



2014 VERMONT SCHOOL HEALTH PROFILES SURVEY REPORT

Division of Health Surveillance

Table of Contents

Introduction . . .	3	Parental, Family, & Community Involvement ...	34
Executive Summary . . .	4	Lead Health Educator Survey Results	
Methodology . . .	5	Background . . .	37
Principal Survey Results		Health Education Policy & Resources . . .	38
Background . . .	8	Topics Taught in Required Courses . . .	43
School Health Policies and Planning . . .	9	Tobacco-use Prevention . . .	44
Nutrition . . .	14	Sexual Health . . .	46
Physical Activity . . .	20	Nutrition and Body Image . . .	51
Tobacco-use Prevention . . .	23	Physical Activity . . .	54
Health Services: Chronic Conditions . . .	27	Collaboration . . .	55
Health Services: Sexual & Reproductive Health . . .	29	Professional Development . . .	57
HIV Policies . . .	30	Professional Preparation . . .	62
Bullying & Sexual Harassment . . .	31	Appendices	
Supportive School Environment: LGBTQ . . .	32	Appendix A- Principal Survey . . .	64
Diversity Education ...	33	Appendix B- Lead Health Educator Survey . . .	81

Introduction



The School Health Profiles Surveys are developed by the Centers for Disease Control and Prevention to obtain school-based information about current health policies and health education practices. It is designed to be useful to administrators, school board members, school health coordinators, school nurses, health educators, physical educators, parents, and community members. Stakeholders can use the information in this survey to compare their schools' health policies, practices, health education, and physical activity programs with the rest of the state. This can help stakeholders guide local action planning and advocate for specific school health education improvements. Policy-makers and government employees can make use of this information to develop and improve upon Vermont's school health and health education programs and policies.

This instrument, designed for use in secondary schools containing any grades from six through twelve, asks questions of school principals and lead health educators. The Vermont Agency of Education collected data from 2002 to 2012. The Vermont Department of Health collected the data in 2014. This report primarily contains data from the 2014 survey, but occasionally refers to earlier data to establish trends. We encourage those reading the report to refer to relevant resources about school best practices in regards to the health of students, faculty, and staff when considering the results of the survey.

Executive Summary

Principal Survey

In 2014, 84% of schools used health and safety data in their planning processes. The percentage of schools that prohibit junk food advertising has increased over time, and currently 66% of schools prohibit all forms of junk food advertising on school grounds. Most schools serve locally grown foods (95%) and provide easy access to fruits and vegetables (88%) to promote healthy eating. Two-thirds of schools have a 100% tobacco-free policy. All middle schools requires students to take physical education courses each year. Over half (52%) of schools require students to take physical education courses in 12th grade. Twenty-one percent of high schools and 33% of junior/senior high schools provide condoms to students. Most schools had staff that received professional development on curbing bullying and sexual harassment at school (90%) or on safe and supportive environments for LGBTQ students (82%).

Lead health educator survey

Nearly half (46%) of all lead health educators have 10+ years of experience. Sixty-three percent of lead health educators are licensed or endorsed by the state and 44% are formally trained in health education. Most schools (90%) require students to take at least one health education course and about half (48%) require students to take two or more. Almost all schools taught about the benefits of increasing physical activity (97%) and the benefits of healthy eating (95%) in a required course. They were most likely to collaborate with mental health or social services staff (81%) on health education activities.

Methodology



The Profiles questionnaires were developed by the Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of health and education. Three questionnaires were used to collect data - one for school principals, one for lead health education teachers, and a Vermont-specific supplemental survey for both principals and lead health educators.

Following CDC mail protocol, surveys were mailed in February 2014 to all 156 schools in Vermont that contain grades six through twelve. Surveys were returned by April 2014.

Survey results in this report are weighted to be representative of all regular public secondary schools in Vermont having at least one of grades 6 through 12. Where differences between school types are notable, results are presented for the three types of schools: high schools (9th grade through 10th or higher), and junior/senior high schools (below 8th grade through 10th or higher), middle schools (below 9th grade).

Methodology

A total of 130 principals and 126 lead health educators returned the core Profiles surveys. The breakdown of schools responding to surveys by grade level is given in the table below.

Number of responses to the Principal and Lead Health Educator Profiles Survey					
	Middle Schools	Junior/Senior High Schools	High Schools	Total	Response Rate
Principals	75	30	25	130	83%
Lead Health Educators	68	29	29	126	81%

7

Principal Survey

Principal Survey Background

The principal survey covers topics of health policy, school nutrition, physical activity, tobacco-use prevention, health services at school, and a supportive school environment that involves the greater community and discourages bullying.

The health policy section includes the use of data from the Youth Risk Behavior Survey (YRBS) and the School Health Index (SHI), as well as the development of written school improvement plans. The school health leadership topics in this section concern the presence of a school health council or committee, and a school health coordinator.

Schools represent an important venue to instill a solid foundation of good nutrition and regular physical activity into children.¹ Schools offer many opportunities for young people to make dietary choices and learn about healthy eating. Because of this, schools should provide an environment that consistently promotes healthy eating behaviors. To help improve students' dietary behavior, schools should, ideally, offer appealing and nutritious foods in school cafeterias, snack bars, and vending machines, as well as discourage sale of foods high in fat, sodium, added sugars, or beverages that contain caffeine. Physical education provides students with the knowledge, attitudes, skills, behaviors, enjoyment, and confidence to adopt and maintain physically active lifestyles.

Schools can also be an important location where students can receive health services, including reproductive health services and services related to chronic diseases, that they may not otherwise be able to receive. For this reason, access to health services is one of the CDC's eight core components of coordinated school health. These services are designed to ensure that students either have direct access to, or referrals to, needed primary health care services at school.

Tobacco-use prevention policies at Vermont schools are assessed on the principal survey. These include prohibiting smoking on school grounds, posting signs marking a tobacco-free school zone, and providing or referring to tobacco cessation services. The existence of such policies send a message to students, teachers, staff, parents, and visitors that tobacco use is socially unacceptable, and serve to promote a healthy environment.²

Principals were also surveyed on the supportive school environment. This includes providing a welcoming environment for students of all sexual orientations and gender identities, preventing discrimination based on HIV status, and integrating parents, families, and the greater community into the school health environment.

1. Centers for Disease Control and Prevention (CDC). 2011. *School Health Guidelines to Promote Healthy Eating and Physical Activity*. Morbidity and Mortality Weekly Report Volume 60, Number 5. Available at: <http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>.
2. Brownson RC, Koffman DM, Novotny TE, Hughes RG, Eriksen MP. Environmental and policy interventions to control tobacco use and prevent cardiovascular disease. *Health Education Quarterly* 1995; 22(4):478-98.

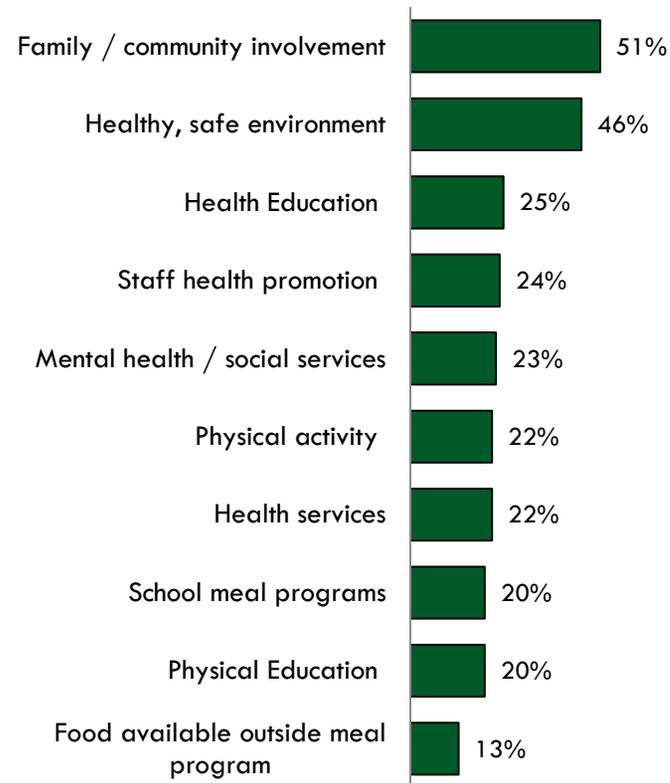
Health Topics Addressed in School Improvement Plans

About half of the schools have a School Improvement Plan (SIP) with objectives related to promoting family and community involvement (51%) or a healthy and safe school environment (46%).

- ❑ Middle schools (59%) were significantly more likely than junior / senior high schools (41%) and high schools (37%) to have plans with objectives related to family and community involvement.
- ❑ The percentage of schools with plans related to healthy and safe school environments and faculty and staff health promotion has decreased significantly since 2010, from 56% to 46% and 35% to 24%, respectively.

Nearly a quarter of schools have SIPs which include objectives related to services such as mental health and social services (23%) and health (22%) or providing programs such as school meal plans (20%). In addition, 13% of schools have objectives related to the availability of food and beverages outside of those plans.

Health-related topics included in School Effectiveness Plan objectives

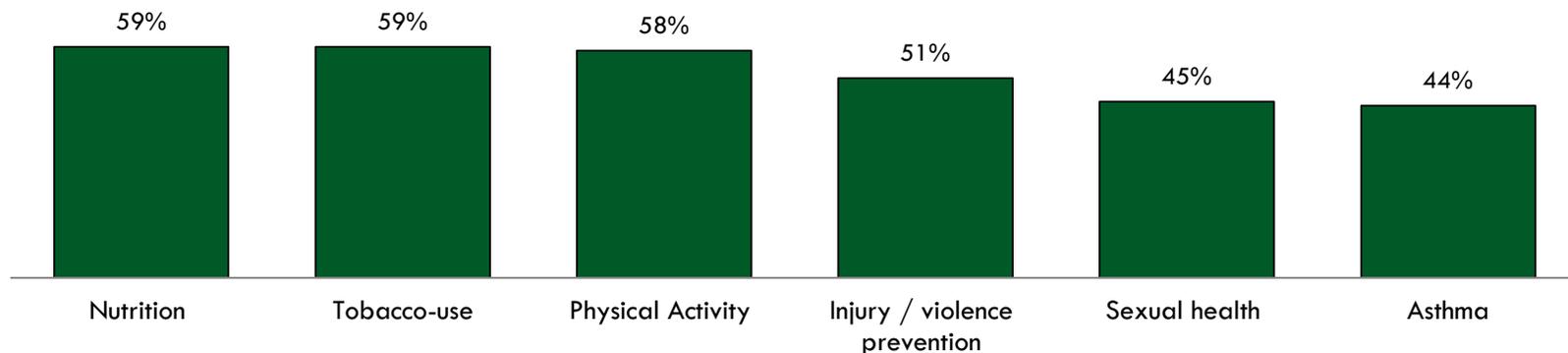


School Improvement Planning and Assessment

Among schools that engaged in an improvement planning process during the past year, 84% reported reviewing the YRBS or other health and safety data in their School Improvement Plan (SIP).

In addition, schools also used their School Health Index or other self-assessment tool to assess school policies and programs in the six areas shown below. Schools most frequently assessed nutrition (59%), tobacco-use (59%), and physical activity (58%). Among all schools, 37% used the School Health Index (SHI) or another self-assessment tool to assess all six areas.

Types of policies, activities, and programs assessed using the School Health Index or other assessment



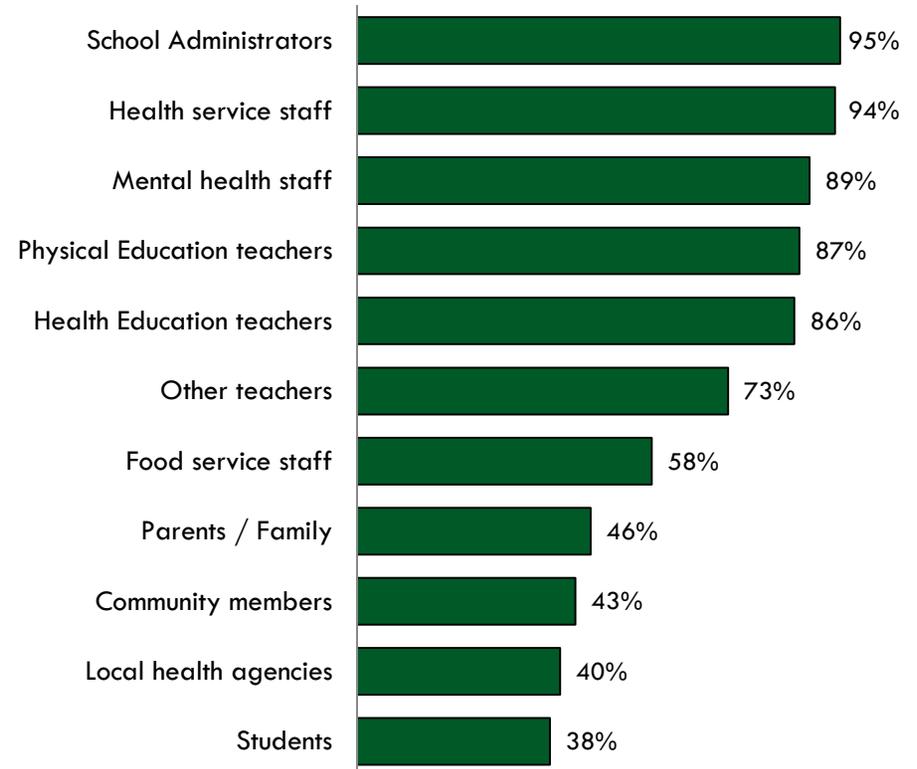
School Health Councils and Coordinators

Most schools (86%) have a person or school health coordinator to oversee school health programs and activities. Two-thirds (68%) have a school health council. These may also be called school health committees or teams. Among those schools with a health council, 42% have diverse representation that includes members from at least ten different groups.

In addition to the groups listed to the right, 15% or fewer schools health councils had representation from maintenance and transportation staff, local government agencies, libraries and media center staff, technology staff, businesses, or faith-based organizations on their committees.

- Junior/senior high schools (47%) and high schools (44%) and were significantly more likely than middle schools (32%) to have student representatives on their committee.

Represented groups on school health councils or committees Among schools with a health council

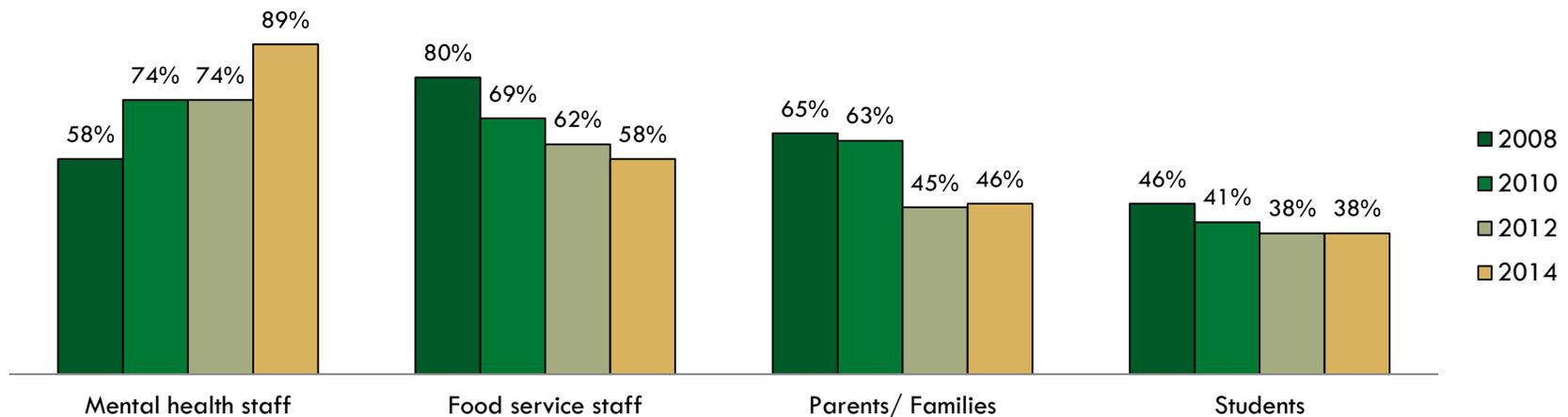


Changes in School Health Council Membership

Since 2008 notable changes have occurred in school health council representation. The figure below shows significant trends among those who serve on school health councils.

- Representation from mental health or social services has significantly increased since 2008 from 58% to 89% in 2014.
- Representation from nutrition and food service staff, parents and families, and students has significantly decreased since 2008.

Notable changes in School Health Council membership since 2008
Among schools with a health council

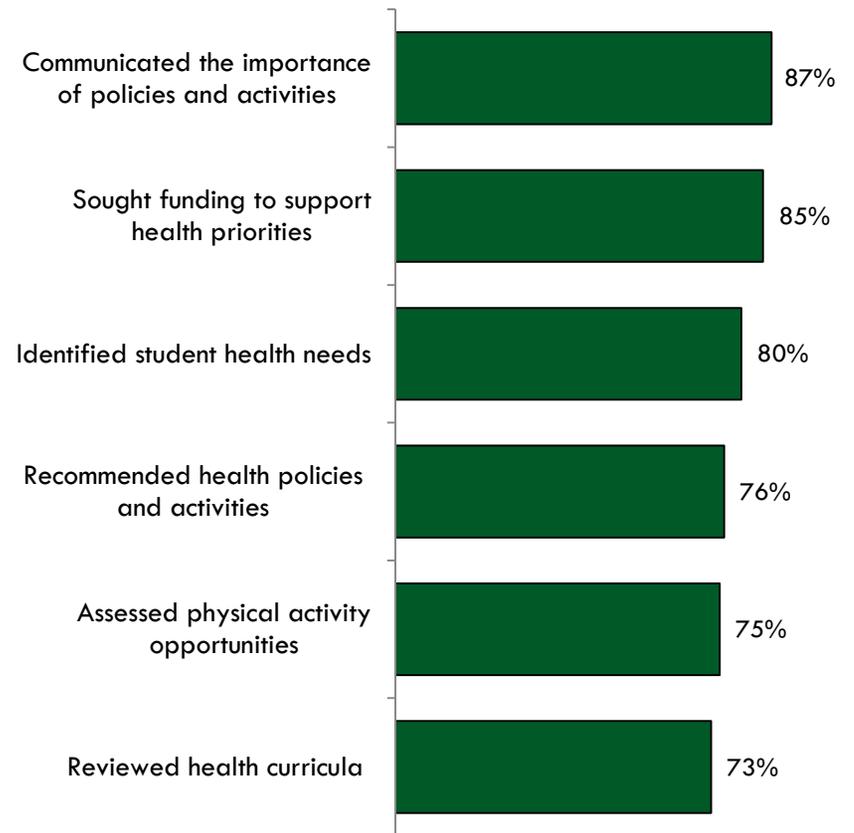


Activities of School Health Councils

Among schools with a health council, 31% have performed at least five actions related to improving school health. Most school health councils have communicated the importance of health and safety policies and activities (87%) and sought funding and resources to support health and safety priorities (85%). Although still high, fewer schools report reviewing instructional material during the past year (73%).

- Since 2012, actions performed by school health councils have significantly increased in just two areas. Identifying student health needs based on relevant data increased from 74% in 2012 to 80% in 2014. Communication about the importance of health and safety policies and related activities increased from 80% to 87%.

