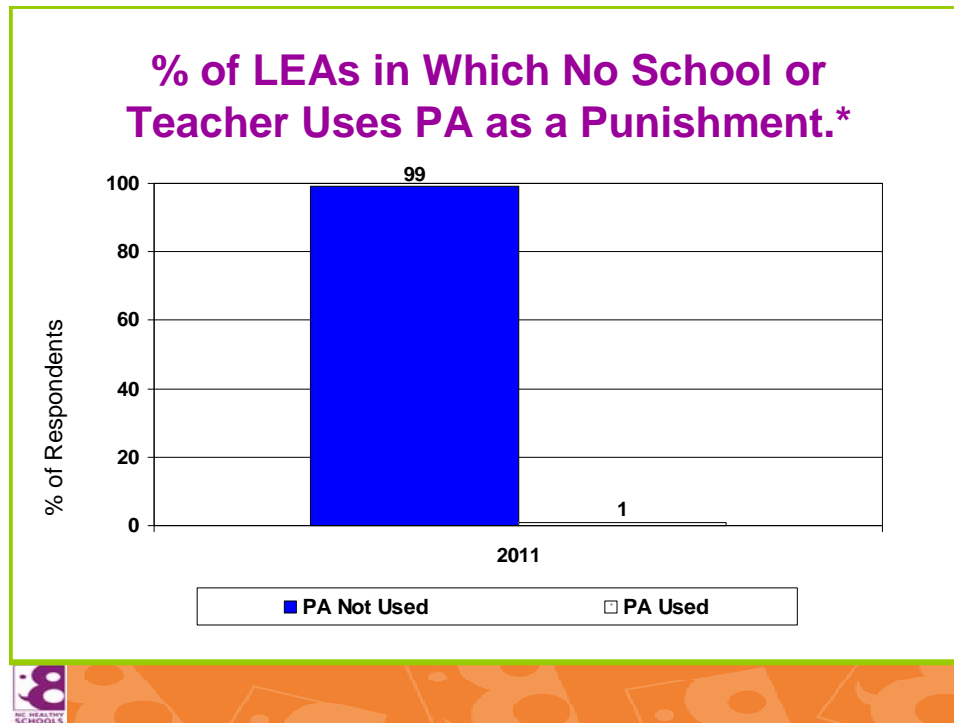
SECTION 3 – RECESS & PHYSICAL ACTIVITY

Q24. Within our LEA, no teacher withholds recess, intramurals, physical education, or other physical activity as a punishment. (This includes missing physical activity to make up work or to do extra work.)



The percentage of LEAs in which no school or teacher withholds recess as punishment is up by 2% from the previous year. In the 2010 reporting year, 91% of respondents cited that their schools were compliant with the policy of not withholding recess as punishment. In 2011, 93% of respondents report that their LEA has no school or teacher that uses the practice of withholding recess, intramurals, physical education or other physical activity as a means of punishment.

Q25. Within our LEA, no teacher uses severe or inappropriate physical activity as punishment.



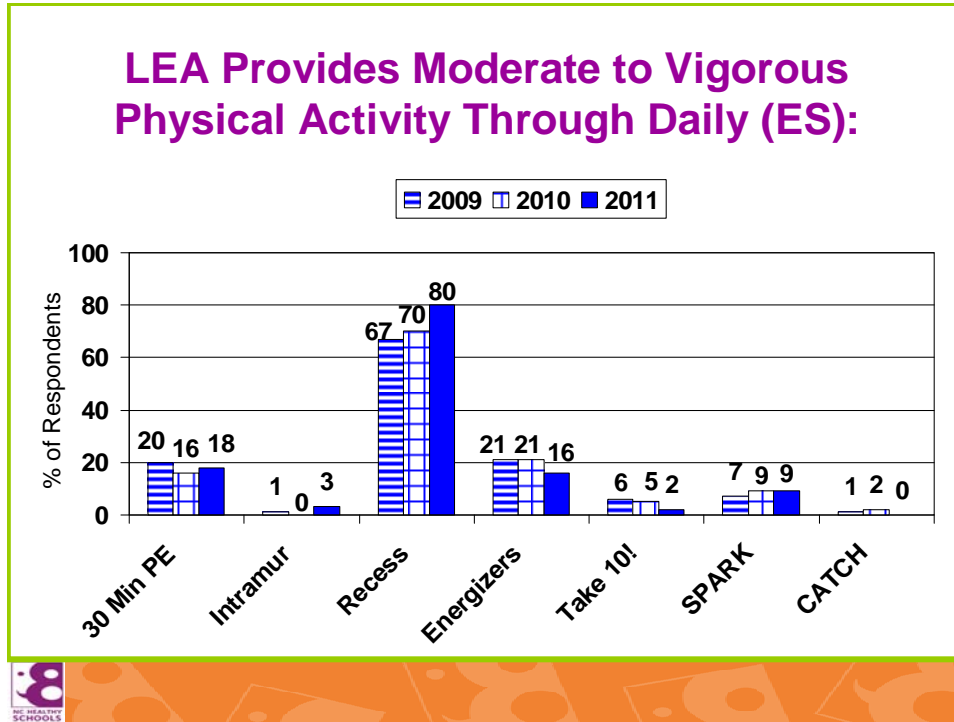
For the 2010-2011 reporting year, almost all respondents (99%) report not having teachers or schools use physical activity as a means of punishment.

