HIV/AIDS Education Project

2010 Iowa

School Health Profiles

Principal & Lead Health Education Teacher Surveys

Prepared for:
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Nutrition, Health, & Transportation Services

By:
James R. Veale, Ph.D.
Statistical/Research Consultant & Educator

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State of Iowa
Department of Education
Grimes State Office Building
400 E 14th St
Des Moines, Iowa 50319-0146

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Introduction

The Iowa Department of Education HIV/AIDS Education Program, through a cooperative agreement with the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth service agencies to strengthen comprehensive school health education to prevent human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs), and to promote healthy behaviors and attitudes. Program requirements include the monitoring (at least every two years) of the number and percentage of schools that provide education to prevent health risk behaviors as part of a comprehensive school health program.

2010 Iowa SHP: Instruments, Samples, and Reporting

The School Health Profiles include two questionnaires, one for school principals and one for lead health education teachers. The questionnaires are presented in the Appendix. The principal's questionnaire was used to provide data on policies and programs related to health education and services (primarily, asthma), physical education/activity, tobacco-use prevention, nutrition, HIV infection, and family/community involvement. The health education teacher's questionnaire provided data on school health education, HIV prevention, collaboration, staff development, and professional preparation. *The overall results are presented for all questions, based on the entire sample. Results are presented for (1) middle school, (2) junior/senior high school, and (3) senior high school (defined in Table 1 below) when grade level differences were found in selected items.*

Table 1: Definitions of grade categories

Grade Category	Low Grade Criterion	High Grade Criterion
Middle school	-[a]	9 or lower
Junior/senior high school	8 or lower	10 or higher
Senior high school	9 or higher	10 or higher

[a] The "-" indicates no single low grade criterion was used for this grade category. However, middle schools traditionally serve grades 6 through 8 (or sometimes 9).

The questionnaires were developed by the DASH/CDC in collaboration with representatives of 75 state, local, and territorial departments of education. They were mailed to 347 secondary schools containing any of the grades 6 through 12 in Iowa during the winter of the 2009-10 school year. Useable survey data were obtained from 254 principals and 249 teachers.

The data are reported in summarized form. For a more detailed summary of the data, see the document *2010 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2010). In addition to detailed tables with point and interval estimates, this report includes graphics that can be used to produce overhead transparencies for use in presentations. Additional transparencies or a slide show will be developed for presenting the Iowa SHP results as needed. An administrative summary is also available for more general dissemination. This document contains the basic information regarding methodology and highlights of the results. Finally, this report and the administrative summary will be posted on the Iowa Department of Education Web site (**www.state.ia.us/educate**) in portable document format for electronic access.

Overview: Comprehensive School Health Education in Iowa

Effective comprehensive school health education programs focus on reducing behaviors that place youth at risk for serious health problems. This includes reducing sexual behaviors that can lead to HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies. Other risky behaviors include tobacco use, alcohol and other drug use, improper nutrition, sedentary lifestyles, intentional and unintentional injuries, and violent activity.

The CDC's definition of a comprehensive school health education program includes the following:

- a documented, planned, sequential program of health education for students in grades K through 12;
- a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., HIV infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages;
- activities to help young people develop the skills they will need to avoid: (a) behaviors that result in intentional and unintentional injuries; (b) drug and alcohol abuse; © tobacco use; (d) sexual behaviors that result in (i) HIV infection or other STDs and (ii) unintended pregnancies; (e) imprudent dietary patterns; and (f) inadequate physical activity;
- instruction provided for a prescribed amount of time at each grade level;
- management and coordination in each school by an education professional trained to implement the program;
- instruction from teachers who have been trained to the subject;
- involvement of parents, health professionals, and other concerned community members;
- periodic evaluation, updating, and improvement.

HIV prevention education is an important component of a comprehensive school health education program. The above definition distinguishes between (1) skills-based HIV education and comprehensive school health education and (2) HIV/AIDS awareness presentations and non-comprehensive health courses. In Iowa, HIV policy evaluations provided direction for both policymaking process and content, including HIV education policy, addressing the needs of persons infected with HIV, and infection control procedures (Veale, 1994 and 2005). In addition, needs assessments have been conducted with elementary and secondary schools, and postsecondary teacher preparation programs to determine the training and educational needs for Iowa educators and students in HIV prevention (Veale, 2000, 2001, 2002, and 2004).

Regarding health education needs assessment from the student's perspective, the 2011 Iowa Youth Risk Behavior Survey is currently being conducted. It is being administered to a sample of high schools in Iowa to assess the level of involvement in risky behaviors for students in these schools. Assuming sufficient response rates for weighting the data, we will be able to

make statements concerning the level of such behavior among all high school students in Iowa in 2011, as well as changes in this level of behavior since 1997 (e.g., Veale, 2006). The YRBS provides an important complement to the SHP in that it provides *student* input regarding their health and risk thereto. *Together, these surveys, conducted in alternate years, provide a comprehensive picture of the health of Iowa students of today—their risky as well as more positive behaviors and education programs and policies that should impact those behaviors*.

Methodology

The 2010 School Health Profiles (SHP) consisted of two questionnaires—one for school principals and the other for lead health education teachers (LHETs). The survey for principals consisted of questions about health and HIV education from an administrative perspective, while the survey for LHETs examined health and HIV education from an instructional standpoint. The surveys were developed cooperatively by the CDC and 75 agencies including state departments of education, as well as local and territorial education units in the United States to monitor the current status of school health education, including education to prevent HIV infection, STDs, and other important health problems that occur at the middle, junior high, and senior high school levels. The 2010 School Health Profiles consisted of 49 questions for the school principals and 23 questions for the lead health education teachers. The rationales for the questions included in the 2010 SHP are presented in the supplementary document *2010 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2010).

Sampling Procedure

Schools were selected using systematic equal probability sampling with a random start. The principal and lead health education teacher (LHET) were surveyed at each participating school. Prior to sampling, the schools were sorted by estimated enrollment in the target grades within the school grade level (e.g., middle school). This increased the likelihood of securing a sample that was representative of the population—at least with respect to estimated enrollment. This process was repeated for each targeted school grade level.

A sample size of 347 was determined from finite sampling theory for proportions, using a 5% margin of error with 95% confidence (e.g., Cochran, 1963), assuming a response rate of 75%.[1] This represented 50% of the number of schools (694) in the population of middle, junior/senior high, and senior high schools in Iowa. Westat, Inc. selected the sample of 347 from a sampling frame consisting of all 689 schools.

The superintendents and principals in the schools sampled were then contacted. A cover letter was sent to each, along with a copy of both the principal and LHET surveys. The principal was asked to select one teacher to complete the LHET survey in the school. This was to have been someone who was in charge of health education in the school.

Usable data were received from 254 out of the 347 sampled principals from the eligible schools. This yielded a response rate for the school principal questionnaire of 73%. Usable data were received from 249 out of 347 sampled lead health education teachers from the eligible schools. This yielded a response rate for the LHET questionnaire of 72%. Both of these response rates were judged sufficient by the CDC for making inferences about the populations.[2]

The breakdown by school grade level is presented in Table 2 (Jing Kang, personal communication, February 2011). These sample sizes should be considered on questions where breakdowns over school grade levels are needed. Moreover, on particular questions, the sample sizes may be even smaller due to selective nonresponse. The statistical effect of such breakdowns is wider

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[1] The following formula was used: $ME = t\,(1 - n/N)^{½}\,[pq/(n - 1)]^{½} + 1/2n$, where "ME" is the margin of error, "t" is the value of the standard normal deviate, "N" is the population (sampling frame) size, "p" is the true value of the proportion responding in a particular way to the question, and $q = 1 - p$. Here, we set ME = .05 (5%), t = 1.96, N = 689, and p = q = 0.5. The value of 260 for "n" was obtained by iteration ("trial and error"). It was conservatively estimated that the response rate would be approximately 0.75 or 75%. Inflating the "n" by this anticipated (minimum) response rate yielded n = 260/0.75, or 347 (rounding up).

[2] With random systematic sampling as delineated in this section, a minimum of 70% response is required by the CDC for making inferences about the population based on these profiles.

confidence intervals. Thus, we feel that overall results using the total sample (yielding shorter confidence intervals) should be used, with specific grade level results presented only when they are of particular interest.

Table 2: Sample size breakdown by school grade level

Survey	Number in Middle School Sample	Number in Junior/Senior High Sample	Number in Senior High Sample	Total Sample Size
Principal	103 (40.6%)	43 (16.9%)	108 (42.5%)	254
LHET	97 (39.0%)	43 (17.3%)	109 (43.8%)	249
Population	283 (41.1%)	113 (16.4%)	293 (42.5%)	689

Note: Some of the percentages may not add to 100% due to rounding error.

Note the agreement between the percentages in the samples (for both the principal and LHET surveys) and those of the population. Exact chi-square goodness-of-fit tests using *StatXact 9* (Cytel Statistical Software) yielded nonsignificant differences between the population percentages and (a) the principals' sample grade level percentages ($p = .975$) and (b) the LHETs' sample grade level percentages ($p = .789$). The agreement between the principal and LHET grade level distributions was also very good ($p = .936$). This indicates that the principal and LHET samples (a) represented the population and (b) were in agreement with each other—in terms of grade level data.

Weighting the Survey Responses

A "weight" has been associated with each questionnaire to reflect the likelihood of a principal or LHET being selected, to reduce bias by compensating for differing patterns of nonresponse, and to improve precision by making school sample distributions conform to known population distributions. The weight used for estimation of population parameters is given by

$$W = W_1 \times f_1 \times f_2$$

where

W_1 = 1/(probability of school selection);

f_1 = a nonresponse adjustment factor calculated by school size (large, medium, and small) and school grade level (middle school, junior/senior high, high school);

f_2 = a poststratification adjustment factor calculated by type of locale (large central city, mid-size central city, urban fringe of large city, urban fringe of mid-size city, large town, small town, rural metropolitan statistical area (MSA), rural non-MSA) and school grade level (middle school, junior/senior high, high school).

Thereby, the data were adjusted somewhat to reflect differences in the number of population units that each case represented. This is somewhat similar to what is done, for example, in stratified sampling. A weighted mean or percentage was computed for each item on the survey. (The actual process of weighting is rather complicated and was conducted by Westat, Inc. using specialized statistical software.)

Data Analysis

The primary focus in data analysis is on the estimation of population parameters, namely the proportion of principals or lead health education teachers with the various health education attributes assessed in the questionnaires. These analyses were conducted by Westat, Inc., a contractor for the CDC. In addition to point estimates, 95% confidence intervals were computed. These statistics were used to make inferences concerning the health policy and education attributes of principals and lead health education teachers *in all regular secondary public schools in Iowa having at least one of the grades 6 through 12.*

Informal tests of statistical significance using the confidence intervals for the three grade levels (middle school, junior/senior high, and senior high school) were conducted on data from selected survey questions to assess the differences in the results by school grade level. Confidence intervals that did not overlap provided evidence of statistically significant differences. This method was recommended since these intervals were computed by taking into account the differential weighting of the responses based on the sampling scheme and non-response patterns (Mary Nixon, Westat statistician, personal communication, December 1996).[3] For example, question 18 on the principal's survey regarding whether schools offered opportunities for all students to participate in intramural activities or physical activity clubs yielded the three confidence intervals represented in Figure 1. The fact that these confidence intervals do not *all* overlap (middle school interval does not overlap with either the junior/senior or senior high school intervals), indicated that the results for this question differed by school grade level. In others, e.g., question 10 regarding whether or not the school has a policy on various issues regarding HIV infection or AIDS among students and/or staff, all of the confidence intervals for each of the issues overlapped. No differences over grade levels were indicated on this question.[4]

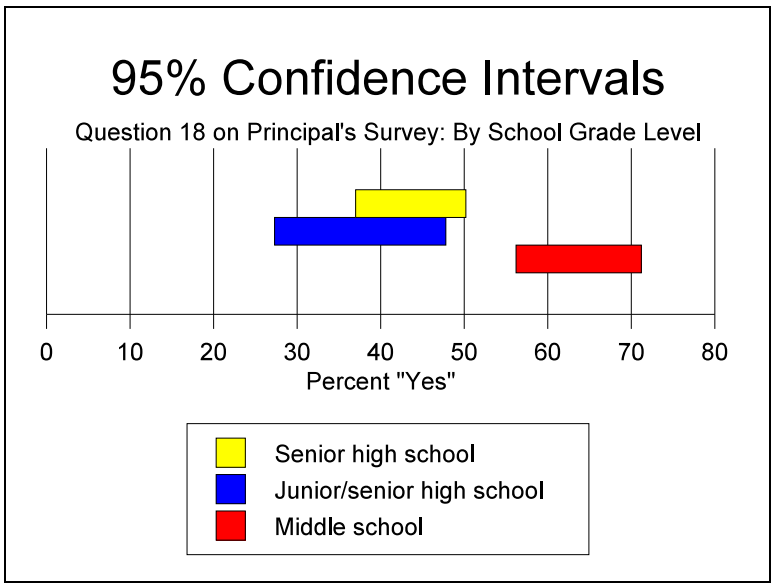

Figure 1: Non-overlapping confidence intervals on question 18 of principal's survey (evidence of statistically significant differences among school grade levels).

