

School Health Profiles

Surveillance for Characteristics of Health Programs Among Secondary Schools



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PROFILES 2002

School Health Profiles

Surveillance for Characteristics of Health Programs Among Secondary Schools

Laura G. Whalen, M.P.H.

Jo Anne Grunbaum, Ed.D.

Laura Kann, Ph.D.

Joseph Hawkins, M.A.

Tim McManus, M.S.

Kristen S. Davis, M.P.H.

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STATE AND LOCAL SCHOOL HEALTH PROFILES COORDINATORS

Site	Coordinator	Affiliation
Alabama	Martha Holloway, M.S.	Department of Education
Alaska	Beth Shober, M.A.	Department of Education and Early Development
Arizona	Cheri Levenson, M.P.A.	Department of Education
Arkansas	Kathleen Courtney, M.S.	Department of Education
California	Caroline Roberts, M.P.H.	Department of Education
Chicago, IL	Margaret M. Finnegan, M.S.	Chicago Public Schools
Connecticut	Bonnie J. Edmondson, M.S.	Department of Education
Dallas,TX	Phyllis E. Simpson, Ph.D., M.S.	Dallas Independent School District
Delaware	Janet Arns Ray, M.S.	Department of Education
District of Columbia	Linda Wright, M.A.	District of Columbia Public Schools
Fort Lauderdale, FL	Mike Weissberg, M.S.	School Board of Broward County
Georgia	Mary Johnson	Department of Education
Hawaii	Patricia Hamamoto	Department of Education
Houston,TX	Rose Haggerty, M.Ed.	Houston Independent School District
Idaho	Barbara S. Eisenbarth, M.Ed.	Department of Education
Illinois	Glenn Steinhausen, Ph.D.	State Board of Education
lowa	Sara A. Peterson, M.A.	Department of Education
Kentucky	Renee White, Ph.D., M.S.H.A.	Department of Education
Los Angeles, CA	Rona Cole, M.A.	Los Angeles Unified School District
Maine	Joni Foster	Department of Education
Massachusetts	Belinda J. Abbruzzese, M.P.H.	Department of Education
Miami, FL	Rodolfo Abella, Ph.D.	Miami-Dade County Public Schools
Michigan	Kim Kovalchick, M.S.W., M.P.H.	Department of Education
Minnesota	Kathy Brothen	Department of Education Department of Children, Families and Learning
Missouri	Kevin Miller, M.A.	Department of Children, Farmies and Learning Department of Elementary and Secondary Education
Montana	Susan Court	Office of Public Instruction
Nebraska	Jeff Armitage	Department of Education
		•
New Hampshire	Ginny St. Martin, M.A.T. Tom Collins, Ph.D.	Department of Education
New Jersey New Mexico	Lonnie Barraza	Department of Education
New York		Department of Education
North Carolina	Patricia Kocialski, M.Ed. Michael Sanderson, M.P.H.	Department of Education
North Carolina North Dakota		Department of Health and Human Services
	Nicole L. Wright, M.S.	Department of Public Instruction
Oklahoma	Judy G. Duncan	Department of Education
Orange County, FL	Kathy Bowman-Harrow, M.S.	Orange County Public Schools
Oregon	Kara Stebbins, M.P.H.	Department of Education
Palm Beach, FL	Dani Fitzgerald	School District of Palm Beach County
Pennsylvania	Shirley A. Black, M.Ed.	Department of Education
Philadelphia, PA	Bettyann Creighton, M.Ed.	School District of Philadelphia
Rhode Island	Cynthia Y. Corbridge, M.Ed., M.S.W.	Department of Education
San Bernardino, CA	Angela Jones, M.S.	San Bernardino Unified School District
San Diego, CA	Marge Kleinsmith-Hildebrand, M.S.	San Diego Unified School District
San Francisco, CA	Phong Pham, M.A.	San Francisco Unified School District
South Carolina	Aaron Bryan, M.A.	Department of Education
Tennessee	Jerry Swaim, M.S.	Department of Education
Texas	Janet Russell, Ph.D.	Texas Education Agency
Utah	Vicky Dahn, Ph.D.	Office of Education
Vermont	Shevonne Travers, M.S.	Department of Education
Virginia	Muriel Azria-Evans, Ph.D.	Department of Education
Washington	Julia Dilley, M.E.S., Ph.D.	Department of Health
Wisconsin	Brian Weaver	Department of Public Instruction

INTRODUCTION

In 1995, the Centers for Disease Control and Prevention (CDC) collaborated with state, territory, and local education and health agencies to develop the School Health Education Profiles. At that time, the survey assessed mainly health education and some school policies primarily related to HIV/AIDS prevention. Based on input from education and health agencies, the survey evolved to provide a more comprehensive assessment of school health programs. In 2002, new topics were added to assess the areas of physical education and activity, nutrition and food service, and asthma. To reflect more accurately this expansion in the survey's content, the word "education" was dropped from the title of the survey. Thus the new name for the survey is the School Health Profiles (Profiles).

The purpose of Profiles is to assist state, territory, and local education and health agencies in monitoring and assessing characteristics of and trends in school health education; physical education; asthma management activities; school health policies related to HIV/AIDS prevention, tobacco-use prevention, violence prevention, physical activity, and nutrition and food service; and family and community involvement in school health programs. This broad focus now provides at least some information on six of the eight components of the Coordinated School Health Program (CSHP). The six components of CSHP assessed by Profiles are as follows:

- Health education, which provides students with the knowledge, attitudes, and skills they need to avoid or modify behaviors related to the leading causes of death, illness, and injury during youth and adulthood.
- Physical education, which provides students with the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain physically active lifestyles.

- Health services, which provide care to students who
 otherwise might not have access to care. Academic
 and social success is linked to positive physical and
 mental health.
- Food service, which can promote healthy dietary behaviors and help ensure appropriate nutrient intake, thus promoting optimal health, growth, and intellectual development.
- School policy and environment, which can provide a safe, positive physical and psychological setting; prevent injuries from occurring at school; and prevent student school failure, substance abuse, and violence.
- Family and community involvement in school health programs, which can help family members become more knowledgeable about health issues, thus enabling them to serve as positive role models by reinforcing healthy behaviors at home.

Profiles data were collected in 1996, 1998, 2000, and 2002. In each sampled middle/junior or senior high school, the principal and lead health education teacher (i.e., the person who coordinates health education policies and programs within a middle/junior high school or senior high school) each completed a self-administered questionnaire. This report summarizes data from the 2002 Profiles. Principals' surveys were completed successfully in 43 states and 13 cities, and lead health education teachers' surveys were completed successfully in 42 states and 13 cities. This report also examines both long-term (1996-2002) and short-term (2000-2002) trends in health education and school health policies. In addition, this report compares the 2002 Profiles data with national data on health education and school health policies from the School Health Policies and Programs Study 2000 (SHPPS 2000).

METHODOLOGY

SAMPLING

The Profiles employ random systematic equal-probability sampling strategies to produce representative samples of schools serving students in grades 6 through 12 in each jurisdiction. In most states and cities, the sampling frame consists of all regular secondary public schools with one or more of grades 6 through 12. Twenty-three education and health agencies modify this procedure by inviting all schools, rather than just a sample, to participate.

DATA COLLECTION

Data are collected from each sampled school during the spring semester. Both the principal's and teacher's questionnaires are mailed to the principal, who then designates the school's lead health education teacher to complete the teacher's survey. Participation in the survey is confidential and voluntary; follow-up telephone calls and written reminders are used to encourage participation. The principal and teacher record their responses in the questionnaire booklets and return them directly to the state or local education or health agency.

DATA ANALYSIS

The data are weighted to reflect the likelihood of principals or teachers being selected and to adjust for differing patterns of nonresponse. Data from a state or city that had an overall response rate of 70% or greater and appropriate documentation were weighted, whereas data from a state or city that did not meet these criteria were not weighted. Weighted data represent all public schools serving grades 6 through 12 in that jurisdiction; unweighted data represent only the participating schools. Because of a low response rate (less than 50%), data from principals' surveys conducted in five states and lead health education teachers' surveys conducted in seven states are not included in this report. Thus, this

report represents information from 35 states with data from both principals' and lead health education teachers' surveys, 3 states with data from the principals' survey only, and 13 cities with data from both principals' and lead health education teachers' surveys (Table 1).

Across states, the sample sizes of the principals' surveys ranged from 52 to 608, and the response rates ranged from 50% to 91%; across cities, the sample sizes ranged from 14 to 223, and the response rates ranged from 65% to 100% (Table 1). The sample sizes of the lead health education teachers' surveys across states ranged from 49 to 591, and the response rates ranged from 53% to 90%; across cities, the sample sizes ranged from 8 to 217, and the response rates ranged from 53% to 100%.

SAS software was used to compute point estimates. Medians are presented for all states combined (i.e., those with weighted data and those with unweighted data combined) and for all cities combined (i.e., those with weighted data and those with unweighted data combined). The Wilcoxon rank-sum test was used to test for differences between 1996 data and 2002 data and between 2000 data and 2002 data across states and cities. This is a nonparametric analogue to a two-sample t-test. This statistical procedure (a) rank ordered all sites for both years separately for states and cities, (b) summed the ranks separately by year and for states and cities, and (c) compared the rank sums separately for states and cities to determine whether the distribution of the variable was the same for 1996 and 2002 or for 2000 and 2002. Assuming the percentages have an underlying continuous distribution, the distribution of ranks is approximately normal; therefore, a z value was used as the test statistic. The distributions were considered significantly different if p was less than or equal to .05.

BACKGROUND

HEALTH EDUCATION

Requirements

The Institute of Medicine recommends that schools require at least a one-semester health education course at the senior high school level.³ School health education provides students with the knowledge, attitudes, and skills they need to avoid or modify behaviors related to the leading causes of death, illness, and injury during youth and adulthood. Health education should address the physical, mental, emotional, and social dimensions of health and be age appropriate.⁴ Health education curricula should be planned, sequential, and implemented for all grades in elementary and middle/junior high schools and through at least one semester in senior high schools.^{3,5}

Standards and Guidelines

The seven *National Health Education Standards*, developed by the Joint Committee on National Health Education Standards, describe what students should know and be able to do as a result of school health education.⁶ According to these standards, students should be able to

- 1. Comprehend concepts related to health promotion and disease prevention.
- 2. Demonstrate the ability to access valid health information and health-promoting products and services.
- 3. Demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
- 4. Analyze the influence of culture, media, technology, and other factors on health.
- 5. Demonstrate the ability to use interpersonal communications skills to enhance health.

- 6. Demonstrate the ability to use goal-setting and decision-making skills to enhance health.
- 7. Demonstrate the ability to advocate for personal, family, and community health.

School health education is supported by the *Healthy People 2010* Objective 7-2, which looks to

Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD [sexually transmitted disease] infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.^{7 (pg. 7-14)}

Coordination of Health Education

A necessary component of effective health education is management and coordination by a professional who is trained in health education. That person may work directly within the school or at the school district level. Curriculum planning and development is enhanced when schools have a school health coordinator. In addition, collaboration among health education teachers and other school staff members also improves the implementation of health education curricula. To supplement a separate health education course, health-related information can be included in a range of disciplines, including physical education, the sciences, mathematics, language arts, social studies, home economics, and the arts.

Professional Preparation and Staff Development

The quality of school health education is determined, in part, by teacher preparation.⁵ Professional preparation and staff development for teachers are critical for the implementation of effective school health education.¹⁰⁻¹² Staff development for health education teachers should focus on those strategies that will actively engage students as well as facilitate their mastery of critical health information and skills.⁵ Teachers who receive training implement health education curricula with more fidelity than teachers who do not receive training, resulting in more knowledge gain among students.¹³

PHYSICAL EDUCATION

The 1999-2000 National Health and Nutrition Examination Survey (NHANES) estimated that more than 15% of adolescents aged 12 through 19 years were overweight.¹⁴ In 1999, there were nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980.15 Overweight or obesity that develops during childhood or adolescence may persist into adulthood and increase the risk later in life for coronary heart disease, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints. 16 Regular participation in physical activity during childhood and adolescence can help control weight, increase muscle mass, build bones, and prevent or delay the onset of high blood pressure and hypertension.¹⁷ Schools can play an important role in motivating students to be active and in providing opportunities for physical activity. CDC's Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People recommends that schools adopt a comprehensive approach to physical activity, including daily physical education, teaching of skills and knowledge to maintain a physically active lifestyle, daily recess periods for elementary school students, and extracurricular physical activity programs. 18 In 2001, the independent, nonfederal Task Force on Community

Preventive Services, in conjunction with CDC, published recommendations for increasing physical activity. Among the interventions that were strongly recommended were school-based physical education curricula and policies that increased the amount of time spent in physical education class and increased the amount of time that students were active during physical education class.¹⁹

The importance of physical education in promoting the health of young people is supported by three *Healthy People 2010*⁷ objectives:

- 22-8. Increase the proportion of the nation's public and private schools that require daily physical education for all students.
- 22-9. Increase the proportion of adolescents who participate in daily school physical education.
- 22-10. Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active.

HEALTH SERVICES

Currently, 6.3 million U.S. children (8.7%) have asthma as diagnosed by a health professional. In 2000, children made 4.6 million visits to doctors' offices and hospital outpatient departments, made 728,000 visits to hospital emergency departments, and had 214,000 hospitalizations due to asthma. An estimated 14 million lost school days are attributed to asthma among school-aged children. The impact of illness and death due to asthma is disproportionately higher among low-income populations, racial and ethnic minorities, and children in inner cities than in the general population.

Although asthma cannot be cured, it can be controlled. By being "asthma friendly," schools can help students manage their asthma, that is, by being more supportive of students and staff members with asthma, adopting asthma-friendly policies and procedures, coordinating services for students with asthma, and providing asthma education for students and staff members.²³ The following *Healthy People 2010*⁷ objectives address asthma:

- 24-4. Reduce activity limitations among persons with asthma.
- 24-5. (Developmental) Reduce the number of school or work days missed by persons with asthma due to asthma.

One method for decreasing asthma-related absenteeism is to increase the proportion of schools that have a nurse-to-student ratio of at least 1:750, as called for in Healthy People 2010 Objective 7-4.7 CDC also has promoted access to school nurses for asthmatic students in its Strategies for Addressing Asthma Within a Coordinated School Health Program.²⁴

FOOD SERVICE

The high prevalence of overweight young people and the concomitant rise in type 2 diabetes among children and adolescents are reminders of the important contribution of nutrition and physical activity to health. 14,25 Around two-thirds of young people over-consume fat. In addition, an average of 25% of their caloric intake comes from added sugars, yet fewer than 20% consume the daily recommended servings of fruit.^{26,27} Schools provide a unique opportunity to teach students to make healthy dietary choices. Through both classroom instruction and the food service program, students can learn and practice skills for maintaining a healthy diet. To promote lifelong healthy eating habits, CDC developed the Guidelines for School Health Programs to Promote Lifelong Healthy Eating.²⁸ These guidelines recommend that nutrition education be included as a part of school health education. Nutrition education should be developmentally

appropriate and use a participatory approach to help students adopt healthy eating behaviors. A second key recommendation is for the adoption of school nutrition policies that promote healthy eating through classroom nutrition education and a supportive school environment. Additional recommendations call for the integration of nutrition education and school food services, training for school staff members to prepare them for their roles, the involvement of families and communities in supporting and reinforcing nutrition education, and the evaluation of school nutrition programs.²⁸

Nutrition, health, and education agencies and professional organizations are increasingly concerned about the widespread availability of foods and beverages sold on school campuses that are not part of the federally regulated school meal programs.²⁹ Teaching students to make healthful food choices, not only at mealtimes but also at all other times during the school day, should be an integral part of a school's nutrition education program. Because federal regulations do not prohibit the sale of soft drinks and foods of low nutritional value (e.g., chips, most candy bars) in a la carte venues, schools must be particularly careful to monitor these areas. Schools can meet the challenges of "competitive" foods through policies and practices such as offering students more healthful choices in vending machines and at school stores, canteens, and snack bars.³⁰ The importance of establishing a comprehensive school environment that supports a good overall diet is recognized by the Healthy People 2010 Objective 19-15: to "increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality."7 (pg. 19-40)

SCHOOL POLICY AND ENVIRONMENT

Tobacco-Use Prevention

Tobacco use is the single most preventable cause of death in the United States and accounts for 430,000

deaths each year. Approximately 80% of tobacco users initiate its use before the age of 18 years.³¹ CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* identifies components of a school policy to help prevent tobacco use among youth.³² The following are key elements of such a policy:

- Prohibit tobacco use by students, school staff, parents, and visitors on school property, in school buildings, and at school functions away from school property.
- Prohibit tobacco advertising in school buildings, on school property, and in school publications.

An inclusive tobacco-use prevention policy can help schools in achieving the *Healthy People 2010* Objective 27-11: to "increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events." (pg. 27-27)

Violence Prevention

Seventy-one percent of all deaths among persons 10 through 24 years of age result from only four causes: motor vehicle crashes, other unintentional injuries, homicide, and suicide. The No Child Left Behind Act of 2001 authorizes federal funds for school programs to prevent violence in and around schools. Heftective and safe schools are well prepared for any potential crisis or violent acts. The CDC's School Health Guidelines to Prevent Unintentional Injury and Violence identifies strategies for schools that can help prevent unintentional injuries, violence, and suicide. An important strategy is to establish both social and physical environments that promote safety and prevent unintentional injuries, violence, and suicide. Two Healthy People 2010⁷ objectives also call for the reduction of violence and toxic exposures at schools:

 8-20. (Developmental) Increase the proportion of the nation's primary and secondary schools that have official school policies ensuring the safety of students and staff from environmental hazards, such as chemicals in special classrooms, poor indoor air quality, asbestos, and exposure to pesticides.

 15-39. Reduce weapon carrying by adolescents on school property.

HIV/AIDS Prevention

In 2002, an estimated 1,909 young people aged 13 to 24 were diagnosed with AIDS, for a cumulative total (through December 2002) of 36,299 AIDS cases in this age group. The AIDS cases reported in 2001 were among men who had sex with men, 7% were among injection drug users, and 8% were among men infected with HIV through heterosexual contact. Among females aged 13 to 24, nearly 45% of all AIDS cases reported in 2001 were attributed to heterosexual contact and 6% to injection drug use. The HIV exposure risk category is unknown for 28% of males and 48% of females in this age group who were reported with AIDS in 2001. The HIV exposure risk category is unknown for 28% of males and 48% of females in this age group who were reported with AIDS in 2001.

The majority of new AIDS cases are diagnosed among members of racial/ethnic minority populations. In areas with confidential HIV infection reporting, 85% of HIV infections and nearly 80% of AIDS cases reported in 2001 among children under the age of 13 occurred among African American and Hispanic children. Through December 2001, more than 33,000 young people aged 13 to 24 were reported with AIDS; 21,935 of these young people (almost 66%) were African American or Hispanic.³⁸

Advances in the treatment of HIV infection have extended the lives of people living with HIV and AIDS.^{39,40} Thus, school health policies that address issues raised by HIV infection and AIDS are critical for protecting the rights of affected students and school staff members. The National Association of State Boards

of Education provides policy recommendations to help schools develop or modify policies that address issues raised by HIV infection among students and staff.⁴¹

FAMILY AND COMMUNITY INVOLVEMENT

Partnerships among schools, parents, community members, and other professionals are key elements of effective school health programs. These partnerships contribute to successful school health programs and to improved health-related knowledge and skills among students.⁴²

A health committee or advisory council within the school or school district can help build support for school health initiatives. Schools that have a good relationship with parents are more likely to gain parent cooperation with school health efforts. Support from parents can lead to the overall success or failure of a student as well as the success or failure of a new health program in the school. In addition, parent involvement in health education increases both student achievement and self-esteem. 44

RESULTS

HEALTH EDUCATION

Required Health Education

Required health education is defined as instruction about specific health education topics that students must receive for promotion or graduation from school. Many schools required health education for students in grades 6 through 12, and most schools offered one or more health education courses.

- Across states, the percentage of schools that required health education for students in grades 6 through 12 ranged from 32.7% to 100.0% (median: 92.3%) (Table 2). Among those schools, the median percentage that taught one or more separate required health education courses was 93.7% and ranged from 77.6% to 100.0% across states.
- Across cities, the percentage of schools that required health education for students in grades 6 through 12 ranged from 68.8% to 100.0% (median: 88.3%) (Table 2). Among those schools, the median percentage that taught one or more separate required health education courses was 87.3% and ranged from 64.3% to 100.0% across cities.

Schools taught required health education in each of the following ways:

- The percentage of schools that taught required health education in a combined course with physical education ranged from 31.8% to 96.1% across states (median: 60.2%) and from 12.1% to 96.6% across cities (median: 56.8%).
- The percentage of schools that taught required health education in a course mainly about another subject

(e.g., science, social studies, English) ranged from 8.3% to 55.0% across states (median: 23.8%) and from 18.8% to 100.0% across cities (median: 55.2%).

Standards, Curricula, Guidelines, and Frameworks for Required Health Education Courses

Many schools require that teachers use specific standards, curricula, or guidelines in required health education courses. The ranges in percentage of schools that required their use were as follows* (Table 3):

- The National Health Education Standards: from 19.9% to 68.9% across states (median: 38.9%) and from 24.4% to 72.0% across cities (median: 47.5%).
- A state, district, or school curriculum, guidelines, or framework: from 82.9% to 100.0% (median: 95.9%) across states and from 80.0% to 100.0% across cities (median: 100.0%).
- Materials from health organizations such as the American Red Cross or the American Cancer Society: from 17.7% to 61.7% across states (median: 36.1%) and from 31.1% to 92.9% across cities (median: 58.0%).
- A commercially developed teacher's guide: from 25.6% to 80.2% across states (median: 49.4%) and from 33.1% to 80.0% across cities (median: 62.5%).

Content of Required Health Education Courses

Required health education courses aim to increase student knowledge about a variety of health-related topics. The ranges in percentage of schools that covered

^{*} Schools could report use of one or more types of material.

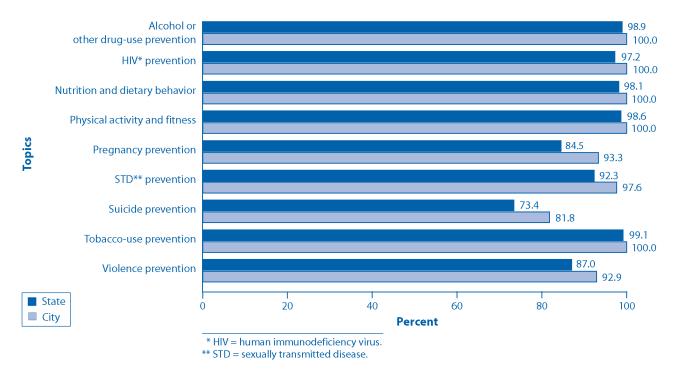


FIGURE 1. Median percentage of schools that tried to increase student knowledge of specific topics in a required health education course, School Health Profiles, 2002.

specific health-related topics in required health education courses were as follows (Tables 4a, b, c, Figure 1):

- Accident or injury prevention: from 75.2% to 97.3% across states (median: 90.9%) and from 46.3% to 100.0% across cities (median: 90.5%).
- Alcohol or other drug-use prevention: from 96.4% to 100.0% across states (median: 98.9%) and from 96.4% to 100.0% across cities (median: 100.0%).
- Consumer health: from 70.6% to 88.4% across states (median: 80.3%) and from 66.7% to 93.4% across cities (median: 81.3%).
- Cardiopulmonary resuscitation (CPR): from 44.1% to 87.6% across states (median: 65.6%) and from 17.1% to 93.4% across cities (median: 70.9%).

- Death and dying: from 34.5% to 75.2% across states (median: 56.3%) and from 19.5% to 69.9% across cities (median: 59.1%).
- Dental and oral health: from 40.2% to 82.1% across states (median: 63.3%) and from 19.5% to 88.5% across cities (median: 66.7%).
- Emotional and mental health: from 84.4% to 98.9% across states (median: 95.2%) and from 65.0% to 100.0% across cities (median: 91.8%).
- Environmental health: from 53.9% to 86.1% across states (median: 72.8%) and from 27.5% to 89.7% across cities (median: 81.9%).
- First aid: from 56.7% to 92.6% across states (median: 76.0%) and from 24.4% to 100.0% across cities (median: 78.6%).

- Growth and development: from 80.7% to 97.1% across states (median: 90.3%) and from 63.4% to 100.0% across cities (median: 96.4%).
- HIV prevention: from 84.4% to 100.0% across states (median: 97.2%) and from 90.2% to 100.0% across cities (median: 100.0%).
- Human sexuality: from 62.3% to 97.6% across states (median: 88.9%) and from 86.3% to 100.0% across cities (median: 96.6%).
- Immunization and vaccinations: from 36.2% to 78.8% across states (median: 62.4%) and from 34.1% to 93.4% across cities (median: 75.8%).
- Nutrition and dietary behavior: from 92.9% to 100.0% across states (median: 98.1%) and from 67.6% to 100.0% across cities (median: 100.0%).
- Personal hygiene: from 72.6% to 94.0% across states (median: 84.8%) and from 36.6% to 97.9% across cities (median: 88.2%).
- Physical activity and fitness: from 94.9% to 100.0% across states (median: 98.6%) and from 76.5% to 100.0% across cities (median: 100.0%).
- Pregnancy prevention: from 61.0% to 95.3% across states (median: 84.5%) and from 78.2% to 100.0% across cities (median: 93.3%).
- STD prevention: from 74.0% to 97.7% across states (median: 92.3%) and from 81.0% to 100.0% across cities (median: 97.6%).
- Suicide prevention: from 55.3% to 92.0% across states (median: 73.4%) and from 51.2% to 96.6% across cities (median: 81.8%).

- Sun safety: from 42.7% to 82.8% across states (median: 71.9%) and from 22.0% to 88.7% across cities (median: 80.0%).
- Tobacco-use prevention: from 96.1% to 100.0% across states (median: 99.1%) and from 95.9% to 100.0% across cities (median: 100.0%).
- Violence prevention: from 78.7% to 96.0% across states (median: 87.0%) and from 81.4% to 100.0% across cities (median: 92.9%).

Required health education courses aim to improve student skills. The ranges in percentage of schools that covered specific skills were as follows (Table 5, Figure 2):

- Accessing health information: from 73.3% to 96.7% across states (median: 86.6%) and from 66.7% to 96.9% across cities (median: 87.4%).
- Advocating for health: from 74.8% to 91.6% across states (median: 81.6%) and from 64.3% to 100.0% across cities (median: 88.1%).
- Analysis of media messages: from 61.0% to 98.5% across states (median: 84.9%) and from 66.7% to 95.2% across cities (median: 83.3%).
- Communication: from 84.0% to 100.0% across states (median: 93.5%) and from 77.8% to 100.0% across cities (median: 96.3%).
- Decision making: from 89.7% to 100.0% across states (median: 97.7%) and from 89.3% to 100.0% across cities (median: 98.6%).
- Goal setting: from 83.4% to 100.0% across states (median: 93.4%) and from 91.7% to 100.0% across cities (median: 96.2%).

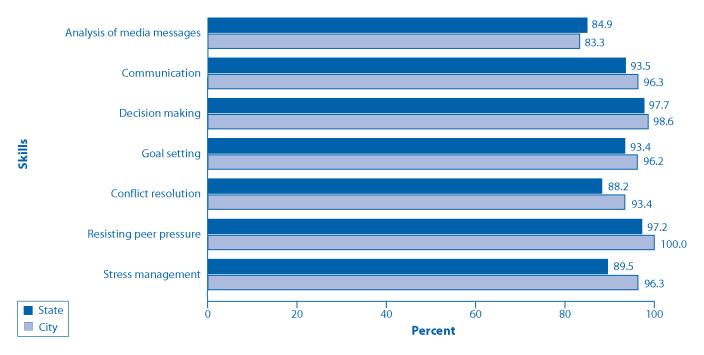


FIGURE 2. Median percentage of schools that tried to improve specific student skills in a required health education course, School Health Profiles, 2002.

- Conflict resolution: from 78.3% to 95.8% across states (median: 88.2%) and from 89.3% to 100.0% across cities (median: 93.4%).
- Resisting peer pressure: from 90.0% to 100.0% across states (median: 97.2%) and from 85.7% to 100.0% across cities (median: 100.0%).
- Stress management: from 70.5% to 98.6% across states (median: 89.5%) and from 75.0% to 100.0% across cities (median: 96.3%).

Tobacco-Use Prevention Topics

Specific tobacco-use prevention topics covered in required health education courses included health outcomes and risks of tobacco use, external influences on tobacco use, skills to avoid tobacco use, and cessation of tobacco use.

The ranges in percentage of schools that taught about health outcomes and risks of tobacco use in a required health education course were as follows (Table 6a):

- Addictive effects of nicotine: from 90.3% to 100.0% across states (median: 97.3%) and from 84.0% to 100.0% across cities (median: 97.5%).
- Benefits of not smoking cigarettes: from 90.0% to 100.0% across states (median: 97.6%) and from 90.3% to 100.0% across cities (median: 97.7%).
- Benefits of not using smokeless tobacco: from 86.0% to 99.5% across states (median: 93.0%) and from 63.0% to 100.0% across cities (median: 93.0%).
- Health consequences of cigarette smoking: from 93.3% to 100.0% across states (median: 98.5%) and from 88.0% to 100.0% across cities (median: 100.0%).

- Health consequences of smokeless tobacco use: from 87.7% to 100.0% across states (median: 94.9%) and from 61.5% to 100.0% across cities (median: 93.0%).
- Health effects of environmental tobacco smoke (ETS): from 85.9% to 100.0% across states (median: 95.9%) and from 80.0% to 100.0% across cities (median: 98.0%).
- Number of illnesses and deaths related to tobacco use: from 84.8% to 100.0% across states (median: 94.5%) and from 80.0% to 100.0% across cities (median: 96.3%).
- Risks of cigar or pipe smoking: from 76.7% to 96.1% across states (median: 87.9%) and from 75.0% to 100.0% across cities (median: 94.2%).

The ranges in percentage of schools that taught about the external influences on tobacco use in a required health education course were as follows (Table 6b):

- Influence of families: from 81.2% to 97.7% across states (median: 91.4%) and from 76.0% to 100.0% across cities (median: 93.0%).
- Influence of the media: from 84.2% to 100.0% across states (median: 95.5%) and from 83.3% to 100.0% across cities (median: 95.6%).
- Social or cultural influences: from 82.7% to 95.9% across states (median: 90.0%) and from 75.0% to 100.0% across cities (median: 90.0%).
- How students can influence others to prevent tobacco use: from 77.6% to 97.5% across states (median: 88.1%) and from 76.0% to 100.0% across cities (median: 89.6%).

- How students can influence others to quit using tobacco: from 74.3% to 95.0% across states (median: 85.0%) and from 75.3% to 100.0% across cities (median: 87.1%).
- How many young people use tobacco: from 80.9% to 100.0% across states (median: 92.8%) and from 80.5% to 100.0% across cities (median: 93.0%).

The ranges in percentage of schools that taught skills to avoid tobacco use and to stop using tobacco in required health education courses were as follows (Table 6c):

- How to find information on tobacco-use cessation: from 62.1% to 86.5% across states (median: 72.6%) and from 68.0% to 92.7% across cities (median: 82.6%).
- Making a personal commitment not to use tobacco: from 60.9% to 83.0% across states (median: 73.3%) and from 66.7% to 100.0% across cities (median: 80.0%).
- How to say no to tobacco use: from 87.2% to 100.0% across states (median: 95.0%) and from 84.0% to 100.0% across cities (median: 97.2%).

HIV/AIDS Prevention Topics

Specific HIV prevention topics covered in required health education courses included HIV transmission and prevention and external influences on HIV risk behaviors.

The ranges in percentage of schools that covered HIV transmission and prevention topics in required health education courses were as follows (Table 7a):

• Abstinence to avoid HIV infection: from 70.5% to 99.4% across states (median: 95.0%) and from 85.0% to 100.0% across cities (median: 100.0%).

- How HIV is transmitted: from 75.7% to 99.4% across states (median: 95.1%) and from 84.7% to 100.0% across cities (median: 100.0%).
- How HIV affects the body: from 74.3% to 99.3% across states (median: 94.7%) and from 85.1% to 100.0% across cities (median: 97.9%).
- How to correctly use a condom: from 7.8% to 65.5% across states (median: 40.4%) and from 39.0% to 100.0% across cities (median: 63.2%).
- Condom efficacy: from 40.6% to 88.1% across states (median: 71.4%) and from 50.0% to 100.0% across cities (median: 89.8%).
- The number of young people who get HIV: from 66.5% to 94.9% across states (median: 85.2%) and from 76.8% to 100.0% across cities (median: 92.4%).

The ranges in percentage of schools that covered external influences on HIV risk behavior topics in required health education courses were as follows (Table 7b):

- Influence of alcohol or other drugs: from 69.2% to 98.4% across states (median: 89.9%) and from 77.3% to 100.0% across cities (median: 95.2%).
- Social or cultural influences: from 62.5% to 91.2% across states (median: 82.9%) and from 71.6% to 100.0% across cities (median: 91.0%).
- How to find valid information on HIV: from 60.5% to 92.0% across states (median: 76.8%) and from 66.6% to 100.0% across cities (median: 90.5%).
- Compassion for persons with HIV or AIDS: from 59.6% to 94.5% across states (median: 82.2%) and from 73.3% to 100.0% across cities (median: 93.7%).

