

**ITEM RATIONALE**  
**2018 SCHOOL HEALTH PROFILES**  
**LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

**REQUIRED HEALTH EDUCATION COURSES**

**QUESTIONS:**

1. How many required health education courses do students take in grades 6 through 12 in your school?
2. Is a required health education course taught in each of the following grades in your school?
3. If students fail a required health education course, are they required to repeat it?

**RATIONALE:**

These questions measure the extent to which health education courses are required for students in grades 6 through 12 and the importance of these requirements. School health education could be one of the most effective means to reduce and prevent some of the most serious health problems in the United States, including cardiovascular disease, cancer, motor-vehicle crashes, homicide, and suicide.<sup>1</sup> The Institute of Medicine has recommended that schools require a one-semester health education course at the secondary school level;<sup>1</sup> however, the benefits of a health education curriculum increase when students receive at least three consecutive years of a quality health curriculum.<sup>2</sup> The importance of school health education is supported by the establishment of *Healthy People 2020* Early and Middle Childhood objective-4 (EMC-4): increase the proportion of elementary, middle, and senior high schools that require school health education.<sup>3</sup>

**REFERENCES:**

1. Institute of Medicine. *Schools and Health: Our Nation's Investment*. Washington, DC: National Academy Press; 1997.
2. Lohrmann DK, Wooley SF. Comprehensive school health education. In: Marx E, Wooley SF, eds. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York, NY: Teachers College Press; 1998, pp. 43-66.
3. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood/objectives>.

## HEALTH EDUCATION MATERIALS

### QUESTION:

4. Are those who teach health education at your school provided with each of the following materials?

### RATIONALE:

This question addresses the types of information and support materials health education teachers are given in order to implement health education classes. According to the Joint Committee on National Health Education Standards, quality health education is guided by access and equity principles that call for clear curriculum direction, including goals, objectives, and expected outcomes; a written curriculum; clear scope and sequence of instruction for health education content; and plans for age-appropriate student assessment.<sup>1</sup>

### REFERENCE:

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
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### QUESTION:

5. Does your health education curriculum address each of the following skills?

### RATIONALE:

This question addresses the extent to which schools have a health education curriculum that is based on, or is consistent with, current national health education standards.<sup>1</sup> *Healthy People 2020* objective Educational and Community Based Programs-3 (ECBP-3) calls for an increase in the proportion of elementary, middle, and senior high schools that address the knowledge and skills articulated in these standards.<sup>2</sup>

### REFERENCES:

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
  2. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
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**QUESTION:**

6. Are those who teach sexual health education at your school provided with each of the following materials?

**RATIONALE:**

This question reflects the characteristics of exemplary sexual health education (ESHE), which is a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels.<sup>1-3</sup> ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STD, and unintended pregnancy.<sup>2</sup> ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education.<sup>1,3,4</sup> The items in this question also align with the Health Education Curriculum Analysis Tool<sup>3</sup> and the National Health Education Standards.<sup>5</sup>

*These items provide data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

**REFERENCES:**

1. Lohrmann DK, Wooley SF. Comprehensive school health education. In: Marx E, Wooley S, Northrop D, eds. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York, NY: Teachers College Press; 1998, pp. 43–45.
  2. Kirby D, Coyle K, Alton F, Rolleri L, Robin L. *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs*. Scotts Valley, CA: ETR Associates; 2011.
  3. Centers for Disease Control and Prevention. HECAT: Module SH. Sexual health curriculum. 2012. Available at: [http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT\\_Module\\_SH.pdf](http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf).
  4. Centers for Disease Control and Prevention. Characteristics of an effective health education curriculum. Available at: <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>.
  5. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
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## **QUESTION:**

7. Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)?

## **RATIONALE:**

This question assesses whether the school uses inclusive curricula or supplementary materials for lesbian, gay, bisexual, transgender, and questioning youth, also referred to as sexual and gender minority (SGM) youth. In a 2015 nationally representative sample of U.S. high school students, 2.0% of students identified as gay or lesbian, 6.0% identified as bisexual, and 3.2% reported they were not sure of their sexual identity. The percentage of students reporting sexual contact with same sex only or both sexes was 1.7% and 4.6%, respectively.<sup>1</sup> Results from this report and other studies have found that sexual minority students more often participate in behaviors that put them at greater risk for HIV, STD, and unintended pregnancy, including not using a condom during last sexual intercourse.<sup>1-4</sup> Yet the percentage of sexual minority students reporting they were taught in school about AIDS or HIV was lower than that of heterosexual students.<sup>5</sup> Research indicates that using content relevant to SGM youth increases their knowledge on HIV/STD topics,<sup>6</sup> and indicates reduced risk behaviors for some lesbian, gay, and bisexual youth when using inclusive HIV instruction in schools.<sup>7</sup>

