

**Appendix A**

District Code \_\_\_\_\_

**1997-1998 HEALTH PROTECTION FUND PROGRAM SURVEY**

**DEMOGRAPHIC INFORMATION**

1. District Name \_\_\_\_\_
2. Person Completing this Form (print) \_\_\_\_\_
3. Are you the district Health Coordinator? YES \_\_\_\_\_ NO \_\_\_\_\_
4. If NO, what is your position (print) \_\_\_\_\_
5. Phone Number(\_\_\_\_) \_\_\_\_\_
6. Fax Number (\_\_\_\_) \_\_\_\_\_
7. E-mail \_\_\_\_\_ Date \_\_\_\_\_

8. For how many hours per week are you paid to work as a health coordinator? **18 hours average. No pay for the position--6%; Paid for 1-15 hours--54%; 16-34 hours--25%; 35-39 hours--25%; 40 hours --15%**

9. How long have you been a health coordinator for this or any district? **5 (YRS) average**

10. How long have you been a health coordinator in this district? **5 (YRS) average**

11. Do you teach any health courses/classes? **YES 54% NO 46%**

- The length of time as health coordinator both in any district and in their current district is 5 years. 30% are in their first year as health coordinator. Overall, the health coordinator position is a paid part time one with the majority also teaching health classes. It is filled mainly by experienced coordinators who have remained health coordinator in the same district since the inception of the HPF grant. The ability to do long-term, consistent work is therefore enhanced. However, because of the part-time status, there may not be as much time as needed for health coordinators to implement comprehensive programs.

12. How many health teachers, including yourself if you teach, does your district have? **5 average; 90% of districts have 10 or fewer health teachers; 50% have 3 or fewer.**

13. What is the amount your district designated for the following health education budget categories in 1997-1998 in these areas and from all sources?

	A. HEALTH PROTECTION FUND
1. ADMINISTRATIVE	<b>15%</b>
2. INSTRUCTIONAL STAFF	<b>56%</b>
3. SUPPORT STAFF	<b>11%</b>
4. CONTRACTUAL SERVICES	<b>10%</b>
5. MATERIALS	<b>4%</b>
6. EQUIPMENT	<b>(for 6 &amp; 7 combined) 4%</b>
7. OTHER (e.g., TRAVEL, FRINGE BENEFITS)	

14. How much of the Health Protection Fund grant is spent on TOBACCO EDUCATION PREVENTION and CESSATION? **17%**

**Appendix A**

**A. CURRICULUM**

1. For each grade level in your district, on average how many hours of health education (including zero) do students receive in all settings per academic school year and how many of those hours are required at each grade level listed below? (Put N/A for Not Applicable if you do not have that particular grade level in your district)

HOURS	K-5 AVERAGED	6	7	8	9	10	11	12	TOTAL
a. RECEIVE	27	32	33	33	33	26	21	18	223
b. REQUIRED	17	23	27	28	34	27	11	6	173

2. What is the minimum number of hours of health education required for graduation from high school? **56 average**

3. In the past 12 months, of the total hours students received in health education, approximately what percent was presented as described below at each level? Use the CODE LEVEL LETTER to indicate percent. (Use N/A for Not Applicable if you do not have a particular grade level in your district) A. Zero C. 11-25% E. 51-75%

B. 1- 10%

D. 26-50%

F. 76-100%

DELIVERY	ELEMENTARY	MIDDLE/JR. HIGH	HIGH SCHOOL
a. In health courses or classes	47%	47%	69%
b. In physical education courses	18%	16%	20%
c. In non-health courses or classes or with non-health teachers (excluding P.E.)	35%	13%	11%

- The majority of health education is delivered through health education classes/courses. Trained health educators are therefore, teaching students. Trained health educators are more likely to be knowledgeable about and sensitive to health issues and concerns. However in elementary school, there is more delivery through non-health than in middle school and high school, most likely accounted for by the fact that the regular classroom teacher provides health instruction at that level.

4. In the past 12 months, approximately what percent of the total health education time was devoted to the teaching methods listed below at each level? Use the CODE LEVEL LETTER to indicate percent. (Use N/A for Not Applicable if you do not have a particular grade level in your district) A. Zero C. 11-25% E. 51-75%

B. 1- 10%

D. 26-50%

F. 76-100%

METHOD	ELEMENTARY	MIDDLE/JR. HIGH	HIGH SCHOOL
a. Group discussion and cooperative learning	52%	46%	43%
b. Extensive homework assignments	8%	12%	16%



**Appendix A**

pressure in middle school, and finding resources and social support when students are in high school.

