

ITEM RATIONALE

2006 SCHOOL HEALTH PROFILES

QUESTIONNAIRE FOR SCHOOL PRINCIPALS

The purpose of the principal questionnaire is to collect data on school-level policies and practices related to health and physical education; asthma management activities; food service; competitive foods; family and community involvement in school health programs; and school health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity.

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

Rationale: Based on the response to this question, the eligibility of the school is determined.

REQUIRED HEALTH EDUCATION

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

Question 3: Is required health education taught in each of the following ways to students in grades 6 through 12 in this school?

Question 4: How many required health education courses do students take in grades 6 through 12 in this school?

Question 5: Is a required health education course taught in each of the following grades in this school?

Rationale: These questions demonstrate the extent to which health education and health education courses are required and the grades in which required health education courses are taught in schools. The Institute of Medicine (IOM) has recommended that U.S. schools require a one-semester health education course at the secondary school level.¹ School health education can be one of the most effective means to reduce and prevent some of the most serious health problems in the U.S., including cardiovascular disease, cancer, motor-vehicle crashes, homicide, and suicide.¹ The importance of school health education is emphasized by Objective 7-2 of *Healthy People 2010*,² which is 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 infection; unhealthy dietary patterns; inadequate physical activity; and environmental health .”

Question 6: If students fail a required health education course, are they required to repeat it?

Rationale: This question measures the importance of a required health education course for students in grades 6 through 12.

HEALTH EDUCATION COORDINATION

Question 7: Who coordinates health education in this school?

Rationale: This question identifies the person who coordinates the health education program. Management and coordination by a professional who is trained in health education is a necessary component of effective health education.³

Question 8: Are newly hired staff who teach health topics required to be certified, licensed, or endorsed by the state in health education?

Rationale: This question measures the necessary qualifications of newly hired staff who teach health topics.

Question 9: Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?

Rationale: This question measures the presence of a health committee or team within the school. Support from outside health councils often builds support for school health initiatives. Involvement of parents, community members, and other professionals is a key element of school health programs. This can help family members become more knowledgeable about health issues, which may enable them to serve as positive role models and reinforce healthy behaviors at home.⁴⁻⁸

REQUIRED PHYSICAL EDUCATION

Question 10: Is physical education required for students in any of grades 6 through 12 in this school?

Question 11: How many required physical education courses do students take in grades 6 through 12 in this school?

Question 12: Is a required physical education course taught in each of the following grades in this school?

Question 13: Can students be exempted from taking a required physical education course for one grading period or longer for any of the following reasons?

Question 14: If students fail a required physical education course, are they required to repeat it?

Rationale: These questions measure the extent to which physical education is required for students in grades 6 through 12. Physical education provides students with the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain physically active lifestyles.⁹ The importance of physical education in promoting the health of young people is supported by *Healthy People 2010* Objectives 22-8, 22-9, and 22-10.² Results from the 2003 national Youth Risk Behavior Survey indicated that nationwide, 28.4% of students went to physical education classes five days in an average week when they were in school.¹⁰

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

Question 15: Are newly hired staff who teach physical education required to be certified, licensed, or endorsed by the state in physical education?

Rationale: This question measures the necessary qualifications of newly hired staff who teach physical education. The National Association for Sport and Physical Education (NASPE) recommends that those who teach physical education have grade-specific preparation.¹¹

Question 16: Does this school offer opportunities for students to participate in intramural activities or physical activity clubs?

Question 17: Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs?

Rationale: These questions measure the extent to which students are provided the opportunity to participate in physical activities and clubs outside of the regular school day and the extent to which they are provided transportation home from after-school activities. According to NASPE, interscholastic athletics, intramural sports, and recreation clubs are believed to contribute to the physical and social development of young people.¹¹ A lack of transportation may be a limiting factor for some students' ability to participate in intramural activities or physical activity clubs. By providing transportation, a broader population of students is given the opportunity to participate in such activities, thus promoting healthier lifestyles.

Question 18: Outside of school hours or when school is not in session, do children or adolescents use any of this school's physical activity or athletic facilities for community-sponsored sports teams, classes, or lessons?