Q26. If one or more teachers in your LEA withhold physical activity (including physical education, recess, intramurals) or uses severe or inappropriate physical activity as punishment, please indicate how you plan to bring such teachers into compliance with the Healthy Active Children Policy? Please include barriers and successful strategies for compliance.

Strategies that LEAs reported for bringing teachers/schools into compliance include:

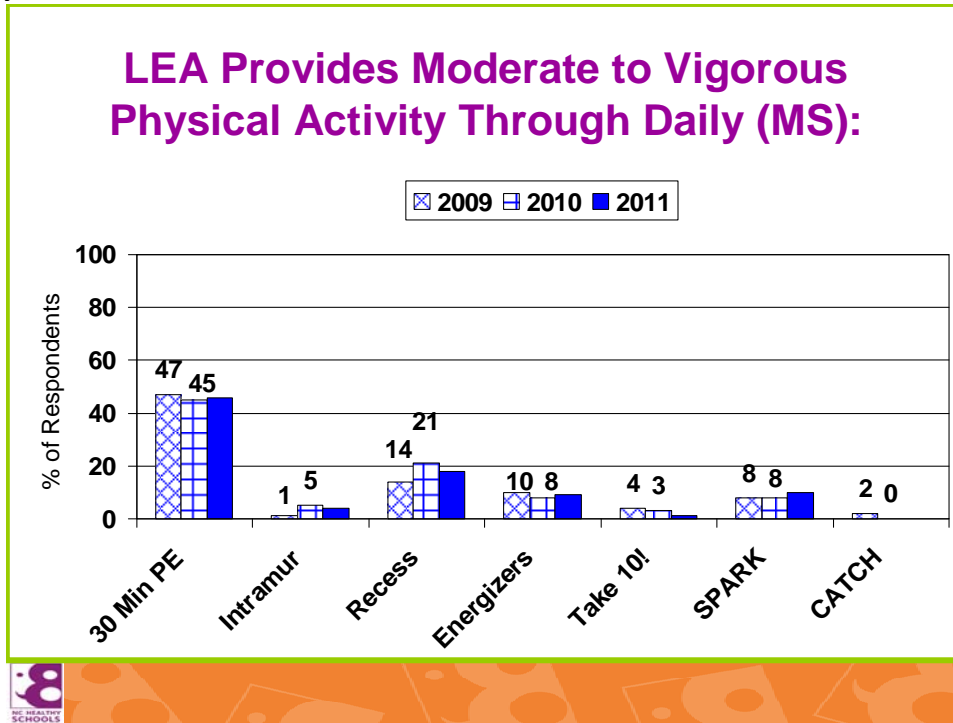
- Information is shared with school administrators so that they are able to inform staff of appropriate/inappropriate practices. The administrator is the one who is responsible for the monitoring of these behaviors.
- A meeting was held with the building Principal to teach the requirements as specified in Healthy Active Children Act
- Principals are sent a memo to remind them to discuss this with the staff prior to the start of each school year.
- Principals would report this behavior to the Superintendent. An action plan along with disciplinary actions would occur.

