

Virginia

School Health Education Profile

And the

School Tobacco Survey Module

2000 SURVEY REPORT

Virginia Department of Education

Virginia School Health Education Profile and the School Tobacco Survey Module

2000 Survey Report

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EXECUTIVE SUMMARY

This report of the results of the 2000 Virginia School Health Education Profile (SHEP) and the School Tobacco Survey Module, questionnaires developed by the Centers for Disease Control and Prevention, provides information regarding health education in Virginia schools housing any of the grades six through twelve. This was the first administration of the School Tobacco Survey Module; however, similar SHEP surveys were administered in 1996 and 1998. In this report, some comparisons are made between the current SHEP results and previous SHEP results. To make additional comparisons, it would be necessary to obtain copies of the earlier reports.

Purpose and Methodology

This study used a descriptive design to determine the status of health education and health policies in middle, junior high, and senior high schools in Virginia. All public schools in Virginia with at least one of the grades 6 through 12 (except schools in which the 6th grade was the final grade) were included in the population from which the sample was drawn. The sample consisted of 367 schools. The principal and “lead health education teacher” in each school were asked to complete the SHEP and Tobacco Module questionnaires that had been developed by the Centers for Disease Control and Prevention. Usable questionnaires were received from 275 (or 75%) of the principals and 261 (or 71%) of the teachers. Data from this survey can be reliably generalized to all similar schools in Virginia. (Note: All percentages in this report are rounded to the nearest whole percent.)

Major Findings: School Health Education Profile

Administrative issues. A smaller percentage of schools required health education for students in grades 6-12 in 2000 (91%) than in 1996 (99%). There was a similar decline in the offering of a required health education course, from 96 percent in 1996 to 91 percent in 1998 and 88 percent in 2000. Health education appears to be coordinated by a staff member in the school more frequently in 2000 (67%) than in 1998 (54%), although the principals were given somewhat different response options in 1998 and 2000.

Health education curriculum. Lead teachers indicated that state and district curricula, guidelines, or frameworks were the materials that they were most often required to use in required health education courses, followed closely by commercially-developed student textbooks and teacher’s guides. More than 95 percent of teachers indicated they were required to address the following four “knowledge” topics: (1) alcohol or other drug use prevention; (2) physical activity and fitness; (3) tobacco use prevention; and (4) HIV prevention. Six of the top seven topics in 2000 were among the top seven in 1998. The top “skills” topics in 2000 were decision making, resisting peer pressure for unhealthy behaviors, and goal setting, all above 95 percent

Tobacco policies and curriculum. Virtually every school has adopted a policy prohibiting cigarette smoking by students, and 98-99 percent prohibit student use of smokeless tobacco, cigars, and pipes. Eighty-four percent of schools have adopted a policy prohibiting cigarette smoking by faculty and staff, and in 81-82 percent of schools the policies prohibit the use of smokeless tobacco, cigars, and pipes.

Tobacco advertising in the school building, on school grounds, on school buses or other vehicles used to transport students, and in school newsletters, newspapers, or other school publications is prohibited in 93-94 percent of schools. Almost as many schools prohibit tobacco advertising through sponsorship of school events, the wearing of tobacco brand-name apparel, and the carrying of tobacco brand-name merchandise.

Lead teachers identified four tobacco topics that were taught as part of a required health education course in at least 95 percent of schools; namely, (1) long-term health consequences of cigarette smoking, (2) short-term health consequences of cigarette smoking, (3) benefits of not smoking cigarettes, and (4) addictive effects of nicotine in tobacco products. Tobacco use prevention lessons were most often taught in either physical education classes or family life education/life skills classes.

HIV policies. The survey results indicate that fewer schools had a written policy protecting the rights of students and/or staff with HIV infection/AIDS in 2000 (49%) than had such policies in 1996 (69%) and 1998 (72%). A high percentage of schools that had written HIV policies included the eight HIV topics identified in the survey.

Staff development. Lead teachers indicated a high level of interest in receiving staff development on most of 22 *health education topics*, even though many of them had already received staff development on the topics. The staff development most desired by teachers was on the *health education topics* violence prevention (75%) and suicide prevention (68%). Teachers most desired staff development on *teaching methods* for behavior change (75%), teaching students with physical or cognitive disabilities (66%), and encouraging family or community involvement (62%).

Security. Ninety-eight percent of schools have a written plan for responding to violence at school. Safety and security measures which were in place in a high percentage of schools included: (1) require visitors to report to the main office or reception area upon arrival (100% of schools), maintain a “closed campus” where students are not allowed to leave during the school day, including lunch (93%), use staff or adult volunteers to monitor school halls during and between classes (93%), and have uniformed police, undercover police, or security guards during the regular school day (69%). Fewer than half of the schools routinely conduct bag, desk, or locker checks (44%), use metal detectors (25%), prohibit students from carrying backpacks or book bags at school (19%), require students to wear school uniforms (4%), or require students to wear identification badges (4%).

Major Findings: School Tobacco Survey Module

Respondent information. The largest number of lead teachers responding to the survey taught grades 6-10, approximately half as many taught grades 11 and 12, and very few taught grades K-5. Principals completed 84 percent of the principal questionnaires; assistant principals, aides, etc. completed the remaining 16 percent. Approximately nine out of ten principals and lead teachers indicated they had not used tobacco in the past 30 days.

Tobacco advertising and retailing. A slight majority of principals (54%) reported that there are no tobacco retailers within 1,000 feet of their school, and 85 percent indicated there are no tobacco advertisements within 1,000 feet.

Cessation programs. There are relatively few offerings of tobacco cessation programs in the schools. Twenty-eight percent offered tobacco cessation programs for students and ten percent offered such programs for faculty and staff. More schools gave referrals for off-site tobacco cessation programs. A majority of schools (56%) have provided students with information about quitting tobacco and 29 percent of the teachers had received information about seeking help with quitting tobacco use.

Tobacco policies. Virtually all schools (262 of 263 in the sample) had written policies prohibiting tobacco use by students, and 39 percent had involved parents/guardians in developing the policy. All schools with written policies provided the policy to students in writing, and a high percentage of schools communicated the policy in other ways, as well. Parents and guardians were informed of student tobacco use policies by their inclusion in the student handbook (100% of schools) and the general school policy manual (98%). According to the lead teachers, 89 percent of the schools provided information on tobacco use prevention to students during the school year, with the concentration in grades 6-10. The percentages are much lower in grades 11 and 12, presumably because health and physical education is not required in those grades.

Lead teachers provided tobacco use prevention instruction using materials available from community agencies (e.g., American Cancer Society and American Lung Association) and commercial publishers more often than they used state, district, or school curricula, guidelines, or frameworks.

Ninety-six percent of principals (217 of 226) reported their school had a policy prohibiting the use of tobacco by faculty and staff during school related activities. Approximately nine out of ten schools inform their faculties and staffs in each of the following ways: (1) including the policy in the faculty/staff policy manual; (2) communicating the policy orally; and (3) distributing the policy in written form.

