

SCHOOL HEALTH PROFILES 2014

A REPORT OF SCHOOL HEALTH POLICIES AND PRACTICES

Montana and U.S. Results

December 2015



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Denise Juneau, State Superintendent

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Background and Introduction

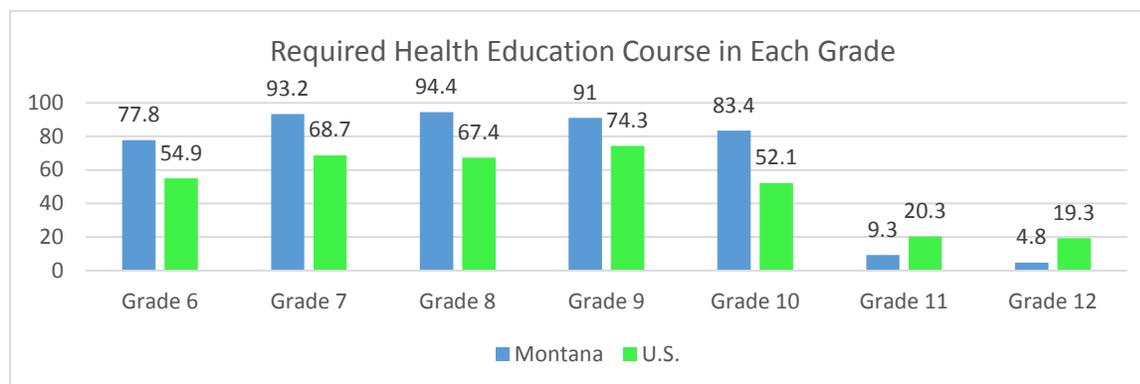
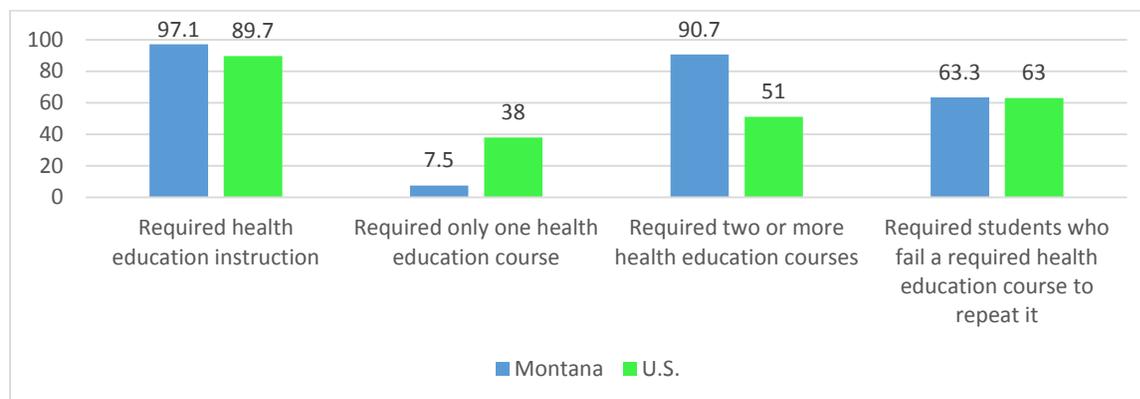
In the United States, more than 54 million young people are enrolled in elementary and secondary schools. Because young people attend school about six hours a day approximately 180 days per year, schools are in a unique position to help improve the health status of children and adolescents throughout the United States. 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 school health policies and practices. Profiles has been conducted biennially since 1996 and includes surveys of principals and lead health education teachers in middle and high schools. Profiles helps education and health agencies at state, district, and tribal levels monitor and assess characteristics of and trends in school health education; physical education and physical activity; school health policies related to human immunodeficiency virus (HIV), tobacco-use prevention, and nutrition; school-based health services; family engagement; community involvement; and school health coordination.

The Montana Profiles was conducted in March 2014 with 290 school principals and lead health education teachers through a census sampling of all schools with grades 6 through 12, and an enrollment of 30 or more students. The response rate from principals was 83 percent (241) and from health educators was 84 percent (242). The following report is a comparison of Montana and U.S. results from the 2014 Profiles.

Health Education

The following charts and table display the percentage of schools that required health education, how many courses of health education were required, what grade levels health education was required, if materials were provided to the health education teacher, the topics taught in a required health education course and addressed specific skills of the National Health Education Standards.

Required Health Education

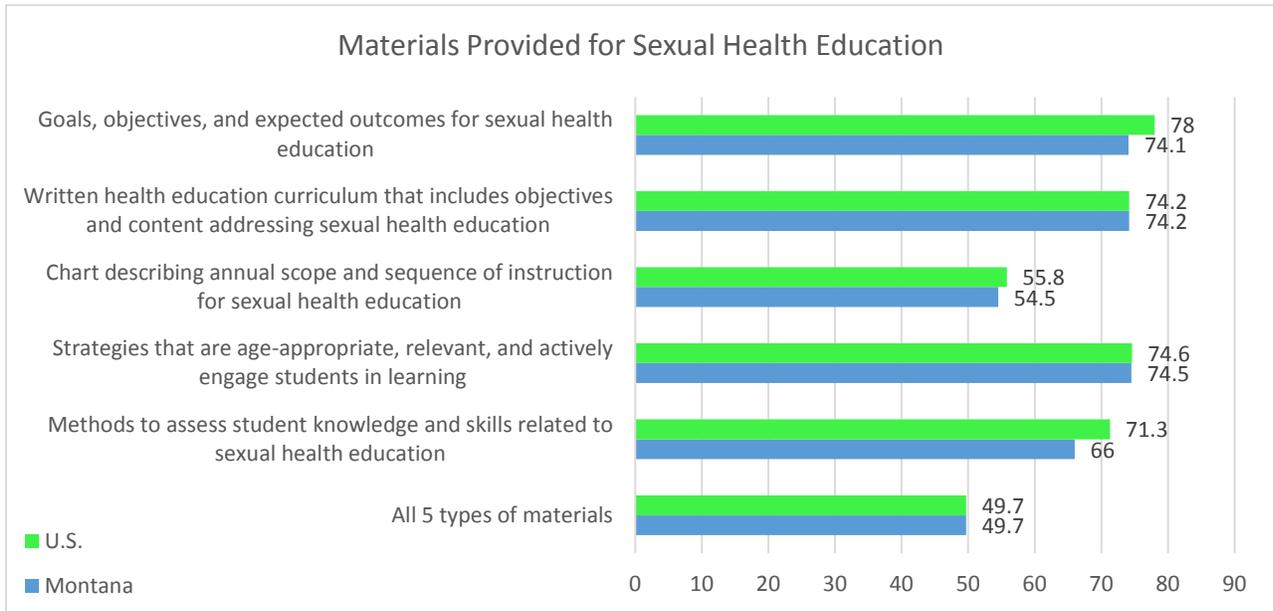


Materials Provided to Health Education Teacher

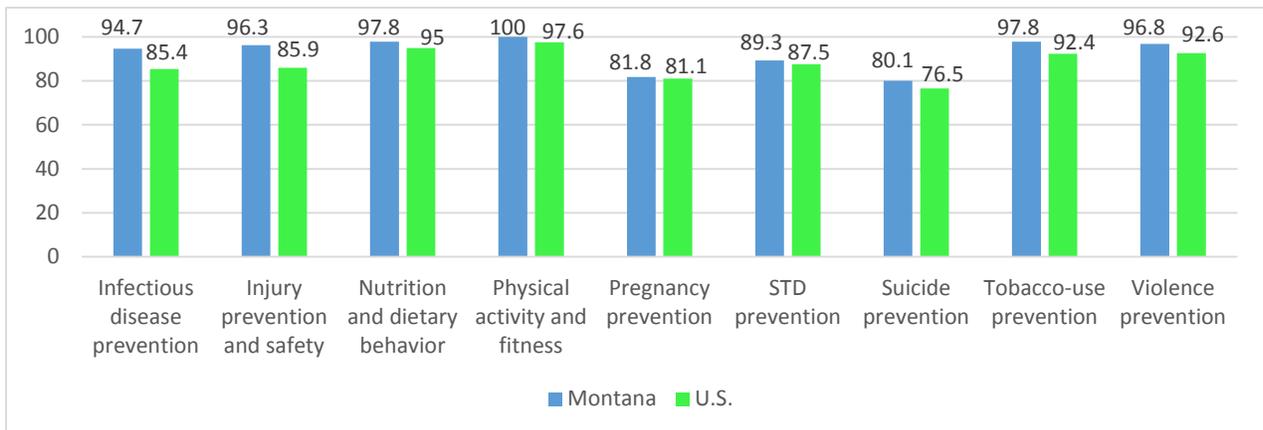
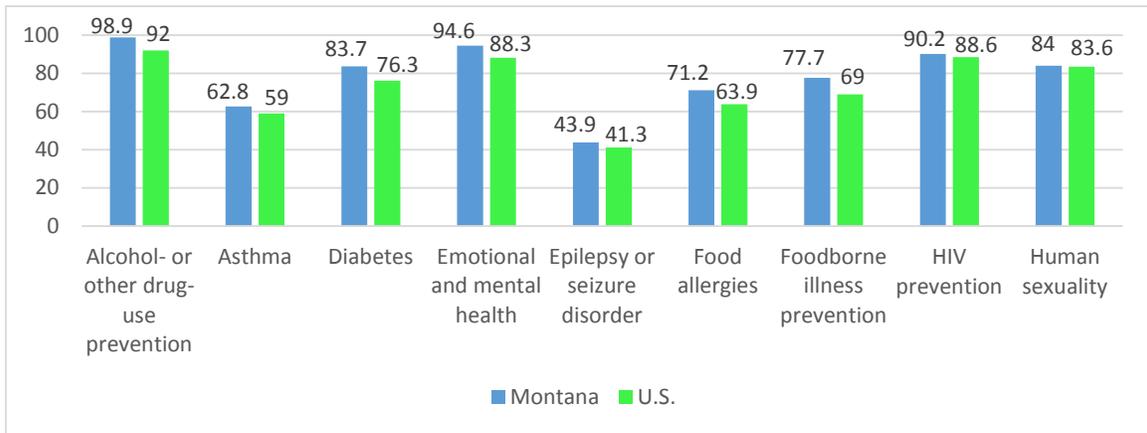
Chart describing annual scope and sequence of instruction for health education

Site	Goals, Objectives, and expected outcomes for health education	Plans for how to assess student performance in health education	Written health education curriculum
Montana	88.1	66.7	82.2
U.S.	82.5	65.6	71.9

