

Suggested Citation

Grunbaum JA, Di Pietra J, McManus T, Hawkins J, Kann L. *School Health Profiles: Characteristics of Health Programs Among Secondary Schools (Profiles 2004)*. Atlanta, GA: Centers for Disease Control and Prevention, 2005.

Ordering Information

For additional information about school health or to request free copies of this report, send an e-mail to Healthyyouth@cdc.gov, call 888-231-6405, or visit our Web site at <http://www.cdc.gov/healthyyouth/profiles>.

P R O F I L E S 2 0 0 4

School Health Profiles

Characteristics of Health Programs
Among Secondary Schools

Jo Anne Grunbaum, Ed.D.

Jennifer Di Pietra, M.P.H.

Tim McManus, M.S.

Joseph Hawkins, M.A.

Laura Kann, Ph.D.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

2005

TABLE OF CONTENTS

STATE AND LOCAL SCHOOL HEALTH PROFILES COORDINATORS	v
INTRODUCTION	1
METHODOLOGY.....	2
Sampling	2
Data Collection	2
Data Analysis	2
BACKGROUND	3
Health Education.....	3
Requirements.....	3
Standards and Guidelines	3
Coordination of Health Education	3
Professional Preparation and Staff Development.....	4
Physical Education.....	4
Health Services.....	4
Food Service.....	5
School Policy and Environment.....	5
Competitive Foods.....	5
Tobacco Use Prevention.....	6
Violence Prevention	6
HIV Infection and AIDS Prevention.....	7
Family and Community Involvement	7
RESULTS.....	8
Health Education.....	8
Required Health Education	8
Materials Used in Required Health Education Courses.....	9
Content of Required Health Education Courses	9
Tobacco Use Prevention Topics.....	11
HIV Prevention Topics	13
Required HIV Prevention Units or Lessons	14
Nutrition and Dietary Topics.....	14
Physical Activity Topics	15
Teaching Methods in Required Health Education Courses.....	16

Coordination of Health Education	17
Professional Preparation and Staff Development.....	18
Physical Education and Physical Activity	22
Required Physical Education	22
Physical Activity	24
Health Services.....	25
Food Service	26
School Policy and Environment.....	26
Competitive Foods.....	26
Tobacco Use Prevention.....	28
Violence Prevention.....	30
HIV Infection and AIDS Prevention.....	32
Family and Community Involvement	33
TRENDS.....	35
Long-Term Trends.....	35
Short-Term Trends.....	36
DISCUSSION	38
REFERENCES	42
TABLES	47

STATE AND LOCAL SCHOOL HEALTH PROFILES COORDINATORS

Site	Coordinator	Affiliation
Alaska	Todd Brocius	Department of Education and Early Development
Arizona	Denise Muller, M.P.H.	Department of Education
Arkansas	Kathleen Courtney, M.S.	Department of Education
Chicago, IL	Inez Drummond, Ed.D.	Chicago Public Schools
Connecticut	Bonnie Edmondson, M.S.	Department of Education
Dallas, TX	Becky Beck	Dallas Independent School District
Delaware	Janet Ray, M.S.	Department of Education
District of Columbia	Marc Clark, Ph.D.	District of Columbia Public Schools
Idaho	Barbara Eisenbarth, M.Ed.	Department of Education
Iowa	Sara Peterson, M.A.	Department of Education
Los Angeles, CA	Ric Loya	Los Angeles Unified School District
Maine	Kathy Wilbur, M.Ed.	Department of Education
Massachusetts	Belinda Hanlon, M.P.H.	Department of Education
Memphis, TN	Debbi Slawson, Ph.D.	Memphis City Schools
Miami, FL	Rodolfo Abella, Ph.D.	Miami-Dade County Public Schools
Michigan	Kim Kovalchick, M.S.W., M.P.H.	Department of Education
Minnesota	Kathy Brothen, M.A.	Department of Education
Missouri	Kevin Miller, M.A.	Department of Elementary and Secondary Education
Montana	Susan Court	Office of Public Instruction
Nebraska	Jeff Armitage	Department of Education
New Hampshire	Mary Bubnis, M.Ed.	Department of Education
New Orleans, LA	Stephanie Turlich	New Orleans Public Schools
New York	Patricia Kocialski, M.S.E.	Department of Education
North Carolina	Sarah Langer, M.P.H.	Department of Health and Human Services
North Dakota	Nicole Wright, M.S.	Department of Public Instruction
Oklahoma	Judy G. Duncan	Department of Education
Orange County, FL	Kathy Bowman, M.S.	Orange County Public Schools
Oregon	Inge Aldersebaes, M.P.H.	Department of Human Services
Pennsylvania	Shirley Black, M.Ed.	Department of Education
Philadelphia, PA	Claire Haignere, Ph.D.	School District of Philadelphia
San Bernardino, CA	Angela Jones, M.S.	San Bernardino Unified School District
San Diego, CA	Marge Kleinsmith-Hildebrand, M.S.	San Diego Unified School District
South Carolina	Elaine Maney, M.P.H.	Department of Education
Tennessee	Jerry Swaim, M.S.	Department of Education
Texas	Marissa Rathbone	Education Agency
Utah	Frank Wojtech	Office of Education
Washington	Julia Dilley, M.E.S., Ph.D.	Department of Health
Wisconsin	Brian Weaver	Department of Public Instruction

INTRODUCTION

In the United States, 54 million young people attend school for about 6 hours of class time approximately 180 days per year.¹ Schools are in a unique position to help improve the health status of children and adolescents throughout the United States. In 1995, the Centers for Disease Control and Prevention (CDC), in collaboration with state and local education and health agencies, developed the School Health Profiles (Profiles) to measure health education practices and some school health policies. Using input from education and health agencies, Profiles evolved to provide a more comprehensive assessment of school health policies and programs.

The CDC developed Profiles to help state and local education and health agencies monitor and assess characteristics of and trends in school health education; physical education; asthma management activities; school health policies related to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) prevention, tobacco-use prevention, violence prevention, physical activity, and competitive foods (foods and beverages sold outside of the USDA school meal program); food service; and family and community involvement in school health programs. Profiles has been conducted biennially since 1996 and includes state and local surveys of principals and lead health education teachers in middle/junior and senior high schools.

The broad focus of Profiles provides some information on six of the eight components of the Coordinated School Health Program (CSHP).² The following six CSHP components are assessed by Profiles:

- **Health education** provides students with knowledge, attitudes, and skills to help them avoid or modify behaviors related to the leading causes of death, illness, and injury during youth and adulthood.
- **Physical education** provides students with knowledge, motor and behavioral skills, and confidence to adopt and maintain physically active lifestyles.

- **Health services** provide direct care such as screenings and treatment, referrals, health promotion, and injury and disease prevention.
- **Food service** provides students with nutritious food choices and can promote healthy dietary behaviors to help ensure appropriate dietary intake for optimal health, growth, and intellectual development.
- **School policy and environment** can provide a safe and positive physical, psychological, and learning environment; prevent injuries from occurring at school; provide healthful food and beverage choices outside the USDA school meal program (competitive foods); and prevent student substance use and violence that can lead to school failure and dropout.
- **Family and community involvement** in school health education and programs can help family members become more knowledgeable about health issues and enable them to serve as positive role models by reinforcing healthy behaviors at home.

This report summarizes 2004 Profiles data. For each middle/junior or senior high school that was sampled, the principal and the lead health education teacher (the person who coordinates health education policies and programs within the school) each completed a self-administered questionnaire. Principal data from the 27 state and 11 local surveys with weighted data and lead health education teacher data from the 25 state and 10 local surveys with weighted data are included in this report. Principal data from the remaining 14 state and 2 local surveys with unweighted data and lead health education teacher data from the remaining 16 state and 3 local surveys with unweighted data are not included in this report. This report also examines both long-term (1996–2004) and short-term (2002–2004) trends in school health programs and policies.

METHODOLOGY

SAMPLING

The Profiles employs random, systematic, equal-probability sampling strategies to produce representative samples of schools that serve students in grades 6 through 12 in each jurisdiction. In most states and cities, the sampling frame consists of all regular secondary public schools with one or more of grades 6 through 12. However, 21 education and health agencies modify this procedure and invite all secondary schools, rather than just a sample, to participate.

DATA COLLECTION

The data are collected from each sampled school during the spring semester. Both the principal and lead health education teacher questionnaire booklets are mailed by the education or health agency to the principal, who then designates the school's lead health education teacher to complete the teacher questionnaire. Participation in the survey is confidential and voluntary; follow-up telephone calls and written reminders are used to encourage participation. The principal and teacher record their responses in the questionnaire booklets and return them directly to the state or local education or health agency.

DATA ANALYSIS

The data from a state or city that had a response rate of 70% or greater and appropriate documentation (separately for the principal and teacher surveys) were weighted. The data are weighted to reflect the likelihood of principals or teachers being selected and to adjust for differing patterns of nonresponse. The weighted data represent all public schools serving grades 6 through 12 in that jurisdiction. Weighted data from principal surveys conducted in 27 states and 11 cities and lead health education teacher surveys conducted in 25 states and 10 cities are included in this report. Unweighted

data from principal surveys conducted in 14 states and 2 cities and lead health education teacher surveys conducted in 16 states and 3 cities are not included in this report. Thus, this report represents information from 25 states and 10 cities with data from both principal and lead health education teacher surveys and 2 states and 1 city with data from the principal survey only (Table 1).

Across states, the sample sizes of the principal surveys ranged from 58 to 607, and response rates ranged from 70% to 93%; across cities, the sample sizes ranged from 16 to 262, and response rates ranged from 73% to 98%. The sample sizes of the lead health education teacher surveys across states ranged from 58 to 581, and response rates ranged from 70% to 92%; across cities, the sample sizes ranged from 31 to 258, and the response rates ranged from 72% to 98%.

SAS software was used to compute point estimates.³ Medians and ranges are presented separately for states and cities. The Wilcoxon rank-sum test was used to test for differences between 1996 and 2004 data and between 2002 and 2004 data across states and cities.⁴ This is a nonparametric analogue to a two-sample *t* test. This statistical procedure (a) rank ordered all sites for both years separately for states and cities, (b) summed the ranks separately by year and for states and cities, and (c) compared the rank sums separately for states and cities to determine whether the distribution of the variable was the same for 1996 and 2004 or for 2002 and 2004. Assuming the percentages have an underlying continuous distribution, the distribution of ranks is approximately normal; therefore, a *z* value was used as the test statistic. The distributions were considered significantly different if *p* was less than .05.

BACKGROUND

HEALTH EDUCATION

Requirements

The Institute of Medicine (IOM) recommends that schools require at least a one-semester health education course at the senior high school level.⁵ School health education provides students with the knowledge, attitudes, and skills they need to avoid or modify behaviors related to the leading causes of death, illness, and injury during youth and adulthood. Health education should address the physical, mental, emotional, and social dimensions of health and be age appropriate.⁶ Health education curricula should be planned, sequential, and implemented for all grades in elementary and middle/junior high schools and through at least one semester in senior high schools.^{5, 7}

Standards and Guidelines

The seven *National Health Education Standards*,⁸ developed by the Joint Committee on National Health Education Standards, describe what students should know and be able to do as a result of school health education. According to these standards, students should be able to

- Comprehend concepts related to health promotion and disease prevention.
- Demonstrate the ability to access valid health information and health-promoting products and services.
- Demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
- Analyze the influence of culture, media, technology, and other factors on health.

- Demonstrate the ability to use interpersonal communication skills to enhance health.
- Demonstrate the ability to use goal-setting and decision-making skills to enhance health.
- Demonstrate the ability to advocate for personal, family, and community health.

School health education is supported by the U.S. Department of Health and Human Services' *Healthy People 2010*,⁹ Objective 7-2: to increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD (sexually transmitted disease) infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

Coordination of Health Education

A necessary component of effective health education is management and coordination by a professional who is trained in health education.¹⁰ That person may work at either the school or the school district level. Curriculum planning and development is enhanced when schools have a school health coordinator. Collaboration between health education teachers and other school staff members also improves the implementation of health education curricula. To supplement a separate health education course, health-related information can be included in a range of disciplines, including physical education, the sciences, mathematics, language arts, social studies, home economics, and the arts.¹¹

Professional Preparation and Staff Development

The quality of school health education is determined, in part, by teacher preparation.⁷ Professional development for teachers through continuing education and training is critical for the implementation of effective school health education.¹²⁻¹⁴ Professional development for health education teachers should focus on strategies that actively engage students and help students master important health information and skills.⁷ 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.¹⁵

PHYSICAL EDUCATION

Data from the 1999–2002 National Health and Nutrition Examination Study (NHANES) estimate that more than 31% of children and adolescents aged 6 to 19 years were at risk for overweight and more than 16% were overweight.¹⁶ Since 1980, the percentage of children who are overweight has more than doubled, and the rate among adolescents has more than tripled.^{16, 17} Because overweight children and adolescents are more likely to become overweight or obese adults, their risks for obesity-associated morbidities—such as type 2 diabetes, coronary heart disease, some types of cancer, and osteoarthritis of the weight-bearing joints—are greater in adulthood.¹⁸ The increase in overweight among children and adolescents is due primarily to an excess of caloric intake along with an insufficient amount of physical activity.¹⁹

Schools can play an important role in providing opportunities for physical activity and instructing students on ways to be physically active and the benefits of physical activity. CDC's *Guidelines for School and Community Programs to Promote Lifelong Physical Activity among Young People*²⁰ recommends that schools adopt a comprehensive approach to physical activity by requiring daily

physical education, teaching skills and knowledge for maintaining and enjoying a physically active lifestyle, and providing extracurricular physical activity programs. In 2002, the Task Force on Community Preventive Services published recommendations that communities can implement to increase physical activity. The task force strongly recommended modifying school-based physical education curricula and policies to increase the amount of time students spend in moderate to vigorous activity while in physical education classes.²¹ Increasing the amount of time students are active can be achieved either by increasing the amount of time spent in physical education class or by increasing the amount of time students are active during already scheduled physical education classes.

The importance of physical education in promoting the health of young people is supported by three *Healthy People 2010*⁹ objectives:

- **22-8.** Increase the proportion of the nation's public and private schools that require daily physical education for all students.
- **22-9.** Increase the proportion of adolescents who participate in daily school physical education.
- **22-10.** Increase the proportion of adolescents who spend at least 50% of school physical education class time being physically active.

HEALTH SERVICES

Health services provide care to students who otherwise might not have access to care. The scope of services can include providing immunizations, diagnosing and treating acute illness and injury, managing and monitoring chronic diseases, dispensing medications, and offering preventive and primary dental care.²²

School nurses serve 48 million young people in the nation's schools.²³ School nurses can assess student health and development, help families determine when medical services are needed, and serve as a professional link with physicians and community resources. A licensed practical nurse or registered nurse is an essential component of a healthy school. *Healthy People 2010*⁹ Objective 7-4 aims to increase the proportion of the nation's elementary, middle, junior high, and senior high schools with a nurse-to-student ratio of at least 1 to 750.

Asthma is a chronic illness that has increased in prevalence since 1980.²⁴ The impact of illness and death due to asthma is disproportionately higher among low-income populations, racial and ethnic minorities, boys, and children in inner cities.²⁴⁻²⁶ In 2002, 8.9 million children (12.2%) in the United States had asthma as diagnosed by a health professional.²⁵ In 2002, children made 5 million visits to doctors' offices and hospital outpatient departments, made 727,000 visits to hospital emergency departments, and had 196,000 hospitalizations due to asthma. An estimated 14.7 million lost school days are attributed to asthma among school-aged children.²⁵

Although asthma cannot be cured, it can be controlled with proper diagnosis and appropriate care and management activities. Schools can help students manage their asthma by adopting policies and procedures to create safe and supportive learning environments for students with asthma. In *Strategies for Addressing Asthma Within a Coordinated School Health Program*,²⁷ CDC recommends obtaining a written action plan for all students with asthma and ensuring that students have immediate access to medications, including allowing students to self-carry and self-administer medications. *Healthy People 2010*⁹ identifies the following objectives to effectively manage and improve the quality of life of persons with asthma:

- **24-4.** Reduce activity limitations among persons with asthma.

- **24-5.** Reduce the number of school or workdays missed by persons with asthma due to asthma.

FOOD SERVICE

The high prevalence of overweight among young people and the concomitant rise in type 2 diabetes serve as reminders of the important contributions of nutrition and physical activity to health.^{16,28} As defined by the IOM, the goal of school food service is to provide nutritionally appropriate meals to students at a reasonable price in a pleasant and comfortable environment.⁵ Meals should offer a variety of foods, including fresh fruit, vegetables, and whole grain products. School menus should reflect the ethnic and cultural food preferences of students by encouraging student and family involvement in menu planning and taste testing.

SCHOOL POLICY AND ENVIRONMENT

Competitive Foods

The U.S. Department of Agriculture (USDA) defines competitive foods as those foods and beverages sold at school outside of the USDA school meal program, regardless of their nutritional value.²⁹ The only federal regulation on sale of foods and beverages outside of the school meal program addresses foods of minimal nutritional value (FMNV).^{*30} Currently, federal regulations require only that a school prohibit access to FMNV in food service areas during mealtimes. The average young person consumes more than 10% of calories from saturated fat, less than two thirds of the recommended intake of calcium, and more than double the recommended amount of sodium.³¹⁻³³ For both boys and girls aged 9 to 13 years, 21% derive more than one quarter of their energy intake from added sugars.³⁴

*Foods of minimal nutritional value (FMNV) are defined as items that provide less than 5% of the U.S. recommended daily allowance per serving for each of eight essential nutrients. FMNV include carbonated soft drinks, water ices, chewing gum, and certain candies made largely from sweeteners, such as hard candy and jelly beans. Under the federal regulations, foods such as potato chips, chocolate bars, and doughnuts are not considered FMNV and can be sold in the cafeteria or elsewhere in the school at any time.

Schools have a unique opportunity to provide students with healthy dietary choices and to help students learn about healthy food choices. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts that participate in the National School Lunch Program or the School Breakfast Program to develop a Local Wellness Policy by the 2006 school year.³⁵ The Local Wellness Policy is required to address nutrition education and provide nutrition guidelines for all foods available on school campuses. The implementation of the CDC guidelines, the USDA Local Wellness Policy, and other initiatives help support the achievement of the *Healthy People 2010*⁹ Objective 19-15: to increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality.

Tobacco Use Prevention

Tobacco use is the single leading preventable cause of death in the United States. From 1995 through 1999, smoking killed more than 440,000 people in the United States each year.³⁶ Approximately 82% of adults who ever smoked daily tried their first cigarette before age 18 years.³⁷ Thus, to be most effective, school-based programs must target young people before they initiate tobacco use or drop out of school. CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*³⁸ recommends strategies to aid schools in preventing tobacco use among youth. The following are key elements of those strategies:

- Develop and enforce a school policy on tobacco use that prohibits tobacco use by students, school staff, parents, and visitors on school property, in school buildings, in 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- 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 12th grade.
- Provide program-specific training for teachers.
- Support cessation efforts among students and staff who use tobacco.

An "ideal" tobacco use prevention policy prohibits all tobacco use by students, faculty, staff, and visitors during school and nonschool hours in school buildings; on school grounds; in school buses or other vehicles used to transport students; and at off-campus, school-sponsored events.³⁸ Instituting a comprehensive tobacco use prevention policy can assist schools in achieving *Healthy People 2010*⁹ Objective 27-11: to increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and events.

Violence Prevention

In 2002, unintentional injuries, suicide, and homicide accounted for 49% of all deaths among children aged 10 to 14 years and 76% of all deaths among adolescents aged 15 to 19 years.³⁹ The No Child Left Behind Act of 2001 authorizes federal funds for school programs to prevent violence in and around schools.⁴⁰ The CDC's *School Health Guidelines to Prevent Unintentional Injury and Violence*⁴¹ identifies the following strategies for school health efforts to prevent unintentional injury, violence, and suicide:

- Establish social and physical environments that promote safety and prevent unintentional injuries, violence, and suicide.

- Implement health and safety education to help students adopt and maintain safe lifestyles.
- Establish mechanisms for short- and long-term response to crises, disasters, and injuries.

*Healthy People 2010*⁹ Objective 15-39 calls for the reduction of weapon carrying by adolescents on school property.

HIV Infection and AIDS Prevention

Advances in drug therapies have extended the lives of people living with HIV infection and AIDS. Children are living longer with the disease and thus have a direct impact upon schools as they enter the school system. In 2003, 472 young people aged 13 to 19 years were diagnosed with AIDS, for a cumulative total (through 2003) of 5,208 AIDS cases in this age group.⁴² Among males aged 13 to 19, 43% of all AIDS cases reported through 2003 were among men who have sex with men, 9% were among injection drug users, 25% were among hemophiliacs, and 8% were attributed to heterosexual contact. Among females aged 13 to 19, 66% of all AIDS cases reported through 2003 were attributed to heterosexual contact and 18% to injection drug use. Other or unknown HIV exposure risks accounted for 15% of cases among males and 16% among females in this age group.

School health policies that address issues raised by HIV infection and AIDS are critical for protecting the rights of affected students and school staff members. The National Association of State Boards of Education provides policy recommendations to guide educators in addressing these issues,⁴³ including

- The right to school attendance for students with HIV infection or AIDS.
- Nondiscrimination for employees with HIV infection or AIDS.
- The right to privacy regarding HIV infection status.
- Adherence to infection-control guidelines.
- Accommodations for students living with HIV infection or AIDS to facilitate their participation in school-sponsored physical activities.
- An HIV infection prevention education program.
- Confidential counseling for students.
- A planned HIV education program for staff.
- Provisions for school administrators to notify students, parents, and school personnel about current policies concerning HIV infection and AIDS.

FAMILY AND COMMUNITY INVOLVEMENT

Because many societal factors contribute to adolescent health, safety, and well-being, health promotion and prevention strategies should be implemented through collaborative efforts across multiple societal institutions.⁴⁴ Partnerships among schools, families, community members, and other professionals are key elements of effective school health programs. A school health council, committee, or team within the school or school district can help build support for school health initiatives. Schools that have a good relationship with families are more likely to gain their cooperation with school health efforts.⁴⁵ Support from families can lead to the overall success or failure of a student as well as the success or failure of a new health program in the school. Family involvement in health education also increases both student achievement and self-esteem.⁴⁶ Developing new approaches through partnerships provides a foundation for successful school health programs and helps promote health-related knowledge and skills among students.⁴⁴

RESULTS

HEALTH EDUCATION

Required Health Education

Required health education is defined as instruction about health education topics that students must receive for graduation or promotion from school. Many schools require health education for students in grades 6 through 12. The percentage of schools that required health education for students in any of grades 6 through 12 ranged from 27.3% to 100.0% (median: 92.3%) across states and from 45.2% to 99.0% (median: 81.3%) across cities (Table 2).

Among schools that required health education for students in any of grades 6 through 12, schools taught required health education in the following ways:

- The percentage of schools that taught required health education in a combined health education and physical education course ranged from 33.5% to 96.4% across states (median: 58.6%) and from 15.0% to 100.0% across cities (median: 70.9%) (Table 2).
- The percentage of schools that taught required health education in a course mainly about another subject other than health education, such as science, social studies, home economics, or English, ranged from 9.1% to 60.4% across states (median: 20.9%) and from 4.5% to 94.6% across cities (median: 43.9%) (Table 2).

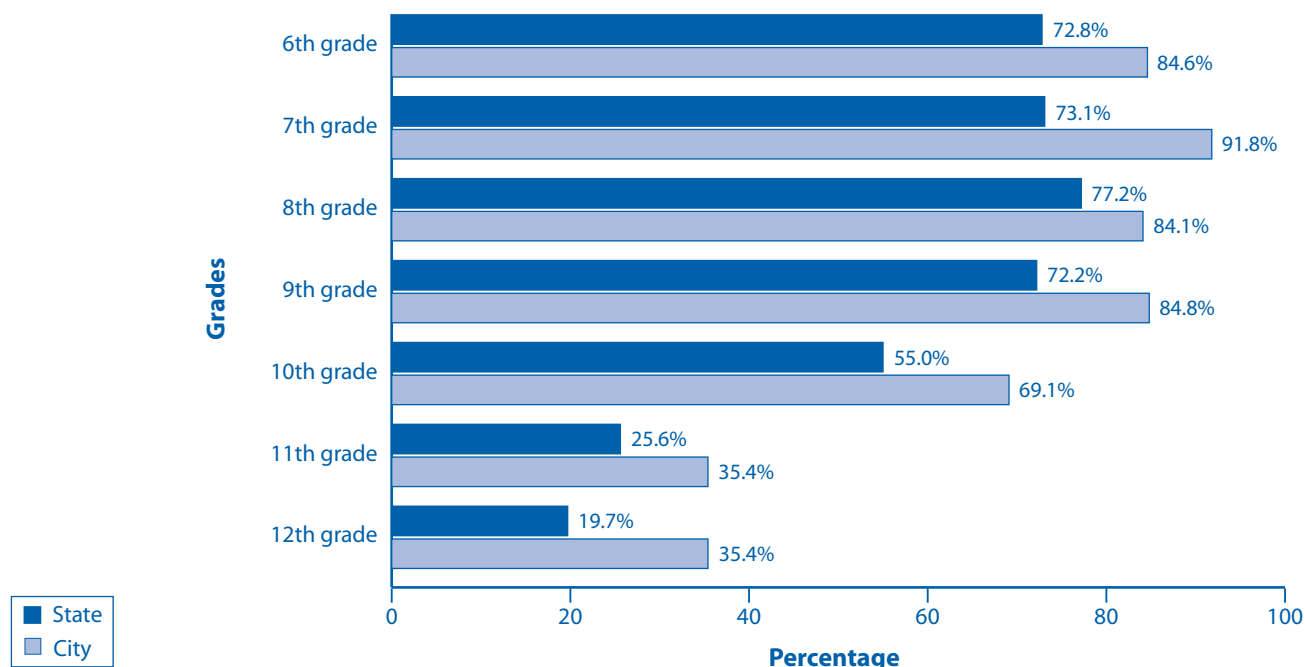
Among schools that required health education for students in any of grades 6 through 12, most schools required students to take one or more required health education courses. A required health education course is taught as a separate semester- or quarter-long unit of

instruction for which the student receives credit. The percentage of schools that required students to take only one required health education course ranged from 12.6% to 77.0% across states (median: 44.3%) and from 33.3% to 89.4% across cities (median: 54.6%) (Table 2). The percentage of schools that required students to take two or more required health education courses ranged from 16.0% to 76.7% across states (median: 47.6%) and from 3.5% to 46.4% across cities (median: 23.8%).

Among schools that required a health education course for students in any of grades 6 through 12, some schools required that students who failed the course repeat it. The percentage of schools that required students to repeat a required health education course ranged from 18.6% to 87.0% (median: 58.2%) across states and from 31.9% to 81.6% (median: 62.3%) across cities (Table 2).

Among schools that required a health education course for students in any of grades 6 through 12, the percentage of schools across states that taught a required health education course ranged from 39.1% to 97.5% (median: 72.8%) in 6th grade, 35.2% to 96.4% (median: 73.1%) in 7th grade, 25.9% to 93.8% (median: 77.2%) in 8th grade, 11.6% to 96.9% (median: 72.2%) in 9th grade, 19.8% to 91.1% (median: 55.0%) in 10th grade, 10.9% to 57.8% (median: 25.6%) in 11th grade, and from 8.9% to 54.0% (median: 19.7%) in 12th grade (Table 3, Figure 1). The percentage of schools across cities that taught a required health education course ranged from 35.5% to 100% (median: 84.6%) in 6th grade, 46.3% to 100.0% (median: 91.8%) in 7th grade, 46.3% to 100% (median: 84.8%) in 8th grade, 35.2% to 100.0% (median: 84.8%) in 9th grade, 23.1% to 100.0% (median: 69.1%) in 10th grade, 8.8% to 75.0% (median:

FIGURE 1. Among schools that required a health education course in any grade 6–12, the median percentage that taught a required health education course in each grade, School Health Profiles, 2004.



35.4%) in 11th grade, and from 8.8% to 65.0% (median: 35.4%) in 12th grade (Table 3, Figure 1).

Materials Used in Required Health Education Courses
Many schools required that teachers use specific materials in a required health education course. The ranges in percentage of schools[†] that required their use was as follows (Table 4):

- **The National Health Education Standards:** from 30.3% to 84.5% across states (median: 46.4%) and from 37.7% to 79.9% across cities (median: 51.2%).
- **Their state's, district's, or school's curriculum, set of guidelines, or framework:** from 84.4% to 100.0% (median: 96.8%) across states and from 93.9% to 100.0% across cities (median: 100.0%).

- **Materials from health organizations** such as the American Red Cross or the American Cancer Society: from 15.5% to 51.5% across states (median: 33.7%) and from 30.1% to 87.8% across cities (median: 52.0%).
- **A commercially developed student textbook:** from 23.4% to 81.4% across states (median: 54.1%) and from 46.0% to 87.7% across cities (median: 72.1%).
- **A commercially developed teacher's guide:** from 19.8% to 75.0% across states (median: 50.5%) and from 40.8% to 81.1% across cities (median: 58.7%).

Content of Required Health Education Courses

Required health education courses aim to increase student knowledge about a variety of health-related topics. The ranges in percentage of schools that tried to increase

[†]Schools could report use of one or more types of material.

student knowledge on specific health-related topics in a required health education course during the 2003–2004 school year were as follows (Tables 5a, b, c):

- **Accident or injury prevention:** from 77.6% to 96.2% across states (median: 89.7%) and from 83.9% to 100.0% across cities (median: 96.3%).
- **Alcohol or other drug use prevention:** from 94.0% to 100.0% across states (median: 98.5%) and from 89.5% to 100.0% across cities (median: 100.0%).
- **Consumer health:** from 72.1% to 89.5% across states (median: 81.3%) and from 66.7% to 91.1% across cities (median: 75.7%).
- **Cardiopulmonary resuscitation (CPR):** from 42.6% to 75.7% across states (median: 59.1%) and from 55.0% to 95.7% across cities (median: 67.8%).
- **Death and dying:** from 40.1% to 76.5% across states (median: 59.8%) and from 49.8% to 79.8% across cities (median: 64.2%).
- **Dental and oral health:** from 41.9% to 88.7% across states (median: 61.6%) and from 52.5% to 84.5% across cities (median: 73.9%).
- **Emotional and mental health:** from 74.9% to 99.4% across states (median: 94.7%) and from 82.9% to 100.0% across cities (median: 89.6%).
- **Environmental health:** from 56.3% to 83.0% across states (median: 70.0%) and from 56.2% to 92.0% across cities (median: 75.4%).
- **First aid:** from 56.5% to 88.0% across states (median: 72.7%) and from 69.4% to 95.9% across cities (median: 79.6%).
- **Growth and development:** from 84.2% to 96.2% across states (median: 91.5%) and from 89.1% to 100.0% across cities (median: 95.9%).
- **HIV prevention:** from 82.1% to 99.4% across states (median: 96.6%) and from 92.6% to 100.0% across cities (median: 100.0%).
- **Human sexuality:** from 72.9% to 95.7% across states (median: 86.7%) and from 83.1% to 100.0% across cities (median: 93.9%).
- **Immunization and vaccinations:** from 45.9% to 76.5% across states (median: 62.3%) and from 53.1% to 80.0% across cities (median: 68.1%).
- **Nutrition and dietary behavior:** from 92.5% to 100.0% across states (median: 98.5%) and from 92.8% to 100.0% across cities (median: 100.0%).
- **Personal hygiene:** from 76.0% to 95.7% across states (median: 83.3%) and from 84.0% to 97.0% across cities (median: 89.5%).
- **Physical activity and fitness:** from 94.8% to 100.0% across states (median: 98.9%) and from 87.9% to 100.0% across cities (median: 100.0%).
- **Pregnancy prevention:** from 70.1% to 90.5% across states (median: 84.1%) and from 78.4% to 100.0% across cities (median: 95.2%).
- **STD prevention:** from 73.1% to 96.4% across states (median: 91.9%) and from 82.8% to 100.0% across cities (median: 96.5%).
- **Suicide prevention:** from 59.2% to 94.2% across states (median: 74.4%) and from 50.2% to 91.4% across cities (median: 75.1%).

- **Sun safety or skin cancer prevention:** from 54.7% to 86.5% across states (median: 73.7%) and from 43.8% to 87.0% across cities (median: 66.5%).
- **Tobacco use prevention:** from 93.1% to 100.0% across states (median: 98.6%) and from 92.0% to 100.0% across cities (median: 100.0%).
- **Violence prevention:** from 80.0% to 94.0% across states (median: 87.6%) and from 79.5% to 100.0% across cities (median: 90.7%).
- **Goal setting:** from 85.6% to 97.0% across states (median: 94.3%) and from 86.1% to 100.0% across cities (median: 96.2%).
- **Conflict resolution:** from 82.9% to 93.9% across states (median: 89.2%) and from 79.4% to 100.0% across cities (median: 93.1%).
- **Resisting peer pressure for unhealthy behaviors:** from 89.2% to 100.0% across states (median: 97.1%) and from 92.7% to 100.0% across cities (median: 95.7%).

Required health education courses often aim to improve student skills for adopting, practicing, and maintaining healthy behaviors. The ranges in percentage of schools that tried to improve specific student skills in a required health education course during the 2003–2004 school year were as follows (Table 6):

- **Accessing valid health information, products, and services:** from 76.3% to 93.9% across states (median: 86.9%) and from 74.8% to 100.0% across cities (median: 86.4%).
- **Advocating for personal, family, and community health:** from 72.4% to 94.2% across states (median: 82.4%) and from 74.2% to 93.8% across cities (median: 82.7%).
- **Analysis of media messages:** from 54.5% to 94.6% across states (median: 85.0%) and from 61.6% to 90.5% across cities (median: 78.9%).
- **Communication:** from 76.1% to 97.5% across states (median: 93.3%) and from 83.0% to 100.0% across cities (median: 92.8%).
- **Decision making:** from 90.7% to 100.0% across states (median: 97.7%) and from 92.3% to 100.0% across cities (median: 96.5%).

- **Stress management:** from 78.4% to 98.0% across states (median: 89.5%) and from 74.8% to 100.0% across cities (median: 81.0%).

Tobacco Use Prevention Topics

Tobacco use prevention topics taught in a required health education course included health outcomes and risks of tobacco use, external influences on tobacco use, and skills to avoid and to stop using tobacco. The ranges in percentage of schools that taught about health outcomes and risks of tobacco use in a required health education course during the 2003–2004 school year were as follows (Table 7a):

- **Addictive effects of nicotine in tobacco products:** from 90.3% to 99.4% across states (median: 96.8%) and from 77.9% to 100.0% across cities (median: 96.3%).
- **Benefits of not smoking cigarettes:** from 91.9% to 100.0% across states (median: 97.1%) and from 81.1% to 100.0% across cities (median: 98.8%).
- **Benefits of not using smokeless tobacco:** from 85.9% to 99.4% across states (median: 94.1%) and from 59.3% to 100.0% across cities (median: 92.9%).

- **Health consequences of cigarette smoking:** from 91.9% to 100.0% across states (median: 97.7%) and from 84.7% to 100.0% across cities (median: 98.8%).
- **Health consequences of using smokeless tobacco:** from 88.6% to 99.4% across states (median: 95.4%) and from 59.7% to 100.0% across cities (median: 92.9%).
- **Health effects of environmental tobacco smoke (ETS):** from 88.6% to 100.0% across states (median: 95.2%) and from 73.0% to 100.0% across cities (median: 94.1%).
- **Number of illnesses and deaths related to tobacco use:** from 85.6% to 100.0% across states (median: 94.9%) and from 66.7% to 100.0% across cities (median: 95.7%).
- **Risks of cigar or pipe smoking:** from 74.6% to 94.2% across states (median: 87.5%) and from 63.5% to 100.0% across cities (median: 91.5%).

The ranges in percentage of schools that taught about the external influences on tobacco use in a required health education course during the 2003–2004 school year were as follows (Table 7b):

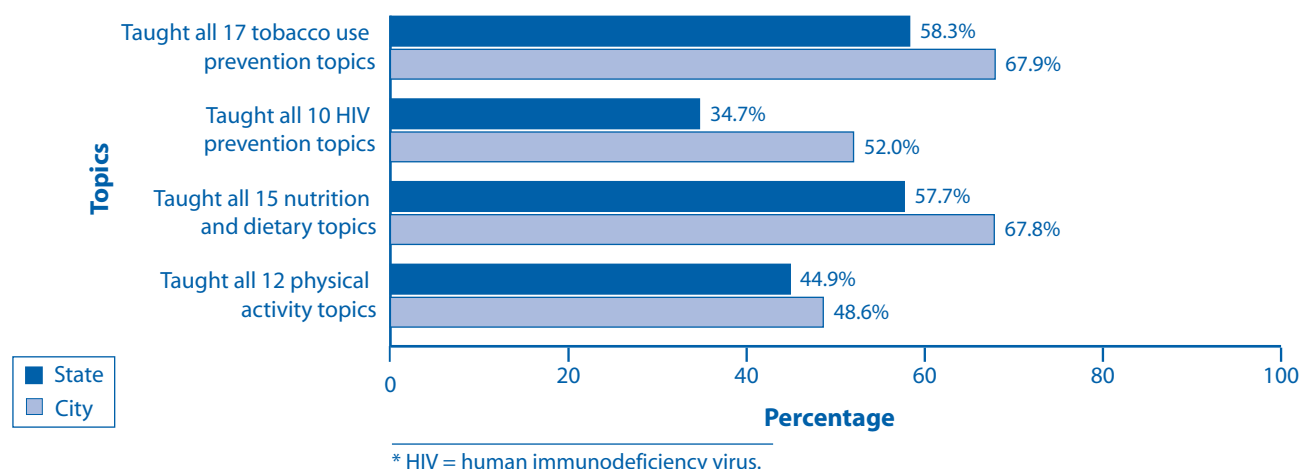
- **Influence of families on tobacco use:** from 82.5% to 98.1% across states (median: 91.8%) and from 67.8% to 100.0% across cities (median: 91.4%).
- **Influence of the media on tobacco use:** from 83.7% to 99.3% across states (median: 95.2%) and from 77.9% to 100.0% across cities (median: 95.9%).

- **Social or cultural influences on tobacco use:** from 79.6% to 94.4% across states (median: 89.8%) and from 66.7% to 96.4% across cities (median: 94.0%).
- **How many young people use tobacco:** from 82.9% to 98.1% across states (median: 92.2%) and from 66.7% to 100.0% across cities (median: 93.9%).

The ranges in percentage of schools that taught skills to avoid and to stop using tobacco in a required health education course during the 2003–2004 school year were as follows (Table 7c):

- **How to say no to tobacco use:** from 87.0% to 98.9% across states (median: 94.2%) and from 71.5% to 100.0% across cities (median: 96.3%).
- **Making a personal commitment not to use tobacco:** from 62.4% to 84.8% across states (median: 75.2%) and from 57.6% to 90.9% across cities (median: 83.4%).
- **How students can influence or support others to prevent tobacco use:** from 78.3% to 94.1% across states (median: 88.2%) and from 67.8% to 100.0% across cities (median: 87.9%).
- **How to find valid information or services related to tobacco use cessation:** from 69.4% to 85.8% across states (median: 76.3%) and from 64.4% to 95.7% across cities (median: 79.6%).
- **How students can influence or support others in efforts to quit using tobacco:** from 76.1% to 94.4% across states (median: 86.4%) and from 68.1% to 100.0% across cities (median: 87.9%).

FIGURE 2. Median percentages of schools that taught all 17 tobacco use prevention topics, all 10 HIV* prevention topics, all 15 nutrition and dietary topics, or all 12 physical activity topics in a required health education course during the 2003–2004 school year, School Health Profiles, 2004.



