

Health Profiles

South Dakota's Elementary Schools



Coordinated School Health
South Dakota Departments of Education and Health
healthyschools.sd.gov

2010 Elementary School Health Profiles

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INTRODUCTION

Establishing healthy behaviors during childhood and maintaining them is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns.

National Center for Chronic Disease Prevention
and Health Promotion, 2009

Because schools are the only institutions that can reach nearly all youth, they are in a unique position to improve both the education and health status of young people throughout the nation (Fisher *et al.*, 2003). The National Center for Chronic Disease Prevention and Health Promotion (2004b) also confirmed that numerous studies that have evaluated health education indicate that it is effective in preventing the adoption of many high-risk behaviors by youth and adolescents.

However, to maximize influence on students' health knowledge, skills, and behavior, research indicates that well-prepared teachers must implement culturally and developmentally appropriate instructional strategies that provide information, engage students to apply and practice relevant skills, and be of sufficient duration (Parker, 2001; U.S. Department of Health and Human Service, 2000). Additionally, sequential school health education programs for K-12 students have been found to be more effective in changing health behaviors than occasional programs that focus on single health topics (Kolbe, 1993).

Organizations such as the American Association of School Administrators, American Cancer Society, Association for Supervision and Curriculum Development, and the National School Boards Association have emphasized the importance of comprehensive school health education (Lohrmann & Wooley, 1998). The U.S. Department of Health and Human Services' publication *Healthy People 2010: Understanding and Improving Health* (2000) includes the relevant goal of increasing the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. The publication also articulates that, "Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced" (p. 7-4).

Coordinated School Health

The Centers for Disease Control and Prevention (CDC) have identified six behaviors that contribute to most of the leading causes of mortality and morbidity. These behaviors include drug and alcohol use, sexual behaviors that cause sexually transmitted diseases (including HIV) and unintended pregnancies, tobacco use, behaviors that cause intentional and unintentional injuries, inadequate physical activity, and dietary patterns that cause disease. These behaviors are established during youth and adolescence, and may continue throughout adulthood if not addressed (National Center for Chronic Disease Prevention and Health Promotion, 2004b).

As schools alone cannot be expected to address the nation’s most serious health and social problems, comprehensive school health represents one component of a more extensive coordinated school health program. In their policy statement on school health, the Council of Chief State School Officers (2004, July 17) stated, “We believe that healthy kids make better students and that better students make healthier communities” (p. 1). The CDC’s National Center for Chronic Disease Prevention and Health Promotion (2008) agreed that while “Schools by themselves cannot – and should not be expected to – solve the nation’s most serious health and social problems . . . schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.” They suggest that a coordinated school health program model consist of eight interactive components: health education, physical education, health services, nutrition services, health promotion for staff, counseling and psychological services, healthy school environment, and parent/community involvement.

Comprehensive School Health Education

Within the coordinated school health model, “comprehensive school health education is a planned sequential curriculum with each lesson and activity building on the last. It is intended to address not only the physical, but also the social and emotional dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, enabling students to develop the skills and attitudes necessary for health-related problem solving and informed decision making” (National Center for

Health Education, 2005). In their philosophy of health education, the American Association of Health Education (2005) stated,

Health education is a unique and separate academic discipline. It influences individual, family and societal development, knowledge, attitudes and behavior. It seeks the improvement of individual, family and community health. Because the emphasis is upon health, both the process and the program may be said to originate in an understanding of the nature of health as it relates to humans as individuals or in groups.

The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The American School Health Association (1994) articulated that a comprehensive school health curriculum should address the following content areas:

- ◆ personal health
- ◆ family health
- ◆ community health
- ◆ consumer health
- ◆ environmental health
- ◆ sexuality education
- ◆ mental and emotional health
- ◆ injury prevention and safety
- ◆ nutrition
- ◆ prevention and control of disease
- ◆ substance use and abuse
- ◆ growth and development

Following the evaluation of numerous studies, researchers have identified eight characteristics of effective health education programs (Lohrmann & Wooley, 1998). These characteristics, that represent common elements of programs that have demonstrated the ability to have a positive impact on students' health-related behaviors, include the following:

1. A curriculum that is research-based and theory driven.
2. Instruction that includes developmentally appropriate basic, accurate information.
3. The use of interactive, experiential activities that actively engage students.
4. An opportunity for students to model and practice relevant skills.
5. Activities that address social or media influences on health.

6. Activities designed to strengthen individual values and group norms that support health-enhancing behaviors.
7. Sufficient duration to allow students to gain the needed knowledge and skills.
8. Teacher training to enhance effectiveness.

According to the American Alliance for Health, Physical Education, Recreation and Dance (2006), national health education standards improve student learning across the nation by providing a foundation for curriculum development, instruction, and assessment of student performance. These eight broad standards promote the goal of improved educational achievement for students and improved health in the United States. Through the collaboration of the South Dakota Department of Education and Coordinated School Health, the South Dakota Health Education Standards were revised in 2009 using the National Health Education Standards as a model.

Current Status of School Health Education

School health education for children at all grade levels has been recognized as a national priority for some time (U. S. Department of Health and Human Services, 2000). Nearly three decades ago, the Educational Commission of the States (1981) underscored the importance of elementary school health education by stating, “Health instruction is especially important at the elementary level, for it is during the early years of a child’s life that attitudes toward health and behavior patterns affecting health are established” (p. 20).

Despite the importance of school health education, many American students receive little or no health education (Corry, 1992; Pigg, 1989; Seffrin, 1994). While many states require health education, how the states define health education, the specific time required for health education to be taught, and the actual support provided for health education vary considerably from state to state (Lovato, Allensworth, & Chan, 1989). Other published concerns regarding the quality of elementary health education include inadequate pre-service teacher preparation and in-service training (Connell, Turner, & Mason, 1991; Joint Committee of the Association for the Advancement of Health Education and the American School Health Association, 1992), lack of state-required examinations for health education (Collins et al., 1995), and lack of administrative support for health education (Monhahan & Scheirer, 1988).

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PURPOSE OF THE STUDY

This study represents a follow-up to the South Dakota Elementary Health studies conducted biennially since the 1997-1998 school year. The purpose of the study was to assess the status of elementary health and health education in South Dakota public schools during the 2009-2010 school year. In addition to identifying elementary teacher and principal background characteristics and attitudes toward school health policies and practices, the study was designed to provide current data regarding the following elements of elementary health and health education in South Dakota:

- ◆ health and physical education curricula
- ◆ physical activity policies and practices
- ◆ tobacco prevention policies and practices
- ◆ alcohol and other abused substance policies and practices
- ◆ nutrition-related policies and practices
- ◆ HIV infection policies and practices
- ◆ injury prevention
- ◆ family life and sexuality
- ◆ mental health
- ◆ personal and consumer health
- ◆ community and environmental health
- ◆ program administration and coordination
- ◆ professional preparation / in-service training
- ◆ school-based health services

METHODOLOGY

Population and Sample

The population for the study included all South Dakota elementary public school principals and classroom teachers during the 2009-2010 school year. Based on data provided by the South Dakota Department of Education (DOE), the total population for the study included approximately 5,616 elementary school teachers and 344 elementary school principals.

From the population of elementary school teachers, a random sample of 400 teachers was selected using random numbers generated by the Research Randomizer program found on the World Wide Web. From the population of elementary school principals, a random sample of 250 public school principals was selected using random numbers generated by the Research Randomizer program found on the World Wide Web.

Instrumentation

Dr. Mark Baron, The University of South Dakota (principal investigator) developed an elementary teachers' questionnaire and an elementary principals' questionnaire for the study. A panel of individuals representing the South Dakota Departments of Education and Health, and several other health educators from The University of South Dakota carefully reviewed both questionnaires for form and content. Based on these reviews, appropriate revisions were made to both questionnaires.

The final version of the teachers' questionnaire (see Tab 8 – Questionnaires pg. 103-112) consisted of 46 questions that addressed curriculum, instruction, perceptions regarding the quality and importance of the school's health education program, professional preparation in health education, in-service training needs, program coordination, perceived barriers to improving health education, and background information about the teachers. The final version of the principals' questionnaire (see Tab 8 – Questionnaires pg. 113-125) consisted of 62 questions that addressed health and physical education curricula, as well as policies and practices related to tobacco prevention, nutrition, prevention of alcohol and substance abuse, injury prevention, family life and sexuality, personal and consumer health, community and environmental health, and HIV infection. The principals'

questionnaire also gathered information regarding program administration and coordination, perceptions regarding the quality and importance of the school's health education program, perceived barriers to improving health education, school-based health services, and background information about the principals.

Data Collection

Data for the study were collected between March and June 2010. Appropriate questionnaires (teachers and principals), along with cover letters and self-addressed postage-paid envelopes, were mailed to all potential respondents in March 2010. A follow-up packet, containing another questionnaire, cover letter, and self-addressed postage-paid envelope, was mailed to all non-respondents in May 2010. Data collection ended on June 15, 2010.

All questionnaires included a three-digit numerical code to permit tracking of returned questionnaires for follow-up purposes. No names were included on the questionnaires for reasons of confidentiality. The principal researcher tracked and kept records of all returned questionnaires using a master list of subjects. All received questionnaires were removed from their envelopes and the three-digit numerical code was destroyed once the respondent was checked off the master list. Therefore, once the completed questionnaire was received and logged in, it could not be traced to any particular respondent.

Questionnaires and cover letters were printed and photocopied at The University of South Dakota. All envelopes and self-addressed postage-paid return envelopes were printed by Vermillion Printing and Graphics, and mailing labels were created by the principal researcher. Completed packets were mailed from The University of South Dakota and all completed questionnaires were returned to the SD Department of Education in Pierre. Completed questionnaires were then forwarded to the principal investigator at The University of South Dakota for data entry and analysis. The same procedure was utilized for producing follow-up mailings.

Data Analysis

Data were tabulated and analyzed using the Statistical Packages for the Social Sciences (SPSS), Version 19.0. Descriptive statistics, primarily frequencies and percentages, were computed for all questionnaire items. Responses to open-ended questions were reviewed for commonalities and grouped accordingly.

RESULTS

Usable questionnaires were received from 167 public school elementary teachers for an overall usable response rate of 41.8% from the teachers. Usable questionnaires also were received from 176 public school elementary principals for an overall usable response rate of 70.4% from the principals.

Teacher and principal responses are presented in separate subsections that comprise the remainder of this section of the report. Data are presented for each individual item on both questionnaires.

Teachers' results are presented in the following categories:

- ◆ Background Information
- ◆ Importance of Health Education
- ◆ Health Curriculum and Instruction
- ◆ Health Education for Students with Disabilities
- ◆ Program Quality
- ◆ Program Coordination
- ◆ Professional Preparation/In-service Training
- ◆ Barriers to Improving Health Education

Principals' results are presented in the following categories:

- ◆ Background Information
- ◆ Importance of Health Education
- ◆ Health Curriculum and Instruction
- ◆ Health Education for Students with Disabilities
- ◆ Program Quality

INTRODUCTION – Elementary

- ◆ Administration of Health Education
- ◆ School Health Policies and Practices
- ◆ Nutrition-related Policies and Practices
- ◆ Physical Education
- ◆ Physical Activity
- ◆ Tobacco Prevention Policies
- ◆ HIV Infection Policies
- ◆ Health Services
- ◆ Barriers to Improving Health Education

ACKNOWLEDGEMENTS

The principal and associate investigator would like to express sincere appreciation to the many individuals whose assistance and support greatly aided in the completion of this study. Among these individuals are the following:

- ◆ The elementary school teachers and principals, throughout South Dakota, who participated in this study for their time and effort in completing and returning the health education study questionnaires.
- ◆ Karen Keyser, Health and Physical Education Coordinator, and Kari Senger, Co-Director, Coordinated School Health, South Dakota Department of Education for their continued support and assistance throughout the course of this study. Their roles in providing materials, information, and support was critical to the completion of this study.
- ◆ South Dakota Department of Education’s Office of Finance and Management, data management staff, for providing the investigators with accurate information regarding the population of elementary school teachers and principals practicing in South Dakota.
- ◆ Additional individuals employed by the South Dakota Departments of Education and Health who diligently reviewed and made invaluable suggestions regarding the content of the rough drafts of the teachers’ and principals’ questionnaires.
- ◆ The health education faculty and graduate students at The University of South Dakota who assisted in reviewing and providing valuable feedback on the first drafts of elementary teachers’ and principals’ questionnaire.

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BACKGROUND INFORMATION

Table 1. Highest Level of Education

	No.	%
Bachelor’s degree	67	41.1
Master’s degree or BA + 30	73	44.8
Ed.S. degree or MA + 30	22	13.5
Doctoral degree	1	0.6

Table 2. State Certifications or Endorsements

	No.	%
Elementary education	144	95.4
Secondary education	28	29.2
Special education	33	33.7
Health education	19	21.3
Physical education	29	29.6
Other	28	16.8

Note: Percentages may sum to greater than 100.0 due to multiple certifications/endorsements.

Table 3. Years of Teaching Experience (including 2009-2010)

	No.	%
1 year	1	0.6
2-5 years	19	11.6
6-9 years	27	16.5
10-14 years	30	18.3
15 years or more	87	53.0

Table 4. Recent Experience Teaching Health Education (HE)

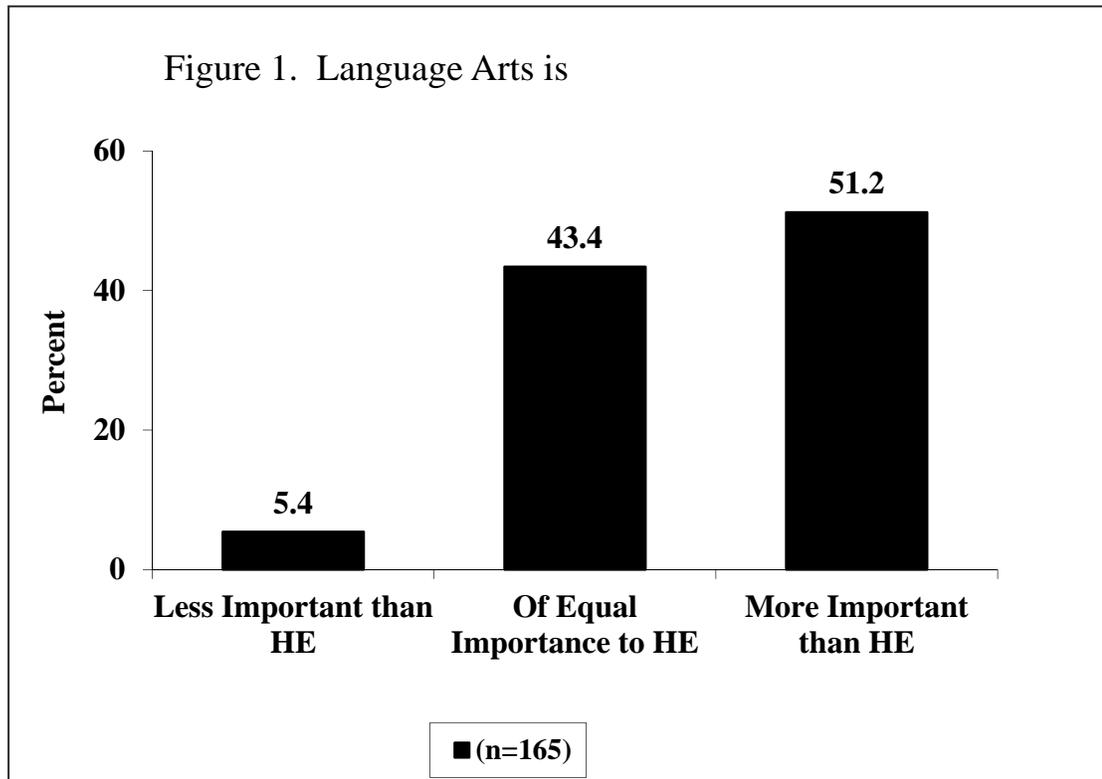
	No.	%
Taught HE in 2008-2009	114	69.1
Taught HE in 2009-2010	110	67.5

IMPORTANCE OF HEALTH EDUCATION

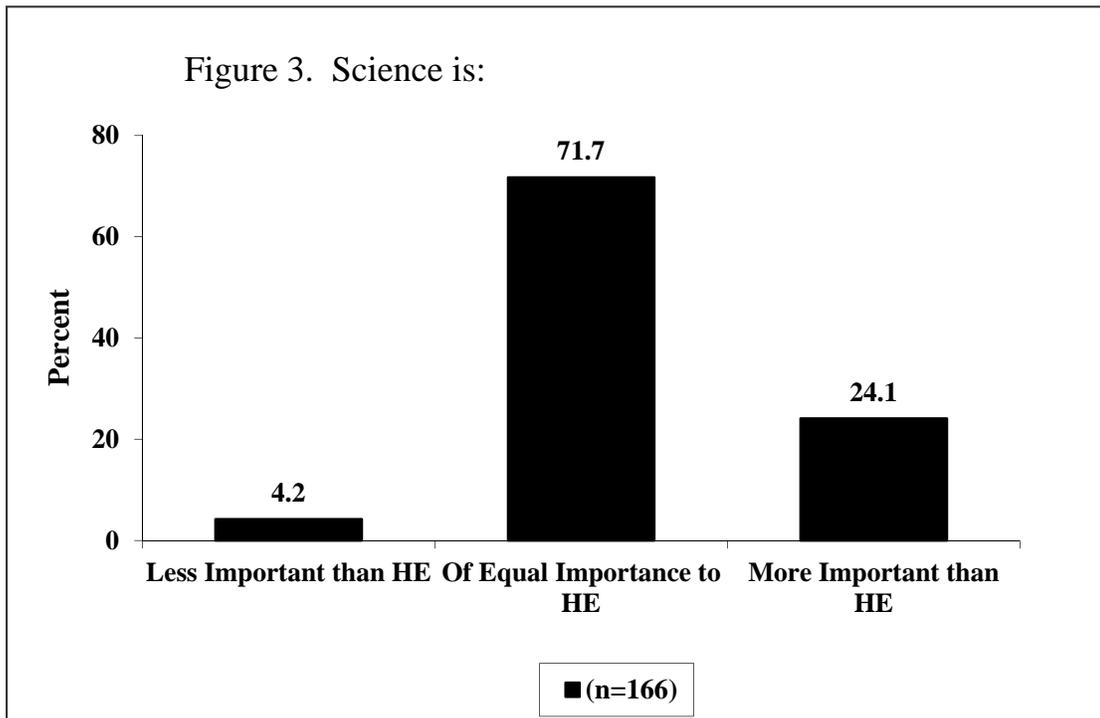
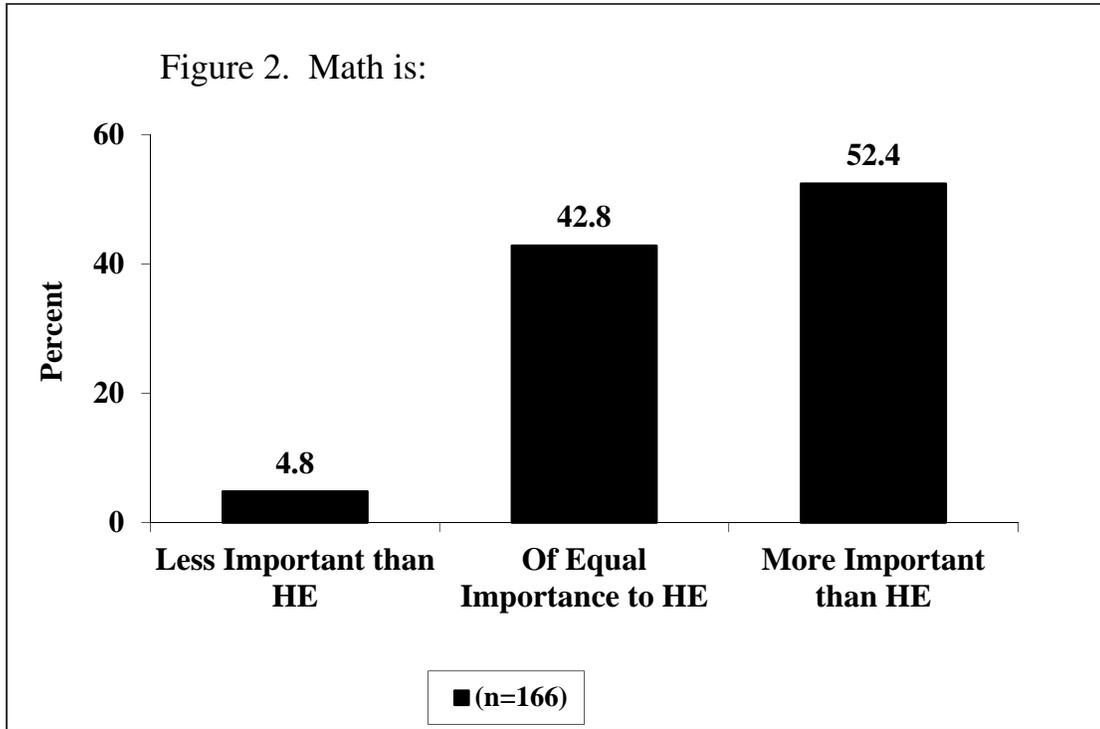
Table 5. How important do you think quality health education is for your students?

