

Health Profiles

South Dakota's Secondary Schools



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

2010 Secondary 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 inservice 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 Secondary Health studies conducted biennially since the 1997-1998 school year. The purpose of the study was to assess the status of secondary health and health education in South Dakota public schools during the 2009-2010 school year. In addition to identifying secondary 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 secondary health and health education in South Dakota:

- ◆ secondary teachers' and principals' background characteristics
- ◆ required health education and health education courses
- ◆ required physical education and physical education courses
- ◆ physical education and activity
- ◆ tobacco-use prevention policies
- ◆ nutrition-related policies and practices
- ◆ health services
- ◆ family and community involvement
- ◆ HIV prevention
- ◆ professional preparation / development

METHODOLOGY

Population and Sample

The population for the study included all South Dakota secondary (junior high, middle, and senior high) public school principals and lead health education 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 319 individuals who were principals of schools containing grades seven and eight, junior high, middle, and high schools, and the lead health education teachers at each of their schools.

From this population, and with assistance from the statistical specialists, Westat, in Rockville, MD, a random sample of 263 principals was selected for the study, and each of the principals selected to participate in the study was requested to distribute a secondary teacher survey and cover letter to the lead health education teacher within their building, producing a sample of 263 teachers.

Instrumentation

Secondary teachers' and secondary principals' machine-scannable questionnaires were provided by the Center for Disease Control and Prevention (CDC) for the study. As both questionnaires were developed and extensively field tested by the Center for Disease Control and Prevention prior to distribution, no local field testing was necessary.

The final version of the lead health teachers' questionnaire (see Tab 8 – Questionnaires pg. 87-99) consisted of 23 questions that addressed required health education and health education courses and materials, HIV infection prevention, collaboration among teachers and other groups to deliver health education, professional development, and professional preparation and experience teaching health education. The final version of the principals' questionnaire (see Tab 8 – Questionnaires pg. 101-115) consisted of 49 questions that addressed secondary teachers' and principals' background characteristics, required health education and health education courses, required physical education and physical activity, tobacco-use prevention policies, nutrition-related policies and practices, health services, and family and community involvement.

Data Collection

Initial data for the study were collected between March and July 2010. Appropriate questionnaires (lead health teachers and principals), along with cover letters and self-addressed postage-paid envelopes, were mailed to all randomly selected principals during March 2010. Each principal was requested to distribute the teacher questionnaire packet to the lead health teacher at his or her school. A follow-up principal and/or teacher packet, containing another questionnaire, cover letter, and self-addressed postage-paid envelope, was mailed to all non-responding principals (and/or their lead health teachers) during April 2010.

In order to attain the minimal acceptable response rate (set at 70% by the CDC), several follow-up mailings and telephone calls were made between May and November 2010. Data collection formally ended in November 2010.

All questionnaires included a three-digit numerical code to permit tracking of returned questionnaires for follow-up purposes. The principal investigator 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. All completed questionnaires were mailed to Westat (Rockville, MD) for scanning, data entry and analysis. Westat provided the raw data scanned from the completed questionnaires to the principal investigator for data analysis purposes.

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

Data Analysis

Response data received from Westat were examined by the principal investigator. 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 189 secondary lead health education teachers for an overall usable response rate of 71.9% from the teachers. Usable questionnaires also were received from 188 secondary school principals for an overall usable response rate of 71.5% from the principals.

Secondary teacher and principal responses are presented in separate subsections of this report. Data are presented for each individual item on both questionnaires. Teachers' results are presented in the following categories:

- ◆ Required Health Education Courses
- ◆ HIV Prevention
- ◆ Collaboration
- ◆ Professional Development
- ◆ Professional Preparation

Principals' results are presented in the following categories:

- ◆ Health Education Administration and Policies
- ◆ Required Physical Education
- ◆ Physical Education and Physical Activity
- ◆ Tobacco-Use Prevention Policies
- ◆ Nutrition-Related Policies and Practices
- ◆ Health Services
- ◆ Family and Community Involvement

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- ◆ The secondary lead health 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 and secondary 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 Centers for Disease Control and Prevention for developing and refining the teacher and principal questionnaires used to collect data for the secondary survey.

INTRODUCTION – Secondary

- ◆ Susan Cross, Sarah Shore, Barbara Queen, Joseph Hawkins, Nancy Speicher, and other statisticians at Westat for their assistance in developing the sampling design and conducting statistical analyses of data collected for the study.

- ◆ 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 teachers' and principals' questionnaires.

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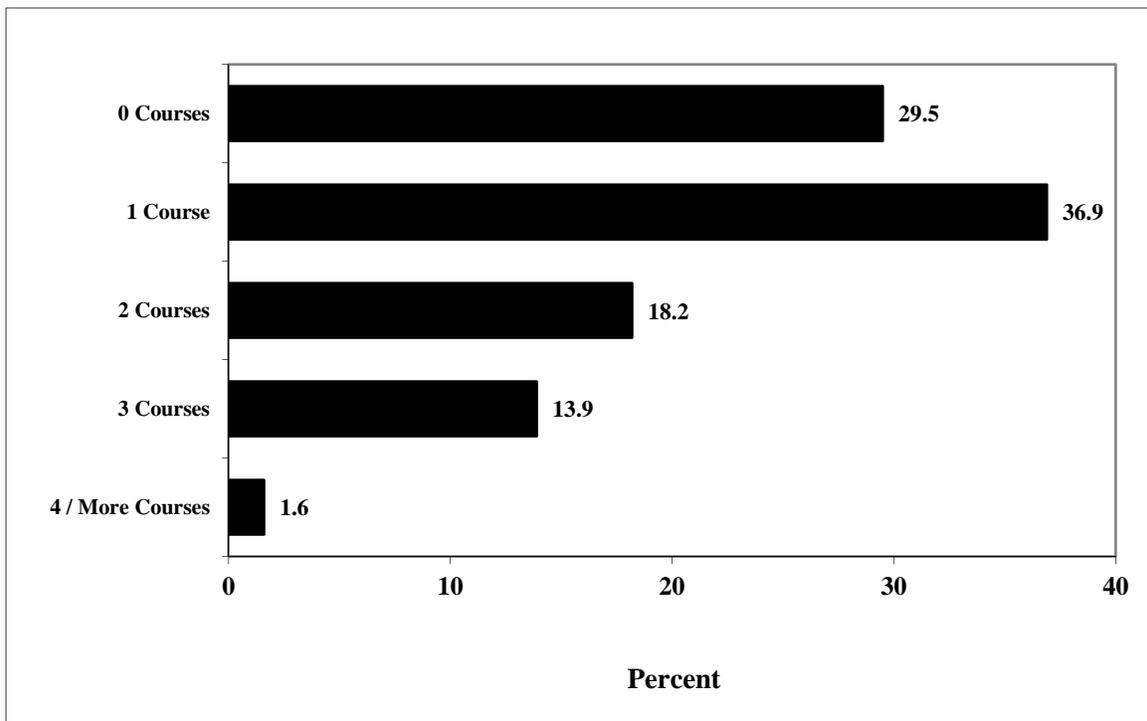
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REQUIRED HEALTH EDUCATION COURSES

Table 83. Is a health education course required for students in any of grades 6 through 12 in this school?

	No.	%
Yes	148	85.1
No	26	14.9

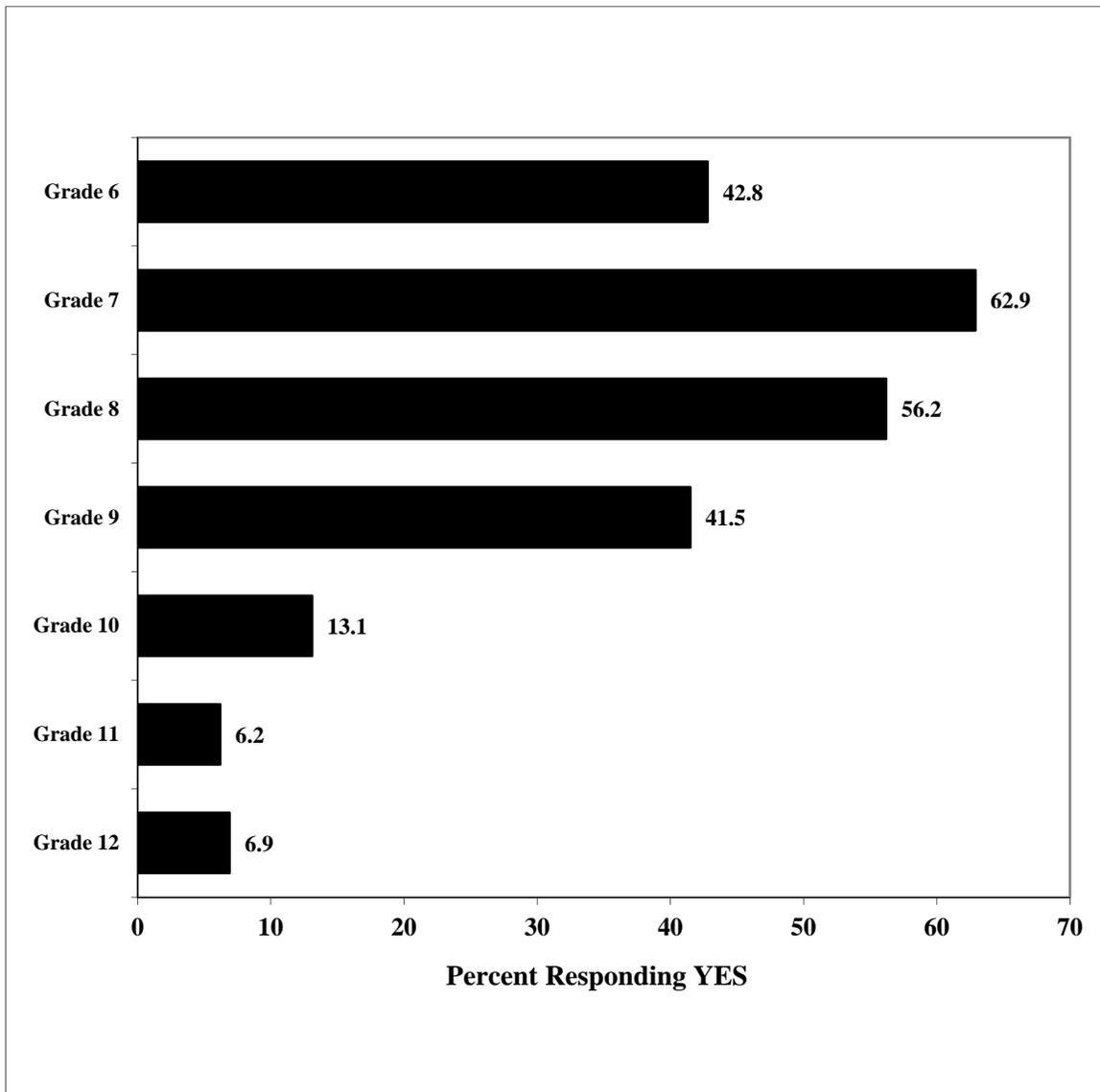
Figure 34. How many required health education courses do students take in grades 6 through 12 in this school?



(n=182)

Figure 35 and Table 84 represent questions that were asked only of those respondents who reported having a required health education course for students in any of grades 6 through 12

Figure 35. Is a required health education course taught in each of the following grades in this school?



(n=68-108)

Table 84. If students fail a required health education course, are they required to repeat it?

	No.	%
Yes	124	69.6
No	54	30.4

Table 85. Are those who teach health education at this school provided with the following materials?

	No.	%
Goals, objectives, and expected outcomes for health education	141	76.3
Annual scope and sequence chart for health education instruction	83	44.6
Plans for how to assess student performance in health education	109	59.7
A written health education curriculum	105	56.7

Table 86. Does your health education curriculum address each of the following?

	No.	%
Comprehending concepts related to health promotion and disease prevention	152	80.3
Analyzing the influence of family, peers, culture, media, technology, and other factors on health behavior	149	79.1
Accessing valid information and products and services to enhance health	136	72.2
Using interpersonal communication skills to enhance health and avoid or reduce health risks	150	79.4
Using decision-making skills to enhance health	154	81.8
Using goal-setting skills to enhance health	142	75.5
Practicing health-enhancing behaviors to avoid or reduce health risks	147	78.2
Advocating for personal, family, and communication skills	143	76.7

Table 87. During this (2009-2010) school year, have teachers in this school tried to increase student knowledge on each of the following in a required health education course for students in any of grades 6 through 12?

	No.	%
Alcohol or other drug use prevention	175	92.4
Asthma awareness	80	42.6
Emotional and mental health	161	85.7
Foodborne illness prevention	112	59.3
HIV (human immunodeficiency virus) prevention	142	77.8
Human sexuality	136	74.1
Injury prevention and safety	155	82.5
Nutrition and dietary behavior	158	88.7
Physical activity and fitness	171	93.2
Pregnancy prevention	124	68.3
STD (sexually transmitted disease) prevention	139	76.2
Suicide prevention	129	68.8
Tobacco use prevention	168	90.6
Violence prevention (bullying, fighting, homicide)	165	87.5

Note: Figures represent number and percentage of those who answered yes.

Table 88. During this (2009-2010) school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required health education course for students in any of grades 6 through 12?

	No.	%
Identifying tobacco products and the harmful substances they contain	153	84.0
Identifying short- and long-term health consequences of tobacco use	160	87.8
Identifying legal, social, economic, and cosmetic consequences of tobacco use	150	82.4
Understanding the addictive nature of nicotine	155	85.1
Effects of tobacco use on athletic performance	151	82.9
Effects of second-hand smoke and benefits of a smoke-free environment	154	85.0
Understanding the social influences on tobacco use, including media, family, peers, and culture	151	84.0
Identifying reasons why students do and do not use tobacco	156	86.0
Making accurate assessments of how many peers use tobacco	112	61.7
Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	142	80.0
Using goal-setting and decision-making skills related to not using tobacco	144	79.6
Finding valid information and services related to tobacco-use prevention and cessation	117	64.3
Supporting others who abstain from or want to quit using tobacco	124	68.4
Supporting school and community action to support a tobacco-free environment	126	69.0
Identifying harmful effects of tobacco use on fetal development	133	73.0
All 15 tobacco-use prevention topics	74	44.1

Note: Figures represent number and percentage of those who answered yes

Table 89. During this (2009-2010) school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 6, 7, or 8?

	No.	%
The differences between HIV and AIDS	49	63.7
How HIV and other STDs are transmitted	52	67.0
How HIV and other STDs are diagnosed and treated	44	59.2
Health consequences of HIV, other STDs, and pregnancy	48	60.6
The relationship among HIV, other STDs, and pregnancy	42	53.5
The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	48	60.9
The benefits of being sexually abstinent	52	66.2
How to prevent HIV, other STDs, and pregnancy	48	61.8
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	40	51.5
The influences of media, family, and social and cultural norms on sexual behavior	48	60.2
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	43	55.7
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	43	55.0
Compassion for persons living with HIV or AIDS	31	41.4
Efficacy of condoms, that is, how well condoms work and do not work	22	28.4
The importance of using condoms consistently and correctly	17	23.1
How to obtain condoms	13	16.9
How to correctly use a condom	8	10.6
All 17 HIV, STD, and pregnancy prevention topics	8	10.9

Note: Figures represent number and percentage of those who answered yes.

