

## How are Profiles data used?

Education and health officials use Profiles data to

- Describe school health policies and practices and compare them across jurisdictions
- Identify professional development needs
- Plan and monitor programs
- Support health-related policies and legislation
- Seek funding
- Garner support for future surveys


## How do specific states and school districts use their Profiles data?

## PROFILES School Health Profiles

## What is the School Health Profiles?

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, large urban school districts, and territories. Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Profiles monitors the current status of

- School health education requirements and content
- Physical education and physical activity
- Practices related to bullying and sexual harassment
- School health policies related to tobacco-use prevention and nutrition
- School-based health services
- Family engagement and community involvement
- School health coordination


## State, Territorial, and Large Urban School District Participation - Profiles 2018



- The Maine Department of Education is using School Health Profiles results to inform the revision of their health education and physical education standards for students.
- Boston Public Schools has used Profiles results to track implementation of the District Wellness Policy, including health education curriculum delivery, training of teachers, and implementation of their Safe and Supportive Schools Policy.
- In New York City, the Office of School Wellness Programs staff use Profiles data to inform the design of professional learning opportunities for health and physical education teachers and principals.



## How is Profiles conducted?

Profiles is conducted among a sample of secondary schools in a state, large urban school district, or territory. Profiles data are collected from self-administered questionnaires from the principal and the lead health education teacher at each sampled school. In 2018, 43 states, 21 large urban school districts, and 2 territories obtained data representative of their jurisdiction. In these sites, at least $70 \%$ of the principals or lead health education teachers in the sample completed the questionnaire and the data were weighted to represent the population. States, school districts, and territories that did not obtain at least a $70 \%$ response rate were not weighted; unweighted data represent only the schools in which the principals or teachers completed the questionnaire.

Across states, the sample sizes of the principal surveys ranged from 72 to 558 and response rates ranged from $71 \%$ to $95 \%$. Across large urban school districts, the sample sizes ranged from 29 to 343 and response rates ranged from $73 \%$ to $100 \%$. The sample sizes of the lead health education teacher surveys across states ranged from 72 to 581 and response rates ranged from $71 \%$ to $94 \%$. Across large urban school districts, the sample sizes ranged from 35 to 321 and the response rates ranged from $73 \%$ to $100 \%$.

## What are some results from Profiles data?

Figure 1: Percentage* of schools that required students to take $\mathbf{2}$ or more health education courses


Figure 3: Percentage of schools that taught 20 key HIV, STD, and pregnancy prevention topics in a required course, by grade level


Figure 2: Percentage of schools that did not sell less nutritious foods and beverages in vending machines or at the school store, canteen, or snack bar, and sold fruit in these venues


Figure 4: Percentage of schools that provided referrals for HIV testing, and had a full-time registered nurse who provides health services to students at school


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[^0]:    *Percentages shown indicate minimum, maximum, and median. Each dot represents one state or district.