The percentage of schools that taught all 17 tobacco use prevention topics in a required health education course during the 2003–2004 school year ranged from 43.3% to 69.5% across states (median: 58.3%) and from 39.3% to 79.4% across cities (median: 67.9%) (Table 12, Figure 2).

HIV Prevention Topics

HIV prevention topics taught in a required health education course included HIV transmission and prevention, external influences on HIV risk behavior, and skills to avoid HIV infection. The ranges in percentage of schools that taught about HIV transmission and prevention topics in a required health education course during the 2003–2004 school year were as follows (Table 8a):

- **Abstinence as the most effective method to avoid HIV infection:** from 77.5% to 98.5% across states (median: 94.5%) and from 84.0% to 100.0% across cities (median: 100.0%).

- **How HIV is transmitted:** from 78.5% to 98.1% across states (median: 93.9%) and from 85.9% to 100.0% across cities (median: 100.0%).
- **How HIV affects the human body:** from 76.2% to 98.1% across states (median: 91.8%) and from 84.4% to 100.0% across cities (median: 100.0%).
- **Condom efficacy:** from 35.5% to 87.2% across states (median: 67.5%) and from 60.0% to 96.3% across cities (median: 79.8%).

The ranges in percentage of schools that taught about the external influences on HIV risk behavior and skills to avoid HIV infection in a required health education course during the 2003–2004 school year were as follows (Table 8b):

- **The number of young people who get HIV:** from 66.6% to 94.5% across states (median: 84.8%) and from 80.2% to 100.0% across cities (median: 93.8%).

- **Influence of alcohol and other drugs on HIV-related risk behaviors:** from 67.3% to 98.5% across states (median: 91.1%) and from 76.2% to 100.0% across cities (median: 93.3%).
- **Social or cultural influences on HIV-related risk behaviors:** from 63.2% to 87.9% across states (median: 81.8%) and from 73.1% to 100.0% across cities (median: 91.4%).
- **How to find valid information or services related to HIV or HIV testing:** from 63.8% to 92.1% across states (median: 78.7%) and from 70.2% to 100.0% across cities (median: 87.1%).
- **How to correctly use a condom:** from 8.8% to 60.0% across states (median: 37.6%) and from 42.0% to 88.5% across cities (median: 57.9%).
- **Compassion for persons living with HIV or AIDS:** from 61.8% to 90.8% across states (median: 77.6%) and from 76.8% to 100.0% across cities (median: 90.7%).
- **Home economics or family and consumer education:** from 10.0% to 50.6% across states (median: 23.1%) and from 2.4% to 40.9% across cities (median: 18.5%).
- **Physical education:** from 4.4% to 73.5% across states (median: 23.9%) and from 7.8% to 93.9% across cities (median: 38.5%).
- **Family life education or life skills:** from 22.1% to 52.9% across states (median: 38.5%) and from 27.9% to 66.8% across cities (median: 46.9%).
- **Special education:** from 6.1% to 30.7% across states (median: 16.8%) and from 12.8% to 43.1% across cities (median: 37.2%).
- **Social studies:** from 1.8% to 13.5% across states (median: 6.9%) and from 4.4% to 24.0% across cities (median: 11.2%).

The percentage of schools that taught all 10 HIV prevention topics in a required health education course during the 2003–2004 school year ranged from 7.0% to 51.0% across states (median: 34.7%) and from 38.5% to 79.0% across cities (median: 52.0%) (Table 12, Figure 2).

Required HIV Prevention Units or Lessons

Required HIV prevention units or lessons may be taught not only in a required health education course, but also in a variety of other courses. The ranges in percentage of schools that taught required HIV prevention units or lessons in specific courses were as follows (Table 9):

- **Science:** from 18.2% to 56.2% across states (median: 33.9%) and from 27.3% to 82.1% across cities (median 53.2%).
- **Benefits of healthy eating:** from 89.2% to 99.4% across states (median: 97.2%) and from 92.8% to 100.0% across cities (median: 98.8%).
- **Using food labels:** from 76.9% to 96.1% across states (median: 87.2%) and from 85.7% to 100.0% across cities (median: 90.1%).

Nutrition and Dietary Topics

Nutrition and dietary topics taught in a required health education course included choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight. The ranges in percentage of schools that taught about choosing healthful foods in a required health education course during the 2003–2004 school year were as follows (Table 10a):

- **Identifying Food Guide Pyramid food groups and serving recommendations:** from 80.7% to 96.9% across states (median: 90.9%) and from 88.2% to 100.0% across cities (median: 94.0%).
- **Choosing a variety of grains daily:** from 73.1% to 94.9% across states (median: 86.4%) and from 77.8% to 100.0% across cities (median: 88.2%).
- **Choosing a variety of fruits and vegetables daily:** from 77.8% to 97.1% across states (median: 89.8%) and from 85.3% to 100.0% across cities (median: 93.8%).
- **Choosing a diet low in saturated fat and cholesterol and moderate in total fat:** from 76.8% to 96.4% across states (median: 89.0%) and from 71.9% to 100.0% across cities (median: 87.3%).
- **Choosing and preparing foods with less salt:** from 67.1% to 90.1% across states (median: 78.6%) and from 57.3% to 96.0% across cities (median: 82.1%).
- **Moderating intake of sugars:** from 81.4% to 97.0% across states (median: 89.2%) and from 75.6% to 100.0% across cities (median: 88.9%).
- **Choosing more calcium-rich foods:** from 71.7% to 89.6% across states (median: 81.2%) and from 60.7% to 100.0% across cities (median: 82.0%).
- **Preparing healthy meals and snacks:** from 71.9% to 93.6% across states (median: 82.7%) and from 81.3% to 96.0% across cities (median: 88.8%).
- **Aiming for a healthy weight:** from 77.7% to 98.1% across states (median: 93.5%) and from 86.1% to 100.0% across cities (median: 93.7%).
- **Risks of unhealthy weight control practices:** from 78.3% to 97.4% across states (median: 91.4%) and from 78.2% to 100.0% across cities (median: 91.0%).
- **Accepting body size differences:** from 74.0% to 95.2% across states (median: 89.3%) and from 75.1% to 95.7% across cities (median: 87.9%).
- **Eating disorders:** from 77.8% to 99.4% across states (median: 90.6%) and from 74.4% to 97.0% across cities (median: 88.2%).

The ranges in percentage of schools that taught about food safety and behaviors that contribute to maintaining a healthy weight in a required health education course during the 2003–2004 school year were as follows (Table 10b):

- **Keeping food safe to eat:** from 61.4% to 86.3% across states (median: 74.3%) and from 69.8% to 88.1% across cities (median: 81.1%).

The percentage of schools that taught all 15 nutrition and dietary topics in a required health education course during the 2003–2004 school year ranged from 50.1% to 73.4% across states (median: 57.7%) and from 42.7% to 83.9% across cities (median: 67.8%) (Table 12, Figure 2).

Physical Activity Topics

Physical activity topics taught in a required health education course included the benefits of physical activity and the challenges to engaging in physical activity. The ranges in percentage of schools that taught about the benefits of physical activity in a required health education course during the 2003–2004 school year were as follows (Table 11a):

- **Physical, psychological, or social benefits of physical activity:** from 86.5% to 97.9% across states (median: 94.4%) and from 78.2% to 100.0% across cities (median: 92.7%).

- **Health-related fitness:** from 78.9% to 98.4% across states (median: 92.0%) and from 62.5% to 100.0% across cities (median: 92.7%).
- **Phases of a workout:** from 63.9% to 95.7% across states (median: 86.6%) and from 63.9% to 100.0% across cities (median: 87.0%).
- **How much physical activity is enough:** from 67.0% to 91.2% across states (median: 86.0%) and from 67.1% to 96.9% across cities (median: 79.3%).
- **Decreasing sedentary activities:** from 76.8% to 92.4% across states (median: 85.2%) and from 78.8% to 95.1% across cities (median: 86.6%).

The ranges in percentage of schools that taught about the challenges to engaging in physical activity in a required health education course during the 2003–2004 school are shown below (Table 11b):

- **Overcoming barriers to physical activity:** from 61.0% to 84.2% across states (median: 70.4%) and from 64.8% to 94.0% across cities (median: 78.4%).
- **Developing an individualized physical activity plan:** from 48.7% to 79.5% across states (median: 69.8%) and from 53.3% to 87.9% across cities (median: 67.8%).
- **Monitoring progress toward reaching goals in an individualized physical activity plan:** from 45.4% to 76.9% across states (median: 62.8%) and from 55.6% to 82.0% across cities (median: 67.8%).
- **Opportunities for physical activity in the community:** from 62.8% to 85.8% across states (median: 74.0%) and from 64.7% to 94.0% across cities (median: 79.7%).

- **Preventing injury during physical activity:** from 68.2% to 94.0% across states (median: 86.4%) and from 62.4% to 100.0% across cities (median: 89.0%).
- **Weather-related safety:** from 66.1% to 90.3% across states (median: 80.4%) and from 71.7% to 100.0% across cities (median: 82.4%).
- **Dangers of using performance-enhancing drugs:** from 69.5% to 97.7% across states (median: 88.6%) and from 75.6% to 100.0% across cities (median: 85.8%).

The percentage of schools that taught all 12 physical activity topics in a required health education course during the 2003–2004 school year ranged from 28.8% to 62.7% across states (median: 44.9%) and from 43.5% to 67.0% across cities (median: 48.6%) (Table 12, Figure 2).

Teaching Methods in Required Health Education Courses

Teachers used a variety of methods to facilitate the learning process. The ranges in percentage of schools that used specific teaching methods in a required health education course during the 2003–2004 school year were as follows (Table 13):

- **Group discussions:** from 90.0% to 100.0% across states (median: 98.6%) and from 94.9% to 100.0% across cities (median: 97.7%).
- **Cooperative group activities:** from 82.5% to 99.2% across states (median: 96.3%) and from 90.9% to 100.0% across cities (median: 96.5%).
- **Role play, simulations, or practice:** from 55.0% to 95.7% across states (median: 82.4%) and from 77.6% to 100.0% across cities (median: 91.0%).

- **Language, performing, or visual arts:** from 51.8% to 79.3% across states (median: 68.5%) and from 70.5% to 96.3% across cities (median: 75.8%).
- **Pledges or contracts for behavior change:** from 33.9% to 58.0% across states (median: 46.2%) and from 43.8% to 71.7% across cities (median: 57.1%).
- **Peer educators:** from 52.0% to 70.6% across states (median: 61.6%) and from 57.8% to 85.4% across cities (median: 71.0%).
- **The Internet:** from 73.9% to 95.0% across states (median: 83.2%) and from 66.9% to 95.9% across cities (median: 82.0%).
- **Computer-assisted instruction:** from 43.5% to 67.1% across states (median: 58.4%) and from 54.9% to 73.0% across cities (median: 59.3%).
- **Asking students to share their own cultural experiences related to health topics:** from 52.7% to 83.5% across states (median: 71.6%) and from 75.9% to 94.1% across cities (median: 84.0%).
- **Teaching about cultural differences and similarities:** from 66.3% to 82.0% across states (median: 74.6%) and from 75.9% to 97.0% across cities (median: 86.1%).
- **Modifying teaching methods to match students' learning styles, health beliefs, or cultural values:** from 73.3% to 94.2% across states (median: 88.5%) and from 72.7% to 100.0% across cities (median: 90.4%).

Coordination of Health Education

The quality of health education may be enhanced by a health education coordinator who coordinates the selection of the curriculum, serves as a content expert for teachers, secures and manages resources, and advocates for school health activities. The percentage of schools with a health education coordinator ranged from 74.2% to 100.0% across states (median: 96.3%) and from 81.4% to 97.3% across cities (median: 94.3%) (Table 15). Many different staff may serve as the health education coordinator in a school. Among schools with a health education coordinator, the ranges in percentage of schools in which specific staff served as the health education coordinator were as follows (Table 15):

- Teachers also used a variety of methods to highlight diversity or the values of various cultures. The ranges in percentage of schools that used specific methods to highlight diversity or the values of various cultures in a required health education course during the 2003–2004 school year were as follows (Table 14):
- **Using textbooks or curricular materials reflective of various cultures:** from 48.5% to 76.6% across states (median: 66.6%) and from 64.2% to 100.0% across cities (median: 76.4%).
 - **Using textbooks or curricular materials designed for students with limited English proficiency:** from 12.9% to 43.2% across states (median: 22.3%) and from 20.7% to 78.7% across cities (median: 50.2%).
 - **District administrator or district health education or curriculum coordinator:** from 15.7% to 49.0% across states (median: 25.1%) and from 1.9% to 50.0% across cities (median: 16.0%).
 - **School administrator:** from 9.3% to 33.7% across states (median: 18.9%) and from 0.0% to 33.4% across cities (median: 19.6%).

- **Health education teacher:** from 20.7% to 59.8% across states (median: 46.3%) and from 0.0% to 76.4% across cities (median: 39.9%).
- **School nurse:** from 0.0% to 14.9% across states (median: 1.7%) and from 0.0% to 9.7% across cities (median: 1.9%).
- **Someone else:** from 0.5% to 13.9% across states (median: 4.1%) and from 0.0% to 43.4% across cities (median: 12.0%).

During the 2003–2004 school year, health education staff worked on health education activities with other school staff or community members. The ranges in percentage of schools in which health education staff worked on health education activities with others were as follows (Table 16):

- **Physical education staff:** from 51.1% to 91.7% across states (median: 74.0%) and from 46.4% to 94.0% across cities (median: 63.5%).
- **Teachers in other subject areas:** from 47.1% to 71.9% across states (median: 61.0%) and from 45.6% to 83.6% across cities (median: 65.9%).
- **School health services staff:** from 34.9% to 83.5% across states (median: 67.5%) and from 28.2% to 93.8% across cities (median: 71.8%).
- **School mental health or social services staff:** from 39.5% to 72.1% across states (median: 60.5%) and from 50.6% to 82.7% across cities (median: 58.7%).
- **Food service staff:** from 11.6% to 35.0% across states (median: 23.4%) and from 5.1% to 53.4% across cities (median: 25.1%).

- **Community members:** from 26.1% to 66.5% across states (median: 54.7%) and from 22.0% to 77.4% across cities (median: 48.2%).

Professional Preparation and Staff Development
Lead health education teachers reported professional preparation in many disciplines. The ranges in percentage of schools in which the lead health education teacher had professional preparation in each specific discipline was as follows (Table 17):

- **Health and physical education combined:** from 10.3% to 86.8% across states (median: 45.1%) and from 2.8% to 84.6% across cities (median: 35.9%).
- **Health education only:** from 1.1% to 40.5% across states (median: 6.4%) and from 0.0% to 30.6% across cities (median: 4.4%).
- **Physical education only:** from 4.2% to 28.5% across states (median: 13.3%) and from 1.3% to 22.0% across cities (median: 4.7%).
- **Other education degree:** from 0.0% to 28.4% across states (median: 5.6%) and from 0.0% to 9.4% across cities (median: 4.8%).
- **Kinesiology, exercise science or exercise physiology, home economics or family and consumer science, or science:** from 0.0% to 32.8% across states (median: 10.6%) and from 0.9% to 47.3% across cities (median: 11.0%).
- **Nursing or counseling:** from 0.4% to 19.0% across states (median: 3.9%) and from 0.0% to 91.9% across cities (median: 4.7%).
- **Public health or other discipline:** from 0.4% to 20.9% across states (median: 2.1%) and from 0.0% to 6.9% across cities (median: 2.6%).

The percentage of schools that required a newly hired health education teacher to be certified, licensed, or endorsed by the state in health education ranged from 31.8% to 98.5% across states (median: 85.4%) and from 63.6% to 97.2% across cities (median: 86.3%) (Table 18).

The percentage of schools in which the lead health education teacher held a current teaching license, certificate, or endorsement in health education recognized by their state department of education ranged from 32.1% to 94.7% across states (median: 80.4%) and from 39.8% to 97.0% across cities (median: 67.2%) (Table 18).

The ranges in percentage of schools in which the lead health education teacher had taught health education for a specific number of years was as follows (Table 18):

- **1 year:** from 2.5% to 18.7% across states (median: 7.9%) and from 0.0% to 63.5% across cities (median: 6.7%).
- **2 to 5 years:** from 13.2% to 34.7% across states (median: 24.2%) and from 9.0% to 37.7% across cities (median: 24.5%).
- **6 to 9 years:** from 12.1% to 22.3% across states (median: 16.6%) and from 0.0% to 25.1% across cities (median: 14.1%).
- **10 to 14 years:** from 9.4% to 19.5% across states (median: 15.3%) and from 2.5% to 21.1% across cities (median: 11.5%).
- **15 years or more:** from 21.1% to 56.4% across states (median: 36.6%) and from 19.5% to 69.8% across cities (median: 31.3%).

Lead health education teachers received staff development during the 2 years preceding the survey on many health education topics. The ranges in percentage of

schools in which the lead health education teacher had received staff development on specific topics were as follows (Tables 19a, b, c):

- **Accident or injury prevention:** from 27.4% to 60.5% across states (median: 37.9%) and from 22.9% to 82.4% across cities (median: 38.2%).
- **Alcohol or other drug use prevention:** from 34.4% to 66.2% across states (median: 48.2%) and from 29.7% to 92.6% across cities (median: 55.0%).
- **Consumer health:** from 8.6% to 21.6% across states (median: 15.1%) and from 9.8% to 39.0% across cities (median: 20.8%).
- **CPR:** from 41.9% to 77.5% across states (median: 64.2%) and from 34.3% to 88.2% across cities (median: 52.4%).
- **Death and dying:** from 6.0% to 20.5% across states (median: 11.2%) and from 5.3% to 38.9% across cities (median: 15.4%).
- **Dental and oral health:** from 4.6% to 19.5% across states (median: 9.4%) and from 0.0% to 33.3% across cities (median: 9.0%).
- **Emotional and mental health:** from 19.9% to 50.2% across states (median: 32.3%) and from 17.1% to 65.8% across cities (median: 36.2%).
- **Environmental health:** from 4.9% to 23.0% across states (median: 14.9%) and from 13.8% to 47.4% across cities (median: 24.8%).
- **First aid:** from 36.9% to 78.2% across states (median: 53.9%) and from 31.9% to 92.2% across cities (median: 45.8%).

- **Growth and development:** from 15.6% to 34.4% across states (median: 23.2%) and from 21.5% to 57.3% across cities (median: 40.6%).
 - **HIV prevention:** from 21.8% to 77.4% across states (median: 42.7%) and from 41.6% to 87.2% across cities (median: 67.5%).
 - **Human sexuality:** from 16.3% to 45.0% across states (median: 29.5%) and from 35.4% to 90.4% across cities (median: 44.7%).
 - **Immunization and vaccinations:** from 9.2% to 31.4% across states (median: 15.5%) and from 10.2% to 41.1% across cities (median: 26.2%).
 - **Nutrition and dietary behavior:** from 21.4% to 48.1% across states (median: 32.0%) and from 25.8% to 59.5% across cities (median: 37.3%).
 - **Personal hygiene:** from 5.3% to 22.9% across states (median: 10.1%) and from 6.3% to 44.0% across cities (median: 20.7%).
 - **Physical activity and fitness:** from 29.5% to 61.6% across states (median: 43.3%) and from 16.9% to 75.8% across cities (median: 44.4%).
 - **Pregnancy prevention:** from 14.5% to 46.3% across states (median: 23.4%) and from 20.0% to 82.8% across cities (median: 35.5%).
 - **STD prevention:** from 20.4% to 51.0% across states (median: 34.5%) and from 37.0% to 92.6% across cities (median: 53.8%).
 - **Suicide prevention:** from 9.4% to 38.2% across states (median: 23.1%) and from 15.1% to 80.4% across cities (median: 26.8%).
 - **Sun safety or skin cancer prevention:** from 3.6% to 32.3% across states (median: 10.7%) and from 4.9% to 31.0% across cities (median: 14.1%).
 - **Tobacco use prevention:** from 22.5% to 54.7% across states (median: 33.9%) and from 23.6% to 90.3% across cities (median: 46.3%).
 - **Violence prevention:** from 36.1% to 74.3% across states (median: 52.2%) and from 37.9% to 81.9% across cities (median: 57.9%).
- The ranges in percentage of schools in which the lead health education teacher wanted to receive staff development on specific topics were as follows (Tables 20a, b, c):
- **Accident or injury prevention:** from 27.0% to 58.8% across states (median: 43.9%) and from 36.1% to 75.7% across cities (median: 65.1%).
 - **Alcohol or other drug use prevention:** from 55.3% to 78.7% across states (median: 67.0%) and from 70.7% to 85.7% across cities (median: 76.9%).
 - **Consumer health:** from 35.0% to 58.2% across states (median: 46.8%) and from 39.4% to 72.9% across cities (median: 62.7%).
 - **CPR:** from 33.7% to 74.5% across states (median: 58.0%) and from 62.0% to 89.8% across cities (median: 79.0%).
 - **Death and dying:** from 43.5% to 62.4% across states (median: 50.7%) and from 48.9% to 90.1% across cities (median: 66.8%).
 - **Dental and oral health:** from 19.5% to 47.2% across states (median: 33.7%) and from 38.4% to 69.5% across cities (median: 55.9%).

- **Emotional and mental health:** from 53.3% to 75.6% across states (median: 63.8%) and from 68.0% to 90.1% across cities (median: 75.2%).
 - **Environmental health:** from 37.6% to 58.5% across states (median: 49.6%) and from 40.8% to 75.5% across cities (median: 67.7%).
 - **First aid:** from 37.0% to 72.2% across states (median: 58.4%) and from 64.9% to 85.4% across cities (median: 79.0%).
 - **Growth and development:** from 33.7% to 61.8% across states (median: 47.1%) and from 61.3% to 76.8% across cities (median: 69.8%).
 - **HIV prevention:** from 49.8% to 75.5% across states (median: 60.9%) and from 70.2% to 84.8% across cities (median: 79.4%).
 - **Human sexuality:** from 40.9% to 79.1% across states (median: 52.4%) and from 63.3% to 87.2% across cities (median: 74.3%).
 - **Immunization and vaccinations:** from 28.7% to 48.4% across states (median: 38.7%) and from 31.9% to 75.6% across cities (median: 59.2%).
 - **Nutrition and dietary behavior:** from 53.2% to 75.5% across states (median: 64.8%) and from 60.1% to 80.7% across cities (median: 74.6%).
 - **Personal hygiene:** from 24.3% to 50.8% across states (median: 38.5%) and from 39.4% to 72.3% across cities (median: 61.2%).
 - **Physical activity and fitness:** from 45.7% to 74.4% across states (median: 57.6%) and from 45.7% to 78.4% across cities (median: 68.1%).
 - **Pregnancy prevention:** from 43.2% to 68.1% across states (median: 55.7%) and from 62.9% to 82.0% across cities (median: 70.9%).
 - **STD prevention:** from 47.4% to 74.8% across states (median: 60.4%) and from 67.5% to 87.4% across cities (median: 76.6%).
 - **Suicide prevention:** from 58.3% to 79.9% across states (median: 68.4%) and from 71.3% to 87.7% across cities (median: 76.3%).
 - **Sun safety or skin cancer prevention:** from 29.8% to 58.4% across states (median: 48.2%) and from 47.9% to 69.4% across cities (median: 60.0%).
 - **Tobacco use prevention:** from 43.3% to 67.8% across states (median: 58.9%) and from 62.8% to 84.2% across cities (median: 71.0%).
 - **Violence prevention:** from 63.8% to 85.7% across states (median: 73.6%) and from 73.4% to 88.5% across cities (median: 83.8%).
- Lead health education teachers also received staff development during the 2 years preceding the survey on specific teaching methods. The ranges in percentage of schools in which the lead health education teacher had received staff development on specific teaching methods were as follows (Table 21):
- **Teaching students with physical or cognitive disabilities:** from 32.8% to 59.8% across states (median: 44.8%) and from 16.7% to 75.6% across cities (median: 51.3%).
 - **Teaching students of various cultural backgrounds:** from 14.1% to 63.7% across states (median: 37.5%) and from 27.5% to 73.6% across cities (median: 49.4%).

- **Teaching students with limited English proficiency:** from 8.5% to 49.5% across states (median: 22.1%) and from 9.1% to 87.9% across cities (median: 39.8%).
- **Using interactive teaching methods** such as role-plays or cooperative group activities: from 36.6% to 63.9% across states (median: 52.3%) and from 42.8% to 77.2% across cities (median: 64.5%).
- **Encouraging family or community involvement:** from 22.2% to 54.1% across states (median: 32.9%) and from 29.4% to 60.8% across cities (median: 46.1%).
- **Teaching skills for behavior change:** from 39.5% to 64.2% across states (median: 53.5%) and from 40.6% to 72.9% across cities (median: 59.1%).
- **Using interactive teaching methods** such as role-plays or cooperative group activities: from 45.6% to 70.9% across states (median: 58.6%) and from 61.2% to 93.0% across cities (median: 72.7%).
- **Encouraging family or community involvement:** from 51.4% to 74.8% across states (median: 64.2%) and from 68.4% to 90.7% across cities (median: 79.8%).
- **Teaching skills for behavior change:** from 59.2% to 79.5% across states (median: 71.2%) and from 61.1% to 90.7% across cities (median: 80.8%).

The ranges in percentage of schools in which the lead health education teacher wanted to receive staff development on specific teaching methods were as follows (Table 22):

- **Teaching students with physical or cognitive disabilities:** from 49.7% to 69.7% across states (median: 57.9%) and from 61.6% to 90.9% across cities (median: 74.0%).
- **Teaching students of various cultural backgrounds:** from 37.4% to 63.9% across states (median: 54.4%) and from 51.2% to 87.4% across cities (median: 73.9%).
- **Teaching students with limited English proficiency:** from 23.4% to 69.4% across states (median: 50.7%) and from 48.1% to 82.5% across cities (median: 69.5%).

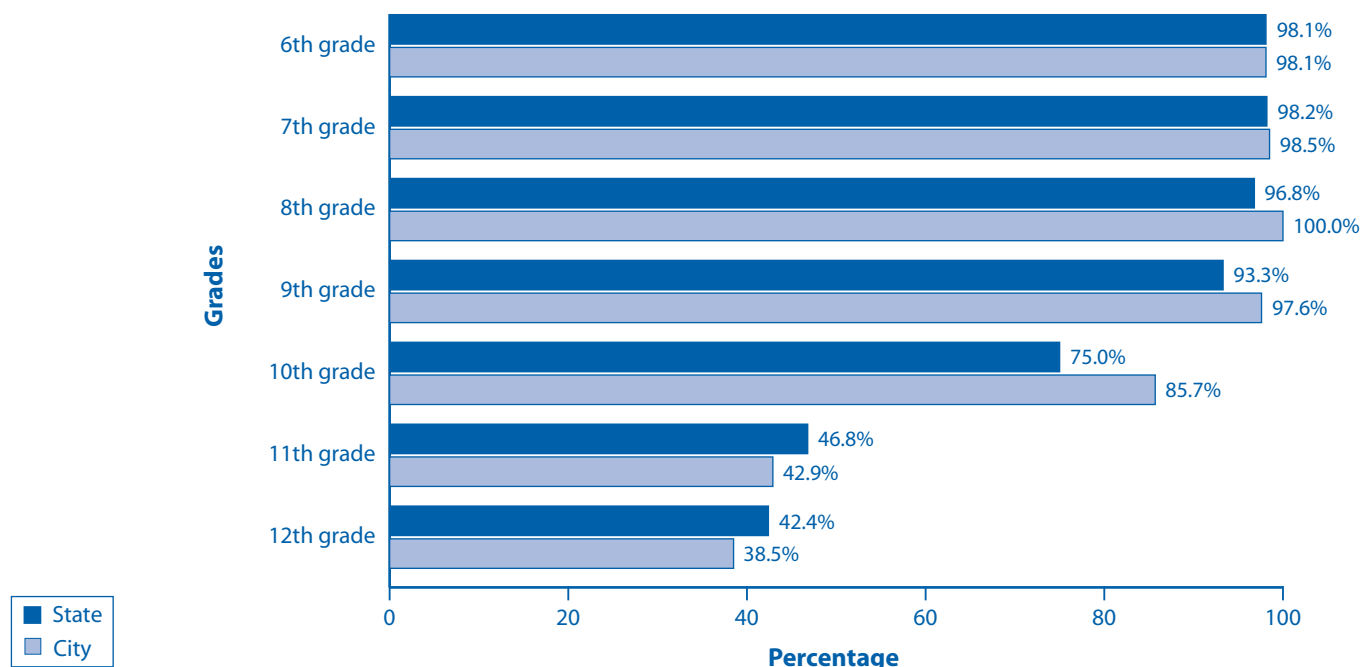
PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

Required Physical Education

Physical education is defined as instruction that helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain a physically active lifestyle. Many schools required physical education for students in grades 6 through 12. The percentage of schools that required physical education for students in any of grades 6 through 12 ranged from 41.1% to 100.0% across states (median: 98.5%) and from 53.5% to 100.0% across cities (median: 93.8%) (Table 23).

Among schools that required physical education for students in any of grades 6 through 12, most schools required students to take one or more required physical education courses. A required physical education course is taught as a semester-, quarter-, or year-long unit of instruction for which the student receives credit. The percentage of schools that required students to take only one required physical education course ranged from 5.3% to 53.5% across states (median: 16.8%) and from 3.2% to 60.1% across cities (median: 40.6%) (Table 23).

FIGURE 3. Among schools that required a physical education course in any grade 6–12, the median percentage that taught a required physical education course in each grade, School Health Profiles, 2004.



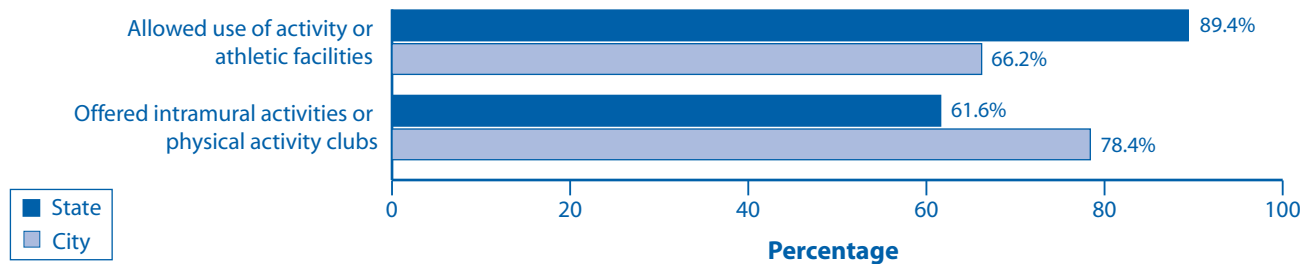
The percentage of schools that required students to take two or more required physical education courses ranged from 44.2% to 94.1% across states (median: 81.7%) and from 36.4% to 96.8% across cities (median: 57.8%) (Table 23).

Among schools that required a physical education course for students in any of grades 6 through 12, some schools required that students who fail the course repeat it. The percentage of schools that required students to repeat a required physical education course ranged from 9.7% to 79.1% across states (median: 58.1%) and from 20.5% to 92.0% across cities (median: 57.1%) (Table 23).

The percentage of schools that required a newly hired physical education teacher or specialist be certified, licensed, or endorsed by the state in physical education ranged from 45.8% to 100% across states (97.1%) and from 85.0% to 100% across cities (median: 98.0%) (Table 23).

Among schools that required a physical education course for students in any of grades 6 through 12, the percentage of schools across states that taught a required physical education course ranged from 75.6% to 100% (median: 98.1%) in 6th grade, 68.1% to 100.0% (median: 98.2%) in 7th grade, 62.6% to 100.0% (median: 96.8%) in 8th grade, 21.1% to 100.0% (median: 93.3%) in 9th grade, 17.1% to 100.0% (median: 75.0%) in 10th grade, 12.0% to 100.0% (median: 46.8%) in 11th grade, and from 11.3% to 100.0% (median: 42.4%) in 12th grade (Table 24, Figure 3). The percentage of schools across cities that taught a required physical education course ranged from 79.2% to 100.0% (median: 98.1%) in 6th grade, 52.2% to 100.0% (median: 98.5%) in 7th grade, 43.2% to 100.0% (median: 100.0%) in 8th grade, 78.5% to 100.0% (median: 97.6%) in 9th grade, 33.3% to 100.0% (median: 85.7%) in 10th grade, 24.7% to 90.5% (median: 42.9%) in 11th grade, and from 18.7% to 90.0% (median: 38.5%) in 12th grade (Table 24, Figure 3).

FIGURE 4. Median percentage of schools that allowed use of activity or athletic facilities* or offered opportunities for students to participate in intramural activities or physical activity clubs, School Health Profiles 2004.



* For community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session.

Among schools that required a physical education course for students in any of grades 6 through 12, some schools allowed students to be exempted from taking a required physical education course for the following reasons (Table 25):

- **Enrollment in other courses**, such as math or science: from 1.4% to 44.0% across states (median: 6.9%) and from 0.0% to 24.7% across cities (median: 7.0%).
- **Participation in school sports**: from 0.0% to 83.2% across states (median: 4.9%) and from 0.0% to 62.0% across cities (median: 20.0%).
- **Participation in other school activities**, such as ROTC, marching band, chorus, or cheerleading: from 0.0% to 62.5% across states (median: 5.3%) and from 3.6% to 80.1% across cities (median: 41.7%).
- **Participation in community sports**: from 0.0% to 23.7% across states (median: 1.8%) and from 0.0% to 17.6% across cities (median: 0.0%).

The percentage of schools that did not allow students in any of grades 6 through 12 to be exempted from a

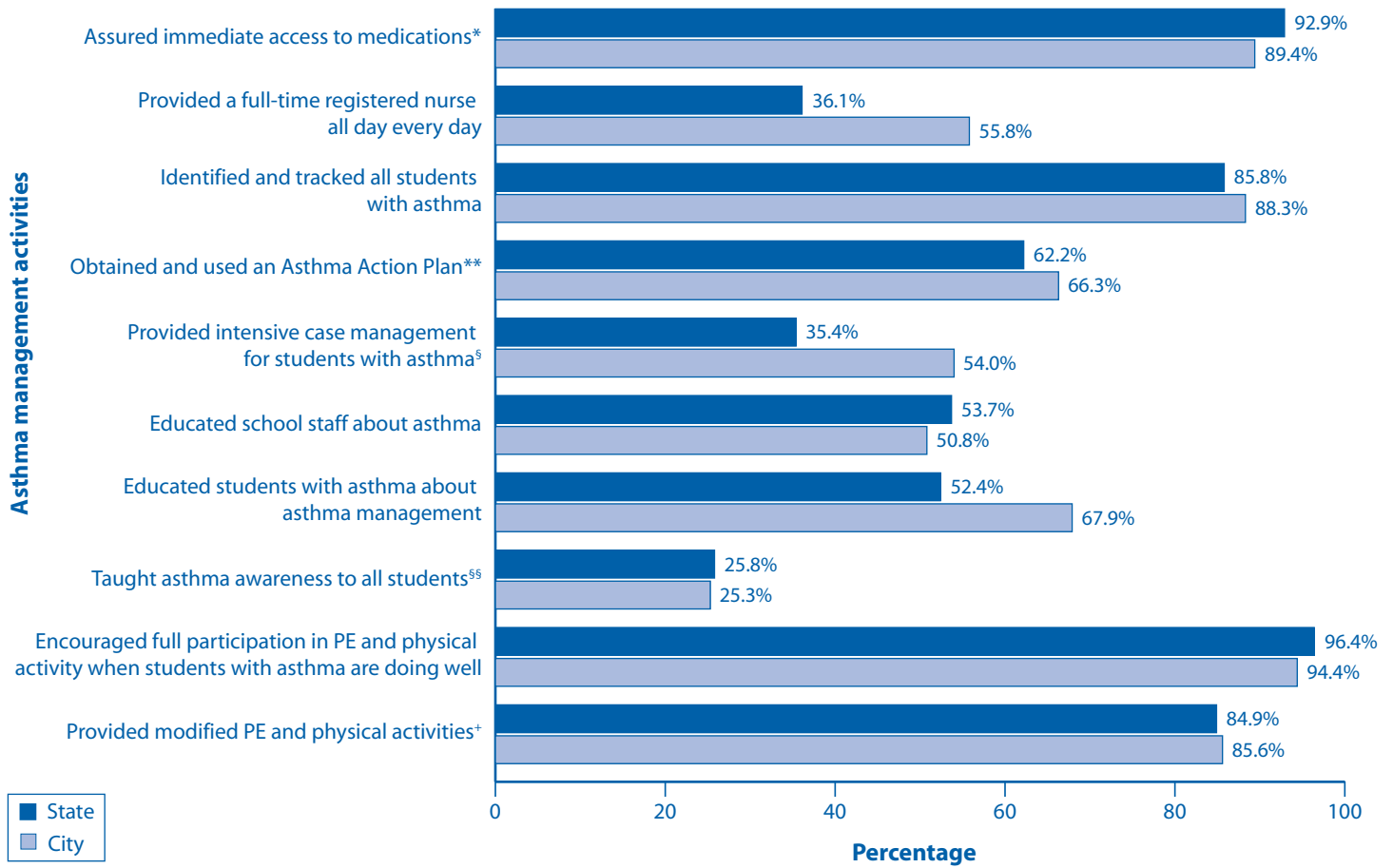
required physical education course for any of these reasons ranged from 9.5% to 97.4% across states (median: 85.0%) and from 10.7% to 89.9% across cities (median: 48.4%) (Table 25).

Physical Activity

Many schools allow use of their activity or athletic facilities for community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session. The percentage of schools that allowed use of their activity or athletic facilities for community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session ranged from 64.2% to 95.8% across states (median: 89.4%) and from 49.2% to 94.7% across cities (median: 66.2%) (Table 26, Figure 4).

Schools also may offer students the opportunity to participate in intramural activities or physical activity clubs. The percentage of schools that offered opportunities for students to participate in before- or after-school intramural activities or physical activity clubs ranged from 29.7% to 88.8% across states (median: 61.6%) and from 66.9% to 91.0% across cities (median: 78.4%) (Table 26, Figure 4). Among those schools, the percentage of schools that provided transportation home for

FIGURE 5. Median percentage of schools that implemented school-based asthma management activities, School Health Profiles, 2004.



* As prescribed by a physician and approved by parents.
 ** For all students with asthma.
 § Who are absent 10 days or more per year.
 §§ In at least one grade.
 † As indicated by the student's Asthma Action Plan.

students who participated in after-school intramural activities or physical activity clubs ranged from 9.8% to 68.3% among states (median: 28.4%) and from 8.5% to 57.3% across cities (median: 31.0%) (Table 26).

HEALTH SERVICES

Asthma management activities are an important aspect of school health services. The ranges in percentage of schools that implemented specific school-based asthma management activities were as follows (Tables 27a, b, Figure 5):

- **Assured immediate access to medications as prescribed by a physician and approved by parents:** from 71.3% to 95.2% across states (median: 92.9%) and from 81.5% to 95.1% across cities (median: 89.4%).
- **Provided a full-time registered nurse, all day every day:** from 0.5% to 98.4% across states (median: 36.1%) and from 9.2% to 93.2% across cities (median: 55.8%).

- **Identified and tracked all students with asthma:** from 47.1% to 97.3% across states (median: 85.8%) and from 26.8% to 100.0% across cities (median: 88.3%).
- **Obtained and used an Asthma Action Plan (or Individualized Health Plan) for all students with asthma:** from 24.8% to 79.0% across states (median: 62.2%) and from 20.8% to 84.7% across cities (median: 66.3%).
- **Provided intensive case management for students with asthma who are absent 10 days or more per year:** from 14.3% to 51.0% across states (median: 35.4%) and from 11.0% to 68.6% across cities (median: 54.0%).
- **Educated school staff about asthma:** from 33.2% to 82.0% across states (median: 53.7%) and from 30.0% to 83.4% across cities (median: 50.8%).
- **Educated students with asthma about asthma management:** from 24.4% to 75.9% across states (median: 52.4%) and from 17.8% to 83.0% across cities (median: 67.9%).
- **Taught asthma awareness to all students in at least one grade:** from 12.2% to 39.5% across states (median: 25.8%) and from 7.1% to 52.8% across cities (median: 25.3%).
- **Encouraged full participation in physical education and physical activity when students with asthma are doing well:** from 76.2% to 99.4% across states (median: 96.4%) and from 74.4% to 100.0% across cities (median: 94.4%).