Table 90. During this (2009-2010) school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 9, 10, 11, or 12?

	No.	%
The differences between HIV and AIDS	44	67.5
How HIV and other STDs are transmitted	48	73.9
How HIV and other STDs are diagnosed and treated	42	65.5
Health consequences of HIV, other STDs, and pregnancy	46	69.7
The relationship among HIV, other STDs, and pregnancy	41	65.1
The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	46	71.8
The benefits of being sexually abstinent	44	66.2
How to prevent HIV, other STDs, and pregnancy	46	69.5
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	40	61.3
The influences of media, family, and social and cultural norms on sexual behavior	41	63.8
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	39	60.3
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	40	60.6
Compassion for persons living with HIV or AIDS	29	44.8
Efficacy of condoms, that is, how well condoms work and do not work	24	37.4
The importance of using condoms consistently and correctly	22	33.1

(HIV prevention topics continued on pg. 24)

Table 90. HIV prevention topics cont.

How to obtain condoms	17	25.5
How to correctly use a condom	14	21.3
All 17 HIV, STD, and pregnancy prevention topics	11	17.2

Note: Figures represent number and percentage of those who answered yes.

Table 91. During this (2009-2010) school year, did teachers in this school teach each of the following nutrition and dietary behavior topics in a required health education course for students in any of grades 6 through 12?

	No.	%
The benefits of healthy eating	154	87.8
Food guidance using MyPyramid	145	82.2
Using food labels	143	80.3
Balancing food intake and physical activity	154	86.8
Eating more fruits, vegetables, and grain products	151	85.2
Choosing foods that are low in fats and cholesterol	147	81.8
Using sugars in moderation	144	80.7
Using salt and sodium in moderation	139	77.7
Eating more calcium-rich foods	144	80.5
Food safety	135	75.4
Preparing healthy meals and snacks	136	76.2
Risks of unhealthy weight control practices	142	80.5
Accepting body size differences	142	79.7
Signs, symptoms, and treatment for eating disorders	140	78.5
All 14 nutrition and dietary behavior topics	105	58.5

Note: Figures represent number and percentage of those who answered yes.

Table 92. During this (2009-2010) school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12?

	No.	%
The physical, physiological, or social benefits of activity	166	91.1
Health-related fitness (endurance, strength, etc.)	162	89.3
Phases of a workout	150	82.9
How much physical activity is enough	160	86.7
Developing an individualized physical activity plan	124	68.3
Monitoring progress toward reaching fitness goals	129	70.4
Overcoming barriers to physical activity	129	70.7
Decreasing sedentary activities	153	83.0
Opportunities for physical activity in the community	39	76.4
Preventing injury during physical activity	148	81.6
Weather-related safety	136	73.3
Dangers of using performance-enhancing drugs	149	80.7
All 12 physical activity topics	95	51.9

Note: Figures represent number and percentage of those who answered yes.

HIV PREVENTION

Table 93. During this (2009-2010) school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following?

	No.	%
Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities	38	20.2
Provided curricula or supplementary materials in the primary languages of the youth and families	31	16.5
Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community	25	13.7
Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community	28	15.2

Table 94. During this (2009-2010) school year, did your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth?

	No.	%
Yes	23	16.0
No	120	84.0

COLLABORATION

Figure 36. During this (2009-2010) school year, have any health education staff worked with each of the following groups on health education activities?

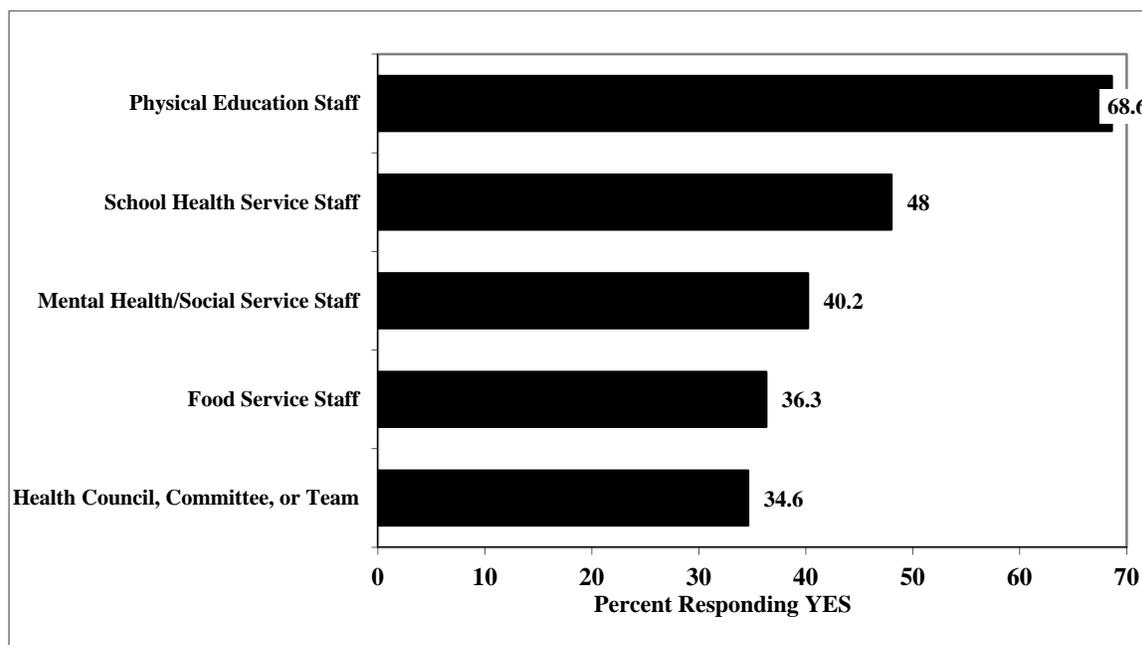


Table 95. During the current (2009-2010) school year, did your school provide parents and families with health information designed to increase parent and family knowledge of the following topics?

	No.	%
HIV prevention, STD prevention, or teen pregnancy prevention	20	11.0
Tobacco-use prevention	62	33.3
Physical Activity	70	37.5
Nutrition and healthy eating	72	38.6
Asthma	12	6.6

Note: Figures represent number and percentage of those who answered yes.

PROFESSIONAL DEVELOPMENT

Table 96. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?

	No.	%
Alcohol or other drug use prevention	59	31.1
Asthma awareness	16	8.5
Emotional and Mental Health	49	25.8
Foodborne illness prevention	25	13.3
HIV (human immunodeficiency virus) prevention	29	15.3
Human sexuality	29	15.6
Injury prevention and safety	50	26.6
Nutrition and dietary behavior	46	24.6
Physical activity and fitness	85	44.9
Pregnancy prevention	20	10.5
STD (sexually transmitted disease) prevention	31	16.2
Suicide prevention	44	23.5
Tobacco use prevention	49	25.7
Violence prevention (bullying, fighting, homicide)	94	50.3

Note: Figures represent number and percentage of those who answered yes

Table 97. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?

	No.	%
Describing how widespread HIV and other STD infections are and the consequences of these infections	18	9.7
Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	18	9.3
Identifying populations of youth who are at high risk of being infected with HIV and other STDs	18	9.5
Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	32	17.0
Teaching HIV prevention education to students with physical, medical, or cognitive disabilities	11	5.9
Teaching HIV prevention education to students of various cultural backgrounds	13	6.7
Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities	12	6.2
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	16	8.3
Teaching about health-promoting social norms and beliefs related to HIV prevention	16	8.7
Strategies for involving parents, families, and others in student learning of HIV prevention education	10	5.1
Assessing students' performance in HIV prevention education	11	6.1
Implementing standards-based HIV prevention education curriculum and student assessment	10	5.1
Using technology to improve HIV prevention education instruction	12	6.3
Teaching HIV prevention education to students with limited English proficiency	9	4.7
Addressing community concerns and challenges related to HIV prevention education	12	6.3

Note: Figures represent number and percentage of those who answered yes.

Table 98. Would you like to receive staff development on each of these health education topics?

	No.	%
Alcohol or other drug use prevention	117	62.8
Asthma awareness	85	45.6
Emotional and Mental Health	108	58.3
Foodborne illness prevention	69	37.3
HIV (human immunodeficiency virus) prevention	98	52.6
Human sexuality	91	48.8
Injury prevention and safety	103	54.9
Nutrition and dietary behavior	120	64.3
Physical activity and fitness	124	66.8
Pregnancy prevention	100	53.0
STD (sexually transmitted disease) prevention	108	57.7
Suicide prevention	129	68.7
Tobacco use prevention	110	58.7
Violence prevention (bullying, fighting, homicide)	129	69.5

Note: Figures represent number and percentage of those who answered yes.

Table 99. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of inservice) on each of the following topics?

	No.	%
Teaching students with disabilities	65	34.6
Teaching students of various cultural backgrounds	48	25.3
Teaching students with limited English proficiency	16	8.5
Teaching students of different sexual orientations or gender identities	10	5.2
Using interactive teaching methods such as role plays or cooperative group activities	70	37.1
Encouraging family or community involvement	55	29.0
Teaching skills for behavior change	53	28.1
Classroom management techniques	91	48.4
Assessing or evaluating students in health education	39	20.4

Note: Figures represent number and percentage of those who answered yes.

Table 100. Would you like to receive staff development on each of these health education topics?

	No.	%
Teaching students with disabilities	99	53.1
Teaching students of various cultural backgrounds	87	46.6
Teaching students with limited English proficiency	56	30.0
Teaching students of different sexual orientations or gender identities	64	34.5
Using interactive teaching methods such as role plays or cooperative group activities	106	56.9
Encouraging family or community involvement	102	54.7
Teaching skills for behavior change	118	63.5
Classroom management techniques	112	60.3
Assessing or evaluating students in health education	113	60.7

Note: Figures represent number and percentage of those who answered yes.

PROFESSIONAL PREPARATION

Table 101. Currently are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?

	No.	%
Yes	164	88.2
No	22	11.8

Figure 37. What was the major emphasis of your professional preparation?
(select only one response)

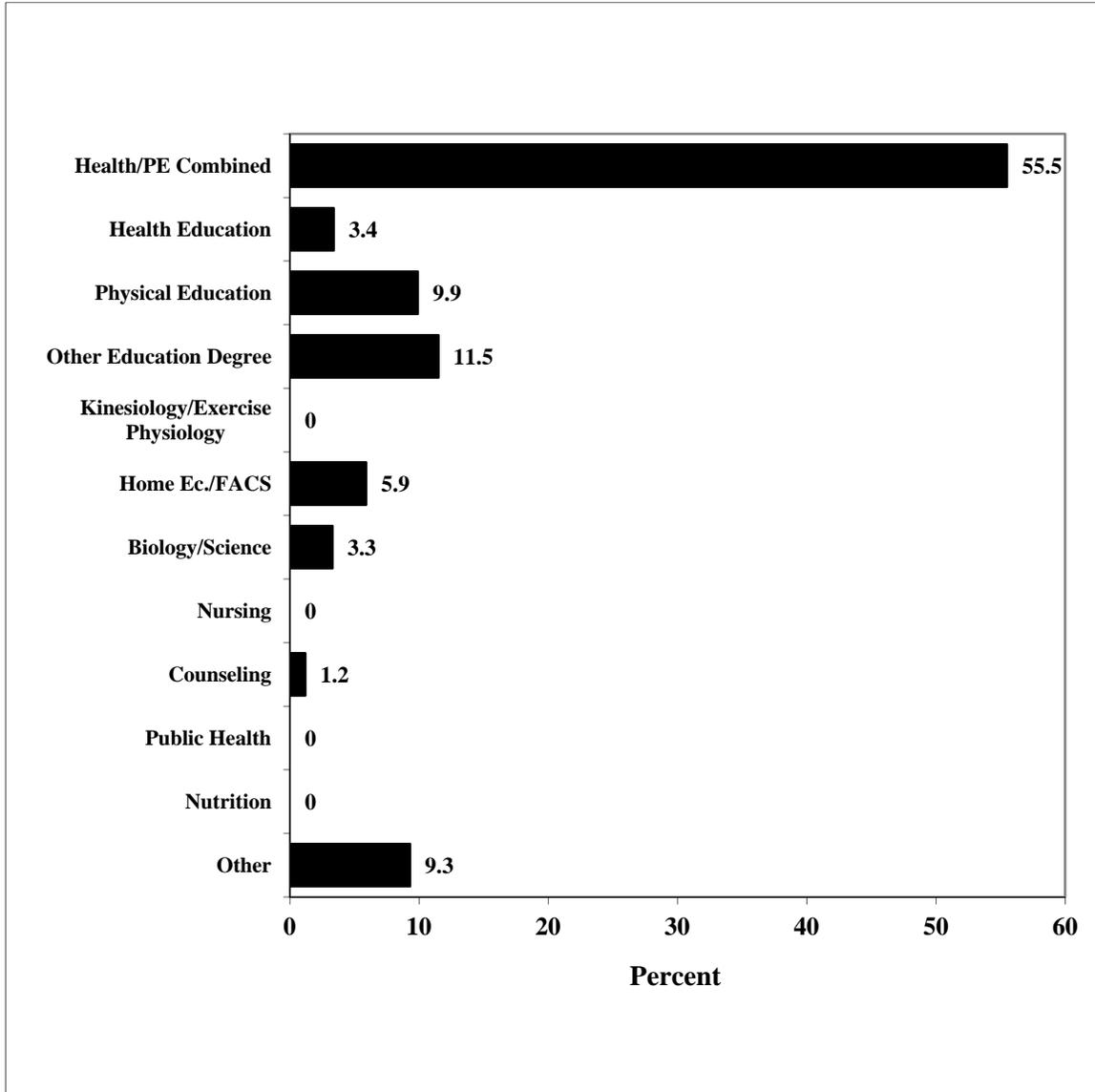
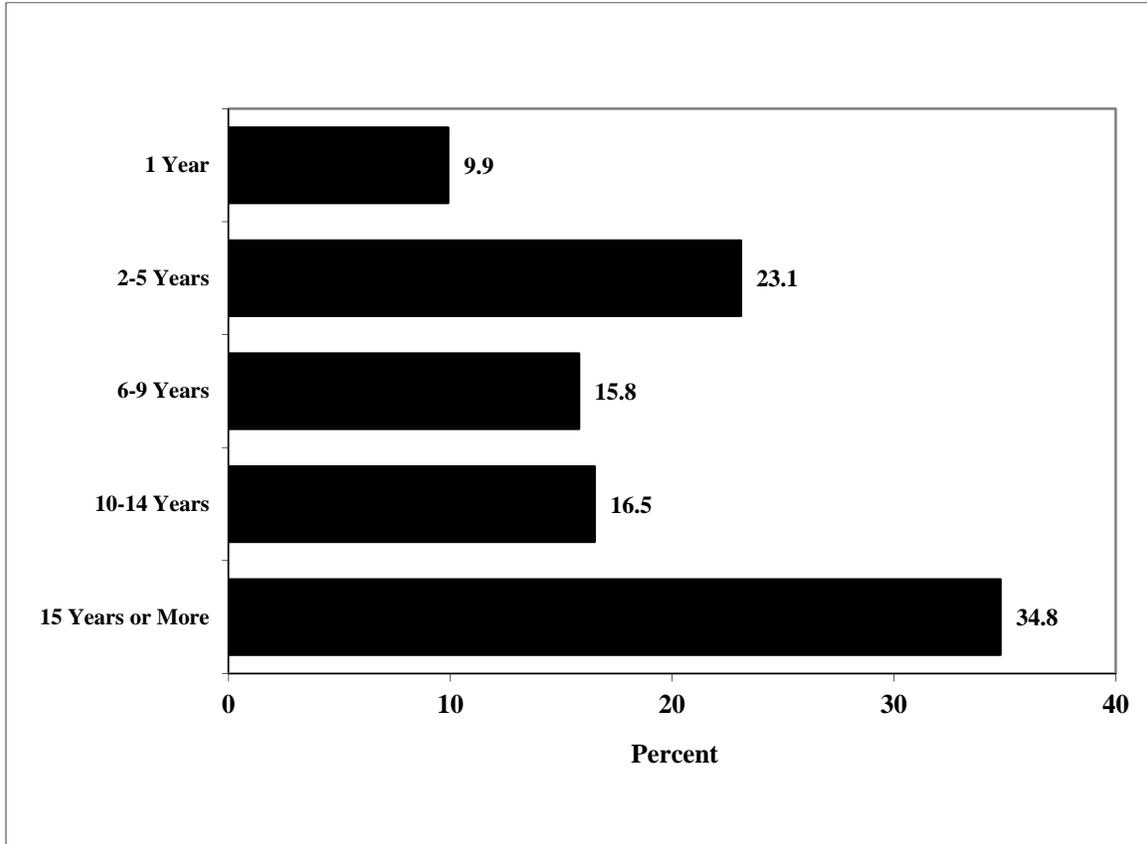


