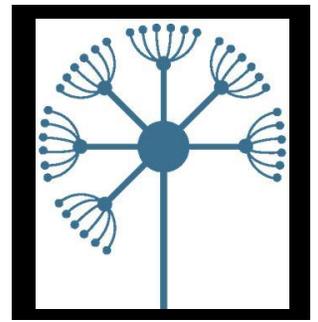


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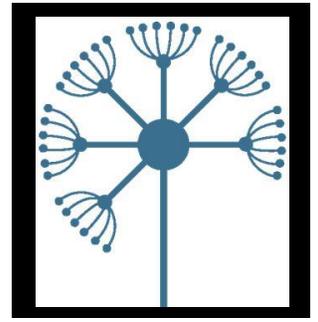
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SANTA CRUZ COUNTY 2015 SCHOOL HEALTH PROFILES



INTRODUCTION

Background: From the Centers for Disease Control and Prevention (CDC)

The School Health Profiles (Profiles) is a system of surveys assessing secondary school (grades 6-12) 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

Profiles consist of a Principal survey with 50 questions and 204 individual data points, and a Lead Health Education Teacher survey with 26 questions and 253 individual data points.

In 2014, the CDC conducted Profiles. Among states, the average number of principals participating was 260, and the average number of teachers participating was 252. The state of Arizona participated in this effort yielding weighted state wide data.

For more information visit: <http://www.cdc.gov/healthyouth/data/profiles/results.htm>

SANTA CRUZ COUNTY SCHOOL SAMPLE AND PARTICIPATION

In 2015 the Santa Cruz County Adolescent Wellness Network led the administration of Profiles using the 2014 CDC survey. In the fall of 2015, 12 secondary schools participated in Profiles. These 12 schools serve 94% of Santa Cruz County students in grades 6-12. A total of 12 Principal surveys and 10 Lead Health Education Teacher surveys were collected, for a response rate of 80% and 67% respectively. A response rate of 70% or higher is needed for the data to be representative of the county. Because the required response rate was not met for the Lead Health Education Teacher survey, data from that survey is not considered statistically representative of the county and should be interpreted with caution.

Participating School Type	#
K-8	3
Middle School 6-8	4
Middle + High 6-12	1
High School 9-12	4
Total	12

Profiles focus on secondary schools, or any school serving students in grades 6-12. There are a total of 18 schools with grades 6-12. Three schools were eliminated, resulting in a sample size of 15. The removal of schools from sample was due to extenuating circumstances or nature of the school, such as being an online program, too few secondary students enrolled, or they lacked any kind of health program which could receive support from AWN. Schools highlighted below participated in the 2015 administration of Profiles. Enrollment below is as of September 2015. Twelve schools completed the Principal Survey, two schools did not complete a Lead Health Education Teacher Survey because there were no health teachers at the time, or program is not offered.

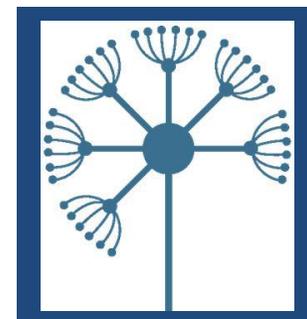
18 Secondary Schools *3 eliminated from sample Total Sample Size: N=15	School Type (pre-k is not noted)	# Students 6-12	# Students served by participating schools
Nogales Unified School District #1			
1. Desert Shadows	Middle School	690	690
2. Wade Carpenter	Middle Academy	614	614
3. Nogales	High School	1744	1744
4. Pierson Vocational	High School	150	150
		3198	3198
Santa Cruz Valley Unified School District #35			
5. Calabasas	K-8	424	424
6. Coatimundi	Middle School	402	402
7. Rio Rico	High School	1193	1193
		2019	2019
Additional			
8. Patagonia #6	K-8	35	
9. Patagonia Community Montessori	K-8	10	
10. Sonoita District #25	K-8	39	
11. Santa Cruz #28 Little Red	K-8	80	80
12. Mexicayotl Charter School	K-8	43	43
13. *Montessori de Santa Cruz	K-6	2	
14. Sacred Heart	K-8	72	72
15. Lourdes Catholic School	6-12	165	165
16. Patagonia Union	High School	65	65
17. *Pinnacle Charter	High School	80	
18. *Education Options	High School	178	
		769	302
		5986	5654 (94%)

SURVEY CONTENTS

Survey contents are listed in the table below. The school principal completes one survey for the school and a designated teacher completes the health teacher survey. In some cases this may be a PE teacher. Teachers are asked to respond by grade level as appropriate. For example a K-8 school completes the survey considering only its grades 6-8. Also questions about sexual health education and related topics address middle (6-8) or high school (9-12) as appropriate, and the person completing the survey will answer accordingly.

Principal Survey Contents	Health Education Teacher Survey Contents
Coordinated School Health	Required Health Education Courses
HIV Prevention and Sexual Orientation	Required Health Education
Bullying and Sexual Harassment	HIV Prevention
Required Physical Education	Collaboration
Physical Education and Physical Activity	Professional Development
Tobacco-use Prevention Policies	Professional Preparation
Nutrition-related Policies and Practices	
Health Services	
Family and Community Involvement	

SANTA CRUZ COUNTY 2015 SCHOOL HEALTH PROFILES



SEXUAL HEALTH EDUCATION

Background: From the Centers for Disease Control and Prevention (CDC)

Many adolescents engage in sexual risk behaviors that can result in negative sexual health outcomes. In 2010, young people aged 13–24 accounted for 26% of all new HIV infections in the United States. Almost half of the nearly 20 million new sexually transmitted diseases (STDs) reported each year are among people under age 24. Sexual health education is important to the prevention of HIV; it can help modify sexual behaviors and address the social and cultural conditions that put youth at risk for infection. When well-planned and implemented, sexual health education is associated with delayed sexual debut, fewer sexual partners, and more widespread and consistent use of condoms. Exemplary sexual health education (ESHE) is a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STDs, and unintended pregnancy. It is important for schools to provide sexual health educators with the materials needed to effectively teach students in these areas. ESHE components align with the Health Education Curriculum Analysis Tool and the National Health Education Standards. Further, assessment of students’ ability to engage in behaviors to prevent HIV, other STDs, and pregnancy, such as role-playing refusal skills, can help ensure that students will be confident enough to implement protective behaviors in real world settings.

For more information visit: <http://www.cdc.gov/healthyouth/data/profiles/results.htm>

MATERIALS FOR STAFF

Schools can provide materials specific to sexual health education to those who teach these topics.

Percentage of Secondary Schools That Provided Those Who Teach Sexual Health Education with Materials for Teaching Sexual Health Education, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

	SCC 2015	AZ 2014	US 2014
Goals, objectives, and expected outcomes for sexual health education	75%	71%	78% (51%-95%)
Written health education curriculum that includes objectives and content addressing sexual health education	75%	65%	74% (45%-94%)
Chart describing annual scope and	50%	48%	56% (33%-77%)

sequence of instruction for sexual health education			
Strategies that are age-appropriate, relevant, and actively engage students in learning	75%	71%	75% (52%-92%)
Methods to assess student knowledge and skills related to sexual health education	50%	62%	71% (53%-88%)

SCC, N=4; 6 schools do not teach sexual health education

TOPICS TO INCREASE STUDENT KNOWLEDGE

Required health education aims to increase student knowledge about a variety of health-related topics.

Percentage of Secondary Schools in Which Teachers Tried to Increase Student Knowledge on Specific Sexual Health-Related Topics in a Required Course During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015

	SCC 2015	AZ 2014	US 2014
HIV prevention	50%	40%	89% (40%-97%)
Human sexuality	30%	36%	84% (36%-96%)
Pregnancy prevention	20%	36%	81% (36%-94%)
STD* prevention	20%	39%	88% (39%-96%)

SCC, N=10

HIV, STDs, OR PREGNANCY PREVENTION

HIV, STD, or pregnancy prevention topics taught in a required course can include how HIV and STDs are transmitted and how to reduce the risk of HIV, STDs, and pregnancy, including the benefits of being sexually abstinent, negotiation and decision-making skills, and condom use. The HIV, STD, and pregnancy prevention topics taught in a required course can vary by school level.

Percentage of Secondary Schools in Which Teachers Taught Specific HIV, STD, or Pregnancy Prevention Topics in a Required Course in Any of Grades 6, 7, 8 OR 9, 10, 11, 12 During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

	Grades 6-8			Grades 9-12		
	SCC 2015	AZ 2014	US 2014	SCC 2015	AZ 2014	US 2014
1. Benefits of being sexually abstinent	29%	23%	77% (23%-97%)	25%	56%	94% (56%-100%)
2. How to access valid & reliable health information, products, and services related to HIV, other STDs, and pregnancy	14%	20%	64% (20%-85%)	25%	48%	90% (48%-100%)
3. Influences of family, peers, media, technology, and other factors on sexual risk behavior	14%	22%	73% (22%-90%)	25%	53%	92% (53%-100%)
4. Communication and negotiation skills	14%	20%	70% (20%-90%)	25%	53%	91% (53%-100%)
5. Goal-setting and decision-making skills	14%	22%	69% (22%-90%)	25%	50%	89% (50%-100%)
6. Influencing and supporting others to avoid or reduce sexual risk behaviors	14%	21%	67% (21%-88%)	25%	54%	89% (52%-98%)
7. Importance of using condoms consistently and correctly	29%	9%	40% (9%-73%)	25%	41%	70% (41%-100%)
8. Importance of using a condom at the same time as another form or contraception to prevent both STDs and pregnancy.	29%	10%	39% (10%-73%)	25%	40%	73% (38%-100%)

	Grades 6-8			Grades 9-12		
	SCC 2015*	AZ 2014	US 2014	SCC 2015^	AZ 2014	US 2014
9. How to create and sustain healthy and respectful relationships	29%	24%	75% (24%-95%)	25%	56%	92% (56%-100%)
10. Importance of limiting the number of sexual partners	29%	14%	64% (14%-83%)	25%	52%	88% (52%-100%)
11. Preventive care that is necessary to maintain reproductive and sexual health	29%	14%	58% (14%-85%)	0%	50%	86% (50%-98%)
12. How HIV and other STDs are transmitted	14%	24%	75% (24%-95%)	25%	58%	95% (58%-100%)
13. Health consequences of HIV, other STDs, and pregnancy	14%	23%	75% (23%-95%)	25%	60%	95% (60%-100%)
14. Efficacy of condoms	14%	14%	48% (14%-79%)	25%	45%	79% (45%-100%)
15. How to obtain condoms	14%	8%	27% (8%-57%)	0%	29%	60% (29%-96%)
16. How to correctly use a condom	14%	6%	23% (5%-55%)	0%	26%	54% (26%-93%)

*SCC N=7 (schools with grades 6-8), ^SCC=4 (schools with grades 9-12)

SPECIFIC CONTRACEPTIVES

Percentage of Secondary Schools in Which Teachers Taught About Specific Contraceptives in a Required Course in Any of *Grades 9, 10, 11, or 12* During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