	No.	%
Very important	125	75.8
Somewhat important	40	24.2

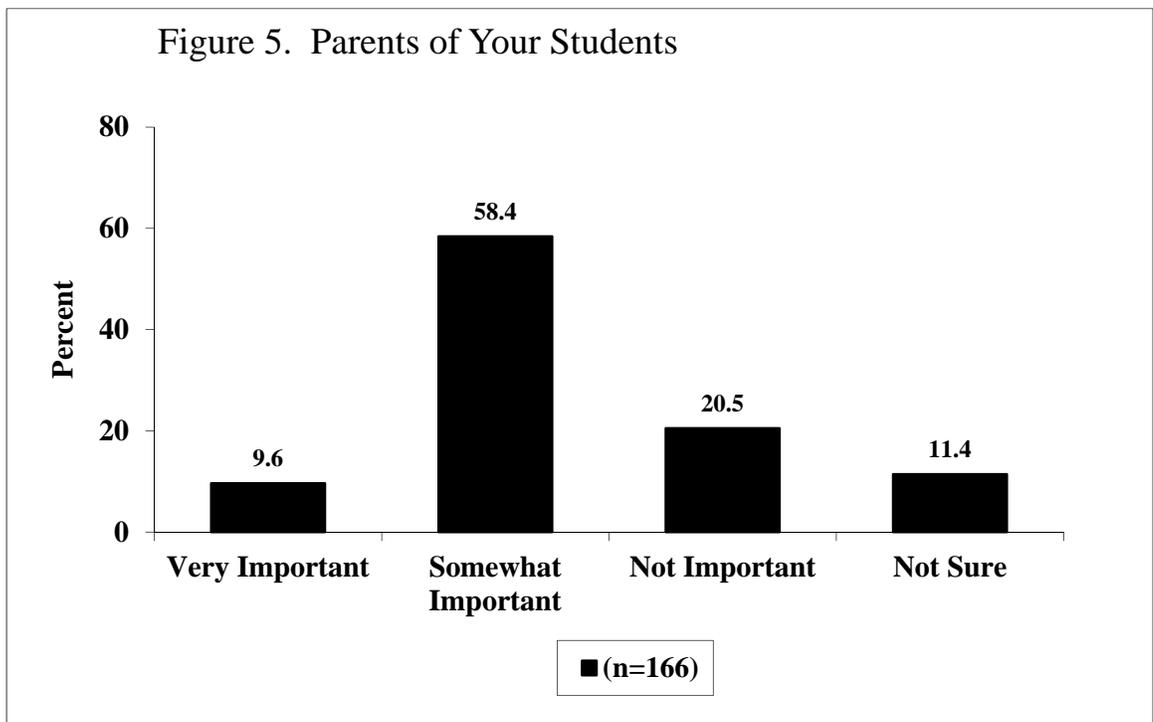
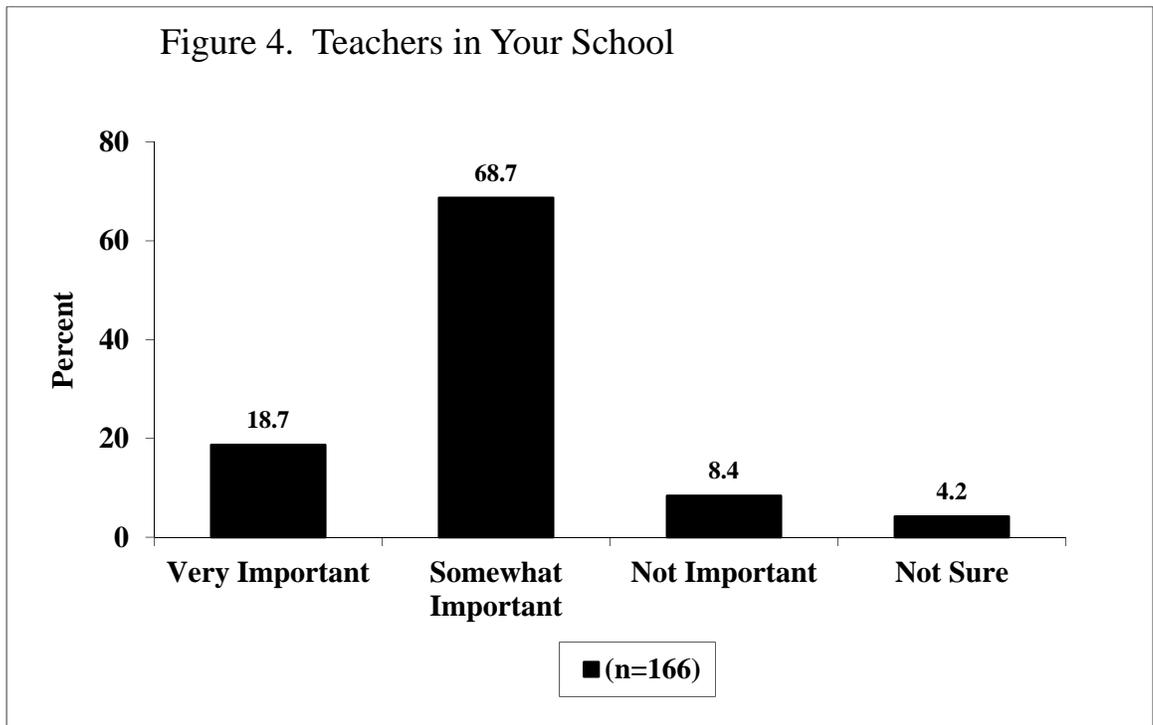
How would you compare the importance of the following subjects to health education (HE)? (Figures 1-3)



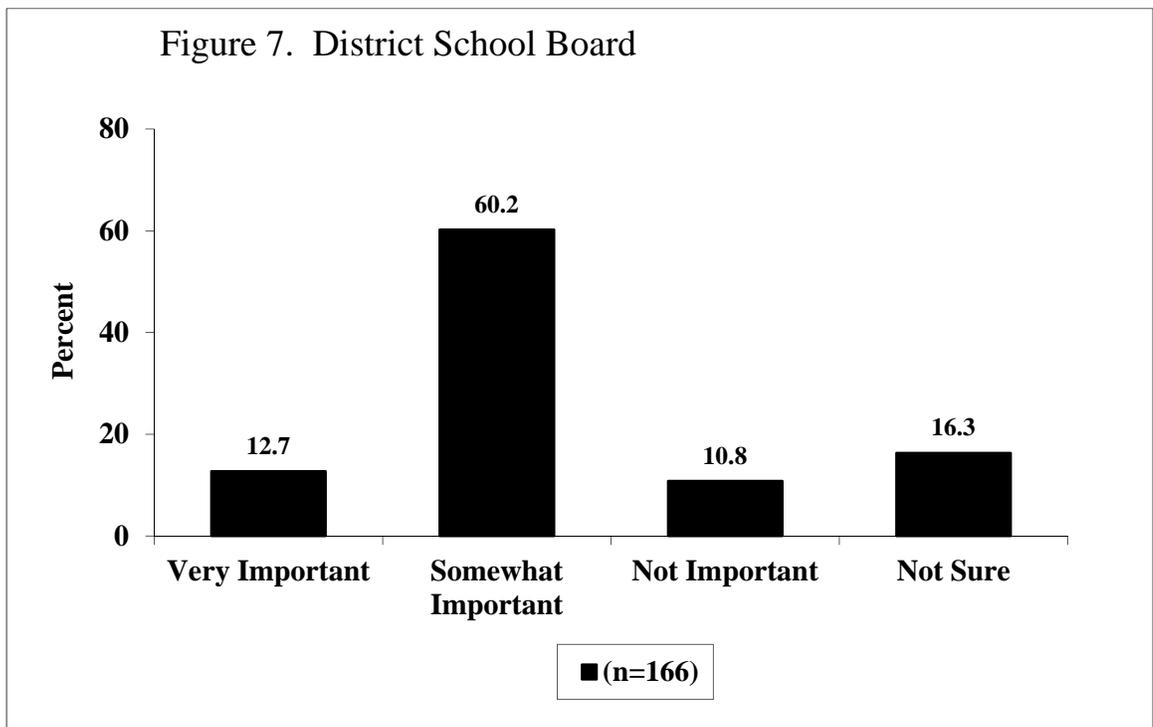
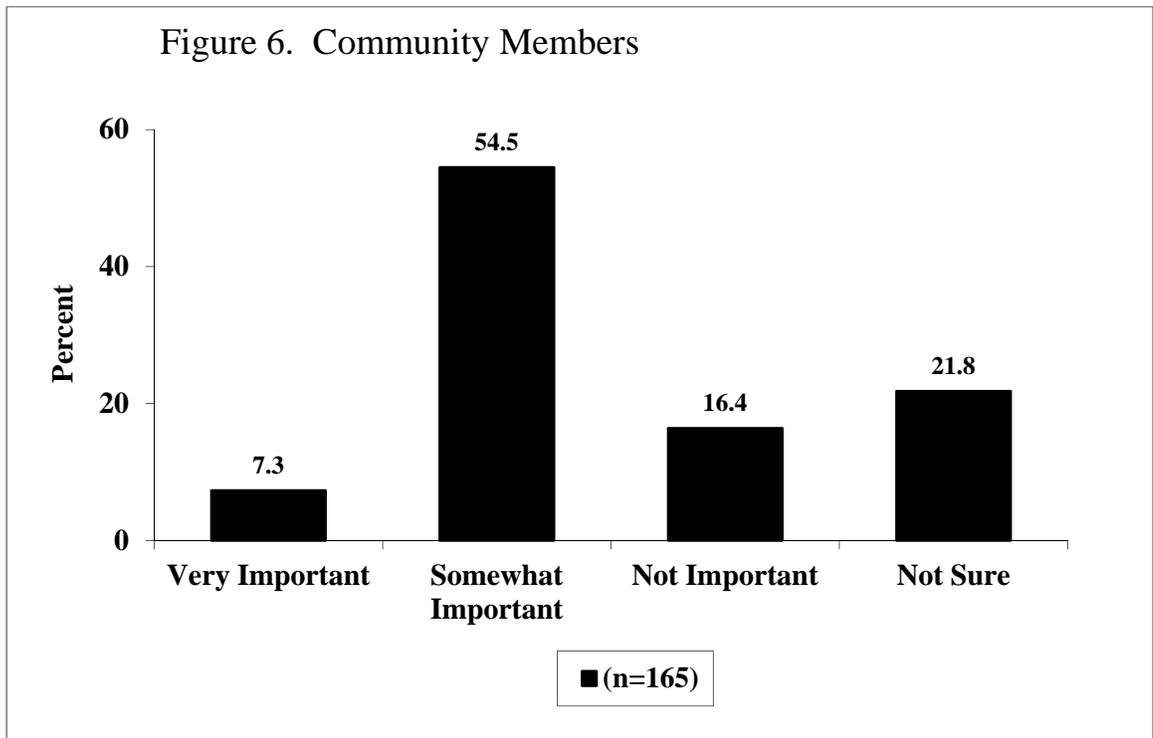
How would you compare the importance of the following subjects to health education (HE) (continued)? (Figures 1-3)



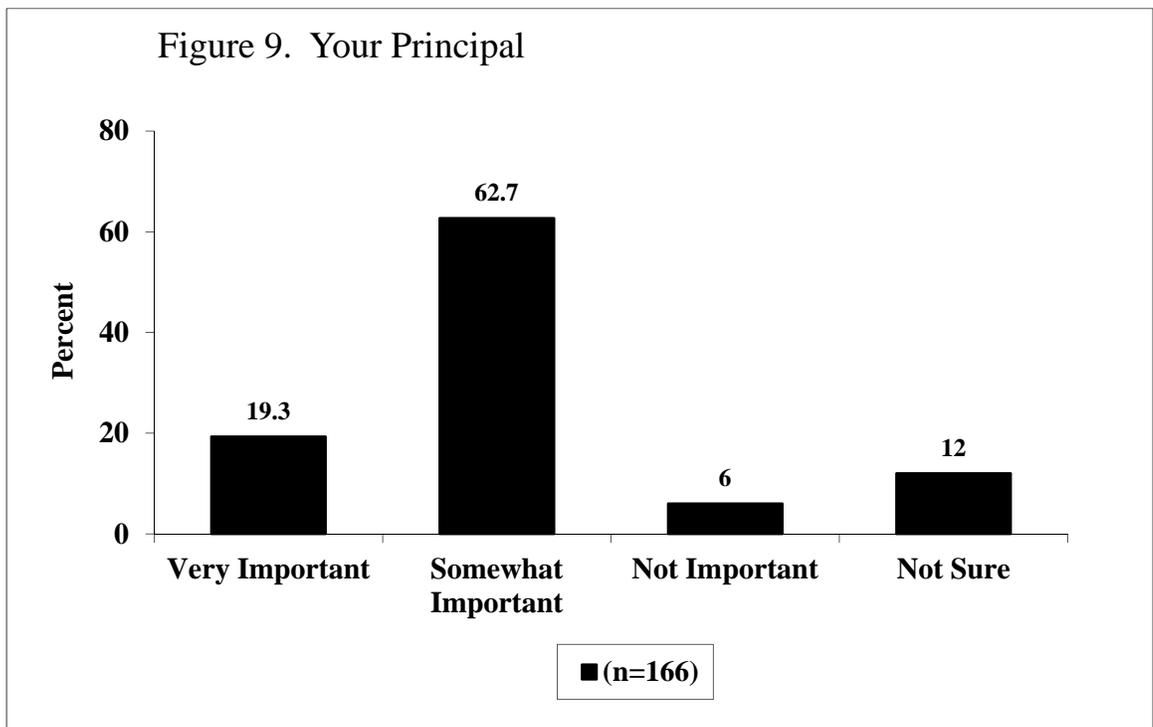
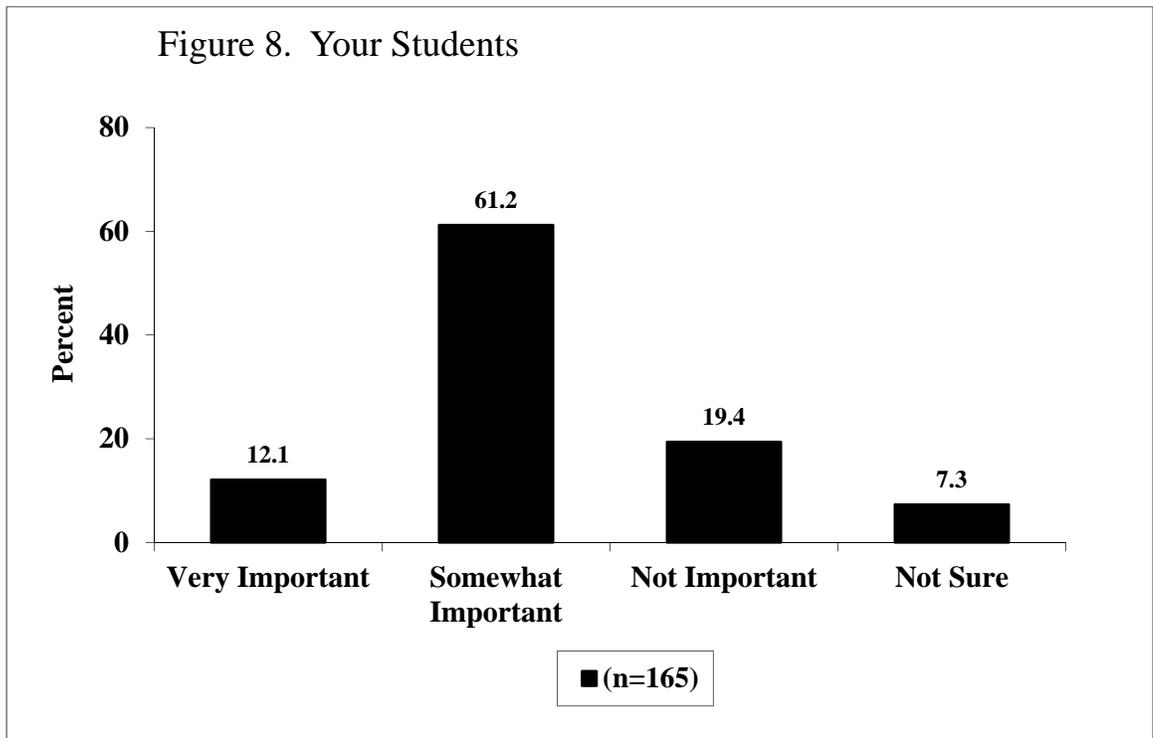
What is your perception of the importance placed upon health education by each of the following persons? (Figures 4-10)



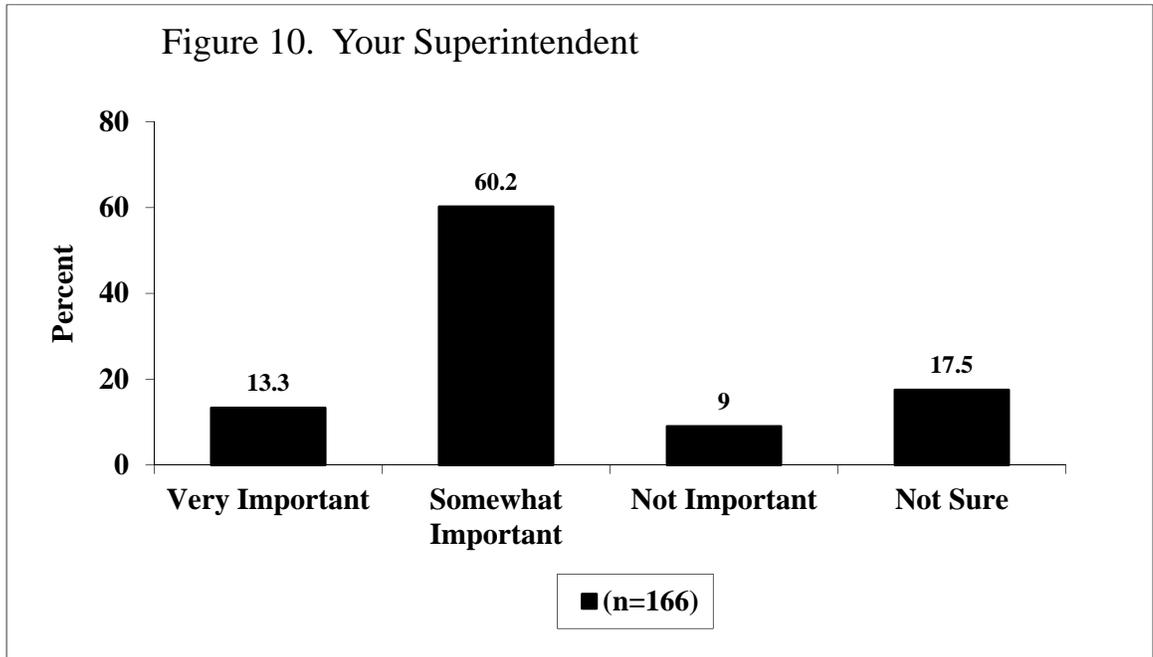
What is your perception of the importance placed upon health education by each of the following persons (continued)? (Figures 4-10)



What is your perception of the importance placed upon health education by each of the following persons (continued)? (Figures 4-10)



What is your perception of the importance placed upon health education by each of the following persons (continued)? (Figures 4-10)



CURRICULUM

Table 6. Does your school district use a written health education curriculum for the elementary grades?

	No.	%
Yes	55	35.7
No	65	42.2
Don't know	34	22.1

Tables 7-11 represent questions that were asked only of respondents who reported that their school district had a written health curriculum.

RESULTS – Elementary Teachers

Table 7. Which of the following best describes your health education curriculum?

	No.	%
Elementary health education curriculum only	17	24.6
Part of a K-12 health education curriculum.	32	46.4
Don't know	20	29.0

Table 8. How would you describe the relationship of the curriculum to your classroom instruction?

	No.	%
Instruction closely follows curriculum	26	38.2
Instruction somewhat follows curriculum	29	42.6
Instruction does not follow curriculum	13	19.1

Table 9. How would you describe your involvement in the development of the health education curriculum?

	No.	%
Considerable Involvement	8	11.6
Some Involvement	16	23.2
No Involvement at All	45	65.2

Table 10. Were you provided with training specifically intended to prepare you to implement the health education curriculum?

	No.	%
Yes	12	17.6
No	53	77.9
Don't Know	3	4.4

Table 11. Are any of the following curricula used entirely or partially in your health education program?

	No.	%
<i>Health Edventure</i>	13	21.7
<i>Growing Healthy</i>	12	20.3
<i>Activities for Health</i>	10	16.9
<i>Lifeskills Training</i>	9	14.8
<i>Health Skills for Life</i>	6	10.2
<i>Know Your Body</i>	5	8.6
<i>Health ‘N’ Me</i>	3	5.1
<i>Here’s Looking at You</i>	2	3.4
<i>HealthTeacher.com</i>	2	3.4
<i>The Great Body Shop</i>	2	3.4
<i>DiscoveryHealthConnection.com</i>	2	3.4
Other	20	12.0

Notes:

- (1) Percentages may sum to greater than 100.0 due to use of multiple curricula in a school.
- (2) Presentation of any particular curriculum does not constitute endorsement, approval or recommendation for adoption of that curriculum. All selection of curricular programs or items should be made by local school boards or administrators.

INSTRUCTION

Tables 12-26 on pages in this section represent questions that were asked only of those respondents who reported that they taught health education in 2009-2010.

Table 12. During the previous school year, approximately how much time (in minutes) did you spend on direct instruction in the following health education content areas?

	Min.
Nutrition and dietary patterns	101
Tobacco use prevention	90
Alcohol and other drug use prevention	89
Physical activity and fitness (not P.E. or playground activities)	81
Mental and emotional health	69
Oral health	50
Intentional injury prevention (violence/suicide)	45
Environmental health	41
Unintentional injury prevention (safety education)	40
Family life and human sexuality	14
HIV prevention	12
STD and pregnancy prevention	2

Note: Figures represent average minutes of direct instruction

Table 13. During the previous school year, did you conduct health education activities designed to increase students’ knowledge, attitudes and skills about the following topics?

	No.	%
Tobacco use prevention	87	63.0
Nutrition and dietary patterns	114	82.6
Physical activity and fitness	105	75.5
HIV prevention	12	9.0
Alcohol and other drug use prevention	79	57.7
Unintentional injury prevention (safety education)	80	58.8
Intentional injury prevention (violence/suicide)	34	25.2
Mental and emotional health	58	42.6
Oral health	94	68.6
Family life and human sexuality	21	15.4
Environmental health	59	44.4
STDs and pregnancy prevention	4	3.0

Note: Figures represent percentage of those who answered yes.

Table 14. During the previous school year, did you implement health education activities with your students designed to help them.....

	No.	%
Understand disease prevention and health promotion	97	71.3
Recognize the benefits of health-enhancing behavior	109	79.6
Recognize media, culture and technology influences	57	42.2
Develop interpersonal communication skills	93	67.9
Develop goal-setting and decision-making skills	97	70.8
Develop skills to advocate for health	70	51.5
Develop conflict resolution skills	101	73.7
Contribute to the health of their family, peers, schools	92	67.2
Develop skills for assessing and evaluating health	37	27.2

Note: Figures represent percentage of those who answered yes.

Table 15. During the previous school year, did you or your school attempt to involve parents in health education (HE) through any of the following activities?

	No.	%
Presentations about HE programs to groups of parents	19	13.9
Information about in-class HE for parents	54	39.4
At-home HE learning assignments for parents and students	31	22.6

Note: Figures represent those who answered yes.

Table 16. During the previous school year, how did you teach health education to your students?

	No.	%
As a separate subject only	49	39.2
As a separate subject and integrated with others	25	20.0
Integrated into other subjects only	51	40.8

Note: Figures represent percentage those who answered yes.

Table 17. During the previous school year, did you use any of the following instructional techniques in teaching health education?

	No.	%
Cooperative learning	109	80.1
Computer-assisted instruction	45	33.6
Creative writing	52	38.5
Decision-making activities	104	77.0
Internet-assisted instruction	45	33.8
Problem-solving activities	95	70.4
Role playing	81	60.0
Group discussion activities	110	81.5
Value-related discussion activities	72	53.3
Mentoring or peer tutoring	27	20.0
Applied hands-on activities	92	70.2
Other	5	3.0

Note: Figures represent percentage of those who answered yes.

Table 18. During the previous school year, did you use any of the following techniques for assessing student achievement in health education?

	No.	%
Written tests	35	25.7
Skill demonstrations	66	48.9
Student portfolios	10	7.5
Individual projects	57	42.5
Group projects	50	37.3
Other	8	4.8

Note: Figures represent percentage of those who answered yes.

Table 19. During the previous school year, did your students get a grade in health education?

	No.	%
Yes	32	23.4
No	105	76.6

Table 20. During the previous school year, did your students use an elementary health education textbook?

	No.	%
Yes	21	15.3
No	116	84.7

Table 21. If you *did* use a textbook during the previous school year, which of the following best describes how the textbook was used?

	No.	%
Basis for instruction	12	54.5
Supplement to instruction	10	45.5

Note: Responses only from those who answered yes to previous question.

RESULTS – Elementary Teachers

Table 22. During the previous school year, did you use trained middle or high school students as instructors in any phase of your health education classes?

	No.	%
Yes	15	11.1
No	120	88.9

Table 23. During the previous school year, how often did you meet with other elementary teachers in your school or school district to coordinate health education?

	No.	%
Never	102	75.0
Once	15	11.0
Twice	10	7.4
Three or more times	9	6.6

Table 24. During the previous school year, did you organize health-related activities or projects for your students with any of the following persons?

	No.	%
Physical education teachers	33	24.4
School food service staff member	15	11.1
School health service staff	42	30.7
School counselors/school psychologist	56	40.6
Parents	18	13.2
Others	8	4.8

Note: (1) Figures represent percentage of those who answered yes.

(2) Percentages may sum to greater than 100.0 due to multiple responses.

Table 25. During the previous school year, did you or your principal organize health-related activities or projects for your students with any of the following community groups?

	No.	%
Local Health Department	21	15.4
Local Hospital	16	11.8
Voluntary Health Organizations	18	13.2
Local Police Department	56	41.2
Local Fire Department	27	20.0
Cooperative Extension	71	51.8
Others	10	6.0

*Note: (1) Figures represent percentage of those who answered yes.
 (2) Percentages may sum to greater than 100.0 due to multiple responses.*

Table 26. Does your school or school district conduct any type of formal evaluation of the elementary health education program (not student evaluation, but evaluation of the program itself)?

	No.	%
Yes, at least once a year	4	2.9
Yes, but less than once a year	6	4.3
No	69	50.0
Don't know	59	42.8

HEALTH EDUCATION FOR STUDENTS WITH DISABILITIES

Table 27. Does your school provide health education for students with behavioral/cognitive/emotional disabilities?

	No.	%
Yes	75	46.0
No	27	16.6
Don't know	61	37.4

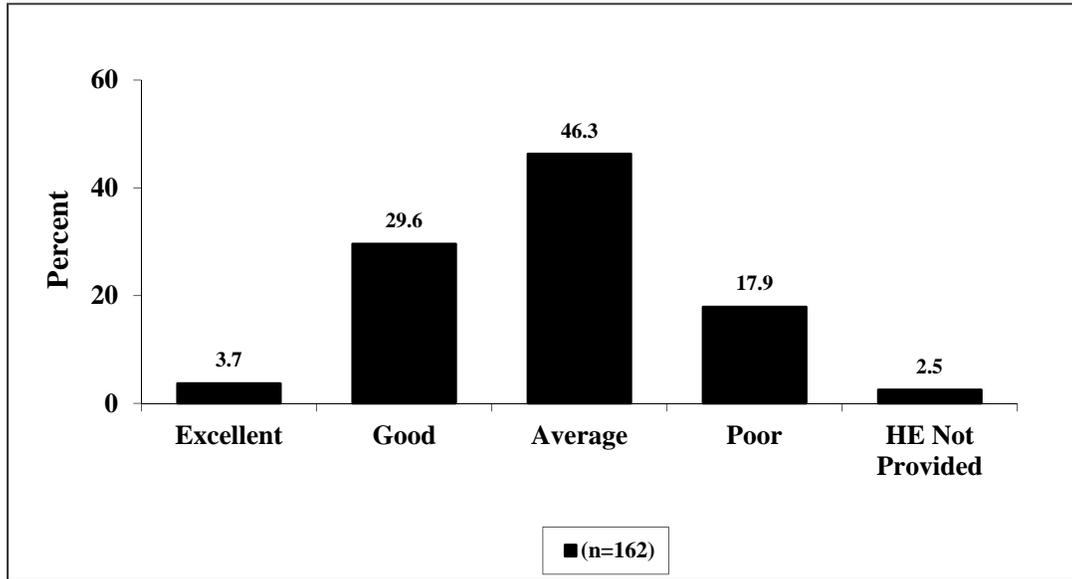
Table 28. If your school *does* provide health education for students with behavioral/cognitive/emotional disabilities, are they placed in any special education classes for health education or are they included in the regular classroom?