- **Provided modified physical education and physical activities as indicated by the student's Asthma Action Plan:** from 54.8% to 91.3% across states (median: 84.9%) and from 62.4% to 93.3% across cities (median: 85.6%).

FOOD SERVICE

A large percentage of schools serve lunch to their students. The percentage of schools that served lunch ranged from 85.9% to 100.0% across states (median: 99.4%) and from 93.8% to 100.0% across cities (median: 100.0%) (Table 28). It is important that students have enough time to eat lunch once they are seated. Among schools that serve lunch to students, the percentage of schools in which students usually had 20 minutes or more to eat lunch, once they were seated, ranged from 63.8% to 91.8% across states (median: 79.5%) and from 57.0% to 91.9% across cities (median: 81.8%) (Table 28).

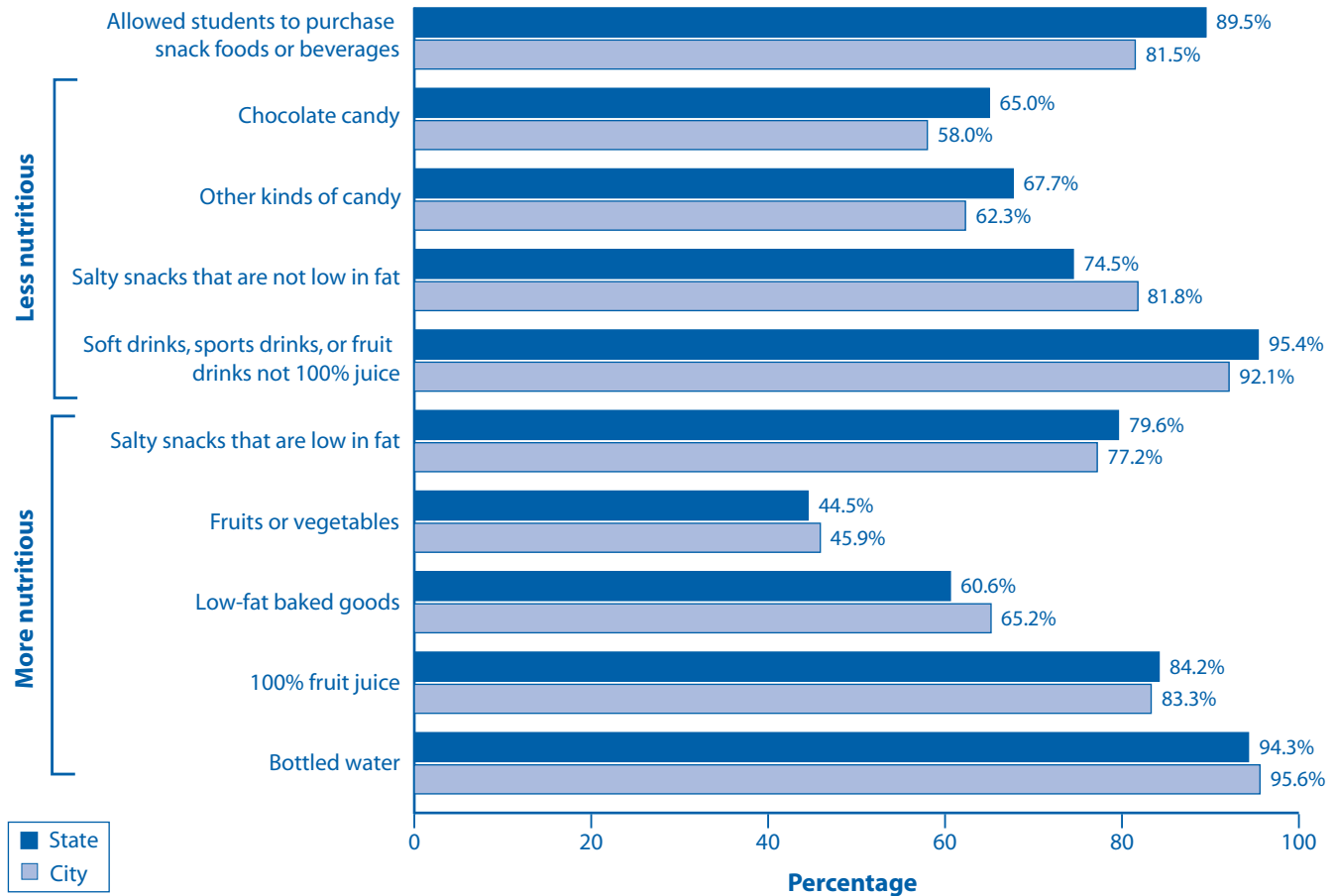
SCHOOL POLICY AND ENVIRONMENT

Competitive Foods

The percentage of schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar ranged from 59.8% to 95.0% across states (median: 89.5%) and from 33.2% to 96.1% across cities (median: 81.5%) (Table 29, Figure 6). Among schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, less nutritious foods and beverages available for purchase were as follows (Table 29, Figure 6).

- **Chocolate candy:** from 34.5% to 93.4% across states (median: 65.0%) and from 27.3% to 82.4% across cities (median: 58.0%).

FIGURE 6. Median percentage of schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar and, among those schools, the median percentage that sold less nutritious and more nutritious foods or beverages, School Health Profiles, 2004.



- **Other kinds of candy:** from 39.7% to 94.4% across states (median: 67.7%) and from 33.7% to 82.5% across cities (median: 62.3%).
- **Salty snacks that are not low in fat:** from 53.5% to 89.4% across states (median: 74.5%) and from 52.4% to 91.7% across cities (median: 81.8%).
- **Soft drinks, sports drinks, or fruit drinks that are not 100% juice:** from 78.9% to 99.5% across states (median: 95.4%) and from 53.4% to 100.0% across cities (median: 92.1%).

Among schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, more nutritious foods and beverages available for purchase were as follows (Table 29, Figure 6):

- **Salty snacks that are low in fat:** from 55.6% to 92.5% across states (median: 79.6%) and from 50.8% to 88.1% across cities (median: 77.2%).
- **Fruits or vegetables:** from 18.5% to 57.8% across states (median: 44.5%) and from 14.7% to 77.1% across cities (median: 45.9%).

- **Low-fat baked goods:** from 41.0% to 80.2% across states (median: 60.6%) and from 28.5% to 75.0% across cities (median: 65.2%).
- **100% fruit juice:** from 56.6% to 95.5% across states (median: 84.2%) and from 61.7% to 90.1% across cities (median: 83.3%).
- **Bottled water:** from 83.9% to 100.0% across states (median: 94.3%) and from 79.6% to 100.0% across cities (median: 95.6%).

Among schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, the percentage of schools that allowed students to purchase candy; high fat snacks; or soft drinks, sports drinks, or fruit drinks that are not 100% fruit juice (Table 30):

- **Before classes begin in the morning** ranged from 34.8% to 82.8% across states (median: 60.3%) and from 18.1% to 83.3% across cities (median: 43.1%).
- **During any school hours when meals are not being served** ranged from 20.8% to 62.0% across states (median: 44.7%) and from 7.4% to 58.3% across cities (median: 22.1%).
- **During school lunch periods** ranged from 22.2% to 90.1% across states (median: 66.0%) and from 48.7% to 89.5% across cities (median: 70.3%).

The percentage of schools that had a policy that fruits or vegetables would be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands ranged from 5.5% to 23.5% across states (median: 9.7%) and from 11.3% to 40.9% across cities (median: 27.4%) (Table 30).

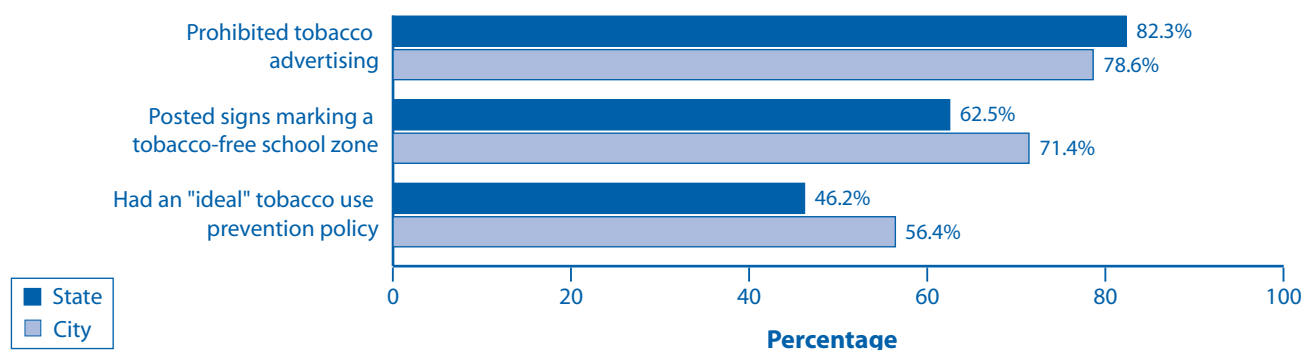
Tobacco Use Prevention

Tobacco use prevention policies can help prevent tobacco use among students. The percentage of schools that had a policy prohibiting tobacco use ranged from 96.2% to 100.0% across states (median: 98.6%) and from 85.4% to 100.0% across cities (median: 98.0%) (Table 31). Among those schools, the percentage of schools that had an "ideal" tobacco use prevention policy ranged from 19.6% to 66.5% across states (median: 46.2%) and from 28.0% to 73.9% across cities (median: 56.4%) (Table 31, Figure 7).

Among schools with a policy prohibiting tobacco use, specific actions are taken when students are caught smoking cigarettes. The ranges in percentage of schools that sometimes, almost always, or always took specific actions when students were caught smoking cigarettes were as follows (Tables 32a, b):

- **Informed parents or guardians:** from 97.8% to 100.0% across states (median: 99.6%) and from 96.9% to 100.0% across cities (median: 100.0%).
- **Referred students to a school counselor:** from 55.2% to 88.6% across states (median: 75.4%) and from 70.6% to 100.0% across cities (median: 90.0%).
- **Referred students to a school administrator:** from 94.9% to 100.0% across states (median: 99.3%) and from 86.5% to 100.0% across cities (median: 100.0%).
- **Encouraged students to participate in an assistance, education, or cessation program:** from 37.7% to 82.2% across states (median: 62.6%) and from 37.0% to 88.2% across cities (median: 60.0%).
- **Required students to participate in an assistance, education, or cessation program:** from 15.2% to 68.4% across states (median: 32.7%) and from 17.3% to 92.9% across cities (median: 41.7%).

FIGURE 7. Median percentage of schools that prohibited tobacco advertising,* posted signs marking a tobacco-free school zone,** and, among schools with a policy prohibiting tobacco use, had an "ideal" tobacco use prevention policy,[§] School Health Profiles, 2004.



* In school buildings, on school grounds, on school buses and other school vehicles, in school publications, and through sponsorship of school events, and prohibited students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.

** A specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed.

[§] Prohibited all tobacco use by students, faculty, staff, and visitors during school and nonschool hours; in school buildings, on school property, in school buses or other vehicles used to transport students; and at off-campus school-sponsored events.

- **Referred students to legal authorities:** from 12.3% to 98.1% across states (median: 62.5%) and from 21.3% to 66.7% across cities (median: 45.0%).
- **Placed students in detention:** from 33.7% to 72.3% across states (median: 56.9%) and from 30.5% to 82.2% across cities (median: 65.5%).
- **Gave students in-school suspension:** from 49.4% to 91.2% across states (median: 70.8%) and from 44.1% to 87.8% across cities (median: 70.7%).
- **Suspended students from school:** from 53.1% to 92.3% across states (median: 78.4%) and from 75.2% to 93.3% across cities (median: 85.8%).

Among schools with a policy prohibiting tobacco use, the percentage of schools that had procedures to inform specific groups about the tobacco prevention policy that

prohibited their use of tobacco ranged from 95.9% to 100.0% across states (median: 99.4%) and from 93.4% to 100.0% across cities (median: 100.0%) for students, from 91.2% to 99.6% across states (median: 96.4%) and from 92.0% to 100.0% across cities (median: 96.9%) for faculty and staff, and from 67.2% to 91.6% across states (median: 82.8%) and from 81.5% to 100.0% across cities (median: 91.8%) for visitors (Table 33). In addition, among schools with a policy prohibiting tobacco use, the percentage of schools that had a policy to inform parents about the policy that prohibited tobacco use by students ranged from 93.2% to 99.7% across states (median: 98.5%) and from 90.7% to 100.0% across cities (median: 97.8%) (Table 33).

Many schools prohibit tobacco advertisements in specific locations, tobacco advertisement through sponsorship of school events, and students from wearing tobacco brand-name apparel or carrying merchandise

with tobacco company names, logos, or cartoon characters. The ranges in percentage of schools that implemented such policies were as follows (Table 34):

- **Prohibited tobacco advertising in the school building:** from 90.9% to 96.9% across states (median: 94.9%) and from 87.9% to 100.0% across cities (median: 94.6%).
- **Prohibited tobacco advertising on school grounds including on the outside of the building, on playing fields, or other areas of the campus:** from 89.3% to 97.0% across states (median: 94.2%) and from 87.6% to 100.0% across cities (median: 92.7%).
- **Prohibited tobacco advertising on school buses or other vehicles used to transport students:** from 87.7% to 96.3% across states (median: 93.9%) and from 87.9% to 99.0% across cities (median: 92.6%).
- **Prohibited tobacco advertising in school publications:** from 88.7% to 95.9% across states (median: 93.6%) and from 85.1% to 100.0% across cities (median: 91.3%).
- **Prohibited tobacco advertising through sponsorship of school events:** from 86.4% to 96.3% across states (median: 92.6%) and from 82.5% to 98.0% across cities (median: 91.9%).
- **Prohibited students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters:** from 71.8% to 99.5% across states (median: 93.8%) and from 81.9% to 100.0% across cities (median: 90.5%).

- **Prohibited all tobacco advertising in school buildings, on school grounds, on school buses, in school publications, and through sponsorship of school events and prohibited students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters:** from 62.8% to 89.4% across states (median: 82.3%) and from 60.6% to 87.5% across cities (median: 78.6%) (Figure 7).

The ranges in percentage of schools that provided referrals to tobacco cessation programs for faculty and staff were from 7.5% to 46.1% across states (median: 19.0%) and from 2.8% to 53.1% across cities (median: 23.3%) (Table 35). The ranges in percentage of schools that provided referrals to tobacco cessation programs for students were from 21.0% to 78.7% across states (median: 49.7%) and from 9.5% to 100.0% across cities (median: 35.7%) (Table 35).

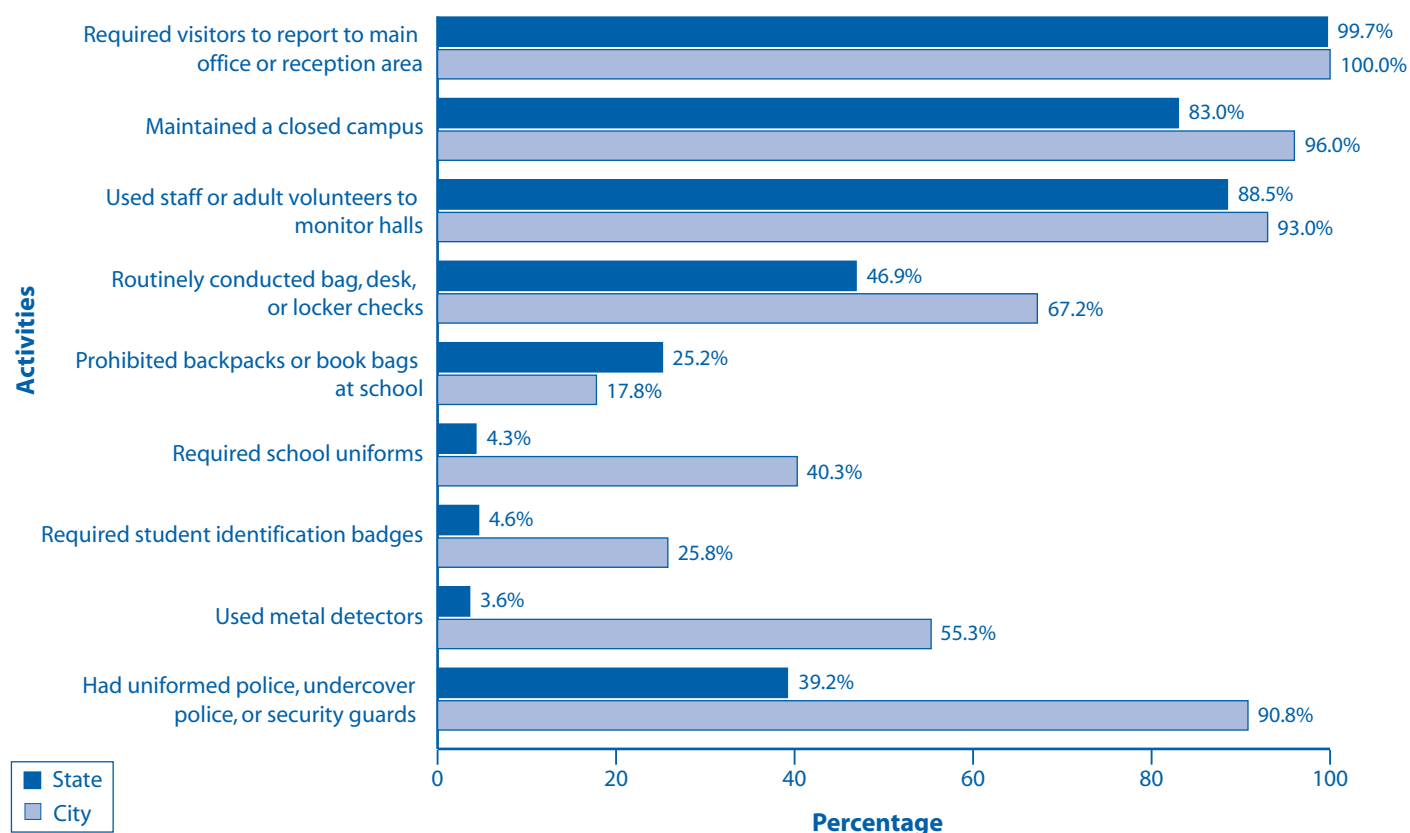
The percentage of schools that post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed, ranged from 41.6% to 85.3% across states (median: 62.5%) and from 29.9% to 90.5% across cities (median: 71.4%) (Table 35, Figure 7).

Violence Prevention

Schools implement safety and security measures to ensure the safety of students, staff, and visitors. The ranges in percentage of schools that implemented specific safety and security measures were as follows (Table 36, Figure 8):

- **Required visitors to report to the main office or reception area upon arrival:** from 89.6% to 100.0% across states (median: 99.7%) and from 98.1% to 100.0% across cities (median: 100.0%).

FIGURE 8. Median percentage of schools that implemented specific safety and security measures, School Health Profiles, 2004.



- Maintained a closed campus:** from 43.8% to 96.5% across states (median: 83.0%) and from 75.0% to 100.0% across cities (median: 96.7%).
- Used staff or adult volunteers to monitor school halls during and between classes:** from 72.6% to 94.3% across states (median: 88.5%) and from 87.5% to 96.9% across cities (median: 93.0%).
- Routinely conducted bag, desk, or locker checks:** from 17.1% to 70.5% across states (median: 46.9%) and from 7.3% to 96.3% across cities (median: 67.2%).
- Prohibited students from carrying backpacks or book bags at school:** from 10.8% to 49.4% across states (median: 25.2%) and from 0.0% to 33.1% across cities (median: 17.8%).
- Required students to wear school uniforms:** from 0.0% to 24.3% across states (median: 4.3%) and from 0.0% to 98.1% across cities (median: 40.3%).
- Required students to wear identification badges:** from 0.0% to 37.7% across states (median: 4.6%) and from 0.0% to 74.2% across cities (median: 25.8%).
- Used metal detectors:** from 0.0% to 27.8% across states (median: 3.6%) and from 0.0% to 98.1% across cities (median: 55.3%).

- **Employed uniformed police, undercover police, or security guards during the regular school day:** from 10.5% to 86.5% across states (median: 39.2%) and from 68.7% to 100.0% across cities (median: 90.8%).

The ranges in percentage of schools that had or participated in specific violence prevention programs were as follows (Table 37):

- **A peer mediation program:** from 17.8% to 67.8% across states (median: 44.4%) and from 43.4% to 97.3% across cities (median: 64.1%).
- **A safe-passage-to-school program:** from 1.6% to 21.0% across states (median: 6.6%) and from 7.4% to 57.1% across cities (median: 26.7%).
- **A program to prevent gang violence:** from 7.2% to 48.2% across states (median: 22.5%) and from 39.5% to 84.8% across cities (median: 65.7%).
- **A program to prevent bullying:** from 45.9% to 76.3% across states (median: 58.2%) and from 48.4% to 85.8% across cities (median: 62.2%).

The ranges in percentage of schools that had a written plan for responding to violence at the school were from 86.9% to 99.0% across states (median: 95.8%) and from 89.9% to 100.0% across cities (median: 97.7%) (Table 37).

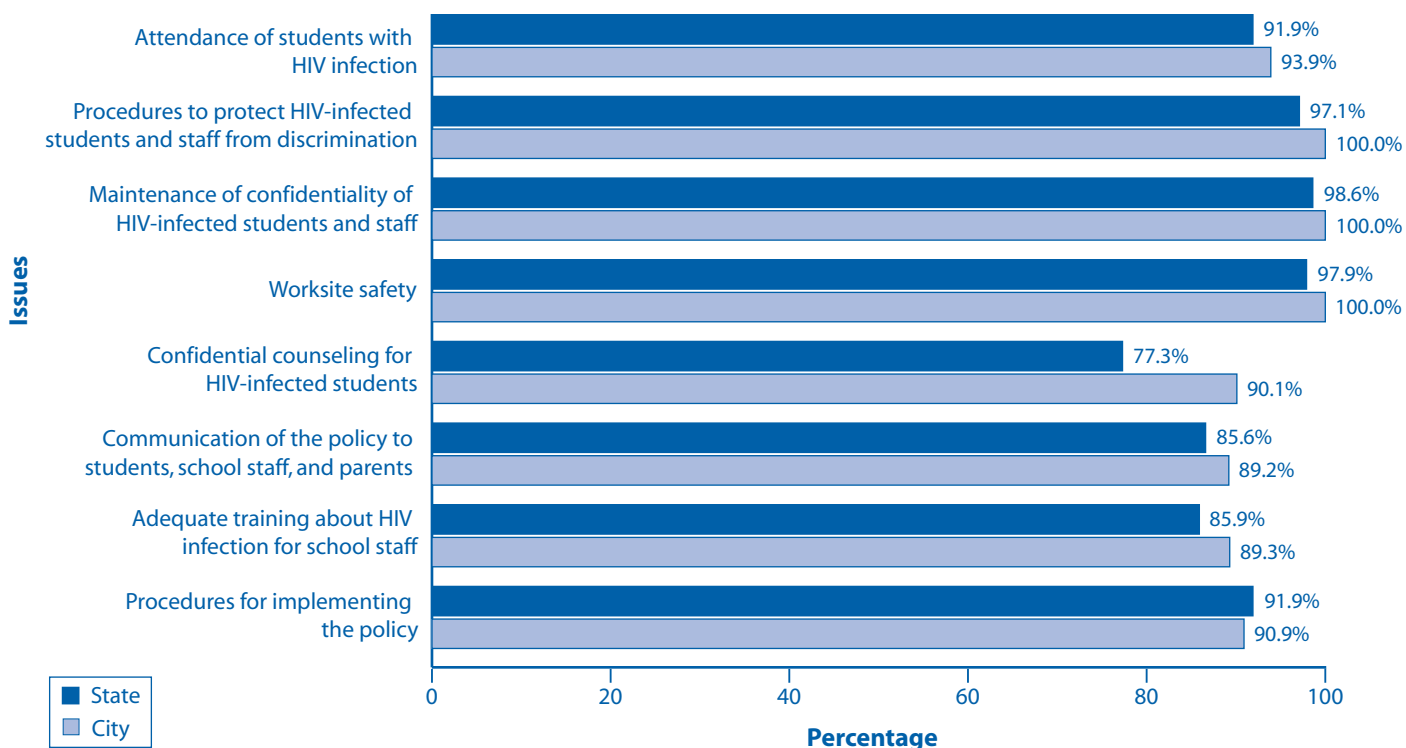
HIV Infection and AIDS Prevention

School policies can provide critical support for HIV infected students and staff. The percentage of schools with a written policy that protects the rights of students or staff with HIV infection or AIDS ranged from 44.9% to 84.2% across states (median: 59.4%) and from 54.2% to 100.0% across cities (median: 65.3%) (Table 38).

Among those schools that had a written policy, the ranges in percentage of schools whose policy addressed specific issues were as follows (Table 38, Figure 9):

- **Attendance at school of students with HIV infection:** from 86.0% to 96.7% across states (median: 91.9%) and from 84.7% to 100.0% across cities (median: 93.9%).
- **Procedures to protect HIV-infected students and staff from discrimination:** from 91.3% to 100.0% across states (median: 97.1%) and from 93.1% to 100.0% across cities (median: 100.0%).
- **Maintenance of confidentiality of HIV-infected students and staff:** from 95.1% to 100.0% across states (median: 98.6%) and from 98.4% to 100.0% across cities (median: 100.0%).
- **Worksite safety:** from 94.9% to 100.0% across states (median: 97.9%) and from 95.1% to 100.0% across cities (median: 100.0%).
- **Confidential counseling for HIV-infected students:** from 64.1% to 86.5% across states (median: 77.3%) and from 84.5% to 100.0% across cities (median: 90.1%).
- **Communication of the policy to students, school staff, and parents:** from 76.8% to 94.7% across states (median: 85.6%) and from 85.2% to 96.5% across cities (median: 89.2%).
- **Adequate training about HIV infection for school staff:** from 65.2% to 96.5% across states (median: 85.9%) and from 78.0% to 92.9% across cities (median: 89.3%).

FIGURE 9. Among schools with a written policy that protects the rights of students or staff with HIV* infection or AIDS,** the median percentage whose policy addressed specific issues, School Health Profiles, 2004.



* HIV = human immunodeficiency virus.
 ** AIDS = acquired immunodeficiency syndrome.

- **Procedures for implementing the policy:** from 84.9% to 97.8% across states (median: 91.9%) and from 86.7% to 100.0% across cities (median: 90.9%).

The ranges in percentage of schools that engaged parents and families in specific health education activities during the 2003–2004 school year were as follows (Table 39):

FAMILY AND COMMUNITY INVOLVEMENT

Partnerships between schools, families, and community members are important elements of a school health program. The percentage of schools that had a school health committee or advisory group to develop policies, coordinate activities, or seek student and family involvement in programs that address health issues ranged from 20.5% to 72.7% across states (median: 48.7%) and from 40.9% to 85.3% across cities (median: 72.3%) (Table 39).

- **Provided families with information on the health education program:** from 37.2% to 81.4% across states (median: 70.9%) and from 58.5% to 89.8% across cities (median: 77.5%).
- **Met with a parents’ organization (e.g., PTA, PTO) to discuss the health education program:** from 4.3% to 33.6% across states (median: 18.3%) and from 18.7% to 56.7% across cities (median: 32.5%).

- **Invited family members to attend a health education class:** from 18.6% to 54.6% across states (median: 34.4%) and from 27.2% to 87.5% across cities (median: 42.4%).

Among schools that required a health education course for students in any of grades 6 through 12, the ranges in percentage of schools that asked students to participate in health-related community activities as part of a required health education course during the 2003–2004 school year were as follows (Table 40):

- **Performed volunteer work at a hospital, a local health department, or any other community organization that addresses health issues:** from 9.5% to 24.2% across states (median: 15.9%) and from 11.7% to 46.4% across cities (median: 29.5%).
- **Participated in or attended a school or community health fair:** from 13.3% to 37.9% across states (median: 26.7%) and from 34.0% to 78.6% across cities (median: 44.6%).
- **Gathered information about health services that are available in the community:** from 45.5% to 71.6% across states (median: 55.7%) and from 50.2% to 88.1% across cities (median: 71.3%).
- **Visited a store to compare prices of health products:** from 13.4% to 36.7% across states (median: 25.2%) and from 29.4% to 57.4% across cities (median: 43.6%).
- **Identified potential injury sites at school, home, or in the community:** from 36.5% to 71.2% across states (median: 55.1%) and from 58.9% to 83.9% across cities (median: 65.4%).
- **Identified and analyzed advertising in the community designed to influence health behaviors or health risk behaviors:** from 48.9% to 82.4% across states (median: 70.0%) and from 56.9% to 87.4% across cities (median: 71.9%).
- **Advocated for a health-related issue:** from 35.7% to 70.0% across states (median: 50.7%) and from 46.0% to 76.0% across cities (median: 55.6%).
- **Completed homework assignments with family members:** from 62.3% to 87.6% across states (median: 76.9%) and from 72.4% to 94.0% across cities (median: 86.8%).

TRENDS

The Profiles survey was first conducted in 1996 and is repeated biennially. Although the questionnaires are modified each year, some questions remain constant, which allows investigators to analyze changes over time. **Long-term trends** compare data between the 1996⁴⁷ and 2004 Profiles. **Short-term trends** compare data between the 2002⁴⁸ and 2004 Profiles.

LONG-TERM TRENDS

Significant improvements in health education and health policy were detected between 1996 and 2004 in the following areas:

- Across **states**, the median percentage of schools in which teachers tried to increase student knowledge in a required health education course about consumer health, nutrition and dietary behavior, physical activity and fitness, and tobacco use prevention increased from 78.5% to 81.3%, from 94.3% to 98.5%, from 94.5% to 98.9%, and from 97.2% to 98.6%, respectively.
- Across **cities**, the median percentage of schools in which teachers tried to increase student knowledge in a required health education course about accident or injury prevention increased from 85.9% to 96.3%.
- Across **states**, increases were found in the median percentage of schools in which teachers tried to improve student skills in a required health education course in communication (from 90.2% to 93.3%), decision making (from 96.5% to 97.7%), goal setting (from 89.8% to 94.3%), conflict resolution (from 81.5% to 89.2%), and stress management (from 85.6% to 89.5%).
- Across **states**, among schools with a health education coordinator, the median percentage of schools in which a health education teacher coordinated health education at the school increased from 38.8% to 46.3%.
- Across **states**, the median percentage of schools in which health education staff worked on health education activities with physical education staff, school health services staff, school mental health staff, or food service staff increased from 69.2% to 74.0%, from 44.3% to 67.5%, from 55.9% to 60.5%, and from 18.2% to 23.4%, respectively.
- Across **states**, increases were found in the median percentage of schools in which the lead health education teacher received staff development during the past 2 years about alcohol or other drug use prevention (from 40.3% to 48.2%), consumer health (from 9.3% to 15.1%), CPR (from 50.7% to 64.2%), death and dying (from 9.4% to 11.2%), dental and oral health (from 5.8% to 9.4%), emotional and mental health (from 21.4% to 32.3%), environmental health (from 8.8% to 14.9%), first aid (from 40.3% to 53.9%), growth and development (from 16.1% to 23.2%), nutrition and dietary behavior (from 26.9% to 32.0%), physical activity and fitness (from 31.9% to 43.3%), suicide prevention (from 15.5% to 23.1%), tobacco use prevention (from 21.2% to 33.9%), and violence prevention (from 41.8% to 52.2%).
- Across **states**, among schools that had adopted a written policy to protect the rights of students or staff with HIV infection or AIDS, increases were found in the median percentages of schools that had a written policy that addressed procedures to protect HIV-infected students and staff from discrimination (from 90.4% to 97.1%); maintain confidentiality of HIV-infected students and staff (from 94.9% to 98.6%); provide

worksite safety (from 92.7% to 97.9%); communicate the HIV policy to students, school staff, and parents (from 75.7% to 85.6%); and procedures to implement the policy (from 86.2% to 91.9%).

- Across **cities**, among schools that had adopted a written policy to protect the rights of students or staff with HIV infection or AIDS, increases were found in the median percentages of schools that had a written policy on worksite safety (from 95.9% to 100.0%).

Significant deteriorations in health education and health policy were detected between 1996 and 2004 in the following areas:

- Across **cities**, the median percentage of schools that required health education for students in any of grades 6 through 12 decreased from 97.1% to 81.3%.
- Across **states**, decreases were found in the median percentage of schools in which teachers tried to increase student knowledge in a required health education course about CPR (from 72.0% to 59.1%) and first aid (from 78.5% to 72.7%).
- Across **states**, decreases were found in the median percentage of schools in which teachers taught in a required health education course how HIV is transmitted (from 99.4% to 93.9%) and the influence of alcohol and other drugs on HIV-related risk behaviors (from 92.7% to 91.1%).
- Across **states**, the median percentage of schools in which the lead health education teacher received staff development during the past 2 years on HIV prevention decreased from 51.3% to 42.7%.
- Across **states**, the median percentage of schools that had adopted a written policy to protect the rights of students or staff with HIV infection or AIDS decreased from 69.5% to 59.4%.

SHORT-TERM TRENDS

Significant improvements in health education and health policy were detected between 2002 and 2004 in the following areas:

- Across **states**, the median percentage of schools that taught students how to find valid information or services related to tobacco use cessation in a required health education course increased from 72.1% to 76.3%.
- Across **states and cities**, the median percentage of schools in which teachers taught in a required health education course about using food labels increased from 80.2% to 87.2% and from 83.0% to 90.1%, respectively.
- Across **states**, increases were found in the median percentage of schools in which teachers taught in a required health education course about choosing a variety of fruits and vegetables daily (from 84.6% to 89.8%), preparing healthy meals and snacks (from 74.0% to 82.7%), aiming for a healthy weight (from 86.3% to 93.5%), risks of unhealthy weight control practices (from 80.9% to 91.4%), and eating disorders (from 87.4% to 90.6%).
- Across **states**, the median percentage of schools that used peer educators as a teaching method in a required health education course increased from 56.3% to 61.6%.
- Across **states**, the median percentage of schools that used the Internet as a teaching method in a required health education course increased from 79.9% to 83.2%.

- Across **states**, there was an increase in the median percentage of schools in which the lead health education teacher received staff development during the past 2 years in teaching skills for behavior changes from 46.1% to 53.5%.
 - Across **states**, there was an increase in the median percentage of schools that provided modified physical education and physical activities as indicated by the student's Asthma Action Plan from 81.8% to 84.9%.
 - Across **states**, among schools that allowed students to purchase foods or beverages from vending machines or at the school store, canteen, or snack bar, there was an increase in the median percentage of schools that allowed students to purchase 100% fruit juice (from 79.3% to 84.2%) and water (from 90.3% to 94.3%).
 - Across **cities**, among schools that allowed students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar, the median percentage of schools that allowed students to purchase candy; high fat snacks; or soft drinks, sports drinks, or fruit drinks that are not 100% fruit juice during school lunch periods decreased from 90.2% to 70.3%.
 - Across **states**, there was an increase in the median percentage of schools that had a policy that fruits or vegetables would be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands from 7.7% to 9.7%.
 - Across **states**, there was an increase in the median percentage of schools that had a program to prevent bullying from 50.6% to 58.2%.
 - Across **cities**, there was an increase in the median percentage of schools that identified potential injury sites at school, home, or in the community from 56.8% to 65.4%.
- Significant deteriorations in health education and health policy were detected between 2002 and 2004 in the following areas:
- Across **cities**, there was a decrease in the median percentage of schools that taught required HIV prevention units or lessons in special education courses from 47.4% to 37.2%.
 - Across **states**, decreases were found in the median percentage of schools in which teachers taught in a required health education course about choosing a variety of grains daily (from 91.5% to 86.4%), choosing and preparing foods with less salt (from 87.3% to 78.6%), and keeping food safe to eat (from 80.0% to 74.3%).
 - Across **cities**, a decrease was found in the median percentage of schools in which teachers taught in a required health education course about choosing and preparing foods with less salt from 92.4% to 82.1%.
 - Across **states**, a decrease was found in the median percentage of lead health education teachers who received staff development during the past 2 years on tobacco use prevention from 38.7% to 33.9%.
 - Across **cities**, the median percentage of schools that offered students the opportunity to participate in before- or after-school intramural activities or physical activity clubs decreased from 92.4% to 78.4%.
 - Across **states**, there was a decrease in the median percentage of schools that had or participated in a peer mediation program from 51.2% to 44.4%.

DISCUSSION

Coordinated school health programs (CSHPs) help students develop and improve health-related knowledge, attitudes, and skills. In addition, these programs can help improve health behaviors, health outcomes, educational outcomes, and social outcomes among adolescents and young adults.⁴⁹ School Health Profiles provides information to help assess some aspects of six of the eight components of CSHPs. Long- and short-term trends in Profiles data illustrate how school health programs have evolved over time to meet the needs of students and demonstrate areas for improvement.

The National Health Education Standards, the Institute of Medicine, and the *Healthy People 2010* objectives all identify health education as important to help keep America's youth healthy.^{5, 8, 9} Profiles measures many characteristics of health education. For example, across cities, the median percentage of schools that required health education decreased significantly, from 97.1% in 1996 to 81.3% in 2004. These results are of concern because health education is important for ensuring that students receive the appropriate knowledge and skills needed to develop and maintain healthy behaviors.

*Healthy People 2010*⁹ Objective 7-2 specifies that the following topics be addressed in health education: unintentional injuries; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infections; unhealthy dietary patterns; inadequate physical activity; and environmental health. More than 80% of middle/junior and senior high schools across states and cities addressed topics related to tobacco use prevention, alcohol or other drug use prevention, HIV prevention, nutrition and dietary behavior, and physical activity and fitness. Since 1996, a significant increase occurred in the median

percentage of middle/junior and senior high schools across states that taught about alcohol and other drug use prevention, nutrition and dietary behavior, physical activity and fitness, suicide prevention, tobacco use prevention, and violence prevention. Concurrently, a significant decrease occurred in the median percentage of middle/junior and senior high schools across states that taught how HIV is transmitted and the influence of alcohol and other drugs on HIV-related risk behaviors. Schools need to ensure that health education topics address the priority health problems identified by the *Healthy People 2010*⁹ objectives.

The National Health Education Standards identify particular student skills such as goal setting, decision making, communications, and stress management that are important for enhancing health. More than 70% of middle/junior and senior high schools across states and cities tried to improve student skills in communications, decision-making, goal setting, and stress management. Since 1996, across states, a significant increase occurred in the median percentage of middle/junior and senior high schools that taught those skills.

An important component of effective health education is that it is coordinated by a professional who is trained in health education.¹⁰ Since 1996, across states, among schools with a health education coordinator, a significant increase occurred in the median percentage of middle/junior and senior high schools in which a health education teacher coordinated health education. However, it is also important that health education teachers be trained in health education. In 2004, professional preparation of the lead health education teacher varied greatly across states and cities. Coordination of health education activities with other components of the

school health program helps ensure that health issues are consistently addressed and reinforced within schools. The median percentage of middle/junior and senior high schools across states and cities that worked on health education activities with physical education, health services, and mental health or social services staff was more than 50%. Since 1996, across states, a significant increase occurred in the median percentage of middle/junior and senior high schools that worked on health education activities with physical education, school health services, school mental health, and food service staff. Coordination between health education and other school staff may improve the implementation of health education activities.

