



Iowa School Health Profiles

of the Iowa Department of Education



Report Produced by the
National Resource Center for Family Centered Practice

University of Iowa School of Social Work
100 MTP4 Room 162, Iowa City, IA 52242-5000
<http://clas.uiowa.edu/nrcfcp>

Iowa State School Health Profiles: 2014 Report

Prepared by The University of Iowa School of Social Work,
National Resource Center for Family Centered Practice,
100 University Research Park, MTP-4, Rm. 162,
Iowa City, Iowa, 52242
<http://clas.uiowa.edu/nrcfcp/>
319.335.4965

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Jeff Berger, Deputy Director

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Executive Summary

Introduction

The purpose of the School Health Profiles (SHP) is to assist state and local education stakeholders, as well as public health stakeholders, in monitoring and assessing the characteristics of school health education programs and environments from across the state of Iowa. Conducted biennially, the SHP consist of two questionnaires, the Principal Survey and the Lead Health Teacher Survey. The Principal Survey includes questions for assessing school health programs and policies from an administrative perspective. The Lead Health Teacher Survey includes questions about required health education courses, procedures for implementing health courses, and instructor perspectives on required school health education. The results from these surveys are intended to be representative of all regular public schools and charter schools in Iowa serving students in at least one of grades 6 through 12. As such, the SHP can be a valuable resource for Iowa's Department of Education and other stakeholders.

Methods and Data

The 2014 sample consisted of 355 schools, drawn by Westat, Inc. Surveys were sent by mail to all of the schools in the sample. Responses were received from 72% (257 out of 355) of the schools. A weighting procedure was conducted on the response data to make it representative of all regular schools serving students in grades 6-12 in Iowa.

Results

Health Goals and Data in Iowa Schools. The majority of schools in Iowa do not currently utilize the School Health Index or other self-assessment tool to assess school policies, activities, and programs. The greatest percentage of schools (35.1%) reported using any self-assessment tool to assess policies, activities and programs related to nutrition. More schools included health-related goals in a school improvement plan, with schools most likely to report including healthy and safe school environments in their plans (62.1%).

Health Education Classes. Currently 83.7% of Iowa schools require students to take at least one health education class during their middle and high school years (grades 6 through 12). In 32.4% of schools, at least one health education course is required between grades 6 and 12. In 49.7% of schools, two or more health education courses are required between grades 6 and 12.

Physical Education and Physical Activity. Almost all middle and high school students are currently required to take a physical education (PE) course every year of middle and high school. Schools most frequently reported that students in ninth grade were required to take a physical education course; 100% of schools with students in this grade reported that PE was a required course. Conversely, schools least frequently reported that students in eleventh or twelfth grades were required to take PE; 97.8% of schools with eleventh grade and/or twelfth grade reported that PE was a required course. With regard to non-PE physical activity options, 94.0% of all schools offered interscholastic sports and 66.0% reported offering opportunities for

students to participate in physical activity before the school day. Opportunities for physical activity outside of required PE (e.g., physical activity breaks in classrooms during the day) were reported by 35.3% of schools..

School Nutrition and Healthy Eating. When it came to school nutrition environments, Iowa schools most frequently reported promoting nutrition by placing fruits and vegetables near the cafeteria cashier (68.2%); offering a self-serve salad bar (66.6%), using displays for fruits and vegetables (59.2%), and providing students or families with information about the nutrition and caloric content of the foods that are available (57.8%) were also popular options. Ninety-four percent of all schools allow bottled water in some or all locations during the school day. Schools most frequently reported that they encouraged students to drink plain water (75.0%) and least frequently reported that they priced nutritious food and beverages at a lower cost while increasing the price of less nutritious foods and beverages (12.6%).

Tobacco Prevention and Cessation. Nearly all schools (99.6%) have adopted a policy prohibiting tobacco use. Tobacco-free school zones, or specified distances from school grounds where tobacco use is not allowed, are marked in 86.6% of schools. Iowa schools also teach students about the dangers of tobacco use. Schools more frequently report teaching students about identifying short- and long-term health consequences of tobacco use (85.6%), identifying tobacco products and the harmful substances they contain (85.1%), understanding the effects of second-hand smoke and benefits of a smoke-free environment (83.6%), and understanding the addictive nature of nicotine (82.7%).

Sexual Health. The majority of Iowa schools currently integrate sexual health education into school health curriculums (75.3% in grades 6, 7, 8; 83.2% in grades 9, 10, 11, 12). These classes provide education on how HIV and other STDs are transmitted, the benefits of abstinence (77.2% and 81.1%, respectively), and how to create and sustain healthy and respectful relationships (76.5% and 80.8%, respectively). Schools also educate students on types of contraceptives ranging from the birth control pill (59.9%) to emergency contraception (43.9%).