Health Education

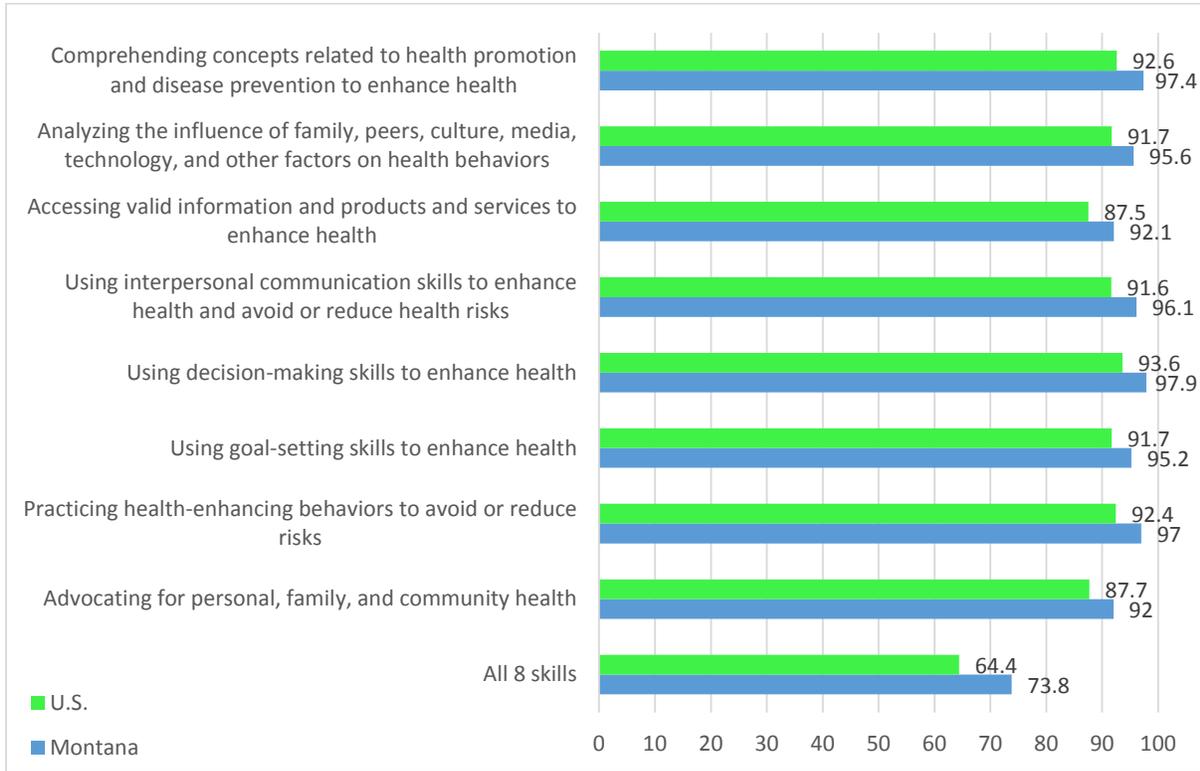


Topics Taught in Health Education



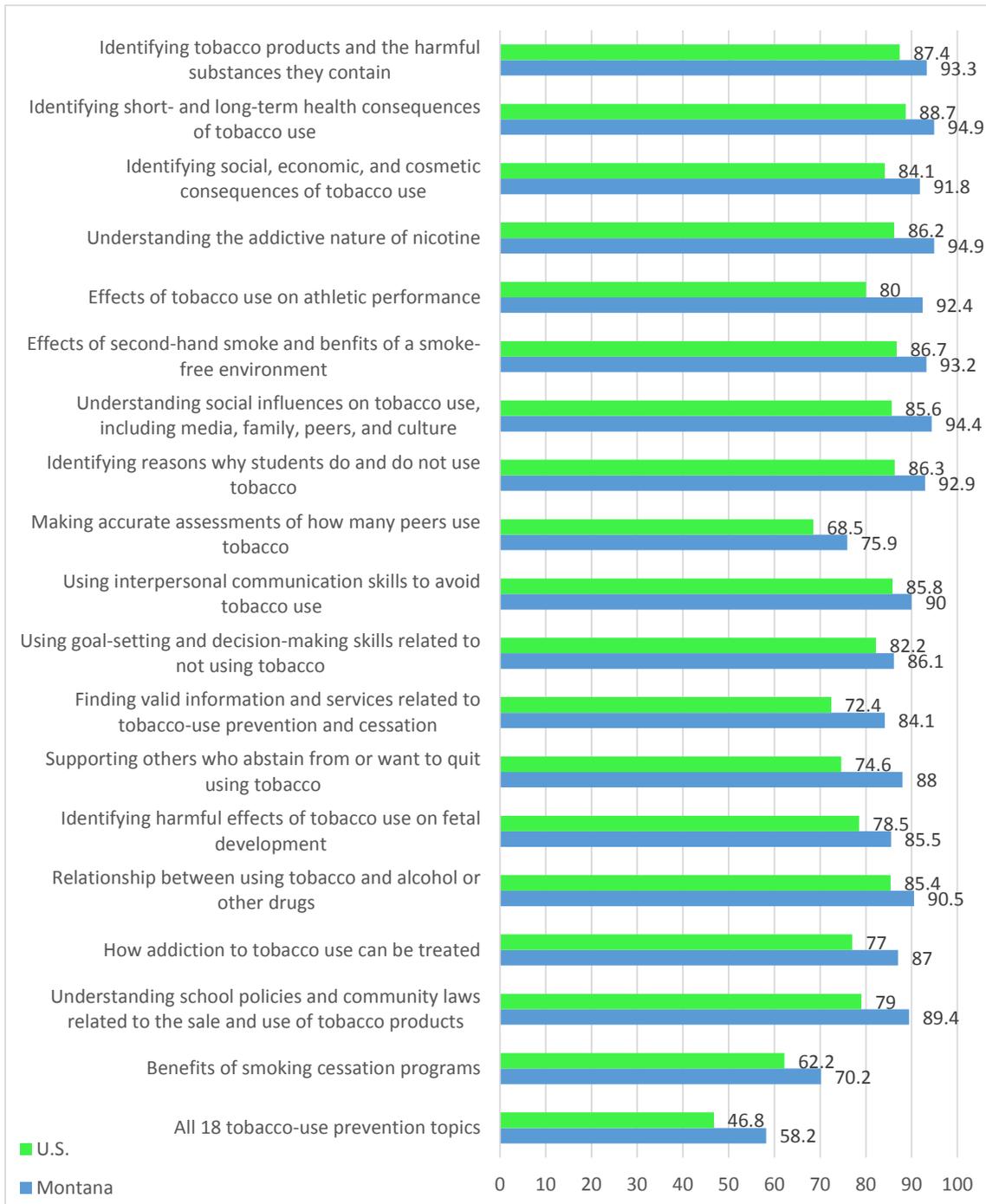
Health Education

Curricula Addressed by National Health Education Standards



Health Education – Tobacco-Use Prevention

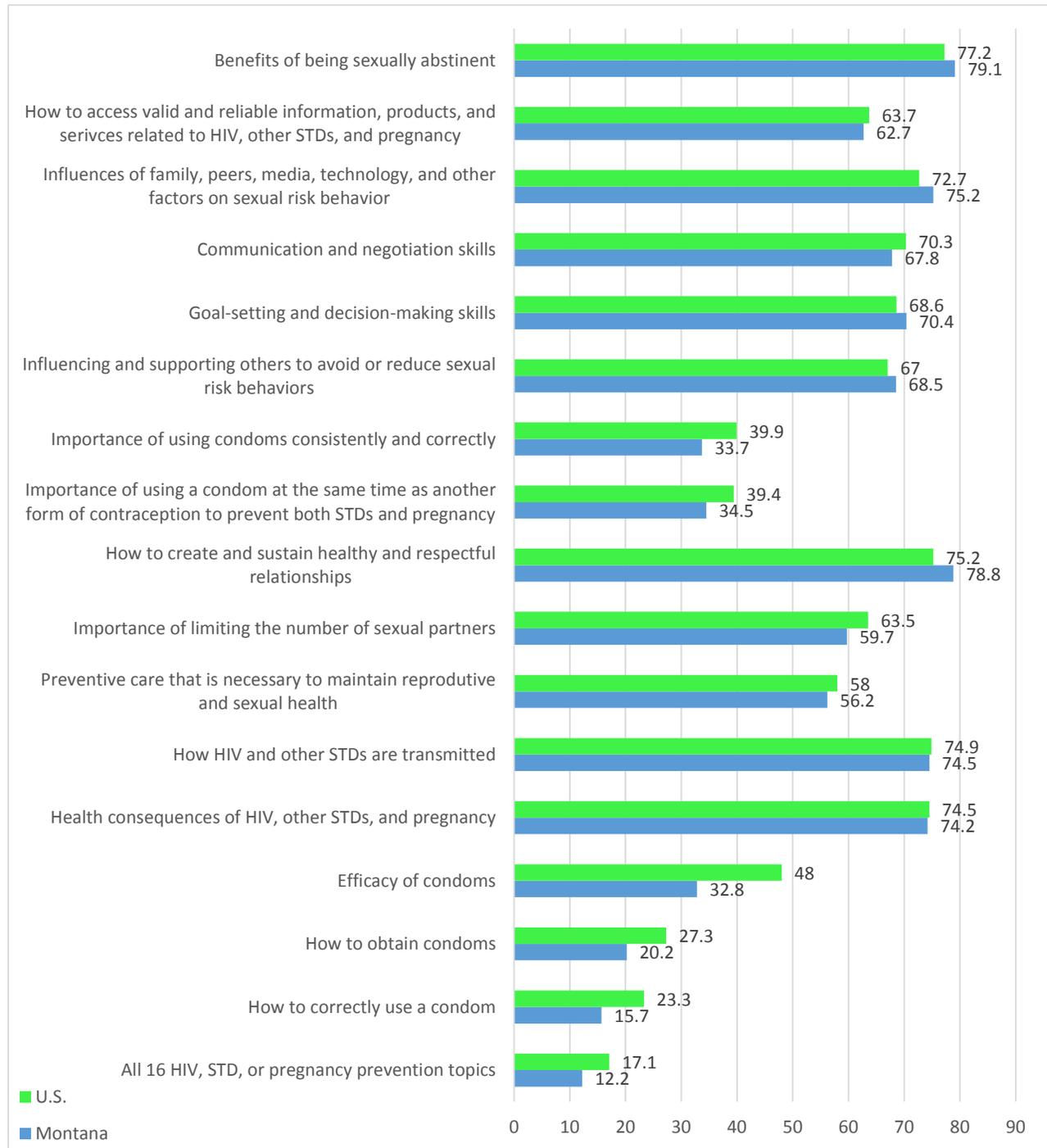
Tobacco-use prevention topics taught in a required course can include consequences of tobacco use, external influences on tobacco use, and skills to avoid and to stop using tobacco. The following chart displays the percentage of schools that taught specific tobacco-use prevention topics in a required health education course.



Health Education – HIV, STD, or Pregnancy Prevention Topics

HIV, STD, or pregnancy prevention topics taught in a required health course can vary by school level.

The following chart displays the percentage of schools in which teachers taught 16 specific HIV, STD, or pregnancy prevention topics in any of grades 6, 7, or 8.



Health Education – HIV, STD, or Pregnancy Prevention Topics - continued

Student Skills-Assessed Topics

Site	Comprehend concepts important to prevent HIV, other STDs, and pregnancy	Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	Access valid information, products, and services to prevent HIV, other STDs, and pregnancy	Use interpersonal communication skills to avoid or reduce sexual risk behaviors	Use decision-making skills to prevent HIV, other STDs, and pregnancy	Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	Influence and support others to avoid or reduce sexual risk behaviors
Montana	65.0	65.9	52.9	68.0	68.4	67.8	68.8
U.S.	67.6	65.3	56.4	65.2	66.5	67.0	61.7

Health Education – HIV, STD, or Pregnancy Prevention Topics - continued

The following chart displays the percentage of schools in which teachers taught 16 specific HIV, STD, or pregnancy prevention topics in any of grades 9, 10, 11, or 12.

