Form approved OMB No. 0920-0879 Expiration date: 03/18/2018

Thank you for taking time to complete this assessment! Your answers will help CDC tailor its school health resources to your work.

We are seeking your input given the role you play in coordinating school-based strategies as part of Cooperative Agreement 1305 (State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health) and/or Cooperative Agreement 1308 (Supporting State and Local Education Agencies to Reduce Adolescent Sexual Risk Behaviors and Adverse Health Outcomes Associated with HIV, Other STD, and Teen Pregnancy). This data collection is intended for State Health Department or Department of Education/Public Instructions staff only.

Completing this online assessment is voluntary and takes approximately 25 minutes. Please respond to the questions from your individual perspective and not that of your department. CDC will not publish or share any identifying information about your individual responses.

Please complete the assessment by [----]

CDC estimates the average public reporting burden for this collection of information as **25** minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

1. 1. What state do you work in?

Alabama

Alaska

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Mississippi

Missouri

Montana

Nebraska

Nevada

New Hampshire

New Jersey

New Mexico

New York

North Carolina

North Dakota

Ohio

Oklahoma

Oregon

Pennsylvania

Rhode Island

South Carolina

		South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	
2	2.	Where do you v	vork?
		Department of H	ealth
		 Department of E 	ducation/Department of Public Instruction
		C I do not work at e	either of the options listed above
اِ	DEM	OGRAPHICS	
3	. 3.	What is your cu	irrent job title?
4		Which of the fo	llowing are included among your job responsibilities? ly.
		☐ Selecting schoo	I health tools and resources that your agency supports
		Promoting award and local level s	eness of school health tools and resources among district chool staff
		Training staff an tools and resour	d/or district level staff on how to implement school health ces
		Training colleag and resources	ues at state agencies on school health curriculum, tools

5.	5.	Н	ow long have you worked in your current position?
		0	Less than 1 year
		0	1 year to <2 years
		0	2 years to <5 years
		0	5 years to <10 years
		O	10 or more years
6.	1.	Ho	ow long have you worked in your agency?
		0	Less than 1 year
		0	1 year to <2 years
		0	2 years to <5 years
		0	5 years to <10 years
		O	10 or more years
7.	7.	Н	ow long have you worked in the school health field?
		0	Less than 1 year
		0	1 year to <2 years
		0	2 years to <5 years
		0	5 years to <10 years
		0	10 or more years
<u>[</u>	DEM	IOG	RAPHICS

8.	8. What degrees do you hold? <i>Check all that apply.</i>
	□ BS, BA
	☐ MS, MSc, MA
	☐ MPH or MSPH
	☐ MD or DO
	PhD, EdD, DrPH, or ScD
	Other (Please Specify)
9.	9. What CDC funded school health program do you work on?
	C I work on 1305.
	C I work on 1308.
	C I work on both.
D	DEMOGRAPHICS
10.	10. For your state's work on Cooperative Agreement 1305/State Public Health Actions, which state agency is the main point of contact for the local education agencies (LEAs)? <i>Check all that apply.</i>
	Department of Health
	Department of Education/Department of Public Instruction

11.	• 11. Is your state's 1305 cooperative agreement program funded at the basic level or at the enhanced level?
	© Basic
	© Enhanced
12.	. 12. How many full time equivalents (FTEs) focused on school health in your agency are supported through 1305 funding? Please report total FTE regardless of number of individuals involved.
	C Less than 0.5 FTE
	© 0.5 FTE to 1.0 FTE
	O 1.1 FTE to 1.5 FTE
	1.6 FTE to 2.0 FTE
	More than 2.0 FTE
<u> </u>	DEMOGRAPHICS
13.	13. How many full time equivalents (FTEs) focused on school health in your agency are supported through 1308 funding? Please report total FTE regardless of number of individuals involved.
	C Less than 0.5 FTE
	© 0.5 FTE to 1.0 FTE
	• 1.1 FTE to 1.5 FTE
	• 1.6 FTE to 2.0 FTE
	More than 2.0 FTE
I	FACTORS THAT INFLUENCE SCHOOL HEALTH ADOPTION DECISIONS