	No.	%
Special Education Classes	4	4.3
Regular Classroom	44	46.8
Both Placements Are Used	31	33.0
Don't Know	15	16.0

Note: Responses only from those who answered yes to previous question.

PROGRAM QUALITY

Figure 11. How would you describe the quality of health education provided to students in your school?



PROGRAM COORDINATION

Figure 12. How would you describe the coordination of health education among the different grades within your elementary school?

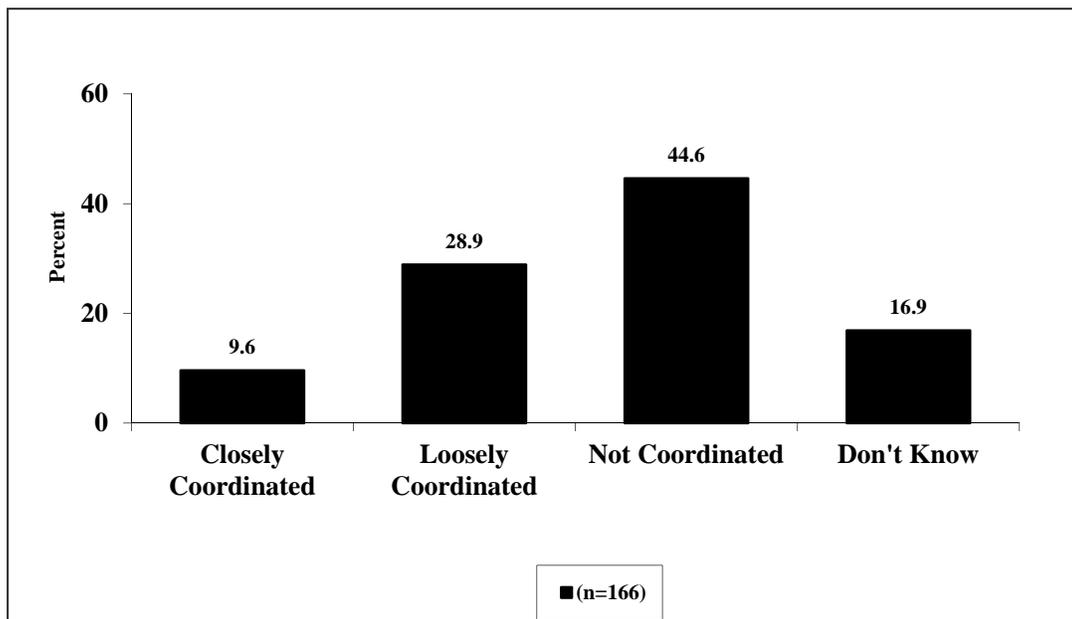


Figure 13. How would you describe the coordination of health education in your school with health education in the upper grades (middle school/high school) in your school district?

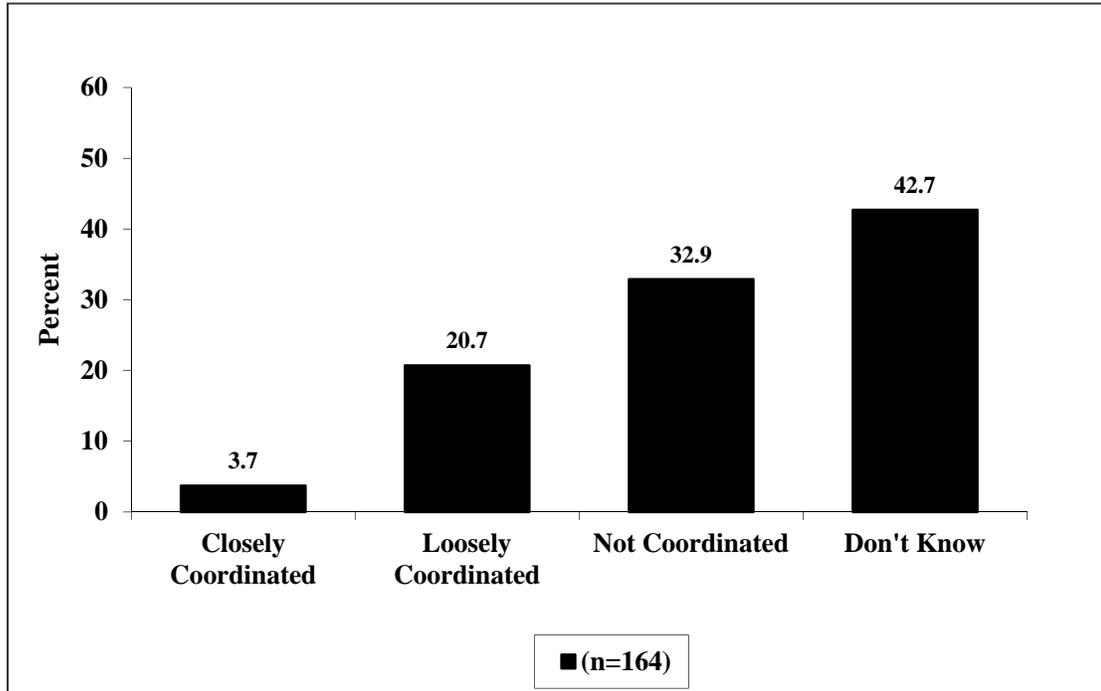
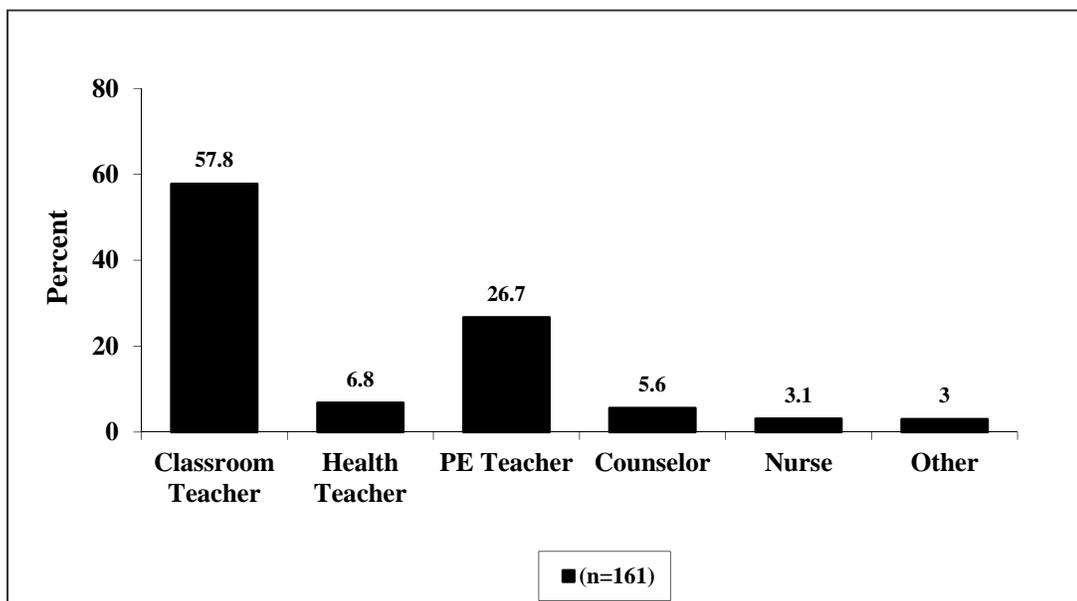


Figure 14. Who provides the primary health care instruction within your school?



PROFESSIONAL PREPARATION / IN-SERVICE TRAINING

Table 29. During the past two years, did you receive professional development on each of the following topics?

	No.	%
Advocacy for health education	15	9.4
Curriculum development strategies	41	26.1
Health instructional strategies	20	12.7
Awareness of health education resources	32	20.5
Parent involvement in health education	9	5.8
Health education program evaluation	6	3.9
Tobacco use prevention	25	15.8
Nutrition and dietary patterns	28	17.7
Physical activity	40	25.0
HIV prevention	5	3.2
Alcohol and drug abuse	27	17.1
Unintentional injury prevention (safety education)	27	17.3
Intentional injury prevention (violence/suicide)	18	11.8
Mental and emotional health	29	18.7
Children with special health care needs	30	19.2
Environmental health	11	7.2
Family life and human sexuality	8	5.3
Disease prevention and health promotion	23	15.1
Benefits of practicing health-enhancing behavior	28	18.2
Media, culture, and technology influences on health	14	9.2
Interpersonal communication skills	35	22.7
Goal-setting and decision-making skills	39	25.3
Family and community health	15	9.8
Conflict resolution skills	46	29.9
Oral health	13	8.6
Assessing students in Health Education	3	2.0
STDs and pregnancy prevention	3	2.1
Other	4	2.4

Note: Figures represent percentage of those who answered yes.

Table 30. On which of the following topics would you like to receive professional development?

	No.	%
Advocacy for health education	35	25.9
Curriculum development strategies	56	40.6
Health instructional strategies	72	52.6
Awareness of health education resources	78	54.5
Parent involvement in health education	68	48.2
Health education program evaluation	27	20.1
Tobacco use prevention	41	30.4
Nutrition and dietary patterns	75	54.0
Physical activity	64	47.1
HIV prevention	15	11.2
Alcohol and drug abuse	39	29.1
Unintentional injury prevention (safety education)	40	30.3
Intentional injury prevention (violence/suicide)	34	25.6
Mental and emotional health	66	47.1
Children with special health care needs	52	38.2
Environmental health	36	26.9
Family life and human sexuality	25	18.5
Disease prevention and health promotion	45	33.6
Benefits of practicing health-enhancing behavior	60	43.8
Media, culture, and technology influences on health	46	34.3
Interpersonal communication skills	46	33.6
Goal-setting and decision-making skills	58	42.0
Family and community health	47	34.3
Conflict resolution skills	67	48.2
Oral health	30	22.4
Assessing students in Health Education	30	22.2
STDs and pregnancy prevention	11	8.5
Other	1	0.6

Note: Figures represent percentage of those who answered yes.

Table 31. How many college courses have you taken that focused on teaching health?

	No.	%
No Course	27	16.5
One Course	51	31.1
Two Courses	44	26.8
Three or More Courses	42	25.6

Table 32. During the previous two years, how many staff development workshops have you attended that focused on teaching health?

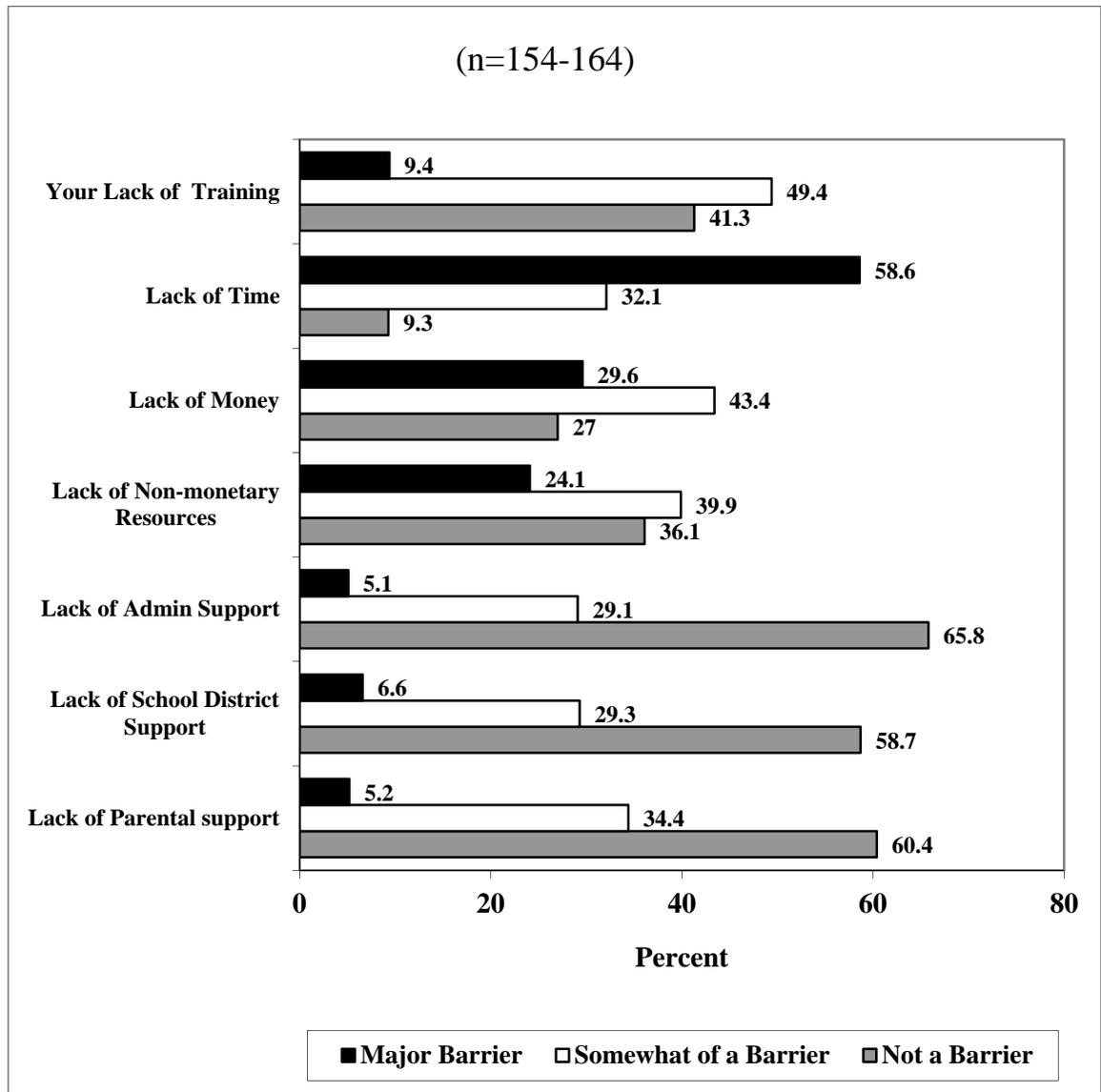
	No.	%
No Workshop	120	73.2
One Workshop	29	17.7
Two Workshops	14	8.5
Three or More Workshops	1	0.6

Table 33. How would you describe your current level of preparation to teach health education?

	No.	%
Well prepared	17	10.4
Somewhat well prepared	89	54.3
Poorly prepared	58	35.4

BARRIERS TO IMPROVING HEALTH EDUCATION

Figure 15. What are possible barriers that may prevent you from improving health education in your school?



WELLNESS POLICY

Table 34. School districts are required to have a wellness policy which must address nutrition education, physical activity, other school based activities and nutrition standards for all foods served during the school day as well as a method to measure success. Which of the following statements best describes your familiarity with the policy and its implementation in your school district?

	No.	%
I am not aware of the wellness policy	53	31.9
I am aware of the wellness policy but have not used it to guide my teaching and practice	66	39.8
I am aware of the wellness policy and use it to guide my teaching and practice	47	28.3

Note: Figures represent those who answered yes.

RESULTS – Elementary Teachers

FINDINGS

Findings from the elementary teachers' survey are summarized in separate subsections that comprise the remainder of this section of the report. Findings are presented for each individual item on the questionnaire. Teachers' findings are presented in the following categories:

- Importance of Health Education
- Curriculum
- Instruction
- Health Education for Students with Disabilities
- Program Quality
- Program Coordination
- Professional Preparation/In-service Training
- Barriers to Improving Health Education
- Wellness Policy

Importance of Health Education

1. The great majority (75.8%) of public school teachers indicated that quality health education is very important for their students.
2. Nearly half (48.8%) of the teachers articulated that health education is either more important than language arts or of equal importance.
3. Nearly half (47.6%) of the teachers responded that health education is either more important than math or of equal importance.
4. More than three-fourths of teachers (75.9%) indicated that health education is either more important than science or of equal importance.
5. While teachers feel that other teachers in the school comprise the stakeholder group that places the greatest importance upon health education (87.4% indicating either very important or somewhat important), they also shared that their principal, district school board, superintendent, community members, parents, and students consider health education to be very important or somewhat important.

Curriculum

1. Slightly more than one-third (35.7%) of public school teachers indicated that their school district has a written health education curriculum for the elementary grades.

The findings below that relate to curriculum only pertain to those teachers who reported that their school district had an elementary health curriculum.

2. Nearly half of the teachers (46.4%) considered their health education curriculum to be best described as part of a K-12 curriculum.
3. Although just over one-third (38.2%) of the teachers believed that instruction closely follows the curriculum, most teachers (80.8%) considered instruction to follow the curriculum to some degree.
4. While just over one-third (34.8%) of the teachers felt that they had at least some involvement in the development of the health education curriculum for their school, a much smaller portion (11.6%) believed that they had considerable involvement in the process.
5. Fewer than one out of five (17.6%) teachers reported that they were provided with training specifically designed to prepare them to implement the health education curriculum.
6. In school districts having an elementary health education curriculum, *Health Adventure* is the curriculum used by the greatest number of schools (21.7%) followed closely by *Growing Healthy* (20.3%).

Instruction

The findings below that relate to classroom instruction only pertain to those teachers who reported teaching health education during the 2008-2009 school year.

1. Public school teachers reported spending the greatest amount of time (on average) on direct instruction regarding nutrition and dietary

patterns (average 101 minutes) and the least amount of time on instruction regarding STD and pregnancy prevention (2 minutes).

2. More than half of the teachers reported conducting health education activities designed to increase students' knowledge, attitudes, and skills related to nutrition and dietary patterns (82.6%), physical activity and fitness (75.5%), oral health (68.6%), tobacco use prevention (64.5%), unintentional injury prevention (safety education, 58.8%), and alcohol and other drug use prevention (57.7%).
3. More than half the teachers indicated that they implemented health education activities to help their students recognize the benefits of health-enhancing behavior (79.6%), develop conflict resolution skills (73.7%), understand disease prevention and health promotion (71.3%), develop goal-setting and decision-making skills (70.8%), develop interpersonal communication skills (67.9%), contribute to the health of their family, peers, schools (67.2%), and develop skills to advocate for health (51.5%).
4. Fewer than half of the teachers reported attempting to involve parents in health education through providing information to parents about health education (39.4%), at-home learning assignments for students and parents (22.6%) or through presentations to groups of parents (13.9%).
5. The largest groups of teachers taught health education only integrated into other subjects (40.8%) or as a separate subject (39.2%). In contrast, only one-fifth (20.0%) of the teachers taught health education as a separate subject that was also integrated with other subjects to their students.
6. A majority of teachers used instructional techniques including group discussion activities (81.5%), cooperative learning (80.1%), decision-making activities (77.0%), problem-solving activities (70.4%), applied hands-on activities (70.2%), role playing (60.0%), and value-related discussion activities (53.3%).
7. The largest group of teachers used skills demonstrations (48.9%) as a technique for assessing student achievement in health education followed by individual projects (42.5%), group projects (37.3%), and

FINDINGS – Elementary Teachers

written tests (25.7%). Many fewer used student portfolios (7.5%) as a means of assessing student achievement in health education.

8. Fewer than one-quarter (27.9%) of the teachers reported that their students received a grade in health education.
9. Very few teachers (15.3%) reported that their students used a health education textbook. Of those who did use a textbook, a slight majority (54.5%) of teachers used textbooks as a basis for instruction.
10. One in nine of the teachers (11.1%) used trained middle or high school teachers as instructors in their health education classes.
11. Three-quarters of teachers (75.0%) reported never meeting with other elementary teachers in their school or school district to coordinate health education activities.
12. Less than half the teachers organized health-related activities or projects with parents or individuals representing other areas of the coordinated school health program (physical education teachers, school food service staff members, school health service staff, school counselors/psychologists, and others). The greatest percentage of teachers (40.6%) organized health-related activities with school counselors or psychologists.
13. Slightly more than half (51.8%) the teachers organized health-related activities or projects with their cooperative extension service. Fewer than half the teachers reported organizing activities with community groups such as the local health department (15.4%), local hospital (11.8%), voluntary health organizations (13.2%), local police department (41.2%), and local fire department (20.0%).
14. Few teachers (7.2%) indicated that their school or school district conducts any type of formal evaluation of the elementary health education program (not student evaluation, but evaluation of the program itself). Much greater numbers reported that there was no formal evaluation (50.0%) or that they were unaware if their school or district conducted any type of formal program evaluation (42.8%).

Health Education for Students with Disabilities

1. Less than half of public school teachers (46.0%) reported that their school provides health education for students with behavioral/cognitive/emotional disabilities. More than one-third (37.4%) was unaware if their schools provided health education for students with disabilities.
2. Of those schools that do provide health education for students with disabilities, the largest portion (46.8%) provide health education within the regular classroom setting.

Program Quality

1. While one-third (33.3%) of public school teachers rated the quality of health education provided to their students as at least good, very few of them (3.7%) considered it to be excellent.
2. While slightly less than half (46.3%) of the teachers considered the quality of health education provided to their students to be average, the remaining 17.9% rated it as poor.

Program Coordination

1. The majority of public school teachers (73.5%) described the coordination of health education among the different grades within their schools as either loosely coordinated or not coordinated at all.
2. While more than half (53.6%) of the teachers described the coordination of health education in their schools with the upper grades as either loosely coordinated or not coordinated at all, a large portion (42.7%) responded “Don’t Know” to the survey question regarding the coordination of health education in their schools with the upper grades.
3. More than half (57.8%) of the teachers identified the classroom teacher as the individual that provides the primary health care instruction within their school.

Professional Preparation / In-service Training

1. A majority of public school teachers (52.4%) have taken at least two college courses that focused on health education.
2. In contrast, a majority (73.2%) of the teachers reported never having attended a staff development workshop that focused on health education during the previous two years. Only a small minority (8.6%) of the teachers reported having attended two or more workshops during this time.
3. A majority (54.3%) of public school teachers consider themselves somewhat well prepared to teacher health education. Only a small minority (10.8%), however, consider themselves well prepared to teacher health education.
4. Fewer than one-third of the teachers indicated that they had received professional development on any specific health education topic. The largest number indicated they had received professional development related to conflict resolution skills (29.9%), curriculum development strategies (26.1%), goal-setting and decision-making skills (25.3%), and physical activity (25.0%).
5. More than half the teachers indicated that they desired additional inservice training regarding awareness of health education resources (59.9%), health instructional strategies (56.5%), and nutrition and dietary patterns (54.0%). Other topics of interest included conflict resolution skills (48.2%) and parent involvement in health education (48.2%).
6. STDs and pregnancy prevention (8.5%), HIV prevention (11.2%), and family life and human sexuality (18.5%) were named as the least desired inservice training topics for public school teachers.

Barriers to Improving Health Education

1. Lack of instructional time (58.6%), money (29.6%), and non-monetary resources (24.1%) were cited as the greatest barriers to improving health education by public school teachers.

2. Other barriers to improving health education mentioned much less frequently by teachers included lack of health education training (9.4%), lack of school district support (6.6%), lack of parental support (5.2%), and lack of administrative support (5.1%).

Wellness Policy

1. The largest group (39.8%) of teachers reported that they were aware of the wellness policy but had not used it to guide their teaching and practice.
2. While slightly more than one-quarter (28.3%) of the teachers were aware of the wellness policy and used it to guide their teaching and practice, nearly one-third (31.9%) of them were not aware of the policy.

FINDINGS – Elementary Teachers

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BACKGROUND INFORMATION

Table 35. Years of Experience as an Elementary Principal (including 2009-2010)

	No.	%
One Year	32	18.2
2-5 Years	76	43.2
6-9 Years	32	18.2
10-14 Years	24	13.6
15 Years or More	12	6.8

Table 36. School Enrollment

	No.	%
Less than 100 Students	16	9.1
100-200 Students	63	37.8
201-300 Students	40	22.7
301-400 Students	26	14.8
More than 400 Students	31	17.6

Table 37. 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?