School health council activities
Among schools with a health council

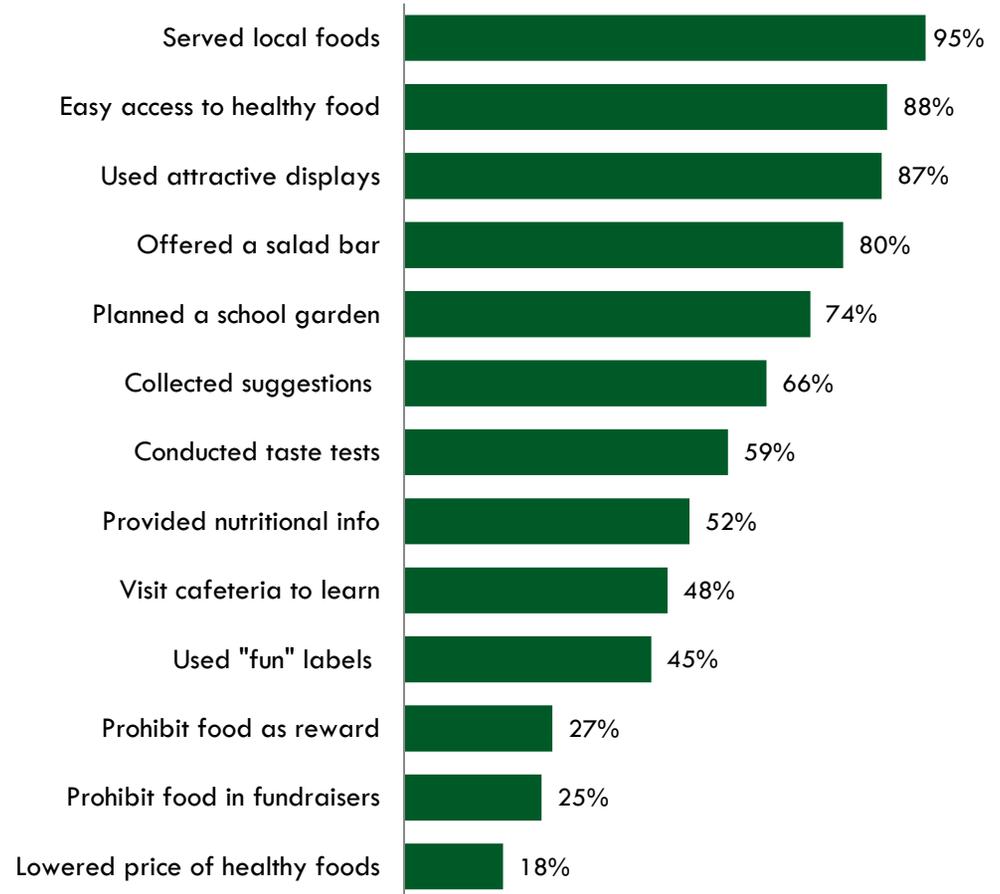


Strategies to Promote Health Eating

In efforts to promote health eating, nearly all schools served locally or regionally grown food (95%). Schools frequently placed fruits and vegetables in areas where they were easy to access (88%) and used attractive displays for healthy foods (87%). About three quarters of all schools (74%) planed a garden to promote health eating.

About half of all schools conducted taste tests of nutritious items (59%), provided nutrition or caloric content of foods (52%), or opportunities for students to learn about nutrition while visiting the cafeteria (48%). Fewer schools prohibited using food or coupons for food as a reward (27%) or the sale of less nutritious food in fundraisers (25%). Only 18% of schools lowered the price of nutritious food and beverages and increased the price of less nutritious items.

Efforts used to promote healthy eating

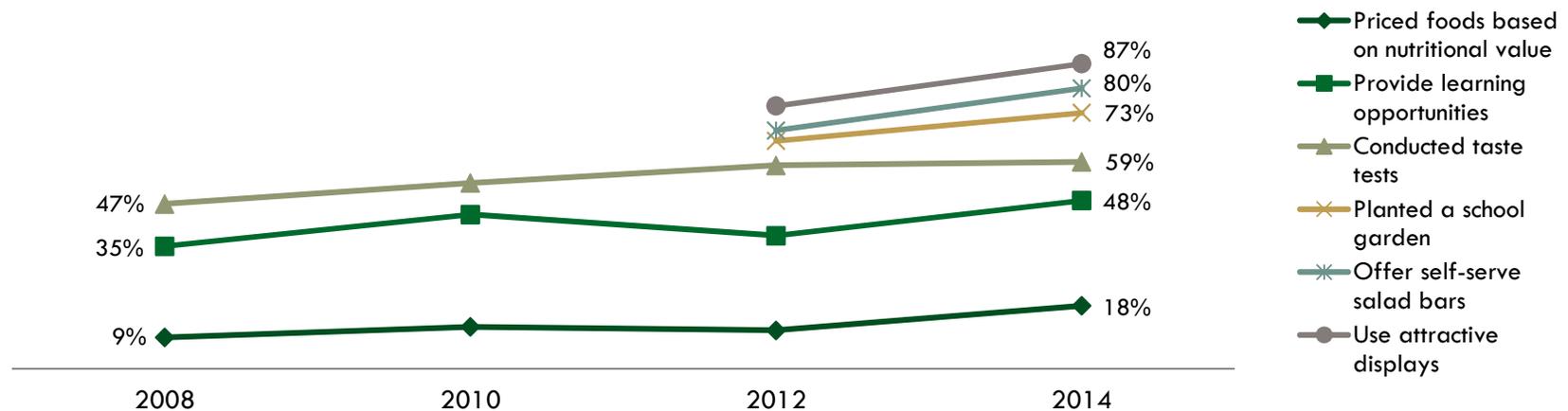


Strategies to Promote Healthy Eating

Since 2008, the percent of schools that strategically priced nutritious foods at a lower cost and less healthy foods at a higher cost has doubled, but remains relatively low (18%). The percent of schools providing opportunities for students to learn about food preparation, safety, and nutrition has significantly increased from 35% in 2008 to 48% in 2014. Determining food preferences for nutritious items through taste tests has also increased from 47% to 59%.

Since 2012, the percent of schools planting a school vegetable garden has significantly increased from 65% to 73%. Likewise the percent of schools offering self-serve salad bars and using attractive displays for healthy food has also increased from 68% to 80% and from 75% to 87%, respectively.

Changes in strategies used to promote healthy eating

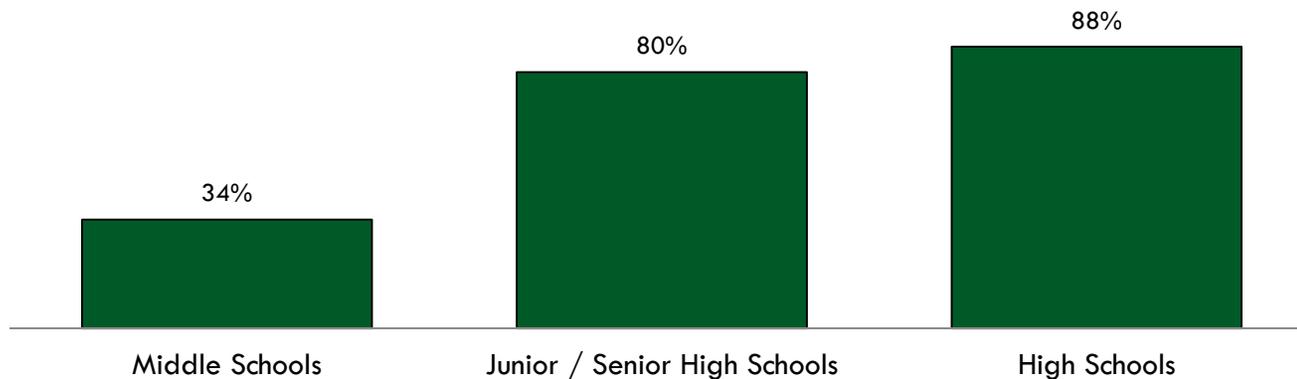


School Snack Bars and Vending Machines

Fifty-five percent of schools allow students to purchase foods and beverages from vending machines or snack bars. This has decreased significantly since 2008 when 80% of schools allowed students to purchase items from vending machines or snack bars.

- Middle schools (34%) were significantly less likely to allow students to purchase foods and beverages from vending machines or snack bars than junior/senior high schools (80%) and high schools (88%). Likewise, junior/senior high schools were significantly less likely than high schools to allow such purchases.
- Among the schools where students could buy food and beverages from vending machines or snack bars, middle schools (39%) and junior/senior high schools (25%) were less likely than high schools (68%) to have fruits and vegetables available for purchase in those locations.

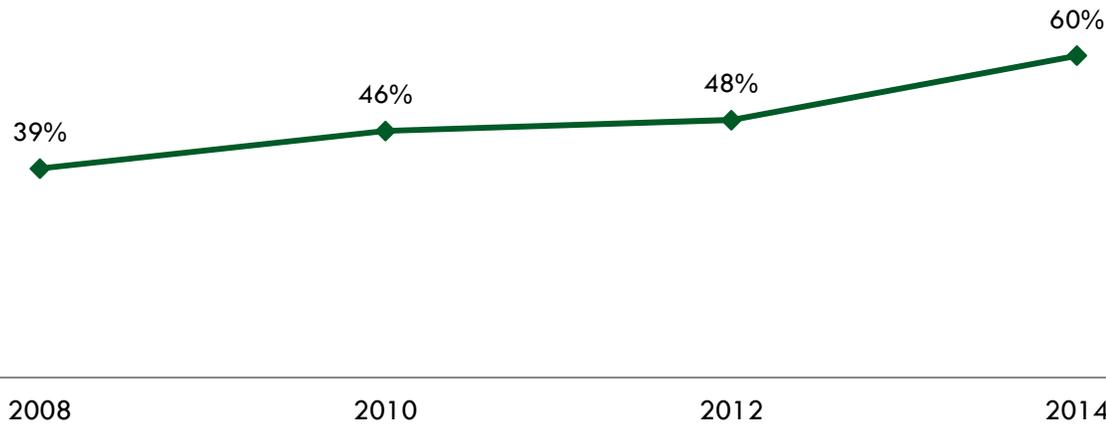
Percent of Vermont schools in which students can purchase food and beverages from vending machines or snack bars



School Snack Bars and Vending Machines

Outside of the school meal program, 60% of schools do not sell less healthy food and beverage items. This has significantly increased from 39% in 2008. This increase is partly driven by a decrease in the number of schools that allow students to purchase any food or beverages from snack bars and vending machines which decreased from 80% in 2008 to 55% in 2014.

Percent of schools not selling less healthy food and beverages outside of the school meal program

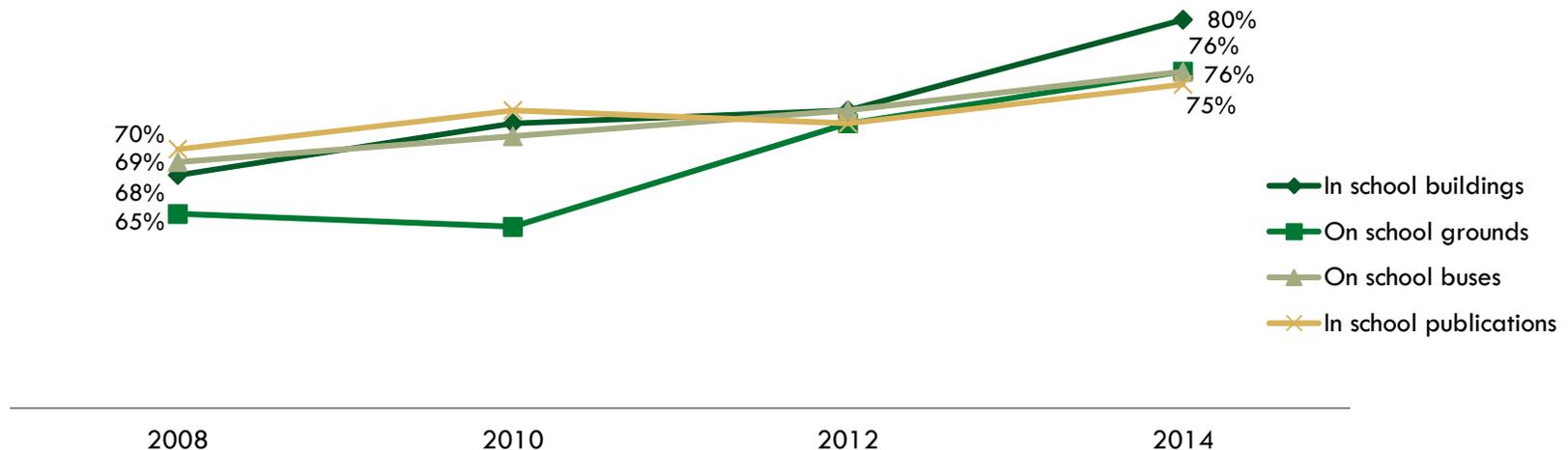


Junk Food Advertising

Currently, at least three quarters of schools prohibit all forms of advertising for candy, fast food, and soft drinks in school buildings (80%), on school grounds outside of the buildings (76%), on school buses and vehicles (76%), and in school publications (e.g. school newspapers, websites, newsletters) (75%). Overall, 66% of schools prohibit advertising in all four areas.

- There is a significant increasing trend to prohibit junk food advertisement by schools since 2008.

Changes in areas prohibiting junk food advertisement



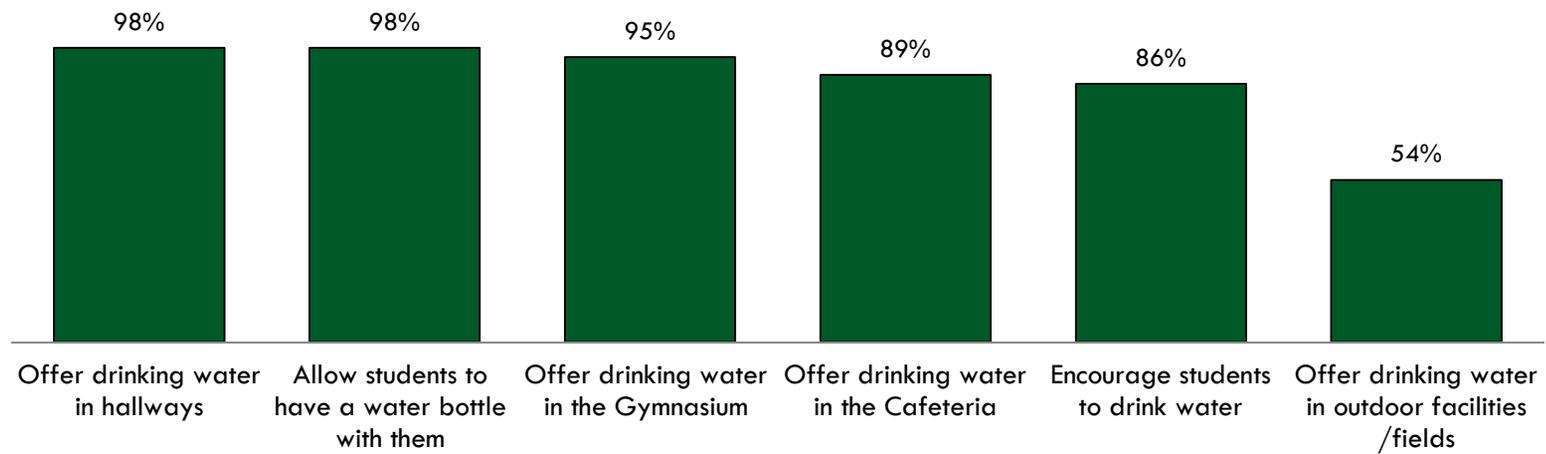
Water Access and Habits

Most schools encourage students to drink plain water (86%) and provide access to free drinking water in a variety of locations throughout the school grounds. Nearly all schools have water available in the hallways (98%), indoor physical activity facilities (95%), and in the cafeteria (89%). Roughly half (54%) of schools offered free drinking water in outdoor physical activity facilities and sport fields.

Almost all schools (98%) report allowing students to have water bottles with them during the school day with 90% of schools allowing water bottles anywhere and 7% allowing them only in certain areas.

- Junior / senior high schools (93%) were significantly more likely to encourage students to drink plain water than high schools (83%) and middle schools (84%).

Consumption, availability, and access to water

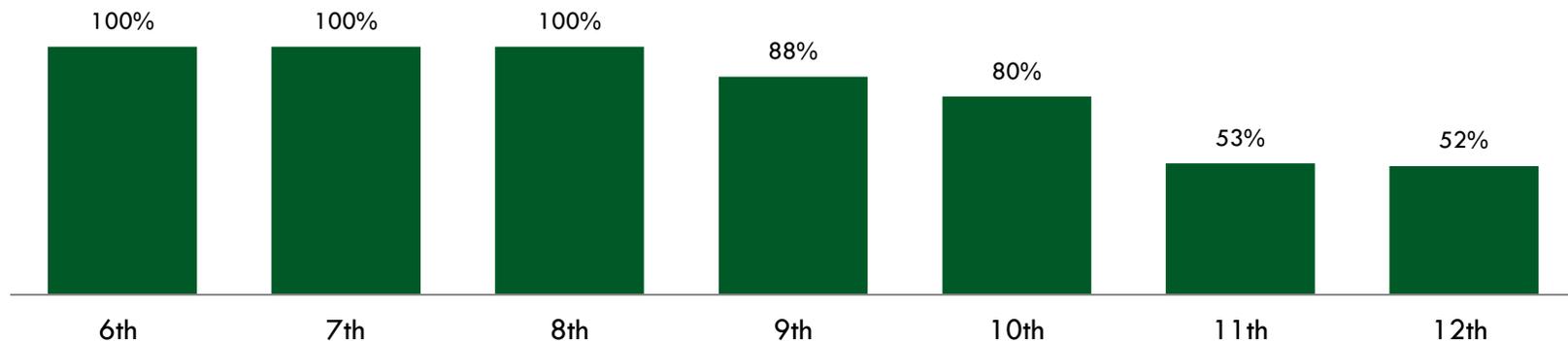


Required Physical Education Courses

Required physical education courses decrease as students move through school. All schools require physical education courses to be taught in grades six through eight. Required physical education decreases beginning in grade nine, when 88% of schools require a course. By 11th and 12th grades, just over half of schools require a course in physical education.

- Since 2006, the percent of schools requiring physical education courses taught in grades 9-11 has decreased: from 96% to 88% for 9th grade, 87% to 80% for 10th grade, and from 59% to 53% for 11th grade.

