

**Indicators for School Health Programs (*Indicators*)  
Frequently Asked Questions (FAQ)  
Fiscal Year 2007–2008**

**Q1: What is the purpose of the *Indicators*?**

A1: *Indicators* provide education agencies with a common set of measures to report annual progress and to provide the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) with a common data set to report national program progress.

**Q2: What does DASH do with the *Indicators* information?**

A2: 1) Generate aggregate reports of program activities across all sites;  
2) Identify implications from findings for future programs;  
3) Use findings to influence and inform decision makers on national program progress; and  
4) Showcase significant and unique achievements.

**Q3: Is CDC using this information to evaluate us in some way?**

A3: Yes. *Indicators* are used to evaluate your performance. However, they are not the sole determinant of how well you are achieving approved program goals and objectives. Other measures include site visit reports, the continuation application, the annual progress report, the financial status report (FSR), and other reports and documents provided by your organization during a budget period.

**Q4: How does my program benefit from completing the *Indicators*?**

A4: You can show your stakeholders what you have accomplished during the budget period and you will have a systematic data collection process that you can use for program planning and improvement. Over time you will be able to examine trends in your program efforts and make links to program outcomes.

**Q5: Are the *Indicators* required?**

A5: *Indicators* are strongly encouraged for program year 5 (March 1, 2007 to February 29, 2008). We anticipate that they will be required for subsequent years.

**Q6: Do I have to complete the *Indicators* and the Annual Progress Report for Program Year 5?**

A6: Yes. In addition to the Annual Progress Report, *Indicators* are strongly encouraged for program year 5 (March 1, 2007 to February 29, 2008).

**Q7: Will my responses to the *Indicators* be compared to other states' and cities'?**

A7: No. Although the *Indicators* provide standardized process measures for states and cities, they will not be used to rank sites, or to make a report card that compares the performance of individual states and cities relative to each other.

**Q8: Will I be able to see other state or city answers?**

A8: No. You will not be able to see individual answers for other sites, but with projects' permission, site-specific, multiyear reports for each project may be made available on the DASH Web site.

**Q9: My agency does not conduct all the activities asked about in the *Indicators*. What should I do?**

A9: You might not implement all the activities addressed in the *Indicators* and the *Indicators* may not fully describe your project's efforts to implement school health programs. Your agency may not have measured all of the activities implemented and therefore may not have the data to answer all of the questions. Please answer the questions as best you can and as honestly as possible. Please leave questions blank if they do not apply to your project or if you did not collect the data.

**Q10: The *Indicators* do not capture all that my program is doing. Should I be concerned about this?**

A10: The *Indicators* may not fully describe your project's school health programs. Please answer the questions the best you can. If you have significant activities you feel were not captured by the *Indicators*, please include a short narrative of those activities in the open-ended questions at the end of the *Indicators*. We also welcome your feedback to improve what we ask on the *Indicators*. Please feel free to contact Catherine Rasberry ([CRasberry@cdc.gov](mailto:CRasberry@cdc.gov) or 770-488-5635) with comments on the *Indicators* content.

**Q11: Based on the *Indicators*, it does not look like my program did a lot this budget period. Will this count against me?**

A11: Probably not. The *Indicators* are not the sole determinant of how a project is progressing; other measures will include site visit reports, the continuation application, the annual progress report, and other reports and documents provided by your organization during a budget period.

**Q12: How do I answer questions about activities that DASH did not fund?**

A12: Do not report activities that DASH did not fund. Only report activities for which any amount of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH.

**Q13: I want to provide more information about my program than is in the *Indicators*. How do I do that?**

A13: Consult your project officer to discuss what to include in your annual progress report. Additional information you might provide as a supplement include reports of other evaluations; logic models; major obstacles, solutions, and programmatic changes; success stories; and key documents, materials, and activities.

**Q14: I am not sure what you mean by several terms that you use in the *Indicators*. How can I find out what you mean when you use those terms?**

A14: There is a glossary included with the *Indicators*. In the print version, it is included after the questions. In the web-based application, you can access it through the tab in the upper right-hand corner that says "glossary," or you can access specific definitions by clicking on links marked with an "I" icon in the questions themselves. If you still have questions about the meaning of a term after reading the glossary definition, please contact your project officer.

**Q15: What kind of activities should I collect information on to complete the *Indicators*?**

A15: You need to collect information on materials distribution, professional development, and individualized technical assistance. Specifically, you need to record the number of

- schools reached;
- districts reached (if applicable);
- regional support units reached (if applicable);
- external partners reached and type of external partner;
- listservs or electronic mailing lists used for materials distribution;
- hits on web pages for materials distribution (if applicable); and
- events and participants attending professional development events.

You also need to record the topic areas addressed by the materials you distribute and your professional development and individualized technical assistance activities.

**Q16: What information should I report in questions that include the words “reached directly?”**

A16: Some questions ask how many organizations you “reach directly,” including schools, districts, external partners, and regional support units. In answering these questions you should **only report contact with the organization once per topic and activity**, regardless of how many times you reach them throughout the budget period. For example, if five teachers from the same school attend a professional development event, you have reached their school once even though multiple teachers attended.

For **professional development questions** where “reached” is not in the question stem, you should report **total number of events and participants** even if the same people attend all your events.