7. Does your district's written improvement plan (Education Reform) include goals and objectives for comprehensive health education? **YES 80%** **NO 20%**

8. Which of the following activities have been documented as COMPLETED in matching your current health education with the Building Resiliency health curriculum framework?

- a. Mapping the existing curricula to the framework **YES 78%** **NO 22%**
- b. Selecting and/or completing curriculum development **YES 72%** **NO 38%**
- c. Providing training for teachers **YES 72%** **NO 38%**
- d. Integrating instruction with other components of your CSHE **YES 70%** **NO 30%**

9. Does your district require the use of the Building Resiliency curriculum framework for health education courses? **YES 61%** **NO 39%**

10. Approximately what percent of your health curriculum is from the following sources? (100%)

- a. Commercially developed **29%**
- b. Locally developed **28%**
- c. Both commercially and locally developed (blend) **43%**

11. If your district uses all or part of a commercially developed curriculum, check ( ? ) the one(s) you use. **(reported as raw numbers)**

- 34** a. Growing Healthy **111** d. Here's Looking at You 2000 **15** g. Know Your Body
- 8** b. Life Planning Education **79** e. Michigan Model **66** h. Reducing the Risk
- 78** c. Teenage Health Modules **104** f. The Great Body Shop **0** i. Values and Choices
- 182** j. Other (specify) \_\_\_\_\_

- Most districts use a commercially developed health education curriculum, either exclusively or in tandem with a locally developed curriculum. When it comes to choosing a commercially developed curriculum, Here's Looking at You 2000 and The Great Body Shop are the most popular, followed by Michigan Model, Teenage Health Modules, and Reducing the Risk.

**B. COORDINATION**

1. In the past 12 months, how frequently did health education teachers in your district coordinate their activities as described in the health framework with each of the following instructional areas listed below at each level? Use the CODE LETTER below to describe coordination. (Use N/A for Not Applicable if you do not have a particular grade level or instructional area in your district)

- A = Not at all B = Infrequently (e.g., four times a year)
- C = Frequently (e.g., once a month) D = All the time (e.g., weekly)

**(reported as percents)**

COORDINATED WITH:	ELEMENTARY				MIDDLE/JR HIGH				HIGH SCHOOL			
	A	B	C	D	A	B	C	D	A	B	C	D
a. Physical Education	14	41	37	7	10	41	38	10	8	37	40	15
b. Family and Consumer Sciences					18	40	30	11	21	42	28	9

- The vast majority of districts have health, physical education and family and consumer sciences working together, but not frequently.

**Appendix A**

2. In the past 12 months, how frequently did health education teachers in your district make instruction interdisciplinary as described in the health framework with each of the instructional areas listed below? Use the CODE LETTER below to describe interdisciplinary instruction. (Use N/A for Not Applicable if you do not have a particular grade level or instructional area in your district)

A = Not at all      B = Infrequently (e.g., four times a year)  
 C = Frequently (e.g., once a month)      D = All the time (e.g., weekly)

(reported as percents)

INTERDISCIPLINARY WITH:	ELEMENTARY				MIDDLE/JR. HIGH				HIGH SCHOOL			
	A	B	C	D	A	B	C	D	A	B	C	D
a. Physical Education	9	41	38	11	9	40	37	14	9	37	38	16
b. Family and Consumer Sciences					A	B	C	D	A	B	C	D
					19	40	28	13	22	41	26	11
c. English Language Arts	A	B	C	D	A	B	C	D	A	B	C	D
	25	42	28	5	39	45	13	3	47	41	9	3
d. Science and Technology	A	B	C	D	A	B	C	D	A	B	C	D
	21	34	37	7	21	47	26	5	29	44	23	4
e. History Social Studies	A	B	C	D	A	B	C	D	A	B	C	D
	38	41	17	3	44	43	10	2	48	42	8	2
f. Mathematics	A	B	C	D	A	B	C	D	A	B	C	D
	41	45	12	2	59	35	5	>1	65	33	2	>1

- Almost all districts have health and physical education working to make instruction interdisciplinary. Science is the only academic subject where much work is being done with health. By far whenever there is work being done of an interdisciplinary nature between health and academics it is only about once every other month. From elementary to high school the percentage of districts reporting no interdisciplinary instruction rises.

