

I. INTRODUCTION

This is a report of the results of the 2002 School Health Education Profile (SHEP) survey of the public schools in the Commonwealth of Virginia. Previous SHEP surveys in 1996, 1998, and 2000 were similar, although not identical, to the 2002 survey. The questionnaires used in this survey were developed by the Division of Adolescent School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of education and health. The survey was developed to monitor the characteristics of and trends in school health education and health policies in middle/junior and high schools. Health education includes education to prevent HIV infection and tobacco use, and to improve dietary intake and physical activity. Health policies include policies related to health education, physical education and activity, tobacco-use prevention, nutrition, violence prevention, asthma management, and HIV infection.

This SHEP survey was conducted in the spring of 2002 and the results are applicable to the 2001-2002 school year and generalizable to the schools in Virginia from which the population was drawn (as described in the section on Methodology). The principals' questionnaire focuses primarily on administrative and health policies and the lead health teachers' questionnaire addresses the health curriculum.

The 2000 survey had included two survey instruments for both principals and lead health teachers: (1) the main SHEP survey, which covered a variety of topics, and (2) a Tobacco Module, which addressed only tobacco policies and curriculum. The Tobacco Module was not administered in 2002; however, the main 2002 SHEP survey addressed tobacco policies and curriculum, although less extensively than the Tobacco Module, along with a variety of other health issues.

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.)

A. 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.

B. Methodology

The 2002 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 366 schools. The survey was conducted by mail, with mail and phone follow-up. All survey materials were sent to the 366 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. Principals and lead teachers returned their survey forms independently. Usable questionnaires were received from 267 (or 73%) of the principals and 255 (or 70%) of the teachers. A return rate of at least 70 percent is required by WESTAT for “weighting” of the data.

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 was developed.

II. SURVEY RESULTS

This section describes the results of the 2002 Virginia School Health Education Profile (SHEP) survey administered to principals and lead health teachers in the schools sampled in this study. Additional results of the 2002 SHEP survey, including the exact questions, can be found in Appendices A (Principals) and B (Lead Health Teachers). Comparisons with earlier survey results will be included when the data are available and when such comparisons are especially relevant.

A. Administrative Policies and Practices

Both the principals' questionnaire and the lead health teachers' questionnaire 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," the same percentage as in 2000. 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-seven (87) percent of teachers said "yes" to this question. In the 2000, 1998, and 1996 surveys, respectively, 98 percent, 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 the same number as in the 2000 survey, two. The distribution of responses follows.

- No courses 9%
- One course 13%
- Two courses 45%
- Three courses 23%
- Four or more courses 10%

Principals' responses indicated that, typically, more than 90 percent of schools taught a "required health education course" in each grade 6 through 10. The actual range was 87 to 99 percent, tending to be slightly higher than in 2000. In grades 11 and 12, however, only 8 percent of the schools taught a required health education course. These data for the 2000 and 2002 surveys are in Table 1.

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

GRADES	2002	2000
6	91	90
7	91	93
8	87	86
9	99	95
10	92	90
11	8	10
12	8	8

Principals indicated that, in general, 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 (23) percent of the schools do not excuse or exempt students and another 65 percent exempt or excuse less than one percent of their students; therefore, 89 percent of the schools exempt or excuse less than one percent of their students from any part of their required health education courses. In the 2000 survey, only 81 percent of schools exempted or excused less than one percent of their students.

Regarding how health education is taught, 96 percent of principals said it was combined with physical education and 17 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. Both percentages increased from 2000, when they were 95 and 11.

Principals were asked who coordinates health education in their school. Fifty-seven (57) percent indicated that someone in the school coordinates the program, down from 69 percent in 2000 but roughly equivalent to the 54 percent reported in 1998. For the last three surveys, the most common response given by principals is "health education teacher." Table 2 shows the distribution of principals' responses for the 2002 survey, as well as comparable data from the 2000 and 1998 surveys.

Table 2: Who Coordinates Health Education?

POSITION	PERCENT OF SCHOOLS		
	2002	2000	1998
Health education teacher	40	50	39
School administrator	16	17	15
School nurse	1	2	0
District health ed. or curriculum coordinator	26	19	25
District administrator	10	5	2
Someone else (unspecified)	2	3	6
No one coordinates health education	5	4	2

Regarding the input of persons outside the schools in developing health education, 65 percent of principals (an increase from 60 percent in 2000) indicated that either their school or

the school district had a “school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement.”