	. Does your state have a strate alth?	egic plar	ı or tran	HEWOIK	101 3011 0	
	C Yes					
	C No					
	. Does your state have a cours		•		framew	ork or
	C Yes					
	C No					
	. Considering all of your state' priority would you assign to ea				-	
of	•		e follov High	ving at y	our sta	Very Low
of	priority would you assign to ea	very High	e follov High	ving at y Medium	our sta	te Very Low
of	priority would you assign to earner? Increasing school capacity to provide	Very High Priority	High Priority	ving at y Medium Priority	Low Priority	Very Low Priority
of	priority would you assign to earliency? Increasing school capacity to provide healthy foods and beverages Increasing school capacity to implement high quality health	Very High Priority	High Priority	Medium Priority	Low Priority	Very Low Priority
of	priority would you assign to earliency? Increasing school capacity to provide healthy foods and beverages Increasing school capacity to implement high quality health education Increasing school capacity to provide quality physical education and	Very High Priority	High Priority	Medium Priority	Low Priority	Very Low Priority

17.	. 17. How would you describe your role in the decisions your state agency makes on school health strategies and policies?
	I have a lot of influence on these decisions
	 I have a moderate amount of influence on these decisions
	 I have little influence on these decisions
	 I have no influence on these decisions
<u> </u>	FACTORS THAT INFLUENCE SCHOOL HEALTH ADOPTION DECISIONS
18	. 18. Have you ever heard of the following school health tools and resources? Check all that apply.
	Comprehensive School Physical Activity Program (CSPAP)
	The Health Education Curriculum Analysis Tool (HECAT)
	Parents for Healthy Schools (P4HS)
	School Health Guidelines to Promote Healthy Eating and Physical Activity (Guidelines)
19.	19. In the last 12 months has your state engaged in marketing and communication activities to promote awareness of any of the following school health tools and resources among schools or school districts? Check all that apply.
	Comprehensive School Physical Activity Program (CSPAP)
	☐ The Health Education Curriculum Analysis Tool (HECAT)
	Parents for Healthy Schools (P4HS)
	School Health Guidelines to Promote Healthy Eating and Physical Activity (Guidelines)

20.	tech of th	n the last 12 months has your state engaged in training and/or nical assistance activities to promote use or implementation of any e following CDC school health tools and resources among schools chool districts? <i>Check all that apply.</i>
		Comprehensive School Physical Activity Program (CSPAP)
		The Health Education Curriculum Analysis Tool (HECAT)
		Parents for Healthy Schools (P4HS)
		School Health Guidelines to Promote Healthy Eating and Physical Activity (Guidelines)
ı	FACTO	RS THAT INFLUENCE SCHOOL HEALTH ADOPTION DECISIONS

sta sc	. Please indicate which of the following ate's decision whether or not to promote hool health tools and resources shown at apply for each tool.	e awarer	ness or	use of	the CDC
	 CSPAP = Comprehensive School Physical Activity HECAT = The Health Education Currie P4HS = Parents for Healthy Schools Guildelines = School Health Guideline and Physical Activity 	culum A	nalysis '	Tool (F	IECAT)
		CSPAP	HECAT	Guide lines	P4HS
	a) The CDC recommended the tool.				
	b) A colleague or another professional recommended the tool.	П	Г	П	П
	c) We had adequate budget, staff, and time to promote awareness and use of the tool.				
	d) The tool can help districts improve on current practice in this topic area.				
	e) The tool can support district and local level goals.				
	f) We like the way the tool is structured and written.	П	П	П	П
	g) Districts and/or schools can use the tool without having to make big changes to their infrastructures.				
	h) The tool's recommendations and strategies are based on research findings.	П	П		П

MODULE

22.		hich of the following BEST describes your knowledge about the AP Guide?
	O	Excellent I am fully familiar with the content and features of the guide.
	0	Very good. I am very familiar with the content and features of the guide, although I could still improve my understanding.
	O	Good. I understand the guide's general content and features, but not in detail.
	0	Limited. I know little about the guide's content and features.
23		what ways have you heard about or received information on the AP Guide? <i>Check all that apply.</i>
		CDC website
		A website other than CDC
		Email from CDC
		Email/newsletter from a professional organization
		Training by a webinar or in person
		Colleague at a state agency
		School administrator or school staff
		Other - Please Describe

24. 3. Which of the following BEST describes your confidence in your ability to provide training on the CSPAP Guide?

- Excellent. I feel highly confident that I could lead training or technical assistance to others on its use/implementation.
- Very good. I feel fairly confident that I could provide training or technical assistance to others on its use/implementation.
- Good. I am not very confident that I could provide training or techinal assistance to others on its use/implementation.
- Limited. I would not be able to provide training or technical assistance of others on its use/implementation.

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

25 .	4.	Have you ever participated in Training of Trainers for the CSPAI	P
	Gı	uide?	

Yes

No

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

26. 5. Who led the Training of Trainers you participated in?