3. In the past 12 months, how often did health teachers collaborate as described in the health framework with each of the following school health and human services programs listed below at each level? Use the CODE LETTER below to describe collaboration. (Use N/A for Not Applicable if you do not have a particular grade level or program in your district)

A = Not at all      B = Infrequently (e.g., four times a year)  
 C = Frequently (e.g., once a month)      D = All the time (e.g., weekly)

(reported in percents)

COLLABORATED WITH:	ELEMENTARY				MIDDLE/JR. HIGH				HIGH SCHOOL			
	A	B	C	D	A	B	C	D	A	B	C	D
a. School health services	2	30	44	23	4	25	50	21	4	24	50	21
b. School counseling/psychological services	A	B	C	D	A	B	C	D	A	B	C	D
	5	30	37	28	5	21	42	31	4	24	43	29

- Almost all districts have health and school health services and health and school counseling/psychological services collaborating. Collaboration is frequent, occurring about once a month. Such collaboration enhances the availability of a comprehensive health program to students.

**Appendix A**

4. Are any of the following an obstacle to implementing the Building Resiliency curriculum framework in your district? Check (?) one answer in each category (a-d) below. **(reported as percents)**

OBSTACLE	NOT AN OBSTACLE	MINOR OBSTACLE	MODERATE OBSTACLE	MAJOR OBSTACLE
a. Time for planning	11	25	33	32
b. Course scheduling	14	19	33	34
c. Lack of support by district	52	26	16	6
d. Lack of support by non-health staff	41	35	18	6

- There are fewer obstacles around perhaps the "idea" of the framework and more about the concrete inclusion of the framework in the day to day experience of districts.

**C. TOBACCO CESSATION**

1. If your district had a cessation program in the past 12 months for any of the following groups, please complete the following chart. (Use N/A for Not Applicable if you don't have a cessation program for these groups)

TOBACCO CESSATION GROUP	AVERAGE NUMBER OF HOURS FOR THE PROGRAM	NUMBER OF PARTICIPANTS IN PAST 12 MONTHS	OF THOSE PARTICIPATING, % THAT COMPLETED
a. Students	10 hrs	SEE BELOW #	61 %
b. Staff	8 hrs	SEE BELOW #	33 %
c. Parents & Community	9 hrs	SEE BELOW #	47 %

- For **students**, 13% of districts that had cessation programs reported no participation. Between 1 and 18 students participating was reported by 51% of districts, between 18 and 38 students by 21% of the districts, and between 40 and 80 student participants by 12%. The remaining 3% of districts reported that the number of participants ranged from 40 to 157 students. For **staff**, 55% of districts that had cessation programs reported no participation. Between 1 and 12 staff participating was reported by 44% of districts. One district reported that 30 staff participated. For **parents and community members**, approximately 40% of districts that had cessation programs reported no participation. Between 1 and 23 parents participating was reported by 35% of districts. The remaining 25% of districts reported between 24 and 100 parents and community members participating.

**D. POLICY**

1. Does your district have the following specific consequences for violating your written tobacco policy?

- a. Students' parents/guardians are required to meet with school officials **YES 72% NO 28%**
- b. Students must participate in prevention education **YES 48% NO 52%**
- c. Students must participate in cessation program **YES 29% NO 71%**
- d. Students are suspended or expelled **YES 92% NO 8%**
- e. Students are fined **YES 14% NO 86%**

- Clearly the way many districts handle students violating the tobacco free schools policy is through

**Appendix A**

suspension/expulsion and meeting with parents. Less than a third has students go through a cessation program and less than half requires students to participate in prevention education. Districts are putting their attention toward punishment rather than cessation or education. On the other hand, fining which is punishment oriented and often highly publicized happens rarely.

**E. PEER EDUCATION**

Answer this section in relation to that part of your PEER EDUCATION program that deals with HEALTH ISSUES.

1. In the past 12 months, in which one *type* of activity listed below did peer educators engage THE MOST at each level? Please circle only the ONE activity within the boxes below. (Write N/A for Not Applicable in the boxes if you do not have a particular grade level in your district)

- A. Giving information about risk behavior B. Talking with students about personal problems  
 C. Demonstration of health skills D. Peer educators not active in this setting

(reported in percents)

SETTING	ELEMENTARY				MIDDLE/JR HIGH				HIGH SCHOOL			
	A	B	C	D	A	B	C	D	A	B	C	D
a. Health courses	18	4	11	67	34	7	8	50	36	10	10	44
	A	B	C	D	A	B	C	D	A	B	C	D
b. Non-health courses (e.g., academics)	13	6	8	72	19	12	6	63	16	16	7	61
	A	B	C	D	A	B	C	D	A	B	C	D
c. Conflict resolution/Mediation sessions	6	14	12	69	10	32	14	44	11	38	13	38
	A	B	C	D	A	B	C	D	A	B	C	D
d. Assembly programs	14	2	8	76	28	7	6	59	41	8	10	41
	A	B	C	D	A	B	C	D	A	B	C	D
e. Discussion or support groups	12	12	3	72	18	26	6	50	21	39	6	34
	A	B	C	D	A	B	C	D	A	B	C	D