Nutrition and Dietary Intake Topics

Specific nutrition and dietary intake topics covered in required health education courses included choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight.

The ranges in percentage of schools that covered topics related to choosing healthful foods in required health education courses were as follows (Table 8a):

- Benefits of healthy eating: from 88.7% to 99.5% across states (median: 95.4%) and from 54.1% to 100.0% across cities (median: 98.1%).
- Using food labels: from 77.3% to 96.5% across states (median: 86.4%) and from 44.4% to 99.0% across cities (median: 90.1%).
- Food guide pyramid: from 80.7% to 97.6% across states (median: 90.8%) and from 51.4% to 100.0% across cities (median: 95.7%).
- Choosing a variety of grains: from 77.3% to 93.0% across states (median: 84.7%) and from 40.0% to 100.0% across cities (median: 88.9%).
- Choosing a variety of fruits and vegetables: from 81.6% to 96.3% across states (median: 88.6%) and from 47.5% to 100.0% across cities (median: 95.0%).
- Choosing a low-fat diet: from 77.9% to 97.4% across states (median: 88.6%) and from 47.5% to 100.0% across cities (median: 91.9%).
- Using less salt: from 63.3% to 88.1% across states (median: 78.1%) and from 37.5% to 97.0% across cities (median: 83.1%).

- Moderating intake of sugars: from 79.5% to 95.4% across states (median: 87.5%) and from 45.0% to 100.0% across cities (median: 89.7%).
- Eating more calcium-rich foods: from 66.2% to 88.3% across states (median: 80.7%) and from 45.0% to 97.0% across cities (median: 82.8%).

The ranges in percentage of schools that covered topics related to food safety and maintaining a healthy weight in required health education courses were as follows (Table 8b):

- Keeping food safe to eat: from 55.7% to 85.5% across states (median: 74.1%) and from 37.5% to 94.0% across cities (median: 81.7%).
- Preparing healthy meals and snacks: from 67.8% to 90.4% across states (median: 81.5%) and from 40.5% to 100.0% across cities (median: 87.3%).
- Aiming for a healthy weight: from 83.2% to 98.1% across states (median: 91.5%) and from 51.4% to 100.0% across cities (median: 93.0%).
- Risks of unhealthy weight control practices: from 76.7% to 97.5% across states (median: 89.7%) and from 51.4% to 100.0% across cities (median: 93.0%).
- Accepting body size differences: from 74.1% to 94.1% across states (median: 87.5%) and from 54.1% to 100.0% across cities (median: 86.2%).
- Eating disorders: from 74.9% to 99.3% across states (median: 90.0%) and from 57.6% to 100.0% across cities (median: 93.0%).

Physical Activity Topics

Specific physical activity topics covered in required health education courses included the benefits of physical activity and challenges to engaging in physical activity.

The ranges in percentage of schools that covered topics related to the benefits of physical activity in required health education courses were as follows (Table 9a):

- Physical, psychological, or social benefits: from 83.3% to 100.0% across states (median: 93.1%) and from 58.3% to 100.0% across cities (median: 94.6%).
- Health-related fitness: from 74.0% to 97.8% across states (median: 88.6%) and from 55.6% to 96.3% across cities (median: 88.9%).
- Phases of a workout: from 60.1% to 96.2% across states (median: 83.6%) and from 47.4% to 93.4% across cities (median: 73.3%).
- How much physical activity is enough: from 59.5% to 92.7% across states (median: 81.5%) and from 36.1% to 93.4% across cities (median: 77.6%).
- Decreasing sedentary activities: from 67.8% to 92.8% across states (median: 83.2%) and from 35.9% to 100.0% across cities (median: 86.4%).

The ranges in percentage of schools that covered topics related to the challenges of physical activity in required health education courses were as follows (Table 9b):

• Overcoming barriers to physical activity: from 50.2% to 81.8% across states (median: 67.8%) and from 30.8% to 93.0% across cities (median: 72.4%).

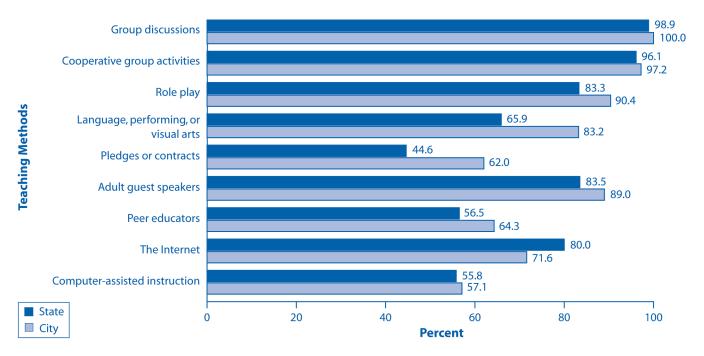


FIGURE 3. Median percentage of schools that used specific teaching methods in a required health education course, School Health Profiles, 2002.

- Developing an individualized physical activity plan: from 44.2% to 80.1% across states (median: 65.9%) and from 28.9% to 84.4% across cities (median: 63.6%).
- Monitoring progress toward reaching goals: from 41.2% to 79.1% across states (median: 61.0%) and from 28.9% to 75.1% across cities (median: 60.2%).
- Opportunities for physical activity in the community: from 51.0% to 87.5% across states (median: 71.0%) and from 33.3% to 92.9% across cities (median: 73.3%).
- Preventing injury during physical activity: from 60.5% to 94.6% across states (median: 82.6%) and from 48.6% to 95.5% across cities (median: 74.8%).
- Weather-related safety: from 57.2% to 93.9% across states (median: 80.1%) and from 33.3% to 97.7% across cities (median: 80.7%).

• Dangers of using performance-enhancing drugs: from 63.3% to 96.2% across states (median: 88.2%) and from 50.0% to 100.0% across cities (median: 92.0%).

Use of Specific Teaching Methods

Teachers used a variety of teaching methods to facilitate the learning process. The ranges in percentage of schools that used specific teaching methods in required health education courses were as follows (Table 10, Figure 3):

- Group discussions: from 92.1% to 100.0% across states (median: 98.9%) and from 89.3% to 100.0% across cities (median: 100.0%).
- Cooperative group activities: from 88.0% to 100.0% across states (median: 96.1%) and from 83.3% to 100.0% across cities (median: 97.2%).

- Role play: from 62.8% to 93.7% across states (median: 83.3%) and from 82.0% to 100.0% across cities (median: 90.4%).
- Language, performing, or visual arts: from 47.2% to 82.5% across states (median: 65.9%) and from 53.7% to 95.9% across cities (median: 83.2%).
- Pledges or contracts: from 26.3% to 58.9% across states (median: 44.6%) and from 33.3% to 76.9% across cities (median: 62.0%).
- Adult guest speakers: from 69.3% to 95.0% across states (median: 83.5%) and from 50.0% to 96.2% across cities (median: 89.0%).
- Peer educators: from 44.4% to 68.1% across states (median: 56.5%) and from 43.9% to 87.5% across cities (median: 64.3%).
- The Internet: from 63.5% to 93.3% across states (median: 80.0%) and from 39.0% to 88.0% across cities (median: 71.6%).
- Computer-assisted instruction: from 39.9% to 71.6% across states (median: 55.8%) and from 29.3% to 72.7% across cities (median: 57.1%).

Coordination of Health Education

Across states and cities, a health education teacher was identified most often (state median: 44.5%; city median: 35.4%) as being responsible for coordinating health education (Table 11). A school district administrator was less likely (state median: 25.0%; city median: 19.7%) to be responsible for coordinating health education, as was a school administrator (state median: 18.5%; city median: 17.5%). A school nurse infrequently or rarely (state median: 1.8%; city median: 2.3%) coordinated

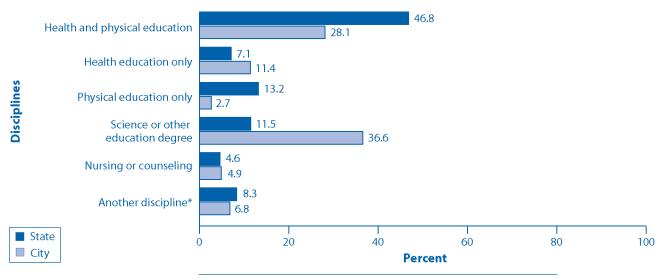
health education, as did an "other" staff person (state median: 3.8%; city median: 8.5%). The median percentage of schools in which no one was responsible for coordinating health education was 5.1% across states and 4.7% across cities.

Health education staff planned or coordinated healthrelated projects with other school staff or community members. The ranges in percentage of schools in which health education staff coordinated health-related activities with others were as follows (Table 12):

- Physical education staff: from 51.6% to 91.2% across states (median: 70.8%) and from 28.6% to 96.7% across cities (median: 53.1%).
- School health services staff: from 36.4% to 83.8% across states (median: 66.7%) and from 28.2% to 90.4% across cities (median: 71.2%).
- School mental health staff: from 40.7% to 79.4% across states (median: 56.5%) and from 50.0% to 71.4% across cities (median: 58.8%).
- Food service staff: from 9.8% to 35.0% across states (median: 21.1%) and from 0.0% to 39.5% across cities (median: 19.4%).
- Community members: from 30.2% to 73.0% across states (median: 56.2%) and from 28.6% to 69.4% across cities (median: 51.1%).

Professional Preparation and Staff Development

Lead health education teachers reported professional preparation in many disciplines. The median percentages of schools in which the lead health education teacher had professional preparation in a specific discipline were as follows (Table 13, Figure 4):



^{*} Includes kinesiology, exercise science or exercise physiology, public health, home economics or family and consumer science, and other.

FIGURE 4. Median percentage of schools in which the lead health education teacher had professional preparation in a specific discipline, School Health Profiles, 2002.

- Health and physical education: 46.8% across states and 28.1% across cities.
- **Health education only:** 7.1% across states and 11.4% across cities.
- Physical education only: 13.2% across states and 2.7% across cities.
- Science or other education degree: 11.5% across states and 36.6% across cities.
- Nursing or counseling: 4.6% across states and 4.9% across cities.
- Another discipline: 8.3% across states and 6.8% across cities.

Lead health education teachers received staff development during the preceding 2 years in many health-related topics. The ranges in percentage of schools in which the lead health education teacher had received

staff development in a specific topic were as follows (Tables 14a, b, c):

- Accident or injury prevention: from 23.3% to 61.0% across states (median: 40.2%) and from 20.8% to 82.9% across cities (median: 37.5%).
- Alcohol or other drug-use prevention: from 34.8% to 68.0% across states (median: 50.8%) and from 34.9% to 93.8% across cities (median: 68.1%).
- Consumer health: from 10.3% to 27.0% across states (median: 15.4%) and from 7.4% to 43.1% across cities (median: 22.6%).
- Cardiopulmonary resuscitation (CPR): from 37.0% to 81.3% across states (median: 60.7%) and from 27.1% to 98.1% across cities (median: 52.3%).
- Death and dying: from 6.4% to 18.6% across states (median: 12.2%) and from 0.0% to 37.5% across cities (median: 16.5%).

- Dental and oral health: from 2.3% to 20.0% across states (median: 8.6%) and from 0.0% to 38.6% across cities (median: 14.5%).
- Emotional and mental health: from 21.0% to 52.1% across states (median: 32.9%) and from 25.6% to 58.3% across cities (median: 43.7%).
- Environmental health: from 9.4% to 29.6% across states (median: 15.1%) and from 14.3% to 50.1% across cities (median: 25.4%).
- First aid: from 24.6% to 68.7% across states (median: 53.6%) and from 25.0% to 98.1% across cities (median: 50.2%).
- Growth and development: from 12.0% to 36.6% across states (median: 23.4%) and from 24.1% to 66.7% across cities (median: 42.9%).
- HIV prevention: from 24.8% to 76.7% across states (median: 47.8%) and from 35.4% to 100.0% across cities (median: 71.9%).
- Human sexuality: from 13.9% to 59.0% across states (median: 31.3%) and from 25.6% to 89.6% across cities (median: 58.7%).
- Immunization and vaccinations: from 3.6% to 41.9% across states (median: 16.6%) and from 10.9% to 45.2% across cities (median: 25.1%).
- Nutrition and dietary behavior: from 17.0% to 48.2% across states (median: 26.6%) and from 16.5% to 56.9% across cities (median: 34.5%).
- Personal hygiene: from 5.3% to 23.1% across states (median: 11.6%) and from 0.0% to 48.2% across cities (median: 16.8%).

- Physical activity and fitness: from 29.7% to 67.3% across states (median: 40.9%) and from 15.3% to 90.4% across cities (median: 39.3%).
- Pregnancy prevention: from 14.4% to 43.0% across states (median: 26.2%) and from 22.9% to 81.3% across cities (median: 45.0%).
- STD prevention: from 19.1% to 64.0% across states (median: 38.1%) and from 32.5% to 89.6% across cities (median: 60.1%).
- Suicide prevention: from 9.0% to 47.9% across states (median: 22.7%) and from 14.3% to 72.9% across cities (median: 27.9%).
- Sun safety: from 5.9% to 22.1% across states (median: 11.4%) and from 6.0% to 52.0% across cities (median: 18.6%).
- Tobacco-use prevention: from 26.6% to 57.1% across states (median: 38.1%) and from 26.8% to 83.3% across cities (median: 43.1%).
- Violence prevention: from 34.1% to 74.6% across states (median: 51.2%) and from 28.6% to 93.8% across cities (median: 59.7%).

The ranges in percentage of schools in which the lead health education teacher wanted but had not yet received staff development were as follows (Tables 15a, b, c):

- Accident or injury prevention: from 31.7% to 62.1% across states (median: 49.8%) and from 22.9% to 72.0% across cities (median: 63.1%).
- Alcohol or other drug-use prevention: from 52.7% to 78.9% across states (median: 67.5%) and from 62.5% to 88.0% across cities (median: 73.5%).

- Consumer health: from 31.4% to 70.1% across states (median: 49.3%) and from 37.5% to 71.5% across cities (median: 59.8%).
- Cardiopulmonary resuscitation (CPR): from 37.8% to 74.3% across states (median: 61.3%) and from 50.0% to 83.4% across cities (median: 74.2%).
- Death and dying: from 35.3% to 74.4% across states (median: 55.6%) and from 42.9% to 85.6% across cities (median: 62.9%).
- Dental and oral health: from 20.5% to 51.1% across states (median: 36.1%) and from 20.8% to 73.5% across cities (median: 52.8%).
- Emotional and mental health: from 48.8% to 77.8% across states (median: 64.7%) and from 63.5% to 84.0% across cities (median: 73.1%).
- Environmental health: from 32.7% to 67.8% across states (median: 52.4%) and from 43.8% to 77.6% across cities (median: 65.2%).
- First aid: from 39.1% to 76.6% across states (median: 61.2%) and from 35.2% to 80.3% across cities (median: 71.4%).
- Growth and development: from 32.6% to 61.9% across states (median: 49.4%) and from 41.0% to 81.3% across cities (median: 61.6%).
- HIV prevention: from 46.9% to 83.4% across states (median: 62.6%) and from 53.5% to 88.0% across cities (median: 66.1%).
- Human sexuality: from 41.0% to 75.1% across states (median: 57.4%) and from 58.5% to 87.5% across cities (median: 68.5%).

- Immunization and vaccinations: from 23.0% to 60.3% across states (median: 43.8%) and from 22.9% to 67.3% across cities (median: 55.9%).
- Nutrition and dietary behavior: from 46.3% to 73.3% across states (median: 61.9%) and from 52.1% to 82.1% across cities (median: 66.6%).
- Personal hygiene: from 25.3% to 51.6% across states (median: 40.8%) and from 25.0% to 67.7% across cities (median: 53.8%).
- Physical activity and fitness: from 34.9% to 74.4% across states (median: 59.6%) and from 33.3% to 84.0% across cities (median: 62.5%).
- Pregnancy prevention: from 39.2% to 71.0% across states (median: 56.3%) and from 56.2% to 87.8% across cities (median: 67.2%).
- STD prevention: from 45.9% to 79.0% across states (median: 62.8%) and from 56.2% to 87.8% across cities (median: 68.7%).
- Suicide prevention: from 57.9% to 84.8% across states (median: 70.8%) and from 62.5% to 92.0% across cities (median: 75.0%).
- Sun safety: from 34.0% to 66.2% across states (median: 50.7%) and from 22.9% to 73.0% across cities (median: 58.8%).
- Tobacco-use prevention: from 48.7% to 72.5% across states (median: 60.9%) and from 39.6% to 81.9% across cities (median: 61.2%).
- Violence prevention: from 65.6% to 87.7% across states (median: 78.2%) and from 66.9% to 96.0% across cities (median: 76.9%).

Lead health education teachers received staff development during the preceding 2 years on specific teaching methods. The ranges in percentage of schools in which the lead health education teacher had received staff development in a specific teaching method were as follows (Table 16):

- Teaching students with physical or cognitive disabilities: from 22.7% to 62.5% across states (median: 42.3%) and from 27.9% to 85.7% across cities (median: 54.8%).
- Teaching students of various cultural backgrounds: from 14.4% to 65.3% across states (median: 36.2%) and from 39.5% to 85.8% across cities (median: 66.8%).
- Teaching students with limited English proficiency: from 3.5% to 58.8% across states (median: 18.3%) and from 19.3% to 88.0% across cities (median: 60.5%).
- Using interactive teaching methods such as role plays or cooperative group activities: from 40.9% to 70.0% across states (median: 54.7%) and from 53.6% to 100.0% across cities (median: 71.8%).
- Encouraging family or community involvement: from 20.1% to 53.7% across states (median: 32.9%) and from 28.9% to 71.4% across cities (median: 49.6%).
- Teaching skills for behavior change: from 29.2% to 61.3% across states (median: 46.0%) and from 31.9% to 85.7% across cities (median: 57.9%).

The ranges in percentage of schools in which the lead health education teacher wanted but had not yet received staff development in a specific teaching method were as follows (Table 17):

- Teaching students with physical or cognitive disabilities: from 46.0% to 72.7% across states (median: 62.5%) and from 43.0% to 85.7% across cities (median: 65.8%).
- Teaching students of various cultural backgrounds: from 32.6% to 64.4% across states (median: 54.5%) and from 42.9% to 77.4% across cities (median: 66.0%).
- Teaching students with limited English proficiency: from 27.1% to 66.1% across states (median: 52.6%) and from 52.8% to 80.0% across cities (median: 62.9%).
- Using interactive teaching methods such as role plays or cooperative group activities: from 41.1% to 73.4% across states (median: 60.4%) and from 49.0% to 86.7% across cities (median: 66.6%).
- Encouraging family or community involvement: from 53.6% to 78.1% across states (median: 65.9%) and from 68.8% to 83.9% across cities (median: 74.6%).
- Teaching skills for behavior change: from 63.6% to 87.7% across states (median: 74.8%) and from 62.5% to 100.0% across cities (median: 78.5%).

PHYSICAL EDUCATION

The percentage of schools that required at least some physical education for students in grades 6 through 12 ranged from 47.7% to 100.0% across states (median: 98.2%) and from 60.8% to 100.0% across cities (median: 92.9%) (Table 18). Although most schools required physical education, some schools allowed students to be exempted from physical education for the following reasons:

• Enrolled in another course, such as math or science: from 0.0% to 41.2% across states (median: 4.9%) and from 0.0% to 19.9% across cities (median: 3.3%).

- Participated in school sports: from 0.0% to 81.6% across states (median: 5.1%) and from 0.0% to 58.0% across cities (median: 35.6%).
- Participated in other school activities, such as ROTC, marching band, chorus, or cheerleading: from 0.0% to 58.5% across states (median: 6.0%) and from 6.1% to 72.3% across cities (median: 15.1%).
- Participated in community sports activities: from 0.0% to 22.7% across states (median: 2.0%) and from 0.0% to 26.2% across cities (median: 2.0%).

In addition to physical education, many schools provide students with the opportunity to participate in intramural activities or physical activity clubs. The median percentage of schools that offered those activities was 68.5% across states and 92.4% across cities (Table 19). Among those schools, the median percentage of schools that provided students with transportation home after intramural activities or clubs was 32.3% among states and 35.6% among cities. The percentage of schools that allowed the use of their school's activity or athletic facilities for community-sponsored sports teams or physical activity programs ranged from 69.2% to 97.3% across states (median: 90.9%) and from 46.9% to 100.0% across cities (median: 75.8%).

HEALTH SERVICES

Asthma management activities are an important aspect of school health services. The ranges in percentage of schools that implemented school-based asthma management activities were as follows (Tables 20a, b):

• Assuring immediate access to medications: from 66.6% to 100.0% across states (median: 91.8%) and from 78.6% to 100.0% across cities (median: 89.8%).

- Having a full-time registered nurse: from 1.4% to 98.0% across states (median: 41.2%) and from 6.1% to 100.0% across cities (median: 63.3%).
- Identifying and tracking students with asthma: from 43.9% to 98.1% across states (median: 82.8%) and from 24.7% to 98.0% across cities (median: 80.0%).
- Obtaining and using an Asthma Action Plan: from 26.8% to 79.7% across states (median: 56.4%) and from 19.5% to 95.6% across cities (median: 61.3%).
- Providing intensive case management for students with asthma: from 12.7% to 53.7% across states (median: 34.1%) and from 29.0% to 79.4% across cities (median: 46.0%).
- Educating school staff about asthma: from 25.0% to 67.4% across states (median: 51.9%) and from 27.9% to 75.5% across cities (median: 57.1%).
- Educating students with asthma about asthma management: from 19.6% to 77.4% across states (median: 46.8%) and from 23.1% to 84.7% across cities (median: 64.2%).
- Teaching asthma awareness to all students: from 13.5% to 47.6% across states (median: 24.8%) and from 8.7% to 50.0% across cities (median: 34.7%).
- Encouraging full participation in physical education and physical activity: from 77.5% to 99.4% across states (median: 95.5%) and from 81.3% to 100.0% across cities (median: 94.4%).
- Modifying physical education and physical activities: from 57.1% to 92.3% across states (median: 81.8%) and from 65.6% to 95.1% across cities (median: 85.5%).

FOOD SERVICE

The percentage of schools that allowed students to buy snack foods or beverages from vending machines or at the school store, canteen, or snack bar ranged from 70.0% to 98.1% (median: 89.3%) across states and from 41.4% to 100.0% (median: 82.5%) across cities. The types of foods and beverages available for purchase from the vending machines or at the school store, canteen, or snack bar were as follows (Table 21):

- Chocolate candy: from 23.7% to 94.6% across states (median: 67.3%) and from 27.3% to 91.2% across cities (median: 60.0%).
- Other kinds of candy: from 28.8% to 94.1% across states (median: 70.0%) and from 27.3% to 90.1% across cities (median: 61.9%).
- Salty snacks not low in fat: from 31.2% to 92.1% across states (median: 79.1%) and from 46.7% to 96.1% across cities (median: 80.3%).
- Salty snacks low in fat: from 30.7% to 91.8% across states (median: 79.4%) and from 50.9% to 90.0% across cities (median: 76.0%).
- Fruits or vegetables: from 15.5% to 64.5% across states (median: 39.9%) and from 16.3% to 80.3% across cities (median: 55.0%).
- Low-fat baked goods: from 25.6% to 75.8% across states (median: 62.3%) and from 47.7% to 76.4% across cities (median: 63.1%).
- Soft drinks, sports drinks, or fruit drinks that are not 100% juice: from 88.3% to 99.0% across states (median: 95.3%) and from 78.6% to 100.0% across cities (median: 97.1%).

- 100% fruit juice: from 51.5% to 91.9% across states (median: 79.3%) and from 59.0% to 91.3% across cities (median: 82.4%).
- Bottled water: from 62.5% to 98.4% across states (median: 90.3%) and from 72.7% to 100.0% across cities (median: 91.5%).

The percentage of schools that allowed students 20 or more minutes to eat lunch, once they were seated, ranged from 61.2% to 92.0% (median: 80.4%) across states and from 57.4% to 96.7% (median: 87.0%) across cities.

SCHOOL POLICY AND ENVIRONMENT Tobacco-Use Prevention

Tobacco-use prevention policies can help prevent tobacco use among students. The percentage of schools that had a policy prohibiting tobacco use ranged from 96.1% to 100.0% across states (median: 99.1%) and from 87.3% to 100.0% across cities (median: 97.9%) (Table 22). Among those schools that had a policy prohibiting tobacco use, the ranges in percentage of schools that designated an individual to enforce the policy were from 38.4% to 79.5% across states (median: 62.4%) and from 35.5% to 94.1% across cities (median: 62.4%). An "ideal" tobacco-use prevention policy prohibits all tobacco use by all students, school staff members, and visitors on school property; in school vehicles; and at off-campus, school-sponsored events. The percentage of schools that had a policy that included all of these elements ranged from 12.6% to 65.4% across states (median: 45.9%) and from 34.6% to 71.1% across cities (median: 55.7%).

Consequences exist for students who are caught smoking cigarettes in schools that have a policy prohibiting tobacco use. The ranges in percentage of schools that sometimes, almost always, or always took specific actions when students were caught smoking cigarettes were as follows (Table 23a, b, Figure 5):

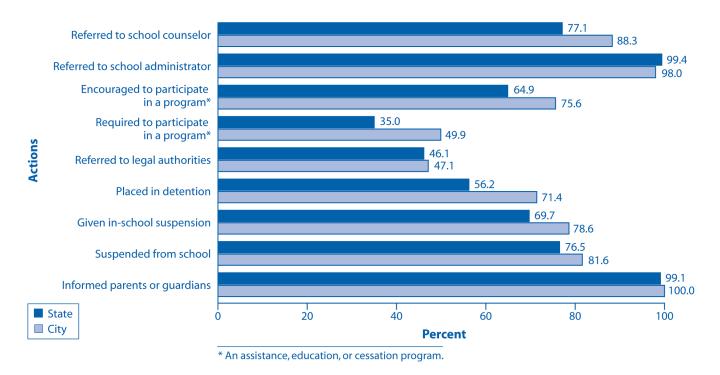


FIGURE 5. Among schools with a policy prohibiting tobacco use, the median percentage of schools that sometimes, almost always, or always took specific actions when students were caught smoking cigarettes, School Health Profiles, 2002.

- Referring students to a school counselor: from 56.5% to 94.2% across states (median: 77.1%) and from 65.4% to 93.5% across cities (median: 88.3%).
- Referring students to a school administrator: from 95.1% to 100.0% across states (median: 99.4%) and from 90.6% to 100.0% across cities (median: 98.0%).
- Encouraging students to participate in an assistance, education, or cessation program: from 35.6% to 82.0% across states (median: 64.9%) and from 37.8% to 85.7% across cities (median: 75.6%).
- Requiring students to participate in an assistance, education, or cessation program: from 14.3% to 60.8% across states (median: 35.0%) and from 20.3% to 89.4% across cities (median: 49.9%).

- Referring students to legal authorities: from 13.3% to 96.3% across states (median: 46.1%) and from 17.7% to 78.6% across cities (median: 47.1%).
- Placing students in detention: from 35.8% to 81.4% across states (median: 56.2%) and from 41.2% to 79.9% across cities (median: 71.4%).
- Giving students in-school suspension: from 50.0% to 88.1% across states (median: 69.7%) and from 41.9% to 93.1% across cities (median: 78.6%).
- Suspending students from school: from 53.6% to 93.1% across states (median: 76.5%) and from 56.1% to 100.0% across cities (median: 81.6%).
- Informing parents or guardians: from 95.7% to 100.0% across states (median: 99.1%) and from 93.9% to 100.0% across cities (median: 100.0%).

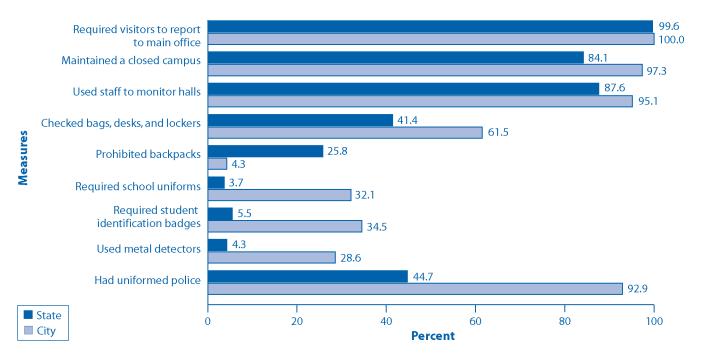


FIGURE 6. Median percentage of schools that implemented safety and security measures, School Health Profiles, 2002.

Some schools implemented tobacco prevention policies that prohibit tobacco advertisements, sponsorship of events, and wearing of tobacco brand-name apparel by students. The ranges in percentage of schools that implemented such policies were as follows (Table 24):

- Prohibiting tobacco advertisements in school buildings, on school grounds, on school buses, and in school publications: from 88.6% to 96.3% across states (median: 93.0%) and from 78.6% to 98.1% across cities (median: 93.9%).
- Prohibiting tobacco advertisements through sponsorship of school events: from 80.3% to 96.9% across states (median: 92.2%) and from 71.4% to 100.0% across cities (median: 91.8%).
- Prohibiting students from wearing tobacco brandname apparel: from 64.6% to 98.6% across states (median: 92.4%) and from 70.0% to 100.0% across cities (median: 90.3%).

Violence Prevention

Schools implement safety and security measures to ensure the safety of students, staff members, and visitors. The median percentage of schools that had a written plan for responding to violence was 96.8% across states and 97.7% across cities. The ranges in percentage of schools that implemented safety and security measures were as follows (Table 25, Figure 6):

- Requiring visitors to report to the main office: from 86.6% to 100.0% across states (median: 99.6%) and 100.0% across all cities.
- Maintaining a closed campus: from 35.3% to 98.7% across states (median: 84.1%) and from 73.1% to 100.0% across cities (median: 97.3%).
- Using staff to monitor school halls: from 63.6% to 94.9% across states (median: 87.6%) and from 85.7% to 100.0% across cities (median: 95.1%).

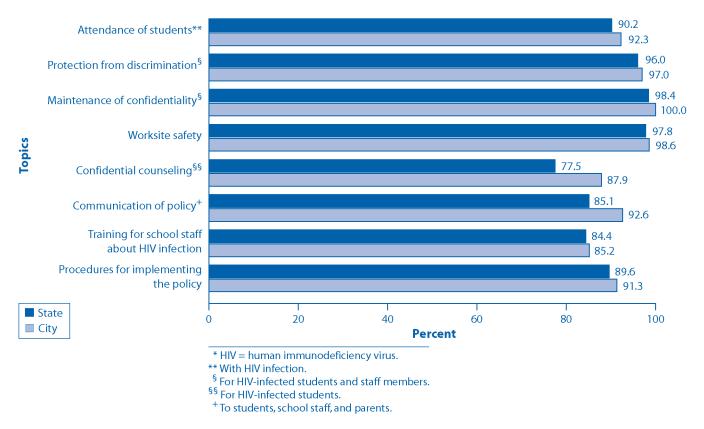


FIGURE 7. Among schools with a written policy on HIV*-infected students or school staff, the median percentage of those schools that addressed specific topics, School Health Profiles, 2002.

- Checking bags, desks, and lockers: from 2.7% to 70.9% across states (median: 41.4%) and from 6.3% to 96.7% across cities (median: 61.5%).
- Prohibiting backpacks: from 0.0% to 50.7% across states (median: 25.8%) and from 0.0% to 30.0% across cities (median: 4.3%).
- Requiring school uniforms: from 0.0% to 23.7% across states (median: 3.7%) and from 0.0% to 96.6% across cities (median: 32.1%).
- Requiring student identification badges: from 0.0% to 36.6% across states (median: 5.5%) and from 0.0% to 76.7% across cities (median: 34.5%).

- Using metal detectors: from 0.0% to 38.5% across states (median: 4.3%) and from 0.0% to 96.7% across cities (median: 28.6%).
- Having uniformed police: from 9.0% to 90.4% across states (median: 44.7%) and from 75.6% to 100.0% across cities (median: 92.9%).

HIV/AIDS Prevention

HIV-related school policies provide support for infected students and staff. The percentage of schools with a written policy that protects the rights of HIV-infected students or school staff ranged from 32.5% to 90.3% across states (median: 67.8%) and from 56.5% to 92.9% across cities (median: 72.8%) (Table 26). Among those schools that had a written policy, the ranges in percentage of schools that addressed specific topics were as follows (Table 26, Figure 7):

- Attendance at school of HIV-infected students: from 82.6% to 96.3% across states (median: 90.2%) and from 74.7% to 97.6% across cities (median: 92.3%).
- Protection of HIV-infected students and staff members from discrimination: from 90.8% to 100.0% across states (median: 96.0%) and from 92.3% to 100.0% across cities (median: 97.0%).
- Maintenance of confidentiality for HIV-infected students and staff members: from 94.3% to 100.0% across states (median: 98.4%) and from 92.3% to 100.0% across cities (median: 100.0%).
- Worksite safety: from 91.0% to 100.0% across states (median: 97.8%) and from 92.3% to 100.0% across cities (median: 98.6%).
- Confidential counseling for HIV-infected students: from 58.9% to 88.2% across states (median: 77.5%) and from 59.3% to 100.0% across cities (median: 87.9%).
- Communication of policy to students, school staff, and parents: from 78.4% to 91.3% across states (median: 85.1%) and from 84.6% to 96.9% across cities (median: 92.6%).
- Training for school staff about HIV infection: from 65.5% to 93.4% across states (median: 84.4%) and from 72.5% to 100.0% across cities (median: 85.2%).
- Procedures for implementing the HIV infection policy: from 83.9% to 95.8% across states (median: 89.6%) and from 85.2% to 100.0% across cities (median: 91.3%).

