

ITEM RATIONALE
2020 SCHOOL HEALTH PROFILES
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE

REQUIRED HEALTH EDUCATION COURSES

QUESTIONS:

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

RATIONALE:

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

REFERENCES:

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

HEALTH EDUCATION MATERIALS

QUESTION:

4. Are those who teach health education at your school provided with each of the following materials?
- (a) Goals, objectives, and expected outcomes for health education... (b) A chart describing the annual scope and sequence of instruction for health education... (c) Plans for how to assess student performance in health education... (d) A written health education curriculum

RATIONALE:

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

REFERENCE:

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

5. Does your health education curriculum address each of the following skills?
- (a) Comprehending concepts related to health promotion and disease prevention to enhance health... (b) Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors... (c) Accessing valid information and products and services to enhance health... (d) Using interpersonal communication skills to enhance health and avoid or reduce health risks... (e) Using decision-making skills to enhance health... (f) Using goal-setting skills to enhance health... (g) Practicing health-enhancing behaviors to avoid or reduce risks... (h) Advocating for personal, family, and community health

RATIONALE:

This question addresses the extent to which schools have a health education curriculum that is based on, or is consistent with, current national health education standards.¹ *Healthy People 2020* objective Educational and Community Based Programs-3 (ECBP-3) calls for an increase in

the proportion of elementary, middle, and senior high schools that address the knowledge and skills articulated in these standards.²

REFERENCES:

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

6. Are those who teach sexual health education at your school provided with each of the following materials?
 - (a) An approved health education scope and sequence that includes learning objectives, outcomes, and content to guide sexual health education instruction...
 - (b) A written health education curriculum that includes objectives and content addressing sexual health education...
 - (c) Teacher pacing guides for sexual health education (i.e., schedules that regulate a teacher's pace of the unit or curriculum)...
 - (d) Teaching resources (e.g., lesson plans, handouts) to support sexual health education instruction...
 - (e) Strategies that are age-appropriate, relevant, and actively engage students in learning...
 - (f) Methods to assess student knowledge and skills related to sexual health education

RATIONALE:

This question reflects the characteristics of sexual health education (SHE), which is a systematic, evidence-informed approach which uses age-appropriate strategies to address the physical, mental, emotional, and social dimensions of human sexuality as part of planned and sequential health education.¹⁻⁵ SHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STD, and unintended pregnancy.² SHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education.¹⁻⁴ The items in this question also align with the Health Education Curriculum Analysis Tool (HECAT)³ and the National Health Education Standards.⁶

This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

REFERENCES:

1. Lohrmann DK, Wooley SF. Comprehensive school health education. In: Marx E, Wooley S, Northrop D, eds. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York, NY: Teachers College Press; 1998, pp. 43–45.
 2. Kirby D, Coyle K, Alton F, Roller L, Robin L. *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-Based Programs*. Scotts Valley, CA: ETR Associates; 2011. Available at: <http://go.etr.org/reducing-adolescent-sexual-risk>.
 3. Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool: Module Sexual Health (SH)*. 2012. Available at: http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf.
 4. Centers for Disease Control and Prevention. *Characteristics of an effective health education curriculum*. Available at: <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>.
 5. Centers for Disease Control and Prevention. *Developing a Scope and Sequence for Sexual Health Education*. 2016. Available at: https://www.cdc.gov/healthyyouth/hecat/pdf/scope_and_sequence.pdf.
 6. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
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QUESTION:

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

RATIONALE:

This question assesses whether the school uses inclusive curricula or supplementary materials for lesbian, gay, bisexual, transgender, and questioning youth, also referred to as sexual and gender minority (SGM) youth. In a 2017 nationally representative sample of U.S. high school students, 2.8% of students identified as gay or lesbian, 8.0% identified as bisexual, and 4.2% reported they were not sure of their sexual identity. The percentage of students reporting sexual contact with same sex only or both sexes was 1.6% and 5.3%, respectively.¹ Results from this report and other studies have found that SGM youth more often participate in behaviors that put them at greater risk for HIV, STD, and unintended pregnancy, including not using a condom during last sexual intercourse.¹⁻⁵ Yet the percentage of SGM youth reporting they were taught in school about