	No.	%
Physical activity	52	31.7
Nutrition	49	29.9
Tobacco-use prevention	39	23.9
Asthma	19	11.7
Injury and violence prevention	36	22.1

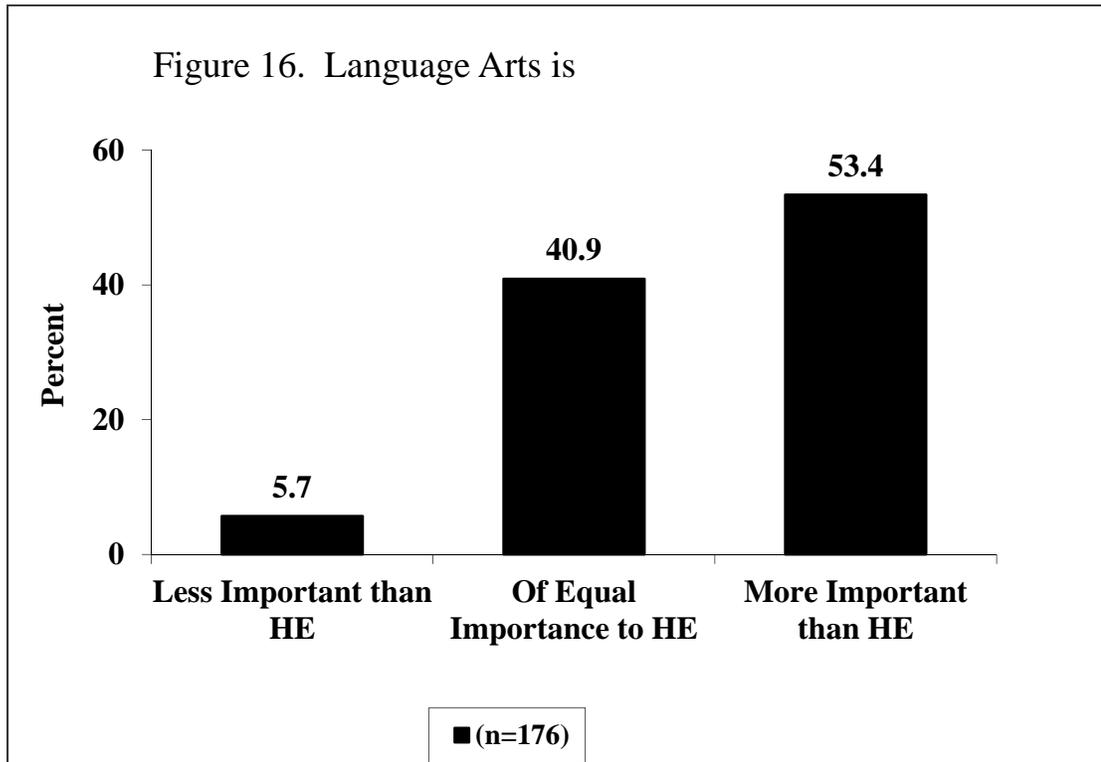
Note: Figures represent those who answered yes.

IMPORTANCE OF HEALTH EDUCATION

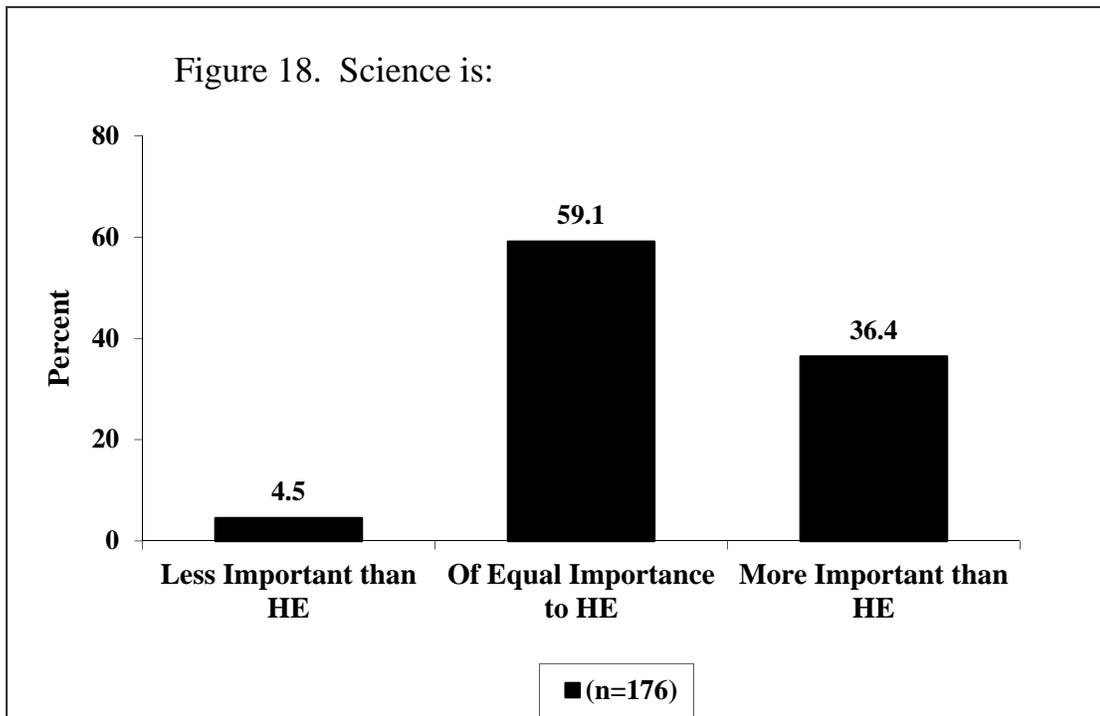
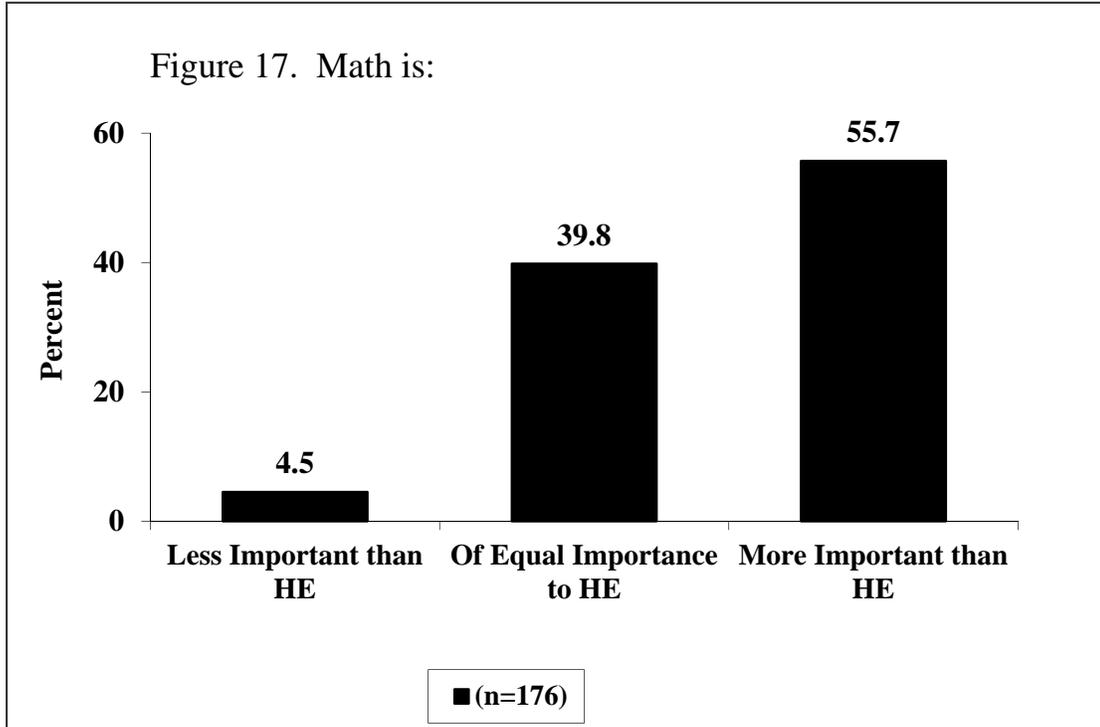
Table 38. How important do you think quality health education is for your students?

	No.	%
Very important	139	79.0
Somewhat important	36	20.5
Not important at all	1	0.6

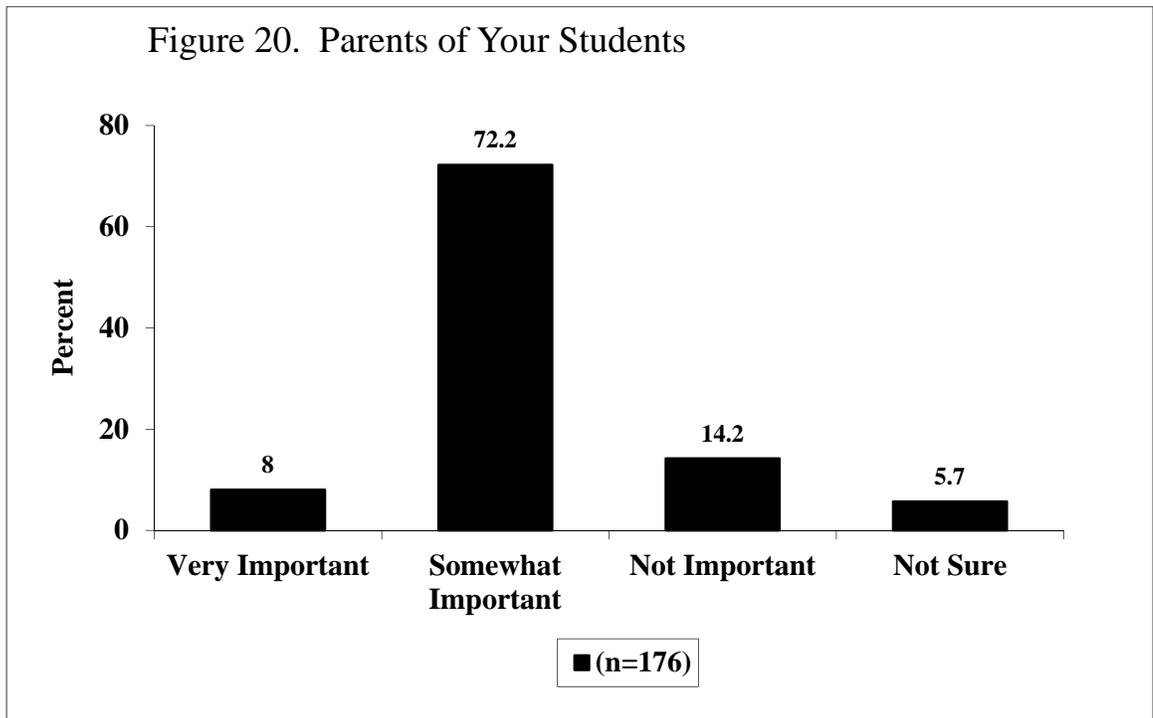
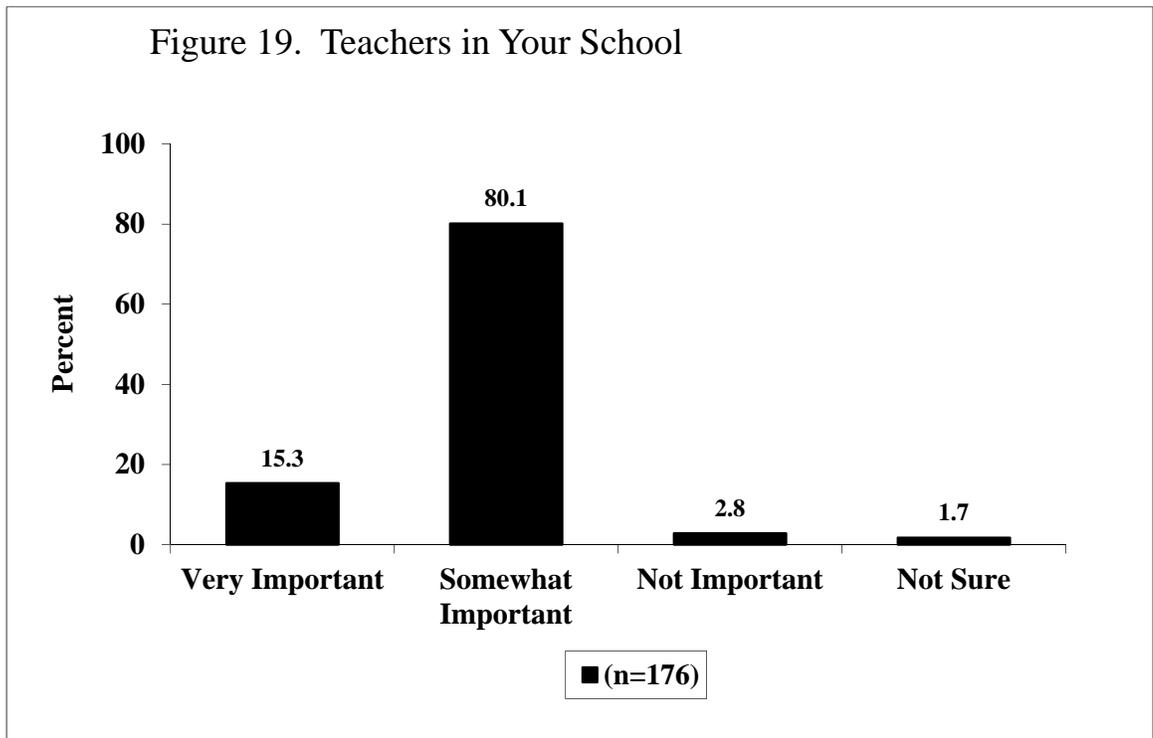
How would you compare the importance of the following subjects to health education (HE)? (Figures 16-18)



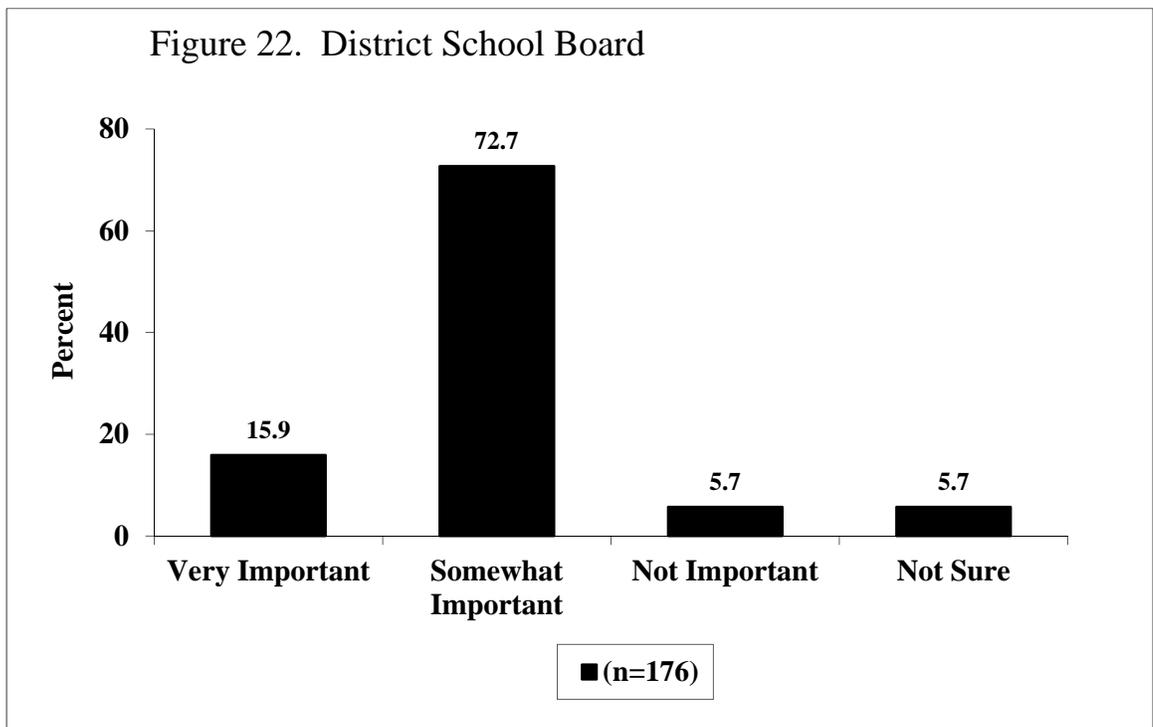
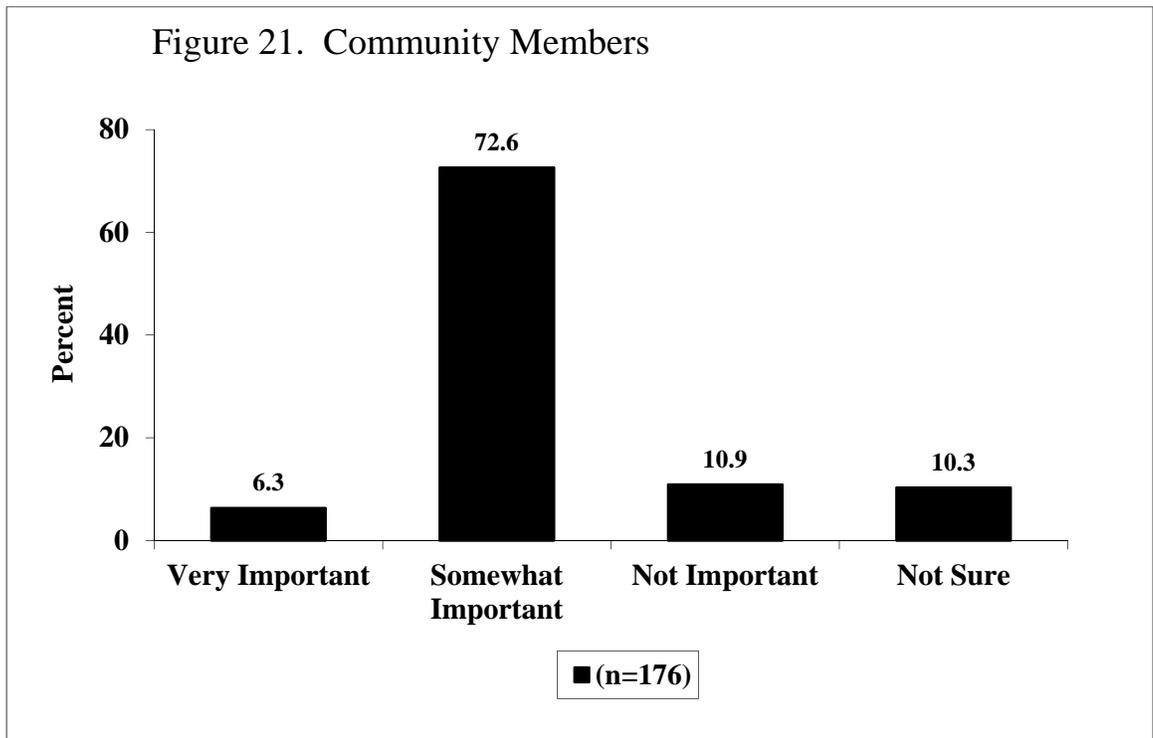
How would you compare the importance of the following subjects to health education (HE) (continued)? (Figures 16-18)



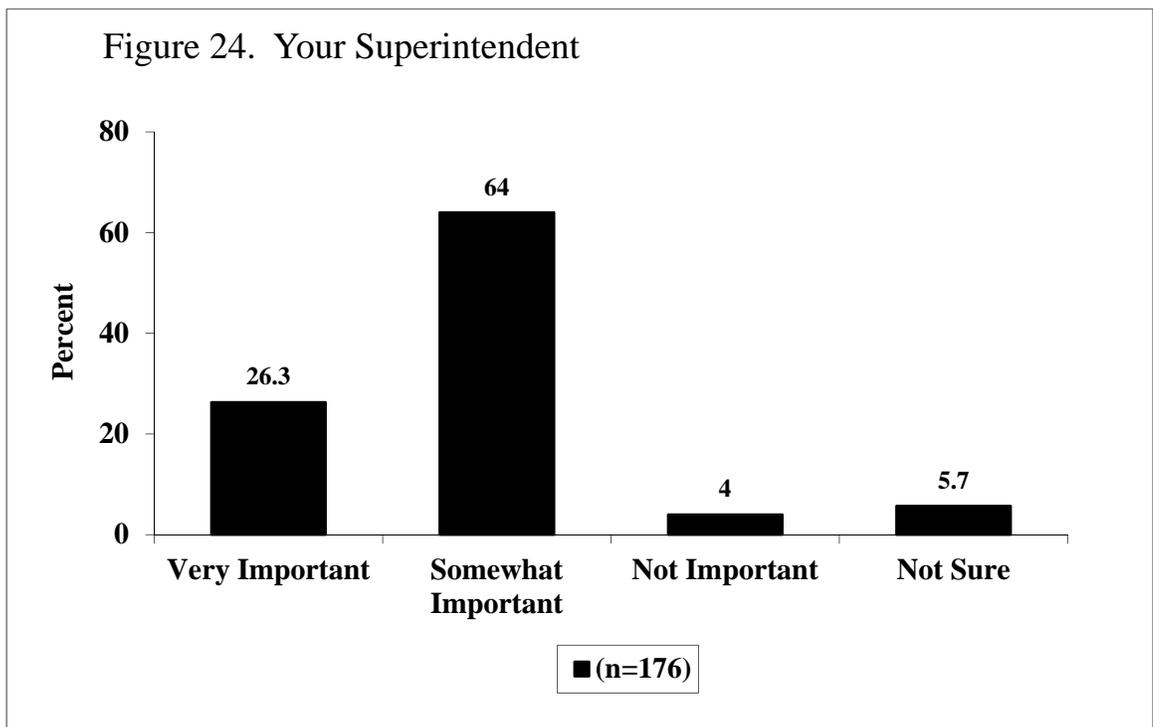
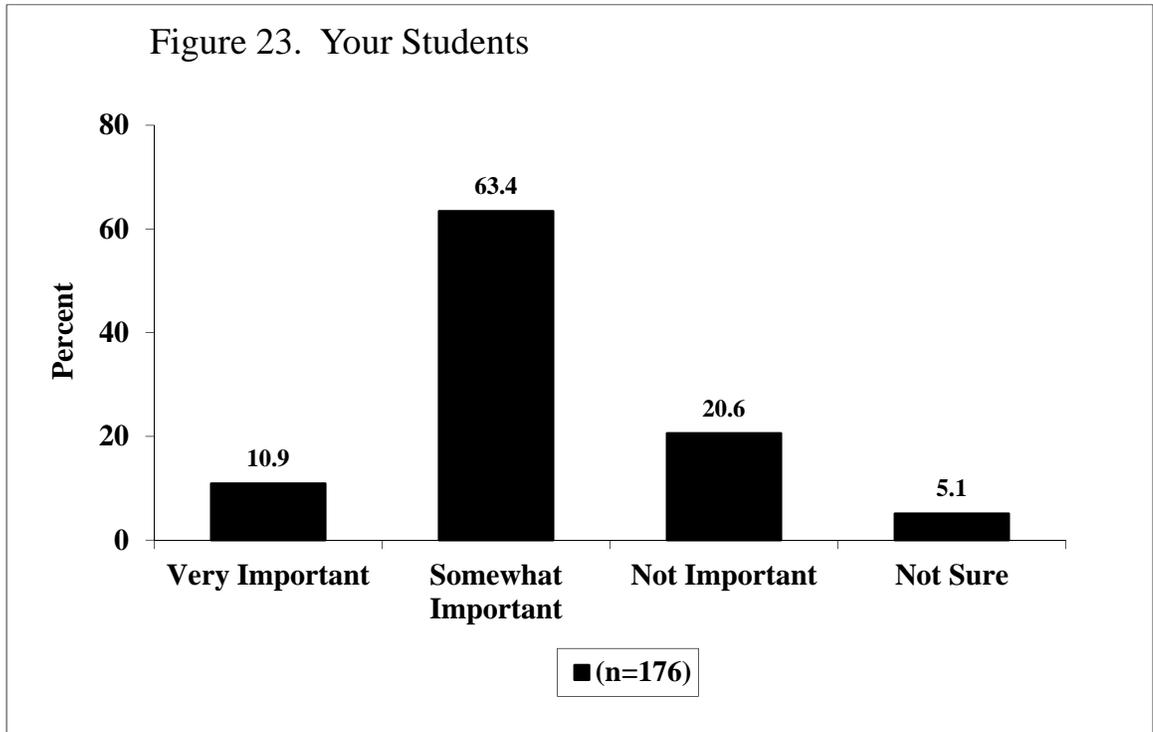
What is your perception of the importance placed upon health education by each of the following persons? (Figures 19-24)



What is your perception of the importance placed upon health education by each of the following persons (continued)? (Figures 19-24)



What is your perception of the importance placed upon health education by each of the following persons (continued)? (Figures 19-24)



HEALTH CURRICULUM AND INSTRUCTION

Table 39. Does your school district have a written health education curriculum for the elementary grades?