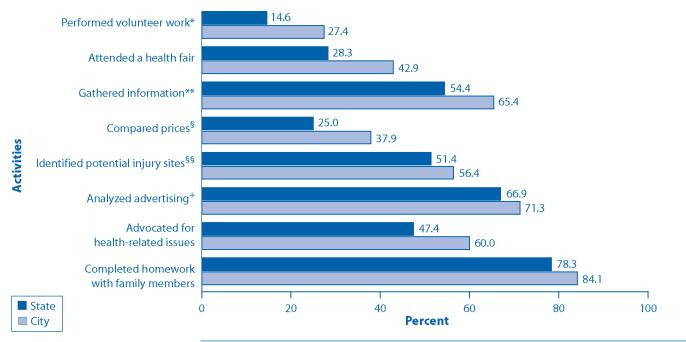
FAMILY AND COMMUNITY INVOLVEMENT

Partnerships between schools, families, and community members are important elements of a school health program. The percentage of schools that had a school health advisory committee to develop policies or coordinate activities that address health issues ranged from 18.9% to 77.6% across states (median: 47.2%) and from 36.6% to 100.0% across cities (median: 78.5%). During the school year, the ranges in percentage of schools that engaged parents and families in health education activities were as follows (Table 27):

- Providing families with information on the health education program: from 46.4% to 86.5% across states (median: 69.5%) and from 52.7% to 91.0% across cities (median: 75.6%).
- Meeting with parent organizations (e.g., PTA, PTO) to discuss the health education program: from 7.9% to 43.0% across states (median: 20.3%) and from 10.5% to 64.6% across cities (median: 28.5%).
- Inviting family members to attend a health education class: from 24.1% to 51.5% across states (median: 35.5%) and from 29.5% to 64.5% across cities (median: 48.5%).

The ranges in the percentage of schools that had students participate in health-related community activities as a part of a required health education course were as follows (Table 28, Figure 8):

• Performing volunteer work at a community organization that addresses health issues (e.g., hospital, local health department): from 10.2% to 24.2% across states (median: 14.6%) and from 2.4% to 56.4% across cities (median: 27.4%).



^{*} At a hospital, a local health department, or other community organization that addresses health issues.

FIGURE 8. Median percentage of schools in which students participated in health-related community activities as part of a required health education course, School Health Profiles, 2002.

- Participating in or attending a health fair: from 12.4% to 36.3% across states (median: 28.3%) and from 16.7% to 71.4% across cities (median: 42.9%).
- Gathering information on community health services: from 41.2% to 71.7% across states (median: 54.4%) and from 21.4% to 75.0% across cities (median: 65.4%).
- Visiting a store to compare prices of health products: from 15.0% to 35.6% across states (median: 25.0%) and from 0.0% to 55.9% across cities (median: 37.9%).
- Identifying potential injury sites: from 39.7% to 72.7% across states (median: 51.4%) and from 19.0% to 74.2% across cities (median: 56.4%).

- Analyzing advertising designed to influence health behaviors or health risk behaviors: from 43.3% to 83.6% across states (median: 66.9%) and from 55.6% to 93.4% across cities (median: 71.3%).
- Advocating for health-related issues: from 30.4% to 68.6% across states (median: 47.4%) and from 35.7% to 74.9% across cities (median: 60.0%).
- Completing homework with family members: from 66.4% to 90.2% across states (median: 78.3%) and from 45.2% to 97.0% across cities (median: 84.1%).

^{**} About health services available in the community.

[§] Visited a store to compare prices on health products.

^{§§} At school, at home, or in the community.

⁺ Advertising in the community that was designed to influence health behaviors or health risk behaviors.

TRENDS

The Profiles were first conducted in 1996 and are repeated biennially. Although the questionnaires have been modified each year, some questions have remained constant, thereby allowing for analysis of change over time. Long-term trends compare data between the 1996 and 2002 Profiles. Short-term trends compare data between the 2000 and 2002 Profiles.

LONG-TERM TRENDS

Significant improvements in health education and health policy were detected between 1996 and 2002 in the following areas:

- Across states, the median percentage of schools in which teachers taught about accident or injury prevention and about physical activity and fitness increased from 83.3% to 90.9% and from 94.5% to 98.6%, respectively.
- Across **states** and **cities**, the median percentage of schools in which teachers taught about nutrition and dietary behavior increased from 94.3% to 98.1% for states and from 97.4% to 100.0% for cities.
- Across states and cities, the median percentage of schools in which teachers taught about tobacco-use prevention increased from 97.2% to 99.1% for states and from 95.3% to 100.0% for cities.
- Across **states**, increases were found in the median percentage of schools in which teachers tried to improve student skills in communication (from 90.2% to 93.5%), decision making (from 96.5% to 97.7%), goal setting (from 89.8% to 93.4%), and conflict resolution (from 81.5% to 88.2%).

- Across states and cities, the median percentage of schools in which teachers tried to improve student skills in stress management increased from 85.6% to 89.5% for states and from 80.1% to 96.3% for cities.
- Across **states**, the median percentage of schools in which the health education teacher coordinated the health education activities at the school increased from 33.0% to 44.5%.
- Across states, the median percentage of schools in which health education teachers planned or coordinated health-related projects or activities with school health services staff increased from 44.3% to 66.7%.
- Across states, increases were found in the median percentage of schools that had a written HIV policy that protected students and staff from discrimination (from 90.4% to 96.0%); maintained confidentiality of HIV-infected students and staff (from 94.9% to 98.4%); ensured worksite safety (from 92.7% to 97.8%); and communicated the HIV policy to students, staff, and parents (from 75.7% to 85.1%).
- Across **states** and **cities**, the median percentage of schools that had a health advisory group to address health issues increased from 19.7% to 47.2% for states and from 18.1% to 78.5% for cities.

Significant deteriorations in health education and health policy were detected between 1996 and 2002 in the following areas:

Across states and cities, the median percentage
of schools that required a health education course
decreased from 95.4% to 92.3% for states and from
97.1% to 88.3% for cities.

- Across **states**, decreases were found in the median percentage of schools in which teachers taught how HIV is transmitted (from 99.4% to 95.1%), how to correctly use a condom (from 48.3% to 40.4%), and the influence of alcohol and other drugs on HIV risk behaviors (from 92.7% to 89.9%).
- Across cities, the median percentage of schools in which health education teachers planned or coordinated health-related projects or activities with school food service staff decreased from 26.2% to 19.4%.

SHORT-TERM TRENDS

Significant improvements in health education and health policy were detected between 2000 and 2002 in the following areas:

 Across states, the median percentage of schools in which the teacher used the Internet as a teaching

- method in the classroom increased from 70.4% to 80.0%.
- Across states, the median percentage of schools in which tobacco advertising through sponsorship of school events was prohibited increased from 90.2% to 92.2%.
- Across states, the median percentage of schools that had a written plan for responding to school violence increased from 94.5% to 96.8%.
- Across states, the median percentage of schools that had uniformed police, undercover police, or security guards during regular school hours as a part of safety and security measures increased from 32.8% to 44.7%.

No significant deteriorations in health education and health policy were detected between 2000 and 2002.

COMPARISON TO NATIONAL DATA

To provide a comprehensive description of school health education and other components of the school health program, CDC periodically conducts the School Health Policies and Programs Study (SHPPS). SHPPS was first conducted in spring 1994⁴⁵ and repeated in spring 2000.⁴⁶ SHPPS 2000 school-level data were collected from a nationally representative sample of public and private elementary, middle/junior high, and senior high schools. The following section compares 2002 Profiles data (states and cities) with the national SHPPS 2000 data from middle/junior high and senior high schools.^{47,48}

HEALTH EDUCATION

- Nearly all schools across states and cities (median: 92.3% and 88.3%, respectively) and nationally (82.9%) required some health education.⁴⁷
- Across states and cities, the median percentages of schools that taught specific tobacco topics were similar to the national percentages: the addictive effects of nicotine (median: 97.3% and 97.5%, respectively, versus 98.5%), the benefits of not smoking cigarettes (median: 97.6% and 97.7%, respectively, versus 98.3%), the benefits of not using smokeless tobacco (median: 93.0% and 93.0%, respectively, versus 87.5%), the number of illnesses and deaths related to tobacco use (median: 94.5% and 96.3%, respectively, versus 91.8%), the influence of families (median: 91.4% and 93.0%, respectively, versus 86.2%), the influence of the media (median: 95.5% and 95.6%, respectively, versus 94.5%), social or cultural influences (median: 90.0% and 90.0%, respectively, versus 84.9%), how students can influence others to prevent tobacco use (median: 88.1% and 89.6%, respectively, versus 87.8%), and how students can influence others to guit using tobacco (median: 85.0% and 87.1%, respectively, versus 80.0%).47

- Across states, the median percentages of schools that taught how to correctly use a condom (median: 40.4%) and how HIV is transmitted (median: 95.1%) as a part of a required health education course were similar to the national percentages (33.6% and 93.2%, respectively). Across cities, however, the median percentages of schools that taught how to correctly use a condom (median: 63.2%) and how HIV is transmitted (median: 100.0%) were greater than the national percentages.
- Across states and cities, the median percentages of schools that used specific teaching methods were somewhat greater than the national percentages: role play (median: 83.3% and 90.4%, respectively, versus 72.2%), pledges or contracts (median: 44.6% and 62.0%, respectively, versus 32.3%), adult guest speakers (median: 83.5% and 89.0%, respectively, versus 69.4%), the Internet (median: 80.0% and 71.6%, respectively, versus 57.2%), and computer-assisted instruction (median: 55.8% and 57.1%, respectively, versus 38.7%). 47
- Across states and cities, the median percentages of schools that used specific teaching methods were similar to the national percentages: group discussions (median: 98.9% and 100.0%, respectively, versus 97.8%), cooperative group activities (median: 96.1% and 97.2%, respectively, versus 94.6%), and peer educators (median: 56.5% and 64.3%, respectively, versus 58.4%).⁴⁷
- Across states and cities, the median percentages of schools in which the health education teacher planned or coordinated projects with other school staff members were somewhat greater than the national percentages: school health services staff (median: 66.7% and 71.2%, respectively, versus 53.5%) and

school mental health staff (median: 56.5% and 58.8%, respectively, versus 41.1%). However, across states and cities, the median percentages of schools in which the health education teacher planned or coordinated projects with the PE staff (median: 70.8% and 53.1%, respectively, versus 61.0%) and food service staff (median: 21.1% and 19.4%, respectively, versus 20.5%) were similar to the national percentages.⁴⁷

PHYSICAL EDUCATION

 Nearly all schools across states and cities (median: 98.2% and 92.9%, respectively) and nationally (95.9%) required some physical education.⁴⁷

FOOD SERVICE

- Nearly all schools across states and cities (median: 89.3% and 82.5%, respectively) and nationally (82.6%) allowed students to purchase snack foods or beverages from vending machines or at school stores, canteens, or snack bars.⁴⁷
- Among schools that allowed students to purchase snack foods or beverages from vending machines or at school stores, canteens, or snack bars,
 - The median percentages of schools across states and cities that sold unhealthful snacks were similar to the national percentages: chocolate candy (median: 67.3% and 60.0%, respectively, versus 57.5%), other kinds of candy (median: 70.0% and 61.9%, respectively, versus 62.2%), and salty snacks not low in fat (median: 79.1% and 80.3%, respectively, versus 71.2%).⁴⁷
 - The median percentages of schools across states and cities that sold healthful snacks were greater than the national percentages: salty snacks low in

fat (median: 79.4% and 76.0%, respectively, versus 58.9%), fruits or vegetables (median: 39.9% and 55.0%, respectively, versus 16.1%), low-fat baked goods (median: 62.3% and 63.1%, respectively, versus 42.7%), 100% fruit juice (median: 79.3% and 82.4%, respectively, versus 58.8%), and bottled water (median: 90.3% and 91.5%, respectively, versus 60.3%).⁴⁷

SCHOOL POLICY AND ENVIRONMENT

- Across states, the median percentage of schools with an "ideal" tobacco-use policy (median: 45.9%) was nearly the same when compared to the national percentage (44.6%).⁴⁸ Across cities, however, the median percentage of schools with an "ideal" tobacco-use policy (median: 55.7%) was somewhat greater than the national percentage.
- Across states and cities, the median percentages of schools that prohibited tobacco advertising were similar to the national percentages: in school buildings, on school grounds, on school buses, and in school publications (median: 93.0% and 93.9%, respectively, versus 92.0%) and through sponsorship of school events (median: 92.2% and 91.8%, respectively, versus 93.9%). In addition, the median percentages of schools across states and cities that prohibited students from wearing tobacco brand-name apparel or carrying merchandise with tobacco brand-name logos (median: 92.4% and 90.3%, respectively) were similar to the national percentage (83.4%).⁴⁷
- Across states and cities, the median percentages of schools that required visitors to report to the main office (median: 99.6% and 100.0%, respectively) were similar to the national percentage (96.1%).⁴⁷

- Across states, the median percentages of schools that maintained a closed campus (median: 84.1%) and used metal detectors (4.3%) were similar to the national percentages (83.7% and 10.0%, respectively).⁴⁷
- Across states and cities, the median percentages of schools that had uniformed police (44.7% and 92.9%, respectively) varied greatly between states, cities, and the national percentage (30.5%).⁴⁷

FAMILY AND COMMUNITY INVOLVEMENT

• Across states and cities, the median percentages of schools that implemented activities with families were similar to the national percentages: provided information on health education to families (median: 69.5% and 75.6%, respectively, versus 65.9%) and met with

- parents' organizations (median: 20.3% and 28.5%, respectively, versus 24.9%).⁴⁷
- Across states, the median percentages of schools that had students participate in specific health-related community activities were similar to the national percentages: perform volunteer work at a community organization that addresses health issues (median: 14.6% versus 17.7%), participate in or attend a health fair (median: 28.3% versus 22.2%), visit a store to compare prices of health products (median: 25.0% versus 26.9%), identify potential injury sites (median: 51.4% versus 48.5%), and analyze advertising designed to influence health behaviors or health risk behaviors (median: 66.9% versus 65.3%).⁴⁷

DISCUSSION

Schools with CSHPs are poised to help young people improve health-related knowledge, attitudes, and skills. In addition, these programs can help improve health behaviors and health outcomes, educational outcomes, and social outcomes among children and young adults. ⁴⁹ The expanded School Health Profiles provides information helpful for assessing some aspects of six of the eight components of CSHPs. Long- and short-term trends in Profiles data, as well as comparisons to national SHPPS 2000 data, illustrate how school health programs have evolved over time to address the health needs of students.

The National Health Education Standards, the Institute of Medicine, and the Healthy People 2010 objectives all stress the importance of health education to help keep young people healthy. 3,6,7 Frequency, coordination, and content are all important components of health education that Profiles monitors. For example, Profiles showed that the median percentage of schools that required a health education course in 2002 was 92.3% across states and 88.3% across cities, a significant decrease from 1996 (95.4% and 97.1%, respectively). Furthermore, comparisons with the SHPPS 2000 data show that the national estimate for required health education at the middle/junior and senior high school levels (82.9%) was somewhat less than current state and city medians. 47 These findings are significant because a required health education course is important for ensuring that students develop appropriate knowledge, attitudes, and skills to help keep them healthy.

Coordinating health education activities with other school staff members ensures health issues are consistently addressed and reinforced within schools. The 2002 Profiles data illustrate that the median percentage of schools that reported coordination between health education and health services, mental health, and physi-

cal education staff was more than 50%. However, since 1996, the median percentage of schools across cities that reported coordination between health education and food service staffs has decreased. Nationally, according to SHPPS 2000, the percentage of health education teachers who coordinated with health services and mental health staff members was somewhat less than the state and city medians and approximately the same for coordination with the physical education and food service staff.⁴⁷ Increased coordination between health education and other school staff members may help improve implementation of the health education curriculum.

The *National Education Standards* identified particular student skills, such as goal setting and decision making, that are important for enhancing health.⁶ The Profiles data indicated that greater than 75% of schools across states tried to improve student skills in communication, decision making, goal setting, and conflict resolution. This finding represents a significant increase since 1996 in the median percentage of schools across states that have taught these skills.

Healthy People 2010 Objective 7-2 specifies that certain topics should be addressed during health education, such as tobacco use and addiction, alcohol and other drug use, and HIV/AIDS prevention. More than 90% of states and cities addressed topics related to tobacco-use prevention and alcohol- and other drug-use prevention in a required health education course. Since 1996, a significant decrease occurred in the median percentage of middle/junior and senior high schools across states that taught how HIV is transmitted. The median percentage of middle/junior high schools across states that taught how to correctly use a condom and the influence of alcohol and other drugs on HIV risk behaviors also decreased. Schools need to ensure that health education

topics address the priority health problems identified by the *Healthy People 2010* objectives.

According to the U.S. Department of Education, Internet access in public schools increased from 3% in 1994 to 63% in 1999.50 As availability and connectivity to the Internet increase, teachers are more likely to use the Internet as a teaching tool in the classroom. In 1999, the U.S. Department of Education reported that 53% of public school teachers had used computers or the Internet for instruction during class time.⁵¹ In 2002, the median percentage of schools that reported using the Internet as a teaching method in a required health education course was 80.0% across states and 71.6% across cities. This demonstrates a significant increase from 2000 in the median percentage of schools across states that use the Internet and indicates the positive effort teachers have made to incorporate this technology into required health education courses.

CDC guidelines and *Healthy People 2010* objectives call for required daily physical education as part of a comprehensive approach to promoting health among young people. In 2002, the median percentage of schools across states and cities that required some physical education for students in grades 6 through 12 was greater than 90%. However, according to national SHPPS 2000 data, only 6.4% of middle/junior high schools and 5.8% of senior high schools met the recommended standard of daily physical education for all students. ⁵²

Schools face a challenge in meeting the *Healthy People* 2010 objective of increasing the proportion of children whose snack intake at school contributes to a good overall diet.⁷ Vending machines, school stores, canteens, and snack bars offer foods that are high in fat, sugar, and salt and compete with foods available through the school meal programs. One strategy for meeting the challenge of "competitive" foods is to offer more healthful options

at the same venues. In 2002, among schools that allowed students to purchase snack foods or beverages from vending machines or at school stores, canteens, or snack bars, the median percentage of schools across states and cities that offered healthful options was substantially greater than the SHPPS 2000 national percentage.⁴⁷

Providing asthma management services in schools has become an important part of school health services. The 2002 Profiles data provide important baseline measures of the types of services schools offer students. Many schools across states and cities assured immediate access to medication and modified physical education for students with asthma. However, large ranges were identified in the percentages of schools that had a full-time registered nurse (1.4% to 100.0%), identified and tracked students with asthma (24.7% to 98.1%), and obtained and used an Asthma Action Plan (19.5% to 95.6%). Many schools need to improve their health services for students with asthma.

The No Child Left Behind Act of 2001 reauthorized the Pro-Children Act of 1994, which prohibits smoking in any indoor facility that receives federal funds and provides routine or regular education, day care, health care, early childhood development, or library services to children. 34,53 The Pro-Children Act is intended to protect children from the negative health consequences of second-hand smoke and is generally limited to indoor facilities. The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction established a higher standard of health protection and prevention of tobacco use by identifying key elements of a school policy.³² This "ideal" tobacco-use prevention policy prohibits tobacco use by students, faculty, staff, and visitors on school property; in school vehicles; and at school-sponsored functions away from school property. In 2002, the median percentage of schools across states (45.9%) with an "ideal" tobacco prevention policy was nearly identical

to the national estimate (44.6%).⁴⁸ Across cities, the median percentage of schools with an "ideal" tobacco prevention policy was 55.7%. Clearly, more schools need to adopt and enforce "ideal" tobacco prevention policies to meet the *Healthy People 2010* objective of 100% smoke-free and tobacco-free environments in schools.⁷

The No Child Left Behind Act of 2001 also authorized schools to use federal funds for programs to prevent violence in and around schools.³⁴ The median percentages of schools across states that implemented safety and security measures, such as requiring visitors to report to the main office and maintaining a closed campus, were similar to national estimates from SHPPS 2000. The median percentages of schools that implemented more visible safety and security measures, such as the use of uniformed police, varied greatly between states, cities, and nationally (44.7%, 92.9%, and 30.5%, respectively).⁴⁷

Collaboration between schools and families is critical to the success of CSHPs. Across states and cities, the median percentages of schools that provided families with information on health education (69.5% and 75.6%, respectively) were high. However, the median percentage of schools across states and cities that met with parents' organizations to discuss health education or invited family members to attend health education courses was less than 50%. Most schools could increase the involvement of parents and families in school health programs.

The findings in this report are subject to several limitations. First, these data apply only to public middle/junior high and senior high schools. Second, the data for the middle/junior and senior high schools have been combined and may hide large differences in programs and policies between the two levels. Third, the data are self-reported by school principals and lead health education teachers and may be subject to bias. Finally, the Profiles data do not provide an in-depth assessment of all elements of a CSHP.¹

State and local education and health officials use Profiles data to improve school health programs. These data are used to advocate for health education and physical education and to identify topics taught in health education and physical education courses. The data help identify and monitor asthma management activities and school health policies related to HIV/AIDS prevention, tobaccouse prevention, violence prevention, physical activity, and food service. The data also identify and monitor community and parental involvement in school health programs and identify areas for improvement. Finally, Profiles data can help school administrators and staff members determine how well their schools are addressing the health and safety needs of their students.

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TABLES

TABLE 1. Sample Sizes and Response Rates, Selected U.S. Sites: School Health Profiles, Principals' and Teachers' Surveys, 2002 **STATE SURVEYS**

	Princip	als' surveys	Teachers' surveys		
Site	Sample size	Response rate (%)	Sample size	Response rate (%)	
Weighted Data					
Alabama	285	77	269	73	
Alaska	231	72	225	71	
Arizona	345	91	329	87	
Arkansas	261	73	NA*	NA	
Connecticut	236	72	237	72	
Delaware	52	80	49	75	
Georgia	266	71	260	70	
Hawaii	66	74	62	70	
ldaho	192	87	194	87	
llinois**	380	78	382	78	
owa	263	76	262	76	
Kentucky	235	72	236	72	
Maine	197	86	204	90	
Massachusetts	608	88	591	86	
Michigan	331	82	322	80	
Minnesota	282	75	269	72	
Missouri	354	84	351	84	
Montana	255	77	255	77	
Nebraska	320	79	309	76	
New Hampshire	171	81	154	73	
New Jersey	333	79	NA	NA	
New Mexico	179	76	174	74	
New York	319	72	321	72	
North Carolina	319	74	NA	NA	
North Dakota	175	77	164	73	
Oklahoma	322	73	NA	NA	
Tennessee	316	84	314	83	
Texas**	358	71	NA	NA	
Jtah	215	87	189	76	
/ermont	116	76	107	70	
Virginia	267	73	255	70	
Wisconsin	361	79	352	77	
Unweighted Data					
Arkansas	NA	NA	236	66	
California	351	68	314	61	
North Carolina	NA	NA	251	59	
Oklahoma	NA	NA	300	68	
Oregon	183	50	NA	NA	
Pennsylvania**	302	66	268	58	
Rhode Island	65	60	65	60	
South Carolina	265	62	281	65	
Texas**	NA	NA	266	53	

TABLE 1. Sample Sizes and Response Rates, Selected U.S. Sites: School Health Profiles, Principals' and Teachers' Surveys, 2002 (continued)

	Principa	als' surveys	Teachers' surveys		
Site	Sample size	Response rate (%)	Sample size	Response rate (%)	
Weighted Data					
Chicago	223	80	217	78	
Dallas	51	98	51	98	
Fort Lauderdale	43	73	44	75	
Houston	46	77	52	87	
Los Angeles	104	87	104	87	
Miami	94	92	93	91	
Orange County	41	84	40	82	
Palm Beach	39	85	41	89	
San Bernardino	14	93	NA	NA	
San Diego	49	100	49	100	
San Francisco	38	84	34	76	
Unweighted Data					
District of Columbia	31	69	31	69	
Philadelphia	87	65	85	64	
San Bernardino	NA	NA	8	53	

^{*} NA = not available.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 2. Percentage of Schools That Required Health Education in Grades 6-12 and, Among Those Schools, Percentage That Taught One or More Separate Required Health Education Courses, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Required health education	Taught one or more separate required health education courses
Weighted Data		
Alabama	89.8	84.5
Alaska	91.2	93.2
Arizona	68.3	83.4
Arkansas	96.7	99.2
Connecticut	92.8	93.2
Delaware	98.0	91.8
Georgia	92.5	94.0
Hawaii	100.0	98.6
Idaho	95.9	97.4
Illinois*	96.6	97.4
lowa	80.3	91.2
Kentucky	91.3	93.8
Maine	96.5	95.3
Massachusetts	93.6	96.0
Michigan	83.3	91.6
Minnesota	96.6	98.1
Missouri	91.8	93.7
Montana	95.2	95.3
Nebraska	89.7	93.0
New Hampshire	88.5	91.7
New Jersey	99.0	95.7
New Mexico	74.8	92.2
New York	99.1	99.7
North Carolina	97.1	91.6
North Dakota	92.0	98.9
Oklahoma	32.7	77.6
Tennessee	81.9	88.4
Texas*	86.6	93.7
Utah	97.2	100.0
Vermont	90.5	82.0
Virginia	91.2	90.5
Wisconsin	94.6	97.8
Unweighted Data		
California	83.5	82.6
Oregon	100.0	97.1
Pennsylvania*	98.3	99.0
Rhode Island	95.3	100.0
South Carolina	87.0	88.1
Washington	88.1	94.2
State Median	92.3	93.7

TABLE 2. Percentage of Schools That Required Health Education in Grades 6-12 and, Among Those Schools, Percentage That Taught One or More Separate Required Health Education Courses, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Required health education	Taught one or more separate required health education courses
Weighted Data	riequired rieditir education	required fleatin education courses
Chicago	88.3	77.1
Dallas	69.7	96.9
Fort Lauderdale	89.9	79.8
Houston	93.3	97.5
Los Angeles	97.1	97.0
Miami	68.8	79.5
Orange County	81.1	82.2
Palm Beach	80.2	87.3
San Bernardino	71.4	80.0
San Diego	87.5	64.3
San Francisco	100.0	89.5
Unweighted Data		
District of Columbia	96.7	100.0
Philadelphia	97.7	90.1
Local Median	88.3	87.3

^{*} Survey did not include students from one of the state's large school districts.

TABLE 3. Percentage of Schools That Required Teachers to Use Standards, a Specific Curriculum, Guidelines, Framework, or Other Selected Materials,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

C.	National Health Education	State, district, or school curriculum,	Materials from health	Commercial teacher's
Site	Standards	guidelines, or framework	organizations	guide
Weighted Data				
Alabama	47.5	100.0	61.7	70.8
Alaska	28.9	91.1	18.8	44.9
Arizona	36.9	95.0	49.8	49.7
Connecticut	50.8	98.4	34.4	25.6
Delaware	68.9	95.6	29.4	34.5
Georgia	41.9	100.0	46.7	80.2
Hawaii	62.1	96.8	27.5	27.6
ldaho	26.9	89.9	22.5	55.6
Illinois**	38.9	94.6	32.6	60.1
lowa	36.0	88.7	26.8	39.5
Kentucky	42.9	98.9	33.2	57.0
Maine	26.5	95.6	17.7	25.8
Massachusetts	45.1	97.5	45.2	37.2
Michigan	30.3	94.9	36.4	35.7
Minnesota	36.7	93.2	39.0	39.1
Missouri	46.5	98.1	36.9	55.8
Montana	40.3	93.7	33.5	42.8
Nebraska	22.1	87.4	36.1	49.4
New Hampshire	44.7	85.7	28.3	33.2
New Mexico	64.6	97.1	49.6	63.4
New York	55.2	97.6	36.9	34.7
North Dakota	31.5	82.9	28.6	50.9
Tennessee	38.1	98.8	42.8	65.5
Utah	19.9	98.8	23.7	42.9
Vermont	34.3	87.3	33.2	34.4
Virginia	37.3	98.5	42.9	60.8
Wisconsin	44.0	96.7	34.9	36.5
Unweighted Data				
Arkansas	37.2	96.7	29.9	67.6
California	34.0	92.8	38.6	45.7
North Carolina	40.1	99.5	55.5	63.0
Oklahoma	37.5	90.8	43.8	56.0
Pennsylvania**	56.0	95.9	46.4	52.4
Rhode Island	68.3	91.8	43.3	30.5
South Carolina	55.9	97.9	33.5	72.1
Texas**	30.8	99.5	43.8	67.8
State Median	38.9	95.9	36.1	49.4

TABLE 3. Percentage of Schools That Required Teachers to Use Standards, a Specific Curriculum, Guidelines, Framework, or Other Selected Materials,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	National Health Education Standards	State, district, or school curriculum, guidelines, or framework	Materials from health organizations	Commercial teacher's guide
Weighted Data			-	-
Chicago	47.2	98.0	58.0	63.3
Dallas	57.0	100.0	89.6	75.8
Fort Lauderdale	52.1	100.0	58.5	69.4
Houston	58.5	100.0	71.1	76.6
Los Angeles	36.4	100.0	32.8	47.6
Miami	47.5	100.0	67.7	62.5
Orange County	51.6	100.0	40.7	62.5
Palm Beach	32.1	100.0	58.0	68.6
San Diego	24.4	100.0	92.9	35.7
San Francisco	45.3	90.7	31.1	33.1
Unweighted Data				
District of Columbia	72.0	96.4	64.3	44.4
Philadelphia	40.0	97.2	31.3	34.9
San Bernardino	66.7	80.0	40.0	80.0
Local Median	47.5	100.0	58.0	62.5

^{*} In a required health education course.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 4a. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Cha	Accident or injury	Alcohol or other drug-use	Consumer	CDD**	Death	Dental and oral	Emotional and mental
Site	prevention	prevention	health	CPR**	and dying	health	health
Weighted Data							
Alabama	97.3	99.5	85.0	87.6	75.2	81.0	96.8
Alaska	89.5	96.4	75.7	46.9	56.3	69.7	89.0
Arizona	82.2	97.9	77.7	45.7	43.9	66.9	85.1
Connecticut	86.4	99.5	70.6	48.9	53.2	40.2	97.8
Delaware	91.1	100.0	82.9	52.3	54.4	47.1	97.6
Georgia	94.3	99.6	81.6	72.0	62.6	71.4	98.0
Hawaii	85.8	100.0	88.4	50.2	38.9	54.8	98.3
ldaho	94.3	98.9	83.7	75.8	74.1	66.6	97.1
Illinois [§]	91.4	98.8	77.5	65.6	58.7	72.3	94.7
lowa	83.7	98.7	80.4	63.2	57.9	67.6	91.9
Kentucky	96.4	98.7	87.4	73.3	62.8	71.1	98.2
Maine	87.6	99.4	86.3	58.1	47.3	45.6	97.5
Massachusetts	86.9	98.9	79.2	54.3	50.9	52.0	95.4
Michigan	77.0	99.2	73.6	47.7	41.7	56.4	89.7
Minnesota	94.6	99.3	74.9	76.7	57.3	53.0	95.8
Missouri	93.9	98.6	87.9	72.6	61.7	77.0	93.9
Montana	88.0	98.5	79.7	66.6	54.4	63.3	89.8
Nebraska	84.7	98.4	74.4	66.2	61.7	65.8	91.8
New Hampshire	86.3	99.1	81.3	56.7	44.4	53.1	92.7
New Mexico	87.0	100.0	77.9	58.3	67.6	61.8	91.5
New York	91.4	100.0	85.1	62.3	67.2	60.1	98.9
North Dakota	93.8	98.6	85.2	65.9	59.9	76.5	97.9
Tennessee	94.7	98.4	78.1	70.8	58.9	72.7	90.1
Utah	94.7	99.3	88.4	72.0	68.9	59.6	97.9
Vermont	88.6	97.6	74.8	44.1	34.5	54.3	96.0
Virginia	93.8	98.2	84.3	73.0	51.3	64.6	93.5
Wisconsin	88.6	98.8	78.9	63.4	61.2	58.5	96.7
Unweighted Dat	a						
Arkansas	96.2	100.0	81.0	76.7	68.7	78.8	96.2
California	75.2	97.1	73.2	55.4	45.3	54.9	84.4
North Carolina	92.6	99.5	77.8	76.9	55.7	55.8	95.2
Oklahoma	90.9	97.4	77.9	68.8	46.8	82.1	84.4
Pennsylvania [§]	91.8	100.0	77.6	74.2	49.2	59.5	97.2
Rhode Island	88.5	100.0	80.3	59.0	44.3	49.2	93.4
South Carolina	90.3	97.9	81.4	55.9	46.8	73.0	90.9
Texas [§]	93.0	99.5	80.8	77.7	61.0	73.6	90.9
State Median	90.9	98.9	80.3	65.6	56.3	63.3	95.2

TABLE 4a. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Accident or injury prevention	Alcohol or other drug-use prevention	Consumer health	CPR**	Death and dying	Dental and oral health	Emotional and mental health
Weighted Data							
Chicago	90.7	97.4	75.2	55.7	59.1	84.9	84.2
Dallas	100.0	100.0	93.4	93.4	69.9	60.1	100.0
Fort Lauderdale	90.5	100.0	81.3	76.1	63.6	54.8	100.0
Houston	97.8	100.0	82.2	77.1	68.7	81.8	100.0
Los Angeles	94.3	100.0	92.5	63.7	64.5	88.5	92.7
Miami	91.9	100.0	88.2	70.9	58.8	57.8	88.0
Orange County	84.2	100.0	72.9	78.4	69.7	55.4	93.0
Palm Beach	84.5	100.0	89.0	88.7	57.1	68.0	100.0
San Diego	46.3	100.0	66.7	17.1	19.5	19.5	65.0
San Francisco	86.3	100.0	76.4	44.7	67.1	64.0	90.7
Unweighted Data	a						
District of Columbia	82.1	96.4	71.4	78.6	46.4	82.1	89.3
Philadelphia	91.8	97.3	83.3	52.8	57.7	77.5	91.8
San Bernardino	83.3	100.0	66.7	33.3	50.0	66.7	83.3
Local Median	90.5	100.0	81.3	70.9	59.1	66.7	91.8

^{*} In a required health education course.