AIDS or HIV was lower than that of heterosexual students.⁶ Research indicates that using content relevant to SGM youth increases their knowledge on HIV/ STD topics,⁷ and indicates reduced risk behaviors for some lesbian, gay, and bisexual youth when using inclusive HIV instruction in schools.⁸

These items provide data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

REFERENCES:

1. Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2017. *MMWR Surveillance Summaries* 2018;67(No. SS-8).
 2. Garofalo R, Katz E. Health care issues of gay and lesbian youth. *Current Opinion in Pediatrics* 2001;13(4):298-302.
 3. Pathela P, Schillinger J. Sexual behaviors and sexual violence: adolescents with opposite-, same-, or both-sex partners. *Pediatrics* 2010;126(5):879-886.
 4. Goodenow C, Szalacha L, Robin L, Westheimer K. Dimensions of sexual orientation and HIV-related risk among adolescent females: evidence from a statewide survey. *American Journal of Public Health* 2008;98(6):1051-1058.
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 6. Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report* 2011;60:1-133.
 7. Mustanski B, Greene GJ, Ryan D, Whitton SW. Feasibility, acceptability, and initial efficacy of an online sexual health promotion program for LGBT youth. *Journal of Sex Research* 2015;52(2):220-230.
 8. Blake SM, Ledsky R, Lehman T, Goodenow C, Sawyer R, Hact T. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health* 2001;91(6):940-946.
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REQUIRED HEALTH EDUCATION

QUESTION:

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

RATIONALE:

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

REFERENCE:

1. Centers for Disease Control and Prevention. *Results from the School Health Policies and Practices Study 2014*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015;1-180. Available at: https://www.cdc.gov/healthyyouth/data/shpps/pdf/SHPPS-508-final_101315.pdf.
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QUESTION:

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

(a) Alcohol- or other drug-use prevention... (b) Asthma... (c) Chronic disease prevention (e.g., diabetes, obesity prevention)... (d) Emotional and mental health... (e) Epilepsy or seizure disorder... (f) Food allergies... (g) Foodborne illness prevention... (h) Human immunodeficiency virus (HIV) prevention... (i) Human sexuality... (j) Infectious disease prevention (e.g., influenza [flu] prevention)... (k) Injury prevention and safety... (l) Nutrition and dietary behavior... (m) Physical activity and fitness... (n) Pregnancy prevention... (o) Sexually transmitted disease (STD) prevention... (p) Suicide prevention... (q) Tobacco-use prevention... (r) Violence prevention (e.g., bullying, fighting, dating violence prevention)

RATIONALE:

This question addresses the extent to which traditional health content areas and the prevention of health risk behaviors are taught in required courses in grades 6 through 12. *Healthy People 2020* objective ECBP-2 calls for an increase in the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent morbidity and mortality resulting from unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.¹ Additionally, chronic health conditions such as epilepsy or seizure disorder, diabetes, asthma, and food allergies may affect students' physical and emotional well-

being, school attendance, academic performance, and social participation. Given the clustering of health risks and conditions, many students face the added burden of living with co-occurring conditions which impact their physical, mental, and emotional health and ability to be academically successful.²⁻⁴

Schools play a vital role in supporting positive mental and emotional health among children and youth.⁵⁻⁷ Research suggests school mental health programs can have a positive impact on a number of student, family, and school outcomes. The opportunity for academic success is increased when communities, schools, families, and students work together to meet the needs of students with health conditions and provide safe and supportive learning environments.^{8,9} Providing health education in these areas contributes to raising awareness of these health conditions within the broader school community.

REFERENCES:

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
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7. Stephan SH, Weist M, Kataoka S, Adelsheim S, Mills C. Transformation of children's mental health services: The role of school mental health. *Psychiatric Services* 2007;58(10):1330-8.
8. National Asthma Education and Prevention Program, National School Boards Association, American School Health Association, American Diabetes Association, American Academy of Pediatrics, Food Allergy and Anaphylaxis Network, Epilepsy Foundation. Students with chronic illnesses: guidance for families, schools, and students. *Journal of School Health* 2003;73(4):131-132.