- O CDC
- Non-governmental organization
- Other entity

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

27.	of the	the past 12 months, have you (your agency) promoted awareness e CSPAP Guide to district/school-level staff in your target/priority cts through any of the following methods? <i>Check all that apply.</i>
		We have not carried out any marketing or promotion efforts for CSPAP in the past 12 months.
		Listserve
		Newsletters (print or electronic)
		Presentations
		Webinars
		Informal conversations
		Other - Please Describe

28	7. Have you or others from your agency ever provided training or technical assistance on the use/implementation of the CSPAP Guide? Check all that apply.
	□ No
	Yes, to colleagues from a state, tribal, or territorial health or education department in my state.
	Yes, to colleagues from a state, tribal, or territorial health or education department in a different state.
	Yes, to district level school administrator(s).
	Yes, to district level staff, such as food service, physical or health education staff.
	Yes, to school-level administrator(s).
	Yes, to local school staff, such as food service, physical or health education staff.
	THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE
29	8. In the past 12 months, how many times have you or others from your agency provided training on how to use the CSPAP Guide to state, district, or school staff? If you or your agency provided the same training on multiple dates, please count each occurrence.
	C 1 time
	C 2-3 times
	C 4-5 times
	© 6 or more times

30.	9. In the past 12 months, how many times have you or others from your agency provided technical assistance to state, district, or school staff such as a phone call, meeting, or email exchange on the use of the CSPAP Guide?
	O 1 time
	C 2-3 times
	C 4-5 times
	© 6 or more times
	THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE
31.	10. In the past 12 months, has your agency been able to stay on your plan's schedule to promote awareness or provide training and technical assistance for the CSPAP Guide?
	We are on track with all of our plans for promoting awareness or providing training/technical assistance for the CSPAP Guide.

• We are on track with some of our plans and behind schedule on others.

awareness or provide training/technical assistance next school year.

• We are far behind schedule, and plan to promote awareness or provide

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE

• We are behind schedule on all of our plans, but still plan to promote awareness or provide training/technical assistance this school year.

• We are behind schedule on all of our plans, and plan to promote

training/technical assistance after the next school year.

MODULE

ppl _. □	y. Competing priorities related to school health			
	Competing priorities unrelated to school health	1		
	Staff turnover			
	Staff time available to work on school health			
	Budget capacity other than staffing			
	Other - Please Describe			
DUL 2. F	MPREHENSIVE SCHOOL PHYSICAL ACTIVI E Please tell us about CSPAP Guide su r key staff at your agency have done	pport acti	vities that y	
DUL 12. i	E Please tell us about CSPAP Guide su	pport acti	vities that y do. We plan to do this in	you and We do not plan
12. In the	E Please tell us about CSPAP Guide su	pport activ or plan to We have already	vities that y do. We plan to do this in	you and We do not plan
I2. Iothe	Please tell us about CSPAP Guide super key staff at your agency have done) Promote awareness of the CSPAP Guide to	pport active or plan to We have already done this	vities that y do. We plan to do this in the future	you and We do not plan to do this
12. In the cylindrical state of the cylindrica	Please tell us about CSPAP Guide super key staff at your agency have done Promote awareness of the CSPAP Guide to istricts, colleagues, or community partners. Coordinate or offer trainings on implementing	pport active or plan to We have already done this	vities that y do. We plan to do this in the future	We do not plan to do this
12. I othe	Please tell us about CSPAP Guide super key staff at your agency have done Promote awareness of the CSPAP Guide to istricts, colleagues, or community partners. Coordinate or offer trainings on implementing the CSPAP Guide for districts and/or schools. Solicit feedback from districts and/or schools	pport active or plan to We have already done this	vities that y do. We plan to do this in the future	We do not plan to do this

34. 13. Think about the overall concept and content of the CSPAP Guide and share your opinions on the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
 a) The CSPAP Guide covers all the content that school districts and schools need on this topic. 	0	O	0	0	O
b) The CSPAP Guide includes accurate content.	0	0	О	0	О
c) The CSPAP Guide clearly articulates best practices.	0	0	O	0	0
d) The CSPAP Guide helps school districts and/or schools to identify action items and improvement plans.	O	О	o	O	O
e) Actions based on the CSPAP Guide can be implemented by schools and school districts in our state.	O	О	o	O	O
f) The CSPAP Guide is easily adaptable to various types of school district and/or school settings.	O	О	o	O	O
g) Using the CSPAP Guide helps districts and/or schools think through important issues that they might otherwise not think about.	O	О	o	O	O
h) Using the CSPAP Guide helps school districts and/or schools engage staff, relevant stakeholders, and/or the community in improving school health.	O	O	O	O	O
i) I would recommend the CSPAP Guide to other colleagues, agencies, and districts.	O	О	o	O	O