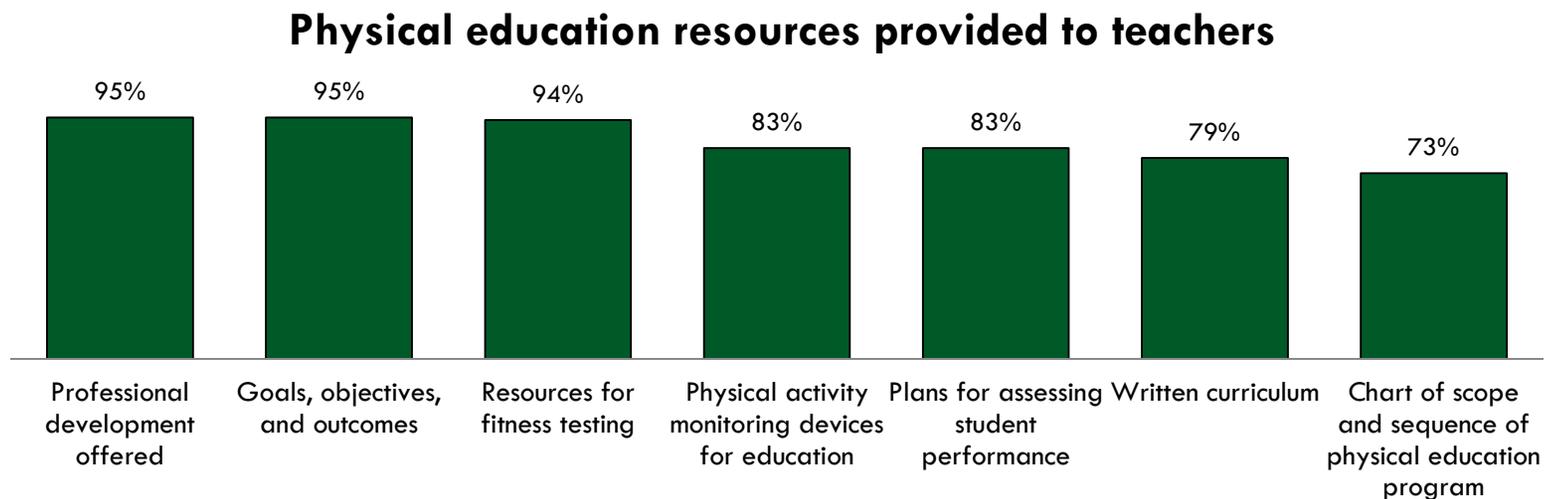
Schools requiring physical education courses for students in grades six through twelve



Physical Education Resources Provided to Teachers

Schools frequently provide physical education teachers with resources and opportunities for professional development. At almost all schools, physical education teachers received support for professional development (95%), guidance on goals, objectives, and outcomes to achieve (95%), and resources for fitness testing (94%).

- Middle schools were significantly less likely to provide any resources and opportunities for physical education teachers compared to junior / senior high schools or high schools.
- Notably, middle schools (71%) and junior/senior high schools (81%) were less likely than high schools (100%) to provide teachers with a written curriculum.



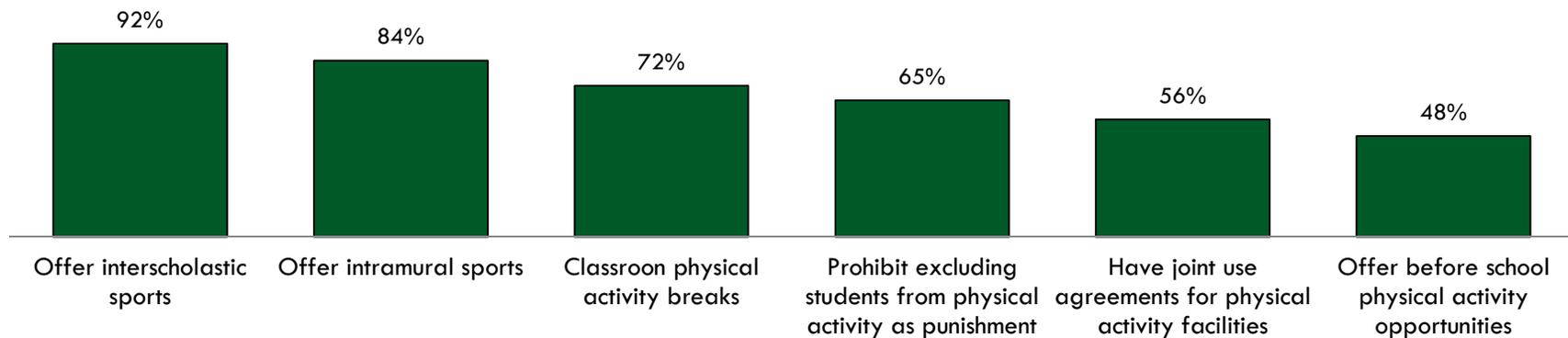
Opportunities for Physical Activity

Most schools in Vermont offer interscholastic (92%) or intramural (84%) sport or physical activity clubs to students, however, fewer offer physical activity opportunities for students before the school day (48%). Additionally, about half of all schools have joint use agreements for use of physical activity facilities to increase physical activity opportunities (56%).

Seventy-two percent of schools include physical activity breaks in the classroom, outside of physical education courses. In two out of three schools, staff are prohibited from excluding students from physical activity or physical education as a punishment.

- ❑ The percent of schools offering interscholastic sports has increased from 86% in 2012 to 92%.
- ❑ Middle schools (90%) were significantly more likely than junior/senior high schools (60%) and high schools (34%) to have students participate in classroom physical activity breaks.

Opportunities for physical activity outside of physical education courses



Tobacco-use Policies

While the majority of schools (98%) have some sort of policy prohibiting tobacco use, fewer (67%) mandate a “tobacco-free environment” where students, visitors, faculty, and staff are prohibited from using any tobacco product on school grounds, in vehicles, and at off-campus, school sponsored events. Three quarters of schools who have a policy prohibiting tobacco use post signs marking the tobacco-free zone around school grounds.

- The percent of schools mandating a “tobacco-free environment” has significantly increased from 55% in 2012 to 67% in 2014.

Tobacco-use policies in Vermont Schools

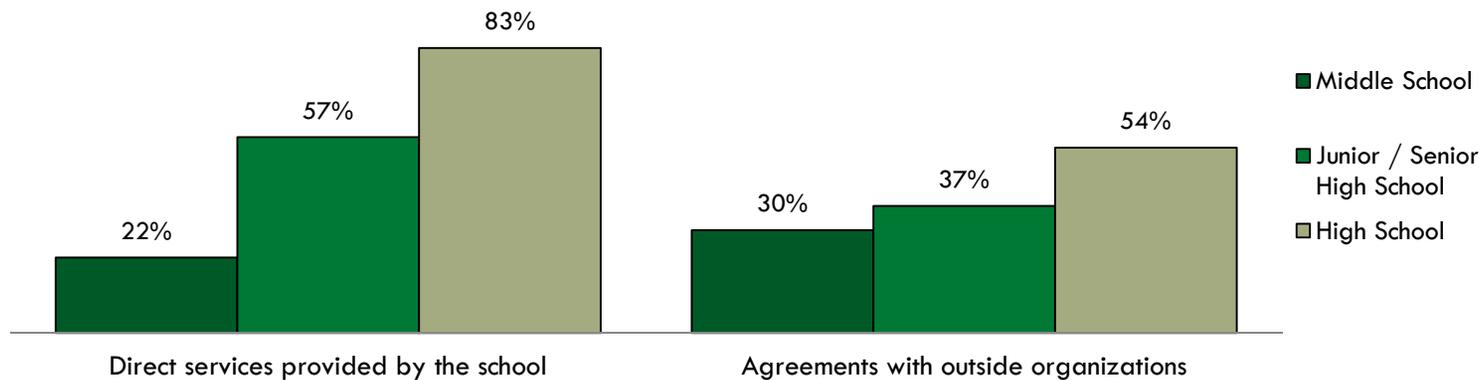


Tobacco Cessation Services for Students

Forty-two percent of schools provide tobacco cessation services to students, while 36% have arrangements with outside organizations or health-care professionals to provide such services.

- High schools (83%) were significantly more likely than junior/senior high schools (57%) to directly provide tobacco cessation services to students. Junior/senior high schools were more likely to provide tobacco cessation services than middle schools (22%).
- High schools (54%) were significantly more likely than junior/senior high schools (37%) and middle schools (30%) to have agreements with outside organizations for tobacco cessation services.

Tobacco cessation services available for students

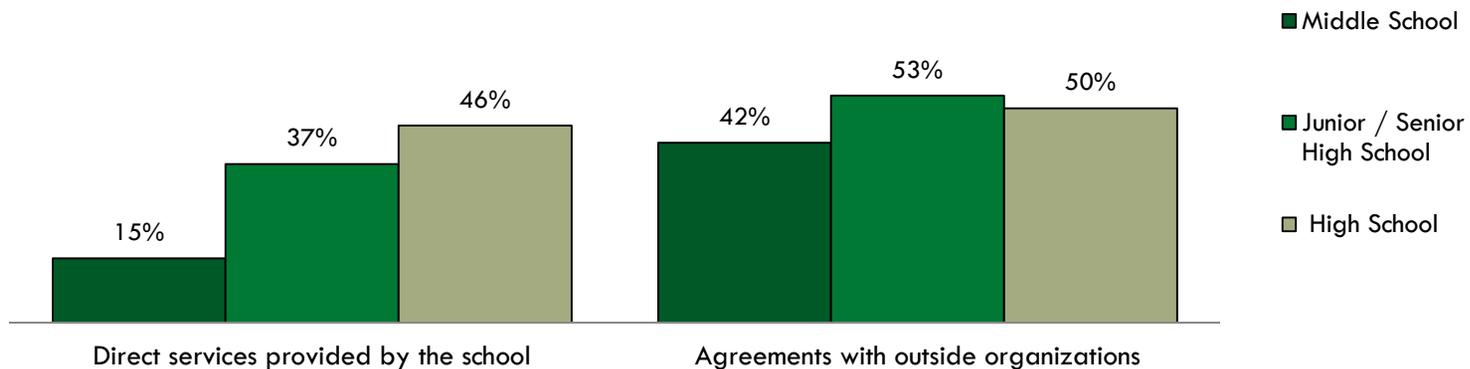


Tobacco Cessation Services for Faculty and Staff

About a quarter of schools (26%) provide tobacco cessation services to faculty and staff. Forty-six percent of schools have arrangements with outside organizations to provide such services.

- High schools (46%) were significantly more likely than junior/senior high schools (37%) to directly provide faculty and staff with tobacco cessation services. Junior/senior high schools were more likely to provide these services than middle schools (15%).
- High schools (50%) were significantly more likely than junior/senior high schools (53%) and middle schools (42%) to have agreements with outside organizations for tobacco cessation services, for staff.

Tobacco cessation services available for faculty and staff



Tracking Students with Chronic Conditions

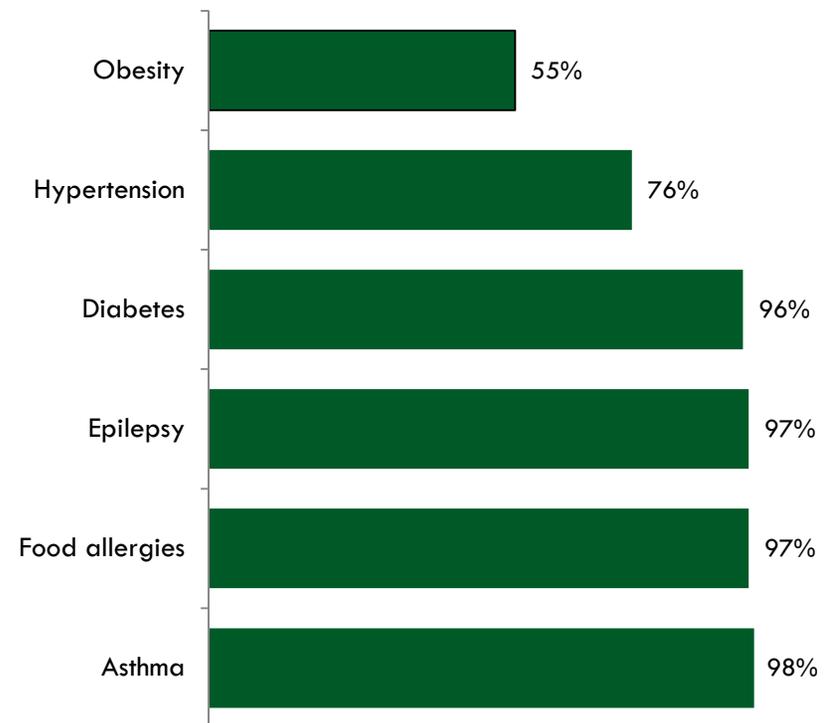
Over three quarters (77%) of schools have a full-time registered nurse on staff to provide health services to students.

- Most high schools (95%) and junior/ senior high schools (90%) have full-time nurses, while two-thirds (67%) of middle schools do.

Most schools in Vermont use school records to track students with chronic conditions. Almost all schools track students with asthma, food allergies, epilepsy or other seizure disorder, and diabetes. Fewer schools track students with hypertension (76%) or obesity (55%).

- High schools (65%) and middle schools (59%) were significantly more likely than junior / senior high schools (37%) to track students with obesity.
- High schools (91%) were significantly more likely than junior / senior high schools (73%) and middle schools (73%) to track students with hypertension.

Schools who use records to identify and track students with chronic health conditions

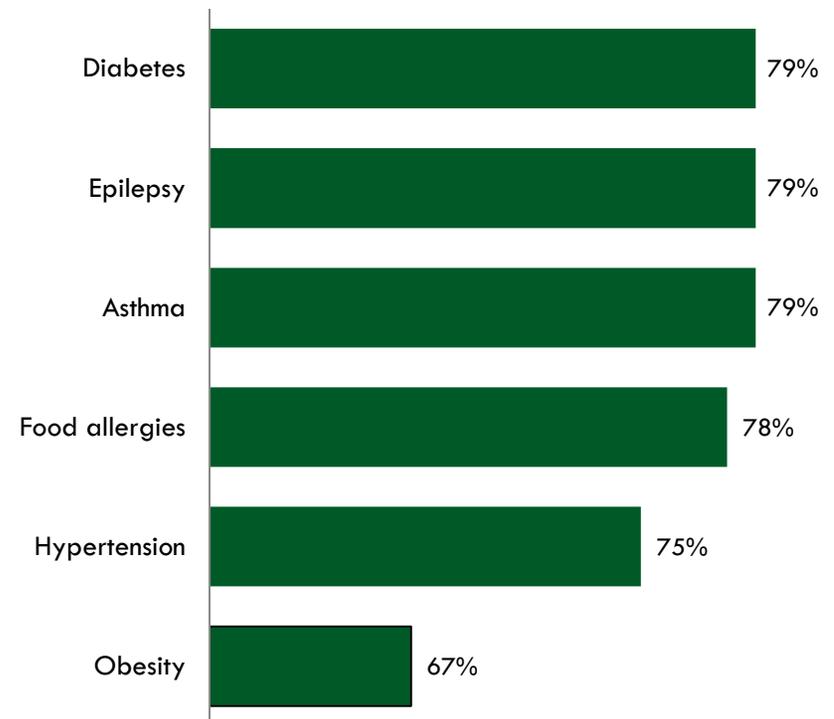


Referrals for Chronic Conditions

Most schools provide referrals to organizations or health care professionals not on school property for students diagnosed with or suspected to have chronic conditions that require daily or emergency management. Fewer schools provide referrals for obesity (67%) than for other conditions.

- ❑ High schools and junior / senior high schools were significantly more likely than middle schools to provide referrals for each chronic condition listed in the figure to the right, except for obesity.
- ❑ High schools (74%) were significantly more likely than junior / senior high schools (66%) to provide referrals for obesity.
- ❑ High schools (84%) were significantly more likely than junior / senior high schools (79%) to provide referrals for hypertension.

Schools that provide referrals to health care providers for chronic health conditions

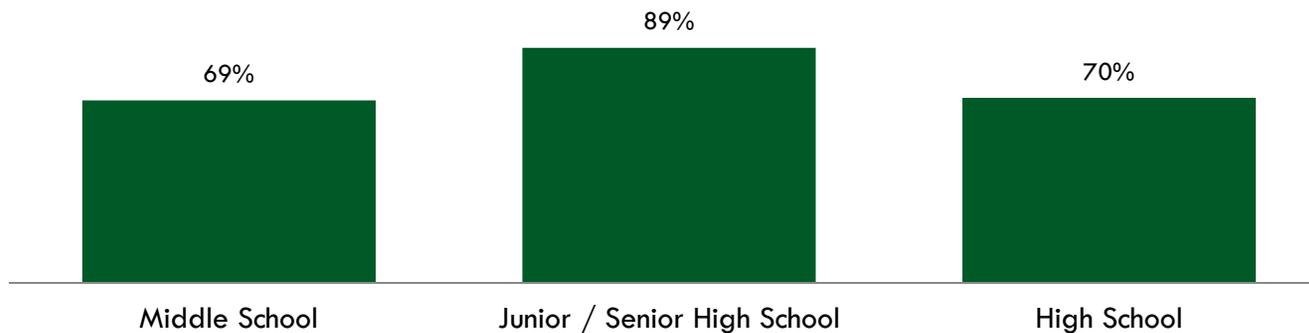


Students with Chronic Conditions in Insurance Programs

Nearly three quarters (74%) of schools have a protocol to ensure that students with chronic conditions that require daily or emergency management are enrolled in private, state, or federal insurance programs, if they are eligible. These chronic conditions include asthma, food allergies, epilepsy, diabetes, and hypertension.

- Junior / senior high schools (89%) were significantly more likely than high schools (70%) and middle schools (69%) to have a protocol ensuring students with chronic conditions, who are eligible to do so, are enrolled in insurance programs.

Schools that have a protocol to ensure eligible students with chronic conditions are enrolled in insurance programs



Sexual and Reproductive Health Services

Four in ten (42%) schools do not provide any direct sexual and reproductive health services on campus or provide referrals to outside organizations. Twenty-two percent of schools provide both direct services and referrals, while 36% provide referrals only.

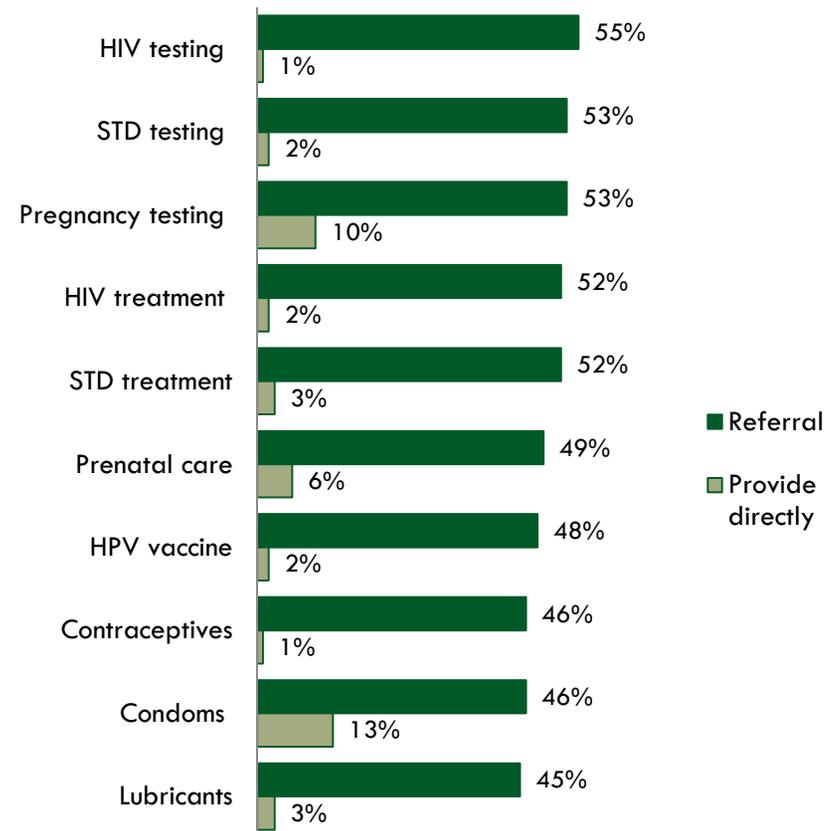
Of the 58% of schools that provide referrals, either alone or in conjunction with direct services, 39% provide referrals for all ten sexual and reproductive health needs listed in the figure to the right.