	SCC 2015	AZ 2014	US 2014
Birth control pill (e.g., Ortho Tri-cyclen)	17%	28%	66% (27%-97%)
Birth control patch (e.g., Ortho Evra)	17%	22%	61% (22%-93%)
Birth control ring (e.g., NuvaRing)	17%	20%	58% (20%-96%)
Birth control shot (e.g., Depo-Provera)	17%	26%	61% (21%-96%)
Implants (e.g., Implanon)	17%	21%	55% (18%-91%)
Intrauterine device (IUD; e.g., Mirena, ParaGard)	17%	24%	60% (20%-96%)
Emergency contraception (e.g., Plan B)	0%	26%	49% (19%-95%)

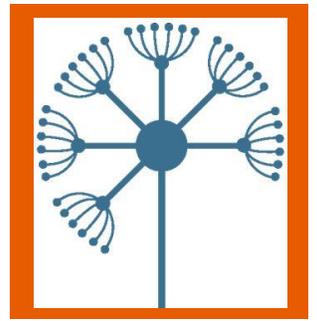
*SCC N=4 (schools with grades 9-12)

HEALTH INFORMATION TO INCREASE PARENT & FAMILY KNOWLEDGE

During the 2013–2014 school year, schools provided parents and families with health information designed to increase parent and family knowledge about HIV, STDs, and Pregnancy Topics:

SCC 2015	11%
AZ 2014	12%
US 2014	25% (8%-49%)

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HEALTHY & SAFE ENVIRONMENT (Includes Social & Emotional Climate)

Background: From the Centers for Disease Control and Prevention (CDC)

Healthy and safe school environment refers to the physical and aesthetic surroundings and the psychosocial climate and culture of the school. A safe, positive physical and psychosocial environment helps to prevent school failure, substance use, and violence. Schools can create a safe and supportive environment by implementing school health policies and activities that support the health and well-being of all students at the school. Many elements might promote such an environment; those measured with Profiles data include tobacco-use prevention, policies to prevent bullying and sexual harassment, and creating safe and supportive environments for sexual minority students.

Practices to Prevent Bullying and Sexual Harassment

Bullying and sexual harassment can lead to adverse academic, psychological, and health outcomes. Federally funded schools are required to distribute a formal policy for addressing sexual harassment to students, parents, and employees. In addition, professional development for school staff regarding how to appropriately respond to bullying and sexual harassment is needed to help prevent these behaviors.

Safe and Supportive Environments for Sexual Minority Students

Research shows that safe and supportive school environments are associated with improved education and health outcomes, including sexual health outcomes, for all students, and are especially important for students at disproportionate risk of HIV and other STDs, such as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Sexual minority youth are more likely than their heterosexual peers to be threatened or injured with a weapon on school property and to skip school because they felt unsafe. In addition, sexual minority youth who are victimized at school are at increased risk of attempting suicide compared to those who are not. Sexual minority youth typically have fewer supportive resources to draw upon and experience lower family and school connectedness, lower connectedness to other adults, and lower peer support than their heterosexual peers. Supportive schools foster pro-social attitudes and positive health behaviors among students by promoting students' sense of connectedness during the school day. Additionally, sexual minority youth who attend schools with an anti-bullying policy have a lower risk of suicidality than those who do not attend schools with such policies. The importance of improving the health and safety of LGBTQ youth is underscored by the addition of a new objective for Healthy People 2020 Adolescent Health (AH): **AH-9:** "Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity."

For more information visit: <http://www.cdc.gov/healthyyouth/data/profiles/results.htm>

PRACTICES TO PREVENT BULLYING AND SEXUAL HARRASSMENT

Bullying and sexual harassment can result in adverse academic, psychological, and health effects. Bullying was defined on the Profiles questionnaire as when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly, and sexual harassment was defined as unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. The 2014 Profiles questionnaire includes electronic aggression in its assessment of these behaviors. Electronic aggression, sometimes called cyber-bullying, is a type of bullying or sexual harassment that occurs when students use a cell phone, the Internet, or other electronic communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.

Percentage of Secondary Schools with Practices in Place to Prevent Bullying and Sexual Harassment, Selected U.S. Sites: School Health Profiles, Principal and Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

	SCC 2015	AZ 2014	US 2014
All school staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment	92%	87%	87% (65%-99%)
Has a designated staff member to whom students can confidentially report student bullying and sexual harassment	92%	94%	95% (78%-100%)
Uses electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment	92%	89%	94% (76%-100%)
Provide parents and families with health information on preventing student bullying and sexual harassment*	44%	60%	65% (44%-79%)

SCC, principal survey N=12, *teacher survey N=9

POLICES RELATED TO HIV INFECTION

School policies can provide critical support for HIV-infected students and staff.

Percentage of Secondary Schools That Adopted a Policy That Addressed Specific Issues on HIV or AIDS, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015

	SCC 2015	AZ 2014	US 2014
Attendance of students with HIV infection	42%	46%	55% (22%-84%)
Procedures to protect HIV-infected	50%	50%	64% (29%-88%)

students and staff from discrimination			
Maintaining confidentiality of HIV-infected students and staff	58%	56%	69% (37%-89%)

SCC, N=12

SAFE & SUPPORTIVE SCHOOL ENVIRONMENTS FOR SEXUAL MINORITY STUDENTS

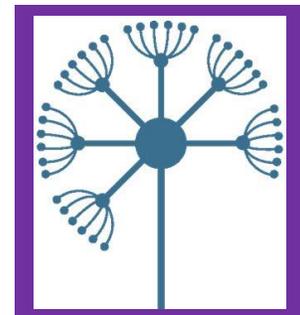
Schools can implement multiple policies and practices that help create a safe and supportive environment for all students, including LGBTQ youth.

Percentage of Secondary Schools that Provide Curricula or Supplementary Materials that Include HIV, STD, or Pregnancy Prevention Information Relevant to Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) Youth; the Percentage that engage in the Following Practices Related to LGBTQ Youth; and the Percentage that Had a gay/Straight Alliance or Similar Club, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015**

	SCC 2015	AZ 2014	US 2014
Provide curricula or supplementary materials	%	11%	24% (11%-56%)
**Identify safe spaces	58%	44%	61% (37%-85%)
**Prohibit harassment	100%	81%	89% (73%-97%)
**Encourage staff to attend professional development on safe and supportive school environments for all students	67%	48%	59% (39%-82%)
**Facilitate access to providers not on school property who have experience in providing health services to LGBTQ youth	42%	34%	46% (30%-69%)
**Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	58%	39%	49% (30%-73%)
Has a gay/straight alliance or similar club*	33%	23%	27% (13%-56%)

SCC, principal survey N=12, *teacher survey N=10

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PROFESSIONAL DEVELOPMENT

Background: From the Centers for Disease Control and Prevention (CDC)

Healthy and safe school environment refers to the physical and aesthetic surroundings and the quality of school health education is determined, in part, by teacher preparation. Professional development for teachers through continuing education and training is critical for the implementation of effective school health education. Effective professional development for health education teachers focuses on strategies that actively engage students and help them master important health information and skills. Studies have shown that teachers who receive training tend to implement health education with more fidelity than do teachers who do not receive such training, resulting in increased knowledge gain among students.

For more information visit: <http://www.cdc.gov/healthyyouth/data/profiles/results.htm>

TOPICS

Lead health education teachers received professional development during the two years before the survey on many topics. Professional development can include workshops, conferences, continuing education, or any other kind of in-service.

Percentage of Secondary Schools in Which the Lead Health Education Teacher Received Professional Development* During the Two Years Before the Survey on Specific Health Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

Professional Development in Past 2 Years	SCC 2015	AZ 2014	US 2014
Alcohol-or other drug-use prevention	10%	22%	34% (11%-69%)
Emotional and mental health	0%	28%	34% (15%-69%)
Suicide prevention	0%	22%	34% (16%-76%)
HIV prevention	0%	16%	30% (5%-53%)
Human sexuality	0%	9%	27% (6%-62%)
Pregnancy prevention	0%	8%	22% (5%-42%)
STD prevention	0%	9%	26% (5%-48%)
Violence Prevention (e.g., bullying, fighting, or dating violence prevention)	2%	50%	57% (32%-82%)

TOPICS RELATED TO HIV, STDs, AND PREGNANCY PREVENTION

Lead health education teachers also received professional development during the two years before the survey on topics related to HIV, STD, and pregnancy prevention. Professional development can include workshops, conferences, continuing education, or any other kind of in-service.

Percentage of Secondary Schools in Which the Lead Health Education Teacher Received Professional Development* During the Two Years Before the Survey on HIV,† STD,‡ and Pregnancy Prevention Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015

Professional Development in Past 2 Years	SCC 2015	AZ 2014	US 2014
Describing how widespread HIV and other STD infections are and the consequences of these infections	0%	13%	25% (5%-54%)
Understanding the modes of transmission and effective prevention strategies	0%	14%	25% (6%-52%)
Identifying populations of youth who are at high risk of being infected	0%	11%	23% (4%-51%)
Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	0%	16%	30% (9%-55%)
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	0%	9%	22% (5%-46%)
Assessing students' performance in HIV prevention education	0%	6%	16% (2%-39%)
Describing the prevalence and potential effects of teen pregnancy	0%	10%	22% (7%-41%)
Identifying populations of youth who are at high risk of becoming pregnant	0%	10%	20% (6%-44%)
Current district or school based policies or curriculum guidance regarding HIV education or sexual health education	0%	10%	20% (6%-53%)

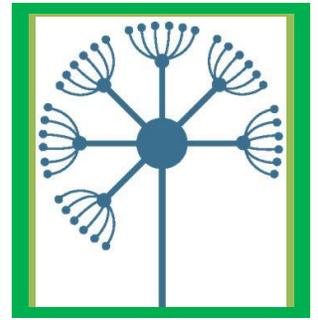
TEACHING METHODS

Schools can implement multiple policies and practices that help create a safe and supportive environment for all students, including LGBTQ youth. Professional development can include workshops, conferences, continuing education, or any other kind of in-service.