According to the U.S. Department of Education, Internet access in middle/junior and senior high classrooms has increased from 4% of classrooms in 1994 to 94% in 2003.⁵⁰ In 2000, 53% of public school teachers had used the computer or the Internet for instruction during class time.⁵¹ Profiles data demonstrate that since 2002 a significant increase occurred in the median percentage of middle/junior and senior high schools across states that reported using the Internet as a teaching method in a required health education course. This indicates the positive effort teachers have made to incorporate this technology into required health education courses.

CDC guidelines and *Healthy People 2010* objectives recommend required daily physical education to promote active, productive, and healthy lifestyles among youth.^{9,20} In 2004, the median percentage of schools across states and cities that required physical education for middle/junior and senior high school students was greater than 90%. Intramural sports extend and complement physical education and provide all students with an opportunity, regardless of athletic skill, to participate in physical activities.⁵² From 2002, a significant decrease

occurred in the median percentage of schools across cities that offered students the opportunity to participate in intramural activities or physical activity clubs.

Health services help students appraise, protect, and improve their health. One major aspect of health services is helping students with asthma manage their illness. In 2004, more than 70% of schools across states and cities assured students immediate access to asthma medications as prescribed by a physician and approved by parents. However, large variability was identified across states and cities in the percentages of schools that provided a full-time registered nurse, identified and tracked all students with asthma, and obtained and used an Asthma Action Plan for all students with asthma. Many schools do encourage full participation in physical education and physical activity when students with asthma are doing well and modify physical education and physical activities as indicated by the students' Asthma Action Plan.

Schools face a challenge to help meet the *Healthy People 2010*⁹ objective of increasing the proportion of children whose meal and snack intake contributes to a good diet. Among schools that allowed students to buy snack foods or beverages from vending machines or at the school store, canteen, or snack bar, there was an increase from 2002 to 2004 in the median percentage of schools across states that allowed students to purchase 100% fruit juice and water. During the same time period, there was a significant decrease in the median percentage of schools across cities that allowed students to purchase candy; high-fat snacks; and soft drinks, sports drinks, or fruit drinks that are not 100% fruit juice during school lunch periods.

The No Child Left Behind Act of 2001 reauthorized the Pro-Children Act of 1994, which prohibits smoking in any indoor facility that receives federal funds and

provides routine or regular education, day care, health care, early childhood development, or library services to children.^{40, 53} The Pro-Children Act is generally limited to indoor facilities in an attempt to protect children from secondhand smoke. The CDC *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* identified key elements of a tobacco use prevention school policy.³⁸ Across states and cities, the median percentage of schools with an “ideal” tobacco use prevention policy was 46.2% and 56.4%, respectively. More schools should adopt and enforce components of the “ideal” tobacco use prevention policy to meet the *Healthy People 2010* objective of 100% smoke-free and tobacco-free school environments.⁹ Another strategy identified in CDC’s guidelines to aid schools in preventing tobacco use among youth is the prohibition of tobacco advertising in school buildings, on school property, and in school publications. In 2004, more than 80% of schools across states and cities prohibited tobacco advertising in school buildings, on school grounds, on school vehicles, and in school publications. In addition, more than 70% of schools across states and cities prohibit students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it.

The No Child Left Behind Act of 2001 also authorized schools to use federal funds for programs to prevent violence in and around schools.⁴⁰ In 2004, the median percentage of schools that used metal detectors and had uniformed police, undercover police, or security guards during the regular school day varied greatly between states and cities. From 2002 to 2004, there was an increase in the median percentage of schools across states with a program to prevent bullying.

School policies should address the needs of students and staff with HIV infection and AIDS. Across states, a decrease occurred from 1996 to 2004 in the median

percentage of schools that had adopted a written policy to protect the rights of students or staff with HIV infection or AIDS. However, among those schools with a policy, a significant increase occurred in the median percentages of schools whose policy addressed protection of HIV-infected students and staff from discrimination; maintaining confidentiality of HIV-infected students and staff; worksite safety; communication of the policy to students, school staff, and parents; and procedures to implement the policy.

Collaboration between schools and families is essential to the success of CSHPs. The median percentage of schools across states and cities that provided information on the health education program to families was more than 70%. However, less than 60% of schools met with a parents’ organization such as the PTA or PTO to discuss the health education program or invited family members to attend a health education class.

Several limitations should be noted. The data presented in this report apply only to public middle/junior high and senior high schools and are limited to these school populations. Because the data were combined across both school levels, program and policy differences between the two levels may be masked. Second, the data are self-reported by school principals and lead health education teachers and may be subject to bias. Finally, the Profiles data do not provide an in-depth assessment of all elements of a CSHP.²

State and local education and health agencies use Profiles data to advocate for health and physical education programs, promote curricula or program modifications, support school health legislation, and identify staff development needs. For example, the Massachusetts Department of Education used Profiles data to support a bill to make health education part of the core curriculum and to advocate for continued

funding for health education teachers. In addition, physical activity and nutrition data from Profiles were presented at a legislative breakfast to raise awareness of health education and promote school health bills under consideration. The North Dakota Department of Public Instruction developed a document for its Web site entitled *Connecting the Links between Health and Academics – 2002 School Health Education Profiles (SHEP)*, which provides public access to Profiles data and health education recommendations. The Delaware Department of Education created Statewide Staff Development Day, on which workgroups meet to support staff development needs identified in their Profiles report. To address additional staff development for teachers, Profiles data were given to the Delaware Health Education Commission to support creation of an advanced teacher training program linked to pay increases. Further, Profiles data were used to develop the curriculum for the training program.

Profiles data help state and local education and health agencies promote program strengths and advocate for resources to address weaknesses. Numerous resources exist to help states and districts address weaknesses identified through their Profiles data. For example,

for states and districts needing to improve their policies, *Someone at School Has AIDS* provides information on developing policies that address issues raised by HIV-infected students and staff.⁴³ The document describes the rationale and steps for policy development and provides sample language, implementation guidance, and examples of state and local policies. *Fit, Healthy, and Ready to Learn* is another guide to help schools develop policies to address physical activity, healthy eating, tobacco use prevention, asthma control, and the healthy school environment.^{54, 55} The guide includes information on the policy development process, general school health policies, and examples of specific policies for all topic areas. CDC's School Health Index (SHI) is a tool to help schools identify strengths and weakness of their health and safety policies and practices through a self-assessment process and to develop an action plan for improvement. The process engages teachers, parents, students, and the community to help promote positive health behaviors.⁵⁶ Finally, *Making it Happen: School Nutrition Success Stories* describes how schools across the United States improved the types of foods and beverages sold and offered outside of the USDA school meal program to provide more healthy choices for students.⁵⁷

REFERENCES

1. Snyder T, Tan A, Hoffman C. *Digest of Educational Statistics 2003*, (NCES 2005-025). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office; 2004.
2. Allensworth D, Kolbe L. The comprehensive school health program: exploring an expanded concept. *Journal of School Health* 1987;57(10):409–412.
3. SAS Institute, Inc. SAS,® version 8.02 [Software and documentation]. Research Triangle Park, NC: Research Triangle Institute; 2001.
4. Armitage P, Berry G. *Statistical Methods in Medical Research*. 3rd edition. Cambridge, MA: Blackwell Scientific Publications, Inc.; 1994:448–468.
5. Institute of Medicine. *School and Health: Our Nation's Investment*. Washington, DC: National Academy Press; 1997.
6. McKenzie F, Richmond J. Linking health and learning: an overview of coordinated school health. In: Marx E, Wooley S, eds., with Northrop D. *Health is Academic: A Guide to School Health Programs*. New York: Teachers College Press; 1998:1–14.
7. Lohrmann D, Wooley S. Comprehensive school health education. In: Marx E, Wooley S, eds., with Northrop D. *Health is Academic: A Guide to School Health Programs*. New York: Teachers College Press; 1998:43–66.
8. Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Health Literacy*. Atlanta, GA: American Cancer Society; 1995.
9. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With *Understanding and Improving Health and Objectives for Improving Health*, 2 vols. Washington, DC: U.S. Government Printing Office; November 2000.
10. National Commission of the Role of the School and the Community to Improve Adolescent Health. *Code Blue: Uniting for Healthier Youth*. Alexandria, VA: National Association of State Boards of Education; 1990.
11. Palmer J. Planning wheels turn curriculum around. *Educational Leader* 1991;49:57–60.
12. Allensworth D. Health education: state of the art. *Journal of School Health* 1993;63(1):14–20.
13. Lavin A. Comprehensive school health education: barriers and opportunities. *Journal of School Health* 1993;63(1):24–27.
14. Hamburg M. School health education: What are the possibilities? In: Cortese P, Middleton K, eds. *The Comprehensive School Health Challenge: Promoting Health through Education*. Santa Cruz, CA: ETR Associates; 1994:3–19.

15. Ross J, Luepker R, Nelson G, Saavedra P, Hubbard B. Teenage health teaching modules: impact of teacher training on implementation and student outcomes. *Journal of School Health* 1991;61(1):31–34.
16. Hedley A, Ogden C, Johnson C, Carroll M, Curtin L, Flegal K. Prevalence of overweight and obesity among U.S. children, adolescents, and adults, 1999–2002. *JAMA* 2004;291(23):2847–2850.
17. Ogden C, Flegal K, Carroll M, Johnson C. Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. *JAMA* 2002;288(14):1728–1732.
18. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
19. Wechsler H, McKenna M, Lee S, Dietz W. Childhood obesity. *Journal of the National Association of State Boards of Education* 2004;5(2):4–12.
20. CDC. Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR* 1997;46(RR-6):1–36.
21. Task Force on Community Preventive Services. Recommendations to increase physical activity in communities. *American Journal of Preventive Medicine* 2002;22(4S):67–72.
22. National Assembly on School-Based Health Care. *Principles and Goals for School-Based Health Care*. Available at www.nasbhc.org/app/nasbhc%20final%20goals.pdf.
23. Snyder T, Tan A, Hoffman C. *Digest of Educational Statistics 2003*, (NCES 2005-025). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office; 2004.
24. CDC. Surveillance for asthma—United States, 1980-1999. *MMWR* 2002;51(SS-1):1–13.
25. National Center for Health Statistics. Asthma prevalence, healthcare use, and mortality, 2002. (February 2005) Available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma/asthma.htm>.
26. Lieu T, Lozano P, Finklestein J, Chi F, Jensvold N, Capra A, et al. Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics* 2002;109(5):857–865.
27. CDC. Strategies for addressing asthma within a coordinated school health program. Atlanta, GA: Centers for Disease Control and Prevention; 2002.
28. Fagot-Campagna, A. Emergence of type 2 diabetes mellitus in children: epidemiological evidence. *Journal of Pediatric Endocrinology Metabolism* 2000;13(6):1395–1402.
29. U.S. Department of Agriculture. *National School Lunch Program: Foods Sold in Competition with USDA School Meal Programs. A Report to Congress, 2001*. Washington, DC: U.S. Department of Agriculture; 2001. Available at www.fns.usda.gov/cnd/Lunch/CompetitiveFoods/report_congress.htm.

30. U.S. Department of Agriculture. *School Meals: Foods of Minimal Nutritional Value*, 2003. Washington, DC: U.S. Department of Agriculture; 2003. Available at www.fns.usda.gov/cnd/menu/fmnv.htm.
31. National Academy of Sciences. Dietary Reference Intakes (DRIs): Recommended Intakes for Individuals. National Academy of Sciences. Available at <http://www.iom.edu/Object.File/Master/21/372/0.pdf>.
32. Wright J, Wang C, Kennedy-Stephenson J, Ervin R. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. Advance Data from Vital and Health Statistics. Dietary Intake of Ten Key Nutrients for Public Health, United States: 1999-2000. Number 334, April 2003.
33. Ervin R, Wang C, Wright J, Kennedy-Stephenson J. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. Advance Data from Vital and Health Statistics. Dietary Intake of Selected Minerals for the United States population: 1999-2000. Number 341, April 27, 2004.
34. Institute of Medicine. *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids*. Washington, DC: National Academy Press; 2002.
35. Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004, Pub. L. No. 108-265.
36. CDC. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995-1999. *MMWR* 2002;51(14):1-24.
37. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, Georgia: 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; 1994.
38. CDC. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(RR-2):1-18.
39. CDC. National Center for Health Statistics. National Vital Statistics Report, Deaths: Leading Causes for 2002. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_17.pdf.
40. No Child Left Behind Act of 2001, Pub. L. No. 107-110, §1061, 115 Stat. 2083 (2002).
41. CDC. School health guidelines to prevent unintentional injury and violence. *MMWR* 2001;50(RR-22):1-73.
42. CDC. *HIV/AIDS Surveillance in Adolescents*, Slide Series L265 (through 2003). Available at www.cdc.gov/hiv/graphics/adolesnt.htm.
43. National Association of State Boards of Education. *Someone at School Has AIDS: A Comprehensive Guide to Education Policies Concerning HIV Infection*. Alexandria, VA: National Association of State Boards of Education; 1996.
44. CDC, HRSA. *Executive Summary—Improving the Health of Adolescents and Young Adults: A Guide for States and Communities*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.

45. Carlyon P, Carlyon W, McCarthy A. Family and community involvement in school health. In: Marx E, Wooley S, eds., with Northrop D. *Health is Academic: A Guide to School Health Programs*. New York: Teachers College Press; 1998:67–95.
46. Birch D. Involving families in school health education: implications for professional preparation. *Journal of School Health* 1994;64(7):296–299.
47. CDC. Surveillance for characteristics of health education among secondary schools—School Health Education Profiles, 1996. *MMWR* 1998;47(SS-4):1–31.
48. Whalen L, Grunbaum J, Kann L, Hawkins J, McManus T, Davis K. *School Health Profiles: Surveillance for Characteristics of Health Programs Among Secondary Schools (Profiles 2002)*. Atlanta, GA: Centers for Disease Control and Prevention; 2004.
49. Kolbe LJ. Education reform and the goals of modern school health programs. *State Education Standard* 2002;3:4–11.
50. U.S. Department of Education, National Center for Educational Statistics. Internet access in U.S. public schools and classrooms: 1994–2003. Available at <http://nces.ed.gov/pubs2005/2005015.pdf>.
51. Smerdon B, Cronen S, Lanahan L, Anderson J, Iannotti N, Angeles J. *Teachers' Tools for the 21st Century: A Report on Teachers' Use of Technology*. Washington, DC: U.S. Department of Education, National Center for Education Statistics; 2000.
52. National Association for Sport and Physical Education. Guidelines for after-school physical activity and intramural sport programs. Available at: http://www.aahperd.org/naspe/pdf_files/pos_papers/intramural_guidelines.pdf.
53. Pro-Children Act of 1994, 20 U.S.D.S. §6081 et seq. (2001).
54. Bogden JF, Vega-Matos CA. *Fit, Healthy, and Ready to Learn*. Alexandria, VA: National Association of State Boards of Education; 2000.
55. Wilson TK, Bogden JF. *Fit, Healthy, and Ready to Learn, Part III*. Alexandria, VA: National Association of State Boards of Education; 2005.
56. CDC. School Health Index: A self-assessment and planning guide. Available at: www.cdc.gov/healthyyouth/shi.
57. Food and Nutrition Service, U.S. Department of Agriculture; Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; U.S. Department of Education. FNS-374, *Making it Happen: School Nutrition Success Stories*. Available at <http://www.cdc.gov/healthyyouth/nutrition/making-it-happen/index.htm>.

T A B L E S

TABLE 1. Sample Sizes and Response Rates, Selected U.S. Sites: School Health Profiles, Principal and Lead Health Education Teacher Surveys, 2004

Site	Principal surveys		Teacher surveys	
	Sample size	Response rate (%)	Sample size	Response rate (%)
STATE SURVEYS				
Alaska	291	82	250	70
Arizona	317	75	303	71
Arkansas	212	75	211	74
Connecticut	258	78	242	74
Delaware	58	81	58	81
Idaho	202	91	186	84
Iowa	275	79	254	73
Maine	193	85	187	83
Massachusetts	607	85	581	82
Michigan	324	80	318	79
Minnesota	278	71	NA*	NA
Missouri	353	82	331	77
Montana	313	93	311	92
Nebraska	282	81	259	74
New Hampshire	168	79	167	79
New York	313	71	306	70
North Carolina	281	70	280	70
North Dakota	203	85	196	82
Oklahoma	351	89	340	86
Oregon	249	75	235	71
Pennsylvania	330	74	318	72
South Carolina	240	77	228	73
Tennessee	314	81	307	79
Texas**	376	75	NA	NA
Utah	208	86	185	76
Washington	265	80	243	73
Wisconsin	313	74	317	75
LOCAL SURVEYS				
Chicago	262	78	258	77
Dallas	50	98	50	98
District of Columbia	32	74	31	72
Los Angeles	96	76	98	78
Memphis	55	87	50	79
Miami	96	92	95	91
New Orleans	33	73	33	73
Orange County	41	82	40	80
Philadelphia	125	84	113	76
San Bernardino	16	94	NA	NA
San Diego	42	98	42	98

* NA = not available.
 ** Survey did not include schools from two of the state's largest school districts.

TABLE 2. Percentage of Schools That Required Health Education in Any of Grades 6–12, and Among Those Schools, the Percentage That Taught Required Health Education in a Combined Course or in Another Course, the Percentage That Required Students to Take Only One Course or Two or More Courses, and the Percentage That Required Students Who Fail a Required Health Education Course to Repeat It, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Required health education	Taught required health education in a combined health education and physical education course	Taught required health education in another course*	Required only one health education course	Required two or more health education courses	Required students who fail a required health education course to repeat it
STATE SURVEYS						
Alaska	89.2	63.2	39.6	46.8	41.2	87.0
Arizona	59.9	56.9	45.0	53.3	25.7	51.7
Arkansas	97.3	62.5	16.6	57.1	41.0	82.6
Connecticut	89.5	49.3	20.9	30.3	59.6	42.1
Delaware	100.0	69.4	9.1	41.1	50.7	53.4
Idaho	95.8	46.0	10.8	52.9	44.4	60.1
Iowa	81.4	40.2	39.0	43.1	47.6	62.1
Maine	97.9	43.0	16.5	51.3	46.5	67.1
Massachusetts	86.3	53.1	17.2	34.7	59.0	39.6
Michigan	85.9	49.5	27.8	55.7	34.3	53.3
Minnesota	98.4	62.1	16.8	26.3	69.5	69.5
Missouri	91.5	68.0	29.8	42.3	49.6	56.3
Montana	94.6	96.4	20.8	12.6	76.7	63.8
Nebraska	91.8	77.1	35.1	48.1	46.7	58.7
New Hampshire	84.1	33.5	13.6	43.8	50.4	54.7
New York	98.1	33.5	9.3	43.6	54.0	60.5
North Carolina	95.0	88.8	15.1	39.4	48.2	48.1
North Dakota	94.3	69.3	36.6	20.8	75.4	56.6
Oklahoma	27.3	62.0	60.4	47.6	22.8	18.6
Oregon	98.3	52.5	22.5	19.7	75.2	54.1
Pennsylvania	96.8	68.2	14.8	28.8	67.8	58.2
South Carolina	85.9	68.7	26.4	44.3	36.2	37.1
Tennessee	73.0	82.1	38.3	56.1	28.0	66.2
Texas**	78.9	40.1	18.2	77.0	16.0	83.0
Utah	98.0	35.2	12.8	76.2	22.7	53.8
Washington	92.3	58.6	28.4	54.4	36.4	63.2
Wisconsin	96.3	40.9	22.4	45.3	49.5	72.9
State Median	92.3	58.6	20.9	44.3	47.6	58.2
State Range	27.3 – 100.0	33.5 – 96.4	9.1 – 60.4	12.6 – 77.0	16.0 – 76.7	18.6 – 87.0
LOCAL SURVEYS						
Chicago	79.1	83.6	59.4	34.7	28.1	31.9
Dallas	63.2	52.0	30.1	89.4	3.5	76.2
District of Columbia	90.5	100.0	4.5	79.5	17.4	80.8
Los Angeles	99.0	15.0	45.5	77.6	17.7	47.5
Memphis	83.7	86.1	27.7	53.1	33.0	60.9
Miami	69.2	69.5	56.8	63.1	19.4	81.6
New Orleans	81.6	100.0	9.7	49.7	46.4	74.4
Orange County	68.5	65.9	43.9	56.0	28.6	63.6
Philadelphia	86.6	79.5	30.3	36.1	46.4	37.7
San Bernardino	81.3	60.0	75.0	33.3	16.7	50.0
San Diego	45.2	70.9	94.6	NA [§]	NA	NA
Local Median	81.3	70.9	43.9	54.6	23.8	62.3
Local Range	45.2 – 99.0	15.0 – 100.0	4.5 – 94.6	33.3 – 89.4	3.5 – 46.4	31.9 – 81.6

* e.g., science, social studies, home economics, or English.

** Survey did not include schools from two of the state's largest school districts.

§ NA = data not available.

TABLE 3. Among Schools That Required a Health Education Course in Any of Grades 6–12, the Percentage That Taught a Required Health Education Course in Each Grade, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
STATE SURVEYS							
Alaska	47.2	51.9	54.3	84.0	61.4	52.8	49.9
Arizona	76.0	84.9	79.9	75.9	58.8	39.3	42.9
Arkansas	40.4	68.6	25.9	81.5	62.3	49.9	52.2
Connecticut	95.7	87.7	92.6	84.9	71.7	55.1	54.0
Delaware	84.6	96.4	89.4	77.4	55.0	21.1	15.8
Idaho	45.0	65.8	73.4	15.1	60.1	44.2	15.7
Iowa	51.5	61.9	60.8	69.8	46.4	35.0	26.0
Maine	75.2	81.1	75.8	68.2	49.2	10.9	9.0
Massachusetts	85.9	87.7	90.3	82.6	63.5	35.1	24.6
Michigan	47.2	73.0	55.6	75.3	33.7	16.2	12.4
Minnesota	61.7	71.9	77.8	47.3	87.1	15.8	12.3
Missouri	68.4	85.1	80.4	81.6	30.8	19.7	19.7
Montana	72.8	91.7	93.3	93.6	89.6	11.1	8.9
Nebraska	54.3	69.7	62.2	65.6	36.8	10.9	9.5
New Hampshire	78.8	90.6	85.3	61.0	53.9	18.9	13.8
New York	49.8	71.2	57.2	30.7	68.9	54.2	48.8
North Carolina	93.2	94.3	93.8	96.9	19.8	10.9	10.0
North Dakota	82.8	81.5	77.2	64.2	36.0	11.2	12.0
Oklahoma	78.6	71.5	53.5	34.1	38.5	27.1	24.2
Oregon	76.9	90.0	89.6	60.8	62.2	43.2	12.4
Pennsylvania	76.8	73.1	80.9	61.1	55.0	57.8	28.8
South Carolina	97.5	93.9	90.9	89.3	55.8	42.8	46.1
Tennessee	75.5	80.3	77.4	89.0	38.7	19.8	20.4
Texas*	39.1	35.2	42.0	87.3	60.1	51.4	48.7
Utah	66.5	47.7	58.7	11.6	91.1	23.3	18.9
Washington	65.4	65.4	74.1	72.2	51.3	25.6	26.3
Wisconsin	49.4	59.5	63.4	59.4	40.7	20.6	12.4
State Median	72.8	73.1	77.2	72.2	55.0	25.6	19.7
State Range	39.1 – 97.5	35.2 – 96.4	25.9 – 93.8	11.6 – 96.9	19.8 – 91.1	10.9 – 57.8	8.9 – 54.0
LOCAL SURVEYS							
Chicago	84.6	89.5	88.0	97.6	53.8	29.2	28.9
Dallas	NA**	100.0	83.3	76.2	71.4	75.0	65.0
District of Columbia	42.9	62.5	75.0	73.6	100.0	25.0	25.0
Los Angeles	35.5	97.7	NA	97.4	23.1	8.8	8.8
Memphis	86.7	91.0	82.8	100.0	50.0	37.5	37.5
Miami	56.9	46.3	46.3	35.2	91.7	26.5	23.5
New Orleans	100.0	84.8	84.8	93.4	76.9	46.2	46.2
Orange County	73.2	100.0	86.6	94.4	50.0	50.0	50.0
Philadelphia	93.8	92.6	94.5	70.7	84.4	64.5	45.2
San Bernardino	100.0	100.0	100.0	75.0	66.7	33.3	33.3
San Diego	NA	NA	NA	NA	NA	NA	NA
Local Median	84.6	91.8	84.8	84.8	69.1	35.4	35.4
Local Range	35.5 – 100.0	46.3 – 100.0	46.3 – 100.0	35.2 – 100.0	23.1 – 100.0	8.8 – 75.0	8.8 – 65.0

* Survey did not include schools from two of the state's largest school districts.

** NA = data not available.

TABLE 4. Percentage of Schools That Required Teachers to Use Specific Materials in a Required Health Education Course, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	National health education standards	State, district, or school curriculum, guidelines, or framework	Materials from health organizations	Commercially-developed student textbook	Commercially-developed teacher's guide
STATE SURVEYS					
Alaska	44.7	95.5	25.0	48.9	43.4
Arizona	51.9	95.4	45.2	55.1	53.4
Arkansas	43.4	99.4	31.3	81.4	73.1
Connecticut	55.7	97.1	38.9	23.4	22.9
Delaware	84.5	98.2	21.6	27.2	19.8
Idaho	41.2	97.4	29.6	68.5	53.1
Iowa	44.5	97.0	28.2	46.3	38.0
Maine	30.3	96.3	15.5	24.2	22.5
Massachusetts	46.9	97.6	40.8	33.9	39.1
Michigan	32.1	95.9	35.6	36.1	34.6
Missouri	47.3	99.0	38.0	64.1	58.6
Montana	47.1	95.5	30.0	48.2	46.6
Nebraska	31.0	92.0	30.2	59.7	54.7
New Hampshire	58.7	88.8	29.1	31.3	31.3
New York	65.9	98.5	36.3	39.3	31.7
North Carolina	43.8	98.9	48.5	68.9	65.4
North Dakota	46.4	84.4	33.1	57.2	54.8
Oklahoma	31.5	98.7	51.5	58.4	57.0
Oregon	43.7	96.2	27.5	53.5	47.2
Pennsylvania	63.6	96.8	49.6	63.9	57.9
South Carolina	58.3	96.6	36.3	71.6	61.6
Tennessee	49.2	98.3	45.8	79.9	75.0
Utah	31.8	100.0	27.7	58.3	50.5
Washington	32.6	91.3	33.7	54.1	53.3
Wisconsin	54.1	95.6	34.4	41.0	36.0
State Median	46.4	96.8	33.7	54.1	50.5
State Range	30.3 – 84.5	84.4 – 100.0	15.5 – 51.5	23.4 – 81.4	19.8 – 75.0
LOCAL SURVEYS					
Chicago	50.7	96.3	52.0	54.9	48.2
Dallas	60.8	100.0	87.8	74.8	62.4
District of Columbia	58.8	100.0	56.9	53.2	46.1
Los Angeles	37.7	93.9	30.1	61.1	40.8
Memphis	79.9	100.0	45.1	84.3	81.1
Miami	51.2	100.0	58.0	72.1	62.8
New Orleans	58.8	100.0	58.8	72.2	65.3
Orange County	50.0	100.0	51.2	87.7	58.7
Philadelphia	48.3	100.0	44.3	46.3	42.2
San Diego	NA*	NA	NA	NA	NA
Local Median	51.2	100.0	52.0	72.1	58.7
Local Range	37.7 – 79.9	93.9 – 100.0	30.1 – 87.8	46.3 – 87.7	40.8 – 81.1

* NA = data not available.

TABLE 5a. Percentage of Schools That Tried to Increase Student Knowledge on a Specific Health-Related Topic in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Accident or injury prevention	Alcohol or other drug use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
STATE SURVEYS							
Alaska	82.3	94.0	79.6	51.2	59.8	73.4	87.6
Arizona	89.7	95.7	79.0	57.2	59.8	69.5	87.0
Arkansas	96.2	99.5	88.4	69.7	71.3	84.5	98.4
Connecticut	86.5	99.5	72.1	42.6	48.0	46.2	94.7
Delaware	90.3	100.0	83.9	56.8	40.1	41.9	98.2
Idaho	92.4	100.0	83.9	65.1	74.3	66.5	99.4
Iowa	82.7	96.8	78.8	62.3	60.7	61.8	93.2
Maine	89.0	95.6	88.5	54.3	46.2	42.0	95.6
Massachusetts	87.2	98.3	79.1	52.7	50.7	52.2	97.0
Michigan	77.6	96.4	74.8	47.0	44.9	56.8	86.4
Missouri	95.3	98.4	89.5	73.2	64.0	77.7	94.4
Montana	91.9	98.4	85.2	71.4	57.0	69.9	91.2
Nebraska	85.7	99.1	77.2	67.8	59.4	63.6	92.6
New Hampshire	90.8	98.4	87.3	55.1	43.8	50.0	95.2
New York	88.6	99.4	81.3	58.6	64.8	60.6	96.0
North Carolina	93.9	99.6	80.5	75.7	58.7	61.6	96.1
North Dakota	95.6	99.3	87.0	73.5	60.6	83.7	97.5
Oklahoma	90.1	98.5	83.2	58.0	56.5	88.7	74.9
Oregon	89.6	99.5	83.9	64.5	61.0	59.2	97.2
Pennsylvania	89.3	98.9	74.9	70.2	48.1	58.3	93.1
South Carolina	93.1	96.2	74.3	50.5	60.1	72.5	88.8
Tennessee	93.7	98.3	82.1	74.6	64.4	74.9	90.0
Utah	92.6	99.4	85.2	70.9	76.5	58.2	98.7
Washington	79.9	97.9	74.2	59.1	42.6	51.9	88.0
Wisconsin	86.1	99.7	80.3	57.9	59.8	56.8	94.9
State Median	89.7	98.5	81.3	59.1	59.8	61.6	94.7
State Range	77.6 – 96.2	94.0 – 100.0	72.1 – 89.5	42.6 – 75.7	40.1 – 76.5	41.9 – 88.7	74.9 – 99.4
LOCAL SURVEYS							
Chicago	89.1	96.9	73.6	62.8	54.5	79.9	82.9
Dallas	100.0	100.0	87.4	91.7	79.8	67.9	100.0
District of Columbia	96.3	89.5	66.7	67.8	63.7	79.0	85.8
Los Angeles	86.0	97.6	89.3	56.8	64.2	79.0	93.0
Memphis	96.9	100.0	91.1	75.8	75.8	84.5	94.0
Miami	83.9	100.0	81.5	81.3	63.2	72.7	86.2
New Orleans	96.6	100.0	72.4	55.0	64.5	66.1	89.6
Orange County	96.3	100.0	71.0	95.7	79.0	52.5	100.0
Philadelphia	87.7	96.2	75.7	60.0	49.8	73.9	86.3
San Diego	NA**	NA	NA	NA	NA	NA	NA
Local Median	96.3	100.0	75.7	67.8	64.2	73.9	89.6
Local Range	83.9 – 100.0	89.5 – 100.0	66.7 – 91.1	55.0 – 95.7	49.8 – 79.8	52.5 – 84.5	82.9 – 100.0

* CPR = cardiopulmonary resuscitation.
 ** NA = data not available.

TABLE 5b. Percentage of Schools That Tried to Increase Student Knowledge on a Specific Health-Related Topic in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
STATE SURVEYS							
Alaska	76.6	66.3	84.4	82.1	75.6	66.1	92.5
Arizona	79.8	68.9	90.7	86.4	72.9	59.3	98.5
Arkansas	82.2	83.7	91.6	94.3	82.3	71.8	98.3
Connecticut	56.3	56.5	92.9	98.8	93.3	53.8	97.0
Delaware	57.2	72.7	88.8	95.6	95.7	49.3	97.7
Idaho	72.0	78.2	88.8	99.4	79.6	69.7	98.8
Iowa	73.9	69.2	91.7	96.4	84.9	67.5	97.8
Maine	64.0	70.4	88.8	97.7	93.2	52.6	98.8
Massachusetts	60.8	64.8	91.5	95.9	89.3	51.6	98.2
Michigan	68.1	59.7	87.5	96.5	82.2	47.3	95.1
Missouri	77.4	88.0	93.1	97.8	86.2	76.5	98.9
Montana	70.0	76.8	90.5	94.6	85.0	61.5	100.0
Nebraska	71.4	76.7	92.6	95.8	85.7	59.4	98.5
New Hampshire	59.4	65.5	90.5	98.2	93.0	56.1	96.8
New York	69.8	72.4	94.8	98.9	92.9	70.4	99.6
North Carolina	74.6	85.9	84.2	95.2	81.0	62.3	99.2
North Dakota	80.8	83.4	95.6	96.6	86.7	74.5	99.4
Oklahoma	83.0	79.1	87.4	93.9	78.6	74.2	97.0
Oregon	67.9	77.6	94.1	98.0	93.2	64.7	98.9
Pennsylvania	60.1	80.2	91.9	98.1	90.9	60.4	97.7
South Carolina	73.9	72.3	93.2	97.1	93.1	62.3	99.5
Tennessee	79.3	84.2	89.6	95.3	86.2	76.2	97.8
Utah	69.7	76.1	96.2	98.0	91.2	66.0	99.4
Washington	64.2	70.5	85.7	96.7	91.6	45.9	97.9
Wisconsin	63.4	70.6	94.0	98.1	93.8	56.1	99.3
State Median	70.0	72.7	91.5	96.6	86.7	62.3	98.5
State Range	56.3 – 83.0	56.5 – 88.0	84.2 – 96.2	82.1 – 99.4	72.9 – 95.7	45.9 – 76.5	92.5 – 100.0
LOCAL SURVEYS							
Chicago	72.8	75.5	93.0	92.6	83.1	67.3	97.4
Dallas	92.0	95.9	95.9	100.0	91.7	80.0	100.0
District of Columbia	71.5	92.9	89.1	100.0	96.5	76.0	100.0
Los Angeles	75.4	69.4	96.4	97.6	95.2	78.4	98.8
Memphis	91.0	91.0	97.0	100.0	93.9	78.1	100.0
Miami	79.3	77.2	93.1	100.0	97.6	68.1	92.8
New Orleans	75.9	86.1	96.6	100.0	89.6	65.8	100.0
Orange County	56.2	79.6	100.0	100.0	100.0	53.1	100.0
Philadelphia	73.4	79.3	92.7	93.7	88.3	64.0	97.4
San Diego	NA**	NA	NA	NA	NA	NA	NA
Local Median	75.4	79.6	95.9	100.0	93.9	68.1	100.0
Local Range	56.2 – 92.0	69.4 – 95.9	89.1 – 100.0	92.6 – 100.0	83.1 – 100.0	53.1 – 80.0	92.8 – 100.0

* HIV = human immunodeficiency virus.

** NA = data not available.

TABLE 5c. Percentage of Schools That Tried to Increase Student Knowledge on a Specific Health-Related Topic in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety or skin cancer prevention	Tobacco use prevention	Violence prevention
STATE SURVEYS								
Alaska	84.5	94.8	75.3	80.0	73.6	54.7	93.1	84.0
Arizona	88.9	99.3	70.1	73.1	59.2	72.7	94.8	82.5
Arkansas	93.3	100.0	84.2	89.9	84.5	79.7	100.0	91.2
Connecticut	81.1	98.9	86.3	93.5	74.7	59.6	98.4	90.9
Delaware	78.3	100.0	89.4	95.7	66.3	65.0	100.0	84.8
Idaho	85.9	98.2	75.7	91.1	84.2	77.8	100.0	88.7
Iowa	80.2	97.6	83.0	91.1	77.0	73.7	98.3	80.0
Maine	76.0	98.7	90.4	94.4	73.0	73.8	99.4	83.5
Massachusetts	83.3	98.2	84.1	91.5	74.8	76.9	98.5	94.0
Michigan	81.7	96.2	71.9	89.0	60.9	62.8	97.4	81.4
Missouri	93.9	98.8	85.8	92.6	74.3	82.0	99.0	87.1
Montana	92.1	100.0	77.3	88.7	70.5	75.1	99.2	88.6
Nebraska	86.6	99.0	79.7	88.1	70.7	72.4	98.5	81.5
New Hampshire	81.1	97.5	87.2	94.2	75.0	65.1	98.4	87.6
New York	84.4	99.6	90.5	96.4	86.2	80.1	99.2	88.9
North Carolina	79.8	100.0	83.1	90.2	72.7	76.7	100.0	90.7
North Dakota	94.0	98.7	77.7	87.7	82.5	86.5	100.0	90.9
Oklahoma	95.7	100.0	73.1	81.6	65.8	63.6	98.4	90.1
Oregon	81.8	99.4	89.0	94.2	76.7	74.6	99.6	88.6
Pennsylvania	83.2	98.9	84.7	94.5	67.3	71.9	98.6	81.8
South Carolina	90.0	100.0	89.9	94.6	62.6	66.5	96.3	83.1
Tennessee	92.2	99.4	90.2	93.2	75.7	78.0	98.2	88.6
Utah	82.9	99.4	75.9	94.6	94.2	75.7	100.0	93.1
Washington	78.7	98.5	82.1	91.9	74.4	55.7	96.8	86.8
Wisconsin	80.7	98.2	90.3	95.3	83.2	71.9	99.2	84.4
State Median	83.3	98.9	84.1	91.9	74.4	73.7	98.6	87.6
State Range	76.0 – 95.7	94.8 – 100.0	70.1 – 90.5	73.1 – 96.4	59.2 – 94.2	54.7 – 86.5	93.1 – 100.0	80.0 – 94.0
LOCAL SURVEYS								
Chicago	93.2	100.0	78.7	82.8	50.2	55.9	95.0	90.1
Dallas	84.1	100.0	87.3	91.7	87.6	79.8	100.0	100.0
District of Columbia	89.5	100.0	100.0	100.0	64.4	43.8	92.0	93.2
Los Angeles	89.5	98.8	95.2	96.4	75.1	87.0	100.0	87.0
Memphis	97.0	100.0	97.0	100.0	79.1	66.5	100.0	96.9
Miami	84.0	87.9	95.4	100.0	79.3	74.7	100.0	79.5
New Orleans	96.5	100.0	82.4	96.5	55.0	48.0	100.0	86.4
Orange County	84.0	100.0	100.0	100.0	91.4	72.8	100.0	92.0
Philadelphia	85.5	97.6	78.4	92.3	53.9	51.2	94.8	90.7
San Diego	NA**	NA	NA	NA	NA	NA	NA	NA
Local Median	89.5	100.0	95.2	96.5	75.1	66.5	100.0	90.7
Local Range	84.0 – 97.0	87.9 – 100.0	78.4 – 100.0	82.8 – 100.0	50.2 – 91.4	43.8 – 87.0	92.0 – 100.0	79.5 – 100.0

* STD = sexually transmitted disease.
 ** NA = data not available.

