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 [----]

DEMOGRAPHICS

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 work?

○ Department of Health

○ Department of Education/Department of Public Instruction

○ I do not work at either of the options listed above

DEMOGRAPHICS

3. 3. What is your current job title?

4. 4. Which of the following are included among your job responsibilities? *Check all that apply.*

☐ Selecting school health tools and resources that your agency supports

☐ Promoting awareness of school health tools and resources among district and local level school staff

☐ Training staff and/or district level staff on how to implement school health tools and resources

☐ Training colleagues at state agencies on school health curriculum, tools and resources

5. 5. How long have you worked in your current position?

○ Less than 1 year

○ 1 year to <2 years

○ 2 years to <5 years

○ 5 years to <10 years

○ 10 or more years

6. 1. How long have you worked in your agency?

○ Less than 1 year

○ 1 year to <2 years

○ 2 years to <5 years

○ 5 years to <10 years

○ 10 or more years

7. 7. How long have you worked in the school health field?

○ Less than 1 year

○ 1 year to <2 years

○ 2 years to <5 years

○ 5 years to <10 years

○ 10 or more years

DEMOGRAPHICS

8. 8. What degrees do you hold? *Check all that apply.*

☐ 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?

○ I work on 1305.

○ I work on 1308.

○ I work on both.

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)? *Check all that apply.*

☐ 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.**

    ◯ 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

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.**

    ◯ 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

FACTORS THAT INFLUENCE SCHOOL HEALTH ADOPTION DECISIONS

14. **14. Does your state have a strategic plan or framework for school health?**

○ Yes

○ No

15. **15. Does your state have a course of study, curriculum framework or scope and sequence for health education in schools?**

○ Yes

○ No

16. **16. Considering all of your state's actions in school health, what level of priority would you assign to each of the following at your state agency?**

	Very High Priority	High Priority	Medium Priority	Low Priority	Very Low Priority
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 physical activity	○	○	○	○	○
Increasing parent engagement in school health	○	○	○	○	○

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

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. **20. In the last 12 months has your state engaged in training and/or technical assistance activities to promote use or implementation of any of the following CDC 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)

FACTORS THAT INFLUENCE SCHOOL HEALTH ADOPTION DECISIONS

21. **21. Please indicate which of the following factors influenced your state's decision whether or not to promote awareness or use of the CDC school health tools and resources shown in the table below.** *Check all that apply for each tool.*

- **CSPAP = Comprehensive School Physical Activity Program Guide**
- **HECAT = The Health Education Curriculum Analysis Tool (HECAT)**
- **P4HS = Parents for Healthy Schools**
- **Guildelines = School Health Guidelines to Promote Healthy Eating and Physical Activity**

	CSPAP	HECAT	Guide lines	P4HS
a) The CDC recommended the tool.	☐	☐	☐	☐
b) A colleague or another professional recommended the tool.	☐	☐	☐	☐
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.	☐	☐	☐	☐
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.	☐	☐	☐	☐

22. 1. Which of the following BEST describes your knowledge about the CSPAP Guide?

- ○ Excellent I am fully familiar with the content and features of the guide.

- ○ Very good. I am very familiar with the content and features of the guide, although I could still improve my understanding.

- ○ Good. I understand the guide's general content and features, but not in detail.

- ○ Limited. I know little about the guide's content and features.

23. 2. In what ways have you heard about or received information on the CSPAP Guide? *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

  [   ]

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 ot 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 CSPAP Guide?**

- ○ Yes

- ○ No

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

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

- ○ CDC

- ○ Non-governmental organization

- ○ Other entity

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

27. 6. In the past 12 months, have you (your agency) promoted awareness of the CSPAP Guide to district/school-level staff in your target/priority districts through any of the following methods? *Check all that apply.*

- ☐ 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.**

○ 1 time

○ 2-3 times

○ 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?**

○ 1 time

○ 2-3 times

○ 4-5 times

○ 6 or more times

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

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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.

○ 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 awareness or provide training/technical assistance next school year.