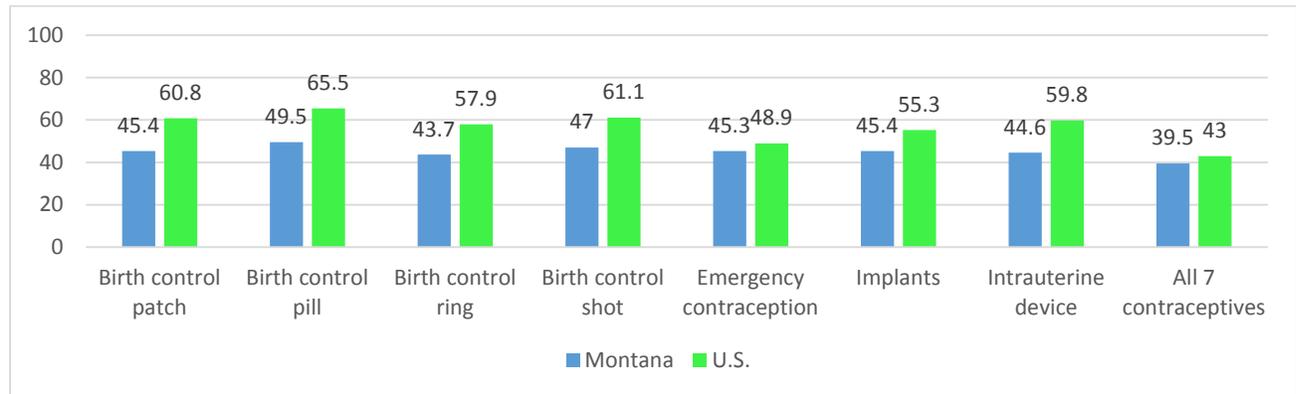


Health Education – HIV, STD, or Pregnancy Prevention Topics – continued

Student Skills-Assessed Topics

Site	Comprehend concepts important to prevent HIV, other STDs, and pregnancy	Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	Access valid information, products, and services to prevent HIV, other STDs, and pregnancy	Use interpersonal communication skills to avoid or reduce sexual risk behaviors	Use decision-making skills to prevent HIV, other STDs, and pregnancy	Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	Influence and support others to avoid or reduce sexual risk behaviors
Montana	86.8	83.5	77.5	82.5	83.4	73.6	78.2
U.S.	91.8	88.1	84.7	87.5	88.9	84.0	83.9

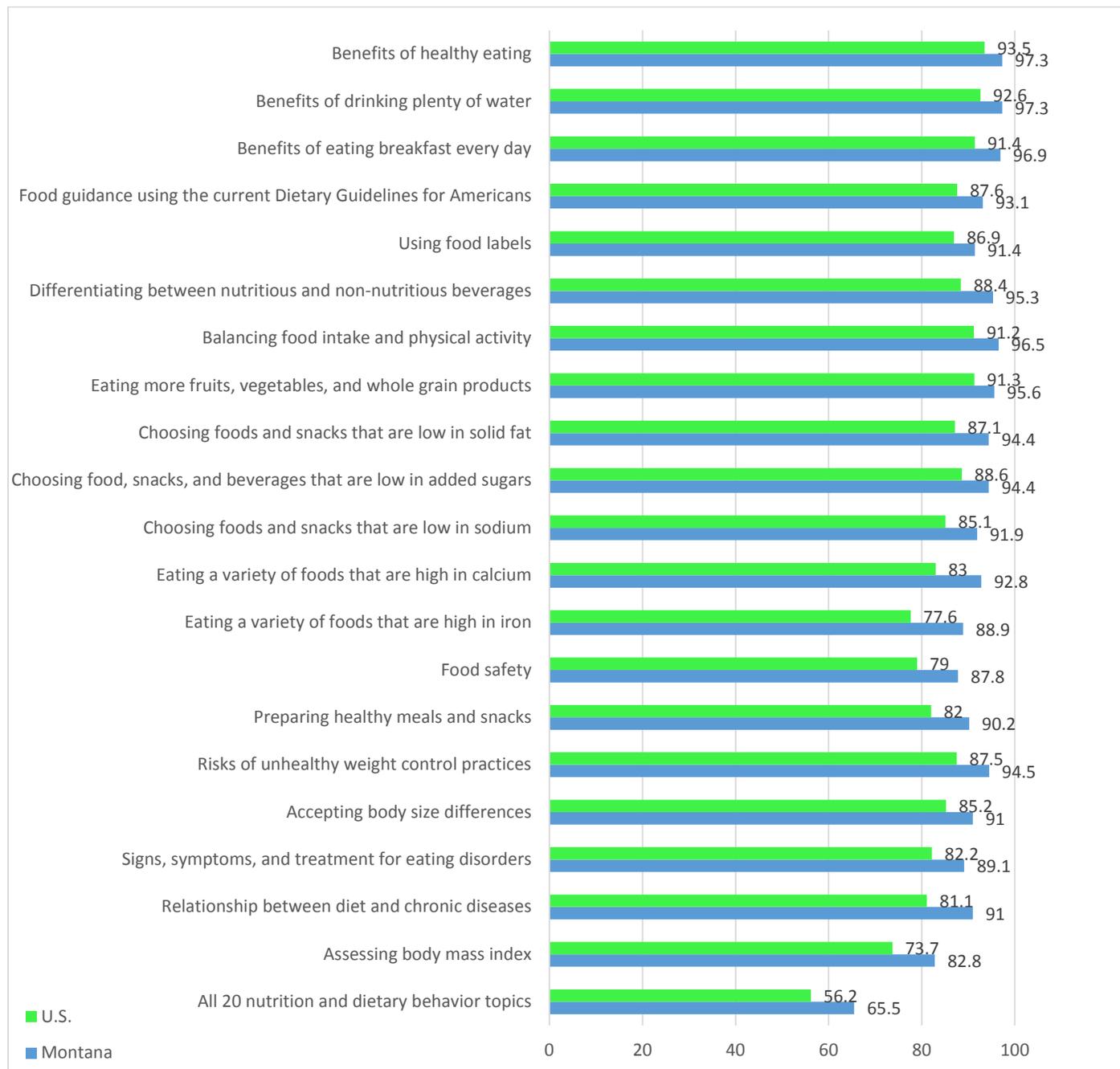
Taught Specific Contraceptives Methods



Health Education – Nutrition and Dietary Behavior Topics

Nutrition and dietary behavior topics taught in a required course can include choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight. The following chart displays the percentage of schools that taught 20 specific nutrition and dietary behavior topics in a required health education course.

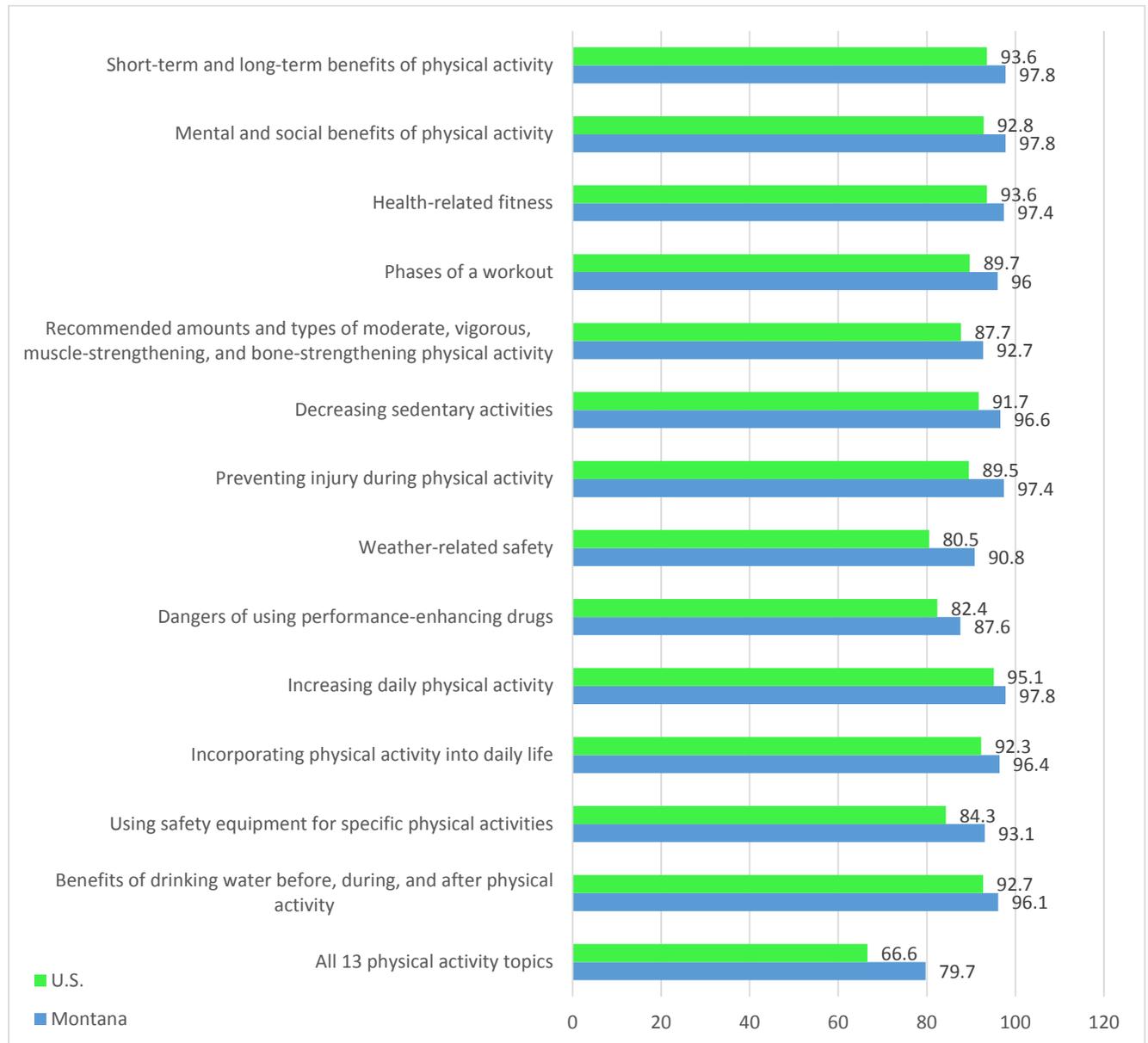
Nutrition and Dietary Behavior Topics Taught



Health Education – Physical Activity Topics

Physical activity topics taught in a required course can include the benefits of physical activity, guidance for engaging in physical activity, and the challenges to engaging in physical activity. The following chart displays the percentage of schools that taught 13 specific physical activity topics in a required health education course.

Physical Activity Topics Taught



Health Education – Collaboration

The following table displays the percentage of schools in which health education staff worked on health education activities with other specific types of staff or groups.