- High schools and junior / senior high schools were significantly more likely than middle schools to offer referrals for each of the services.

Among direct services provided, the provision of condoms was most frequently reported with 13% of schools doing so. One in ten provide pregnancy testing.

- Among direct services, 22% of high schools and 33% of junior / senior high schools provided condoms for students compared to 1% of middle schools.

Sexual Health Services provided directly or through referrals

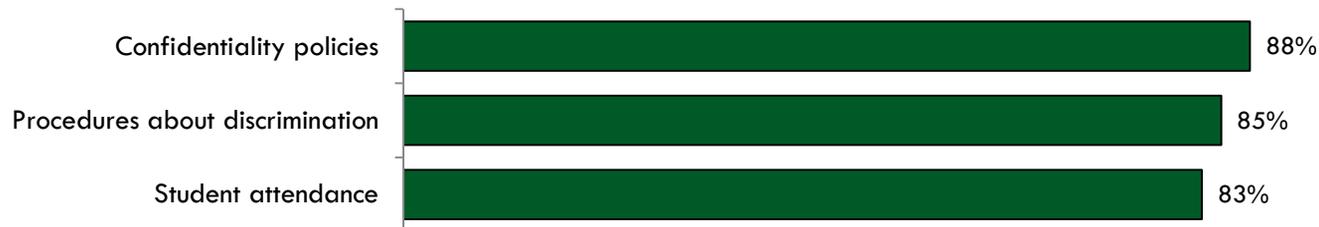


Human Immunodeficiency Virus (HIV) Policies

Most schools have Human Immunodeficiency Virus (HIV) and AIDS policies regarding students and staff that address issues related to Human Immunodeficiency Virus (HIV) and AIDS. Notably, nearly nine out of ten schools have policies to maintain the confidentiality of HIV-positive students and staff (88%) and procedures to protect students and staff from discrimination (85%). Eight out of every ten schools have policies addressing the attendance of students with HIV infections (83%).

- ❑ The percent of schools that have policies addressing attendance of students with HIV-infections has decreased significantly from 88% in 2008 to 83% in 2014.
- ❑ The percent of schools that have procedures to protect HIV-infected students and staff from discrimination has decreased significantly from 91% in 2008 to 85% in 2014.
- ❑ High schools were more likely than junior / senior high schools and middle schools to have policies related to the attendance of HIV-infected students and procedures to protect students and staff from discrimination.

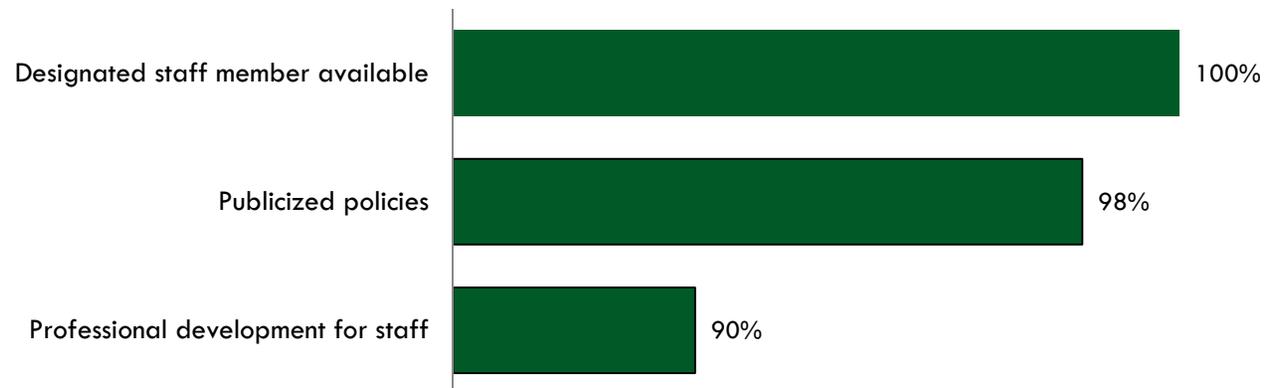
Policies and procedures surrounding HIV infection in Vermont schools



Bullying and Sexual Harassment

The vast majority of Vermont schools have engaged in efforts to curb bullying and sexual harassment at school. All schools have a designated staff member to whom students can confidentially report bullying and sexual harassment issues. Almost all (98%) publicize and disseminate their rules and policies on bullying and sexual harassment. Furthermore, nine out of ten schools have staff members who have received professional development on preventing and responding to bullying.

Efforts used to curb bullying, cyberbullying, and sexual harassment

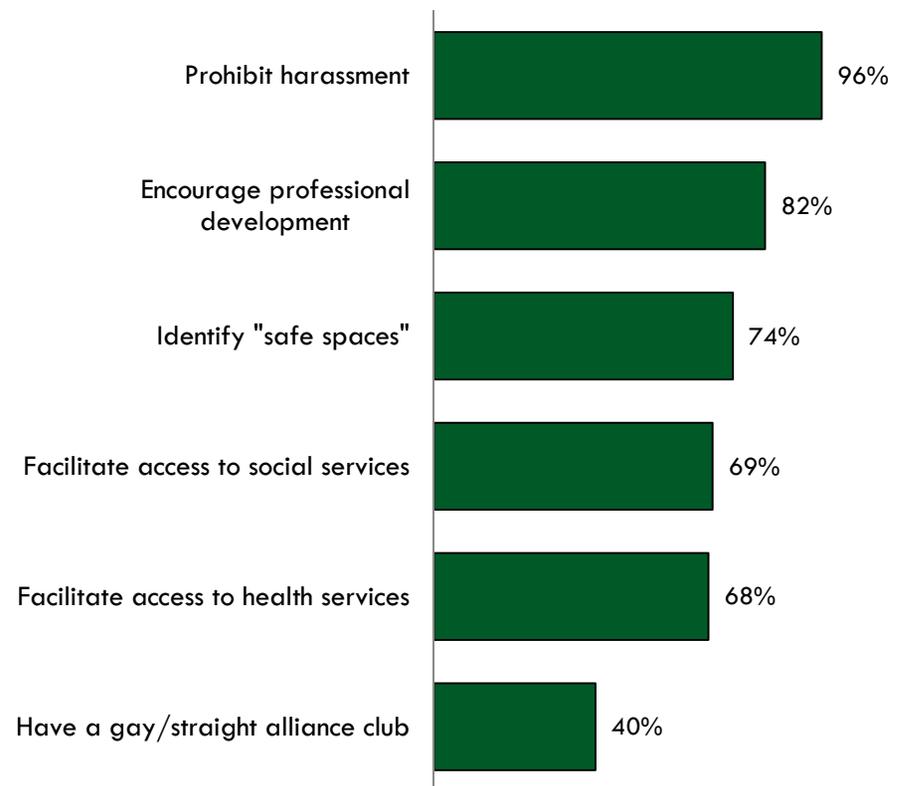


Safe Environments for LGBTQ Students

Nearly all Vermont schools (96%) prohibit harassment based on sexual orientation or gender identity. Forty percent of schools have student-led clubs to foster a safe, welcoming, and accepting environment for all youth, regardless of sexual orientation. Most schools encourage staff to receive professional development on fostering safe and supportive environments (82%).

- Since 2010, there have been significant increases in the percent of schools that facilitate access to of health services (54% in 2010, 68% in 2014) and social / psychological services for lesbian, bisexual, gay, transgender, or questioning (LGBTQ) youth (62% in 2010, 69% in 2014).
- High schools and junior /senior high schools were significantly more likely than middle schools to engage in the practices used to create a welcoming environment.

Practices used to create a welcoming environment for LGBTQ students

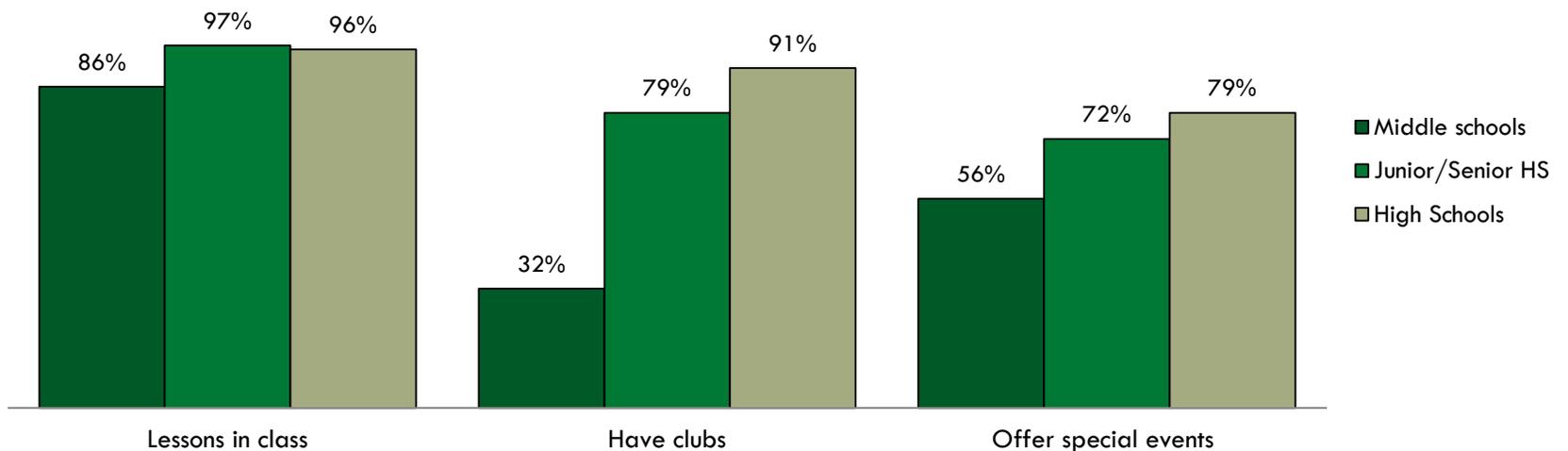


Diversity Education

Nine out of ten schools give lessons to help students learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures. A majority of schools have clubs (54%) or special events (64%) for these purposes.

- Middle schools were significantly less likely than junior / senior high schools and high schools to provide students with the opportunity to learn about people different from them in lessons in class, clubs, or special events.

Opportunities available for students to learn about diverse populations

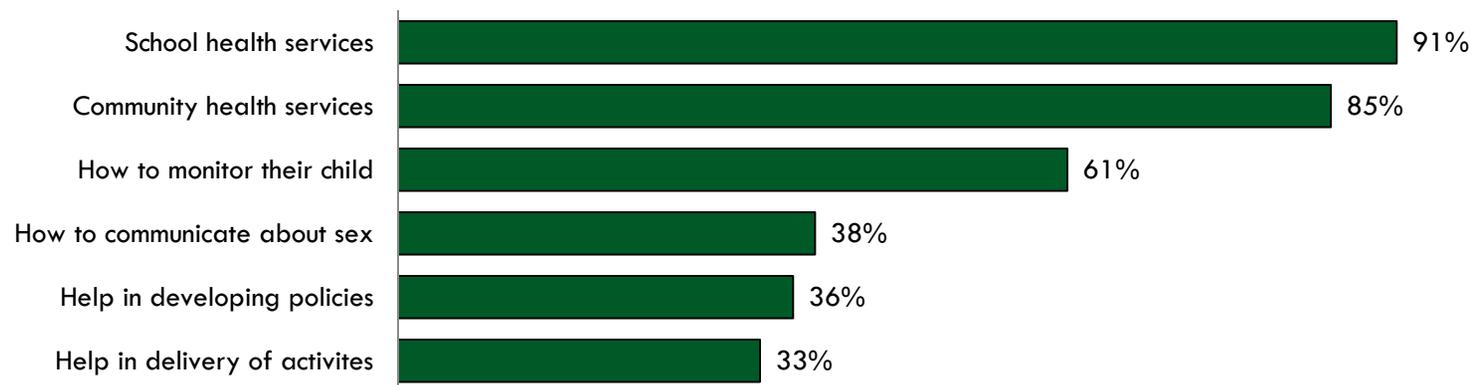


Parental and Family Involvement

Most schools (91%) use print, oral, or electronic communications to inform parents about school health services and programs. Over one-third (36%) of schools had students' families help develop or implement school health programs and policies in the last two years.

- High schools (52%) were significantly more likely than junior / senior high schools (32%) and middle schools (36%) to provide parents with information on how to communicate with their children about sex.
- Junior / senior high schools (47%) were significantly more likely than high schools (29%) and middle schools (28%) to involve parents as school volunteers in the delivery of health education activities and services.

Family and parent engagement through communication and involvement

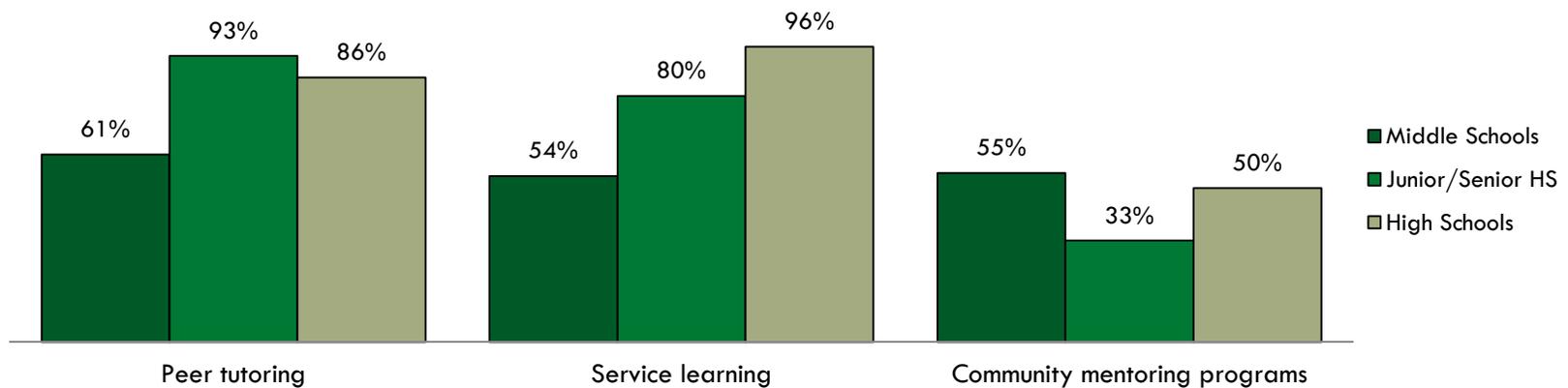


Community Engagement

Among strategies to engage with the community, nearly three-quarters of schools provide peer tutoring opportunities for students (73%). Sixty-nine percent of schools offer service learning opportunities for students, and 49% participate in community mentoring programs such as Big Brothers Big Sisters.

- Junior / senior high schools (93%) were significantly more likely than other schools to provide peer-tutoring opportunities for students.
- High school (96%) were significantly more likely than other schools to provide service learning opportunities for students.
- Middle schools (55%) and high schools (50%) were significantly more likely than junior/senior high schools (33%) to participate in community mentoring programs.

Opportunities for Community Engagement



Lead Health Educator Survey

October 2015

Lead Health Educator Survey Background

The lead health educator section covers health education policies at schools, topics taught in health education courses, as well as the preparation, professional development, and backgrounds of lead health educators at the schools.

Required health education courses are an important venue for students to gain valid information on health topics that will follow them into adulthood. Effective health education curricula covers sexual and reproductive health, substance abuse prevention, nutrition, and physical activity, among other topics, in sufficient detail and in an engaging manner. Ultimately, these educational efforts should positively influence children's health goal-setting, planning, communication, and decision-making skills.

This section also covers teacher preparation and professional development. It is vitally important that teachers be well prepared when they begin teaching and that they continue to improve their knowledge and skills throughout their careers.¹ Educators who have received professional development in health education report increases in the number of health lessons taught as well as increases in their teaching confidence.² Furthermore, professional development provides opportunities for educators to learn about new developments in the field and innovative teaching techniques, as well as exchange ideas with colleagues.^{3,4}

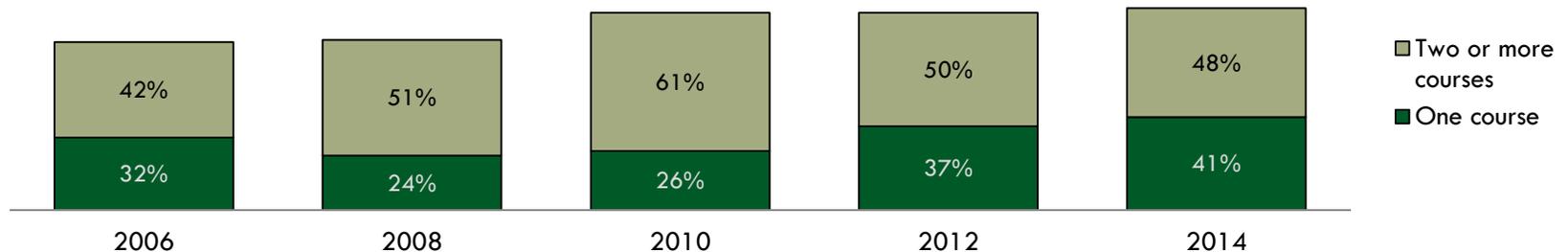
1. Public Education Network. *Teacher Professional Development: A Primer for Parents and Community Members*. Washington, DC: Public Education Network, 2004.
2. Hausman A, Ruzek S.. Implementation of comprehensive school health education in elementary schools: focus on teacher concerns. *Journal of School Health* 1995; 65(3):81-86.
3. Institute of Medicine. *Schools and Health: Our Nation's Investment*. Washington, DC: National Academy Press, 1997.
4. National School Boards Association (NSBA) & National Association of State Boards of Education (NASBE) *HIV Prevention in Schools: A Resource for Education Leaders*. 2003.

Required Health Education Courses

In 2014, most Vermont schools (90%) required students to receive classroom instruction related to health. This may include required health education courses as well as other instruction that is required outside of those courses. Nearly half (48%) require students to take two or more courses.

- The percent of schools in which students are required to take two or more health education courses has significantly decreased since 2010 from 61% to 48% in 2014.
- All high schools and junior / senior high schools require students to take at least one required health education course. Eighty percent of middle schools do so.
- Junior / senior high schools (53%) and middle schools (51%) were significantly more likely than high schools (32%) to require students to take at least two health education courses.
- Nearly all high schools (96%) and junior / senior high schools (96%) make students that fail required health education courses repeat them. Only 25% of middle schools do so.