Figure 38. Including this school year (2009-2010), how many years have you been teaching health education?



RESULTS – Secondary Teachers

FINDINGS

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

- Required Health Education Courses
- HIV Prevention
- Collaboration
- Professional Development
- Professional Preparation

Required Health Education Courses

1. The majority of South Dakota secondary schools (85.1%) require students to take at least one health education course at some time during grades 6 through 12.
2. The greatest number of schools (36.9%) require just one health education course to be taken during grades 6-12. Almost no schools (1.6%) require four or more courses during that time period.
3. While the largest number of students takes required health education courses in grade 7 (62.9%) and/or grade 8 (56.2%), health education is required by fewer than one in ten schools in grade 11 (6.2%) or 12 (6.9%).
4. The majority (69.6%) of schools comprising this sample requires students who fail health education to repeat the course.
5. More than half the teachers who taught health education were provided with goals, objectives, and expected outcomes for health education (76.3%), plans for how to assess student performance in health education (59.7%), and a written health education curriculum (56.7%).

6. Among the more common skills addressed by health education curricula are using decision-making skills to enhance health (81.8%), comprehending concepts related to health promotion and disease prevention (80.3%), using interpersonal communication skills to enhance health and avoid or reduce health risks (79.4%), and analyzing the influence of family, peers, culture, media, technology, and other factors on health behavior (79.1%).
7. During the 2009-2010 school year, the greatest percentage of teachers tried to increase student knowledge regarding the following topics in a required health education course: physical activity and fitness (93.2%), alcohol or other drug use prevention (92.4%), tobacco use prevention (90.6%), nutrition and dietary behavior (88.7%), and violence prevention (89.8%). During the same period, the smallest percentage of teachers tried to increase student knowledge regarding the following topics in a required health education course: asthma awareness (42.6%), foodborne illness prevention (59.3%), and pregnancy prevention (68.3%).
8. During the 2009-2010 school year, the greatest percentage of teachers taught about the following tobacco use prevention topics in a required health education course: short- and long-term health consequences of tobacco use (87.8%), identifying reasons why students do and do not use tobacco (86.0%), understanding the addictive nature of nicotine (85.1%), and the effects of second-hand smoke and benefits of a smoke-free environment (85.0%). During the same period, although still addressed by the majority of teachers, the smallest percentage of teachers addressed the following tobacco use prevention topics in a required health education course: making accurate assessments of how many peers use tobacco (61.7%), finding valid information and services related to tobacco-use prevention and cessation (64.3%), and supporting others who abstain from or want to quit using tobacco, (68.4%).
9. During the 2009-2010 school year, the greatest percentage of teachers taught about the following HIV-related topics in a required sixth-, seventh-, or eighth-grade health education course: how HIV and other STDs are transmitted (67.0%), the benefits of being sexually abstinent (66.2%), the differences between HIV and AIDS (63.7%), and health

consequences of HIV, other STDs, and pregnancy (65.2%), how to prevent HIV, other STDs, and pregnancy (60.6%). During the same period, how to correctly use a condom (10.6%), how to obtain condoms (16.9%), and the importance of using condoms consistently (23.1%) were the topics least frequently taught in health education classes.

10. During the 2009-2010 school year, the greatest percentage of teachers taught about the following HIV-related topics in a required ninth-through twelfth-grade health education course: how HIV and STDs are transmitted (73.9%), the relationship between alcohol and other drug use, and risk for HIV, other STDs, and pregnancy (71.8%), health consequences of HIV, other STDs, and pregnancy (69.7%), and how to prevent HIV, other STDs, and pregnancy (69.5%). During the same period, how to correctly use a condom (21.3%), how to obtain condoms (25.5%), and the importance of using condoms consistently and correctly (33.1%) were the topics least frequently taught in health education classes.
11. During the 2009-2010 school year, the greatest percentage of teachers taught about the following nutrition and dietary topics in a required health education course: the benefits of healthy eating (87.8%), balancing food intake and physical activity (86.8%), eating more fruits, vegetables, and grain products (85.2%), food guidance using My Pyramid (82.2%), and using sugars in moderation (80.7%). During the same period, although still addressed by the majority of teachers, the smallest percentage of teachers addressed the following nutrition and dietary topics in a required health education course: food safety (75.4%) and preparing healthy meals and snacks (76.2%).
12. During the 2009-2010 school year, the greatest percentage of teachers taught about the following physical activity topics in a required health education course: the physical, physiological, or social benefits of activity (91.1%), health-related fitness including cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition (89.3%), how much physical activity is enough (86.7%), decreasing sedentary activities (83.0%), and phases of a workout (82.9%). During the same period, although still addressed by the majority of teachers, the smallest percentage of teachers addressed the

following physical activity topics in a required health education course: developing an individualized physical activity plan (68.3%), and monitoring progress toward reaching fitness goals (70.4%).

HIV Prevention

1. During the 2009-2010 school year, schools provided the following HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth): curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities (20.2%), curricula or supplementary materials in the primary languages of the youth and families (16.5%), access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community (15.2%), access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community (13.7%).
2. During the 2009-2010 school year, about one-sixth (16.%) of the schools provided curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth.

Collaboration

1. During the 2009-2010 school year, more than half of the responding teachers worked with physical education staff members (68.6%). Fewer than half the responding teachers worked with school health service staff (48.0%), mental health/social service staff (40.2%), and food service staff (36.3%), and health councils (34.6%) on health education activities.
2. During the 2009-2010 school year, the health information most commonly provided to increase families and parent knowledge related to nutrition and healthy eating (39.0)% and physical activity (37.5%). Other topics provided to families and parents included tobacco-use prevention (33.3%), HIV, STDs, and teenage pregnancy prevention (11.1%) and asthma (6.6%).

Professional Development

1. During the past two years, aside from violence prevention and bullying (50.3%), fewer than half the teachers received staff development on any health-related topics. Topics most frequently addressed in staff development (other than violence prevention and bullying) were physical activity and fitness (44.9%), alcohol or other drug use prevention (31.1%), and nutrition and injury prevention and safety (26.6%). During the same period, the health education topics least frequently addressed in staff development included asthma awareness (8.5%), pregnancy prevention (10.5%), foodborne illness prevention (11.9%), HIV prevention (15.3%).
2. During the past two years, aside from implementing health education strategies using prevention messages that are likely to be effective in reaching youth (17.0%), fewer than one-tenth of the responding teachers received staff development on any topics related to HIV prevention, STD prevention, and teen pregnancy prevention. Topics most frequently addressed in staff development (though reported by fewer than one-tenth of the teachers) were describing how widespread HIV and other STD infections are and the consequences of these infections (9.7%), identifying populations of youth who are at high risk of being infected with HIV and other STDs (9.5%), understanding the modes of transmission and effective prevention strategies for HIV and other STDs (9.3%), and teaching about health-promoting social norms and beliefs related to HIV prevention (8.3%).
3. During the past two years, fewer than half the teachers received staff development on any instructionally-related topics. Topics most frequently addressed in staff development (though reported by fewer than half the teachers) were classroom management techniques (48.8%), using interactive teaching methods (37.1%), teaching students with disabilities (34.6%), encouraging family or community involvement (29.0%), and teaching skills for behavior change (28.1%).
4. The health education topics about which teachers would most like staff development include the following: violence prevention (69.5%),

- alcohol or other drug use prevention (69.3%), suicide prevention (68.7%), physical activity and fitness (66.8%), nutrition and dietary behavior (64.3%), alcohol and other drug-use prevention (62.8%), and tobacco use prevention (58.7%). The least requested staff development topics include foodborne illness prevention (37.3%), asthma awareness (45.6%), and human sexuality (48.8%).
5. The instructionally-related health education topics about which teachers would most like staff development include the following: teaching skills for behavior change (63.5%), assessing or evaluating students in health education (60.7%), classroom management techniques (60.3%), and using interactive teaching methods (56.9%). The least requested staff development topics included teaching students with limited English proficiency (30.0%) and teaching students of different sexual orientations or gender identities (34.5%).

Professional Preparation and Experience

1. The vast majority of teachers (88.2%) reported that they held a teaching license, certificate, or endorsement in health education recognized by the state department of education.
2. The most common major emphasis for responding teachers' professional preparation was health and physical education combined (55.5%). Other major areas of emphasis also mentioned included other education degree (11.5%), physical education degree (9.9%), other degree (9.3%), home economics/family and consumer science (5.9%) and biology/other science (3.3%). Interestingly, only 3.4% of the teachers indicated that health education alone was their major area of professional preparation.
3. In terms of experience teaching health education, the two largest groups were those who had taught for 15 or more years (34.8%) or two to five years (23.1%). Similar numbers of teachers reporting having taught for 10-14 years (16.5%), six to nine years (15.8%), or one year (9.9%).

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HEALTH EDUCATION ADMINISTRATION AND POLICIES

Table 102. 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	69	37.7
Nutrition	63	34.5
Tobacco-use prevention	66	36.2
Asthma	22	12.2
Injury and violence prevention	51	28.0

Note: Figures represent number and percentage of those who answered yes.

Table 103. Does your school have a School Improvement Plan that includes health-related goals and objectives on the following topics?

	No.	%
Health education	49	27.1
Physical education and physical activity	50	27.5
Nutrition services and foods and beverages available at school	50	27.9
Health services	52	23.7
Mental health and social services	40	22.0
Healthy and safe school environment	78	42.8
Family and community involvement	82	44.8
Faculty and staff health promotion	44	24.4

Note: Figures represent those who answered yes.

Table 104. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy?

	No.	%
Number of minutes of physical education required in each grade	103	56.2
Rates of student participation in school meal programs	136	74.8
Revenue from sales of food and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria	92	50.4
Number of minutes of physical activity outside of physical education	64	36.2

Table 105. Currently, does someone at your school oversee or coordinate school health and safety programs and activities?

	No.	%
Yes	124	73.1
No	45	26.9

Table 106. Is there one or more groups (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?

	No.	%
Yes	94	50.7
No	91	49.3

Table 107. If your school has school health council, committee, or team, which of the following groups is represented?

	No.	%
School administration	86	98.0
Health education teachers	81	94.7
Physical education teachers	81	92.8
Mental health or social services staff	27	31.4
Nutrition or food services staff	74	83.4
Health services (e.g., school nurse)	42	49.9
Maintenance and transportation staff	9	11.0
Technology staff	14	16.2
Library/media center staff	12	13.8
Student body	51	60.1
Parents or families of students	56	66.3
Community members	55	64.4
Local health departments or agencies	34	39.6
Faith-based organizations	5	5.8
Businesses	24	28.2
Local government	13	15.4

Note: Figures represent those who answered yes.

Table 108. Are any school staff required to receive professional development on HIV, STD, or pregnancy prevention issues and resources for the following groups?

	No.	%
Ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth)?	12	6.2
Youth who participate in drop-out prevention, alternative education, or GED programs?	20	10.6

Note: Figures represent those who answered yes.

Table 109. Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth regardless of sexual orientation or gender identity (e.g., gay/straight alliances)?

	No.	%
Yes	21	11.6
No	160	88.4

Table 110. Does your school engage in the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?

	No.	%
Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff	52	28.4
Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity	135	72.4
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	76	40.6
Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	52	28.4
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	62	33.6

Table 111. Has this school adopted a written policy that protects the rights of and/or staff with HIV infection or AIDS?

	No.	%
Attendance of students with HIV infection	109	59.2
Procedures to protect HIV-infected students and staff from discrimination	113	61.5
Maintaining confidentiality of HIV-infected students and staff	125	68.2
Worksite safety (universal precautions for all school staff)	123	67.1
Confidential counseling for HIV-infected students	97	52.9
Communication of the policy to students, school staff, and parents	109	59.5
Adequate training about HIV infection for school staff	96	52.3
Procedures for implementing the policy	102	55.9

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

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

Table 112. Does your school have or participate in each of the following programs?

	No.	%
A student mentoring program	93	50.5
A safe-passages to school program	31	16.7
A program to prevent bullying	150	81.2
A program to prevent dating violence	39	21.2
A youth development program	66	35.9

Table 113. Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education?

	No.	%
Yes	170	93.4
No	9	4.9
Not Applicable (no state requirements)	3	1.7

REQUIRED PHYSICAL EDUCATION

Table 114. Is physical education required for students in any of grades 6 through 12 in this school?

	No.	%
Yes	177	95.0
No	9	5.0

Figure 39 and Table 115 represent questions that were asked only of those respondents who reported that physical education is required for students in any of grades 6 through 12

Figure 39. Is a required physical education course taught in each of the following grades in this school?