Percentage of Secondary Schools in Which the Lead Health Education Teacher Received Professional Development* During the Two Years Before the Survey on Teaching Methods, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County 2015

Professional Development in Past 2 Years	SCC 2015	AZ 2014	US 2014
Teaching students with physical, medical, or cognitive disabilities	40%	44%	42% (18%-63%)
Teaching students of various cultural backgrounds	50%	42%	38% (19%-59%)
Teaching students with limited English proficiency	40%	52%	27% (7%-56%)
Teaching students of different sexual orientations or gender identities	0%	15%	14% (5%-29%)
Using interactive teaching methods	30%	52%	52% (34%-71%)
Encouraging family or community involvement	20%	43%	37% (18%-69%)
Teaching skills for behavior change	20%	47%	42% (22%-62%)
Classroom management techniques	50%	60%	56% (31%-78%)
Assessing or evaluating students in health education	60%	21%	33% (17%-57%)

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TOBACCO-USE PREVENTION

Background: From the Centers for Disease Control and Prevention (CDC)

Both tobacco use and exposure to secondhand tobacco smoke contribute to diminished health, via the development of a variety of medical conditions. Tobacco use, particularly cigarette smoking, remains the leading preventable cause of death in the United States. Each year, 480,000 people die from cigarette smoking or exposure to secondhand smoke. Each day in the United States, approximately 2,900 young people between the ages of 12 and 17 years smoke their first cigarette, and an estimated 700 persons in that age group become daily cigarette smokers. Thus, to be most effective, school-based programs must target young people before they initiate tobacco use. CDC's *Best Practices for Comprehensive Tobacco Control Programs—2014* provides evidence-based guidance to assist in planning and establishing comprehensive and effective tobacco control programs that include efforts to prevent initiation of and to reduce tobacco use among youth. Additionally, CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* recommends strategies to aid schools in preventing initiation and reducing tobacco use among youth. The following are key elements of those strategies:

- Develop and enforce a comprehensive school policy on tobacco-use prevention that prohibits all forms of tobacco use by students, school staff, parents, and visitors on school property, in school buildings, in all school vehicles, and at school functions away from school property.
- Prohibit tobacco advertising in school buildings, on school property, and in school publications.
- Provide instruction about the negative consequences of short-term and long-term tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.
- Provide tobacco-use prevention education for students in kindergarten through grade 12.
- Provide program-specific training for teachers.
- Support cessation efforts among students and staff who use tobacco.

A comprehensive tobacco-use prevention policy is one that prohibits all tobacco use by students, faculty, staff, and visitors during school and non-school hours, in school buildings, on school grounds, in school buses and other vehicles used to transport students, and at off-campus, school-sponsored events. Instituting such a policy can assist schools in achieving a Healthy People 2020 objective for Tobacco Use (TU):

TU-15: "Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events."

For more information visit: <http://www.cdc.gov/healthyyouth/data/profiles/results.htm>

HEALTH EDUCATION: TOBACCO-USE PREVENTION TOPICS

Tobacco-use prevention topics taught in a required course can include consequences of tobacco use, external influences on tobacco use, and skills to avoid and to stop using tobacco.

Percentage of Secondary Schools in Which Teachers Taught Specific Tobacco-Use Prevention Topics in a Required Course During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015.

Topics	SCC 2015	AZ2014	US 2014
1. Identifying tobacco products and the harmful substances they contain	89%	43%	87% (43%-98%)
2. Identifying short and long-term health consequences of tobacco use	78%	44%	89% (44%-98%)
3. Identifying social, economic, and cosmetic consequences of tobacco use	60%	39%	84% (39%-96%)
4. Understanding the addictive nature of nicotine	80%	42%	86% (42%-98%)
5. Effects of tobacco use on athletic performance	70%	37%	80% (37%-94%)
6. Effects of second-hand smoke and benefits of a smoke-free environment	90%	42%	87% (42%-98%)
7. Understanding social influences on tobacco use, including media, family, peers, and culture	70%	40%	86% (40%-96%)
8. Identifying reasons why students do and do not use tobacco	80%	39%	86% (39%-97%)
9. Making accurate assessments of how many peers use tobacco	50%	31%	69% (31%-83%)
10. Using interpersonal communication skills to avoid tobacco use	80%	36%	86% (35%-94%)
11. Using goal-setting and decision-making skills related to not using tobacco	44%	35%	82% (35%-94%)
12. Finding valid information and services related to tobacco-use prevention and cessation	20%	32%	72% (32%-89%)
13. Supporting others who abstain from or want to quit using tobacco	30%	32%	75% (32%-90%)
14. Identifying harmful effects of tobacco use on fetal development	40%	32%	79% (32%-93%)
15. Relationship between using tobacco and alcohol or other drugs	60%	38%	85% (38%-95%)
16. How addiction to tobacco use can be treated	40%	31%	77% (31%-96%)
17. Understanding school policies and community laws related to the sale and use of tobacco products	70%	36%	79% (36%-96%)
18. Benefits of smoking cessation programs	30%	26%	62% (26%-84%)

HEALTHY AND SAFE ENVIRONMENT: TOBACCO-USE PREVENTION POLICIES

Policies prohibiting tobacco use at school can help prevent tobacco use among students.

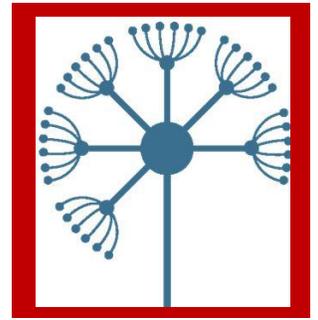
Percentage of Secondary Schools That Had a Policy Prohibiting Tobacco Use, the Percentage That Prohibited All Tobacco Use in All Locations, and the Percentage that Posted Signs Marking a Tobacco-Free School Zone, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County 2015.

	SCC 2015	AZ 2014	US 2014
Had a policy prohibiting tobacco use	100%	95%	98% (90%-100%)
Posted signs marking a tobacco-free school zone	83%	82%	80% (42%-97%)

Percentage of Secondary Schools That Provided Tobacco Cessation Services for Specific Groups and the Percentage That Had Arrangements with Organizations or Healthcare Professionals Not on School Property to Provide Tobacco Cessation Services for Specific Groups, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County 2015.

	Faculty and Staff			Students		
	SCC 2015	AZ 2014	US 2014	SCC 2015	AZ 2014	US 2014
Provided Services	17%	20%	19% (3%-44%)	25%	14%	26% (7%-72%)
Had arrangements with organizations or healthcare providers	25%	27%	29% (8%-50%)	33%	18%	31% (12%-65%)

SANTA CRUZ COUNTY 2015 SCHOOL HEALTH PROFILES



Physical Education and Activity & Nutrition Environment and Services

Background: From the Centers for Disease Control and Prevention (CDC)

Physical education provides students with a planned, sequential curriculum that provides knowledge and learning experiences in various physical activities. Physical education promotes, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development and promotes activities and sports that all students may enjoy and can pursue throughout their lives.

According to the 2008 Physical Activity Guidelines for Americans, children and adolescents should participate in 60 minutes or more of physical activity every day. As part of this recommendation, youth should engage in vigorous physical activity, muscle strengthening, and bone strengthening activities at least three days per week.

Regular participation in physical activity during youth contributes to improved cardiorespiratory and muscular fitness, improved cardiovascular and metabolic health markers, improved bone health, favorable body composition, and reduced symptoms of depression. In 2011–2012, 17.7% of 6-year-olds to 11-year-olds and 20.5% of 12-year-olds to 19-year-olds were considered obese. Unfortunately, youth become less active as they move from childhood into adolescence and adulthood. Because participation in physical activity during youth influences participation in physical activity during adulthood, youth physical activity can contribute to decreased risk for the development of chronic diseases, such as cardiovascular disease, cancer, and diabetes, throughout life.

Schools play an important role in helping students attain recommended levels of physical activity. They can create an environment that offers many opportunities for students to be physically active throughout the school day. Many recent federal documents such as CDC's *School Health Guidelines to Promote Healthy Eating and Physical Activity* and the *Physical Activity Guidelines for Americans Midcourse Report* recommend school-based physical activity programs and interventions, including those that involve multiple components (e.g., physical education, recess, and before- and after-school activities) and active transport to school. A Comprehensive School Physical Activity Program (CSPAP) addresses this recommendation and provides a national framework for physical education and youth physical activity. In addition, schools and outside organizations can establish joint use or shared use agreements that allow not only students, families, and staff but also community members to use school facilities for physical activity opportunities or events.

The importance of physical education and activity in promoting the health of young people, from elementary school through high school, is also supported by the following Healthy People 2020 physical activity (PA) objectives:

PA-4: “Increase the proportion of the Nation’s public and private schools that require daily physical education for all students.”

PA-5: “Increase the proportion of adolescents who participate in daily school physical education.”

PA-10: “Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations).”

According to the WSCC model, the **school nutrition environment** provides students with opportunities to learn about and practice healthy eating through foods and beverages available at school, nutrition education, and messages about food in the cafeteria and throughout the school campus.

Schools typically provide food and beverage items through the U.S. Department of Agriculture (USDA) school meal programs (e.g., National School Lunch Program and School Breakfast Program) and may also offer other items outside these programs. These foods or beverages sold or served at school separately from the USDA school meal programs are known as competitive foods. Competitive foods are often relatively low in nutrient density and relatively high in fat, added sugars, and calories. Previous research has observed that the school food environment is associated with youth dietary behaviors and obesity. Students may consume as much as half of their daily calories at school. Therefore, schools are in a unique position to provide students with healthy dietary choices and to help students learn about healthy food choices.

The passage of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA) updated and strengthened school meal requirements and established new federal nutrition standards for competitive foods, called Smart Snacks in School. These requirements ensure that foods and beverages served and sold on school campus during the school day are consistent with the Dietary Guidelines for Americans, 2010, the cornerstone of federal nutrition policy and nutrition education activities. HHFKA also requires that schools participating in the National School Lunch Program make free drinking water available to students when meals are served during meal service hours. The new nutrition standards for school meals went into effect for the 2012–2013 school year and the Smart Snacks implementation went into effect for the 2014–2015 school year. The implementation of these requirements helps support the achievement of a Healthy People 2020 objective for Nutrition and Weight Status (NWS) and its sub-objectives:

NWS-2: “Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.”

NWS-2.1: “Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.”

NWS-2.2: “Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.”

For more information visit: <http://www.cdc.gov/healthyyouth/data/profiles/results.htm>

HEALTH EDUCATION: PHYSICAL ACTIVITY TOPICS

Physical activity topics taught in a required course can include the benefits of physical activity, guidance

for engaging in physical activity, and the challenges to engaging in physical activity.

Percentage of Secondary Schools in Which Teachers Taught Specific Physical Activity Topics in a Required Course During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015.

Physical Activity Topics	SCC 2015	AZ 2014	US 2014
1. Short-term and long-term benefits of physical activity	100%	75%	94% (75%-99%)
2. Mental and social benefits of physical activity	80%	71%	93% (71%-99%)
3. Health related fitness	90%	76%	94% (33%-77%)
4. Phases of a workout	100%	76%	90% (76%-99%)
5. Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity	80%	70%	88% (53%-88%)
6. Decreasing sedentary activities	80%	72%	92% (72%-98%)
7. Preventing injury during physical activity	100%	75%	90% (75%-98%)
8. Weather related safety	80%	66%	81% (63%-94%)
9. Dangers of using performance-enhancing drugs	70%	49%	82% (49%-94%)
10. Increasing daily physical activity	100%	76%	95% (76%-99%)
11. Incorporating physical activity into daily life	90%	73%	92% (73%-99%)
12. Using safety equipment for specific physical activities	80%	63%	84% (63%-95%)
13. Benefits of drinking water before, during, and after physical activity	90%	78%	93% (78%-99%)

HEALTH EDUCATION: NUTRITION AND DIETARY BEHAVIOR TOPICS

Nutrition and dietary behavior topics taught in a required course can include choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight.