^{**} CPR = cardiopulmonary resuscitation.

 $[\]S$ Survey did not include students from one of the state's large school districts.

TABLE 4b. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Environmental health	First aid	Growth and development	HIV** prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
Weighted Data					,		
Alabama	86.1	92.6	90.4	100.0	88.1	78.8	99.0
Alaska	72.8	61.6	80.7	84.4	72.3	68.8	94.2
Arizona	76.9	68.1	88.0	90.6	74.4	62.4	95.5
Connecticut	57.7	65.1	97.1	99.4	94.2	49.6	98.3
Delaware	72.8	72.5	95.6	100.0	97.6	51.9	100.0
Georgia	75.7	87.7	93.9	97.2	93.7	75.0	98.1
Hawaii	59.8	56.7	90.0	100.0	92.9	36.2	98.3
Idaho	72.5	82.8	86.2	96.5	87.3	73.3	98.8
llinois [§]	75.1	80.1	93.6	97.0	87.7	71.8	98.1
lowa	73.8	76.0	91.0	98.2	92.2	64.7	98.3
Kentucky	81.7	87.9	90.8	99.0	88.4	72.0	99.5
Maine	65.8	71.5	88.3	97.8	92.6	57.1	98.9
Massachusetts	63.7	68.6	92.8	96.1	91.1	54.0	97.0
Michigan	61.5	57.1	86.7	93.9	85.5	46.4	96.9
Minnesota	60.4	85.6	88.4	99.1	96.0	57.7	98.7
Missouri	78.4	86.5	91.9	96.4	84.4	76.5	99.7
Montana	75.4	77.5	87.5	92.9	80.1	60.2	98.0
Nebraska	72.1	73.8	84.8	95.1	84.6	63.6	97.4
New Hampshire	53.9	65.2	89.1	99.1	93.7	62.4	99.2
New Mexico	70.0	75.2	95.8	99.2	91.2	61.4	98.0
New York	75.6	72.3	94.4	100.0	93.2	71.2	99.6
North Dakota	76.2	80.5	89.4	91.2	82.4	75.1	99.2
Tennessee	75.0	86.5	91.3	95.4	87.9	73.7	97.3
Jtah	79.2	73.6	91.5	98.6	89.3	65.1	99.3
Vermont	60.3	61.0	91.6	98.5	96.3	56.5	96.0
/irginia	75.8	85.4	90.3	93.4	86.0	67.3	97.6
Wisconsin	67.0	75.3	93.3	96.8	93.3	55.6	95.9
Unweighted Da	ta						
Arkansas	75.0	87.7	85.8	95.6	79.2	67.8	100.0
California	66.5	65.2	87.0	97.1	88.9	57.8	92.9
North Carolina	68.9	85.6	82.4	98.9	82.3	51.9	99.4
Oklahoma	80.5	88.3	89.6	88.3	62.3	71.4	97.2
Pennsylvania§	65.4	83.1	92.7	99.6	90.2	62.4	96.9
Rhode Island	63.3	73.8	90.2	98.3	91.8	56.7	94.9
South Carolina	77.3	79.7	94.7	97.8	94.1	61.3	97.8
Texas [§]	78.0	85.4	90.2	96.6	83.6	67.3	97.5
State Median	72.8	76.0	90.3	97.2	88.9	62.4	98.1

TABLE 4b. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

	Environmental		Growth	HIV**	Human	Immunization	Nutrition and dietary
Site	health	First aid	and development	prevention	sexuality	and vaccinations	behavior
Weighted Data							
Chicago	78.0	79.9	93.4	90.2	86.3	75.8	98.6
Dallas	89.7	100.0	100.0	100.0	96.6	93.4	100.0
Fort Lauderdale	84.5	87.8	100.0	100.0	100.0	80.6	100.0
Houston	81.9	90.9	100.0	97.7	86.3	77.2	100.0
Los Angeles	88.2	80.5	97.9	100.0	95.8	85.9	100.0
Miami	75.4	72.8	96.4	100.0	98.2	69.6	100.0
Orange County	63.5	67.7	100.0	100.0	100.0	58.1	100.0
Palm Beach	88.3	80.8	96.1	100.0	100.0	73.5	100.0
San Diego	27.5	24.4	63.4	100.0	100.0	34.1	67.6
San Francisco	82.0	59.0	91.3	95.0	95.7	59.0	100.0
Unweighted Dat	a						
District of Columbia	75.0	78.6	92.6	100.0	92.9	88.9	96.2
Philadelphia	76.4	75.0	95.9	98.6	95.9	64.3	100.0
San Bernardino	83.3	50.0	100.0	100.0	100.0	83.3	100.0
Local Median	81.9	78.6	96.4	100.0	96.6	75.8	100.0

 $^{^{*}}$ In a required health education course.

^{**} HIV = human immunodeficiency virus.

[§] Survey did not include students from one of the state's large school districts.

TABLE 4c. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD** prevention	Suicide prevention	Sun safety	Tobacco-use prevention	Violence preventior
Weighted Data	, 3		•	•	•	•	•	•
Alabama	94.0	100.0	89.1	96.8	83.8	82.8	98.4	95.1
Alaska	80.4	96.5	67.1	75.4	67.0	42.7	96.5	85.2
Arizona	87.9	97.8	69.0	75.3	58.2	67.8	99.5	84.8
Connecticut	72.6	95.7	85.1	97.3	80.4	60.8	98.5	91.4
Delaware	80.9	100.0	90.8	95.2	79.5	63.4	100.0	83.6
Georgia	89.3	100.0	91.8	96.4	80.0	78.0	100.0	90.1
Hawaii	80.2	100.0	91.0	94.7	69.3	66.1	100.0	91.6
Idaho	83.9	98.9	78.8	92.1	85.2	78.2	99.4	83.0
Illinois [§]	88.9	99.0	83.7	93.5	77.3	78.0	98.8	84.5
lowa	86.2	98.3	87.7	94.5	67.4	76.7	98.1	78.7
Kentucky	85.7	99.1	91.4	96.4	77.7	81.5	99.4	90.3
Maine	77.5	98.2	90.0	94.7	73.4	68.0	100.0	87.8
Massachusetts	84.6	97.3	84.5	91.3	74.3	71.6	98.6	96.0
Michigan	79.7	98.2	72.9	87.4	55.3	63.8	99.0	83.7
Minnesota	77.6	97.7	95.3	97.7	83.4	68.4	100.0	83.6
Missouri	90.9	100.0	82.3	90.0	74.1	81.1	97.6	84.6
Montana	88.0	99.5	72.5	82.0	65.0	73.0	98.1	82.6
Nebraska	88.1	99.1	73.2	87.0	67.2	70.3	98.8	80.5
New Hampshire	75.1	98.1	84.4	91.1	72.0	61.9	98.2	87.1
New Mexico	83.5	100.0	94.0	96.1	76.4	73.0	100.0	95.5
New York	84.8	98.5	89.9	95.8	82.7	79.9	100.0	90.9
North Dakota	91.5	98.7	70.1	81.7	78.7	81.4	99.3	87.5
Tennessee	91.3	98.6	84.0	94.3	72.5	72.8	98.8	83.3
Utah	79.7	98.6	79.6	92.3	92.0	73.9	99.3	94.4
Vermont	81.9	94.9	90.7	94.6	63.4	55.0	96.5	82.6
Virginia	89.1	100.0	81.3	85.5	71.5	76.1	100.0	91.1
Wisconsin	87.6	97.8	89.5	92.6	80.0	70.2	99.1	81.9
Unweighted Da	ıta							
Arkansas	93.8	99.5	87.1	91.5	77.3	75.5	99.5	89.2
California	75.1	95.8	84.1	92.3	65.2	66.3	98.0	80.4
North Carolina	77.7	100.0	80.7	89.4	69.6	67.9	100.0	87.2
Oklahoma	90.9	98.6	61.0	74.0	59.7	67.5	96.1	87.0
Pennsylvania [§]	84.4	99.2	85.7	94.3	67.9	71.9	99.6	83.7
Rhode Island	81.7	98.3	86.9	91.8	70.5	75.0	96.7	93.4
South Carolina	88.3	97.7	88.2	94.7	59.2	68.1	96.2	81.7
Texas [§]	87.1	98.6	83.8	88.9	76.1	80.0	99.5	87.4
State Median	84.8	98.6	84.5	92.3	73.4	71.9	99.1	87.0

TABLE 4c. Percentage of Schools That Tried to Increase Student Knowledge, by Specific Health-Related Topic,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD** prevention	Suicide prevention	Sun safety	Tobacco-use prevention	Violence prevention
Weighted Data								
Chicago	95.4	98.7	78.2	81.0	52.8	51.5	95.9	98.0
Dallas	83.5	100.0	93.3	96.7	96.6	76.6	100.0	100.0
Fort Lauderdale	96.6	100.0	88.0	100.0	81.8	81.3	100.0	97.0
Houston	93.4	100.0	88.6	97.7	84.4	84.0	100.0	97.8
Los Angeles	97.9	100.0	93.7	98.0	77.6	88.6	100.0	88.1
Miami	88.2	94.3	91.9	98.0	84.4	80.7	100.0	82.7
Orange County	80.0	100.0	100.0	100.0	89.8	83.6	100.0	85.0
Palm Beach	80.1	100.0	100.0	96.3	84.8	88.7	100.0	81.4
San Diego	36.6	76.5	95.2	97.6	51.2	22.0	100.0	83.3
San Francisco	82.0	100.0	95.7	95.0	90.7	71.4	100.0	95.7
Unweighted Da	ata							
District of Columbia	96.4	100.0	92.9	89.3	59.3	52.0	100.0	92.9
Philadelphia	97.2	98.6	83.6	91.8	62.0	65.3	97.2	89.0
San Bernardino	83.3	100.0	100.0	100.0	66.7	80.0	100.0	100.0
Local Median	88.2	100.0	93.3	97.6	81.8	80.0	100.0	92.9

^{*} In a required health education course.

^{**} STD = sexually transmitted disease.

[§] Survey did not include students from one of the state's large school districts.

TABLE 5. Percentage of Schools That Tried to Improve Specific Student Skills,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Accessing health information	Advocating for health	Analysis of media messages	Communication	Decision making	Goal setting	Conflict resolution	Resisting	Stress management
Weighted Da		.o. mean.	messages		····aig	Godi Setting		peer pressure	a.iagee.ic
Alabama	90.0	88.2	80.6	95.2	97.9	97.2	94.2	98.5	93.5
Alaska	76.3	74.8	66.6	84.0	89.7	83.9	82.6	90.0	70.5
Arizona	77.2	79.9	71.4	89.2	94.1	91.4	86.7	93.0	79.1
Connecticut	84.8	76.9	90.2	94.8	97.0	89.7	88.0	97.7	89.5
Delaware	95.6	90.4	93.5	93.5	100.0	100.0	95.2	100.0	97.6
Georgia	86.7	85.2	85.9	96.9	98.0	98.1	92.6	99.2	94.4
Hawaii	93.4	91.6	98.5	98.1	100.0	93.2	93.1	100.0	89.7
Idaho	87.0	80.2	82.3	92.2	97.7	94.2	85.6	96.6	92.9
Illinois**	83.0	79.3	83.4	91.1	97.6	93.4	85.8	96.9	92.1
Iowa	80.7	81.8	79.5	89.6	96.5	89.8	78.3	95.5	85.8
Kentucky	90.2	87.8	87.9	95.5	99.2	97.1	94.9	98.3	93.5
Maine	92.1	79.4	91.1	95.1	98.9	96.1	88.2	96.3	94.7
Massachusetts	89.6	80.8	91.9	96.2	99.1	93.1	93.2	98.7	88.7
Michigan	76.7	75.9	83.2	94.1	96.0	90.3	83.2	95.7	83.5
Minnesota	87.4	81.7	89.6	94.0	99.7	92.6	82.1	96.2	89.7
Missouri	89.9	84.8	84.6	92.5	97.0	94.3	89.7	97.7	92.1
Montana	87.0	82.7	82.1	91.4	95.6	91.1	89.5	95.6	86.1
Nebraska	76.8	77.4	74.4	86.0	94.8	91.6	84.9	96.0	89.5
New Hampshire	82.2	77.5	91.4	90.3	95.9	89.6	79.7	94.4	93.4
New Mexico	86.1	85.2	84.9	94.3	98.0	93.9	89.0	99.1	87.1
New York	92.4	89.5	94.2	96.2	98.6	96.2	91.0	98.0	95.3
North Dakota	82.9	79.4	87.4	95.0	96.4	92.8	87.8	97.9	93.1
Tennessee	82.9	81.6	70.8	91.9	97.4	92.5	86.2	95.0	84.8
Utah	88.5	86.5	91.4	96.1	99.3	98.3	95.8	99.3	98.6
Vermont	84.3	81.8	90.8	96.2	100.0	93.2	81.1	97.9	86.8
Virginia	89.0	87.9	87.6	94.2	97.8	95.2	88.9	97.7	94.3
Wisconsin	87.0	81.0	89.1	96.0	98.1	90.7	87.1	97.4	91.2
Unweighted	Data								
Arkansas	82.1	79.7	70.6	90.5	97.2	92.5	88.2	97.2	88.2
California	73.3	75.4	81.0	87.3	93.2	83.4	81.0	94.7	78.3
North Carolina	86.6	80.0	76.2	93.0	98.4	94.1	95.2	96.3	94.1
Oklahoma	77.6	75.6	61.0	88.3	93.6	93.5	89.2	94.7	87.2
Pennsylvania**	87.7	82.6	87.2	93.4	98.4	95.1	85.7	98.0	88.1
Rhode Island	96.7	88.5	91.8	100.0	100.0	95.1	95.1	98.4	88.5
South Carolina	85.4	83.0	74.9	89.8	97.3	95.2	89.9	96.3	86.1
Texas**	84.6	78.1	72.9	91.2	96.7	94.4	89.3	96.3	88.8
State Median	86.6	81.6	84.9	93.5	97.7	93.4	88.2	97.2	89.5

TABLE 5. Percentage of Schools That Tried to Improve Specific Student Skills,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Accessing health information	Advocating for health	Analysis of media messages	Communication	Decision making	Goal setting	Conflict resolution	Resisting peer pressure	Stress management
Weighted Da		TOT TICUITET	messages	Communication	making	dour setting	resolution	peer pressure	management
Chicago	78.4	78.0	66.7	87.5	96.7	94.1	94.6	97.3	78.3
Dallas	96.8	93.3	73.2	96.7	100.0	93.4	93.4	96.7	96.6
Fort Lauderdale	96.9	97.0	91.0	97.0	97.0	97.0	90.8	100.0	97.0
Houston	88.5	93.2	77.2	97.7	100.0	100.0	97.8	100.0	97.8
Los Angeles	94.8	88.1	92.5	92.5	99.0	95.7	96.9	97.9	91.4
Miami	88.6	80.6	84.7	94.3	98.1	96.1	92.4	94.4	84.0
Orange County	87.4	91.2	84.8	100.0	100.0	96.2	96.8	100.0	100.0
Palm Beach	92.7	96.3	77.4	96.3	96.3	100.0	92.7	100.0	96.3
San Diego	66.7	64.3	95.2	97.6	100.0	97.6	97.6	97.6	97.6
San Francisco	86.3	82.0	82.0	95.7	95.7	100.0	90.7	100.0	95.7
Unweighted	Data								
District of									
Columbia	82.1	82.1	67.9	77.8	89.3	92.9	89.3	85.7	75.0
Philadelphia	84.9	81.9	85.9	91.7	98.6	91.7	91.7	100.0	77.8
San Bernardino	83.3	100.0	83.3	100.0	100.0	100.0	100.0	100.0	100.0
Local Median	87.4	88.1	83.3	96.3	98.6	96.2	93.4	100.0	96.3

^{*} In a required health education course.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 6a. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Addictive effects of nicotine	Benefits of not smoking cigarettes	Benefits of not using smokeless tobacco	Health consequences of cigarette smoking	Health consequences of smokeless tobacco use	Health effects of ETS**	Number of illnesses and deaths related to tobacco use	Risks of cigar or pipe smoking
Weighted Data								
Alabama	97.8	97.7	96.6	97.7	94.8	96.0	96.6	93.0
Alaska	90.3	90.0	88.3	93.3	87.7	85.9	84.8	76.7
Arizona	94.1	96.7	93.5	96.2	94.1	90.4	90.9	87.5
Connecticut	96.5	96.7	86.0	97.3	91.5	95.1	94.6	84.1
Delaware	100.0	100.0	95.4	100.0	100.0	100.0	100.0	90.0
Georgia	99.5	100.0	99.5	100.0	99.5	99.1	97.6	96.1
Hawaii	98.1	98.5	89.9	100.0	94.7	98.1	92.6	87.9
Idaho	98.2	98.8	98.1	98.8	99.4	95.1	93.9	88.2
Illinois [§]	97.4	98.0	94.2	98.5	95.6	97.3	94.7	89.0
Iowa	95.2	95.8	90.1	96.8	93.9	94.7	91.4	83.6
Kentucky	97.0	97.0	93.8	98.9	97.7	97.2	95.4	89.2
Maine	97.4	97.8	90.9	100.0	95.7	95.8	92.0	80.9
Massachusetts	97.4	97.6	91.2	98.4	95.2	97.0	95.7	88.5
Michigan	96.3	97.4	90.9	98.2	94.9	97.0	93.1	86.9
Minnesota	99.3	99.6	95.3	99.6	97.3	98.1	96.6	82.8
Missouri	95.3	95.5	91.1	96.9	94.6	93.8	93.5	88.9
Montana	94.4	95.7	93.0	96.8	94.9	94.8	94.4	83.1
Nebraska	95.2	95.7	92.1	96.9	93.7	93.3	91.7	76.8
New Hampshire	97.3	94.0	90.0	97.3	94.2	93.2	92.5	81.9
New Mexico	99.0	99.0	90.9	99.0	94.7	95.9	96.8	91.1
New York	99.2	98.9	97.6	99.3	98.6	98.2	97.2	95.3
North Dakota	96.3	97.2	93.5	98.6	94.8	95.6	94.1	84.7
Tennessee	95.1	97.1	92.5	97.5	95.6	96.2	93.3	87.3
Utah	99.3	98.7	95.9	99.3	98.7	98.2	96.9	90.9
Vermont	96.5	92.9	92.9	95.1	92.6	93.0	86.5	78.0
Virginia	97.5	99.0	91.4	99.0	94.5	96.1	93.4	89.5
Wisconsin	97.8	97.8	94.1	98.5	96.1	95.4	94.8	86.3
Unweighted Da	ata							
Arkansas	98.6	98.1	95.7	99.0	98.1	98.6	96.2	89.9
California	95.5	95.5	87.1	96.5	91.0	91.0	93.1	84.7
North Carolina	97.3	99.4	96.7	99.5	97.8	98.9	94.5	90.1
Oklahoma	94.6	96.1	93.2	93.4	93.4	92.2	94.6	87.0
Pennsylvania [§]	98.3	98.8	95.5	98.8	97.1	96.7	96.7	92.1
Rhode Island	95.0	96.7	90.0	96.7	89.8	95.0	95.0	90.0
South Carolina	92.9	92.9	89.8	95.1	92.9	91.3	86.3	84.2
Texas [§]	99.1	99.1	96.2	98.6	97.2	97.6	96.7	92.0
State Median	97.3	97.6	93.0	98.5	94.9	95.9	94.5	87.9

TABLE 6a. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Addictive effects of nicotine	Benefits of not smoking cigarettes	Benefits of not using smokeless tobacco	Health consequences of cigarette smoking	Health consequences of smokeless tobacco use	Health effects of ETS**	Number of illnesses and deaths related to tobacco use	Risks of cigar or pipe smoking
Weighted Data								
Chicago	93.9	91.3	76.9	93.9	77.9	91.3	92.6	83.8
Dallas	96.5	96.5	93.0	96.6	93.0	100.0	100.0	96.3
Fort Lauderdale	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Houston	100.0	97.7	100.0	100.0	100.0	100.0	100.0	100.0
Los Angeles	98.8	100.0	95.7	100.0	97.9	98.0	98.8	94.9
Miami	97.9	100.0	90.0	100.0	92.2	98.1	96.3	94.2
Orange County	96.7	92.8	89.4	100.0	89.4	96.7	96.7	92.8
Palm Beach	100.0	100.0	100.0	100.0	96.3	100.0	100.0	100.0
San Diego	97.5	97.5	95.0	97.5	95.0	97.5	95.0	97.5
San Francisco	94.8	90.3	63.0	94.8	81.2	81.2	80.5	76.6
Unweighted Da	ata							
District of Columbia	84.0	91.7	64.0	88.0	61.5	80.0	80.0	75.0
Philadelphia	97.2	98.6	81.7	98.6	87.1	97.2	94.4	91.4
San Bernardino	100.0	100.0	100.0	100.0	100.0	100.0	83.3	83.3
Local Median	97.5	97.7	93.0	100.0	93.0	98.0	96.3	94.2

^{*} In a required health education course.

^{**} ETS = environmental tobacco smoke.

 $[\]S$ Survey did not include students from one of the state's large school districts.

TABLE 6b. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Influence of families**	Influence of media**	Social or cultural influences**	How students can influence others to prevent tobacco use	How students can influence others to quit using tobacco	How many young people use tobacco
Weighted Data						
Alabama	94.9	96.6	94.8	93.9	92.8	92.8
Alaska	81.2	84.2	82.8	80.1	76.2	80.9
Arizona	88.0	91.0	88.2	86.8	85.8	86.5
Connecticut	89.6	94.7	88.6	85.8	78.7	90.6
Delaware	93.2	100.0	92.5	97.5	95.0	100.0
Georgia	97.7	98.3	94.2	92.3	92.6	96.2
Hawaii	95.2	98.1	82.7	78.9	77.2	91.9
Idaho	90.2	97.6	93.1	88.6	85.3	94.8
Illinois [§]	91.8	95.4	90.7	86.0	83.1	92.7
lowa	88.6	93.6	88.9	79.1	79.7	90.4
Kentucky	93.8	95.8	94.8	93.0	92.1	93.9
Maine	87.7	95.7	85.6	82.4	80.5	88.1
Massachusetts	92.2	95.5	90.7	90.3	88.7	93.5
Michigan	91.4	96.6	91.1	88.3	82.4	90.9
Minnesota	91.7	98.0	90.0	90.0	85.7	95.6
Missouri	91.2	92.5	92.2	88.1	87.8	89.8
Montana	87.7	90.7	88.4	84.2	82.7	93.0
Nebraska	89.2	90.2	87.1	85.3	84.2	88.5
New Hampshire	91.0	91.8	89.8	77.6	78.2	90.2
New Mexico	87.3	93.8	86.1	86.9	83.7	91.6
New York	97.6	99.3	95.9	90.3	88.7	96.2
North Dakota	89.4	95.6	91.2	87.8	82.9	93.4
Tennessee	91.4	93.0	90.1	89.4	88.2	93.0
Utah	95.6	97.4	93.5	92.3	90.0	95.7
Vermont	81.8	94.0	86.3	82.4	75.6	87.5
Virginia	93.6	96.4	91.4	91.6	91.1	92.0
Wisconsin	89.8	96.5	88.8	85.5	82.6	93.0
Unweighted Data						
Arkansas	92.3	93.8	88.0	92.8	90.9	94.8
California	87.2	92.5	85.7	78.7	74.3	88.1
North Carolina	94.0	96.2	92.8	90.4	90.0	95.0
Oklahoma	90.9	92.2	86.7	87.0	82.7	92.0
Pennsylvania§	92.6	95.9	91.7	88.3	89.6	94.7
Rhode Island	95.0	93.3	86.7	90.0	85.0	93.3
South Carolina	84.2	87.0	83.6	81.5	79.3	83.8
Texas§	95.3	96.7	92.4	89.0	89.0	94.8
State Median	91.4	95.5	90.0	88.1	85.0	92.8

TABLE 6b. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Influence of families**	Influence of media**	Social or cultural influences**	How students can influence others to prevent tobacco use	How students can influence others to quit using tobacco	How many young people use tobacco
Weighted Data						
Chicago	86.6	87.1	86.6	84.8	85.4	87.9
Dallas	89.6	93.0	86.2	89.6	93.0	93.0
Fort Lauderdale	93.8	96.7	100.0	100.0	100.0	100.0
Houston	97.8	95.6	97.7	100.0	97.7	97.8
Los Angeles	95.9	100.0	95.9	89.5	86.4	93.5
Miami	90.4	94.3	90.2	90.2	84.2	96.0
Orange County	90.9	96.7	87.6	92.8	77.8	92.8
Palm Beach	96.3	92.7	81.4	89.0	92.7	96.3
San Diego	90.0	97.5	90.0	92.5	87.5	95.0
San Francisco	94.8	90.3	90.3	80.5	75.3	80.5
Unweighted Data						
District of Columbia	76.0	83.3	75.0	76.0	76.0	84.0
Philadelphia	93.0	95.7	91.5	87.3	87.1	93.0
San Bernardino	100.0	100.0	83.3	100.0	100.0	83.3
Local Median	93.0	95.6	90.0	89.6	87.1	93.0

^{*} In a required health education course.

^{**} On tobacco-use.

 $[\]S$ Survey did not include students from one of the state's large school districts.

TABLE 6c. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	How to find information on tobacco-use cessation	Making a personal commitment not to use tobacco	How to say no to tobacco use
Weighted Data			
Alabama	77.2	80.3	98.4
Alaska	64.4	72.7	90.4
Arizona	77.8	78.2	92.9
Connecticut	68.9	68.0	93.8
Delaware	85.0	77.1	100.0
Georgia	84.1	80.0	98.8
Hawaii	74.2	65.4	95.0
Idaho	72.8	69.7	97.0
Illinois**	68.8	66.3	95.3
lowa	62.1	65.2	91.4
Kentucky	86.5	83.0	97.0
Maine	74.3	65.9	89.5
Massachusetts	79.4	79.8	95.7
Michigan	68.8	68.2	93.4
Minnesota	70.7	73.3	95.4
Missouri	67.3	72.6	94.5
Montana	74.8	74.4	92.8
Nebraska	69.3	66.8	92.0
New Hampshire	65.4	65.2	87.2
New Mexico	72.6	72.8	93.0
New York	81.4	80.8	95.9
North Dakota	65.1	70.9	95.7
Tennessee	70.5	77.7	95.0
Utah	73.2	78.9	98.1
Vermont	66.0	60.9	93.1
Virginia	74.7	80.7	96.1
Wisconsin	71.7	75.1	93.6
Unweighted Data			
Arkansas	69.7	75.7	97.6
California	70.6	67.2	90.6
North Carolina	76.1	76.1	98.3
Oklahoma	65.3	78.7	93.3
Pennsylvania**	82.6	73.3	98.3
Rhode Island	83.1	76.3	95.0
South Carolina	68.9	72.8	88.6
Texas**	78.0	73.1	97.6
State Median	72.6	73.3	95.0

TABLE 6c. Percentage of Schools That Taught Specific Topics Related to Tobacco-Use Prevention,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	How to find information on tobacco-use cessation	Making a personal commitment not to use tobacco	How to say no to tobacco use
Weighted Data			
Chicago	68.5	81.2	91.3
Dallas	75.8	79.4	96.6
Fort Lauderdale	87.8	100.0	100.0
Houston	84.5	89.0	100.0
Los Angeles	91.5	84.4	97.9
Miami	82.6	84.4	94.2
Orange County	70.0	76.4	93.4
Palm Beach	92.7	81.1	100.0
San Diego	90.0	75.0	97.5
San Francisco	80.5	71.4	94.8
Unweighted Data			
District of Columbia	68.0	80.0	84.0
Philadelphia	78.9	78.9	97.2
San Bernardino	83.3	66.7	100.0
Local Median	82.6	80.0	97.2

^{*} In a required health education course.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 7a. Percentage of Schools That Taught Specific Topics Related to HIV*/AIDS** Prevention,§ Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

	Abstinence to avoid HIV	How HIV is	How HIV affects	How to correctly use	Condom	Number of young people
Site	infection	transmitted	the body	a condom	efficacy	who get HIV
Weighted Data						
Alabama	98.4	97.8	97.2	39.2	75.8	92.3
Alaska	70.5	75.7	74.3	28.7	48.2	66.5
Arizona	83.2	83.3	81.7	29.3	48.6	74.8
Connecticut	99.4	99.4	98.6	50.6	79.9	91.3
Delaware	95.6	97.6	95.2	49.1	70.0	92.8
Georgia	96.7	96.3	95.6	23.6	74.5	91.7
Hawaii	98.5	98.5	96.5	58.4	83.2	84.7
Idaho	94.7	93.5	92.3	20.2	59.8	87.8
Illinois ^{§§}	95.0	95.5	94.7	35.8	71.2	83.7
lowa	97.0	97.0	95.7	44.2	76.2	86.2
Kentucky	97.0	96.3	94.8	41.7	70.4	87.8
Maine	97.4	97.8	95.7	65.5	88.1	88.3
Massachusetts	94.2	94.4	93.8	51.2	75.3	86.4
Michigan	90.5	91.3	89.5	28.9	60.3	79.3
Minnesota	99.1	99.1	98.1	46.5	78.5	89.6
Missouri	93.5	94.2	92.3	27.8	68.4	80.0
Montana	85.9	87.4	86.9	32.7	64.6	82.6
Nebraska	86.5	87.7	86.4	21.8	53.3	76.9
New Hampshire	95.9	95.8	95.0	52.2	73.3	81.2
New Mexico	97.0	97.0	97.2	53.2	79.4	92.0
New York	98.6	99.3	99.3	61.3	84.3	94.9
North Dakota	88.3	87.6	86.8	22.5	51.5	76.2
Tennessee	92.0	91.2	92.6	37.6	68.5	82.8
Utah	97.3	97.3	96.1	7.8	40.6	89.6
Vermont	97.3	94.5	93.3	56.8	86.3	80.1
Virginia	88.8	90.1	88.7	NA ⁺	NA ⁺	79.3
Wisconsin	94.9	95.9	94.8	46.9	79.1	86.5
Unweighted Data						
Arkansas	92.7	91.3	89.4	25.6	63.9	80.6
California	95.7	96.1	95.7	54.9	79.2	88.0
North Carolina	97.1	91.4	91.3	18.3	60.8	80.6
Oklahoma	86.8	88.3	88.2	25.7	50.0	81.6
Pennsylvania ^{§§}	99.2	99.2	99.2	47.3	78.6	93.5
Rhode Island	95.0	95.1	95.1	58.3	71.7	85.2
South Carolina	94.6	93.0	92.5	44.1	73.0	82.9
Texas ^{§§}	94.2	94.2	92.3	22.2	59.7	85.3
State Median	95.0	95.1	94.7	40.4	71.4	85.2

TABLE 7a. Percentage of Schools That Taught Specific Topics Related to HIV*/AIDS** Prevention,§ Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Abstinence to avoid HIV infection	How HIV is transmitted	How HIV affects the body	How to correctly use a condom	Condom efficacy	Number of young people who get HIV
Weighted Data						
Chicago	85.0	84.7	85.1	39.0	50.0	76.8
Dallas	100.0	100.0	100.0	40.0	86.4	93.3
Fort Lauderdale	100.0	97.0	97.0	52.2	85.0	94.0
Houston	95.5	95.5	95.5	46.3	70.9	91.1
Los Angeles	98.0	99.0	97.9	69.5	92.5	90.4
Miami	100.0	100.0	100.0	86.1	89.9	100.0
Orange County	100.0	100.0	96.8	42.9	89.8	96.8
Palm Beach	100.0	100.0	100.0	NA ⁺	92.1	92.4
San Diego	100.0	100.0	100.0	100.0	95.2	90.5
San Francisco	90.1	90.1	90.1	85.7	85.7	81.4
Unweighted Data						
District of Columbia	100.0	100.0	100.0	89.3	96.4	92.9
Philadelphia	97.2	97.2	97.2	59.7	77.8	92.9
San Bernardino	100.0	100.0	100.0	66.7	100.0	83.3
Local Median	100.0	100.0	97.9	63.2	89.8	92.4

^{*} HIV = human immunodeficiency virus.