Support for tobacco policies. Principals believe there is a high degree of support among faculty and staff for the student tobacco use policies, as evidenced by their belief that there is “very high support” in 93 percent of the schools and “moderate support” in seven percent of the schools. The personal support of principals is even higher, with 258

of 259 indicating “very high support” and one indicating “moderate support.” Lead teachers expressed almost as much support for the student policies regarding tobacco use. Principals’ support of their schools’ policies prohibiting faculty/staff tobacco use during school related activities, while high, was not as high as was their support for student tobacco use policies.

I. INTRODUCTION

This report contains the results of the 2000 School Health Education Profile (SHEP) study, including the School Tobacco Survey Module, for the public schools in the Commonwealth of Virginia. Previous SHEP surveys in 1996 and 1998 were similar, although not identical, to the 2000 survey. The School Tobacco Survey Module, which had not been administered previously, was added at the request of the Department of Health. The questionnaires used in this survey were developed by the Division of Adolescent School Health and the Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta, Georgia, in collaboration with representatives of 75 state, local, and territorial departments of education. The principals' questionnaires focus primarily on administrative and policy issues and the teachers' questionnaires address health instruction.

The survey was conducted in the spring of 2000 and the results are applicable to the 1999-2000 school year and generalizable to the schools in Virginia from which the population was drawn (as described in the section on Methodology). The purpose of the survey was to determine the status of health education and health policies in public middle and high schools in Virginia.

WESTAT, of Rockville, Maryland, provided technical support related to the sampling, scanned the survey forms, and compiled the data. According to WESTAT, the weighted results can be used to make "inferences concerning the health education attributes of all regular secondary public schools having at least one of the grades 6 through 12." (Note: All percentages in this report are rounded to the nearest whole percent.)

Purpose

This study continues a biennial data collection process among middle and high school administrators and lead health teachers. The investigation, first initiated in 1996, assesses school health education policies and programs in Virginia. It further examines changes that occur in policies and programs and over time.

Methodology

This 2000 study used a descriptive design to determine the status of health education and health policies in middle and high schools in Virginia. All public schools in Virginia with at least one of the grades 6 through 12 (except schools in which the 6th grade was the final grade) were included in the population from which the sample was drawn. The sample consisted of 367 schools. The survey was conducted by mail, with mail and phone follow-up. All survey materials were sent to the 367 principals, who were asked to (1) complete and return their questionnaires and (2) to identify "lead health education teachers" in their schools and forward the teacher questionnaires to them. Usable questionnaires were received from 275 (or 75%) of the principals and 261 (or 71%) of the teachers. A return rate of at least 70

percent is required by WESTAT for “weighting” of the data. In a several cases a principal or teacher completed only one of the survey forms; therefore, the group responding to the SHEP is not exactly the same as the group responding the School Tobacco Survey Module.

The completed questionnaires were forwarded to WESTAT for processing. At WESTAT the questionnaires were scanned and the descriptive results were tabulated. The resulting data were summarized in a series of tables and graphs. It is from these tables and graphs that this report has been developed.

II. SCHOOL HEALTH EDUCATION PROFILE

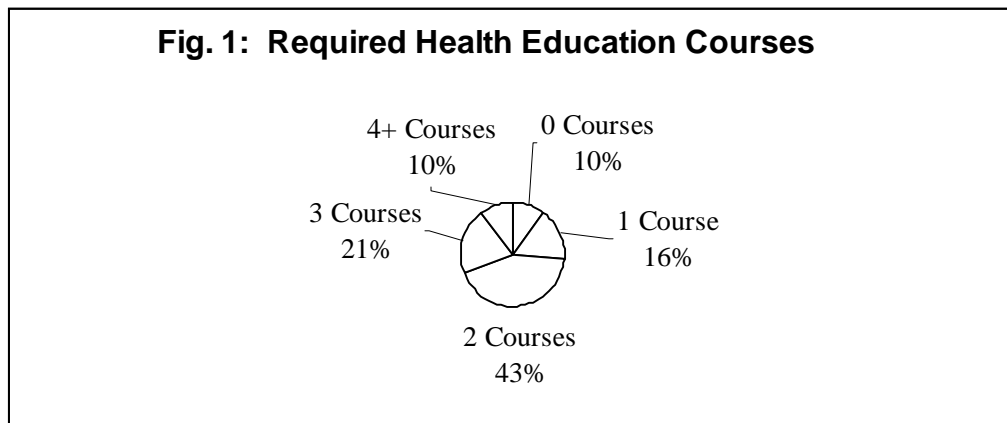
This section highlights the results of the School Health Education Profile (SHEP) survey administered to principals and lead health teachers in the schools sampled in this study. An abbreviated version of the complete results of the SHEP survey will be found in Appendices A and B.

A. Administrative Issues

Both the principals' survey and the lead health teachers' survey contained several questions related to administrative and supervisory issues.

In response to the question, "Is *health education* required for students in any of grades 6 through 12 in this school?," 91 percent of principals said "yes." When asked the same question in 1996, 99 percent had said "yes." (Note: This question was not asked in 1998.) Teachers were asked a similar question, "Is a *health education course* required for students in any of grades 6 through 12 in this school?" Eighty-eight percent of teachers said "yes" to this question; whereas, in 1998 and 1996, respectively, 91 percent and 96 percent had said "yes."

Regarding the number of required health education courses that students must take, principals' responses indicated that the most common number of courses was two. The distribution of responses is shown in Figure 1.



Principals indicated that about 90 percent of schools taught a "required health education course" in each grade, 6 through 10. The actual range was 86 to 95 percent. In grade 11, however, only 10 percent of the schools taught a required health education course, and in grade 12 only 8 percent. These data are presented in Table 1.

Principals indicated that, typically, schools exempt or excuse no students or a very small number of students at parents' requests from any part of their required health education courses. Twenty-three percent of the schools do not excuse or exempt students and another 58 percent exempt or excuse less than one percent of students; therefore, 81 percent of the schools exempt or excuse less than one percent of students from any part of their required health education courses.

Table 1: Percent of Schools Teaching Required Health Education Courses, by Grade

GRADES	SCHOOLS RESPONDING	NO. WITH REQ. COURSE	PERCENT
6	105	94	90
7	114	106	93
8	115	99	86
9	108	103	95
10	106	95	90
11	92	9	10
12	91	7	8

Regarding how health education is taught, 95 percent of the principals said that it was combined with physical education and 11 percent indicated it was combined with another subject other than physical education. The total percentage, which exceeds 100, indicates that some schools teach health in combination with both physical education and other subjects.

Principals were asked who coordinates health education in their school. Sixty-nine percent indicated that someone in the school coordinates the program, compared with 24 percent who indicated that someone in the district office coordinates the program. The most common response, given by 50 percent of principals, was “health education teacher.” Table 2 shows the distribution of principals’ responses for the 2000 survey, as well as comparable data from the 1998 survey. (Note: The positions listed in Table 2 are from the 2000 survey. The 1998 position choices, which differed somewhat, were related to the 2000 position choices for comparison purposes.)