TABLE 6. Percentage of Schools That Tried To Improve Specific Student Skills in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Accessing valid health information, products, and services	Advocating for personal, family, and community health	Analysis of media messages	Communication	Decision making	Goal setting	Conflict resolution	Resisting peer pressure for unhealthy behaviors	Stress management
STATE SURVEYS									
Alaska	76.3	72.4	66.7	82.7	90.7	85.6	84.7	89.2	78.4
Arizona	79.1	81.7	77.4	94.2	95.5	92.7	86.5	92.8	83.5
Arkansas	90.0	84.8	77.3	96.4	100.0	96.3	91.4	99.0	94.1
Connecticut	88.9	81.3	90.5	95.5	97.6	92.1	87.8	97.8	89.5
Delaware	91.8	94.2	92.4	96.0	100.0	96.0	90.9	97.9	85.7
Idaho	89.3	82.6	87.3	96.3	98.2	93.7	93.0	98.7	94.9
Iowa	87.1	86.0	83.6	91.6	97.7	90.9	85.3	94.9	88.1
Maine	92.7	83.4	92.8	95.6	97.7	95.0	87.3	93.3	92.1
Massachusetts	85.2	79.3	90.6	96.0	98.8	94.4	92.1	98.5	88.4
Michigan	80.9	79.5	85.0	89.0	96.6	92.1	87.4	97.1	84.1
Missouri	90.8	85.0	83.0	93.3	98.7	94.8	90.0	97.0	91.6
Montana	88.4	85.6	84.6	92.8	98.4	94.3	89.2	96.8	83.0
Nebraska	82.4	79.4	80.0	85.5	97.0	91.8	82.9	95.0	89.8
New Hampshire	84.6	82.4	94.6	91.4	96.7	88.8	86.1	98.4	88.0
New York	93.9	89.3	92.4	95.6	98.5	95.6	91.4	99.2	96.3
North Carolina	89.0	82.6	80.6	90.3	96.4	94.2	90.8	97.2	92.6
North Dakota	86.9	82.1	87.5	95.1	98.8	94.5	92.1	97.4	93.4
Oklahoma	79.0	75.7	54.5	76.1	93.0	94.3	85.9	97.0	78.4
Oregon	87.6	81.8	93.2	96.4	99.2	93.5	93.9	98.5	92.9
Pennsylvania	85.2	80.0	85.7	92.3	97.8	95.1	83.9	95.4	86.1
South Carolina	86.4	87.1	81.7	90.2	94.3	95.7	92.1	93.5	89.1
Tennessee	84.6	82.1	76.4	92.6	97.5	95.5	90.3	96.0	91.7
Utah	87.3	85.0	91.7	97.5	99.4	97.0	93.2	100.0	98.0
Washington	82.2	76.3	80.4	91.1	93.1	94.8	87.6	94.1	85.5
Wisconsin	86.2	87.7	90.3	94.7	97.2	92.2	86.5	97.2	92.5
State Median	86.9	82.4	85.0	93.3	97.7	94.3	89.2	97.1	89.5
State Range	76.3 – 93.9	72.4 – 94.2	54.5 – 94.6	76.1 – 97.5	90.7 – 100.0	85.6 – 97.0	82.9 – 93.9	89.2 – 100.0	78.4 – 98.0
LOCAL SURVEYS									
Chicago	74.8	79.3	61.6	84.2	92.3	90.1	90.7	93.8	74.8
Dallas	100.0	91.6	76.1	96.0	100.0	100.0	100.0	100.0	95.9
District of Columbia	89.5	78.6	88.7	93.2	100.0	96.6	100.0	96.6	75.6
Los Angeles	90.5	83.6	90.5	92.8	94.1	86.1	90.7	92.7	81.0
Memphis	87.9	93.8	78.9	97.0	100.0	100.0	100.0	100.0	94.1
Miami	81.7	77.0	77.0	90.8	95.5	90.8	79.4	95.3	83.9
New Orleans	86.4	82.7	72.2	83.0	96.5	93.0	93.1	100.0	75.8
Orange County	84.0	87.7	87.7	100.0	100.0	100.0	100.0	95.7	100.0
Philadelphia	85.0	74.2	79.8	89.8	94.9	96.2	91.3	95.1	77.4
San Diego	NA*	NA	NA	NA	NA	NA	NA	NA	NA
Local Median	86.4	82.7	78.9	92.8	96.5	96.2	93.1	95.7	81.0
Local Range	74.8 – 100.0	74.2 – 93.8	61.6 – 90.5	83.0 – 100.0	92.3 – 100.0	86.1 – 100.0	79.4 – 100.0	92.7 – 100.0	74.8 – 100.0

* NA = data not available.

TABLE 7a. Percentage of Schools That Taught About Health Outcomes and Risks of Tobacco Use in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Addictive effects of nicotine	Benefits of not smoking cigarettes	Benefits of not using smokeless tobacco	Health consequences of cigarette smoking	Health consequences of using smokeless tobacco	Health effects of ETS*	Number of illnesses and deaths related to tobacco use	Risks of cigar or pipe smoking
STATE SURVEYS								
Alaska	90.3	92.7	85.9	92.8	88.6	88.6	85.6	76.2
Arizona	91.2	91.9	88.4	91.9	88.6	89.2	89.6	83.1
Arkansas	98.9	99.5	99.4	100.0	99.4	98.4	97.1	94.2
Connecticut	95.5	96.3	92.1	95.9	93.7	95.1	95.6	87.2
Delaware	98.1	100.0	96.2	100.0	98.1	100.0	100.0	88.0
Idaho	98.2	99.4	97.6	99.4	98.8	97.5	98.2	92.4
Iowa	95.2	96.7	91.8	96.8	94.7	94.6	93.6	83.8
Maine	95.5	97.1	86.3	97.2	91.4	93.7	91.4	74.6
Massachusetts	97.0	97.4	92.0	97.7	94.5	95.7	94.9	88.0
Michigan	94.9	94.6	91.7	96.2	93.3	95.2	92.8	87.5
Missouri	97.2	98.1	96.3	98.1	95.9	96.6	96.0	92.8
Montana	96.7	97.1	94.6	97.5	95.4	94.6	93.9	84.8
Nebraska	97.0	96.4	96.3	96.9	96.9	95.9	91.5	85.8
New Hampshire	95.1	96.0	89.2	96.8	92.3	92.6	93.6	81.1
New York	98.1	97.7	94.4	99.2	96.6	97.5	96.5	91.6
North Carolina	98.0	98.4	95.9	99.6	99.2	97.7	96.2	92.2
North Dakota	99.3	99.4	96.3	100.0	98.8	98.7	97.5	86.5
Oklahoma	92.7	98.4	89.9	98.4	92.7	94.1	89.9	85.3
Oregon	99.0	98.4	95.5	99.0	98.5	97.8	95.9	87.5
Pennsylvania	96.3	95.8	93.5	97.2	95.3	94.7	94.1	87.8
South Carolina	94.2	94.6	90.4	95.1	91.8	89.7	90.9	82.8
Tennessee	96.8	96.8	94.1	98.2	96.2	94.8	95.3	88.0
Utah	99.4	100.0	95.2	100.0	97.6	98.1	96.2	89.5
Washington	93.4	93.8	90.5	95.1	93.9	91.0	89.7	79.9
Wisconsin	98.4	97.6	95.1	98.5	96.8	97.0	95.9	89.3
State Median	96.8	97.1	94.1	97.7	95.4	95.2	94.9	87.5
State Range	90.3 – 99.4	91.9 – 100.0	85.9 – 99.4	91.9 – 100.0	88.6 – 99.4	88.6 – 100.0	85.6 – 100.0	74.6 – 94.2
LOCAL SURVEYS								
Chicago	84.9	87.2	74.3	91.3	74.8	85.2	88.5	79.0
Dallas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
District of Columbia	77.9	81.1	59.3	84.7	59.7	73.0	66.7	63.5
Los Angeles	96.3	98.8	95.2	98.8	95.2	95.1	96.3	91.5
Memphis	100.0	100.0	96.9	100.0	96.9	94.1	97.0	94.0
Miami	92.8	97.6	87.8	97.6	81.0	92.8	88.1	88.1
New Orleans	100.0	100.0	92.9	100.0	92.9	100.0	100.0	93.0
Orange County	100.0	100.0	95.7	100.0	100.0	96.3	95.7	92.6
Philadelphia	92.1	94.6	87.2	94.6	90.9	90.7	90.8	87.0
San Diego	NA**	NA	NA	NA	NA	NA	NA	NA
Local Median	96.3	98.8	92.9	98.8	92.9	94.1	95.7	91.5
Local Range	77.9 – 100.0	81.1 – 100.0	59.3 – 100.0	84.7 – 100.0	59.7 – 100.0	73.0 – 100.0	66.7 – 100.0	63.5 – 100.0

* ETS = environmental tobacco smoke.
 ** NA = data not available.

TABLE 7b. Percentage of Schools That Taught About the External Influences on Tobacco Use in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Influence of families on tobacco use	Influence of the media on tobacco use	Social or cultural influences on tobacco use	How many young people use tobacco
STATE SURVEYS				
Alaska	82.5	83.7	82.4	83.5
Arizona	83.7	87.3	84.9	85.4
Arkansas	96.6	97.1	94.4	96.7
Connecticut	91.3	95.2	86.1	93.9
Delaware	98.1	96.2	89.8	98.1
Idaho	97.1	98.2	89.9	93.1
Iowa	90.1	95.2	86.4	87.8
Maine	87.1	90.3	79.6	85.1
Massachusetts	91.8	96.1	88.8	92.8
Michigan	91.0	93.8	87.7	90.8
Missouri	92.9	94.6	88.7	92.7
Montana	92.6	93.7	91.1	91.5
Nebraska	91.5	91.0	86.9	87.8
New Hampshire	88.7	95.9	91.0	89.6
New York	94.5	96.2	90.4	93.8
North Carolina	96.5	96.6	93.6	95.4
North Dakota	98.1	96.9	92.0	96.2
Oklahoma	87.2	90.0	87.5	88.8
Oregon	93.5	98.2	93.0	93.1
Pennsylvania	93.1	94.5	90.0	91.2
South Carolina	86.7	87.1	83.3	87.4
Tennessee	92.6	93.9	90.9	93.4
Utah	97.0	99.3	91.6	92.2
Washington	85.9	88.1	81.7	82.9
Wisconsin	91.1	98.0	91.2	93.0
State Median	91.8	95.2	89.8	92.2
State Range	82.5 – 98.1	83.7 – 99.3	79.6 – 94.4	82.9 – 98.1
LOCAL SURVEYS				
Chicago	81.8	80.9	82.7	86.9
Dallas	100.0	95.9	95.7	100.0
District of Columbia	67.8	77.9	66.7	66.7
Los Angeles	91.4	97.5	96.4	93.9
Memphis	96.9	96.9	94.0	94.1
Miami	85.7	83.4	88.1	90.4
New Orleans	93.0	100.0	96.4	96.5
Orange County	95.7	100.0	96.3	95.7
Philadelphia	88.2	90.7	80.7	91.0
San Diego	NA*	NA	NA	NA
Local Median	91.4	95.9	94.0	93.9
Local Range	67.8 – 100.0	77.9 – 100.0	66.7 – 96.4	66.7 – 100.0

* NA = data not available.

TABLE 7c. Percentage of Schools That Taught Skills to Avoid and to Stop Using Tobacco in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	How to say no to tobacco use	Making a personal commitment not to use tobacco	How students can influence or support others to prevent tobacco use	How to find valid information or services related to tobacco use cessation	How students can influence or support others in efforts to quit using tobacco
STATE SURVEYS					
Alaska	87.6	69.3	79.4	69.4	78.3
Arizona	87.9	74.0	84.7	80.1	84.9
Arkansas	98.9	80.2	93.3	76.9	94.4
Connecticut	91.7	72.0	85.2	71.8	82.4
Delaware	94.0	83.9	94.1	85.8	94.1
Idaho	98.3	76.3	92.5	80.1	91.3
Iowa	91.3	71.0	84.1	69.4	79.8
Maine	87.0	62.4	78.3	74.3	76.1
Massachusetts	94.4	76.2	89.0	77.9	87.4
Michigan	94.2	75.4	88.1	75.5	86.4
Missouri	96.0	75.2	91.2	78.0	90.5
Montana	92.2	74.3	85.4	74.4	83.5
Nebraska	91.9	66.1	86.8	71.3	84.2
New Hampshire	88.6	69.5	83.0	71.3	77.2
New York	95.8	77.2	90.5	85.1	89.9
North Carolina	97.1	84.8	93.0	79.8	91.4
North Dakota	97.5	77.9	93.4	76.3	90.2
Oklahoma	94.2	84.4	92.7	77.8	87.1
Oregon	94.7	72.3	89.3	79.1	85.3
Pennsylvania	94.0	74.7	86.9	76.4	83.2
South Carolina	93.0	79.5	83.2	72.9	80.7
Tennessee	95.3	80.7	90.0	72.8	89.6
Utah	98.7	80.8	92.0	72.0	92.6
Washington	91.5	65.8	83.7	74.4	84.0
Wisconsin	95.5	71.8	88.2	76.4	88.8
State Median	94.2	75.2	88.2	76.3	86.4
State Range	87.0 – 98.9	62.4 – 84.8	78.3 – 94.1	69.4 – 85.8	76.1 – 94.4
LOCAL SURVEYS					
Chicago	87.8	79.0	87.0	66.2	83.9
Dallas	100.0	83.4	100.0	95.7	100.0
District of Columbia	71.5	57.6	67.8	64.4	68.1
Los Angeles	96.4	89.0	87.9	87.9	87.9
Memphis	100.0	90.9	97.0	76.0	97.0
Miami	90.4	78.8	85.7	76.3	83.4
New Orleans	100.0	85.7	100.0	89.4	96.5
Orange County	96.3	71.6	88.3	92.0	96.3
Philadelphia	90.7	83.4	87.1	79.6	85.8
San Diego	NA*	NA	NA	NA	NA
Local Median	96.3	83.4	87.9	79.6	87.9
Local Range	71.5 – 100.0	57.6 – 90.9	67.8 – 100.0	64.4 – 95.7	68.1 – 100.0

* NA = data not available.

TABLE 8a. Percentage of Schools That Taught HIV* Transmission and Prevention Topics in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Abstinence as the most effective method to avoid HIV infection	How HIV is transmitted	How HIV affects the human body	Condom efficacy
STATE SURVEYS				
Alaska	79.2	80.5	78.9	57.2
Arizona	77.5	78.5	76.2	46.9
Arkansas	92.1	91.2	89.7	60.7
Connecticut	97.5	97.7	95.3	80.8
Delaware	95.5	91.3	91.3	78.5
Idaho	97.5	96.1	93.6	65.9
Iowa	92.3	91.8	89.6	74.4
Maine	96.5	95.4	93.7	83.8
Massachusetts	94.0	94.2	91.8	75.6
Michigan	92.6	92.8	91.3	56.9
Missouri	95.2	95.0	93.7	68.7
Montana	91.1	90.8	88.8	62.9
Nebraska	90.8	90.4	86.9	56.0
New Hampshire	95.6	95.9	93.3	75.1
New York	98.5	98.1	98.1	87.2
North Carolina	92.4	91.6	89.7	58.2
North Dakota	89.4	91.6	88.3	54.5
Oklahoma	86.4	89.6	85.3	55.7
Oregon	94.9	95.8	95.3	79.9
Pennsylvania	95.4	97.6	96.3	75.9
South Carolina	94.5	93.9	91.8	63.0
Tennessee	92.8	93.3	93.3	67.5
Utah	95.6	96.1	96.1	35.5
Washington	95.6	95.5	95.0	75.3
Wisconsin	98.0	97.7	96.1	83.0
State Median	94.5	93.9	91.8	67.5
State Range	77.5 – 98.5	78.5 – 98.1	76.2 – 98.1	35.5 – 87.2
LOCAL SURVEYS				
Chicago	84.0	85.9	84.4	60.0
Dallas	100.0	100.0	100.0	75.5
District of Columbia	100.0	100.0	100.0	96.3
Los Angeles	97.5	97.5	96.3	85.4
Memphis	100.0	100.0	100.0	76.1
Miami	100.0	100.0	100.0	95.4
New Orleans	96.4	96.4	100.0	68.5
Orange County	100.0	100.0	100.0	87.0
Philadelphia	92.2	93.6	93.6	79.8
San Diego	NA**	NA	NA	NA
Local Median	100.0	100.0	100.0	79.8
Local Range	84.0 – 100.0	85.9 – 100.0	84.4 – 100.0	60.0 – 96.3

* HIV = human immunodeficiency virus.

** NA = data not available.

TABLE 8b. Percentage of Schools That Taught About the External Influences on HIV* Risk Behavior and Skills to Avoid HIV Infection in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Number of young people who get HIV	Influence of alcohol and other drugs on HIV-related risk behaviors	Social or cultural influences on HIV-related risk behaviors	How to find valid information or services related to HIV or HIV testing	How to correctly use a condom	Compassion for persons living with HIV or AIDS**
STATE SURVEYS						
Alaska	71.2	71.8	67.1	63.8	35.1	61.8
Arizona	66.6	67.3	63.2	64.4	25.2	63.0
Arkansas	81.2	88.8	79.9	73.1	23.7	74.8
Connecticut	89.6	93.0	81.8	81.0	55.3	88.8
Delaware	82.9	91.1	81.0	82.6	57.7	74.8
Idaho	87.6	95.2	82.2	81.9	20.4	83.1
Iowa	76.2	88.1	77.7	71.2	47.1	72.6
Maine	82.3	93.6	82.8	84.6	60.0	82.9
Massachusetts	85.2	91.5	78.6	80.7	50.4	86.8
Michigan	84.8	89.9	81.7	78.7	28.6	76.9
Missouri	83.9	91.1	82.6	75.5	31.8	75.3
Montana	81.4	86.7	77.4	71.5	28.9	75.9
Nebraska	79.5	85.7	75.4	71.3	25.4	75.2
New Hampshire	90.0	95.6	83.3	81.0	57.9	86.3
New York	94.5	98.5	86.4	92.1	59.1	90.8
North Carolina	83.5	88.4	82.4	72.5	17.2	75.2
North Dakota	79.8	88.7	76.3	74.0	23.5	78.1
Oklahoma	79.3	82.0	77.6	65.8	25.0	70.7
Oregon	90.8	93.4	81.2	82.2	48.8	82.5
Pennsylvania	89.9	92.9	85.0	82.4	43.1	84.7
South Carolina	86.0	89.7	82.2	77.8	42.6	77.2
Tennessee	86.3	87.3	85.5	83.4	37.6	77.6
Utah	86.4	94.9	87.9	73.4	8.8	87.8
Washington	85.6	94.3	81.9	81.1	45.5	79.7
Wisconsin	89.7	95.2	83.9	79.9	55.0	84.1
State Median	84.8	91.1	81.8	78.7	37.6	77.6
State Range	66.6 – 94.5	67.3 – 98.5	63.2 – 87.9	63.8 – 92.1	8.8 – 60.0	61.8 – 90.8
LOCAL SURVEYS						
Chicago	80.2	76.2	73.1	70.2	42.0	76.8
Dallas	95.7	100.0	95.7	87.1	43.7	95.7
District of Columbia	96.6	96.6	100.0	96.3	85.8	85.4
Los Angeles	91.5	90.4	86.9	86.9	71.9	91.7
Memphis	93.8	94.1	100.0	90.9	42.6	97.0
Miami	100.0	93.3	93.1	95.3	88.5	90.7
New Orleans	92.7	92.7	89.2	85.4	47.8	88.7
Orange County	100.0	100.0	91.4	100.0	59.3	100.0
Philadelphia	89.8	91.2	83.8	86.2	57.9	87.6
San Diego	NA [§]	NA	NA	NA	NA	NA
Local Median	93.8	93.3	91.4	87.1	57.9	90.7
Local Range	80.2 – 100.0	76.2 – 100.0	73.1 – 100.0	70.2 – 100.0	42.0 – 88.5	76.8 – 100.0

* HIV = human immunodeficiency virus.

** AIDS = acquired immunodeficiency syndrome.

§ NA = data not available.

TABLE 9. Percentage of Schools That Taught Required HIV* Prevention Units or Lessons in Specific Courses, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Science	Home economics or family and consumer education	Physical education	Family life education or life skills	Special education	Social studies
STATE SURVEYS						
Alaska	33.4	12.9	23.9	36.2	16.1	9.9
Arizona	35.8	10.0	21.5	25.5	11.7	8.3
Arkansas	42.4	47.4	31.2	51.4	30.7	13.5
Connecticut	38.8	16.0	20.1	44.2	21.3	7.2
Delaware	18.2	21.6	30.6	42.5	16.6	1.8
Idaho	28.7	23.1	14.5	24.5	10.3	3.0
Iowa	39.9	43.7	11.8	40.6	14.7	4.4
Maine	24.3	15.9	9.1	31.2	9.0	2.3
Massachusetts	27.3	14.8	17.9	22.1	12.3	4.1
Michigan	26.9	23.3	21.6	40.6	19.3	4.0
Missouri	39.4	50.6	45.0	39.7	24.6	6.2
Montana	33.9	28.7	73.5	40.1	16.0	6.9
Nebraska	37.3	46.2	36.3	43.1	13.4	6.7
New Hampshire	29.3	20.9	4.4	27.5	6.1	4.0
New York	48.8	20.1	19.6	38.5	28.5	11.8
North Carolina	27.9	21.4	61.9	42.6	16.8	6.2
North Dakota	36.4	45.3	31.2	52.9	12.1	9.0
Oklahoma	56.2	38.9	19.6	37.0	22.3	9.5
Oregon	27.0	11.6	24.6	24.7	17.9	9.1
Pennsylvania	26.4	19.2	36.1	27.3	20.8	6.4
South Carolina	39.4	20.7	47.9	32.1	21.2	8.8
Tennessee	41.6	29.4	44.7	44.8	19.7	6.9
Utah	25.4	34.1	12.6	47.0	18.7	4.5
Washington	41.5	26.4	27.1	33.3	17.9	11.3
Wisconsin	32.3	30.7	14.4	36.7	15.5	8.7
State Median	33.9	23.1	23.9	38.5	16.8	6.9
State Range	18.2 – 56.2	10.0 – 50.6	4.4 – 73.5	22.1 – 52.9	6.1 – 30.7	1.8 – 13.5
LOCAL SURVEYS						
Chicago	49.4	11.6	45.2	52.6	21.2	14.3
Dallas	47.8	40.9	30.4	40.9	19.2	6.5
District of Columbia	62.9	31.2	93.9	45.3	43.1	24.0
Los Angeles	53.2	9.0	7.8	27.9	39.5	4.4
Memphis	47.8	32.8	58.5	66.8	37.6	23.5
Miami	82.1	27.2	31.8	48.5	42.2	19.6
New Orleans	53.2	21.1	81.3	55.1	36.7	7.3
Orange County	65.7	15.9	17.3	57.4	42.2	8.0
Philadelphia	27.3	7.0	51.2	34.0	29.9	5.1
San Diego	69.3	2.4	12.5	41.9	12.8	20.7
Local Median	53.2	18.5	38.5	46.9	37.2	11.2
Local Range	27.3 – 82.1	2.4 – 40.9	7.8 – 93.9	27.9 – 66.8	12.8 – 43.1	4.4 – 24.0

* HIV = human immunodeficiency virus.

TABLE 10a. Percentage of Schools That Taught About Choosing Healthful Foods in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Benefits of healthy eating	Using food labels	Identifying Food Guide Pyramid food groups and serving recommendations	Choosing a variety of grains daily*	Choosing a variety of fruits and vegetables daily	Choosing a low fat diet**	Choosing and preparing foods with less salt	Moderating intake of sugars	Choosing more calcium-rich foods
STATE SURVEYS									
Alaska	89.2	76.9	80.7	73.1	77.8	76.8	67.1	81.4	71.7
Arizona	97.0	94.9	90.6	89.3	91.3	87.7	79.3	87.5	80.5
Arkansas	97.2	90.4	92.1	86.7	90.8	89.8	82.7	89.2	84.2
Connecticut	96.4	87.2	88.6	84.2	88.0	88.2	72.6	86.9	76.5
Delaware	91.6	79.3	81.2	75.1	82.5	83.2	67.8	87.4	74.8
Idaho	98.8	95.7	96.3	92.0	95.7	96.3	85.9	97.0	89.6
Iowa	96.1	84.6	92.0	81.8	88.2	88.0	72.8	87.1	79.1
Maine	97.2	90.3	91.5	89.3	92.0	92.5	80.1	92.0	81.4
Massachusetts	94.4	86.8	87.1	85.3	89.0	88.5	76.3	88.2	81.8
Michigan	94.0	85.7	89.8	86.2	87.2	84.5	76.2	85.9	79.4
Missouri	98.4	96.1	96.9	94.9	97.1	96.4	86.3	94.5	87.2
Montana	98.0	83.2	90.2	85.8	89.8	87.7	73.7	90.3	81.2
Nebraska	97.5	83.5	91.2	84.1	86.6	87.1	76.6	85.1	76.1
New Hampshire	94.4	87.8	87.2	88.3	89.2	88.3	71.6	88.7	82.2
New York	97.3	87.2	87.5	86.8	91.0	93.6	79.4	91.7	82.2
North Carolina	97.9	94.5	94.5	90.5	94.6	93.9	90.1	93.1	87.4
North Dakota	97.5	90.8	93.8	92.5	94.3	91.3	81.2	91.6	82.4
Oklahoma	94.3	84.2	91.4	77.6	82.8	78.8	74.9	84.8	76.9
Oregon	98.4	93.9	91.9	89.7	93.1	92.0	78.8	91.6	78.9
Pennsylvania	92.7	83.7	83.6	80.8	86.3	88.0	76.4	87.2	76.7
South Carolina	98.3	92.9	90.9	86.4	93.1	94.5	84.6	91.8	86.9
Tennessee	97.3	93.1	95.7	91.8	94.2	94.2	86.3	92.3	88.3
Utah	99.4	93.2	94.8	91.9	94.9	95.5	86.9	92.5	84.2
Washington	96.8	87.1	88.9	85.5	89.5	89.8	72.7	86.5	75.4
Wisconsin	96.0	86.5	88.5	86.0	88.1	89.0	78.6	89.7	79.6
State Median	97.2	87.2	90.9	86.4	89.8	89.0	78.6	89.2	81.2
State Range	89.2 – 99.4	76.9 – 96.1	80.7 – 96.9	73.1 – 94.9	77.8 – 97.1	76.8 – 96.4	67.1 – 90.1	81.4 – 97.0	71.7 – 89.6
LOCAL SURVEYS									
Chicago	96.6	86.2	92.3	78.2	87.2	81.0	71.9	85.6	76.0
Dallas	100.0	100.0	100.0	100.0	100.0	100.0	96.0	100.0	100.0
District of Columbia	96.4	85.8	96.0	85.3	85.3	71.9	57.3	75.6	60.7
Los Angeles	98.8	97.6	96.4	92.6	96.3	91.4	83.3	95.2	86.9
Memphis	100.0	94.0	94.0	94.0	94.0	91.0	82.1	91.1	82.0
Miami	92.8	88.2	88.2	88.2	85.8	83.4	78.8	85.7	83.4
New Orleans	100.0	85.7	92.5	77.8	88.1	84.6	75.0	88.7	75.1
Orange County	100.0	96.3	96.3	100.0	100.0	100.0	92.0	100.0	95.7
Philadelphia	96.1	90.1	91.0	86.0	93.8	87.3	86.2	88.9	80.4
San Diego	NA [§]	NA	NA	NA	NA	NA	NA	NA	NA
Local Median	98.8	90.1	94.0	88.2	93.8	87.3	82.1	88.9	82.0
Local Range	92.8 – 100.0	85.7 – 100.0	88.2 – 100.0	77.8 – 100.0	85.3 – 100.0	71.9 – 100.0	57.3 – 96.0	75.6 – 100.0	60.7 – 100.0

* Especially whole grains.

** Low in saturated fat and cholesterol and moderate in total fat.

§ NA = data not available.

TABLE 10b. Percentage of Schools That Taught About Food Safety and Behaviors That Contribute to Maintaining a Healthy Weight in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Keeping food safe to eat	Preparing healthy meals and snacks	Aiming for a healthy weight	Risks of unhealthy weight control practices	Accepting body size differences	Eating disorders
STATE SURVEYS						
Alaska	73.4	76.7	77.7	78.3	74.0	77.8
Arizona	80.8	88.8	96.3	89.9	86.9	85.0
Arkansas	81.4	88.0	96.2	95.1	87.9	93.4
Connecticut	67.1	78.1	93.5	90.2	89.3	84.1
Delaware	61.4	71.9	81.6	87.7	77.5	85.8
Idaho	81.3	88.5	98.1	96.9	95.2	96.2
Iowa	73.7	79.0	89.2	90.5	87.3	87.7
Maine	74.9	81.4	96.0	93.1	89.6	91.4
Massachusetts	67.5	82.8	91.5	90.6	91.4	88.9
Michigan	74.5	82.2	91.2	90.4	87.3	87.3
Missouri	83.1	88.6	97.8	95.8	90.4	92.3
Montana	72.4	83.8	96.4	91.4	85.4	89.4
Nebraska	72.6	81.4	92.6	91.4	85.3	90.3
New Hampshire	67.3	81.5	89.2	89.4	89.5	90.7
New York	74.3	82.7	92.8	93.8	88.5	93.6
North Carolina	81.3	93.6	97.0	97.4	93.0	94.8
North Dakota	86.3	90.6	94.9	93.8	91.9	91.7
Oklahoma	77.3	76.3	89.9	86.0	80.7	82.9
Oregon	69.7	85.0	95.0	93.4	92.8	93.3
Pennsylvania	66.8	80.5	91.0	89.5	86.8	86.5
South Carolina	80.6	87.9	96.4	96.4	90.6	90.6
Tennessee	85.5	89.1	96.7	95.3	90.0	91.6
Utah	75.6	89.7	97.5	96.9	94.9	99.4
Washington	70.0	80.9	91.0	89.2	88.0	88.5
Wisconsin	69.9	78.5	92.7	91.3	89.4	93.8
State Median	74.3	82.7	93.5	91.4	89.3	90.6
State Range	61.4 – 86.3	71.9 – 93.6	77.7 – 98.1	78.3 – 97.4	74.0 – 95.2	77.8 – 99.4
LOCAL SURVEYS						
Chicago	77.5	81.3	90.4	84.8	81.4	74.4
Dallas	87.9	96.0	100.0	95.7	91.9	96.0
District of Columbia	69.8	81.7	86.1	78.2	85.1	76.4
Los Angeles	79.6	91.5	96.4	96.4	87.9	90.3
Memphis	88.1	94.0	97.0	97.0	88.1	97.0
Miami	81.1	90.5	90.4	90.4	88.1	88.2
New Orleans	80.9	84.8	88.7	84.6	75.1	84.3
Orange County	84.0	88.3	100.0	100.0	95.7	96.3
Philadelphia	85.1	88.8	93.7	91.0	86.2	87.4
San Diego	NA*	NA	NA	NA	NA	NA
Local Median	81.1	88.8	93.7	91.0	87.9	88.2
Local Range	69.8 – 88.1	81.3 – 96.0	86.1 – 100.0	78.2 – 100.0	75.1 – 95.7	74.4 – 97.0

* NA = data not available.

TABLE 11a. Percentage of Schools That Taught About the Benefits of Physical Activity in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Physical, psychological, or social benefits	Health-related fitness	Phases of a workout	How much physical activity is enough	Decreasing sedentary activities
STATE SURVEYS					
Alaska	86.5	84.2	77.6	68.0	76.8
Arizona	96.2	91.8	85.9	88.1	87.3
Arkansas	97.9	95.3	90.9	87.0	90.5
Connecticut	90.3	78.9	63.9	67.0	79.1
Delaware	91.9	89.2	89.7	86.0	89.6
Idaho	95.2	94.7	87.1	89.5	90.1
Iowa	93.0	88.4	81.1	80.1	81.6
Maine	93.1	83.7	78.5	77.0	77.4
Massachusetts	93.2	85.8	77.3	77.5	84.4
Michigan	90.8	84.5	74.8	78.2	82.0
Missouri	94.7	94.5	89.5	90.0	90.7
Montana	97.6	98.4	95.7	91.2	86.7
Nebraska	94.4	92.0	89.6	86.1	85.2
New Hampshire	87.4	80.9	73.0	74.1	78.1
New York	94.4	81.7	70.0	74.4	84.2
North Carolina	96.6	97.1	95.0	90.7	92.3
North Dakota	96.2	93.8	91.9	87.2	92.4
Oklahoma	92.6	92.9	92.7	89.9	87.2
Oregon	96.1	92.2	86.9	84.5	83.5
Pennsylvania	94.2	90.6	84.0	82.3	84.6
South Carolina	96.5	93.3	86.6	86.8	91.9
Tennessee	96.5	95.5	94.6	90.5	89.9
Utah	97.0	92.1	87.5	86.3	91.9
Washington	94.4	92.6	80.4	77.5	82.9
Wisconsin	90.3	84.3	67.5	73.9	82.6
State Median	94.4	92.0	86.6	86.0	85.2
State Range	86.5 – 97.9	78.9 – 98.4	63.9 – 95.7	67.0 – 91.2	76.8 – 92.4
LOCAL SURVEYS					
Chicago	92.7	95.1	88.0	80.2	84.6
Dallas	100.0	87.4	87.0	82.6	87.4
District of Columbia	89.1	96.3	96.3	78.3	89.1
Los Angeles	91.4	86.6	73.4	79.3	86.6
Memphis	100.0	100.0	100.0	96.9	90.9
Miami	78.2	62.5	63.9	67.1	78.8
New Orleans	92.7	92.7	82.1	72.2	82.1
Orange County	95.8	87.2	81.9	77.9	95.1
Philadelphia	92.6	93.9	90.4	83.5	85.0
San Diego	NA*	NA	NA	NA	NA
Local Median	92.7	92.7	87.0	79.3	86.6
Local Range	78.2 – 100.0	62.5 – 100.0	63.9 – 100.0	67.1 – 96.9	78.8 – 95.1

* NA = data not available.

Table 11b. Percentage of Schools That Taught About the Challenges to Engaging in Physical Activity in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Overcoming barriers to physical activity	Developing an individualized physical activity plan	Monitoring progress toward reaching goals	Opportunities for physical activity in the community	Preventing injury during physical activity	Weather-related safety	Dangers of using performance-enhancing drugs
STATE SURVEYS							
Alaska	63.5	54.1	55.0	72.9	76.3	77.6	69.5
Arizona	77.4	70.9	63.9	77.1	87.6	89.8	80.5
Arkansas	80.1	74.7	68.9	83.0	94.0	90.3	94.6
Connecticut	61.0	48.7	45.4	62.8	68.2	66.1	86.4
Delaware	73.0	71.4	62.6	78.4	87.3	79.2	97.7
Idaho	73.5	73.3	62.3	72.5	89.1	86.2	95.1
Iowa	65.7	64.2	59.9	70.1	76.1	77.9	87.8
Maine	67.4	69.1	57.4	74.0	77.2	73.2	83.8
Massachusetts	68.2	60.3	58.2	70.1	75.6	75.9	90.9
Michigan	64.6	62.9	60.3	66.2	74.1	73.8	85.9
Missouri	78.1	75.1	69.6	78.7	89.4	85.5	89.3
Montana	78.8	71.4	72.9	79.1	93.9	88.9	91.9
Nebraska	67.3	69.8	66.6	78.6	84.0	82.4	89.0
New Hampshire	69.5	58.7	55.2	71.3	71.2	72.6	85.3
New York	63.2	52.1	50.9	66.7	71.4	77.1	93.8
North Carolina	84.2	79.5	76.6	85.8	92.6	89.4	92.0
North Dakota	73.0	63.7	59.7	78.1	88.8	89.3	87.8
Oklahoma	77.0	74.3	74.1	76.9	91.1	88.5	92.7
Oregon	70.0	72.4	64.1	74.4	87.2	80.4	88.2
Pennsylvania	70.4	68.7	62.8	71.1	86.1	75.1	88.1
South Carolina	79.4	73.6	67.0	84.7	87.0	86.3	86.3
Tennessee	81.5	78.6	76.9	85.2	91.5	88.2	90.2
Utah	72.8	79.3	74.0	74.0	86.4	83.1	93.7
Washington	61.0	68.4	66.3	68.8	78.9	66.8	80.3
Wisconsin	69.5	55.6	51.8	69.0	75.3	74.1	88.6
State Median	70.4	69.8	62.8	74.0	86.4	80.4	88.6
State Range	61.0 – 84.2	48.7 – 79.5	45.4 – 76.9	62.8 – 85.8	68.2 – 94.0	66.1 – 90.3	69.5 – 97.7
LOCAL SURVEYS							
Chicago	79.4	61.1	63.1	79.7	89.6	75.3	75.6
Dallas	83.3	74.8	73.9	83.4	91.7	100.0	100.0
District of Columbia	74.9	67.8	67.8	85.6	92.5	82.4	85.8
Los Angeles	70.0	64.9	59.8	70.6	72.2	83.0	82.9
Memphis	94.0	87.9	82.0	94.0	100.0	87.9	94.0
Miami	64.8	53.3	55.6	64.7	62.4	71.7	78.2
New Orleans	78.4	55.1	62.0	79.2	85.4	85.0	89.1
Orange County	81.9	73.2	77.9	81.9	87.2	74.8	90.5
Philadelphia	72.3	75.5	71.9	76.0	89.0	77.3	80.0
San Diego	NA*	NA	NA	NA	NA	NA	NA
Local Median	78.4	67.8	67.8	79.7	89.0	82.4	85.8
Local Range	64.8 – 94.0	53.3 – 87.9	55.6 – 82.0	64.7 – 94.0	62.4 – 100.0	71.7 – 100.0	75.6 – 100.0

* NA = data not available.

TABLE 12. Percentage of Schools That Taught All 17 Tobacco Use Prevention Topics, All 10 HIV* Prevention Topics, All 15 Nutrition and Dietary Topics, or All 12 Physical Activity Topics in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Taught all 17 tobacco use prevention topics	Taught all 10 HIV prevention topics	Taught all 15 nutrition and dietary topics	Taught all 12 physical activity topics
STATE SURVEYS				
Alaska	50.8	29.6	50.6	39.2
Arizona	59.9	21.1	66.7	44.9
Arkansas	62.7	21.5	68.6	57.5
Connecticut	49.8	44.2	50.1	28.8
Delaware	61.4	50.0	51.7	53.2
Idaho	58.7	19.1	68.2	45.6
Iowa	54.8	38.6	55.7	44.2
Maine	43.3	43.5	56.1	41.6
Massachusetts	58.6	39.7	57.4	42.2
Michigan	56.8	25.7	61.1	42.9
Missouri	58.3	28.0	69.5	53.5
Montana	54.3	23.8	58.2	47.1
Nebraska	53.7	20.7	54.2	48.8
New Hampshire	51.0	48.6	53.6	37.2
New York	63.3	51.0	57.7	34.6
North Carolina	69.0	14.9	73.4	59.5
North Dakota	63.3	20.2	71.6	44.3
Oklahoma	69.5	23.5	65.3	60.1
Oregon	56.4	41.7	56.5	43.4
Pennsylvania	59.8	36.8	55.4	47.6
South Carolina	58.4	34.9	67.5	53.9
Tennessee	64.6	34.7	73.1	62.7
Utah	54.3	7.0	64.3	48.2
Washington	50.0	38.6	55.3	38.3
Wisconsin	50.6	46.4	57.0	35.4
State Median	58.3	34.7	57.7	44.9
State Range	43.3 – 69.5	7.0 – 51.0	50.1 – 73.4	28.8 – 62.7
LOCAL SURVEYS				
Chicago	52.4	38.5	51.8	43.7
Dallas	78.2	43.7	83.9	43.5
District of Columbia	39.3	71.5	42.7	50.2
Los Angeles	79.4	61.6	67.7	48.2
Memphis	69.8	42.6	76.0	67.0
Miami	66.9	79.0	71.8	48.6
New Orleans	71.5	42.4	50.1	48.4
Orange County	67.9	54.9	69.1	60.4
Philadelphia	63.3	52.0	67.8	51.8
San Diego	NA**	NA	NA	NA
Local Median	67.9	52.0	67.8	48.6
Local Range	39.3 – 79.4	38.5 – 79.0	42.7 – 83.9	43.5 – 67.0

* HIV = human immunodeficiency virus.
 ** NA = data not available.