Changes in the number of required health education courses

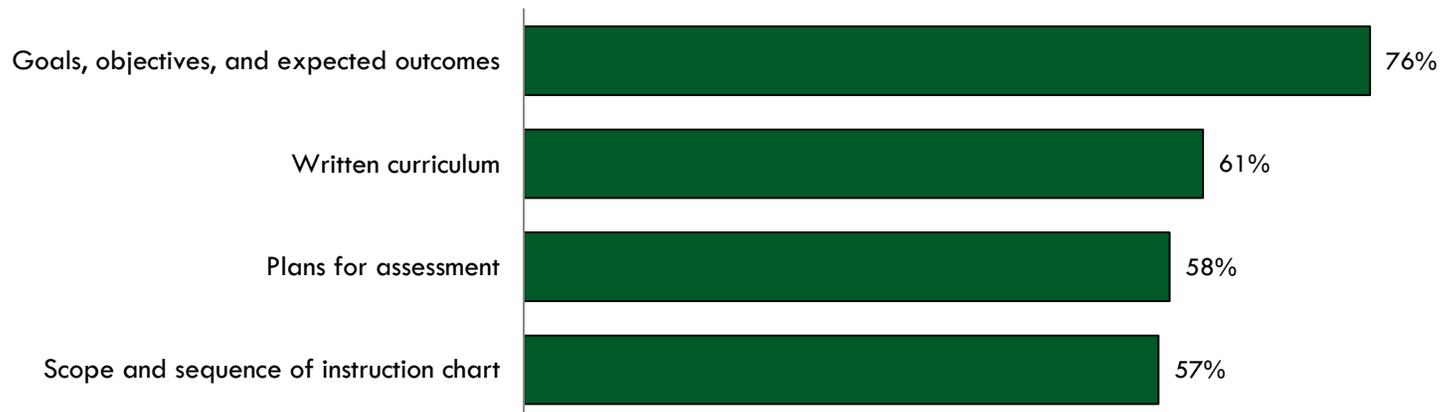


Resources Provided to Health Educators

Three out of four schools provide teachers with goals, objectives, and expected outcomes for health education (76%). Just over half (57%) provided a chart of the scope and sequence of instruction for the school year. Forty-four percent of schools provide health educators with all key materials listed below.

- The percent of schools providing a written health education curriculum has decreased significantly from 69% in 2008 to 61% in 2014.
- High schools (52%) and middle schools (43%) were more likely than junior / senior high schools (38%) to provide teachers with all four key materials.

Resources provided to Health Education teachers

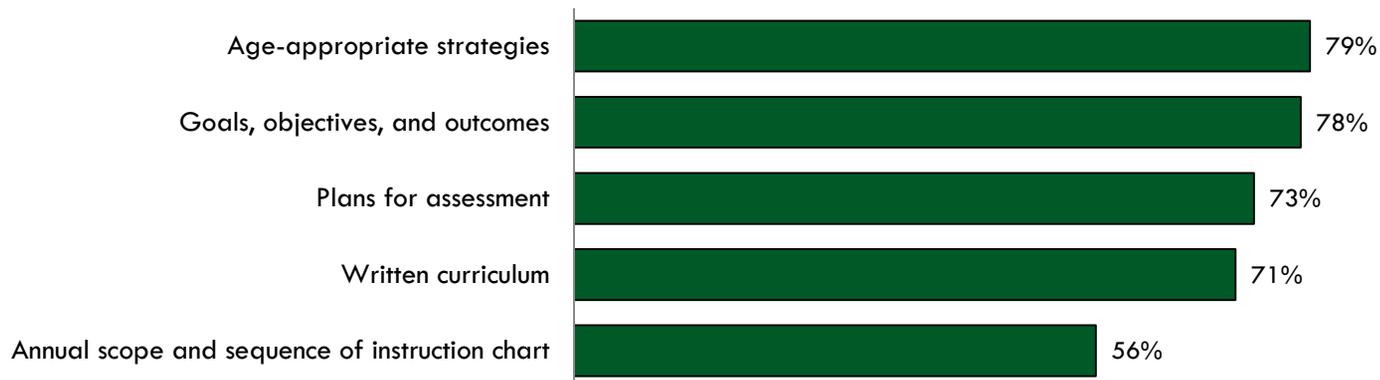


Resources Provided for Sexual Health Education

Of the schools that teach sexual health education, nearly half (49%) provide teachers with all five of the support materials listed in the figure below. Around four out of five schools provide teachers with appropriate, relevant, and engaging strategies to teach students (79%) as well as goals, objectives, and expected outcomes for sexual health education (78%).

- High schools (78%) were significantly more likely than middle schools (72%) and junior / senior high schools (61%) to provide sexual health education teachers with a written curriculum.

Key resources provided for teaching Sexual Health Education Among schools that teach sexual health education

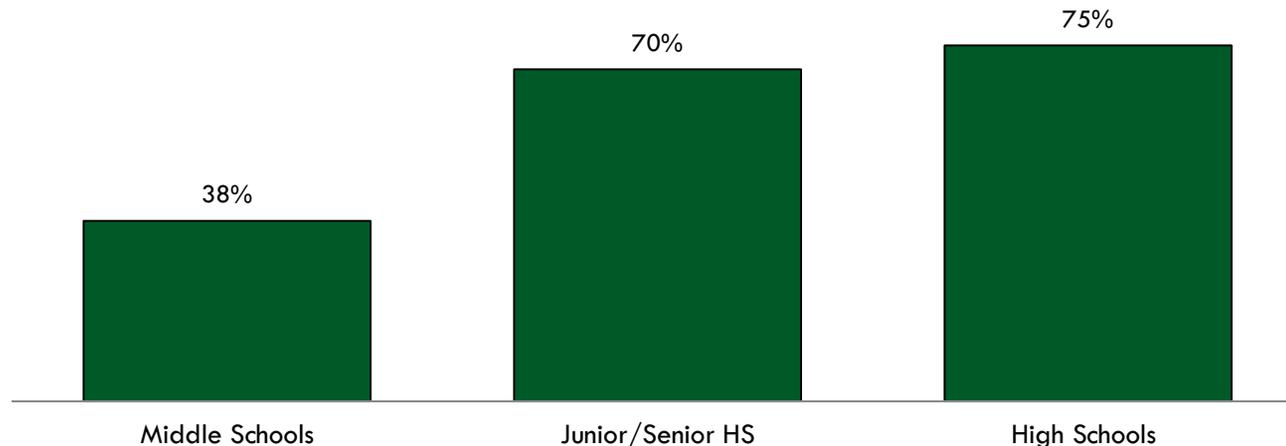


Sexual Health Resources Provided for Teaching LGBTQ Youth

Just over half (53%) of schools provide curricula or supplementary materials for HIV, STD, and pregnancy prevention that is relevant to lesbian, gay, bisexual, transgender, and questioning youth.

- Since 2010 the percent of schools that provide materials relevant to LGBTQ youth has significantly increased from 43% in 2010 to 53% in 2014.
- Middle schools (38%) were significantly less likely to provide sexual health curricula relevant to LGBTQ youth than junior / senior high schools (70%) and high schools (75%).

Schools providing curricula or supplementary materials relevant to LGBTQ youth and sexual health

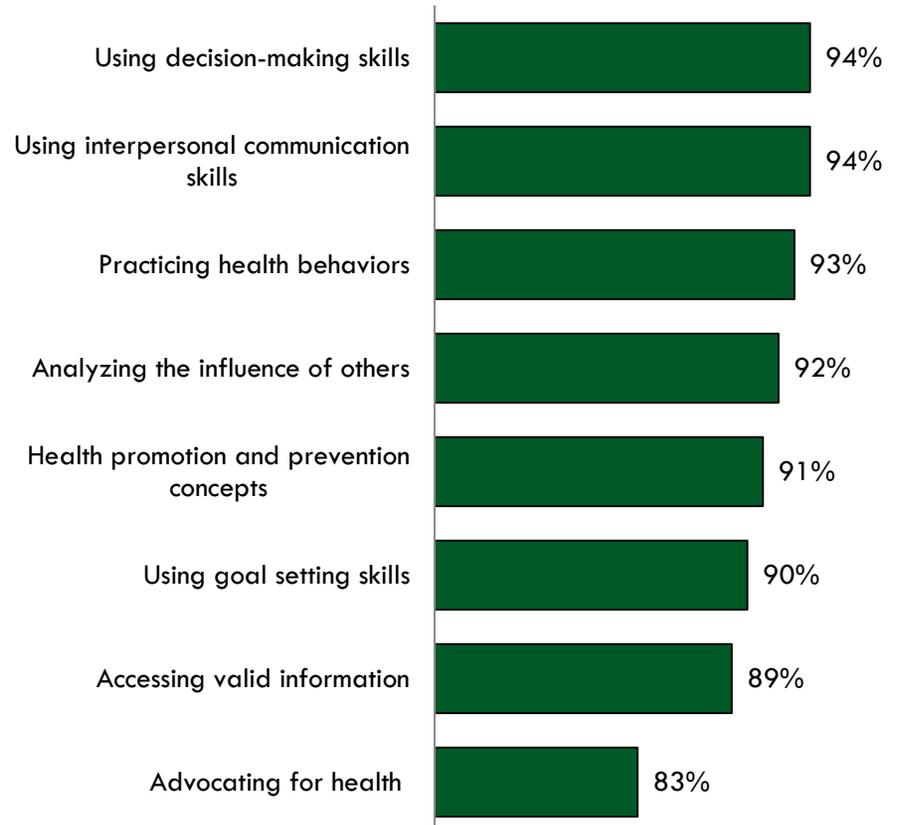


Skills Addressed in Health Education

Most schools (85%) have a health education curriculum that addresses all eight skills listed in the figure to the right.

- High schools (93%) were significantly more likely than junior / senior high schools (77%) and middle schools (84%) to follow a written health education curriculum addressing all eight areas.
- The percent of schools with a health curriculum that addresses accessing valid information, products, and services to enhance health has significantly increased from 83% in 2008 to 89% in 2014.

Skills included in Health Education curricula



Topics Taught in Required Health Education Courses

There was a great deal of variation in topics taught in required health education courses. Schools were most likely to teach physical activity and fitness (97%), nutrition and dietary behavior (95%), violence prevention (93%), alcohol and drug use prevention (92%), and tobacco-use prevention (92%). Schools were least likely to teach about asthma (36%) or epilepsy / seizure disorders (30%).

- The percent of schools that teach suicide prevention has increased significantly from 68% in 2008 to 76% in 2014.

Percent of schools teaching various health-related topics			
Physical activity / fitness	97%	Injury prevention / safety	82%
Nutrition / dietary behavior	95%	Infectious disease prevention	80%
Violence prevention	93%	Pregnancy prevention	79%
Alcohol and drug use prevention	92%	Suicide prevention	76%
Tobacco-use prevention	92%	Food allergies	60%
Emotional / Mental health	88%	Diabetes	58%
Human sexuality	87%	Foodborne illness prevention	58%
HIV prevention	83%	Asthma	36%
STD prevention	82%	Epilepsy / Seizure disorders	30%

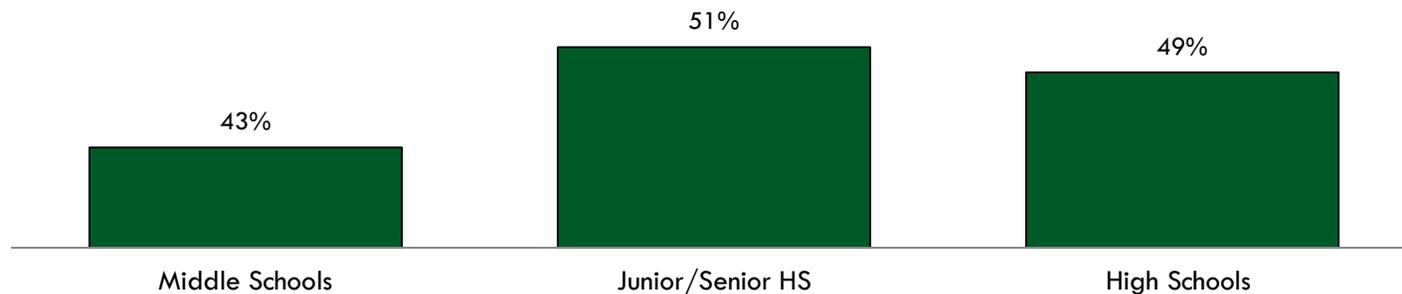
Tobacco-use Prevention Taught in Required Courses

Among the eighteen topics related to teaching tobacco-use prevention nearly half (46%) of schools taught all topics in required health courses.

- Specifically, 49% of high schools, 51% of junior / senior high schools and 43% of middle schools taught all 18 tobacco-use prevention topics.

Schools most frequently (88%) taught about identifying tobacco products, the addictive nature of tobacco, health consequences of tobacco use, communication skills to avoid tobacco use, and reasons why students do or do not use tobacco. A full breakdown of these topics is listed on the following page.

Schools teaching all 18 tobacco-use prevention topics
(See specific topics on next page)



Tobacco-Use Prevention Topics Taught in Required Courses

Percent of schools teaching various tobacco-use prevention topics

Communication skills to avoid tobacco use	88%	Goal-setting and decision-making skills related to not using tobacco	84%
Identifying tobacco products and the harmful substances they contain	88%	Effects on athletic performance	80%
Reasons why students do and don't use tobacco	88%	How tobacco addiction can be treated	78%
Short- and long-term health consequences of tobacco use	88%	Understanding school policies and community laws on tobacco products	78%
The addictive nature of nicotine	88%	Making accurate assessments of how many peers use tobacco	77%
Effects of second-hand smoke and benefits of a smoke-free environment	87%	Harmful effects of tobacco use on fetal development	76%
Relationship between using tobacco, alcohol, and other drugs	87%	Supporting others who abstain from or want to quit using tobacco	75%
Social influences on tobacco use, including media, family, peers, and culture	87%	Finding valid information and services related to tobacco-use prevention and cessation	73%
Social, economic, and cosmetic consequences	86%	Benefits of smoking cessation programs	62%

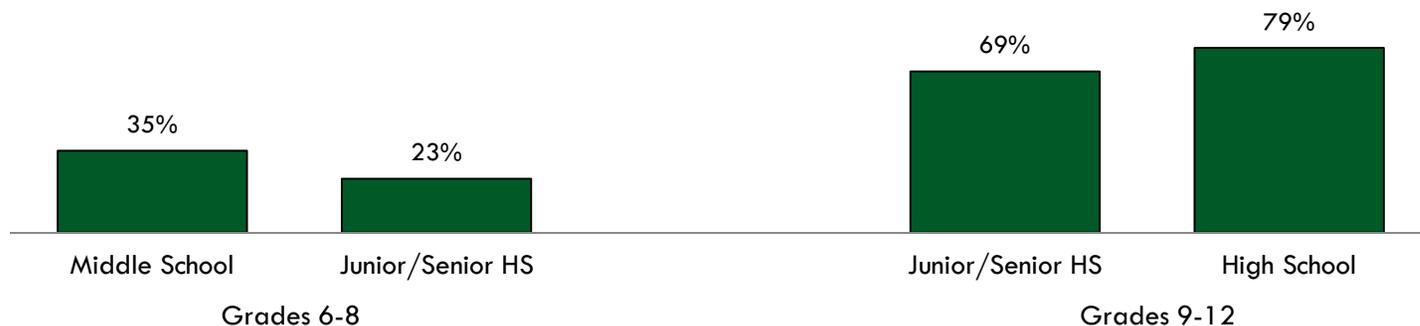
Sexual Health Topics Taught in Required Courses

Questions related to sexual health education were divided by grade spans (6th – 8th and 9th – 12th) in addition to type of school (middle school, junior / senior high school, and high school). The breakdown of specific topics taught by grades 6-8 and grades 9-12 are shown in the tables on the following two pages.

For students in grades 6-8, 32% of schools taught all 16 HIV, STD, and pregnancy prevention topics. Middle schools (35%) were more likely than junior / senior high schools teaching grades 6-8 (23%) to teach all topics.

In grades 9-12, 74% of schools taught all 16 sexual health topics listed on the following pages. High schools (79%) were significantly more likely than junior / senior high schools (69%) to teach all topics to students in grades 9-12.

Schools teaching all 16 HIV, STD, and pregnancy prevention topics



Sexual Health Topics Taught in Required Courses Grades 6-8*

Percent of schools teaching various HIV / STD/ Pregnancy prevention topics in grades 6-8

How to create and sustain healthy and respectful relationships	80%	How to access valid and reliable health information, products, and services related to sexual health	65%
How HIV and other STDs are transmitted	73%	The importance of limiting the number of sexual partners	64%
The influences of family, peers, media, technology, and other factors on sexual risk behaviors	72%	Efficacy of condoms	59%
The benefits of being sexually abstinent	71%	Preventive care for sexual /reproductive health	58%
Communication skills related to eliminating or reducing risk for HIV/STDs/pregnancy	70%	The importance of using a condom at the same time as another form of contraception	58%
Health consequences of HIV/STDs/Pregnancy	70%	Importance of using condoms correctly and consistently	57%
Influencing and supporting others to avoid or reduce sexual risk behaviors	70%	How to obtain condoms	50%
Goal-setting and decision-making skills related to eliminating or reducing HIV/STD/pregnancy	68%	How to correctly use a condom	40%

* Includes those who teach middle school and junior / senior high school

Sexual Health Topics Taught in Required Courses Grades 9-12*

Percent of schools teaching various HIV / STD/ Pregnancy prevention topics in grades 9-12

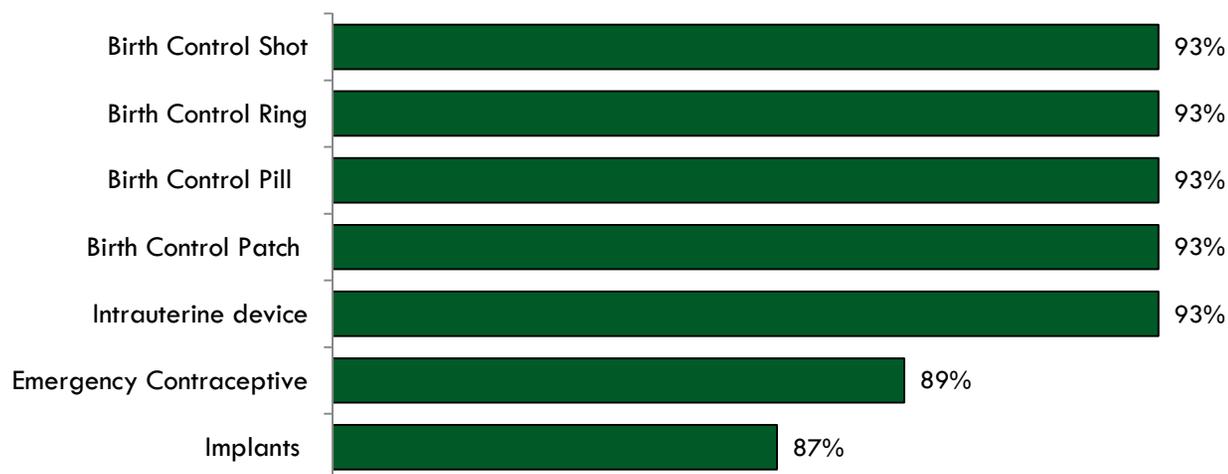
The importance of using a condom at the same time as another form of contraception	98%	Importance of using condoms correctly and consistently	94%
The benefits of being sexually abstinent	98%	Communication skills related to eliminating or reducing risk for HIV/STDs/pregnancy	94%
How to access valid and reliable health information, products, and services related to sexual health	98%	The influences of family, peers, media, technology, and other factors on sexual risk behaviors	93%
How HIV and other STDs are transmitted	98%	The importance of limiting the number of sexual partners	93%
Preventive care for sexual /reproductive health	96%	How to obtain condoms	92%
How to create and sustain healthy and respectful relationships	96%	How to correctly use a condom	92%
Health consequences of HIV/STDs/Pregnancy	96%	Goal-setting and decision-making skills related to eliminating or reducing HIV/STD/pregnancy	90%
Efficacy of condoms	96%	Influencing and supporting others to avoid or reduce sexual risk behaviors	89%

* Includes those who teach high school and junior / senior high school

Birth Control Methods Taught in Required Courses Grades 9-12*

About nine out of ten schools that teach grades 9-12 taught about non-condom birth control methods in a required course. Eighty-five percent of schools taught about all seven non-condom birth control methods. Methods taught include: birth control pills (e.g. Ortho Tri-cyclen), patches (e.g. Ortho Evra), rings (e.g. NuvaRing), shots (e.g. Depo-Provera), implants (e.g. Implanon), intrauterine devices (IUD) (e.g. Mirena), and emergency contraceptive (e.g. Plan B). This question was not asked of those who teach grades 6-8.