B. Health Education Curriculum

All questions relating to the health education curriculum were included in the lead health teachers’ questionnaire. 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	PERCENT OF SCHOOLS	
	2002	2000
District curriculum/guidelines/framework	88	76
State curriculum/guidelines/framework	87	76
School curriculum/guidelines/framework	75	69
Commercially-developed student textbook	70	73
Commercially-developed teacher’s guide	61	68
Materials from health organizations	43	41
National Health Education Standards	37	26

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) nutrition and dietary behavior. The following five topics were addressed in 90 to 94 percent of schools: (1) HIV prevention; (2) emotional and mental health; (3) accident or injury prevention; (4) growth and development; and (5) violence prevention. Lead teachers responses were similar in 2000, with seven of the top nine “knowledge” topics appearing among the top nine in 2002. A summary of lead teachers’ responses is contained in Table 4.

**Table 4: Percent of Schools Addressing Specified Knowledge Topics
in Required Health Education Courses**

KNOWLEDGE TOPICS	PERCENT OF SCHOOLS	
	2002	2000
Physical activity and fitness	100	97
Tobacco use prevention	100	97
Alcohol and other drug use prevention	98	99
Nutrition and dietary behavior	98	93
Accident or injury prevention	94	89
Emotional and mental health	93	93
HIV prevention	93	97
Violence prevention	91	78
Growth and development	90	92
Personal hygiene	89	92
Human sexuality	86	88
First aid	85	87
STD prevention	85	94
Consumer health	84	81
Pregnancy prevention	81	86
Environmental health	76	68
Sun safety or skin cancer prevention	76	76
CPR (cardiopulmonary resuscitation)	73	79
Suicide prevention	72	70
Immunizations and vaccinations	67	67
Dental and oral health	65	68
Death and dying	51	57

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. As in the 2000 survey, the same three topics were addressed in at least 95 percent of schools. They were: (1) decision making; (2) resisting peer pressure for unhealthy behaviors; and (3) goal setting. As can be seen in Table 5, similar percentages of schools addressed the specified skills in 2000 and 2002.

**Table 5: Percent of Schools Addressing Specified Skill Topics
in Required Health Education Courses**

SKILL TOPICS	PERCENT OF SCHOOLS	
	2002	2000
Decision making	98	99
Resisting peer pressure for unhealthy behaviors	98	97
Goal setting	95	95
Communication	94	93
Stress management	94	86
Conflict resolution	89	87
Accessing valid health information, products, & services	89	85
Analysis of media messages	88	86
Advocating for personal, family, & community health	88	84

Teachers were asked to indicate whether or not each of nine teaching methods was used in required health education courses in their school. Among the nine teaching methods, the most commonly used were “group discussions” (99% of schools), “cooperative group activities” (93%), “the Internet” (85%), and “role play, simulations, or practice” (85%). The least used methods were “pledges or contracts for behavior change” (56%) and “peer educators” (61%). In a related question, lead teachers were asked to indicate whether or not they had asked students to participate in each of eight activities as part of their required health education courses. The most frequently identified activities were “complete homework with family members” (80%), “identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors” (73%), “identify potential injury sites at school, home, or in the community” (71%), and “gather information about health services that are available to the community” (61%). 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” (20%) and “visit a store to compare the prices of health products” (31%).

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 88 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 (53%), community members (50%), and food services staff (20%). The lead teachers indicated that 72 percent of the schools provided families with information on the health education program, 39 percent of the schools invited family members to attend a health education class, and 25 percent of the schools met with a parent organization, such as the PTA, to discuss the health education program. Responses to these two questions were very similar to responses to the 2000 survey.

C. Physical Education and Physical Activity

Nine questions on the principals’ questionnaire and one on the lead health teachers’ questionnaire concerned physical education and physical activity, the first time this subject area has been included in the SHEP questionnaires.