TABLE 13. Percentage of Schools That Used Specific Teaching Methods in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Group discussions	Cooperative group activities	Role play, simulations, or practice	Language, performing, or visual arts	Pledges or contracts for behavior change	Peer educators	The Internet	Computer-assisted instruction
STATE SURVEYS								
Alaska	90.0	82.5	69.8	63.0	48.9	59.8	79.2	49.6
Arizona	92.6	91.3	72.0	65.0	50.3	58.5	78.4	52.2
Arkansas	98.9	91.4	72.9	51.8	40.0	64.5	76.1	49.4
Connecticut	100.0	98.8	87.8	68.5	43.9	55.5	91.5	67.1
Delaware	97.9	97.9	95.7	77.3	48.1	56.2	86.0	57.9
Idaho	98.6	98.7	79.4	69.6	40.0	63.4	85.8	57.4
Iowa	98.9	97.1	80.8	61.3	42.7	54.9	87.1	51.8
Maine	99.4	95.5	85.1	60.0	35.7	52.0	95.0	58.4
Massachusetts	99.6	97.4	87.6	73.9	42.7	54.2	83.2	57.3
Michigan	98.0	96.0	84.3	68.9	46.8	60.0	82.3	59.9
Missouri	97.9	96.4	77.3	70.3	44.0	65.7	82.7	58.4
Montana	99.6	94.4	72.4	67.2	40.8	70.6	87.3	63.8
Nebraska	99.0	94.1	74.0	56.1	41.1	53.0	83.6	59.0
New Hampshire	97.5	99.2	91.7	79.3	33.9	59.3	80.7	51.0
New York	98.6	98.5	89.9	73.8	55.8	62.1	91.1	65.3
North Carolina	97.1	94.4	82.3	73.0	57.4	70.2	79.2	66.5
North Dakota	100.0	96.3	82.7	65.5	42.6	64.8	93.0	64.6
Oklahoma	91.4	86.0	55.0	56.4	41.5	53.3	84.7	63.8
Oregon	98.8	98.2	87.5	68.5	56.0	63.7	86.1	55.2
Pennsylvania	98.4	97.1	87.0	70.0	47.6	65.2	82.4	60.4
South Carolina	98.8	96.5	77.5	63.4	57.7	65.3	81.3	61.8
Tennessee	99.0	94.9	82.4	61.6	58.0	68.0	73.9	55.7
Utah	99.4	97.7	90.0	70.8	50.4	68.0	79.0	55.0
Washington	93.7	90.6	77.6	68.8	46.3	59.3	82.8	43.5
Wisconsin	98.6	95.4	82.4	68.6	46.2	61.6	86.6	60.7
State Median	98.6	96.3	82.4	68.5	46.2	61.6	83.2	58.4
State Range	90.0 – 100.0	82.5 – 99.2	55.0 – 95.7	51.8 – 79.3	33.9 – 58.0	52.0 – 70.6	73.9 – 95.0	43.5 – 67.1
LOCAL SURVEYS								
Chicago	97.7	90.9	77.6	75.8	57.1	57.8	66.9	54.9
Dallas	100.0	100.0	95.9	70.5	54.3	83.3	95.9	65.1
District of Columbia	100.0	100.0	92.9	71.5	60.7	85.4	82.0	64.4
Los Angeles	97.6	95.2	89.4	79.8	67.7	61.5	84.5	61.0
Memphis	100.0	100.0	100.0	84.8	71.7	85.0	85.2	73.0
Miami	100.0	91.0	91.0	72.6	65.7	72.6	81.7	55.7
New Orleans	96.5	96.5	93.0	78.0	54.1	68.1	68.8	55.4
Orange County	96.3	92.0	88.3	96.3	43.8	71.0	87.7	59.3
Philadelphia	94.9	97.7	87.1	75.7	47.2	64.8	72.5	57.4
San Diego	NA*	NA	NA	NA	NA	NA	NA	NA
Local Median	97.7	96.5	91.0	75.8	57.1	71.0	82.0	59.3
Local Range	94.9 – 100.0	90.9 – 100.0	77.6 – 100.0	70.5 – 96.3	43.8 – 71.7	57.8 – 85.4	66.9 – 95.9	54.9 – 73.0

* NA = data not available.

TABLE 14. Percentage of Schools That Used Teaching Methods to Highlight Diversity or the Values of Various Cultures in a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Using textbooks or curricular materials reflective of various cultures	Using textbooks or curricular materials designed for students with limited English proficiency	Asking students to share their own cultural experiences related to health topics	Teaching about cultural differences and similarities	Modifying teaching methods to match students' learning styles, health beliefs, or cultural values
STATE SURVEYS					
Alaska	71.4	32.3	79.3	79.0	90.1
Arizona	66.9	40.2	72.0	78.6	82.1
Arkansas	67.2	31.9	72.1	81.5	87.3
Connecticut	53.1	22.3	72.9	73.6	92.3
Delaware	66.6	21.3	83.5	74.6	94.2
Idaho	64.2	30.6	75.0	76.6	85.5
Iowa	71.2	20.3	66.8	68.0	84.9
Maine	48.5	16.3	62.4	67.3	88.5
Massachusetts	61.6	18.6	78.8	78.3	92.2
Michigan	61.0	19.5	65.3	68.7	83.4
Missouri	75.6	24.8	80.0	79.4	88.5
Montana	56.7	12.9	60.2	66.8	85.2
Nebraska	76.6	20.4	71.6	77.1	87.3
New Hampshire	56.8	18.4	60.9	70.2	89.1
New York	63.6	21.5	79.7	78.0	93.0
North Carolina	69.0	43.2	81.1	76.9	90.3
North Dakota	65.8	15.0	57.3	74.5	83.4
Oklahoma	64.3	29.0	52.7	66.7	73.3
Oregon	69.1	34.9	71.2	73.7	88.0
Pennsylvania	65.4	20.0	69.0	70.7	88.1
South Carolina	75.1	29.9	80.9	78.5	92.1
Tennessee	72.0	32.9	75.0	82.0	88.7
Utah	69.2	41.4	71.2	79.4	89.7
Washington	71.9	23.6	64.6	66.3	89.2
Wisconsin	61.9	22.2	66.6	70.3	91.2
State Median	66.6	22.3	71.6	74.6	88.5
State Range	48.5 – 76.6	12.9 – 43.2	52.7 – 83.5	66.3 – 82.0	73.3 – 94.2
LOCAL SURVEYS					
Chicago	76.4	42.1	84.0	87.7	85.4
Dallas	100.0	74.8	87.9	79.8	100.0
District of Columbia	67.4	50.2	82.0	86.1	92.9
Los Angeles	86.9	78.7	89.5	88.4	90.4
Memphis	96.9	50.0	94.1	97.0	96.9
Miami	83.9	65.8	88.5	83.9	86.3
New Orleans	68.9	20.7	82.7	75.9	72.7
Orange County	64.2	59.9	83.3	91.4	96.3
Philadelphia	75.0	33.8	75.9	84.7	87.7
San Diego	NA*	NA	NA	NA	NA
Local Median	76.4	50.2	84.0	86.1	90.4
Local Range	64.2 – 100.0	20.7 – 78.7	75.9 – 94.1	75.9 – 97.0	72.7 – 100.0

* NA = data not available.

TABLE 15. Percentage of Schools With a Health Education Coordinator and, Among those Schools, the Percentage in Which Specific Staff Serve as the Health Education Coordinator, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Have a health education coordinator	District administrator or district health education or curriculum coordinator	School administrator	Health education teacher	School nurse	Someone else
STATE SURVEYS						
Alaska	87.8	21.8	32.5	31.6	1.5	12.6
Arizona	86.9	22.7	25.3	25.5	14.0	12.5
Arkansas	98.2	20.1	25.3	53.1	0.0	1.5
Connecticut	92.2	37.8	18.9	35.3	1.7	6.2
Delaware	100.0	26.6	15.9	54.1	1.7	1.8
Idaho	99.5	26.1	16.7	56.6	0.0	0.5
Iowa	96.9	30.2	17.3	46.9	1.6	4.0
Maine	95.3	34.2	9.3	51.6	2.7	2.2
Massachusetts	93.2	49.0	12.7	29.2	3.6	5.6
Michigan	94.5	39.2	15.9	39.9	1.5	3.5
Minnesota	98.3	24.9	16.1	54.0	0.5	4.5
Missouri	97.4	32.9	18.5	43.5	3.9	1.3
Montana	97.0	23.2	15.0	59.3	0.3	2.1
Nebraska	96.3	24.2	19.4	49.6	2.6	4.1
New Hampshire	93.3	15.7	18.9	44.3	14.1	7.0
New York	97.5	39.3	23.9	32.9	1.7	2.3
North Carolina	95.1	31.0	10.4	53.0	1.1	4.5
North Dakota	94.9	20.9	30.0	46.5	1.6	1.0
Oklahoma	74.2	16.9	33.7	20.7	14.9	13.9
Oregon	97.4	21.0	22.7	52.6	0.4	3.3
Pennsylvania	98.1	36.7	18.1	40.5	0.6	4.1
South Carolina	97.0	25.1	21.2	43.2	2.6	7.9
Tennessee	90.8	22.1	29.2	35.9	5.4	7.3
Texas*	93.6	27.0	25.0	36.3	5.4	6.3
Utah	100.0	18.6	20.6	59.8	0.5	0.5
Washington	95.2	25.1	15.3	46.3	3.2	10.0
Wisconsin	96.6	27.0	12.5	56.4	0.6	3.5
State Median	96.3	25.1	18.9	46.3	1.7	4.1
State Range	74.2 – 100.0	15.7 – 49.0	9.3 – 33.7	20.7 – 59.8	0.0 – 14.9	0.5 – 13.9
LOCAL SURVEYS						
Chicago	83.7	1.9	17.6	43.8	6.8	29.9
Dallas	81.4	39.6	10.0	32.5	2.6	15.2
District of Columbia	93.6	13.7	6.8	76.4	3.1	0.0
Los Angeles	95.6	11.1	28.5	52.8	0.0	7.6
Memphis	94.3	22.4	23.7	39.9	1.9	12.0
Miami	91.7	25.4	25.2	30.1	1.2	18.1
New Orleans	96.9	16.0	0.0	71.0	9.7	3.3
Orange County	97.3	15.4	33.4	34.2	0.0	17.0
Philadelphia	94.9	10.7	19.6	56.1	3.7	9.9
San Bernardino	85.7	50.0	33.3	8.3	0.0	8.3
San Diego	95.0	48.9	7.7	0.0	0.0	43.4
Local Median	94.3	16.0	19.6	39.9	1.9	12.0
Local Range	81.4 – 97.3	1.9 – 50.0	0.0 – 33.4	0.0 – 76.4	0.0 – 9.7	0.0 – 43.4

* Survey did not include schools from two of the state's largest school districts.

TABLE 16. Percentage of Schools in Which Health Education Staff Worked on Health Education Activities With Other School Staff or Community Members During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Physical education staff	Teachers in other subject areas	School health services staff	School mental health or social services staff	Food service staff	Community members
STATE SURVEYS						
Alaska	51.1	64.7	48.7	50.8	15.8	56.2
Arizona	55.1	57.6	50.6	55.7	22.9	36.0
Arkansas	79.6	62.6	72.1	53.9	20.4	46.1
Connecticut	70.3	60.0	70.9	69.8	24.1	58.8
Delaware	91.7	65.0	83.5	69.2	25.0	58.2
Idaho	80.7	62.2	61.4	60.2	20.5	55.4
Iowa	63.2	62.5	67.9	51.9	19.8	55.0
Maine	80.8	60.9	82.5	64.4	31.1	53.4
Massachusetts	76.9	63.6	78.5	69.5	27.4	56.7
Michigan	65.5	53.9	34.9	50.2	23.3	46.7
Missouri	81.7	59.8	78.9	58.4	26.9	45.6
Montana	81.9	60.0	55.9	58.7	28.4	55.7
Nebraska	72.4	57.8	67.5	43.6	18.4	41.5
New Hampshire	68.0	62.8	80.7	72.1	30.0	60.2
New York	70.3	71.9	64.5	67.3	21.9	62.9
North Carolina	87.2	58.7	72.5	66.5	24.9	55.2
North Dakota	73.1	62.2	37.6	59.8	35.0	54.6
Oklahoma	51.3	47.1	38.9	39.5	26.3	26.1
Oregon	72.0	63.4	56.5	60.7	16.8	54.7
Pennsylvania	87.7	60.6	79.5	61.0	20.3	50.7
South Carolina	77.2	55.5	67.9	53.5	23.4	43.0
Tennessee	74.0	61.0	65.5	60.5	31.2	52.3
Utah	75.1	65.7	48.1	67.7	11.6	66.5
Washington	64.3	55.4	65.5	62.8	18.0	46.8
Wisconsin	76.5	64.1	69.2	62.6	24.6	59.4
State Median	74.0	61.0	67.5	60.5	23.4	54.7
State Range	51.1 – 91.7	47.1 – 71.9	34.9 – 83.5	39.5 – 72.1	11.6 – 35.0	26.1 – 66.5
LOCAL SURVEYS						
Chicago	66.4	61.5	53.6	57.4	25.6	33.9
Dallas	50.9	54.9	74.5	54.1	19.9	22.0
District of Columbia	86.9	74.1	83.2	77.4	37.5	77.4
Los Angeles	51.6	68.1	69.1	56.5	24.5	54.7
Memphis	88.2	74.0	82.2	68.0	36.0	64.1
Miami	47.8	45.6	28.2	50.6	22.1	41.7
New Orleans	94.0	61.5	93.8	78.0	53.4	54.9
Orange County	60.6	63.6	48.2	60.0	15.9	68.5
Philadelphia	87.3	68.9	77.5	56.6	34.5	34.8
San Diego	46.4	83.6	62.5	82.7	5.1	27.2
Local Median	63.5	65.9	71.8	58.7	25.1	48.2
Local Range	46.4 – 94.0	45.6 – 83.6	28.2 – 93.8	50.6 – 82.7	5.1 – 53.4	22.0 – 77.4

TABLE 17. Percentage of Schools in Which the Lead Health Education Teacher Had Professional Preparation in Each Specific Discipline, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Health and physical education combined	Health education only	Physical education only	Other education degree	Kinesiology, exercise science or exercise physiology, home economics or family and consumer science, or science	Nursing or counseling	Public health or other discipline
STATE SURVEYS*							
Alaska	10.3	2.7	7.4	28.4	19.8	10.6	20.9
Arizona	19.5	6.1	9.3	22.8	10.9	19.0	12.4
Arkansas	68.5	8.0	14.0	2.3	5.6	0.6	1.1
Connecticut	48.6	20.6	9.1	4.5	8.5	4.7	4.1
Delaware	77.1	9.6	9.6	0.0	0.0	1.7	2.0
Idaho	61.1	5.9	15.6	7.8	7.1	0.6	1.8
Iowa	37.2	6.4	14.1	4.5	32.8	4.6	0.4
Maine	39.5	22.6	10.9	5.6	15.3	5.0	1.0
Massachusetts	47.6	20.1	7.0	3.1	8.5	9.9	3.7
Michigan	33.2	7.9	17.3	9.6	25.7	2.2	4.1
Missouri	57.2	1.8	16.7	3.8	16.4	2.6	1.4
Montana	70.7	1.1	10.3	11.8	2.5	0.8	2.9
Nebraska	41.0	2.1	27.9	4.0	19.0	3.9	2.1
New Hampshire	19.9	18.6	17.4	3.5	17.4	17.1	6.1
New York	40.7	40.5	8.5	1.9	4.8	2.6	1.1
North Carolina	58.8	6.6	23.6	1.0	4.7	3.4	1.8
North Dakota	40.1	4.0	13.3	5.9	24.4	4.0	8.2
Oklahoma	38.7	1.4	6.8	11.8	15.6	17.4	8.3
Oregon	46.0	16.2	7.8	11.4	12.2	2.1	4.4
Pennsylvania	86.8	3.3	4.2	1.1	2.3	0.4	1.8
South Carolina	45.1	6.3	28.5	4.0	6.1	7.6	2.3
Tennessee	56.5	2.3	11.2	10.0	7.6	10.3	2.1
Utah	45.1	16.6	20.6	6.6	8.0	1.3	1.7
Washington	22.5	5.6	15.2	15.5	21.1	7.6	12.4
Wisconsin	55.2	8.9	13.8	7.8	10.6	2.4	1.3
State Median	45.1	6.4	13.3	5.6	10.6	3.9	2.1
State Range	10.3 – 86.8	1.1 – 40.5	4.2 – 28.5	0.0 – 28.4	0.0 – 32.8	0.4 – 19.0	0.4 – 20.9
LOCAL SURVEYS*							
Chicago	32.1	4.3	22.0	9.4	10.6	14.7	6.9
Dallas	39.6	8.7	4.4	0.0	47.3	0.0	0.0
District of Columbia	73.9	3.9	3.9	0.0	11.3	3.5	3.5
Los Angeles	9.8	30.6	1.3	7.7	45.5	1.3	3.8
Memphis	63.2	4.5	6.8	4.5	9.1	9.4	2.4
Miami	24.8	13.7	12.4	5.0	34.1	5.0	5.0
New Orleans	72.5	0.0	3.4	6.9	3.4	13.9	0.0
Orange County	24.4	26.8	15.9	8.1	21.9	0.0	2.8
Philadelphia	84.6	2.0	4.9	2.1	0.9	4.3	1.1
San Diego	2.8	0.0	2.6	0.0	2.8	91.9	0.0
Local Median	35.9	4.4	4.7	4.8	11.0	4.7	2.6
Local Range	2.8 – 84.6	0.0 – 30.6	1.3 – 22.0	0.0 – 9.4	0.9 – 47.3	0.0 – 91.9	0.0 – 6.9

* Percentages for each row might not add up to 100.0 because of rounding.

TABLE 18. Percentage of Schools in Which a Newly Hired Health Education Teacher Is Required to Be Certified* in Health Education, the Lead Health Education Teacher Holds State Certification* in Health Education, and the Lead Health Education Teacher Had Taught Health Education for a Specific Number of Years, Selected U.S. Sites: School Health Profiles, Principal Surveys and Lead Health Education Teacher Surveys, 2004

Site	Newly hired health education teacher required to be certified in health education	Lead health education teacher holds current teaching certificate in health education	Years Lead Health Education Teacher Taught Health Education				
			1 year	2 to 5 years	6 to 9 years	10 to 14 years	15 years or more
STATE SURVEYS							
Alaska	31.8	32.9	18.7	33.8	14.8	11.1	21.6
Arizona	50.8	32.1	16.8	32.3	18.7	11.1	21.1
Arkansas	98.0	90.2	10.5	24.2	13.6	14.5	37.2
Connecticut	94.1	81.3	6.6	22.9	16.4	16.8	37.2
Delaware	87.3	89.6	3.4	29.5	22.3	15.9	28.9
Idaho	89.5	89.7	7.9	20.9	15.9	16.1	39.1
Iowa	84.3	80.7	6.6	27.4	15.8	16.4	33.9
Maine	91.2	85.5	8.2	24.2	13.0	19.5	35.0
Massachusetts	92.6	80.0	5.0	22.8	16.6	18.7	36.8
Michigan	84.5	71.9	9.5	28.5	17.0	13.6	31.5
Minnesota	98.3	NA**	NA	NA	NA	NA	NA
Missouri	87.5	83.3	10.8	32.0	22.3	13.2	21.7
Montana	83.9	91.6	6.0	25.7	14.6	16.9	36.8
Nebraska	57.0	61.5	5.7	21.9	21.7	14.0	36.8
New Hampshire	83.1	49.2	7.8	29.1	18.5	15.9	28.8
New York	96.0	88.8	5.7	24.2	16.9	9.4	43.9
North Carolina	82.3	71.3	2.5	26.1	12.1	18.9	40.3
North Dakota	85.4	NA	7.2	18.1	18.5	19.0	37.2
Oklahoma	75.6	72.3	13.3	23.7	16.6	19.0	27.4
Oregon	82.1	77.2	9.7	20.4	19.0	14.8	36.1
Pennsylvania	94.0	94.7	5.1	13.2	12.2	13.1	56.4
South Carolina	71.2	56.6	8.1	25.8	14.2	14.6	37.2
Tennessee	81.8	75.1	8.6	25.4	14.7	14.7	36.6
Texas [§]	90.7	NA	NA	NA	NA	NA	NA
Utah	98.5	89.3	8.9	20.8	17.9	17.8	34.5
Washington	67.6	58.5	10.2	34.7	13.3	14.7	27.2
Wisconsin	90.0	85.8	5.9	15.0	17.5	15.3	46.4
State Median	85.4	80.4	7.9	24.2	16.6	15.3	36.6
State Range	31.8 – 98.5	32.1 – 94.7	2.5 – 18.7	13.2 – 34.7	12.1 – 22.3	9.4 – 19.5	21.1 – 56.4
LOCAL SURVEYS							
Chicago	63.6	50.1	9.4	23.7	14.9	16.5	35.4
Dallas	91.6	63.5	6.9	25.2	25.1	15.9	27.0
District of Columbia	97.2	97.0	0.0	19.8	13.1	6.4	60.6
Los Angeles	90.1	70.9	6.5	37.7	17.2	11.7	26.9
Memphis	83.3	73.3	6.5	26.4	13.2	11.2	42.7
Miami	86.3	58.3	9.9	26.0	18.5	21.1	24.6
New Orleans	96.8	93.6	6.2	9.0	3.0	12.1	69.8
Orange County	68.5	61.5	13.2	28.7	20.5	10.5	27.1
Philadelphia	85.4	95.2	5.8	18.8	5.6	10.8	59.0
San Bernardino	86.7	NA	NA	NA	NA	NA	NA
San Diego	80.1	39.8	63.5	14.5	0.0	2.5	19.5
Local Median	86.3	67.2	6.7	24.5	14.1	11.5	31.3
Local Range	63.6 – 97.2	39.8 – 97.0	0.0 – 63.5	9.0 – 37.7	0.0 – 25.1	2.5 – 21.1	19.5 – 69.8

* Certification, licensure, or endorsement by the state.

** NA = data not available.

§ Survey did not include schools from two of the state's largest school districts.

TABLE 19a. Percentage of Schools in Which the Lead Health Education Teacher Received Staff Development During the Two Years Preceding the Survey on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Accident or injury prevention	Alcohol or other drug use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
STATE SURVEYS							
Alaska	45.4	43.4	18.8	41.9	20.0	16.4	38.0
Arizona	50.8	50.0	16.6	59.2	16.5	18.7	38.3
Arkansas	40.6	46.8	13.4	59.0	11.2	9.4	24.4
Connecticut	28.7	46.3	8.6	55.7	7.7	5.7	38.6
Delaware	33.8	66.2	18.2	64.6	10.7	9.6	46.6
Idaho	33.5	60.7	14.8	45.1	13.9	8.7	50.2
Iowa	33.2	38.7	16.5	47.4	11.0	6.7	31.4
Maine	27.4	38.9	11.4	45.8	10.3	5.3	32.3
Massachusetts	30.7	50.4	15.1	64.2	12.6	7.9	43.0
Michigan	32.3	43.2	18.1	54.1	10.2	10.3	29.8
Missouri	42.5	43.0	17.4	70.2	13.2	14.4	29.7
Montana	52.0	53.7	19.0	72.8	20.5	14.5	31.9
Nebraska	35.5	37.7	11.2	65.4	16.6	4.8	19.9
New Hampshire	32.9	56.0	17.2	59.1	14.7	11.5	50.2
New York	39.0	45.7	15.0	67.0	12.3	4.8	35.7
North Carolina	41.3	36.0	10.3	61.4	6.0	5.8	21.8
North Dakota	41.5	65.7	21.6	56.2	13.5	17.7	38.2
Oklahoma	60.5	53.2	14.3	65.8	10.4	18.7	30.4
Oregon	38.7	48.2	9.2	69.4	9.7	7.9	28.0
Pennsylvania	35.8	57.4	12.9	72.4	9.7	6.0	29.6
South Carolina	44.4	35.3	17.0	62.9	12.0	15.3	26.0
Tennessee	59.3	50.5	21.1	74.8	17.2	19.5	32.6
Utah	35.4	48.7	11.9	64.4	10.1	4.6	32.6
Washington	37.9	34.4	11.2	77.5	11.0	9.8	31.0
Wisconsin	36.5	51.4	16.7	66.5	9.8	5.2	34.4
State Median	37.9	48.2	15.1	64.2	11.2	9.4	32.3
State Range	27.4 – 60.5	34.4 – 66.2	8.6 – 21.6	41.9 – 77.5	6.0 – 20.5	4.6 – 19.5	19.9 – 50.2
LOCAL SURVEYS							
Chicago	42.3	45.4	26.4	45.9	16.4	25.6	36.0
Dallas	49.8	56.7	24.2	58.4	14.4	8.4	36.4
District of Columbia	48.2	69.4	26.4	51.2	35.0	30.0	44.8
Los Angeles	36.9	61.7	15.6	41.9	5.3	7.3	26.7
Memphis	82.4	61.6	39.0	88.2	28.9	28.3	53.4
Miami	22.9	29.7	9.8	53.5	6.4	7.5	17.1
New Orleans	39.5	53.2	16.2	62.5	22.0	33.3	50.2
Orange County	30.2	37.7	12.8	55.1	8.4	0.0	28.3
Philadelphia	34.6	41.1	17.4	48.0	7.5	9.6	24.3
San Diego	33.3	92.6	24.5	34.3	38.9	4.9	65.8
Local Median	38.2	55.0	20.8	52.4	15.4	9.0	36.2
Local Range	22.9 – 82.4	29.7 – 92.6	9.8 – 39.0	34.3 – 88.2	5.3 – 38.9	0.0 – 33.3	17.1 – 65.8

* CPR = cardiopulmonary resuscitation.

TABLE 19b. Percentage of Schools in Which the Lead Health Education Teacher Received Staff Development During the Two Years Preceding the Survey on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
STATE SURVEYS							
Alaska	22.0	53.3	23.9	33.7	18.0	25.3	22.4
Arizona	23.0	55.5	28.7	35.1	22.0	28.4	33.1
Arkansas	16.4	53.9	15.7	25.0	16.3	11.4	27.1
Connecticut	9.6	51.1	23.0	41.7	29.4	10.4	30.2
Delaware	20.2	46.9	31.1	48.7	43.1	12.4	32.0
Idaho	12.2	46.7	15.6	55.9	40.7	12.6	48.1
Iowa	14.9	36.9	23.2	35.3	25.6	12.2	26.6
Maine	8.1	43.6	16.8	51.2	34.4	9.2	36.3
Massachusetts	10.7	48.1	25.4	38.0	36.6	12.7	38.7
Michigan	15.1	45.9	26.9	55.1	45.0	15.5	35.1
Missouri	18.4	59.9	21.7	35.9	24.0	20.1	35.8
Montana	15.8	72.5	21.5	51.7	29.5	17.0	37.6
Nebraska	9.9	47.0	15.8	21.8	18.6	15.7	22.5
New Hampshire	13.8	48.0	34.3	42.7	43.4	13.8	46.4
New York	18.3	57.3	26.2	50.0	35.9	17.8	29.8
North Carolina	12.3	55.7	19.2	38.9	27.1	11.7	23.2
North Dakota	18.6	44.2	25.9	46.0	22.2	24.6	35.5
Oklahoma	21.5	65.4	25.4	77.4	20.0	31.4	23.1
Oregon	9.1	71.3	16.7	43.7	30.1	16.9	23.5
Pennsylvania	12.0	52.7	19.4	40.3	29.3	11.9	35.7
South Carolina	20.1	56.7	25.7	45.4	37.2	21.8	26.8
Tennessee	22.0	66.1	26.1	48.0	24.4	28.1	37.7
Utah	4.9	55.8	19.2	35.0	32.0	11.5	21.4
Washington	14.7	78.2	21.4	56.9	30.7	16.5	26.9
Wisconsin	10.1	55.4	34.4	39.4	31.3	14.6	34.9
State Median	14.9	53.9	23.2	42.7	29.5	15.5	32.0
State Range	4.9 – 23.0	36.9 – 78.2	15.6 – 34.4	21.8 – 77.4	16.3 – 45.0	9.2 – 31.4	21.4 – 48.1
LOCAL SURVEYS							
Chicago	28.3	45.8	35.3	48.2	35.4	33.0	38.2
Dallas	22.8	58.6	50.7	46.5	50.6	20.7	36.4
District of Columbia	25.6	53.9	49.8	69.4	77.1	38.7	33.4
Los Angeles	23.9	42.4	21.5	71.7	36.8	22.6	25.8
Memphis	47.4	92.2	51.5	65.5	41.2	41.1	59.5
Miami	13.8	34.2	45.8	72.7	45.3	23.3	26.5
New Orleans	31.5	59.5	29.1	60.7	44.1	37.6	39.3
Orange County	15.9	44.5	26.0	87.2	61.2	10.2	48.1
Philadelphia	15.2	45.7	23.5	41.6	37.3	14.6	50.3
San Diego	26.8	31.9	57.3	85.6	90.4	29.1	32.3
Local Median	24.8	45.8	40.6	67.5	44.7	26.2	37.3
Local Range	13.8 – 47.4	31.9 – 92.2	21.5 – 57.3	41.6 – 87.2	35.4 – 90.4	10.2 – 41.1	25.8 – 59.5

* HIV = human immunodeficiency virus.

TABLE 19c. Percentage of Schools in Which the Lead Health Education Teacher Had Received Staff Development During the Two Years Preceding the Survey on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety or skin cancer prevention	Tobacco use prevention	Violence prevention
STATE SURVEYS								
Alaska	16.7	29.9	14.5	21.3	34.1	5.8	30.0	47.2
Arizona	20.7	36.9	21.0	27.4	27.2	24.2	38.6	53.9
Arkansas	12.8	46.9	16.9	22.1	16.3	13.3	45.5	52.4
Connecticut	10.1	45.9	22.8	33.1	18.9	3.6	23.1	55.7
Delaware	13.8	61.6	46.3	45.4	23.1	12.3	54.7	61.1
Idaho	9.6	43.3	25.5	51.0	32.5	11.1	35.2	49.2
Iowa	8.3	29.5	18.5	29.2	18.1	8.0	22.5	44.7
Maine	5.3	40.1	28.1	37.1	38.2	12.4	32.1	49.6
Massachusetts	9.7	44.8	26.7	35.5	23.0	32.3	30.1	62.9
Michigan	16.6	43.0	28.1	49.2	20.6	10.3	36.4	49.4
Missouri	18.3	49.5	22.4	31.6	21.0	10.1	31.4	47.1
Montana	15.7	55.3	27.7	40.1	27.9	12.6	40.8	52.3
Nebraska	9.6	32.6	15.6	20.4	14.8	6.4	25.1	42.7
New Hampshire	9.1	48.4	34.3	39.3	25.0	15.4	35.0	64.4
New York	9.4	41.9	32.1	38.7	21.9	10.2	32.7	57.3
North Carolina	8.2	51.2	28.2	36.6	9.4	8.2	29.1	36.1
North Dakota	16.1	50.0	15.8	33.3	31.1	12.1	54.1	59.7
Oklahoma	19.3	31.7	21.4	44.1	25.7	8.8	36.7	74.3
Oregon	7.2	32.5	23.4	34.2	24.9	7.4	30.5	52.2
Pennsylvania	10.1	53.0	21.6	31.3	21.8	10.8	36.6	59.7
South Carolina	19.3	51.2	33.7	37.6	11.4	14.4	28.5	38.2
Tennessee	22.9	52.2	24.8	34.5	26.6	15.7	37.6	61.7
Utah	6.5	34.9	20.3	29.2	21.8	10.7	34.6	38.5
Washington	10.2	35.3	17.3	37.3	27.4	8.4	32.1	52.1
Wisconsin	7.6	42.4	24.4	27.4	25.7	8.3	33.9	42.1
State Median	10.1	43.3	23.4	34.5	23.1	10.7	33.9	52.2
State Range	5.3 – 22.9	29.5 – 61.6	14.5 – 46.3	20.4 – 51.0	9.4 – 38.2	3.6 – 32.3	22.5 – 54.7	36.1 – 74.3
LOCAL SURVEYS								
Chicago	30.9	49.4	32.2	42.2	18.6	15.0	32.7	52.3
Dallas	16.7	39.4	41.3	56.6	31.0	18.7	42.3	56.2
District of Columbia	32.3	61.3	67.0	67.4	38.7	20.5	64.6	73.8
Los Angeles	6.3	23.9	31.9	55.9	22.6	8.4	68.4	49.5
Memphis	44.0	75.8	43.2	48.4	35.2	31.0	55.4	81.9
Miami	19.2	27.0	27.8	48.5	22.1	22.1	32.0	37.9
New Orleans	35.7	57.8	31.3	51.6	31.2	9.3	50.2	59.5
Orange County	15.5	20.2	38.8	64.3	15.1	10.5	23.6	47.9
Philadelphia	16.0	56.8	20.0	37.0	16.0	13.2	37.4	62.6
San Diego	22.1	16.9	82.8	92.6	80.4	4.9	90.3	73.7
Local Median	20.7	44.4	35.5	53.8	26.8	14.1	46.3	57.9
Local Range	6.3 – 44.0	16.9 – 75.8	20.0 – 82.8	37.0 – 92.6	15.1 – 80.4	4.9 – 31.0	23.6 – 90.3	37.9 – 81.9

* STD = sexually transmitted disease.

TABLE 20a. Percentage of Schools in Which the Lead Health Education Teacher Wanted to Receive Staff Development on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Accident or injury prevention	Alcohol or other drug use prevention	Consumer health	CPR*	Death and dying	Dental and oral health	Emotional and mental health
STATE SURVEYS							
Alaska	39.8	61.9	41.5	55.6	46.8	32.0	58.6
Arizona	54.5	73.3	47.9	66.1	50.4	47.2	65.6
Arkansas	58.8	73.1	51.9	70.3	52.5	45.2	59.3
Connecticut	38.6	74.7	54.5	46.9	57.3	28.8	73.7
Delaware	49.0	69.0	58.2	54.9	61.8	36.7	71.0
Idaho	48.9	65.0	48.0	58.0	50.9	31.5	63.8
Iowa	33.8	60.4	44.0	50.3	52.0	26.8	57.3
Maine	32.7	55.3	42.7	49.2	43.7	19.5	57.9
Massachusetts	44.8	71.7	50.8	58.8	61.7	36.0	75.6
Michigan	41.2	62.6	46.8	60.3	47.3	33.7	61.0
Missouri	51.3	70.9	44.9	68.5	48.6	37.4	57.3
Montana	43.9	67.7	41.2	59.1	53.8	34.5	65.6
Nebraska	38.5	59.2	35.0	55.1	45.3	27.3	53.3
New Hampshire	40.2	66.3	53.6	46.7	46.4	30.2	71.7
New York	50.5	72.6	55.4	55.6	62.4	37.8	69.6
North Carolina	48.3	71.1	42.4	67.9	50.7	37.0	62.8
North Dakota	42.0	56.8	42.3	60.6	43.5	29.3	56.6
Oklahoma	57.7	74.7	44.4	74.5	47.2	42.9	65.2
Oregon	27.0	60.6	38.5	33.7	45.9	21.9	53.9
Pennsylvania	51.0	78.7	52.4	64.8	58.7	37.3	72.8
South Carolina	45.2	65.0	41.6	60.3	47.3	37.3	57.9
Tennessee	53.0	66.8	46.3	66.6	52.8	44.8	64.5
Utah	37.4	67.0	46.8	50.1	53.2	32.4	66.3
Washington	37.7	67.1	47.5	47.5	49.6	26.8	61.5
Wisconsin	40.8	65.2	49.3	49.2	53.6	28.4	66.3
State Median	43.9	67.0	46.8	58.0	50.7	33.7	63.8
State Range	27.0 – 58.8	55.3 – 78.7	35.0 – 58.2	33.7 – 74.5	43.5 – 62.4	19.5 – 47.2	53.3 – 75.6
LOCAL SURVEYS							
Chicago	66.1	75.6	60.4	85.0	64.2	56.6	73.3
Dallas	38.2	74.8	39.4	74.0	48.9	46.7	68.0
District of Columbia	70.7	73.8	66.2	81.1	61.3	61.0	77.4
Los Angeles	63.9	81.1	65.0	79.0	69.3	55.1	77.0
Memphis	75.7	85.7	72.9	89.8	82.0	69.5	84.0
Miami	64.1	78.2	57.1	79.0	63.4	50.4	68.3
New Orleans	72.7	81.0	71.7	78.0	74.9	65.5	72.6
Orange County	36.1	72.1	51.8	62.0	62.0	38.4	70.2
Philadelphia	73.1	80.4	66.5	86.7	79.3	67.0	81.6
San Diego	62.7	70.7	60.4	78.2	90.1	47.9	90.1
Local Median	65.1	76.9	62.7	79.0	66.8	55.9	75.2
Local Range	36.1 – 75.7	70.7 – 85.7	39.4 – 72.9	62.0 – 89.8	48.9 – 90.1	38.4 – 69.5	68.0 – 90.1

* CPR = cardiopulmonary resuscitation.

TABLE 20b. Percentage of Schools in Which the Lead Health Education Teacher Wanted to Receive Staff Development on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Environmental health	First aid	Growth and development	HIV* prevention	Human sexuality	Immunization and vaccinations	Nutrition and dietary behavior
STATE SURVEYS							
Alaska	44.3	58.5	42.4	53.2	40.9	35.9	54.5
Arizona	52.1	64.9	56.3	59.2	50.4	47.8	62.8
Arkansas	50.7	69.5	44.4	69.8	52.4	44.8	70.6
Connecticut	53.5	49.5	59.3	67.6	70.5	38.7	69.4
Delaware	53.4	54.6	61.8	70.0	79.1	40.0	66.8
Idaho	49.2	61.9	47.5	62.3	51.0	40.6	64.6
Iowa	42.6	47.1	40.3	55.6	51.0	38.4	53.7
Maine	49.6	47.6	33.7	52.3	50.1	29.6	53.5
Massachusetts	56.7	57.2	57.5	67.5	69.3	41.4	69.4
Michigan	50.6	62.1	50.3	54.8	51.2	38.7	64.8
Missouri	50.5	71.1	47.1	64.2	50.5	45.8	63.6
Montana	46.7	62.3	44.5	59.7	53.5	40.4	63.6
Nebraska	37.6	49.4	33.9	51.9	42.0	31.8	53.2
New Hampshire	58.5	46.8	50.8	58.8	59.5	38.7	75.5
New York	57.5	54.9	60.9	73.0	70.3	48.4	69.7
North Carolina	46.3	71.1	41.1	62.4	54.4	37.3	69.9
North Dakota	40.1	59.2	41.1	54.0	45.0	36.1	54.0
Oklahoma	49.6	72.2	46.8	62.7	44.0	46.0	64.9
Oregon	40.1	37.0	38.2	49.8	46.2	28.7	54.2
Pennsylvania	54.1	63.5	60.6	75.5	72.2	45.3	73.9
South Carolina	45.9	58.4	49.1	60.2	54.3	37.8	66.0
Tennessee	53.3	68.6	49.3	65.4	55.1	41.4	69.9
Utah	47.2	57.7	46.4	68.3	62.4	45.4	66.5
Washington	48.0	47.3	42.8	55.8	49.6	32.0	62.7
Wisconsin	49.9	53.8	55.0	60.9	60.6	35.1	60.3
State Median	49.6	58.4	47.1	60.9	52.4	38.7	64.8
State Range	37.6 – 58.5	37.0 – 72.2	33.7 – 61.8	49.8 – 75.5	40.9 – 79.1	28.7 – 48.4	53.2 – 75.5
LOCAL SURVEYS							
Chicago	59.5	80.2	61.3	70.2	63.3	56.8	72.3
Dallas	57.5	68.7	70.9	79.1	72.2	42.5	60.1
District of Columbia	70.4	77.8	64.3	80.8	87.2	71.0	80.5
Los Angeles	74.5	72.6	69.1	79.7	78.7	61.5	76.7
Memphis	75.5	83.8	75.7	82.1	76.3	75.6	77.8
Miami	66.2	83.5	70.4	72.9	68.2	51.1	74.3
New Orleans	74.1	84.2	74.8	84.2	81.0	70.8	74.8
Orange County	40.8	64.9	62.4	73.7	70.9	31.9	71.9
Philadelphia	69.1	85.4	76.8	84.8	83.8	65.0	74.1
San Diego	57.6	73.4	62.3	73.1	67.5	45.6	80.7
Local Median	67.7	79.0	69.8	79.4	74.3	59.2	74.6
Local Range	40.8 – 75.5	64.9 – 85.4	61.3 – 76.8	70.2 – 84.8	63.3 – 87.2	31.9 – 75.6	60.1 – 80.7

* HIV = human immunodeficiency virus.