9. Taras H, Brennan JJ. Students with chronic diseases: nature of school physician support. *Journal of School Health* 2008;78(7):389-396.
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QUESTION:

10. During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12?
- (a) Identifying tobacco products and the harmful substances they contain... (b) Identifying short- and long-term health consequences of tobacco product use... (c) Identifying social, economic, and cosmetic consequences of tobacco product use... (d) Understanding the addictive nature of nicotine... (e) Effects of nicotine on the adolescent brain... (f) Effects of tobacco product use on athletic performance... (g) Effects of second-hand smoke and benefits of a smoke-free environment... (h) Understanding the social influences on tobacco product use, including media, family, peers, and culture... (i) Identifying reasons why students do and do not use tobacco products... (j) Making accurate assessments of how many peers use tobacco products... (k) Using interpersonal communication skills to avoid tobacco product use (e.g., refusal skills, assertiveness)... (l) Using goal-setting and decision-making skills related to not using tobacco products... (m) Finding valid information and services related to tobacco-use prevention and cessation... (n) Supporting others who abstain from or want to quit using tobacco products... (o) Identifying harmful effects of tobacco product use on fetal development... (p) Relationship between using tobacco products and alcohol or other drugs... (q) How addiction to tobacco products can be treated... (r) Understanding school policies and community laws related to the sale and use of tobacco products... (s) Benefits of tobacco product cessation programs

RATIONALE:

This question measures the tobacco-use prevention curricula content, and relates to the *Healthy People 2020* objective Educational and Community-Based Programs (ECBP)-2: increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems including tobacco use and addiction.¹ Since nearly all tobacco product use begins during youth and young adulthood,^{1,2} programs that prevent onset of tobacco use during the school years are crucial. When implemented in conjunction with broader community-based mass media campaigns that show strong evidence of their effectiveness in reducing tobacco use among adolescents, school-based tobacco prevention programs that address multiple psychosocial factors related to tobacco use among youth and that teach the skills necessary to resist those influences have demonstrated consistent and significant reductions or delays in adolescent smoking.²⁻¹¹ Social influence programming has reduced smoking onset by as much as 50%, with effects lasting up to 6 years, and with effects including reduction of the use of other tobacco products as well.⁴

In addition, this question measures the extent to which schools are complying with the components of the National Health Education Standards, which provide a framework for

decisions about the lessons, strategies, activities, and types of assessment to include in a health education curriculum.¹² It also measures the extent to which the content aligns with the Health Education Curriculum Analysis Tool.¹³

REFERENCES:

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>.
2. U.S. Department of Health and Human Services. *Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012.
3. U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000.
4. Sussman S. School-based tobacco use prevention and cessation: where are we going? *American Journal of Health Behavior* 2001;25(3):191-9.
5. Dent CW, Sussman S, Stacy AW, Craig S, Burton D, Flay BR. Two-year behavior outcomes of project towards no tobacco use. *Journal of Consulting and Clinical Psychology* 1995;63(4):676-677.
6. Botvin GJ, Baker E, Dusenbury L, Botvin EM, Diaz T. Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association* 1995;273(14):1106-1112.
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9. Bruvold WH. A meta-analysis of adolescent smoking prevention programs. *American Journal of Public Health* 1993;83(6):872-80.
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 12. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
 13. Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool*. 2012. Available at: <http://www.cdc.gov/healthyyouth/hecat/index.htm>.
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QUESTION:

11. During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12?

(a) Cigarettes...(b) Smokeless tobacco (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco)...(c) Cigars, little cigars, or cigarillos...(d) Pipes...(e) Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL)

RATIONALE:

This question measures the types of products that are covered as part of tobacco prevention education. It is recommended that tobacco-prevention curricula focus on all tobacco products, not just conventional cigarettes.^{1,2} In recent years, the tobacco product landscape has diversified, and since 2014 e-cigarettes are the most commonly used tobacco product among youth.^{3,4} This question will help determine if these curricula are evolving similarly to the tobacco product landscape.