○ We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

32. 11. Which of the following factors have caused delays? *Check all that apply.*

- ☐ 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

  [   ]

THE COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

33. 12. Please tell us about CSPAP Guide support activities that you and other key staff at your agency have done or plan to do.

	We have already done this	We plan to do this in the future	We do not plan to do this
a) Promote awareness of the CSPAP Guide to districts, colleagues, or community partners.	○	○	○
b) Coordinate or offer trainings on implementing the CSPAP Guide for districts and/or schools.	○	○	○
c) Solicit feedback from districts and/or schools who have implemented the CSPAP Guide.	○	○	○
d) Assist districts and/or schools in ongoing use of CSPAP.	○	○	○
e) Provide districts and/or schools with updates on the CSPAP Guide including modifications or new support materials.	○	○	○

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

35. **14. In your experience, what are common barriers at the district or school level to implementing a comprehensive school physical activity program as described in the CSPAP Guide?** *Check all that apply.*

- ☐ 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 COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP) GUIDE MODULE

37. **16. Do you have suggestions for improving or developing other tools/resources to help schools address nutrition, physical activity, health education and parent engagement?**

[   ]

38. 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?

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

39. 1. Which of the following BEST describes your knowledge about the HECAT?

⊙ Excellent I am fully familiar with the content and features of the resource.

⊙ Very good. I am very familiar with the content and features of the resource, although I could still improve my understanding.

⊙ Good. I understand the resource's general content and features, but not in detail.

⊙ Limited. I know little about the resource's content and features.

40. **2. In what ways have you heard about or received information on the HECAT?** *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. **3. Which of the following BEST describes your confidence in your ability to provide training on the HECAT?**

○ 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.

○ 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. Have you ever participated in Training of Trainers for the HECAT?

○ Yes

○ No

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

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

○ CDC

○ Non-governmental organization

○ Other entity

44. 6. In the past 12 months, have you (your agency) promoted awareness of the HECAT to district/school-level staff in your target/priority districts through any of the following methods? *Check all that apply.*

☐ 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. 7. Have you or others from your agency ever provided training or technical assistance on the use/implementation of the HECAT? *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 HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

46. 8. In the past 12 months, how many times have you or others from your agency provided training on how to use the HECAT to state, district, or school staff? If you or your agency provided the same training on multiple dates, please count each occurrence.

○ 1 time

○ 2-3 times

○ 4-5 times

○ 6 or more times

47. **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 HECAT?**

     ○ 1 time

     ○ 2-3 times

     ○ 4-5 times

     ○ 6 or more times

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

48. **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 HECAT?**

○ We are on track with all of our plans for promoting awareness or providing training/technical assistance for the HECAT.

○ 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 awareness or provide training/technical assistance this school year.

○ We are behind schedule on all of our plans, and plan to promote awareness or provide training/technical assistance next school year.

○ We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

49. **11. Which of the following factors have caused delays?** *Check all that apply.*

☐ 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

[   ]

THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) MODULE

50. **12. Please tell us about HECAT support activities that you and other key staff at your agency have done or plan to do.**

	We have already done this	We plan to do this in the future	We do not plan to do this
a) Promote awareness of the HECAT to districts, colleagues, or community partners.	○	○	○
b) Coordinate or offer trainings on implementing the HECAT for districts and/or schools.	○	○	○
c) Solicit feedback from districts and/or schools who have implemented the HECAT.	○	○	○
d) Assist districts and/or schools in ongoing use of the HECAT.	○	○	○
e) Provide districts and/or schools with updates on the HECAT including modifications or new support materials.	○	○	○

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

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?** *Check all that apply.*

- ☐ 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

[text box   ]

53. **15. Do you have suggestions for improving the Health Education Curriculum Analysis Tool?**

[text box   ]

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?**

[text box   ]

55. **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?**

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

56. **1. Which of the following BEST describes your knowledge about P4HS?**

- ○ Excellent I am fully familiar with the content and features of the guide.

- ○ Very good. I am very familiar with the content and features of the guide, although I could still improve my understanding.

- ○ Good. I understand the guide's general content and features, but not in detail.