sch	In your experience, what are common barriers at the district or ool level to implementing a comprehensive school physical activity gram as described in the CSPAP Guide? <i>Check all that apply.</i>
	Competing priorities related to school health
	Competing priorities unrelated to school health
	Staff turnover
	Staff time available to work on school health
	Budget capacity other than staffing
	Other - Please Describe
36. 15.	Do you have suggestions for improving the CSPAP Guide?
THE CO	OMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE LE
tool	Do you have suggestions for improving or developing other s/resources to help schools address nutrition, physical activity, lth education and parent engagement?

38	what deve relat	Other than the CDC School Health tools reviewed in this survey, to other school health tools/resources do you use to help with eloping, implementing, and/or evaluating school-based efforts ed to: physical activity / health education / nutrition / engaging nts in school health?
	THE HE	ALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE
39.	1. W	hich of the following BEST describes your knowledge about the AT?
	O	Excellent I am fully familiar with the content and features of the resource.
	0	Very good. I am very familiar with the content and features of the resource, although I could still improve my understanding.
	О	Good. I understand the resource's general content and features, but not in detail.
	0	Limited. I know little about the resource's content and features.

40		what ways have you heard about or received information on the AT? Check all that apply.
		CDC website
		A website other than CDC
		Email from CDC
		Email/newsletter from a professional organization
		Training by a webinar or in person
		Colleague at a state agency
		School administrator or school staff
		Other - Please Describe
41		hich of the following BEST describes your confidence in your by to provide training on the HECAT?
	C	Excellent. I feel highly confident that I could lead training or technical assistance to others on its use/implementation.
	C	Very good. I feel fairly confident that I could provide training or technical assistance to others on its use/implementation.
	O	Good. I am not very confident that I could provide training or technical assistance to others on its use/implementation.
	o	Limited. I would not be able to provide training or technical assistance to others on its use/implementation.

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

42.	4.	0	ave you ever participated in Training of Trainers for the HECAT? Yes No
-	ГНЕ	HE.	ALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE
43.	5.	W	ho led the Training of Trainers you participated in?
		0	CDC
		0	Non-governmental organization
		0	Other entity
44.	of	the	the past 12 months, have you (your agency) promoted awareness e HECAT to district/school-level staff in your target/priority districts 19th any of the following methods? <i>Check all that apply.</i>
			We have not carried out any marketing or promotion efforts for CSPAP in the past 12 months
			Listserve
			Newsletters (print or electronic)
			Presentations
			Webinars
			Informal conversations
			Other - Please Describe

45.	tech	ave you or others from your agency ever provided training or nical assistance on the use/implementation of the HECAT? <i>Check eat apply</i> .
		No
		Yes, to colleagues from a state, tribal, or territorial health or education department in my state
		Yes, to colleagues from a state, tribal, or territorial health or education department in a different state
		Yes, to district level school administrator(s)
		Yes, to district level staff, such as food service, physical or health education staff
		Yes, to school-level administrator(s)
		Yes, to local school staff, such as food service, physical or health education staff
-	ГНЕ НЕ	ALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE
46.	agen scho	the past 12 months, how many times have you or others from your acy provided training on how to use the HECAT to state, district, or oll staff? If you or your agency provided the same training on ple dates, please count each occurrence.
	0	1 time
	0	2-3 times
	0	4-5 times
	0	6 or more times

47	agen	the past 12 months, now many times have you or others from your acy provided technical assistance to state, district, or school staff as a phone call, meeting, or email exchange on the use of the AT?
	0	1 time
	0	2-3 times
	0	4-5 times
	0	6 or more times
	THE HE	ALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE
48 .	plan' assis	n the past 12 months, has your agency been able to stay on your 's schedule to promote awareness or provide training and technical stance for the HECAT?
	O	We are on track with all of our plans for promoting awareness or providing training/technical assistance for the HECAT.
	0	We are on track with some of our plans and behind schedule on others.
	O	We are behind schedule on all of our plans, but still plan to promote awareness or provide training/technical assistance this school year.
	0	We are behind schedule on all of our plans, and plan to promote awareness or provide training/technical assistance next school year.
	O	We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.
	THE HE	ALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

