

## How are Profiles data used?

Education and health officials use Profiles data to

- Describe school health policies and practices and compare them across jurisdictions
- Identify professional development needs
- Plan and monitor programs
- Support health-related policies and legislation
- Seek funding
- Garner support for future surveys

# How do specific states and school districts use their Profiles data?

- In Michigan, Profiles data were used to write a state Senate bill requiring health and physical education in each of grades K-8.
- In North Carolina, Profiles data were one of several data sources used to develop objectives and standards for the state's health improvement plan.

# **PROFILES** School Health Profiles

## What is the School Health Profiles?

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments. Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers. Profiles monitors the current status of

- School health education requirements and content
- Physical education requirements
- School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition
- Asthma management activities
- Family and community involvement in school health programs

### State and District Participation - Profiles 2010



• The Delaware Department of Education used Profiles and other data sources to identify professional development needs related to sexual health curricula and to target professional development efforts to that area.

Where can I get more information? Visit www.cdc.gov/healthyyouth or call 800-CDC-INFO (800-232-4636).

National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School Health



### How is Profiles conducted?

Profiles is conducted among a sample of secondary schools in a state, large urban school district, territory, or tribal government. Profiles data are collected from self-administered questionnaires from the principal and the lead health education teacher at each sampled school. In 2010, 49 states, 20 cities, and 5 territories obtained weighted data. Weighted data means that at least 70% of the principals or lead health education teachers in the sample completed the survey. Weighted data represent the state, school district, territory, or tribal government, whereas unweighted data represent only the schools that completed the questionnaire.

Among states, the average number of principals participating was 268, and the average number of teachers participating was 264. Among school districts, the average number of principals participating was 82, and the average number of teachers participating was 79. Among territories, the average number of principals participating was 25, and the average number of teachers participating was 14. Among tribal governments, the average number of principals participating was 61, and the average number of teachers participating was 58.

### What are some results from Profiles data?





\*Percentages shown indicate median; I-bars represent range of percentages.

Figure 3: Range and median percentage of schools that taught 17 key HIV, STD, and pregnancy



Figure 2: Range and median percentage of schools that did not sell less nutritious foods and beverages\* in vending machines or at the school store, canteen, or snack bar, and sold fruit or non-fried vegetables in these venues



\*Baked goods that are not low in fat, salty snacks that are not low in fat, candy, sports drinks, or soda pop or fruit drinks that are not 100% juice.

Figure 4: Range and median percentage of schools with a full-time registered nurse who provides health services to students at school, and that had an asthma action plan on file for all students with known asthma



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