	No.	%
Yes	63	36.0
No	109	62.3
Don't know	3	1.7

Tables 40-44 represent questions that were asked only of respondents who reported that their school district had a curriculum.

Table 40. Which of the following best describes your health education curriculum?

	No.	%
Elementary health education curriculum only	16	25.4
Part of a K-12 health education curriculum.	44	69.8
Don't know	3	4.8

Table 41. Which of the following best describes your health education curriculum?

	No.	%
Developed within the district	21	33.9
Packaged curriculum developed outside the district	13	21.0
Combination of district-developed and outside curriculum	27	43.5
Not sure	1	1.6

Table 42. How would you describe the relationship of the curriculum to your classroom instruction?

	No.	%
Instruction closely follows curriculum	21	33.9
Instruction somewhat follows curriculum	35	56.5
Instruction does not follow curriculum	6	9.7

Table 43. Was training specific to the curriculum provided to teachers?

	No.	%
Yes	18	30.0
No	29	48.3
Don't know	13	21.7

Table 44. Was a committee used to develop/select the health education curriculum?

	No.	%
Yes	43	69.4
No	12	19.4
Don't know	7	11.3

Table 45-46 represent questions that were asked only of those principals who reported having used a committee to develop/select a health education curriculum.

Table 45. Were any of the following groups of people represented on the curriculum committee?

	No.	%
Elementary teachers	40	95.2
Parents	33	78.6
School nurses	31	72.1
Community members	27	67.5
School board members	24	61.5
School health coordinator	22	59.5
School counselors	20	57.1
Curriculum coordinators	36	83.7
District or school administrators	38	90.5
School food service manager/staff	19	50.0
Students	17	43.6
Dietitians	9	24.3
Cooperative extension educator	7	18.9
Family and Consumer Science (FACS) educator	12	34.3
Others	1	0.6

Note: Figures represent those who answered yes.

Table 46. Are any of the following curricula used entirely or partially in your health education program?

	No.	%
<i>Growing Healthy</i>	18	43.9
<i>HealthEdventure</i>	14	34.1
<i>Lifeskills Training</i>	11	26.2
<i>The Great Body Shop</i>	5	12.2
<i>Activities for Health</i>	5	12.2
<i>Health Skills for Life</i>	4	9.8
<i>Know Your Body</i>	3	7.3
<i>HealthTeacher.com</i>	2	4.9
<i>Health ‘N’ Me</i>	2	4.8
<i>DiscoveryHealthConnection.com</i>	1	2.4
<i>Here’s Looking at You</i>	1	2.4
<i>Michigan Model</i>	1	2.4
Other	9	5.1

Notes:

- (1) Percentages may sum to greater than 100.0 due to use of multiple curricula in a school.
- (2) Presentation of any particular curriculum does not constitute endorsement, approval or recommendation for adoption of that curriculum. All selection of curricular programs or items should be made by local school boards or administrators.

Table 47. Which best describes how health education is taught to your students?

	No.	%
As a separate subject only	43	24.6
As a separate subject and integrated with others	52	29.7
Integrated into other subjects only	80	45.7

Note: Figures represent percentage those who answered yes.

Table 48. During the past two years, have your school’s classroom teacher’s organized health-related activities or projects for your students with any of the following persons?

	No.	%
Physical education teachers	131	77.1
School food service staff member	83	48.5
School health service staff	90	53.6
School counselors/school psychologist	75	44.6
Parents	45	28.3
Others	16	9.1

*Note: (1) Figures represent percentage of those who answered yes.
 (2) Percentages may sum to greater than 100.0 due to multiple responses.*

Table 49. During the past two years, have your school’s classroom teachers organized health-related activities or projects for your students with any of the following community groups?

	No.	%
Local health department	64	37.4
Local hospital	54	31.8
Voluntary health organizations	41	24.1
Local police department	81	47.6
Local fire department	87	51.5
Others	10	5.7

*Note: (1) Figures represent percentage of those who answered yes.
 (2) Percentages may sum to greater than 100.0 due to multiple responses*

Table 50. During the previous school year, did you or your school involve parents in any of the following activities?

	No.	%
A survey to solicit input into your health education program	17	9.8
A school newsletter to inform parents about your health education program	56	32.0
Using a local newspaper to inform parents about your health education program	28	16.0
Using local radio/television to inform parents about your health education program	6	3.4
Using internet/email to inform parents about your health education program	32	18.5

Note: Figures represent those who answered yes.

Table 51. During the current school year, how would you describe parental feedback about health education in this schools?

	No.	%
Mainly positive feedback	43	24.6
Mainly negative feedback	4	2.3
Equally balanced between positive and negative	5	2.9
No feedback received	123	70.3

HEALTH EDUCATION FOR STUDENTS WITH DISABILITIES

Table 52. Does your school provide health education for students with behavioral/cognitive/emotional disabilities?

	No.	%
Yes	113	64.2
No	55	31.3
Don't know	8	4.5

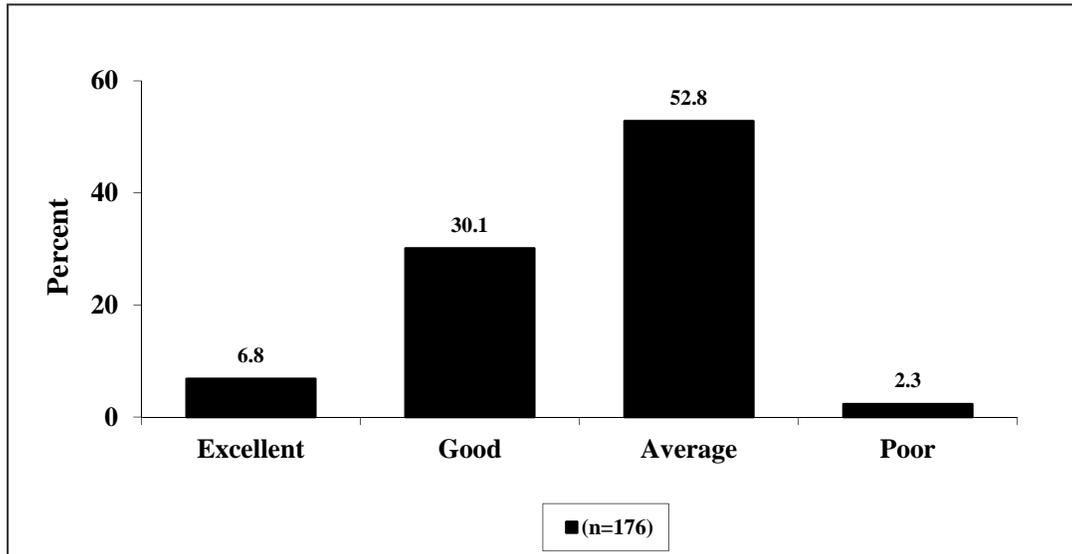
Table 53. If your school *does* provide health education for students with behavioral/cognitive/emotional disabilities, are they placed in any special education classes for health education or are they included in the regular classroom?

	No.	%
Special Education Classes	3	2.5
Regular Classroom	89	75.4
Both Placements Are Used	24	20.3
Don't Know	2	1.7

Note: Responses only from those who answered yes to previous question.

PROGRAM QUALITY

Figure 25. How would you describe the quality of health education provided to students in your school?



ADMINISTRATION OF HEALTH EDUCATION

Figure 26. How would you describe the coordination of health education among the different grades within your elementary school?

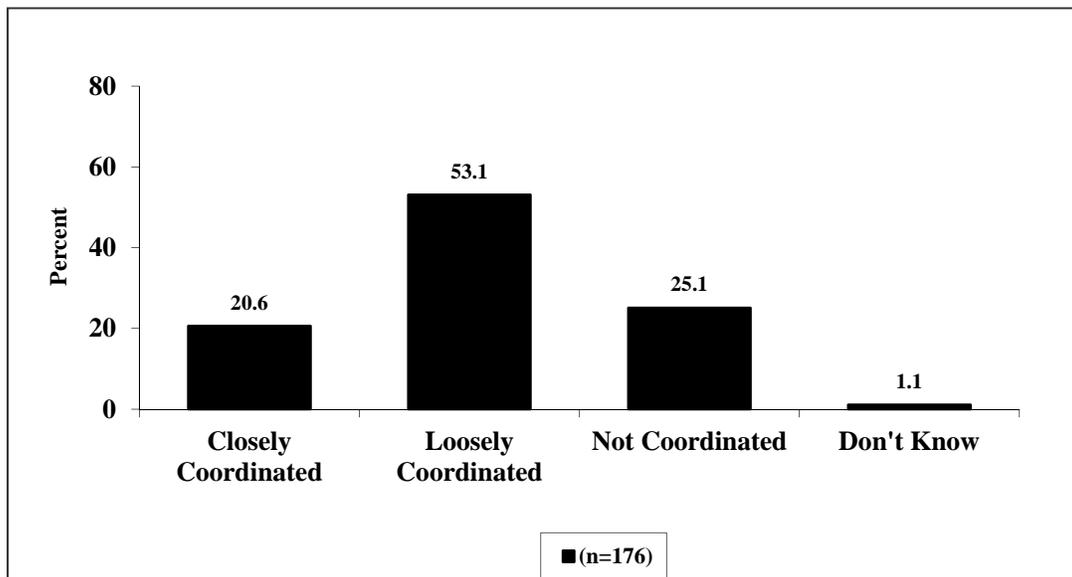


Figure 27. How would you describe the coordination of health education in your school with health education in the upper grades (middle school/high school) in your school district?

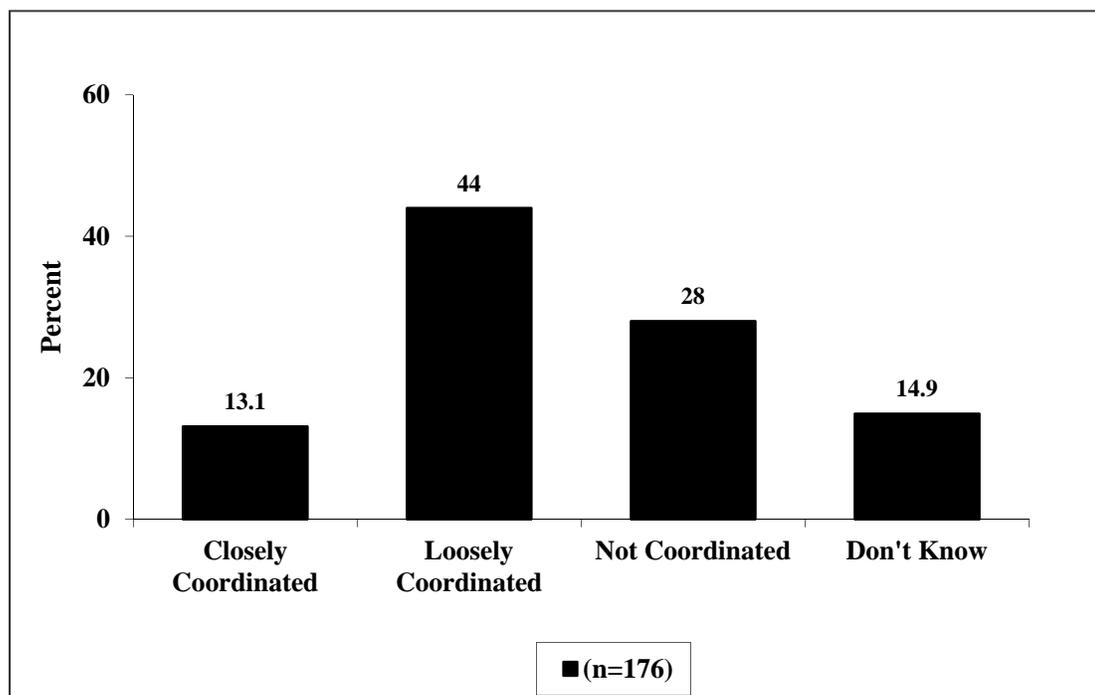


Table 54. Does your school or school district support health education-related in-service training or staff development in any of the following areas?

	No.	%
Provides stipends	57	34.1
Provides reimbursement	90	52.9
Provides substitute teachers	107	63.3
Offers inservice training locally	91	54.4
Other	5	2.8

Note: (1) Figures represent percentage of those who answered yes.

(2) Percentages may sum to greater than 100.0 due to multiple responses.

Table 55. Does your school have a person responsible for coordinating school health education at the elementary grade level?

	No.	%
Yes	86	49.1
No	83	47.4
Don't know	6	3.4

Table 56. Can students in your school be exempted or excused by parental request from all or parts of the health education program?

	No.	%
Yes	112	65.5
No	59	34.5

Table 57. If your school *does* permit students to be exempted or excused by parental request from all or parts of the health education program approximately what percentage of students were exempted or excused during the past (2008-2009) school year?

	No.	%
Less than 1%	88	73.9
From 1% to 5%	11	9.2
Don't Know	20	16.8

Table 58. Do academic areas in your school have their own budget?

	No.	%
Yes	50	28.6
No	125	71.4

Table 59. Does health education have its own budget?

	No.	%
Yes	35	20.0
No	140	80.0

SCHOOL HEALTH POLICIES AND PRACTICES

Table 60. Does your school have a person responsible for coordinating school health and wellness activities?

	No.	%
Yes	70	40.7
No	88	51.2
Don't know	14	8.1

Table 61. Does your school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to health education?

	No.	%
Yes	64	36.6
No	100	57.1
Don't know	11	6.3

Table 62. If your school *does* have a school health advisory council or other similar committee, which of the following groups of people are represented on it?

	No.	%
Students	40	53.3
Parents	53	69.7
Teachers	75	96.2
District or school administrators	74	96.1
Nutrition programs/Food service staff	60	80.0
School nurses	56	72.7
School counselors	46	60.5
School board members	46	61.3
Public health department staff	22	31.0
Medical community (e.g., doctors, nurses, dietitians, dentists, etc.)	28	38.9
Local business community representative	24	34.3
Others	1	0.6

Note: Figures represent those who answered yes.

Table 63. School districts are required to have a wellness policy in place which must address nutrition education, physical activity, other school-based activities and nutrition standards for all foods served during the school day as well as a method to measure success. Please indicate the status of your district’s wellness policy process.

	No.	%
Wellness policy has been distributed w/in our school community	70	85.4
Wellness policy has been provided to our local community members	51	63.0
Wellness policy has been approved but is not utilized	21	25.3
Wellness policy is used to guide decisions regarding student health	63	76.8
Wellness policy is followed closely	36	43.9
Wellness policy implementation has been measured	19	23.8
I am not aware of the district’s progress on wellness policy implementation	7	9.0

NUTRITION-RELATED POLICIES AND PRACTICES

Table 64. How long do students usually have to eat lunch *once they are seated*?

	No.	%
Less than 20 Minutes	47	27.0
Twenty Minutes or More	126	72.4
School Does Not Serve Lunch	1	0.6

Note: Figures represent those who answered yes.

Table 65. Which of the following best describes your school’s recess and lunch scheduling?

	No.	%
Students have recess before eating lunch	42	24.0
Students have recess after eating lunch	93	53.1
Students have recess before and after eating lunch	28	16.0
Students have no recess	1	0.6
Recess and lunch schedule vary greatly depending on grade level	11	6.3

Note: Figures represent those who answered yes.

Table 66. Can students purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar?

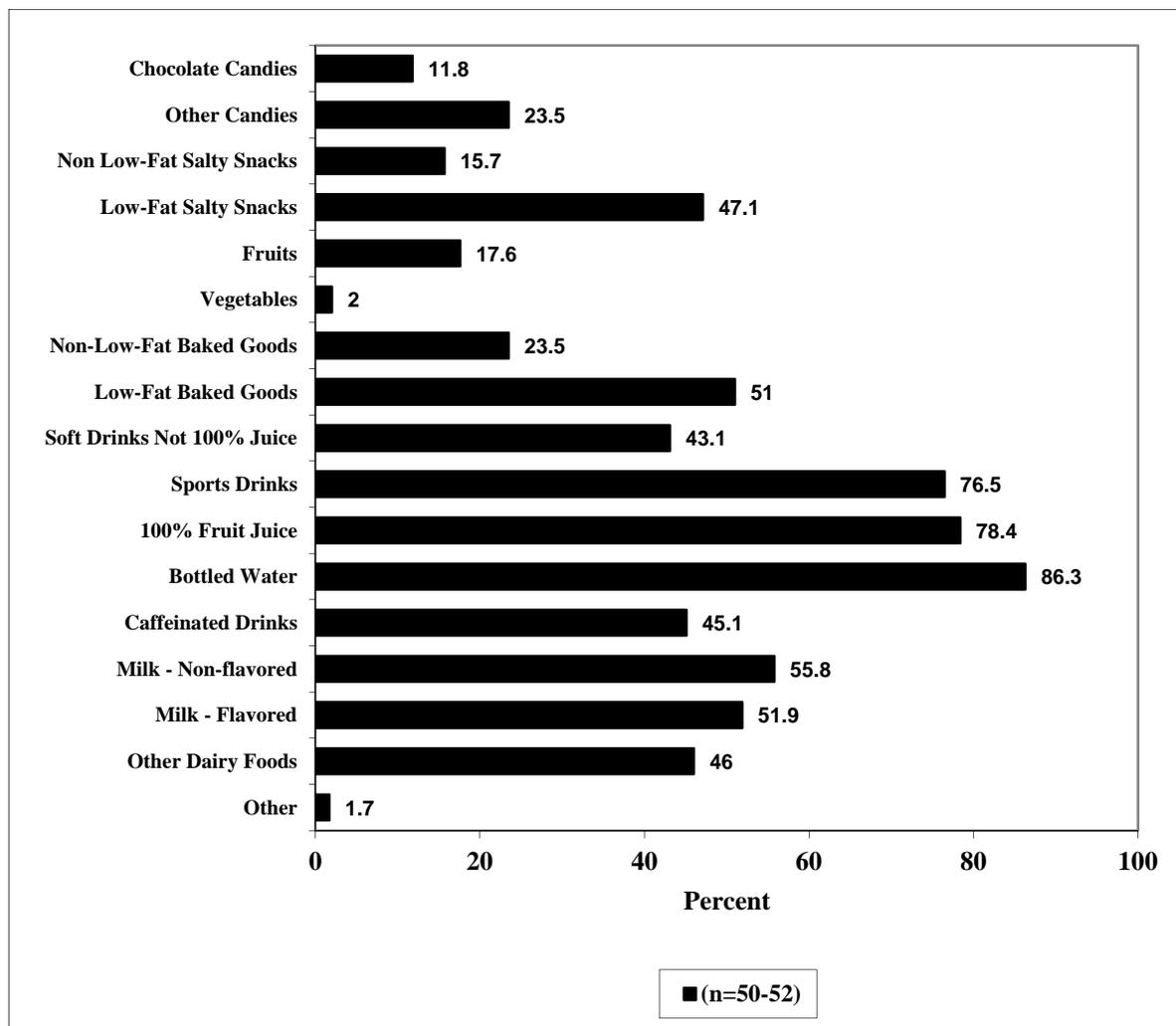
	No.	%
Yes	46	26.1
No	129	73.3

Table 67. During which time of the day are students permitted to purchase snack foods or beverages from vending machines or at the school store, canteen, snack bar, or school food service?

	No.	%
Before school only	1	2.0
After school only	11	22.4
Before and after school	18	36.7
Any time during the day	19	38.8

Note: Figures represent those who answered yes to previous question.

Figure 28. Can students purchase any of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar?



PHYSICAL EDUCATION

Table 68. How many *required* physical education courses do students take in grade K-6 in this school?

	No.	%
No courses	4	2.3
1 Course	28	16.0
2-3 Courses	15	8.6
4-5 Courses	8	4.6
6-7 Courses	112	64.0
8 / More Courses	8	4.6

Table 69. At which grade levels is physical education taught in this school?

	No.	%
Kindergarten	169	100.0
Grade 1	169	100.0
Grade 2	169	100.0
Grade 3	167	99.4
Grade 4	169	98.8
Grade 5	169	98.8
Grade 6	125	86.2

Table 70. How frequently are *required* physical education courses taught in each grade level (Kinder through Grade 6) in this school and how long is each class period?

	Grade Level – Public Schools						
	K	1	2	3	4	5	6
Less than 1 day per week ¹	1.2	0.6	0.6	0.6	0.6	0.6	0.7
1-2 days per week ¹	76.8	75.6	75.8	75.0	75.8	74.4	54.5
3-4 days per week ¹	15.2	14.6	14.5	15.9	14.5	14.6	14.9
5 days per week ¹	6.7	9.1	9.1	7.9	7.9	9.1	12.7
Avg. Minutes per class ²	30.5	31.7	32.1	33.3	34.6	36.0	37.6

Note: ¹Figures represent percentage responses.

²Figures represent mean responses.

Table 71. Does the school require the physical education teacher to be endorsed by the state in physical education?

	No.	%
Yes	161	94.7
No	9	5.3

PHYSICAL ACTIVITY

Table 72. Does the school offer students opportunities to participate in before- or after-school intramural activities or physical education clubs?

	No.	%
Yes	80	45.7
No	95	54.3

Table 73. Outside of school hours or when school is not in session, do children or adolescents use any of this school’s activity or athletic facilities for *community-sponsored* sports teams or physical activity programs?

	No.	%
Yes	156	89.1
No	19	10.9

Figure 29. What are possible barriers to offering out-of-school time physical activity programs in your school?

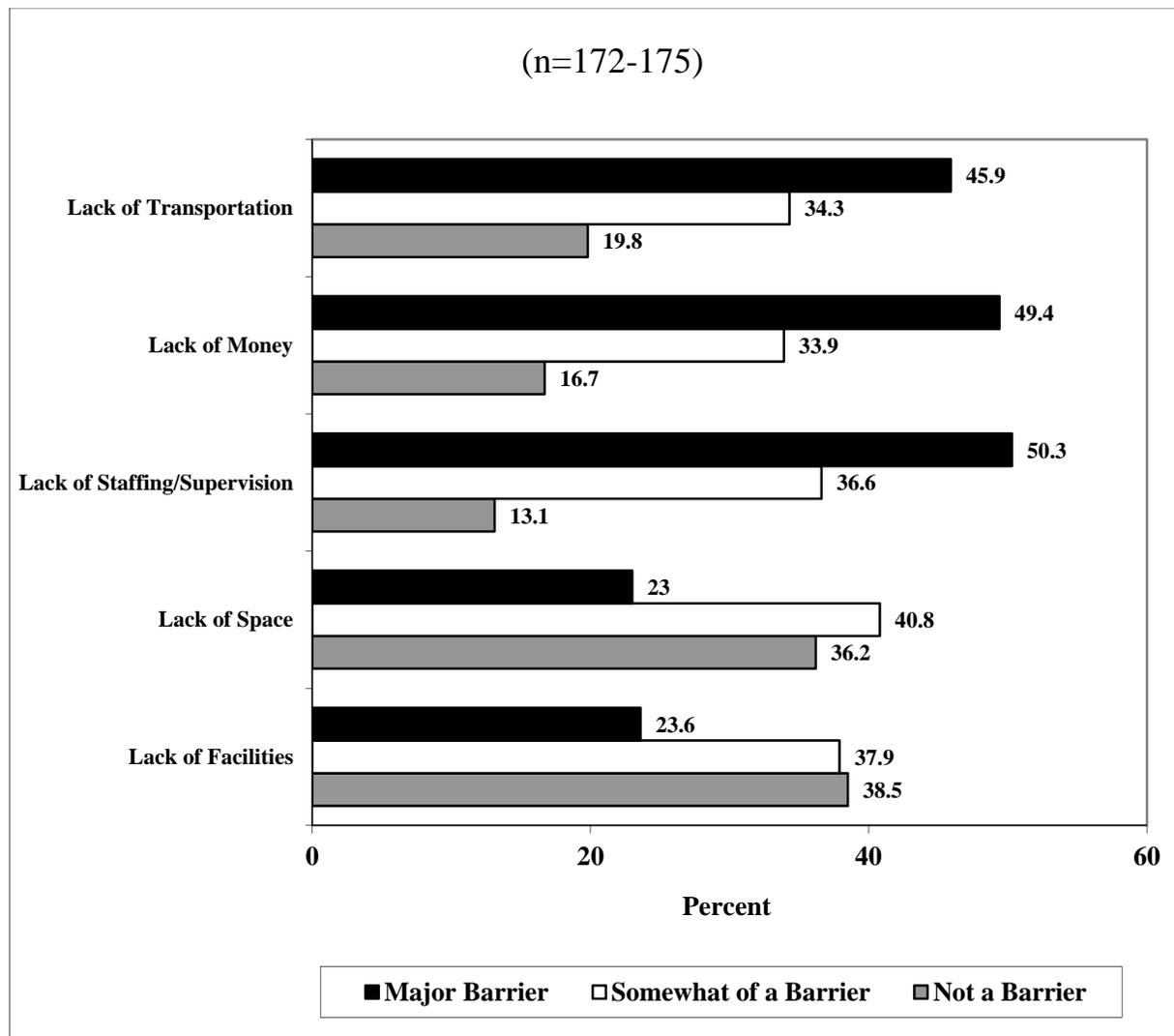


Table 74. Does your school support or promote walking or biking to and from or during school?

