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## ACKNOWLEDGMENTS

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### **Project Funding**

Funding for the survey and report was provided through two cooperative agreements from the Centers for Disease Prevention and Control (CDC) to the departments of education and health. CDC funding was obtained through cooperative agreements with the Division of Adolescent School Health (cooperative agreement number U87/CCU309015-08) and the Office on Smoking and Health (cooperative agreement number U1A/CCU316958-02). Report contents are solely the responsibility of the authors and do not necessarily represent official views of the CDC.

### **Additional Copies**

This report is available online at <http://www.longwood.edu/vchetrc/>. To obtain a printed copy, please contact the Virginia Department of Education, Office of Special Education and Student Services, P. O. Box 2120, Richmond, Virginia 23218-2120, telephone (804) 225-4543, fax (804) 371-8796.



## **EXECUTIVE SUMMARY**

### **2002 VIRGINIA SCHOOL HEALTH EDUCATION PROFILE**

This report of the results of the 2002 Virginia School Health Education Profile (SHEP) 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. Similar, but not identical, SHEP surveys were administered in 1996, 1998, and 2000. 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 refer to 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 6<sup>th</sup> grade was the final grade) were included in the population from which the sample was drawn. The sample consisted of 366 schools. The principal and “lead health education teacher” in each school were asked to complete the SHEP questionnaires that had been developed by the Centers for Disease Control and Prevention. Usable questionnaires were received from 267 (or 73%) of the principals and 255 (or 70%) 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**

Administrative policies and practices. The same percentage of schools (91%) required health education for students in grades 6-12 in 2002 as in 2000. There has been a decline in the offering of a required health education course in grades 6-12 since 1996, from 96 percent in 1996 to 91 percent in 1998, 88 percent in 2000, and 87 percent in 2002. Health education is coordinated by a school staff member in 57 percent of the schools, compared with 69 percent in 2000 and 54 percent in 1998.

Health education curriculum. Lead teachers indicated that state and district curricula, guidelines, or frameworks were the materials they were most often required to use in required health education courses, followed by school curricula, guidelines, or frameworks and 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) nutrition and dietary behavior. Six of the top seven topics in 2002 were among the top seven in 2000. The top “skills” topics in 2002, all at 95 percent or higher, were decision making, resisting peer pressure for unhealthy behaviors, and goal setting. These same three skills were addressed by 95 percent or more of schools in 2000, also.

Physical education and physical activity. 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. Only a small number of schools exempt students from taking physical education; however, only 51 percent of principals indicated that a student who failed physical education would have to repeat it.

Tobacco policies and curriculum. Almost all schools (i.e., 99%) have adopted a policy prohibiting tobacco use. These policies, which cover students, faculty/staff, and visitors, are more restrictive on students, but tend to become less restrictive on everyone as they move away from the school building.

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%).

A high percentage (95%) of schools have policies prohibiting tobacco advertising in the school building, on school grounds, on school buses and other vehicles, 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.

Lead teachers indicated that each of 17 specific tobacco use prevention topics was taught as part of a required health education course in 75 to 99 percent of schools, a slight increase from 2000.

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 in line with those from the 1998 and 1996 SHEPs (i.e., 72% and 67%, respectively). The low 49 percent indicating they had a written policy on HIV in 2000 may have been an anomaly. A high percentage of schools that had written HIV policies addressed each of eight specified HIV topics.

Staff development. Lead teachers indicated a high level of interest in receiving staff development on most of 22 health education knowledge topics and six teaching methods, even though many teachers had already received staff development on these topics and methods. The staff development on knowledge topics most desired by teachers was on violence prevention (78%), physical activity and fitness (73%), and suicide prevention (67%). Among the six teaching methods, teachers most desired staff development on teaching skills for behavior change (80%) and teaching students with physical or cognitive disabilities (67%).

Violence prevention. Ninety-nine (99) 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); (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%). Fewer than half of the schools routinely prohibit students from carrying backpacks or book bags at school (25%), use metal detectors (21%), require students to wear identification badges (6%), or require students to wear school uniforms (2%).

There were significant increases in the use of three measures: the incidence of schools having police or security guards during the regular school day (from 69 % in 2000 to 83% in 2002); routinely conducting bag, desk, or locker checks (from 44% to 54%); and prohibiting students from carrying backpacks or book bags at school (from 19% to 25%).

Nutrition related policies and practices. Seventy-six (76) percent of schools allow their students 20 minutes or more for lunch and 22 percent allow their students less than 20 minutes.

Only nine percent of schools had a school or district policy stating that fruits or vegetables will be offered at activities in school settings. The snack foods that are made available to students while in school in 80 percent or more schools are among the less healthful choices (e.g., soft drinks/sports drinks and salty snacks), although some healthful snacks are commonly available (e.g., bottled water and 100% fruit juice). Fruits or vegetables as snacks are available in only 37 percent of schools.

Lead teachers indicated that students were being taught each of 16 nutrition and dietary topics in 81 to 96 percent of schools.

Asthma management. More than 90 percent of schools conduct two of the ten specified activities related to asthma management; 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.