REFERENCES:

1. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — 2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
2. U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

3. Gentzke AS, Creamer M, Cullen KA, et al. Vital Signs: Tobacco product use among middle and high school students—United States, 2011–2018. *Morbidity and Mortality Weekly Report* 2019;68(6):157. doi: 10.15585/mmwr.mm6806e1.
 4. Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the field: Use of electronic cigarettes and any tobacco product among middle and high school students—United States, 2011–2018. *Morbidity and Mortality Weekly Report* 2018;67(45):1276. doi: 10.15585/mmwr.mm6745a5.
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QUESTION:

12. During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12?
 - (a) Differences between proper use and abuse of over-the-counter medicines and prescription medicines...
 - (b) Harmful short- and long-term physical, psychological, and social effects of using alcohol and other drugs...
 - (c) Situations that lead to the use of alcohol and other drugs...
 - (d) Alcohol and other drug use as an unhealthy way to manage weight...
 - (e) Identifying reasons why individuals choose to use or not to use alcohol and other drugs...
 - (f) Using interpersonal communication skills to avoid alcohol and other drug use (e.g., refusal skills, assertiveness)...
 - (g) Supporting others who abstain from or want to quit using alcohol and other drugs...
 - (h) Understanding the social influences on alcohol and other drug use, including media, family, peers, and culture...
 - (i) How to persuade and support others to be alcohol other drug free

RATIONALE:

This question addresses the degree to which generally recommended topics are covered in required school-based alcohol and other drug use prevention education. Most alcohol and other drug use prevention programs are implemented in schools, and it is important to include components that have proven to be effective promoting drug-free lifestyles among adolescents. These components include developing refusal skills, understanding and resisting social influences, and establishing non-drug use as the norm.¹⁻² In addition, several of the topics in this question align with the health behavior outcomes identified in the Centers for Disease Control and Prevention’s Health Education Curriculum Analysis Tool’s (HECAT) module focused on alcohol and other drug-use prevention.³ Finally, this question addresses the recent rise in opioid-related drug overdoses and deaths, many of which can be attributed to prescription opioid misuse.⁴

This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

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1. Botvin GJ, Griffin KW. School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry* 2007;19(6):607-15.
 2. Tobler NS, Stratton HH. Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention* 1997;18(1):71-128.
 3. Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool*. 2012. Available at: www.cdc.gov/healthyyouth/hecat/index.htm.
 4. Centers for Disease Control and Prevention. *Opioid Overdose: Understanding the Epidemic*. 2018. Available at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>.
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QUESTION:

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

(a) How HIV and other STDs are transmitted... (b) Health consequences of HIV, other STDs, and pregnancy... (c) The benefits of being sexually abstinent... (d) How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy... (e) The influences of family, peers, media, technology and other factors on sexual risk behaviors... (f) Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy... (g) Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy... (h) Influencing and supporting others to avoid or reduce sexual risk behaviors... (i) Efficacy of condoms, that is, how well condoms work and do not work... (j) The importance of using condoms consistently and correctly... (k) How to obtain condoms... (l) How to correctly use a condom... (m) Methods of contraception other than condoms... (n) The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy... (o) How to create and sustain healthy and respectful relationships... (p) The importance of limiting the number of sexual partners... (q) Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health... (r) How to communicate sexual consent between partners... (s) Recognizing and responding to sexual victimization and violence... (t) Diversity of sexual orientations and gender identities... (u) How gender roles and stereotypes affect goals, decision making, and relationships... (v) The relationship between alcohol and other drug use and sexual risk behaviors

RATIONALE:

This question measures sexual health education curricula content. The National Health Education Standards outline knowledge and skills that should be attained by students following the completion of a high-quality health education program.¹ Further, the National Sexuality

Education Standards (NSES) provides guidance on essential content and skills to inform medically-accurate and age-appropriate sexuality education for K-12 students.²