Percentage of Secondary Schools in Which Teachers Taught Specific Nutrition and Dietary Behavior Topics in a Required Course During the 2013–2014 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015.

Nutrition Topics	SCC 2015	AZ 2014	US 2014
1. Benefits of healthy eating	100%	96%	94% (69%-100%)
2. Benefits of drinking plenty of water	100%	70%	93% (70%-100%)
3. Benefits of eating breakfast every day	100%	65%	91% (65%-98%)
4. Food guidance using the current Dietary Guidelines for Americans	100%	57%	90% (76%-99%)
5. Using food labels	80%	55%	88% (57%-97%)

6. Differentiating between nutritious and non-nutritious beverages	70%	59%	87% (55%-97%)
7. Balancing food intake and physical activity	100%	62%	88% (59%-97%)
8. Eating more fruits, vegetables, and whole grain products	100%	63%	91% (63%-99%)
9. Choosing foods and snacks that are low in solid fat	90%	56%	87% (57%-98%)
10. Choosing food, snacks, and beverages that are low in added sugars	90%	58%	89% (58%-98%)
11. Choosing foods and snacks that are low in sodium	90%	54%	85% (54%-95%)
12. Eating a variety of foods that are high in calcium	90%	52%	83% (52%-94%)
13. Eating a variety of foods that are high in iron	80%	49%	78% (49%-93%)
14. Food safety	80%	49%	79% (49%-92%)
15. Preparing healthy meals and snacks	90%	52%	82% (52%-95%)
16. Risks of unhealthy weight control practices	90%	52%	88% (52%-96%)
17. Accepting body size differences	80%	53%	85% (53%-98%)
18. Signs, symptoms and treatment for eating disorders	80%	41%	82% (41%-97%)
19. Relationship between diet and chronic diseases	80%	45%	81% (45%-94%)
20. Assessing body mass index	80%	40%	74% (40%-94%)

PHYSICAL EDUCATION & PHYSICAL ACTIVITY

Percentage of Secondary Schools in Which at Least One Physical Education Teacher or Specialist Received Professional Development on Physical Education During the Year Before the Survey and the Percentage of Schools That Prohibit Staff From Excluding Students From Physical Education or Physical Activity to Punish Them for Bad Behavior or Failure to Complete Class Work in Another Class, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Professional Development and Policy	SCC 2015	AZ 2014	US 2014
Physical education teacher or specialist received professional development on physical education	58%	58%	84% (38%-97%)
Prohibit staff from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class	50%	53%	62% (49%-72%)

Schools can provide materials to physical education teachers to help them with appropriate classroom instruction and student assessment.

Percentage of Secondary Schools That Provided Those Who Teach Physical Education with Materials for Teaching Physical Education, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Materials for Teachers	SCC 2015	AZ 2014	US 2014
1. Goals, objectives, and expected outcomes for physical education	83%	82%	94% (70%-100%)
2. Chart describing annual scope and sequence of instruction for physical education	50%	64%	79% (46%-94%)
3. Plans for how to assess student performance in physical education	67%	70%	85% (54%-97%)
4. Written physical education curriculum	67%	68%	85% (50%-99%)
5. Resources for fitness testing	75%	73%	93% (60%-99%)
6. Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education	67%	46%	72% (40%-88%)

To promote physical activity, schools can offer students opportunities to be physically active through Comprehensive School Physical Activity Programs (CSPAPs) that incorporate practices such as intramural sports or physical activity or clubs, interscholastic sports, or physical activity breaks.

Intramural sports programs or physical activity clubs were defined on the questionnaire as any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.

Schools employ other methods to promote physical activity among students. Joint use agreements can also help promote physical activity. A joint use agreement was defined on the questionnaire as a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities.

Percentage of Secondary Schools That Offered Specific Physical Activity Opportunities for Students, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Physical Activity Opportunities	SCC 2015	AZ 2014	US 2014
1. Students participate in physical activity breaks in classrooms during the school day	58%	59%	40% (70%-100%)
2. Offered opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity	67%	52%	38% (46%-94%)
3. Offered intramural sports programs of physical activity clubs	75%	66%	64% (54%-97%)
4. Offered interscholastic sports	83%	78%	85% (50%-99%)
5. Has a school health council that assessed the availability of physical activity opportunities for students	55%	79%	75% (60%-99%)
6. Had joint use agreement for shared use of school or community physical activity facilities	75%	56%	64% (40%-88%)

NUTRITION ENVIRONMENT AND SERVICES

The school nutrition environment includes not only the federal school meal programs, but also foods and beverages sold at school separately from these programs. Forty-two percent (42%) of Santa Cruz County secondary schools allow students to purchase snack foods or beverages from one or more vending machine at the school, school store, canteen, or snack bar. Among those schools the tables below show less and more nutritious foods students have access to.

Percentage of Secondary Schools That Allowed Students to Purchase Snack Foods or Beverages From One or More Vending Machines or at the School Store, Canteen, or Snack Bar; the Percentage That Allowed Students to Purchase Candy, Salty Snacks,* Baked Goods,* Soda Pop or Fruit Drinks,† or Sports Drinks From These Venues, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Less Nutritious Foods For Purchase	SCC 2015	AZ 2014	US 2014
Allowed students to purchase snack foods or beverages	42%	50%	66% (29%-86%)
Chocolate candy	0%	17%	18% (1%-66%)
Other kinds of candy	0%	21%	22% (1%-70%)
Salty snacks	20%	26%	26% (5%-61%)
Cookies, crackers, cakes, pastries, or other baked goods	0%	26%	27% (2%-57%)
Soda pop or fruit drinks	20%	17%	24% (3%-50%)
Sports drinks	40%	35%	44% (8%-71%)

*that are not low in fat, † that are not 100% juice

Percentage of Secondary Schools That Allowed Students to Purchase Ice Cream or Frozen Yogurt,* 2% or Whole Milk, Water Ices or Frozen Slushes That Do Not Contain Juice, Energy Drinks, or Foods or Beverages Containing Caffeine From Vending Machines or at the School Store, Canteen, or Snack Bar, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Less Nutritious Foods For Purchase	SCC 2015	AZ 2014	US 2014
Ice cream or frozen yogurt	42%	11%	11% (1%-31%)
2% or whole milk (plain or flavored)	0%	17%	25% (4%-37%)
Water ices or frozen slushes that do not contain juice	0%	8%	11% (3%-21%)
Energy drinks	20%	1%	3% (0%-7%)
Foods or beverages containing caffeine	0%	14%	21% (21%-51%)

*that is not low in fat

Percentage of Secondary Schools That Allowed Students to Purchase Low Sodium or “No Added Salt” Pretzels, Crackers, or Chips; Nonfat or 1% Milk; Bottled Water; 100% Fruit or Vegetable Juice; Fruits; or Non-fried Vegetables From One or More Vending Machines or at the School Store, Canteen, or Snack Bar and the Percentage That Always or Almost Always Offered Fruits or Non-Fried Vegetables at School Celebrations, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

More Nutritious Foods For Purchase	SCC 2015	AZ 2014	US 2014
Low sodium or “no added salt” pretzels, crackers, or chips	80%	40%	46% (9%-70%)

Nonfat or 1% (low0fat) milk (plain)	40%	22%	35% (3%-50%)
Bottled water	80%	46%	63% (28%-85%)
100% fruit or vegetable juice	60%	31%	46% (12%-64%)
Fruits (not fruit juice)	20%	22%	27% (4%-45%)
Non-fried vegetables (not vegetable juice)	20%	16%	17% (2%-41%)
Always or almost always offered fruits or non-fried vegetables at school celebrations	67%	31%	33% (17%-59%)

Percentage of Secondary Schools That Implemented Strategies to Promote Healthy Eating, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Strategies to Promote Healthy Eating	SCC 2015	AZ 2014	US 2014
1. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	17%	10%	10% (4%-26%)
2. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote health eating	33%	41%	42% (22%-63%)
3. Provided information to students or families on the nutrition and caloric content of foods available	58%	45%	51% (30%-69%)
4. Conducted taste tests to determine food preferences for nutritious items	42%	20%	29% (6%-59%)
5. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	33%	23%	20% (12%-48%)
6. Served locally or regionally grown foods in the cafeteria or classrooms	42%	27%	44% (12%-95%)
7. Planted a school food or vegetable garden	50%	33%	25% (9%-73%)
8. Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	92%	62%	76% (48%-90%)
9. Used attractive displays for fruits and vegetables in the cafeteria	75%	54%	69% (35%-87%)
10. Offered self-serve salad bar to students	75%	47%	46% (11%-90%)
11. Labeled healthful foods with appealing names	82%	23%	35% (10%-48%)
12. Encouraged students to drink plain water	73%	73%	77% (68%-91%)
13. Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	25%	27%	23% (10%-72%)
14. Prohibited less nutritious foods and beverages from being sold for fundraising purposes	50%	30%	29% (11%-64%)

Another important aspect of the school nutrition environment is advertisements for and promotion of candy, fast food restaurants, and soft drinks.

Percentage of Secondary Schools That Prohibited Advertisements for Candy, Fast Food Restaurants, or Soft Drinks in Specific Locations, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Prohibited Advertisements for Candy, Fast Food, Soft Drinks	SCC 2015	AZ 2014	US 2014
1. In school buildings	75%	70%	70% (46%-90%)
2. On school grounds	58%	68%	59% (37%-87%)
3. On school buses or other vehicles used to transport students	67%	72%	75% (55%-87%)
4. In school publications	67%	69%	65% (48%-87%)
5. In curricula or other educational materials	58%	68%	50% (27%-78%)

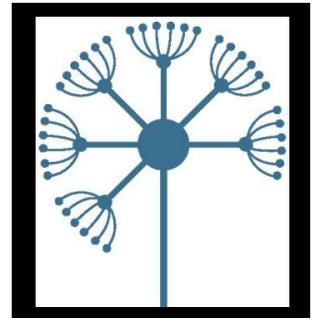
In addition to the HHFKA39 requirement that schools participating in the National School Lunch Program make free water available to students where meals are served during service hours, drinking water can also be made available to students at other times and locations.

Percentage of Secondary Schools That Made Drinking Water Available to Students, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Permitted students to have a drinking water bottle with them during the day	SCC 2015	AZ 2014	US 2014
In all locations	75%	90%	69% (37%-91%)
In certain locations	25%	7%	7% (7%-51%)

Offered a free source of drinking water	SCC 2015	AZ 2014	US 2014
In the cafeteria during breakfast	100%	92%	93% (86%-98%)
In the cafeteria during lunch	100%	93%	93% (87%-99%)
In the gym or other indoor physical activity facility	92%	97%	95% (88%-100%)
In outdoor physical activity facilities and sports fields	83%	94%	71% (51%-94%)
In hallways throughout the school	83%	97%	98% (95%-100%)

SANTA CRUZ COUNTY 2015 SCHOOL HEALTH PROFILES



SERVICES, COORDINATION, and FAMILY & COMMUNITY INVOLVEMENT

Background: From the Centers for Disease Control and Prevention (CDC)

Health services are provided for students to appraise, protect, and promote health. School health services are designed to provide a continuum of care from home to school to community health care providers. According to the American Academy of Pediatrics (AAP), even though school systems offer a wide range of health services, at a minimum, schools should provide at least the following three types of services: state-mandated services, including health screenings, verification of immunization status, and infectious disease reporting, assessment of minor health complaints, medication administration, and care for students with special health care needs, and capability to handle emergencies and other urgent situations. Comprehensive health services also include individual health education.