^{**} AIDS = acquired immunodeficiency syndrome.

 $[\]S$ In a required health education course.

 $[\]S\S$ Survey did not include students from one of the state's large school districts.

⁺ NA = not available.

TABLE 7b. Percentage of Schools That Taught Specific Topics Related to HIV*/AIDS** Prevention,§ Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Influence of alcohol or other drugs ^{§§}	Social or cultural influences ^{§§}	How to find valid information on HIV	Compassion for persons with HIV or AIDS
Weighted Data	other drugs	imachees	OHTHV	1117 01 71123
Alabama	95.0	91.2	87.7	85.6
Alaska	69.2	62.5	60.5	59.6
Arizona	79.0	72.0	64.6	69.5
Connecticut	96.7	86.7	84.5	91.7
Delaware	97.9	91.1	88.0	86.3
Georgia	95.1	90.3	81.6	84.8
Hawaii	91.6	78.4	84.1	83.3
daho	90.0	83.8	75.1	84.5
Illinois ⁺	89.1	79.3	74.8	77.3
		79.3 83.4	74.8 76.1	
lowa Kontucky	89.9 91.2	83.4 87.2	76.1 82.2	80.4 82.8
Kentucky				
Maine	94.0	82.9	85.2	83.8
Massachusetts	92.1	82.0	83.1	86.4
Michigan	88.1	77.5	77.7	78.4
Minnesota	96.2	84.9	78.2	81.6
Missouri	88.0	83.4	77.6	76.2
Montana	85.9	76.9	74.9	78.3
Nebraska	81.3	72.4	63.7	71.7
New Hampshire	89.0	75.2	75.8	82.8
New Mexico	92.2	87.9	85.7	87.4
New York	98.2	89.0	92.0	94.5
North Dakota	87.3	75.5	66.2	75.5
Tennessee	84.4	83.2	76.0	77.1
Utah	93.1	89.0	76.8	89.7
Vermont	93.1	76.6	72.1	82.6
Virginia	83.2	74.6	70.1	73.8
Wisconsin	93.8	83.6	77.6	82.2
Unweighted Data				
Arkansas	90.6	83.7	72.2	71.5
California	89.9	83.1	84.7	86.0
North Carolina	87.8	80.0	69.0	77.5
Oklahoma	82.9	77.3	68.0	75.3
Pennsylvania ⁺	98.4	87.8	87.3	88.9
Rhode Island	89.8	78.7	85.2	88.5
South Carolina	87.5	81.7	73.0	76.6
Texas ⁺	85.4	81.7	73.6	75.4
State Median	89.9	82.9	76.8	82.2

TABLE 7b. Percentage of Schools That Taught Specific Topics Related to HIV*/AIDS** Prevention,§ Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Influence of alcohol or other drugs ^{§§}	Social or cultural influences ^{§§}	How to find valid information on HIV	Compassion for persons with HIV or AIDS
Weighted Data				
Chicago	77.3	71.6	66.6	73.3
Dallas	93.3	90.0	96.6	90.0
Fort Lauderdale	97.0	91.0	94.0	97.0
Houston	95.5	95.5	93.1	95.5
Los Angeles	95.0	92.8	90.5	93.7
Miami	97.9	94.4	98.1	94.4
Orange County	100.0	100.0	89.2	96.8
Palm Beach	92.4	85.3	89.0	96.1
San Diego	95.2	90.5	100.0	92.9
San Francisco	90.1	85.1	85.7	81.4
Unweighted Data				
District of Columbia	100.0	92.9	92.9	89.3
Philadelphia	91.7	86.1	81.9	86.1
San Bernardino	100.0	100.0	83.3	100.0
Local Median	95.2	91.0	90.5	93.7

^{*} HIV = human immunodeficiency virus.

^{**} AIDS = acquired immunodeficiency syndrome.

[§] In a required health education course.

 $[\]S\S$ On HIV-related risk behaviors.

⁺ Survey did not include students from one of the state's large school districts.

TABLE 8a. Percentage of Schools That Taught Specific Topics Related to Nutrition and Dietary Intake,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Benefits of healthy eating	Using food labels	Food guide pyramid	Choosing a variety of grains**	Choosing a variety of fruits and vegetables	Choosing a low-fat diet [§]	Using less salt	Moderating intake of sugars	Eating more calcium-rich foods
Weighted D	ata								
Alabama	98.3	92.8	91.8	90.1	95.0	93.5	87.4	91.1	85.8
Alaska	90.4	78.1	83.5	79.9	83.5	77.9	68.5	81.9	74.5
Arizona	93.8	84.8	91.9	83.5	85.9	83.1	76.6	83.2	78.8
Connecticut	94.1	78.3	80.7	78.2	83.7	83.3	63.3	79.5	66.2
Delaware	93.2	88.1	84.3	81.5	83.6	88.0	72.3	86.0	75.9
Georgia	97.3	88.9	91.4	86.8	90.1	93.2	86.9	90.5	88.3
Hawaii	96.4	84.2	91.3	80.1	89.0	84.2	77.8	91.1	73.3
Idaho	98.0	87.6	92.5	86.0	88.4	88.8	81.6	89.4	86.1
Illinois ^{§§}	95.4	85.3	89.1	81.5	88.6	89.0	73.9	85.3	78.3
lowa	96.6	87.6	92.7	86.1	89.9	90.4	75.8	87.7	84.1
Kentucky	99.5	96.5	97.4	92.5	96.3	97.4	88.1	95.3	86.8
Maine	96.8	88.9	92.1	87.6	92.5	92.9	81.3	90.7	82.2
Massachusetts	s 94.5	84.0	87.2	84.5	87.8	86.2	74.1	83.9	81.8
Michigan	93.1	83.8	88.0	84.7	87.4	85.3	74.5	85.3	77.4
Minnesota	95.0	80.0	82.4	78.4	82.8	84.4	68.7	80.7	73.1
Missouri	98.2	95.8	97.6	93.0	95.4	94.3	83.3	93.9	88.3
Montana	96.5	85.8	91.6	86.3	90.8	88.6	75.6	92.4	83.5
Nebraska	93.4	78.5	83.7	80.8	81.6	83.6	71.7	79.6	77.1
New Hampshire	e 94.2	86.4	89.2	84.8	87.1	88.4	80.3	88.2	80.7
New Mexico	96.9	90.8	91.4	87.9	92.0	89.1	80.5	92.3	85.4
New York	96.4	86.3	85.4	81.8	87.3	92.5	78.1	85.8	79.2
North Dakota	96.6	86.2	90.8	85.9	88.6	89.7	76.9	87.5	85.9
Tennessee	94.3	87.9	93.3	85.0	89.9	88.2	82.8	87.2	78.8
Utah	98.0	93.1	96.3	92.8	94.5	96.9	83.9	95.4	85.9
Vermont	93.2	84.8	90.8	81.0	85.7	83.9	73.6	81.6	77.8
Virginia	95.7	89.5	90.7	87.6	90.3	90.9	80.7	90.5	85.2
Wisconsin	94.7	86.8	90.0	85.7	88.3	86.4	78.6	87.5	78.2
Unweighted	d Data								
Arkansas	99.0	88.3	90.8	84.1	91.7	92.2	85.4	88.3	82.5
California	88.7	81.9	84.2	77.3	84.7	81.4	66.7	79.7	72.9
North Carolina	a 97.8	94.1	95.7	91.3	92.9	95.1	87.5	92.9	84.7
Oklahoma	90.5	77.3	88.2	81.3	88.0	87.8	73.7	81.6	76.0
Pennsylvania ^{§§}	93.6	85.8	85.8	78.0	84.2	87.3	78.4	83.8	78.7
Rhode Island	91.8	80.3	83.3	81.7	88.3	84.7	67.2	81.7	75.4
South Carolina	a 95.6	91.6	90.6	86.2	90.1	89.5	83.9	86.7	82.8
Texas ^{§§}	95.2	87.6	91.9	84.5	89.3	91.8	84.5	90.9	81.6
State Median	95.4	86.4	90.8	84.7	88.6	88.6	78.1	87.5	80.7

TABLE 8a. Percentage of Schools That Taught Specific Topics Related to Nutrition and Dietary Intake,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Benefits of healthy eating	Using food labels	Food guide pyramid	Choosing a variety of grains**	Choosing a variety of fruits and vegetables	Choosing a low-fat diet [§]	Using less salt	Moderating intake of sugars	Eating more calcium-rich foods
Weighted Da	ata								
Chicago	96.6	84.0	93.8	85.6	93.7	82.0	78.1	84.9	81.3
Dallas	100.0	93.2	100.0	86.3	96.6	96.6	89.7	89.7	82.8
Fort Lauderdale	97.0	97.0	100.0	97.0	97.0	97.0	97.0	97.0	97.0
Houston	100.0	95.4	95.5	97.8	100.0	97.7	95.6	100.0	93.4
Los Angeles	100.0	99.0	98.0	94.5	98.8	96.7	93.6	98.8	94.6
Miami	98.1	96.1	96.2	86.3	92.1	91.9	80.3	86.2	90.1
Orange County	100.0	86.8	96.2	96.2	96.2	90.6	81.8	96.2	74.6
Palm Beach	100.0	89.0	96.3	100.0	100.0	100.0	92.4	100.0	92.4
San Diego	54.1	44.4	51.4	40.0	47.5	47.5	37.5	45.0	45.0
San Francisco	95.0	90.1	95.7	90.7	95.0	90.7	81.4	95.0	85.7
Unweighted	Data								
District of Columbia	96.3	74.1	88.9	88.9	88.9	70.4	66.7	74.1	70.4
Philadelphia	95.8	91.7	94.4	84.7	91.7	94.4	83.1	84.7	82.2
San Bernardino	100.0	83.3	83.3	83.3	83.3	83.3	83.3	83.3	66.7
Local Median	98.1	90.1	95.7	88.9	95.0	91.9	83.1	89.7	82.8

^{*} In a required health education course.

^{**} Especially whole grains.

[§] Low in saturated fat and cholesterol and moderate in total fat.

^{§§} Survey did not include students from one of the state's large school districts.

TABLE 8b. Percentage of Schools That Taught Specific Topics Related to Nutrition and Dietary Intake,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Keeping food safe to eat	Preparing healthy meals and snacks	Aiming for a healthy weight**	Risks of unhealthy weight-control practices	Accepting body size differences	Eating disorders
Weighted Data	10 041	and shacks	g.nc	practices	umeremees	uiso. uc. s
Alabama	81.7	89.5	97.2	93.8	88.3	93.9
Alaska	69.4	75.5	84.1	76.7	76.2	74.9
Arizona	78.2	78.8	85.3	83.3	82.2	82.0
Connecticut	55.7	67.8	89.8	88.2	88.1	92.6
Delaware	74.6	81.5	92.7	85.7	83.3	88.4
Georgia	80.4	86.3	96.0	93.2	90.8	92.4
Hawaii	65.7	77.9	92.8	84.2	74.1	89.8
Idaho	75.3	81.9	94.0	94.7	92.8	96.4
Illinois§	72.4	83.0	89.9	89.7	86.8	90.3
lowa	75.4	80.1	90.9	91.5	84.3	88.4
Kentucky	85.5	87.7	97.5	95.9	93.8	98.4
Maine	72.7	80.2	93.1	92.9	87.9	93.9
Massachusetts	68.7	80.2	89.4	89.7	90.7	91.0
Michigan	66.1	78.5	89.6	85.7	84.2	87.6
Minnesota	64.6	71.5	90.7	89.4	86.1	92.8
Missouri	83.7	90.4	95.9	94.4	89.8	95.4
Montana	73.9	86.4	93.8	92.2	90.4	90.0
Nebraska	71.5	74.7	88.1	87.0	83.6	86.8
New Hampshire	64.6	78.4	91.0	89.6	90.9	90.7
New Mexico	75.9	83.0	91.7	91.4	86.9	89.7
New York	70.5	75.5	95.4	95.1	91.0	97.1
North Dakota	81.7	81.5	91.5	89.0	84.8	90.4
Tennessee	79.3	83.7	92.3	89.4	83.1	85.6
Utah	76.7	85.8	98.1	97.5	94.1	99.3
Vermont	67.4	83.3	89.7	93.3	87.5	85.5
Virginia	81.5	86.3	93.7	92.2	90.3	89.7
Wisconsin	69.0	79.0	90.8	87.8	87.3	88.8
Unweighted Data						
Arkansas	74.1	84.2	97.1	96.1	87.8	94.6
California	62.4	71.3	83.2	81.9	79.8	81.4
North Carolina	79.3	90.3	96.7	95.7	89.1	96.7
Oklahoma	74.7	78.7	83.8	81.3	77.0	86.3
Pennsylvania [§]	67.2	77.8	91.5	89.7	83.1	90.8
Rhode Island	71.7	76.7	83.3	88.3	88.1	80.3
South Carolina	77.3	85.7	90.0	90.5	86.7	88.3
Texas§	81.5	86.1	91.8	91.3	87.9	89.9
State Median	74.1	81.5	91.5	89.7	87.5	90.0

TABLE 8b. Percentage of Schools That Taught Specific Topics Related to Nutrition and Dietary Intake,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

	Keeping food safe	Preparing healthy meals	Aiming for a healthy	Risks of unhealthy weight-control	Accepting body size	Eating
Site	to eat	and snacks	weight**	practices	differences	disorders
Weighted Data						
Chicago	81.7	83.6	86.2	84.9	84.3	75.5
Dallas	93.0	93.0	93.0	100.0	86.2	93.1
Fort Lauderdale	94.0	97.0	97.0	97.0	97.0	97.0
Houston	88.7	97.8	100.0	100.0	97.8	97.7
Los Angeles	89.2	91.3	96.7	94.7	92.6	93.9
Miami	79.7	87.3	86.0	87.4	82.1	85.8
Orange County	62.9	75.6	94.4	93.0	88.0	93.0
Palm Beach	89.0	92.4	100.0	96.3	92.4	100.0
San Diego	37.5	40.5	51.4	51.4	54.1	57.6
San Francisco	76.4	76.4	90.1	90.1	85.7	85.1
Unweighted Data						
District of Columbia	59.3	63.0	92.6	70.4	70.4	70.4
Philadelphia	84.7	83.3	90.3	83.6	84.9	80.6
San Bernardino	80.0	100.0	100.0	100.0	100.0	100.0
Local Median	81.7	87.3	93.0	93.0	86.2	93.0

^{*} In a required health education course.

^{**} Balancing food intake and physical activity.

 $[\]S$ Survey did not include students from one of the state's large school districts.

TABLE 9a. Percentage of Schools That Taught Specific Topics Related to Physical Activity,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Physical, psychological, or social benefits	Health-related fitness	Phases of a workout	How much physical activity is enough	Decreasing sedentary activities
Weighted Data					
Alabama	97.8	97.3	95.7	92.3	90.8
Alaska	87.6	83.4	74.7	69.4	76.5
Arizona	92.0	86.9	83.6	78.6	83.2
Connecticut	84.9	74.0	60.1	59.5	71.8
Delaware	100.0	89.1	84.6	84.6	88.7
Georgia	93.1	88.6	85.7	84.8	86.7
Hawaii	93.2	84.5	71.0	63.6	67.8
daho	94.9	91.7	86.4	86.7	84.2
Illinois**	92.4	87.8	76.6	73.4	83.8
lowa	94.4	89.7	80.1	79.0	79.0
Kentucky	97.7	96.5	92.4	92.7	92.2
Maine	90.4	82.3	75.9	74.3	79.1
Massachusetts	93.0	86.4	77.0	77.5	83.1
Michigan	90.1	86.7	75.8	75.4	82.2
Minnesota	88.3	81.7	71.0	73.0	75.7
Missouri	96.3	92.9	91.0	88.4	90.0
Montana	96.6	95.2	96.2	87.4	88.1
Nebraska	92.1	91.3	86.4	81.5	82.6
New Hampshire	90.8	80.0	69.8	70.1	81.1
New Mexico	94.9	91.5	84.6	84.5	91.3
New York	90.7	76.2	63.4	67.7	82.8
North Dakota	92.8	88.4	86.9	79.5	83.1
Tennessee	95.8	95.7	94.2	84.7	90.7
Utah	95.6	87.3	80.1	81.8	90.8
Vermont	83.3	84.0	64.8	70.2	72.6
Virginia	96.1	97.6	95.7	89.8	92.7
Wisconsin	90.2	84.3	75.3	77.9	79.6
Unweighted Data					
Arkansas	97.6	97.1	94.7	92.3	92.8
California	86.9	83.3	69.8	69.8	74.1
North Carolina	97.8	97.8	94.1	85.5	90.8
Oklahoma	90.4	93.2	88.9	85.1	77.8
Pennsylvania**	96.3	92.1	88.1	85.9	86.7
Rhode Island	85.0	85.0	78.0	78.3	78.3
South Carolina	94.9	89.8	84.5	84.9	91.0
Texas**	96.6	95.2	82.9	86.7	89.5
State Median	93.1	88.6	83.6	81.5	83.2

TABLE 9a. Percentage of Schools That Taught Specific Topics Related to Physical Activity,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Physical, psychological, or social benefits	Health-related fitness	Phases of a workout	How much physical activity is enough	Decreasing sedentary activities
Weighted Data					
Chicago	94.6	94.6	92.4	85.5	86.4
Dallas	100.0	93.6	83.4	80.2	90.0
Fort Lauderdale	86.7	83.7	71.1	74.4	84.0
Houston	100.0	95.5	93.4	93.4	93.2
Los Angeles	96.7	92.4	78.9	77.8	90.1
Miami	86.5	75.0	67.9	65.8	74.4
Orange County	87.7	70.8	60.2	59.6	100.0
Palm Beach	100.0	80.3	62.0	69.6	88.3
San Diego	58.3	55.6	47.4	36.1	35.9
San Francisco	86.3	90.7	73.3	77.6	82.0
Unweighted Data					
District of Columbia	100.0	96.3	88.9	77.8	77.8
Philadelphia	90.4	88.9	86.3	82.2	90.1
San Bernardino	100.0	66.7	50.0	66.7	83.3
Local Median	94.6	88.9	73.3	77.6	86.4

^{*} In a required health education course.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 9b. Percentage of Schools That Taught Specific Topics Related to Physical Activity,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Overcoming barriers to physical activity	Developing an individualized physical activity plan	Monitoring progress toward reaching goals	Opportunities for physical activity in the community	Preventing injury during physical activity	Weather-related safety	Dangers of performance- enhancing drugs**
Weighted Data							
Alabama	79.1	80.1	79.1	87.5	94.6	93.9	91.8
Alaska	59.8	59.3	54.0	74.3	81.2	73.6	63.3
Arizona	72.7	67.2	64.5	74.5	85.6	83.3	81.6
Connecticut	50.2	45.7	41.2	56.2	63.6	60.1	82.7
Delaware	67.8	65.9	51.9	68.9	82.6	77.8	93.2
Georgia	75.2	74.1	73.1	81.0	84.6	88.8	95.0
Hawaii	57.1	44.2	47.3	66.1	76.9	70.0	83.9
Idaho	73.3	69.2	62.0	70.7	85.6	84.0	91.8
Illinois [§]	58.7	58.4	50.7	66.4	78.9	78.1	89.9
lowa	64.9	64.8	57.2	70.0	80.4	80.1	88.0
Kentucky	81.2	76.6	72.1	85.3	93.7	87.4	93.9
Maine	63.8	61.6	56.2	67.7	75.5	64.3	78.8
Massachusetts	67.6	62.9	60.8	71.0	80.3	74.9	88.2
Michigan	64.1	60.9	54.1	67.7	75.4	68.8	83.8
Minnesota	59.9	62.8	60.8	63.9	73.2	74.1	84.0
Missouri	74.4	75.4	72.0	79.8	89.2	89.7	89.7
Montana	78.7	69.4	70.9	79.8	94.3	84.3	87.1
Nebraska	65.3	70.3	63.5	72.6	84.4	78.4	88.8
New Hampshire	61.4	54.9	49.1	59.2	76.0	71.1	87.7
New Mexico	80.2	72.1	67.9	77.1	89.5	79.9	89.7
New York	61.5	49.6	49.3	63.5	69.3	76.4	95.9
North Dakota	66.5	63.4	58.2	70.7	82.2	81.3	86.7
Tennessee	75.9	79.2	74.5	85.2	94.0	85.5	91.2
Utah	68.5	68.6	63.2	69.7	82.0	81.3	93.6
Vermont	50.2	46.6	44.5	51.0	60.5	57.2	88.0
Virginia	81.8	77.7	75.1	82.8	93.2	89.5	88.9
Wisconsin	62.5	60.8	51.7	66.9	74.7	75.9	86.0
Unweighted Da	ta						
Arkansas	76.9	76.3	69.2	84.2	93.3	89.5	91.8
California	58.2	54.0	54.7	61.7	73.5	69.4	82.6
North Carolina	77.2	77.7	71.2	84.2	93.5	90.3	89.7
Oklahoma	68.5	65.8	69.9	76.1	87.7	87.5	84.7
Pennsylvania [§]	67.8	65.1	60.7	71.7	87.2	83.9	91.7
Rhode Island	65.0	66.1	61.0	66.1	78.3	71.7	85.0
South Carolina	76.8	74.7	71.5	84.3	88.3	85.5	87.3
Texas§	76.2	72.6	71.0	73.8	87.5	92.9	96.2
State Median	67.8	65.9	61.0	71.0	82.6	80.1	88.2

TABLE 9b. Percentage of Schools That Taught Specific Topics Related to Physical Activity,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Overcoming barriers to physical activity	Developing an individualized physical activity plan	Monitoring progress toward reaching goals	Opportunities for physical activity in the community	Preventing injury during physical activity	Weather-related safety	Dangers of performance- enhancing drugs**
Weighted Data							
Chicago	75.2	63.2	61.3	85.6	90.4	76.3	76.1
Dallas	72.4	70.1	56.8	70.1	93.2	93.3	96.6
Fort Lauderdale	77.5	66.0	61.8	80.6	80.9	90.4	93.6
Houston	93.0	84.4	75.1	92.9	95.5	97.7	97.6
Los Angeles	65.5	60.0	59.8	66.3	74.8	80.7	88.8
Miami	65.1	63.6	60.2	66.5	70.5	80.7	80.1
Orange County	67.5	61.7	60.2	68.9	74.7	81.2	89.7
Palm Beach	65.9	54.9	54.9	80.8	69.8	84.8	92.0
San Diego	30.8	28.9	28.9	33.3	48.6	33.3	50.0
San Francisco	73.3	68.9	68.0	73.3	73.3	77.6	95.4
Unweighted Dat	a						
District of Columbia	77.8	70.4	74.1	81.5	88.9	74.1	92.6
Philadelphia	76.1	72.6	65.8	80.6	83.6	73.6	77.8
San Bernardino	66.7	33.3	33.3	50.0	66.7	50.0	100.0
Local Median	72.4	63.6	60.2	73.3	74.8	80.7	92.0

^{*} In a required health education course.

^{**} Such as steroids.

[§] Survey did not include students from one of the state's large school districts.

TABLE 10. Percentage of Schools That Used Specific Teaching Methods,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

	Group	Cooperative group		Language, performing,	Pledges or	Adult guest	Peer		Computer- assisted
Site	discussions	activities	Role play	or visual arts	contracts	speakers	educators	The Internet	instruction
Weighted Da	ita								
Alabama	98.5	94.4	79.0	69.3	49.7	88.0	63.0	73.7	58.8
Alaska	92.1	88.0	65.8	62.2	40.7	83.5	58.0	78.8	42.5
Arizona	94.5	90.1	74.4	64.2	55.4	78.8	56.0	69.2	43.9
Connecticut	99.4	98.7	88.0	65.9	40.9	90.5	53.2	81.7	55.8
Delaware	100.0	100.0	92.5	64.3	51.1	95.0	55.4	90.0	50.0
Georgia	98.6	97.0	87.0	74.7	58.6	87.7	64.2	77.9	65.5
Hawaii	100.0	98.3	93.0	82.5	44.6	83.5	68.1	78.2	39.9
Idaho	99.4	96.3	81.0	74.9	39.9	86.8	61.3	82.7	55.1
Illinois**	97.7	93.6	74.6	63.6	37.4	79.8	44.4	74.5	52.8
lowa	98.9	95.4	79.2	61.6	39.2	83.2	50.9	84.1	52.6
Kentucky	99.4	97.2	88.0	66.8	54.3	91.2	62.2	89.6	69.0
Maine	100.0	99.5	90.9	67.1	38.9	81.2	45.8	81.9	46.4
Massachusetts	99.6	99.3	89.9	76.7	47.8	86.8	61.0	81.8	56.8
Michigan	98.1	95.4	83.4	67.6	40.6	82.3	51.0	79.3	43.0
Minnesota	97.2	95.4	84.4	63.9	43.4	91.5	59.1	93.3	57.2
Missouri	98.9	95.6	79.0	67.7	35.5	83.8	61.1	79.7	54.8
Montana	98.0	95.1	77.0	65.6	39.7	78.8	56.5	73.8	57.5
Nebraska	99.2	96.3	74.8	51.9	41.2	75.0	50.0	80.6	58.7
New Hampshire	99.1	99.3	88.7	67.6	26.3	81.1	54.0	82.8	45.5
New Mexico	98.9	95.8	79.3	64.1	57.7	91.3	64.8	79.5	58.9
New York	99.0	98.0	91.8	73.8	53.7	86.5	66.8	83.1	61.4
North Dakota	97.9	95.0	80.0	60.1	40.2	78.2	50.8	90.7	58.6
Tennessee	97.6	92.3	76.2	67.1	50.7	87.8	63.6	70.3	54.6
Utah	97.7	97.1	87.5	69.1	49.3	91.1	50.8	71.1	50.1
Vermont	100.0	96.1	93.7	60.9	42.4	84.1	56.1	80.6	50.4
Virginia	98.6	93.2	85.2	65.2	55.7	83.2	61.1	85.1	71.6
Wisconsin	99.4	98.0	85.7	72.2	50.0	82.3	55.5	84.6	57.1
Unweighted	Data								
Arkansas	99.1	92.9	68.2	47.2	29.9	71.0	48.6	66.7	42.4
California	96.6	97.1	83.3	69.3	50.7	81.0	62.8	72.0	55.0
North Carolina	98.9	96.8	89.8	67.0	58.9	89.2	64.3	79.8	67.2
Oklahoma	98.7	93.5	62.8	58.4	43.2	69.3	46.8	63.5	42.9
Pennsylvania**	98.4	97.2	83.3	69.4	50.0	87.4	59.5	84.4	59.2
Rhode Island	100.0	100.0	86.7	64.4	50.0	78.7	49.2	80.0	67.8
South Carolina	98.4	95.7	78.2	63.8	51.6	78.0	50.3	79.6	61.0
Texas**	98.1	94.4	73.3	62.1	38.6	81.8	63.0	82.2	59.5
State Median	98.9	96.1	83.3	65.9	44.6	83.5	56.5	80.0	55.8

TABLE 10. Percentage of Schools That Used Specific Teaching Methods,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Group discussions	Cooperative group activities	Role play	Language, performing, or visual arts	Pledges or contracts	Adult guest speakers	Peer educators	The Internet	Computer- assisted instruction
Weighted Dat	ta								
Chicago	98.0	94.7	87.2	74.2	67.1	85.5	58.1	58.8	54.4
Dallas	100.0	100.0	86.2	72.2	51.8	93.0	69.0	62.0	48.2
Fort Lauderdale	100.0	100.0	93.8	93.5	67.4	88.0	78.5	88.0	59.8
Houston	100.0	95.5	90.4	83.2	76.9	80.8	65.0	66.6	57.1
Los Angeles	97.8	98.8	88.4	83.7	70.5	89.3	61.1	80.1	72.7
Miami	100.0	98.2	86.9	86.5	60.6	90.6	75.1	83.7	62.5
Orange County	100.0	94.0	100.0	69.4	55.8	89.0	57.3	76.9	63.4
Palm Beach	100.0	100.0	91.8	95.9	60.5	96.2	87.5	71.6	48.5
San Diego	100.0	100.0	100.0	53.7	46.3	68.3	43.9	39.0	29.3
San Francisco	95.7	86.3	82.0	87.0	65.2	95.7	77.0	71.4	72.7
Unweighted I	Data								
District of									
Columbia	89.3	89.3	82.1	71.4	71.4	89.3	64.3	82.1	64.3
Philadelphia	98.6	97.2	91.7	80.3	62.0	68.5	60.6	74.6	48.6
San Bernardino	100.0	83.3	100.0	83.3	33.3	50.0	50.0	50.0	33.3
Local Median	100.0	97.2	90.4	83.2	62.0	89.0	64.3	71.6	57.1

^{*} In a required health education course.

^{**} Survey did not include students from one of the state's large school districts.

Table 11. Percentage of Schools in Which a Specific Person Was Responsible for Coordinating Health Education, by Type of Position, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	School district administrator*	School administrator	Health education teacher	School nurse	Other	No coordinator
Weighted Data**		darimistrator	tederier	Harse	Other	110 coordinator
Alabama	16.2	33.9	34.2	3.4	6.0	6.4
Alaska	25.3	23.5	29.5	4.4	6.5	11.0
Arizona	27.0	19.2	21.6	8.4	8.3	15.7
Arkansas	18.0	26.0	49.0	0.4	1.3	5.3
Connecticut	42.0	15.0	30.4	2.0	3.6	7.0
Delaware	34.5	9.5	52.0	0.0	2.0	2.0
Georgia	31.2	19.6	44.6	0.0	2.3	2.3
Hawaii	3.1	17.4	70.4	0.0	6.3	2.9
ldaho	23.2	15.8	55.8	0.0	3.2	2.0
Illinois [§]	20.3	20.6	49.2	0.8	3.2	5.9
lowa	28.0	13.3	45.4	3.2	4.7	5.3
Kentucky	7.1	24.1	60.4	0.0	3.0	5.3
Maine	28.8	11.4	44.5	6.2	2.4	6.6
Massachusetts	61.5	10.2	22.0	1.5	2.6	2.2
Michigan	31.4	19.5	34.9	4.1	5.1	5.0
Minnesota	25.3	14.2	53.1	0.7	3.7	3.0
Missouri	39.5	15.4	35.2	4.2	2.7	3.1
Montana	16.1	15.6	62.0	1.2	2.1	3.0
Nebraska	20.0	21.3	47.7	2.9	4.5	3.6
New Hampshire	13.0	21.6	44.5	9.6	6.1	5.2
New Jersey	50.3	26.3	15.1	2.4	3.4	2.6
New Mexico	16.7	16.0	46.0	7.9	5.5	7.8
New York	40.6	22.4	31.2	0.0	3.0	2.9
North Carolina	25.7	17.9	46.7	1.0	6.2	2.6
North Dakota	20.6	24.7	42.6	0.0	3.7	8.4
Oklahoma	19.0	26.6	18.0	14.0	6.3	16.1
Tennessee	19.3	20.5	40.1	3.4	5.9	10.8
Texas [§]	22.7	27.4	34.0	5.6	3.9	6.4
Utah	23.6	17.8	54.2	1.0	1.0	2.4
Vermont	7.1	19.9	44.6	9.2	9.8	9.5
Virginia	35.9	16.1	39.9	0.8	2.1	5.1
Wisconsin	28.8	8.4	49.7	1.8	7.1	4.2
Unweighted Data	a**					
California	23.2	20.5	32.7	5.4	6.5	11.6
Oregon	21.1	17.5	55.6	0.6	2.3	2.9
Pennsylvania [§]	40.2	21.3	34.5	0.3	1.7	2.0
Rhode Island	37.5	9.4	43.8	1.6	6.3	1.6
South Carolina	26.7	17.4	45.3	1.9	4.3	4.3
Washington	24.8	17.1	37.6	6.0	7.3	7.3
State Median	25.0	18.5	44.5	1.8	3.8	5.1

Table 11. Percentage of Schools in Which a Specific Person Was Responsible for Coordinating Health Education, by Type of Position, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

	Calca al aliatoriat	Cabaal	Health	Calanal		
Site	School district administrator*	School administrator	education teacher	School nurse	Other	No coordinator
Weighted Data**						
Chicago	3.6	13.3	37.1	5.1	22.5	18.4
Dallas	40.7	12.2	28.3	0.0	4.2	14.5
Fort Lauderdale	25.5	11.7	30.6	0.0	27.5	4.7
Houston	27.1	15.6	50.3	2.3	2.3	2.3
Los Angeles	19.7	17.5	57.8	0.0	2.0	3.0
Miami	19.4	28.5	25.7	2.3	11.5	12.5
Orange County	17.8	27.3	35.4	2.5	11.7	5.2
Palm Beach	13.0	18.2	38.8	4.9	15.0	10.1
San Bernardino	42.9	35.7	7.1	0.0	0.0	14.3
San Diego	44.7	17.0	21.3	6.4	8.5	2.1
San Francisco	19.5	28.2	27.7	5.1	19.5	0.0
Unweighted Data*	*					
District of Columbia	7.1	17.9	75.0	0.0	0.0	0.0
Philadelphia	23.2	9.8	59.8	2.4	1.2	3.7
Local Median	19.7	17.5	35.4	2.3	8.5	4.7

^{*} District administrator or district health education or curriculum coordinator.