We always report the overall results for the total sample. *Data utilizing the total sample are meaningful even if differences exist over some of the grade levels, since (1) the random sample was taken over the entire state and (2) the data were weighted (sufficiently high response rate*

[3] This is the method, using similarly weighted data, that was recommended for testing the statistical significance of differences over groups of students with the Youth Risk Behavior Survey (YRBS) data (Laura Kann, YRBS training, August 2010).

[4] Differences in responses to the same questions used in surveys administered over time (e.g., the 2008 and 2010 SHPs) are handled differently. Trend analyses were conducted using logistic regression with the weighted 2010 data for questions that were asked in at least one other year (since 1998) that weighted data were achieved. In this report, only results where such differences were "substantial" (based on author judgement) and statistically significant ($p<.05$) were cited.

achieved). In selected questions, where significant differences were detected, the grade level results provide additional information for more specific recommendations for health education.

The point and interval estimates are presented in a supplementary report for all survey items on each of the two questionnaires using data from respondents at each of the three school grade levels, as well as the combined sample. The item question, choices, sample size ("n"), and raw counts are also presented for each item, as well as graphical representations for use in presentations. These data summaries were produced by Westat, Inc. and are provided in the document *2010 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2010). Results from the aforementioned trend analyses are also presented in this supplementary report.

Summary Methods

The data are reported here in summarized form. This includes the percentages responding "Yes" (or selecting a particular choice) for binary coded questions, and the percentages for the most frequently selected response choice(s) in questions with three or more possible choices. The percentages for middle, junior/senior high, and/or senior high school are presented for selected questions. In addition, comparisons are made with results from earlier profiles (e.g., the 2008 SHP) for selected questions. However, due to many changes in the SHP over the years (changes in wording, adding new questions, discarding old ones) comparisons over time in many areas were not possible. (Most percentages are presented rounded to the nearest percent.)

2010 Iowa School Health Profiles:

Results of the School Principal Survey

The overall results of the 2010 Iowa SHP based on the school principal survey are presented below for secondary schools. Point estimates (in percent) are provided along with the number of responses on which these percentages were based. In selected questions, grade level breakdowns or comparisons with results from the 2008 (or earlier) profiles are provided if significant or substantial differences were indicated.

General Health Education and Policy

Question 1: Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas?

a. Physical activity

Based on 244 responses, 33% of secondary principals indicated that the School Health Index (or other self-assessment tool) was used for this activity.

b. Nutrition

Based on 244 responses, 35% of secondary principals indicated that the School Health Index (or other self-assessment tool) was used for this activity.

c. Tobacco-use prevention

Based on 243 responses, 31% of secondary principals indicated that the School Health Index (or other self-assessment tool) was used for this activity.

d. Asthma

Based on 242 responses, 16% of secondary principals indicated that the School Health Index (or other self-assessment tool) was used for this activity.

e. Injury and violence prevention

Based on 243 responses, 27% of secondary principals indicated that the School Health Index (or other self-assessment tool) was used for this activity.

There were substantial increases in the percentage indicating use of these tools for self-assessment in most of the above areas over those of 2008. (The question (e) on injury and violence prevention was not included on the 2008 SHP.)

Question 2: The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Does your school's written SIP include health-related goals and objectives on any of the following topics? (Mark yes or no for each topic, or if your school does not have a SIP, mark "no SIP.")

a. Health education

Based on 239 responses, 54% of secondary principals indicated that the SIP included this activity.

b. Physical education and physical activity

Based on 239 responses, 57% of secondary principals indicated that the SIP included this activity.

c. Nutrition services and foods and beverages available at school

Based on 240 responses, 53% of secondary principals indicated that the SIP included this activity.

d. Health services

Based on 237 responses, 42% of secondary principals indicated that the SIP included this activity.

e. Mental health and social services

Based on 236 responses, 33% of secondary principals indicated that the SIP included this activity.

f. Healthy and safe school environment

Based on 237 responses, 72% of secondary principals indicated that the SIP included this activity.

g. Family and community involvement

Based on 238 responses, 57% of secondary principals indicated that the SIP included this activity.

h. Faculty and staff health promotion

Based on 238 responses, 34% of secondary principals indicated that the SIP included this activity.

Question 3: The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) to establish a local school wellness policy. Is your school required to report to your district each of the following types of information regarding implementation of the local wellness policy?

a. Number of minutes of physical education required in each grade

Based on 250 responses, 90% of secondary principals indicated they had implemented this local wellness policy.

b. Rates of student participation in school meal programs

Based on 251 responses, 89% of secondary principals indicated they had implemented this local wellness policy.

c. Revenue from sale of foods and beverages from school-sponsored fundraisers, vending machines, school stores, or a la carte lines in the school cafeteria

Based on 247 responses, 67% of secondary principals indicated they had implemented this local wellness policy.

d. Number of minutes of physical activity outside of physical education (e.g., classroom physical activity breaks, free time physical activity, or recess)

Based on 251 responses, 61% of secondary principals indicated they had implemented this local wellness policy.

Question 4: Currently, does someone at your school oversee or coordinate school health and safety programs and activities?

Based on 242 school principal responses, 82% indicated someone at their school oversees or coordinates school health and safety programs/activities.

Question 5: Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?

Based on 250 responses, 64% responded affirmatively to this question.

Question 6: Are each of the following groups represented on any school health council, committee, or team?

a. School administrators

Based on 157 school principal responses, 96% indicated that school administrators were represented in these groups.

b. Health education teachers

Based on 157 school principal responses, 87% indicated that health education teachers were represented in these groups.

c. Physical education teachers

Based on 156 school principal responses, 89% indicated that physical education teachers were represented in these groups.

d. Mental health or social services staff

Based on 149 school principal responses, 44% indicated that mental health or social services staff were represented in these groups.

e. Nutrition or food service staff

Based on 156 school principal responses, 85% indicated that nutrition or food service staff were represented in these groups.

f. Health services staff (e.g., school nurse)

Based on 156 school principal responses, 90% indicated that health services staff were represented in these groups.

g. Maintenance and transportation staff

Based on 152 school principal responses, 15% indicated that maintenance and transportation staff were represented in these groups.

h. Technology staff

Based on 152 school principal responses, 20% indicated that technology staff were represented in these groups.

i. Library/media center staff

Based on 152 school principal responses, 15% indicated that library/media center staff were represented in these groups.

j. Student body

Based on 155 school principal responses, 68% indicated that students were represented in these groups.

k. Parents or families of students

Based on 154 school principal responses, 74% indicated that parents or families of students were represented in these groups.

l. Community members

Based on 154 school principal responses, 69% indicated that the community was represented in these groups.

m. Local health departments, agencies, or organizations

Based on 153 school principal responses, 48% indicated that local health departments, agencies, or organizations were represented in these groups.

n. Faith-based organizations

Based on 153 school principal responses, 12% indicated that faith-based organizations were represented in these groups.

o. Businesses

Based on 153 school principal responses, 31% indicated that businesses were represented in these groups.

p. Local government

Based on 153 school principal responses, 24% indicated that local government was represented in these groups.

Question 7: Are any school staff required to receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on HIV, STD, or pregnancy prevention issues and resources for the following groups?

a. Ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth)

Based on 252 school principal responses, 22% responded affirmatively to this question for this group.

b. Youth who participate in drop-out prevention, alternative education, or GED programs

Based on 252 school principal responses, 32% responded affirmatively to this question for this group.

Question 8: Does this school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called gay/straight alliances.

Based on 252 school principal responses, 22% responded affirmatively to this question. Twelve percent (12%) of middle school principals, 17% of junior/senior high school principals, and 34% of high school principals responded affirmatively.

Question 9: Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth?

a. Identify "safe spaces" (e.g., a counselor's office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff

Based on 250 school principal responses, 61% responded affirmatively to this question.

b. Prohibit harassment based on a student's perceived or actual sexual orientation or gender identity

Based on 250 school principal responses, 95% responded affirmatively to this question.

c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity

Based on 250 school principal responses, 64% responded affirmatively to this question.

d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth

Based on 250 school principal responses, 50% responded affirmatively to this question. Thirty-nine percent (39%) of middle school principals, 42% of junior/senior high school principals, and 62% of high school principals responded affirmatively.

e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth

Based on 249 school principal responses, 51% responded affirmatively to this question. Forty-one percent (41%) of middle school principals, 40% of junior/senior high school principals, and 63% of high school principals responded affirmatively.

Question 10: Has your school adopted a policy that addresses each of the following issues on human immunodeficiency virus (HIV) or AIDS?

a. Attendance of students with HIV infection

Based on 240 school principal responses, 56% responded affirmatively to this question.

b. Procedures to protect HIV-infected students and staff from discrimination

Based on 235 school principal responses, 69% responded affirmatively to this question.

c. Maintaining confidentiality of HIV-infected students and staff

Based on 236 school principal responses, 76% responded affirmatively to this question.

d. Worksite safety (i.e., universal precautions for all school staff)

Based on 239 school principal responses, 83% responded affirmatively to this question.

e. Confidential counseling for HIV-infected students

Based on 235 school principal responses, 58% responded affirmatively to this question.

f. Communication of the policy to students, school staff, and parents

Based on 233 school principal responses, 59% responded affirmatively to this question.

g. Adequate training about HIV infection for school staff

Based on 235 school principal responses, 67% responded affirmatively to this question.

h. Procedures for implementing the policy

Based on 231 school principal responses, 64% responded affirmatively to this question.

Question 11: Does your school have or participate in each of the following programs?

a. A student mentoring program

Based on 252 school principal responses, 59% responded affirmatively to this question.

b. A safe-passages to school program

Based on 251 school principal responses, 18% responded affirmatively to this question.

c. A program to prevent bullying

Based on 251 school principal responses, 81% responded affirmatively to this question.

d. A program to prevent dating violence

Based on 250 school principal responses, 29% responded affirmatively to this question.

e. A youth development program

Based on 249 school principal responses, 55% responded affirmatively to this question.

Question 12: Are all staff who teach health education topics at this school certified, licensed, or endorsed by the state in health education?

Based on 249 school principal responses, 87% responded affirmatively to this question.

Required Physical Education

Question 13: Is physical education required for students in any of grades 6 through 12 in this school?

Based on 249 responses, 97% of principals responded affirmatively to this question.

Question 14: Is a required physical education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

Among principals who indicated that their schools required physical education for students in *any* of grades 6-12, at least 91% indicated that it was required in *each* of grades 6-12, with the highest percentages (98-99%) in grades 6-8. (These percentages were based on from 109 for 6th grade to 163 for 9th grade.)

Question 13: Can students be exempted from taking a required physical education course for one grading period or longer for any of the following reasons? (Mark yes or no for each reason.)

a. Enrollment in other courses (i.e., math or science)

b. Participation in school sports

c. Participation in other school activities (i.e., ROTC, band, or chorus)

d. Participation in community sports activities

e. Religious reasons

f. Long-term physical or medical disability

g. Cognitive disability

h. High physical fitness competency test score

i. Participation in vocational training

j. Participation in community service activities

Based on 231 responses, 84% indicated students may be exempted from physical education because of long-term physical/medical disability; based on 229 responses, 65% indicated students may be exempted for religious reasons; based on 230 responses, 45% indicated students may be exempted for enrollment in other courses. (The percentages of school principals responding affirmatively to the other reasons were all under 30%.)

Physical Education and Physical Activity

Question 16: During the past two years, did any physical education teachers or specialists at this school receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on physical education?

Based on 246 responses, 81% responded affirmatively to this question.

Question 17: Are those who teach physical education at this school provided with each of the following materials?

a. Goals, objectives, and expected outcomes for physical education

Based on 251 responses, 97% responded affirmatively to this question.

b. A chart describing the annual scope and sequence of instruction for physical education

Based on 249 responses, 77% responded affirmatively to this question.

c. Plans for how to assess student performance in physical education

Based on 251 responses, 78% responded affirmatively to this question.

d. A written physical education curriculum

Based on 251 responses, 92% responded affirmatively to this question.

Question 18: Does this school offer opportunities for all students to participate in intramural activities or physical activity clubs? (Intramural activities or physical activities clubs are any physical activities programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability.)

Based on 252 responses, 51% responded affirmatively to this question.

Question 19: Outside of school hours or when school is not in session, do children or adolescents use any of your school's indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons?

Based on 251 school principal responses, 86% responded affirmatively to this question.

Tobacco-Use Prevention Policies

Question 20: Has your school adopted a policy prohibiting tobacco use?

Based on 251 responses to this question, nearly all (99.6%) of the secondary school principals responded affirmatively to this question.

Question 21: Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

a. Cigarettes

b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)

c. Cigars

d. Pipes

The groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on 242-245 responses, the percent affirming that their policies prohibited the use of various types of tobacco listed was 94-99% for students, 94-99% for faculty/staff, and 93-98% for school visitors.

Question 22: Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

a. During school hours

b. During non-school hours

As in the previous question, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on 240 to 245 responses, the percent indicating their policies prohibited tobacco use for students was 99% during school hours and 98% during non-school hours; for faculty/staff, 98%

during school hours and 88% during non-school hours; for visitors, 98% during school hours and 89% during non-school hours.