Rationale: This question measures the extent to which students have access to the school's facilities for sports teams or other physical activity programs. School spaces and facilities should be available to young people before, during, and after the school day, on weekends, and during summer and other vacations. These spaces and facilities also should be readily available to community agencies and organizations offering physical activity programs.¹²

Question 19: Does your school support or promote walking or biking to and from school (e.g., through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets)?

Rationale: This question measures the extent to which schools support or promote walking or biking to school. Only 13% of all trips to school are made by walking or bicycling. Of school trips one mile or less, 31% are made by walking. Walking or bicycling to school provides students with an opportunity to be physically active, which benefits children through increased alertness, improvement of self-image and independence, and increases the likelihood that they will grow into physically active adults.¹³

TOBACCO-USE PREVENTION POLICIES

Question 20: Has this school adopted a policy prohibiting tobacco use?

Question 21: Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity?

Question 22: Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

Question 23: Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Rationale: Because tobacco is the most preventable form of mortality in the United States, it is important to restrict use or exposure to cigarettes and tobacco products at an early age.¹⁴ These questions measure the extent to which schools follow the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*¹⁴ to achieve the *Healthy People 2010* Objective 27-11 of creating smoke-free and tobacco-free schools.²

Question 24: Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco?

Question 25: Does your school have procedures to inform students' families about rules related to tobacco use by students?

Question 26: When students are caught smoking cigarettes, how often is each of the following actions taken?

Question 27: Does your school provide referrals to tobacco cessation programs for each of the following groups?

Question 28: Is tobacco advertising prohibited in each of the following locations?

Question 29: Is tobacco advertising through sponsorship of school events prohibited?

Question 30: Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?

Question 31: Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?

Rationale: These questions measure the extent to which schools follow the CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*.¹⁴ Because tobacco is the most preventable form of mortality in the United States¹⁴, it is important to restrict use or exposure to cigarettes and tobacco products at an early age. Approximately 82% of adults who ever smoked daily tried their first cigarette before age 18 years.¹⁵

NUTRITION-RELATED POLICIES AND PRACTICES

Question 32: How long do students usually have to eat lunch once they are seated?

Rationale: This question measures the allotted amount of time students have to eat their lunch. Students may be more likely to eat well if they have ample time to eat without having to rush through the eating period.

Question 33: Has this school adopted a policy stating that, if food is served at student parties, after-school or extended day programs, or concession stands, fruits or vegetables will be among the foods offered?

Question 34: Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar?

Question 35: Can students purchase each snack food or beverage from vending machines or at a school store, canteen, or snack bar?

Question 36: Can students purchase candy; snacks that are not low in fat; soda pop, sports drinks, or fruit drinks that are not 100% fruit juice; or 2% or whole milk during the following times?

Rationale: These questions measure the extent to which students have access to snack foods and beverages throughout the school day and after school. Many schools offer foods and beverages in after-school programs, school stores, snack bars, or canteens. As recommended by the CDC *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*, healthy and appealing foods should be available in meals, as a la carte items in the cafeteria snack bar, and in vending machines.¹⁶ Additionally, schools should discourage foods high in fat, sodium, and with added sugars (e.g., candy, fried foods, chips, and soda).

VIOLENCE PREVENTION

Question 37: Has your school ever used the School Health Index from the Centers for Disease Control and Prevention to assess your school's health and safety policies and programs?

Rationale: This question measures the extent to which schools employ the School Health Index, a self-assessment and planning guide, to identify the strengths and weaknesses of policies and programs for promoting health and safety; develop an action plan for improving student health and safety; and involve teachers, parents, students, and the community in improving school policies, programs, and services.¹⁷

Question 38: Does your school implement each of the following safety and security measures?

Question 39: Does your school have or participate in each of the following programs?

Rationale: These questions measure the extent to which violence prevention programs are implemented and the extent to which a variety of security measures are enforced at the school level. The Safe and Drug-Free School and Communities Act of 1994 provides federal funds for programs to prevent violence in and around schools.¹⁸

Question 40: Does your school have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation?