*This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

## **REFERENCES:**

1. Kann L, Olsen EOM, McManus T, et al. Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12 — United States and selected sites, 2015. *Morbidity and Mortality Weekly Report* 2016; 65(9):1-202.
2. Garofalo R, Katz E. Health care issues of gay and lesbian youth. *Current Opinion in Pediatrics* 2001; 13(4):298-302
3. Pathela P, Schillinger J. Sexual behaviors and sexual violence: adolescents with opposite-, same-, or both-sex partners. *Pediatrics* 2010; 126(5):879-886.
4. Goodenow C, Szalacha L, Robin L, Westheimer K. Dimensions of sexual orientation and HIV-related risk among adolescent females: evidence from a statewide survey. *American Journal of Public Health* 2008; 98(6):1051-1058.
5. Kann L, Olsen E, McManus T, et al. Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report* Early Release 2011; 60:1-133.

6. Mustanski B, Greene GJ, Ryan D, Whitton SW. Feasibility, acceptability, and initial efficacy of an online sexual health promotion program for LGBT youth. *Journal of Sex Research* 2015; 52(2):220-230.
  7. Blake SM, Ledsky R, Lehman T, Goodenow C, Sawyer R, Hact T. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health* 2001; 91(6):940-946.
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## REQUIRED HEALTH EDUCATION

### QUESTION:

8. Is health education instruction required for students in any of grades 6 through 12 in your school?

### RATIONALE:

Not all health education instruction takes place in health education courses.<sup>1</sup> This question addresses whether schools require any classroom instruction on health topics, including instruction that occurs outside of health education courses.

### REFERENCE:

1. Kann L, Telljohann SK, Wooley SF. Health education: results from the School Health Policies and Programs Study 2006. *Journal of School Health* 2007; 77(8):408-434.
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### QUESTION:

9. During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12?

### RATIONALE:

This question addresses the extent to which traditional health content areas and the prevention of health risk behaviors are taught in required courses in grades 6 through 12. *Healthy People 2020* objective ECBP-2 calls for an increase in the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent morbidity and mortality resulting from unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.<sup>1</sup>

Additionally, chronic health conditions such as epilepsy or seizure disorder, diabetes, asthma, and food allergies may affect students' physical and emotional well-being, school attendance, academic performance, and social participation. Given the clustering of chronic conditions, many students face the added burden of living with two conditions. The opportunity for academic success is increased when communities, schools, families, and students work together to meet the needs of students with chronic health conditions and provide safe and supportive learning environments.<sup>2,3</sup> Providing health education in these areas contributes to raising awareness of these chronic health conditions within the broader school community.

## REFERENCES:

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
  2. National Asthma Education and Prevention Program, National School Boards Association, American School Health Association, American Diabetes Association, American Academy of Pediatrics, Food Allergy and Anaphylaxis Network, Epilepsy Foundation. Students with chronic illnesses: guidance for families, schools, and students. *Journal of School Health* 2003; 73(4):131-132.
  3. Taras H, Brennan JJ. Students with chronic diseases: nature of school physician support. *Journal of School Health* 2008; 78(7):389-396.
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## QUESTION:

10. During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12?

## RATIONALE:

This question measures the tobacco-use prevention curricula content, and relates to the *Healthy People 2020* objective ECBP-2: increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems including tobacco use and addiction.<sup>1</sup> Since most smoking is initiated by persons less than 18 years old, programs that prevent onset of smoking during the school years are crucial. When implemented in conjunction with broader community-based mass media campaigns that show strong evidence of their effectiveness in reducing tobacco use among adolescents, school-based tobacco prevention programs that address multiple psychosocial factors related to tobacco use among youth and that teach the skills necessary to resist those influences have demonstrated consistent and significant reductions or delays in adolescent smoking.<sup>2-10</sup> Social influence programming has reduced smoking onset by as much as 50%, with effects lasting up to 6 years, and with effects including reduction of the use of other tobacco products as well.<sup>4</sup>

