

## Companion Document for the 2012 School Health Profiles Survey Lead Health Education Teacher Questionnaire

For lead health education teachers completing the **blue** survey, this companion document may be helpful as some of the questions are considered. Please refer to this document when completing the survey. If you are unsure of an answer to a question in the survey, please ask other school staff to assist you.

The number and question in each box below mirror the number and question in the actual questionnaire. Rationale related to each question follows. The questions found in the companion document specifically provide data on the status of nine Connecticut-selected School Level Impact Measures (SLIMs). Information on SLIMs can be found on the last page of this document.

### **This question informs SLIM (CSH #6)**

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

**HINT:** A **district-approved** school health education or wellness education curriculum would likely contain goals, objectives and expected outcomes for health education, as well as scope and sequence charts and assessment plans and expectations. Health education teachers usually participate in the development of the subject-area curriculum.

**RATIONALE:** According to the Joint Committee on National Health Education Standards, quality health education is guided by access and equity principles that call for clear curriculum direction, including goals, objectives, and expected outcomes; a written curriculum; clear scope and sequence of instruction for health education content; and plans for age-appropriate student assessment. The Connecticut State Department of Education published the *Healthy and Balanced Living Curriculum Framework* which serves as a blueprint for districts in designing comprehensive health and physical education curriculum. The document is available at [www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf](http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf)

**This question informs SLIM (HIV #5)**

16. 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 a-e)

**HINT:** Examples of communication in these areas could include: newsletters; posting information on websites; involvement in wellness initiatives including health fairs, family activity events; information about services in school-based health centers; student/parent handbooks with policies and program descriptions explained; school health services provided and how to access.

**RATIONALE:** School programs that engage parents and link with the community yield stronger positive results. Parents can continue prevention messages delivered in school, thereby enhancing the likelihood of sustained behavioral changes. Communicating information on healthy lifestyles aims to reinforce the child's coursework at school, facilitate communication with parents about school activities and increase parent knowledge of healthy living.

**This question informs SLIM (Nut #4)**

17. 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 a-o)

**Hint:** Most topics listed in this question would be addressed in a physical education, health education and/or wellness education curriculum. Professional development programs in any of these subject areas might include one or more of the topics as part of a more comprehensive professional development program or workshop. Health education teachers are often involved in curriculum development, as well as professional development, in comprehensive health education and comprehensive physical education and/or wellness education. Answer **Yes** to question (for topics i. and j.) if you attended the Third Annual Meeting of Coordinators of Health and Physical Education. You can also answer **Yes** if you attended one or both Physical Activity and Nutrition Symposiums held on June 23, 2010 and May 10, 2011.

**RATIONALE:** It is vitally important that teachers be well prepared when they begin teaching and that they continue to improve their knowledge and skills throughout their careers. The Institute of Medicine's Committee on Comprehensive School Health Programs in Grades K-12 recommended that health education teachers should be expected to participate in ongoing, discipline-specific in-service programs in order to stay abreast of new developments in their field.

**This question informs SLIM (HIV #8)**

18. 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? (HIV) (Mark yes or no for each topic a-q)

**HINT:** The Connecticut State Department of Education offers many professional development opportunities designed to enhance health educator knowledge and skills in delivering comprehensive health education to students of all ages. Examples of these trainings include:

- Making Proud Choices - a pregnancy/HIV/STD prevention education program – If you attended this training you may check all the letters on this questions (a through q).
- Reducing the Risk - a pregnancy/HIV/STD prevention education program – (If you attended this training you may check all the letters on these questions (a through q).
- Tell Me What You See - an art-based prevention education program. If you attended this training, you may check all the letters on this question (a through q).
- Sexually Transmitted Diseases Update - (a, b, c, d, j, m, o, p, q )
- Health Education Assessment Project (HEAP) - (d, f, g, h, k, l, m )

**Keep the above information in mind when answering this question.**

**RATIONALE:** Effective implementation of school health education is linked directly to adequate teacher training programs. As new information and research on HIV, STD and pregnancy prevention is available; those responsible for teaching about adverse sexual health outcomes should periodically receive continuing education. This is important to assure educators have the most current information on statistics, effective prevention and health education intervention strategies and priority populations identified as most at-risk for pregnancy and HIV/ STD infection.

**Thank you for your assistance with the 2012 School Health Profiles Survey. Your time and expertise is greatly appreciated. For more information on Coordinated School Health and School Health Profiles, please go [www.ct.gov/sde/heathyconneCTions](http://www.ct.gov/sde/heathyconneCTions).**

## Connecticut Selected School Level Impact Measures (SLIMs)

School Level Impact Measures (SLIMs) are measures of the percentage of secondary schools in the State of Connecticut that are implementing policies and practices recommended by the Centers for Disease Control and Prevention (CDC) to address critical health problems faced by children and adolescents. *School Health Profiles* questions are used to measure each of the nine state-selected SLIMs.

Connecticut's Coordinated School Health activities will focus on nine SLIMs that encompass four distinct categories: Coordinated School Health (CSH), tobacco (TOB), nutrition (NU), physical activity/physical education (PA/PE) and HIV.

- 
1. Percentage of schools that have a **school health team**.  
(Coordinated School Health #2)
  2. Percentage of schools that use the **School Health Index** to assess their policies, activities and programs. (Coordinated School Health #3)
  3. Percentage of schools in which those who teach **health education** are provided with the necessary **tools** such as curriculum, student assessment tools, etc. (Coordinated School Health #6)
  4. Percentage of schools that have a **tobacco policy** that prohibits tobacco use.  
(Tobacco #1)
  5. Percentage of schools in which the lead health education teacher received **professional development** on **nutrition education** and **dietary behavior** during the past two years. (Nutrition #4)
  6. Percentage of schools in which those who teach **physical education** are provided with the necessary **tools** such as curriculum, student assessment tools, etc. (Physical Education #3)
  7. Percentage of schools that provide parents and families health information to increase **parent and family knowledge of HIV, STD or teen pregnancy prevention**. (HIV #5)
  8. Percentage of schools in which the lead health education teacher received **professional development** during the past two years in at least **six HIV areas**. (HIV #8)
  9. Percentage of schools that have a **policy or policies that address HIV issues**. (HIV #9)