Question 23: Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

Location

a. In school buildings

b. Outside on school grounds, including parking lots and playing fields

c. On school buses or other vehicles used to transport students

d. At off-campus, school-sponsored events

As in the previous questions, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on 244-245 responses regarding the various locations, most principals (97-100%) responded that smoking was specifically prohibited therein for students. Based on 243-244 responses, regarding the locations "In school buildings" and "On school buses ... ," 100% and 99% (respectively) affirmed that smoking was specifically prohibited in those areas for faculty/staff, while for locations "Outside on school grounds ..." and "At off-campus, school-sponsored events" 99% and 89% (respectively) indicated that smoking was specifically prohibited for faculty/staff. Based on 236 to 241 responses, regarding the "In school buildings" and "On school buses ... ," 100% and 98% (respectively) indicated that smoking was specifically prohibited for visitors, while for locations "Outside on school grounds ..." and "At off-campus, school-sponsored events," 99% and 74% (respectively) indicated that smoking was specifically prohibited for visitors.

Questions 21, 22, and 23 were combined for question "23N": 60.5% of 233 principals responded "yes" to all parts of questions 21, 22, and 23. This percentage was about 20% higher than in 2008 and 40% higher than in 2002.

Question 24: Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

As in the previous questions, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on 242-244 responses, 99% of principals indicated their schools had procedures to inform students about the tobacco prevention policy prohibiting use of tobacco, 97% indicated they had procedures to inform faculty/staff about the tobacco prevention policy prohibiting use of tobacco, and 95% indicated they had procedures to inform visitors about the tobacco prevention policy prohibiting use of tobacco.

Question 25: Does your school's tobacco-use prevention policy include guidelines on what actions the school should take when students are caught smoking cigarettes?

Based on 245 responses, 94% of the principals responded in the affirmative on this question (among those schools that indicated they had adopted a policy prohibiting tobacco use).

Question 26: At your school, who is responsible for enforcing your tobacco-use prevention policy?

Based on 231 responses, 52% of school principals selected "principal" and 42% selected "no single individual is responsible" on this question. Five percent (5%) selected "assistant principal."

Question 27: Do each of the following criteria help determine what actions the school takes when students are caught smoking cigarettes? (Mark yes or no for each criterion.)

a. Zero tolerance

b. Effect or severity of the violation

c. Grade level of student

d. Repeat offender status

Based on 237-247 responses, "zero tolerance" was affirmed by 84% of school principals, followed by "repeat offender status" with 79%, "effect or severity of the violation" with 55%, and "grade level of student" with 36% of school principals.

Question 28: When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

Action

a. Parents or guardians are informed

Based on the 250 principals responding to this question regarding this action, 98% indicated parents or guardians were always or almost always informed.

b. Referred to a school counselor

Based on the 247 principals responding to this question regarding this action, 46% indicated students were sometimes referred to a counselor and 33% indicated they were always or almost always so referred.

c. Referred to a school administrator

Based on the 250 principals responding to this question regarding this action, 99% indicated students were always or almost always so referred.

d. Encouraged, but not required to participate in an assistance, education, or cessation program

Based on the 249 principals responding to this question regarding this action, the highest percentage (39%) indicated students were sometimes encouraged to participate in such a program.

e. Required to participate in an assistance, education, or cessation program

Based on the 245 principals responding to this question regarding this action, 38% indicated students were never required to participate in such a program and 31% indicated they were rarely so required, while 22% indicated they were sometimes required to do so.

f. Referred to legal authorities

Based on the 245 principals responding to this question regarding this action, 36% indicated students were sometimes referred to legal authorities and 45% indicated they were always or almost always so referred.

g. Placed in detention

Based on the 244 principals responding to this question regarding this action, about 35% indicated students were never or rarely placed in detention (if caught smoking cigarettes), while another 30% indicated they were sometimes detained and 34% indicated they were always or almost always detained.

h. Not allowed to participate in extra-curricular activities or interscholastic sports

Based on the 248 principals responding to this question regarding this action, 81% indicated students were always or almost always not allowed to participate in such activities or sports.

i. Given in-school suspension

Based on the 246 principals responding to this question regarding this action, 46% indicated students were sometimes given in-school suspension and 32% indicated they were always or almost always given such suspension.

j. Suspended from school

Based on the 247 principals responding to this question regarding this action, 42% indicated students were sometimes suspended from school and 26% indicated they were always or almost always suspended therefrom.

k. Expelled from school

Based on the 246 principals responding to this question regarding this action, 67% indicated students were never and 29% indicated they were rarely expelled from school.

l. Reassigned to an alternative school

Based on the 246 principals responding to this question regarding this action, 67% indicated students were never and 28% indicated they were rarely reassigned to an alternative school.

Question 29: Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?

Based on 248 principals responding to this question, 87% indicated their school posted signs marking a tobacco-free school zone. This was another increase in the percentage of school principals indicating they posted such signs over that reported in the 2008 SHP (73%), 2006 SHP (60%), 2004 SHP (52%), 2002 SHP (46%), and the 2000 SHP (28%) (e.g., Veale, 2009a). (See Figure 2.)

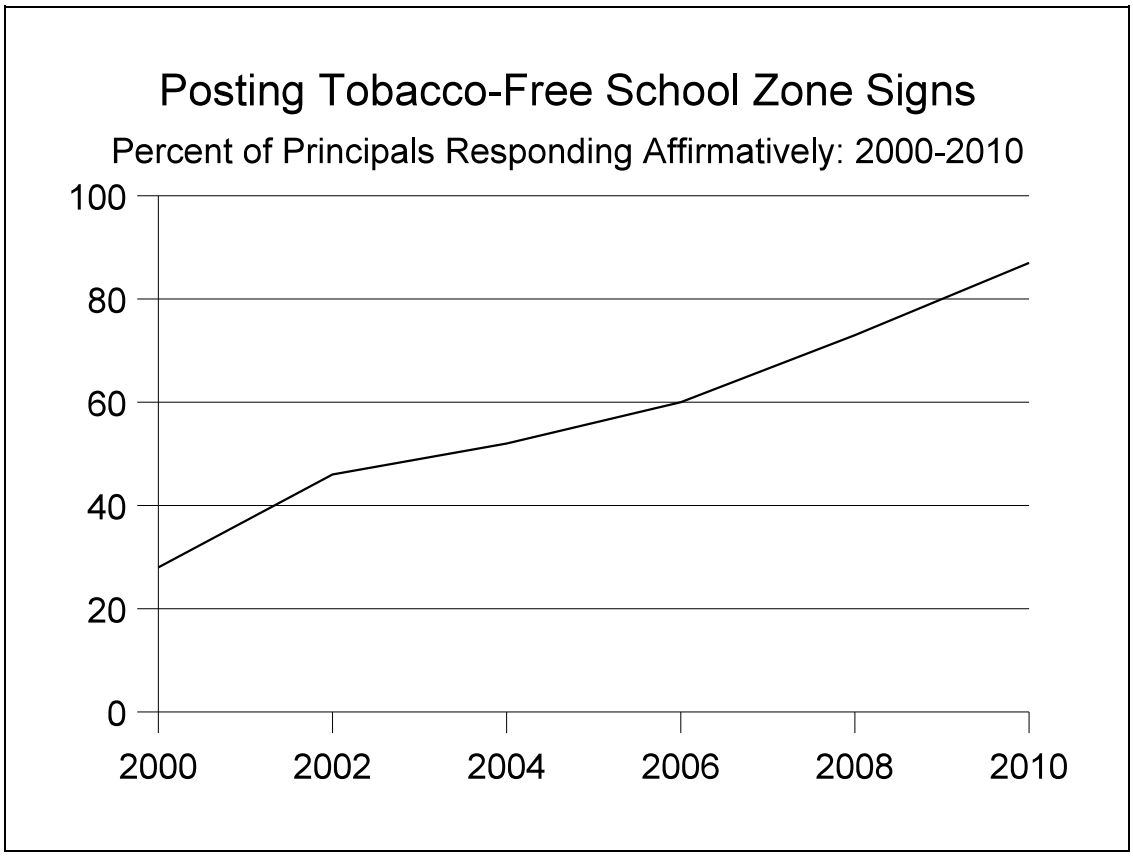

Figure 2: Percent of principals responding affirmatively to question about posting signs marking their school a tobacco-free zone (2000 to 2010).

Question 30: During the past two years, has your school done each of the following activities? (Mark yes or no for each activity.)

a. Gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts?

Based on 250 principals responding to this question, 48% responded affirmatively.

b. Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use?

Based on 251 principals responding to this question, 61% responded affirmatively.

Question 31: Does your school provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

The groups were (a) faculty and staff and (b) students.

Based on the 249 principals responding to part (a) of this question, 13% indicated that faculty and staff would be provided tobacco cessation services. Based on the 249 principals responding to part (b), 22% indicated that students would be provided such services.

Question 32: Does your school have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups? (Mark yes or no for each group.)

The groups were (a) faculty and staff and (b) students.

Based on the 250 principals responding to part (a) of this question, 29% indicated that faculty or staff would be provided (off campus) tobacco cessation services. Based on 251 principals responding to part (b) of this question, 42% indicated that students would be provided such services.

Nutrition-Related Policies and Practices

Question 33: When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered?

Based on 252 principals responding to this question, 53% indicated fruits or non-fried vegetables were sometimes offered and 22% indicated they were always or almost always offered.

Question 34: Can student purchase snack foods or beverages from one or more vending machines at the school or at the school store, canteen, or snack bar?

Based on 251 principals, 76% responded in the affirmative to this question. This was down from 90% in 2002.

Question 35: Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

Food/Beverage

a. Chocolate candy

b. Other kinds of candy

c. Salty snacks that are not low in fat, such as regular potato chips

d. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat

e. Ice cream or frozen yogurt that is not low in fat

f. 2% or whole milk (plain or flavored)

g. Water ices or frozen slushes that do not contain juice

h. Soda pop or fruit drinks that are not 100% juice

i. Sports drinks, such as Gaterade

j. Foods or beverages containing caffeine

k. Fruits (not fruit juice)

l. Non-fried vegetables (not vegetable juice)

Based on 247-248 responses, the percentage responding "yes" were as follows: chocolate candy 18%; other kinds of candy 22%; salty snacks that are *not* low in fat, such as regular potato chips, 24%; cookies, crackers, cakes, pastries, or other baked goods that are not low in fat 28%; ice cream or frozen yogurt that is not low in fat 15%; 2% or whole milk (plain or flavored) 36%; water ices or frozen slushes that do not contain juice 12%; soda pop or fruit drinks that are not 100% juice 38%; sports drinks, such as Gaterade, 66%; foods or beverages containing caffeine 36%; fruits (not fruit juice) 32%; and non-fried vegetables (not vegetable juice) 15%.[5] The percentages for chocolate, other candy, and salty snacks not low in fat were all reduced from over 60% in 2002, while that of soda pop or fruit drinks not 100% juice was reduced from 75% in 2006.

Question 36: Does this school limit the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar?

Based on 248 principals, 52% responded in the affirmative.

Question 37: During this school year, has your school done any of the following?

a. Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages

b. Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating

c. Provided information to students or families on the nutrition and caloric content of foods available

d. Conducted taste tests to determine food preferences for nutritious item

e. Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics

Based on 250 principals, 51% indicated they collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating, 46% indicated they provided information to students or families on the nutrition and caloric content of foods available, and 23% indicated they conducted taste tests for nutritious items. The other parts (a and e) drew fewer than 20% responding affirmatively.

Question 38: At this school, are candy, meals from fast food restaurants, or soft drinks promoted through the distribution of products, such as t-shirts, hats, and book covers to students?

Based on 250 principals, only 2% responded affirmatively.

Question 39: Does this school prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations?

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[5] Note that this question was revised from previous surveys. It is not known, for example, what percentage of schools in 2010 had 100% fruit juices available or skim (or 1%) milk. It might be useful to know if schools are making other healthy foods/beverages available besides fruits and non-fried vegetables (and besides the ones considered unhealthy).

a. In the school building

b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus

c. On school buses or other vehicles used to transport students

d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)

Based on 251-254 principals, the percentage responding affirmatively ranged from 41% for prohibition on school grounds to 59% for prohibition on school buses or other vehicles for transporting students.

Health Services (Asthma)

Question 40: Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.)

Based on 254 principals responding to this question, 48% indicated they had a full-time registered nurse.

Question 41: At your school, how many students with known asthma have an asthma action plan on file? (Mark one response.)

a. This school has no students with known asthma.

b. All students with known asthma have an asthma action plan on file.

c. Most students with known asthma have an asthma action plan on file.

d. Some students with known asthma have an asthma action plan on file.

e. No students with known asthma have an asthma action plan on file.

Based on 252 principals, 51% indicated all students, 22% indicated most students, 19% indicated some students, and 6% indicated no students with known asthma have an asthma action plan on file. Only 3% indicated that there were no students with known asthma in their school.

Question 42: At your school, which of the following information is used to identify students with poorly controlled asthma? (Mark all that apply.)

a. This school does not identify students with poorly controlled asthma.

b. Frequent absences from school

c. Frequent visits to the school health office due to asthma

d. Frequent asthma symptoms at school

e. Frequent non-participation in physical education class due to asthma

f. Students sent home early due to asthma

g. Calls from school to 911, or other local emergency numbers, due to asthma

Based on 245-254 principals responding to this question, most selected frequent visits to the school health office (65%), frequent asthma symptoms at school (50%), and frequent non-participation in physical education class due to asthma (39%).