- The peer education in health issues happens mainly in conflict resolution and discussion/support groups with peer educators talking with students about personal problems as the dominant activity. This is followed by health peer educators working in the health class, where they give information about risk behavior. In no setting was demonstration of health skills ever the most common type of activity for health peer educators.

2. In the past 12 months, what percent of the health training for peer educators was devoted to the following skills at each level? Use the CODE LEVEL LETTER to indicate percent. (Use N/A for Not Applicable if you do not have a particular grade level in your district)

- A. Zero C. 11-25% E. 51-75%  
 B. 1- 10% D. 26-50% F. 76-100% (reported as percents)

SKILL TRAINING TOPIC	MIDDLE/JR HIGH	HIGH SCHOOL
a. Learning how to give information about risk behaviors	20	30
b. Learning how to talk with students about personal problems	19	25
c. Learning how to demonstrate health skills	16	18

**Appendix A**

3. In the past 12 months, what approximate number of all the students in your district have been trained as peer educators to work with students on health related issues/activities?

\_\_\_\_\_ #

**18% of districts did not train any of their students to be peer health educators. 50% of districts trained approximately 29 or fewer students. Districts trained on average about 42 students.**

4. In the past 12 months, what is the approximate number of all the students in your district who have received services from trained peer educators on health related issues/activities? \_\_\_\_\_ #

**17% of districts did not offer services by trained peer health educators to students. 50% of districts served 200 or fewer students. Districts on average served about 500 students.**

**F. PARENT INVOLVEMENT**

1. In the past 12 months, please indicate the approximate NUMBER OF PARENTS involved in an ONGOING WAY in the following activities at each level. (Use N/A for Not Applicable if you do not have a particular grade level in your district)

ACTIVITY	ELEMENTARY	MIDDLE/JR. HIGH	HIGH SCHOOL
a. Participated in health education curriculum development and review	5 #	4 #	5 #
b. Volunteered in health class/activities	5 #	2 #	2 #

2. In the past 12 months, please indicate the approximate NUMBER OF TIMES parents were involved in an ONGOING WAY in the following activities at each level. (Use N/A for Not Applicable if you do not have a particular grade level in your district)

ACTIVITY	ELEMENTARY	MIDDLE/JR. HIGH	HIGH SCHOOL
a. Received specific health educational materials sent from school (not a general school information mailing to all parents)	5 #	4 #	3 #
b. Included in health homework assignments	5 #	4 #	2 #

- Overall, parent participation and involvement are extremely low. The most activity was involvement in curriculum development and review. Parent participation/involvement declined from elementary to high school in all areas.

**G. SCHOOL HEALTH ADVISORY COUNCIL (SHAC)**

1. Which of the following members are represented on the SHAC? Check (?) all that apply.

- 99% a. Teachers                      96% f. School/district administrators      77% k. Students  
 88% b. School counselors        95% g. School nurses                      94% l. Parents  
 40% c. School board                64% h. Public health department        34% m. Businesses  
 73% d. American Cancer Society      35% i. Local hospital      83% n. Law enforcement  
 81% e. Community organizations      35% j. Clergy

2. In the past 12 months, which School Health Advisory Council members have been MOST involved in the following activities? Place ONE LETTER FROM QUESTION G.1. (above) in box below to identify the 3 MOST involved groups.

ACTIVITY	GROUP MOST INVOLVED	GROUP 2nd MOST INVOLVED	GROUP 3rd MOST INVOLVED
a. Selecting instructional materials and curricula	Teachers	School/District Administrators	Parents

**Appendix A**

b. Reviewing needs assessments and proposing grant proposal modifications	School/District Administrators & Teachers	Teachers	Parents
c. Developing health education policy and standards	School/District Administrators	Teachers	Teachers

- The most consistent members of the SHAC over all districts are teachers, school/district administrators, school nurses, school counselors, and parents. This is then mirrored in whom is most involved in the work of the SHAC. There is a lack of diversity of types of members.

**H. EVALUATION AND NEEDS ASSESSMENT**

1. How does your district evaluate implementation of the health curriculum framework,

Building Resiliency? Check( ? ) all that apply.