Table 2: Who Coordinates Health Education?

POSITION	2000 PCT.	1998 PCT.
Health education teacher	50	39
School administrator	17	15
School nurse	2	0
District health ed. or curriculum coordinator	19	25
District administrator	5	2
Other (unspecified)	3	6
No one coordinates health education	4	2

Two questions related to the input of persons outside the schools in developing health education. First, 60 percent of principals indicated that either their school or the district had a “school health committee or advisory group that develops policy, coordinates activities, or seeks student and family involvement.” Second, principals indicated that feedback from parents regarding health education was mainly positive for most schools (i.e., 51%). Seven percent reported equally balanced feedback, one percent reported mainly negative feedback, and 41 percent reported no feedback.

B. Health Education Curriculum

All questions relating to the health education curriculum were included in the lead health teachers’ survey. Lead teachers indicated that the materials they were most commonly

required to use was “Your district’s curriculum, set of guidelines, or framework,” followed closely by “Your state’s curriculum, set of guidelines, or framework.” A summary of their responses follows in Table 3.

Table 3: Materials Required to be Used in Required Health Education Courses

MATERIALS	RESPONDING SCHOOLS	USE IS REQUIRED	PCT.
National Health Education Standards	215	56	26
State curriculum/guidelines/framework	222	168	76
District curriculum/guidelines/framework	223	172	76
School curriculum/guidelines/framework	218	151	69
Materials from health organizations	221	91	41
Commercially-developed student textbook	222	161	73
Commercially-developed teacher’s guide	220	150	68

Lead teachers were presented with a list of “knowledge” topics and asked which ones were addressed in required health education courses in grades 6-12 in their school. The four topics addressed in more than 95 percent of schools were: (1) alcohol or other drug use prevention; (2) physical activity and fitness; (3) tobacco use prevention; and (4) HIV prevention. The following five topics were addressed in 92 to 94 percent of schools: (1) STD prevention; (2) emotional and mental health; (3) nutrition and dietary behavior; (4) growth and development; and (5) personal hygiene. Lead teachers responses were similar in 1998, with the top nine “knowledge” topics in 2000 appearing among the top eleven in 1998. A summary of lead teachers’ responses is contained in Figure 2.

Figure 2: Percent of Schools Addressing Specific Knowledge Topics in Required Health Education Courses



Lead teachers also were presented with a list of “skill” topics and asked which ones were addressed in required health education courses in grades 6-12 in their school. Three topics which were addressed in at least 95 percent of schools were: (1) decision making; (2) resisting peer pressure for unhealthy behaviors; and (3) goal setting. The complete listing of lead teachers’ responses is in Table 4.

Table 4: Percent of Schools Addressing Skill Topics in Required Health Education Courses

<u>SKILL TOPICS</u>	<u>PERCENT</u>
Decision making	99
Resisting peer pressure for unhealthy behaviors	97
Goal setting	95
Communication	93
Conflict resolution	87
Analysis of media messages	86
Stress management	86
Accessing valid health information, products, & services	85
Advocating for personal, family, & community health	84

Regarding teaching methods used in required health education courses, lead teachers indicated that the most commonly used methods were “group discussions” (98% of schools), “cooperative group activities” (94%), “adult guest speakers” (84%), and “role play,

simulations, or practice” (82%). The least used methods were “pledges or contracts for behavior change” (48%) and “peer educators” (51%). In a related question, lead teachers were asked to identify activities they had students participate in as part of their required health education courses. The most frequently used activities were “identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors” (68%), “identify potential injury sites at school, home, or in the community” (67%), and “gather information about health services that are available to the community” (57%). All other activities were used in less than 50 percent of schools, the least used being “perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues” (16%) and “participate in or attend a school or community health fair” (26%).

Two questions addressed the involvement of other groups, inside and outside the school. First, lead teachers indicated that health education staff members worked with physical education staff in 84 percent of the schools and with school health services staff in 74 percent of the schools. The health education staff worked less frequently with school mental health or social services staff (50%), community members (50%), and food services staff (16%). The lead teachers indicated that 72 percent of the schools provided families with information on the health education program, 40 percent of the schools invited family members to attend a health education class, and 22 percent of the schools met with a parent organization, such as the PTA, to discuss the health education program.

C. Tobacco Policies and Curriculum

The SHEP survey included 12 questions that addressed tobacco policies and curriculum, with nine questions on the principals’ survey and three on the lead teachers’ survey. These questions overlap to some degree with the questions in the Tobacco Module, which is a separate survey addressed in a later section of this report.

Policies regarding students. Two hundred seventy-three of 274 (or 100%) principals responded that their schools had a policy prohibiting cigarette smoking by students. Virtually all schools prohibit cigarette smoking by students in school buildings, on school grounds, and in school buses or other vehicles used to transport students. Ninety-four percent of schools prohibit cigarette smoking by students at off-campus, school sponsored events. When students are caught smoking cigarettes, the most common actions taken are referral to a school administrator (98% of schools do it “always or almost always”) and informing parents or guardians (95%). The only other action used “always or almost always” by more than one-third of schools is suspension from school (46%).

A high percentage of principals reported that their schools had policies prohibiting student use of smokeless tobacco (99%), cigars (98%), and pipes (98%).

About half of the principals reported that their school posted signs marking a tobacco-free school zone, in which student use of tobacco is not allowed.

Policies regarding faculty and staff. Principals indicated that many of the schools had policies prohibiting tobacco use by faculty and staff. Faculty and staff use of cigarettes is prohibited by policy in 84 percent of schools, and there is nearly as much restriction on their use of smokeless tobacco (81%), cigars (82%), and pipes (82%).

Tobacco advertising. A high percentage (93-94%) of schools have policies prohibiting tobacco advertising in the school building, on school grounds, on school buses or other vehicles used to transport students, and in school newsletters, newspapers, or other school publications. Ninety-one percent of schools prohibit tobacco advertising through sponsorship of school events, and 86 percent prohibit students from wearing tobacco brand-name apparel or carrying tobacco company merchandise.

Tobacco curriculum. Three lead teacher questions addressed aspects of the tobacco curriculum. Lead teachers were asked if their school teaches each of 17 tobacco use prevention topics in required health education courses in grades 6-12. The percent responding “yes” ranged from 71 to 97. Topics taught in at least 95 percent of schools were: (1) long-term health consequences of cigarette smoking, (2) short-term health consequences of cigarette smoking, (3) benefits of not smoking cigarettes, and (4) addictive effects of nicotine in tobacco products. Topics taught in less than 75 percent of schools were: (1) making a personal commitment not to use tobacco, and (2) how to find valid information or services related to tobacco use prevention or cessation. Tobacco use prevention lessons were more often taught in physical education (69% of schools) and family life education or life skills (44%), and less frequently in science (10%), home economics or family and consumer education (14%), and special education (19%). Only 34 percent of principals indicated that their school had non-classroom tobacco use prevention programs or activities.