Rationale: Experts indicate that schools should be prepared in the event of a natural disaster or other emergency or crisis situation.

HEALTH SERVICES

Question 41: Is there a school nurse who provides standard health services to students at this school?

Rationale: This question asks if a school nurse is present to provide health services to students. School nurses can provide care to students who otherwise might not have access to care. Additionally, they can link students and schools to physician and community resources. Because a nurse is an essential component of a healthy school, *Healthy People 2010* Objective 7-4 calls to increase the proportion of elementary, middle, junior high, and senior high schools with a nurse-to-student ratio of 1:750.²

Question 42: At this school, would a student ever be permitted to carry and self-administer each of the following medications?

Question 43: Does your school provide each of the following health services to students at the school?

Rationale: These questions measure the extent to which health services activities are implemented at the school. In *Strategies for Addressing Asthma within a Coordinated*

School Health Program, the CDC recommends obtaining a written action plan for students with asthma and ensuring that students have immediate access to medications, including allowing students to carry and self-administer asthma medications.¹⁹

HIV INFECTION POLICIES

Question 44: Has this school adopted a policy on students and/or staff who have HIV infection or AIDS?

Question 45: Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS?

Rationale: These questions assess important components of school policies in place to address students and staff infected with HIV or AIDS. Students and staff infected with HIV or AIDS need policies protecting their rights.²⁰

REFERENCES

1. Institute of Medicine. Schools and health: our nation's investment. Washington, DC: National Academy Press, 1997.
2. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. with *Understanding and Improving Health and Objectives for Improving Health*, 2 vols. Washington, DC: U.S. Department of Health and Human Services, 2000.
3. National Commission on the Role of the School and the Community to Improve Adolescent Health. Code blue: uniting for healthier youth. Alexandria, VA: National Association of State Boards of Education, 1990.
4. Allensworth D. Health education: state of the art. *Journal of School Health* 1993;63:14-20.
5. Birch DA. Involving families in school health education: an essential partnership. In: Cortese P, Middleton K, eds. *The Comprehensive School Health Challenge: Promoting Health Through Education*. Vol. 1. Santa Cruz, CA:ETR Associates; 1994.
6. Epstein JL. School/family/community partnerships. *Phi Delta Kappan* 1995;76:701-712.
7. Kolbe L. An essential strategy to improve the health and education of Americans. *Preventive Medicine* 1993;22:544-560.
8. Lohrmann DK, Wolley SF. Comprehensive school health education. In: Marx E, Wooley SF, eds. *Health is Academic*. New York: Teachers College Press, 1998:43-66.
9. Burgeson C, Wechsler H, Brener N, Young J, Spain C. Physical education and activity: results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2001;71:279-293.
10. Grunbaum JA, Kann L, Kinchen S, et al. Youth Risk Behavior Surveillance – United States, 2003. *MMWR* 2004;53(SS-2).
11. National Association for Sport and Physical Education. Sport and physical education advocacy kit. Reston, VA.: National Association for Sport and Physical Education, 1994.
12. CDC. Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR* 1997;46(No. RR-6).
13. CDC. Kidswalk-to-School. Available at <http://www.cdc.gov/nccdphp/dnpa/kidswalk/>.
14. CDC. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(No. RR-2).

15. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.
16. CDC. Guidelines for school health programs to promote lifelong healthy eating. *MMWR* 1996;45(RR-9):1-33.
17. CDC. School Health Index: A Self-Assessment and Planning Guide. 2004. Available at <http://apps.nccd.cdc.gov/SHI/Default.aspx>.
18. Safe and Drug-Free Schools and Communities Act, 20 USCS §§ 7101 et seq. (2005).
19. CDC. Strategies for Addressing Asthma within a Coordinated School Health Program. *MMWR* 2002;51(SS-1):1-13.
20. National Association of State Boards of Education. Someone at school has AIDS: a comprehensive guide to education policies concerning HIV infection. Alexandria, VA: National Association of State Boards of Education, 1996.