Collaboration					
Site	Physical education staff	Health services staff	Mental health or social services staff	Nutrition or food service staff	School health council, committee, or team
Montana	85.9	54.6	63.4	41.4	34.5
U.S.	81.9	66.2	60.6	37.0	38.2

The following table displays the percentage of schools that provided parents and families with health information designed to increase their knowledge on specific health topics.

Health Information Provided to Parents and Families								
Site	HIV, STD, or teen pregnancy prevention	Tobacco-use prevention	Physical activity	Nutrition and healthy eating	Asthma	Food allergies	Diabetes	Preventing student bullying and sexual harassment
Montana	18.3	30.1	41.4	40.5	16.2	24.1	21.0	63.9
U.S.	24.7	28.5	41.9	41.2	19.4	24.1	20.7	64.6

Health Education – Professional Preparation

The following table displays the percentage of schools in which the major emphasis of the lead health education teacher’s professional preparation was in each specific discipline.

Health Education Teacher’s Professional Preparation							
Site	Health and physical education combined	Health education only	Physical education only	Other education degree	Kinesiology, exercise science, or exercise physiology; home economics of family and consumer science; biology or other science	Nursing or counseling	Public health, nutrition, or another discipline
Montana	72.5	3.0	9.0	9.4	4.4	0.0	1.8
U.S.	51.6	6.2	15.4	4.6	7.3	3.5	3.0

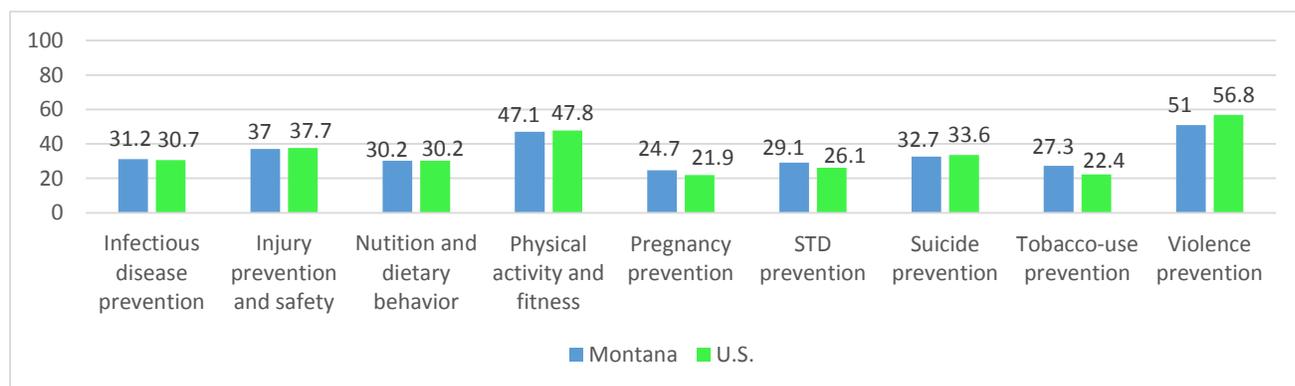
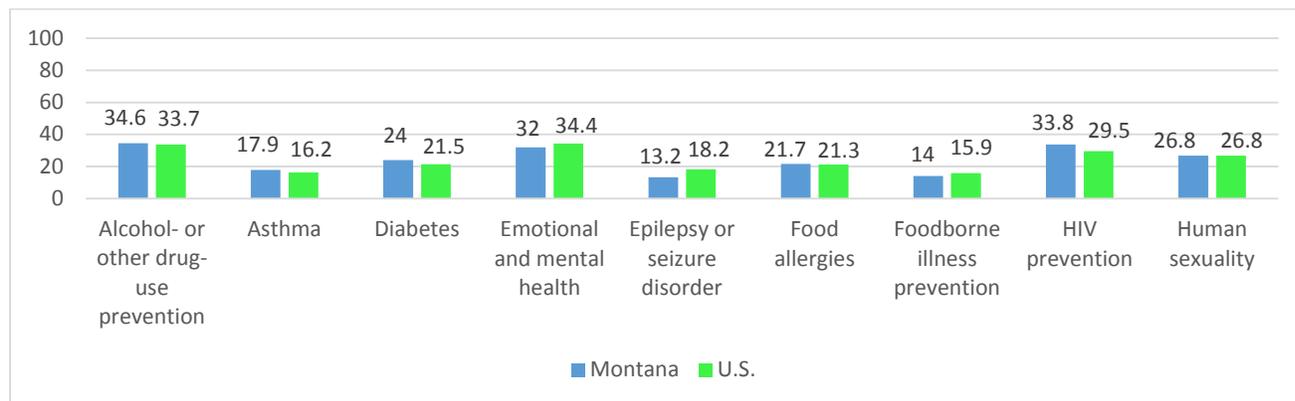
Health Education – Professional Preparation and Professional Development

The following table displays the percentage of schools in which the lead health education teacher was certified to teach health education and the number of years for which they had taught health education.

Site	Lead health education teacher is certified to teach health education	Number of years the lead health education teacher has taught health education courses or topics				
		1 year	2-5 years	6-9 years	10-14 years	≥ 15 years
Montana	97.2	9.5	18.8	15.4	13.7	42.6
U.S.	82.6	8.1	21.6	18.0	16.5	35.0

The following two charts display the percentage of schools in which the lead health education teacher received professional development on specific topics during the past two years.

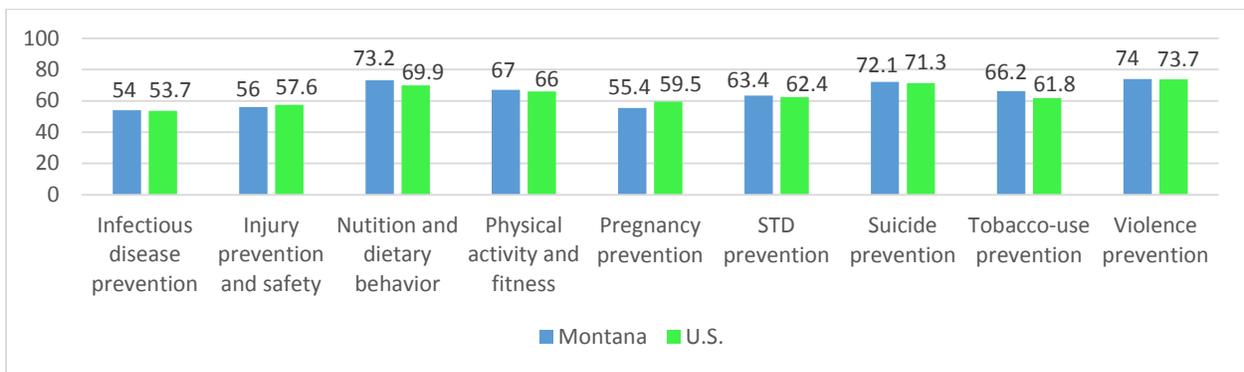
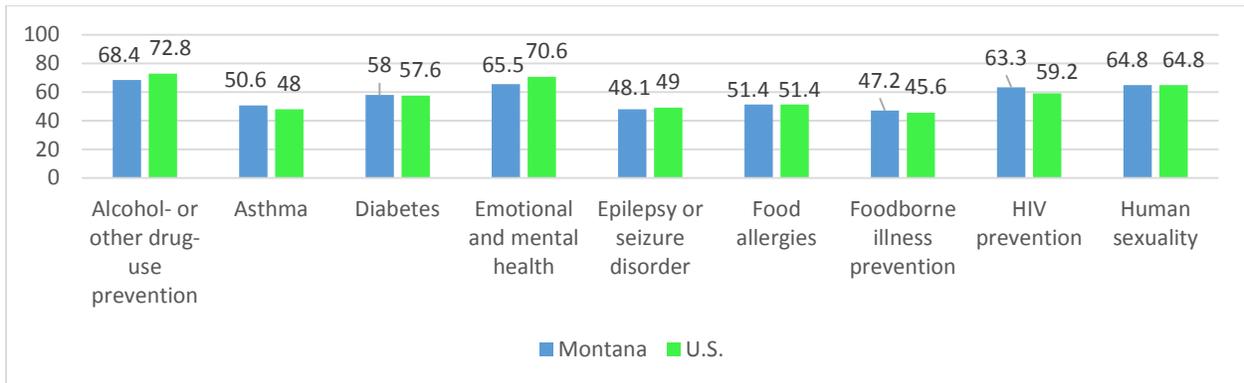
Professional Development - Received



Health Education – Professional Development

The following two charts display the percentage of schools in which the lead health education teacher wanted to receive professional development on specific topics during the past two years.

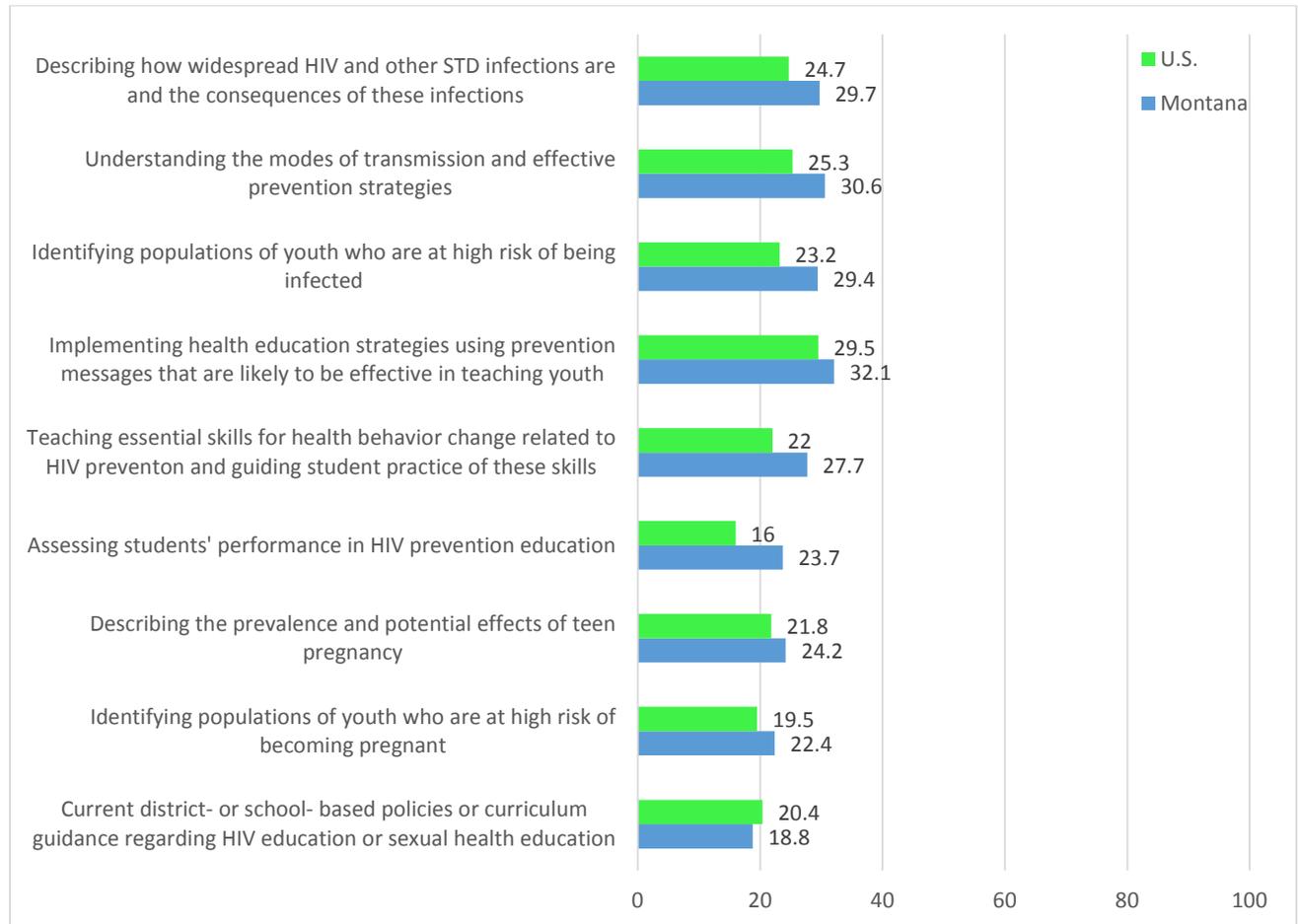
Professional Development - Wanted



Health Education – Professional Development – HIV/STD/Pregnancy Prevention

The following chart displays the percentage of schools in which the lead health education teacher received professional development (PD) on HIV, STD, and pregnancy prevention topics during the past two years.