D. HIV Policies

Principals’ responses indicated that 49 percent of the schools had adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS. This percentage is significantly lower than the percentages from the 1998 survey (72%) and the 1996 survey (69%). (Note: The state has required Virginia schools to have such a policy since 1989.) Principals indicating their school had a policy also were asked if their policy addressed each of eight issues pertaining to students and/or staff. The results from that question, which are summarized in Table 5, indicate that a high percentage of schools addressed all eight issues in their HIV policy.

Table 5: Percent of Schools Addressing Specific Issues in HIV Policy

<u>ISSUES ADDRESSED IN HIV POLICY</u>	<u>PERCENT</u>
Maintaining confidentiality of HIV-infected student and staff	99
Attendance of students with HIV infection or AIDS	98
Procedures to protect HIV-infected students/staff from discrimination	97
Worksite safety (i.e., universal precautions for all school staff)	97
Adequate training about HIV-infection for school staff	94
Procedures for implementing the policy	94
Communication of the policy to students, school staff, & parents	85
Confidential counseling for HIV-infected students	77

Lead teachers were asked if their school taught each of eight HIV prevention topics in required health education courses in grades 6-12. Three-quarters or more of the schools taught each of the eight topics. The results from this question are in Table 6.

Table 6: Percent of Schools Teaching Specific HIV Prevention Topics in Required Health Education Courses

<u>HIV PREVENTION TOPICS</u>	<u>PERCENT</u>
How HIV is transmitted	94
Abstinence as the most effective method to avoid HIV infection	93
How HIV affects the body	92
Influence of alcohol and other drugs on HIV-related risk behaviors	87
The number of young people who get HIV	86
How to find valid information or services related to HIV or HIV testing	84
Social or cultural influences on HIV-related risk behaviors	83
Compassion for persons living with HIV or AIDS	75

Lead teachers responded that a relatively large number of schools teach required HIV prevention units or lessons in family life education or life skills (79%) and physical education (58%), whereas, only 14-15 percent teach such lessons or units in science, home economics or family and consumer education, and special education. Non-classroom programs or activities are used to teach required HIV prevention to students in only 24 percent of schools.

E. Staff Development

All six survey questions pertaining to staff development were included in the lead teacher portion of the survey. Lead teachers were asked if they had received staff development in the past two years on 22 *health education topics* and if they would like to receive staff development on those topics. More than 60 percent of lead teachers indicated a desire for staff development on each of eight health education topics, with violence prevention (75% of lead teachers) and suicide prevention (68%) being the most desired. At least 39 percent of lead teachers indicated a desire for staff development on each topic. A summary of the data from both questions is contained in Table 7.

Table 7: Percent of Lead Teachers Having Staff Development in the Past Two Years and Desiring Staff Development on Specific Health Education Topics

<u>STAFF DEVELOPMENT TOPICS</u>	<u>% HAD</u>	<u>% DESIRE</u>
Violence prevention	44	75
Suicide prevention	21	68
CPR (cardiopulmonary resuscitation)	64	66
Nutrition and dietary behavior	29	66
Physical activity and fitness	62	66
Alcohol or other drug use prevention	45	63
First aid	51	63
Emotional and mental health	28	62
HIV prevention	45	58
Tobacco use prevention	33	58
STD prevention	31	53
Sun safety or skin cancer prevention	10	51
Human sexuality	26	51
Accident or injury prevention	39	50
Death and dying	13	50
Environmental health	15	50
Growth and development	26	50
Pregnancy prevention	22	49
Consumer health	11	44
Immunizations and vaccinations	16	40
Personal hygiene	15	40
Dental and oral health	10	39

Lead teachers were asked if they had received staff development in the past two years on six *teaching methods* and if they would like to receive staff development on those methods. More lead teachers desired staff training on five of the six teaching methods than had received staff development on those methods. On the sixth method there was essentially no difference. Differences ranged from a low of zero (using interactive teaching methods such as role play...) to a high of 37 percent (teaching skills for behavior change). The lead teachers most desired staff development on teaching skills for behavior change (75%), teaching students with physical or cognitive disabilities (66%), and encouraging family or community involvement (62%). A summary of these data is in Table 8.

Table 8: Percent of Lead Teachers Having Staff Development in the Past Two Years and Desiring Staff Development on Specific Teaching Methods

<u>TEACHING METHODS</u>	<u>% HAD</u>	<u>% DESIRE</u>
Teaching skills for behavior change	38	75
Teaching students with physical or cognitive disabilities	33	66
Encouraging family or community involvement	34	62
Using interactive teaching methods such as role play...	54	54
Teaching students of various cultural backgrounds	38	50
Teaching students with limited English proficiency	17	49

The professional preparation of lead health teachers was most likely to be health and physical education combined (82%), physical education (8%), or other education degree (4%). These three categories accounted for 94 percent of all lead teachers. No other category had more than 1 percent of lead teachers, except 3 percent in an unspecified “other” category. Fifty-three percent of the lead teachers had been teaching health education for 15 or more years and 98 percent had been teaching for two or more years.

F. Security

When asked if their school had a written plan for responding to violence at school, 267 of 271 (98%) of principals indicated they have such a plan. Safety and security measures which were in place in a high percentage of schools included: (1) require visitors to report to the main office or reception area upon arrival (100% of schools), maintain a “closed campus” where students are not allowed to leave during the school day, including lunch (93%), use staff or adult volunteers to monitor school halls during and between classes (93%), and have uniformed police, undercover police, or security guards during the regular school day (69%). Less than half of schools routinely conduct bag, desk, or locker checks (44%), use metal detectors (25%), prohibit students from carrying backpacks or book bags at school (19%), require students to wear school uniforms (4%), or require students to wear identification badges (4%).

Sixty-six percent of the principals indicated that their school has or participates in a peer mediation program, but smaller percentages indicated participation in programs to prevent bullying (43%), programs to prevent gang violence (31%), and safe-passage to school programs (12%).

III. SCHOOL TOBACCO SURVEY MODULE

A. Respondent Information

Persons responding to the principals' survey were mostly principals (84%), but some surveys were completed by assistant or vice principals (10%) or some "other" person (5%). The highest number of these persons had been in their positions for 2-5 years (43%) and almost 80 percent had been in their positions for less than ten years. Most of the lead teachers who completed the survey taught grades 6-10 (from a low of 34% in grade 9 to a high of 51% in grades 7 and 8). Approximately half as many teachers taught in grades 11 (20%) and 12 (18%) and very few taught in grades K-5 (4% to 7%).

Ninety percent of principals and 91 percent of lead teachers indicated they had not used tobacco in the past 30 days. Four percent of each group indicated they had used tobacco all 30 days. The remaining principals and teachers used tobacco at least once but not every day.

B. Tobacco Advertising and Retailing

The majority of principals (54%) reported that there are no tobacco retailers within 1,000 feet of their school, two percent did not know, and there was at least one tobacco retailer within 1,000 feet in the remaining 44 percent of the schools. Only 11 percent of the principals indicated there are tobacco advertisements within 1,000 feet of their school, five percent did not know, and the remaining 85 percent indicated there are no tobacco advertisements within 1,000 feet.