Health Teacher Preparation. According to the Lead Health Teacher Survey, 78.5% of schools employ a teacher certified, licensed, or endorsed by the state to teach health education in middle school or high school. Lead health education teachers were most likely to receive professional development within the last two years on interactive teaching methods (58.5%), classroom management techniques (56.4%), and violence prevention (54.2%). They were most likely to seek future professional development opportunities on suicide prevention (73.2%), violence prevention (72.6%) and emotional and mental health (72.0%).

Conclusion and Recommendations

The 2014 School Health Profiles supply Iowa's health and education stakeholders with a wide variety of data about school health; however, it is important to note that this report is simply a presentation of the results from the School Principal Survey and the Lead Health Teacher Survey which may not be useful to most stakeholders. For the School Health Profiles to be

meaningful they need to be considered in concert with other data sources on school/adolescent health and compared with State level goals and programming information. These sorts of comparisons and triangulations of data will allow State staff as well as other stakeholders to get a firmer grasp on which results from the SHP are cause to celebrate and which results suggest schools would benefit from extra supports (financial and otherwise).

To that end, the full length version of this report includes a detailed list of recommendations that may assist stakeholders.

Introduction

In partnership with the U.S. Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC DASH), the Iowa Department of Education (DOE) provides assistance to Iowa schools and youth service agencies to promote healthy behaviors and attitudes in school-aged Iowan children by strengthening comprehensive school health education. As part of this effort, DOE administers two major data collection efforts, the Youth Risk Behavior Surveillance Survey (YRBS) and the School Health Profiles (SHP). The YRBS is conducted in odd years (e.g. 2011, 2013, 2015) while the SHP is conducted in even years (e.g. 2010, 2012, 2014). The focus of this report is the results from the 2014 SHP.

According to the CDC, SHP are specifically meant to assist state and local education and health agencies in monitoring and assessing:

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

The SHP consist of two questionnaires – the Principal Survey (PS) and the Lead Health Teacher Survey (LHTS). The PS includes questions for assessing school health programs and policies from an administrative perspective. These results are presented first in this report. The LHTS includes questions about required health education courses, procedures for implementing health courses, and instructor perspectives on required school health education. These results are presented second (after the Principal Survey). CDC writes and validates the questions used in both questionnaires¹. Lastly, this report concludes with a set of recommendations meant to assist the State in future endeavors with the SHP and data efforts around school/adolescent health.

Methodology

This report presents and summarizes the responses for all school types (high school, middle school, or junior/senior high) from the Principal Survey and Lead Health

¹ More information on this process and the rationale for each survey item is available at: <http://www.cdc.gov/HealthyYouth/profiles/questionnaires.htm>

Education Teacher Survey. Results are presented in the order that questions were asked on the surveys. Some of the questions involved many response options while others included only a few or in some cases just one option. For questions with more list of response options, the range is generally discussed with the percentages included in the detailed presentation of the results in tabular format.

Results from all of the survey items are produced and available in table format and a breakdown of results is available by type of school in the original output from Westat's extended report.² Fact sheets produced to combine data from the Principal Survey and the Lead Health Teacher Survey to inform specific topics are provided in the appendices of this report.

Summary Methods

In 2013, Westat and DOE developed a sampling frame consisting of 601 regular public schools and charter schools serving grades 6 through 12. In the spring of 2014, 355 schools were randomly sampled to receive the surveys. Responses were received from 72% (257 out of 355) of the schools.

A response rate of 70% was determined to be necessary for reliability of the sample for weighting purposes.³ Because the 2014 response rate achieved 72%, weighting was performed which will allow for tracking of statewide trends in the future provided a 70 percent response rate continues to be achieved.

² Available at: <https://www.educateiowa.gov/pk-12/content-areas/health-education>

³ A copy of the weighting formula and a description of the types of schools in the sample is available online at: <https://www.educateiowa.gov/pk-12/content-areas/health-education>

2014 School Principal Survey Results

School Health Planning and Data Utilization

Table 1 below presents the results from questions 1-5 on the School Principal Questionnaire. For question 1, the percentage of schools that used the School Health Index⁴ or other self-assessment tool to assess school policies, activities, and programs in a given area ranged from 13.5% (asthma) to 35.1% (nutrition). For question 2, the percentage of schools with a school improvement plan that included health-related objectives ranged from 27.5% for mental health and social services to 62.1% for healthy and safe school environments. Questions 3-5 asked respondents to answer in the affirmative if the activity in question occurred in their school: 68.2% of schools reviewed health and safety data as part of their School Improvement Plan planning process (question 3), 83.8% designated an individual to oversee or coordinate school health and safety programs and activities (question 4) and 59.7% had one or more groups that offered guidance on the development of policies or coordinated activities on health topics (question 5).