Question 43: Does your school provide each of the following services for students with poorly controlled asthma?

a. Providing referrals to primary healthcare clinicians or child health insurance programs

b. Ensuring an appropriate written asthma action plan is obtained

c. Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school

d. Offering asthma education for the student with asthma

e. Minimizing asthma triggers in the school environment

f. Addressing social and emotional issues related to asthma

g. Providing additional psychosocial counseling or support services as needed

h. Ensuring access to safe, enjoyable physical education and activity opportunities

i. Ensuring access to preventive medications before physical activity

Based on 243-248 principals, most indicated they provided access to safe, enjoyable physical education (88%), access to and appropriate use of asthma medications at school (87%), and preventive medications before physical activity (86%). On the other hand, only 43% indicated they provided additional psychosocial counseling or support services as needed.

Question 44: How often are school staff members required to receive training on recognizing and responding to severe asthma symptoms? (Mark one response.)

a. More than once per year

b. Once per year

c. Less than once per year

d. No such requirement

Based on 251 principals responding to this question, 63% indicated there was no such requirement and 23% indicated staff were required to receive such training once a year.

Question 45: Has your school adopted a policy stating that students are permitted to carry and self-administer asthma medications?

Based on 251 principals, 75% responded in the affirmative to this question.

Question 46: Does your school have procedures to inform each of the following groups about your school's policy permitting students to carry and self-administer asthma medications?

a. Students

b. Parents/families

Based on 182 principals responding affirmatively to the previous question regarding policy to self-administer asthma medications (and to this part of this question), 91% indicated they have procedures to inform students. Based on 179 principals responding affirmatively to the previous question regarding policy to self-administer asthma medications (and to this part of this question), 90% indicated they have procedures to inform parents/families of these procedures.

Question 47: At your school, who is responsible for implementing your school's policy permitting students to carry and self-administer asthma medication? (Mark one response.)

a. No single individual is responsible

b. Principal

c. Assistant principal

d. School nurse

e. Other school faculty or staff member

Based on 173 principals responding affirmatively to the previous question regarding policy to self-administer asthma medications (and to this question), 71% indicated the school nurse was responsible and 18% indicated that no single individual was responsible for implementing that policy.

Family and Community Involvement

Question 48: During the past two years, have students' families helped develop or implement policies and programs related to the following topics?

a. HIV, STD, or teen pregnancy prevention

b. Tobacco-use prevention

c. Physical activity

d. Nutrition and healthy eating

e. Asthma

Based on 251-252 principals, 55% indicated students' families helped develop or implement policies/programs for nutrition and healthy eating, 41% indicated they helped with policies/programs for physical activity, and 27% indicated they helped with policies/programs for tobacco-use prevention. (The percentages for the other topics were under 20%.)

Question 49: During the past two years, have community members helped develop or implement policies and programs related to the following topics?

a. HIV, STD, or teen pregnancy prevention

b. Tobacco-use prevention

c. Physical activity

d. Nutrition and healthy eating

e. Asthma

Based on 250-251 principals, 60% indicated students' families helped develop or implement policies/programs for nutrition and healthy eating, 45% indicated they helped with policies/programs for physical activity, and 35% indicated they helped with policies/programs for tobacco-use prevention. (The percentages for the other topics were under 20%.)

2010 Iowa School Health Profiles:

Results of the Lead Health Education Teacher Survey

The results of the 2010 Iowa SHP based on the lead health education teacher (LHET) survey are presented below. Point estimates (in percent) are provided along with the number of responses on which these percentages were based. In selected questions, grade level breakdowns or comparisons with results from the 2008 (or earlier) profiles are provided if significant or substantial differences were indicated.

Required Health Education Courses

Question 1: How many required health education courses do students take in grades 6 through 12 in this school?

a. 0 courses

b. 1 course

c. 2 courses

d. 3 courses

e. 4 or more courses

Based on 233 LHETs, 32% indicated 1 course was required, 24% indicated 2 courses, 15% indicated 3 courses, and 10% indicated 4 or more courses were required. Nineteen percent indicated no courses were required. Thus, 81% indicated they had *at least one* required health education course in their school.

Question 2: Is a required health education course taught in each of the following grades in this school? (For each grade, mark yes or no, or if your school does not have that grade, mark "grade not taught in your school.")

The response choices were grades 6-12. Based on the LHET responses in the number of schools in which each of the grades were taught (varied from 89 in 6^{th} to 163 in 9^{th} grades), the percentages in which required health education courses were taught were as follows: 6^{th} (38%), 7^{th} (60%), 8^{th} (53%), 9^{th} (49%), 10^{th} (36%), 11^{th} (21%), and 12^{th} (19%). Thus, there were substantial differences in the percentages of schools in which required health education courses were taught in 7^{th}, 8^{th} and 9^{th} grades compared with 10^{th}, 11^{th} and 12^{th} grades. There were lower percentages indicating the teaching of required health education courses in the higher grades, although somewhat higher than in previous years.

Question 3: If students fail a required health education course, are they required to repeat it?

Based on 177 LHETs who indicated in Question 1 that at least one required health education course was taught in any of grades 6-12, 57% responded affirmatively to this question.

Question 4: Are those who teach health education at this school provided with the following materials?

a. Goals, objectives, and expected outcomes for health education

b. A chart describing the annual scope and sequence of instruction for health education

c. Plans for how to assess student performance in health education

d. A written health education curriculum

Based on 247-249 LHETs, 84% indicated goals, objective, and expected outcomes were provided, 64% indicated a scope and sequence chart was provided, 62% indicated assessment plans were provided, and 73% indicated a curriculum was provided.

Question 5: Does your health education curriculum address each of the following?

a. Comprehending concepts related to health promotion and disease prevention to enhance health

b. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors

c. Accessing valid information and products and services to enhance health

d. Using interpersonal communication skills to enhance health and avoid or reduce health risks

e. Using decision-making skills to enhance health

f. Using goal-setting skills to enhance health

g. Practicing health-enhancing behaviors to avoid or reduce risks

h. Advocating for personal, family, and community health

Based on 247-249 LHETs, the percentages responding affirmatively to these skill areas were all at or above 85%. The highest percentage was for comprehending concepts related to health promotion and disease prevention (97%) and the lowest percentage was for accessing valid information and products and services (87%).

Required Health Education

Question 6: Is health education instruction required for students in any of grades 6 through 12 in your school?

Based on 243 LHETs, 86% responded affirmatively to this question. (This compares with 81% who indicated there was at least one required health education course in Question 1, based on 233 responses.)

Question 7: During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Alcohol or other drug use prevention

Based on 247 responses to this part of the question, 92% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of alcohol or other drug use prevention.

b. Asthma

Based on 242 responses to this part of the question, 45% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of asthma.

c. Emotional and mental health

Based on 247 responses to this part of the question, 85% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of emotional and mental health.

d. Foodborne illness prevention

Based on 247 responses to this part of the question, 71% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of foodborne illness prevention.

e. Human Immunodeficiency virus (HIV) prevention

Based on 242 responses to this part of the question, 89% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of HIV prevention.

f. Human sexuality

Based on 243 responses to this part of the question, 87% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of human sexuality.

g. Injury prevention and safety

Based on 245 responses to this part of the question, 81% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of injury prevention and safety.

h. Nutrition and dietary behavior

Based on 237 responses to this part of the question, 92% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of nutrition and dietary behavior.

i. Physical activity and fitness

Based on 234 responses to this part of the question, 98% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of physical activity and fitness.

j. Pregnancy prevention

Based on 243 responses to this part of the question, 82% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of pregnancy prevention.

k. Sexually transmitted disease (STD) prevention

Based on 243 responses to this part of the question, 86% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of STD prevention.

l. Suicide prevention

Based on 245 responses to this part of the question, 66% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of suicide prevention.

m. Tobacco-use prevention

Based on 240 responses to this part of the question, 93% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of tobacco-use prevention.

n. Violence prevention (e.g., bullying, fighting, or homicide)

Based on 246 responses to this part of the question, 84% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of violence prevention.

Question 8: During this school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Identifying tobacco products and the harmful substances they contain

Based on 239 responses to this part of the question, 87% of LHETs indicated that teachers in their school taught identifying tobacco products and the harmful substances they contain.

b. Identifying short and long-term health consequences of tobacco use

Based on 238 responses to this part of the question, 89% of LHETs indicated that teachers in their school taught identifying short and long-term health consequences of tobacco use.

c. Identifying legal, social, economic, and cosmetic consequences of tobacco use

Based on 239 responses to this part of the question, 80% of LHETs indicated that teachers in their school taught identifying legal, social, economic, and cosmetic consequences of tobacco use.

d. Understanding the addictive nature of nicotine

Based on 238 responses to this part of the question, 87% of LHETs indicated that teachers in their school taught understanding the addictive nature of nicotine.

e. Effects of tobacco use on athletic performance

Based on 239 responses to this part of the question, 75% of LHETs indicated that teachers in their school taught the effects of tobacco use on athletic performance.

f. Effects of second-hand smoke and benefits of a smoke-free environment

Based on 237 responses to this part of the question, 85% of LHETs indicated that teachers in their school taught the effects of second-hand smoke and benefits of a smoke-free environment.

g. Understanding the social influences on tobacco use, including media, family, peers, and culture

Based on 239 responses to this part of the question, 81% of LHETs indicated that teachers in their school taught understanding the social influences on tobacco use, including media, family, peers, and culture.

h. Identifying reasons why students do and do not use tobacco

Based on 238 responses to this part of the question, 84% of LHETs indicated that teachers in their school taught identifying reasons students do and do not use tobacco.

i. Making accurate assessments of how many peers use tobacco

Based on 239 responses to this part of the question, 62% of LHETs indicated that teachers in their school taught making accurate assessments of how many peers use tobacco.

j. Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)

Based on 237 responses to this part of the question, 78% of LHETs indicated that teachers in their school taught using interpersonal communication skills to avoid tobacco use.

k. Using goal-setting and decision-making skills related to not using tobacco

Based on 238 responses to this part of the question, 74% of LHETs indicated that teachers in their school taught using goal-setting and decision-making skills related to not using tobacco.

l. Finding valid information and services related to tobacco-use prevention and cessation

Based on 237 responses to this part of the question, 71% of LHETs indicated that teachers in their school taught finding valid information and services related to tobacco-use prevention and cessation.

m. Supporting others who abstain from or want to quit using tobacco

Based on 240 responses to this part of the question, 73% of LHETs indicated that teachers in their school taught supporting others who abstain from or want to quit using tobacco.

n. Supporting school and community action to support a tobacco-free environment

Based on 237 responses to this part of the question, 74% of LHETs indicated that teachers in their school taught supporting school and community action for a tobacco-free environment.

o. Identifying harmful effects of tobacco use on fetal development

Based on 238 responses to this part of the question, 76% of LHETs indicated that teachers in their school taught identifying harmful effects of tobacco use on fetal development.

A summary measure for this question on tobacco-use prevention topics is the percentage responding "yes" on all parts a-o. Based on 241 responding to all parts, 46% of LHETs indicated they taught *all* of these prevention topics.

Question 9: During this school year, did teachers in this school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below? (Mark yes or no for each topic. NA for each topic if your school does not contain grades in that grade span.)

Grade span: 6, 7, or 8

Topic

a. The differences between HIV and AIDS

Based on 120 responses to this part of the question, 77% of LHETs in grades 6-8 indicated that teachers in their schools taught the differences between HIV and AIDS.

b. How HIV and other STDs are transmitted

Based on 120 responses to this part of the question, 78% of LHETs in grades 6-8 indicated that teachers in their schools taught how HIV and other STDs are transmitted.

c. How HIV and other STDs are diagnosed and treated

Based on 117 responses to this part of the question, 68% of LHETs in grades 6-8 indicated that teachers in their schools taught how HIV and other STDs are diagnosed and treated.

d. Health consequences of HIV, other STDs, and pregnancy

Based on 119 responses to this part of the question, 79% of LHETs in grades 6-8 indicated that teachers in their schools taught the health consequences of HIV, other STDs, and pregnancy.

e. The relationship among HIV, other STDs, and pregnancy

Based on 118 responses to this part of the question, 68% of LHETs in grades 6-8 indicated that teachers in their schools taught about the relationship among HIV, other STDs, and pregnancy.

f. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy

Based on 120 responses to this part of the question, 73% of LHETs in grades 6-8 indicated that teachers in their schools taught about the relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy.

g. The benefits of being sexually abstinent

Based on 120 responses to this part of the question, 78% of LHETs in grades 6-8 indicated that teachers in their schools taught the benefits of being sexually abstinent.

h. How to prevent HIV, other STDs, and pregnancy

Based on 119 responses to this part of the question, 78% of LHETs in grades 6-8 indicated that teachers in their schools taught how to prevent HIV, other STDs, and pregnancy.

i. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy

Based on 117 responses to this part of the question, 66% of LHETs in grades 6-8 indicated that teachers in their schools taught how to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy.

j. The influences of media, family, and social and cultural norms on sexual behavior

Based on 119 responses to this part of the question, 71% of LHETs in grades 6-8 indicated that teachers in their schools taught the influences of media, family, and social and cultural norms on sexual behavior.

k. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy

Based on 119 responses to this part of the question, 65% of LHETs in grades 6-8 indicated that teachers in their schools taught communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.

l. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy

Based on 118 responses to this part of the question, 67% of LHETs in grades 6-8 indicated that teachers in their schools taught goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.

m. Compassion for persons living with HIV or AIDS

Based on 114 responses to this part of the question, 55% of LHETs in grades 6-8 indicated that they taught compassion for persons living with HIV or AIDS.

n. Efficacy of condoms, that is, how well condoms work and do not work

Based on 117 responses to this part of the question, 59% of LHETs in grades 6-8 indicated that teachers in their schools taught the efficacy of condoms, that is, how well condoms work and do not work.

o. The importance of using condoms consistently and correctly

Based on 114 responses to this part of the question, 52% of LHETs in grades 6-8 indicated that teachers in their schools taught the importance of using condoms consistently and correctly.

p. How to obtain condoms

Based on 112 responses to this part of the question, 34% of LHETs in grades 6-8 indicated that teachers in their schools taught how to obtain condoms.

q. How to correctly use a condom

Based on 112 responses to this part of the question, 31% of LHETs in grades 6-8 indicated that teachers in their schools taught how to correctly use a condom.