Principals’ responses indicated that physical education is required in “any of grades 6 through 12” in 95 percent of schools. Sixty-six (66) percent of principals indicated that students in their school are offered opportunities to participate in intramural activities or physical activity clubs. Regarding transportation, 41 percent of the schools provided transportation home for students participating in after-school intramural activities or physical activity clubs. In 95 percent of the schools, children or adolescents use the school’s activity or athletic facilities for community-sponsored sports teams or physical activity programs outside of regular school hours.

In a relatively small percentage of schools, students may be exempted from taking required physical education for any of four specified reasons, as follows.

- Enrollment in other courses 10%
- Participation in school sports 2%
- Participation in other school activities 7%
- Participation in community sports activities 2%

If students fail required physical education, they are required to repeat it in only 51 percent of schools, according to principals’ responses. In only 13 percent of schools faculty and staff are “allowed to use physical activity, such as laps or push-ups, to punish students for bad behavior in physical education.” In only nine (9) percent of schools faculty and staff are “allowed to make students miss all or part of physical education as punishment for bad behavior in another class.”

Principals’ responses indicated that in 97 percent of the schools newly hired physical education teachers or specialists are “required to be certified, licensed, or endorsed by the state in physical education”

Teachers were asked to identify whether or not each of twelve physical activity topics was taught as part of a required health education course in grades 6-12. Teachers reported that all of the topics were taught in at least 75 percent of schools, with some being taught in almost all schools. These data are reported in Table 6.

Table 6: Percent of Schools Teaching Specified Physical Activity Topics in Required Health Education Courses

PHYSICAL ACTIVITY TOPICS	PERCENT
Health-related fitness	98
Physical/psychological/social benefits of physical activity	96
Phases of a workout	96
Decreasing sedentary activities such as TV watching	93
Preventing injury during physical activity	93
How much physical activity is enough	90
Weather-related safety	89
Dangers of using performance-enhancing drugs, such as steroids	89
Opportunities for physical activity in the community	83
Overcoming barriers to physical activity	82
Developing an individualized physical activity plan	78
Monitoring progress toward reaching goals	75

D. Tobacco Policies and Curriculum

The SHEP survey included 16 questions that addressed tobacco policies and curriculum, with 13 questions on the principals’ questionnaire and three on the lead teachers’ questionnaire. The questions were grouped for analysis and reporting into three topics -- policies, advertising, and curriculum.

Policies. Two hundred sixty-four of 266 (or 99%) principals reported that their schools had adopted a policy prohibiting tobacco use. In essentially all schools with tobacco-use prevention policies, the policies prohibit student use of cigarettes, smokeless tobacco, cigars, and pipes. To a lesser degree, the policies prohibit use of tobacco by faculty/staff and visitors. Prohibition of faculty/staff and visitors regarding cigarettes, smokeless tobacco, cigars, and pipes ranges from 85 to 87 percent of schools. Fifty-six (56) percent of schools post signs marking a tobacco-free school zone, prohibiting tobacco use by students, faculty and staff, and visitors within a specified distance from the school.

Tobacco-use prevention policies are slightly less restrictive during non-school hours than during school hours for students, faculty/staff, and visitors alike. Whereas, all school policies prohibit tobacco use by students during school hours, only 90 percent prohibit tobacco use during non-school hours. Similar figures for faculty/staff are 87 percent and 69 percent, and for visitors 89 percent and 66 percent.

Tobacco-use prevention policies tend to be highly restrictive of all groups (students, faculty/staff, and visitors) in school buildings and on school buses. They are less restrictive for faculty/staff and visitors on school grounds and at off-campus, school-sponsored events. These data are summarized in Table 7.

Table 7: Percent of Schools Prohibiting Tobacco Use, by Group and Location

LOCATION	Students	Faculty/ Staff	Visitors
In school buildings	100	98	98
On school grounds	100	72	68
In school buses or other vehicles used to transport students	100	98	96
At off-campus, school-sponsored events	96	77	52

Virtually all schools have procedures for informing students (100%), parents (100%), and faculty/staff (98%) of the tobacco use prevention policy, but only 80 percent of schools have such procedures for visitors. Sixty-one percent of schools designate an individual who has primary responsibility for seeing that the tobacco use prevention policy is enforced.

When students are caught smoking cigarettes, the most common actions taken are referral to a school administrator (97% of schools do it “always or almost always”) and informing parents or guardians (98%). The only other action used “always or almost always” by more than one-third of schools is suspension from school (45%). Table 8 expands on the data resulting from this questionnaire item.