In addition, this question measures the extent to which schools are complying with the components of the National Health Education Standards, which provide a framework for decisions about the lessons, strategies, activities, and types of assessment to include in a health education curriculum.<sup>11</sup> It also measures the extent to which the content aligns with the Health Education Curriculum Analysis Tool.<sup>12</sup>

## REFERENCES:

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
2. U.S. Department of Health and Human Services. *Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012.
3. U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 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; 2000.
4. Sussman S. School-based tobacco use prevention and cessation: where are we going? *American Journal of Health Behavior* 2001; 25(3):191-9.
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6. Botvin GJ, Baker E, Dusenbury L, Botvin EM, Diaz T. Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association* 1995; 273(14):1106-1112.
7. Lantz PM, Jacobson PD, Warner KE, et al. Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control* 2000; 9:47-63.
8. Rooney BL, Murray DM. A meta-analysis of smoking prevention programs after adjustment for errors in the unit of analysis. *Health Education Quarterly* 1996; 23(1):48-64.
9. Bruvold WH. A meta-analysis of adolescent smoking prevention programs. *American Journal of Public Health* 1993; 83(6):872-80.
10. Guide to Community Preventive Services. Reducing Tobacco Use Initiation: Mass Media Campaigns when Combined with Other Interventions (1999 archived review). Available at: [www.thecommunityguide.org/tobacco/massmediaeducation\\_archive.html](http://www.thecommunityguide.org/tobacco/massmediaeducation_archive.html).
11. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.

- Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool. 2013. Available at: <http://www.cdc.gov/healthyyouth/hecat/index.htm>.
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### **QUESTION:**

- During this school year, did teachers in your school teach each of the following sexual health topics in a required course for students in each of the grade spans below?

### **RATIONALE:**

This question measures sexual health education curricula content. The National Health Education Standards outline knowledge and skills that should be attained by students following the completion of a high-quality health education program.<sup>1</sup> Further, the National Sexuality Education Standards provide guidance on essential sexuality education content that is developmentally and age-appropriate for K-12 students.<sup>2</sup>

Sexual health education programs can increase knowledge and skills to prevent unintended pregnancy and decrease risk of HIV and STD infection.<sup>3-5</sup> Given variability among adolescents in cognition, social maturity, and sexual experience, curricula should be tailored to meet the unique needs of younger, as well as older adolescents.<sup>6,7</sup> To coincide with the maturity level and cognitive abilities of the learner, the progression of sexual health education concepts and skills increase in complexity as the sequence advances up grade levels. The Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool is aligned with the National Health Education Standards and provides a guide to developmentally appropriate topics for sexual health education within schools for pre-K-12<sup>th</sup> grade.<sup>8</sup>

*This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

### **REFERENCES:**

- The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
- Future of Sex Education Initiative. *National Sexuality Education Standards: Core Content and Skills, K-12*. 2012. Available at: <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>.
- Goesling B, Colman S, Trenholm C, Terzian M, Moore K. Programs to reduce teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors: a systematic review. *Journal of Adolescent Health* 2014; 54(5):499–507.

4. Kirby D. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: The National Campaign to Prevent Teen Pregnancy; 2007. Available at: [http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007\\_full\\_0.pdf](http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf).
  5. Robin L, Dittus P, Whitaker D, et al. Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: a decade in review. *Journal of Adolescent Health* 2004; 34(1):3-26.
  6. Kirby D, Coyle K, Alton F, Rolleri L, Robin L. *Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs*. Scotts Valley, CA: ETR Associates, 2011. Available at: <http://go.etr.org/reducing-adolescent-sexual-risk>.
  7. Pedlow CT, Carey MP. Developmentally appropriate sexual risk reduction interventions for adolescents: rationale, review of interventions, and recommendations for research and practice. *Annals of Behavioral Medicine* 2004; 27(3):172-184.
  8. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool. 2013. Available at: [www.cdc.gov/healthyyouth/hecat/index.htm](http://www.cdc.gov/healthyyouth/hecat/index.htm).
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#### **QUESTION:**

12. During this school year, did teachers in your school assess the ability of students to do each of the following in a required course for students in each of the grade spans below?

#### **RATIONALE:**

This question measures the extent to which students were assessed on their skills to perform behaviors associated with reduced sexual risk behaviors. When adolescents are confident in their ability to perform behaviors (called self-efficacy) and when they have practice in implementing behaviors, they are more likely to engage in protective behaviors and to refrain from sexual risk behaviors.<sup>1,2</sup> The skills listed are part of exemplary sexual health education and are based on the characteristics of sexual health education curricula as listed in the Health Education Curriculum Analysis Tool (HECAT),<sup>3</sup> the National Health Education Standards,<sup>4</sup> and the National Sexuality Education Standards.<sup>5</sup>

*These items provide data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

#### **REFERENCES:**

1. Kirby D, Coyle K, Forrest A, et al. *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs*. Scotts Valley, CA: ETR Associates; 2011.