^{**} Percentages for each row might not add up to 100.0 due to rounding.

[§] Survey did not include students from one of the state's large school districts.

TABLE 12. Percentage of Schools in Which Health Education Staff Planned or Coordinated Health-Related Projects or Activities with Other Groups, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

C:+-	Physical	School health	School mental	Food	Community
Site	education staff	services staff	health staff	service staff	members
Weighted Data	747	74.0		20.0	52.4
Alabama	74.7	74.0	60.2	29.9	53.1
Alaska	56.2	50.1	56.0	19.6	58.0
Arizona	54.9	57.6	50.3	21.1	48.4
Connecticut	69.0	70.4	67.2	13.1	60.6
Delaware	91.2	83.4	73.5	20.9	68.0
Georgia	83.0	64.1	55.3	29.4	62.6
Hawaii	70.8	52.3	43.7	18.6	65.3
daho	70.9	60.4	51.9	20.7	54.8
llinois*	70.0	51.9	55.6	13.9	53.2
owa	64.2	72.9	48.1	21.4	54.4
Kentucky	81.6	65.7	55.3	25.3	66.7
Maine	72.8	79.4	64.4	25.6	56.6
Massachusetts	81.9	83.8	79.4	29.8	73.0
Michigan	61.6	38.8	44.9	13.7	46.8
Minnesota	74.4	66.9	66.3	21.0	61.9
Missouri	87.6	82.0	59.0	26.5	50.0
Montana	86.1	55.1	52.9	26.1	52.0
Nebraska	64.7	60.8	40.7	18.6	44.0
New Hampshire	62.0	77.1	63.8	21.1	58.4
New Mexico	66.8	78.6	67.1	27.1	61.7
New York	70.2	67.0	68.3	22.1	68.5
North Dakota	65.8	36.4	57.1	31.5	50.4
Tennessee	72.9	66.0	61.2	35.0	57.5
Jtah	69.9	47.1	60.5	9.8	64.5
Vermont	64.2	77.2	74.2	32.5	60.1
Virginia	87.9	73.9	53.5	20.4	50.0
Wisconsin	68.7	70.4	64.1	17.0	56.2
Unweighted Data					
Arkansas	76.1	65.5	48.0	15.9	46.5
California	51.6	50.3	43.2	14.8	44.1
North Carolina	84.6	69.8	63.1	23.6	58.3
Oklahoma	52.8	44.1	47.1	23.9	30.2
Pennsylvania*	89.7	78.3	56.5	15.8	59.1
Rhode Island	80.0	81.3	65.1	15.9	55.6
South Carolina	78.8	66.7	45.5	25.7	48.7
Texas*	65.5	65.6	47.7	20.3	46.3
State Median	70.8	66.7	56.5	20.3 21.1	56.2

TABLE 12. Percentage of Schools in Which Health Education Staff Planned or Coordinated Health-Related Projects or Activities with Other Groups, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Physical education staff	School health services staff	School mental health staff	Food service staff	Community members
Weighted Data					
Chicago	77.0	71.2	71.4	39.5	40.8
Dallas	52.9	75.9	50.0	22.5	36.4
Fort Lauderdale	56.6	28.2	51.4	29.9	49.7
Houston	92.3	90.4	66.7	24.5	51.1
Los Angeles	47.2	60.0	52.7	28.0	56.2
Miami	40.8	32.1	58.8	12.9	45.1
Orange County	52.4	50.9	51.3	14.5	62.1
Palm Beach	42.1	64.0	61.7	12.8	61.2
San Diego	53.1	79.6	65.3	8.3	59.2
San Francisco	67.7	71.4	65.1	15.3	69.4
Unweighted Data					
District of Columbia	96.7	90.3	71.0	19.4	64.5
Philadelphia	85.7	70.6	54.2	32.5	42.9
San Bernardino	28.6	71.4	57.1	0.0	28.6
Local Median	53.1	71.2	58.8	19.4	51.1

^{*} Survey did not include students from one of the state's large school districts.

TABLE 13. Percentage of Schools in Which the Lead Health Education Teacher Had Professional Preparation, by Specific Discipline, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Health and physical education	Health education only	Physical education only	Science or other education degree	Nursing or counseling	Another discipline*
		education only	education only	education degree	or counseling	discipline"
Weighted Data** Alabama	51.1	8.2	20.2	13.2	3.9	3.3
Alaska	13.3	1.9	8.5	48.3	6.4	21.6
Arizona	19.3	5.3	10.5	26.4	21.1	17.4
Connecticut	44.5	18.3	13.2	6.8	6.3	10.8
Delaware	83.2	4.6	7.1	2.5	0.0	2.5
Georgia	72.0	5.6	3.5	11.6	3.6	3.8
Hawaii	41.9	9.2	21.3	18.3	1.8	7.5
Idaho	57.9	5.3	18.2	9.1	1.8	7.7
Illinois§	42.2	11.0	17.9	19.6	3.1	6.1
lowa	29.2	6.0	13.5	14.8	6.8	29.6
Kentucky	59.0	12.5	10.9	8.9	3.0	5.7
Maine	37.8	12.5	9.5	13.6	8.1	12.1
Massachusetts	46.8	23.9	5.3	5.5	8.7	9.8
	34.8	9.4	14.2	17.6	4.6	19.5
Michigan Minnesota	71.2	11.2	9.4	5.7	1.1	1.3
Missouri	46.8	3.0	25.4	6.7	2.5	15.7
Montana	63.8	1.8	10.7	16.9	2.5	4.4
Nebraska	37.2	2.0	20.9	20.8	4.8	14.5
New Hampshire	24.1	20.3	13.4	6.0	23.2	13.0
New Mexico	34.2	8.8	15.4	15.2	13.1	13.5
New York	47.1	37.7	6.5	3.7	1.3	3.7
North Dakota	37.2	4.5	14.1	15.6	1.9	26.7
Tennessee	55.8	4.0	5.7	19.1	9.0	6.3
Utah	48.7	14.8	14.7	12.9	0.7	8.3
Vermont	27.8	11.5	4.5	9.6	23.2	23.3
Virginia	84.5	1.3	6.6	4.2	1.0	23.3
Wisconsin	55.6	7.1	15.5	10.0	3.0	8.9
WISCOTISTT	33.0	7.1	15.5	10.0	5.0	0.9
Unweighted Data	**					
Arkansas	68.1	2.9	20.0	2.9	1.9	4.3
California	16.0	12.2	19.8	30.8	4.6	16.7
North Carolina	55.8	4.3	25.8	4.3	5.6	4.3
Oklahoma	39.0	3.4	6.0	20.6	21.0	10.1
Pennsylvania [§]	87.3	5.0	1.9	1.5	1.2	3.1
Rhode Island	55.7	16.4	11.5	1.6	13.1	1.6
South Carolina	46.2	5.4	31.2	8.5	5.0	3.8
Texas§	51.1	8.4	7.9	11.5	4.8	16.3
State Median	46.8	7.1	13.2	11.5	4.6	8.3

TABLE 13. Percentage of Schools in Which the Lead Health Education Teacher Had Professional Preparation, by Specific Discipline, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Health and physical education	Health education only	Physical education only	Science or other education degree	Nursing or counseling	Another discipline*
Weighted Data**						
Chicago	35.1	2.3	25.1	24.0	11.2	2.3
Dallas	34.4	17.3	2.1	41.8	0.0	4.3
Fort Lauderdale	28.1	10.9	8.0	39.0	5.7	8.3
Houston	81.8	0.0	11.4	0.0	0.0	6.8
Los Angeles	20.5	31.1	1.1	36.6	2.1	8.5
Miami	17.2	11.4	8.3	38.4	10.5	14.2
Orange County	19.4	26.2	2.7	38.4	2.3	10.9
Palm Beach	44.1	15.9	2.6	26.2	5.4	5.6
San Diego	0.0	25.6	0.0	30.8	35.9	7.7
San Francisco	12.9	3.1	0.0	57.3	6.7	20.0
Unweighted Data *	**					
District of Columbia	88.9	0.0	3.7	3.7	3.7	0.0
Philadelphia	77.8	3.7	4.9	3.7	4.9	4.9
San Bernardino	20.0	40.0	0.0	40.0	0.0	0.0
Local Median	28.1	11.4	2.7	36.6	4.9	6.8

^{*} Includes kinesiology, exercise science or exercise physiology, public health, home economics or family and consumer science, and other.

^{**} Percentages for each row might not add up to 100.0 because of rounding.

[§] Survey did not include students from one of the state's large school districts.

TABLE 14a. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Accident or injury prevention	Alcohol or other drug-use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
Weighted Data							
Alabama	57.6	56.8	18.9	76.0	13.6	15.4	33.7
Alaska	50.5	46.4	15.6	48.3	13.1	19.1	33.5
Arizona	55.9	49.3	15.6	61.3	16.6	19.6	38.1
Connecticut	30.5	49.6	10.8	55.0	12.5	5.3	36.0
Delaware	23.3	55.6	12.5	58.7	10.5	2.3	32.9
Georgia	40.2	50.9	10.3	65.0	8.6	8.1	23.5
Hawaii	30.4	57.0	22.6	37.0	6.4	5.4	43.7
Idaho	25.9	46.7	10.5	40.6	9.7	6.4	26.1
Illinois**	30.9	45.8	12.0	54.1	10.4	7.1	30.2
lowa	31.9	38.9	15.4	50.8	10.6	8.6	27.1
Kentucky	47.3	36.8	14.0	69.4	7.1	6.2	21.8
Maine	28.0	40.8	10.4	48.3	10.1	6.6	34.0
Massachusetts	35.2	65.5	16.9	66.6	16.3	10.8	52.1
Michigan	23.7	50.5	15.7	48.0	8.7	8.6	30.4
Minnesota	41.0	57.2	14.8	54.0	13.7	9.8	40.6
Missouri	44.1	53.3	18.5	68.0	14.6	12.0	31.2
Montana	48.2	57.4	17.0	66.8	13.9	12.2	30.5
Nebraska	34.7	34.8	11.4	52.6	18.6	9.6	22.2
New Hampshire	40.0	60.9	19.4	64.9	12.6	4.4	49.2
New Mexico	53.1	52.4	26.9	67.7	15.2	19.4	42.3
New York	35.2	52.6	14.3	56.2	17.6	9.4	37.5
North Dakota	31.3	53.0	21.6	57.8	12.8	7.9	30.1
Tennessee	55.8	52.8	21.0	75.0	16.8	20.0	38.4
Utah	37.4	59.9	27.0	61.6	11.5	8.1	44.5
Vermont	31.3	68.0	17.5	59.0	17.1	17.1	48.0
Virginia	46.8	50.2	17.2	69.4	12.2	10.6	25.9
Wisconsin	42.9	50.8	13.9	60.7	13.1	5.8	38.2
Unweighted Dat	a						
Arkansas	47.4	43.7	11.3	60.9	8.3	7.9	21.0
California	38.7	45.9	11.2	55.0	9.6	9.9	26.3
North Carolina	42.7	34.9	11.8	70.2	7.5	7.2	28.3
Oklahoma	61.0	57.1	19.6	63.4	15.2	15.9	33.0
Pennsylvania**	41.1	62.3	12.7	81.3	9.7	5.4	34.2
Rhode Island	34.4	50.8	12.7	57.8	9.7	7.9	28.6
South Carolina	40.8	37.0	17.2	58.5	8.9	15.9	22.6
Texas**	52.5	50.2	12.7	80.1	10.1	12.0	25.1
State Median	40.2	50.8	15.4	60.7	12.2	8.6	32.9

TABLE 14a. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Accident or injury prevention	Alcohol or other drug-use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
Weighted Data							
Chicago	47.8	50.9	28.5	45.5	26.7	31.7	45.7
Dallas	59.5	54.0	27.0	65.4	12.4	14.7	43.7
Fort Lauderdale	40.5	68.1	17.2	71.4	19.3	12.2	45.9
Houston	82.9	80.9	43.1	98.1	37.3	38.6	55.7
Los Angeles	46.2	52.2	20.2	37.8	13.4	14.5	36.8
Miami	32.1	44.5	19.8	53.9	16.5	13.2	28.5
Orange County	29.2	46.1	7.4	52.3	16.0	4.7	25.6
Palm Beach	74.6	74.8	24.1	85.5	15.3	7.7	40.2
San Diego	20.8	93.8	29.2	27.1	37.5	0.0	58.3
San Francisco	21.9	79.2	32.9	46.7	18.6	15.7	44.3
Unweighted Data	a						
District of Columbia	29.0	71.0	22.6	63.3	32.3	31.0	53.3
Philadelphia	36.1	34.9	14.6	49.4	7.2	14.5	30.1
San Bernardino	37.5	71.4	14.3	50.0	0.0	0.0	42.9
Local Median	37.5	68.1	22.6	52.3	16.5	14.5	43.7

^{*} CPR = cardiopulmonary resuscitation.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 14b. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
Weighted Data					,		
Alabama	21.9	66.8	23.7	50.7	25.6	14.3	29.5
Alaska	17.9	53.6	19.2	28.1	14.7	32.6	21.3
Arizona	27.1	57.5	26.5	49.1	23.1	37.2	26.7
Connecticut	9.8	50.0	28.7	45.9	37.4	12.3	23.9
Delaware	10.5	40.5	18.9	42.2	39.9	4.2	28.7
Georgia	15.4	60.0	28.6	55.8	36.9	11.5	19.4
Hawaii	19.3	24.6	31.1	46.7	44.4	3.6	41.7
Idaho	9.4	38.1	12.0	53.7	26.1	8.8	24.3
Illinois**	13.8	47.8	16.9	33.7	26.7	12.0	23.3
lowa	16.2	36.6	18.5	38.9	19.2	20.8	26.0
Kentucky	11.2	64.5	18.0	34.4	17.9	13.4	23.1
Maine	11.0	37.5	21.5	49.1	33.2	16.4	24.6
Massachusetts	15.1	50.4	33.0	44.7	38.0	14.1	45.5
Michigan	10.8	41.3	29.0	57.2	44.9	19.4	33.5
Minnesota	17.1	47.1	21.1	51.6	40.0	16.6	25.4
Missouri	17.9	57.5	23.1	31.0	21.2	19.8	33.3
Montana	12.8	66.4	24.6	54.3	35.0	13.9	31.5
Nebraska	13.8	39.8	19.0	24.8	20.3	17.2	22.9
New Hampshire	20.1	55.5	36.6	54.6	45.8	20.1	48.2
New Mexico	29.6	60.5	29.0	52.4	34.9	34.2	34.0
New York	16.4	48.8	23.8	58.5	33.0	14.7	32.6
North Dakota	14.9	37.3	16.5	38.8	17.4	16.5	31.7
Tennessee	23.8	68.7	28.8	50.7	26.9	29.3	33.7
Utah	16.3	53.2	25.8	71.6	59.0	9.1	43.2
Vermont	15.0	40.3	28.7	48.1	41.3	21.2	23.0
Virginia	14.0	59.1	23.4	38.8	23.3	17.3	23.9
Wisconsin	19.7	54.1	28.5	43.0	25.3	18.6	20.9
Unweighted Da	ta						
Arkansas	13.9	53.9	16.0	33.2	13.9	12.2	17.0
California	14.5	49.8	20.5	50.0	31.3	18.8	24.3
North Carolina	12.2	63.6	22.1	39.7	33.6	14.1	28.3
Oklahoma	26.3	64.7	23.1	76.7	23.7	41.9	28.4
Pennsylvania**	11.6	61.3	19.9	41.6	29.5	8.5	24.0
Rhode Island	15.9	47.7	25.4	49.2	45.3	22.2	26.6
South Carolina	16.6	57.3	24.4	47.8	42.1	22.9	29.3
Texas**	13.6	67.1	20.9	32.2	20.2	18.3	22.4
State Median	15.1	53.6	23.4	47.8	31.3	16.6	26.6

TABLE 14b. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
Weighted Data							
Chicago	29.9	54.4	43.1	54.7	40.4	42.9	42.4
Dallas	40.0	68.4	50.8	56.9	50.7	16.2	26.9
Fort Lauderdale	25.4	63.6	45.3	91.0	75.0	22.1	42.5
Houston	50.1	98.1	54.0	75.9	58.7	34.6	56.9
Los Angeles	29.8	41.0	29.5	71.9	37.7	30.4	36.3
Miami	19.8	35.9	52.2	68.2	51.4	29.6	34.5
Orange County	15.2	50.2	27.4	97.6	80.4	10.9	16.5
Palm Beach	29.6	77.3	33.9	80.1	46.5	26.3	29.3
San Diego	25.0	25.0	39.6	85.4	89.6	14.6	43.8
San Francisco	21.5	41.7	38.4	70.6	60.7	25.1	26.3
Unweighted Dat	:a						
District of Columbia	25.8	54.8	66.7	71.0	71.0	45.2	38.7
Philadelphia	19.3	41.2	24.1	35.4	25.6	13.3	30.1
San Bernardino	14.3	42.9	42.9	100.0	75.0	14.3	28.6
Local Median	25.4	50.2	42.9	71.9	58.7	25.1	34.5

^{*} HIV = human immunodeficiency virus.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 14c. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety	Tobacco-use prevention	Violence prevention
Weighted Data	,3		•	•				
Alabama	18.7	53.9	30.6	44.8	24.4	15.4	44.2	57.6
Alaska	13.4	29.7	14.4	19.1	23.5	8.0	33.9	47.3
Arizona	21.9	36.1	24.9	31.9	28.9	22.1	49.7	60.9
Connecticut	9.3	40.2	23.7	36.0	24.1	5.9	28.8	57.6
Delaware	6.4	56.2	33.9	40.3	14.1	14.1	43.1	57.5
Georgia	11.6	39.0	33.8	48.9	22.1	9.7	36.3	42.7
Hawaii	17.2	45.5	37.2	47.5	27.4	13.9	55.5	49.2
Idaho	7.3	31.6	16.3	41.0	21.2	6.5	30.5	45.4
Illinois**	8.2	36.5	22.7	29.5	21.8	7.3	39.3	51.5
lowa	10.3	30.8	19.1	25.4	18.7	10.4	27.4	40.4
Kentucky	10.1	40.0	18.2	25.7	9.0	8.8	31.0	50.0
Maine	8.1	40.5	31.1	37.4	36.6	6.1	34.3	54.0
Massachusetts	10.6	48.3	28.2	35.8	34.2	18.6	49.3	74.6
Michigan	13.9	39.9	30.8	47.9	17.9	9.4	41.1	48.9
Minnesota	11.1	41.2	35.7	46.6	32.3	10.4	51.0	51.5
Missouri	15.9	41.5	21.9	29.6	22.7	13.8	32.9	50.6
Montana	13.7	46.6	26.2	38.1	21.6	13.7	57.1	51.2
Nebraska	12.9	32.8	15.7	20.7	17.4	9.6	28.8	39.6
New Hampshire	7.4	52.1	32.0	40.1	29.1	11.4	40.7	57.5
New Mexico	23.1	49.7	35.3	47.6	30.5	19.0	45.7	54.2
New York	12.0	34.8	31.1	41.5	26.6	13.6	43.4	61.3
North Dakota	14.8	43.2	15.7	28.9	23.2	11.1	41.2	57.9
Tennessee	21.4	51.9	28.6	41.5	25.0	17.5	39.8	60.1
Utah	9.8	38.2	43.0	64.0	47.9	10.9	52.8	49.1
Vermont	5.3	40.9	27.9	47.1	22.7	9.9	49.7	51.9
Virginia	11.7	67.3	20.1	27.5	19.2	12.7	32.6	52.6
Wisconsin	11.0	32.3	21.4	25.9	21.6	7.3	34.6	46.3
Unweighted Da	ıta							
Arkansas	9.6	40.3	18.2	29.4	16.7	12.7	26.6	40.0
California	11.2	30.1	27.5	40.0	19.5	13.1	41.5	44.7
North Carolina	9.2	50.4	31.9	38.9	15.5	12.2	31.1	41.9
Oklahoma	20.9	38.3	26.0	47.6	26.7	11.5	36.9	61.5
Pennsylvania**	8.1	47.7	24.6	35.6	24.1	9.7	34.1	62.3
Rhode Island	14.3	43.8	21.9	33.3	12.7	15.6	38.1	45.3
South Carolina	16.4	53.1	33.1	40.8	12.6	9.3	28.0	34.1
Texas**	12.5	47.1	22.7	31.7	22.0	13.1	34.1	50.8
State Median	11.6	40.9	26.2	38.1	22.7	11.4	38.1	51.2

TABLE 14c. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Preceding 2 Years, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety	Tobacco-use prevention	Violence prevention
Weighted Data								
Chicago	35.5	54.9	31.0	48.2	22.4	13.7	43.1	61.9
Dallas	16.8	39.3	32.3	42.6	36.5	18.7	40.8	59.2
Fort Lauderdale	14.3	51.7	42.3	82.2	35.6	50.3	64.8	59.7
Houston	48.2	90.4	56.0	72.5	63.5	52.0	75.1	86.7
Los Angeles	20.3	31.7	32.7	56.9	24.4	18.6	72.7	54.4
Miami	21.9	32.8	45.0	60.1	27.9	18.6	37.4	49.2
Orange County	15.3	15.3	62.6	84.6	22.7	16.9	26.8	59.7
Palm Beach	16.2	42.4	43.9	56.8	33.9	41.5	57.0	82.7
San Diego	0.0	27.1	81.3	89.6	72.9	20.8	83.3	93.8
San Francisco	20.8	35.7	48.2	66.7	42.9	9.3	79.2	68.2
Unweighted Data	ı							
District of Columbia	32.3	64.5	48.4	58.1	25.8	12.9	35.5	51.6
Philadelphia	16.0	61.7	22.9	32.5	15.7	6.0	28.0	51.8
San Bernardino	14.3	28.6	57.1	75.0	14.3	14.3	42.9	28.6
Local Median	16.8	39.3	45.0	60.1	27.9	18.6	43.1	59.7

^{*} STD = sexually transmitted disease.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 15a. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Cita	Accident or injury	Alcohol or other drug-use	Consumer	CDD*	Death	Dental and oral	Emotional and mental
Site	prevention	prevention	health	CPR*	and dying	health	health
Weighted Data	60.4	76.1	52.0	742	57.1	F1 1	67.4
Alabama	60.4	76.1	52.0	74.3	57.1	51.1	67.4
Alaska	43.8	60.0	43.4	64.9	55.2	37.2	63.9
Arizona	57.0	72.0	52.7	67.6	53.9	48.1	67.0
Connecticut	41.6	74.0	53.3	54.0	68.3	33.2	77.8
Delaware	51.3	78.9	57.8	61.3	74.4	33.2	70.3
Georgia	54.9	72.7	43.9	66.2	57.6	46.5	63.1
Hawaii	62.1	60.3	70.1	71.4	64.8	50.2	64.7
Idaho	48.2	65.0	48.1	61.8	51.6	33.6	66.4
Illinois**	43.1	65.2	42.0	55.9	46.5	29.6	58.9
lowa	35.3	60.3	44.6	54.7	48.7	29.2	56.3
Kentucky	56.2	66.8	50.4	61.2	58.4	41.8	59.3
Maine	33.9	62.3	50.5	51.6	51.7	22.1	62.5
Massachusetts	50.7	76.1	53.4	60.2	64.9	36.5	75.1
Michigan	41.6	64.6	46.3	61.3	51.1	33.2	58.8
Minnesota	41.0	71.2	45.2	52.2	55.6	26.4	72.5
Missouri	53.6	67.5	49.3	67.9	47.8	37.3	61.0
Montana	49.8	65.3	47.5	61.3	59.2	42.7	67.8
Nebraska	33.3	52.7	31.4	49.7	35.3	22.9	48.8
New Hampshire	52.1	70.5	60.0	52.9	56.4	41.7	73.9
New Mexico	60.3	75.6	53.4	65.5	59.7	44.1	69.9
New York	44.9	75.0	53.7	56.6	64.9	36.1	70.2
North Dakota	42.8	62.1	38.7	58.7	45.3	26.7	57.6
Tennessee	59.4	73.8	51.0	72.9	59.8	48.3	69.9
Utah	46.5	65.5	57.5	57.8	61.4	35.2	72.5
Vermont	31.7	57.2	39.0	37.8	54.4	20.5	61.6
Virginia	48.7	63.0	44.9	61.9	55.9	35.9	62.7
Wisconsin	39.7	62.3	49.6	54.9	54.2	28.2	63.4
Wisconsin	37.7	02.3	15.0	3 11.5	3 1.2	20.2	03.1
Unweighted Dat	'a						
Arkansas	55.9	74.8	47.2	66.5	49.4	42.2	61.6
California	37.7	61.8	41.3	58.4	42.4	29.3	66.1
North Carolina	50.2	71.4	38.2	64.6	52.3	35.9	62.3
Oklahoma	55.5	73.0	42.7	71.3	45.6	41.3	62.6
Pennsylvania**	56.0	75.9	52.5	65.8	66.8	36.3	75.2
Rhode Island	47.5	64.1	59.7	62.9	71.0	30.0	71.9
South Carolina	54.9	70.6	50.0	68.3	54.9	45.6	63.4
Texas**	55.6	73.4	47.0	71.7	56.2	43.0	64.9
State Median	49.8	67.5	49.3		55.6	45.0 36.1	64.7
State Median	49.8	07.5	49.3	61.3	33.0	30. I	04./

TABLE 15a. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Accident or injury prevention	Alcohol or other drug-use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
Weighted Data							
Chicago	67.4	74.0	64.4	83.4	70.2	61.5	73.1
Dallas	51.9	65.0	47.7	81.7	47.9	46.6	66.6
Fort Lauderdale	63.5	71.3	60.0	75.7	71.0	56.2	70.3
Houston	72.0	88.0	71.5	76.0	85.6	73.5	84.0
Los Angeles	56.7	74.7	59.8	70.9	62.4	46.6	71.6
Miami	63.1	71.9	56.2	80.4	62.9	52.8	71.7
Orange County	33.1	68.9	48.1	50.7	58.5	35.6	63.5
Palm Beach	45.7	63.9	56.2	57.7	53.0	54.1	77.3
San Diego	22.9	79.2	37.5	50.0	45.8	20.8	66.7
San Francisco	65.1	73.7	60.3	63.2	64.3	53.3	76.5
Unweighted Data	1						
District of Columbia	63.3	80.6	70.0	74.2	64.3	73.3	73.3
Philadelphia	62.5	73.5	63.3	80.2	63.1	46.3	77.8
San Bernardino	71.4	62.5	42.9	71.4	42.9	42.9	75.0
Local Median	63.1	73.5	59.8	74.2	62.9	52.8	73.1

^{*} CPR = cardiopulmonary resuscitation.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 15b. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
Weighted Data							
Alabama	55.8	76.6	53.3	67.7	59.6	47.4	69.1
Alaska	50.9	63.3	44.2	51.6	46.1	44.6	59.1
Arizona	58.0	71.1	54.2	60.4	47.7	47.8	63.7
Connecticut	61.4	54.4	61.9	69.7	73.5	40.1	68.3
Delaware	48.6	53.7	58.1	75.1	72.5	43.8	58.1
Georgia	52.5	67.6	56.0	71.0	63.9	48.4	64.4
Hawaii	62.8	64.3	60.6	70.4	68.3	60.3	73.3
Idaho	44.9	69.6	49.1	60.0	56.5	41.1	59.0
Illinois**	44.6	56.4	39.6	56.9	50.6	34.7	53.8
lowa	43.4	52.9	41.3	53.8	49.6	36.1	52.3
Kentucky	54.7	63.9	48.0	60.1	56.4	46.3	59.6
Maine	51.5	50.3	39.7	52.6	56.7	33.6	57.6
Massachusetts	58.5	57.8	58.4	68.9	70.8	42.6	65.4
Michigan	48.2	61.2	45.7	57.0	53.0	38.6	59.4
Minnesota	48.8	54.2	44.7	63.0	60.3	42.9	52.3
Missouri	52.1	70.1	48.1	61.7	51.4	42.3	63.4
Montana	53.2	61.2	51.1	64.2	58.4	48.6	66.6
Nebraska	32.7	49.8	32.8	46.9	41.4	31.4	46.3
New Hampshire	66.4	57.0	56.1	62.6	69.6	49.5	69.8
New Mexico	56.5	69.9	56.4	65.5	60.1	50.2	62.9
New York	58.8	53.3	55.6	73.0	73.2	46.4	61.6
North Dakota	37.7	57.2	32.6	53.4	42.0	32.9	50.5
Tennessee	59.0	73.8	58.0	69.4	56.0	49.9	69.2
Utah	54.2	58.8	55.4	62.4	61.9	48.2	62.1
Vermont	47.8	39.1	46.1	56.6	57.4	23.0	57.0
Virginia	48.3	63.3	43.7	52.0	49.3	37.6	61.4
Wisconsin	52.2	53.6	51.8	58.6	58.8	35.0	61.9
Unweighted Da	nta						
Arkansas	52.8	71.4	49.4	71.3	52.8	46.1	63.2
California	45.7	58.0	44.9	56.3	50.5	34.4	57.9
North Carolina	44.3	65.8	46.2	63.1	55.1	37.2	67.1
Oklahoma	49.3	71.3	44.6	61.6	41.0	46.8	57.5
Pennsylvania**	58.9	69.0	59.9	83.4	75.1	48.6	72.7
Rhode Island	67.8	53.3	60.7	72.6	72.6	36.7	61.9
South Carolina	55.1	69.5	52.4	63.6	61.3	45.8	67.8
Texas**	52.4	68.8	48.8	66.4	59.2	45.3	62.8
State Median	52.4	61.2	49.4	62.6	57.4	43.8	61.9

TABLE 15b. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
Weighted Data					,		
Chicago	65.4	79.0	64.2	76.7	68.5	61.1	66.6
Dallas	56.5	72.8	62.1	67.9	58.5	48.8	68.1
Fort Lauderdale	71.5	65.9	56.2	66.1	71.8	58.4	71.5
Houston	77.6	76.0	81.3	88.0	75.4	67.3	82.1
Los Angeles	63.9	63.7	60.8	65.1	65.1	55.4	65.4
Miami	63.7	80.3	61.0	64.1	62.8	59.5	77.4
Orange County	50.3	35.2	41.0	58.3	59.5	34.8	58.9
Palm Beach	65.2	47.1	57.3	53.5	62.3	55.9	62.3
San Diego	43.8	50.0	43.8	66.7	66.7	22.9	52.1
San Francisco	63.9	61.6	61.6	62.0	74.1	47.1	65.1
Unweighted Dat	ta						
District of Columbia	72.4	72.4	73.3	86.7	73.3	62.1	74.2
Philadelphia	65.4	79.5	65.9	75.9	70.7	52.4	72.3
San Bernardino	71.4	71.4	71.4	62.5	87.5	57.1	62.5
Local Median	65.2	71.4	61.6	66.1	68.5	55.9	66.6

^{*} HIV = human immunodeficiency virus.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 15c. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Cita	Personal	Physical activity and	Pregnancy	STD*	Suicide	Com andata:	Tobacco-use	Violence
Site	hygiene	fitness	prevention	prevention	prevention	Sun safety	prevention	preventior
Weighted Data								
Alabama	49.8	68.9	62.7	70.7	75.4	58.7	69.6	80.3
Alaska	38.5	54.1	46.7	52.5	72.3	38.3	60.7	73.2
Arizona	51.6	60.7	53.9	56.9	70.0	59.8	65.8	77.2
Connecticut	36.9	56.9	64.7	73.4	81.8	48.8	63.0	79.9
Delaware	41.5	70.6	64.2	70.9	74.4	45.4	72.5	81.2
Georgia	43.6	65.3	64.5	70.6	70.7	57.1	63.1	77.2
Hawaii	49.0	65.3	65.9	68.2	84.8	66.2	62.5	78.8
ldaho	34.6	51.9	53.3	60.6	72.7	42.0	60.9	80.3
Illinois**	30.3	49.7	47.9	56.5	67.3	39.8	55.3	70.7
lowa	30.8	50.5	46.9	54.7	63.9	44.5	50.5	67.8
Kentucky	43.8	59.6	56.6	60.3	72.0	47.9	61.4	76.9
Maine	25.3	48.7	50.3	54.4	65.8	40.6	54.9	68.9
Massachusetts	41.2	59.9	62.2	69.7	78.3	56.1	60.2	80.9
Michigan	37.6	50.0	52.2	58.4	65.9	45.0	57.9	68.9
Minnesota	29.5	54.2	60.2	65.8	71.8	43.4	59.7	78.2
Missouri	40.8	57.9	54.8	60.4	66.1	47.7	56.6	72.2
Montana	41.3	66.0	54.6	62.8	74.2	53.6	60.4	74.6
Nebraska	26.5	47.0	39.2	45.9	57.9	34.1	50.4	65.6
New Hampshire	40.4	63.3	56.3	65.7	70.4	53.1	59.0	77.8
New Mexico	48.0	66.5	66.6	66.8	75.9	50.6	66.2	78.3
New York	43.9	55.3	71.0	74.7	76.8	54.4	70.2	78.9
North Dakota	35.2	49.3	41.3	54.7	63.4	42.2	48.7	66.0
Tennessee	50.0	68.3	62.0	67.5	76.9	54.6	67.1	83.5
Utah	39.3	57.3	58.8	65.1	80.6	50.8	62.6	87.7
Vermont	29.5	34.9	54.7	53.7	72.7	34.0	50.0	79.2
Virginia	39.7	72.8	50.7	54.0	67.2	53.5	56.1	78.2
Wisconsin	35.4	54.9	55.9	58.8	67.2	40.4	58.7	70.2
Unweighted Da		45.						
Arkansas	50.2	67.4	60.7	67.1	69.8	50.7	65.5	78.9
California	35.5	49.0	45.7	53.3	65.6	44.1	54.8	74.3
North Carolina	40.8	67.7	53.2	60.8	67.4	51.7	65.4	78.4
Oklahoma	45.7	57.0	55.6	57.1	68.3	52.9	67.6	78.3
Pennsylvania**	42.4	74.4	68.0	79.0	79.1	63.4	67.6	82.2
Rhode Island	37.7	63.9	69.4	66.7	70.8	63.9	56.5	85.5
South Carolina	46.6	64.2	61.4	64.0	68.1	58.4	64.9	75.8
Texas**	44.4	61.4	64.0	67.1	71.5	56.9	68.3	75.0
State Median	40.8	59.6	56.3	62.8	70.8	50.7	60.9	78.2