Schools also play an important role in facilitating access through direct provision of on-site services or referrals to adolescent-friendly, community-based providers for more comprehensive services, such as administration of immunizations, case management and counseling, wellness promotion, and patient education, as well as care and prevention of HIV, other STDs, teen pregnancy, and chronic conditions such as diabetes, seizure disorders, and asthma.

School nurses are important gatekeepers and play many roles in the school setting, but their main purpose is to support student success by providing health care assessment, intervention, and follow-up for all children within the school setting. School nurses serve as an extension of the public health system by caring for school-aged children and adolescents during the school day. The importance of having sufficient school nurses for all students is reflected in a Healthy People 2020 objective under ECBP:

- ECBP-5: “Increase the proportion of the nation’s elementary, middle, and high schools that have a nurse-to-student ratio of at least 1:750.”

Chronic Conditions

Chronic health conditions such as epilepsy or seizure disorder, diabetes, asthma, obesity, high blood pressure/hypertension, and food allergies might affect students’ physical and emotional well-being, school attendance, academic performance, and social participation. 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. Schools and school-based health centers can play a role in ensuring that students with chronic conditions have access to appropriate clinical care and disease management through a primary care provider and medical home. Further, by identifying and tracking students with chronic conditions,

schools can help to assess the potential need for additional case management of these students. School health personnel can establish systematic protocols and processes for determining the health insurance status of students with chronic conditions and if necessary, assist parents and families in enrolling eligible students into private, state, or federally funded insurance programs. Organizations and health care professionals in the community can address health, mental health, and social service gaps that schools might not have the resources or expertise to address adequately.

School Health Coordination

To ensure that all components of a school health program are coordinated, it is critical to have one person appointed to oversee the school health program. This individual (known as a school health coordinator) coordinates school health program activities; leads a school health council, committee, or team; and integrates community-based programs with school-based programs. Administration and management of school health programs requires devoted time, attention, training, and expertise. School health councils, committees, or teams also are integral parts of coordinated school health. Effective school health committees or teams include a coalition of representatives from within and outside of the school community interested in improving the health of youth in schools. Participation on such committees or teams can empower others through increased awareness and knowledge of the school health program, increase the chance of ownership and commitment, activate channels of communication, and increase involvement in decision making.

Conducting an assessment is a critical first step in improving implementation of policies, programs, or environmental strategies to effect change or improvement in school health. This can be accomplished through the use of assessment tools such as the *School Health Index*, which has been shown to bring health issues to the school's attention, build school commitment, identify changes that do not require resources, encourage development of policy and action, raise awareness of federal policies, and help schools set policies and standards that meet national health objectives.

Such assessments also help inform school improvement planning. The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and districts also require schools to have such a plan. SIPs can include health-related objectives, since healthy students are present in school and ready to learn, while poor health is a barrier to learning and a frequent cause of underachievement. In turn, academic success is an indicator of overall student well-being and a strong predictor of adult health outcomes. The WSCC model recognizes the close relationship between health and education and the need to embed health into the educational environment for all students.

Family Engagement & Community Involvement

Family engagement and community involvement provide an integrated school, family, and community approach for enhancing the health and well-being of students. Schools can actively solicit parent engagement in decision-making, school activities, and/or advocacy and use community resources and services to respond more effectively to the health-related needs of students. Family engagement also can help family members become more knowledgeable about health issues, thereby enabling them to serve as positive role models and reinforce healthy behaviors at home. Parent engagement in schools is linked to better student behavior, higher academic achievement, and enhanced social skills. This specific strategy for involving parents is supported by CDC's *Parent Engagement: Strategies for Involving Parents in School Health*.

Schools can use internal and community resources to foster connectedness between students and the rest of their school. CDC's *School Connectedness: Strategies for Increasing Protective Factors Among Youth* report describes how schools can create trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities. One avenue for creating such an environment includes increasing understanding of similarities and differences among different student groups. By reducing the threat of being embarrassed or teased, schools can foster a sense of safety and connectedness. Further, by encouraging students to be involved in their school and their community at large, for example with peer tutoring or service learning, schools can foster pro-social behavior.

Partnerships between schools, families, and community members are key aspects of effective school health programs. Schools that have a good relationship with families and community members are more likely to gain their cooperation with school health efforts. These relationships can also increase the probability of successful school health programs and improved student health outcomes. Interventions aimed at preventing and treating childhood obesity, school-based tobacco-use prevention programs, asthma interventions, and school-based sexual health programs have all been found to be more effective when they involve parents and community organizations. Efforts to increase family and community involvement support a Healthy People 2020 objective under AH:

- **AH-3:** Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver.”

For more information visit: <http://www.cdc.gov/healthyyouth/data/profiles/results.htm>

HEALTH SERVICES

A full-time nurse was defined on the questionnaire as one who is at the school during all school hours, five days per week. Chronic health conditions can affect students' physical, emotional, and social well-being as well as academic factors. School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes.

Percentage of Secondary Schools That Have a Full-Time* Registered Nurse Who Provides Health Services to Students, the Percentage That Have a Protocol That Ensures Students with a Chronic Condition† are Enrolled in Insurance Programs,‡ and the Percentage That Routinely Use School Records to Identify and Track Students with Chronic Conditions, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

*A nurse is at the school during all school hours, 5 days a week.

†A condition that may require daily or emergency management (e.g. asthma, diabetes, food allergies).

‡Private, state, or federally funded insurance programs.

Health Services	SCC 2015	AZ 2014	US 2014
Full Time Registered Nurse	50%	44%	50% (5%-99%)
Has a protocol that ensures students with a chronic condition are enrolled in insurance programs if eligible	83%	55%	65% (46%-84%)

Routinely Uses School Records to Identify and Track Students With Chronic Conditions	SCC 2015	AZ 2014	US 2014
Asthma	83%	94%	97% (79%-99%)
Food allergies	83%	93%	97% (79%-99%)
Diabetes	83%	92%	97% (70%-99%)
Epilepsy or seizure disorder	83%	93%	97% (75%-99%)
Obesity	42%	38%	42% (16%-72%)
Hypertension/high blood pressure	67%	68%	72% (43%-90%)

Percentage of Secondary Schools That Provide Referrals to any Organizations or Health Care Professionals Not on School Property for Students Diagnosed with or Suspected to Have Chronic Conditions, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Provides Referrals	SCC 2015	AZ 2014	US 2014
Asthma	50%	44%	56% (31%-79%)
Food allergies	50%	42%	56% (28%-78%)
Diabetes	50%	45%	56% (32%-79%)
Epilepsy or seizure disorder	50%	43%	56% (33%-79%)
Obesity	33%	35%	46% (25%-67%)
Hypertension/high blood pressure	42%	40%	53% (26%-75%)

Schools can help prevent and manage HIV, other STDs, and pregnancy among students by offering sexual health care services.

Percentage of Secondary Schools That Provided Specific Sexual Health Services to Students, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Sexual Health Services	SCC 2015	AZ 2014	US 2014
HIV* treatment	0%	0%	1% (0%-9%)
STD† treatment	0%	1%	2% (0%-19%)
Prenatal care	8%	2%	4% (1%-12%)
HIV testing	0%	1%	1% (0%-22%)
STD testing	0%	1%	2% (0%-24%)
Pregnancy testing	0%	2%	3% (0%-24%)
Provision of condoms	0%	3%	2% (0%-30%)
Provision of condom-compatible lubricants	0%	1%	1% (0%-19%)
Provision of contraceptives other than condoms	0%	0%	1% (0%-13%)
HPV‡ vaccine administration	0%	1%	2% (0%-21%)

* Human immunodeficiency virus. † Sexually transmitted disease. ‡ Human papillomavirus.

Percentage of Secondary Schools That Provided Students with Referrals to Any Organizations or Health Care Professionals Not on School Property for Specific Sexual Health Services, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

Provided Referrals for Sexual Health Services	SCC 2015	AZ 2014	US 2014
HIV* treatment	17%	26%	45% (26%-66%)
STD† treatment	17%	29%	46% (26%-67%)
Prenatal care	33%	26%	46% (26%-69%)
HIV testing	17%	27%	46% (27%-68%)
STD testing	17%	29%	47% (27%-69%)
Pregnancy testing	33%	30%	49% (30%-71%)
Provision of condoms	17%	19%	36% (19%-56%)
Provision of condom-compatible lubricants	17%	18%	34% (18%-53%)
Provision of contraceptives other than condoms	17%	17%	35% (17%-56%)
HPV‡ vaccine administration	17%	24%	43% (24%-63%)

* Human immunodeficiency virus. † Sexually transmitted disease. ‡ Human papillomavirus.

SCHOOL HEALTH COORDINATION

To ensure that the components of school health are coordinated, it is critical to have one person appointed to oversee the school health program. This person's responsibilities might include

coordinating school health activities; leading a school health council, committee, or team; and integrating community-based programs with school-based programs.

Schools can use the School Health Index or other self-assessment tools to assess their health and safety policies around each of the components of coordinated school health and plan for improvement.

