

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

# State Health Policies

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 school health policies on tobacco use, alcohol and other drug use, violence prevention, and HIV infection, and policies to protect students from sexual harassment. 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 question 22 - 25, 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

## TOBACCO USE POLICIES

1. For whom does your state require that school districts or schools have a tobacco use policy? **CIRCLE ALL THAT APPLY.**

- a. No requirement -- **SKIP TO Q.3**
- b. Students
- c. School staff

2. What is the legal basis for the 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**):

3. What types of tobacco does your state recommend that school districts or schools include in their tobacco use policies? **CIRCLE ALL THAT APPLY.**

- a. No recommendation
- b. Cigarettes (and other smoking tobacco products)
- c. Smokeless tobacco (snuff and chewing tobacco)

4. What does your state recommend that school districts or schools include in their tobacco use policies? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Support for tobacco use prevention education for students
- c. Definitions of tobacco products
- d. Rules against tobacco use by students
- e. Rules against tobacco use by school staff
- f. Rules against tobacco use by school visitors
- g. Descriptions of violations and possible consequences
- h. Due process guidelines for search and seizure and confidentiality
- i. Areas of jurisdiction (e.g., school building, school grounds, school-sponsored events, and school vehicles)
- j. Procedures for communicating the policy to students, school staff, and parents/guardians
- k. Procedures for implementing the policy
- l. Other (**SPECIFY**):

5. Where and when does your state recommend tobacco policies should apply for students? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. School buildings during regular school hours
- b. School buildings during non-school hours
- c. School grounds during regular school hours
- d. School grounds during non-school hours
- e. School-sponsored events off-campus
- f. School vehicles
- g. Specified distance from school grounds
- h. Other (**SPECIFY**):

6. Where and when does your state recommend tobacco policies should apply for school staff? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. School buildings during regular school hours
- b. School buildings during non-school hours
- c. School grounds during regular school hours
- d. School grounds during non-school hours
- e. School-sponsored events off-campus
- f. School vehicles
- g. Specified distance from school grounds
- h. Other (**SPECIFY**):

### **ALCOHOL AND OTHER DRUG (AOD) USE POLICIES**

7. For whom does your state require that school districts or schools have an alcohol and other drug (AOD) use policy? **CIRCLE ALL THAT APPLY.**

- a. No requirement -- **SKIP TO Q.9**
- b. Students
- c. School staff

8. What is the legal basis for the 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**):

9. What does your state recommend that school districts or schools include in their AOD use policies?  
**CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Support for alcohol and other drug use prevention education for students
- c. Definitions of alcohol and other drugs
- d. Rules against AOD use by students
- e. Rules against AOD use by school staff
- f. Rules against AOD use by school visitors
- g. Descriptions of violations and possible consequences
- h. Due process guidelines for search and seizure and confidentiality
- i. Areas of jurisdiction (e.g., school building, school grounds, school-sponsored events, and school vehicles)
- j. Procedures for communicating the policy to students, school staff, and parents/guardians
- k. Procedures for implementing the policy
- l. Other (**SPECIFY**):

#### **VIOLENCE PREVENTION POLICIES - PHYSICAL FIGHTING AND WEAPON POSSESSION AND USE**

10. For whom does your state require that school districts or schools have a violence prevention policy?  
**CIRCLE ALL THAT APPLY.**

- a. No requirement -- **SKIP TO Q.12**
- b. Students
- c. School staff

11. What is the legal basis for the 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
- f. Other (**SPECIFY**):

12. What does your state recommend that school districts or schools include in their policy on students' physical fighting? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Support for violence prevention education for students
- c. Definitions of physical fighting
- d. Rules against fighting by students
- e. Descriptions of violations and possible consequences
- f. Due process guidelines for confidentiality
- g. Areas of jurisdiction (e.g., school building, school grounds, school-sponsored events, and school vehicles)
- h. Procedures for communicating the policy to students, school staff, and parents/guardians
- i. Procedures for implementing the policy
- j. Other (**SPECIFY**):

13. What does your state recommend that school districts or schools include in their weapons policy? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Support for violence prevention education for students
- c. Definitions of weapons
- d. Rules against weapon possession and use by students
- e. Rules against weapon possession and use by school staff
- f. Rules against weapon possession and use by school visitors
- g. Descriptions of violations and possible consequences
- h. Due process guidelines for search and seizure and confidentiality
- i. Areas of jurisdiction (e.g., school building, school grounds, school-sponsored events, and school vehicles)
- j. Procedures for communicating the policy to students, school staff, and parents/guardians
- k. Procedures for implementing the policy
- l. Other (**SPECIFY**):

## HIV INFECTION POLICIES

14. For whom does your state require that school districts or schools have a policy about HIV-infection? **CIRCLE ALL THAT APPLY.**

- a. No requirement -- **SKIP TO Q.16**
- b. Students
- c. School staff

15. What is the legal basis for the 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 agency policy
- f. Other (**SPECIFY**):

16. What does your state recommend that school districts or schools include in their policies about HIV infection? **CIRCLE ALL THAT APPLY. SPECIFY OTHER.**

- a. No state recommendations on this issue
- b. Support for HIV prevention education for students
- c. Support for HIV prevention education for staff
- d. Procedures for evaluating the health status of HIV-infected students and school staff
- e. Procedures for maintaining confidentiality
- f. Procedures to protect HIV-infected students and school staff from discrimination
- g. A statement about the inappropriateness of routine testing of students and school staff for HIV infection
- h. Procedures for communicating the policy to students, school staff, and parents/guardians
- i. Procedures for implementing the policy
- j. Other (**SPECIFY**):

## **POLICIES TO PROTECT STUDENTS FROM SEXUAL HARASSMENT**

17. Does your state require that school districts or schools have a policy to protect students from sexual harassment? **CIRCLE THE ONE BEST ANSWER.**

- a. No
- b. Yes

**PROFESSIONAL PREPARATION**

18. On what topics does your state provide model policies to guide school districts or schools? **CIRCLE ALL THAT APPLY.**

- a. No model policies provided by the state
- b. Tobacco use
- c. Alcohol and other drug (AOD) use
- d. Violence prevention (physical fighting, weapon possession and use)
- e. HIV-infected school staff
- f. HIV-infected students
- g. HIV education
- h. Sexual harassment prevention to protect students

19. During the past two years, on which school health policies has your state offered (provided or made available) in-service training to school district or school staff? **CIRCLE ALL THAT APPLY.**

- a. In-service training on school health policies was not offered -- **SKIP TO Q.21**
- b. Tobacco use
- c. Alcohol and other drug (AOD) use
- d. Violence prevention (physical fighting, weapon possession and use)
- e. HIV-infected school staff
- f. HIV-infected students
- g. HIV education
- h. Sexual harassment prevention to protect students

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

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

21. During the past two years, on which school health policies has your state offered (provided or made available) materials to school district or school staff? **CIRCLE ALL THAT APPLY.**

- a. Materials on school health policies were not offered
- b. Tobacco use
- c. Alcohol and other drug (AOD) use
- d. Violence prevention (physical fighting, weapon possession and use)
- e. HIV-infected school staff
- f. HIV-infected students
- g. HIV education
- h. Sexual harassment prevention to protect students

## **IMPROVING SCHOOL HEALTH POLICIES**

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

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

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

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

26. 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.

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 the state's coordinator for this project unless instructed**

otherwise.