Q27. In our elementary schools, we provide 30 minutes of daily moderate to vigorous physical activity through: (Rate each of the following for contribution to reaching 30 minutes. 1= Daily; 5 = Never; 6 = Don't Know



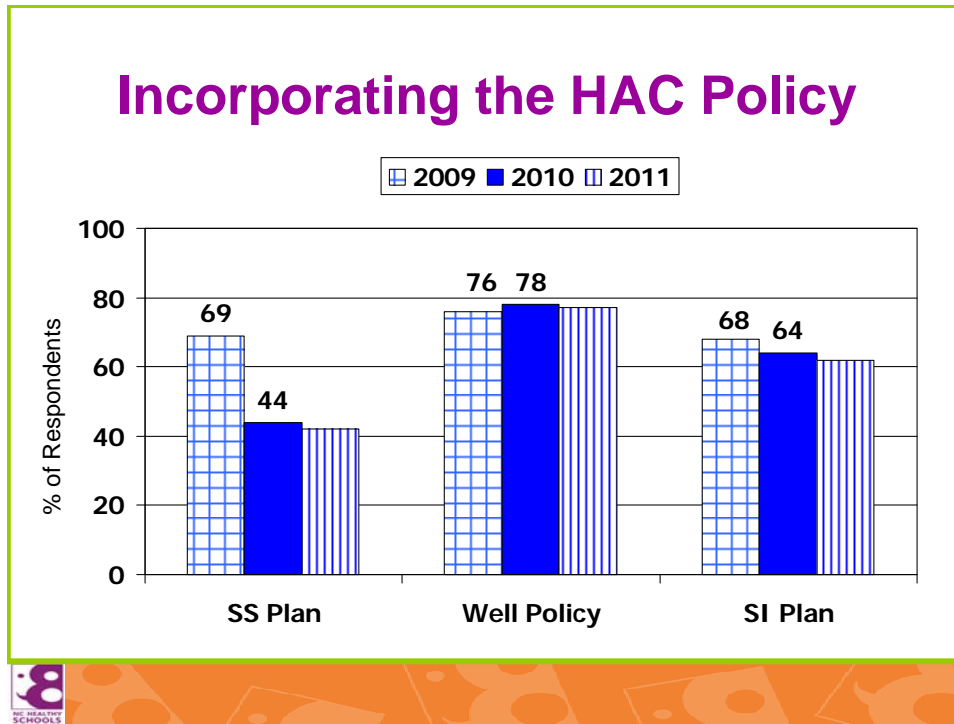
During 2010-2011, 80% of respondents cite recess as being the major contributor to meeting the 30 minute of daily moderate to vigorous physical activity requirement for elementary school students within their LEA. Eighteen percent (18%) cite 30 minutes of physical education and 16% cite the use of classroom energizers as ways to meet the requirement.

Q28. In our middle schools, provide 30 minutes of daily moderate to vigorous physical activity through: (Rate each of the following for contribution to reaching 30 minutes. 1= Daily; 5 = Never; 6 = Don't Know



Forty-six percent (46%) of respondents report 30 minutes of physical education as being the major contributor to meeting the 30 minutes of daily moderate to vigorous physical activity requirement for middle school students within their LEA. Eighteen percent (18%) cite recess as an alternative way of meeting the requirement.

29. In our LEA, we incorporate the Healthy Active Children Policy in our (Please mark all that apply): Safe Schools Plan, Wellness Policy, School Improvement Plan, None of the Above, Other.

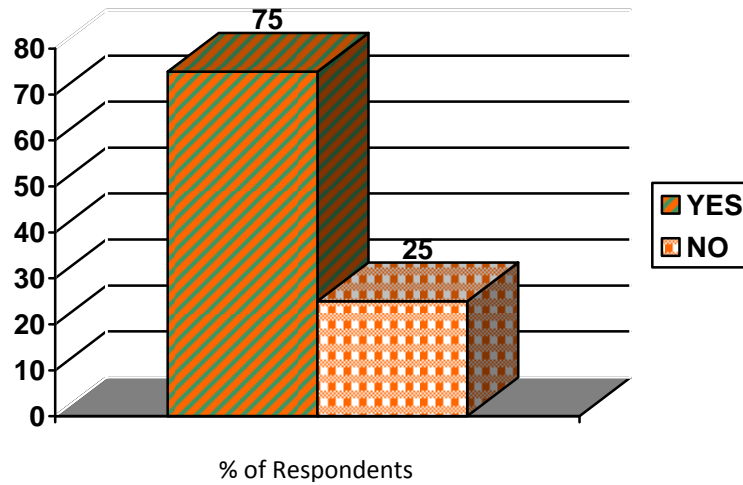


A majority of respondents (approximately 78%) report incorporating the Healthy Active Children Policy into their Wellness Policy, while 63% report incorporating the policy into their School Improvement Plan. The use of the policy within the LEA Wellness Policy continues to be how many LEAs incorporate the Healthy Active Children policy [about 78% over the past two reporting periods].

