

Questions: Chapter 11

Health Is Academic: A Guide to Coordinated School Health Programs **“The State Role in Coordinated School Health Programs”**

For Continuing Education Contact Hours

Area of Responsibility:

Responsibility II - Planning Effective Health Education Programs

The following questions are directly related to Chapter 11: “The State Role in Coordinated School Health Programs” written by D.B. Sweeney and P. Nichols in *Health Is Academic: A Guide to Coordinated School Health Programs*.

Please answer the following questions:

1. In the U.S., responsibility for most education decisionmakers rests with:

- a. Teachers
- b. Local school boards
- c. The federal government
- d. The states

2. Which of the following statements describe state-level players within the government who can support coordinated school health programs?

- a. Governors have enormous power to influence coordinated school health programs through their authority to establish advisory councils, appoint agency heads and members to state boards (in some states), and propose and veto appropriations bills.
- b. Each state has a standing legislative committee that addresses health issues.
- c. State boards of education make policy and thus can influence coordinated school health programs
- d. All of the above

3. Colleges and universities can support school health programs by:

- a. Preparing teachers and health professionals to participate in multidisciplinary teams
- b. Organizing interdisciplinary programs that model collaboration
- c. Preparing school administrators to support coordinated school health programs\
- d. All of the above

4. A national summit of education and health organizations identified key activities for state organization. Those key activities include all of the following except:

- a. Policy
- b. Parent, student, and community involvement
- c. Evaluation and assessment
- d. Advocacy

5. State-level organizations and agencies can support coordinated school health programs by funding decisions, examples of which include:

- a. Identifying and coordinating existing resources
- b. Blocking blended funding
- c. Eliminating line-items for funding components of coordinated school health programs
- d. All of the above

6. Which of the following is not an approach suggested in Chapter 11 to help state-level organizations implement systemic change?

- a. Passage of legislative mandates
- b. Development of a state infrastructure
- c. Cooperation in interdisciplinary professional development
- d. Coalition building

7. States use which of the following to measure the impact of programs and determine success in meeting objectives?

- a. Absenteeism
- b. Utilization of screening and referral
- c. Behavioral measures
- d. All of the above

8. To establish and maintain a state-level infrastructure that supports local school health programs, states need all of the following elements in place except:

- a. Marketing and communication
- b. Designated office space
- c. Professional preparation
- d. Leadership and staff commitment

9. Interdisciplinary cooperation for professional development succeeds when participants:

- a. Apply learning theory for individuals and groups to improve instruction
- b. Have a shared concern for the welfare of young people
- c. Apply an ecological perspective to psychosocial assessments
- d. All of the above

10. The complex integration of programs and resources is likely to experience false starts when which of the following elements is missing?

- a. Vision
- b. Skills
- c. Incentives
- d. Action plan