A summary measure for this question on pregnancy, HIV infection, and STD prevention topics is the percentage responding "yes" on all parts a-q. Based on 111 responding to all parts, 20% of LHETs in grades 6-8 indicated they taught *all* of these prevention topics.

Question 9 (continued):

Grade span: 9, 10, 11, or 12

Topic

a. The differences between HIV and AIDS

Based on 142 responses to this part of the question, 85% of LHETs in grades 9-12 indicated that teachers in their schools taught the differences between HIV and AIDS.

b. How HIV and other STDs are transmitted

Based on 143 responses to this part of the question, 85% of LHETs in grades 9-12 indicated that teachers in their schools taught how HIV and other STDs are transmitted.

c. How HIV and other STDs are diagnosed and treated

Based on 143 responses to this part of the question, 81% of LHETs in grades 9-12 indicated that teachers in their schools taught how HIV and other STDs are diagnosed and treated.

d. Health consequences of HIV, other STDs, and pregnancy

Based on 143 responses to this part of the question, 85% of LHETs in grades 9-12 indicated that teachers in their schools taught the health consequences of HIV, other STDs, and pregnancy.

e. The relationship among HIV, other STDs, and pregnancy

Based on 143 responses to this part of the question, 82% of LHETs in grades 9-12 indicated that teachers in their schools taught about the relationship among HIV, other STDs, and pregnancy.

f. The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy

Based on 142 responses to this part of the question, 82% of LHETs in grades 9-12 indicated that teachers in their schools taught about the relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy.

g. The benefits of being sexually abstinent

Based on 140 responses to this part of the question, 82% of LHETs in grades 9-12 indicated that teachers in their schools taught the benefits of being sexually abstinent.

h. How to prevent HIV, other STDs, and pregnancy

Based on 142 responses to this part of the question, 84% of LHETs in grades 9-12 indicated that teachers in their schools taught how to prevent HIV, other STDs, and pregnancy.

i. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy

Based on 141 responses to this part of the question, 75% of LHETs in grades 9-12 indicated that teachers in their schools taught how to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy.

j. The influences of media, family, and social and cultural norms on sexual behavior

Based on 138 responses to this part of the question, 77% of LHETs in grades 9-12 indicated that teachers in their schools taught the influences of media, family, and social and cultural norms on sexual behavior.

k. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy

Based on 139 responses to this part of the question, 74% of LHETs in grades 9-12 indicated that teachers in their schools taught communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.

l. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy

Based on 139 responses to this part of the question, 72% of LHETs in grades 9-12 indicated that teachers in their schools taught goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy.

m. Compassion for persons living with HIV or AIDS

Based on 140 responses to this part of the question, 62% of LHETs in grades 9-12 indicated that they taught compassion for persons living with HIV or AIDS.

n. Efficacy of condoms, that is, how well condoms work and do not work

Based on 140 responses to this part of the question, 75% of LHETs in grades 9-12 indicated that teachers in their schools taught the efficacy of condoms, that is, how well condoms work and do not work.

o. The importance of using condoms consistently and correctly

Based on 140 responses to this part of the question, 67% of LHETs in grades 9-12 indicated that teachers in their schools taught the importance of using condoms consistently and correctly.

p. How to obtain condoms

Based on 140 responses to this part of the question, 58% of LHETs in grades 9-12 indicated that teachers in their schools taught how to obtain condoms.

q. How to correctly use a condom

Based on 140 responses to this part of the question, 53% of LHETs in grades 9-12 indicated that teachers in their schools taught how to correctly use a condom.

A summary measure for this question on pregnancy, HIV infection, and STD prevention topics is the percentage responding "yes" on all parts a-q. Based on 137 responding to all parts, 46% of LHETs in grades 9-12 indicated they taught *all* of these prevention topics.

Question 10: During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Benefits of healthy eating

Based on 234 responses to this part of the question, 91% of LHETs indicated that they taught the benefits of healthy eating as part of a required course.

b. Food guidance using MyPyramid

Based on 235 responses to this part of the question, 88% of LHETs indicated that they taught MyPyramid as part of a required course.

c. Using food labels

Based on 236 responses to this part of the question, 87% of LHETs indicated that they taught using food labels as part of a required course.

d. Balancing food intake and physical activity

Based on 235 responses to this part of the question, 89% of LHETs indicated that they taught balancing food intake and physical activity as part of a required course.

e. Eating more fruits, vegetables, and whole grain products

Based on 235 responses to this part of the question, 88% of LHETs indicated that they taught eating fruits, vegetables, and whole grain products as part of a required course.

f. Choosing foods that are low in fat, saturated fat, and cholesterol

Based on 235 responses to this part of the question, 87% of LHETs indicated that they taught choosing foods low in fat, saturated fat, and cholesterol as part of a required course.

g. Using sugars in moderation

Based on 236 responses to this part of the question, 85% of LHETs indicated that they taught a moderate use of sugars as part of a required course.

h. Using salt and sodium in moderation

Based on 236 responses to this part of the question, 83% of LHETs indicated that they taught a moderate use of salt and sodium as part of a required course.

i. Eating more calcium-rich foods

Based on 236 responses to this part of the question, 85% of LHETs indicated that they taught eating more calcium-rich foods as part of a required course.

j. Food safety

Based on 238 responses to this part of the question, 77% of LHETs indicated that they taught food safety as part of a required course.

k. Preparing healthy meals and snacks

Based on 236 responses to this part of the question, 81% of LHETs indicated that they taught preparing healthy meals and snacks as part of a required course.

l. Risks of unhealthy weight control practices

Based on 234 responses to this part of the question, 85% of LHETs indicated that they taught risks of unhealthy weight control practices as part of a required course.

m. Accepting body size differences

Based on 234 responses to this part of the question, 84% of LHETs indicated that they taught accepting body size differences as part of a required course.

n. Signs, symptoms, and treatment for eating disorders

Based on 234 responses to this part of the question, 81% of LHETs indicated that they taught eating disorders as part of a required course.

A summary measure for this question on nutrition and dietary topics is the percentage responding "yes" on all parts a-n. Based on 237 responding to all parts, 66% of LHETs indicated they taught *all* of these topics in a required course.

Question 11: During this school year, did teachers in this school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Physical, psychological, or social benefits of physical activity

Based on 234 responses to this part of the question, 95% of LHETs indicated that they taught the various benefits of physical activity as part of a required course.

b. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)

Based on 234 responses to this part of the question, 92% of LHETs indicated that they taught health-related fitness as part of a required course.

c. Phases of a workout (i.e., warm-up, workout, and cool down)

Based on 235 responses to this part of the question, 89% of LHETs indicated that they taught phases of a workout as part of a required course.

d. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)

Based on 234 responses to this part of the question, 84% of LHETs indicated that they taught how much physical activity is enough as part of a required course.

e. Developing an individualized physical activity plan

Based on 237 responses to this part of the question, 72% of LHETs indicated that they taught developing an individualized physical activity plan as part of a required course.

f. Monitoring progress toward reaching goals in an individualized physical activity plan

Based on 235 responses to this part of the question, 76% of LHETs indicated that they taught monitoring progress toward reaching goals in an individualized physical activity plan as part of a required course.

g. Overcoming barriers to physical activity

Based on 236 responses to this part of the question, 76% of LHETs indicated that they taught overcoming barriers to physical activity as part of a required course.

h. Decreasing sedentary activities (e.g., television watching)

Based on 234 responses to this part of the question, 84% of LHETs indicated that they taught decreasing sedentary activities as part of a required course.

i. Opportunities for physical activity in the community

Based on 234 responses to this part of the question, 77% of LHETs indicated that they taught about opportunities for physical activity in the community as part of a required course.

j. Preventing injury during physical activity

Based on 233 responses to this part of the question, 85% of LHETs indicated that they taught preventing injury during physical activity as part of a required course.

k. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)

Based on 238 responses to this part of the question, 75% of LHETs indicated that they taught weather-related safety as part of a required course.

l. Dangers of using performance-enhancing drugs (e.g., steroids)

Based on 234 responses to this part of the question, 80% of LHETs indicated that they taught the dangers of using performance-enhancing drugs as part of a required course.

A summary measure for this question on physical activity topics is the percentage responding "yes" on all parts a-l. Based on 238 responding to all parts, 48% of LHETs indicated they taught *all* of these topics in required courses.

HIV Prevention

Question 12: During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following? (Mark yes or no for each activity.)

a. Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities

Based on 245 LHETs, 22% responded affirmatively to this question/activity.

b. Provided curricula or supplementary materials in the primary languages of the youth or families

Based on 245 LHETs, 19% responded affirmatively to this question/activity.

c. Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community

Based on 247 LHETs, 23% responded affirmatively to this question/activity.

d. Facilitated access to direct social services and psychosocial services or arrangements with providers not on school property who have experience in serving these youth in the community

Based on 246 LHETs, 24% responded affirmatively to this question/activity.

Question 13: Does your school provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth (e.g., curricula or materials that use inclusive language or terminology)?

Based on 219 LHETs, 23% responded affirmatively to this question/activity.

Collaboration

Question 14: During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

Group

a. Physical education staff

Based on 249 responses to this part of the question, 75% of LHETs indicated that they worked with physical education staff on health education activities. Collaboration with physical education staff has increased from 56% in 2000.

b. Health services staff (e.g., nurses)

Based on 247 responses to this part of the question, 75% of LHETs indicated that they worked with school health services staff on health education activities.

c. Mental health or social services staff (e.g., psychologists, counselors, and social workers)

Based on 247 responses to this part of the question, 52% of LHETs indicated that they worked with mental health or social services staff on health education activities.

d. Nutrition or food service staff

Based on 247 responses to this part of the question, 42% of LHETs indicated that they worked with nutrition or food service staff on health education activities. Collaboration with nutrition or food service staff has increased substantially from 17% in 2000.

e. School health council, committee, or team

Based on 247 responses to this part of the question, 37% of LHETs indicated that they worked with the school health council, committee, or team.

Question 15: During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of the following topics? (Mark yes or no for each topic.)

Topic

a. HIV prevention, STD prevention, or teen pregnancy prevention

Based on 247 responses to this part of the question, 20% of LHETs indicated that their schools provided health information designed to increase parent and family knowledge of this topic.

b. Tobacco-use prevention

Based on 248 responses to this part of the question, 29% of LHETs indicated that their schools provided health information designed to increase parent and family knowledge of this topic.

c. Physical activity

Based on 245 responses to this part of the question, 40% of LHETs indicated that their schools provided health information designed to increase parent and family knowledge of this topic.

d. Nutrition and healthy eating

Based on 246 responses to this part of the question, 42% of LHETs indicated that their schools provided health information designed to increase parent and family knowledge of this topic.

e. Asthma

Based on 248 responses to this part of the question, 13% of LHETs indicated that their schools provided health information designed to increase parent and family knowledge of this topic.

Professional Development

Question 16: During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

Topic

a. Alcohol or other drug use prevention

Based on 246 responses to this part of the question, 27% of LHETs indicated that they received staff development in the area of alcohol or other drug use prevention, during the past two years.

b. Asthma

Based on 247 responses to this part of the question, 9% of LHETs indicated that they received staff development in the area of asthma, during the past two years.

c. Emotional and mental health

Based on 248 responses to this part of the question, 24% of LHETs indicated that they received staff development in the area of emotional and mental health, during the past two years.

d. Foodborne illness prevention

Based on 246 responses to this part of the question, 21% of LHETs indicated that they received staff development in the area of foodborne illness prevention, during the past two years.

e. HIV prevention

Based on 247 responses to this part of the question, 34% of LHETs indicated that they received staff development in the area of HIV prevention, during the past two years.

f. Human sexuality

Based on 245 responses to this part of the question, 28% of LHETs indicated that they received staff development in the area of human sexuality, during the past two years.

g. Injury prevention and safety

Based on 246 responses to this part of the question, 28% of LHETs indicated that they received staff development in the area of injury prevention and safety, during the past two years.

h. Nutrition and dietary behavior

Based on 248 responses to this part of the question, 32% of LHETs indicated that they received staff development in the area of nutrition and dietary behavior, during the past two years.

i. Physical activity and fitness

Based on 248 responses to this part of the question, 33% of LHETs indicated that they received staff development in the area of physical activity and fitness, during the past two years.

j. Pregnancy prevention

Based on 247 responses to this part of the question, 26% of LHETs indicated that they received staff development in the area of pregnancy prevention, during the past two years.

k. STD prevention

Based on 247 responses to this part of the question, 31% of LHETs indicated that they received staff development in the area of STD prevention, during the past two years.

l. Suicide prevention

Based on 247 responses to this part of the question, 17% of LHETs indicated that they received staff development in the area of suicide prevention, during the past two years.

m. Tobacco-use prevention

Based on 247 responses to this part of the question, 17% of LHETs indicated that they received staff development in the area of tobacco-use prevention, during the past two years.

n. Violence prevention (e.g., bullying, fighting, and homicide)

Based on 247 responses to this part of the question, 43% of LHETs indicated that they received staff development in the area of violence prevention, during the past two years. Although down somewhat from the 2008 percentage, violence prevention was again the most frequently indicated area in which professional development occurred in the past two years and the only one that showed an increase since 2000.