	No.	%
Yes	93	53.1
No	82	46.9

TOBACCO PREVENTION POLICIES

Table 75. Has this school adopted a policy prohibiting tobacco use?

	No.	%
Yes	165	93.8
No	11	6.3

Figure 30. 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?

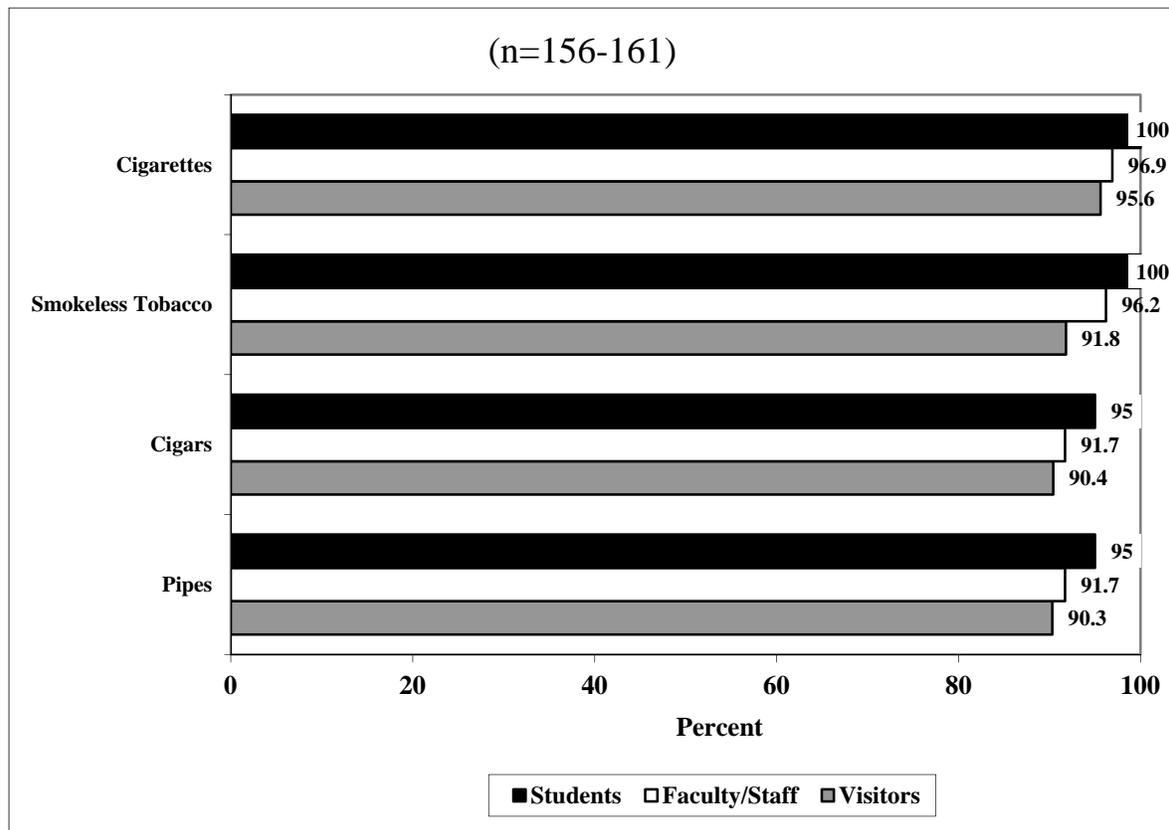


Figure 31. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

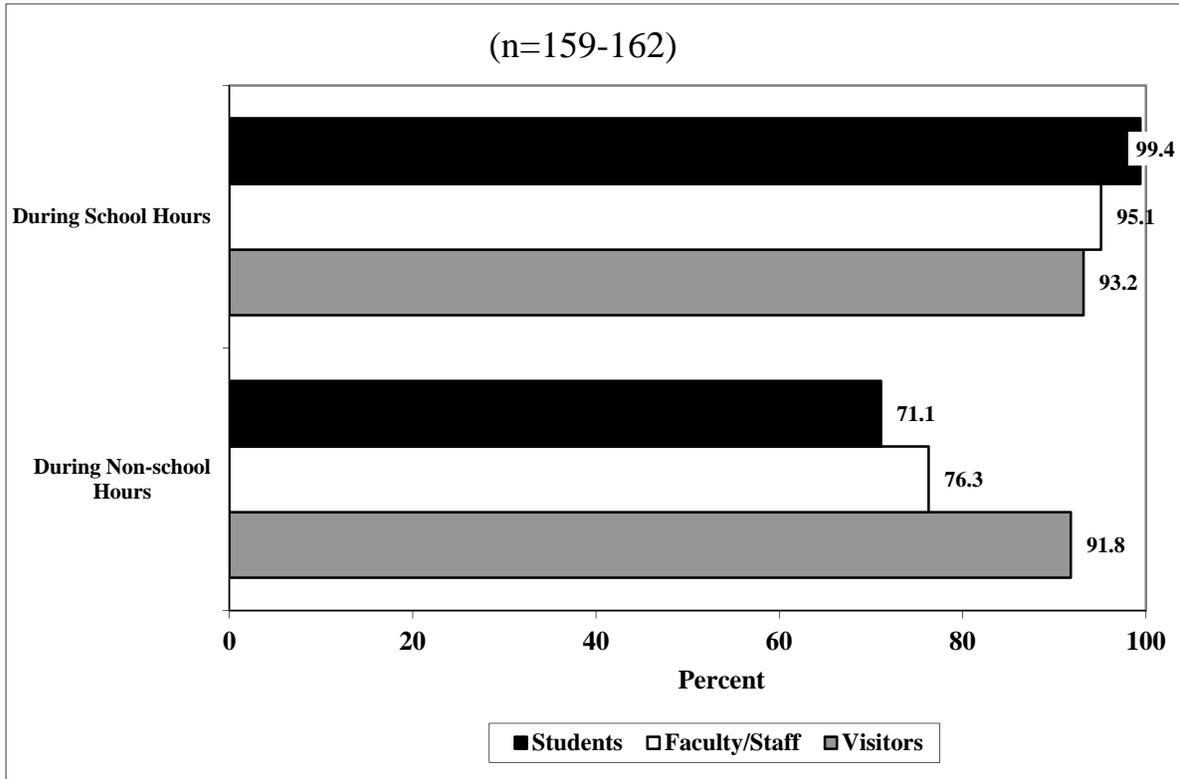
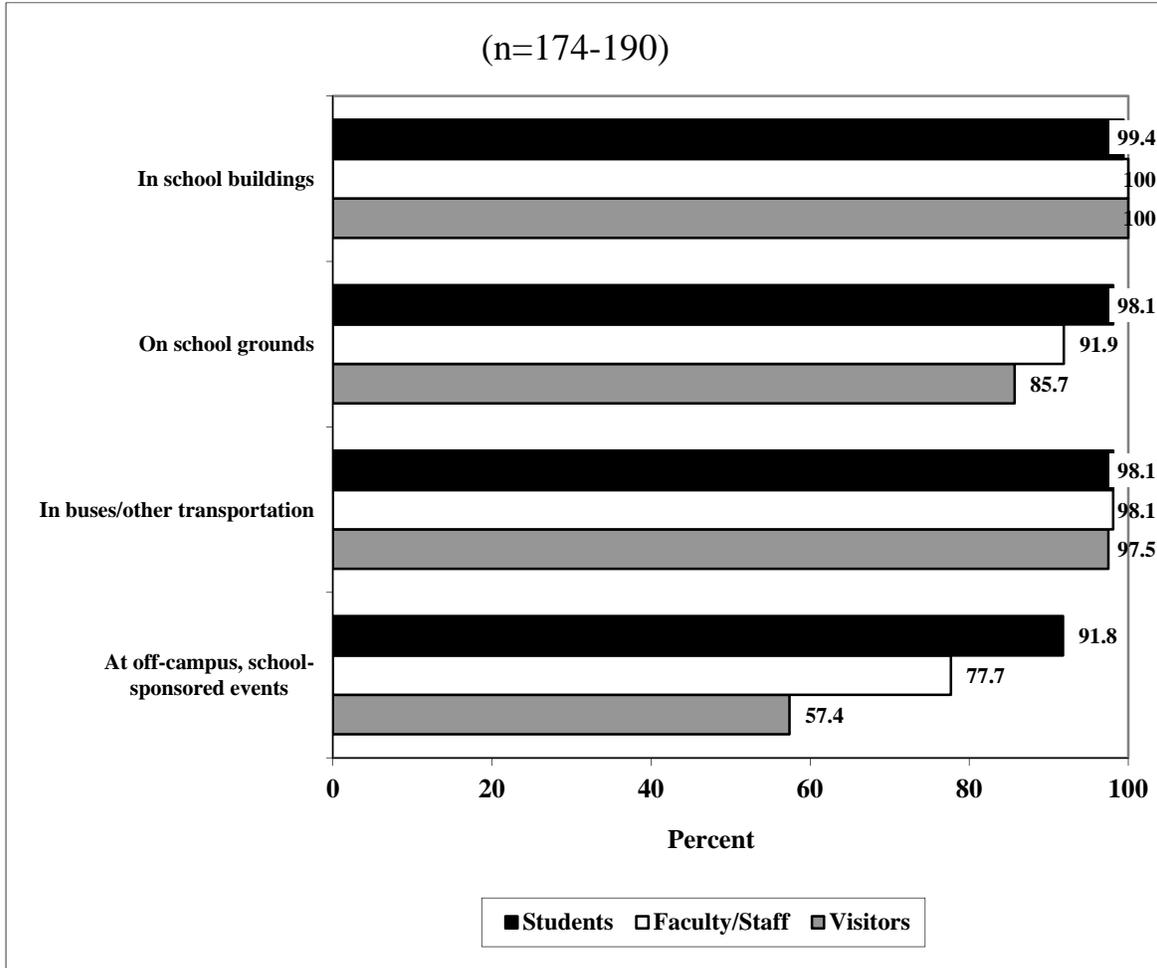


Figure 32. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?



Note: Figures represent those who answered yes.

Table 76. Which of the following individuals does your school designate to have primary responsibility for seeing that the tobacco use prevention policy is enforced?

	No.	%
No Single Individual is Responsible	60	36.8
Principal(s)	75	46.0
Teachers/Other Staff	19	10.8
Students	0	0.0
Parents	0	0.0
Others	13	7.4

*Note: (1) Figures represent percentage of those who answered yes.
 (2) Percentages may sum to greater than 100.0 due to multiple responses.*

Table 77. Does your school post signs marking a tobacco-free zone where tobacco use is not allowed by students, faculty, and staff, or visitors?

	No.	%
Yes	140	80.0
No	35	20.0

HIV INFECTION POLICIES

Table 78. Has this school adopted a written policy that protects the rights of and/or staff with HIV infection or AIDS?

	No.	%
Yes	99	59.3
No	68	40.7

Table 79. Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS?

	No.	%
Attendance of students with HIV infection	90	94.7
Procedures to protect HIV-infected students and staff from discrimination	89	93.7
Maintaining confidentiality of HIV-infected students and staff	90	93.8
Worksite safety (Universal precautions for all school staff)	90	95.7
Confidential counseling for HIV-infected students	78	85.7
Communication of the policy to students, school staff, and parents	84	90.3
Adequate training about HIV infection for school staff	81	86.2
Procedures for implementing the policy	84	90.3

Note: (1) Figures represent percentage of those who answered yes.

(2) Percentages may sum to greater than 100.0 due to multiple responses.

HEALTH SERVICES

Table 80. Is there a school nurse who provides standard health services to students at this school?

	No.	%
Yes	120	68.6
No	55	31.4

RESULTS – Elementary Principals

Table 81. At this school, would a student ever be permitted to carry and self-administer each of the following medications?

	No.	%
A prescription quick-relief inhaler	114	66.3
An epinephrine auto-injector (e.g., EpiPen [®])	72	41.4
Insulin or other injected medications	63	36.8
Any other prescribed medications	35	20.3
Any over-the-counter medications	44	25.6

Note: Figures represent those who answered yes.

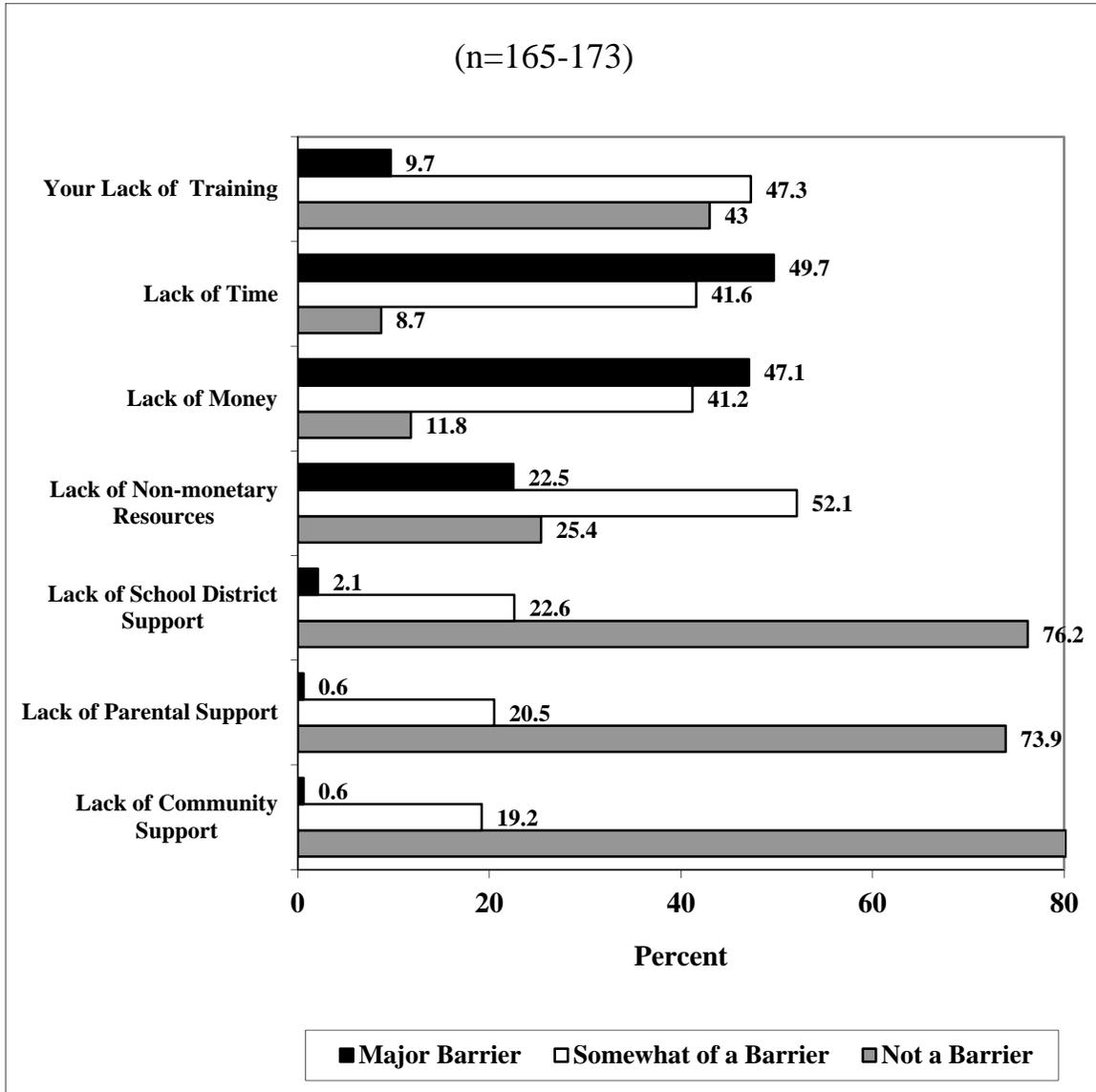
Table 82. Does your school provide each of the following health services to students at this school?

	No.	%
Identification or school-based management of chronic health conditions such as asthma or diabetes	109	63.0
Identification or school-based management of acute illnesses	97	56.4
An Asthma Action Plan (or individualized health plan) for all students with asthma	85	49.4
Immunizations	109	63.0

Note: Figures represent those who answered yes.

BARRIERS TO IMPROVING HEALTH EDUCATION

Figure 33. What are possible barriers that may prevent you from improving health education in your school?



FINDINGS

Findings from the principals' survey are summarized in separate subsections that comprise the remainder of this section of the report. Findings are presented for each individual item on the questionnaire.

Principals' findings are presented in the following categories:

- Importance of Health Education
- Curriculum
- Instruction
- Health Education for Students with Disabilities
- Program Quality
- Program Coordination
- Administration of Health Education
- Required Physical Education Courses
- Tobacco Prevention Policies
- Nutrition-related Policies and Practices
- HIV Infection Policies
- Health Services
- Barriers to Improving Health Education

Importance of Health Education

1. While most public school principals (79.0%) stated that quality health education is very important for their students, nearly every principal (99.4%) indicated that quality health education is at least somewhat important for their students.
2. While slightly more than half of the principals shared that language arts (53.4%) and mathematics (55.7%) are more important than health education, a majority (63.6%) considered health education to be of equal or greater importance than science.
3. While principals felt that other teachers in the school comprise the stakeholder group that places the greatest importance upon health education (95.4%) indicating either very important or somewhat important), they also shared that their superintendent, district school board,

community members, parents, and students consider health education to be very or somewhat important.

Health Curriculum and Instruction

1. Slightly more than one-third of the public school principals (36.0%) reported that their district had a written curriculum for elementary health education.

The findings below that relate to curriculum only pertain to those principals who reported that their school district had an elementary health curriculum.

2. The majority of public school principals (69.8%) indicated that their health education curriculum was part of the K-12 district-wide curriculum.
3. While slightly less than half of the principals (43.5%) described their health education curriculum as a combination of a curriculum developed within their district and outside curriculum materials, more than a third (33.9%) of the principals portrayed their curriculum as developed entirely within the district.
4. More than half of the principals (56.5%) believed that instruction follows the curriculum moderately, while slightly over a third (33.9%) felt that instruction closely follows the curriculum.
5. Fewer than half (48.3%) of the principals stated that training specific to the health education curriculum was provided for their teachers.
6. Nearly three-quarters (69.3%) of the principals reported that a committee was used to develop or select the health education curriculum in their district.
7. At least half of the public school principals who reported that a committee was used indicated that the following groups were members of that committee: elementary teachers (95.2%), school or district administrators (90.5%), curriculum coordinators (83.7%), parents (78.6%), school nurses (72.1%), community members (67.5%), school board members (61.5%), school health coordinators (59.5%), school counselors (57.1%), and school food service managers or staff (50.0%).

8. In school districts having an elementary health education curriculum, *Growing Healthy* is the curriculum used to the greatest degree by the school districts (43.9%). Other texts used by more than one-quarter of the schools include *HealthEdventure* (34.1%) and *Lifeskills Training* (26.2%).
9. The greatest number of principals from public schools (45.7%) reported that health education was taught to their students as a subject that was integrated into other subjects only. In contrast, the fewest principals (24.6%) indicated that health was taught as a separate subject only in their schools.
10. A majority of principals reported that their classroom teachers organized health-related activities or projects with physical education teachers (77.1%), school health service staff (53.6%), and school food service staff (48.5%).
11. Close to half of the principals reported that their classroom teachers organized health-related activities or projects with the local fire department (51.5%) or local police department (47.6%).
12. Fewer than half the principals signified that they informed parents about the school health education program through newsletters, local newspapers, local radio/television stations, or internet/email. Newsletters, however, were the most commonly used medium (32.0%).
13. The majority (70.3%) of principals reported that during the 2009-2010 school year they received no parental feedback regarding the health education program in their school. However, principals described the feedback they did receive as mainly positive.

Health Education for Students with Disabilities

1. The majority (64.2%) of public school principals affirmed that their school provides health education for students with behavioral/cognitive/emotional disabilities.

2. Of those schools that do provide health education for students with disabilities, more than two-thirds (75.4%) of the principals reported that health education is provided within the regular classroom setting.

Program Quality

1. More than half (52.8%) of public school principals rated the quality of health education provided to their students as average.
2. Few of the principals considered the quality of health education provided to their students to be either excellent (6.8%) or poor (2.3%).

Administration of Health Education

1. Fewer than one-third of principals reported that their school used the School Health Index to assess their programs in the areas of physical activity (31.7%), nutrition (29.9%), tobacco-use prevention (23.9%), injury and violence prevention (22.1%), or asthma (11.7%).
2. While the majority (53.1%) of principals from public schools described their health education programs as loosely coordinated among the grades of their elementary schools, similar numbers of principals considered their school's health education programs to be either closely coordinated (20.6%) or not at all coordinated (25.1%).
3. While nearly half (44.0%) of the principals described the coordination of health education in their schools with the upper grades (middle and high school) in their school districts as loosely coordinated, more considered them to be not at all coordinated (28.0%) than closely coordinated (13.1%) with the upper grades.
4. The largest percentages of principals stated that their schools support health education-related in-service training and staff development by providing substitute teachers (63.3%), offering in-service training locally (54.4%), or providing reimbursement for training expenses (52.9%).
5. Just fewer than half (49.1%) of the principals indicated that their school has a person responsible for coordinating health education. Among the schools that do have a health education coordinator, the individual most

frequently charged with that responsibility is the physical education teacher, curriculum coordinator, or principal.

6. The majority (65.5%) of principals affirmed that students in their school may be exempted or excused by parental request from all or parts of the health education program. However, most principals (73.9%) of these schools clarified that during 2008-2009 less than 1% of the students in their schools were actually exempted or excused.
7. Slightly more than one-quarter (28.6%) of the principals indicated that academic areas in their schools have their own budgets. At the same time, fewer principals (20.0%) admitted that health education within their building had its own budget.

School Health Policies and Practices

1. Fewer than half (40.7%) of the principals indicated that their school has a person responsible for coordinating school health and wellness activities.
2. Fewer than half (36.6%) of the principals represent schools that have a health advisory council or similar committee that meets on a regular basis to address policies or programs related to health education.
3. In school districts that do have a health advisory committee, the groups most frequently represented on the council include teachers (96.2%), school or district administrators (96.1%), nutrition programs/food service staff (80.0%), school nurses (72.7%), parents (69.7%), school board members (61.3%), school counselors (60.5%), and students (53.3%).
4. The great majority of principals indicated that the wellness policy had been distributed within their school community (85.4%) and that the policy was being used to guide decisions regarding student health (76.8%). In contrast, few principals reported that they were unaware of the district's progress on implementing the wellness policy (9.0%).

Nutrition-Related Policies and Practices

1. The majority (72.4%) of public school principals indicated that in their schools students have 20 minutes or more to eat lunch once they are seated.

FINDINGS – Elementary Principals

2. The majority (53.1%) of principals reported that in their schools students have recess after eating lunch.
3. The majority (73.3%) of principals suggested that students can not purchase snack foods or beverages from vending machines at the school store, canteen, or snack bar. Those that do permit students to purchase snack foods or beverages from vending machines indicated that students may do so any time during the day (38.8%), either before and after school (36.7%), or after school only (22.4%)
4. Bottled water (86.3%), drinks that are 100% fruit juice (78.4%), and sports drinks (76.5%) are the most commonly available snack foods or beverages that students can purchase from vending machines at the school store, canteen, or snack bar.
5. Vegetables (2.0%), chocolate candies (11.8%), salty snacks that are not low in fat (15.7%), fruits (17.6%), other candies (23.5%), and baked goods that are not low in fat (23.5%) are the least commonly available snack foods or beverages that students can purchase from vending machines at the school store, canteen, or snack bar.