TABLE 20c. Percentage of Schools in Which the Lead Health Education Teacher Wanted to Receive Staff Development on Specific Health Education Topics, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Personal hygiene	Physical activity and fitness	Pregnancy prevention	STD* prevention	Suicide prevention	Sun safety or skin cancer prevention	Tobacco use prevention	Violence prevention
STATE SURVEYS								
Alaska	33.8	51.8	48.2	50.6	65.0	31.9	58.6	70.0
Arizona	50.8	60.2	57.7	60.1	67.4	57.8	61.1	77.5
Arkansas	45.5	65.6	56.2	65.0	68.4	50.6	66.2	72.4
Connecticut	38.9	56.5	64.5	68.4	71.4	48.2	58.9	73.3
Delaware	41.6	67.3	63.8	71.3	74.6	58.4	61.3	85.7
Idaho	34.5	54.4	53.9	61.7	74.5	42.7	56.7	77.8
Iowa	29.8	47.6	54.2	55.9	62.0	40.2	50.2	71.5
Maine	24.3	49.0	46.0	47.4	63.1	33.3	43.3	71.1
Massachusetts	39.7	60.2	63.2	72.7	79.9	52.2	59.2	80.2
Michigan	37.4	57.6	50.1	57.3	67.4	41.2	55.1	68.8
Missouri	43.7	61.8	56.8	61.7	69.7	52.1	63.6	71.5
Montana	38.5	60.5	51.2	57.0	74.4	45.8	61.0	75.9
Nebraska	30.2	49.1	46.5	50.5	58.3	39.7	49.5	66.4
New Hampshire	34.3	56.4	52.9	63.3	69.7	46.8	59.3	73.8
New York	42.6	57.7	64.9	70.8	74.0	52.7	65.1	76.0
North Carolina	39.4	67.9	55.7	63.5	67.2	49.0	61.2	73.6
North Dakota	30.8	56.3	43.2	52.3	60.3	49.0	51.5	65.9
Oklahoma	47.9	61.2	53.7	59.1	68.0	54.4	65.9	75.8
Oregon	25.7	45.7	44.7	51.9	64.4	29.8	47.4	63.8
Pennsylvania	41.2	74.4	68.1	74.8	74.8	52.1	67.8	79.4
South Carolina	41.7	59.3	57.9	58.6	60.7	48.3	63.1	75.6
Tennessee	48.8	69.7	59.2	62.9	69.6	51.2	58.2	75.1
Utah	34.1	51.4	56.0	63.5	77.2	47.1	57.8	81.0
Washington	35.8	52.1	49.8	57.3	64.3	40.0	54.3	66.7
Wisconsin	32.9	56.5	57.0	60.4	70.9	44.5	54.8	73.2
State Median	38.5	57.6	55.7	60.4	68.4	48.2	58.9	73.6
State Range	24.3 – 50.8	45.7 – 74.4	43.2 – 68.1	47.4 – 74.8	58.3 – 79.9	29.8 – 58.4	43.3 – 67.8	63.8 – 85.7
LOCAL SURVEYS								
Chicago	63.5	66.6	62.9	68.2	71.5	56.6	66.6	84.2
Dallas	39.4	52.2	65.9	81.2	72.2	51.8	70.1	81.5
District of Columbia	64.6	69.8	77.4	77.8	71.7	61.3	71.0	77.4
Los Angeles	54.7	69.5	73.5	75.3	85.9	61.7	71.0	88.5
Memphis	72.3	74.2	82.0	82.1	85.8	69.4	77.7	88.1
Miami	58.9	65.0	64.1	71.9	74.6	58.7	71.3	81.7
New Orleans	68.7	74.0	77.9	87.4	78.0	64.4	84.2	87.4
Orange County	43.7	45.7	64.3	71.3	71.3	53.9	62.8	73.4
Philadelphia	64.7	78.4	78.5	83.0	81.5	65.5	72.7	84.5
San Diego	50.4	60.2	68.3	67.5	87.7	47.9	65.9	83.3
Local Median	61.2	68.1	70.9	76.6	76.3	60.0	71.0	83.8
Local Range	39.4 – 72.3	45.7 – 78.4	62.9 – 82.0	67.5 – 87.4	71.3 – 87.7	47.9 – 69.4	62.8 – 84.2	73.4 – 88.5

* STD = sexually transmitted disease.

TABLE 21. Percentage of Schools in Which the Lead Health Education Teacher Received Staff Development During the Two Years Preceding the Survey on Specific Teaching Methods, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
STATE SURVEYS						
Alaska	48.0	63.7	40.2	46.2	51.9	49.6
Arizona	59.8	56.2	49.5	63.9	42.3	64.2
Arkansas	49.3	41.4	28.1	54.1	54.1	56.6
Connecticut	52.6	31.8	15.0	46.6	26.0	48.5
Delaware	40.1	40.6	22.1	60.0	30.0	61.1
Idaho	34.8	29.8	24.1	53.5	25.8	47.6
Iowa	44.8	34.9	18.3	52.3	35.1	57.6
Maine	33.4	14.1	8.7	45.4	22.2	39.5
Massachusetts	50.6	31.9	23.5	54.4	28.9	53.5
Michigan	38.8	26.5	10.1	51.0	33.8	55.9
Missouri	48.5	39.1	19.3	62.3	46.7	62.9
Montana	35.2	24.3	10.8	44.8	32.9	51.0
Nebraska	35.1	30.6	15.1	36.6	26.3	47.9
New Hampshire	54.4	17.0	8.5	55.2	36.5	60.4
New York	41.5	28.2	20.4	59.1	34.4	58.4
North Carolina	48.8	49.3	36.9	54.6	32.5	45.0
North Dakota	39.9	20.9	10.8	51.9	33.9	58.1
Oklahoma	47.8	60.6	32.8	52.8	53.5	55.8
Oregon	47.0	47.7	43.1	45.5	32.0	44.5
Pennsylvania	50.9	42.5	37.6	50.5	31.3	57.1
South Carolina	39.3	43.2	23.9	51.3	41.7	49.5
Tennessee	49.4	39.8	23.7	59.0	44.8	57.6
Utah	43.7	48.8	46.8	52.3	29.2	46.4
Washington	38.0	37.5	21.3	42.7	32.0	41.4
Wisconsin	32.8	28.3	18.6	40.7	30.8	45.4
State Median	44.8	37.5	22.1	52.3	32.9	53.5
State Range	32.8 – 59.8	14.1 – 63.7	8.5 – 49.5	36.6 – 63.9	22.2 – 54.1	39.5 – 64.2
LOCAL SURVEYS						
Chicago	60.3	45.9	32.6	65.0	49.2	58.9
Dallas	75.6	73.1	87.9	77.2	42.9	67.9
District of Columbia	54.9	48.5	45.4	57.9	51.2	57.9
Los Angeles	67.5	73.6	84.3	63.9	38.1	59.3
Memphis	62.6	50.3	27.4	71.0	60.8	62.7
Miami	31.2	46.1	60.9	62.8	37.3	40.6
New Orleans	39.4	30.2	9.1	71.8	51.7	66.8
Orange County	43.8	70.9	73.7	60.9	35.7	56.2
Philadelphia	16.7	27.5	16.6	42.8	29.4	46.8
San Diego	47.7	59.9	34.2	75.5	50.2	72.9
Local Median	51.3	49.4	39.8	64.5	46.1	59.1
Local Range	16.7 – 75.6	27.5 – 73.6	9.1 – 87.9	42.8 – 77.2	29.4 – 60.8	40.6 – 72.9

TABLE 22. Percentage of Schools in Which the Lead Health Education Teacher Wanted to Receive Staff Development on Specific Teaching Methods, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Teaching students with physical or cognitive disabilities	Teaching students of various cultural backgrounds	Teaching students with limited English proficiency	Using interactive teaching methods	Encouraging family or community involvement	Teaching skills for behavior change
STATE SURVEYS						
Alaska	57.9	53.4	48.2	58.7	66.5	78.1
Arizona	61.0	62.6	58.7	62.7	67.1	76.4
Arkansas	57.9	55.6	54.1	55.3	65.9	69.3
Connecticut	66.9	61.7	55.4	68.8	66.9	76.9
Delaware	61.6	61.6	56.8	66.2	69.1	75.2
Idaho	51.4	52.9	47.6	58.6	58.6	66.4
Iowa	52.3	43.8	35.0	48.5	54.1	65.0
Maine	50.0	40.1	35.8	56.9	61.0	68.6
Massachusetts	64.0	59.4	53.4	66.8	70.4	76.5
Michigan	57.3	48.4	41.0	51.7	58.8	66.6
Missouri	56.8	49.6	42.5	56.9	64.2	72.5
Montana	53.7	39.6	29.8	55.1	61.2	70.6
Nebraska	50.0	40.9	39.5	45.6	51.4	59.2
New Hampshire	58.8	45.9	29.8	62.2	67.6	79.5
New York	69.7	62.2	53.9	70.9	74.8	76.8
North Carolina	68.1	63.9	69.4	59.3	61.5	72.8
North Dakota	49.7	37.4	23.4	53.4	60.5	69.5
Oklahoma	64.6	57.5	51.2	59.8	72.3	74.7
Oregon	51.9	49.4	54.7	52.5	58.4	66.0
Pennsylvania	69.2	55.5	50.7	64.8	68.5	75.2
South Carolina	64.6	61.8	58.8	55.9	65.3	70.1
Tennessee	66.1	56.6	55.4	64.2	69.0	74.4
Utah	56.1	57.3	55.4	57.6	60.3	67.4
Washington	51.0	54.4	47.9	55.3	58.4	71.1
Wisconsin	51.6	52.3	39.9	59.2	63.1	71.2
State Median	57.9	54.4	50.7	58.6	64.2	71.2
State Range	49.7 – 69.7	37.4 – 63.9	23.4 – 69.4	45.6 – 70.9	51.4 – 74.8	59.2 – 79.5
LOCAL SURVEYS						
Chicago	76.8	66.7	63.9	69.8	72.9	78.6
Dallas	62.4	74.9	63.2	67.4	79.7	80.2
District of Columbia	79.8	82.9	77.4	93.0	82.9	89.9
Los Angeles	71.2	65.4	68.4	74.3	79.9	79.6
Memphis	87.3	73.8	82.5	85.0	83.2	81.3
Miami	68.5	68.9	66.6	67.1	73.0	84.6
New Orleans	90.9	87.4	81.0	84.8	90.7	90.7
Orange County	61.6	51.2	48.1	61.2	69.0	61.1
Philadelphia	78.7	74.0	70.5	78.9	82.7	87.2
San Diego	70.7	75.8	70.7	71.1	68.4	73.4
Local Median	74.0	73.9	69.5	72.7	79.8	80.8
Local Range	61.6 – 90.9	51.2 – 87.4	48.1 – 82.5	61.2 – 93.0	68.4 – 90.7	61.1 – 90.7

TABLE 23. Percentage of Schools That Required Physical Education in Any of Grades 6–12, and Among Those Schools, the Percentage That Required Students to Take Only One Course or Two or More Courses and the Percentage That Required Students Who Fail a Required Physical Education Course to Repeat It; and the Percentage of Schools in Which a Newly Hired Physical Education Teacher Is Required to Be Certified in Physical Education,* Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Required physical education				Newly hired physical education teacher required to be certified in physical education
	Required physical education	Required only one physical education course	Required two or more physical education courses	Required students who failed a required physical education course to repeat it	
STATE SURVEYS					
Alaska	88.8	21.2	76.2	78.2	45.8
Arizona	71.2	41.5	57.9	45.9	70.5
Arkansas	97.6	39.1	60.4	79.1	99.5
Connecticut	98.7	16.8	83.2	47.2	99.2
Delaware	100.0	16.6	81.4	48.8	98.2
Idaho	94.5	20.6	78.4	55.3	91.3
Iowa	98.5	8.8	90.8	65.4	98.1
Maine	99.5	20.6	79.4	63.5	96.4
Massachusetts	96.2	16.0	83.6	40.3	97.1
Michigan	90.4	38.4	61.6	56.2	95.1
Minnesota	98.8	9.5	90.0	67.1	98.7
Missouri	99.7	25.2	74.0	59.9	97.3
Montana	99.3	6.8	92.2	66.4	92.7
Nebraska	99.7	14.4	85.6	68.8	95.8
New Hampshire	99.5	14.9	83.7	42.3	96.7
New York	99.7	7.0	93.0	61.6	98.7
North Carolina	97.9	43.0	55.5	47.2	97.8
North Dakota	99.5	9.3	90.1	76.9	95.5
Oklahoma	41.1	53.5	44.2	9.7	94.0
Oregon	98.6	17.4	80.9	52.1	86.8
Pennsylvania	98.8	8.5	91.2	57.4	98.4
South Carolina	95.9	46.3	51.3	54.8	99.6
Tennessee	87.3	45.1	49.4	47.3	97.8
Texas**	98.1	18.1	81.7	70.7	97.7
Utah	99.5	9.6	90.4	60.4	100.0
Washington	95.9	5.9	94.1	58.1	88.6
Wisconsin	97.3	5.3	93.9	64.9	94.5
State Median	98.5	16.8	81.7	58.1	97.1
State Range	41.1 – 100.0	5.3 – 53.5	44.2 – 94.1	9.7 – 79.1	45.8 – 100.0
LOCAL SURVEYS					
Chicago	98.5	45.0	47.3	20.5	98.4
Dallas	96.0	15.3	84.7	55.7	98.0
District of Columbia	93.0	51.9	44.4	92.0	100.0
Los Angeles	100.0	3.2	96.8	43.4	98.9
Memphis	83.2	52.3	47.7	60.0	91.0
Miami	58.9	60.1	36.4	83.0	99.0
New Orleans	93.8	9.9	86.7	69.9	93.8
Orange County	53.5	42.2	57.8	73.3	85.0
Philadelphia	91.9	40.6	55.7	33.3	96.0
San Bernardino	93.8	6.7	93.3	57.1	100.0
San Diego	97.6	5.0	95.0	45.1	95.2
Local Median	93.8	40.6	57.8	57.1	98.0
Local Range	53.5 – 100.0	3.2 – 60.1	36.4 – 96.8	20.5 – 92.0	85.0 – 100.0

* Certification, licensure, or endorsement by the state.

** Survey did not include schools from two of the state's largest school districts.

TABLE 24. Among Schools That Required a Physical Education Course in Any of Grades 6–12, the Percentage That Taught a Required Physical Education Course in Each Grade, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
STATE SURVEYS							
Alaska	75.6	80.7	80.3	86.4	75.0	64.9	63.3
Arizona	93.0	91.6	88.5	86.4	61.3	54.8	56.6
Arkansas	88.9	87.1	73.2	86.9	65.3	53.2	53.2
Connecticut	100.0	100.0	100.0	98.0	93.9	80.6	72.9
Delaware	100.0	100.0	96.8	91.3	92.0	50.3	44.8
Idaho	94.4	95.6	90.5	54.0	70.8	45.2	36.6
Iowa	98.3	98.8	98.8	97.8	97.2	96.6	96.6
Maine	98.7	98.0	98.1	94.7	75.9	30.2	26.6
Massachusetts	99.3	98.9	99.2	97.4	94.1	69.5	59.9
Michigan	91.9	90.3	81.9	93.3	35.5	27.5	26.1
Minnesota	96.7	97.1	96.4	92.5	89.0	14.2	12.7
Missouri	97.6	98.8	97.9	93.3	51.9	34.8	34.6
Montana	98.3	99.5	99.5	99.5	96.1	12.1	12.1
Nebraska	98.6	99.1	99.5	88.1	54.8	26.4	25.4
New Hampshire	98.2	99.2	98.5	89.2	57.5	37.4	27.0
New York	98.1	99.0	99.5	100.0	100.0	100.0	100.0
North Carolina	97.4	96.9	95.8	99.3	17.1	12.0	11.3
North Dakota	99.2	100.0	100.0	96.6	74.3	30.0	27.3
Oklahoma	99.1	68.1	62.6	21.1	25.9	24.0	20.1
Oregon	97.5	95.9	95.3	91.9	56.9	36.8	22.9
Pennsylvania	98.5	98.2	97.5	96.1	95.9	92.5	86.0
South Carolina	98.0	98.3	98.4	97.1	48.1	46.8	46.8
Tennessee	95.7	95.4	94.2	95.2	33.3	24.2	24.2
Texas*	96.8	93.9	77.0	97.7	96.8	67.5	66.9
Utah	100.0	98.2	95.5	93.0	94.7	70.1	50.1
Washington	96.1	97.9	95.6	92.3	83.4	52.3	51.7
Wisconsin	100.0	100.0	98.8	96.6	95.9	83.1	42.4
State Median	98.1	98.2	96.8	93.3	75.0	46.8	42.4
State Range	75.6 – 100.0	68.1 – 100.0	62.6 – 100.0	21.1 – 100.0	17.1 – 100.0	12.0 – 100.0	11.3 – 100.0
LOCAL SURVEYS							
Chicago	98.5	98.5	98.5	100.0	92.9	24.7	18.7
Dallas	100.0	95.7	100.0	100.0	100.0	90.5	90.0
District of Columbia	80.0	71.4	71.4	96.0	85.7	57.1	42.9
Los Angeles	98.1	98.1	98.1	97.6	97.6	28.6	25.4
Memphis	82.4	100.0	100.0	100.0	33.3	27.8	27.8
Miami	79.2	52.2	43.2	78.5	83.8	41.2	41.2
New Orleans	100.0	93.7	93.7	87.6	100.0	46.2	38.5
Orange County	100.0	100.0	100.0	87.4	72.7	70.0	77.8
Philadelphia	97.2	100.0	100.0	79.8	83.3	77.8	65.7
San Bernardino	100.0	100.0	100.0	100.0	85.7	42.9	33.3
San Diego	95.6	100.0	100.0	100.0	94.4	27.3	27.3
Local Median	98.1	98.5	100.0	97.6	85.7	42.9	38.5
Local Range	79.2 – 100.0	52.2 – 100.0	43.2 – 100.0	78.5 – 100.0	33.3 – 100.0	24.7 – 90.5	18.7 – 90.0

* Survey did not include schools from two of the state's largest school districts.

TABLE 25. Among Schools That Required a Physical Education Course for Students in Any of Grades 6–12, the Percentage That Allowed Students to Be Exempted from Taking a Required Physical Education Course and the Percentage That Did Not Allow Students to Be Exempted from Taking a Required Physical Education Course for Any Reason, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Reason for exemption from a required physical education course				Could not be exempted from a required physical education course for any reason
	Enrollment in other courses	Participation in school sports	Participation in other school activities*	Participation in community sports	
STATE SURVEYS					
Alaska	7.8	31.7	10.7	11.8	61.1
Arizona	15.6	8.8	19.7	2.3	68.5
Arkansas	3.5	18.7	10.1	1.1	78.0
Connecticut	2.7	1.6	1.2	1.3	93.9
Delaware	12.3	0.0	4.1	2.0	87.7
Idaho	4.8	5.7	5.6	1.7	85.0
Iowa	44.0	23.2	6.9	0.4	47.1
Maine	2.7	4.2	1.6	2.1	92.2
Massachusetts	7.7	4.6	5.3	3.2	84.6
Michigan	12.3	15.1	20.8	2.5	64.6
Minnesota	4.0	4.5	1.6	3.1	92.0
Missouri	2.2	1.5	2.4	0.2	94.6
Montana	3.1	1.1	1.4	1.0	95.9
Nebraska	7.5	4.9	2.6	0.4	86.0
New Hampshire	4.7	7.2	3.6	1.8	87.0
New York	1.4	8.4	1.7	2.7	88.6
North Carolina	6.3	0.8	5.2	0.8	89.3
North Dakota	2.6	0.5	0.0	0.0	97.4
Oklahoma	21.0	43.9	25.4	6.9	49.6
Oregon	13.1	9.1	9.5	10.3	76.9
Pennsylvania	6.4	2.8	4.4	0.3	89.3
South Carolina	8.7	1.4	43.8	0.0	52.5
Tennessee	8.6	3.6	27.9	0.0	66.4
Texas**	6.9	83.2	62.5	20.1	9.5
Utah	7.8	20.2	14.4	3.1	71.1
Washington	24.4	40.4	23.1	23.7	38.6
Wisconsin	2.0	0.5	0.3	0.8	96.4
State Median	6.9	4.9	5.3	1.8	85.0
State Range	1.4 – 44.0	0.0 – 83.2	0.0 – 62.5	0.0 – 23.7	9.5 – 97.4
LOCAL SURVEYS					
Chicago	1.5	4.4	13.6	0.8	84.2
Dallas	7.0	52.7	80.1	0.0	19.9
District of Columbia	7.8	0.0	10.4	0.0	85.7
Los Angeles	3.2	37.3	48.5	5.8	45.8
Memphis	16.8	0.0	35.1	0.0	53.9
Miami	23.2	38.9	41.7	2.0	37.8
New Orleans	11.2	0.0	34.1	0.0	55.8
Orange County	24.7	62.0	73.3	0.0	10.7
Philadelphia	4.6	1.9	3.6	0.9	89.9
San Bernardino	0.0	20.0	66.7	0.0	33.3
San Diego	0.0	39.1	42.6	17.6	48.4
Local Median	7.0	20.0	41.7	0.0	48.4
Local Range	0.0 – 24.7	0.0 – 62.0	3.6 – 80.1	0.0 – 17.6	10.7 – 89.9

* Such as ROTC, marching band, chorus, or cheerleading.

** Survey did not include schools from two of the state's largest school districts.

TABLE 26. Percentage of Schools That Allowed Use of Activity or Athletic Facilities* or Offered Opportunities for Students to Participate in Intramural Activities or Physical Activity Clubs and, Among Schools That Offered Opportunities for Students to Participate in Intramural Activities or Physical Activity Clubs, the Percentage That Provided Transportation Home,** Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Allowed use of activity or athletic facilities	Offered intramural activities or physical activity clubs	Provided transportation home
STATE SURVEYS			
Alaska	83.0	74.6	9.8
Arizona	64.2	69.3	51.2
Arkansas	81.2	29.7	16.4
Connecticut	88.6	77.6	54.3
Delaware	91.7	76.4	61.6
Idaho	95.8	53.2	14.3
Iowa	92.1	41.7	28.8
Maine	94.3	81.4	54.1
Massachusetts	89.1	82.7	43.5
Michigan	88.3	73.6	15.4
Minnesota	89.5	60.4	47.5
Missouri	88.5	61.6	30.1
Montana	92.9	58.9	13.3
Nebraska	94.0	45.8	17.1
New Hampshire	94.9	79.8	36.8
New York	92.2	88.8	68.3
North Carolina	90.4	53.9	20.0
North Dakota	88.7	47.1	20.4
Oklahoma	84.2	32.9	16.0
Oregon	91.0	60.1	24.6
Pennsylvania	87.6	79.4	48.4
South Carolina	80.0	57.6	14.8
Tennessee	83.2	52.9	12.4
Texas [§]	87.1	41.7	28.4
Utah	95.5	67.7	28.4
Washington	89.4	64.3	43.6
Wisconsin	91.3	67.0	27.2
State Median	89.4	61.6	28.4
State Range	64.2 – 95.8	29.7 – 88.8	9.8 – 68.3
LOCAL SURVEYS			
Chicago	49.2	91.0	12.2
Dallas	70.9	76.3	35.4
District of Columbia	66.2	74.5	8.5
Los Angeles	94.7	87.5	31.0
Memphis	61.5	66.9	30.4
Miami	61.9	87.3	50.3
New Orleans	52.7	75.9	36.3
Orange County	92.5	85.0	15.8
Philadelphia	66.2	86.7	17.9
San Bernardino	86.7	75.0	54.5
San Diego	76.3	78.4	57.3
Local Median	66.2	78.4	31.0
Local Range	49.2 – 94.7	66.9 – 91.0	8.5 – 57.3

* For community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session.

** For students who participated in after-school intramural activities or physical activity clubs.

§ Survey did not include schools from two of the state's largest school districts.

TABLE 27a. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Assured immediate access to medications*	Provided a full-time registered nurse**	Identified and tracked all students with asthma	Obtained and used an Asthma Action Plan [§]	Provided intensive case management for students with asthma ^{§§}
STATE SURVEYS					
Alaska	71.3	18.7	47.1	24.8	14.3
Arizona	80.4	46.0	78.7	51.5	35.2
Arkansas	90.7	53.5	82.2	62.3	32.6
Connecticut	89.8	89.2	96.4	74.6	44.2
Delaware	91.1	98.4	94.8	79.0	47.1
Idaho	89.9	14.3	58.6	29.3	27.4
Iowa	94.3	39.3	86.8	54.5	37.0
Maine	94.3	51.6	92.2	57.0	35.4
Massachusetts	92.9	94.8	96.0	74.4	51.0
Michigan	94.2	12.0	72.3	43.2	21.9
Minnesota	93.7	36.1	87.2	62.9	39.6
Missouri	93.5	73.2	94.3	67.3	40.8
Montana	89.9	13.0	71.9	38.6	24.8
Nebraska	92.8	26.4	91.2	71.1	33.8
New Hampshire	94.5	87.5	97.3	67.2	46.7
New York	94.8	92.3	97.1	62.2	41.4
North Carolina	94.7	9.4	85.8	76.4	44.9
North Dakota	90.3	5.2	58.3	32.4	25.1
Oklahoma	95.2	25.9	66.8	42.6	24.2
Oregon	90.5	6.3	75.8	49.3	31.6
Pennsylvania	89.1	81.0	94.5	63.7	33.9
South Carolina	91.4	60.0	83.7	68.1	47.7
Tennessee	94.8	24.7	78.1	60.0	25.0
Texas ⁺	92.8	78.9	88.0	63.2	41.4
Utah	94.5	0.5	59.6	46.3	40.9
Washington	93.8	16.2	92.5	76.3	36.8
Wisconsin	94.9	16.7	81.3	51.4	30.3
State Median	92.9	36.1	85.8	62.2	35.4
State Range	71.3 – 95.2	0.5 – 98.4	47.1 – 97.3	24.8 – 79.0	14.3 – 51.0
LOCAL SURVEYS					
Chicago	91.6	10.7	88.3	67.1	58.6
Dallas	85.8	79.9	91.9	75.9	65.2
District of Columbia	81.5	58.8	87.6	46.6	41.0
Los Angeles	87.0	93.2	91.5	66.3	48.5
Memphis	90.8	9.2	65.9	31.0	11.0
Miami	83.0	16.3	26.8	20.8	35.0
New Orleans	87.8	45.2	94.1	84.7	63.5
Orange County	91.8	55.8	67.5	57.3	54.0
Philadelphia	89.4	83.0	99.2	83.9	56.2
San Bernardino	92.9	12.5	68.8	38.5	21.4
San Diego	95.1	85.7	100.0	67.6	68.6
Local Median	89.4	55.8	88.3	66.3	54.0
Local Range	81.5 – 95.1	9.2 – 93.2	26.8 – 100.0	20.8 – 84.7	11.0 – 68.6

* As prescribed by a physician and approved by parents.

** All day every day.

§ For all students with asthma.

§§ Who are absent 10 days or more per year.

+ Survey did not include schools from two of the state's largest school districts.

TABLE 27b. Percentage of Schools That Implemented School-Based Asthma Management Activities, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Educated school staff about asthma	Educated students with asthma about asthma management	Taught asthma awareness to all students*	Encouraged full participation in physical education and physical activity**	Provided modified physical education and physical activities [§]
STATE SURVEYS					
Alaska	34.3	26.4	18.6	76.2	54.8
Arizona	46.0	47.0	12.2	85.5	70.7
Arkansas	52.5	45.4	30.4	95.6	85.8
Connecticut	57.0	75.9	24.3	98.1	86.3
Delaware	64.1	72.0	35.3	98.4	89.8
Idaho	33.2	28.9	25.7	96.1	78.3
Iowa	58.4	46.3	28.6	97.0	82.8
Maine	53.7	63.7	23.8	98.4	83.9
Massachusetts	55.4	70.9	24.3	97.5	84.7
Michigan	50.1	24.4	21.4	95.2	79.4
Minnesota	59.5	56.5	26.9	94.8	88.0
Missouri	63.1	63.6	31.7	98.9	86.2
Montana	43.1	36.9	26.0	95.7	79.0
Nebraska	82.0	56.2	33.1	96.8	87.4
New Hampshire	66.2	75.1	23.4	99.4	87.5
New York	51.9	69.1	39.4	98.4	83.6
North Carolina	70.5	63.2	36.1	96.4	89.4
North Dakota	47.9	25.0	30.5	91.3	77.1
Oklahoma	54.7	33.6	13.9	88.5	67.6
Oregon	47.6	38.8	26.0	97.9	86.1
Pennsylvania	63.3	68.6	39.5	98.4	85.5
South Carolina	54.6	54.9	19.7	96.4	86.6
Tennessee	54.9	43.4	20.9	96.1	84.9
Texas ^{§§}	50.1	55.8	25.8	97.1	84.8
Utah	53.3	32.8	36.2	97.0	91.3
Washington	53.7	52.4	19.0	94.3	87.6
Wisconsin	49.0	43.2	21.9	95.0	81.8
State Median	53.7	52.4	25.8	96.4	84.9
State Range	33.2 – 82.0	24.4 – 75.9	12.2 – 39.5	76.2 – 99.4	54.8 – 91.3
LOCAL SURVEYS					
Chicago	80.4	68.1	42.2	96.1	85.6
Dallas	54.1	67.9	24.5	90.0	78.1
District of Columbia	30.0	41.5	25.3	74.4	62.4
Los Angeles	48.7	69.9	38.9	95.6	92.0
Memphis	50.8	37.8	18.5	94.4	71.6
Miami	30.1	17.8	22.4	85.2	67.9
New Orleans	69.9	73.0	39.4	97.0	88.0
Orange County	43.8	56.0	25.3	92.5	83.0
Philadelphia	75.0	83.0	52.8	96.8	86.7
San Bernardino	40.0	57.1	7.1	93.3	93.3
San Diego	83.4	75.7	7.5	100.0	87.8
Local Median	50.8	67.9	25.3	94.4	85.6
Local Range	30.0 – 83.4	17.8 – 83.0	7.1 – 52.8	74.4 – 100.0	62.4 – 93.3

* In at least one grade.

** When students with asthma are doing well.

§ As indicated by the student's Asthma Action Plan.

§§ Survey did not include schools from two of the state's largest school districts.

TABLE 28. The Percentage of Schools That Served Lunch to Students and, Among Those Schools, the Percentage in Which Students Usually Had ≥ 20 Minutes to Eat Lunch Once They Were Seated, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Served lunch to students	≥ 20 minutes to eat lunch
STATE SURVEYS		
Alaska	85.9	89.6
Arizona	87.2	83.9
Arkansas	100.0	89.1
Connecticut	100.0	76.3
Delaware	98.4	79.3
Idaho	100.0	83.9
Iowa	98.5	63.8
Maine	100.0	66.8
Massachusetts	99.8	72.1
Michigan	99.7	79.5
Minnesota	98.0	78.9
Missouri	100.0	65.2
Montana	98.5	80.7
Nebraska	99.3	88.4
New Hampshire	100.0	67.3
New York	99.7	91.8
North Carolina	99.7	74.1
North Dakota	97.5	73.5
Oklahoma	99.4	79.4
Oregon	96.9	86.7
Pennsylvania	99.4	85.6
South Carolina	100.0	79.5
Tennessee	100.0	88.0
Texas*	99.7	86.6
Utah	98.6	77.3
Washington	95.5	83.8
Wisconsin	97.9	78.5
State Median	99.4	79.5
State Range	85.9 – 100.0	63.8 – 91.8
LOCAL SURVEYS		
Chicago	100.0	57.0
Dallas	98.0	67.4
District of Columbia	97.2	89.6
Los Angeles	98.9	89.7
Memphis	100.0	81.8
Miami	98.9	88.3
New Orleans	100.0	76.0
Orange County	100.0	68.0
Philadelphia	100.0	91.9
San Bernardino	93.8	73.3
San Diego	100.0	83.3
Local Median	100.0	81.8
Local Range	93.8 – 100.0	57.0 – 91.9

* Survey did not include schools from two of the state's largest school districts.

TABLE 29. Percentage of Schools That Allowed Students to Purchase Snack Foods or Beverages From Vending Machines or at the School Store, Canteen, or Snack Bar and, Among Those Schools, the Percentage Offering Less Nutritious and More Nutritious Foods or Beverages, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Allowed students to purchase snack foods or beverages	Less nutritious foods and beverages				More nutritious foods and beverages				
		Chocolate candy	Other kinds of candy	Salty snacks that are not low in fat*	Soft drinks, sports drinks, or fruit drinks**	Salty snacks that are low in fat [§]	Fruits or vegetables	Low-fat baked goods	100% fruit juice	Bottled water
STATE SURVEYS										
Alaska	59.8	76.5	77.0	81.6	94.3	79.6	21.5	55.6	81.6	83.9
Arizona	73.8	63.0	64.7	74.8	88.0	77.6	43.4	60.5	71.1	90.8
Arkansas	93.8	69.7	73.7	74.3	96.6	72.5	28.4	49.7	71.9	90.3
Connecticut	81.1	38.3	41.2	72.7	88.9	82.8	57.8	63.1	85.6	93.2
Delaware	80.5	35.6	39.9	74.5	89.2	76.8	45.0	68.4	95.5	100.0
Idaho	92.7	72.4	73.4	73.9	97.3	73.2	32.9	52.9	77.0	96.2
Iowa	89.5	66.8	67.7	71.3	97.0	71.8	43.0	60.1	87.4	94.8
Maine	91.7	40.0	45.1	61.4	78.9	79.6	50.0	68.9	94.9	100.0
Massachusetts	85.4	35.3	40.5	73.9	86.4	79.8	51.0	58.0	86.1	94.0
Michigan	92.1	72.3	76.0	86.2	96.8	85.8	55.0	66.2	85.9	98.9
Minnesota	91.1	78.7	80.7	83.9	95.9	88.5	46.7	69.0	87.0	96.4
Missouri	90.2	68.6	71.1	75.9	97.2	76.1	32.6	56.8	76.3	90.5
Montana	88.8	60.1	61.9	53.5	94.5	57.5	27.4	46.0	85.9	90.4
Nebraska	84.1	61.9	63.3	61.2	99.5	61.7	24.8	53.3	82.3	93.5
New Hampshire	91.4	34.5	39.7	68.7	85.0	80.4	54.4	61.6	83.4	98.6
New York	90.1	41.5	43.4	70.3	84.9	75.1	44.5	58.0	83.6	93.3
North Carolina	88.4	54.9	60.0	81.8	92.4	81.1	40.4	68.2	84.2	94.8
North Dakota	77.0	61.7	62.9	56.5	96.7	55.6	21.9	41.0	83.5	98.7
Oklahoma	92.6	88.9	90.4	88.3	98.8	85.9	18.5	60.4	56.6	90.9
Oregon	87.6	70.9	77.6	85.2	95.4	82.8	48.0	62.9	78.3	94.9
Pennsylvania	84.0	60.0	68.0	83.3	90.5	86.3	45.7	64.7	87.4	94.3
South Carolina	92.1	74.1	76.5	87.0	95.8	83.8	26.9	67.1	76.5	92.1
Tennessee	90.1	73.8	78.1	80.1	96.8	78.7	27.7	59.9	75.7	93.3
Texas ^{§§}	81.1	65.0	56.0	63.9	86.2	82.8	56.3	75.2	89.5	97.8
Utah	95.0	93.4	94.4	89.4	97.6	92.5	50.5	80.2	87.0	94.1
Washington	90.7	71.6	74.7	80.3	96.6	83.9	45.6	64.1	86.1	95.6
Wisconsin	88.4	57.9	62.6	69.0	94.0	75.2	48.6	60.6	85.7	94.8
State Median	89.5	65.0	67.7	74.5	95.4	79.6	44.5	60.6	84.2	94.3
State Range	59.8 – 95.0	34.5 – 93.4	39.7 – 94.4	53.5 – 89.4	78.9 – 99.5	55.6 – 92.5	18.5 – 57.8	41.0 – 80.2	56.6 – 95.5	83.9 – 100.0
LOCAL SURVEYS										
Chicago	33.2	31.7	33.7	53.0	79.5	50.8	34.1	48.0	81.3	83.4
Dallas	95.8	82.4	75.9	89.2	100.0	82.5	45.8	66.4	89.1	97.8
District of Columbia	62.4	33.4	47.9	52.4	84.7	52.4	16.0	28.5	78.3	89.2
Los Angeles	96.1	73.5	82.5	82.6	53.4	88.1	54.0	60.0	86.6	95.6
Memphis	72.5	61.6	65.2	62.8	97.3	60.0	20.3	37.6	90.1	79.6
Miami	83.4	70.2	70.2	78.9	95.0	77.2	47.0	66.9	82.5	84.9
New Orleans	81.5	70.0	77.4	81.1	92.6	66.5	14.7	65.2	61.7	100.0
Orange County	86.3	58.0	62.3	85.8	87.2	83.5	61.4	66.5	84.3	100.0
Philadelphia	71.3	35.2	47.3	81.8	83.1	76.2	45.9	55.7	90.1	88.6
San Bernardino	81.3	27.3	41.7	91.7	100.0	83.3	66.7	75.0	83.3	100.0
San Diego	92.8	47.9	48.1	89.6	92.1	84.6	77.1	65.5	71.9	97.4
Local Median	81.5	58.0	62.3	81.8	92.1	77.2	45.9	65.2	83.3	95.6
Local Range	33.2 – 96.1	27.3 – 82.4	33.7 – 82.5	52.4 – 91.7	53.4 – 100.0	50.8 – 88.1	14.7 – 77.1	28.5 – 75.0	61.7 – 90.1	79.6 – 100.0

* Such as regular potato chips.
 ** That are not 100% juice.
 § Such as pretzels, baked chips, or other low-fat chips.
 §§ Survey did not include schools from two of the state's largest school districts.

