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.

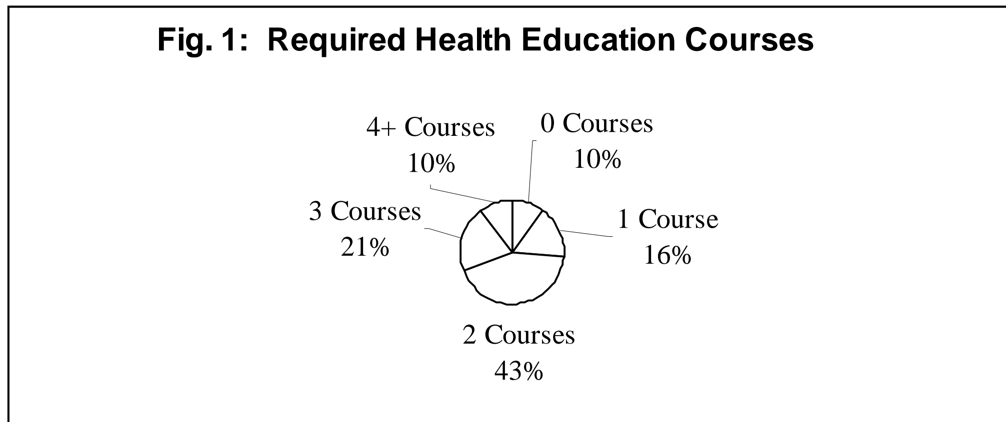
A. Administrative Issues

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?," 91percent 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.

Fig. 1: Required Health Education Courses



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

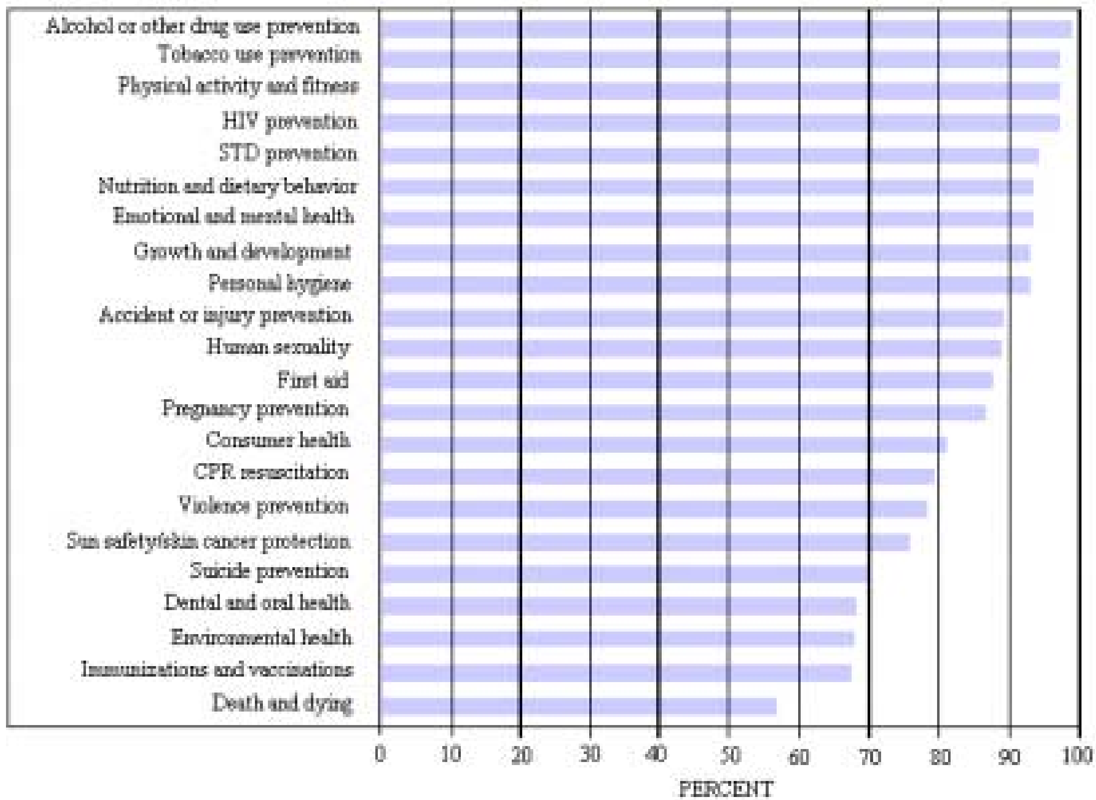
required to use was "Your district's curriculum, set of guidelines, or framework," followed closely by "Your state's curriculum, set of guidelines, or framework." A summary of their responses follows in Table 3.

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

SKILL TOPICS	PERCENT
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 polices 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.

Polices regarding faculty and staff. Principals indicated that many of the schools had polices 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 polices 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

ISSUES ADDRESSED IN HIV POLICY	PERCENT
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

HIV PREVENTION TOPICS	PERCENT
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

STAFF DEVELOPMENT TOPICS	% HAD	% DESIRE
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

TEACHING METHODS	% HAD	% DESIRE
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 indicted 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 grade10. 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."