Non-condom birth control methods taught in grades 9-12



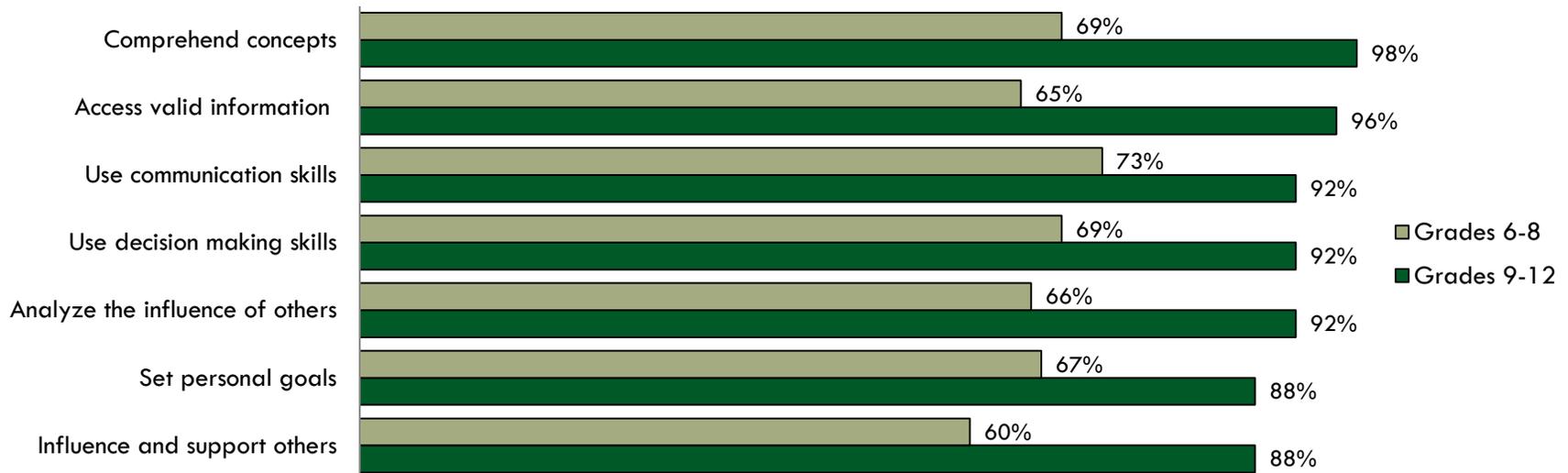
* Includes those who teach high school and junior / senior high school

Student Assessment in Sexual Health Education*

Lead health educators were asked whether their schools assessed students knowledge and abilities related to a variety of sexual health topics.*

Among those teaching grades 6-8, 53% of middle schools and 31% of junior / senior high schools assessed student performance in all areas listed below. Among those teaching grades 9-12, 86% of high schools and 63% of junior / senior high schools assessed student knowledge in all seven areas.

Assessment methods of sexual health education for students in grades 6-8 and 9-12



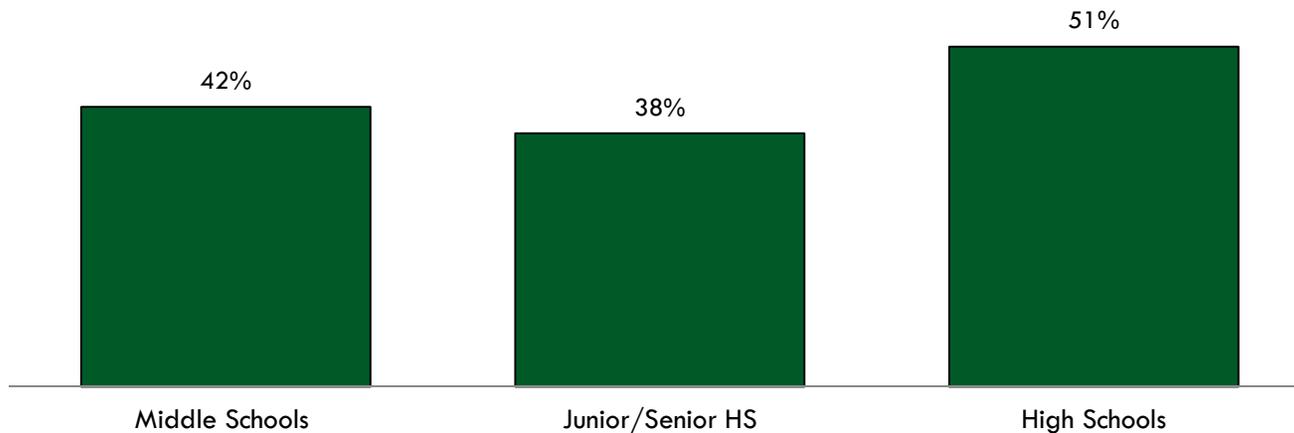
* Sexual health education questions were asked separately among those who teach grades 6-8 and 9-12

Nutrition and Body Image Topics Taught in Required Courses

Among topics related to diet, nutrition, and overall health, most schools taught about the benefits of healthy eating (89%), drinking water (87%), eating breakfast everyday (88%), and balancing food intake and physical activity (85%). Forty-three percent of schools taught about all 20 nutrition and body image topics addressed in the survey. A full breakdown of these topics and the percent of schools that taught them is shown on the following page.

- High schools were significantly more likely to teach all 20 nutrition and body image topics in a required course. Forty-two percent of middle schools, 38% of junior / senior high schools, and 51% of high schools taught all topics.

Schools teaching all 20 nutrition and dietary behavior topics



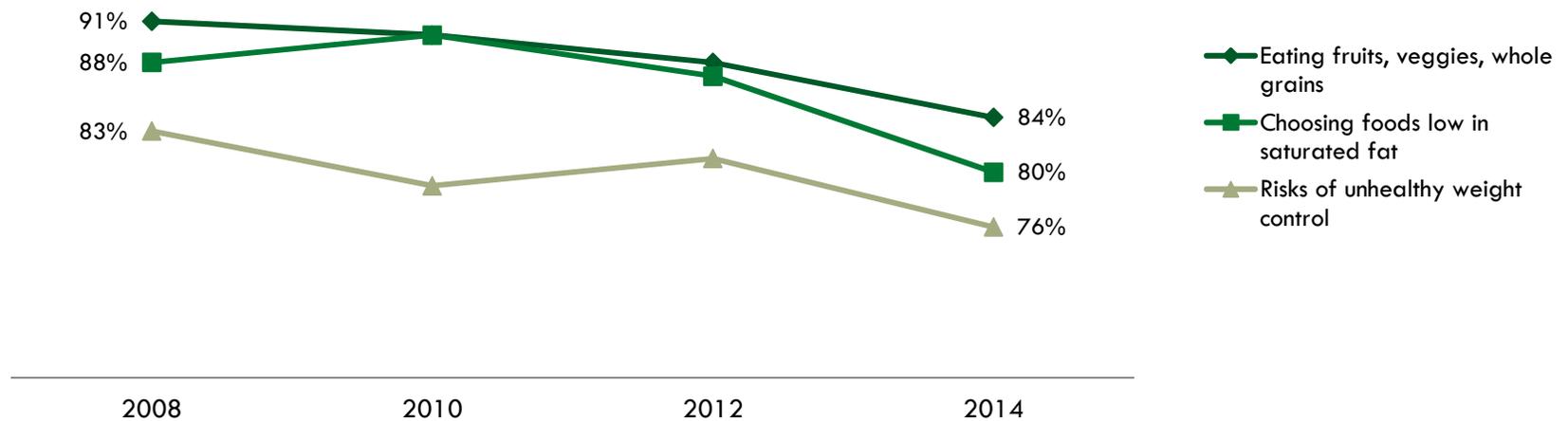
Nutrition and Body Image Topics Taught in Required Courses

Nutrition and Body Image Topics Taught in Required Health Education Course			
Benefits of healthy eating	89%	Choosing foods that are low in sodium	78%
Benefits of eating breakfast every day	88%	Food guidance using MyPlate	78%
Benefits of drinking plenty of water	87%	Relationship between diet and chronic diseases	76%
Balancing food intake and physical activity	85%	Risks of unhealthy weight control practices	76%
Differentiating between nutritious and non-nutritious food and beverages	84%	Eating a variety of foods that are high in calcium	73%
Eating more fruits, vegetables, and whole grains	84%	Preparing healthy meals and snacks	73%
Choosing foods, snacks, and beverages that are low in added sugars	83%	Signs, symptoms, and treatment for eating disorders	71%
Accepting body size differences	81%	Food safety	69%
Using food labels	81%	Eating a variety of foods that are high in iron	69%
Choosing foods that are low in saturated and trans fats	80%	Assessing body mass index (BMI)	58%

Nutrition and Body Image Topics Taught in Required Courses

Since 2008, there have been significant decreases in the percent of schools teaching about the benefits of healthy eating, using food labels, balancing food intake with physical activity, eating more fruits, vegetables, and whole grains, choosing foods low in solid fats, preparing healthy meals, and the risks of unhealthy weight control. Topics with a significant decrease from 2012 to 2014 are shown below. No changes were reported for the percent of schools teaching food safety, accepting body size differences, and signs and symptoms of eating disorders between 2008 and 2014.

Significant changes in nutrition topics taught since 2008 and from 2012 to 2014



Physical Activity Topics Taught in Required Courses

Over half of Vermont schools (58%) taught all 13 physical activity topics assessed in the survey (see below).

- Fifty-five percent of middle schools, 59% of junior / senior high schools, and 65% of high schools taught all 13 physical activity topics in a required health course.

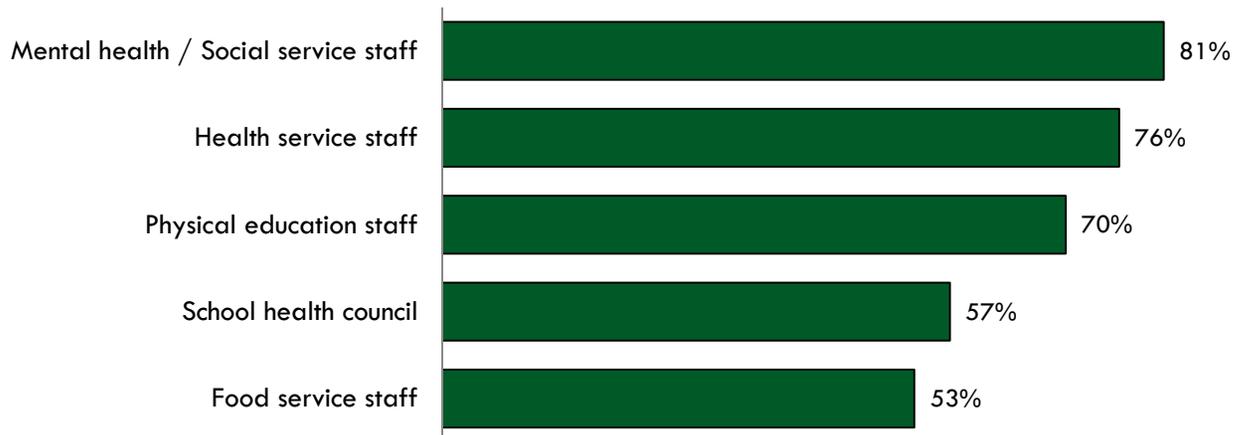
Physical Activity Topics Taught in Required Health Education Course			
Increasing daily physical activity	94%	Phases of a workout	89%
Benefits of drinking plenty of water before, during, and after physical activity	92%	Preventing injury during physical activity	88%
Mental and social benefits of physical activity	91%	Using safety equipment for specific activities	87%
Decreasing sedentary behaviors	90%	Recommended amounts of aerobic and strength building activities	85%
Incorporating unstructured physical activity into daily life	90%	Dangers of performance enhancing drugs	75%
Short and long term health benefits of physical activity	90%	Weather-related safety (heat stroke, hypothermia, sunburn)	75%
Health-related fitness	90%		

Collaboration with Other Teachers and Staff

Health educators were most likely to collaborate with mental health and social services staff (81%) on health education activities. A significant proportion also collaborate with health service staff (76%) and physical education staff (70%). A little over half collaborate with school health council (57%) or food service staff (53%).

- Between 2008 and 2014 there were no significant changes in these collaborations.
- Health educators in high schools (87%) and middle schools (83%) were significantly more likely to collaborate with mental health and social services staff than those in junior / senior high schools (69%).

Collaborations with other community and school members on health related activities

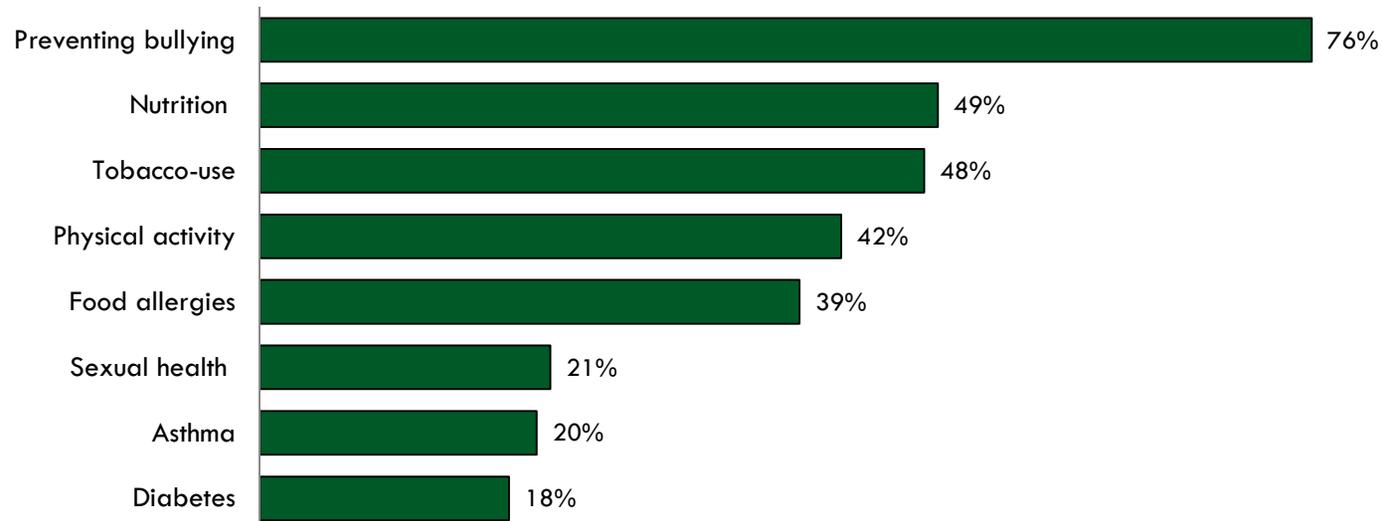


Providing Health Information to Parents and Families

In 2014, 76% of health educators provided students, parents and families with information on preventing bullying and sexual harassment. Nearly half provided parents and families with information on nutrition and healthy eating (49%) and tobacco-use prevention (48%). Additional topics shared with parents and families are listed below.

In addition, 70% of educators also provided students with homework assignments or activities to complete with their parents.

Topics of health-related information provided to parents and family

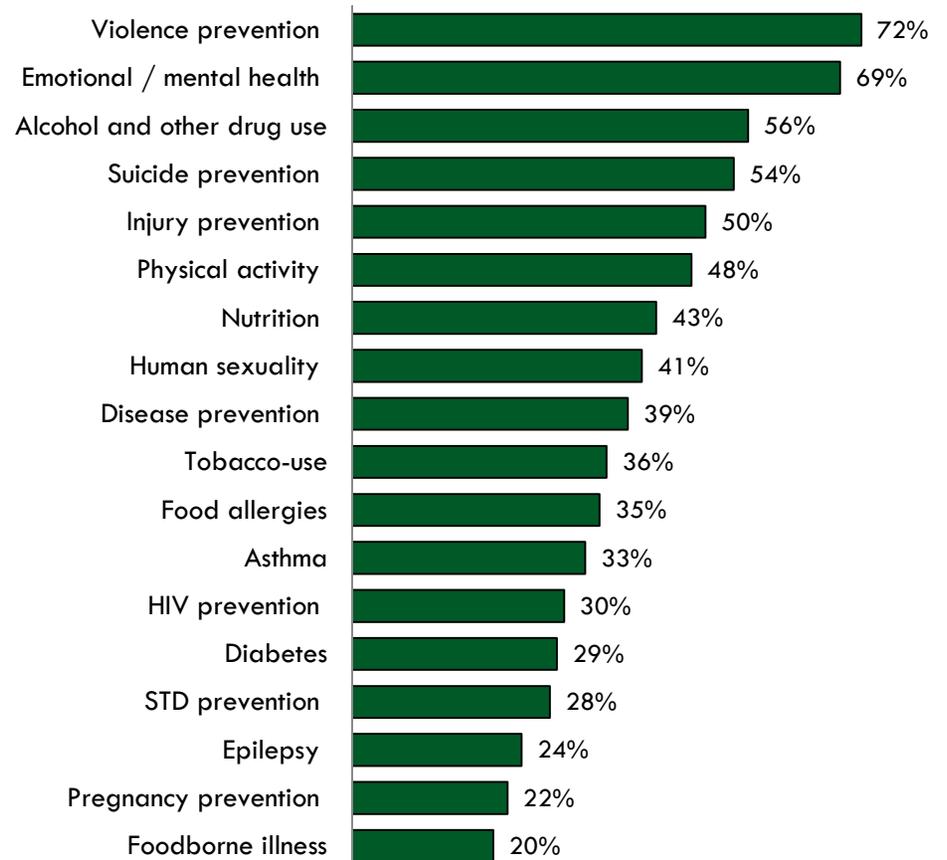


Professional Development on Health Related Topics

Lead health educators were most likely to receive professional development in violence prevention (72%) and emotional and mental health (69%).

- The percent of lead health educators receiving professional development in suicide prevention, emotional and mental health, and injury prevention and safety has increased significantly since 2006.
- Professional development for suicide prevention rose from 24% in 2006 to 54% in 2014.
- Professional development for emotional and mental health rose from 43% in 2006 to 69% in 2014.
- Receiving professional development for injury prevention and safety increased from 28% in 2006 to 50% in 2014.