Sexual health education programs can increase knowledge and skills to prevent unintended pregnancy and decrease risk of HIV and STD infection.³⁻⁵ Given variability among adolescents in cognition, social maturity, and sexual experience, curricula should be tailored to meet the unique needs of younger, as well as older adolescents, and include a variety of relevant sexual health topics and content areas.⁶⁻⁹ To coincide with the maturity level and cognitive abilities of the learner, the progression of sexual health education concepts and skills increase in complexity as the sequence advances up grade levels.¹⁰ The Centers for Disease Control and Prevention's Health Education Curriculum Analysis Tool (HECAT) provides a guide to medically accurate and age-appropriate knowledge and skills expectations for sexual health content and instruction for students in pre-K-12th grade, aligning with the National Health Education Standards.^{2,11}

This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

REFERENCES:

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence*. 2nd edition. Atlanta, GA: American Cancer Society; 2007.
2. Future of Sex Education Initiative. *National Sexuality Education Standards: Core Content and Skills, K-12*. 2012. Available at: <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>.
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 11. Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool*. 2012. Available at: www.cdc.gov/healthyyouth/hecat/index.htm.
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QUESTION:

14. 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?
 - (a) Comprehend concepts important to prevent HIV, other STDs, and pregnancy...
 - (b) Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors...
 - (c) Access valid information, products, and services to prevent HIV, other STDs, and pregnancy...
 - (d) Use interpersonal communication skills to avoid or reduce sexual risk behaviors...
 - (e) Use decision-making skills to prevent HIV, other STDs, and pregnancy...
 - (f) Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them...
 - (g) Influence and support others to avoid or reduce sexual risk behaviors

RATIONALE:

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

This item provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

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QUESTION:

15. During this school year, did teachers in your school provide students with the opportunity to practice the following skills in a required course for students in any of grades 6 through 12?
 - (a) Communication, decision-making, goal-setting, or refusal skills related to sexual health (e.g., through role playing)...
 - (b) Analyzing the influence of family, media, and culture on sexual health...
 - (c) Accessing valid sexual health information, products, and services.

RATIONALE:

This question measures the extent to which students were provided opportunities to practice skills to avoid undesired or unprotected sexual risk behaviors. National Health Education Standards 2-8 identify the essential skills student should be able to do as a result of their health education in schools.¹ An effective curriculum builds essential skills — including communication, refusal, assessing accuracy of information, decision-making, planning and goal-setting, self-control, and self-management — that enable students to build their personal confidence, deal with social pressures, practice health-enhancing behaviors, and avoid or reduce risk behaviors.^{2,3} When adolescents are provided opportunities to learn and practice skills, they

will be more likely to apply these skills in real life. Opportunities should be provide students to individually practice skills, the most common method for increasing these skills is roleplaying.⁴

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QUESTION:

16. During this school year, did teachers in your school implement the following inclusive practices when providing sexual health education in a required course for students in grades 6 through 12?
 - (a) Encouraged use of gender-neutral pronouns such as “they/them” during instruction to recognize gender diversity among students...
 - (b) Provided positive examples of lesbian, gay, bisexual, or transgender (LGBT) people and same-sex relationships...
 - (c) Encouraged students to respect others’ sexual and gender identities...
 - (d) Provided students with information about LGBT resources within the school (e.g., student support groups like Gay/Straight Alliances or Gender and Sexuality Alliances, counseling services)...
 - (e) Identified additional LGBT resources available in the community or online

RATIONALE:

Sexual and gender minority youth (SGMY) experience disparities in sexual and reproductive health, and are more likely to be infected with HIV, diagnosed with an STD, or involved in unintended pregnancy than their heterosexual and cisgender peers.¹⁻⁴ Data from the 2017 National Youth Risk Behavior Survey indicate that a higher prevalence of lesbian, gay, bisexual, and transgender students ever had sex and engaged in sexual risk behaviors, such as not using a condom during last sexual intercourse, in comparison to heterosexual and cisgender students.^{5,6} A central driver for these health inequities may be gaps in sexual and reproductive health knowledge and skills for SGMY as a result of inadequate sexual health education.

