

# VIRGINIA PROFILES SURVEY 2016

## SCHOOL HEALTH POLICIES AND PROGRAMS SNAPSHOT

### INTRODUCTION

Profiles is a system of school-based surveys that helps the Departments of Health and Education monitor the status of health policies, programs, and activities. The Profiles questionnaires are completed biennially by secondary principals and lead school health educators. Questions cover a variety of topics including: school health education; physical education; practices related to bullying and sexual harassment; school-based health services; and family and community engagement. In the Spring of 2016, one or both questionnaires were received from 91% of the sampled schools, resulting in 251 principal participants and 253 lead school health educator participants. The following summarizes the 2016 School Health Profiles data.

### PHYSICAL ACTIVITY

- The percentage of schools in which students participated in physical activity breaks in classrooms increased by 49.4% between 2014 and 2016. However, only 24.4% of high schools (middle schools – 48.3%) reported physical activity breaks in classrooms outside of physical education.
- Fifty-seven percent of all schools offered opportunities for all students to participate in intramural sports programs or physical activity clubs – a decrease of 23% from 2008. One-fourth (24.2%) of all schools offered opportunities for students to participate in physical activity before the school day through organized activities or access to facilities.

### NUTRITION

- There was a 77% increase in school food or vegetable gardens since 2012.
- Approximately 1/3 (32.2%) of schools offered soda pop or fruit drinks that were not 100% fruit juice at the school store, canteen, or snack bar. This is a 48% decrease from 2006.

### PEER-LED & SERVICE LEARNING

- Of all schools, 67.5% (high school – 85%, middle school – 56.2%) reported at least one club that gives students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures.
- In 2016, 58.2% (high schools – 69.1%; middle schools – 52.3%) of all schools provided service-learning opportunities for students.

### HEALTH EDUCATION AND HEALTH SERVICES

- The percentage of schools that provided referrals for students identified with chronic conditions or at risk for activity, diet, and weight-related chronic conditions decreased by 31.3% between 2014 and 2016.
- One out of every 10 middle schools (11%) required students who failed a required health education course to repeat the course.
- Epilepsy, asthma, food allergies, suicide prevention, and foodborne illness prevention were the five least covered topics areas in health education courses.

### SEXUAL HEALTH

- The number of schools who provided referrals for sexual health behaviors since 2012 has decreased. For example, 52% fewer schools provided referrals for pregnancy testing, 37% fewer provided referrals for provision of condoms, and 51% fewer schools provided referrals for prenatal care.
- Less than 20% (17.4%) of all schools (high schools – 9.3%; middle schools – 23%) provided parents and families with information about how to communicate with their child about sex.

## LGBTQ HEALTH AND INCLUSIVENESS

- Of all schools, 96.3% prohibited harassment based on a student's perceived or actual sexual orientation or gender identity. Two-thirds (68.2%) of all schools (high school – 82.7%; middle school – 61.4%) identified “safe spaces” where LGBTQ-plus youth can receive support from administrators, teachers or other school staff.
- Approximately 32% of all schools (high schools – 60.6%; middle schools – 13.3%) had a student-led club that aimed to create a safe, welcoming, and accepting environment for all youth, regardless of sexual orientation or gender identity.
- Twenty-eight percent of all schools (high schools – 40.6%; middle schools – 19%) provided curricula or supplementary materials that included HIV, STD, or pregnancy prevention information that was relevant to lesbian, gay, bisexual, transgender, and questioning youth. Of all schools, 96.3% prohibited harassment based on a student's perceived or actual sexual orientation or gender identity. Two-thirds (68.2%) of all schools (high school – 82.7%; middle school – 61.4%) identified “safe spaces” where LGBTQ-plus youth could receive support from administrators, teachers, or other school staff.

## PLANNING, POLICY, AND PROFESSIONAL DEVELOPMENT

- Approximately 30% of schools used the School Health Index or another self-assessment tool to assess school policies, activities, and programs in the following areas: physical activity (39.7%), nutrition (34.8%), tobacco-use prevention (32.8%), asthma (17.8%), injury and violence prevention (27.2%), and HIV, STD, and teen pregnancy prevention (20.2%).
- Half of all schools (high schools – 52%; middle schools – 50.1%) had one or more groups that offered guidance on the development of policies or coordinates activities on health topics.
- The majority of teachers reported wanting to receive professional development on the following areas: emotional and mental health (62.9%); human sexuality (56.6%); chronic disease prevention (57.2%); alcohol-or

other drug-use prevention (60.3%); violence prevention (66.3%); physical activity and fitness (67.4%); and suicide prevention (62%).

- The percentage of schools that implemented parent engagement strategies for all students decreased by 28.5% between 2014 and 2016.

## CONCLUSION

The School Health Profiles questionnaires provide valuable insight about the status of school health policies, practices, and programs. There were many areas of improvement for Virginia including healthier food options and an increase in the number of physical activity breaks. There were also areas that still need improvement including the number of schools who conduct school-health assessments and communication with parents and family about physical, mental, and social health.

### MORE INFORMATION

[vdh.virginia.gov/school-health-profiles-survey/](http://vdh.virginia.gov/school-health-profiles-survey/)  
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