2. Gavin LE, Catalano RF, Corinne David-Ferdon C, et al. A review of positive youth development programs that promote adolescent sexual and reproductive health. *Journal of Adolescent Health* 2010; 46(3):S75-S91.
  3. Centers for Disease Control and Prevention. HECAT Module SH. Sexual Health Curriculum. 2012. Available at: [http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT\\_Module\\_SH.pdf](http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf).
  4. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
  5. Future of Sex Education Initiative. *National Sexuality Education Standards: Core Content and Skills, K-12*. 2012. Available at: <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>.
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#### **QUESTION:**

13. During this school year, did teachers in your school provide students with the opportunity to practice communication, decision-making, goal-setting, or refusal skills related to sexual health, for example through role-playing?

#### **RATIONALE:**

This question measures the extent to which students were provided opportunities to practice skills to avoid undesired or unprotected sexual risks. *National Health Education Standards 2-8* identify the essential skills student should be able to do as a result of their health education in schools.<sup>1</sup> An effective curriculum builds essential skills — including communication, refusal, assessing accuracy of information, decision-making, planning and goal-setting, self-control, and self-management — that enable students to build their personal confidence, deal with social pressures, practice health-enhancing behaviors, and avoid or reduce risk behaviors.<sup>2,3</sup> When adolescents are provided opportunities to learn and practice skills, they will be more likely to apply these skills in real life. Opportunities should be provide students to individually practice skills, the most common method for increasing these skills is roleplaying.<sup>4</sup>

#### **REFERENCES:**

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society, 2007.
2. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool. 2013. Available at: [www.cdc.gov/healthyyouth/hecat/index.htm](http://www.cdc.gov/healthyyouth/hecat/index.htm).

3. Future of Sex Education Initiative. National Sexuality Education Standards: Core Content and Skills, K-12. 2012. Available at:  
<http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>.
  4. Kirby D, Coyle K, Alton F, Roller L, Robin L. *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum- Based Programs*. Scotts Valley, CA: ETR Associates; 2011.
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## QUESTION:

14. During this school year, did teachers in your school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12?

## RATIONALE:

This question measures the curricula content related to nutrition and dietary behavior. Comprehensive, sequential nutrition education using the classroom and the lunchroom can reinforce healthful eating behaviors.<sup>1,2</sup> Nutrition education should be part of a comprehensive school health education curriculum that is aligned with the National Health Education Standards<sup>3,4</sup> and includes concepts and skills to promote healthy eating.<sup>4-6</sup> This list of 22 nutrition topics is based on the *2015–2020 Dietary Guidelines for Americans*,<sup>7</sup> CDC guidelines,<sup>6</sup> the School Health Index,<sup>8</sup> the Health Education Curriculum Analysis Tool (HECAT),<sup>4</sup> and the Institute of Medicine.<sup>9</sup> *Healthy People 2020* objective ECBP-2.8 calls for an increase in the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns.<sup>10</sup> In addition to understanding healthy eating, students should also understand how to assess their weight status using body mass index. An individual's weight status is linked to nutrition and their overall health.<sup>11</sup> *Healthy People 2020* objective ECBP-4.3 calls for an increase in the proportion of elementary, middle, and senior high schools that provide health education in growth and development to promote personal health and wellness.<sup>10</sup>

## REFERENCES:

1. Food and Nutrition Board, Institute of Medicine, Committee on Prevention of Obesity of Children and Youth. Schools. In: Koplan JP, Liverman CT, Kraak VI, eds. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: National Academy Press; 2005, pp. 237-284.
2. Briggs M, Mueller CG, Fleischhacker S. Position of the American Dietetic Association, School Nutrition Association, and Society for Nutrition Education: comprehensive school nutrition services. *Journal of the American Dietetic Association* 2010; 110:1738-1749.
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  5. U.S. Department of Agriculture, Food and Nutrition Service. About Team Nutrition. 2016. Available at: <https://www.fns.usda.gov/tn/about-team-nutrition>.
  6. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. *Morbidity and Mortality Weekly Report* 2011; 60(5).
  7. U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015–2020 Dietary Guidelines for Americans*. 8th edition. Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Agriculture; 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>.
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  9. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.
  10. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
  11. Barlow SE and the Expert Committee. Expert Committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007; 120:S164-S192.
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#### **QUESTION:**