Percentage of Secondary Schools That Had Someone Who Oversees or Coordinates School Health and Safety Programs and Activities and the Percentage That Ever Used the School Health Index or Other Self-Assessment Tool to Assess School Policies, Activities, and Programs in Specific Areas, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

School Health Coordination	SCC 2015	AZ 2014	US 2014
1. Had someone who oversees or coordinates school health and safety programs and activities	75%	72%	86% (61%-96%)
2. Ever used School Health Index or other self-assessment tool:			
Asthma	27%	21%	26% (12%-57%)
Injury and violence prevention	55%	30%	38% (23%-68%)
Physical Activity	55%	32%	45% (28%-82%)
Nutrition	73%	36%	42% (28%-76%)
Tobacco-use prevention	73%	30%	42% (27%-68%)
HIV*, STD†, and teen pregnancy prevention	45%	22%	34% (19%-59%)

* Human immunodeficiency virus. † Sexually transmitted disease

Percentage of Secondary Schools That Had One or More School Health Councils,* and Among Schools with Councils, the Percentage That Had Specific Groups Represented, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

School Health Councils	SCC 2015	AZ 2014	US 2014
Has one or more School Health Council	58%	38%	56% (29%-76%)
Groups represented:			
1. School administrators	100%	89%	93% (83%-99%)
2. Health education teachers	86%	64%	88% (60%-96%)
3. Physical education teachers	86%	77%	88% (63%-97%)
4. Other classroom teachers	71%	78%	74% (59%-94%)
5. Mental health or social services staff	14%	59%	74% (54%-100%)
6. Nutrition or food service staff	29%	54%	58% (25%-83%)
7. Health services staff	43%	67%	74% (20%-94%)
8. Parents or families of students	14%	48%	57% (34%-85%)

9. Community members	14%	32%	49% (28%-76%)
10. Local health departments, agencies, or orgs	43%	29%	39% (17%-52%)
11. Faith-based organizations	14%	5%	10% (1%-44%)
12. Businesses	14%	13%	16% (6%-41%)
13. Local government agencies	14%	15%	20% (8%-38%)
14. Maintenance and transportation staff	14%	27%	20% (4%-45%)
15. Technology staff	14%	24%	19% (8%-38%)
16. Library/media center staff	14%	19%	16% (6%-36%)
17. Student body	14%	36%	44% (23%-85%)

School Health Council Activities	SCC 2015	AZ 2014	US 2014
1. Identified student health needs based on review of relevant data	29%	64%	68% (46%-81%)
2. Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	71%	68%	71% (50%-86%)
3. Sought funding or leveraged resources to support health and safety priorities for students and staff	14%	54%	53% (30%-85%)
4. Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	71%	84%	80% (65%-89%)
5. Reviewed health related curricula or instructional materials	100%	59%	73% (54%-89%)

The Elementary and Secondary Education Act requires certain schools to have a written SIP. Many states and school districts also require schools to have a written SIP. Schools that are required to have a SIP can incorporate health and safety objectives into their written plan for improvement.

School improvement planning may involve including any health-related objectives in the school's plan, completing a self-assessment of school health policies and practices, and reviewing health and safety data as part of the school's improvement planning process.

Percentage of Secondary Schools with a School Improvement Plan (SIP) That Includes Health-related Objectives on Specific Topics, the Percentage That Reviewed School Health and Safety Data* During the Past Year as Part of the School's Improvement Planning Process,† Selected U.S. Sites: School Health Profiles, Principal Surveys, 2014; Santa Cruz County, 2015.

School Improvement Planning (SIP)	SCC 2015	AZ 2014	US 2014
Reviewed health and safety data as part of school's improvement planning process	45%	40%	55% (33%-90%)
SIP includes specific health related objectives:			
1. Health education	64%	17%	28% (13%-84%)
2. Physical education	45%	18%	29% (15%-81%)
3. Physical activity	45%	19%	23% (13%-79%)
4. School meal programs	64%	19%	23% (7%-69%)
5. Foods and beverages available at school outside the school meal programs	27%	14%	19% (8%-62%)
6. Health services	45%	19%	25% (9%-72%)
7. Mental health services	45%	23%	29% (13%-65%)
8. Healthy and safe school environment	82%	46%	58% (22%-84%)
9. Family and community involvement	91%	54%	61% (20%-86%)
10. Faculty and staff health promotion	45%	17%	25% (7%-61%)

* Such as Youth Risk Behavior Survey data or fitness data. † Among schools that engaged in an improvement planning process during the past year.

FAMILY AND COMMUNITY INVOLVEMENT

Partnerships between schools, families, and community members can help build support for school health programs. School connectedness is the belief by students that adults and peers in their school care about their learning and about them as individuals.

Percentage of Secondary Schools That Implemented Parent Engagement Strategies for All Students, Selected U.S. Sites: School Health Profiles, Principal and Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015.

Parent Engagement Strategies	SCC 2015	AZ 2014	US 2014
1. Provided parents and families with information about how to communicate with their child about sex	0%	17%	24% (12%-39%)
2. Provided parents with information about how to monitor their child	83%	53%	57% (36%-74%)
3. Involved parents as school volunteers in the delivery of health education activities and services	25%	24%	28% (15%-40%)
4. Linked parents and families to health services and programs in the community	73%	63%	74% (45%-86%)
5. Gave students homework assignments	20%	37%	59% (37%-78%)

or health education activities to do at home with their parents			
6. Uses electronic, paper, or oral communication to inform parents about school health services and programs	75%	71%	79% (62%-92%)
7. Students' families helped develop or implement policies and programs related to school health	33%	27%	39% (22%-62%)

Percentage of Secondary Schools That Implemented School Connectedness Strategies, Selected U.S. Sites: School Health Profiles, Principal and Lead Health Education Teacher Surveys, 2014; Santa Cruz County, 2015.

School Connectedness Strategies	SCC 2015	AZ 2014	US 2014
1. Participates in a program which family or community members serve as role models to students or mentor students	8%	23%	40% (19%-64%)
2. Provides service learning opportunities	75%	53%	63% (51%-98%)
3. Provides peer training opportunities for students	75%	79%	81% (65%-95%)
4. Lead health education teacher received professional development on classroom management techniques	50%	60%	56% (31%-78%)
5. Had a gay/straight alliance or similar club	33%	23%	27% (13%-56%)
6. Has clubs that give students opportunities to learn about people different from them	50%	48%	60% (28%-77%)
7. Offered activities for students to learn about people different from them:			
o Lessons in class	50%	77%	87% (74%-95%)
o Special events sponsored by the school or community organizations	67%	61%	62% (39%-88%)

SANTA CRUZ COUNTY
2015 SCHOOL HEALTH PROFILES

LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **lead health education teacher** (or the person acting in that capacity) and concerns only activities that occur in the **school listed below**. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of this questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____

To be completed by the agency conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

2015 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

REQUIRED HEALTH EDUCATION COURSES

(Definition: A required health education course is defined as one that students must take for graduation or promotion from your school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity.)

1. How many required health education courses do students take in grades 6 through 12 in your school? (Mark one response.)

- (a) 0 courses → **Skip to Question 4**
- (b) 1 course
- (c) 2 courses
- (d) 3 courses
- (e) 4 or more courses

2. Is a required health education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)

	Grade	Yes	No	Grade not taught in your school
a.	6.....	0.....	0.....	0.....
b.	7.....	0.....	0.....	0.....
c.	8.....	0.....	0.....	0.....
d.	9.....	0.....	0.....	0.....
e.	10.....	0.....	0.....	0.....
f.	11.....	0.....	0.....	0.....
g.	12.....	0.....	0.....	0.....

3. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- (a) Yes
- (b) No

The following questions apply to any instruction on health topics such as those listed above Question 1, including instruction that is not required and instruction that occurs outside of health education courses.

4. Are those who teach health education at your school provided with each of the following materials? (Mark yes or no for each material.)

Material	Yes	No
a. Goals, objectives, and expected outcomes for health education.....	0	0
b. A chart describing the annual scope and sequence of instruction for health education.....	0	0
c. Plans for how to assess student performance in health education	0	0
d. A written health education curriculum	0	0

5. Does your health education curriculum address each of the following skills? (Mark yes or no for each skill, or mark NA for each skill if your school does not have a health education curriculum.)

Skill	Yes	No	NA
a. Comprehending concepts related to health promotion and disease prevention to enhance health	0	0	0
b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.....	0	0	0
c. Accessing valid information and products and services to enhance health.....	0	0	0
d. Using interpersonal communication skills to enhance health and avoid or reduce health risks	0	0	0
e. Using decision-making skills to enhance health	0	0	0
f. Using goal-setting skills to enhance health.....	0	0	0
g. Practicing health-enhancing behaviors to avoid or reduce risks	0	0	0
h. Advocating for personal, family, and community health	0	0	0

6. **Are those who teach sexual health education at your school provided with each of the following materials?** (Mark yes or no for each material, or mark NA for each material if no one in your school teaches sexual health education.)

Material	Yes	No	NA
a. Goals, objectives, and expected outcomes for sexual health education	0	0	0
b. A written health education curriculum that includes objectives and content addressing sexual health education	0	0	0
c. A chart describing the annual scope and sequence of instruction for sexual health education	0	0	0
d. Strategies that are age-appropriate, relevant, and actively engage students in learning	0	0	0
e. Methods to assess student knowledge and skills related to sexual health education	0	0	0

REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as any classroom instruction on health topics such as those listed above Question 1, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from your school.)

7. **Is health education instruction required for students in any of grades 6 through 12 in your school?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

8. **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?** (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol- or other drug-use prevention.....	0	0
b.	Asthma	0	0
c.	Diabetes.....	0	0
d.	Emotional and mental health	0	0
e.	Epilepsy or seizure disorder.....	0	0
f.	Food allergies.....	0	0
g.	Foodborne illness prevention.....	0	0
h.	Human immunodeficiency virus (HIV) prevention	0	0
i.	Human sexuality	0	0
j.	Infectious disease prevention (e.g., influenza [flu] prevention)	0	0
k.	Injury prevention and safety	0	0
l.	Nutrition and dietary behavior	0	0
m.	Physical activity and fitness.....	0	0
n.	Pregnancy prevention.....	0	0
o.	Sexually transmitted disease (STD) prevention.....	0	0
p.	Suicide prevention	0	0
q.	Tobacco-use prevention	0	0
r.	Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

9. **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?** (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Identifying tobacco products and the harmful substances they contain.....	0	0
b.	Identifying short- and long-term health consequences of tobacco use.....	0	0
c.	Identifying social, economic, and cosmetic consequences of tobacco use	0	0
d.	Understanding the addictive nature of nicotine	0	0
e.	Effects of tobacco use on athletic performance	0	0
f.	Effects of second-hand smoke and benefits of a smoke-free environment	0	0
g.	Understanding the social influences on tobacco use, including media, family, peers, and culture	0	0
h.	Identifying reasons why students do and do not use tobacco	0	0
i.	Making accurate assessments of how many peers use tobacco	0	0
j.	Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).....	0	0
k.	Using goal-setting and decision-making skills related to not using tobacco	0	0
l.	Finding valid information and services related to tobacco-use prevention and cessation	0	0
m.	Supporting others who abstain from or want to quit using tobacco	0	0
n.	Identifying harmful effects of tobacco use on fetal development.....	0	0
o.	Relationship between using tobacco and alcohol or other drugs	0	0
p.	How addiction to tobacco use can be treated.....	0	0
q.	Understanding school policies and community laws related to the sale and use of tobacco products.....	0	0
r.	Benefits of smoking cessation programs	0	0

10. **During this school year, did teachers in your school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below? (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.)**

Topic	<u>Grades</u> <u>6, 7, or 8</u>			<u>Grades</u> <u>9, 10, 11, or 12</u>		
	Yes	No	NA	Yes	No	NA
a. How HIV and other STDs are transmitted	0	0	0	0	0	0
b. Health consequences of HIV, other STDs, and pregnancy	0	0	0	0	0	0
c. The benefits of being sexually abstinent	0	0	0	0	0	0
d. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy.....	0	0	0	0	0	0
e. The influences of family, peers, media, technology and other factors on sexual risk behaviors	0	0	0	0	0	0
f. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.....	0	0	0	0	0	0
g. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.....	0	0	0	0	0	0
h. Influencing and supporting others to avoid or reduce sexual risk behaviors	0	0	0	0	0	0
i. Efficacy of condoms, that is, how well condoms work and do not work.....	0	0	0	0	0	0
j. The importance of using condoms consistently and correctly	0	0	0	0	0	0
k. How to obtain condoms.....	0	0	0	0	0	0
l. How to correctly use a condom	0	0	0	0	0	0
m. The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	0	0	0	0	0	0
n. How to create and sustain healthy and respectful relationships.....	0	0	0	0	0	0
o. The importance of limiting the number of sexual partners	0	0	0	0	0	0
p. Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	0	0	0	0	0	0

- 11. During this school year, did teachers in your school teach about the following contraceptives in a required course for students in any of grades 9 through 12?**
 (Mark yes or no for each contraceptive, or mark NA for each one if your school does not contain any of grades 9, 10, 11, or 12.)