SECTION 4 – COORDINATED SCHOOL HEALTH PROGRAM (CSHP)

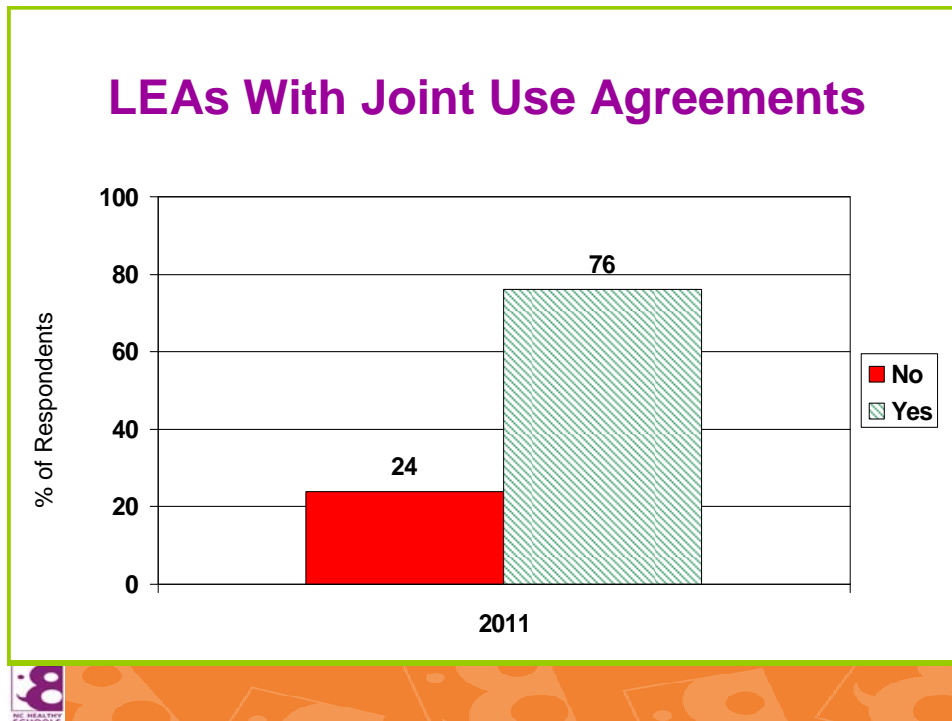
Q30. Does your SHAC use the Effective School Health Advisory Councils: Moving from Policy to Action manual?

(<http://www.nchealthyschools.org/docs/school/tools/shacmanuals.pdf>)



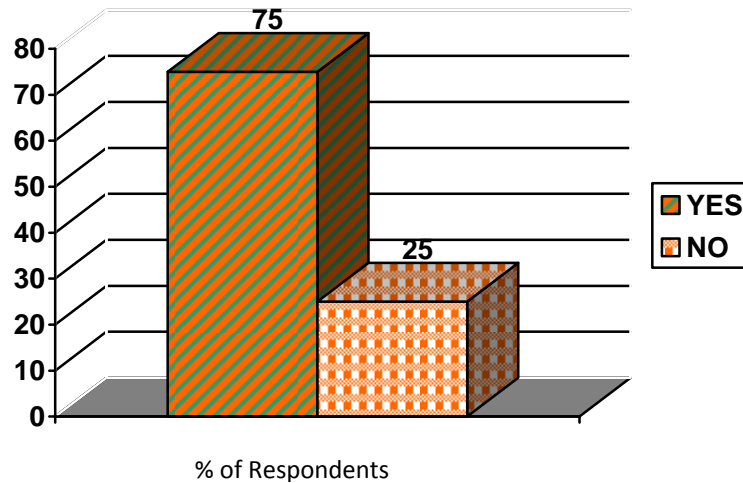
Seventy-five percent (75%) of respondents report using the Effective School Health Advisory Councils: Moving from Policy to Action manual.