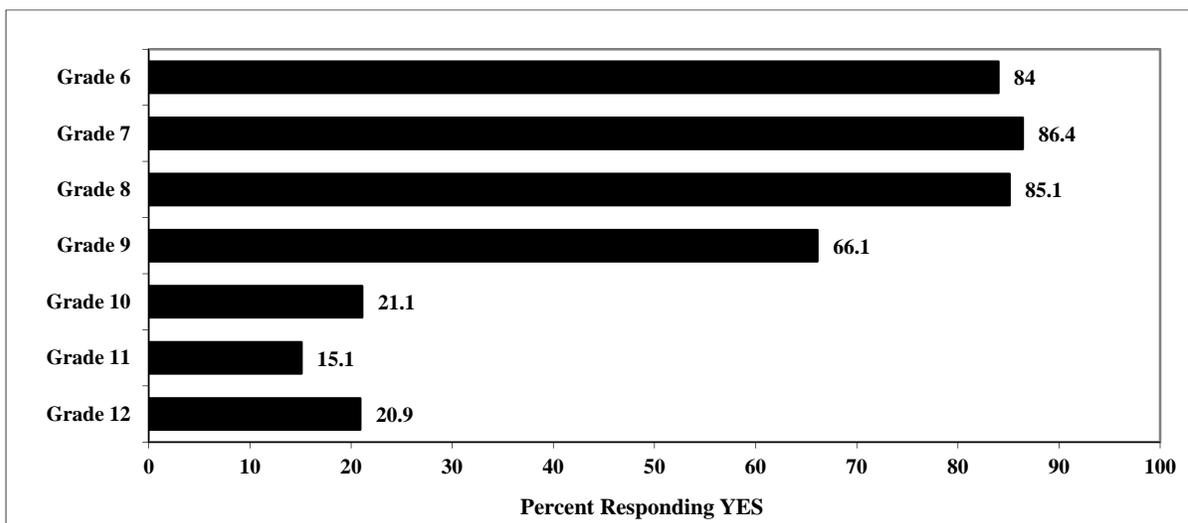


Table 115. Can students be exempted from taking a required physical education course for any of the following reasons?

	No.	%
Enrollment in other courses (i.e., math or science)	20	11.8
Participation in school sports	8	4.4
Participation in other school activities (band, etc.)	8	4.8
Participation in community sports activities	0	0.0
Religious reasons	32	19.0
Long-term physical or mental disability	104	61.1
Cognitive disability	45	27.2
High physical fitness competency test score	0	0.0
Participation in vocational training	1	0.5
Participation in community service activities	0	0.0

Note: Figures represent number and percentage of those who answered yes.

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

Table 116. During the past two years, did any physical education teachers or specialists at this school receive professional development on physical education?

	No.	%
Yes	138	76.8
No	42	23.2

Table 117. Are those who teach physical education at this school provided with the following materials?

	No.	%
Goals, objectives, and expected outcomes for physical education	154	81.9
Annual scope and sequence chart for physical education instruction	93	49.6
Plans for how to assess student performance in physical education	111	58.8
A written physical education curriculum	114	60.6

Table 118. Does the school offer students opportunities to participate in before- or after-school intramural activities or physical activity clubs?

	No.	%
Yes	76	40.6
No	112	59.4

Table 119. Outside of school hours or when school is not in session, do children or adolescents use any of your school’s indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons?

	No.	%
Yes	158	84.1
No	30	15.9

TOBACCO-USE PREVENTION POLICIES

Table 120. Has this school adopted a policy prohibiting cigarette smoking by students?

	No.	%
Yes	174	97.3
No	5	2.7

Figures 40-43 and Tables 121-123 represent questions that were asked only of those respondents who reported having a cigarette smoking policy

Figure 40. Does the tobacco prevention policy specifically prohibit use of each type of tobacco for each of the following groups?

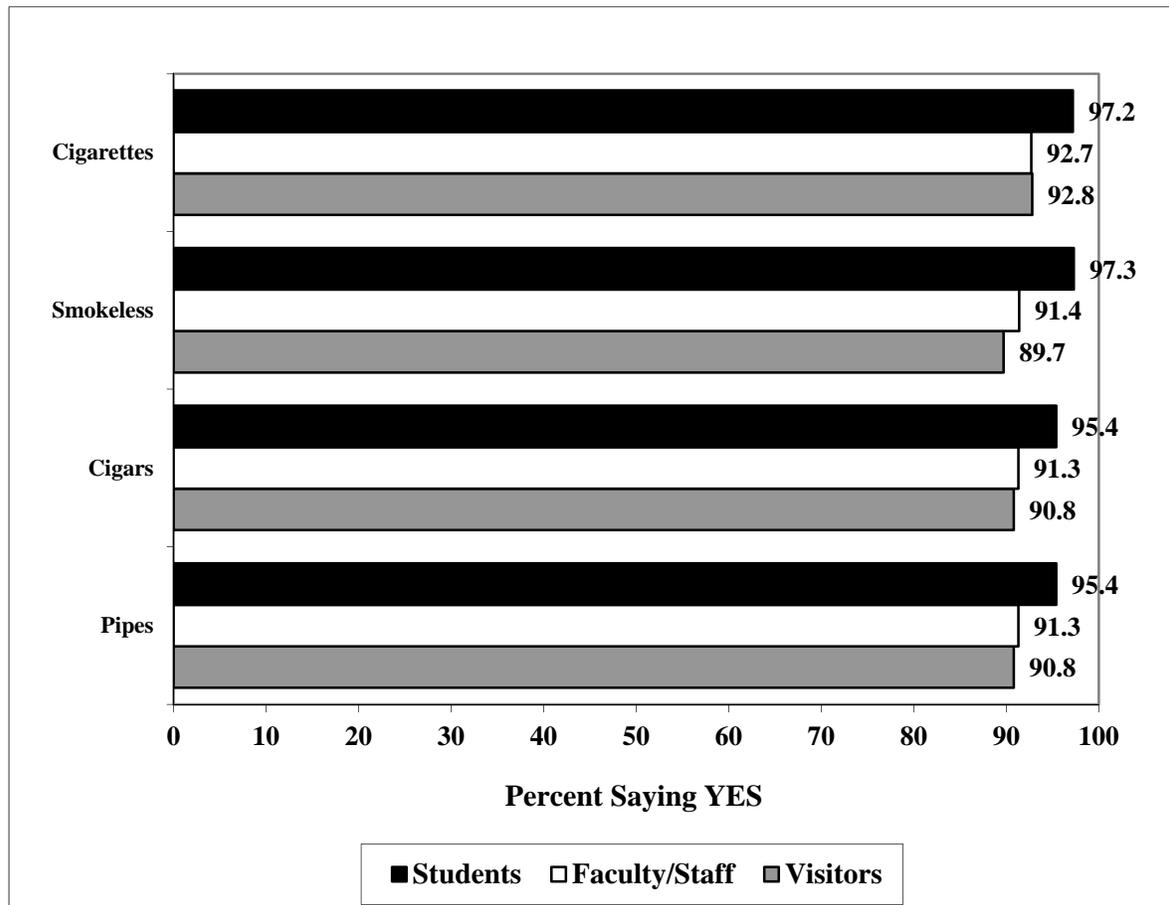


Figure 41. Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

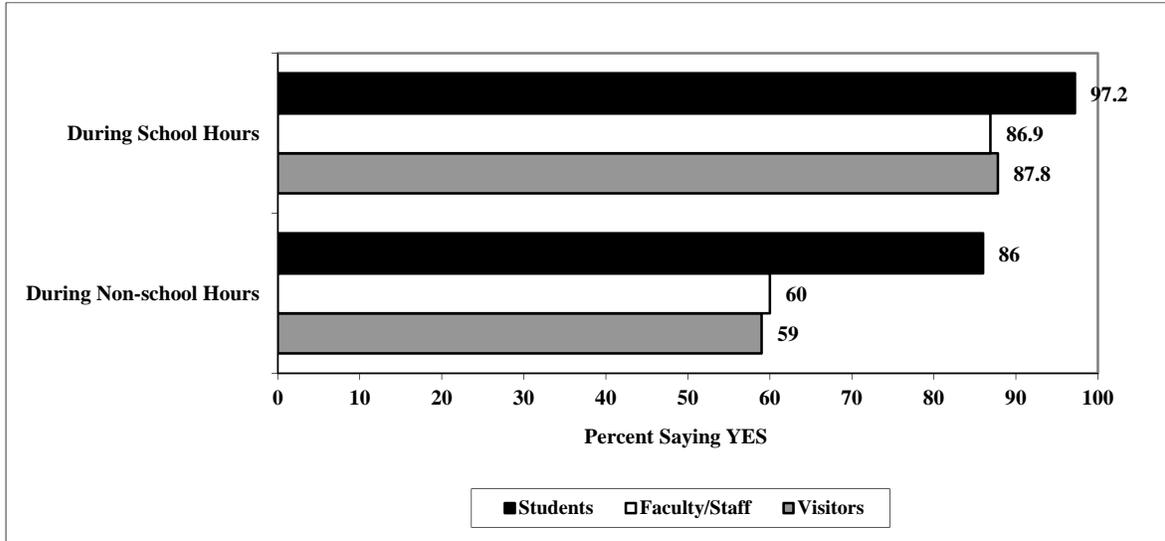


Figure 42. Does the tobacco prevention policy specifically prohibit use of tobacco in each of the following locations for each of the following groups?

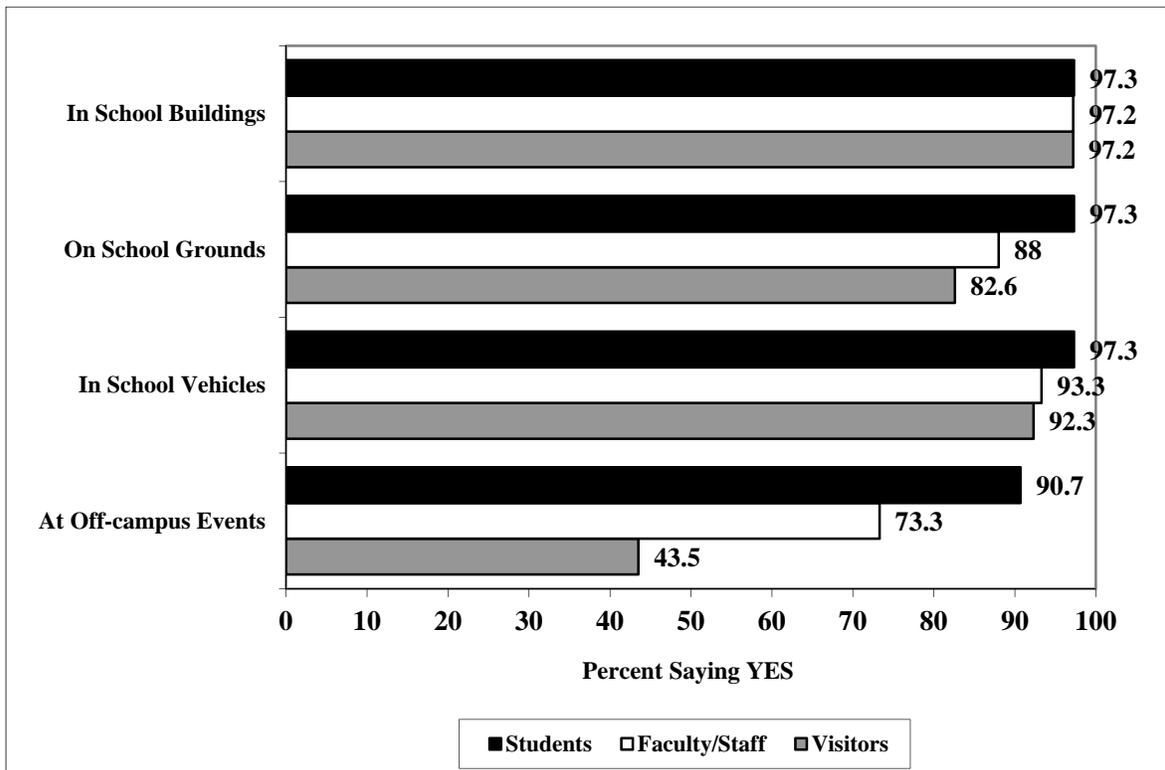


Table 121. Does your school follow a policy that prohibits tobacco use by students, staff, and visitors in school buildings, at school functions in school vehicles, on school grounds, and at off-site events, applicable 24 hours a day seven days a week? (A “tobacco-free environment”.)

	No.	%
Yes	53	32.0
No	113	68.0

Figure 43. Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco?

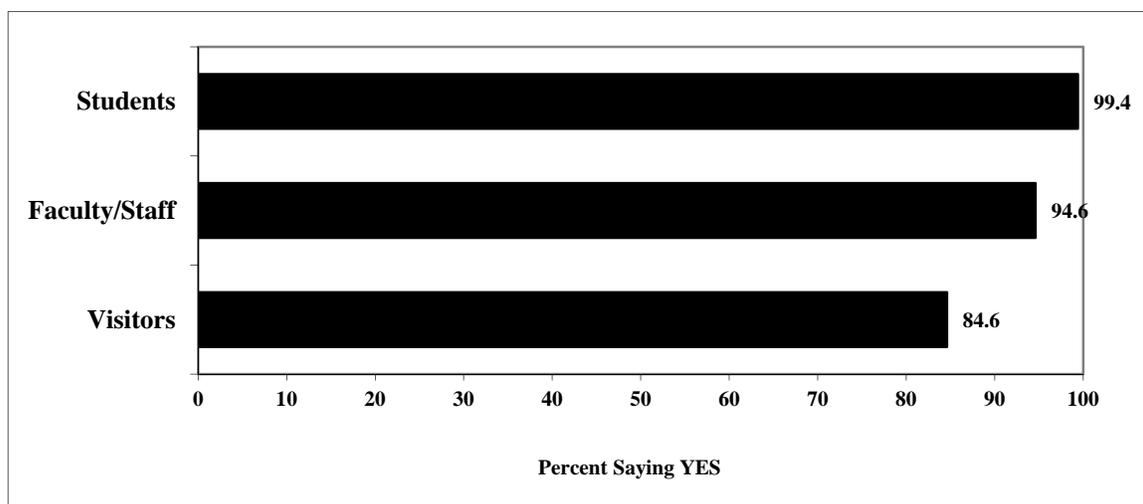


Table 122. Does your school’s tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?

	No.	%
Yes	168	99.5
No	1	0.5

Table 123. At your school who is responsible for enforcing your tobacco-use prevention policy?

	No.	%
No single individual is responsible	44	29.5
Principal	101	68.1
Assistant principal	4	2.5
Other school administrator	0	0.0
Other school faculty or staff member	0	0.0

Table 124. When students are caught smoking cigarettes, how often are each of the following actions taken?