Professional development received on various health topics during the last two years

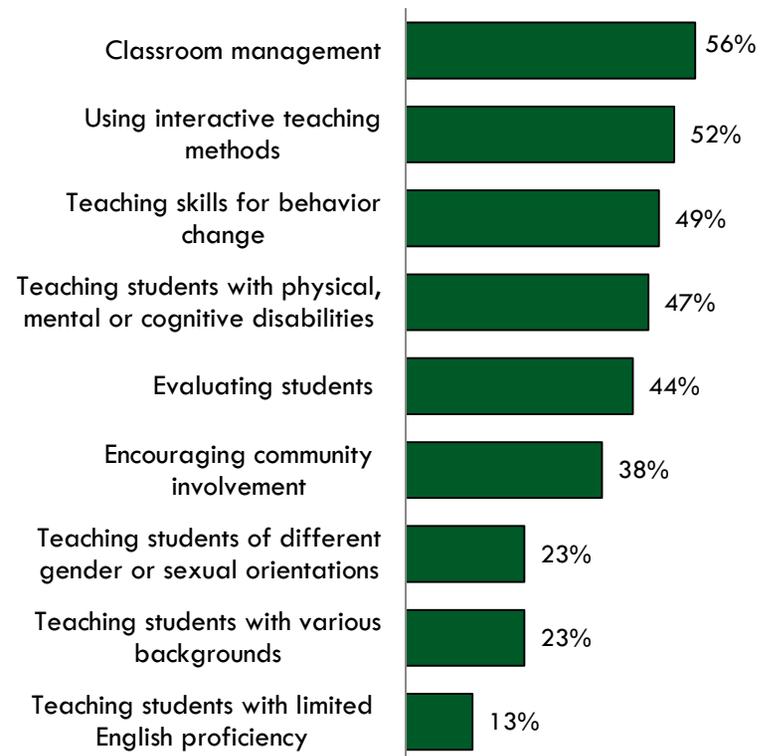


Professional Development on Teaching Practices

Lead health educators were most likely to receive professional development in classroom management (56%), interactive teaching methods (52%), teaching skills for behavior change (49%), and teaching students with disabilities (47%).

Less than a quarter of educators received professional development in teaching students of various cultural backgrounds (23%), teaching students of different sexual orientations or gender identities (23%), or teaching students with limited English proficiency (13%).

Professional development on teaching practices received during the past two years



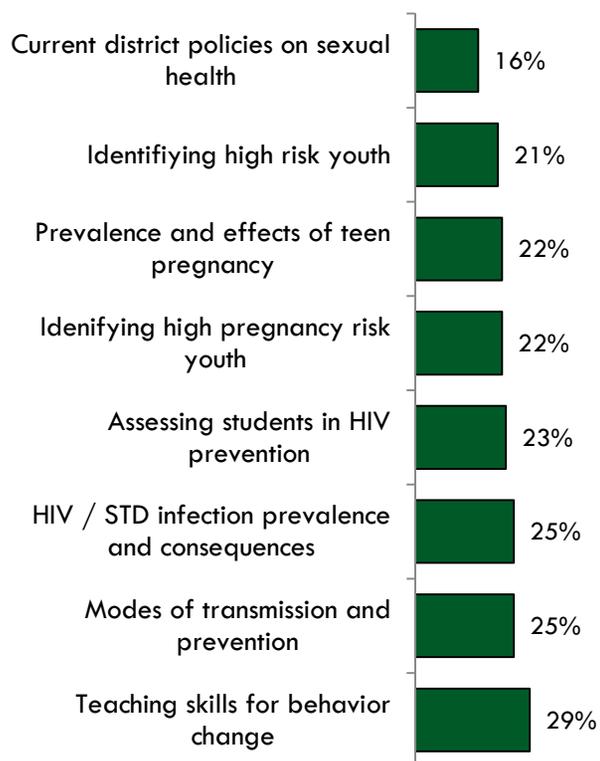
Professional Development on Strategies for Teaching Sexual Health

In addition, teachers also indicated that they received professional development specific to HIV, STD, and pregnancy prevention teaching practices.

Educators were most likely to receive training on skills related to health behavior change and guiding student practice (29%). Fewer received professional development related to current district policies or curriculum guidance regarding sexual health education or HIV prevention (16%).

- Relatively few lead health educators (12%) received professional development on all topics related to sexual health education.

Professional development on sexual health topics received during the past two years

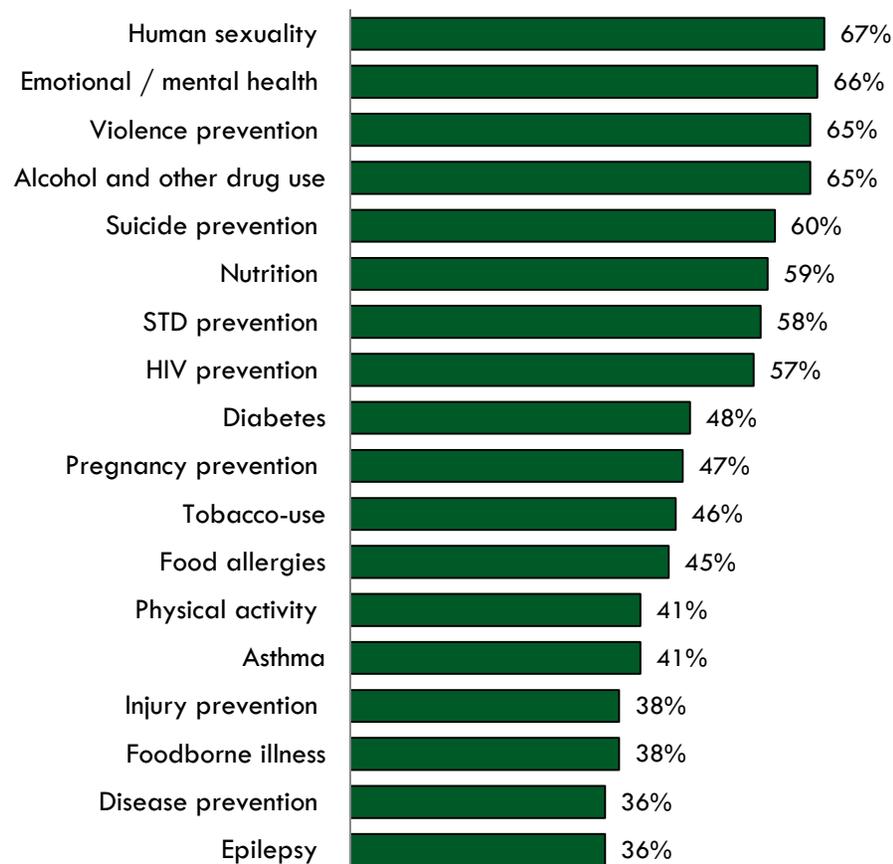


Requests for Professional Development on Health Related Topics

Lead health educators were most likely to request more professional development on topics related to human sexuality (67%), emotional and mental health (66%), alcohol and other drug use prevention (65%), and violence prevention (65%).

Educators were least likely to report wanting professional development in infectious disease prevention (36%) and epilepsy or seizure disorders (36%).

Topics requested for additional professional development opportunities

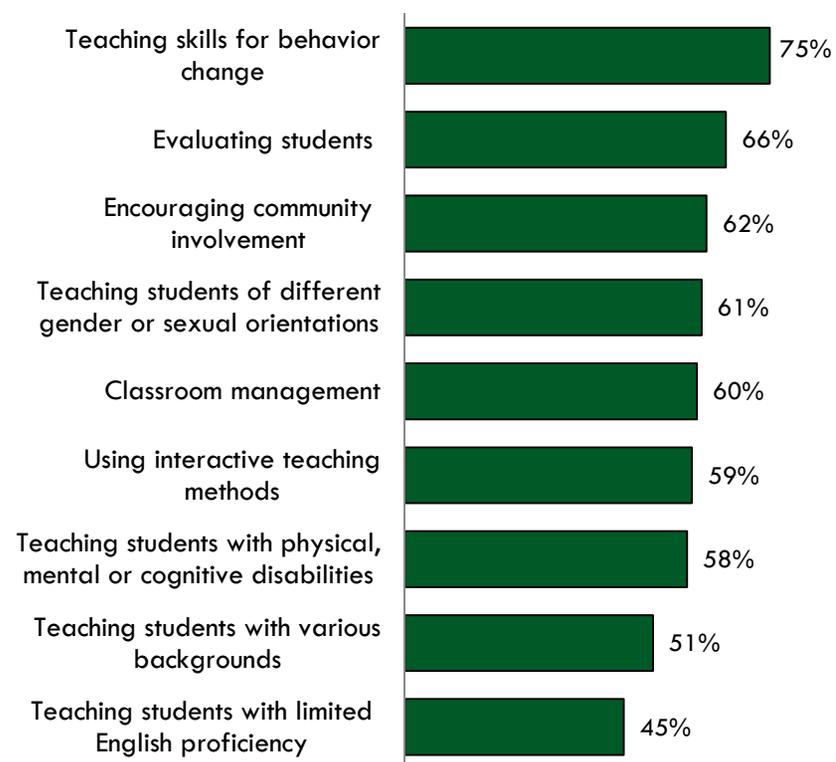


Requests for Professional Development on Teaching Practices

Between half and three out of four lead health educators were receptive to receiving professional development on various teaching practices. Only those wanting additional professional development for teaching students with limited English proficiency was lower at 45%.

- Interestingly, following a significant increase in professional development interest for interactive teaching methods from 55% in 2002 to 66% in 2012, requests for professional development in this area significantly decreased in 2014 (59%).

Teaching practices requested for additional professional development opportunities

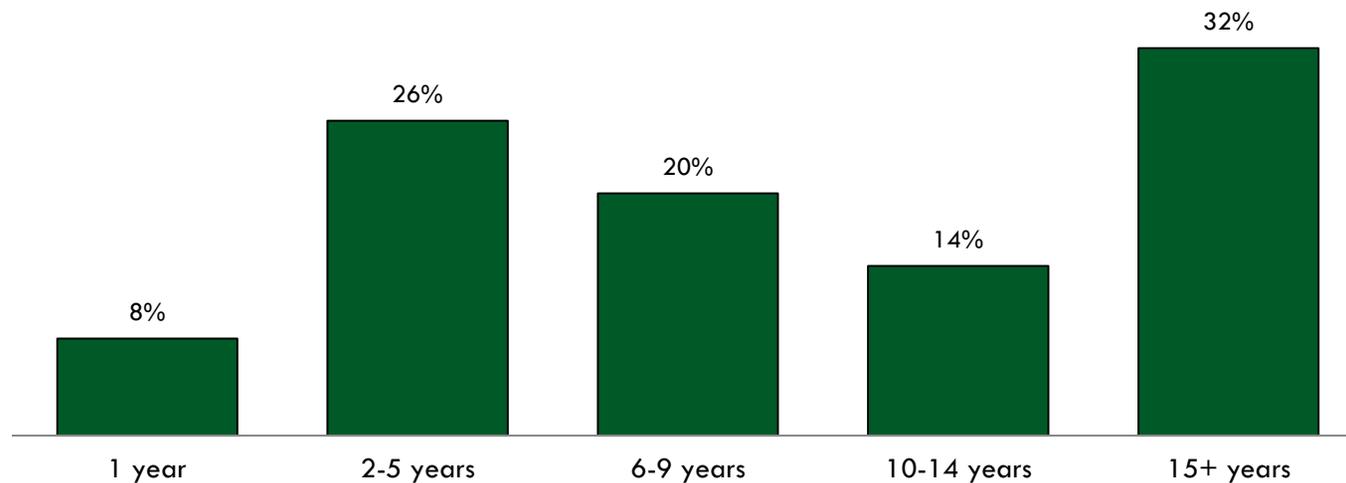


Professional Preparation and Experience

Just under two-thirds (63%) of lead health educators are licensed or endorsed by the state to teach health education. Approximately one-third of lead health educators have 15 or more years of experience teaching health education (32%) while another third have less than five years (34%).

- The percent of licensed teachers among high school, junior / senior high school, and middle school lead health educators varies. Lead health educators who taught high school (90%) were significantly more likely to be licensed by the state than those who taught junior / senior high school (81%) or middle school (47%).

Years of teaching experience among lead health educators

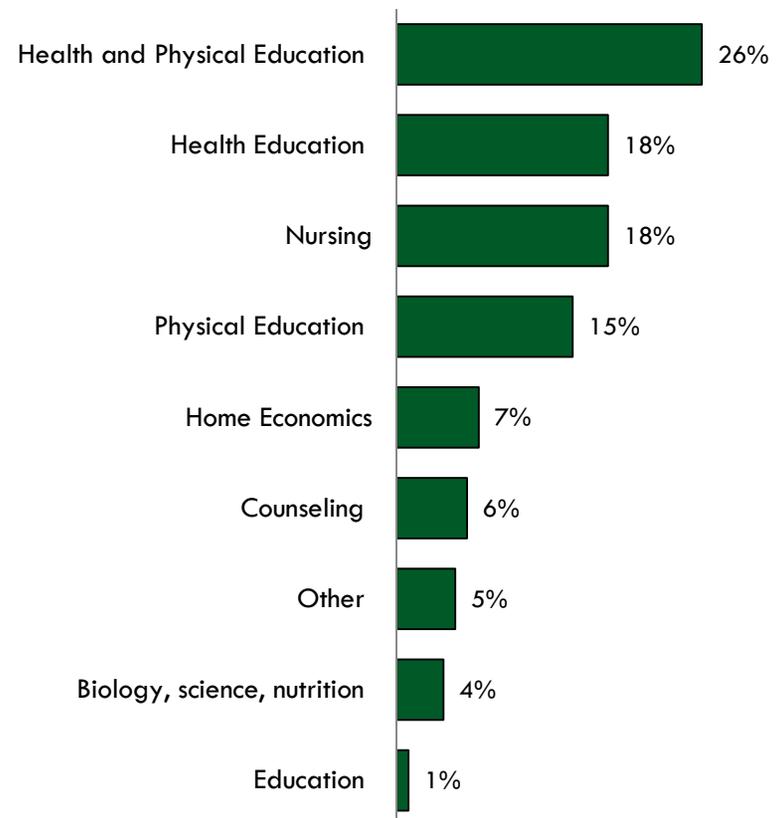


Professional Preparation and Experience

Less than half of all lead health educators (44%) are formally trained in health education. About a quarter of those educators (26%) have a dual physical education and health education degree. An additional 33% have a degree in health education (18%) or physical education (15%) alone.

- ❑ High school lead health educators (42%) were significantly more likely to have training in physical education and health education than junior / senior high school (24%) or middle school (20%) lead health educators.
- ❑ Junior / senior high school educators (28%) were significantly more likely to be trained in health education than those teaching high school (18%) or middle school (14%).
- ❑ Middle school educators were significantly more likely to be trained in nursing than high school (7%) or junior /senior high school (9%) lead health educators.

Lead Health Educators areas of professional preparation



Appendix A – Principal Survey

**2014 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 agency conducting the survey

School name: _____ Grade span: _____

Survey ID	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**2014 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.....	0	0
b. Nutrition.....	0	0
c. Tobacco-use prevention.....	0	0
d. Asthma.....	0	0
e. Injury and violence prevention.....	0	0
f. HIV, STD, and teen pregnancy prevention.....	0	0

- 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 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.....	0	0	0
b. Physical education.....	0	0	0
c. Physical activity.....	0	0	0
d. School meal programs.....	0	0	0
e. Foods and beverages available at school outside the school meal programs.....	0	0	0
f. Health services.....	0	0	0
g. Mental health and social services.....	0	0	0
h. Healthy and safe school environment.....	0	0	0
i. Family and community involvement.....	0	0	0
j. Faculty and staff health promotion.....	0	0	0

- 3. During the past year, did your school review health and safety data such as Youth Risk Behavior Survey data or fitness data as part of your school's improvement planning process? (Mark one response.)**

- (a) Yes
- (b) No
- (c) Our school did not engage in an improvement planning process during the past year.

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

- (a) Yes
- (b) 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.)

- (a) Yes
- (b) No → Skip to Question 8

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

7. **During the past year, has any school health council, committee, or team at your school done any of the following activities?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Identified student health needs based on a review of relevant data.....	0	0
b. Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	0	0
c. Sought funding or leveraged resources to support health and safety priorities for students and staff.....	0	0
d. Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members.....	0	0
e. Reviewed health-related curricula or instructional materials	0	0
f. Assessed the availability of physical activity opportunities for students.....	0	0

8. **Does your school have any clubs that give students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark one response.)

- (a) Yes
- (b) No

9. **During the past year, did your school offer each of the following activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Lessons in class.....	0	0
b. Special events sponsored by the school or community organizations (e.g., multicultural week, family night).....	0	0

HIV PREVENTION AND SEXUAL ORIENTATION

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.)

Issue	Yes	No
a. Attendance of students with HIV infection	0	0
b. Procedures to protect HIV-infected students and staff from discrimination	0	0
c. Maintaining confidentiality of HIV-infected students and staff	0	0

11. 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.)

- (a) Yes
- (b) No

12. 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.)

Practice	Yes	No
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	0	0
b. Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity	0	0
c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	0	0
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	0	0
e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	0	0

BULLYING AND SEXUAL HARASSMENT

(Definitions: For the purposes of these questions, “bullying” means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. “Sexual harassment” means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. “Electronic aggression,” sometimes called cyber-bullying, means when students use a cell phone, the Internet, or other communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)

13. **During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression?** (Mark one response.)

a Yes
 b No

14. **Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression?** (Mark one response.)

a Yes
 b No

15. **Does your school use electronic (e.g. e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression?** (Mark one response.)

a Yes
 b No

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from your school.)

16. 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	Yes	No	Grade not taught in your school
a.	6.....	0.....	0.....	0.....
b.	7.....	0.....	0.....	0.....
c.	8.....	0.....	0.....	0.....
d.	9.....	0.....	0.....	0.....
e.	10.....	0.....	0.....	0.....
f.	11.....	0.....	0.....	0.....
g.	12.....	0.....	0.....	0.....

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

17. During the past year, 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 or physical activity? (Mark one response.)

- (a) Yes
- (b) No

18. 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.....	0.....	0.....
b. A chart describing the annual scope and sequence of instruction for physical education.....	0.....	0.....
c. Plans for how to assess student performance in physical education.....	0.....	0.....
d. A written physical education curriculum.....	0.....	0.....
e. Resources for fitness testing.....	0.....	0.....
f. Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education.....	0.....	0.....

19. Outside of physical education, do students participate in physical activity breaks in classrooms during the school day? (Mark one response.)

- (a) Yes
- (b) No

20. Does your school offer opportunities for all students to participate in intramural sports programs or physical activity clubs? (Intramural sports programs 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.)

- (a) Yes
- (b) No

21. Does your school offer interscholastic sports to students? (Mark one response.)

- (a) Yes
- (b) No

22. Does your school offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity? (Mark one response.)

- (a) Yes
- (b) No

23. Are staff at your school prohibited from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class? (Mark one response.)

- (a) Yes
- (b) No

24. A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities. Does your school, either directly or through the school district, have a joint use agreement for shared use of school or community physical activity facilities? (Mark one response.)

- (a) Yes
- (b) No

TOBACCO-USE PREVENTION POLICIES

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

- (a) Yes
- (b) No → Skip to Question 29

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

Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. Cigarettes	0	0	0	0	0	0
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c. Cigars	0	0	0	0	0	0
d. Pipes	0	0	0	0	0	0

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

Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. During school hours	0	0	0	0	0	0
b. During non-school hours	0	0	0	0	0	0

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

Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. In school buildings	0	0	0	0	0	0
b. Outside on school grounds, including parking lots and playing fields	0	0	0	0	0	0
c. On school buses or other vehicles used to transport students	0	0	0	0	0	0
d. At off-campus, school-sponsored events	0	0	0	0	0	0

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.)