TABLE 15c. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Health Education Topic, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety	Tobacco-use prevention	Violence prevention
Weighted Data								
Chicago	64.8	66.6	67.2	73.6	73.6	58.8	70.5	86.3
Dallas	45.5	60.0	71.6	69.3	68.5	59.9	58.5	70.7
Fort Lauderdale	53.9	63.7	71.0	68.7	74.2	66.1	61.2	71.7
Houston	67.3	84.0	87.8	87.8	92.0	73.0	81.9	96.0
Los Angeles	47.9	55.1	60.4	64.8	70.4	55.2	58.9	78.0
Miami	53.8	60.6	64.3	65.2	77.0	64.7	69.7	72.5
Orange County	35.6	39.9	62.0	67.2	81.0	56.4	55.7	66.9
Palm Beach	57.2	55.7	56.2	56.2	65.2	61.1	56.2	74.0
San Diego	25.0	33.3	62.5	56.3	75.0	22.9	39.6	83.3
San Francisco	56.5	62.7	65.1	68.6	76.5	49.8	52.5	76.9
Unweighted Da	ta							
District of Columbia	67.7	74.2	74.2	83.9	77.4	61.3	77.4	93.5
Philadelphia	52.4	70.7	69.5	70.4	85.4	56.6	66.7	83.3
San Bernardino	50.0	62.5	75.0	75.0	62.5	42.9	62.5	75.0
Local Median	53.8	62.5	67.2	68.7	75.0	58.8	61.2	76.9

^{*} STD = sexually transmitted disease.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 16. Percentage of Schools in Which the Lead Health Education Teacher Received Staff Development During the Preceding 2 Years, by Specific Teaching Method, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
Weighted Data						
Alabama	62.5	49.3	30.2	54.3	43.8	53.6
Alaska	37.9	57.0	33.4	55.4	46.2	38.1
Arizona	54.4	54.5	52.8	57.1	48.0	58.0
Connecticut	44.2	34.9	18.2	54.5	29.2	42.1
Delaware	50.9	48.4	17.2	65.3	34.1	61.3
Georgia	37.1	38.7	26.1	58.0	32.6	42.2
Hawaii	32.7	32.7	26.1	70.0	21.9	48.3
Idaho	22.7	20.8	16.0	43.7	20.1	34.6
Illinois*	37.3	28.2	15.8	50.7	30.1	44.8
lowa	45.7	36.2	18.6	54.7	40.5	46.5
Kentucky	50.6	44.5	16.3	57.7	41.2	52.8
Maine	37.8	15.8	6.9	44.6	25.2	38.9
Massachusetts	47.1	34.9	18.3	61.3	34.5	55.8
Michigan	31.2	25.6	9.8	48.3	32.2	41.7
Minnesota	40.9	39.1	18.8	47.4	32.9	42.3
Missouri	40.4	35.5	15.4	61.1	43.3	47.4
Montana	31.4	21.4	3.5	50.5	31.6	46.0
Nebraska	38.2	37.1	15.3	40.9	31.0	40.9
New Hampshire	52.8	14.4	11.0	58.3	30.9	52.5
New Mexico	36.1	51.7	45.6	55.2	48.8	45.0
New York	39.1	31.5	18.3	54.7	32.5	54.2
North Dakota	37.7	16.1	8.1	42.9	27.8	42.0
Tennessee	46.0	40.8	25.1	55.9	44.5	49.4
Utah	42.3	52.6	46.0	50.7	30.2	46.3
Vermont	46.6	18.5	10.3	61.0	28.0	55.2
Virginia	44.5	41.2	21.8	60.8	34.9	45.0
Wisconsin	40.4	32.9	14.7	54.3	37.5	53.7
Unweighted Data	1					
Arkansas	43.7	35.2	24.6	51.1	35.1	46.5
California	43.0	54.5	58.8	52.1	32.7	41.0
North Carolina	44.1	45.7	30.0	55.5	28.8	39.9
Oklahoma	50.7	65.3	25.8	57.8	53.7	55.9
Pennsylvania*	51.1	26.7	11.8	56.6	36.9	45.6
Rhode Island	35.4	26.2	16.9	44.6	23.1	29.2
South Carolina	35.3	39.1	20.1	46.7	37.8	38.8
Texas*	54.7	52.9	47.8	60.8	39.4	49.6
State Median	42.3	36.2	18.3	54.7	32.9	46.0

TABLE 16. Percentage of Schools in Which the Lead Health Education Teacher Received Staff Development During the Preceding 2 Years, by Specific Teaching Method, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
Weighted Data						
Chicago	54.5	39.5	25.2	62.5	49.6	54.7
Dallas	78.3	57.1	53.1	69.3	38.7	61.9
Fort Lauderdale	39.7	67.5	62.8	65.0	53.8	57.9
Houston	72.5	80.0	88.0	85.7	69.4	77.6
Los Angeles	56.0	72.6	77.2	71.8	44.5	54.7
Miami	27.9	51.2	60.5	63.3	33.4	31.9
Orange County	47.8	66.8	70.4	55.2	36.5	50.4
Palm Beach	62.2	85.8	67.8	76.9	40.2	62.6
San Diego	29.2	47.9	33.3	85.4	50.0	72.9
San Francisco	59.2	76.9	56.1	74.1	52.5	53.3
Unweighted Data						
District of Columbia	54.8	54.8	32.3	80.6	54.8	64.5
Philadelphia	28.9	43.4	19.3	53.6	28.9	37.3
San Bernardino	85.7	85.7	85.7	100.0	71.4	85.7
Local Median	54.8	66.8	60.5	71.8	49.6	57.9

^{*} Survey did not include students from one of the state's large school districts.

TABLE 17. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Teaching Method, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
Weighted Data						
Alabama	62.2	59.1	56.5	63.2	65.4	71.5
Alaska	60.7	50.5	45.6	57.5	63.8	72.4
Arizona	65.2	64.1	61.0	61.2	67.2	74.4
Connecticut	64.2	63.1	54.6	71.4	70.4	80.8
Delaware	72.6	61.5	53.2	69.4	70.4	79.7
Georgia	66.1	64.4	64.3	64.2	67.0	73.0
Hawaii	72.7	63.6	66.1	69.0	78.1	86.6
Idaho	60.9	53.6	50.6	56.5	65.1	78.6
Illinois*	52.4	40.8	34.8	52.7	58.9	66.0
lowa	49.9	42.4	38.2	50.0	55.4	66.3
Kentucky	55.5	54.5	52.6	56.3	63.0	71.4
Maine	50.3	39.9	33.7	58.7	68.9	76.8
Massachusetts	69.1	63.0	55.1	70.9	72.3	84.4
Michigan	58.1	48.6	41.5	57.1	61.6	74.7
Minnesota	53.0	49.3	42.2	58.9	62.0	74.6
Missouri	60.2	47.7	39.7	60.3	66.2	74.1
Montana	57.9	43.6	34.8	63.3	66.2	78.2
Nebraska	46.0	39.5	33.1	41.1	53.6	63.6
New Hampshire	63.4	51.0	43.2	73.4	71.5	82.7
New Mexico	66.5	58.0	54.3	62.7	66.8	78.9
New York	67.7	59.3	53.1	72.9	72.6	81.7
North Dakota	48.8	33.7	27.1	51.1	57.1	68.8
Tennessee	68.1	60.3	59.0	63.9	72.4	78.1
Utah	62.7	58.7	61.7	65.9	63.8	80.3
Vermont	51.0	32.6	27.6	55.1	62.7	73.5
Virginia	66.6	51.1	53.3	59.3	64.3	80.1
Wisconsin	55.3	50.3	47.0	60.0	64.2	74.3
Unweighted Dat	a					
Arkansas	56.3	51.7	45.9	58.3	63.5	73.8
California	51.3	50.7	50.5	52.5	56.5	72.3
North Carolina	69.6	62.3	63.8	58.4	60.3	74.8
Oklahoma	68.5	60.9	53.2	62.7	69.9	77.9
Pennsylvania*	68.1	57.1	46.9	64.8	69.9	82.7
Rhode Island	66.7	64.1	54.0	73.0	75.0	87.7
South Carolina	69.3	63.2	59.3	60.4	68.4	73.6
Texas*	62.5	61.3	58.6	61.4	65.9	76.6
State Median	62.5	54.5	52.6	60.4	65.9	74.8

TABLE 17. Percentage of Schools in Which the Lead Health Education Teacher Wanted Staff Development, by Specific Teaching Method, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
Weighted Data						
Chicago	74.5	64.2	58.7	72.4	78.2	86.3
Dallas	58.8	66.0	74.9	59.5	68.9	79.1
Fort Lauderdale	65.8	63.2	58.7	65.4	74.0	72.4
Houston	85.7	75.4	73.4	75.9	81.5	87.7
Los Angeles	69.4	66.1	64.6	72.3	74.6	81.9
Miami	63.5	67.3	62.9	63.9	74.1	76.3
Orange County	43.0	48.0	52.8	66.6	71.7	70.5
Palm Beach	58.3	46.3	53.0	59.4	77.8	74.7
San Diego	56.3	60.4	60.4	66.0	68.8	75.0
San Francisco	66.8	70.0	64.0	49.0	72.9	78.5
Unweighted Data						
District of Columbia	83.3	77.4	80.0	86.7	83.9	100.0
Philadelphia	72.9	72.0	65.4	75.3	79.5	90.4
San Bernardino	62.5	42.9	57.1	71.4	75.0	62.5
Local Median	65.8	66.0	62.9	66.6	74.6	78.5

^{*} Survey did not include students from one of the state's large school districts.

TABLE 18. Percentage of Schools That Required Physical Education in Grades 6-12 and, Among Those Schools, Percentage That Allowed Students to Be Exempted from Required Physical Education, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

		Reason for exemption from required physical education				
Site	Required physical education	Enrolled in another course*	Participated in school sports	Participated in other school activities**	Participated in community sports activities	
Weighted Data						
Alabama	98.4	3.0	20.3	41.7	1.2	
Alaska	95.7	6.0	20.2	10.0	7.3	
Arizona	75.6	10.5	11.3	17.3	8.2	
Arkansas	96.4	3.4	31.5	14.3	2.1	
Connecticut	99.0	2.6	3.0	1.7	1.5	
Delaware	100.0	2.0	5.8	6.0	2.0	
Georgia	77.8	10.6	0.5	9.6	0.0	
Hawaii	100.0	5.7	0.0	6.0	0.0	
Idaho	92.3	9.4	5.9	6.5	2.9	
Illinois§	98.5	24.1	29.1	20.2	2.1	
lowa	99.3	41.2	20.7	5.9	0.8	
Kentucky	91.5	6.1	0.6	7.3	0.0	
Maine	99.5	3.1	2.7	1.0	1.6	
Massachusetts	97.2	8.4	2.9	4.2	2.1	
Michigan	91.3	12.1	18.8	23.6	2.7	
Minnesota	96.7	3.4	3.8	1.6	2.9	
Missouri	99.7	2.6	0.6	1.9	0.3	
Montana	100.0	0.4	1.3	0.0	0.8	
Nebraska	98.7	4.0	2.6	2.5	0.4	
New Hampshire	98.3	4.2	6.6	4.5	2.0	
New Jersey	99.7	0.3	1.1	1.5	0.8	
New Mexico	98.2	5.1	25.3	21.4	3.8	
New York	99.4	2.1	7.8	3.1	3.6	
North Carolina North Dakota	97.5 99.4	4.9 4.0	0.7 1.2	4.9 0.0	0.4	
Oklahoma	47.7	27.7	48.0	31.0	4.9	
Tennessee	85.8	4.8	4.4	22.6	0.4	
Texas§	97.7	8.9	81.6	58.5	15.7	
Utah	99.5	7.6	15.9	10.8	8.3	
Vermont	100.0	2.7	12.5	1.0	3.8	
Virginia	95.1	9.9	1.7	6.9	2.2	
Wisconsin	97.8	2.0	1.1	0.7	0.7	
Unweighted Data						
California	100.0	2.6	18.2	21.5	13.6	
Oregon	97.8	9.4	7.7	3.6	8.9	
Pennsylvania [§]	99.3	3.1	3.2	2.1	1.4	
Rhode Island	98.5	0.0	1.6	1.6	6.3	
South Carolina	97.0	8.4	0.4	43.9	0.0	
Washington	96.3	23.0	38.4	20.6	22.7	
State Median	98.2	4.9	5.1	6.0	2.0	

TABLE 18. Percentage of Schools That Required Physical Education in Grades 6-12 and, Among Those Schools, Percentage That Allowed Students to Be Exempted from Required Physical Education, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

		Reason for exemption from required physical education			
Site	Required physical education	Enrolled in another course*	Participated in school sports	Participated in other school activities**	Participated in community sports activities
Weighted Data					
Chicago	98.6	2.8	2.9	6.1	1.0
Dallas	92.2	2.4	49.4	72.3	2.3
Fort Lauderdale	79.3	3.3	45.3	6.5	0.0
Houston	100.0	9.6	26.5	45.5	9.3
Los Angeles	100.0	1.0	36.6	55.9	8.8
Miami	60.8	19.9	35.6	15.1	2.0
Orange County	69.0	15.5	58.0	39.0	0.0
Palm Beach	82.3	12.7	50.1	13.5	0.0
San Bernardino	92.9	0.0	0.0	9.1	0.0
San Diego	89.8	2.3	35.7	40.5	26.2
San Francisco	94.0	0.0	9.6	19.2	9.6
Unweighted Data					
District of Columbia	100.0	3.4	0.0	10.3	0.0
Philadelphia	95.4	3.7	2.4	6.1	3.7
Local Median	92.9	3.3	35.6	15.1	2.0

^{*} Such as math or science.

^{**} Such as ROTC, marching band, chorus, or cheerleading.

[§] Survey did not include students from one of the state's large school districts.

TABLE 19. Percentage of Schools That Offered Intramural Activities or Physical Activity Clubs for Students and, Among Those Schools, Percentage That Provided Transportation Home from Intramural Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Offered intramural activities or physical activity clubs	Provided transportation home*
Weighted Data		
Alabama	48.8	4.8
Alaska	78.7	11.6
Arizona	76.1	53.4
Arkansas	45.7	19.0
Connecticut	85.3	58.2
Delaware	71.7	58.1
Georgia	55.5	15.1
Hawaii	92.7	13.1
Idaho	66.1	11.2
Illinois**	58.0	43.3
lowa	48.8	35.1
Kentucky	59.0	33.4
Maine	91.7	50.6
Massachusetts	91.6	54.7
Michigan	78.1	17.9
Minnesota	63.3	50.7
Missouri	59.5	33.2
Montana	58.1	9.7
Nebraska	41.7	14.6
New Hampshire	83.1	28.1
New Jersey	90.4	43.4
New Mexico	64.1	33.3
New York	90.3	66.6
North Carolina	65.3	22.2
North Dakota	51.0	25.9
Oklahoma	37.8	17.6
Tennessee	59.8	7.5
Texas**	39.6	38.3
Utah	76.9	31.4
Vermont	83.6	28.5
Virginia	66.4	59.3
Wisconsin	72.8	34.9
Unweighted Data		
California	81.4	29.0
Oregon	65.2	26.5
Pennsylvania**	86.7	50.2
Rhode Island	75.4	70.8
South Carolina	70.7	11.2
Washington	70.6	50.6
State Median	68.5	32.3

TABLE 19. Percentage of Schools That Offered Intramural Activities or Physical Activity Clubs for Students and, Among Those Schools, Percentage That Provided Transportation Home from Intramural Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Offered intramural activities or physical activity clubs	Provided transportation home*
Weighted Data		•
Chicago	89.2	26.8
Dallas	78.6	39.7
Fort Lauderdale	90.9	35.6
Houston	87.2	17.6
Los Angeles	92.4	50.5
Miami	93.9	52.3
Orange County	97.1	4.5
Palm Beach	86.6	96.9
San Bernardino	92.9	61.5
San Diego	74.5	66.7
San Francisco	97.5	20.9
Unweighted Data		
District of Columbia	100.0	10.0
Philadelphia	98.9	19.8
Local Median	92.4	35.6

^{*} For students who participate in after-school intramural activities or physical activity clubs.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 20a. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Assured immediate access to medication*	Had full-time registered nurse**	Identified and tracked students with asthma	Obtained and used an Asthma Action Plan [§]	Provided intensive case management for students with asthma ^{§§}
Weighted Data					
Alabama	90.7	21.7	72.4	52.5	29.8
Alaska	66.6	17.9	50.5	27.9	12.7
Arizona	81.9	46.8	79.9	46.4	36.9
Arkansas	91.9	54.3	79.7	56.3	33.5
Connecticut	88.9	89.7	94.1	69.1	46.8
Delaware	96.1	98.0	92.2	74.0	46.1
Georgia	86.5	41.8	63.0	40.2	35.7
Hawaii	95.5	15.0	79.5	62.6	30.9
Idaho	90.4	13.5	54.7	29.3	35.6
Illinois ⁺	94.5	42.5	88.5	57.1	29.6
lowa	94.3	40.6	85.7	57.2	30.9
Kentucky	92.6	28.0	66.4	34.4	23.1
Maine	90.2	45.0	90.2	57.9	39.5
Massachusetts	88.2	95.4	93.9	66.8	45.4
Michigan	95.2	10.4	73.6	38.5	21.4
Minnesota	92.4	35.6	86.3	62.2	34.7
Missouri	91.3	71.7	93.0	64.1	38.1
Montana	88.7	10.9	65.4	31.6	22.4
Nebraska	92.1	25.0	79.9	43.5	26.4
New Hampshire	89.9	89.6	95.3	56.6	48.0
New Jersey	96.6	97.5	98.1	79.7	48.6
New Mexico	92.5	49.4	81.9	57.7	38.8
New York	91.1	90.6	94.4	62.9	33.3
North Carolina	96.6	14.7	76.1	61.2	41.9
North Dakota	88.0	2.2	52.7	26.8	27.1
Oklahoma	88.3	28.1	59.8	31.0	31.3
Tennessee	92.9	18.7	71.9	54.4	24.4
Texas ⁺	91.7	71.8	82.4	55.9	36.0
Utah	92.9	1.4	43.9	33.4	40.9
Vermont	90.9	63.1	96.3	64.5	53.7
Virginia	92.4	59.8	87.8	68.5	43.3
Wisconsin	96.2	17.2	83.3	46.1	32.7
Unweighted Data					
California	88.0	21.4	84.6	44.2	28.5
Oregon	92.2	10.4	80.8	50.8	25.8
Pennsylvania ⁺	88.0	79.4	93.0	54.9	26.6
Rhode Island	100.0	84.6	90.6	70.3	43.5
South Carolina	90.7	57.0	86.1	58.7	45.3
Washington	94.1	15.2	86.4	62.3	31.2
State Median	91.8	41.2	82.8	56.4	34.1

TABLE 20a. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Assured immediate access to medication*	Had full-time registered nurse**	Identified and tracked students with asthma	Obtained and used an Asthma Action Plan [§]	Provided intensive case management for students with asthma ^{§§}
Weighted Data					
Chicago	94.5	8.9	79.2	61.3	49.5
Dallas	91.9	70.4	82.0	75.9	61.2
Fort Lauderdale	90.2	24.1	70.2	40.6	29.0
Houston	88.9	100.0	95.6	95.6	79.4
Los Angeles	84.4	92.4	95.3	69.5	49.4
Miami	83.5	13.2	24.7	19.5	29.3
Orange County	89.8	47.9	64.6	49.1	32.8
Palm Beach	100.0	91.9	97.3	91.9	46.0
San Bernardino	78.6	14.3	71.4	35.7	35.7
San Diego	93.9	79.6	98.0	80.9	64.4
San Francisco	91.3	6.1	52.5	41.0	37.7
Unweighted Data					
District of Columbia	86.7	63.3	80.0	60.0	43.3
Philadelphia	85.1	88.5	96.5	84.5	60.5
Local Median	89.8	63.3	80.0	61.3	46.0

^{*} As prescribed by a physician and approved by parents.

^{**} All day every day.

[§] For all students with asthma.

^{§§} For students with asthma who are absent 10 days or more per year.

⁺ Survey did not include students from one of the state's large school districts.

TABLE 20b. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Educated school staff about asthma	Educated students with asthma about asthma management	Taught asthma awareness to all students*	Encouraged full participation in physical education and physical activity**	Modified physical education and physical activities§
Weighted Data					
Alabama	53.7	41.1	21.8	94.4	80.9
Alaska	34.3	26.4	19.2	77.5	57.1
Arizona	46.6	46.5	15.1	84.3	73.7
Arkansas	52.0	42.9	28.5	97.0	81.4
Connecticut	58.5	68.6	19.8	97.4	86.9
Delaware	57.6	60.8	28.5	98.0	77.7
Georgia	45.2	37.0	23.1	93.5	81.7
Hawaii	25.0	38.4	24.9	92.3	83.7
Idaho	38.2	28.4	26.1	94.1	83.7
Illinois ^{§§}	65.2	44.9	31.2	97.4	75.9
lowa	59.9	51.8	22.8	98.9	85.1
Kentucky	35.3	24.0	13.5	92.4	71.7
Maine	54.2	63.8	24.6	97.9	82.1
Massachusetts	52.0	71.6	27.8	98.5	85.4
Michigan	52.4	27.6	22.7	95.3	79.7
Minnesota	54.4	54.8	28.6	95.0	84.8
Missouri	60.0	55.9	31.7	97.3	84.5
Montana	49.0	29.3	28.4	94.3	76.1
Nebraska	57.0	39.6	22.8	97.5	76.3
New Hampshire	59.2	73.5	21.0	99.4	89.1
New Jersey	67.4	77.4	47.1	98.7	85.3
New Mexico	54.6	58.6	26.5	95.1	80.7
New York	49.9	59,9	34.8	99.1	80.9
North Carolina	57.3	54.4	22.0	94.6	85.4
North Dakota	38.9	22.2	27.1	92.8	76.7
Oklahoma	51.9	31.8	14.3	94.4	67.1
Tennessee	50.0	37.1	17.1	93.2	80,3
Texas§§	50.8	47.1	20.8	96.8	78.7
Utah	33.7	19.6	27.3	93.3	83.3
Vermont	65.5	75.0	23.7	99.0	84.7
Virginia	58.6	60.0	32.9	95.6	84.2
Wisconsin	50.6	42.8	30.3	98.8	77.6
Unweighted Data					
California	49.6	41.2	18.4	94.1	78.4
Oregon	38.5	39.1	27.8	96.6	83.1
Pennsylvania ^{§§}	53.7	61.8	31.7	98.7	81.8
Rhode Island	50.8	70.3	47.6	98.5	92.3
South Carolina	50.4	53.9	20.2	95.4	82.3
Washington	46.4	48.3	16.7	92.5	83.8
State Median	51.9	46.8	24.8	95.5	81.8

TABLE 20b. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Educated school staff about asthma	Educated students with asthma about asthma management	Taught asthma awareness to all students*	Encouraged full participation in physical education and physical activity**	Modified physical education and physical activities§
Weighted Data					
Chicago	72.0	64.2	38.6	97.2	85.5
Dallas	44.9	61.2	31.7	92.2	88.2
Fort Lauderdale	53.5	38.0	32.0	95.3	85.5
Houston	70.7	77.9	46.0	100.0	91.2
Los Angeles	57.1	69.5	40.5	97.1	95.1
Miami	27.9	23.1	25.2	81.3	65.6
Orange County	34.6	40.5	29.8	88.8	70.4
Palm Beach	63.5	77.3	36.9	97.3	94.5
San Bernardino	35.7	50.0	15.4	92.9	78.6
San Diego	75.5	81.3	8.7	91.7	87.2
San Francisco	64.8	50.5	34.7	94.4	80.1
Unweighted Data					
District of Columbia	53.3	70.0	40.0	90.0	66.7
Philadelphia	67.8	84.7	50.0	95.4	91.9
Local Median	57.1	64.2	34.7	94.4	85.5

^{*} In at least one grade.

^{**} When students with asthma were doing well.

[§] As specified by the student's Asthma Action Plan.

^{§§} Survey did not include students from one of the state's large school districts.

TABLE 21. Percentage of Schools* in Which Students Could Purchase Selected Items from Vending Machines or at the School Store, Canteen, or Snack Bar, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Chocolate candy	Other kinds of candy	Salty snacks not low in fat**	Salty snacks low in fat [§]	Fruits or vegetables	Low-fat baked goods	Soft drinks, sports drinks, or fruit drinks ^{§§}	100% fruit juice	Bottled water
Weighted Da	ta								
Alabama	74.2	79.8	91.8	84.9	20.5	70.5	95.0	72.4	86.9
Alaska	76.1	77.8	75.6	67.1	21.7	47.4	96.3	66.4	62.5
Arizona	68.2	72.2	80.8	76.9	41.5	57.5	96.9	64.5	87.0
Arkansas	69.5	70.7	73.2	66.3	22.8	49.8	95.2	63.1	83.0
Connecticut	41.3	45.4	79.7	83.8	53.5	63.2	92.1	76.8	85.0
Delaware	51.1	58.7	74.0	79.3	40.8	68.4	89.7	84.3	86.8
Georgia	66.4	65.1	70.8	69.1	19.6	59.3	94.4	75.1	96.0
Hawaii	31.2	31.8	31.2	30.7	18.9	25.6	96.4	53.4	90.3
Idaho	81.3	81.2	76.1	76.2	36.3	59.2	97.1	77.4	92.2
Illinois+	61.6	63.4	75.9	74.0	49.5	59.1	91.0	79.3	89.5
lowa	69.6	70.3	73.8	74.2	37.3	62.2	94.2	87.7	89.4
Kentucky	82.7	85.0	85.8	84.9	20.4	68.7	96.9	67.0	94.5
Maine	50.1	55.7	71.3	78.0	41.9	60.8	89.0	91.2	97.7
Massachusetts	40.9	46.8	78.6	80.2	49.7	62.5	88.9	87.1	92.3
Michigan	71.4	74.4	82.9	85.3	61.4	67.1	95.0	85.1	94.3
Minnesota	83.2	84.3	87.8	87.6	49.7	71.3	98.2	90.5	92.7
Missouri	69.8	69.7	77.2	73.9	30.0	57.4	97.0	78.8	86.1
Montana	64.9	67.9	60.2	60.6	19.8	41.1	96.8	80.2	82.8
Nebraska	58.8	60.3	57.5	57.0	23.2	49.3	96.5	79.3	84.8
New Hampshire	49.7	52.7	75.5	79.6	49.0	68.7	93.9	89.8	96.9
New Jersey	54.5	58.8	83.3	82.3	52.7	56.3	89.8	74.1	84.4
New Mexico	78.0	81.0	78.6	74.8	34.9	58.3	95.3	68.6	94.3
New York	47.3	52.7	72.3	82.6	46.1	59.6	90.5	85.2	89.2
North Carolina	54.5	60.6	83.7	82.3	37.7	64.3	96.3	79.8	91.7
North Dakota	60.4	63.2	52.8	50.9	15.5	37.7	95.0	83.5	94.6
Oklahoma	85.8	88.0	83.1	80.5	19.3	58.6	99.0	51.5	82.9
Tennessee	81.0	82.9	82.3	81.8	29.0	64.9	97.8	73.6	93.3
Texas+	83.3	85.9	88.9	87.4	44.2	70.1	98.0	74.5	92.3
Utah	94.6	94.1	92.1	91.2	51.7	75.8	96.1	83.8	83.0
Vermont	23.7	28.8	63.5	68.9	50.0	53.9	88.3	83.4	81.3
Virginia	68.5	71.8	85.8	85.1	36.9	68.0	93.2	80.0	90.2
Wisconsin	64.2	69.3	72.4	76.1	49.4	66.3	94.5	84.1	85.9
Unweighted	Data								
California	59.9	67.7	83.7	78.4	57.1	60.7	94.1	76.4	89.8
Oregon	68.7	76.4	81.3	81.3	47.0	60.6	97.6	75.5	92.1
Pennsylvania+	66.0	72.8	86.6	86.5	48.5	67.4	93.5	84.0	93.9
Rhode Island	62.9	69.4	91.9	91.8	64.5	67.7	96.8	91.9	98.4
South Carolina	75.6	80.5	89.7	83.8	30.2	64.6	95.5	68.0	90.9
Washington	75.0	77.9	80.1	77.8	39.1	62.4	96.8	80.1	92.2
State Median	67.3	70.0	79.1	79.4	39.9	62.3	95.3	79.3	90.3

TABLE 21. Percentage of Schools* in Which Students Could Purchase Selected Items from Vending Machines or at the School Store, Canteen, or Snack Bar, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Chocolate candy	Other kinds of candy	Salty snacks not low in fat**	Salty snacks low in fat [§]	Fruits or vegetables	Low-fat baked goods	Soft drinks, sports drinks, or fruit drinks ^{§§}	100% fruit juice	Bottled water
Weighted Da	ta								
Chicago	27.6	31.1	46.7	50.9	30.6	47.7	78.6	79.1	80.1
Dallas	82.1	86.0	96.1	79.9	61.0	76.4	100.0	88.2	96.0
Fort Lauderdale	58.7	61.9	71.8	78.1	16.3	65.5	96.4	72.8	82.3
Houston	84.6	82.4	93.3	76.0	80.3	58.2	100.0	91.2	95.5
Los Angeles	91.2	90.1	91.1	89.3	62.7	66.4	95.0	82.4	97.0
Miami	66.0	65.9	79.7	74.2	42.4	68.0	94.7	84.2	87.8
Orange County	53.2	59.0	82.2	80.4	65.2	63.1	97.7	90.3	100.0
Palm Beach	34.9	37.9	60.6	63.6	54.6	54.1	94.7	91.3	91.5
San Bernardino	27.3	27.3	72.7	72.7	72.7	54.5	100.0	81.8	90.9
San Diego	72.5	70.0	92.5	90.0	55.0	66.7	97.5	59.0	95.0
San Francisco	60.0	60.0	88.3	87.7	55.3	68.2	97.1	68.8	97.1
Unweighted	Data								
District of Columbia	72.7	77.3	63.6	59.1	23.8	54.5	100.0	81.8	72.7
Philadelphia	36.9	56.1	80.3	75.8	53.8	57.8	89.4	84.6	75.4
Local Median	60.0	61.9	80.3	76.0	55.0	63.1	97.1	82.4	91.5

^{*} Among schools which allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar.

^{**} Such as regular potato chips.

[§] Such as pretzels, baked chips, or other low-fat chips.

^{§§} Not 100% fruit juice.

⁺ Survey did not include students from one of the state's large school districts.