Contraceptive	Yes	No	NA
a. Birth control pill (e.g., OrthoTri-cyclen)	0	0	0
b. Birth control patch (e.g., Ortho Evra)	0	0	0
c. Birth control ring (e.g., NuvaRing).....	0	0	0
d. Birth control shot (e.g., Depo-Provera)	0	0	0
e. Implants (e.g., Implanon).....	0	0	0
f. Intrauterine device (IUD; e.g., Mirena, ParaGard)	0	0	0
g. Emergency contraception (e.g., Plan B)	0	0	0

- 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?** (Mark yes or no for each topic for each grade span, or mark NA for each topic if your school does not contain grades in that grade span.)

Topic	<u>Grades</u> 6, 7, or 8			<u>Grades</u> 9, 10, 11, or 12		
	Yes	No	NA	Yes	No	NA
a. Comprehend concepts important to prevent HIV, other STDs and pregnancy.....	0	0	0	0	0	0
b. Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	0	0	0	0	0	0
c. Access valid information, products, and services to prevent HIV, other STDs and pregnancy.....	0	0	0	0	0	0
d. Use interpersonal communication skills to avoid or reduce sexual risk behaviors.....	0	0	0	0	0	0
e. Use decision-making skills to prevent HIV, other STDs and pregnancy	0	0	0	0	0	0
f. Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	0	0	0	0	0	0
g. Influence and support others to avoid or reduce sexual risk behaviors.....	0	0	0	0	0	0

13. **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?** (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Benefits of healthy eating	0	0
b.	Benefits of drinking plenty of water	0	0
c.	Benefits of eating breakfast every day	0	0
d.	Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate or MyPyramid)	0	0
e.	Using food labels	0	0
f.	Differentiating between nutritious and non-nutritious beverages.....	0	0
g.	Balancing food intake and physical activity	0	0
h.	Eating more fruits, vegetables, and whole grain products	0	0
i.	Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat)	0	0
j.	Choosing foods, snacks, and beverages that are low in added sugars .	0	0
k.	Choosing foods and snacks that are low in sodium	0	0
l.	Eating a variety of foods that are high in calcium	0	0
m.	Eating a variety of foods that are high in iron	0	0
n.	Food safety	0	0
o.	Preparing healthy meals and snacks	0	0
p.	Risks of unhealthy weight control practices	0	0
q.	Accepting body size differences	0	0
r.	Signs, symptoms, and treatment for eating disorders	0	0
s.	Relationship between diet and chronic diseases	0	0
t.	Assessing body mass index (BMI)	0	0

14. **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?** (Mark yes or no for each topic.)

Topic	Yes	No
a. Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease	0	0
b. Mental and social benefits of physical activity	0	0
c. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	0	0
d. Phases of a workout (i.e., warm-up, workout, cool down)	0	0
e. Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity	0	0
f. Decreasing sedentary activities (e.g., television viewing, using video games)	0	0
g. Preventing injury during physical activity	0	0
h. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	0	0
i. Dangers of using performance-enhancing drugs (e.g., steroids)	0	0
j. Increasing daily physical activity	0	0
k. Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)	0	0
l. Using safety equipment for specific physical activities	0	0
m. Benefits of drinking water before, during, and after physical activity	0	0

HIV PREVENTION

15. **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)?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

COLLABORATION

16. During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

Group	Yes	No
a. Physical education staff	0	0
b. Health services staff (e.g., nurses)	0	0
c. Mental health or social services staff (e.g., psychologists, counselors, and social workers)	0	0
d. Nutrition or food service staff.....	0	0
e. School health council, committee, or team.....	0	0

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? (Mark yes or no for each topic.)

Topic	Yes	No
a. HIV prevention, STD prevention, or teen pregnancy prevention	0	0
b. Tobacco-use prevention	0	0
c. Physical activity	0	0
d. Nutrition and healthy eating.....	0	0
e. Asthma	0	0
f. Food allergies.....	0	0
g. Diabetes.....	0	0
h. Preventing student bullying and sexual harassment, including electronic aggression (i.e., cyber-bullying)	0	0

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

- Ⓐ Yes
- Ⓑ No

PROFESSIONAL DEVELOPMENT

19. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol- or other drug-use prevention.....	0	0
b.	Asthma	0	0
c.	Diabetes.....	0	0
d.	Emotional and mental health	0	0
e.	Epilepsy or seizure disorder.....	0	0
f.	Food allergies.....	0	0
g.	Foodborne illness prevention.....	0	0
h.	HIV prevention	0	0
i.	Human sexuality	0	0
j.	Infectious disease prevention (e.g., flu prevention)	0	0
k.	Injury prevention and safety	0	0
l.	Nutrition and dietary behavior	0	0
m.	Physical activity and fitness.....	0	0
n.	Pregnancy prevention.....	0	0
o.	STD prevention.....	0	0
p.	Suicide prevention	0	0
q.	Tobacco-use prevention	0	0
r.	Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

20. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Describing how widespread HIV and other STD infections are and the consequences of these infections.....	0	0
b.	Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	0	0
c.	Identifying populations of youth who are at high risk of being infected with HIV and other STDs	0	0
d.	Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.....	0	0
e.	Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	0	0
f.	Assessing students' performance in HIV prevention education	0	0
g.	Describing the prevalence and potential effects of teen pregnancy.....	0	0
h.	Identifying populations of youth who are at high risk of becoming pregnant.....	0	0
i.	Current district or school board policies or curriculum guidance regarding HIV education or sexual health education.....	0	0

21. Would you like to receive professional development on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Alcohol- or other drug-use prevention.....	0	0
b.	Asthma	0	0
c.	Diabetes.....	0	0
d.	Emotional and mental health	0	0
e.	Epilepsy or seizure disorder.....	0	0
f.	Food allergies.....	0	0
g.	Foodborne illness prevention.....	0	0
h.	HIV prevention	0	0
i.	Human sexuality	0	0
j.	Infectious disease prevention (e.g., flu prevention)	0	0
k.	Injury prevention and safety	0	0
l.	Nutrition and dietary behavior	0	0
m.	Physical activity and fitness.....	0	0
n.	Pregnancy prevention.....	0	0
o.	STD prevention.....	0	0
p.	Suicide prevention	0	0
q.	Tobacco-use prevention	0	0
r.	Violence prevention (e.g., bullying, fighting, or dating violence prevention).....	0	0

22. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities	0	0
b. Teaching students of various cultural backgrounds	0	0
c. Teaching students with limited English proficiency	0	0
d. Teaching students of different sexual orientations or gender identities	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities)	0	0
f. Encouraging family or community involvement	0	0
g. Teaching skills for behavior change	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management)	0	0
i. Assessing or evaluating students in health education	0	0

23. Would you like to receive professional development on each of these topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities	0	0
b. Teaching students of various cultural backgrounds	0	0
c. Teaching students with limited English proficiency	0	0
d. Teaching students of different sexual orientations or gender identities	0	0
e. Using interactive teaching methods (e.g., role plays or cooperative group activities)	0	0
f. Encouraging family or community involvement	0	0
g. Teaching skills for behavior change	0	0
h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management)	0	0
i. Assessing or evaluating students in health education	0	0

PROFESSIONAL PREPARATION

24. **What was the major emphasis of your professional preparation?** (Mark one response.)

- Ⓐ Health and physical education combined
- Ⓑ Health education
- Ⓒ Physical education
- Ⓓ Other education degree
- Ⓔ Kinesiology, exercise science, or exercise physiology
- Ⓕ Home economics or family and consumer science
- Ⓖ Biology or other science
- Ⓗ Nursing
- Ⓘ Counseling
- Ⓝ Public health
- Ⓚ Nutrition
- Ⓛ Other

25. **Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

26. **Including this school year, how many years of experience do you have teaching health education courses or topics?** (Mark one response.)

- Ⓐ 1 year
- Ⓑ 2 to 5 years
- Ⓒ 6 to 9 years
- Ⓓ 10 to 14 years
- Ⓔ 15 years or more

Thank you for your responses. Please return this questionnaire.

SANTA CRUZ COUNTY
2015 SCHOOL HEALTH PROFILES
SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in the **school listed below for the grade span listed below**. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
 Title: _____
 School name: _____
 District: _____
 Telephone number: _____

To be completed by the agency conducting the survey

School name: _____ Grade span: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

2015 SCHOOL HEALTH PROFILES
PRINCIPAL QUESTIONNAIRE

1. Has your school ever used the School Health Index or other self-assessment tool to assess your school’s policies, activities, and programs in the following areas? (Mark yes or no for each area.)

Area	Yes	No
a. Physical activity	0	0
b. Nutrition	0	0
c. Tobacco-use prevention	0	0
d. Asthma	0	0
e. Injury and violence prevention	0	0
f. HIV, STD, and teen pregnancy prevention.....	0	0

2. The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school’s written SIP include health-related objectives on any of the following topics? (Mark yes or no for each topic, or if your school does not have a SIP, mark “No SIP.”)

Topic	Yes	No	No SIP
a. Health education	0	0	0
b. Physical education	0	0	0
c. Physical activity	0	0	0
d. School meal programs.....	0	0	0
e. Foods and beverages available at school outside the school meal programs.....	0	0	0
f. Health services	0	0	0
g. Mental health and social services	0	0	0
h. Healthy and safe school environment	0	0	0
i. Family and community involvement	0	0	0
j. Faculty and staff health promotion	0	0	0

3. During the past year, did your school review health and safety data such as Youth Risk Behavior Survey data or fitness data as part of your school’s improvement planning process? (Mark one response.)

- Ⓐ Yes
- Ⓑ No
- Ⓒ Our school did not engage in an improvement planning process during the past year.

4. **Currently, does someone at your school oversee or coordinate school health and safety programs and activities?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

5. **Is there one or more than one group (e.g., a school health council, committee, or team) at your school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No → **Skip to Question 8**

6. **Are each of the following groups represented on any school health council, committee, or team?** (Mark yes or no for each group.)