Question 17: During the past two years, did you receive professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each topic.)

a. Describing how widespread HIV and other STD infections are and the consequences of these infections

Based on 246 LHETs responding, 29% indicated they received this type of professional development during the past two years.

b. Understanding the modes of transmission and effect prevention strategies for HIV and other STDs

Based on 247 LHETs responding, 31% indicated they received this type of professional development during the past two years.

c. Identifying populations of youth who are at high risk of being infected with HIV and other STDs

Based on 247 LHETs responding, 28% indicated they received this type of professional development during the past two years.

d. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth

Based on 247 LHETs responding, 27% indicated they received this type of professional development during the past two years.

e. Teaching HIV prevention education to students with physical, medical, or cognitive disabilities

Based on 247 LHETs responding, 10% indicated they received this type of professional development during the past two years.

f. Teaching HIV prevention education to students with various cultural backgrounds

Based on 246 LHETs responding, 16% indicated they received this type of professional development during the past two years.

g. Using interactive teaching methods for HIV prevention education (e.g., role plays or cooperative group activities)

Based on 247 LHETs responding, 23% indicated they received this type of professional development during the past two years.

h. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice on these skills

Based on 247 LHETs responding, 21% indicated they received this type of professional development during the past two years.

i. Teaching about health-promoting social norms and beliefs related to HIV prevention

Based on 245 LHETs responding, 20% indicated they received this type of professional development during the past two years.

j. Strategies for involving parents, families, and others in student learning of HIV prevention education

Based on 246 LHETs responding, 11% indicated they received this type of professional development during the past two years.

k. Assessing students' performance in HIV prevention education

Based on 247 LHETs responding, 16% indicated they received this type of professional development during the past two years.

l. Implementing standards-based HIV prevention education curriculum and student assessment

Based on 246 LHETs responding, 19% indicated they received this type of professional development during the past two years.

m. Using technology to improve HIV prevention education instruction

Based on 247 LHETs responding, 19% indicated they received this type of professional development during the past two years.

n. Teaching HIV prevention education to students with limited English proficiency

Based on 247 LHETs responding, 9% indicated they received this type of professional development during the past two years.

o. Addressing community concerns and challenges related to HIV prevention education

Based on 247 LHETs responding, 12% indicated they received this type of professional development during the past two years.

The percentages indicating LHETs had received professional development on these 15 topics related to sexuality education, HIV, and STD prevention ranged from just 9% to 31%. (It is unknown whether teachers *would like* to receive professional development on any of these topics, since that question was not asked.)

Question 18: Would you like to receive staff development on each of these health education topics? (Mark yes or no for each topic.)

Topic

a. Alcohol or other drug use prevention

Based on 244 responses to this part of the question, 68% of LHETs indicated that they would like to receive staff development in the area of alcohol or other drug use prevention.

b. Asthma

Based on 245 responses to this part of the question, 43% of LHETs indicated that they would like to receive staff development in the area of asthma.

c. Emotional and mental health

Based on 243 responses to this part of the question, 67% of LHETs indicated that they would like to receive staff development in the area of emotional and mental health.

d. Foodborne illness prevention

Based on 244 responses to this part of the question, 46% of LHETs indicated that they would like to receive staff development in the area of foodborne illness prevention.

e. HIV prevention

Based on 244 responses to this part of the question, 57% of LHETs indicated that they would like to receive staff development in the area of HIV prevention.

f. Human sexuality

Based on 244 responses to this part of the question, 65% of LHETs indicated that they would like to receive staff development in the area of human sexuality.

g. Injury prevention and safety

Based on 243 responses to this part of the question, 51% of LHETs indicated that they would like to receive staff development in the area of injury prevention and safety.

h. Nutrition and dietary behavior

Based on 245 responses to this part of the question, 67% of LHETs indicated that they would like to receive staff development in the area of nutrition and dietary behavior.

i. Physical activity and fitness

Based on 243 responses to this part of the question, 63% of LHETs indicated that they would like to receive staff development in the area of physical activity and fitness.

j. Pregnancy prevention

Based on 244 responses to this part of the question, 61% of LHETs indicated that they would like to receive staff development in the area of pregnancy prevention.

k. STD prevention

Based on 243 responses to this part of the question, 64% of LHETs indicated that they would like to receive staff development in the area of STD prevention.

l. Suicide prevention

Based on 244 responses to this part of the question, 74% of LHETs indicated that they would like to receive staff development in the area of suicide prevention.

m. Tobacco-use prevention

Based on 244 responses to this part of the question, 59% of LHETs indicated that they would like to receive staff development in the area of tobacco-use prevention.

n. Violence prevention (e.g., bullying, fighting, and homicide)

Based on 244 responses to this part of the question, 71% of LHETs indicated that they would like to receive staff development in the area of violence prevention.

Note that *the percentage who would like to receive staff development on these health education topics exceeded the percentage who actually received staff development during the past two years—in every area*. Apparently, these are areas in which health education teachers feel they need more training. The areas with the highest percentages were suicide prevention and violence prevention. (See Figure 3.)

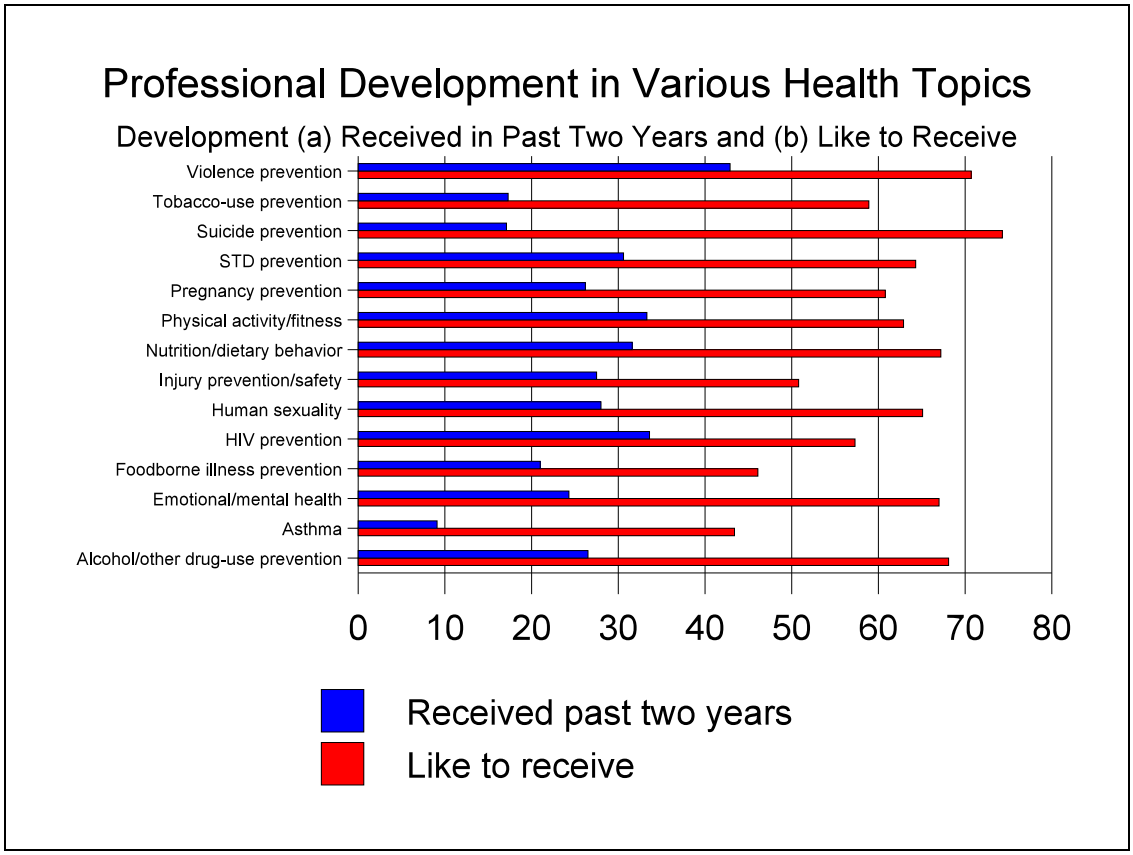

Figure 3: Percentages of LHETs who (a) received professional development in the past two years and (b) would like to receive professional development, in various health areas.

Question 19: During the past two years, did you receive staff development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each teaching topic.)

Topic

a. Teaching students with physical, medical, or cognitive disabilities

Based on 244 responses to this part of the question, 41% of LHETs indicated that they received staff development on teaching students with physical, medical, or cognitive disabilities, during the past two years.

b. Teaching students of various cultural backgrounds

Based on 246 responses to this part of the question, 29% of LHETs indicated that they received staff development on teaching students of various cultural backgrounds, during the past two years.

c. Teaching students with limited English proficiency

Based on 246 responses to this part of the question, 19% of LHETs indicated that they received staff development on teaching students with limited English proficiency, during the past two years.

d. Teaching students of different sexual orientations or gender identities

Based on 246 responses to this part of the question, 12% of LHETs indicated that they received staff development on teaching students of different sexual orientations or gender identities, during the past two years.

e. Using interactive teaching methods (e.g., role plays or cooperative group activities)

Based on 245 responses to this part of the question, 54% of LHETs indicated that they received staff development on using interactive teaching methods such as role plays or cooperative group activities, during the past two years.

f. Encouraging family or community involvement

Based on 246 responses to this part of the question, 30% of LHETs indicated that they received staff development on encouraging family or community involvement, during the past two years.

g. Teaching skills for behavior change

Based on 246 responses to this part of the question, 45% of LHETs indicated that they received staff development on teaching skills for behavior change, during the past two years.

h. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management)

Based on 246 responses to this part of the question, 57% of LHETs indicated that they received staff development on classroom management techniques, during the past two years.

i. Assessing or evaluating students in health education

Based on 246 responses to this part of the question, 23% of LHETs indicated that they received staff development on assessing or evaluating students in health education, during the past two years.

Question 20: Would you like to receive staff development on each of these topics? (Mark yes or no for each teaching topic.)

Topic

a. Teaching students with physical, medical, or cognitive disabilities

Based on 243 responses to this part of the question, 51% of LHETs indicated that they would like to receive staff development on teaching students with physical, medical, or cognitive disabilities.

b. Teaching students of various cultural backgrounds

Based on 242 responses to this part of the question, 46% of LHETs indicated that they would like to receive staff development on teaching students of various cultural backgrounds.

c. Teaching students with limited English proficiency

Based on 242 responses to this part of the question, 39% of LHETs indicated that they would like to receive staff development on teaching students with limited English proficiency.

d. Teaching students of different sexual orientations or gender identities

Based on 243 responses to this part of the question, 47% of LHETs indicated that they would like to receive staff development on teaching students of different sexual orientations or gender identities.

e. Using interactive teaching methods (e.g., role plays or cooperative group activities)

Based on 242 responses to this part of the question, 54% of LHETs indicated that they would like to receive staff development on using interactive teaching methods such as role plays or cooperative group activities.

f. Encouraging family or community involvement

Based on 244 responses to this part of the question, 63% of LHETs indicated that they would like to receive staff development on encouraging family or community involvement.

f. Teaching skills for behavior change

Based on 242 responses to this part of the question, 67% of LHETs indicated that they would like to receive staff development on teaching skills for behavior change.

g. Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, and behavior management)

Based on 242 responses to this part of the question, 55% of LHETs indicated that they would like to receive staff development on classroom management techniques.

h. Assessing or evaluating students in health education

Based on 241 responses to this part of the question, 70% of LHETs indicated that they would like to receive staff development on assessing or evaluating students in health education.

Note that the percentage who would like to receive staff development on these teaching topics exceeded the percentage who actually received staff development during the past two years in most of these areas. The difference in these percentages was greatest in teaching students of different sexual orientations or gender identities, encouraging family or community involvement, teaching skills for behavior change, and assessing or evaluating students in health education. Apparently, these are areas in which many health education teachers feel they need more training.

Professional Preparation

Question 21: What was the major emphasis of your professional preparation? (Mark one response.)

Of the 219 LHETs responding, the combination of health and physical education was the most selected major emphasis (37%), followed by home economics or family/consumer science (25%) and physical education (13%). The percentage with major emphasis in combined health and physical education increased from 27% in 1998, but has remained fairly steady at 37% since 2004.

Question 22: Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or senior high school?

Of the 243 responding, 81% responded in the affirmative. The percentage was higher for LHETs in high schools (89%) and junior/senior high schools (98%) than for those in middle schools (66%).

Question 23: Including this school year, how many years have you been teaching health education classes or topics? (Mark one response.)

Of the 240 responding, 5% had taught one year, 25% two to five years, 15% six to nine years, 17% 10 to 14 years, and 38% had taught 15 years or more. The percentage who indicated they have taught health education for 15 years or more increased from 25% in 1998.