C. Cessation Programs

Several questions on the subject of tobacco use cessation were addressed to principals and lead teachers. Principals reported that there were relatively few offerings of tobacco cessation programs at their schools. Twenty-eight percent of the schools offered tobacco cessation programs for students and ten percent offered such programs for faculty and staff. Only three to four percent of schools offered such programs to the families of faculty and staff members, the families of students, and community members. More schools gave referrals for off-site tobacco cessation programs to students (38% of schools) and faculty and staff members (27%).

Asked if students had been provided with information about getting help with quitting tobacco, either by the school or some other source, lead teachers indicated that such information had been provided in 56 percent of the schools. They also indicated that in 29 percent of the schools information about seeking help with quitting tobacco had been provided to them (i.e., teachers) by either the school or some other source.

D. Tobacco Policies

Student policies and related practices. Two hundred sixty-two of 263 principals (or 100%) reported that their schools had a policy prohibiting the use of tobacco by students. Thirty-nine percent of the principals indicated that parents/guardians had been involved in the development of the policy and an additional 32 percent indicated they did not know if parents/guardians had been involved.

Students in many schools are informed of the tobacco use policy in several ways, the most frequent being the provision of written policies directly to students (100% of the schools) and communicating the policies to students verbally (97%). Other frequently used methods are providing written policies to faculty/staff who then inform students (90%), providing written policies to parents or guardians who then inform students (87%), and verbally communicating the policy to faculty/staff who then inform students (84%). The most commonly used methods for informing parents and guardians of the student tobacco use policies are to include them in the student handbook (100% of the schools) and to include them in the general school policy manual (98%). Less used methods include announcing the policies at school events (59%), meetings of teachers, parents/guardians, and students (52%), providing parents/guardians with informational pamphlets (43%), and meetings of teachers and parents/guardians (40%).

The responsibility for enforcing student tobacco use policies was spread broadly among school personnel and, in some instances, parents and school volunteers. Principals indicated that school administrators were responsible in every school. Other groups typically having responsibility are teachers (99 percent of schools), bus drivers (94%), and coaches (92%). In contrast, all groups except school administrators have less responsibility for enforcing faculty/staff tobacco use policies than for enforcing student tobacco use policies. A summary of these data is contained in Table 9.

Table 9: Persons Responsible for Enforcing Student and Faculty/Staff Tobacco Use Policies (Percent of Schools)

PERSONS	STUDENT POLICIES	FAC./STAFF POLICIES
School administrators	100	100
School security guards	62	45
Teachers	99	61
Law enforcement officers	77	58
Parents	48	25
School volunteers	36	24
Bus drivers	94	45
Coaches	92	49
Other school staff	85	43

Lead teachers indicated that 89 percent of their schools provided information on tobacco use prevention to students during the school year. Such information was provided primarily in grades 6-10, with 71 to 86 percent of the schools in these grades having done so. Lead teachers indicated such information had been provided in 83 percent of schools to

students in grade 6, 82 in grade 7, 86 in grade 8, 82 in grade 9, and 71 in grade 10. Lower percentages of lead teachers reported that their schools had provided such information in grades 11 (31%) and 12 (28%). The most frequently used methods for providing information on tobacco use prevention are lectures (96% of the schools), group discussions (96%), and seat work (95%). Other methods used are special projects (62%), role-playing, simulations, or practice (59%), the Internet (52%), adult guest speakers (31%), and peer educators (24%).

Lead teachers were asked to identify the ways parents and guardians of students had been involved in tobacco use prevention. In general, their responses indicated that parents and guardians had only limited involvement. They were most frequently involved when materials were taken home (53% of schools). Unspecified “other involvement” was mentioned for 23 percent of the schools, but no other type of involvement was mentioned for more than ten percent of schools.

Lead teachers indicated they used materials available from community agencies (e.g., American Cancer Society and American Lung Association) and commercial publishers to provide tobacco use prevention more often than they used state, district, or school curricula, guidelines, or frameworks. The most frequently used materials were those provided by community agencies (80% of schools), followed by commercially-developed student textbooks (73%) and commercially-developed teachers’ guides (68%). State, district, and school curricula, guidelines, or frameworks were used by 55 to 60 percent of the schools. Table 10 summarizes these data.

Table 10: Tobacco-Use-Prevention Instructional Materials Used by Teachers, Available but Not Used by Teachers, or Not Available to Teachers

MATERIALS	USED	AVAILABLE, NOT USED	NOT AVAILABLE
State curriculum/guidelines/framework	55%	10%	36%
District curriculum/guidelines/framework	60	6	34
School curriculum/guidelines/framework	56	4	40
Materials from community agencies	80	11	9
Commercially-developed student textbook	73	5	22
Commercially-developed teacher’s guide	68	8	25

Teachers’ responses to this question were compared with their responses to the question regarding the materials they are required to use in *required health education courses* (see Table 3). In this comparison, teachers reported virtually the same frequency of use of commercially-developed student textbooks and teacher’s guides in tobacco use prevention instruction and in *required health education courses*, but less use of state, district, and school curriculum/guidelines/framework in tobacco use prevention instruction. Although the data do not permit a direct comparison, it appears that teachers were more likely to use materials from community agencies in tobacco use prevention instruction.

Faculty/staff policies and related practices. When asked if their schools had adopted a policy prohibiting the use of tobacco by faculty and staff during school related activities, 217 of 226 principals (96%) reported their school had such a policy. The faculties and staffs are informed of these policies in several ways; however, the most common methods

are to include the policy in the faculty/staff policy manual (93% of schools), communicate the policy verbally (90%), and distribute the policy in written form (89%). Additionally, 59 percent of the schools post signs, 31 percent communicate the policy through staff development programs, and 14 percent include the policy in faculty and staff contracts.

There are several characteristics common to schools' faculty/staff tobacco use policies. Almost all schools (97-100%) prohibit tobacco use by faculty and staff in school buildings during school hours and non-school hours, in faculty lounges and staff rooms during school hours and non-school hours, and in school buses or other vehicles used to transport students. A majority of schools also prohibit faculty/staff tobacco use on school grounds during regular school hours (81%), at off-campus school-sponsored events (74%), and on school grounds during non-school hours (68%).

When faculty or staff members violate the tobacco use policy, the most common actions taken are to give them a written or verbal reprimand (45% of schools do always or almost always) or they are referred to a school or district administrator (39%). Conversely, faculty and staff members are almost never suspended from their position (96% of schools never do it or rarely do it).

E. Support for Tobacco Policies

Principals believe there is a high degree of support among faculty and staff for the student tobacco use policies, as evidenced by their belief that there is "very high support" in 93 percent of the schools and "moderate support" in seven percent of the schools. The personal support of principals is even higher, with 258 of 259 (or 100%) indicating "very high support" and one indicating "moderate support." Lead teachers were asked how much they personally support their school's policy on student tobacco use with regard to the use of each of the following: cigarettes, cigars, pipes, and smokeless tobacco. They expressed high support for the policies regarding each type of tobacco use. Ninety-two to 96 percent of teachers indicated "very much" support. Ninety-six to 99 percent indicated "somewhat" or "very much" support.