Table 8: Percent of Schools That Take Specified Actions When Students Are Caught Smoking Cigarettes

ACTIONS	Always or		Rarely or
	Almost Always	Sometimes	Never
Parents or guardians are informed	98	2	1
Referred to a school administrator	97	2	1
Suspended from school	45	44	11
Referred to legal authorities	28	36	36
Given in-school suspension	28	35	37
Referred to a school counselor	26	45	28
Encouraged, but not required, to participate in an assistance, education, or cessation program	23	39	39
Required to participate in an assistance, education, or cessation program	18	27	55
Placed in detention	16	29	55

When asked if their schools provided referrals to tobacco cessation programs, 51 percent of principals said their schools did provide referrals for students and 17 percent said they provided referrals for faculty and staff.

Tobacco advertising. A high percentage (95%) 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 publications. Ninety-four (94) percent of schools prohibit tobacco advertising through sponsorship of school events, and 86 percent prohibit students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it.

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 75 to 99. The range in 2000 was 71 to 97. Topics taught in at least 95 percent of schools were: (1) short- and long-term health consequences of cigarette smoking, (2) influence of the media on tobacco use, (3) benefits of not smoking cigarettes, (4) addictive effects of nicotine in tobacco products, (5) how to say no to tobacco use, and (6) the health effects of environmental tobacco smoke or second-hand smoke.

Tobacco use prevention lessons were more often taught in physical education (80% of schools) and family life education or life skills (57%), and less frequently in science (17%), home economics or family and consumer education (24%), and special education (28%). These percentages were in each case slightly higher than in the 2000 survey.

Teachers were asked in which grades, 6-12, information on tobacco use prevention was provided. Their responses indicated that it is provided in a high percentage of schools in grades 6-9, fewer schools in grade 10, and few schools in grades 11 and 12. The distribution of responses follows.

- Grade 6 86% of schools
- Grade 7 91%
- Grade 8 86%
- Grade 9 96%
- Grade 10 69%
- Grade 11 15%
- Grade 12 14%

E. HIV Policies

Principals’ responses indicated that 67 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 higher than the 49 percent reported in 2000, but is slightly lower than the percentages from the 1998 survey (72%) and the 1996 survey (69%). (Note: The state has required Virginia public 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 9, indicate that a high percentage of schools addressed all eight issues in their HIV policy.

Table 9: Percent of Schools Addressing Specified Issues in HIV Policy

ISSUES ADDRESSED IN HIV POLICY	PCT. OF SCHOOLS	
	2002	2000
Maintaining confidentiality of HIV-infected student and staff	99	99
Worksite safety	98	97
Procedures to protect HIV-infected students/staff from discrimination	95	97
Attendance of students with HIV infection	90	98
Procedures for implementing the policy	89	94
Adequate training about HIV infection for school staff	86	94
Communication of the policy to students, school staff, & parents	79	85
Confidential counseling for HIV-infected students	73	77

Lead teachers were asked if their school taught each of ten HIV prevention topics in required health education courses in grades 6-12. Seventy (70) percent or more of the schools taught each of eight topics included in both the 2000 and 2002 surveys. Results in 2002 were similar to the results in 2000 for the eight topics addressed in both surveys, although slightly fewer schools appear to be teaching the HIV topics. The results from this question are in Table 10.

**Table 10: Percent of Schools Teaching Specific HIV Prevention Topics
in Required Health Education Courses**

<u>HIV PREVENTION TOPICS</u>	<u>PCT. OF SCHOOLS</u>	
	2002	2000
How HIV is transmitted	90	94
Abstinence as the most effective method to avoid HIV infection	89	93
How HIV affects the human body	89	92
Influence of alcohol and other drugs on HIV-related risk behaviors	83	87
The number of young people who get HIV	79	86
Social or cultural influences on HIV-related risk behaviors	75	83
Compassion for persons living with HIV or AIDS	74	75
How to find valid information or services related to HIV or HIV testing	70	84

Lead teachers responded that a relatively large number of schools teach required HIV prevention units or lessons in family life education or life skills (81%) and physical education (59%). A much smaller percentage (23-24%) of schools teach HIV prevention lessons or units in science, home economics or family and consumer education, and special education; however, these percentages have increased eight or nine points since 2000, indicating that the frequency that schools are teaching HIV prevention units or lessons in these subjects has increased.