[oly.		lays? Ched	
Г	Competing priorities related to school health			
	Competing priorities unrelated to school healt	th		
Γ	Staff turnover			
Γ	Staff time available to work on school health			
Γ	Budget capacity other than staffing			
Г	Other - Please Describe			
	IEALTH EDUCATION CURRICULUM ANALYS	•	,	
	Please tell us about HECAT support of staff at your agency have done or plays.		that you an	d other
		We have already done this		We do not plan to do this
	a) Promote awareness of the HECAT to districts, colleagues, or community partners.	O	O	C
	b) Coordinate or offer trainings on implementing the HECAT for districts and/or schools.	О	О	O
	c) Solicit feedback from districts and/or schools who have implemented the HECAT.	O	O	
				O
	d) Assist districts and/or schools in ongoing use of the HECAT.	O	О	0

51. 13. Think about the overall concept and content of the HECAT and share your opinions on the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) The HECAT covers all the content that school districts and schools need on this topic.	O	O	0	0	О
b) The HECAT includes accurate content.	O	O	O	0	0
c) The HECAT clearly articulates best practices.	O	O	O	0	0
d) The HECAT helps school districts and/or schools to identify healthy behavior outcomes and expectations to improve their health education curriculum.	С	O	O	O	С
e) Tools provided in the HECAT can be used by schools and school districts in our state.	О	O	0	o	О
f) The HECAT can be adapted for various types of school district and/or school settings.	O	O	o	0	О
g) Using the HECAT helps districts and/or schools think through important curriculum and instruction issues that they might otherwise not think about.	O	0	o	O	0
h) Using the HECAT helps school districts and/or schools engage staff, relevant stakeholders, and/or the community in improving school health education.	О	О	O	O	С
i) I would recommend the HECAT to other colleagues, agencies, and districts.	O	О	o	O	O

52.	14. In your experience, what are common barriers at the district or local level to implementing a comprehensive school physical activity program as described in the HECAT? <i>Check all that apply.</i>
	Competing priorities related to school health
	Competing priorities unrelated to school health
	☐ Staff turnover
	Staff time available to work on school health
	☐ Budget capacity other than staffing
	Other - Please Describe
53.	15. Do you have suggestions for improving the Health Education Curriculum Analysis Tool?
1	THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE
54.	16. Do you have suggestions for improving or developing other tools/resources to help schools address nutrition, physical activity, health education and parent engagement?

55.	what deve relate	Other than the CDC School Health tools reviewed in this survey, other school health tools/resources do you use to help with doping, implementing, and/or evaluating school-based efforts ed to: physical activity / health education / nutrition / engaging in school health?
<u>F</u>	PAREN	TS FOR HEALTHY SCHOOLS (P4HS) MODULE
56.	1. W P4H	hich of the following BEST describes your knowledge about
	0	Excellent I am fully familiar with the content and features of the guide.
	O	Very good. I am very familiar with the content and features of the guide, although I could still improve my understanding.
	O	Good. I understand the guide's general content and features, but not in detail.
	O	Limited. I know little about the guide's content and features.

57	57. 2. In what ways have P4HS? <i>Check all tha</i>	e you heard about or received information on to a second to apply.
	☐ CDC website	
	☐ A website other that	n CDC
	☐ Email from CDC	
	☐ Email/newsletter fro	om a professional organization
	☐ Training by a webir	nar or in person
	☐ Colleague at a stat	e agency
	☐ School administrate	or or school staff
	Other - Please Des	cribe
58	58. 3. Which of the follo ability to provide trai	wing BEST describes your confidence in your ning on P4HS?
	_	hly confident that I could lead training or technical s on its use/implementation.
	, 0	rly confident that I could provide training or technical s on its use/implementation.
	-	confident that I could provide training or technical s on its use/implementation.
	C Limited. I would no others on its use/im	be able to provide training or technical assistance to plementation.
	PARENTS FOR HEALTHY	SCHOOLS (P4HS) MODULE

59	. 4.	Ha	ave you participated in Training of Trainers for P4HS?
		0	Yes
		0	No
	PAR	EN ⁻	TS FOR HEALTHY SCHOOLS (P4HS) MODULE
60	. 5.	W	ho led the Training of Trainers you participated in?
		0	CDC
		0	Non-governmental organization
		0	Other entity
	PAR	EN ⁻	TS FOR HEALTHY SCHOOLS (P4HS) MODULE
61	. 6.	ln	the past 12 months, have you (your agency) promoted awareness
			HS to district/school-level staff in your target/priority districts
	th		igh any of the following methods? Check all that apply.
			We have not carried out any marketing or promotion efforts for P4HS in the past 12 months
			Listserve
			Newsletters (print or electronic)
			Presentations
			Webinars
			Informal conversations
			Other - Please Describe