	Never	Rarely	Some-times	Almost Always
Parents or guardians are informed	0.7	0.0	1.9	97.4
Referred to school counselor	10.2	16.6	41.2	32.0
Referred to school administrator	0.7	0.0	1.3	98.0
Encouraged to participate in assistance, education, or cessation program	17.8	29.3	30.7	22.2
Required to participate in assistance, education, or cessation program	43.2	30.6	20.7	5.5
Referred to legal authorities	7.6	18.6	40.6	33.1
Placed in detention	16.8	8.5	27.2	47.5
Not allowed to participate in extra-curricular activities	2.0	1.5	7.7	88.8
Given in-school suspension	8.6	8.5	39.0	43.9
Suspended from school	9.6	27.6	36.7	26.1
Expelled from school	60.6	32.1	2.9	4.3
Reassigned to alternative school	78.2	20.1	0.7	0.9

Table 125. Which of the following help determine what actions the school takes when students are caught smoking cigarettes?

	No.	%
Zero tolerance	158	85.0
Effect or severity of the violation	101	57.4
Grade level of student	54	30.6
Repeat offender status	147	83.6

Table 126. Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco used by students is not allowed?

	No.	%
Yes	148	80.7
No	35	19.3

Table 127. During the past two years, has your school

	No.	%
Gathered and shared information with students and families about mass media messages or community-based tobacco-use prevention efforts?	93	49.3
Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use?	109	58.0

Figure 44. Does your school provide referrals to tobacco cessation programs for each of the following groups.

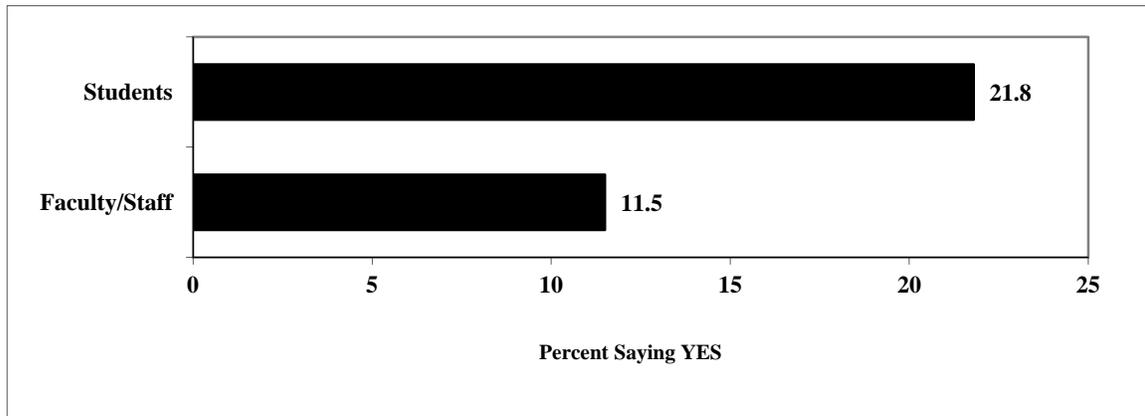
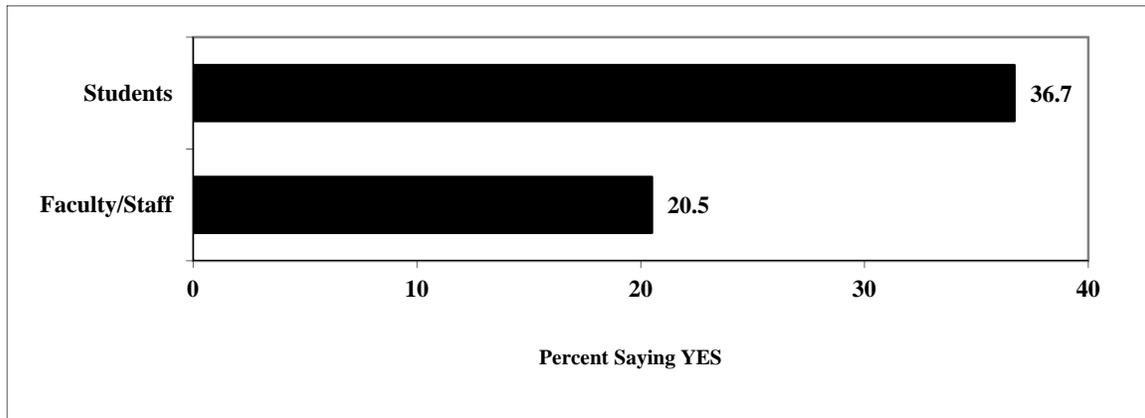


Figure 45. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for the following groups?



NUTRITION-RELATED POLICIES AND PRACTICES

Table 128. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?

	No.	%
Foods or beverages are not offered	4	2.2
Never	8	4.1
Rarely	36	19.0
Sometimes	118	62.5
Always or almost always	23	12.2

Table 129. Can students purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar?

	No.	%
Yes	143	76.3
No	45	23.7

Table 130 and Figure 46 represent questions that were asked only of those respondents who reported that students are able to purchase snack foods or beverages from vending machines

Table 130. Does this school limit the serving or package size of any individual food or beverage items sold from vending machines or at the school store, canteen, or snack bar?

	No.	%
Yes	66	36.4
No	115	63.6

Figure 46. Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar?

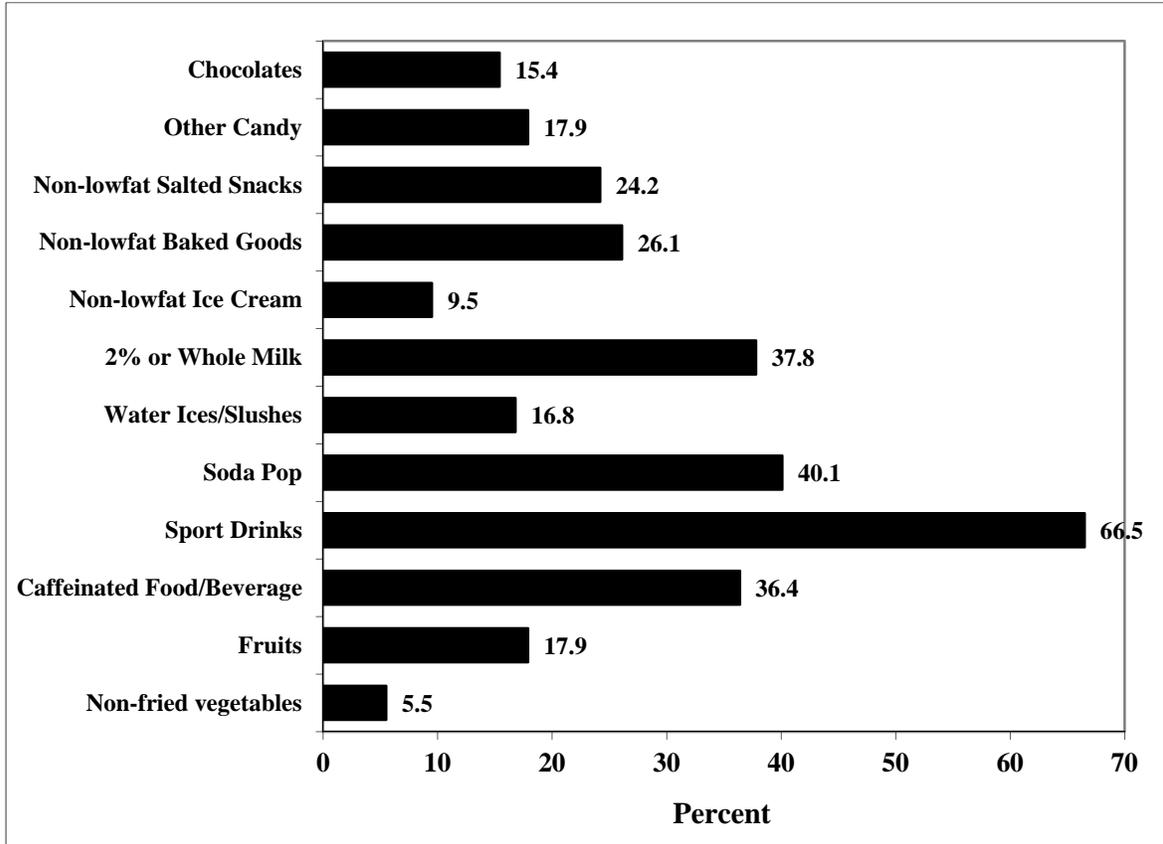


Table 131. At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students?

	No.	%
Yes	3	1.4
No	179	98.6

Table 132. Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations?

	No.	%
In the school building	89	47.6
On school grounds	80	42.4
On school buses or other vehicles	93	49.3
In school publications	92	49.0

Table 133. During this (2009-2010) school year, has your school done any of the following?

	No.	%
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	15	7.8
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	73	39.0
Provided information to students or families on the nutrition and caloric content of foods available	56	30.1
Conducted taste tests to determine food preferences for nutritious items	18	9.6
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics	27	14.7

HEALTH SERVICES

Table 134. Is there a full-time registered nurse who provides health services to students at this school?

	No.	%
Yes	44	23.5
No	144	76.5

Table 135. At your school, how many students with known asthma have an asthma action plan on file?

	No.	%
This school has no students with known asthma	20	10.8
All students with known asthma have an asthma action plan on file	63	34.3
Most students with known asthma have an asthma action plan on file	32	17.2
Some students with known asthma have an asthma action plan on file	40	21.4
No students with known asthma have an asthma action plan on file	30	16.4

Table 136. At your school, which of the following information is used to identify students with poorly controlled asthma?

	No.	%
This school does not identify students with poorly controlled asthma	79	42.8
Frequent absences from school	39	20.9
Frequent visits to the school health office due to asthma (<i>Identifying students with asthma continued on pg. 61</i>)	48	25.6

Table 136. Identifying students with asthma, cont.

Frequent asthma symptoms at school	74	39.8
Frequent non-participation in physical education class due to asthma	51	27.6
Students sent home early due to asthma	39	20.8
Calls from school to 911, or other local emergency numbers, due to asthma	13	7.2

Table 137. Does your school provide the following services for students with poorly controlled asthma?

	No.	%
Providing referrals to primary healthcare clinicians or child health insurance programs	89	49.0
Ensuring an appropriate written asthma action plan is obtained	93	52.1
Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	106	58.9
Offering asthma education for the student and his/her family	52	29.0
Minimizing asthma triggers in the school environment	101	56.2
Addressing social and emotional issues related to asthma	64	35.3
Providing additional psychosocial counseling or support services as needed	56	30.9
Ensuring access to safe, enjoyable physical education and activity opportunities	130	71.5
Ensuring access to preventive medications before physical activity	124	68.3

Table 138. How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms?

	No.	%
More than once per year	0	0.0
Once per year	32	17.1
Less than once per year	23	12.5
There is no such requirement	132	70.4

Table 139. Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

	No.	%
Yes	75	39.9
No	112	60.1

Figure 47 and Table 140 represent questions that were asked only of those respondents who reported that their school had a policy stating that students are permitted to carry and self-administer asthma medications

Figure 47. Does your school have procedures to inform each of the following groups about your school’s policy permitting students to carry and self-administer asthma medications?

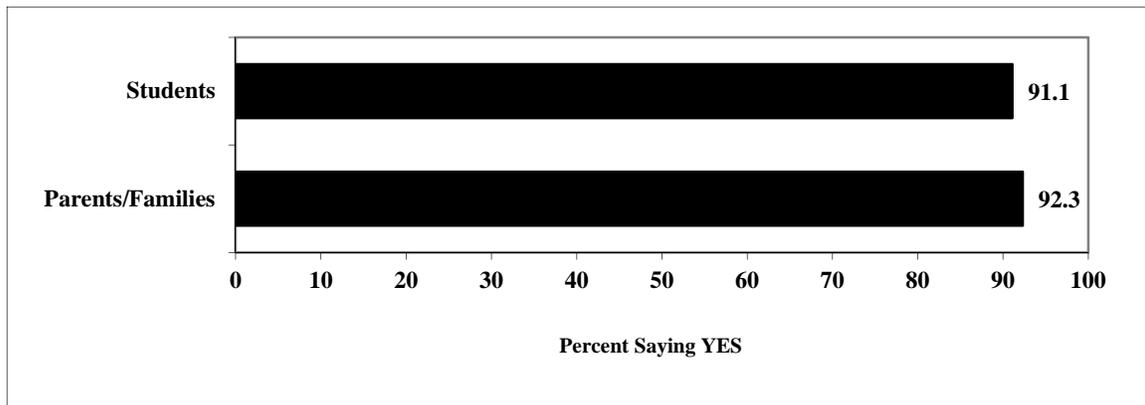


Table 140. At your school who is responsible for implementing your school’s policy permitting students to carry and self-administer asthma medications?

	No.	%
No single individual is responsible	20	29.7
Principal	16	24.5
Assistant principal	0	0.0
School nurse	27	40.4
Other school faculty or staff member	4	5.5

FAMILY AND COMMUNITY INVOLVEMENT

Table 141. During the past two years, have students’ families helped develop or implement policies and programs related to the following topics?

	No.	%
HIV, STD, or teen pregnancy prevention	22	11.6
Tobacco-use prevention	56	30.0
Physical activity	69	37.0
Nutrition and healthy eating	83	44.5
Asthma	16	8.6

Table 142. During the past two years, have community members helped develop or implement policies and programs related to the following topics?

	No.	%
HIV, STD, or teen pregnancy prevention	24	12.9
Tobacco-use prevention	53	28.7
Physical activity	68	36.7
Nutrition and healthy eating	81	43.8
Asthma	18	9.9

RESULTS – Secondary Principals

FINDINGS

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

- Health Education Administration and Policies
- Required Physical Education
- Required Physical Education and Physical Activity
- Tobacco-Use Prevention Policies
- Nutrition-Related Policies and Practices
- Health Services
- Family and Community Involvement

Health Education Administration and Policies

1. Fewer than half the schools have ever used the School Health Index or other self-assessment tool to assess their schools' policies, activities, and programs related to physical activity (37.7%), tobacco-use prevention (36.2%), nutrition (34.5%), injury and violence prevention (28.0%), or asthma (12.2%).
2. Fewer than half the schools have a School Improvement Plan that includes health-related goals and objectives. The following goals and objectives were most frequently reported being incorporated into schools' improvement plans: family and community involvement (44.8%), healthy and safe school environment (42.8%), nutrition services and foods and beverages available at school (27.9%), and physical education and physical activity (27.5%).
3. The following types of information regarding implementation of the local wellness policy are most frequently reported by the schools to their districts: rates of student participation in school meal programs (74.8%), number of minutes of physical education required in each grade (56.2%), and revenue from sales of food and beverages from school-sponsored fundraisers, vending machines, school stores, or a la

- cart lines in the school cafeteria (50.4%). The least frequently report information relates to the number of minutes of physical activity outside of physical education (36.2%).
4. Nearly three-fourths of principals (73.1%) indicated that their school has an individual who oversees or coordinates health and safety programs and activities.
 5. Slightly more than half the principals (50.7%) responded that there are one or more groups (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics.
 6. The individuals who most frequently comprise the health council or committee in those schools having such a group include the school administration (98.0%), health education teachers (94.7%), physical education teachers (92.8%), nutrition or food service staff (83.4%), parents or families of students (66.3%), and community members (64.4%). Individuals least often included on health councils include faith-based organizations (5.8%), maintenance and transportation staff (11.0%), and library/media center staff (13.8%).
 7. Very few school staff are required to receive professional development on youth who participate in drop-out prevention, alternative education, or GED programs (10.6%) or ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth) (6.2%).
 8. Fewer than one-sixth of schools (11.6%) have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth regardless of sexual orientation or gender identity.
 9. The most common practice in schools related to lesbian, gay, transgender, bisexual, or questioning (LGBTQ) youth is prohibiting harassment based on a student's perceived or actual sexual orientation or gender identity (72.4%). Other less common practices related to LGBTQ youth include encouraging staff to attend relevant professional development activities (40.6%), and facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth (33.6%).

