

## 1994 School Health Policies and Programs Study (SHPPS)

# State Health Education

The purpose of the SHPPS is to describe school health policies and programs nationwide, including: health education, physical education, school health services, school food service, and policies on tobacco use, alcohol and other drug use, violence, and HIV infection. Results will be used to assess school health needs at the state, district, and school levels and to improve school health programs throughout the nation.

This questionnaire is about your state's policies and programs related to health education. Health education refers to any instruction about health topics in any course. Policies mean institutionalized practices, formally adopted school board policies, legislated mandates, and administrative regulations or directives.

Some questions ask you to circle the one best answer. Other questions ask you to circle or check all that apply. Please answer every question which applies to you or your state.

Completing the questionnaire is voluntary. Participation by all respondents is requested to ensure that all state, district, and school needs are represented. All information will be reported by state except for responses to questions 39 - 42, which will be summarized for the nation as a whole. You will not be identified in any reports.

Public reporting burden for this collection of information is estimated to average .50 hours (or 30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bldg., Rm. 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0340); Washington, DC 20503

**STATE ORGANIZATION**

1.Does your state have a person responsible for directing or coordinating school health education at the state level? For this study, health education means instruction on any health topics, such as tobacco use prevention, alcohol and other drug use prevention, nutrition, and HIV prevention. **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a.No -- **SKIP TO Q.4**
- b.Yes (**SPECIFY**):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

2.Besides health education, what are the other responsibilities of the state school health education director? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.No other responsibilities
- b.Coordinates physical education
- c.Coordinates instruction in other curricular areas
- d.Coordinates school health services
- e.Coordinates driver's education
- f.Coordinates federally-funded HIV Education
- g.Coordinates federally-funded Drug Free Schools Program
- h.Coordinates federally-funded Nutrition Education and Training (NET)
- i.Other (**SPECIFY**):

3.Are there different state directors for elementary and secondary school health education? **CIRCLE THE ONE BEST ANSWER.**

- a.No
- b.Yes

4. Which programs are housed together administratively with health education in your state education agency? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Physical education
- b. School health services
- c. Driver's education
  - d. Federally-funded HIV Education
  - e. Federally-funded Drug Free Schools Education
- f. Federally-funded Nutrition Education and Training (NET)
- g. Other (**SPECIFY**):
- h. None of the above

### HEALTH EDUCATION REQUIREMENTS

5. Does your state require or recommend that schools offer health education? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.14**
- b. Yes, required
- c. Yes, recommend -- **SKIP TO Q.14**

6. What is the legal basis for this requirement? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No legal basis
- b. Federal legislation
  - c. State legislation
  - d. State education agency policy
- e. State health department policy
  - f. Other (**SPECIFY**):

7. Are your state's requirements for health education outcome-based (i.e., based on specific outcomes that students must achieve)? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes
- c. Don't know

8. How much health education (e.g., years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units) does your state require at specific grades or levels? Use as many blocks as necessary to fully describe your state's requirements. **SPECIFY AS INDICATED.**

<p align="center"><b>How much health education?</b></p> <p>Amount:<b>Specify number of</b> years, semesters, quarters, trimesters, weeks, days, hours, Carnegie units</p>	<p align="center"><b>In what grades or levels?</b></p> <p>Grades:<b>Specify</b> any of K - 12 or Levels:elementary, middle/junior high, high school</p>
Amount:	Grade(s) or level(s):
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)
Amount:	Grade(s) or level(s)

9.How does your state require elementary schools to offer health education?

**CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.Health education is not required in elementary schools
- b.Requirement does not specify how elementary schools must offer health education
- c. As a separate course devoted almost entirely to health topics
- d.As a course split equally between subjects, such as health education and physical education (**SPECIFY SUBJECTS**):
- e. As lessons taught as part of the elementary school curriculum
- f.Other (**SPECIFY**):

10.How does your state require middle/junior high schools to offer health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.Health education is not required in middle/junior high schools
- b.Requirement does not specify how middle/junior high schools must offer health education
- c. As a separate course devoted almost entirely to health topics
- d.As a course split equally between subjects, such as health education and physical education (**SPECIFY SUBJECTS**):
- e.As lessons taught as part of other required subject courses (**SPECIFY SUBJECTS**):
- f.Other (**SPECIFY**):

11.How does your state require senior high schools to offer health education?

**CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a.Health education is not required in senior high schools.
- b.Requirement does not specify how senior high schools must offer health education
- c. As a separate course devoted almost entirely to health topics
- d.As a course split equally between subjects, such as health education and physical education (**SPECIFY SUBJECTS**):
- e.As lessons taught as part of other required subject courses (**SPECIFY SUBJECTS**):
- f.Other (**SPECIFY**):

12. Which health education topics does your state specifically require be offered in any subject at each level? **FOR EACH TOPIC (A-V), CHECK LEVEL(S) AT WHICH TOPIC IS REQUIRED OR CHECK "NOT REQUIRED AT ANY LEVEL." USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL REQUIRED TOPICS AND THE LEVEL(S) AT WHICH THEY ARE REQUIRED.**

HEALTH TOPICS	Not required at any level	Elementary level	Middle/Jr. high level	Senior high level
a. Alcohol and other drug use prevention				
b. Community health				
c. Conflict resolution / Violence prevention				
d. Consumer health				
e. C.P.R.				
f. Death and dying				
g. Dental and oral health				
h. Dietary behaviors and nutrition				
i. Disease prevention and control				
j. Emotional and mental health				
k. Environmental health				
l. First aid				
m. Growth and development				
n. HIV prevention				
o. Human sexuality				
p. Injury prevention and safety				
q. Personal health				

HEALTH TOPICS	Not required at any level	Elementary level	Middle/Jr. high level	Senior high level
r. Physical activity and fitness				
s. Pregnancy prevention				
t. Sexually transmitted disease (STD) prevention				
u. Suicide prevention				
v. Tobacco use prevention				
x. Other ( <b>SPECIFY</b> ):				

13. Does your state set a maximum number of students that may be scheduled into a required health education class? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

a. No

b. Yes (**SPECIFY THE NUMBER**): \_\_\_\_\_

## **CURRICULUM/GUIDELINES/Framework**

14. At what levels does your state have a written curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No written curriculum, guidelines, or framework at any level -- **SKIP TO Q.19**
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

15. Which of the following are included in your state's written curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Goals, objectives, or outcomes
- b. Scope and sequence chart
- c. Subject matter content
- d. Lesson plans
- e. Learning activities
- f. Resources
- g. Student assessment plans
- h. Curriculum evaluation plans
- i. Other (**SPECIFY**):

16. What types of goals, objectives, or outcomes are specified in your state's written curriculum, guidelines, or framework for health education? **CHECK LEVEL(S) FOR EACH TYPE OF WRITTEN GOAL, OBJECTIVE, OR OUTCOME. USE THE "OTHER" CATEGORY TO SPECIFY ADDITIONAL TYPES OF GOALS, OBJECTIVES, OR OUTCOMES AND THE LEVEL(S) AT WHICH THEY ARE SPECIFIED.**

WRITTEN GOALS, OBJECTIVES, OR OUTCOMES	No written goals, objectives, or outcomes at any level	Elementary level	Middle/Jr. high level	Senior high level
a. <u>Knowledge</u> about health education topics and issues				
b. Positive <u>attitudes</u> toward healthy behaviors				
c. <u>Skills</u> to practice healthy behaviors				
d. <u>Participation</u> in healthy behaviors				
e. Other ( <b>SPECIFY</b> ):				

17. Is compliance with the state's curriculum, guidelines, or framework for health education required or recommended? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes, required
- c. Yes, recommended

18. How does your state monitor compliance with the state's curriculum, guidelines, or framework for health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Compliance is not monitored
- b. Schools submit periodic compliance reports
- c. Districts submit periodic compliance reports
- d. State performs periodic on-site monitoring
- e. Other (**SPECIFY**):

19. Does your state approve or recommend any commercial health education curricula? **CIRCLE THE ONE BEST ANSWER.**

- a. No -- **SKIP TO Q.21**
- b. Yes

20. Which commercial health education curricula does your state approve or recommend? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Growing Healthy
- b. Here's Looking at You 2000 (HLAY 2000)
- c. Know Your Body
- d. Life Planning Education
- e. Reducing the Risk
- f. Sex Respect
- g. Straight Talk
- h. Teenage Health Teaching Modules (THTM)
  - i. The Great Body Shop
  - j. Other (**SPECIFY**):

21. At what levels does your state conduct state-required academic student testing?

- a. State-required student tests are not conducted--**SKIP TO Q.23**
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

22. At what levels does your state include health education topics on state-required academic student testing? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Health education topics are not included on state-required student tests
- b. Elementary level
- c. Middle/junior high level
- d. Senior high level
- e. Other (**SPECIFY**):

23. During the past two years, in which areas did your state conduct formal evaluations of health education at the district or school levels? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State did not conduct formal evaluations
- b. Status of health education policies
- c. Quality of written goals, objectives, or outcomes in health education
- d. Implementation of health education curriculum, guidelines, or framework
- e. Quality of staff development/in-service training in health education
- f. Qualifications of health education teachers
- g. Other (**SPECIFY**):

## **PROFESSIONAL PREPARATION**

24. At what levels does your state offer a combined teacher certification or endorsement in health education and physical education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. State does not offer a combined teacher certification or endorsement in health education and physical education
- b. K-12
- c. Elementary level
- d. Middle/junior high level
- e. Senior high level
- f. Other (**SPECIFY**):

25. At what levels does your state offer a separate teacher certification or endorsement in health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. State does not offer a separate teacher certification or endorsement in health education

b. K-12

c. Elementary level

d. Middle/junior high level

e. Senior high school

f. Other (**SPECIFY**):