Q31. Does your LEA have a joint use policy that allows use of school athletic facilities or other school facilities by community members for physical activity outside of school hours or when school is not in session?



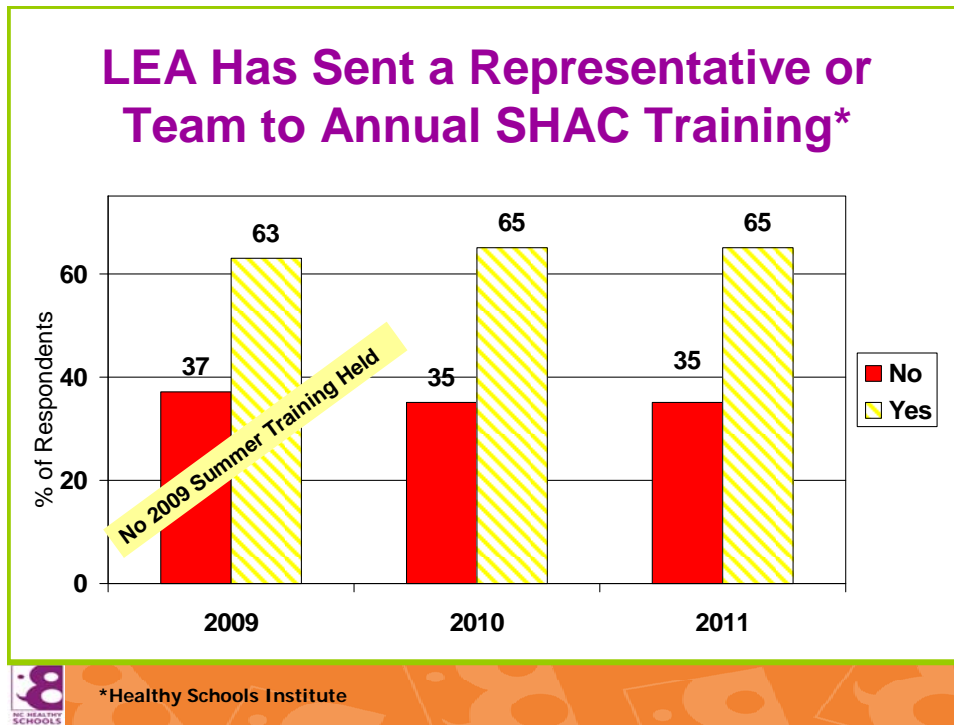
Seventy-six percent (76%) of those reporting cite having a joint use policy that allows use of school athletic facilities or other facilities by community members for physical activity outside of school hours or when school is not in session.

Q32. Does your LEA have a joint use policy that allows use of community facilities (i.e., not school property) for school-sponsored physical activity or athletics?



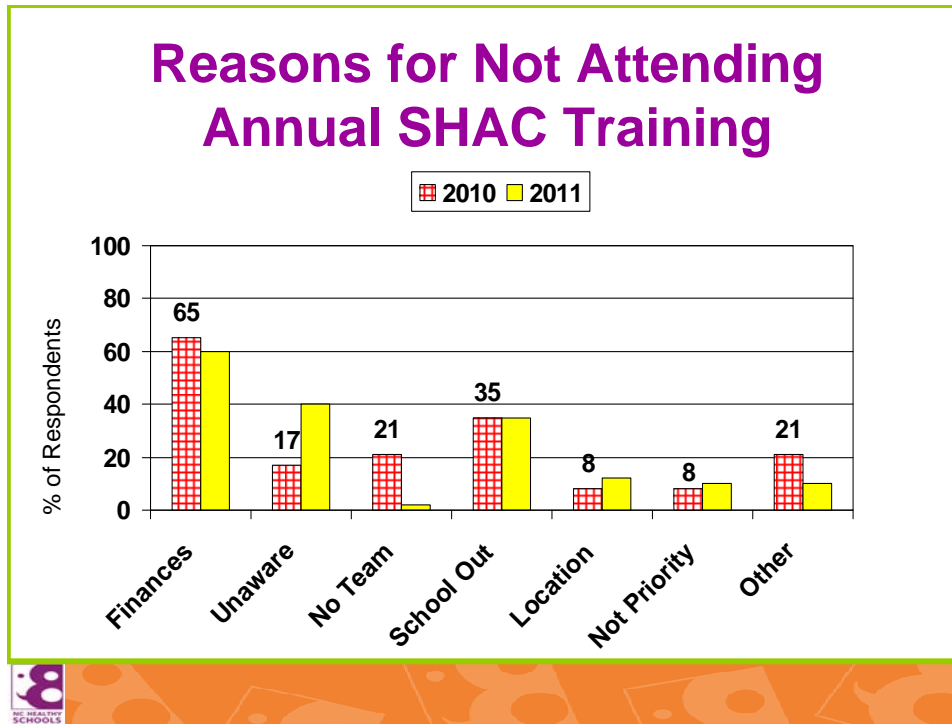
Seventy-five percent (75%) of respondents report that their LEA has a joint use policy that allows use of community facilities (i.e., not school property) for school-sponsored physical activity or athletics.