10. More than half the schools have adopted written policies that protects the rights of and/or staff with HIV infection or AIDS. Among the specific elements addressed in these policies are the following: maintaining confidentiality of HIV-infected students and staff (68.2%), worksite safety (67.1%), procedures to protect HIV-infected students and staff from discrimination (61.5%), communication of the policy to students, school staff, and parents (59.5%), and attendance of students with HIV infection (59.2%).
11. More than three-fourths of schools (81.2%) have or participate in programs to prevent bullying. Fewer schools participate in the following programs: student mentoring program (50.5%), youth development program (35.9%), programs to prevent dating violence (21.2%), or safe passages to school programs (16.7%).
12. The great majority of staff (93.4%) who teach health education topics is certified, licensed, or endorsed by the state in health education.

Required Physical Education

1. Physical education is a required subject for students in any of grades 6 through 12 in nearly all (95.0%) of South Dakota secondary schools.
2. While the largest number of students takes required physical education courses in grade 7 (86.4%) and/or grade 8 (85.1%), health education is required by fewer than one quarter of the schools in grades 10 (21.1%), 11 (15.1%) and 12 (20.9%).
3. Nearly two-thirds (61.1%) of the secondary schools in South Dakota permit students to be excused from a required physical education course for a long-term physical or mental disability. In contrast, very few students may be exempted from taking required physical education for participating in other activities such as enrollment in other courses (11.8%), participation in other school activities (4.8%), or participation in school sports (4.4%).

Physical Education and Physical Activity

1. During the past two years more than three quarters (76.8%) of physical education teachers or specialists received professional development on physical education.
2. More than half the teachers who taught physical education were provided with goals, objectives, and expected outcomes for health education (81.9%), a written physical education curriculum (60.6%), and plans for how to assess student performance in physical education (58.8%). Slightly fewer than half (49.6%) were provided with an annual scope and sequence chart for physical education instruction.
3. More than one-third (40.6%) of the secondary schools in South Dakota offer students opportunities to participate in before- or after-school intramural activities or physical education clubs.
4. More than three quarters (84.1%) of adolescents and children use school's indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons.

Tobacco-Use Prevention Policies

1. Nearly every secondary school in South Dakota (97.3%) has adopted a policy prohibiting cigarette smoking by students.
2. The great majority of schools also have adopted specific policies prohibiting tobacco use by students in the form of smokeless tobacco (97.3%), cigars (95.4%), and pipes (95.4%).
3. The majority of schools have adopted specific policies prohibiting tobacco use by faculty and staff in the form of cigarettes (92.7%), smokeless tobacco (91.4%), cigars (91.3%), and pipes (91.3%).
4. The majority of schools have adopted specific policies prohibiting tobacco use by visitors in the form of cigarettes (92.8%), smokeless tobacco (89.7%), cigars (90.8%), and pipes (90.8%).

5. The majority of schools have adopted a tobacco prevention policy that prohibits tobacco use during school hours for students (97.2%), faculty and staff (86.9%), and visitors (87.8%).
6. While most schools have adopted a tobacco prevention policy that prohibits tobacco use during non-school hours for students (86.0%), fewer schools have policies that prohibit faculty and staff (60.0%) and visitors (59.0%) from using tobacco during non-school hours.
7. In nearly every school that has a student nonsmoking policy, cigarette smoking is prohibited in the school building (97.3%), on school grounds (97.3%), in school buses and vehicles (97.3%), and at off-campus school-sponsored events (90.7%).
8. In the majority of schools that has a faculty/staff nonsmoking policy, cigarette smoking is prohibited in the school building (97.2%), on school grounds (88.0%), in school buses and vehicles (93.3%), and at off-campus school-sponsored events (73.3%).
9. In the majority of schools that has a visitor nonsmoking policy, cigarette smoking is prohibited in the school building (97.2%), on school grounds (82.6%), and in school buses and vehicles (92.3%). However, just fewer than half (43.5%) of these schools prohibits visitors from smoking cigarettes at off-campus school-sponsored events.
10. Only one-third of the schools (32%) have a policy that prohibits tobacco use by students, staff, and visitors in school buildings, at school functions in school vehicles, on school grounds, and at off-site events, applicable 24 hours a day seven days a week.
11. The majority of schools have procedures to inform students (99.4%), faculty and staff (94.6%), and visitors (84.6%) about the tobacco prevention policy that prohibits their use of tobacco.
12. Nearly every school's (99.5%) tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes.

13. The principal (68.1%) is most frequently responsible for enforcing the tobacco-use prevention policy; otherwise, no single individual is identified as the responsible person (29.5%).
14. The Zero Tolerance policy most often determines the actions that are taken when students are caught smoking (85.0%). Other variables that influence the actions taken include repeat offender status (83.6%) and severity of the violation (57.4%).
15. When students are caught smoking cigarettes in violation of school nonsmoking policies, the most frequent actions taken include referring the student to the school administrator (sometimes or almost always done in 99.3% of schools), informing parents or guardians (sometimes or almost always done in 99.3% of schools), or not allowing the student to participate in extra-curricular activities (sometimes or almost always done in 96.5% of schools). Other actions that are taken sometimes or almost always include giving the student in-school suspension (82.9%), placing the student in detention (74.7%), or referring to legal authorities (73.7%). Reassigning to alternative schools (1.6%) and expulsion (7.2%) are the least frequent actions.
16. More than three-fourths (80.7%) of schools post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco used by students is not allowed.
17. During the past two years approximately half the schools have worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use (58.0%) or gathered and shared information with students and families about mass media messages or community-based tobacco-use prevention efforts (49.3%).
18. Fewer than half the secondary schools in South Dakota provide referrals to tobacco cessation programs for students (21.8%) or faculty and staff (11.5%).
19. Fewer than half the secondary schools in South Dakota have arrangements with any organizations or health care professionals not

on school property to provide tobacco cessation services for students (36.7%) or faculty and staff (20.5%).

Nutrition-Related Policies and Practices

1. While most schools (62.5%) offer fruits or non-fried vegetables only sometimes at school celebrations where foods or beverages are served, only about one in eight schools (12.2%) offer them always or almost always.
2. Students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar in the majority of secondary schools (76.3%) in South Dakota.
3. About one-third (36.4%) the schools limit the serving or package size of any individual food or beverage items sold from vending machines or at the school store, canteen, or snack bar.
4. The most common snack foods or beverages that secondary school students can purchase from vending machines or at the school store, canteen, or snack bar include sport drinks (66.5%), soft drinks (40.1%), 2% or whole milk (37.8%), and caffeinated foods/beverages (36.4%). In contrast, the least common snack foods or beverages that secondary students can purchase from vending machines or at the school store, canteen, or snack bar include non-fried vegetables (5.5%), non-lowfat ice cream (9.5%), chocolates (15.4%) or water ice/slushes (16.8%).
5. During the current school year, fewer than half the schools collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating (39.0%), provided information to students or families on the nutrition and caloric content of foods available (30.1%), or provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics (14.7%).
6. Almost no schools (1.4%) promote candy, meals from fast food restaurants, or soft drinks through the distribution of products, such as t-shirts, hats, and book covers to students.

7. Just about half the schools prohibit advertisements for candy, fast food restaurants, or soft drinks on school buses and other vehicles (49.3%), in school publications (49.0%), in the school building (47.6%), or on school grounds (42.4%).

Health Services

1. Only one-fourth (23.5%) of the secondary schools in South Dakota have a full-time school nurse who provides health services to students at the school.
2. About one-third (34.3%) of the principals reported that all students with known asthma have an asthma action plan on file. Fewer indicated that some students (21.4%), most students (17.2%), or no students (16.4%), with known asthma have an asthma action plan on file.
3. The largest group of principals (42.8%) reported that their school does not identify students with poorly controlled asthma. Otherwise, the information used to identify students with poorly controlled asthma includes frequent asthma symptoms at school (39.8%), frequent nonparticipation in physical education classes (27.6%), visits to the school health office due to asthma (25.6%), and frequent absences from school (20.9%).
4. More than half the schools provide the following services for students with poorly controlled asthma: ensuring access to safe, enjoyable physical education and activity opportunities (71.5%), ensuring access to preventive medications before physical activity (68.3%), ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school (58.9%), and minimizing asthma triggers in the school environment (56.2%).
5. The majority of schools (70.4%) has no requirement that school staff members receive training on recognizing and responding to severe asthma symptoms. In contrast less than one-fifth (17.1%) require staff development once per year.

FINDINGS – Secondary Principals

6. Fewer than half the schools (39.9%) have adopted a policy stating that students are permitted to carry and self-administer asthma medications.
7. Most schools have school procedures to inform parents/families (92.3%) and students (91.1%) about the school's policy permitting students to carry and self-administer asthma medications.
8. The school nurse is responsible for implementing the school's policy permitting students to carry and self-administer asthma medications in the largest percentage of schools (40.4%). However, in many schools the principal (24.5%) bears this responsibility or no single individual is responsible (29.7%).

Family and Community Involvement

1. During the past two years, students' families helped develop or implement policies and programs related to the following topics: nutrition and healthy eating (44.5%), physical activity (37.0%), tobacco-use prevention (30.0%) HIV, STD, or teen pregnancy prevention (11.6%), and asthma (8.6%).
2. During the past two years, community members helped develop or implement policies and programs related to the following topics: nutrition and healthy eating (43.8%), physical activity (36.7%), tobacco-use prevention (28.7%), HIV, STD, or teen pregnancy prevention (12.9%), and asthma (9.9%).

FINDINGS – Secondary Principals

CONCLUSIONS

1. **Most students throughout South Dakota are required to take at least some health education during their secondary education (grades 6 through 12).** More than three-fourths of the teachers indicated that students in their schools are required to take at least one health education course during grades 6 through 12. While just over one-third of all schools require students to take only one health education course, nearly the same percentage do not require students to take any health education courses during the same period.
2. **Required health education courses are most prevalent during the junior high/middle school grades and diminish progressively throughout the high school grade levels.** While more than half the teachers reported that their schools require health education in grades 7 and 8, the percentage of schools requiring health education courses declines throughout grades 10 to 12. Only about ten percent of the teachers reported that their schools require health education courses for high school sophomores, juniors, and/or seniors.
3. **Most schools provide health education teachers with curricular materials to support their teaching and evaluating student progress.** More than half the teachers who taught health education were provided with goals, objectives, and expected outcomes for health education, a written health education curriculum, and plans for how to assess student performance in health education.
4. **Most schools fail to incorporate health education goals and procedures into their formal planning processes.** Fewer than half the principals indicated that their schools utilize a formal assessment process such as the School Health Index. Additionally, fewer than half the principals reported that their schools include health-related goals and objectives into their School Improvement Plans.

5. **Most secondary schools in South Dakota make a significant effort to prevent harassment and bullying of students by their peers.** Nearly three-quarters of the principals responded that their schools prohibit harassment based on a student's perceived or actual sexual orientation or gender identity. Furthermore, similar numbers of principals indicated that their schools have programs in place to prevent bullying. Also, violence prevention and bullying are the only professional development topics attended by more than half of the teachers during the past two years.
6. **Health education curricula provide a strong focus on information processing skills.** More than three quarters of the teachers reported that their health education curriculum addresses information processing skills such as decision-making skills to enhance health, practicing health-enhancing behaviors to avoid or reduce health risks, using goal-setting skills to enhance health, and comprehending concepts related to health promotion and disease prevention.
7. **A moderate number of schools has adopted formal written policies regarding HIV infection and address HIV, STD and pregnancy prevention through required health classes in grades seven through twelve.** Slightly more than half the schools have adopted a written policy regarding the rights of students and/or staff with HIV infection. Additionally, from half to two-thirds of teachers taught about a wide range of HIV-related topics during the 2009-2010 school year.
8. **There is a moderate degree of coordination of health education among teachers, other staff members, school health service staff members, and community members; however, parents and family members are afforded few opportunities to learn about the local health education program or classes.** Approximately two-thirds of the teachers indicated that they had worked with physical education staff members, and nearly half worked with school health service staff members, school counselors/psychologists, and community members on health education activities. However, less than half the same teachers admitted that they provided information to families about the school health education program or invited parental and/or family members to attend a health education class.

9. **Schools and school districts make moderate use of advisory committees in the development of health education policies or coordination of health education activities.** Just over half of the principals reported that their school or district has a health or advisory committee that develops policies and coordinates health education activities. At the same time, however, more than one quarter of the schools have no designated health education coordinator.
10. **Required physical education courses are most prevalent during the junior high/middle school grades and diminish progressively throughout the high school grade levels.** While more than three-fourths the principals reported that their schools require physical education in grades 7 and/or 8, the percentage of schools requiring physical education courses declines rapidly throughout grades 9 to 12. Fewer than one -fifth of the principals reported that their schools require physical education courses for high school juniors and/or seniors.
11. **Most schools provide physical education teachers with curricular materials to support their teaching and evaluating student progress.** More than half the teachers who taught physical education were provided with goals, objectives, and expected outcomes for physical education, a written physical education curriculum, and plans for how to assess student performance in physical education.
12. **Schools provide limited opportunities and support for school-sponsored intramural activities outside of school hours.** Just over one-third of the secondary schools in South Dakota offer students opportunities to participate in before- or after-school intramural activities or physical activity clubs. In contrast, more than three quarters of adolescents and children use school's indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons.