- ○ Limited. I know little about the guide's content and features.

57. 2. In what ways have you heard about or received information on P4HS? *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

[   ]

58. 3. Which of the following BEST describes your confidence in your ability to provide training on P4HS?

○ 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.

○ Limited. I would not be able to provide training or technical assistance to others on its use/implementation.

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

59. **4. Have you participated in Training of Trainers for P4HS?**

     ○ Yes

     ○ No

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

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

     ○ CDC

     ○ Non-governmental organization

     ○ Other entity

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

61. **6. In the past 12 months, have you (your agency) promoted awareness of P4HS to district/school-level staff in your target/priority districts through 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. **7. Have you or others from your agency ever provided training or technical assistance on the use/implementation of P4HS?** *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

[ ]

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.**

- ○ 1 time

- ○ 2-3 times

- ○ 4-5 times

- ○ 6 or more times

64. **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 P4HS?**

- ○ 1 time
- ○ 2-3 times
- ○ 4-5 times
- ○ 6 or more times

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

65. **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 P4HS?**

- ○ We are on track with all of our plans for promoting awareness or providing training/technical assistance for P4HS.
- ○ 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 awareness or provide training/technical assistance this school year.
- ○ We are behind schedule on all of our plans, and plan to promote awareness or provide training/technical assistance after the next school year.
- ○ We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

66. **11. Which of the following factors have caused delays?** *Check all that apply.*

☐ 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

[   ]

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

67. **12. Please tell us about P4HS support activities that you and other key staff at your agency have done or plan to do.**

	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 use of P4HS.	○	○	○
e) Provide districts and/or schools with updates on P4HS including modifications or new support materials.	○	○	○

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

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? *Check all that apply.*

☐ 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?

> [ ]

PARENTS FOR HEALTHY SCHOOLS (P4HS) MODULE

71. **16.** **Do you have suggestions for improving or developing other 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** *Guidelines*?

○ 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.

○ Limited. I know little about the *Guidelines* content and features.

74. **2.** **In what ways have you heard about or received information on the** *Guidelines*? *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.

○ 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 you ever participated in Training of Trainers (TOT) for the *Guidelines*?**

○ Yes

○ No

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

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

○ CDC

○ Non-governmental organization

○ Other entity

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

78. 6. In the past 12 months, have you (your agency) promoted awareness of the *Guidelines* to district/school-level staff in your target/priority districts through any of the following methods? *Check all that apply.*

- ☐ 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. 7. Have you or others from your agency ever provided training or technical assistance on the use/implementation of the *Guidelines*? *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

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

80. 8. In the past 12 months, how many times have you or others from your agency provided training on how to use the *Guidelines* to state, district, or school staff? If you or your agency provided the same training on multiple dates, please count each occurrence.

○ 1 time

○ 2-3 times

○ 4-5 times

○ 6 or more times

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?

- ○ 1 time
- ○ 2-3 times
- ○ 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 *Guidelines*?

- ○ 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 awareness or provide training/technical assistance this school year.
- ○ We are behind schedule on all of our plans, and plan to promote awareness or provide training/technical assistance next school year.
- ○ We are far behind schedule, and plan to promote awareness or provide training/technical assistance after the next school year.

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

83. **11. Which of the following factors have caused delays?** *Check all that apply.*

☐ 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

[ ]

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

84. **12. Please tell us about *Guidelines* support activities that you and other key staff at your agency have done or plan to do.**

	We have already done this	We plan to do this in the future	We do not plan to do this
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 who have implemented the Guidelines.	○	○	○
d) Assist districts and/or schools in ongoing use of the Guidelines.	○	○	○
e) Provide districts and/or schools with updates on the Guidelines including modifications or new support materials.	○	○	○

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

86. 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 *Guidelines*? *Check all that apply.*

☐ 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

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87. 15. Do you have suggestions for improving the School Health Guidelines to Promote Healthy Eating and Physical Activity?

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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?

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

Thank 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

CDC Home

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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Establishing healthy behaviors during childhood is easier and more effective th
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of young people and helping them establish lifelong healthy behavior patterns

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