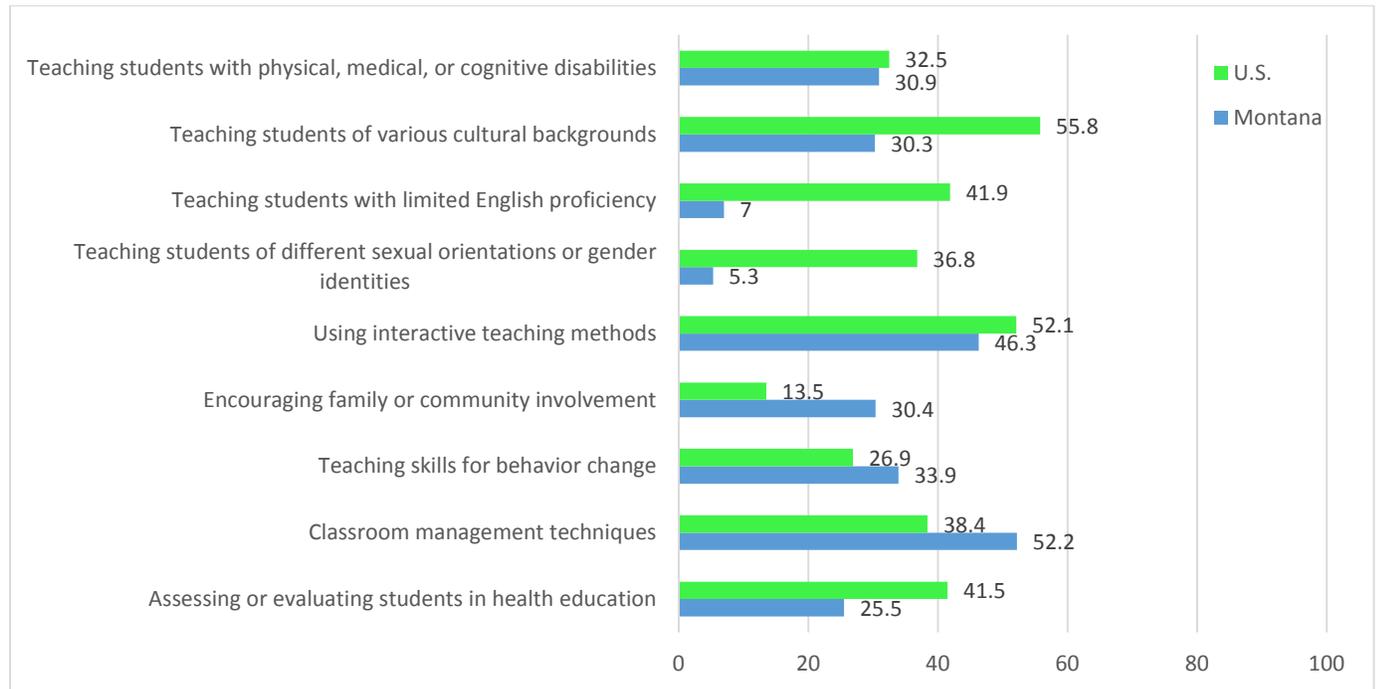
HIV, STD, Pregnancy Prevention – PD Received



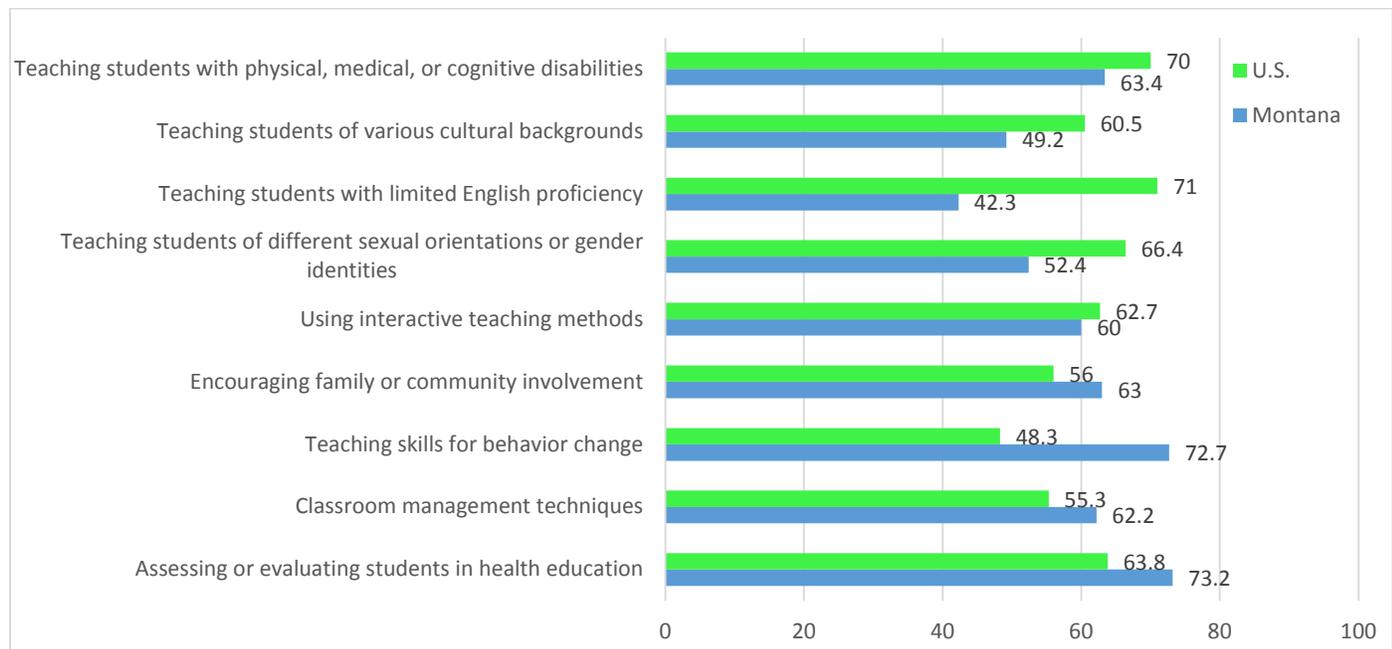
Health Education – Professional Development – Teaching Methods

The following chart displays the percentage of schools in which the lead health education teacher received professional development (PD) on teaching methods during the past two years.

Teaching Methods – PD Received



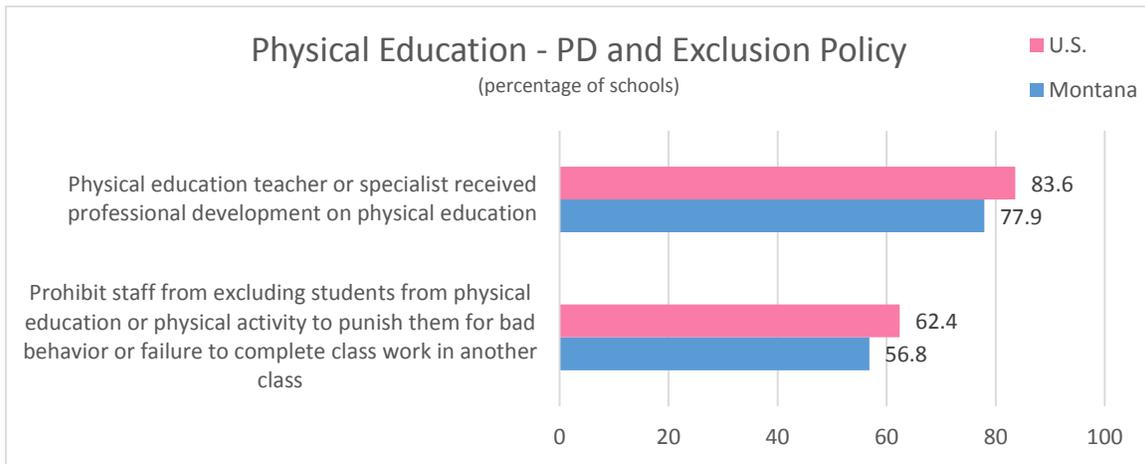
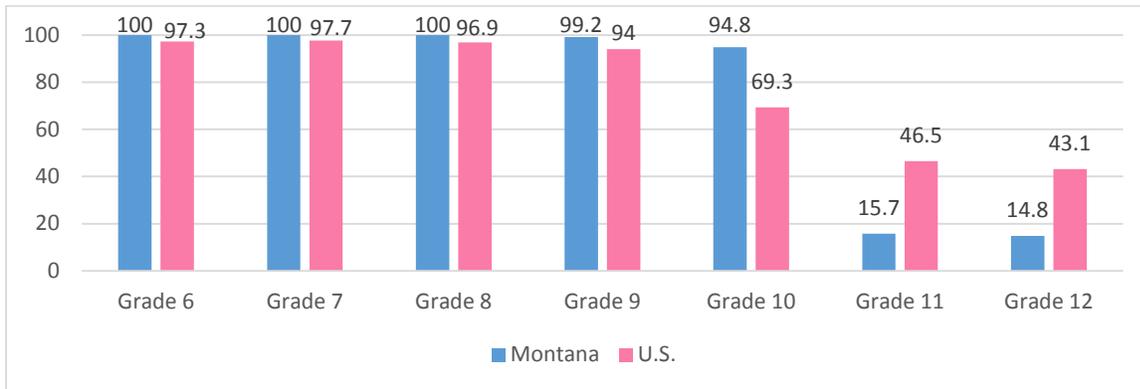
Teaching Methods – PD Wanted