**Q17: What kinds of schools can I count as being “reached directly?”**

A17: We define schools as a division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Public schools include charter schools, magnet schools, vocational schools, and alternative schools. If a school is considered to be public in your state, then you should count it as public for the purposes of the *Indicators*.

**Q18: What qualifies as Individualized Technical Assistance?**

A18: Individualized Technical Assistance (ITA) is tailored assistance to meet site-specific needs with collaborative communication between a specialist and the site. Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, e-mail, Internet, or in-person meetings. The key is *tailored assistance* to meet *site-specific needs*. Contact with a site alone is not sufficient to meet the ITA definition. You must be providing some type of *tailored* or *customized* assistance. Distribution of generic materials does *not* qualify as ITA. Materials provided in ITA will have been purposefully designed to address the unique circumstances of a specific school district, school, external partner, or regional support unit.

**Q19: My program does not track professional development events and individualized technical assistance (TA) provided. What should I do?**

A19: Several kinds of materials are available to support you in measuring *Indicators* information including paper-and-pencil TA log sheets, registration forms, and distribution lists, or electronic logs using Excel or Training Tracker aligned with the *Indicators*. Paper-and-pencil tools can be found on the DASH Web site. Electronic tools can be found on the RMC Web site<sup>1</sup> under Professional Development.

- Go to <http://www.pdp-rmc.org>.
- Click on “PD Coordinator Login.”
- Type in the username and password distributed to you by the PDP Team.
- Click the link for Training Tracker and scroll down for related TA materials and templates.

For more information or to obtain a username and password, please send an e-mail to [tracker@rmc.org](mailto:tracker@rmc.org).

**Q20: What does exemplary mean?**

A20: “Exemplary” refers to an evaluated curriculum or program with evidence of effectiveness or a curriculum or program that has used research-based or science-based strategies. An exemplary curriculum or program is (1) developmentally and culturally appropriate, (2) medically and scientifically accurate, (3) consistent with scientifically researched evidence of effectiveness, and (4) built on a theoretic approach based on proven principles for prevention.

**Q21: In the HIV *Indicators*, you ask if we conducted professional development to district or school staff on any specific HIV prevention education curricula and/or program for youth. What do you mean by “specific HIV prevention education curricula and/or program for youth?”**

A21: Curricula or programs are delivered directly to youth in the classroom or as part of school activities during or after school hours. Do not include professional development for school or district teachers or staff on instructional strategies, or conferences used to promote specific curricula or programs. For example, the State Department of Education developed a curriculum called *HIV Prevention Education for High School Students* and your organization trained 40 teachers on this specific curriculum that is delivered directly to students during the school year.

**Q22: Why is there a section on Assessment of Student Standards?**

A22: This section was requested by projects involved in health and physical education assessment activities. These projects asked for items to reflect their professional development and individualized technical assistance activities that measure students’ health knowledge and skills.

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<sup>1</sup> Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

**Q23: What is a “Regional Support Unit (RSU)?”**

A23: A RSU is a state-recognized agency or organization (e.g., universities, regional education support agencies, regional offices of education, regional training centers, teacher centers, county superintendent’s offices, etc.) that provides professional development, technical assistance, and educational materials to school districts and schools within the state.

**Q24: What does “specifically target” mean? What if I had a program for all youth, but it was in a predominately African-American school?**

A24: Specifically targeted programs or activities are tailored to a particular, identifiable population (e.g., by race, sexual orientation, etc.) or those that increase the ability of others to provide such services or activities. It is not “specifically targeted” unless it was designed explicitly for that audience. A program designed for all youth but simply delivered in a predominantly African-American school would not meet this definition.

**Q25: Are there any new questions for the 2007–2008 Indicators?**

A25: For state education agencies funded to do Coordinated School Health Programs (CSHP), there is a new question addressing the Physical Education Curriculum Assessment Tool (PECAT). The PECAT is a tool for analyzing written physical education curricula to determine how closely they align with national standards for high-quality physical education. The PECAT helps school districts conduct a clear, complete, and consistent analysis of physical education curricula. PECAT results can help users enhance, develop, or select appropriate and effective physical education curricula for the delivery of quality physical education, which will improve the ability of schools to positively influence motor skills and physical activity behaviors among school-age youth.

**Q26: Is there a way to submit the Indicators electronically?**

A26: Yes. The *Indicators* may be submitted electronically through the Questionnaire Application and Delivery System (QADS). QADS may be accessed at <http://apps.nccd.cdc.gov/DASHWebSurvey/>. Each site has been provided with a username and password for each program coordinator. To update personnel information for your site, contact Evelyn Finch ([EFinch@cdc.gov](mailto:EFinch@cdc.gov) or 770-488-2500).

**Q27: Will there be trainings on how to submit the Indicators electronically?**

A27: Yes. Individual trainings can be scheduled at any time throughout the year by contacting Evelyn Finch ([EFinch@cdc.gov](mailto:EFinch@cdc.gov) or 770-488-2500).

**Q28: Who can I contact for help?**

A28: Contact your project officer first. If you have questions about the content of the *Indicators* or need help with your responses, please contact Catherine Rasberry ([CRasberry@cdc.gov](mailto:CRasberry@cdc.gov) or 770-488-5635). For technical problems or access to the web application, please contact Evelyn Finch ([EFinch@cdc.gov](mailto:EFinch@cdc.gov) or 770-488-2500).