SGMY need inclusive sexual health education that is consistent with the scientific evidence and reflects their lived experiences and identities. However, results from the National School Climate Survey indicate among LGBTQ students who received school-based sexual health education, approximately 79% reported no inclusion of LGB topics and 83% reported no inclusion of transgender/gender non-conforming topics.⁷ Further, the national landscape of school-based sexual health education is highly variable. As of early 2019, only 12 states articulate explicit requirements for the discussion of sexual orientation as part of sexual health education, and only 9 of these states require discussions of sexual orientation be inclusive.⁸ The impact of such exclusions can be far-reaching, as students in states with more inclusive sexual health education reported lower odds of experiencing school-based victimization and adverse mental health outcomes.⁹

There are a number of inclusivity-related practices teachers and school staff can engage in to support SGMY in classroom and school environments. For example, delivering an inclusive sexual health education curriculum, which incorporates sexual and gender minority individuals, histories, events, and relationships, and incorporates gender-neutral names and pronouns, is critical for supporting SGMY.¹⁰ According to the National School Climate Survey, students with inclusive LGBT curricula in their schools have a greater sense of belonging to their school community, hear fewer homophobic and transphobic remarks and are less likely to be victimized or feel unsafe at school than those without inclusive curricula.⁷ Moreover, teachers can share resources from school and community-based LGBTQ-serving organizations to connect youth with information and services in their communities.¹⁰

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REQUIRED HEALTH EDUCATION COURSES

QUESTION:

17. 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?

(a) Benefits of healthy eating... (b) Benefits of drinking plenty of water... (c) Benefits of eating breakfast every day... (d) Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate)... (e) Using food labels... (f) Differentiating between nutritious and non-nutritious beverages... (g) Balancing food intake and physical activity... (h) Eating more fruits, vegetables, and whole grain products... (i) Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat)... (j) Choosing foods, snacks, and beverages that are low in added sugars... (k) Choosing foods and snacks that are low in sodium... (l) Eating a variety of foods that are high in calcium... (m) Eating a variety of foods that are high in iron... (n) Food safety... (o) Preparing healthy meals and snacks... (p) Risks of unhealthy weight control practices... (q) Accepting body size differences... (r) Signs, symptoms, and treatment for eating disorders... (s) Relationship between diet and chronic diseases... (t) Assessing body mass index (BMI)... (u) The influence of the media on dietary behaviors... (v) Food production, including how food is grown, harvested, processed, packaged, and transported

RATIONALE:

This question measures the curricula content related to nutrition and dietary behavior. Nutrition education can occur in the classroom as well as other places on the school campus (e.g., the lunchroom), and can reinforce healthful eating behaviors.^{1,2} Nutrition education should be part of a comprehensive school health education curriculum that is aligned with the National Health Education Standards^{3,4} and includes concepts and skills to promote healthy eating.^{4,6} This list of 22 nutrition topics is based on the *2015–2020 Dietary Guidelines for Americans*,⁷ CDC guidelines,⁶ the School Health Index,⁸ the Health Education Curriculum Analysis Tool (HECAT),⁴ and the Institute of Medicine.⁹ As part of nutrition education, it is important for students to learn how to follow an eating plan for healthy growth and development. *Healthy People 2020* objective ECBP-2.8 calls for an increase in the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns.¹⁰ *Healthy People 2020* objective ECBP-4.3 calls for an increase in the proportion of elementary, middle, and senior high schools that provide health education in growth and development to promote personal health and wellness.¹⁰

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REQUIRED HEALTH EDUCATION

QUESTION:

18. 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?

(a) Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease... (b) Mental and social benefits of physical activity... (c) Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)... (d) Phases of a workout (i.e., warm-up, workout, and cool down)... (e) Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity... (f) Decreasing sedentary activities (e.g., television viewing, using video games)... (g) Preventing injury during physical activity... (h) Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)... (i) Dangers of using performance-enhancing drugs (e.g., steroids)... (j) Increasing daily physical activity... (k) Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)... (l) Using safety equipment for specific physical activities... (m) Benefits of drinking water before, during, and after physical activity

RATIONALE:

This question measures the extent to which physical activity concepts are taught in a required course. Health education that includes physical activity concepts increases the likelihood of students increasing their participation in physical activity,¹⁻³ reinforces what has been taught in physical education,⁴ and assists students in achieving the National Health Education Standards and National Physical Education Standards.^{5,6} The content also aligns with the Health Education Curriculum Analysis Tool (HECAT) and Physical Education Curriculum Analysis Tool (PECAT).^{7,8}