15. During this school year, did teachers in your school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12?

#### **RATIONALE:**

This question measures the extent to which physical activity concepts are taught in a required course. Health education that includes physical activity concepts increases the likelihood of students increasing their participation in physical activity,<sup>1-3</sup> reinforces what has been taught in physical education,<sup>4</sup> and assists students in achieving the National Health Education Standards.<sup>5</sup> The content also aligns with the Health Education Curriculum Analysis Tool (HECAT).<sup>6</sup>

## REFERENCES:

1. Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. *Morbidity and Mortality Weekly Report* 2011; 60(No. RR-5).
  2. Hoelscher D, Feldman H, Johnson C, et al. School-based health education programs can be maintained over time: results from the CATCH institutionalization study. *Preventive Medicine* 2004; 38(5):594-606.
  3. Marcoux MF, Sallis JF, McKenzie TL, Marshall S, Armstrong CA, Goggin K. Process evaluation of a physical activity self-management program for children: SPARK. *Psychology and Health* 1999; 14:659-677.
  4. Pate RR, Davis MG, Robinson TN, Stone EJ, McKenzie TL, Young JC. Promoting physical activity in children and youth: a leadership role for schools. *Circulation* 2006; 114:1-11.
  5. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
  6. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool. 2013. Available at: <http://www.cdc.gov/healthyyouth/hecat/index.htm>.
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## COLLABORATION

### QUESTION:

16. During this school year, have any health education staff worked with each of the following groups on health education activities?

### RATIONALE:

This question measures the extent to which health education staff work cooperatively with other components of the school health program (school health services, school mental health or social services, food service, and physical education staff) and with a school health council, committee, or team. An integrated school and community approach is an effective strategy to promote adolescent health and well-being.<sup>1-3</sup>

### REFERENCES:

1. Allensworth D, Kolbe L. The comprehensive school health program: state of the art. *Journal of School Health* 1987; 63:14-20.
  2. Kann L, Telljohann SK, Wooley SF. Health education: results from the School Health Policies and Programs Study 2006. *Journal of School Health* 2007; 77:408-434.
  3. Lohrmann DK. A complementary ecological model of the coordinated school health program. *Journal of School Health* 2010; 80:1-9.
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### QUESTION:

17. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics?

### RATIONALE:

This question measures whether schools are providing health information to students' families. School programs that engage parents and link with the community yield stronger positive results.<sup>1-3</sup> Studies aimed at preventing childhood overweight, treating childhood overweight, and promoting physical activity and healthy eating have demonstrated more success when engaging both the parent and child versus solely reaching the child.<sup>4-7</sup> School-based tobacco prevention programs and community interventions involving parents and community organizations have a stronger impact over time when working in tandem rather than as separate, stand-alone interventions.<sup>8</sup> Assessments of successful school-based asthma management programs indicate that with increased knowledge, parents can assist their children in better managing their asthma.<sup>7-11</sup> Parents also are teenagers' primary sex educators, able to capitalize on teachable moments when youth may be more open to learning new information.<sup>12</sup> Parents can continue prevention messages delivered in school, thereby enhancing the likelihood of sustained behavioral

changes.<sup>13</sup> Increased communication affects both parenting and health practices of parents. Communicating information on healthy lifestyles aims to reinforce the child's coursework at school, facilitate communication with parents about school activities, and increase parent knowledge of healthy living.<sup>14,15</sup>

An estimated 4% to 6% of U.S. children under age 18 have food allergies.<sup>16,17</sup> Ensuring that parents have the knowledge to help keep their children safe from potential exposure to all foods that might trigger an allergic reaction is an important role schools can play in addressing the needs of students with food allergies.<sup>18</sup> In 2010, 0.26% of youth under the age of 20 had been diagnosed with type 1 or type 2 diabetes.<sup>19</sup> In 2005–2006 NHANES, 16% (overall) of youth 12–19 years and 30% of obese youth 12–19 years had prediabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.<sup>20</sup> In addition, between 1995 and 2010, the prevalence of diagnosed diabetes in adults increased 50% or more in 42 states, and by 100% or more, in 18 states.<sup>21</sup> Therefore, creating awareness among parents about diabetes may increase knowledge about the extent of the disease and appropriate activities for prevention.