13. **There are limited staff development opportunities for teachers related to health education topics or instructional methodologies.** Fewer than half the teachers have participated in staff development activities during the past two years related to any health education topics, and fewer than one quarter received professional development related to HIV, STDs, or pregnancy prevention. During that same period, fewer than half the teachers reported having participated in staff development activities focusing on specific teaching methods for the health education classroom. The health education topics that teachers would most like staff development to address include violence prevention, alcohol or other drug use prevention, suicide prevention, physical activity and fitness, tobacco-use prevention, nutrition and dietary behavior, and emotional and mental health.
14. **Health education teachers in South Dakota are generally experienced and appropriately certified. However, very few health education teachers studies health education as their only major area.** Half the teachers reported that they had taught health education for ten or more years and over three-fourths hold health education certificates, licenses, or endorsements recognized by the state. While nearly half the teachers had professional preparation in health education combined with physical education, fewer than five percent majored in health education alone.
15. **South Dakota secondary schools are nearly uniform in their adoption of policies that prohibit student cigarette smoking and use of other tobacco products by students, faculty and staff, and visitors.** Nearly every secondary school in South Dakota has a written policy that prohibits students, faculty and staff, and visitors from smoking cigarettes or using other forms of tobacco (smokeless, cigars, and pipes). The great majority of these policies ban tobacco use in school buildings, on school grounds, in school vehicles, and at school-sponsored off-campus events. These policies also prohibit tobacco advertising on school property and prohibit students from wearing clothes and accessories that advertise tobacco company names and logos. However, few schools have a “tobacco-free environment” whereby these policies are applicable 24 hours a day and seven days a week.

16. **Accessibility to snack foods and drinks remains high throughout South Dakota secondary schools and many students have access to snack foods and drinks that provide poor nutrition through vending machines and school stores.** More than four secondary schools out of five permit students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar. Although water and fruit juices are most commonly available, many more schools offer soft drinks than vegetables and low-fat foods in their vending machines, school store, canteens, or snack bars.
17. **Schools generally do not promote “junk food” through advertising or distributions of commercial products.** Almost no schools promote candy, meals from fast food restaurants, or soft drinks through the distribution of products, such as t-shirts, hats, and book covers to students, and nearly half the schools prohibit advertisements for candy, fast food restaurants, or soft drinks on school buses and other vehicles in school publications, in the school building, or on school grounds.
18. **Few schools employ a full-time school nurse to provide standard health care to students, many fewer schools provide comprehensive health services to their students.** Fewer than one-fourth of the principals responded that their schools provide standard health care to students through the use of a full-time school nurse.
19. **Schools utilize a variety of information sources to identify students diagnosed with chronic health conditions such as asthma; however, few schools have formal asthma action plans on file for those who suffer from chronic asthma.** More than half the schools use notes from parents, medication records, student emergency cards, and physical exam records to identify students diagnosed with chronic asthma. On the contrary, only about a quarter of those same school maintain written action plans on file for those students diagnosed with chronic asthma.

20. **While schools often do not identify students with poorly controlled asthma, many schools do provide health services for those with poorly controlled asthma.** Fewer than two-fifths of all schools identify students who suffer from poorly controlled asthma. On the other hand, more than half the schools provide health services for them such as ensuring access to safe, enjoyable physical education and activity opportunities, ensuring access to preventive medications before physical activity, ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school, and minimizing asthma triggers in the school environment.

21. **Schools only gather moderate input from parents, families, and community members when developing and implementing health-related policies.** Generally, fewer than half the principals reported that parents or families of their students, or community members helped develop or implement policies and programs related to the following topics: nutrition and healthy eating, physical activity, tobacco-use prevention, asthma, and HIV, STD, or teen pregnancy prevention.

RECOMMENDATIONS

1. **Conduct activities that recognize school districts throughout the state that require secondary school students to take at least three or more health education courses and encourage the remaining school districts to initiate or increase health education requirements for their secondary students.** The South Dakota Department of Education (DOE) should formally recognize those school districts that currently require students to take at least three or more health education classes in grades 6 through 12. More importantly, efforts should be made to encourage those school districts that presently have little or no health education requirement for their secondary students to adopt programs and curricula that are similar to those presently employed in the district having more extensive health education requirements. In addition to DOE personnel, school administrators and/or health education coordinators/teachers from districts having more extensive health education requirements could be employed to assist other districts establish and/or expand their current health education programs.

One specific area that should be considered is encouraging more schools and school districts to require health education throughout the upper grades in high school. As the great majority of required health education now occurs in grades 6 through 8, one area of encouragement should be to include at least one required health class during the senior high school grades. Health education courses required for older secondary students and the topics that comprise those courses could be tailored toward the needs and interests of older, more mature students.

2. **Recognize the effort made by those schools and districts to prevent bullying and harassment, and encourage more schools to adopt similar policies and practices.** Given the undeniable importance of preventing bullying and harassment, schools and districts across the state should be recognized for their participation and policies that prevent such destructive student behaviors. Additionally, schools that have not yet adopted these policies and practices should be encouraged to do so in the very near future.

3. **Recognize the many schools that require physical education, but continue to encourage more required physical education classes within the upper grade levels.** The schools that require more than three physical education courses should be recognized and applauded for their efforts, but should also be encouraged to require more physical education classes than they presently do. Particularly, schools should be encouraged to consider making more physical education courses required for students in their sophomore, junior, and senior years.
4. **Utilize health education teachers who currently incorporate a variety of instructional methodologies and who address student diversity to provide in-service training for their peers who would like staff development in this area or who have been identified by their administrators as needing such assistance.** The variety of instructional techniques and strategies that teachers report using indicates that some or many of them would be valuable role models or presenters at staff development activities for their colleagues who have yet to reach the same level of instructional effectiveness in health education. Contacting and orienting a cadre of experienced health educators willing to share their instructional expertise with colleagues would produce a valuable resource for the SD DOE.
5. **Develop and disseminate a model for effective involvement of parents and family members in their local secondary health education programs.** Conduct meetings with school administrators, teachers, parents, and local community members that highlight the importance of parental and family member involvement in the health education program and present a model or mechanism by which such involvement may be accomplished.
6. **Provide professional development for school administrators focused on incorporating health education goals into their formal planning processes.** Effective implementation of health education goals requires these goals to be an integral element in district-wide policies and practices. School administrators should be encouraged and offered professional development to assist them in integrating health education goals and practices, such as regular assessment, into their written documentation in the form of School Improvement Plans.

7. **Develop and disseminate a model for effective involvement of health education advisory committees and school health service staff in formulating health education policies and coordinating health education activities at the secondary school level.** Inherent in the concept of a “coordinated” health education program is the utilization of an advisory committee or group to assist local schools in developing and delivering health education; however, only about half of South Dakota schools employ such an advisory committee. Conduct meetings with school administrators, teachers, and other stakeholders that highlight the importance of such advisory committees and groups and provide a model or mechanism by which local schools or school districts can establish and maintain advisory committees or groups. In addition, school administrators and teachers should be encouraged to enhance their collaboration with school health service staff for delivery of instruction and other health-related activities within the school.
8. **Provide professional development for teachers that focus on topics teachers identify as being of greatest interest.** Teachers in the present study indicated that during the past two years insufficient opportunities were provided for professional development related to health education topics or instructional techniques. They also identified teaching skills for behavior change, classroom management techniques, assessing or evaluating students in health education, and encouraging family or community involvement as the professional development topics of most interest. Results of the present study should be examined as a starting point in determining potential topics for future staff development for secondary school health education teachers. As indicated in Recommendation 4 above, attempts should be made to identify and employ experienced health education teachers to conduct these workshops or activities that address topics and instructional strategies of interest.

9. **Conduct activities designed to encourage secondary schools to adopt formal violence prevention programs and provide a model by which such programs could be established and implemented in the secondary schools.** Although many schools have written plans for responding to school violence, few of them have implemented formal programs that have been demonstrated effective in the prevention and reduction of school violence. Conduct meetings, utilizing experts in the field whenever possible, to familiarize school administrators and teachers with some of these recognized violence prevention and reduction programs, and encourage them to adopt one or more of these programs for use in their own school.
10. **Recognize the many schools that offer their facilities to community-based groups during non-school hours but strongly encourage schools to provide expanded school-based opportunities for before- and after-school intramural activities.** The many schools that open their facilities to community-based groups should be applauded, and mechanisms for expanding these already prevalent programs should be sought. However, concerted effort should be made to expand the number of schools that sponsor before- and after-school intramural activities or physical activity clubs and encouragement or incentives provided for schools that provide more support such as transportation to and from these activities.
11. **Develop and disseminate a model to encourage and assist schools to offer more nutritious foods and drinks to students throughout the school day.** The state should coordinate efforts among comprehensive health agencies and other food providers to strongly encourage schools to develop policies and facilitate access to healthy foods (such as vegetables and fruits) throughout the school day. The importance of balanced meals and healthy snacks should be integrated into health and science classes in secondary schools, and schools should be provided assistance in developing and implementing policies that assist students to eat and snack on healthier foods throughout the school day. Schools that permit students access to vending machines during the school day should be encouraged to examine these policies and those choosing to continue making vending machines available should be encouraged to advocate that their students make healthier choices in the vending machine foods and beverages that they purchase.

12. **Develop and disseminate HIV infection/AIDS policies that schools could adopt and implement, and provide professional development activities for administrators and teachers highlighting the importance of having written HIV infection/AIDS policies.** Although many schools have adopted tobacco use policies, far fewer schools have written HIV infection/AIDS policies in place. Schools that have not yet adopted written HIV infection/AIDS policies should be encouraged to do so and sample policies should be provided that have been effective in other schools. These schools should also be targeted for professional development activities focusing on the importance of written HIV infection/AIDS policies and how they are implemented at the school and district levels.
13. **Provide adequate resources for targeted improvements in school health education programs.** The state must provide sufficient resources in the form of grants, loans, funding, and up-to-date curricular materials to enable schools and districts to implement the programs and activities presented through professional development activities.

CONCLUSIONS- Secondary

2010 SCHOOL HEALTH PROFILES LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
 Title: _____
 School name: _____
 District: _____
 Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

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

**2010 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

REQUIRED HEALTH EDUCATION COURSES

(Definition: A required health education course is defined as one that students must take for graduation or promotion from your school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity.)

1. How many required health education courses do students take in grades 6 through 12 in your school? (Mark one response.)

- (a) 0 courses → **Skip to Question 4**
- (b) 1 course
- (c) 2 courses
- (d) 3 courses
- (e) 4 or more courses

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

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

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

- (a) Yes
- (b) No

The following questions apply to any instruction on health topics such as those listed above Question 1, including instruction that is not required and instruction that occurs outside of health education courses.

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

Material	Yes	No
a. Goals, objectives, and expected outcomes for health education.....	0	0
b. A chart describing the annual scope and sequence of instruction for health education.....	0	0
c. Plans for how to assess student performance in health education	0	0
d. A written health education curriculum	0	0

5. Does your health education curriculum address each of the following? (Mark yes or no for each skill; or mark NA for each skill if your school does not have a health education curriculum.)

Skill	Yes	No	NA
a. Comprehending concepts related to health promotion and disease prevention to enhance health	0	0	0
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.....	0	0	0
c. Accessing valid information and products and services to enhance health.....	0	0	0
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks.....	0	0	0
e. Using decision-making skills to enhance health.....	0	0	0
f. Using goal-setting skills to enhance health.....	0	0	0
g. Practicing health-enhancing behaviors to avoid or reduce risks.....	0	0	0
h. Advocating for personal, family, and community health	0	0	0

REQUIRED HEALTH EDUCATION

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

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

- Ⓐ Yes
- Ⓑ No

7. **During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Alcohol- or other drug-use prevention.....	0.....	0
b. Asthma	0	0
c. Emotional and mental health	0	0
d. Foodborne illness prevention.....	0	0
e. Human immunodeficiency virus (HIV) prevention.....	0	0
f. Human sexuality	0	0
g. Injury prevention and safety	0	0
h. Nutrition and dietary behavior	0	0
i. Physical activity and fitness.....	0	0
j. Pregnancy prevention.....	0	0
k. Sexually transmitted disease (STD) prevention.....	0	0
l. Suicide prevention	0	0
m. Tobacco-use prevention	0	0
n. Violence prevention (e.g., bullying, fighting, or homicide)	0	0

8. During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Identifying tobacco products and the harmful substances they contain.....	0	0
b.	Identifying short- and long-term health consequences of tobacco use	0	0
c.	Identifying legal, social, economic, and cosmetic consequences of tobacco use	0	0
d.	Understanding the addictive nature of nicotine	0	0
e.	Effects of tobacco use on athletic performance	0	0
f.	Effects of second-hand smoke and benefits of a smoke-free environment	0	0
g.	Understanding the social influences on tobacco use, including media, family, peers, and culture	0	0
h.	Identifying reasons why students do and do not use tobacco	0	0
i.	Making accurate assessments of how many peers use tobacco	0	0
j.	Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).....	0	0
k.	Using goal-setting and decision-making skills related to not using tobacco	0	0
l.	Finding valid information and services related to tobacco-use prevention and cessation	0	0
m.	Supporting others who abstain from or want to quit using tobacco	0	0
n.	Supporting school and community action to support a tobacco-free environment	0	0
o.	Identifying harmful effects of tobacco use on fetal development.....	0	0

9. **During this school year, did teachers in your school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below?** (Mark yes or no for each topic for each grade span; or mark NA for each topic if your school does not contain grades in that grade span.)

Topic	<u>Grades</u> <u>6, 7, or 8</u>			<u>Grades</u> <u>9, 10, 11, or 12</u>		
	Yes	No	NA	Yes	No	NA
a. The differences between HIV and AIDS	0	0	0	0	0	0
b. How HIV and other STDs are transmitted.....	0	0	0	0	0	0
c. How HIV and other STDs are diagnosed and treated	0	0	0	0	0	0
d. Health consequences of HIV, other STDs, and pregnancy	0	0	0	0	0	0
e. The relationship among HIV, other STDs, and pregnancy	0	0	0	0	0	0
f. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	0	0	0	0	0	0
g. The benefits of being sexually abstinent.....	0	0	0	0	0	0
h. How to prevent HIV, other STDs, and pregnancy	0	0	0	0	0	0
i. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	0	0	0	0	0	0
j. The influences of media, family, and social and cultural norms on sexual behavior	0	0	0	0	0	0
k. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0	0	0	0
l. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	0	0	0	0	0	0
m. Compassion for persons living with HIV or AIDS.....	0	0	0	0	0	0
n. Efficacy of condoms, that is, how well condoms work and do not work	0	0	0	0	0	0
o. The importance of using condoms consistently and correctly.....	0	0	0	0	0	0
p. How to obtain condoms	0	0	0	0	0	0
q. How to correctly use a condom	0	0	0	0	0	0

10. **During this school year, did teachers in your school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12?** (Mark yes or no for each topic.)