Q33. Has your LEA sent a representative or team to a Healthy Schools Institute in any year from 2003 to 2010?



The percentage of LEAs that have sent a representative or team to the annual SHAC Training has remained consistent over the past two years. Approximately 65% of respondents reported that someone from their LEA has attended this annual training event.

Q34. If you answered NO above, please list the reasons for not being able to attend the Healthy Schools Institute.



Sixty percent (60%) of respondents reported that financial restrictions kept them from attending the Healthy Schools Institute (HSI). This number is slightly down from the year before when 65% of respondents reported this as the main reason for not attending. Forty percent (40%) of reporting SHACs were unaware of the event; therefore, did not attend. Approximately 35% of respondents report that having events during the summer months is not convenient.

Q35. Please check the ways in which your LEA has received technical assistance in implementing Coordinated School Health Programs and/or School Health Advisory Councils. (Mark all that apply).

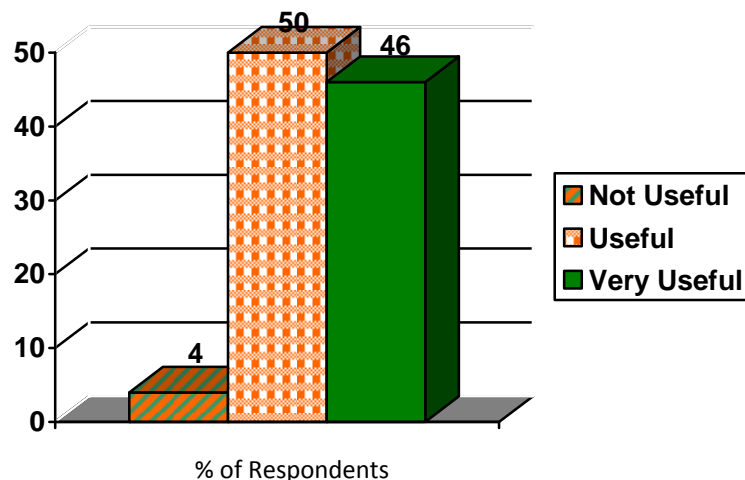
Did not receive technical assistance	23%
Phone conversation with DPI staff	38%
Email correspondence with DPI staff	49%
Local site visit with DPI staff	9%
Meeting with DPI staff in Raleigh	7%
Attending training events provided by DPI	49%
DPI Teleconferences	6%
Attending Healthy Schools Institute (HSI)	41%

DPI Teleconferences	6%
Attending training events provided by NC Comprehensive School Health Training Center	32%
Communications with state Public Health Staff	32%
Communications with other state agencies	21%
www.nchealthyschools.org	58%
Other, Please Specify	7%

Others include:

- Webinars
- Alliance for a Healthier Generation
- NC Prevention Partners
- Be Active
- Appalachian State University
- East Carolina University
- University of North Carolina Asheville
- State Board of Education Attorney
- Web-Based Resources
- NC Alliance for Health

Q36. Please rate the extent to which you feel that this web-based method of reporting your annual SHAC progress is useful.



Fifty percent (50%) of respondents report that submitting their annual Healthy Active Children (HAC)/SHAC Report via the electronic/online survey method is useful. Forty-six percent (46%) find submitting their report online very useful. Only four percent (4%) of respondents report that entering their data online is not useful and would rather mail their annual report directly to the Department of Public Instruction (DPI).