Principals' support of their schools' policies prohibiting faculty/staff tobacco use during school related activities, while high, was not as high as it was for the student tobacco use policies. Ninety-two percent indicated "very high" support for the faculty/staff policies, six percent indicated "somewhat" support, and two percent supported the policies "not too much" or "not at all."

Appendix A

2000 Principal Survey Overall Results

Please note: When “n” is used, it represents the number of respondents answering a question. Not all principals answered each question; therefore, the number of responses will vary. In some cases, principals were instructed to skip questions that were not applicable. All percentages in this report are rounded to the nearest whole percent. Questions 1-23 are from the School Health Education Profile (SHEP) and questions 24-43 are from the School Tobacco Survey Module.

1. Are any of the following grades taught in this school?

- 6th grade 56%
- 7th grade 60%
- 8th grade 60%
- 9th grade 50%
- 10th grade 50%
- 11th grade 50%
- 12th grade 50%

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

91% responded “yes”

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

- 0 courses 10%
- 1 course 16%
- 2 courses 43%
- 3 courses 21%
- 4 or more courses 10%

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

- 6th grade 90%
- 7th grade 93%
- 8th grade 86%
- 9th grade 95%
- 10th grade 90%
- 11th grade 10%
- 12th grade 8%

5. During this school year, about what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request?

- Students cannot be exempted or excused 23%
- Less than 1% 58%
- 1% to 5% 10%
- 6% or more 2%
- Don't know 7%

6. Is required health education taught in each of the following ways to students in grades 6 through 12 in this school?

- In a combined health education and physical education course 95%
- In a course mainly about another subject other than health education such as science, social studies, or English 11%

7. Who coordinates health education in this school?

- No one coordinates health education 4%
- District administrator 5%
- District health ed. or curriculum coordinator 19%
- School administrator 17%
- Health education teacher 50%
- School nurse 2%
- Other 3%

8. Does this school or school district have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues?

60% responded "yes"

9. During this school year, how would you describe parental feedback about health education in this school?

- No feedback received 41%
- Mainly positive feedback 51%
- Mainly negative feedback 1%
- Equally balanced between positive and negative 7%

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

100% responded "yes"

11. Does that policy specifically prohibit cigarette smoking by students in each of the following locations?

- In school buildings 100%
- On school grounds 100%
- In school buses or other vehicles... 100%
- At off-campus, school sponsored events 94%

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

	<u>Never</u>	<u>Rarely or Sometimes</u>	<u>Almost Always</u>
• Referred to a school counselor	17%	57%	26%
• Referred to a school administrator	1%	1%	98%
• Encouraged, but not required to participate in an assistance, education, or cessation program	23%	53%	23%
• Required to participate in an assistance, education, or cessation program	42%	46%	12%
• Referred to legal authorities	21%	53%	26%
• Placed in detention	39%	45%	17%
• Given in-school suspension	27%	44%	29%
• Suspended from school	3%	51%	46%
• Expelled from school	64%	33%	3%
• Reassigned to an alternative school	56%	42%	2%
• Parents or guardians are informed	2%	3%	95%

13. Has this school adopted a policy specifically prohibiting each of the following types of tobacco use by students?

- Smokeless tobacco 99%
- Cigars 98%
- Pipes 98%

14. Has this school adopted a policy specifically prohibiting each of the following types of tobacco use by faculty and staff?

- Cigarettes 84%
- Smokeless tobacco 81%
- Cigars 82%
- Pipes 82%

15. Is tobacco advertising prohibited in each of the following places?

- In the school building 94%
- On school grounds... 94%
- On school buses or other vehicles... 93%
- In school newsletter, newspapers, or other school publications 93%

16. Is tobacco advertising through sponsorship of school events prohibited?

91% responded “yes”

17. Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?

86% responded “yes”

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

50% responded “yes”

19. Does your school implement each of the following safety and security measures?

- Require visitors to report to the main office or reception area 100%
- Maintain a “closed campus” where students are not allowed to leave school during the school day, including lunch 93%
- Use staff or adult volunteers to monitor school halls... 93%
- Routinely conduct bag, desk, or locker checks 44%
- Prohibit students from carrying backpacks or book bags... 19%
- Require students to wear uniforms 4%
- Require students to wear identification badges 4%
- Use metal detectors 25%
- Have uniformed or undercover police or security guards during the regular school day 69%

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

- A peer mediation program 66%
- A safe-passage to school program 12%
- A program to prevent gang violence 31%
- A program to prevent bullying 43%

21. Does your school have a written plan for responding to violence at the school?

98% responded “yes”

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

49% responded “yes”

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

- Attendance of students with HIV infection or AIDS 98%
- Procedures to protect HIV-infected students and staff from discrimination 97%
- Maintaining confidentiality of HIV-infected students/staff 99%
- Worksite safety (i.e., universal precautions for all school staff) 97%
- Confidential counseling for HIV-infected students 77%
- Communication of the policy to students, school staff, & parents 85%
- Adequate training about HIV-infection for school staff 94%
- Procedures for implementing the policy 94%

24. What is your position in your school?

- Principal 84%
- Assistant or Vice Principal 10%
- Other administrator 0%
- Other 5%

25. Including this school year, how many years have you been in your current position?

- 1 year 17%
- 2 to 5 years 43%
- 6 to 9 years 19%
- 10 to 14 years 11%
- 15 or more years 9%

26. How many retailers in the area around your school (1,000 foot radius) sell tobacco products?

- 0 54%
- 1 16%
- 2 to 3 14%
- 3 or more 14%
- Don't know 2%

27. Are there tobacco advertisements in the area around your school (1,000 foot radius)?

11% responded "yes"

28. Does your school provide tobacco cessation programs on site for any of the following people?

- Faculty and staff 10%
- Students 28%
- Family members of faculty and staff 4%
- Family members of students 4%
- Community members 3%

29. Does your school provide referrals to off-site tobacco cessation programs for any of the following people?

- Faculty and staff 27%
- Students 38%

30. Has this school adopted a policy prohibiting the use of tobacco (e.g., cigarettes, smokeless tobacco, cigars, or pipes) by students?

100% responded “yes”

31. How are students informed of your policy which prohibits their use of tobacco?

- Signs stating the policy are posted in visible locations 57%
- Written policies are distributed directly to students 100%
- Written policies are distributed to faculty and staff who then inform students 90%
- Written policies are distributed to parents/guardians who then inform students 87%
- Policies are communicated verbally directly to students 97%
- Policies are communicated verbally to faculty and staff who then inform students 84%
- Policies are communicated verbally to parents/guardians who then inform students 52%
- Other 25%

32. How are the parents/guardians of students informed of your policy which prohibits tobacco use by students?

- Meetings among teachers, parents/guardians, and students 52%
- Meetings between teachers and parents/guardians 40%
- Meetings between teachers and parents/guardians of smokers 32%
- Informational pamphlets for parents/guardians on the tobacco use policy 43%
- Policies are included in the general school policy manual 98%
- Policies are included in the student handbook 100%
- Policies are announced at school events 59%
- Other 23%

33. Were parents/guardians of students involved in the development of the school policy which prohibits tobacco use by students?