Physical Education

1. The majority (64.0%) of principals indicated that students in their schools take six or seven required physical education courses during their K-6 educational programs.
2. All principals indicated that physical education is taught in kindergarten through grade 2 in their schools. The fewest principals (86.2%) reported that physical education is taught in the sixth grade.
3. The majority of principals articulated that students in their schools most frequently take required physical education courses one to two days per week at every grade level from kindergarten through grade six. However, students in the sixth grade take required physical education courses slightly more frequently each week than students in the lower grade levels.

FINDINGS – Elementary Principals

4. Principals reported that the average length of physical education class periods is about 30 minutes for students in kindergarten through second grade, nearly 35 minutes for third-, fourth-, and fifth-grade students, and closer to 40 minutes for sixth graders.
5. The vast majority (94.7%) of principals indicated that their schools require the physical education teacher or specialist to be endorsed by the state in physical education.

Physical Activity

1. Fewer than half (45.7%) the principals stated that their schools offer students opportunities to participate in before- or after-school intramural activities or physical education clubs.
2. The great majority (89.1%) of principals indicated that children or adolescents use their schools' physical education or athletic facilities for community-sponsored sports teams or physical activities outside of school hours or when school is not in session.
3. Principals reported that lack of staffing/supervision (50.3%), lack of money (49.4%), and lack of transportation (45.9%) were the greatest barriers to offering out-of-school time physical activities in their schools.
4. Most principals (53.1%) stated that their school supports or promotes walking or biking to and from or during school.

Tobacco Prevention Policies

1. Nearly all public (93.8%) school principals indicated that their schools had adopted a policy prohibiting tobacco use.
2. The tobacco-use prevention policies adopted by schools specifically prohibits the use of cigarettes by students (100.0%), faculty/staff (96.9%), and visitors (95.6%) slightly more frequently than the use of smokeless tobacco, cigars, and pipes.
3. The tobacco-use prevention policies adopted by schools specifically prohibits the use of tobacco during school hours by students (99.4%),

faculty/staff (95.1%), and visitors (93.2%) more frequently than the use of tobacco during non-school hours.

4. The tobacco-use prevention policies adopted by schools specifically prohibits the use of tobacco in school building by students (99.4%), faculty/staff (100.0%), and visitors (100.0%) more frequently than the use of tobacco on school grounds, in buses, and at off-campus school-sponsored events.
5. The principal (46.0%) is most frequently designated to have primary responsibility for enforcing tobacco prevention policies at schools. In more than one-third of schools (36.8%), no single individual is responsible for enforcing tobacco prevention policies.
6. Well over three-quarters (80.0%) of principals reported that their schools post signs designating tobacco-free zones.

HIV Infection Policies

1. More than half (59.3%) of public school principals stated that their schools had adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS.
2. The majority of principals indicated that their written policies address each of the following issues for students and/or staff with HIV infection or AIDS:
 - ◆ Maintaining confidentiality of HIV-infected students and staff (93.8%)
 - ◆ Attendance of students with HIV infection or AIDS (94.7%)
 - ◆ Procedures to protect HIV-infected students and staff from discrimination (90.3%)
 - ◆ Worksite safety (universal precautions for all school staff) (95.7%)
 - ◆ Communication of the policy to students, school staff, and parents (90.3%)
 - ◆ Confidential counseling for HIV-infected students (85.7%)
 - ◆ Procedures for implementing the policy (90.3%)
 - ◆ Adequate training about HIV infection for school staff (86.2%)

Health Services

1. Slightly more than two-thirds (68.6%) of public school principals indicated there is a school nurse who provides health services to students at their school.
2. While nearly three-quarters (66.3%) of principals indicated that students could carry a prescription quick-relief inhaler in their school, fewer than half responded the same regarding an epinephrine auto-injector (e.g., EpiPen[®]) (41.4%), insulin or other injected medications (36.8%), any over-the-counter medications (25.6%), or any other prescribed medications (20.3%).
3. Nearly half or more of the principals indicated that their school provided the following health services to their students:
 - ◆ Identification or school-based management of chronic health conditions such as asthma or diabetes (63.0%)
 - ◆ Immunizations (63.0%)
 - ◆ Identification or school-based management of acute illnesses (56.4%)
 - ◆ An Asthma Action Plan (or individualized health plan) for all students with asthma (49.4%)

Barriers to Improving Health Education

1. A majority of public school principals cited lack of time (91.3%) and lack of money (88.3%) as either a major barrier or somewhat of a barrier to improving health education in their school.
2. The smallest percentage of principals indicated that lack of community support (19.8%) was at least somewhat of a barrier to improving health education in their school.

FINDINGS – Elementary Principals

CONCLUSIONS

1. **Elementary teachers and principals consider health education to be an important subject for students.** Public school teachers and principals agreed that health education is an important subject for students. In relation to other core academic subjects, teachers and principals consider health education more important in relation to science, but less important relative to language arts or math.
2. **Health education curriculum implementation appears to be moderately well integrated within the overall elementary curriculum.** Fewer than half of the public schools have a written health education curriculum; however, most principals believe that it is part of the K-12 curriculum. Additionally, nearly half the teachers and principals believed that classroom instruction closely follows the curriculum. Most school districts use a health education curriculum that is a combination of a curriculum developed within the district and commercially prepared materials with *Growing Healthy* being the most commonly used commercially prepared program.
3. **There is reasonably extensive stakeholder participation in the development or selection of the elementary health education curriculum; however teachers and principals disagree regarding the level of input and training afforded the teachers.** Most principals reported that a committee was used to develop or select the elementary health education curriculum for their district, and most teachers indicated that they had some involvement in the development of the health education curriculum for their school. Additionally, principals identified a variety of stakeholders from school and the community as members of their health education curriculum committees. However, while nearly all the principals believe that elementary teachers were present on curriculum committees, merely half the teachers indicated they had any input at all into their school's curriculum. Similarly, while nearly half the principals believed that teachers were provided with training designed to prepare them to implement the curriculum, fewer than one-fifth of the teachers indicated that they received such training. Finally, very few teachers reported meeting with any other elementary teachers in the district to plan or coordinate health education.

4. **Health education is generally taught as a subject that is integrated with other subjects.** Most teachers and principals indicated that in their schools, health was generally taught as a separate subject that was also integrated with other subjects. However, a slightly greater percentage of teachers than principals indicated that health was taught as a separate subject.
5. **Most teachers use student-centered active instructional techniques, but not with computers, to address a variety of health education content areas.** Most teachers reported using student-centered instructional activities such as cooperative learning, decision-making and problem-solving activities, role playing, value-related discussions, and hands-on activities. While fewer teachers reported using computer-assisted or Internet-assisted learning, these strategies were reported more frequently than in 2006-07. The most commonly taught health education content areas in 2008-2009 were designed to increase students' knowledge, attitudes, and skills related to nutrition and dietary patterns, physical activity and fitness, oral health, unintentional injury prevention, environmental health, and tobacco use prevention. The least commonly taught health education areas related to HIV and STDs, family life and sexuality, and intentional injury prevention (violence/suicide).
6. **Many teachers use a variety of techniques for assessing student achievement in health education.** The largest group of teachers reported using skill demonstrations for assessing student achievement in health education. Few teachers use student portfolios as a means of assessing student achievement. Additionally, few schools or school districts conduct any type of formal evaluation of the elementary school health education program.
7. **Parents and community members are afforded few opportunities for involvement in elementary health education.** Few teachers reported attempting to involve parents in health education through presentations to parent groups or at-home cooperative learning activities. In addition, fewer than half the principals reported that their school had an advisory council or similar committee involved in health education-related decision-making.

8. **There is limited two-way communications between schools and parents regarding elementary health education. However, more parental feedback regarding health education is positive than negative.** Few principals reported receiving any feedback from parents regarding the status of health education in their schools during the 2009-2010 school year. However, those receiving feedback reported it to be mainly positive. In addition, fewer than half the principals indicated that they kept parents apprised of their schools' health education program through school newsletters or local newspapers, radio, or television.
9. **Teachers and principals disagree regarding the level of involvement of individuals representing components of the coordinated school health program with health education teachers in health-related projects and activities.** Less than half the teachers reported organizing health-related projects or activities with individuals representing any components of the coordinated school health. In contrast, a majority of principals indicated that teachers organized projects and activities with a variety of individuals (including physical education teachers, school health service staff, school food service staff, and school counselors and psychologists) representing the coordinated school health program.
10. **The majority of students with disabilities are provided health education within the regular classroom setting.** While principals reported to a much greater extent than their teachers that their school provides health education to students with disabilities, both groups agreed to some extent that most students with disabilities receive health education within the regular classroom setting.
11. **While most teachers and principals believe that their health education programs are average, very few teachers or principals consider their health education programs to be excellent.** Most teachers and principals rated the quality of their school's health education program as good or average (with average being more commonly expressed). However, while more principals considered the quality of health education to be excellent than poor, more teachers considered the quality to be poor than excellent.

12. **Health education programs are loosely coordinated among the elementary grade levels, and are loosely coordinated with health education programs at the middle and high school levels.** Most teachers and principals described their health education programs as being either loosely coordinated or not coordinated at all among the different grades within their elementary school. Similarly, most teachers and principals described their health education programs as either loosely coordinated or not coordinated at all with health education in their district’s middle and/or high schools.
13. **The School Health Index is not commonly utilized as an assessment tool for health education.** Fewer than a third of the principals indicated that their schools used the School Health Index to assess any areas of their school health program.
14. **While most teachers consider themselves somewhat well prepared to teach health education, few teachers consider themselves well prepared or perceive that they receive adequate ongoing professional development.** Most teachers reported having taken at least two health-related courses during their college training. However, most teachers had not attended a staff development workshop that focused on health education during the past two years, and very few had attended two or more workshops during that period. The in-service topics of greatest interest to teachers include awareness of health education resources, health instructional strategies, nutrition and dietary patterns, conflict resolution skills, and parent involvement in health education.
15. **Few schools have a separate budget for health education.** A majority of principals from public schools reported that there is less likely to be a separate budget for health education than for other academic subjects in the school.
16. **Schools provide only a moderate level of ongoing oversight of health and wellness policies and practices.** Fewer than half the principals responded that their school has a specific individual responsible for coordinating school health and wellness activities. In addition, fewer than half the schools maintain a health advisory council or similar committee that meet regularly to address health education policies or practices.

17. **While the wellness policy has been distributed throughout most school districts and used to guide decisions regarding student health, teaching and practice are not yet generally guided by the policy.** The great majority of principals indicated that the wellness policy had been distributed their school community and that the policy was being used to guide decisions regarding student health. At the same time, fewer than half the teachers admitted that they were using the wellness policy to guide their teaching and practice.
18. **Students’ ability to purchase snack foods and beverages from vending machines remains limited within elementary school facilities.** Slightly more than one quarter of the elementary principals reported that their students could purchase snack foods or beverages from vending machines at the school store, canteen, or snack bar. While bottled water and other beverages are most commonly available for purchase from vending machines by elementary school students, fresh fruit and vegetables as well as baked goods and salty snacks that are not low in fat are least available.
19. **Most students participate in required physical education courses on a regular basis throughout their elementary school programs, with the upper elementary students participating more extensively.** The majority of principals reported that their students take six or seven required physical education courses throughout their K-6 educational programs. Principals also indicated that students generally attend physical education classes from one to three days per week for 30 to 40 minutes per class period, with the upper grade-level students attending slightly more frequently for longer periods of time.
20. **Elementary schools provide more extensive opportunities for children and adolescents to utilize their facilities for community-sponsored physical activities and sports than for intramural activities outside of normal school hours .** Most principals admitted that children or adolescents use their schools’ physical education or athletic facilities for community-sponsored sports teams or physical activities outside of school hours or when school is not in session. In contrast, fewer than half of the principals stated that their schools offer students opportunities to participate in before- or after-school intramural activities or physical education clubs.

21. **Nearly every elementary school has a tobacco prevention policy that is strictly enforced for students; however, the policies are less rigorous toward faculty, staff, and visitors; less strictly enforced outside of school buildings and vehicles; and less frequently enforced for cigars, pipes, and smokeless tobacco than for cigarettes.** Nearly every principal indicated that their school has adopted a tobacco prevention policy that prohibits students from using tobacco in school buildings, on school grounds, in school buses and other transport vehicles, and at off-campus, school-sponsored events. While these policies prohibit faculty, staff, and visitors from using tobacco in school buildings and in school vehicles, there are fewer restrictions regarding tobacco use by these groups on school grounds and at off-campus, school-sponsored events. Also, a greater percentage of principals reported policies regarding cigarettes being more stringently enforced than those for other forms of tobacco use. While the principal has primarily responsibility for tobacco use policy enforcement at most schools, almost as many schools have no single individual who is responsible.
22. **Most schools have adopted written policies that protect the rights of students and/or staff with HIV infection or AIDS.** Most principals indicated that their school had adopted a written HIV policy that addresses all of the critical provisions that should be contained in such a policy.
23. **Most schools provide health services to students through the school nurse. Otherwise, few schools permit students to carry medications (except asthma inhalers) for self-administration.** More than two-thirds of the principals reported that school nurses are available to provide health-related services to students. However, in terms of self-administration of medication, fewer than half permit students to carry injectable, prescription, or over-the-counter medications.
24. **Lack of instructional time and resources are the greatest barriers to improving health education in South Dakota schools.** Principals and teachers cited lack of instructional time and monetary and non-monetary resources as the greatest barriers to improving health education in their school. Lack of school district and administrative support, as well as community support was considered much less of a barrier by principals and teachers.

RECOMMENDATIONS

The following recommendations emerged from the preceding findings and conclusions of the study.

1. **Conduct activities designed to inform educators of the school’s role in promoting health and wellness for children, and to promote the development and implementation of a comprehensive K-12 health education curriculum in South Dakota school districts.** These activities should include (but not necessarily be limited to):
 - ◆ dissemination of information to educational administrators and practitioners that underscores the importance of the school’s role in promoting health for children and the relationship of an effective comprehensive school health program to the overall health of its children.
 - ◆ professional development for school administrators and policymakers that highlights the importance of integrating health education into the broader K-12 curriculum to a greater degree and presents a model or mechanism for the successful integration of health education into the K-12 curriculum.
 - ◆ enhanced expectations that health educators entering the teaching profession have completed adequate teacher training programs that focus on health education.
 - ◆ the identification and dissemination of a specific model or set of models for development and implementation of a comprehensive health education curriculum.
 - ◆ training for school district teams of administrators, teachers, and other staff that focuses on appropriate utilization of the adopted health education curriculum model.

2. **Provide professional development opportunities for teachers that focus on topics teachers identify as being of greatest interest and identified by the health education profession as most critical.** Teachers in the present study identified awareness of health education resources, health instructional strategies, nutrition and dietary patterns, physical activity, and conflict resolution skills as the professional development topics of greatest interest. Additionally, the professional literature highlights selected knowledge and skill areas as most important to the health of children and most appropriate for inclusion in the health education curriculum. More professional development activities highlighting these topics should be developed and provided for the greatest number of health educators possible throughout the state.
3. **Develop and disseminate a model for effective two-way communication and involvement of parents and community members in their local elementary health education programs.** Conduct meetings with school administrators, teachers, parents, and local community members that highlight the importance of open, two-way communications and parental and community member involvement in the health education program within their local schools. Provide a model or mechanism by which such involvement may be accomplished in both the school and home settings. Highlight potential uses of emerging technologies to inform parents of health activities at school and encourage their participation in these activities.
4. **Provide professional development opportunities that focus on the importance and potential benefits of involving individuals representing components of the coordinated school health program and local community groups in classroom health education instruction.** Conduct meetings or in-service activities for school administrators, teachers, and individuals representing components of the coordinated school health program that highlight the importance and potential benefits of involving these individuals in classroom health education instruction. Provide a model or mechanism by which administrators and teachers can effectively incorporate the expertise and services of individuals representing components of the coordinated school health program and local community groups and services into the health education program.

5. **Provide professional development activities for teachers that focus on the integration of technology into health education instruction.** While technology continues to be integrated in health education to a greater degree than in the past, continued in-service activities should be conducted for teachers that enhance their awareness of the technology available to assist them in health education instruction and assist teachers in effectively integrating the technology that is available. Use in-service activities to expand school administrator and teacher understanding of how technology may be used as an important communication and instructional evaluation tool as well.
6. **Provide professional development and technical assistance to promote evaluation of school health education programs.** Conduct in-service activities for school administrators and teachers that highlight the importance of continuous evaluation of school health education programs and the benefit of data-driven decision-making approaches. Provide a model or mechanism (such as the School Health Index) by which districts and schools can effectively evaluate their health education programs and implement needed changes identified through the evaluation process.
7. **Provide updated information regarding the risks associated with lack of physical exercise, tobacco use, poor nutritional habits, and HIV infection, and provide strategies and materials for school administrators and teachers that assist them in disseminating this information to students.** Materials depicting the most current information regarding potential dangers associated with lack of physical exercise, tobacco use, poor nutrition, and sexually-transmitted diseases should be widely disseminated to school administrators and teachers to enable them to address these issues with their students, parents, and community members. This information and strategies to assist children to select more healthy lifestyles should be incorporated both within the curriculum and within the general culture of the school.

CONCLUSIONS – Elementary



ELEMENTARY SCHOOL HEALTH PROFILE – TEACHERS

2010

Please answer the following questions based upon your experience as an *elementary classroom teacher*. CIRCLE THE NUMBER OR LETTER that corresponds to the best answer for Questions 1-42. Questions 43-46 can be completed with short answers. In the questionnaire, health education refers to instruction for elementary students in content areas such as alcohol and other drugs, injury prevention, nutrition, physical activity, family life and sexuality, tobacco, mental health, personal and consumer health, and community and environmental health.

1. During the previous school year, 2008-2009, did you teach health education content to your students?
 - a. Yes
 - b. No

2. Are you teaching health education during the current school year, 2009-2010?
 - a. Yes
 - b. No

3. How important do you think quality health education is for your students?
 - a. Very Important
 - b. Somewhat Important
 - c. Not Important at all

4. How would you compare the importance of the following subjects to health education?

	Less Important than Health Ed.	Of Equal Importance with Health Ed.	More Important than Health Ed.
a. Language Arts	1	2	3
b. Math	1	2	3
c. Science	1	2	3

5. What is your perception of the importance placed upon health education by the following persons?

	Very Important	Somewhat Important	Not Important	Not Sure
a. The teachers in your school	1	2	3	4
b. The parents of your students	1	2	3	4
c. Community members	1	2	3	4
d. Your district's school board	1	2	3	4
e. Your students	1	2	3	4
f. Your principal	1	2	3	4
g. The superintendent in your district	1	2	3	4

6. Does your school district use a written health education curriculum for the elementary grades?
 - a. Yes
 - b. No (*Skip to Question 12*)
 - c. Don't know (*Skip to Question 12*)

7. Which of the following statements best describes your health education curriculum?
 - a. It is an elementary school health education curriculum only.
 - b. It is part of a K-12 district-wide health education curriculum.
 - c. Don't know

8. How would you describe the relationship of the curriculum to your classroom instruction?
 - a. Instruction closely follows the curriculum.
 - b. Some instruction follows the curriculum; some does not.
 - c. There is little or no relationship between the curriculum and actual classroom instruction.

9. How would you describe your involvement in the development of the health education curriculum?
 - a. Considerable involvement
 - b. Some involvement
 - c. No involvement at all

10. Were you provided with training specifically intended to prepare you to implement the health education curriculum?
 - a. Yes
 - b. No
 - c. Don't know

11. Are any of the following curricula used entirely or partially in your health education program?

	Yes	No	Don't Know
a. <i>Activities For Health</i>	1	2	3
b. <i>Growing Healthy</i>	1	2	3
c. <i>Health 'N' Me</i>	1	2	3
d. <i>Health Skills For Life</i>	1	2	3
e. <i>Here's Looking At You</i>	1	2	3
f. <i>Know Your Body</i>	1	2	3
g. <i>LifeSkills Training</i>	1	2	3
h. <i>Michigan Model</i>	1	2	3
i. <i>HealthTeacher.com</i>	1	2	3
j. <i>DiscoveryHealthConnection.com</i>	1	2	3
k. <i>The Great Body Shop</i>	1	2	3
l. <i>HealthEdventure</i>	1	2	3
m. Other (<i>Please specify</i>) _____			

Presentation of any particular curriculum does not constitute endorsement, approval or recommendation for adoption of that curriculum. All selection of curricular programs or items should be made by local school boards or administrators.

Questions 12-26 relate to your involvement in health education during the previous school year, 2008-2009. If you answered “No” to Question 1 (indicating that you did *not* teach health education in the previous, 2008-2009, school year) *skip to Question 27.*

12. During the previous school year (2008-2009) approximately how much time (in minutes) did you spend on direct instruction in the following health education content areas. (*Please fill in the approximate number of minutes in the blank provided for each content area.*)

	MINUTES
a. Tobacco use prevention	_____
b. Nutrition and dietary patterns	_____
c. Physical activity and fitness (not physical education or playground activities) ..	_____
d. HIV prevention	_____
e. Alcohol and other drug use prevention	_____
f. Unintentional injury prevention (safety education)	_____
g. Intentional injury prevention (violence/suicide)	_____
h. Mental and emotional health	_____
i. Oral health	_____
j. Family life and human sexuality	_____
k. Environmental health	_____
l. STDs and pregnancy prevention.....	_____

13. During the previous school year (2008-2009), did you conduct health education activities designed to enhance students’ **knowledge, skills, and attitudes** about the following topics?

	Yes	No	Don’t Know
a. Tobacco use prevention	1	2	3
b. Nutrition and dietary patterns	1	2	3
c. Physical activity and fitness	1	2	3
d. HIV prevention	1	2	3
e. Alcohol and other drug use prevention	1	2	3
f. Unintentional injury prevention (safety education)	1	2	3
g. Intentional injury prevention (violence/suicide)	1	2	3
h. Mental and emotional health	1	2	3
i. Oral health	1	2	3
j. Family life and human sexuality	1	2	3
k. Environmental health	1	2	3
l. STDs and pregnancy prevention	1	2	3

14. During the previous school year (2008-2009), did you implement health education activities with your students designed to help them . . .

	Yes	No
a. understand disease prevention and health promotion?	1	2
b. recognize the benefits of health-enhancing behavior?	1	2
c. recognize media, culture, and technology influences on health?	1	2
d. develop interpersonal communication skills?	1	2
e. develop goal-setting and decision-making skills?	1	2
f. develop skills to advocate for health?	1	2
g. develop conflict resolution skills?	1	2
h. contribute to the health of their families, peers, schools, communities, and environment?	1	2
i. develop skills for accessing/evaluating health information, products, and services?	1	2

15. During the previous school year (2008-2009), did you or your school attempt to involve parents in health education through any of the following activities?

	Yes	No	Don't Know
a. Presentations about the health education program to groups of parents	1	2	3
b. Information about health education in a class for parents or a school newsletter	1	2	3
c. At-home health education learning assignments in which students are engaged in activities with parents and/or family members	1	2	3

16. During the previous school year (2008-2009), how did you teach health education to your students?

- a. As a separate subject with time allotted for it
- b. As a separate subject, also integrated into other subjects such as math, science, and language?
- c. Not as a separate subject, only integrated into other subject areas

17. During the previous school year (2008-2009), did you use any of the following instructional techniques in teaching health education?

	Yes	No
a. Cooperative learning	1	2
b. Computer-assisted instruction	1	2
c. Creative writing	1	2
d. Decision-making activities	1	2
e. Internet computer-assisted instruction	1	2
f. Problem-solving activities	1	2
g. Role playing	1	2
h. Group discussion-oriented activities	1	2
i. Value-related discussion stories	1	2
j. Mentoring or peer tutoring	1	2
k. Applied hands-on activities	1	2
l. Other (<i>Please specify</i>) _____		

18. During the previous school year (2008-2009), did you use any of the following instructional techniques for assessing student achievement in health education?

	Yes	No
a. Written tests	1	2
b. Skill demonstration	1	2
c. Student portfolios	1	2
d. Individual projects	1	2
e. Group projects	1	2
f. Other (<i>Please specify</i>) _____		

19. During the previous school year (2008-2009), did your students get a grade in health education?

- a. Yes
- b. No

20. During the previous school year (2008-2009), did your students use an elementary health education textbook?

- a. Yes
- b. No (*skip to Question 22*)

21. Which of the following best describes how the textbook was used?

- a. The textbook served as a basis for instruction.
- b. The textbook supplemented, but did not serve as the basis for instruction.