TABLE 22. Percentage of Schools with a Policy That Prohibited Tobacco Use and, Among Those Schools, the Percentage That Designated an Individual to Enforce the Policy and the Percentage That Had an "Ideal" Tobacco-Use Prevention Policy,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Had a policy prohibiting tobacco use	Had an individual to enforce the policy	Had an "ideal" tobacco- use prevention policy
Weighted Data			
Alabama	99.6	63.3	59.0
Alaska	99.4	60.1	36.7
Arizona	97.8	64.7	63.0
Arkansas	100.0	64.3	54.3
Connecticut	97.8	50.9	41.5
Delaware	96.1	38.4	46.2
Georgia	97.9	56.1	45.5
Hawaii	100.0	64.2	65.4
Idaho	100.0	64.5	37.7
Illinois**	99.2	62.6	43.6
lowa	98.5	62.5	21.0
Kentucky	97.5	60.9	12.6
Maine	99.5	59.2	53.3
Massachusetts	99.3	65.4	58.1
Michigan	98.1	56.1	34.2
Minnesota	98.4	60.8	47.7
Missouri	99.7	64.1	24.7
Montana	100.0	70.0	28.7
Nebraska	99.0	65.5	19.0
New Hampshire	98.9	59.6	40.4
New Jersey	97.5	59.7	46.8
New Mexico	96.9	62.4	48.6
New York	97.1	50.8	54.0
North Carolina	98.7	59.1	23.1
North Dakota	98.3	68.4	20.4
Oklahoma	100.0	64.3	24.6
Tennessee	99.3	67.5	27.1
Texas**	100.0	60.4	64.7
Utah	99.5	79.5	50.0
Vermont	100.0	73.9	55.7
Virginia	99.2	60.5	34.4
Wisconsin	98.1	61.2	54.5
Unweighted Data			
California	99.4	66.7	65.4
Oregon	98.9	67.6	44.7
Pennsylvania**	99.7	61.4	52.4
Rhode Island	96.9	58.1	59.3
South Carolina	98.5	57.9	40.4
Washington	99.2	68.2	56.8
State Median	99.1	62.4	45.9

TABLE 22. Percentage of Schools with a Policy That Prohibited Tobacco Use and, Among Those Schools, the Percentage That Designated an Individual to Enforce the Policy and the Percentage That Had an "Ideal" Tobacco-Use Prevention Policy,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Had a policy prohibiting tobacco use	Had an individual to enforce the policy	Had an "ideal" tobacco- use prevention policy
Weighted Data			
Chicago	87.3	48.4	38.5
Dallas	100.0	54.3	69.8
Fort Lauderdale	97.9	35.5	39.4
Houston	100.0	62.4	55.7
Los Angeles	99.1	94.1	62.9
Miami	96.7	60.9	52.1
Orange County	100.0	62.4	51.7
Palm Beach	97.5	36.8	44.8
San Bernardino	100.0	64.3	64.3
San Diego	100.0	85.4	71.1
San Francisco	97.6	86.7	66.0
Unweighted Data			
District of Columbia	96.7	69.0	62.1
Philadelphia	95.3	48.1	34.6
Local Median	97.9	62.4	55.7

^{*} An "ideal" tobacco-use policy, as described in CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, prohibits all tobacco use by students, all school staff, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 23a. Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Referred to school counselor	Referred to school administrator	Encouraged to participate in a program**	Required to participate in a program**	Referred to legal authorities
Weighted Data			a program		
Alabama	61.0	99.7	35.7	14.3	17.6
Alaska	61.7	95.5	57.3	26.3	45.9
Arizona	69.1	97.7	69.0	33.9	49.0
Arkansas	60.5	99.7	40.5	15.3	27.7
Connecticut	79.7	98.7	67.3	31.3	24.8
Delaware	80.8	97.9	71.9	42.4	15.0
Georgia	62.0	100.0	37.1	17.2	15.1
Hawaii	79.9	100.0	72.7	21.2	15.4
Idaho	88.4	99.4	72.8	58.6	96.3
Illinois [§]	70.5	98.3	51.2	24.4	37.6
lowa	79.3	100.0	68.3	37.8	73.5
Kentucky	64.1	99.6	60.0	31.3	17.4
Maine	88.1	100.0	76.6	45.6	81.9
Massachusetts	77.4	99.5	69.9	39.8	20.0
Michigan	76.8	99.7	66.1	37.1	68.5
Minnesota	68.7	100.0	71.0	40.6	78.3
Missouri	56.5	99.7	35.6	14.3	38.5
Montana	79.8	100.0	60.9	44.8	82.2
Nebraska	70.5	99.0	57.7	24.6	46.3
New Hampshire	81.7	99.4	70.2	41.0	82.1
New Jersey	88.6	99.4	63.7	34.7	35.4
New Mexico	78.0	99.4	61.0	29.3	13.3
New York	83.2	97.4	66.4	34.2	17.9
North Carolina	69.3	100.0	51.4	40.7	15.2
North Dakota	77.7	98.6	55.7	25.3	65.4
Oklahoma	68.8	99.4	36.5	15.2	39.2
Tennessee	66.6	97.8	50.5	33.6	75.7
Texas [§]	68.1	98.9	38.5	20.9	67.5
Utah	76.1	99.0	77.1	57.2	96.1
Vermont	94.2	100.0	82.0	57.5	71.3
Virginia	71.6	98.8	61.5	45.0	63.8
Wisconsin	77.9	97.0	66.8	35.9	83.9
Unweighted Data					
California	78.0	98.2	68.7	50.1	49.1
Oregon	80.9	99.4	74.4	50.8	71.3
Pennsylvania [§]	71.9	100.0	62.2	35.4	87.1
Rhode Island	83.6	95.1	78.3	48.3	23.0
South Carolina	70.8	100.0	52.9	24.3	17.6
Washington	82.1	96.6	72.3	60.8	44.6
State Median	77.1	99.4	64.9	35.0	46.1

TABLE 23a. Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Referred to school counselor	Referred to school administrator	Encouraged to participate in a program**	Required to participate in a program**	Referred to legal authorities
Weighted Data					
Chicago	75.6	94.3	37.8	20.3	26.0
Dallas	65.4	100.0	49.0	44.4	53.2
Fort Lauderdale	82.2	100.0	71.7	49.9	61.0
Houston	84.6	100.0	76.3	42.9	52.3
Los Angeles	89.2	92.9	75.6	82.2	47.1
Miami	93.5	96.7	80.5	48.4	24.7
Orange County	88.3	97.0	76.8	54.0	62.5
Palm Beach	91.3	100.0	85.7	68.2	44.1
San Bernardino	92.9	100.0	69.2	85.7	78.6
San Diego	91.8	98.0	80.9	89.4	64.6
San Francisco	90.8	90.6	82.6	76.2	29.6
Unweighted Data					
District of Columbia	85.7	100.0	55.2	41.4	17.9
Philadelphia	81.3	93.9	54.9	23.1	17.7
Local Median	88.3	98.0	75.6	49.9	47.1

^{*} Among schools with a policy prohibiting tobacco use.

^{**} An assistance, education, or cessation program.

[§] Survey did not include students from one of the state's large school districts.

TABLE 23b. Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Placed in detention	Given in-school suspension	Suspended from school	Informed parents or guardians
Weighted Data				
Alabama	56.3	69.1	81.2	98.9
Alaska	45.5	52.2	74.5	97.7
Arizona	58.5	71.6	77.3	97.4
Arkansas	52.0	77.3	79.8	100.0
Connecticut	53.9	71.9	77.6	98.7
Delaware	68.1	74.0	74.5	100.0
Georgia	41.2	84.5	75.6	100.0
Hawaii	64.5	62.2	89.4	100.0
Idaho	56.1	70.3	78.1	100.0
Illinois**	53.4	68.3	81.3	98.6
lowa	43.1	68.8	65.3	100.0
Kentucky	63.7	78.2	66.8	98.6
Maine	35.8	50.0	89.2	100.0
Massachusetts	62.7	65.0	78.3	99.0
Michigan	42.5	57.0	86.3	100.0
Minnesota	49.3	66.4	74.7	98.9
Missouri	62.2	82.7	70.9	99.2
Montana	59.0	72.4	72.2	100.0
Nebraska	59.3	78.7	75.3	100.0
New Hampshire	46.0	62.5	83.8	99.3
New Jersey	66.7	66.2	78.7	98.7
New Mexico	67.9	70.2	64.7	95.7
New York	64.9	78.5	59.6	100.0
North Carolina	62.0	80.8	78.4	99.1
North Dakota	60.6	70.3	66.3	98.2
Oklahoma	66.4	72.3	73.7	99.0
Tennessee	47.1	58.5	70.9	97.5
Texas**	63.7	88.1	53.6	99.1
Utah	45.3	54.0	79.6	99.0
Vermont	44.3	72.9	74.7	100.0
Virginia	45.3	63.4	89.6	99.2
Wisconsin	53.1	68.9	75.4	99.0
Unweighted Data				
California	59.3	70.7	84.8	100.0
Oregon	57.8	65.7	86.4	99.4
Pennsylvania**	37.9	62.6	70.0	99.7
Rhode Island	81.4	74.6	70.5	96.7
South Carolina	48.8	63.2	93.1	98.4
Washington	50.2	62.9	83.8	97.5
State Median	56.2	69.7	76.5	99.1

TABLE 23b. Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes,* Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Placed in detention	Given in-school suspension	Suspended from school	Informed parents or guardians
Weighted Data				3
Chicago	71.9	67.2	82.0	96.6
Dallas	79.1	85.1	74.4	100.0
Fort Lauderdale	63.5	80.8	85.8	100.0
Houston	79.9	86.8	81.6	100.0
Los Angeles	72.7	65.3	82.1	100.0
Miami	71.4	84.2	70.1	96.7
Orange County	59.8	93.1	81.1	100.0
Palm Beach	41.2	41.9	100.0	100.0
San Bernardino	71.4	78.6	78.6	100.0
San Diego	68.8	68.8	77.6	98.0
San Francisco	51.5	65.3	56.1	96.9
Unweighted Data				
District of Columbia	71.4	79.3	86.2	96.6
Philadelphia	72.0	64.6	84.0	93.9
Local Median	71.4	78.6	81.6	100.0

^{*} Among schools with a policy prohibiting tobacco use.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 24. Percentage of Schools That Prohibited Tobacco Advertising in Specific Places, Through Sponsorship of School Events, and on Student Apparel, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Prohibited tobacco advertising in specific locations*	Prohibited tobacco sponsorship of school events	Prohibited students from wearing tobacco brand-name apparel
Weighted Data			Sidila fidile apparei
Alabama	91.1	92.2	95.6
Alaska	92.1	92.0	78.6
Arizona	93.8	92.2	94.7
Arkansas	89.2	91.5	94.5
Connecticut	90.5	91.8	78.4
Delaware	92.2	80.3	77.1
Georgia	91.7	92.1	94.3
Hawaii	94.9	94.8	92.4
daho	91.0	94.5	96.7
llinois**	94.2	92.3	92.3
owa	88.6	92.8	98.2
	91.3	92.8 87.9	84.9
Kentucky Maine	91.3	94.4	91.9
Massachusetts	93.2	93.2	64.7
	93.2	95.4 95.4	94.1
Michigan			
Minnesota	92.9	95.6	92.2 93.1
Missouri	90.6	90.2	
Montana	92.2	91.2	95.7
Nebraska	90.8	94.7	97.8
New Hampshire	94.5	94.6	90.4
New Jersey	96.0	92.1	69.7
New Mexico	93.4	95.5	95.5
lew York	93.0	91.9	65.5
North Carolina	90.0	90.3	81.7
lorth Dakota	90.8	93.1	97.1
Oklahoma	91.4	89.8	96.9
ennessee	93.6	91.9	94.1
exas**	93.7	94.2	98.1
Jtah	94.5	95.0	98.6
/ermont	94.7	91.6	93.1
/irginia	94.6	93.5	85.5
Visconsin	92.8	96.1	88.9
Jnweighted Data			
California	96.3	96.9	95.7
Dregon	95.6	94.5	92.3
Pennsylvania**	91.1	89.3	85.1
Rhode Island	95.4	92.2	64.6
South Carolina	95.4	90.8	87.8
Vashington	95.9	91.9	91.9
State Median	93.0	92.2	92.4

TABLE 24. Percentage of Schools That Prohibited Tobacco Advertising in Specific Places, Through Sponsorship of School Events, and on Student Apparel, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Prohibited tobacco advertising in specific locations*	Prohibited tobacco sponsorship of school events	Prohibited students from wearing tobacco brand-name apparel
Weighted Data			
Chicago	88.8	87.6	84.7
Dallas	98.1	84.4	90.3
Fort Lauderdale	92.8	84.5	95.6
Houston	95.7	95.7	97.9
Los Angeles	92.2	91.5	93.3
Miami	94.4	94.7	80.3
Orange County	95.0	92.3	94.2
Palm Beach	97.5	94.7	94.5
San Bernardino	78.6	71.4	85.7
San Diego	93.9	100.0	100.0
San Francisco	94.5	92.0	82.6
Unweighted Data			
District of Columbia	93.3	90.0	70.0
Philadelphia	90.6	91.8	75.3
Local Median	93.9	91.8	90.3

^{*} In school buildings, on school grounds, on school buses, and in school publications.

^{**} Survey did not include students from one of the state's large school districts.

TABLE 25. Percentage of Schools That Implemented Safety and Security Measures, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

Site	Required visitors to report to main office	Maintained a closed campus	Used staff to monitor halls	Checked bags, desks, and lockers	Prohibited backpacks	Required school uniforms	Required student identification badges	Used metal detectors	Had uniformed police
Weighted Da	ta								
Alabama	100.0	96.1	94.2	70.9	32.9	21.7	7.0	31.5	42.8
Alaska	86.6	35.3	70.6	25.5	9.8	1.3	0.8	1.2	9.0
Arizona	99.6	84.8	82.8	35.4	13.9	21.0	6.7	5.6	49.6
Arkansas	100.0	95.3	93.2	67.0	13.5	5.5	11.5	25.1	43.7
Connecticut	99.1	90.9	82.6	18.6	39.1	2.3	4.6	3.5	50.5
Delaware	100.0	88.4	88.1	31.6	38.0	9.9	11.7	0.0	51.6
Georgia	100.0	95.4	94.5	65.5	29.8	4.2	18.6	26.5	72.7
Hawaii	100.0	98.7	93.9	2.7	0.0	23.7	33.9	0.0	50.1
Idaho	98.9	54.5	87.6	54.5	21.5	0.0	0.5	0.0	53.4
Illinois*	98.7	76.6	82.4	51.9	44.8	5.9	7.7	8.6	26.3
lowa	98.1	73.4	85.0	39.8	33.5	0.3	0.4	0.7	14.2
Kentucky	99.5	96.7	93.2	59.5	34.0	11.3	4.9	22.0	51.3
Maine	98.0	85.2	76.0	20.0	30.5	0.0	1.0	0.5	25.2
Massachusetts	98.9	91.7	81.6	28.5	28.3	5.4	7.7	3.9	40.5
Michigan	99.7	85.1	84.6	48.5	38.8	9.1	7.2	4.6	37.4
Minnesota	99.1	69.5	79.9	41.5	34.5	1.4	2.4	2.4	39.9
Missouri	100.0	95.6	90.5	53.5	29.0	2.6	10.9	5.6	40.8
Montana	98.8	39.5	86.3	41.2	20.3	0.0	1.3	2.2	17.9
Nebraska	98.0	67.7	87.6	46.3	26.4	1.0	1.0	0.0	15.8
New Hampshire	100.0	79.7	76.9	20.8	20.2	0.0	1.8	0.6	31.9
New Jersey	100.0	84.0	83.6	30.6	31.3	4.7	13.6	4.9	46.9
New Mexico	100.0	75.5	91.4	46.4	6.2	10.9	5.9	2.2	48.5
New York	99.0	74.2	84.1	35.4	32.5	5.0	7.7	6.8	50.1
North Carolina	100.0	92.2	94.9	65.7	25.2	4.1	8.2	38.5	81.0
North Dakota	92.8	56.1	79.6	34.8	18.4	0.5	0.5	0.6	10.1
Oklahoma	98.8	74.6	92.5	67.9	14.6	2.7	2.2	8.1	26.6
Tennessee	99.6	95.3	92.5	65.7	22.0	5.6	5.2	23.2	55.5
Texas*	99.4	79.5	90.0	64.1	17.0	6.9	10.2	11.3	52.8
Utah	97.6	57.1	87.8	38.9	18.7	3.5	2.4	0.0	52.1
Vermont	94.0	75.7	63.6	16.4	9.5	0.0	0.0	0.0	22.5
Virginia	100.0	94.8	92.0	53.6	25.1	1.9	6.4	20.7	82.9
Wisconsin	98.7	74.8	78.4	54.3	46.3	1.1	3.4	5.8	30.4
Unweighted	Data								
California	99.1	84.2	85.3	27.9	2.6	11.2	2.9	8.3	56.4
Oregon	100.0	66.1	88.5	33.7	28.0	1.1	0.5	1.6	48.9
Pennsylvania*	100.0	94.0	85.7	45.8	50.7	5.3	7.3	14.0	39.5
Rhode Island	100.0	92.3	87.7	24.2	35.4	0.0	3.1	1.5	32.8
South Carolina	100.0	95.4	92.8	70.6	14.0	3.8	36.6	28.1	90.4
Washington	99.6	73.9	89.0	28.7	16.0	2.0	7.3	3.3	45.7
State Median	99.6	84.1	87.6	41.4	25.8	3.7	5.5	4.3	44.7

TABLE 25. Percentage of Schools That Implemented Safety and Security Measures, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

Site	Required visitors to report to main office	Maintained a closed campus	Used staff to monitor halls	Checked bags, desks, and lockers	Prohibited backpacks	Required school uniforms	Required student identification badges	Used metal detectors	Had uniformed police
Weighted Dat	ta								
Chicago	100.0	96.9	94.0	61.5	28.3	75.7	20.7	67.0	90.3
Dallas	100.0	100.0	98.0	86.3	3.9	7.9	55.7	90.2	88.0
Fort Lauderdale	100.0	93.6	97.9	28.7	0.0	32.1	43.0	19.4	100.0
Houston	100.0	95.7	95.6	69.2	30.0	80.7	30.8	18.3	97.9
Los Angeles	100.0	98.1	95.1	91.1	3.9	43.4	8.7	90.3	86.6
Miami	100.0	90.1	91.6	64.7	4.3	36.3	38.8	49.4	93.6
Orange County	100.0	97.8	97.1	48.1	9.7	5.2	49.9	5.2	97.8
Palm Beach	100.0	97.3	95.1	51.3	5.2	15.0	38.8	10.6	100.0
San Bernardino	100.0	100.0	85.7	71.4	0.0	0.0	0.0	28.6	92.9
San Diego	100.0	100.0	93.9	6.3	4.1	24.5	0.0	0.0	77.6
San Francisco	100.0	73.1	91.5	21.4	2.5	26.4	0.0	0.0	75.6
Unweighted I	Data								
District of Columbia	100.0	96.7	100.0	96.7	30.0	40.0	76.7	96.7	93.3
Philadelphia	100.0	97.7	96.6	47.7	21.8	96.6	34.5	28.7	88.5
Local Median	100.0	97.3	95.1	61.5	4.3	32.1	34.5	28.6	92.9

 $^{^{\}ast}\,$ Survey did not include students from one of the state's large school districts.

TABLE 26. Percentage of Schools with a Written Policy on HIV*-Infected Students or School Staff and, Among Those Schools, Percentage That Addressed Specific Topics, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002

				Тор	oic addressed	by a written polic	cy .		
Site	Had a written policy	Attendance of students**	Protection from discrimi- nation [§]	Maintenance of confiden- tiality [§]	Worksite safety	Confidential counseling ^{§§}	Communi- cation of policy+	Training for school staff about HIV infection	Procedure for implementing the policy
Weighted Data	a								
Alabama	69.8	96.3	97.8	98.4	99.0	88.2	90.3	87.5	95.4
Alaska	48.1	92.5	97.3	99.1	96.8	78.6	90.0	82.8	87.8
Arizona	68.5	90.9	93.7	96.7	96.3	74.2	82.8	83.0	91.7
Arkansas	49.7	84.8	94.1	97.2	92.3	83.2	87.2	69.2	84.9
Connecticut	73.8	88.4	97.8	100.0	100.0	79.1	84.8	87.8	89.9
Delaware	58.7	89.4	92.9	96.3	96.3	81.9	85.0	81.9	89.2
Georgia	66.6	90.3	95.0	99.4	98.8	87.9	91.3	83.3	87.4
Hawaii	60.4	82.6	100.0	100.0	100.0	72.5	85.1	86.0	86.0
Idaho	70.3	96.3	96.7	94.5	95.3	81.6	82.4	65.5	86.7
Illinois++	58.2	92.9	96.7	99.0	96.9	77.3	86.5	85.0	90.6
lowa	65.3	89.5	92.2	95.3	98.1	68.0	85.7	89.1	92.4
Kentucky	32.5	86.4	92.9	97.4	98.3	77.0	82.6	92.1	90.9
Maine	76.8	91.9	96.7	98.7	97.3	80.7	82.7	90.6	92.0
Massachusetts	74.3	92.6	97.9	98.6	99.6	79.1	85.8	77.4	89.8
Michigan	60.7	84.5	90.8	94.9	96.1	66.7	78.4	83.8	85.1
Minnesota	54.0	88.8	97.8	98.6	97.9	69.6	87.0	85.7	89.6
Missouri	69.2	92.0	97.4	98.7	98.3	77.6	86.8	84.0	91.7
Montana	70.9	90.5	94.7	97.7	95.1	79.4	86.6	81.5	87.9
Nebraska	70.7	89.7	95.8	97.2	98.1	58.9	85.9	74.6	86.7
New Hampshire	83.8	88.1	94.7	98.5	96.2	70.8	80.3	79.2	86.3
New Jersey	78.0	95.1	98.0	99.6	99.2	81.1	87.5	91.7	95.8
New Mexico	61.6	88.6	94.9	98.7	91.0	81.0	80.3	82.0	89.3
New York	72.3	83.1	96.7	99.0	97.1	76.5	90.1	84.1	91.6
North Carolina	56.6	88.1	96.6	96.4	100.0	80.9	84.5	90.9	92.9
North Dakota	61.3	86.8	92.6	94.3	96.4	78.4	88.9	86.0	83.9
Oklahoma	71.3	91.0	97.0	99.4	97.1	77.9	90.6	93.4	94.2
Tennessee	72.9	89.5	95.6	97.8	95.4	77.1	88.0	88.4	92.3
Texas ⁺⁺	60.2	85.4	95.5	96.3	94.5	77.3	84.7	78.8	88.1
Utah	68.8	90.6	97.1	97.1	97.8	71.3	78.5	80.9	86.9
Vermont	90.3	96.1	99.1	100.0	97.0	77.3	89.9	87.7	92.7
Virginia	67.1	90.1	94.7	98.9	98.3	72.9	78.8	85.5	89.5
Wisconsin	56.7	86.8	94.4	95.9	97.8	73.4	80.8	84.6	88.1
Unweighted D									
California	56.7	92.0	96.0	97.7	97.2	74.0	80.6	80.4	86.9
Oregon	85.0	92.4	98.6	99.3	98.6	79.5	83.0	87.1	89.7
Pennsylvania ⁺⁺	66.8	90.7	96.9	98.4	99.0	75.5	82.2	78.5	90.1
Rhode Island	84.6	88.7	94.3	100.0	98.1	86.5	90.2	84.3	92.2
South Carolina	73.3	92.0	96.1	98.3	99.4	83.3	84.6	93.2	92.1
Washington	63.8	91.1	95.0	97.2	97.9	77.5	81.6	92.3	89.4
State Median	67.8	90.2	96.0	98.4	97.8	77.5	85.1	84.4	89.6

TABLE 26. Percentage of Schools with a Written Policy on HIV*-Infected Students or School Staff and, Among Those Schools, Percentage That Addressed Specific Topics, Selected U.S. Sites: School Health Profiles, Principals' Surveys, 2002 (continued)

		Topic addressed by a written policy							
Site	Had a written policy	Attendance of students**	Protection from discrimi- nation [§]	Maintenance of confiden- tiality [§]	Worksite safety	Confidential counseling ^{§§}	Communication of policy+	Training for school staff about HIV infection	Procedure for implementing the policy
Weighted Data									
Chicago	65.5	93.3	97.0	97.7	94.2	86.0	94.0	82.3	90.4
Dallas	61.9	90.4	100.0	100.0	100.0	89.9	86.2	79.2	86.5
Fort Lauderdale	90.2	74.7	97.0	100.0	100.0	85.2	91.3	91.3	91.3
Houston	71.5	93.6	93.6	96.9	93.4	93.6	96.9	87.0	96.9
Los Angeles	72.8	90.3	97.2	98.6	100.0	82.0	86.2	79.5	90.1
Miami	85.5	87.7	98.6	100.0	98.6	93.3	96.1	93.4	97.3
Orange County	56.5	90.7	100.0	100.0	100.0	100.0	95.6	100.0	100.0
Palm Beach	66.1	96.2	95.8	100.0	100.0	87.7	87.0	100.0	91.3
San Bernardino	92.9	92.3	92.3	92.3	92.3	92.3	84.6	84.6	92.3
San Diego	87.5	97.6	100.0	100.0	100.0	75.6	95.1	100.0	100.0
San Francisco	80.1	92.9	100.0	100.0	96.1	87.9	92.9	74.8	85.2
Unweighted D	ata								
District of Columbia	90.0	96.3	96.3	96.3	96.3	59.3	92.6	85.2	92.6
Philadelphia	62.8	92.2	96.1	100.0	98.0	90.2	86.3	72.5	90.2
Local Median	72.8	92.3	97.0	100.0	98.6	87.9	92.6	85.2	91.3

^{*} HIV = human immunodeficiency virus.

^{**} With HIV infection.

[§] For HIV-infected students and staff members.

^{§§} For HIV-infected students.

⁺ To students, school staff, and parents.

⁺⁺ Survey did not include students from one of the state's large school districts.

TABLE 27. Percentage of Schools That Involved Parents and Families in Health Education Activities, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Provided families with information*	Met with PTA/PTO**	Invited family members to attend a health education class
Weighted Data			
Alabama	59.6	23.3	37.7
Alaska	51.3	24.8	42.5
Arizona	58.2	18.3	34.9
Connecticut	79.3	23.9	31.8
Delaware	84.1	29.4	42.5
Georgia	75.0	27.8	47.5
Hawaii	71.3	7.9	29.1
Idaho	59.5	8.7	44.3
Illinois [§]	60.9	10.4	30.4
lowa	62.6	12.2	29.4
Kentucky	60.3	14.3	34.7
Maine	73.6	15.8	33.8
Massachusetts	86.5	43.0	35.5
Michigan	72.5	27.7	41.8
Minnesota	63.4	16.3	37.9
Missouri	73.4	20.6	29.7
Montana	56.9	14.5	33.5
Nebraska	49.6	9.3	28.9
New Hampshire	80.7	21.4	29.5
New Mexico	59.5	24.5	48.8
New York	82.6	32.7	33.9
North Dakota	51.9	11.6	24.1
Tennessee	57.3	28.6	36.7
Utah	76.4	20.3	49.6
Vermont	83.0	19.0	45.9
Virginia	71.8	25.0	39.4
Wisconsin	72.9	11.5	39.0
Unweighted Data			
Arkansas	47.2	11.8	27.8
California	69.5	21.1	36.4
North Carolina	70.2	22.8	43.9
Oklahoma	46.4	15.3	25.7
Pennsylvania [§]	72.8	26.0	37.0
Rhode Island	74.6	21.9	28.1
South Carolina	68.5	20.1	51.5
Texas [§]	53.7	20.2	31.3
State Median	69.5	20.3	35.5

TABLE 27. Percentage of Schools That Involved Parents and Families in Health Education Activities, Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Provided families with information*	Met with PTA/PTO**	Invited family members to attend a health education class
Weighted Data			
Chicago	71.5	28.4	29.8
Dallas	52.7	26.3	47.6
Fort Lauderdale	81.8	25.0	48.5
Houston	73.0	29.4	61.5
Los Angeles	86.7	28.5	55.5
Miami	74.8	32.4	29.5
Orange County	88.3	14.4	56.6
Palm Beach	75.6	10.5	40.4
San Diego	89.8	64.6	56.3
San Francisco	91.0	62.0	47.1
Unweighted Data			
District of Columbia	71.0	38.7	64.5
Philadelphia	64.7	18.8	34.1
San Bernardino	87.5	37.5	57.1
Local Median	75.6	28.5	48.5

^{*} On the health education program.

^{**} To discuss the health education program.

[§] Survey did not include students from one of the state's large school districts.

TABLE 28. Percentage of Schools in Which Students Participated in Health-Related Community Activities,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002

Site	Performed volunteer work**	Attended a health fair	Gathered information §	Compared prices ^{§§}	Identified potential injury sites+	Analyzed advertising++	Advocated for health-related issues	Completed homework with family members
Weighted Data	l							
Alabama	23.8	33.6	59.7	34.0	72.7	66.9	51.1	82.5
Alaska	12.3	27.9	49.3	15.0	41.0	43.3	40.9	66.4
Arizona	23.6	32.2	50.2	18.9	48.1	52.8	49.1	69.6
Connecticut	23.0	25.2	55.0	17.8	50.5	71.1	54.9	76.8
Delaware	13.6	30.4	63.6	28.2	56.1	83.6	68.6	81.4
Georgia	20.8	36.3	64.3	26.2	62.4	72.1	51.7	77.8
Hawaii	23.4	34.9	61.3	27.6	42.8	82.4	67.1	78.5
Idaho	14.6	25.0	53.6	28.6	48.5	64.4	43.6	82.7
Illinois¶	10.6	16.6	42.9	22.2	51.4	60.3	30.4	73.8
lowa	12.6	15.0	50.8	25.0	45.8	62.1	41.7	77.4
Kentucky	19.3	35.6	65.1	25.4	68.6	69.6	50.8	82.9
Maine	12.2	18.4	69.0	24.8	50.8	67.4	50.0	79.1
Massachusetts	16.6	26.8	55.7	23.3	51.4	73.4	56.1	78.3
Michigan	12.3	12.4	42.8	15.1	39.7	65.1	46.9	86.8
Minnesota	14.6	22.8	58.8	21.3	51.8	73.0	50.3	81.2
Missouri	11.7	35.4	52.7	25.8	62.0	67.5	39.8	74.2
Montana	10.2	25.5	41.2	16.7	44.4	60.3	49.3	72.0
Nebraska	11.2	14.0	43.0	19.1	45.8	52.0	39.5	75.5
New Hampshire	13.9	19.7	54.2	19.6	42.6	61.6	47.4	79.1
New Mexico	16.4	35.5	63.6	30.5	52.5	73.8	54.2	84.4
New York	24.2	32.8	69.9	29.4	59.7	71.7	55.2	84.3
North Dakota	11.9	32.5	48.8	17.0	49.4	61.1	35.6	76.0
Tennessee	20.8	36.3	62.1	33.0	68.4	64.7	46.5	75.5
Utah	23.2	18.4	56.2	31.4	52.4	69.4	49.3	90.2
Vermont	13.6	29.8	54.3	18.6	43.7	70.2	50.3	82.8
Virginia	20.1	33.2	60.7	30.6	70.7	73.2	46.8	80.3
Wisconsin	14.1	13.7	54.4	26.0	44.4	65.2	49.0	82.9
Unweighted Da	ata							
Arkansas	11.8	18.2	51.9	29.3	56.7	52.1	35.1	68.6
California	20.5	22.1	49.0	22.9	44.6	68.5	44.8	81.4
North Carolina	13.1	31.9	54.4	24.6	64.9	64.6	44.0	75.7
Oklahoma	23.4	32.5	53.2	27.6	63.2	47.4	36.4	71.6
Pennsylvania¶	19.0	29.3	55.0	22.9	54.8	70.5	40.6	78.3
Rhode Island	21.7	28.3	71.7	35.6	52.5	73.3	68.3	71.7
South Carolina	18.9	28.3	50.0	28.9	57.0	61.7	44.6	71.1
Texas¶	13.7	20.9	47.9	18.7	50.7	57.1	42.1	70.9
State Median	14.6	28.3	54.4	25.0	51.4	66.9	47.4	78.3

TABLE 28. Percentage of Schools in Which Students Participated in Health-Related Community Activities,* Selected U.S. Sites: School Health Profiles, Teachers' Surveys, 2002 (continued)

Site	Performed volunteer work**	Attended a health fair	Gathered information §	Compared prices ^{§§}	Identified potential injury sites+	Analyzed advertising++	Advocated for health-related issues	Completed homework with family members
Weighted Data	1							
Chicago	19.1	38.9	51.7	27.4	62.2	55.6	49.7	82.9
Dallas	25.7	58.4	67.6	39.2	55.6	71.3	67.8	69.0
Fort Lauderdale	39.1	32.9	63.0	47.3	74.2	78.5	60.0	97.0
Houston	16.2	68.0	65.7	35.6	57.2	65.7	69.8	84.1
Los Angeles	27.4	41.7	74.0	55.9	59.5	88.1	62.9	92.7
Miami	39.1	46.0	65.4	37.9	69.7	79.1	61.9	85.0
Orange County	19.7	31.3	51.8	37.9	47.2	93.4	74.9	96.7
Palm Beach	56.4	46.3	71.3	52.0	56.4	69.0	70.0	91.8
San Diego	2.4	19.0	21.4	0.0	19.0	69.0	35.7	45.2
San Francisco	33.8	42.9	56.5	27.9	48.7	85.7	56.5	80.5
Unweighted D	ata							
District of	52.6	71.4	75.0	25.7	52.6	60.7	50.0	75.0
Columbia	53.6	71.4	75.0	35.7	53.6	60.7	50.0	75.0
Philadelphia	38.6	45.1	62.9	42.3	70.0	70.8	55.7	84.7
San Bernardino	16.7	16.7	66.7	16.7	50.0	83.3	50.0	50.0
Local Median	27.4	42.9	65.4	37.9	56.4	71.3	60.0	84.1

^{*} In a required health education course.

^{**} At a hospital, a local health department, or other community organization that addresses health issues.

[§] About health services available in the community.

 $[\]S\S$ Visited a store to compare prices of health products.

⁺ At school, home, or in the community.

⁺⁺ Advertising in the community that was designed to influence health behaviors or health risk behaviors.

[¶] Survey did not include students from one of the state's large school districts.