Comments from Lead Health Education Teachers

Space for hand-written comments from lead health education teachers was provided on their questionnaire. Selected comments are presented below. Specific references to schools was deleted for sake of anonymity. Parts of some of the longer comments were omitted and this was indicated by an ellipsis (...) (except for sentences before or after the comment cited).

Comments

- We have an outdated curriculum. There has been very little communication with administrators about health education. The high school administration has been supportive of sending me to trainings.
- I would like to see more professional development opportunities as it relates to health education.... Students today are subjected to more pressures and stress than 30 years ago and deal with exposure to more dangerous things. We as health/physical educators need to take a proactive approach on these current issues so as to give our youth a fair shot at life.
- I would like feedback on the data collected.... I was one of the participants at the September training ... on STD, HIV, and teen pregnancy. Invaluable information! I used the curriculum ... Making Proud Choices ....
- All our staff development is related to Iowa Core. In the 15 years I've been teaching there has never been a PD (professional development) that is specific to health or PE (physical education)!
- Iowa high school students now have a CPR requirement (great)—how many will actually need to use CPR? 100% will make health related decisions (food choices, activity decisions, sex decisions, choices about substance use, deal with depression and mental health issues, etc.), yet there is still no Chapter 12 requirement for health education. Chapter 12 suggests health education but does not require it.... We collect data but do not use the data to support or encourage health education, health teachers and Iowa students.... Iowa deserves to have mandatory health education and Iowa Department of Education support!!
- I would like to see some summer courses through AEAs in health topics (recertification credit).

- The State or AEAs need to update training for all health teachers. Standards and benchmarks need to be updated and revealed. Other than some HIV/AIDS training—there is very little PD (professional development) in Iowa.
- I feel that we don't do enough in the health education area as a state.... I've noticed how other states do a much better job of educating their people through state websites dealing with health education or stats dealing with health.
- Should include subject matter related to health insurance and being an informal consumer of health services.
- This was a very frustrating questionnaire to complete. We no longer have a designated health teacher in our middle school. I am certain health instruction takes place in our physical education classes, but I am uncertain of the specifics. As the school nurse, I daily provide incidental health education in the health office, but this does not occur in a structured way. My building houses grades 6-8, so I had difficulty responding to the questions requesting information regarding grades 6-12. It would have been helpful to have a "skip pattern" to follow. I believe the responses I provided are perhaps misleading because, although there are no required health courses, I am confident our student receive some health education.... As a nurse, I fully embrace the importance of health education and, more importantly, prevention. I am certainly open to suggestions as to how I can assist in presenting this critical information to our students.
- I have been teaching health education at ... High School since 1989. I have a year course curriculum. It is open to 9-12 grade (students). I also teach a Family & Consumer Sciences course as do three others in my building. Health topics mentioned in this survey (nutrition, HIV and STDs, alcohol and tobacco use, suicide prevention, accident prevention, pregnancy, etc.) are all taught in various (programs).... Unfortunately none of these courses are required.
- What does the state require for health education (how many semesters)? What do you recommend for health education (how many semesters)? There are a lot of open-ended categories related to 21st Century skills and health literacy in the new Iowa Core. Will there be some standards/benchmarks and materials available for this in the future?
- As I read the info that accompanies this survey, I'm struck by the focus. HIV/AIDS? Tobacco? Violent crime? Asthma? ... We would be spinning our wheels and wasting our time chasing these. Our students need physical activity and proper nutrition education. Those are the things that will improve mental, physical, and emotional health.... Do I care about my students knowing about HIV/AIDS transmission/prevention/etc.? Yes! But it just doesn't compare with what we are dealing with from an obesity standpoint and what we will be dealing with in the future when it comes to health. If something doesn't change in our obesity/Type 2 diabetes dilemma, we're going to get hammered. That's what we need to focus on.
- I am working on transition of the curriculum to trimesters and improving my own materials. I use what I can from effective workshops to enhance health education in our school.
- The district does not pay for or promote workshops on health (continuing education hours).
- We have a number of outside agencies that come here to our school and present various programs for our 9-12 students. We are very fortunate to have them.
- Family & Consumer Science was cut in our building. Sex education is now taught in 7th grade only.

- Our STD/HIV/AIDS and sexual education curriculum is an abstinence only curriculum taught at the high school, not the middle school.
- *Health is the key to student performance in our schools today.* Health is required at our high school and only a semester ... even though curriculum is written for an entire year.... I take all the opportunities to bring in free programming to my health class. I am on the Adolescent Pregnancy Prevention Coalition, SAFE Coalition, and ACCESS to assist me with any classroom. I work closely with these programs so I can integrate them into my health classes. I also work with the Iowa National Guard to assist me with drug (prevention) programming ... (emphasis added).

These comments show a range of experiences and opinions on health education in our state and on the School Health Profiles (teacher) questionnaire. There were many other helpful comments from lead health education teachers. I selected the most constructive from the standpoint of the need for improvement of the teacher questionnaire, along with comments that elucidated specific health programs and issues in Iowa schools.

Discussion and Recommendations

The survey data indicate that health education is being taught in an integrated curriculum in Iowa schools. Health is integrated or taught in conjunction with other subjects and is also sometimes taught via programs or activities outside of a regular classroom. Most lead health education teachers had (1) health education and physical education, (2) home economics or family/consumer science, or (3) physical education as the major emphasis of their professional preparation. About 70% of lead health education teachers have taught health education for more than five years and about 55% have taught health education for at least 10 years. These percentages were 8-10% higher than in 2008, indicative of an increasingly experienced workforce in health education in Iowa.

Discussion

In the discussion that follows, we consider five critical areas of health education: (1) HIV and other STDs, (2) tobacco use, (3) violence prevention, (4) asthma, and (5) physical education and activity.

1. HIV and Other STDs: Policy, Student Behavior, and Preventive Health Education

The percentages of principals affirming that their schools had adopted policies that addressed various issues for students or staff with HIV infection or AIDS varied from 56% to 83%. The lower percentages were for policies addressing issues such as attendance of students with HIV infection (56%), confidential counseling for HIV-infected students (58%), and communication of the policy (59%); the higher percentages were for policies addressing worksite safety (83%) and maintaining confidentiality of HIV-infected students and staff (76%).

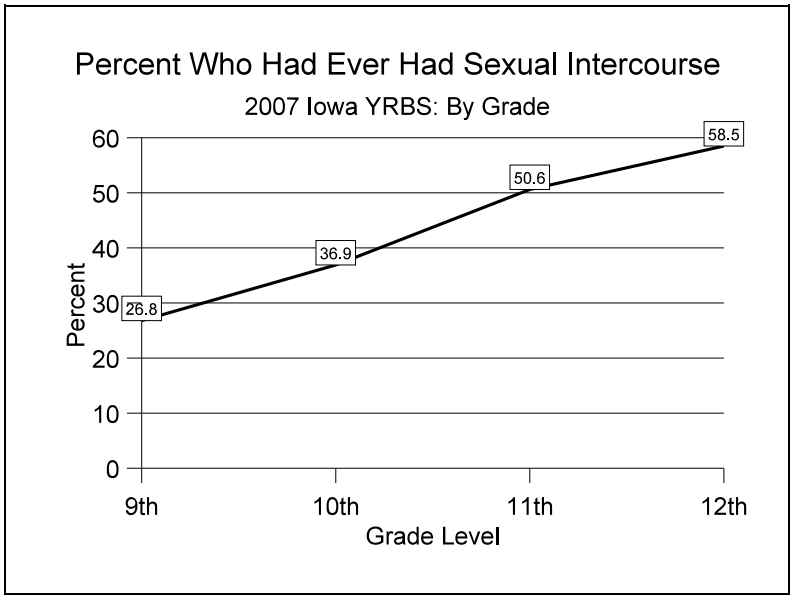

Figure 4: Percent of Iowa high school students in 2007 indicating that they had engaged in sexual intercourse at some time in their lives, by grade (Veale, 2008).

According to the 2007 Iowa Youth Risk Behavior Survey including 1,440 high school students from across the state, 27% of 9th graders, 37% of 10th graders, 51% of 11th graders, and 59% of 12th graders indicated that they had engaged in sexual intercourse (Veale, 2008). (See Figure 4.) About one in five indicated that they had four or more sexual partners (in their life) by the 12th grade. These percentages were close to those reported for the nation as a whole (Centers for Disease Control and Prevention, June 9, 2008).

Engaging in sexual intercourse, especially if protection is not used, puts students at risk of being infected with HIV and other STDs. *During their senior year in high school—when reported incidence of sexual intercourse was highest—only 19% of students received required health education (compared with 60% in 7th grade and 53% in 8th grade).*

Most lead health education teachers in Iowa (89%) tried to increase student knowledge of HIV prevention in required courses. Specifically, 78% in grades 6-8 and 82% in grades 9-12 taught the benefits of abstinence (as a way to avoid HIV infection) and 75% in grades 9-12 taught condom efficacy, but only 58% in grades 9-12 taught how to obtain condoms and 53% in grades 9-12 taught how to correctly use them—as part of a required course. According to the 2007 Iowa YRBS, 66% of high school students indicated they or their partner had used a condom during their last sexual intercourse, among those who indicated they had sexual intercourse in the three months prior to the survey (Veale, 2008).

2. Tobacco-Use Policy and Prevention Education

According to the Iowa Department of Education *Iowa Youth Survey*, self-reported cigarette smoking (two or more times per week) increased among Iowa youth from 1981, nearly doubling for students in grades 6, 8, 10, and 12 to 13% overall in 1996 (Governor's Alliance on Substance Abuse, 1997). At the high school level, 18.9% reported smoking cigarettes at least once in the month prior to the 2007 YRBS (down significantly from 37.5% in 1997), while 8.1% reported using smokeless tobacco during this same period (down significantly from 12.8% in 1997) (Veale, 2008).

There is evidence from this profile that schools are making an effort to control, reduce, and prevent tobacco use. Nearly all (99.6%) principals in secondary schools in Iowa indicated their schools have adopted a policy prohibiting tobacco use. In most cases, this applied to all school buildings, school grounds, school buses, and school events. The most common actions taken when students are caught smoking cigarettes are to (1) refer the student to a school administrator and (2) inform the student's parent(s) or guardian(s) about her/his smoking. Policy specifically prohibiting students, faculty, and visitors from using cigarettes, smokeless tobacco, cigars, and/or pipes was reported by 90% or more of the principals. Finally, 87% of principals indicated that their school had posted signs marking a tobacco-free school zone—up from 73% in 2008, 60% in 2006, 52% in 2004, 46% in 2002, and 28% in 2000.

In terms of health education, it was estimated that 93% of lead health education teachers in Iowa in 2010 tried to increase student knowledge in the area of tobacco use prevention. In addition, at least 85% of these teachers indicated that the following specific tobacco use prevention topics were taught in required health education courses in their schools: identifying tobacco products and the harmful substances they contain; short- and long-term consequences of cigarette smoking and use of smokeless tobacco; understanding the addictive nature of nicotine; and the effects of second-hand smoke and benefits of a smoke-free environment. Fifty-nine (59) percent of health education teachers indicated they would like to receive training in tobacco use prevention; only 17% said they had received such training in the past two years.

3. Violence Prevention

Juvenile delinquency and gang-related criminal activity remain serious problems in Iowa. The challenges to those working in education, health care, juvenile justice, and human services are to (1) develop effective methods for reducing the magnitude of this problem and (2) ensure the provision of care for its victims. There is some evidence from this profile that at least the first of these challenges is being met in the schools in Iowa. Eighty-four (84) percent of lead health education teachers indicated they tried to increase student knowledge in the area of violence prevention. Forty-three (43) percent of such teachers indicated they had received professional development in violence prevention the past two years, while 71% indicated they would like to receive professional development in this area.

4. Asthma

Asthma is a chronic disease that is the result of inflammation affecting the passages that carry air into and out of the lungs. It can develop at any age and can reappear after one has ostensibly "outgrown" the disease. From 1980 to 1996, 12-month asthma prevalence increased both in

counts and rates, but no discernable change was identified in asthma attack estimates since 1997 or in current asthma prevalence from 2001 to 2004 (Centers for Disease Control and Prevention, October 19, 2007). According to the Iowa YRBS, about 8-10% of high school students in Iowa reported that they had current asthma.

Most principals (73%) indicated that their schools had asthma action plans on file for most or all students. For students with poorly controlled asthma, most principals indicated they ensured access to (1) safe, enjoyable physical education and activity (88%); (2) preventive medications before physical activity (86%); and (3) appropriate use of asthma medications, spacers, and peak flow meters at their schools (87%). Seventy-five (75) percent of principals indicated that their students were allowed to carry and self-administer asthma medication in school. In terms of education, 45% of lead health education teachers tried to increase knowledge of students about asthma. Only 9% of lead health education teachers indicated they received professional development in asthma awareness during the past two years, while 43% indicated they would like to receive such development.[6]

5. Physical Education and Activity

Another area of considerable importance due to the dramatic increases in obesity and Type 2 diabetes among our youth is physical education and activity. Ninety-five (95) percent of lead health education teachers indicated they taught the physical, psychological, or social benefits of physical activity, 92% indicated they taught health-related fitness, 89% indicated they taught the phases of a workout, and 85% indicated they taught how to prevent injury during physical activity—as part of required health courses. Ninety-seven (97) percent of principals indicated that physical education was required in at least some of the grades 6-12 in their schools. Eighty-six (86) percent of principals indicated that outside of school hours or when school is not in session, children/adolescents use their school's indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons.