22. During the previous school year (2008-2009), did you use trained middle or high school students as instructors in any phase of your health education classes?

- a. Yes
- b. No

23. During the previous school year (2008-2009), how often did you meet with other elementary teachers in your school or school district to coordinate health education? (Do not count in-service meetings unless they were scheduled specifically for coordinating health education.)

- a. Never
- b. Once
- c. Twice
- d. Three or more times

24. During the previous school year (2008-2009), did you organize health-related activities or projects for your students with any of the following **persons**?

	Yes	No
a. Physical education teachers	1	2
b. School food service staff members	1	2
c. School health service staff (school nurse, school physician, etc.)	1	2

d. School counselors/school psychologist	1	2
e. Parents	1	2
f. Others (<i>Please specify</i>) _____		

25. During the previous school year (2008-2009), did you or your principal organize health-related activities or projects for your students with any of the following **community groups**?

	Yes	No
a. Local health department	1	2
b. Local hospital	1	2
c. Voluntary health organizations	1	2
d. Local police department	1	2
e. Local fire department	1	2
f. Cooperative Extension	1	2
g. Other (<i>Please specify</i>) _____		

26. Does your school or school district conduct any type of formal evaluation of the elementary health education program (not student evaluation, but evaluation of the program itself)?

- a. Yes, at least once a year
- b. Yes, but less than once a year
- c. No
- d. Don't know

27. Does your school provide health education for students with behavioral/cognitive/emotional disabilities?

- a. Yes
- b. No (*Skip to Question 29*)
- c. Don't know (*Skip to Question 29*)

28. Are students with behavioral/cognitive/emotional disabilities placed in any special education classes for health education or are they included in the regular classroom?

- a. Students are in special education classes.
- b. Students are included in the regular classroom.
- c. Some students are in special education classes; some are included in the regular classroom.
- d. Don't know

29. How would you describe the quality of health education provided to students in your school?

- a. Excellent
- b. Good
- c. Average
- d. Poor
- e. No health education is provided

30. How would you describe the coordination of health education among the different grades within your elementary school?
- Closely coordinated
 - Loosely coordinated
 - Not coordinated
 - Don't know
31. How would you describe the coordination of health education in your school with health instruction in the upper grades (middle school / high school) in your school district?
- Closely coordinated
 - Loosely coordinated
 - Not coordinated
 - Don't know
32. Who provides the primary health education instruction within your school?
- Classroom teacher
 - Health education teacher
 - Physical education teacher
 - School counselor
 - School nurse
 - Other health care professional (Please specify: _____)
33. School districts are required to have a wellness policy which must address nutrition education, physical activity, other school based activities and nutrition standards for all foods served during the school day as well as a method to measure success. Which of the following statements best describes your familiarity with the policy and its implementation in your school district?
- I am not aware of the wellness policy.
 - I am aware of the wellness policy but have not used it to guide my teaching and practice.
 - I am aware of the wellness policy and use it to guide my teaching and practice.
34. During the past two years, did you receive professional development (e.g. workshops, conferences, continuing education, or any other kind of in-service) one each of the following topics?

a. Advocacy for health education	1	2
b. Curriculum development strategies	1	2
c. Health instructional strategies	1	2
d. Awareness of health education resources	1	2
e. Parent involvement in health education	1	2
f. Health education program evaluation	1	2
g. Tobacco use prevention	1	2
h. Nutrition and dietary patterns	1	2
i. Physical activity	1	2
j. HIV prevention	1	2
k. Alcohol and drug abuse	1	2

l. Unintentional injury prevention (safety education)	1	2
m. Intentional injury prevention (violence/suicide)	1	2
n. Mental and emotional health	1	2
o. Children with special health care needs	1	2
p. Environmental health	1	2
q. Family life and human sexuality	1	2
r. Disease prevention and health promotion	1	2
s. Benefits of practicing health-enhancing behavior	1	2
t. Media, culture, and technology influences on health	1	2
u. Interpersonal communication skills	1	2
v. Goal-setting and decision-making skills	1	2
w. Family and community health	1	2
x. Conflict resolution skills	1	2
y. Oral health	1	2
z. Assessing or evaluating students in Health Education	1	2
aa. STD's and pregnancy prevention	1	2
bb. Other (<i>Please specify</i>) _____		

35. On which of the following topics would you like to receive in-service training?

	Yes	No
a. Advocacy for health education	1	2
b. Curriculum development strategies	1	2
c. Health instructional strategies	1	2
d. Awareness of health education resources	1	2
e. Parent involvement in health education	1	2
f. Health education program evaluation	1	2
g. Tobacco use prevention	1	2
h. Nutrition and dietary patterns	1	2
i. Physical activity	1	2
j. HIV prevention	1	2
k. Alcohol and drug abuse	1	2
l. Unintentional injury prevention (safety education)	1	2
m. Intentional injury prevention (violence/suicide)	1	2
n. Mental and emotional health	1	2
o. Children with special health care needs	1	2
p. Environmental health	1	2
q. Family life and human sexuality	1	2
r. Disease prevention and health promotion	1	2
s. Benefits of practicing health-enhancing behavior	1	2
t. Media, culture, and technology influences on health	1	2
u. Interpersonal communication skills	1	2
v. Goal-setting and decision-making skills	1	2
w. Family and community health	1	2
x. Conflict resolution skills	1	2
y. Oral health	1	2
z. Assessing or evaluating students in Health Education	1	2
aa. STD's and pregnancy prevention	1	2
bb. Other (<i>Please specify</i>) _____		

36. Which state certifications or endorsements do you hold (please identify all that apply)?

	Yes	No
a. Elementary education	1	2
b. Secondary education	1	2
c. Special education	1	2
d. Health education	1	2
e. Physical education	1	2
f. Others (<i>Please specify</i>) _____		

37. What is your highest level of education?

- a. Bachelors degree
- b. Masters degree OR bachelors degree + 30 credit hours
- c. Educational specialist degree OR masters degree + 30 credit hours
- d. Doctoral degree

38. Including this school year (2009-2010), how many years of teaching experience do you have?

- a. One year
- b. Two to five years
- c. Six to nine years
- d. Ten to fourteen years
- e. Fifteen years or more

39. How many college courses have you taken that focused on teaching health?

- a. No courses
- b. One course
- c. Two courses
- d. Three or more courses

40. During the previous two years (2007-2009), how many staff development workshops did you attend that focused on teaching health?

- a. No workshop
- b. One workshop
- c. Two workshops
- d. Three or more workshops

41. How would you describe your current level of preparation to teach health education?

- a. Well prepared
- b. Somewhat well prepared
- c. Poorly prepared

42. To what extent would you describe each of the following as barriers (if any) for improving health education provided to the students in your school?

	Not a Barrier	Somewhat of a Barrier	A Major Barrier
a. Your lack of training in health education	1	2	3
b. Lack of time	1	2	3
c. Lack of money	1	2	3
d. Lack of non-monetary resources (books, etc.)	1	2	3
e. Lack of support from your administration	1	2	3
f. Lack of support from your school district	1	2	3
g. Lack of support from community/parents	1	2	3
h. Other (Please specify) _____			

Please complete the following with short answers. Use the back of the page if necessary.

43. Which grade(s) were you teaching last year (2008-2009 school year)? _____

44. Which grade(s) do you currently teach (2009-2010 school year)? _____

45. What would be helpful to enable you to improve the health education provided to your students?

46. Please add any other comments you may have about elementary school health, health education or this survey.

***Thank you for your participation.
Please return this questionnaire in the business reply envelope provided.***



ELEMENTARY SCHOOL HEALTH PROFILE – PRINCIPALS

2010

Please answer the following questions based upon your experience as an *elementary school principal*. CIRCLE THE NUMBER OR LETTER that corresponds to the best answer for Questions 1-58. Questions 59-62 can be completed with short answers. In the questionnaire, health education refers to instruction for elementary students in content areas such as alcohol and other drugs, injury prevention, nutrition, physical activity, family life and sexuality, tobacco, mental health, personal and consumer health, and community and environmental health.

HEALTH EDUCATION

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.)

	Yes	No
a. Physical Activity	1	2
b. Nutrition	1	2
c. Tobacco-use prevention	1	2
d. Asthma	1	2
e. Injury and violence prevention	1	2

2. How important do you think quality health education is for your students?

- a. Very Important
- b. Somewhat Important
- c. Not Important at all

3. How would you compare the importance of the following subjects to health education?

	Less Important than Health Ed.	Of Equal Importance with Health Ed.	More Important than Health Ed.
a. Language Arts	1	2	3
b. Math	1	2	3
c. Science	1	2	3

4. What is your perception of the importance placed upon health education by the following persons?

	Very Important	Somewhat Important	Not Important	Not Sure
a. The teachers in your school	1	2	3	4
b. The parents of your students	1	2	3	4
c. Community members	1	2	3	4
d. Your district’s school board	1	2	3	4
e. Your students	1	2	3	4
f. The superintendent in your district	1	2	3	4

5. Does your school district use a written health education curriculum for the elementary grades?
 - a. Yes
 - b. No (*Skip to Question 13*)
 - c. Don't know (*Skip to Question 13*)

6. Which of the following statements best describes your school's health education curriculum?
 - a. It is an elementary school health education curriculum only.
 - b. It is part of a K-12 district-wide health education curriculum.
 - c. Don't know

7. Which of the following statements best describes your school's health education curriculum?
 - a. It is a curriculum that was developed in our district.
 - b. It is a packaged curriculum that was developed by an outside organization/agency.
 - c. It is a combination of a curriculum developed in our district and outside curriculum material.
 - d. Not sure

8. How would you describe the relationship of the curriculum to your classroom instruction?
 - a. Instruction closely follows the curriculum.
 - b. Some instruction follows the curriculum; some does not.
 - c. There is little or no relationship between the curriculum and actual classroom instruction.

9. Was training specific to the curriculum provided to teachers?
 - a. Yes
 - b. No
 - c. Don't know

10. Was a committee used to develop/select the health education curriculum?
 - a. Yes
 - b. No (*Skip to Question 13*)
 - c. Don't know (*Skip to Question 13*)

11. Were any of the following groups of people represented on the health education curriculum committee?

	Yes	No
a. Elementary teachers	1	2
b. Parents	1	2
c. School nurses	1	2
d. Community members	1	2
e. School board members	1	2
f. School health coordinator	1	2
g. School counselors	1	2
h. Curriculum coordinators	1	2

i. District or school administrators	1	2
j. School food service manager/staff	1	2
k. Students	1	2
l. Dietitians	1	2
m. Cooperative extension educator	1	2
n. Family and Consumer Science (FACS) educator	1	2
o. Others (please specify) _____		

12. Are any of the following curricula used entirely or partially in your health education program?

	Yes	No	Don't Know
a. <i>Activities For Health</i>	1	2	3
b. <i>Growing Healthy</i>	1	2	3
c. <i>Health 'N' Me</i>	1	2	3
d. <i>Health Skills For Life</i>	1	2	3
e. <i>Here's Looking At You</i>	1	2	3
f. <i>Know Your Body</i>	1	2	3
g. <i>LifeSkills Training</i>	1	2	3
h. <i>Michigan Model</i>	1	2	3
i. <i>HealthTeacher.com</i>	1	2	3
j. <i>DiscoveryHealthConnection.com</i>	1	2	3
k. <i>The Great Body Shop</i>	1	2	3
l. <i>HealthEdventure</i>	1	2	3
m. Other (Please specify) _____			

Presentation of any particular curriculum does not constitute endorsement, approval or recommendation for adoption of that curriculum. All selection of curricular programs or items should be made by local school boards or administrators.

13. Which of the following best describes how health education is taught to your students?

- a. As a separate subject with time allotted for it
- b. As a separate subject and also integrated into other subjects such as math, science, social studies, and language arts
- c. Not as a separate subject, only integrated into other subject areas

14. During the previous two years (2007-2009), have your school's classroom teachers organized health-related activities or projects for your students with any of the following **persons**?

	Yes	No
a. Physical education teachers	1	2
b. School food service staff members	1	2
c. School health service staff (school nurse, school physician, etc.)	1	2
d. School counselors/school psychologist	1	2
e. Parents	1	2
f. Other (Please specify) _____		

15. During the previous (2008-2009) school year, did you or your teachers organize health-related activities or projects for your students with any of the following **community groups**?

	Yes	No
a. Local health department	1	2
b. Local hospital	1	2
c. Voluntary health organizations	1	2
d. Local police department	1	2
e. Local fire department	1	2
f. Other (<i>Please specify</i>) _____		

16. Does your school provide health education for students with behavioral/cognitive/emotional disabilities?

- a. Yes
- b. No (*Skip to Question 18*)
- c. Don't know (*Skip to Question 18*)

17. Are students with behavioral/cognitive/emotional disabilities placed in any special education classes for health education or are they included in the regular classroom?

- a. Students are in special education classes.
- b. Students are included in the regular classroom.
- c. Some students are in special education classes; some are included in the regular classroom.
- d. Don't know

18. How would you describe the quality of health education provided to students in your school?

- a. Excellent
- b. Good
- c. Average
- d. Poor
- e. No health education is provided

19. How would you describe the coordination of health education among the different grades within your elementary school?

- a. Closely coordinated
- b. Loosely coordinated
- c. Not coordinated
- d. Don't know

20. How would you describe the coordination of health education in your school with health instruction in the upper grades (middle school / high school) in your school district?

- a. Closely coordinated
- b. Loosely coordinated
- c. Not coordinated
- d. Don't know

21. Does your school or school district support health education-related in-service training or staff development in any of the following ways for your teachers?

	Yes	No
a. Provides stipends for attending training	1	2
b. Provides reimbursement for training expenses	1	2
c. Provides substitute teachers during training	1	2
d. Offers in-service training at school or within the district	1	2
e. Other (<i>Please specify</i>) _____		

22. During this school year (2009-2010), how would you describe parental feedback about health education in this school?

- a. Mainly positive feedback
- b. Mainly negative feedback
- c. Equally balanced between positive and negative feedback
- d. No feedback received

23. During the 2008-2009 school year, did your school involve parents in any of the following activities?

	Yes	No	Don't Know
a. A survey for parents to solicit input into decisions related to the health education program in your school	1	2	3
b. Information about your school's health education program or personal/family health in a school newsletter for parents	1	2	3
c. Information about your school's health education program in a local newspaper	1	2	3
d. Information about your school's health education program on local radio or television	1	2	3
e. Information about your school's health education program via email, the Internet, or the World Wide Web	1	2	3

24a. Does your school district have a person responsible for coordinating school health education at the elementary grade level?

- a. Yes
- b. No
- c. Don't know

24b. If **Yes** – What is that person's job title? _____

25. Can students in your school be exempted or excused by parental request from all or parts of the health education program?

- a. Yes
- b. No (Skip to *Question 27*)

26. During the past school year (2008-2009), approximately what percentage of your students were exempted or excused from any part of the health education program by parental request?

- a. Less than 1%
- b. From 1% to 5%
- c. 6% or more
- d. Don't know

27. What are possible barriers that may prevent you from improving health education in your school?

	Not a Barrier	Somewhat of a Barrier	A Major Barrier
a. Your lack of training in health education	1	2	3
b. Lack of time	1	2	3
c. Lack of money	1	2	3
d. Lack of non-monetary resources (books, etc.)	1	2	3
e. Lack of support from your school district	1	2	3
f. Lack of support from parents	1	2	3
g. Lack of community support	1	2	3

28. Do academic areas (such as Language Arts and math) in your school have their own annual budget?

- a. Yes
- b. No

29. Does health education have its own budget?

- a. Yes
- b. No

SCHOOL HEALTH POLICIES AND PRACTICES

30a. Does your school district have a person responsible for coordinating overall school health and wellness activities?

- a. Yes
- b. No
- c. Don't know

30b. If **Yes** – What is that person's job title? _____

31. Does your school have a school health council or other similar committee that meets regularly to address policies or programs related to school health and/or health education?

- a. Yes
- b. No (*Skip to Question 34*)
- c. Don't know (*Skip to Question 34*)

32. Are any of the following groups represented on the school health council, wellness committee, or other committees related to the health and well being of the students?

	Yes	No
a. Students	1	2
b. Parents	1	2
c. Teachers	1	2
d. District or school administrators	1	2
e. Nutrition programs/Food service staff	1	2
f. School nurses	1	2
g. School counselors	1	2
h. School board members	1	2
i. Public health department staff	1	2
j. Medical community (e.g., doctors, nurses, dietitians, dentists, etc.)	1	2
k. Local business community representative	1	2
l. Other (<i>Please specify</i>) _____		

33. School districts are required to have a wellness policy which must address nutrition education, physical activity, other school based activities and nutrition standards for all foods served during the school day as well as a method to measure success. Please indicate below the status of your district's wellness policy *by selecting all that apply*:

	Yes	No	Don't Know
a. Wellness policy has been provided to staff	1	2	3
b. Wellness policy has been provided to students and parents	1	2	3
c. Wellness policy has been approved but is not utilized	1	2	3
d. Wellness policy is used to guide decisions regarding student health	1	2	3
e. Wellness policy is followed closely	1	2	3
f. Wellness policy implementation has been measured	1	2	3
h. I am not aware of the district's progress on wellness policy implementation	1	2	3

NUTRITION-RELATED POLICIES AND PRACTICES

34. How long do students usually have to eat lunch *once they are seated*?

- a. Less than 20 minutes
- b. Twenty minutes or more
- c. This school does not serve lunch to students

35. Which of the following best describes your school's recess and lunch scheduling?

- a. Students have recess before eating lunch
- b. Students have recess after eating lunch
- c. Students have recess before and after eating lunch
- d. Students have no recess
- e. None of the above – recess and lunch scheduling vary greatly depending on grade level

36. Can students purchase snack foods or beverages from vending machines or at the school store, canteen, snack bar, or school food service?
- Yes
 - No (*Skip to Question 39*)
37. During which time of the day are students permitted to purchase snack foods or beverages from vending machines or at the school store, canteen, snack bar, or school food service?
- Before school only
 - After school only
 - Before and after school
 - Any time during the school day
38. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, snack bar, or school food service?

	Yes	No
a. Chocolate candy	1	2
b. Other kinds of candy	1	2
c. Salty snacks that are <i>not</i> low in fat (such as regular potato chips)	1	2
d. Salty snacks that <i>are</i> low in fat (such as pretzels or low-fat chips)	1	2
e. Fruits (not fruit juice) or vegetables	1	2
f. Non-fried vegetables (not vegetable juice)	1	2
g. Cookies, crackers, cakes, pastries, or other baked goods that are <i>not</i> low in fat	1	2
h. Cookies, crackers, cakes, pastries, or other baked goods that <i>are</i> low in fat	1	2
i. Soft drinks, or fruit drinks that are <i>not</i> 100% juice	1	2
j. Sports drinks (such as Gatorade)	1	2
k. Fruit juice drinks that <i>are</i> 100% juice	1	2
l. Bottled water	1	2
m. Beverages containing caffeine	1	2
n. Milk, non-flavored	1	2
o. Milk, Flavored (such as chocolate, strawberry)	1	2
p. Other dairy foods (such as string cheese, yogurt)	1	2
q. Other (<i>Please specify</i>) _____		

PHYSICAL EDUCATION

(A *required* physical education course is taught as a semester-, quarter-, or year-long unit of instruction. It is not physical education/activity units or lessons integrated into other subjects. It is not recess, intramural activities, physical activity clubs, or school sports.)

39. How many *required* physical education courses do students take in total throughout grades K-6 in this school?
- 0 courses (*Skip to Question 43*)
 - 1 course
 - 2-3 courses
 - 4-5 courses
 - 6-7 courses
 - 8 or more courses

40. At which grade levels is physical education taught in this school?

	Yes	No
a. Kindergarten	1	2
b. Grade 1	1	2
c. Grade 2	1	2
d. Grade 3	1	2
e. Grade 4	1	2
f. Grade 5	1	2
g. Grade 6	1	2

41. How frequently is a *required* physical education course taught in each of the following grade levels and, on average, how long is each class period (in minutes) for each grade level? Circle *N/A* for any grade level for which the response would be *Not Applicable*.

		Less than 1 day/week	1-2 days per week	3-4 days per week	5 days per week	Length of class period
a. Kindergarten	N/A	1	2	3	4	_____ min.
b. Grade 1	N/A	1	2	3	4	_____ min.
c. Grade 2	N/A	1	2	3	4	_____ min.
d. Grade 3	N/A	1	2	3	4	_____ min.
e. Grade 4	N/A	1	2	3	4	_____ min.
f. Grade 5	N/A	1	2	3	4	_____ min.
g. Grade 6	N/A	1	2	3	4	_____ min.

42. Does the school require the physical education teacher or specialist to be endorsed by the state in physical education?

- a. Yes
- b. No

PHYSICAL ACTIVITY

43. Does this school offer students opportunities to participate in before- or after-school intramural activities or physical activity clubs?

- a. Yes
- b. No

44. Outside of school hours or when school is not in session, do children or adolescents use any of this school’s activity or athletic facilities for *community-sponsored* sports teams or physical activity programs?

- a. Yes
- b. No

45. What are possible barriers to offering out-of-school time physical activity programs in your school?

	Not a Barrier	Somewhat of a Barrier	A Major Barrier
a. Lack of facilities	1	2	3
b. Lack of space	1	2	3
c. Lack of staffing/supervision	1	2	3
d. Lack of money	1	2	3
e. Lack of transportation	1	2	3
f. Other (<i>Please specify</i>) _____	1	2	3

46. Does your school support or promote walking or biking to and from or during school (e.g., through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets)?

- a. Yes
- b. No

TOBACCO PREVENTION POLICIES

47. Has your school adopted a policy prohibiting tobacco use?

- a. Yes
- b. No (*Skip to Question 52*)

48. 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:	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
a. Cigarettes	1	2	1	2	1	2
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	1	2	1	2	1	2
c. Cigars	1	2	1	2	1	2
d. Pipes	1	2	1	2	1	2

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

Time:	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
a. During school hours	1	2	1	2	1	2
b. During non-school hours	1	2	1	2	1	2

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

Location:	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
a. In school buildings	1	2	1	2	1	2
b. Outside on school grounds, including parking lots and playing fields	1	2	1	2	1	2
c. On school buses or other vehicles used to transport students	1	2	1	2	1	2
d. At off-campus, school-sponsored events	1	2	1	2	1	2

51. Which of the following individuals does your school designate to have primary responsibility for seeing that the tobacco use prevention policy is enforced? (Mark one response.)

- a. No single individual is responsible
- b. Principal(s)
- c. Teachers and other school staff
- c. Students
- d. Parents
- e. Other (*Please specify*) _____

52. Does your school post signs marking a tobacco-free zone where tobacco use is not allowed by students, faculty and staff, and visitors?

- a. Yes
- b. No

HIV INFECTION POLICIES

53. Has this school district adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS?

- a. Yes
- b. No (*Skip to Question 55*)

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

	Yes	No
a. Attendance of students with HIV infection	1	2
b. Procedures to protect HIV-infected students and staff from discrimination	1	2
c. Maintaining confidentiality of HIV-infected students and staff	1	2
d. Worksite safety (universal precautions for all school staff)	1	2
e. Confidential counseling for HIV-infected students	1	2
f. Communication of the policy to students, school staff, and parents	1	2
g. Adequate training about HIV infection for school staff	1	2
h. Procedures for implementing the policy	1	2

HEALTH SERVICES

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

- a. Yes
- b. No

56. At this school, would a student ever be permitted to carry and self-administer each of the following medications?

	Yes	No
a. A prescription quick-relief inhaler	1	2
b. An epinephrine auto-injector (e.g., EpiPen®)	1	2
c. Insulin or other injected medications	1	2
d. Any other prescribed medications	1	2
e. Any over-the-counter medications	1	2

57. Does your school provide each of the following health services to students at this school?

	Yes	No
a. Identification or school-based management of chronic health conditions such as asthma or diabetes	1	2
b. Identification or school-based management of acute illnesses	1	2
c. An Asthma Action Plan (or individualized health plan) for all students with asthma	1	2
d. Immunizations	1	2

GENERAL INFORMATION

58. Including this school year (2009-2010), how many years have you been the administrator at this school?

- a. One year
- b. Two to five years
- c. Six to nine years
- d. Ten to fourteen years
- e. Fifteen years or more

Please complete the following with short answers. Use the back of the page if necessary.

59. Which grade(s) are included in your school? _____

60. Approximately how many students are enrolled in your school? _____

61. What services, programs, resources, etc. would help you to improve policies or programs related to school health and/or health education?

62. Please add any other comments you may have about elementary school health, health education or this study.

*Thank you for your participation.
Please return this questionnaire in the business reply envelope provided.*