F. Staff Development

All six survey questions pertaining to staff development were included in the lead health teacher questionnaire. 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 (78% of lead teachers) and physical activity and fitness (73%) being the most desired. At least 36 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 11.

Table 11: Percent of Lead Health Teachers Who Had Staff Development in the Past Two Years and Who Desire Staff Development on Specified Health Education Topics*

STAFF DEVELOPMENT TOPICS	% HAD		% DESIRE	
	2002	2000	2002	2000
Violence prevention	▲ 53	44	78	75
Physical activity and fitness	▲ 67	62	▲ 73	66
Suicide prevention	19	21	67	68
Alcohol or other drug use prevention	50	45	63	63
First aid	▲ 59	51	63	63
Emotional and mental health	26	28	63	62
CPR (cardiopulmonary resuscitation)	▲ 69	64	62	66
Nutrition and dietary behavior	▼ 24	29	61	66
Tobacco use prevention	33	33	56	58
Death and dying	12	13	▲ 56	50
STD prevention	28	31	54	53
Sun safety or skin cancer prevention	13	10	53	51
HIV prevention	▼ 39	45	▼ 52	58
Pregnancy prevention	20	22	51	49
Human sexuality	23	26	49	51
Accident or injury prevention	▲ 47	39	49	50
Environmental health	14	15	48	50
Consumer health	▲ 17	11	45	44
Growth and development	23	26	▼ 44	50
Personal hygiene	12	15	40	40
Immunization and vaccinations	17	16	38	40
Dental and oral health	11	10	36	39

Note: Topics are arranged in order of desire for staff development in 2002.

▲ indicates a significant increase from 2000 to 2002; ▼ indicates a significant decrease

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 expressed a desire for staff training on five of the six teaching methods than had received staff development on those methods in the past two years. On the sixth method there was essentially no difference. Lead teachers indicated the greatest desire for staff development on teaching skills for behavior change (80%), teaching students with physical or cognitive disabilities (67%), and encouraging family or community involvement (64%). These three teaching methods were also the ones that lead teachers indicated the greatest desire for staff development in the 2000 survey, and in the same order. A summary of these data is in Table 12.

Table 12: Percent of Lead Teachers Who Had Staff Development in the Past Two Years and Who Desire Staff Development on Six Teaching Methods

<u>TEACHING METHODS</u>	<u>% HAD</u>	<u>% DESIRE</u>
Teaching skills for behavior change	45	80
Teaching students with physical or cognitive disabilities	45	67
Encouraging family or community involvement	35	64
Using interactive teaching methods such as role plays...	61	59
Teaching students of various cultural backgrounds	41	51
Teaching students with limited English proficiency	22	53

The professional preparation of lead health teachers was most likely to be health and physical education combined (85%), physical education (7%), or other education degree (3%). These three categories accounted for 95 percent of all lead health teachers. No other category had more than 1 percent of lead teachers. Fifty-seven (57) percent of the lead health teachers had been teaching health education for 15 or more years and 97 percent had been teaching for two or more years. All of these results were similar to the results from the 2000 survey.

G. Violence Prevention

When asked if their school had a written plan for responding to violence at school, 262 of 264 (99%) of principals indicated they have such a plan. Safety and security measures which were in place in a very high percentage of schools included: (1) require visitors to report to the main office or reception area upon arrival (100% of schools); (2) maintain a “closed campus” where students are not allowed to leave during the school day, including lunch (95%); (3) use staff or adult volunteers to monitor school halls during and between classes (92%); and (4) have uniformed police, undercover police, or security guards during the regular school day (83%). The same four measures were the most used in 2000, also. The use of police or security guards increased significantly from 2000 to 2002, but the other three of the most used measures were used in about the same percentage of schools both years. Additional data is contained in Table 13.