39% responded “yes”

34. Are the following people responsible for enforcing the policy your school has adopted which prohibits tobacco use by students?

- School administrators 100%
- School security guards 62%
- Teachers 99%
- Law enforcement officers 77%
- Parents 48%
- School volunteers 36%
- Bus drivers 94%
- Coaches 92%
- Other school staff 85%

35. How much support do you believe exists among faculty and staff for the policy your school has adopted which prohibits tobacco use by students?

- Very high support 93%
- Moderate support 7%
- Slight support 0%
- No support 0%

36. How much do you personally support the policy your school has adopted which prohibits tobacco use by students?

- Very much 100%
- Somewhat 0%
- Not too much 0%
- Not at all 0%

37. Has this school adopted a policy prohibiting the use of tobacco (e.g., cigarettes, smokeless tobacco, cigars, or pipes) by faculty and staff during school related activities?

96% responded “yes”

38. How are faculty and staff informed of your policy which prohibits their use of tobacco during school related activities?

- Signs stating the policy are posted in visible locations 59%
- Written policies are distributed to faculty and staff 89%
- Policies are communicated verbally to faculty and staff 90%
- Policies are included in the faculty/staff policy manual 93%
- Through staff development programs 31%
- The policy is included in faculty and staff contracts 14%
- Other 19%

39. Are the following people responsible for enforcing the policy your school has adopted which prohibits tobacco use by faculty and staff during school related activities?

- School administrators 100%
- School security guards 45%
- Teachers 61%
- Law enforcement officers 58%
- Parents 25%
- School volunteers 24%
- Bus drivers 45%
- Coaches 49%
- Other school staff 43%

40. Does your policy specifically prohibit tobacco use by faculty and staff in each of the following locations?

- In faculty lounge or staff room during regular school hours 98%
- In faculty lounge or staff room during non-school hours 97%
- In school buildings during regular school hours 100%
- In school buildings during non-school hours 98%
- Outside on school grounds/property during regular school hours 81%
- Outside on school grounds/property during non-school hours 68%
- Within a specified distance of school grounds/property 42%
- At off-campus school-sponsored events 74%
- In school buses or other vehicles used to transport students 99%

41. When faculty or staff are caught violating school policy which prohibits tobacco use during school related activities, how often are the following actions taken?

	<u>Never</u>	<u>Rarely or Sometimes</u>	<u>Almost Always</u>
• Referred to a school or district administrator	20%	41%	39%
• Given a written or verbal reprimand	13%	43%	45%
• Encouraged to attend a cessation program	36%	51%	13%
• Suspended from position	71%	29%	1%

42. How much do you personally support the policy your school has adopted which prohibits tobacco use by faculty and staff during school related activities?

• Very much	92%
• Somewhat	6%
• Not too much	1%
• Not at all	1%

43. During the past 30 days, on how many days did you use tobacco?

• 0 days	90%
• 1 or 2 days	2%
• 3 to 5 days	1%
• 6 to 9 days	1%
• 10 to 19 days	1%
• 20 to 29 days	0%
• All 30 days	4%

Appendix B

2000 Lead Health Teacher Overall Survey Results

Please note: When “n” is used, it represents the number of respondents answering a question. Not all lead teachers answered each question; therefore, numbers will vary. In some cases, lead teachers were instructed to skip questions that were not applicable. All percentages in this report are rounded to the nearest whole percent. Questions 1-20 are from the School Health Education Profile (SHEP) and questions 21-30 are from the School Tobacco Survey Module.

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

88% responded “yes”

2. Are teachers in this school required to use each of the following materials in a required health education course for students in grades 6 through 12?

- The National Health Education Standards 26%
- Your state’s curriculum, set of guidelines, or framework 76%
- Your district’s curriculum, set of guidelines, or framework 76%
- Your school’s curriculum, set of guidelines, or framework 69%
- Any materials from health organizations, such as the American Red Cross or the American Cancer Society 41%
- A commercially-developed student textbook 73%
- A commercially-developed teacher’s guide 68%

3. During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6 through 12?

- Accident or injury prevention 89%
- Alcohol or other drug use prevention 99%
- Consumer health 81%
- CPR (Cardiopulmonary resuscitation) 79%
- Death and dying 57%
- Dental and oral health 68%
- Emotional and mental health 93%
- Environmental health 68%
- First aid 87%
- Growth and development 92%
- HIV (Human immunodeficiency virus) prevention 97%
- Human sexuality 88%

- Immunization and vaccinations 67%
- Nutrition and dietary behavior 93%
- Personal hygiene 92%
- Physical activity and fitness 97%
- Pregnancy prevention 86%
- STD (Sexually transmitted disease) prevention 94%
- Suicide prevention 70%
- Sun safety or skin cancer prevention 76%
- Tobacco use prevention 97%
- Violence prevention 78%

4. During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12?

- Accessing valid health information, products, and services 85%
- Advocating for personal, family, and community health 84%
- Analysis of media messages 86%
- Communication 93%
- Decision making 99%
- Goal setting 95%
- Conflict resolution 87%
- Resisting peer pressure for unhealthy behaviors 97%
- Stress management 86%

5. During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12?

- Group discussion 98%
- Cooperative group activities 94%
- Role play, simulations, or practice 82%
- Language, performing, or visual arts 65%
- Pledges or contracts for behavior change 48%
- Adult guest speakers 84%
- Peer educators 51%
- The Internet 76%
- Computer-assisted instruction 61%

6. During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12?

- Perform volunteer work at a hospital, a local health dept., or any other community health organization 16%
- Participate in or attend a school or community health fair 26%
- Gather information about health services that are available in the community 57%
- Visit a store to compare prices of health products 30%
- Identify potential injury sites at school, home, or in the community 67%
- Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors 68%
- Advocate for a health-related issue 38%

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

- Short-term health consequences of cigarette smoking 96%
- Long-term health consequences of cigarette smoking 97%
- Benefits of not smoking cigarettes 96%
- Risks of cigar or pipe smoking 87%
- Short-term health consequences of using smokeless tobacco 93%
- Long-term health consequences of using smokeless tobacco 93%
- Benefits of not using smokeless tobacco 94%
- Addictive effects of nicotine in tobacco products 95%
- How many young people use tobacco 88%
- The number of illnesses and death related to tobacco use 92%
- Influence of families on tobacco use 88%
- Influence of the media on tobacco use 93%
- Social or cultural influence on tobacco use 89%
- How to find valid information or services related to tobacco use prevention or cessation 72%
- Making a personal commitment not to use tobacco 71%
- How students can influence or support others to prevent tobacco use 84%
- How students can influence or support others in efforts to quit using tobacco 84%

8. During this 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 through 12?

- Abstinence as the most effective method to avoid HIV infection 93%
- How HIV is transmitted 94%
- How HIV affects the human body 92%
- Influence of alcohol and other drugs on HIV-related risk behaviors 87%
- Social or cultural influences on HIV-related risk behaviors 83%
- The number of young people who get HIV 86%
- How to find valid information or services related to HIV or HIV testing 84%
- Compassion for persons living with HIV or AIDS 75%

9. Are required tobacco use prevention units or lessons taught in each of the following courses in this school?

- Science 10%
- Home economics or family and consumer education 14%
- Physical education 69%
- Family life education or life skills 44%
- Special education 19%

10. Are nonclassroom programs or activities used to teach required tobacco use prevention to students in grades 6 through 12 in this school?