62	2. 7. Have you or others from your agency ever provided training or technical assistance on the use/implementation of P4HS? <i>Check all that apply</i> .
	□ No
	Yes, to colleagues from a state, tribal, or territorial health or education department in my state
	Yes, to colleagues from a state, tribal, or territorial health or education department in a different state
	Yes, to district level school administrator(s)
	Yes, to district level staff, such as food service, physical or health education staff
	Yes, to school-level administrator(s)
	Yes, to local school staff, such as food service, physical or health education staff
	PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE
63	8. In the past 12 months, how many times have you or others from your agency ever provided training on how to use P4HS to state, district, or school staff? If you or your agency provided the same training on multiple dates, please count each occurrence.
	O 1 time
	C 2-3 times
	C 4-5 times
	© 6 or more times

64.	agen	the past 12 months, how many times have you or others from your acy provided technical assistance to state, district, or school staff as a phone call, meeting, or email exchange on the use of P4HS?
	0	1 time
	0	2-3 times
	0	4-5 times
	0	6 or more times
<u> </u>	PAREN	TS FOR HEALTHY SCHOOLS (P4HS) MODULE
6 5 .	plan'	n the past 12 months, has your agency been able to stay on your is schedule to promote awareness or provide training and technical stance for P4HS?
	O	We are on track with all of our plans for promoting awareness or providing training/technical assistance for P4HS.
	O	We are on track with some of our plans and behind schedule on others.
	O	We are behind schedule on all of our plans, but still plan to promote awareness or provide training/technical assistance this school year.
	O	We are behind schedule on all of our plans, and plan to promote awareness or provide training/technical assistance after the next school year.
	О	We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.
F	PAREN	TS FOR HEALTHY SCHOOLS (P4HS) MODULE
-		·

	. Which of the following factors have ply.	caused de	elays? <i>Che</i>	ck all tilat				
	Competing priorities related to school health	1						
	☐ Competing priorities unrelated to school hea	alth						
	☐ Staff turnover							
	Staff time available to work on school health							
	Budget capacity other than staffing							
	Other - Please Describe							
PAR	ENTS FOR HEALTHY SCHOOLS (P4HS) MOD	ULE						
	. Please tell us about P4HS support a		nat you and	other key				
			We plan to do this in	We do not plan to do this				
		to do. We have already	We plan to do this in	We do not plan				
	aff at your agency have done or plan to a) Promote awareness of P4HS to districts,	We have already done this	We plan to do this in the future	We do not plan to do this				
	a) Promote awareness of P4HS to districts, colleagues, or community partners. b) Coordinate or offer trainings on implementing P4HS for districts and/or	We have already done this	We plan to do this in the future	We do not plan to do this				
	a) Promote awareness of P4HS to districts, colleagues, or community partners. b) Coordinate or offer trainings on implementing P4HS for districts and/or schools. c) Solicit feedback from districts and/or	We have already done this	We plan to do this in the future	We do not plan to do this				
	a) Promote awareness of P4HS to districts, colleagues, or community partners. b) Coordinate or offer trainings on implementing P4HS for districts and/or schools. c) Solicit feedback from districts and/or schools who have implemented P4HS. d) Assist districts and/or schools in ongoing	We have already done this	We plan to do this in the future	We do not plan to do this				

68. 13. Think about the overall concept and content of P4HS and share your opinions on the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
 a) P4HS covers all the content that school districts and schools need on this topic. 	O	O	0	o	O
b) P4HS includes accurate content.	0	0	O	0	О
c) P4HS clearly articulates best practices.	0	0	О	O	O
d) P4HS helps school districts and/or schools to identify action items and improvement plans.	O	0	O	o	0
 e) Actions based on P4HS can be implemented by schools and school districts in our state. 	O	O	O	O	0
f) P4HS is easily adaptable to various types of school district and/or school settings.	O	O	0	o	0
g) Using P4HS helps districts and/or schools think through important issues that they might otherwise not think about.	O	О	О	О	O
h) Using P4HS helps school districts and/or schools engage staff, relevant stakeholders, and/or the community in improving school health.	O	C	C	C	O
i) I would recommend P4HS to other colleagues, agencies, and districts.	O	О	o	0	O

