The prevalence of youth risk behaviors is high among school-age children and adolescents (Grunbaum et al., 2004). Coordinated school health program (CSHP) literature is dated and does not provide evidence-based program effectiveness. Little is known about superintendent knowledge, attitudes, and influences on CSHP adoption.

The purposes of this study were to assess school superintendents’ knowledge and current practice of the Coordinated School Health Program (CSHP) model, and most importantly, to predict their intentions to implement the model in their districts. The Theory of Planned Behavior was used to construct the assessment. The instrument used for this study was created through an elicitation exercise with 10 superintendents and pilot tested with 10 superintendents and 10 experts in the field of health education. This web-based superintendent questionnaire was used to study the population (N=500) of Pennsylvania public school superintendents. A total of 299 superintendents responded to the survey, a response rate of 59.8%. Multiple regression analysis was conducted and a significant regression equation was found $[\beta (12, 158) = 5.534, p<.001]$, with an $R^2$ of .296. The model was able to predict 29.6% of the variance in superintendent intention to implement a CSHP.

Results from this study suggest that attitude, rural district classification, age, knowledge of the CSHP definition, and knowledge of CSHP research were significant
predictors. Subjective norm, perceived behavioral control, race, number of students in the district, annual per pupil expenditure, gender, suburban district classification, and urban district classification did not contribute to any additional variance in superintendent intention to implement a CSHP.