Physical Education

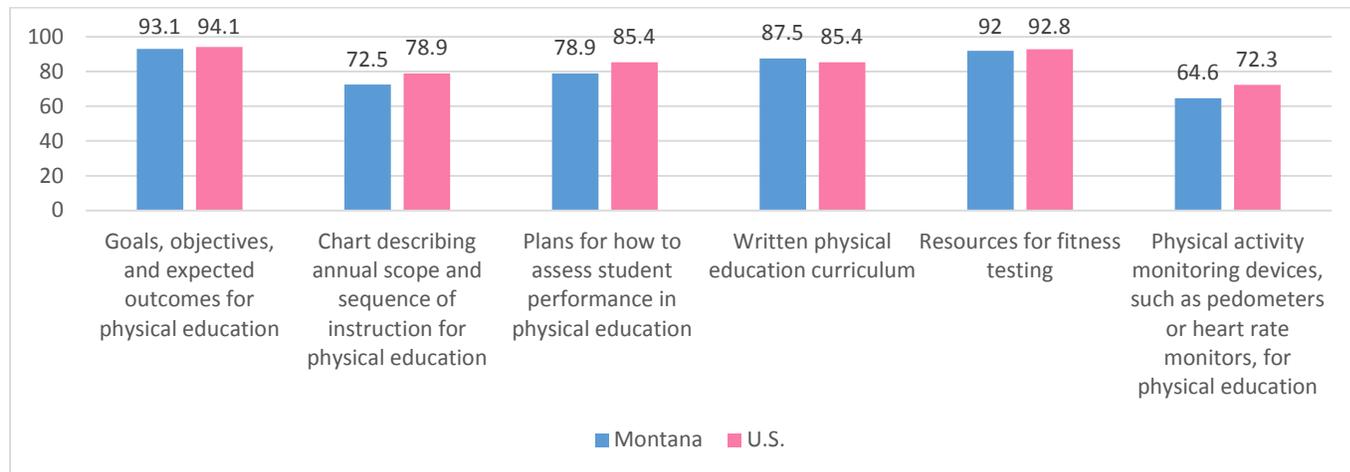
The following tables display the percentage of schools that reported various physical education topics.

Required Physical Education by Grade Level



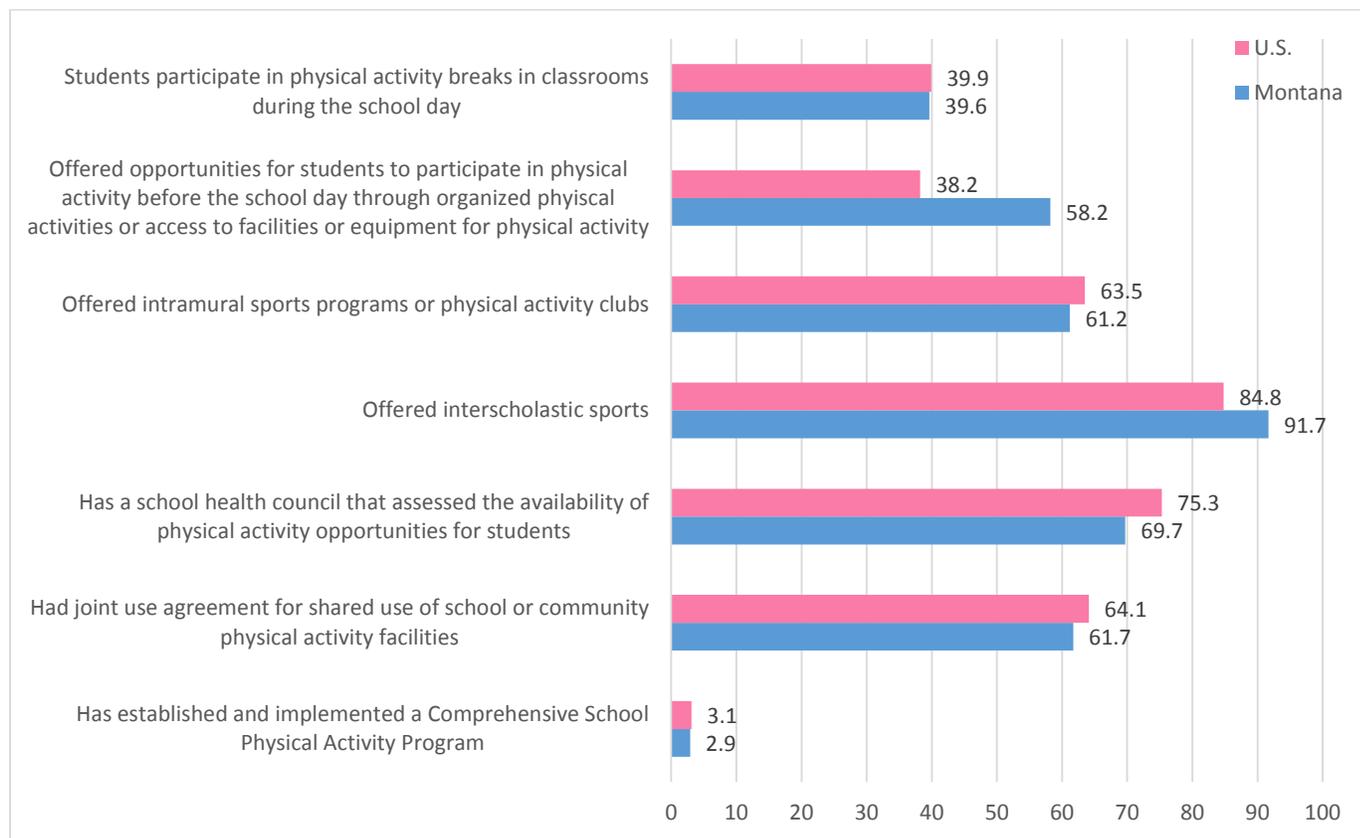
Physical Education

Provided Teachers of Physical Education with Materials for Teaching Physical Education



The following chart displays the percentage of schools that offered specific physical activity opportunities for students.

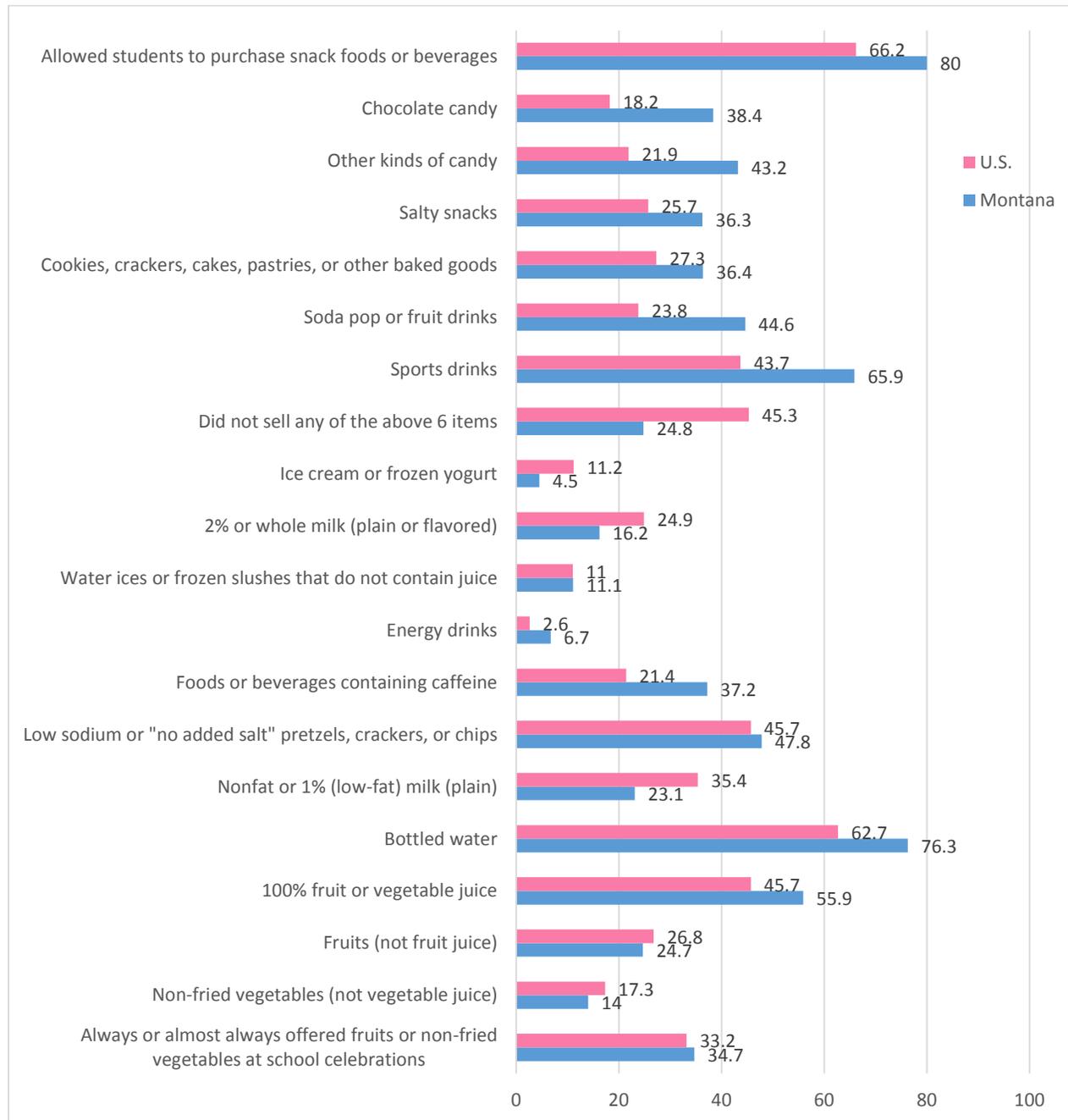
Physical Activity Opportunities



Nutrition Environment and Services

The school nutrition environment includes not only the federal school meal programs, but also foods and beverages sold at school separately from these programs. The following charts and tables display the percentage of schools that allowed students to purchase from vending machines or at the school store, canteen, or snack bar the following items.