69.	14. In your experience, what are common barriers at the district or local level to providing parents with education, resources, and suggestions on healthy school environments as described in P4HS? <i>Check all that apply.</i>
	Competing priorities related to school health
	Competing priorities unrelated to school health
	☐ Staff turnover
	Staff time available to work on school health
	☐ Budget capacity other than staffing
	Other - Please Describe
70.	15. Do you have suggestions for improving the Parents for Healthy Schools Guide?
<u> </u>	PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

71.	tools/resources to help schools address nutrition, physical activity, health education and parent engagement?
72.	. 17. Other than the CDC School Health tools reviewed in this survey, what other school health tools/resources do you use to help with developing, implementing, and/or evaluating school-based efforts related to: physical activity / health education / nutrition / engaging parents in school health?
	SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

73.	1. Which of the following BEST describes your knowledge about the <i>Guidelines</i> ?								
	Excellent I am fully familiar with the content and features of the Guidelines.								
	Very good. I am very familiar with the content and features of the Guidelines, although I could still improve my understanding.								
	Good. I understand the Guidelines general content and features, but not in detail.								
	O	Limited. I know little about the <i>Guidelines</i> content and features.							
74.		what ways have you heard about or received information on the lelines? Check all that apply.							
		CDC website							
		A website other than CDC							
		Email from CDC							
		Email/newsletter from a professional organization							
		Training by a webinar or in person							
		Colleague at a state agency							
	☐ School administrator or school staff								
	Other - Please Describe								

75. 3. Which of the following BEST describes your confidence in your ability to provide training on the *Guidelines*?

- Excellent. I feel highly confident that I could lead training or technical assistance to others on its use/implementation.
- Very good. I feel fairly confident that I could provide training or technical assistance to others on its use/implementation.
- Good. I am not very confident that I could provide training or technical assistance to others on its use/implementation.
- C Limited. I would not be able to provide training or technical assistance to others on its use/implementation.

SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

76 .	4.	Have yo	ou ever	participate	ed in T	raining	of Trainer	s (TOT)	for the
	G	uidelines	?						

Yes

O No

SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

77. 5. Who led the Training of Trainers you participated in?

- O CDC
- Non-governmental organization
- Other entity

SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

of the	the past 12 months, have you (your agency) promoted awareness e <i>Guidelines</i> to district/school-level staff in your target/priority icts through any of the following methods? <i>Check all that apply.</i>
	We have not carried out any marketing or promotion efforts for the Guidelines in the past 12 months
	Listserve
	Newsletters (print or electronic)
	Presentations
	Webinars
	Informal conversations
	Other - Please Describe

79	79. 7. Have you or others from your agency ever prove technical assistance on the use/implementation of Check all that apply.	~
	□ No	
	Yes, to colleagues from a state, tribal, or territorial health of department in my state	or education
	Yes, to colleagues from a state, tribal, or territorial health of department in a different state	or education
	Yes, to district level school administrator(s)	
	Yes, to district level staff, such as food service, physical o education staff	r health
	Yes, to school-level administrator(s)	
	Yes, to local school staff, such as food service, physical of education staff	r health
	SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EAT ACTIVITY (Guidelines) MODULE	ING AND PHYSICAL
80	80. 8. In the past 12 months, how many times have yo agency provided training on how to use the <i>Guide</i> or school staff? If you or your agency provided the multiple dates, please count each occurrence. © 1 time	elines to state, district,
	© 2-3 times	
	© 4-5 times	
	© 6 or more times	
	O OI IIIOIG UIIIGS	

81	9. In the past 12 months, how many times have you or others from your agency provided technical assistance to state, district, or school staff such as a phone call, meeting, or email exchange on the use of the Guidelines?
	C 1 time
	C 2-3 times
	C 4-5 times
	© 6 or more times
	SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE
82	10. In the past 12 months, has your agency been able to stay on your plan's schedule to promote awareness or provide training and technical assistance for the <i>Guidelines</i> ?
	We are on track with all of our plans for promoting awareness or providing training/technical assistance for the Guidelines
	• We are on track with some of our plans and behind schedule on others.
	We are behind schedule on all of our plans, but still plan to promote

SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

• We are behind schedule on all of our plans, and plan to promote

training/technical assistance after the next school year.

awareness or provide training/technical assistance next school year.