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COLLABORATION

QUESTION:

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

(a) Physical education staff...(b) Health services staff (e.g., nurses)...(c) Mental health or social services staff (e.g., psychologists, counselors, social workers)...(d) Nutrition or food service staff...(e) School health council, committee, or team

RATIONALE:

This question measures the extent to which health education staff work cooperatively with other components of the school health program (school health services, school mental health or social services, food service, and physical education staff) and with a school health council, committee, or team. CDC researchers have identified this type of collaboration as a practice that supports and sustains school health.¹ An integrated school and community approach is an effective strategy to promote adolescent health and well-being.¹⁻⁵

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QUESTION:

20. 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?
- (a) HIV, other STD, or pregnancy prevention... (b) Tobacco-use prevention... (c) Alcohol- or other drug-use prevention... (d) Physical activity... (e) Nutrition and healthy eating... (f) Asthma... (g) Food allergies (h)... Diabetes... (i) Preventing student bullying and sexual harassment, including electronic aggression (i.e., cyber-bullying)

RATIONALE:

This question measures whether schools are providing health information to students' families. School programs that engage parents and link with the community yield stronger positive results.¹⁻³ Studies aimed at promoting physical activity, healthy eating, and preventing childhood obesity have identified parent engagement and home activities as beneficial components.⁴⁻⁷ School-based tobacco prevention programs and community interventions involving parents and community organizations have a stronger impact over time when working in tandem rather than as separate, stand-alone interventions.⁸ Parents also are teenagers' primary sex educators, able to capitalize on teachable moments when youth may be more open to learning new information.⁹ Parents can continue prevention messages delivered in school, thereby enhancing the likelihood of sustained behavioral changes.¹⁰ Increased communication affects both parenting and health practices of parents. Communicating information on healthy lifestyles aims to reinforce the child's coursework at school, facilitate communication with parents about school activities, and increase parent knowledge of healthy living.¹¹

Knowledge about chronic health conditions such as asthma, food allergies and diabetes and how they might impact student health and academic outcomes is important for families. Parents should be aware of the school health services available and how they can benefit their children; in schools where services are minimal or lacking, parents can advocate for increased nursing and health services.¹² School-based family asthma educational programs for children that include caregivers can have a positive impact on the quality of life and asthma management of children with asthma. Other outcomes that can be positively affected by school-based family asthma educational programs include absenteeism from school, physical activity intolerance and emergency hospital visits as result of asthma exacerbations.¹³ For students with food allergies, ensuring that parents have the knowledge to help keep their children safe from potential exposure to all foods that might trigger an allergic reaction is an important role schools can play.¹⁴ Additionally, diabetes is a condition with increasing prevalence among youth in the United States. Until recently, young children and teens almost never got type 2 diabetes, which is why it used to be called adult-onset diabetes. Now, about one-third of American youth are overweight, a problem closely related to the increase in kids with type 2 diabetes, some as young as 10 years old.¹⁵ Therefore, creating awareness among parents about diabetes may increase knowledge and the potential of appropriate activities for prevention.

Question 20a provides data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

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QUESTION:

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

RATIONALE:

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

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PROFESSIONAL DEVELOPMENT

QUESTIONS:

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

26. Would you like to receive professional development on each of the following topics?

(a) Teaching students with physical, medical, or cognitive disabilities... (b) Teaching students of various cultural backgrounds... (c) Teaching students with limited English proficiency... (d) How to support lesbian, gay, bisexual, and transgender students (e.g., bystander intervention skills, implementing safe spaces, use of inclusive language, providing students with information about LGBT resources within the school... (e) Using interactive teaching methods (e.g., role plays, cooperative group activities)... (f) Encouraging family or community involvement... (g) Teaching skills for behavior change... (h) Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, behavior management)... (i) Assessing or evaluating students in health education

RATIONALE:

These questions address the importance of professional development for teachers. It is vitally important that teachers be well prepared when they begin teaching and that they continue to improve their knowledge and skills throughout their careers.¹⁻⁴ Educators who have received professional development in health education report increases in the number of health lessons taught and their confidence in teaching.⁵⁻⁹ Professional development increases educators' confidence in teaching subject matter and provides opportunities for educators to learn about new developments in the field and innovative teaching techniques, and to exchange ideas with colleagues. Staff development is associated with increased teaching of important health education topics, including comfort with topics and teaching strategies which support inclusive instruction for sexual and gender minority youth.⁵⁻⁹ Additionally, districts that have made improvements in their professional development activities have seen a rise in student achievement.¹⁰⁻¹¹ 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.¹²

Items 23d,h provide data for a school health specific performance measure. These measures are required for grantees receiving funding under CDC-RFA-PS18-1807: Promoting Adolescent Health Through School-Based HIV Prevention.

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QUESTIONS:

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

(a) Aligning lessons and materials with the district scope and sequence for sexual health education... (b) Creating a comfortable and safe learning environment for students receiving sexual health education... (c) Connecting students to on-site or community-based sexual health services... (d) Using a variety of effective instructional strategies to deliver sexual health education... (e) Building student skills in HIV, other STD, and pregnancy prevention... (f) Assessing student knowledge and skills in sexual health education... (g) Understanding current district or school board policies or curriculum guidance regarding sexual health education... (h) Identifying appropriate modifications to the sexual health curriculum to meet the needs of all students... (i) Engaging parents in sexual health education

27. Would you like to receive professional development on each of the following topics related to teaching sexual health education?

(a) Aligning lessons and materials with the district scope and sequence for sexual health education... (b) Creating a comfortable and safe learning environment for students receiving sexual health education... (c) Connecting students to on-site or community-based sexual health services... (d) Using a variety of effective instructional strategies to deliver sexual health education... (e) Building student skills in HIV, other STD, and pregnancy prevention... (f) Assessing student knowledge and skills in sexual health education... (g) Understanding current district or school board policies or curriculum guidance regarding sexual health education... (h) Identifying appropriate modifications to the sexual health curriculum to meet the needs of all students... (i) Engaging parents in sexual health education

RATIONALE:

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

Effective implementation of school health education and sexual health education are linked directly to adequate teacher training programs.⁴⁻⁶ School health education designed to decrease students' participation in risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula.^{4,5} Staff development activities for health education teachers need to focus on engaging teaching strategies which facilitate student mastery of critical health information and skills, appropriate lesson modification and differentiation to meet student learning preferences, use of relevant assessment strategies to

measure student performance, and alignment to national, state, and local policies related to sexual health education.⁷⁻¹⁰

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PROFESSIONAL PREPARATION

QUESTIONS:

28. What was the major emphasis of your professional preparation?
- (a) Health and physical education combined... (b) Health education... (c) Physical education... (d) Other education degree... (e) Kinesiology, exercise science, or exercise physiology... (f) Home economics or family and consumer science... (g) Biology or other science... (h) Nursing... (i) Counseling... (j) Public health... (k) Nutrition... (l) Other.
29. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?
30. Including this school year, how many years of experience do you have teaching health education courses or topics?
- (a) 1 year... (b) 2 to 5 years... (c) 6 to 9 years... (d) 10 to 14 years... (e) 15 years or more

RATIONALE:

These questions measure the extent to which lead health education teachers are formally trained in the topic of health education as well as the teaching experience and credentials of the lead health education teacher. Health education teachers need to be academically prepared and specifically qualified on the subject of health.¹ Research suggests teacher characteristics such as professional development attendance, certification type, educational background, and years of experience are associated with improvements in student knowledge gain in health education.² In one study, health education teachers reported more positive attitudes toward teaching, higher levels of satisfaction with teaching, and more supportive school environments when compared to all other content teachers.³ Additionally, pre-service training in health education is associated with increased teaching of important health education topics.⁴ In order to retain teachers and promote high quality teaching and learning within school health education, it is critical to understand the unique characteristics, experiences, and behaviors of health education teachers through continued research and practice-based efforts.

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