Recommendations

The following recommendations concern health education and/or policy in Iowa, as well as the School Health Profile surveys or process.

1. *Encourage additional HIV prevention training or reinforcement of earlier training for juniors and seniors in high school.*

Required health education courses should be delivered to more juniors and seniors, who are most at-risk of HIV infection because of their sexual activity. This should include *skills* for prevention of HIV and other STDs (e.g., resisting peer pressure and the correct use of condoms) as well as knowledge of HIV prevention (e.g., sexual abstinence, condom efficacy, and the influence of alcohol, recreational, and intravenous drugs on risk for HIV and AIDS).

2. *Encourage the use of a comprehensive HIV prevention policy in all schools in Iowa.*

In the HIV policy evaluation, the Iowa Department of Education recommended the policy contained in the book *Someone at School has AIDS: A Complete Guide to Education Policies Concerning HIV Infection* (National Association of State Boards of Education, 2001). This sample HIV policy was presented in the HIV policy evaluation report (Veale, 2005). It should be broadly disseminated and its use encouraged.

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[6] On a personal note, as a twice-recovering asthmatic, the author appreciates the attention given to this topic in this survey. I could not participate in any sports until I "outgrew" asthma (with the help of medication) at the age of 12. When my asthma returned in my 40s, I found that "barreling ahead" with physical activities I had practiced during my asthma-free years (like jogging) did *not* work. Recognizing and avoiding the things that triggered my asthma were critical in "outgrowing" it the second time (this time without medications). Asthma is a serious health problem for children who suffer from it and the more teachers and administrators know about dealing with it and teaching students about it, the better.

3. *Encourage the cooperation and collaboration among the components of the support system for the delivery of health education to students in Iowa schools.*

Components of this system include local entities such as the school administration, parents, adult volunteers (e.g., mentors), community-based agencies, and the business community. Other components might include the Area Education Agency and state and federal government agencies, such as the HIV/AIDS Education Project in Iowa and the CDC. Collaboration is a key to success in both school health policy development and health education delivery. An example of where cooperation and collaboration are needed is the creation of school health committees for developing policies and coordinating activities regarding health issues.

4. *(a) Use violence prevention skills training (for students and teachers) more extensively to counter increases in violent juvenile crime and delinquency.*

   (b) Reinstate questions on policies and programs for violence prevention in the principal questionnaire in 2012.

More emphasis should be given to teaching violence prevention *skills* to increase healthy behaviors among our youth (as discussed in the previous section). Violence prevention skills include the development of de-escalation, mediation, and conflict resolution skills through role-playing, as well as a planned process for whole school discipline and safety (Dr. Lee Halverson, former Consultant at Heartland Area Education Agency, personal communication, November 29, 1995). This should begin at the elementary level or earlier with families of newborn to pre-school age children. An example of such a program is the Safe and Drug Free Schools through Supportive Community Partnerships Program at Woodbury Elementary School in Marshalltown (formerly the Drug and Violence Prevention Program, cited by the Iowa Department of Public Health for "best prevention practices" in 1998), presently in its 15th year of operation (Veale, 2010a). Another example is Community Connections in Allamakee County, where schools have utilized Olweus Bullying (prevention), Character Counts, Success 4, and other instructional incentives for positive student behavior/development to reduce the number of disciplinary referrals (Veale, 2009b). The latter program began in 1998 as part of Iowa's School-Based Youth Services Program, continued under a Safe Schools/Healthy Students grant (2004-08), and currently provides K-12 services to children, youth, and their families under Reduce Alcohol Abuse and 21st Century grants. Both programs utilize cooperation and collaboration among multiple agencies and other components of the support system in the delivery of these services.

Emergency preparedness, response, and recovery is another area that needs more attention. Schools must be prepared for violent incidents (such as school shootings), as well as natural disasters (such as floods and tornados) that can severely impact student health and safety. The section on violence prevention that appeared on the principal questionnaires in the 2000, 2002, 2004, and 2006 SHP was eliminated in 2008. Thus, *nothing is known* (at least, from this survey) about the current extent of crisis preparedness, response and recovery in schools; use of peer mediation, anti-bullying programs, staff or adult volunteers to monitor the halls, and surveillance cameras to monitor behavior and emergencies; or how many schools maintain a "closed campus" to increase safety and security. Moreover, violence prevention remains the most popular area for professional development in the past two years among lead health education teachers and the second-most popular area for preferred professional development in the future. In the definition of "required health education" on p. 2 of the LHET survey, the issue of violence/injuries was the *first item listed*, indicating that it is considered an important *health* issue by survey developers.[7] At least some of the questions relating to violence prevention and

[7] "Required health education," is defined on the second page of the LHET survey as follows: "... instruction about health education topics such as *injuries and violence*, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity that students must receive for graduation or promotion from this school (emphasis added).

emergency preparedness should be reinstated in the principal questionnaire in 2012 so progress in this critical area can be monitored.

5. *Encourage more professional development in health education content areas, especially violence prevention, suicide prevention, and alcohol and other drug-use prevention.*

Teachers were asked whether they (a) had received (in the past two years) and (b) would like to receive—professional development in specific content areas, and percentages were computed for each area. The percentages of LHETs who would like professional development in each of the listed health education content areas exceeded the corresponding percentages of teachers who actually received staff development in the respective areas. As noted in the previous recommendation, the area with the highest percentage of LHETs who actually received professional development in the past two years was violence prevention (the only area showing an increase in the past decade). The area in which the highest percentage of LHETs would like to receive professional development was suicide prevention, followed closely by violence prevention, and alcohol- and other drug-use prevention. Other areas in which many teachers wanted additional development included mental/emotional health and nutrition and dietary behavior. Written comments from several teachers underscored the value of and need for staff development in the health education content areas.

6. *Revise questions that refer to "HIV, STD, or pregnancy prevention" (or "HIV, STD, and pregnancy prevention") to provide more precise data.*

Questions where the subject is of the form "A *or* B" or "A *and* B" (... was/were provided, taught, etc.), sometimes called "double-barreled" questions, are not recommended because they do not yield precise information. Questions 12 and 13 on the teacher survey and question 7 on the principal survey involving the language "HIV, STD, *or* pregnancy prevention" are examples of this flawed format. In question 12, someone who answers "yes" (e.g., that their school has at least one such program) may be answering "yes" to (1) HIV prevention, (2) STD prevention, (3) pregnancy prevention, (4) any combination of two of these, or (5) all three—for students in the "high risk" category. If 100 LHETs answer "yes" to this type of question, it is not known how many would have answered "yes" to all three, any two of the three, or just HIV (or STD or pregnancy) prevention. For example, it is possible that all 100 answering "yes" to part (a) of question 12 were in schools with a pregnancy prevention program, but no HIV or STD prevention programs, that reflected life experiences of high risk students. To avoid ambiguity, survey questions should elicit a *single affective behavior*, not combinations of behaviors. More generally, a survey question should express one and only one idea (Colton & Covert, 2007 and Veale, 2010b). Similarly, the use of the language "HIV, STD, *and* pregnancy prevention" in Question 9 is flawed, since someone answering "no" may be doing so because they do not teach (1) HIV prevention, (2) STD prevention, (3) pregnancy prevention, or (4) any combination of two of these. In both cases, the data provided by responses to the question lack diagnostic precision.

Question 13 on the LHET survey is particularly problematic. The compound term "lesbian, gay, bisexual, transgender, *and* questioning" makes this a *doubly multiple-barreled question*! The use of "and" in this compound term in this item means that prevention materials must be relevant to *all five categories* of sexual orientation and gender identity to produce a "yes" response. A teacher in a school with pregnancy prevention materials that do not contain inclusive language for gays (perhaps because pregnancy is impossible with that sexual orientation), but which has HIV and STD prevention materials with inclusive language for all except the newer

"questioning" category, should logically respond "no" to this question, although each of their prevention programs has information relevant to four out of the five LGBTQ categories.[8]

Another problem with this wording is the content. It is likely that most view the prevention of HIV and STDs (viral/bacterial infections leading to diseases and, in some cases, death) as quite different from that of pregnancy (leading to another life, in most cases). This may exacerbate the problem with the multiple-barreled format in these items. In addition to conserving space, the terms HIV, STD, and pregnancy (prevention) were probably thrown together in these questions since (1) they are all related, in varying degrees, to sexual activity and (2) the two primary prevention methods (abstinence and correct condom use) are effective, in varying degrees, for the prevention of all three (HIV, STDs, and pregnancy). However, there are additional methods for preventing pregnancy that are not effective for preventing HIV and STDs (e.g., birth control pills) and HIV may be caused by injection drug use (with shared needles), as well as unprotected sexual activity.

To provide more precise data and maintain sensitivity to those who do not view pregnancy in the same light as communicable diseases, the concepts of HIV and STD prevention should be split off from that of pregnancy prevention in the surveys, using multi-part items or separate questions. Ideally, HIV and STD prevention should also be put into multi-part or separate questions (like in the LHET survey question 16), but their combination is at least a natural one, since HIV is considered a particular type of STD.

7. Consider adding questions on alcohol, marijuana, and other drug-use prevention.

There are very few questions relating to alcohol and other drug-use prevention. In contrast, there are many questions relating to tobacco-use prevention. In addition to tobacco, alcohol use/abuse (especially, "binge drinking") remains a problem, as does marijuana and other drug use/abuse. In particular, prescription drugs are increasingly diverted and abused by students. These may include "medical" marijuana in the 14 states in which it has been legalized (not, yet, including Iowa).[9] Drugs that are smoked are particularly problematic because of the effect of second-hand smoke among those within the immediate vicinity of the smoker, e.g., other family members in a home, neighbors in an apartment/condominium complex, or persons traveling together in automobiles, where a person is smoking. Smoked drugs include marijuana, methamphetamines ("meth"), crack, and "salvia," in addition to tobacco. Injection drug use also remains a very serious problem, in part because of its association with HIV and AIDS as a risk factor. Alcohol and other drug use (especially drugs that are smoked and/or injected) constitute serious health problems among our youth that should be addressed more than they are currently in this survey.[10]

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[8] Pregnancy prevention may not be particularly "relevant" to persons of a gay or lesbian sexual orientation (and thus, materials for teaching it may not need to be relevant to them). On the other hand, some may argue that regardless of the relevancy of the behavior or activity to one's sexual orientation/gender identity, all materials relating to sexual activities or gender issues of any type must be relevant to all five LGBTQ categories, as well as the heterosexual or "straight" category.

[9] Recently, an Iowa state legislator traveled to California (one of the aforementioned 14 states) and obtained a prescription for "medical" marijuana (which he did *not* fill). This legislator showed how easy it is for any adult to get a prescription for marijuana (for "medical" purposes *or otherwise*) from a government-approved dispensary in at least one of these states. A prescription could then be filled and the drug diverted and used/abused by any children living with the adult. On the other hand, assuming the adult legally smoked this drug her/himself to relieve an actual health problem, any children or others living with the adult, and people in the vicinity (e.g., apartment neighbors), would likely be subjected to second-hand marijuana smoke.

[10] The alcohol and drug use/abuse problem is linked to the problem of violence in the schools. The key to prevention of both problems is early intervention/programming (e.g., Veale, 2009b and 2010a).

8. *There should be more emphasis on physical education/activity, especially those physical activities that can and should be practiced throughout one's life.*

One of the teachers completing the LHET survey commented on the need for a greater focus on physical education and nutrition—in schools and on the survey—to counteract the growing problems of obesity and Type 2 diabetes among our youth. These are serious problems for our state and country. Programs to counteract them deserve greater emphasis in schools and on this survey.

Specifically, more emphasis should be placed on *individual* sports such as running/jogging, swimming, and golf (both traditional and disc golf), as well as hiking/walking, which has mental, social, and physical health benefits. Another approach is that of Project Venture, a component of Community Connections in Allamakee County, which emphasizes *cooperative* physical activities, via their "wilderness experience" and conservation activities (Mitchell, 2010). The key is to get students involved in physical activities that they will continue after they are out of *school—activities that can be practiced throughout one's life*. (There are several questions about physical education/activity on the principal's survey; it is the teacher's survey that needs more focus/emphasis in this area.)

9. *Provide space for comments by principals on their questionnaire.*

The comments from teachers were very helpful in learning about their experiences and views regarding health education and in developing recommendations. On the 2010 principal questionnaire there was room for at least a few lines of comments on the last page. It would be helpful to provide space for comments from school principals on their survey as well.

10. *The surveys should be mailed out early in the school year, to provide ample time for principals and health education teachers to complete them.*

This recommendation was based on teacher comments in the 2002 SHP and applied to the 2004-2010 SHPs. We trust that this was helpful to respondents and recommend a similarly early mailing of the surveys in 2011-12. We hope that this will help to insure the continued high level of support for these profiles.

Two previous recommendations were to provide definitions of "required health education" and "required (health education) course" in the questionnaire(s) (e.g., Veale, 2009a). These recommendations were based on input from principals and lead health education teachers in previous years. Definitions of these terms were included in the 2010 LHET surveys (see pp. 2-3 of the LHET questionnaire given in the Appendix), although by some of your comments, they may still need more clarity. Principals and health education teachers, *your input is valued and helps to make these surveys better!*

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APPENDIX

The School Principal and Lead Health Education Teacher Questionnaires for the 2010 Iowa School Health Profiles