- (a) Yes
- (b) No

30. 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

31. 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

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

- (a) Foods or beverages are not offered at school celebrations.
- (b) Never
- (c) Rarely
- (d) Sometimes
- (e) Always or almost always

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

- (a) Yes
- (b) No → Skip to Question 35

34. 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.)

	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. Low sodium or “no added salt” pretzels, crackers, or chips.....	0	0
e. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.....	0	0
f. Ice cream or frozen yogurt that is not low in fat.....	0	0
g. 2% or whole milk (plain or flavored).....	0	0
h. Nonfat or 1% (low-fat) milk (plain).....	0	0
i. Water ices or frozen slushes that do not contain juice.....	0	0
j. Soda pop or fruit drinks that are not 100% juice.....	0	0
k. Sports drinks (e.g., Gatorade).....	0	0
l. Energy drinks (e.g., Red Bull, Monster).....	0	0
m. Bottled water.....	0	0
n. 100% fruit or vegetable juice.....	0	0
o. Foods or beverages containing caffeine.....	0	0
p. Fruits (not fruit juice).....	0	0
q. Non-fried vegetables (not vegetable juice).....	0	0

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

	Yes	No
a. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages.....	0	0
b. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.....	0	0
c. Provided information to students or families on the nutrition and caloric content of foods available.....	0	0
d. Conducted taste tests to determine food preferences for nutritious items.....	0	0
e. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics.....	0	0
f. Served locally or regionally grown foods in the cafeteria or classrooms.....	0	0
g. Planted a school food or vegetable garden.....	0	0
h. Placed fruits and vegetables near the cafeteria cashier, where they are easy to access.....	0	0
i. Used attractive displays for fruits and vegetables in the cafeteria.....	0	0
j. Offered a self-serve salad bar to students.....	0	0
k. Labeled healthful foods with appealing names (e.g., crunchy carrots).....	0	0
l. Encouraged students to drink plain water.....	0	0
m. Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance.....	0	0
n. Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes.....	0	0

36. 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 school buildings.....	0	0
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus.....	0	0
c. On school buses or other vehicles used to transport students.....	0	0
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications).....	0	0
e. In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media).....	0	0

37. Are students permitted to have a drinking water bottle with them during the school day? (Mark one response.)

- Ⓐ Yes, in all locations
- Ⓑ Yes, in certain locations
- Ⓒ No

38. Does your school offer a free source of drinking water in the following locations?

(Mark yes or no for each location, or mark NA if your school does not have that location.)

Location	Yes	No	NA
a. Cafeteria during breakfast.....	0	0	0
b. Cafeteria during lunch.....	0	0	0
c. Gymnasium or other indoor physical activity facilities.....	0	0	0
d. Outdoor physical activity facilities and sports fields.....	0	0	0
e. Hallways throughout the school.....	0	0	0

HEALTH SERVICES

39. 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

40. Does your school provide the following services to students? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	0	0
b. HIV treatment.....	0	0
c. STD testing.....	0	0
d. STD treatment.....	0	0
e. Pregnancy testing.....	0	0
f. Provision of condoms.....	0	0
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based).....	0	0
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	0	0
i. Prenatal care.....	0	0
j. Human papillomavirus (HPV) vaccine administration.....	0	0

41. Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	.0	.0
b. HIV treatment.....	.0	.0
c. STD testing.....	.0	.0
d. STD treatment.....	.0	.0
e. Pregnancy testing.....	.0	.0
f. Provision of condoms.....	.0	.0
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based).....	.0	.0
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	.0	.0
i. Prenatal care.....	.0	.0
j. Human papillomavirus (HPV) vaccine administration.....	.0	.0

42. Does your school have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

43. Does your school routinely use school records to identify and track students with a current diagnosis of the following chronic conditions? School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes. (Mark yes or no for each condition.)

Condition	Yes	No
a. Asthma.....	.0	.0
b. Food allergies.....	.0	.0
c. Diabetes.....	.0	.0
d. Epilepsy or seizure disorder.....	.0	.0
e. Obesity.....	.0	.0
f. Hypertension/high blood pressure.....	.0	.0

44. Does your school provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have any of the following chronic conditions? Include referrals to school-based health centers, even if they are located on school property. (Mark yes or no for each condition.)

Condition	Yes	No
a. Asthma.....	0	0
b. Food allergies.....	0	0
c. Diabetes.....	0	0
d. Epilepsy or seizure disorder.....	0	0
e. Obesity.....	0	0
f. Hypertension/high blood pressure.....	0	0

FAMILY AND COMMUNITY INVOLVEMENT

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

Activity	Yes	No
a. Provided parents and families with information about how to communicate with their child about sex.....	0	0
b. Provided parents with information about how to monitor their child (e.g., setting parental expectations, keeping track of their child, responding when their child breaks the rules).....	0	0
c. Involved parents as school volunteers in the delivery of health education activities and services.....	0	0
d. Linked parents and families to health services and programs in the community.....	0	0

46. Does your school use electronic (e.g., e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to inform parents about school health services and programs? (Mark one response.)

- Yes
- No

47. Does your school participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program? (Mark one response.)

- (a) Yes
- (b) No

48. Service learning is a particular type of community service that is designed to meet specific learning objectives for a course. Does your school provide service-learning opportunities for students? (Mark one response.)

- (a) Yes
- (b) No

49. Does your school provide peer tutoring opportunities for students? (Mark one response.)

- (a) Yes
- (b) No

50. During the past two years, have students' families helped develop or implement policies and programs related to school health? (Mark one response.)

- (a) Yes
- (b) No

Thank you for your responses. Please return this questionnaire.

**2014 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 agency conducting the survey

School name: _____

Survey ID	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2014 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

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.)

1. How many required health education courses **do** students take in grades 6 through 12 in your school? (Mark one response.)
- a) 0 courses → Skip to Question 4
 - b) 1 course
 - c) 2 courses
 - d) 3 courses
 - e) 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	Yes	No	Grade not taught in your school
a. 6.....	0.....	0.....	0.....
b. 7.....	0.....	0.....	0.....
c. 8.....	0.....	0.....	0.....
d. 9.....	0.....	0.....	0.....
e. 10.....	0.....	0.....	0.....
f. 11.....	0.....	0.....	0.....
g. 12.....	0.....	0.....	0.....

3. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- a) Yes
- b) 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.

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.....	0	0
b. A chart describing the annual scope and sequence of instruction for health education.....	0	0
c. Plans for how to assess student performance in health education.....	0	0
d. A written health education curriculum.....	0	0

5. Does your health education curriculum address each of the following skills? (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.....	0	0	0
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.....	0	0	0
c. Accessing valid information and products and services to enhance health.....	0	0	0
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks.....	0	0	0
e. Using decision-making skills to enhance health.....	0	0	0
f. Using goal-setting skills to enhance health.....	0	0	0
g. Practicing health-enhancing behaviors to avoid or reduce risks.....	0	0	0
h. Advocating for personal, family, and community health.....	0	0	0

6. Are those who teach sexual health education at your school provided with each of the following materials? (Mark yes or no for each material, or mark NA for each material if no one in your school teaches sexual health education.)

Material	Yes	No	NA
a. Goals, objectives, and expected outcomes for sexual health education	0	0	0
b. A written health education curriculum that includes objectives and content addressing sexual health education	0	0	0
c. A chart describing the annual scope and sequence of instruction for sexual health education	0	0	0
d. Strategies that are age-appropriate, relevant, and actively engage students in learning	0	0	0
e. Methods to assess student knowledge and skills related to sexual health education	0	0	0

REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as any classroom instruction on health topics such as those listed above Question 1, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from your school.)

7. Is health education instruction required for students in any of grades 6 through 12 in your school? (Mark one response.)

- (a) Yes
- (b) No

8. 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.....	0	0
b. Asthma.....	0	0
c. Diabetes.....	0	0
d. Emotional and mental health.....	0	0
e. Epilepsy or seizure disorder.....	0	0
f. Food allergies.....	0	0
g. Foodborne illness prevention.....	0	0
h. Human immunodeficiency virus (HIV) prevention.....	0	0
i. Human sexuality.....	0	0
j. Infectious disease prevention (e.g., influenza [flu] prevention).....	0	0
k. Injury prevention and safety.....	0	0
l. Nutrition and dietary behavior.....	0	0
m. Physical activity and fitness.....	0	0
n. Pregnancy prevention.....	0	0
o. Sexually transmitted disease (STD) prevention.....	0	0
p. Suicide prevention.....	0	0
q. Tobacco-use prevention.....	0	0
r. Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

9. 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.....	0	0
b. Identifying short- and long-term health consequences of tobacco use.....	0	0
c. Identifying social, economic, and cosmetic consequences of tobacco use	0	0
d. Understanding the addictive nature of nicotine	0	0
e. Effects of tobacco use on athletic performance	0	0
f. Effects of second-hand smoke and benefits of a smoke-free environment	0	0
g. Understanding the social influences on tobacco use, including media, family, peers, and culture	0	0
h. Identifying reasons why students do and do not use tobacco	0	0
i. Making accurate assessments of how many peers use tobacco	0	0
j. Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).....	0	0
k. Using goal-setting and decision-making skills related to not using tobacco	0	0
l. Finding valid information and services related to tobacco-use prevention and cessation	0	0
m. Supporting others who abstain from or want to quit using tobacco	0	0
n. Identifying harmful effects of tobacco use on fetal development.....	0	0
o. Relationship between using tobacco and alcohol or other drugs	0	0
p. How addiction to tobacco use can be treated.....	0	0
q. Understanding school policies and community laws related to the sale and use of tobacco products.....	0	0
r. Benefits of smoking cessation programs	0	0

10. 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	Grades 6, 7, or 8			Grades 9, 10, 11, or 12		
	Yes	No	NA	Yes	No	NA
	0	0	0	0	0	0
a. How HIV and other STDs are transmitted	0	0	0	0	0	0
b. Health consequences of HIV, other STDs, and pregnancy	0	0	0	0	0	0
c. The benefits of being sexually abstinent	0	0	0	0	0	0
d. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	0	0	0	0	0	0
e. The influences of family, peers, media, technology and other factors on sexual risk behaviors	0	0	0	0	0	0
f. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0	0	0	0
g. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0	0	0	0
h. Influencing and supporting others to avoid or reduce sexual risk behaviors	0	0	0	0	0	0
i. Efficacy of condoms, that is, how well condoms work and do not work	0	0	0	0	0	0
j. The importance of using condoms consistently and correctly	0	0	0	0	0	0
k. How to obtain condoms	0	0	0	0	0	0
l. How to correctly use a condom	0	0	0	0	0	0
m. The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	0	0	0	0	0	0
n. How to create and sustain healthy and respectful relationships	0	0	0	0	0	0
o. The importance of limiting the number of sexual partners	0	0	0	0	0	0
p. Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	0	0	0	0	0	0

11. **During this school year, did teachers in your school teach about the following contraceptives in a required course for students in any of grades 9 through 12?** (Mark yes or no for each contraceptive, or mark NA for each one if your school does not contain any of grades 9, 10, 11, or 12.)

Contraceptive	Yes	No	NA
a. Birth control pill (e.g., OrthoTri-cyclen)	0	0	0
b. Birth control patch (e.g., Ortho Evra)	0	0	0
c. Birth control ring (e.g., NuvaRing).....	0	0	0
d. Birth control shot (e.g., Depo-Provera)	0	0	0
e. Implants (e.g., Implanon)	0	0	0
f. Intrauterine device (IUD; e.g., Mirena, ParaGard)	0	0	0
g. Emergency contraception (e.g., Plan B)	0	0	0

12. **During this school year, did teachers in your school assess the ability of students to do each of the following 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</u>		<u>Grades</u>	
	<u>6, 7, or 8</u>	<u>9, 10, 11, or 12</u>	<u>Yes</u>	<u>NA</u>
a. Comprehend concepts important to prevent HIV, other STDs and pregnancy.....	0	0	0	0
b. Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	0	0	0	0
c. Access valid information, products, and services to prevent HIV, other STDs and pregnancy.....	0	0	0	0
d. Use interpersonal communication skills to avoid or reduce sexual risk behaviors.....	0	0	0	0
e. Use decision-making skills to prevent HIV, other STDs and pregnancy	0	0	0	0
f. Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	0	0	0	0
g. Influence and support others to avoid or reduce sexual risk behaviors.....	0	0	0	0

11. **During this school year, did teachers in your school teach about the following contraceptives in a required course for students in any of grades 9 through 12?** (Mark yes or no for each contraceptive, or mark NA for each one if your school does not contain any of grades 9, 10, 11, or 12.)

Contraceptive		Yes	No	NA
a.	Birth control pill (e.g., Ortho Tri-cyclen)	.....0	.....0	.....0
b.	Birth control patch (e.g., Ortho Evra)	.....0	.....0	.....0
c.	Birth control ring (e.g., NuvaRing)	.....0	.....0	.....0
d.	Birth control shot (e.g., Depo-Provera)	.....0	.....0	.....0
e.	Implants (e.g., Implanon)	.....0	.....0	.....0
f.	Intrauterine device (IUD; e.g., Mirena, ParaGard)	.....0	.....0	.....0
g.	Emergency contraception (e.g., Plan B)	.....0	.....0	.....0

12. **During this school year, did teachers in your school assess the ability of students to do each of the following 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	Grades		Grades		
	6, 7, or 8	9, 10, 11, or 12	Yes	No	NA
a.	Comprehend concepts important to prevent HIV, other STDs and pregnancy	.....0	.....0	.....0	.....0
b.	Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	.....0	.....0	.....0	.....0
c.	Access valid information, products, and services to prevent HIV, other STDs and pregnancy	.....0	.....0	.....0	.....0
d.	Use interpersonal communication skills to avoid or reduce sexual risk behaviors	.....0	.....0	.....0	.....0
e.	Use decision-making skills to prevent HIV, other STDs and pregnancy	.....0	.....0	.....0	.....0
f.	Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	.....0	.....0	.....0	.....0
g.	Influence and support others to avoid or reduce sexual risk behaviors	.....0	.....0	.....0	.....0

13. **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.)**

	Yes	No
a. Benefits of healthy eating .....	.0	.0
b. Benefits of drinking plenty of water .....	.0	.0
c. Benefits of eating breakfast every day .....	.0	.0
d. Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate or MyPyramid) .....	.0	.0
e. Using food labels .....	.0	.0
f. Differentiating between nutritious and non-nutritious beverages .....	.0	.0
g. Balancing food intake and physical activity .....	.0	.0
h. Eating more fruits, vegetables, and whole grain products .....	.0	.0
i. Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat) .....	.0	.0
j. Choosing foods, snacks, and beverages that are low in added sugars ..	.0	.0
k. Choosing foods and snacks that are low in sodium .....	.0	.0
l. Eating a variety of foods that are high in calcium .....	.0	.0
m. Eating a variety of foods that are high in iron .....	.0	.0
n. Food safety .....	.0	.0
o. Preparing healthy meals and snacks .....	.0	.0
p. Risks of unhealthy weight control practices .....	.0	.0
q. Accepting body size differences .....	.0	.0
r. Signs, symptoms, and treatment for eating disorders .....	.0	.0
s. Relationship between diet and chronic diseases .....	.0	.0
t. Assessing body mass index (BMI) .....	.0	.0

14. 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. Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease.....	0	0
b. Mental and social benefits of physical activity.....	0	0
c. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition).....	0	0
d. Phases of a workout (i.e., warm-up, workout, cool down).....	0	0
e. Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity.....	0	0
f. Decreasing sedentary activities (e.g., television viewing, using video games).....	0	0
g. Preventing injury during physical activity.....	0	0
h. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....	0	0
i. Dangers of using performance-enhancing drugs (e.g., steroids).....	0	0
j. Increasing daily physical activity.....	0	0
k. Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment).....	0	0
l. Using safety equipment for specific physical activities.....	0	0
m. Benefits of drinking water before, during, and after physical activity.....	0	0

HIV PREVENTION

15. 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.)

- (a) Yes
 (b) No

COLLABORATION

16. **During this school year, have any health education staff worked with each of the following groups on health education activities?** (Mark yes or no for each group.)

Group	Yes	No
a. Physical education staff	0	0
b. Health services staff (e.g., nurses)	0	0
c. Mental health or social services staff (e.g., psychologists, counselors, and social workers)	0	0
d. Nutrition or food service staff.....	0	0
e. School health council, committee, or team.....	0	0

17. **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	0	0
b. Tobacco-use prevention	0	0
c. Physical activity	0	0
d. Nutrition and healthy eating.....	0	0
e. Asthma.....	0	0
f. Food allergies.....	0	0
g. Diabetes.....	0	0
h. Preventing student bullying and sexual harassment, including electronic aggression (i.e., cyber-bullying)	0	0

18. **During this school year, have teachers in this school given students homework assignments or health education activities to do at home with their parents?** (Mark one response.)

- (a) Yes
- (b) No

PROFESSIONAL DEVELOPMENT

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. Alcohol- or other drug-use prevention.....	0	0
b. Asthma.....	0	0
c. Diabetes.....	0	0
d. Emotional and mental health	0	0
e. Epilepsy or seizure disorder.....	0	0
f. Food allergies.....	0	0
g. Foodborne illness prevention.....	0	0
h. HIV prevention	0	0
i. Human sexuality	0	0
j. Infectious disease prevention (e.g., flu prevention)	0	0
k. Injury prevention and safety	0	0
l. Nutrition and dietary behavior.....	0	0
m. Physical activity and fitness.....	0	0
n. Pregnancy prevention.....	0	0
o. STD prevention.....	0	0
p. Suicide prevention	0	0
q. Tobacco-use prevention.....	0	0
r. Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

20. 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 essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.....	0	0
f. Assessing students' performance in HIV prevention education	0	0
g. Describing the prevalence and potential effects of teen pregnancy.....	0	0
h. Identifying populations of youth who are at high risk of becoming pregnant.....	0	0
i. Current district or school board policies or curriculum guidance regarding HIV education or sexual health education.....	0	0

21. 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. Diabetes.....	0	0
d. Emotional and mental health	0	0
e. Epilepsy or seizure disorder.....	0	0
f. Food allergies.....	0	0
g. Foodborne illness prevention.....	0	0
h. HIV prevention	0	0
i. Human sexuality	0	0
j. Infectious disease prevention (e.g., flu prevention)	0	0
k. Injury prevention and safety	0	0
l. Nutrition and dietary behavior.....	0	0
m. Physical activity and fitness.....	0	0
n. Pregnancy prevention.....	0	0
o. STD prevention.....	0	0
p. Suicide prevention	0	0
q. Tobacco-use prevention.....	0	0
r. Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

22. 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

23. 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

24. **What was the major emphasis of your professional preparation?** (Mark one response.)
- (a) Health and physical education combined
 - (b) Health education
 - (c) Physical education
 - (d) Other education degree
 - (e) Kinesiology, exercise science, or exercise physiology
 - (f) Home economics or family and consumer science
 - (g) Biology or other science
 - (h) Nursing
 - (i) Counseling
 - (j) Public health
 - (k) Nutrition
 - (l) Other
25. **Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?** (Mark one response.)
- (a) Yes
 - (b) No
26. **Including this school year, how many years of experience do you have teaching health education courses or topics?** (Mark one response.)
- (a) 1 year
 - (b) 2 to 5 years
 - (c) 6 to 9 years
 - (d) 10 to 14 years
 - (e) 15 years or more

Thank you for your responses. Please return this questionnaire.