Topic	Yes	No
a. Benefits of healthy eating	0	0
b. Food guidance using MyPyramid	0	0
c. Using food labels	0	0
d. Balancing food intake and physical activity	0	0
e. Eating more fruits, vegetables, and whole grain products	0	0
f. Choosing foods that are low in fat, saturated fat, and cholesterol	0	0
g. Using sugars in moderation	0	0
h. Using salt and sodium in moderation.....	0	0
i. Eating more calcium-rich foods.....	0	0
j. Food safety.....	0	0
k. Preparing healthy meals and snacks	0	0
l. Risks of unhealthy weight control practices	0	0
m. Accepting body size differences	0	0
n. Signs, symptoms, and treatment for eating disorders	0	0

11. **During this school year, did teachers in your school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12?** (Mark yes or no for each topic.)

Topic	Yes	No
a. Physical, psychological, or social benefits of physical activity	0	0
b. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition).....	0	0
c. Phases of a workout (i.e., warm-up, workout, cool down)	0	0
d. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)	0	0
e. Developing an individualized physical activity plan	0	0
f. Monitoring progress toward reaching goals in an individualized physical activity plan	0	0
g. Overcoming barriers to physical activity	0	0
h. Decreasing sedentary activities (e.g., television viewing).....	0	0
i. Opportunities for physical activity in the community	0	0
j. Preventing injury during physical activity	0	0
k. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....	0	0
l. Dangers of using performance-enhancing drugs (e.g., steroids)	0	0

HIV PREVENTION

12. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following? (Mark yes or no for each activity.)

Activity	Yes	No
a. Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.....	0	0
b. Provided curricula or supplementary materials in the primary languages of the youth and families.....	0	0
c. Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community	0	0
d. Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community	0	0

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

- (a) Yes
- (b) No

COLLABORATION

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

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

15. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. HIV prevention, STD prevention, or teen pregnancy prevention	0	0
b. Tobacco-use prevention	0	0
c. Physical activity	0	0
d. Nutrition and healthy eating.....	0	0
e. Asthma	0	0

PROFESSIONAL DEVELOPMENT

16. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Alcohol- or other drug-use prevention.....	0	0
b. Asthma	0	0
c. Emotional and mental health	0	0
d. Foodborne illness prevention	0	0
e. HIV prevention	0	0
f. Human sexuality	0	0
g. Injury prevention and safety	0	0
h. Nutrition and dietary behavior	0	0
i. Physical activity and fitness.....	0	0
j. Pregnancy prevention.....	0	0
k. STD prevention.....	0	0
l. Suicide prevention	0	0
m. Tobacco-use prevention.....	0	0
n. Violence prevention (e.g., bullying, fighting, or homicide)	0	0

17. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Describing how widespread HIV and other STD infections are and the consequences of these infections.....	0	0
b.	Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	0	0
c.	Identifying populations of youth who are at high risk of being infected with HIV and other STDs	0	0
d.	Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.....	0	0
e.	Teaching HIV prevention education to students with physical, medical, or cognitive disabilities	0	0
f.	Teaching HIV prevention education to students of various cultural backgrounds.....	0	0
g.	Using interactive teaching methods for HIV prevention education (e.g., role plays or cooperative group activities)	0	0
h.	Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	0	0
i.	Teaching about health-promoting social norms and beliefs related to HIV prevention	0	0
j.	Strategies for involving parents, families, and others in student learning of HIV prevention education	0	0
k.	Assessing students' performance in HIV prevention education	0	0
l.	Implementing standards-based HIV prevention education curricula and student assessment	0	0
m.	Using technology to improve HIV prevention education instruction	0	0
n.	Teaching HIV prevention education to students with limited English proficiency	0	0
o.	Addressing community concerns and challenges related to HIV prevention education.....	0	0

18. Would you like to receive professional development on each of the following topics?
(Mark yes or no for each topic.)

Topic	Yes	No
a. Alcohol- or other drug-use prevention.....	0	0
b. Asthma	0	0
c. Emotional and mental health	0	0
d. Foodborne illness prevention	0	0
e. HIV prevention	0	0
f. Human sexuality	0	0
g. Injury prevention and safety	0	0
h. Nutrition and dietary behavior	0	0
i. Physical activity and fitness.....	0	0
j. Pregnancy prevention.....	0	0
k. STD prevention.....	0	0
l. Suicide prevention	0	0
m. Tobacco-use prevention.....	0	0
n. Violence prevention (e.g., bullying, fighting, or homicide)	0	0

19. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Teaching students of different sexual orientations or gender identities.....	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities).....	0	0
f. Encouraging family or community involvement	0	0
g. Teaching skills for behavior change	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management).....	0	0
i. Assessing or evaluating students in health education	0	0

20. Would you like to receive professional development on each of these topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Teaching students of different sexual orientations or gender identities.....	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities).....	0	0
f. Encouraging family or community involvement	0	0
g. Teaching skills for behavior change	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management).....	0	0
i. Assessing or evaluating students in health education.....	0	0

PROFESSIONAL PREPARATION

21. What was the major emphasis of your professional preparation? (Mark one response.)

- (a) Health and physical education combined
- (b) Health education
- (c) Physical education
- (d) Other education degree
- (e) Kinesiology, exercise science, or exercise physiology
- (f) Home economics or family and consumer science
- (g) Biology or other science
- (h) Nursing
- (i) Counseling
- (j) Public health
- (k) Nutrition
- (l) Other

22. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school? (Mark one response.)

- (a) Yes
- (b) No

23. Including this school year, how many years of experience do you have teaching health education courses or topics? (Mark one response.)

- Ⓐ 1 year
- Ⓑ 2 to 5 years
- Ⓒ 6 to 9 years
- Ⓓ 10 to 14 years
- Ⓔ 15 years or more

Thank you for your responses. Please return this questionnaire.

2010 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL QUESTIONNAIRE

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INSTRUCTIONS

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3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
 Title: _____
 School name: _____
 District: _____
 Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____ Grade span: _____

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

**2010 SCHOOL HEALTH PROFILES
PRINCIPAL QUESTIONNAIRE**

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

Area	Yes	No
a. Physical activity	0	0
b. Nutrition	0	0
c. Tobacco-use prevention	0	0
d. Asthma	0	0
e. Injury and violence prevention	0	0

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

Topic	Yes	No	No SIP
a. Health education	0	0	0
b. Physical education and physical activity	0	0	0
c. Nutrition services and foods and beverages available at school	0	0	0
d. Health services	0	0	0
e. Mental health and social services	0	0	0
f. Healthy and safe school environment	0	0	0
g. Family and community involvement	0	0	0
h. Faculty and staff health promotion	0	0	0

3. **The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program or School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy? (Mark yes or no for each.)**

Type of Information	Yes	No
a. Number of minutes of physical education required in each grade.....	0	0
b. Rates of student participation in school meal programs	0	0
c. Revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria	0	0
d. Number of minutes of physical activity outside of physical education (e.g., classroom physical activity breaks, free time physical activity, or recess).....	0	0

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

- Ⓐ Yes
- Ⓑ No

5. **Is there one or more than one group (e.g., a school health council, committee, or team) at your school that offers guidance on the development of policies or coordinates activities on health topics? (Mark one response.)**

- Ⓐ Yes
- Ⓑ No → **Skip to Question 7**

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

Group	Yes	No
a. School administrators.....	0	0
b. Health education teachers	0	0
c. Physical education teachers	0	0
d. Mental health or social services staff.....	0	0
e. Nutrition or food service staff.....	0	0
f. Health services staff (e.g., school nurses).....	0	0
g. Maintenance and transportation staff.....	0	0
h. Technology staff	0	0
i. Library/media center staff.....	0	0
j. Student body	0	0
k. Parents or families of students	0	0
l. Community members.....	0	0
m. Local health departments, agencies, or organizations	0	0
n. Faith-based organizations	0	0
o. Businesses	0	0
p. Local government agencies.....	0	0

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

Group	Yes	No
a. Ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth).....	0	0
b. Youth who participate in drop-out prevention, alternative education, or GED programs	0	0

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

- Ⓐ Yes
- Ⓑ No

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

Practice	Yes	No
a. Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff	0	0
b. Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity.....	0	0
c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	0	0
d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	0	0
e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	0	0

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

Issue	Yes	No
a. Attendance of students with HIV infection	0	0
b. Procedures to protect HIV-infected students and staff from discrimination	0	0
c. Maintaining confidentiality of HIV-infected students and staff	0	0
d. Worksite safety (i.e., universal precautions for all school staff)	0	0
e. Confidential counseling for HIV-infected students	0	0
f. Communication of the policy to students, school staff, and parents	0	0
g. Adequate training about HIV infection for school staff	0	0
h. Procedures for implementing the policy	0	0

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

Program	Yes	No
a. A student mentoring program	0	0
b. A safe-passages to school program.....	0	0
c. A program to prevent bullying.....	0	0
d. A program to prevent dating violence	0	0
e. A youth development program	0	0

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

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

REQUIRED PHYSICAL EDUCATION

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

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

- Ⓐ Yes
- Ⓑ No → Skip to Question 16

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

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

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

Reason	Yes	No
a. Enrollment in other courses (e.g., math or science).....	0	0
b. Participation in school sports.....	0	0
c. Participation in other school activities (e.g., ROTC, band, or chorus).....	0	0
d. Participation in community sports activities.....	0	0
e. Religious reasons.....	0	0
f. Long-term physical or medical disability.....	0	0
g. Cognitive disability.....	0	0
h. High physical fitness competency test score.....	0	0
i. Participation in vocational training.....	0	0
j. Participation in community service activities.....	0	0

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

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

- Ⓐ Yes
- Ⓑ No

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

Material	Yes	No
a. Goals, objectives, and expected outcomes for physical education.....	0	0
b. A chart describing the annual scope and sequence of instruction for physical education.....	0	0
c. Plans for how to assess student performance in physical education.....	0	0
d. A written physical education curriculum.....	0	0

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

- Ⓐ Yes
- Ⓑ No

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

- Ⓐ Yes
- Ⓑ No

TOBACCO-USE PREVENTION POLICIES

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

- Ⓐ Yes
- Ⓑ No → Skip to Question 27

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

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

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

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

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

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

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

Group	Yes	No	Not Applicable
	a. Students.....	0	0
b. Faculty and staff.....	0	0	0
c. Visitors.....	0	0	0

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

- Ⓐ Yes
- Ⓑ No

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

- Ⓐ No single individual is responsible
- Ⓑ Principal
- Ⓒ Assistant principal
- Ⓓ Other school administrator
- Ⓔ Other school faculty or staff member

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

Criterion	Yes	No
a. Zero tolerance	0	0
b. Effect or severity of the violation	0	0
c. Grade level of student	0	0
d. Repeat offender status.....	0	0

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

Action	Never	Rarely	Sometimes	Always or almost always
a. Parents or guardians are notified.....	0	0	0	0
b. Referred to a school counselor.....	0	0	0	0
c. Referred to a school administrator.....	0	0	0	0
d. Encouraged, but not required, to participate in an assistance, education, or cessation program.....	0	0	0	0
e. Required to participate in an assistance, education, or cessation program	0	0	0	0
f. Referred to legal authorities.....	0	0	0	0
g. Placed in detention.....	0	0	0	0
h. Not allowed to participate in extra-curricular activities or interscholastic sports	0	0	0	0
i. Given in-school suspension	0	0	0	0
j. Suspended from school.....	0	0	0	0
k. Expelled from school	0	0	0	0
l. Reassigned to an alternative school	0	0	0	0

29. Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

30. During the past two years, has your school done each of the following activities? (Mark yes or no for each activity.)

Activity	Yes	No
a. Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts	0	0
b. Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use	0	0

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

	Group	Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

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

	Group	Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

NUTRITION-RELATED POLICIES AND PRACTICES

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

- Ⓐ Foods or beverages are not offered at school celebrations
- Ⓑ Never
- Ⓒ Rarely
- Ⓓ Sometimes
- Ⓔ Always or almost always

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

- Ⓐ Yes
- Ⓑ No → **Skip to Question 37**

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

Food or beverage	Yes	No
a. Chocolate candy	0	0
b. Other kinds of candy	0	0
c. Salty snacks that are not low in fat (e.g., regular potato chips)	0	0
d. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	0	0
e. Ice cream or frozen yogurt that is not low in fat	0	0
f. 2% or whole milk (plain or flavored)	0	0
g. Water ices or frozen slushes that do not contain juice	0	0
h. Soda pop or fruit drinks that are not 100% juice	0	0
i. Sports drinks (e.g., Gatorade)	0	0
j. Foods or beverages containing caffeine	0	0
k. Fruits (not fruit juice)	0	0
l. Non-fried vegetables (not vegetable juice)	0	0

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

- (a) Yes
- (b) No

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

	Yes	No
a. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	0	0
b. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	0	0
c. Provided information to students or families on the nutrition and caloric content of foods available	0	0
d. Conducted taste tests to determine food preferences for nutritious items	0	0
e. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	0	0

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

- Ⓐ Yes
- Ⓑ No

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

Location	Yes	No
a. In the school building.....	0	0
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	0	0
c. On school buses or other vehicles used to transport students.....	0	0
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications).....	0	0

HEALTH SERVICES

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

- Ⓐ Yes
- Ⓑ No

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

- Ⓐ This school has no students with known asthma.
- Ⓑ All students with known asthma have an asthma action plan on file.
- Ⓒ Most students with known asthma have an asthma action plan on file.
- Ⓓ Some students with known asthma have an asthma action plan on file.
- Ⓔ No students with known asthma have an asthma action plan on file.

42. **At your school, which of the following events are used to identify students with poorly controlled asthma?** (Mark all that apply.)

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

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

Service	Yes	No
a. Providing referrals to primary healthcare clinicians or child health insurance programs	0	0
b. Ensuring an appropriate written asthma action plan is obtained	0	0
c. Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	0	0
d. Offering asthma education for students with asthma.....	0	0
e. Minimizing asthma triggers in the school environment	0	0
f. Addressing social and emotional issues related to asthma	0	0
g. Providing additional psychosocial counseling or support services as needed.....	0	0
h. Ensuring access to safe, enjoyable physical education and activity opportunities	0	0
i. Ensuring access to preventive medications before physical activity	0	0

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

- (a) More than once per year
- (b) Once per year
- (c) Less than once per year
- (d) No such requirement

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

- (a) Yes
- (b) No → **Skip to Q48**

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

Groups	Yes	No
a. Students.....	0	0
b. Parents and families	0	0

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

- (a) No single individual is responsible
- (b) Principal
- (c) Assistant principal
- (d) School nurse
- (e) Other school faculty or staff member

FAMILY AND COMMUNITY INVOLVEMENT

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

Topic	Yes	No
a. HIV, STD, or teen pregnancy prevention	0	0
b. Tobacco-use prevention	0	0
c. Physical activity	0	0
d. Nutrition and healthy eating.....	0	0
e. Asthma	0	0

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

Topic	Yes	No
a. HIV, STD, or teen pregnancy prevention	0	0
b. Tobacco-use prevention	0	0
c. Physical activity	0	0
d. Nutrition and healthy eating.....	0	0
e. Asthma	0	0

Thank you for your responses. Please return this questionnaire.