Group	Yes	No
a. School administrators.....	0	0
b. Health education teachers	0	0
c. Physical education teachers	0	0
d. Other classroom teachers	0	0
e. Mental health or social services staff (e.g., school counselors).....	0	0
f. Nutrition or food service staff.....	0	0
g. Health services staff (e.g., school nurses).....	0	0
h. Maintenance and transportation staff.....	0	0
i. Technology staff	0	0
j. Library/media center staff.....	0	0
k. Student body	0	0
l. Parents or families of students	0	0
m. Community members.....	0	0
n. Local health departments, agencies, or organizations	0	0
o. Faith-based organizations	0	0
p. Businesses	0	0
q. Local government agencies.....	0	0

7. **During the past year, has any school health council, committee, or team at your school done any of the following activities?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Identified student health needs based on a review of relevant data.....	0	0
b. Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	0	0
c. Sought funding or leveraged resources to support health and safety priorities for students and staff	0	0
d. Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members.....	0	0
e. Reviewed health-related curricula or instructional materials	0	0
f. Assessed the availability of physical activity opportunities for students.....	0	0

8. **Does your school have any clubs that give students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark one response.)

- Ⓐ Yes
- Ⓑ No

9. **During the past year, did your school offer each of the following activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Lessons in class.....	0	0
b. Special events sponsored by the school or community organizations (e.g., multicultural week, family night).....	0	0

HIV PREVENTION AND SEXUAL ORIENTATION

10. Has your school adopted a policy that addresses each of the following issues on human immunodeficiency virus (HIV) infection or AIDS? (Mark yes or no for each issue.)

Issue	Yes	No
a. Attendance of students with HIV infection	0	0
b. Procedures to protect HIV-infected students and staff from discrimination	0	0
c. Maintaining confidentiality of HIV-infected students and staff	0	0

11. Does your school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances. (Mark one response.)

- Ⓐ Yes
- Ⓑ No

12. Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth? (Mark yes or no for each practice.)

Practice	Yes	No
a. Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff	0	0
b. Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity.....	0	0
c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	0	0
d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	0	0
e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	0	0

BULLYING AND SEXUAL HARASSMENT

(Definitions: For the purposes of these questions, “bullying” means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. “Sexual harassment” means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. “Electronic aggression,” sometimes called cyber-bullying, means when students use a cell phone, the Internet, or other communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)

13. During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression? (Mark one response.)

- (a) Yes
- (b) No

14. Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression? (Mark one response.)

- (a) Yes
- (b) No

15. Does your school use electronic (e.g. e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression? (Mark one response.)

- (a) Yes
- (b) No

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from your school.)

16. Is a required physical education course taught in each of the following grades in your school? (For each grade, mark yes or no, or if your school does not have that grade, mark “grade not taught in your school.”)

	Grade	Yes	No	Grade not taught in your school
a.	6.....	0.....	0.....	0.....
b.	7.....	0.....	0.....	0.....
c.	8.....	0.....	0.....	0.....
d.	9.....	0.....	0.....	0.....
e.	10.....	0.....	0.....	0.....
f.	11.....	0.....	0.....	0.....
g.	12.....	0.....	0.....	0.....

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

17. During the past year, did any physical education teachers or specialists at your school receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on physical education or physical activity? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

18. Are those who teach physical education at your school provided with each of the following materials? (Mark yes or no for each material.)

	Material	Yes	No
a.	Goals, objectives, and expected outcomes for physical education	0	0
b.	A chart describing the annual scope and sequence of instruction for physical education	0	0
c.	Plans for how to assess student performance in physical education	0	0
d.	A written physical education curriculum	0	0
e.	Resources for fitness testing	0	0
f.	Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education	0	0

19. **Outside of physical education, do students participate in physical activity breaks in classrooms during the school day? (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No
20. **Does your school offer opportunities for all students to participate in intramural sports programs or physical activity clubs? (Intramural sports programs or physical activity clubs are any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.) (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No
21. **Does your school offer interscholastic sports to students? (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No
22. **Does your school offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity? (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No
23. **Are staff at your school prohibited from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class? (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No
24. **A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities. Does your school, either directly or through the school district, have a joint use agreement for shared use of school or community physical activity facilities? (Mark one response.)**
- Ⓐ Yes
 - Ⓑ No

TOBACCO-USE PREVENTION POLICIES

25. Has your school adopted a policy prohibiting tobacco use? (Mark one response.)

- Ⓐ Yes
- Ⓑ No → Skip to Question 29

26. 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? (Mark yes or no for each type of tobacco for each group.)

	Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	Cigarettes	0	0	0	0	0	0
b.	Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c.	Cigars	0	0	0	0	0	0
d.	Pipes	0	0	0	0	0	0

27. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

	Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	During school hours	0	0	0	0	0	0
b.	During non-school hours	0	0	0	0	0	0

28. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

	Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	In school buildings	0	0	0	0	0	0
b.	Outside on school grounds, including parking lots and playing fields	0	0	0	0	0	0
c.	On school buses or other vehicles used to transport students	0	0	0	0	0	0
d.	At off-campus, school-sponsored events	0	0	0	0	0	0

29. 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? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

30. Does your school provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

	Group	Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

31. Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

	Group	Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

NUTRITION-RELATED POLICIES AND PRACTICES

32. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? (Mark one response.)

- Ⓐ Foods or beverages are not offered at school celebrations.
- Ⓑ Never
- Ⓒ Rarely
- Ⓓ Sometimes
- Ⓔ Always or almost always

33. 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? (Mark one response.)

- Ⓐ Yes
- Ⓑ No → **Skip to Question 35**

34. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

	Food or beverage	Yes	No
a.	Chocolate candy.....	0	0
b.	Other kinds of candy.....	0	0
c.	Salty snacks that are not low in fat (e.g., regular potato chips).....	0	0
d.	Low sodium or “no added salt” pretzels, crackers, or chips.....	0	0
e.	Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat.....	0	0
f.	Ice cream or frozen yogurt that is not low in fat.....	0	0
g.	2% or whole milk (plain or flavored).....	0	0
h.	Nonfat or 1% (low-fat) milk (plain).....	0	0
i.	Water ices or frozen slushes that do not contain juice.....	0	0
j.	Soda pop or fruit drinks that are not 100% juice.....	0	0
k.	Sports drinks (e.g., Gatorade).....	0	0
l.	Energy drinks (e.g., Red Bull, Monster).....	0	0
m.	Bottled water.....	0	0
n.	100% fruit or vegetable juice.....	0	0
o.	Foods or beverages containing caffeine.....	0	0
p.	Fruits (not fruit juice).....	0	0
q.	Non-fried vegetables (not vegetable juice).....	0	0

35. During this school year, has your school done any of the following? (Mark yes or no for each.)

		Yes	No
a.	Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	0	0
b.	Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	0	0
c.	Provided information to students or families on the nutrition and caloric content of foods available	0	0
d.	Conducted taste tests to determine food preferences for nutritious items.....	0	0
e.	Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	0	0
f.	Served locally or regionally grown foods in the cafeteria or classrooms	0	0
g.	Planted a school food or vegetable garden	0	0
h.	Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	0	0
i.	Used attractive displays for fruits and vegetables in the cafeteria.....	0	0
j.	Offered a self-serve salad bar to students	0	0
k.	Labeled healthful foods with appealing names (e.g., crunchy carrots)	0	0
l.	Encouraged students to drink plain water	0	0
m.	Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	0	0
n.	Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	0	0

36. Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations? (Mark yes or no for each location.)

Location		Yes	No
a.	In school buildings.....	0	0
b.	On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	0	0
c.	On school buses or other vehicles used to transport students	0	0
d.	In school publications (e.g., newsletters, newspapers, web sites, or other school publications).....	0	0
e.	In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	0	0

37. Are students permitted to have a drinking water bottle with them during the school day? (Mark one response.)

- Ⓐ Yes, in all locations
- Ⓑ Yes, in certain locations
- Ⓒ No

38. Does your school offer a free source of drinking water in the following locations? (Mark yes or no for each location, or mark NA if your school does not have that location.)

Location	Yes	No	NA
a. Cafeteria during breakfast.....	0	0	0
b. Cafeteria during lunch.....	0	0	0
c. Gymnasium or other indoor physical activity facilities.....	0	0	0
d. Outdoor physical activity facilities and sports fields.....	0	0	0
e. Hallways throughout the school.....	0	0	0

HEALTH SERVICES

39. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.) (Mark one response.)

- Ⓐ Yes
- Ⓑ No

40. Does your school provide the following services to students? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	0	0
b. HIV treatment	0	0
c. STD testing	0	0
d. STD treatment.....	0	0
e. Pregnancy testing.....	0	0
f. Provision of condoms	0	0
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)	0	0
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	0	0
i. Prenatal care.....	0	0
j. Human papillomavirus (HPV) vaccine administration.....	0	0

41. Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	0	0
b. HIV treatment	0	0
c. STD testing	0	0
d. STD treatment.....	0	0
e. Pregnancy testing.....	0	0
f. Provision of condoms	0	0
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)	0	0
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	0	0
i. Prenatal care.....	0	0
j. Human papillomavirus (HPV) vaccine administration.....	0	0

42. Does your school have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible? (Mark one response.)

- a Yes
- b No

43. Does your school routinely use school records to identify and track students with a current diagnosis of the following chronic conditions? School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes. (Mark yes or no for each condition.)

Condition	Yes	No
a. Asthma	0	0
b. Food allergies.....	0	0
c. Diabetes.....	0	0
d. Epilepsy or seizure disorder.....	0	0
e. Obesity	0	0
f. Hypertension/high blood pressure	0	0

44. Does your school provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have any of the following chronic conditions? Include referrals to school-based health centers, even if they are located on school property. (Mark yes or no for each condition.)

	Condition	Yes	No
a.	Asthma	0	0
b.	Food allergies	0	0
c.	Diabetes	0	0
d.	Epilepsy or seizure disorder	0	0
e.	Obesity	0	0
f.	Hypertension/high blood pressure	0	0

FAMILY AND COMMUNITY INVOLVEMENT

45. During this school year, has your school done any of the following activities? (Mark yes or no for each activity.)

	Activity	Yes	No
a.	Provided parents and families with information about how to communicate with their child about sex	0	0
b.	Provided parents with information about how to monitor their child (e.g., setting parental expectations, keeping track of their child, responding when their child breaks the rules)	0	0
c.	Involved parents as school volunteers in the delivery of health education activities and services	0	0
d.	Linked parents and families to health services and programs in the community	0	0

46. Does your school use electronic (e.g., e-mails, school web site), paper (e.g., flyers, postcards), or oral (e.g., phone calls, parent seminars) communication to inform parents about school health services and programs? (Mark one response.)

- Ⓐ Yes
- Ⓑ No

47. **Does your school participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program?** (Mark one response.)
- Ⓐ Yes
 - Ⓑ No
48. **Service learning is a particular type of community service that is designed to meet specific learning objectives for a course. Does your school provide service-learning opportunities for students?** (Mark one response.)
- Ⓐ Yes
 - Ⓑ No
49. **Does your school provide peer tutoring opportunities for students?** (Mark one response.)
- Ⓐ Yes
 - Ⓑ No
50. **During the past two years, have students' families helped develop or implement policies and programs related to school health?** (Mark one response.)
- Ⓐ Yes
 - Ⓑ No

Thank you for your responses. Please return this questionnaire.