Table 13: Percent of Schools Using Specified Safety and Security Measures

SAFETY AND SECURITY MEASURES	PCT. OF SCHOOLS	
	2002	2000
Require visitors to report to the main office or reception area upon arrival	100	100
Maintain a “closed campus” where students are not allowed to leave school during the day, including lunch time	95	93
Use staff or adult volunteers to monitor school halls during & between classes	92	93
Have uniformed police, undercover police, or security guards during the regular school day	▲ 83	69
Routinely conduct bag, desk, or locker checks	▲ 54	44
Prohibit students from carrying backpacks or book bags at school	▲ 25	19
Use metal detectors	21	25
Require students to wear identification badges	6	4
Require students to wear school uniforms	2	4

▲ indicates a significant increase since the 2000 survey

Among four specified programs, principals indicated that peer mediation programs were used in a higher percentage of schools (68%) than the other three, followed by programs to prevent bullying (58%). Fewer schools had programs to prevent gang violence (30%) and safe-passage to school (14%). From 2000 to 2002 there was a significant increase in the percentage of schools with programs to prevent bullying, from 43 to 58. All other programs were conducted in about the same percentage of schools in both 2000 and 2002.

H. Nutrition Related Policies and Practices

Five questions on the principals’ survey and one on the lead teachers’ survey addressed nutrition policies, practices, and curriculum. Principals indicated that in 76 percent of the schools students have 20 minutes or more to eat lunch once they are seated. Twenty-two (22) percent of schools allowed students less than 20 minutes, and two (2) percent did not serve lunch.

When asked the question, “Does this school or district have a policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parents’ meetings, or concession stands?,” only nine (9) percent of principals responded “yes.” In a related question, 81 percent of principals indicated that students could purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar. The types of snacks that could be purchased by students from these sources varied

by school., with the following percentages of schools making specified snacks available for purchase at school:

- Soft drinks, sports drinks, or fruit drinks not 100% juice 93%
- Bottled water 90%
- Salty snacks that are not low in fat, such as regular potato chips 86%
- Salty snacks that are low in fat, such as pretzels, baked chips... 85%
- 100% fruit juice 80%
- Other (non-chocolate) kinds of candy 72%
- Chocolate candy 69%
- Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods 68%
- Fruits or vegetables 37%

Principals were asked when students could purchase snacks and beverages, with the following results:

- During school lunch periods 50%
- Before classes begin in the morning 46%
- During any school hours when meals are not being served 38%

The lead health teachers' survey included one question related to nutrition education. Their responses indicated that students were being taught about 16 different nutrition and dietary topics in a high percentage of schools. The topics and the percentages of schools that taught each of the topics in a *required* health education course for students in any of grades 6 through 12 follow.

- The benefits of healthy eating 96%
- Aiming for a healthy weight 94%
- Risks of unhealthy weight control practices 92%
- The Food Guide Pyramid 91%
- Choosing a diet low in saturated fat & cholesterol & moderate in total fat 91%
- Moderating intake of sugars 91%
- Accepting body size differences 90%
- Eating disorders 90%
- Choosing a variety of fruits and vegetables daily 90%
- Using food labels 89%
- Choosing a variety of grains daily, especially whole grains 88%
- Preparing healthy meals and snacks 86%
- Eating more calcium-rich foods 85%
- The Dietary Guidelines for Americans 82%
- Keeping food safe to eat 82%
- Choosing and preparing foods with less salt 81%

I. Asthma Management

A single question on the principals' survey asked about the implementation of school-based asthma management activities. More than 90 percent of schools conduct two of the ten specified activities; i.e., (1) encourage full participation in physical education and physical activity when students with asthma are doing well, and (2) assure immediate access to medications as prescribed by a physician and approved by parents. Only one-third of schools teach asthma awareness to all students in at least

one grade and less than half provide intensive case management for students with asthma who are absent 10 days or more per year.

Following are the percentages of schools implementing each of the ten school-based asthma management activities.

- Encourage full participation in physical education and physical activity when students with asthma are doing well 96%
- Assure immediate access to medications as prescribed by a physician and approved by parents 92%
- Identify and track all students with asthma 88%
- Provide modified physical education and physical activities as indicated by the student's Asthma Action Plan 84%
- Obtain and use an Asthma Action Plan for all students with asthma 69%
- Provide a full-time registered nurse, all day every day 60%
- Educate students with asthma about asthma management 60%
- Educate school staff about asthma 59%
- Provide intensive case management for students with asthma who are absent 10 days or more per year 43%
- Teach asthma awareness to all students in at least one grade 33%