TABLE 30. Among Schools That Allowed Students to Purchase Snack Foods or Beverages From Vending Machines or at the School Store, Canteen, or Snack Bar, the Percentage That Sold Items at Specific Times and the Percentage of Schools That Had a Policy That Fruits or Vegetables Will Be Offered at School Settings,* Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Before classes begin in the morning	During any school hours when meals are not being served	During school lunch periods	Offered fruits or vegetables
STATE SURVEYS				
Alaska	53.1	44.7	55.5	10.9
Arizona	60.3	41.0	67.6	15.6
Arkansas	57.2	34.0	84.7	6.6
Connecticut	40.6	32.7	67.0	9.2
Delaware	35.0	20.8	53.6	16.3
Idaho	82.8	62.0	82.6	7.5
Iowa	74.7	59.0	40.1	6.4
Maine	54.2	26.1	36.7	9.4
Massachusetts	41.2	24.1	73.1	10.5
Michigan	65.2	33.7	81.3	6.9
Minnesota	78.5	45.9	53.6	7.5
Missouri	68.7	38.0	69.2	5.5
Montana	73.8	47.8	66.0	10.0
Nebraska	67.8	52.2	22.2	7.2
New Hampshire	48.5	41.8	55.0	5.6
New York	37.2	31.2	57.4	17.4
North Carolina	34.8	34.7	46.7	11.5
North Dakota	75.3	51.7	42.2	8.5
Oklahoma	72.0	45.2	85.0	6.9
Oregon	67.1	51.2	72.2	8.4
Pennsylvania	47.7	23.3	70.3	11.0
South Carolina	38.8	28.7	75.1	11.1
Tennessee	40.9	52.9	35.3	10.4
Texas**	46.5	47.9	44.1	23.5
Utah	80.3	61.2	90.1	13.7
Washington	70.4	52.7	82.2	9.7
Wisconsin	68.0	45.3	49.3	10.7
State Median	60.3	44.7	66.0	9.7
State Range	34.8 – 82.8	20.8 – 62.0	22.2 – 90.1	5.5 – 23.5
LOCAL SURVEYS				
Chicago	33.2	15.9	66.7	34.1
Dallas	60.3	49.8	80.0	27.4
District of Columbia	18.1	13.6	79.3	28.6
Los Angeles	56.8	17.6	72.6	20.8
Memphis	23.7	7.4	48.7	11.3
Miami	63.8	44.8	55.8	21.1
New Orleans	40.3	22.1	70.3	40.9
Orange County	61.2	52.5	69.3	15.0
Philadelphia	28.1	11.0	81.8	39.0
San Bernardino	83.3	58.3	66.7	28.6
San Diego	43.1	22.8	89.5	17.0
Local Median	43.1	22.1	70.3	27.4
Local Range	18.1 – 83.3	7.4 – 58.3	48.7 – 89.5	11.3 – 40.9

* Such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands.

** Survey did not include schools from two of the state's largest school districts.

TABLE 31. Percentage of Schools That Had a Policy Prohibiting Tobacco Use and, Among Those Schools, the Percentage That Had an "Ideal" Tobacco Use Prevention Policy,* Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Had a policy prohibiting tobacco use	Had an "ideal" tobacco use prevention policy
STATE SURVEYS		
Alaska	97.0	32.4
Arizona	96.8	63.1
Arkansas	99.5	61.8
Connecticut	96.2	50.9
Delaware	98.2	55.7
Idaho	100.0	37.4
Iowa	99.2	19.6
Maine	100.0	53.6
Massachusetts	99.3	58.5
Michigan	97.8	40.0
Minnesota	98.6	48.8
Missouri	97.4	27.6
Montana	99.4	30.6
Nebraska	100.0	21.2
New Hampshire	98.6	44.3
New York	98.0	61.8
North Carolina	97.5	32.3
North Dakota	98.6	25.3
Oklahoma	99.7	25.6
Oregon	98.4	50.0
Pennsylvania	99.4	46.1
South Carolina	99.6	46.2
Tennessee	98.3	30.1
Texas**	99.7	66.5
Utah	100.0	50.4
Washington	99.6	57.4
Wisconsin	97.0	54.6
State Median	98.6	46.2
State Range	96.2 – 100.0	19.6 – 66.5
LOCAL SURVEYS		
Chicago	85.4	36.0
Dallas	98.0	70.9
District of Columbia	93.3	39.7
Los Angeles	100.0	73.9
Memphis	89.2	56.4
Miami	95.8	50.5
New Orleans	100.0	28.0
Orange County	100.0	62.4
Philadelphia	90.3	37.0
San Bernardino	100.0	71.4
San Diego	100.0	66.5
Local Median	98.0	56.4
Local Range	85.4 – 100.0	28.0 – 73.9

* An "ideal" tobacco use prevention policy, as described in CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, prohibits all tobacco use by students, faculty, staff, and visitors during school and nonschool hours in school buildings; on school grounds; in school buses or other vehicles used to transport students; and at off-campus, school-sponsored events.

** Survey did not include schools from two of the state's largest school districts.

TABLE 32a. Among Schools with a Policy Prohibiting Tobacco Use, the Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Informed parents or guardians	Referred to a school counselor	Referred to a school administrator	Encouraged to participate in an assistance, education, or cessation program	Required to participate in an assistance, education, or cessation program
STATE SURVEYS					
Alaska	98.0	55.2	94.9	56.2	33.8
Arizona	99.0	66.8	98.6	61.2	32.4
Arkansas	99.5	62.6	100.0	38.1	17.3
Connecticut	100.0	82.7	98.7	69.3	29.5
Delaware	100.0	73.3	100.0	59.8	24.3
Idaho	100.0	85.9	100.0	68.0	59.3
Iowa	99.6	78.0	99.6	62.6	32.4
Maine	100.0	88.6	99.5	82.2	51.9
Massachusetts	97.8	82.9	98.4	66.1	32.7
Michigan	100.0	71.9	100.0	66.2	37.5
Minnesota	98.5	75.5	97.2	65.0	46.1
Missouri	100.0	61.1	100.0	37.7	16.8
Montana	99.7	79.6	99.3	58.5	48.0
Nebraska	99.6	75.4	99.6	57.2	29.3
New Hampshire	100.0	84.5	100.0	73.8	37.1
New York	99.4	87.6	97.9	70.1	32.7
North Carolina	100.0	73.8	100.0	52.3	46.1
North Dakota	97.9	78.7	97.5	60.3	27.4
Oklahoma	98.6	66.4	98.8	39.5	15.2
Oregon	98.3	76.9	97.3	73.4	52.9
Pennsylvania	98.7	73.5	97.6	64.3	32.8
South Carolina	99.4	69.8	99.0	48.3	25.8
Tennessee	100.0	65.0	99.7	45.9	33.9
Texas*	100.0	76.4	99.7	47.0	25.3
Utah	100.0	74.6	100.0	80.0	68.4
Washington	98.8	72.7	98.2	77.9	59.6
Wisconsin	98.8	80.8	98.9	65.6	30.7
State Median	99.6	75.4	99.3	62.6	32.7
State Range	97.8 – 100.0	55.2 – 88.6	94.9 – 100.0	37.7 – 82.2	15.2 – 68.4
LOCAL SURVEYS					
Chicago	97.6	79.7	95.7	37.0	20.9
Dallas	100.0	73.7	100.0	57.2	42.9
District of Columbia	100.0	90.0	100.0	41.0	17.3
Los Angeles	100.0	93.5	86.5	73.8	77.3
Memphis	100.0	70.6	98.0	56.7	41.7
Miami	97.7	95.4	96.6	66.8	35.0
New Orleans	96.9	75.3	100.0	60.9	39.6
Orange County	100.0	95.5	100.0	85.3	54.6
Philadelphia	97.3	76.2	95.4	51.2	22.9
San Bernardino	100.0	100.0	100.0	60.0	92.9
San Diego	100.0	97.7	100.0	88.2	78.1
Local Median	100.0	90.0	100.0	60.0	41.7
Local Range	96.9 – 100.0	70.6 – 100.0	86.5 – 100.0	37.0 – 88.2	17.3 – 92.9

* Survey did not include schools from two of the state's largest school districts.

TABLE 32b. Among Schools with a Policy Prohibiting Tobacco Use, the Percentage of Schools That Sometimes, Almost Always, or Always Took Specific Actions When Students Were Caught Smoking Cigarettes, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Referred to legal authorities	Placed in detention	Given in-school suspension	Suspended from school
STATE SURVEYS				
Alaska	50.9	54.1	59.0	74.3
Arizona	50.9	56.6	71.2	82.1
Arkansas	33.9	57.5	78.8	73.4
Connecticut	21.2	64.0	76.0	82.1
Delaware	12.6	60.5	77.0	78.4
Idaho	91.1	58.0	73.0	80.0
Iowa	73.8	55.5	73.9	68.1
Maine	81.3	36.4	51.3	91.3
Massachusetts	19.2	62.5	64.9	78.6
Michigan	69.0	33.7	49.4	92.3
Minnesota	76.8	45.8	64.1	80.0
Missouri	36.8	59.1	80.3	73.2
Montana	76.9	65.8	73.5	73.7
Nebraska	50.5	63.8	80.2	78.0
New Hampshire	83.7	39.5	60.4	82.2
New York	20.1	72.3	81.7	68.1
North Carolina	20.4	61.5	74.3	79.3
North Dakota	62.5	56.9	70.2	72.1
Oklahoma	39.1	70.9	77.1	73.6
Oregon	66.0	57.4	63.6	84.9
Pennsylvania	74.0	44.9	66.3	72.8
South Carolina	12.3	53.5	67.8	90.6
Tennessee	81.6	47.2	62.5	71.5
Texas*	75.5	62.1	91.2	53.1
Utah	98.1	46.8	56.1	85.5
Washington	47.2	53.1	60.5	82.9
Wisconsin	88.1	56.3	70.8	75.5
State Median	62.5	56.9	70.8	78.4
State Range	12.3 – 98.1	33.7 – 72.3	49.4 – 91.2	53.1 – 92.3
LOCAL SURVEYS				
Chicago	27.2	71.9	69.2	81.1
Dallas	54.9	79.5	87.8	85.8
District of Columbia	24.4	59.0	71.0	87.5
Los Angeles	45.0	67.5	57.8	84.6
Memphis	51.3	30.5	44.1	89.9
Miami	30.5	65.5	85.3	75.2
New Orleans	31.3	70.1	66.4	87.3
Orange County	61.8	57.7	79.5	76.3
Philadelphia	21.3	82.2	70.7	82.6
San Bernardino	66.7	46.7	73.3	93.3
San Diego	60.8	50.4	55.2	90.4
Local Median	45.0	65.5	70.7	85.8
Local Range	21.3 – 66.7	30.5 – 82.2	44.1 – 87.8	75.2 – 93.3

* Survey did not include schools from two of the state's largest school districts.

TABLE 33. Among Schools with a Policy Prohibiting Tobacco Use, the Percentage of Schools That Had Procedures to Inform Specific Groups About the Tobacco Prevention Policy That Prohibits Their Use of Tobacco and to Inform Parents About the Policy That Prohibits Tobacco Use by Students, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Groups informed about policy prohibiting their use of tobacco			Informed parents of policy prohibiting tobacco use by students
	Students	Faculty and Staff	Visitors	
STATE SURVEYS				
Alaska	95.9	91.2	76.5	95.9
Arizona	99.4	98.3	89.8	97.3
Arkansas	99.5	98.1	91.6	98.6
Connecticut	98.8	95.5	78.5	97.9
Delaware	100.0	96.4	78.9	93.2
Idaho	99.5	93.9	72.9	97.6
Iowa	98.9	94.8	80.4	98.5
Maine	100.0	98.4	82.2	99.5
Massachusetts	99.8	96.7	84.0	99.3
Michigan	98.3	95.9	81.1	96.7
Minnesota	100.0	98.0	87.9	98.9
Missouri	98.8	95.4	81.4	98.5
Montana	99.0	95.3	79.0	98.0
Nebraska	100.0	94.3	72.1	98.2
New Hampshire	99.4	98.3	83.0	99.4
New York	98.4	96.7	91.6	97.3
North Carolina	100.0	99.6	83.2	99.1
North Dakota	99.5	97.5	80.2	97.3
Oklahoma	100.0	96.0	86.5	97.9
Oregon	98.4	96.4	83.8	95.8
Pennsylvania	99.4	98.1	89.9	98.7
South Carolina	99.2	97.1	82.8	98.8
Tennessee	100.0	96.5	87.9	98.9
Texas*	99.2	96.3	91.2	99.7
Utah	99.5	91.9	67.2	99.0
Washington	99.7	95.5	88.6	98.7
Wisconsin	99.3	95.5	82.2	96.3
State Median	99.4	96.4	82.8	98.5
State Range	95.9 – 100.0	91.2 – 99.6	67.2 – 91.6	93.2 – 99.7
LOCAL SURVEYS				
Chicago	93.4	92.0	81.5	92.5
Dallas	100.0	100.0	95.8	97.8
District of Columbia	97.0	96.9	93.6	97.0
Los Angeles	100.0	97.8	95.6	100.0
Memphis	100.0	97.8	85.2	100.0
Miami	100.0	98.9	91.8	96.7
New Orleans	100.0	96.9	90.3	90.7
Orange County	100.0	97.9	95.0	100.0
Philadelphia	98.2	94.5	84.1	97.2
San Bernardino	100.0	93.8	100.0	100.0
San Diego	100.0	95.2	90.5	100.0
Local Median	100.0	96.9	91.8	97.8
Local Range	93.4 – 100.0	92.0 – 100.0	81.5 – 100.0	90.7 – 100.0

* Survey did not include schools from two of the state's largest school districts.

TABLE 34. Percentage of Schools That Prohibited Tobacco Advertising in Specific Locations, Through Sponsorship of School Events, on Student Apparel or Merchandise, and All Tobacco Advertising, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	In the school building	On school grounds*	On school buses or other vehicles**	In school publications	Through sponsorship of school events	On tobacco brand-name apparel or merchandise [§]	All tobacco advertising ^{§§}
STATE SURVEYS							
Alaska	96.1	92.8	92.4	92.8	92.3	83.9	74.1
Arizona	96.4	97.0	95.0	94.8	94.8	93.5	83.4
Arkansas	94.9	95.4	93.0	92.5	86.4	95.7	79.6
Connecticut	93.7	92.4	93.2	93.7	93.9	74.9	68.0
Delaware	92.9	89.3	87.7	89.3	89.3	82.8	68.5
Idaho	96.0	95.9	94.5	95.4	91.4	97.0	85.3
Iowa	93.1	91.5	92.4	91.7	87.6	95.2	79.3
Maine	96.4	95.3	94.8	93.8	93.3	93.8	84.0
Massachusetts	94.9	94.1	93.6	93.1	92.4	71.8	62.8
Michigan	94.6	94.9	93.9	94.1	92.6	92.3	83.1
Minnesota	92.6	92.3	91.4	91.8	91.0	94.4	80.3
Missouri	94.8	93.6	93.4	94.1	90.4	93.6	80.1
Montana	94.8	94.1	93.1	91.8	91.2	96.8	83.2
Nebraska	93.2	92.5	92.8	92.8	92.2	98.9	86.4
New Hampshire	95.3	94.7	95.3	95.3	94.8	94.8	88.3
New York	95.8	95.1	95.2	93.2	92.0	72.9	65.2
North Carolina	90.9	90.5	90.5	88.7	93.3	79.5	67.9
North Dakota	94.0	92.6	94.0	93.6	88.3	98.5	82.3
Oklahoma	96.9	96.1	96.3	94.9	94.9	95.4	85.4
Oregon	96.2	96.2	95.9	95.9	96.3	94.3	88.0
Pennsylvania	94.9	94.4	92.0	92.0	93.0	86.6	74.4
South Carolina	95.1	95.1	94.7	93.9	93.2	87.1	75.8
Tennessee	94.5	94.0	94.4	93.2	93.7	93.2	82.8
Texas ⁺	94.9	95.4	94.9	94.0	92.2	98.4	85.1
Utah	94.2	94.2	95.2	93.8	95.1	99.5	89.4
Washington	96.9	96.9	95.7	95.7	93.3	93.9	83.8
Wisconsin	94.2	93.5	93.6	92.2	94.2	93.4	81.9
State Median	94.9	94.2	93.9	93.6	92.6	93.8	82.3
State Range	90.9 – 96.9	89.3 – 97.0	87.7 – 96.3	88.7 – 95.9	86.4 – 96.3	71.8 – 99.5	62.8 – 89.4
LOCAL SURVEYS							
Chicago	93.4	91.0	90.5	90.2	88.0	89.3	72.4
Dallas	87.9	87.9	87.9	87.9	96.0	94.1	79.6
District of Columbia	91.0	87.6	91.0	88.2	82.5	82.0	60.6
Los Angeles	100.0	98.9	99.0	99.0	98.0	90.5	86.2
Memphis	94.6	92.7	92.6	92.7	94.4	92.7	82.9
Miami	94.7	92.4	93.6	89.2	92.6	81.9	68.9
New Orleans	91.1	91.1	88.0	85.1	84.5	100.0	72.0
Orange County	95.3	95.3	91.3	91.3	89.5	90.5	78.6
Philadelphia	97.5	94.4	93.5	92.7	91.9	83.5	69.0
San Bernardino	93.8	100.0	93.8	100.0	93.8	100.0	87.5
San Diego	97.6	97.6	97.6	95.1	90.6	100.0	85.7
Local Median	94.6	92.7	92.6	91.3	91.9	90.5	78.6
Local Range	87.9 – 100.0	87.6 – 100.0	87.9 – 99.0	85.1 – 100.0	82.5 – 98.0	81.9 – 100.0	60.6 – 87.5

* Including on the outside of the building, on playing fields, or other areas of the campus.
 ** Used to transport students.
 § With tobacco company names, logos, or cartoon characters.
 §§ Prohibiting all tobacco advertising in school buildings, on school grounds, on school buses or other vehicles, in school publications, and through sponsorship of school events, and prohibiting students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.
 + Survey did not include schools from two of the state's largest school districts.

TABLE 35. Percentage of Schools That Provide Referrals to Tobacco Cessation Programs for Specific Groups and Post Signs Marking a Tobacco-Free School Zone,* Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Provide referrals		Post signs marking a tobacco-free school zone
	Faculty and Staff	Students	
STATE SURVEYS			
Alaska	12.6	35.9	65.9
Arizona	18.7	39.8	81.7
Arkansas	8.3	21.1	85.3
Connecticut	19.6	42.7	41.6
Delaware	23.9	45.2	53.6
Idaho	18.8	64.9	61.0
Iowa	21.0	52.4	51.6
Maine	46.1	78.3	66.7
Massachusetts	37.5	59.6	65.9
Michigan	19.0	49.7	59.2
Minnesota	18.2	60.7	74.9
Missouri	13.2	23.4	51.6
Montana	20.9	53.3	68.8
Nebraska	17.5	35.7	56.0
New Hampshire	28.5	51.8	83.9
New York	24.8	50.1	62.5
North Carolina	25.1	52.1	56.5
North Dakota	19.8	44.8	58.5
Oklahoma	8.9	21.0	64.8
Oregon	23.7	58.9	69.8
Pennsylvania	16.2	53.3	59.5
South Carolina	14.9	34.9	46.9
Tennessee	7.5	29.0	60.6
Texas**	10.4	27.4	82.2
Utah	15.7	78.6	44.4
Washington	27.4	78.7	83.9
Wisconsin	20.0	47.0	68.0
State Median	19.0	49.7	62.5
State Range	7.5 – 46.1	21.0 – 78.7	41.6 – 85.3
LOCAL SURVEYS			
Chicago	11.4	18.8	33.1
Dallas	24.6	30.6	83.8
District of Columbia	2.8	9.5	73.0
Los Angeles	53.1	84.6	69.6
Memphis	11.3	35.7	34.5
Miami	27.6	52.3	90.5
New Orleans	18.4	30.4	54.9
Orange County	23.3	75.5	88.5
Philadelphia	12.0	30.9	29.9
San Bernardino	50.0	100.0	71.4
San Diego	42.4	90.5	73.7
Local Median	23.3	35.7	71.4
Local Range	2.8 – 53.1	9.5 – 100.0	29.9 – 90.5

* A specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed.

** Survey did not include schools from two of the state's largest school districts.

TABLE 36. Percentage of Schools That Implemented Specific Safety and Security Measures, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Required visitors to report to main office or reception area	Maintained a closed campus	Used staff or adult volunteers to monitor halls	Routinely conducted bag, desk, or locker checks	Prohibited backpacks or book bags at school	Required school uniforms	Required student identification badges	Used metal detectors	Had uniformed police, undercover police, or security guards
STATE SURVEYS									
Alaska	89.6	43.9	75.9	27.6	13.6	4.3	1.0	2.2	12.6
Arizona	100.0	87.8	85.9	32.3	15.6	24.3	11.7	3.8	45.6
Arkansas	100.0	95.0	92.9	69.2	10.8	6.5	8.6	19.7	44.8
Connecticut	99.7	94.5	85.8	20.0	40.6	4.7	4.9	2.4	48.1
Delaware	100.0	95.0	90.8	23.4	38.0	12.5	10.5	1.7	48.1
Idaho	99.0	55.8	89.6	53.2	23.7	0.0	0.5	1.0	50.2
Iowa	98.9	72.6	85.3	38.3	37.6	0.0	0.4	0.7	15.4
Maine	98.0	82.0	72.6	17.1	30.6	0.0	0.0	0.5	30.0
Massachusetts	99.5	90.2	80.6	27.1	28.6	5.5	10.2	4.2	39.2
Michigan	100.0	86.7	88.5	49.5	44.3	8.0	8.8	3.6	32.6
Minnesota	98.8	67.3	83.5	47.3	35.6	0.9	2.4	0.8	37.8
Missouri	100.0	95.1	90.0	57.8	32.2	7.2	12.9	7.1	39.1
Montana	99.3	43.8	88.8	49.6	26.4	0.0	0.3	1.3	26.8
Nebraska	99.0	73.1	90.4	47.6	32.0	0.7	1.5	0.7	19.6
New Hampshire	100.0	83.8	75.4	20.3	24.8	0.0	2.3	1.8	36.0
New York	100.0	83.0	86.7	38.9	38.1	4.9	7.0	8.1	56.3
North Carolina	100.0	94.3	90.4	54.9	22.8	7.0	10.5	25.8	83.1
North Dakota	97.0	56.8	82.3	36.2	19.1	0.0	0.5	1.5	10.5
Oklahoma	100.0	73.8	92.8	66.9	15.0	3.6	4.6	9.7	29.6
Oregon	98.8	63.9	88.6	37.1	25.2	0.8	1.3	1.9	37.6
Pennsylvania	100.0	93.2	86.7	46.9	46.5	20.0	8.4	16.7	49.1
South Carolina	99.7	95.8	93.0	65.5	13.4	6.8	37.7	27.8	86.5
Tennessee	100.0	96.5	92.8	70.5	23.2	15.2	7.9	21.1	61.2
Texas*	100.0	84.9	94.3	65.1	24.5	13.6	15.0	12.1	59.2
Utah	98.5	59.1	91.6	46.0	22.5	2.9	1.5	0.0	63.4
Washington	99.2	73.9	85.6	29.4	15.6	2.2	3.9	3.7	41.7
Wisconsin	99.3	74.1	82.7	51.5	49.4	1.5	1.6	3.7	32.9
State Median	99.7	83.0	88.5	46.9	25.2	4.3	4.6	3.6	39.2
State Range	89.6 – 100.0	43.8 – 96.5	72.6 – 94.3	17.1 – 70.5	10.8 – 49.4	0.0 – 24.3	0.0 – 37.7	0.0 – 27.8	10.5 – 86.5
LOCAL SURVEYS									
Chicago	100.0	97.1	93.0	67.2	30.0	78.1	21.5	55.3	91.4
Dallas	100.0	92.2	94.0	89.8	18.0	14.3	61.5	90.0	91.9
District of Columbia	100.0	94.4	93.8	94.2	33.1	40.3	74.2	90.5	100.0
Los Angeles	100.0	96.6	96.9	92.5	2.9	37.0	10.3	92.4	79.8
Memphis	98.1	98.1	92.4	96.3	25.7	98.1	11.6	98.1	90.8
Miami	100.0	96.7	91.2	67.2	8.6	50.7	39.1	43.0	85.0
New Orleans	100.0	94.1	94.1	73.0	21.1	90.6	63.3	81.7	84.6
Orange County	100.0	97.3	93.1	35.3	10.3	5.5	41.0	7.5	94.5
Philadelphia	100.0	96.8	92.9	53.5	17.8	94.6	25.8	43.0	82.7
San Bernardino	100.0	75.0	87.5	37.5	6.3	0.0	0.0	12.5	93.8
San Diego	100.0	100.0	92.8	7.3	0.0	19.3	0.0	0.0	68.7
Local Median	100.0	96.7	93.0	67.2	17.8	40.3	25.8	55.3	90.8
Local Range	98.1 – 100.0	75.0 – 100.0	87.5 – 96.9	7.3 – 96.3	0.0 – 33.1	0.0 – 98.1	0.0 – 74.2	0.0 – 98.1	68.7 – 100.0

* Survey did not include schools from two of the state's largest school districts.

TABLE 37. Percentage of Schools That Had or Participated in Specific Violence Prevention Programs and That Had a Written Plan for Responding to Violence at the School, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Violence prevention programs				Written plan to respond to violence
	Peer mediation program	Safe-passage to school program	Program to prevent gang violence	Program to prevent bullying	
STATE SURVEYS					
Alaska	28.4	5.6	14.6	45.9	91.7
Arizona	43.8	12.1	38.6	59.8	93.9
Arkansas	29.7	4.1	23.6	73.4	97.5
Connecticut	67.8	5.9	23.4	76.3	96.9
Delaware	53.8	6.9	15.2	48.9	94.3
Idaho	44.9	6.6	29.3	56.6	95.5
Iowa	30.7	2.8	10.2	46.8	93.8
Maine	43.6	1.6	7.2	49.0	95.8
Massachusetts	61.3	6.7	18.9	60.2	95.8
Michigan	41.9	6.9	22.5	59.0	96.0
Minnesota	46.7	5.2	20.8	62.4	95.4
Missouri	46.6	6.8	20.6	47.5	97.4
Montana	32.1	3.0	20.1	55.7	89.5
Nebraska	20.5	2.8	16.3	51.7	96.1
New Hampshire	60.0	5.2	12.3	72.9	96.3
New York	59.7	7.6	26.6	65.5	97.4
North Carolina	57.4	10.4	25.5	46.5	97.5
North Dakota	17.8	2.5	17.3	57.4	86.9
Oklahoma	22.3	11.2	26.9	69.9	95.8
Oregon	37.7	5.8	26.8	57.6	94.4
Pennsylvania	59.0	11.0	19.0	66.5	99.0
South Carolina	49.3	8.9	37.7	49.9	97.1
Tennessee	44.4	11.6	36.5	61.1	98.1
Texas*	46.6	9.8	39.8	58.2	96.6
Utah	43.9	21.0	48.2	65.9	98.0
Washington	39.0	3.8	27.9	67.6	93.8
Wisconsin	48.8	3.4	21.5	53.2	94.7
State Median	44.4	6.6	22.5	58.2	95.8
State Range	17.8 – 67.8	1.6 – 21.0	7.2 – 48.2	45.9 – 76.3	86.9 – 99.0
LOCAL SURVEYS					
Chicago	43.4	57.1	64.2	62.2	97.8
Dallas	62.1	20.1	54.2	48.4	98.0
District of Columbia	89.9	28.5	84.8	52.8	89.9
Los Angeles	64.5	29.6	70.0	64.6	97.7
Memphis	64.1	13.7	65.7	62.9	96.4
Miami	90.3	26.7	66.9	70.8	100.0
New Orleans	63.6	26.1	62.8	59.7	93.8
Orange County	97.3	32.9	79.0	85.8	100.0
Philadelphia	66.5	37.0	39.5	73.6	99.2
San Bernardino	56.3	26.7	81.3	60.0	93.8
San Diego	43.7	7.4	41.6	54.0	94.9
Local Median	64.1	26.7	65.7	62.2	97.7
Local Range	43.4 – 97.3	7.4 – 57.1	39.5 – 84.8	48.4 – 85.8	89.9 – 100.0

* Survey did not include schools from two of the state's largest school districts.

TABLE 38. Percentage of Schools With a Written Policy That Protects the Rights of Students or Staff with HIV* Infection or AIDS** and, Among Those Schools, Percentage Whose Policy Addressed Specific Issues, Selected U.S. Sites: School Health Profiles, Principal Surveys, 2004

Site	Topic addressed by a written policy								
	Had a written policy	Attendance of students with HIV infection	Procedures to protect HIV-infected students and staff from discrimination	Maintenance of confidentiality of HIV-infected students and staff	Worksite safety	Confidential counseling for HIV-infected students	Communication of the policy to students, school staff, and parents	Adequate training about HIV infection for school staff	Procedures for implementing the policy
STATE SURVEYS									
Alaska	47.5	89.2	97.0	98.5	94.9	64.5	82.8	78.1	89.4
Arizona	52.8	93.3	98.7	99.4	98.3	75.0	85.8	86.4	93.4
Arkansas	44.9	86.0	96.6	98.9	96.6	86.5	87.3	82.2	88.6
Connecticut	70.2	89.5	96.2	99.4	98.3	82.3	80.5	86.7	86.5
Delaware	51.3	96.7	100.0	100.0	96.6	81.5	85.6	65.2	89.0
Idaho	67.9	96.2	93.8	96.9	95.5	79.0	82.2	69.6	86.6
Iowa	57.5	92.0	91.3	95.1	98.7	67.2	87.9	87.6	88.5
Maine	75.4	90.3	97.1	97.9	97.9	75.2	81.7	85.9	86.8
Massachusetts	71.5	91.2	96.8	98.5	97.5	79.3	83.8	76.2	84.9
Michigan	52.7	86.5	93.0	96.8	97.6	64.1	76.8	82.3	87.7
Minnesota	55.5	86.9	97.3	98.6	97.9	77.2	87.3	88.4	91.9
Missouri	66.0	92.6	97.7	98.6	99.0	80.4	88.8	86.2	94.7
Montana	57.1	91.9	94.4	97.5	96.3	74.1	88.0	84.6	92.5
Nebraska	58.6	90.7	94.4	97.5	98.1	77.3	87.9	82.6	92.6
New Hampshire	84.2	94.3	99.1	99.3	99.3	70.8	82.2	85.8	90.8
New York	72.7	92.9	97.7	100.0	97.3	75.3	83.9	90.7	92.8
North Carolina	51.5	88.0	94.2	99.0	99.4	84.3	83.3	89.4	92.9
North Dakota	52.3	94.5	97.3	97.3	99.1	74.0	92.2	86.4	92.3
Oklahoma	68.7	89.3	98.7	98.3	97.4	82.5	94.7	96.5	97.8
Oregon	81.5	95.1	97.9	99.6	98.9	76.7	86.4	90.1	92.0
Pennsylvania	67.1	92.2	97.9	98.7	96.1	74.1	85.0	77.9	91.9
South Carolina	67.4	92.1	97.0	98.7	100.0	78.5	83.9	95.8	93.4
Tennessee	66.7	92.3	98.5	99.5	99.5	81.4	89.5	89.3	96.3
Texas [§]	52.1	91.2	97.9	100.0	97.8	81.2	91.3	83.2	86.7
Utah	59.4	95.0	97.4	100.0	98.3	81.5	84.5	81.2	92.2
Washington	68.6	91.3	94.8	98.1	98.1	81.1	85.8	90.7	93.5
Wisconsin	54.4	86.5	92.8	96.7	97.3	71.0	77.1	82.5	85.1
State Median	59.4	91.9	97.1	98.6	97.9	77.3	85.6	85.9	91.9
State Range	44.9 – 84.2	86.0 – 96.7	91.3 – 100.0	95.1 – 100.0	94.9 – 100.0	64.1 – 86.5	76.8 – 94.7	65.2 – 96.5	84.9 – 97.8
LOCAL SURVEYS									
Chicago	54.2	95.3	99.2	99.2	100.0	85.5	93.4	78.0	92.3
Dallas	60.0	96.4	93.1	100.0	100.0	86.1	89.7	79.5	89.7
District of Columbia	100.0	94.2	97.1	100.0	97.1	100.0	96.5	90.7	86.7
Los Angeles	63.5	89.0	100.0	100.0	100.0	86.9	89.2	89.3	89.0
Memphis	64.2	84.7	100.0	100.0	100.0	84.5	87.4	81.8	87.9
Miami	79.2	88.8	100.0	100.0	100.0	91.6	93.1	90.2	93.0
New Orleans	69.4	91.5	100.0	100.0	95.6	91.1	95.5	82.7	90.9
Orange County	65.3	91.5	95.1	100.0	95.1	90.1	85.2	90.1	95.1
Philadelphia	56.1	93.9	96.9	98.4	100.0	91.0	88.0	78.8	88.0
San Bernardino	100.0	100.0	100.0	100.0	100.0	100.0	85.7	92.9	100.0
San Diego	83.4	96.9	100.0	100.0	100.0	87.8	87.6	90.9	96.9
Local Median	65.3	93.9	100.0	100.0	100.0	90.1	89.2	89.3	90.9
Local Range	54.2 – 100.0	84.7 – 100.0	93.1 – 100.0	98.4 – 100.0	95.1 – 100.0	84.5 – 100.0	85.2 – 96.5	78.0 – 92.9	86.7 – 100.0

* HIV = human immunodeficiency virus.

** AIDS = acquired immunodeficiency syndrome.

§ Survey did not include schools from two of the state's largest school districts.

TABLE 39. Percentage of Schools That Had a School Health Committee or Advisory Group* and Engaged Parents and Families in Specific Health Education Activities During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Principal and Lead Health Education Teacher Surveys, 2004

Site	School health committee or advisory group	Provided families with information on the health education program	Met with a parents' organization to discuss the health education program	Invited family members to attend a health education class
STATE SURVEYS				
Alaska	47.5	55.6	20.0	36.7
Arizona	36.8	54.4	19.5	29.8
Arkansas	30.5	58.6	15.1	37.0
Connecticut	48.7	79.1	29.1	31.9
Delaware	50.7	77.7	24.1	47.6
Idaho	31.8	63.4	11.8	40.6
Iowa	43.7	61.4	7.8	29.2
Maine	65.0	75.3	14.5	34.4
Massachusetts	61.6	81.4	33.6	29.5
Michigan	72.7	77.7	26.0	48.8
Minnesota	49.9	NA**	NA	NA
Missouri	60.7	67.8	16.8	30.0
Montana	31.9	57.1	11.3	34.1
Nebraska	28.5	50.4	4.3	27.9
New Hampshire	36.9	77.5	20.6	29.1
New York	58.7	80.0	28.5	29.0
North Carolina	66.6	74.9	25.5	45.6
North Dakota	36.5	52.7	12.9	26.4
Oklahoma	20.5	37.2	13.9	18.6
Oregon	41.7	77.6	12.0	40.0
Pennsylvania	45.1	70.9	16.3	35.5
South Carolina	69.6	65.8	25.1	43.1
Tennessee	46.3	54.5	24.7	33.8
Texas [§]	67.4	NA	NA	NA
Utah	50.7	74.9	18.3	54.6
Washington	55.3	72.5	19.9	34.6
Wisconsin	56.7	75.8	13.6	41.0
State Median	48.7	70.9	18.3	34.4
State Range	20.5 – 72.7	37.2 – 81.4	4.3 – 33.6	18.6 – 54.6
LOCAL SURVEYS				
Chicago	40.9	58.5	32.9	31.0
Dallas	62.6	69.2	37.5	43.5
District of Columbia	75.8	83.8	51.8	87.5
Los Angeles	63.9	81.0	32.1	59.3
Memphis	69.0	89.8	56.7	71.6
Miami	72.3	65.5	26.8	30.3
New Orleans	73.0	75.0	37.8	64.6
Orange County	75.5	80.0	20.5	27.2
Philadelphia	75.0	64.4	24.5	41.3
San Bernardino	57.1	NA	NA	NA
San Diego	85.3	87.7	18.7	34.0
Local Median	72.3	77.5	32.5	42.4
Local Range	40.9 – 85.3	58.5 – 89.8	18.7 – 56.7	27.2 – 87.5

* That develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues.

** NA = data not available.

§ Survey did not include schools from two of the state's largest school districts.

TABLE 40. Among Schools That Required a Health Education Course in Any of Grades 6–12, the Percentage of Schools That Asked Students to Participate in Health-Related Community Activities as Part of a Required Health Education Course During the 2003–2004 School Year, Selected U.S. Sites: School Health Profiles, Lead Health Education Teacher Surveys, 2004

Site	Performed volunteer work*	Participated in or attended a health fair	Gathered information about health services**	Compared prices of health products	Identified potential injury sites [§]	Identified and analyzed advertising ^{§§}	Advocated for a health-related issue	Completed homework with family members
STATE SURVEYS								
Alaska	15.8	37.3	57.1	13.4	49.4	48.9	46.1	66.6
Arizona	24.2	26.7	48.9	26.7	49.0	66.3	48.3	62.3
Arkansas	16.2	21.2	55.5	36.7	66.3	66.0	47.6	73.3
Connecticut	15.9	28.6	56.4	19.0	48.9	65.1	51.2	76.9
Delaware	13.5	36.2	71.1	30.0	66.6	82.4	66.2	80.2
Idaho	12.7	27.1	55.7	35.2	62.0	71.9	51.3	78.1
Iowa	16.8	13.8	47.0	23.1	45.6	62.2	45.6	80.9
Maine	10.0	21.3	70.2	27.7	54.4	68.1	49.0	75.1
Massachusetts	14.8	19.7	54.4	23.9	54.6	73.6	57.9	76.7
Michigan	14.4	14.3	47.9	20.9	47.7	70.0	50.8	84.9
Missouri	13.9	36.1	53.8	23.6	67.3	72.2	41.7	78.3
Montana	14.0	22.8	49.5	22.4	56.5	59.6	53.5	73.0
Nebraska	9.5	23.0	46.4	17.9	53.0	57.6	45.0	81.3
New Hampshire	12.7	13.3	50.7	22.5	46.7	73.7	52.3	76.5
New York	18.1	29.5	71.6	31.2	65.5	78.2	70.0	80.5
North Carolina	16.0	30.7	60.9	26.6	71.2	74.5	56.8	71.8
North Dakota	12.0	34.5	57.4	21.4	55.1	66.7	48.8	77.9
Oklahoma	10.9	35.9	45.5	16.5	63.4	49.2	35.7	66.3
Oregon	23.6	19.0	60.0	27.4	52.4	71.7	53.2	87.1
Pennsylvania	20.9	29.9	57.5	25.9	63.3	76.7	47.4	77.4
South Carolina	19.2	29.1	63.8	26.3	59.1	69.3	52.1	74.1
Tennessee	19.6	37.9	65.3	34.6	67.6	70.9	50.7	74.4
Utah	19.2	22.4	45.8	29.8	58.4	72.7	50.3	87.6
Washington	21.4	17.6	46.2	18.4	36.5	62.0	44.2	76.4
Wisconsin	18.9	22.8	57.0	25.2	52.8	70.9	50.9	79.3
State Median	15.9	26.7	55.7	25.2	55.1	70.0	50.7	76.9
State Range	9.5 – 24.2	13.3 – 37.9	45.5 – 71.6	13.4 – 36.7	36.5 – 71.2	48.9 – 82.4	35.7 – 70.0	62.3 – 87.6
LOCAL SURVEYS								
Chicago	19.1	36.2	50.2	31.8	63.4	56.9	46.0	79.7
Dallas	30.6	47.8	74.8	41.7	83.9	87.4	65.1	80.1
District of Columbia	46.4	78.6	78.3	47.1	62.7	71.9	56.6	89.1
Los Angeles	26.2	44.6	66.0	43.6	58.9	84.8	58.8	88.1
Memphis	39.4	54.9	88.1	57.4	75.8	78.9	76.0	94.0
Miami	29.5	34.0	68.1	29.4	62.7	67.9	49.8	81.7
New Orleans	34.7	44.9	71.3	44.7	69.1	68.6	51.8	72.4
Orange County	11.7	44.4	71.6	40.1	65.4	79.6	55.6	92.0
Philadelphia	27.1	43.5	66.0	47.0	67.4	70.7	53.6	86.8
San Diego	NA ⁺	NA	NA	NA	NA	NA	NA	NA
Local Median	29.5	44.6	71.3	43.6	65.4	71.9	55.6	86.8
Local Range	11.7 – 46.4	34.0 – 78.6	50.2 – 88.1	29.4 – 57.4	58.9 – 83.9	56.9 – 87.4	46.0 – 76.0	72.4 – 94.0

* At a hospital, a local health department, or any other community organization that addresses health issues.
 ** That are available in the community.
 § At school, home, or in the community.
 §§ In the community designed to influence health behaviors or health risk behaviors.
 + NA = data not available.