*Item 17i provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

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#### **QUESTION:**

18. During this school year, have teachers in this school given students health education homework assignments or activities to do at home with their parents?

#### **RATIONALE:**

This question assesses whether teachers develop family-based education strategies that involve parents in discussions about health topics with their children. Supporting learning at home is a type of involvement promoted in CDC's *Parent Engagement: Strategies for Involving Parents in School Health*.<sup>1</sup> Engaging parents in homework assignments or other health activities at home can increase the likelihood that students receive consistent messages at home and in school as well as decrease the likelihood that they engage in health-risk behaviors.<sup>2-4</sup>

*This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.*

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## PROFESSIONAL DEVELOPMENT

### QUESTIONS:

19. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics?
22. Would you like to receive professional development on each of the following topics?
- (a) Alcohol- or other drug-use prevention... (b) Asthma... (c) Chronic disease prevention (e.g., diabetes, obesity prevention)... (d) Emotional and mental health... (e) Epilepsy or seizure disorder... (f) Food allergies... (g) Foodborne illness prevention... (h) HIV prevention... (i) Human sexuality... (j) Infectious disease prevention (e.g., flu prevention)... (k) Injury prevention and safety... (l) Nutrition and dietary behavior... (m) Physical activity and fitness... (n) Pregnancy prevention... (o) STD prevention... (p) Suicide prevention... (q) Tobacco-use prevention... (r) Violence prevention (e.g., bullying, fighting, dating violence prevention)
20. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics?
- (a) Teaching students with physical, medical, or cognitive disabilities... (b) Teaching students of various cultural backgrounds... (c) Teaching students with limited English proficiency... (d) Teaching students of different sexual orientations or gender identities... (e) Using interactive teaching methods (e.g., role plays, cooperative group activities)... (f) Encouraging family or community involvement... (g) Teaching skills for behavior change... (h) Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, behavior management)... (i) Assessing or evaluating students in health education.
23. Would you like to receive professional development on each of the following topics?

### RATIONALE:

These questions address the importance of professional development for teachers. It is vitally important that teachers be well prepared when they begin teaching and that they continue to improve their knowledge and skills throughout their careers.<sup>1</sup> Educators who have received professional development in health education report increases in the number of health lessons taught and their confidence in teaching.<sup>2</sup> Professional development increases educators' confidence in teaching subject matter and provides opportunities for educators to learn about new developments in the field and innovative teaching techniques, and to exchange ideas with colleagues.<sup>3,4</sup> Districts that have made improvements in their professional development activities have seen a rise in student achievement.<sup>5,6</sup> Staff development is associated with increased teaching of important health education topics.<sup>7</sup> The Institute of Medicine's Committee on Comprehensive School Health Programs in Grades K-12 recommended that health education teachers should be expected to participate in ongoing, discipline-specific in-service programs in order to stay abreast of new developments in their field.<sup>3</sup>

Item 20h provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance.

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## QUESTIONS:

21. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) on each of the following topics related to teaching sexual health education?
24. Would you like to receive professional development on each of the following topics related to teaching sexual health education?

## **RATIONALE:**

This question measures the extent to which professional development about sexual health education and HIV, other STD, or pregnancy prevention has been received by the lead health education teacher. As new information and research on prevention is available, those responsible for teaching about sexual health should periodically receive continuing education to ensure they have the most current information on effective prevention and health education intervention strategies and priority populations identified as most at-risk for pregnancy and HIV/STD infection.<sup>1-3</sup>

Effective implementation of school health education and sexual health education are linked directly to adequate teacher training programs.<sup>4-6</sup> School health education designed to decrease students' participation in risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula.<sup>4,5</sup> Staff development activities for health education teachers need to focus on teaching strategies that both actively engage students and facilitate their mastery of critical health information and skills and should include information about district and state policies related to sexual health education.<sup>7</sup>

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## PROFESSIONAL PREPARATION

### QUESTIONS:

25. What was the major emphasis of your professional preparation?
26. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?
27. Including this school year, how many years of experience do you have teaching health education courses or topics?

### RATIONALE:

These questions measure the extent to which lead health education teachers are formally trained in the topic of health education as well as the teaching experience and credentials of the lead health education teacher. Health education teachers need to be academically prepared and specifically qualified on the subject of health.<sup>1</sup> In addition, pre-service training in health education is associated with increased teaching of important health education topics.<sup>2</sup>

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