34% responded “yes”

11. Are required HIV prevention units or lessons taught in each of the following courses in this school?

- Science 15%
- Home economics or family and consumer education 14%
- Physical education 58%
- Family life education or life skills 79%
- Special education 15%

12. Are nonclassroom programs or activities used to teach required HIV infection prevention to students in grades 6 through 12 in this school?

24% responded “yes”

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

- Physical education staff 84%
- School health services staff 74%
- School mental health or social services staff 50%
- Food service staff 16%
- Community members 50%

14. During this school year, has this school done each of the following activities?

- Provided families with information on the health education program 72%
- Met with a parent's organization such as the PTA to discuss the health education program 22%
- Invited family members to attend a health education class 40%

15. During the past two years, did you receive staff development on each of the following health education topics?

- Accident or injury prevention 39%
- Alcohol or other drug use prevention 45%
- Consumer health 11%
- CPR (Cardiopulmonary resuscitation) 64%
- Death and dying 13%
- Dental and oral health 10%
- Emotional and mental health 28%
- Environmental health 15%
- First aid 51%
- Growth and development 26%
- HIV (Human immunodeficiency virus) prevention 45%
- Human sexuality 26%
- Immunization and vaccinations 16%
- Nutrition and dietary behavior 29%
- Personal hygiene 15%
- Physical activity and fitness 62%
- Pregnancy prevention 22%
- STD (Sexually transmitted disease) prevention 31%
- Suicide prevention 21%
- Sun safety or skin cancer prevention 10%
- Tobacco use prevention 33%
- Violence prevention 44%

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

• Accident or injury prevention	50%
• Alcohol or other drug use prevention	63%
• Consumer health	44%
• CPR (Cardiopulmonary resuscitation)	66%
• Death and dying	50%
• Dental and oral health	39%
• Emotional and mental health	62%
• Environmental health	50%
• First aid	63%
• Growth and development	50%
• HIV (Human immunodeficiency virus) prevention	58%
• Human sexuality	51%
• Immunization and vaccinations	40%
• Nutrition and dietary behavior	66%
• Personal hygiene	40%
• Physical activity and fitness	66%
• Pregnancy prevention	49%
• STD (Sexually transmitted disease) prevention	53%
• Suicide prevention	68%
• Sun safety or skin cancer prevention	51%
• Tobacco use prevention	58%
• Violence prevention	75%

17. 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 teaching methods?

• Teaching students with physical or cognitive disabilities	33%
• Teaching students of various cultural backgrounds	38%
• Teaching students with limited English proficiency	17%
• Using interactive teaching methods such as role plays or cooperative group activities.	54%
• Encouraging family or community involvement	34%
• Teaching skills for behavior change	38%

18. Would you like to receive staff development on each of these teaching methods?

• Teaching students with physical or cognitive disabilities	66%
• Teaching students of various cultural backgrounds	50%
• Teaching students with limited English proficiency	49%
• Using interactive teaching methods such as role plays or cooperative group activities.	54%
• Encouraging family or community involvement	62%
• Teaching skills for behavior change	75%

19. What was the major emphasis of your professional preparation?

- Health and physical education combined 82%
- Health education 1%
- Physical education 8%
- Other education degree 4%
- Kinesiology 0%
- Exercise science or exercise physiology 0%
- Science 0%
- Nursing 0%
- Counseling 1%
- Public health 0%
- Other 3%

20. Including this school year, how many years have you been teaching health education?

- 1 year 2%
- 2 to 5 years 15%
- 6 to 9 years 16%
- 10 to 14 years 14%
- 15 or more years 53%

21. During this school year, did you teach any of the following grades in this school?

- Kindergarten 4%
- 1st grade 4%
- 2nd grade 4%
- 3rd grade 4%
- 4th grade 5%
- 5th grade 7%
- 6th grade 46%
- 7th grade 51%
- 8th grade 51%
- 9th grade 34%
- 10th grade 40%
- 11th grade 20%
- 12th grade 18%

22. Has information on tobacco use prevention been provided to students in this school during this school year?

89% responded “yes”

23. During this school year, in which of the following grades was information on tobacco use prevention provided?

- 6th grade 83%
- 7th grade 82%
- 8th grade 86%
- 9th grade 82%
- 10th grade 71%
- 11th grade 31%
- 12th grade 28%

24. During this school year, which of the following methods were used for tobacco use prevention?

- Seat work 95%
- Lectures 96%
- Group discussions 96%
- Adult guest speakers 31%
- Peer educators 24%
- Role playing, simulations, or practice 59%
- The Internet 52%
- Special projects 62%

25. During this school year, have any of the following materials been used to provide tobacco use prevention?

	Used	Not Used	N/A*
• A state curriculum, set of guidelines, or framework	55%	10%	36%
• A district curriculum, set of guidelines, or framework	60%	6%	34%
• A school curriculum, set of guidelines, or framework	56%	4%	40%
• Any materials from community agencies....	80%	11%	9%
• A commercially-developed student textbook	73%	5%	22%
• A commercially-developed teacher's guide	68%	8%	25%

* Not Used = available but not used. N/A = not available.

26. During this school year, have the parents/guardians of students been involved in tobacco use prevention in any of the following ways?

- Meetings among teachers, parents/guardians, and students 9%
- Meetings between teachers and parents/guardians 10%
- Parent/guardian visits to tobacco use prevention classes or sessions 4%
- Take home materials with information on tobacco use prevention 53%
- Other type of involvement 23%

27. During this school year, has information been provided to students about where they could go if they wanted help quitting tobacco use either provided by the school or another resource?

56% responded “yes”

28. During this school year, have you received information from your school about where faculty and staff could go if they wanted help quitting tobacco use either provided by the school or another source?

29% responded “yes”

29. How much do you personally support the policy your school has adopted which prohibits students from:

	Smoking cigarettes	Smoking cigars	Smoking a pipe	Use of smokeless tobacco
• Very much	96%	93%	92%	94%
• Somewhat	3%	3%	4%	4%
• Not too much	1%	0%	0%	1%
• Not at all	0%	0%	0%	0%
• No such policy exists...	1%	4%	4%	1%

30. During the past 30 days, on how many days did you use tobacco?

• 0 days	91%
• 1 or 2 days	1%
• 3 to 5 days	0%
• 6 to 9 days	1%
• 10 to 19 days	2%
• 20 to 29 days	1%
• All 30 days	4%