- 19% a. Implementation is not evaluated
- 26% b. Schools submit periodic status reports on implementation
- 63% c. District performs on-site monitoring and/or observation
- 31% d. Other (specify) \_\_\_\_\_

2. Have you both formally evaluated and documented your evaluation of health education in any of these areas?

- a. Health-related school policies **YES 63%** **NO 37%**
- b. Written goals, objectives, or outcomes in health education **YES 68%** **NO 32%**
- c. Health education curriculum **YES 72%** **NO 28%**
- d. Staff development/in-service training in health education **YES 61%** **NO 39%**

- The majority of districts do some type of evaluation around the implementation of the health framework. On site monitoring is used considerably more as an evaluation tool than is submitting periodic reports, more than twice as often. The most active area of formal evaluation and documentation of the health education program has taken place in staff development/in-service training in health education, with almost all districts participating in evaluation of this area. Districts evaluate approximately equally in the other areas, with around two-thirds participating in evaluation in these areas. However, the evaluation tends to be more around observation, which is looser, than written reports.

3. Please indicate the results of your needs assessment at the beginning of the Health Protection Fund grant program (1993-1994) using percent and sources of the data:

a. local YRBS b. Johnson c. American d. Other (specify)

BEHAVIOR 1993-1994	MIDDLE/JR PERCENTAGE	MIDDLE/JR DATA SOURCE	HIGH SCHOOL PERCENTAGE	HIGH SCHOOL DATA SOURCE
a. TOBACCO USE (Any use within the last 30 days)	17 % (n=45)	a, b,c	30% (n=63)	a, b,c
b. ALCOHOL USE (Any use within the last 30 days)	22 % (n=49)	a, b,c	49% (n=73)	a, b,c
c. MARIJUANA USE (Any use within the last 30 days)	7 % (n=49)	a, b,c	25% (n= 71)	a, b,c
d. VIOLENCE (In a physical fight in past 12 months)	16%(n=28)	a, b,c	22% (n=51)	a, b,c

4. Please indicate the results of your current needs assessment (1996-1997) using percent and sources of the data: a. local YRBS b. Johnson c. American d. Other (specify)

**Appendix A**

BEHAVIOR 1996-1997	MIDDLE/JR PERCENTAGE	MIDDLE/JR DATA SOURCE	HIGH SCHOOL PERCENTAGE	HIGH SCHOOL DATA SOURCE
a. TOBACCO USE (Any use within the last 30 days)	18 % (n=67)	a, b,c	29%(n=96)	a, b,c
b. ALCOHOL USE (Any use within the last 30 days)	24% (n=65)	a, b,c	47% (n=100)	a, b,c
c. MARIJUANA USE (Any use within the last 30 days)	5% (n=65)	a, b,c	27% (n=100)	a, b,c
d. VIOLENCE (In a physical fight in past 12 months)	17%(n=52)	a, b,c	22%(n=80)	a, b,c

- More districts had data available in the fifth year of the grant as compared to the first year. All along, alcohol use has been higher than any of the other behaviors. Behaviors increase from middle school to high school, especially with regard to substance use. The behavior that increases the most dramatically from middle school to high school is marijuana use.

**Tobacco**

Middle School

The pre-post difference in rate for districts with data at either or both points is +1%.

The pre-post change in rate for those districts with data at **both** points is = -2% (n=29).

High School

The pre-post difference in rate for districts with data at either or both points is -1%.

The pre-post change in rate for those districts with data at **both** points is = -2% (n=46).

**Alcohol**

Middle School

The pre-post difference in rate for districts with data at either or both points is +2%.

The pre-post change in rate for those districts with data at **both** points is = +1% (n=33).

High School

The pre-post difference in rate for districts with data at either or both points is -2.

The pre-post change in rate for those districts with data at **both** points is = -3% (n=55).

**Marijuana**

Middle School

The pre-post difference in rate for districts with data at either or both points is -2%.

The pre-post change in rate for those districts with data at **both** points is = +3% (n=34).

High School

The pre-post difference in rate for districts with data at either or both points is +2%.

The pre-post change in rate for those districts with data at **both** points is = +2% (n=49).

**Violence**

Middle School

The pre-post difference in rate for districts with data at either or both points is +1%.

The pre-post change in rate for those districts with data at **both** points is = 0% (n=18).

High School

The pre-post difference in rate for districts with data at either or both points is 0%.

The pre-post change in rate for those districts with data at **both** points is = -4% (n=33).