Nutrition Environment and Services

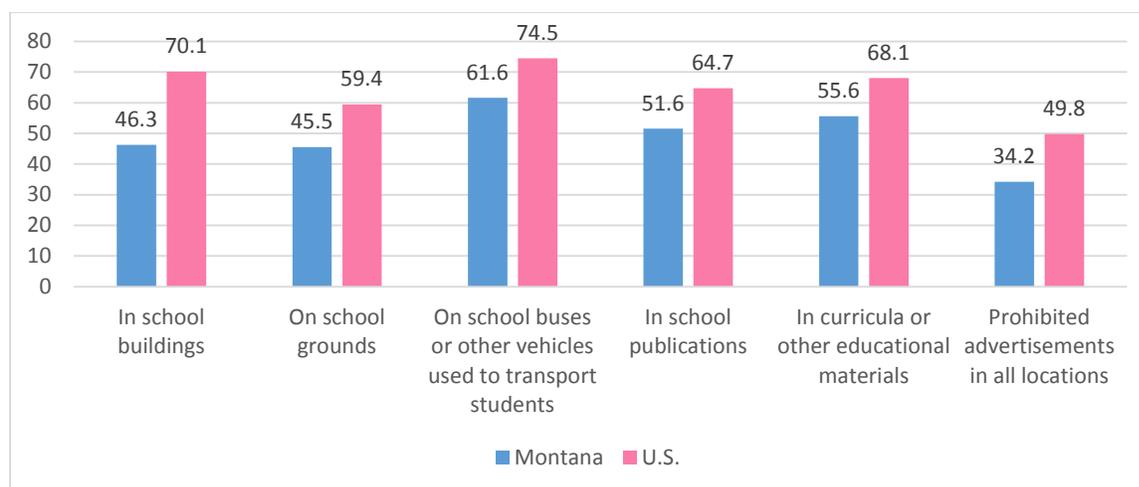


Nutrition Environment and Services

Strategies Implemented to Promote Healthy Eating

Strategy, by percentage of schools:	Montana	U.S.
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	9.0	10.3
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	42.1	41.9
Provided information to students or families on the nutrition and caloric content of foods available	52.4	51.4
Conducted taste tests to determine food preferences for nutritious items	18.9	28.7
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	30.1	20.3
Served locally or regionally grown foods in the cafeteria or classrooms	58.9	43.8
Planted a school food or vegetable garden	24.7	24.6
Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	61.9	75.8
Used attractive displays for fruits and vegetables in the cafeteria	65.7	68.5
Offered a self-serve salad bar to students	75.3	46.0
Labeled healthful foods with appealing names	29.3	35.4
Encouraged students to drink plain water	79.6	76.8
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	13.3	23.4
Prohibited less nutritious foods and beverages from being sold for fundraising purposes	16.4	29.1

Prohibited Advertisements for Candy, Fast Food Restaurants, or Soft Drinks



Nutrition Environment and Services

The following table displays the percentage of schools that made drinking water available to students.

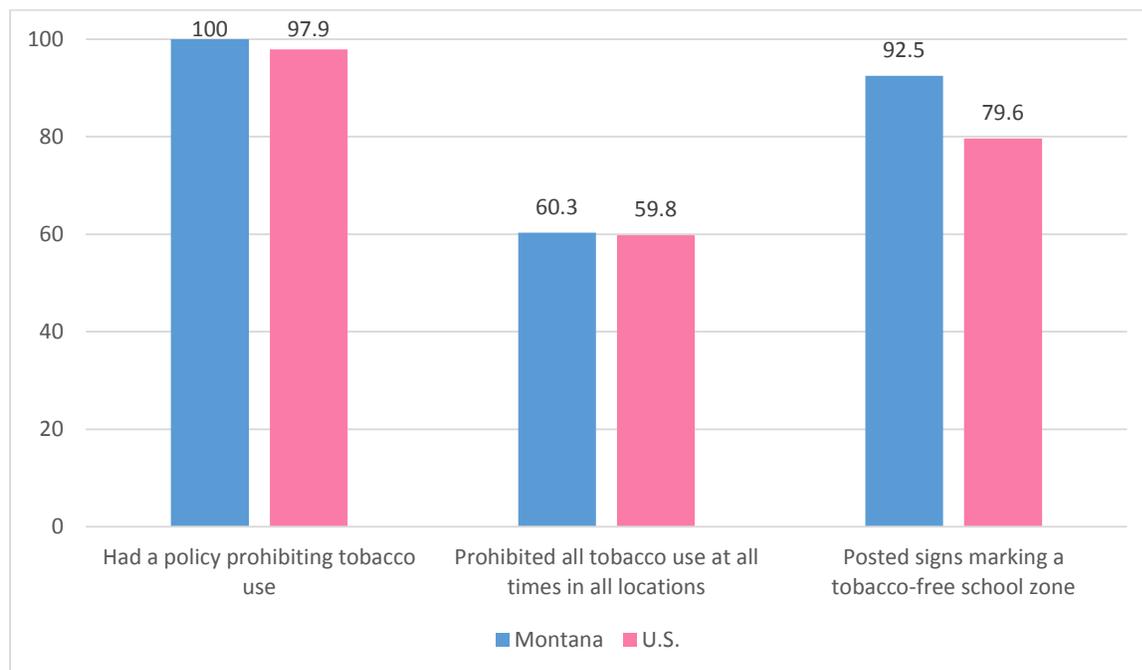
Drinking water

Site	Permitted students to have a drinking water bottle with them during the school day		Offered a free source of drinking water					Made drinking water available in all ways
	In all locations	In certain locations	In the cafeteria during breakfast	In the cafeteria during lunch	In the gymnasium or other indoor physical activity facilities	In outdoor physical activity facilities and sports fields	In hallways throughout the school	
Montana	71.7	25.1	92.2	93.7	97.9	82.3	98.3	76.3
U.S.	69.3	25.1	92.5	93.4	95.1	71.3	98.3	62.8

Healthy and Safe School Environment

The following tables display the percentage of schools that had a policy directed toward some aspect of tobacco-use prevention.

Tobacco-Use Prevention Policy and Signage



Healthy and Safe School Environment

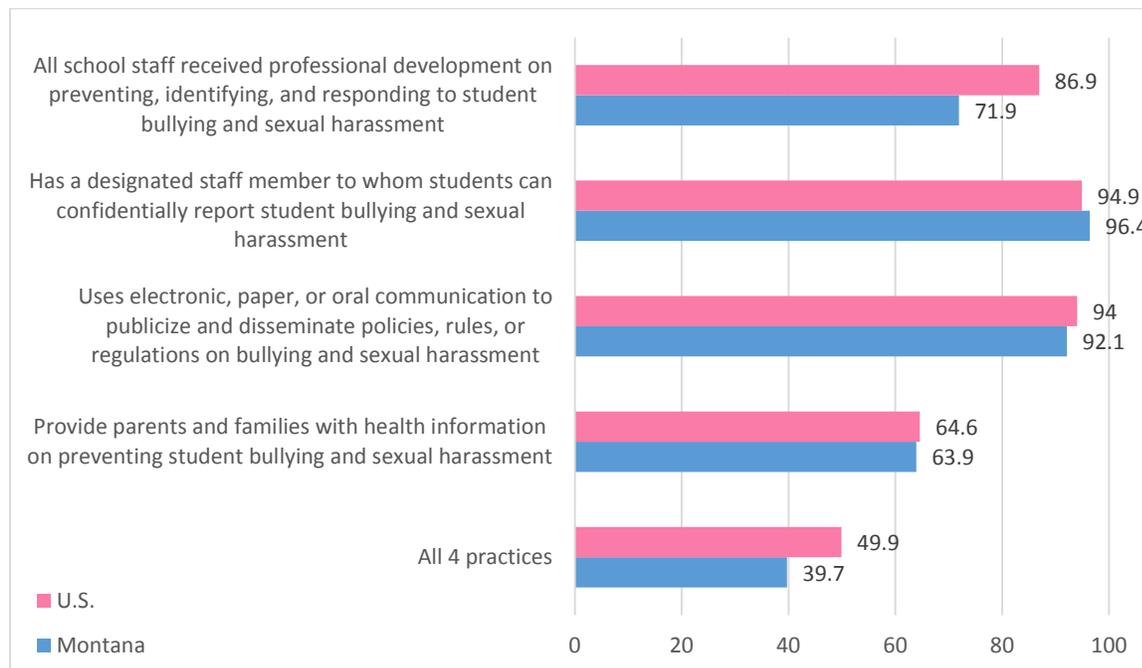
The following table displays the percentage of schools that provided cessation services for specific groups, and the percentage that had arrangements with organizations or health care professionals not on school property to provide tobacco cessation services for specific groups.

Tobacco Cessation Services

Site	Provided Services		Had arrangements with organizations or health care professionals	
	Faculty and staff	Students	Faculty and staff	Students
Montana	16.0	29.5	31.6	42.3
U.S.	19.2	25.6	28.9	31.4

Bullying and sexual harassment can result in adverse academic, psychological, and health effects. The following chart displays the percentage of schools with practices in place to prevent bullying and sexual harassment.

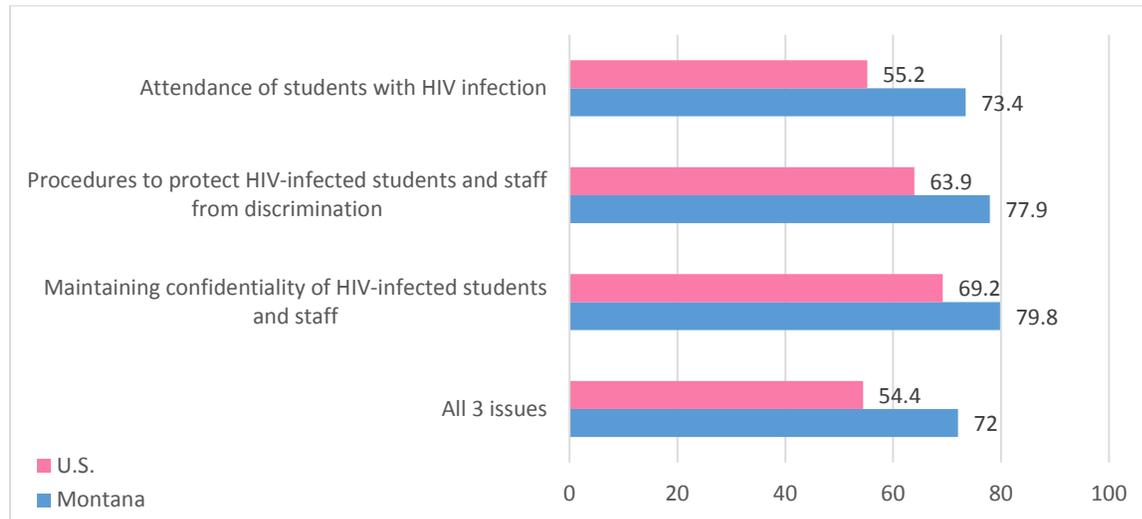
Practices to Prevent Bullying and Sexual Harassment



Healthy and Safe School Environment

School policy can provide critical support for HIV-infected students and staff. The following chart displays the percentage of schools that had adopted a policy that addressed specific issues on HIV or AIDS.

Policies Related to HIV Infection



The following table displays the percentage of schools that provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth; the percentage that engage in practices related to LGBTQ youth; and the percentage that had a gay/straight alliance or similar club.

LGBTQ Support and Practices

Site	Practices related to LGBTQ Youth							Schools that provide curricula or supplementary materials and engage in all 5 practices related to LGBTQ youth	Had a gay/straight alliance or similar club
	Provide curricula or supplementary materials	Identify safe spaces	Prohibit harassment	Encourage staff to attend professional development on safe and supportive school environments for all students	Facilitate access to providers not on school property who have experience in providing health services to LGBTQ youth	Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth			
Montana	21.3	51.2	85.2	60.6	46.5	45.4	5.4	16.4	
U.S.	24.4	61.4	89.4	59.0	46.3	49.2	7.6	26.7	

Health Services

The following tables display the percentage of schools with a school nurse, and those schools that have health services to identify and track students with a current diagnosis of chronic conditions, or provide referrals to outside organizations or health care professionals.