26. In what ways can a teacher be certified or endorsed by your state in health education? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. State does not certify or endorse health education teachers -- **SKIP TO Q.32**

b. Must have a baccalaureate degree in education with a specified number of credits in health education.

c. Must have a baccalaureate degree in health education or a related major plus a specified number of education credits.

d. State competency exam

e. Other (**SPECIFY**):

27. Does your state require that all elementary school teachers who teach health education have separate, health education certification? **CIRCLE THE ONE BEST ANSWER.**

a. No

b. Yes

28. Does your state require that all secondary school teachers who teach health education have separate, health education certification? **CIRCLE THE ONE BEST ANSWER.**

a. No

b. Yes

29. Does your state require that state certified or endorsed health education teachers obtain continuing education units (CEUs) to retain certification or endorsement? **CIRCLE THE ONE BEST ANSWER.**

a. No -- **SKIP TO Q.32**

b. Yes

30. How many hours of CEUs are health education teachers required to obtain to retain certification or endorsement?

**SPECIFY THE NUMBER OF HOURS:** \_\_\_\_\_hour(s) per \_\_\_\_\_year(s)

31. Does your state require that these CEUs be related directly to health education? **CIRCLE THE ONE BEST ANSWER.**

- a.No
- b.Yes

32. During the past two years, on which health education topics has your state offered (provided or made available) in-service training to health education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

a. In-service training on health education topics was not offered by the state -- **SKIP TO Q.34**

- b. Alcohol and other drug use prevention
- c. Community health
- d. Conflict resolution/Violence prevention
- e. Consumer health
- f. C.P.R.
- g. Death and dying
- h. Dental and oral health
- i. Dietary behaviors and nutrition
- j. Disease prevention and control
- k. Emotional and mental health
- l. Environmental health
- m. First aid
- n. Growth and development
- o. HIV prevention
- p. Human sexuality
- q. Injury prevention and control
- r. Personal health
- s. Physical activity and fitness
- t. Pregnancy prevention
- u. Sexually transmitted disease (STD) prevention
- v. Suicide prevention
- w. Tobacco use prevention
- x. Other (**SPECIFY**):

33. During the past two years, how many health education teachers has your state trained (in-service) on health education topics? **CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. **SPECIFY THE NUMBER OF TEACHERS:** \_\_\_\_\_
- b. Don't know

34. During the past two years, on which health education topics has your state offered (provided or made available) materials to health education teachers? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. Materials on health education topics were not offered by the state
  - b. Alcohol and other drug use prevention
- c. Community health
- d. Conflict resolution/Violence prevention
- e. Consumer health
- f. C.P.R.
- g. Death and dying
- h. Dental and oral health
- i. Dietary behaviors and nutrition
- j. Disease prevention and control
- k. Emotional and mental health
- l. Environmental health
- m. First aid
- n. Growth and development
- o. HIV prevention
- p. Human sexuality
- q. Injury prevention and control
- r. Personal health
- s. Physical activity and fitness
- t. Pregnancy prevention
- u. Sexually transmitted disease (STD) prevention
- v. Suicide prevention
- w. Tobacco use prevention
- x. Other (**SPECIFY**):

## COORDINATION AND COLLABORATION

35. Does your state have state-level coalitions or associations for school health education staff?  
**CIRCLE OR SPECIFY THE ONE BEST ANSWER.**

- a. No – **SKIP TO Q.37**
- b. Yes (**SPECIFY**):

36. Are these coalitions or associations affiliated with national professional organizations? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes (**SPECIFY**):

37. Does your state offer (provide or make available) in-service training or materials to assist school districts or schools in establishing district- or school-wide health advisory councils?  
**CIRCLE ALL THAT APPLY.**

- a. No
- b. Yes, in-service training
- c. Yes, materials

38. During the past two years, with which programs in your state has the health education program been involved in joint state-level activities or projects? **CIRCLE ALL THAT APPLY. SPECIFY AS INDICATED.**

- a. No joint activities or projects
- b. Physical education
- c. School food service
- d. School health services
- e. School counseling/psychology
- f. Community agencies/organizations (**SPECIFY**):
- g. Other (**SPECIFY**):

## IMPROVING SCHOOL HEALTH EDUCATION

39. What would you like to **DO** in health education in your state that you have **NOT** been able to do? **RECORD RESPONSE IN SPACE BELOW.**

40. What has **PREVENTED** you from doing the things you just described? **RECORD RESPONSE IN SPACE BELOW.**

41. What has been MOST HELPFUL to you in improving health education in your state?  
**RECORD RESPONSE IN SPACE BELOW.**

42. What SUGGESTIONS OR RECOMMENDATIONS do you have to improve health education in your state? **RECORD RESPONSE IN SPACE BELOW.**

43. What is your name, title, address, and telephone number? This information will be used only to contact you for additional information about your responses. You will not be identified in any reports. **(IF SAME AS Q.1, DO NOT COMPLETE.)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**

**Please return the completed questionnaire to your state's coordinator for this project unless**

instructed otherwise.