• We are far behind schedule, and plan to promote awareness or provide

	. Which of the following factors have on the factors have on the factors have on the factors have on the factor have on the factors have on the fa			
	Competing priorities related to school health			
ļ	lacktriangle Competing priorities unrelated to school healt	h		
	Staff turnover			
	Staff time available to work on school health			
	☐ Budget capacity other than staffing			
	Other - Please Describe			
	OOL HEALTH GUIDELINES TO PROMOTE HEA	ALTHY EATI	NG AND PHY	'SICAL
12.	VITY (Guidelines) MODULE Please tell us about <i>Guidelines</i> supp		es that you	ı and oth
12.	· · · · · · · · · · · · · · · · · · ·		We plan to	we do not plan to do this
12.	Please tell us about <i>Guidelines</i> supp	we have already	We plan to	We do not plan
12.	Please tell us about <i>Guidelines</i> supp y staff at your agency have done or pla a) Promote awareness of the Guidelines to	We have already done this	We plan to do this in the future	We do not plan to do this
12.	a) Promote awareness of the Guidelines to districts, colleagues, or community partners. b) Coordinate or offer trainings on implementing the Guidelines for districts and/or	We have already done this	We plan to do this in the future	We do not plan to do this
12.	a) Promote awareness of the Guidelines to districts, colleagues, or community partners. b) Coordinate or offer trainings on implementing the Guidelines for districts and/or schools. c) Solicit feedback from districts and/or schools	we have already done this	We plan to do this in the future	We do not plan to do this

85. 13. Think about the overall concept and content of the *Guidelines* and share your opinions on the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
 a) The Guidelines cover all the content that school districts and schools need on this topic. 	O	O	0	0	0
b) The Guidelines include accurate content.	O	0	O	0	О
c) The Guidelines clearly articulate best practices.	O	0	O	0	O
d) The Guidelines help school districts and/or schools to identify action items and improvement plans.	O	О	o	0	0
e) Actions based on the Guidelines can be implemented by schools and school districts in our state.	О	О	o	O	0
f) The Guidelines are easily adaptable to various types of school district and/or school settings.	О	0	o	o	0
g) Using the Guidelines helps districts and/or schools think through important issues that they might otherwise not think about.	О	О	o	O	O
h) Using the Guidelines helps school districts and/or schools engage staff, relevant stakeholders, and/or the community in improving school health.	О	O	O	O	0
i) I would recommend the Guidelines to other colleagues, agencies, and districts.	O	О	o	O	0

B6.	. 14. In your experience, what are common barriers at the district or local level to implementing a comprehensive school physical activity program as described in the <i>Guidelines? Check all that apply.</i>
	Competing priorities related to school health
	Competing priorities unrelated to school health
	☐ Staff turnover
	☐ Staff time available to work on school health
	☐ Budget capacity other than staffing
	Other - Please Describe
87.	. 15. Do you have suggestions for improving the School Health Guidelines to Promote Healthy Eating and Physical Activity?
	SCHOOL HEALTH GUIDELINES TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY (Guidelines) MODULE

88.	16. Do you have suggestions for improving or developing other tools/resources to help schools address nutrition, physical activity, health education and parent engagement?
89.	17. Other than the CDC School Health tools reviewed in this survey, what other school health tools/resources do you use to help with developing, implementing, and/or evaluating school-based efforts related to: physical activity / health education / nutrition / engaging parents in school health?
C	Quality Improvement and Wellness Policies
	In order to continue to expand our ability to support youth-serving organizations in meeting healthy eating and physical activity standards, the Alliance hopes to learn more about your program's work in two key areas important to developing quality afterschool or summer programs. We greatly appreciate you response to the following questions
<u>T</u>	hank You!

Thank you for your time and feedback!

If you'd like to learn more about CDC School Health resources, please visit:

http://www.cdc.gov/healthyyouth/schoolhealth/index.htm



A-Z Index A B C D E F G H I J K L M N O P Q R S I U V W X Y Z #

Adolescent and School Health

Home

Adolescent Health

School Health

Whole School, Whole Community, Whole Child (WSCC)

Health & Academics

National Health Education Standards

Characteristics of an Effective Curriculum

School Health Policies and Practices Study

School Health Profiles

BAM! Body and Mind

Policy

Nutrition, Physical Activity, & Obesity

Protective Factors

Sexual Risk Behavior

Health Topics

Vouth Pick Pohavior

Home







School Health

Establishing healthy behaviors during childhood is easier and more effective the unhealthy behaviors during adulthood. Schools play a critical role in promoting of young people and helping them establish lifelong healthy behavior patterns



Whole School, Whole Community, Whole Child (WSCC)

A systematic approach to improving students' health so they can participate



Health & Academics

The academic success of America's youth is strongly linked with their health...



Tools & Training

School Health Index, Health Education Curriculum Analysis Tool, and other tools...



School Health Practices Stud National survey o at state, district,



School Health

Biennial surveys of policies and progral large urban school



School Connec

School connected students that adu school care about