Health Services

Site	Full-time registered nurse	Has a protocol that ensures students with a chronic condition are enrolled in insurance programs if eligible	Routinely uses records to identify and track students with chronic conditions						
			Asthma	Food allergies	Diabetes	Epilepsy or seizure disorder	Obesity	Hypertension /high blood pressure	Any of the 6 conditions
Montana	15.2	60.6	94.1	94.5	94.6	93.1	30.3	51.5	94.9
U.S.	50.3	65.3	96.8	96.9	96.8	96.7	42.1	72.1	97.6

Provide Referrals to Health Care Professionals or Organizations not on School Property

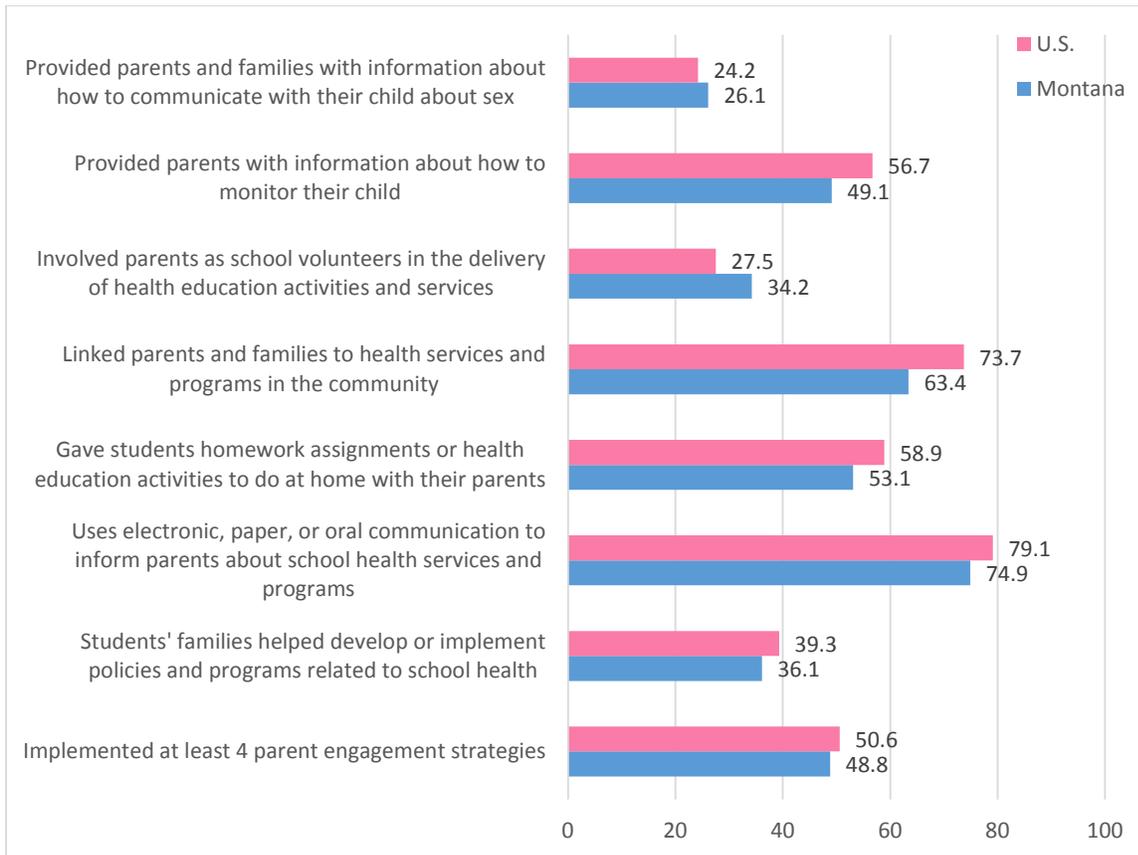
Site	Asthma	Food Allergies	Diabetes	Epilepsy or seizure disorder	Obesity	Hypertension/high blood pressure	Any of the 6 conditions
Montana	57.8	57.0	57.8	56.1	41.1	49.8	58.6
U.S.	56.2	56.0	56.4	56.0	45.5	52.8	58.4

	Provided Service		Provided Referral	
	Montana	U.S.	Montana	U.S.
Sexual Health Service				
HIV treatment	0.4	1.4	45.1	44.6
STD treatment	0.4	1.7	56.3	45.8
Prenatal care	3.8	4.0	47.8	46.4
HIV testing	0.4	1.3	46.4	46.2
STD testing	0.4	1.5	48.4	46.5
Pregnancy testing	2.9	3.1	51.2	48.9
Provision of condoms	1.3	1.8	39.6	35.5
Provision of condom-compatible lubricants	1.3	1.0	37.3	33.9
Provision of contraceptives other than condoms	0.4	0.9	40.1	35.1
HPV vaccine administration	4.9	2.4	43.9	43.1

Family Engagement and Community Involvement

The following chart displays the percentage of schools that implemented parent engagement strategies for all students.

Parent Engagement Strategies



School Connectedness Strategies	Montana	U.S.
Participates in a program in which family or community members serve as role models	33.5	39.8
Provides service learning opportunities	62.4	62.8
Provides peer training opportunities for students	76.1	81.4
Lead health education teacher received PD on classroom management techniques	52.2	55.8
Had a gay/straight alliance or similar club	16.4	26.7
Offered activities for students to learn about people different from them through lessons in class	85.8	86.5
Offered activities for students to learn about people different from them through special events sponsored by the school or community organizations	51.8	61.9
Implemented at least 3 school connectedness strategies	74.6	79.6

School Health Coordination

To ensure that the components of school health are coordinated, it is critical to have one person appointed to oversee the school health program. The tables below display the percent of schools that had someone who oversees the coordinated school health and safety programs and activities, and the percentage that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in specific areas.

School Health Coordination and School Health Index

Site	Had someone who oversees or coordinates school health and safety programs and activities	Ever used School Health Index or other self-assessment tool						
		Asthma	Injury and violence prevention	Physical activity	Nutrition	Tobacco-use prevention	HIV, STD, and teen pregnancy prevention	Last 4 areas
Montana	84.9	36.5	47.7	49.8	52.6	52.5	41.2	38.7
U.S.	86.0	25.7	37.8	44.8	41.8	41.6	34.0	27.1

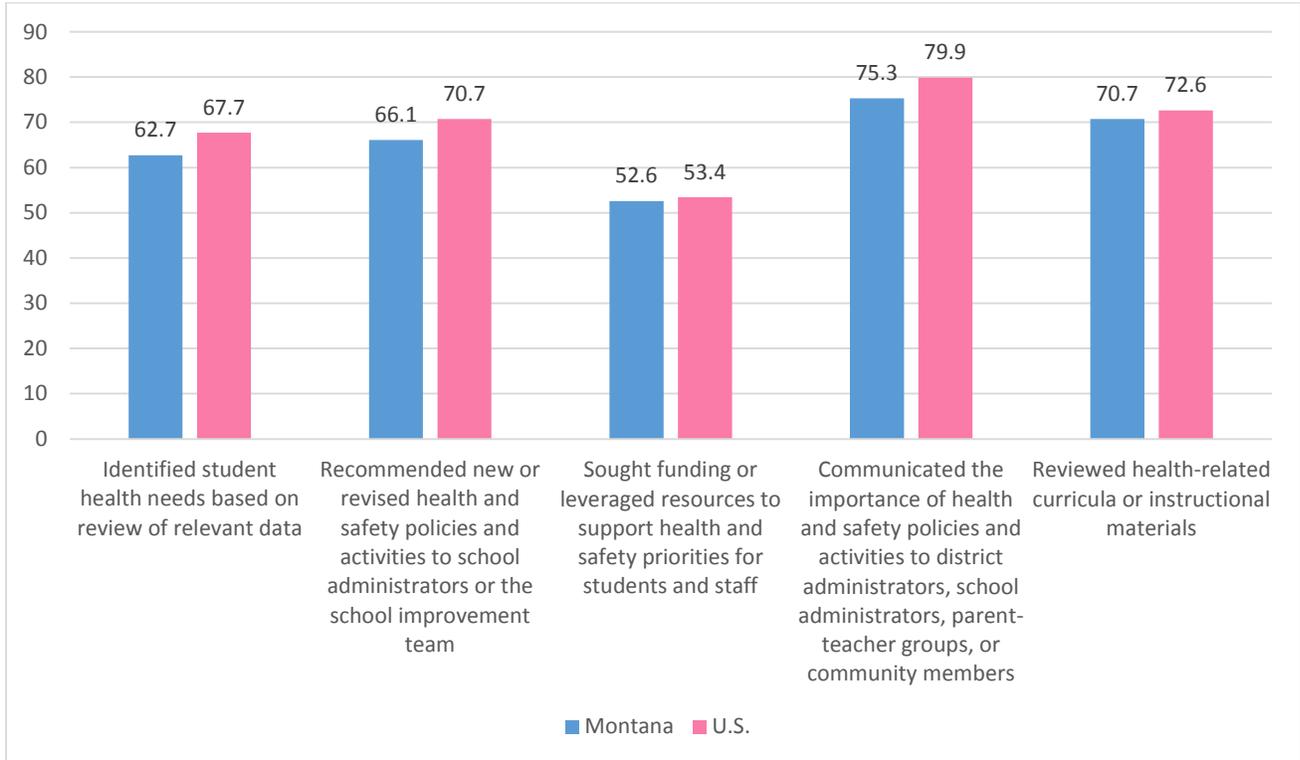
The percentage of schools with a school health council and the groups represented on a school health council.

School Health Council and Groups Represented on School Health Council	Montana	U.S.
School health council	54.0	55.5
School administrators	93.1	93.1
Health education teachers	92.9	88.2
Physical education teachers	92.9	88.1
Other classroom teachers	69.8	73.9
Mental Health or social services staff	67.1	73.7
Nutrition or food service staff	58.4	59.2
Health services staff	45.9	74.1
Parents or families of students	60.5	56.6
Community members	56.5	48.6
Local health departments, agencies, or organizations	43.2	39.4
Faith-based organizations	7.1	9.5
Businesses	17.4	15.5
Local government agencies	23.9	20.2
Maintenance and transportation staff	24.9	20.3
Technology staff	23.4	19.8
Library/media center staff	15.8	16.2
Student body	45.0	43.9

School Health Coordination

School Health Council

Among schools with a school health council, the percentage with a council that did health-related specific activities during the past year.



School Health Coordination

The table below displays the percentage of schools with a School Improvement Plan (SIP) that includes health-related objectives on specific topics, the percentage that reviewed school health and safety data during the past year as part of the school's SIP; and the percentage that engaged in multiple activities related to school improvement planning.

Health-Related Topics in School Improvement Plan	Montana	U.S.
Health education	42.5	28.0
Physical education	42.1	29.2
Physical activity	36.9	23.3
School meal programs	39.8	22.6
Foods and beverages available at school outside the school meal program	34.4	18.9
Health services	32.0	24.5
Mental health and social services	35.2	28.6
Healthy and safe school environment	58.4	57.5
Family and community involvement	56.8	61.1
Faculty and staff health promotion	35.0	24.5
Reviewed health and safety data as part of SIP process	81.3	54.8
Engaged in multiple activities related to school improvement planning	31.9	24.1

Montana School Health Profiles

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