Table 1: Health Indices and School Improvement Plans

1. Percentage of all schools that have used the school health index or other self-assessment tool to assess school policies, activities, and programs in the following areas			
	Percentage	95% Confidence Interval	N
Physical activity	34.1%	29.8 – 38.7	257
Nutrition	35.1%	30.7 – 39.7	257
Tobacco-use prevention	28.3%	24.3 – 32.5	257
Asthma	13.5%	10.6 – 16.9	256
Injury and violence prevention	22.5%	18.8 – 26.7	257
HIV, STD, and teen pregnancy prevention	22.5%	18.7 – 26.8	257

⁴ The School Health Index is a specific tool provided by the CDC. It is available at: <http://www.cdc.gov/healthyyouth/SHI/index.htm>

2. Percentage of all schools with a school improvement plan that includes health-related objectives on the following topics			
	Percentage	95% Confidence Interval	N
Health education	48.7%	43.8 – 53.6	237
Physical education	49.9%	45.1 – 54.7	237
Physical activity	46.5%	41.7 – 51.4	235
School meal programs	41.0%	36.8 – 45.3	235
Foods and beverages available (outside meal programs)	34.9%	30.4 – 39.7	237
Health services	35.1%	30.7 – 39.8	236
Mental health and social services	27.5%	23.0 – 32.4	235
Healthy and safe school environment	62.1%	57.3 – 66.7	238
Family and community involvement	47.8%	43.0 – 52.7	237
Faculty and staff health promotion	28.9%	24.7 – 33.4	237
3. Percentage of all schools that reviewed health and safety data as part of school's improvement planning process			
	Percentage	95% Confidence Interval	N
All Schools	68.2%	63.5 – 72.6	230
4. Percentage of all schools that currently have someone who oversees or coordinates school health and safety programs and activities			
	Percentage	95% Confidence Interval	N
All Schools	83.8%	80.0 – 87.0	257
5. Percentage of all schools that have one or more than one group that offers guidance on the development of policies or coordinates activities on health topics			
	Percentage	95% Confidence Interval	N
All Schools	57.9%	52.9 – 62.8	257

School Health Councils and Committees

Table 2 presents the results from questions 6 and 7 on the School Principal Questionnaire. Many schools develop school health councils, committees, or teams for policy planning and communication purposes. School principals most frequently reported having a school health council, committee or team in which school administrators are represented (93.7%) and least frequently reported having a school

health council, committee or team in which maintenance and transportation staff are represented (7.9%).

For Question 7, schools most frequently indicated that their school health council, committee, or team communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups or community members (79.7%). Schools least frequently reported that their council, committee, or team sought funding or leveraged resources to support health and safety priorities for students and staff (46.5%).

Table 2: Councils and Committees

6. Percentage of all schools that have the following groups represented on any school health council, committee, or team			
	Percentage	95% Confidence Interval	N
School administrators	93.7%	89.8 – 96.2	145
Health education teachers	87.1%	82.3 – 90.8	145
Physical education teachers	87.1%	82.1 – 90.8	145
Other classroom teachers	68.6%	62.8 – 73.9	145
Mental health or social services staff	68.4%	62.3 – 73.9	145
Nutrition or food service staff	75.3%	69.7 – 80.2	145
Health services staff	89.6%	85.4 – 92.7	144
Maintenance and transportation staff	7.9%	5.1 – 12.1	145
Technology staff	12.4%	8.7 – 17.3	145
Library/media center staff	8.8%	5.8 – 13.1	145
Student body	55.3%	48.9 – 61.5	145
Parents or families of students	61.4%	55.0 – 67.4	145
Community members	52.4%	46.0 – 58.7	145
Local health departments, agencies, or organizations	39.2%	33.6 – 45.1	143
Faith-based organizations	8.9%	5.9 – 13.2	145
Businesses	22.4%	17.6 – 28.1	145
Local government agencies	17.3%	13.2 – 22.2	145

7. Percentage of all schools that have a school health council, committee, or team that did the following activities during the past year			
	Percentage	95% Confidence Interval	N
Identified student health needs based on a review of relevant data	67.3%	61.2 – 72.9	146
Recommended new or revised health and safety policies and activities to school administrators or the school improvement team	69.5%	63.5 – 74.9	145
Sought funding or leveraged resources to support health and safety priorities for students and staff	46.5%	40.6 – 52.5	145
Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	79.7%	74.2 – 84.2	145
Reviewed health-related curricula or instructional materials	67.6%	61.6 – 73.0	145
Assessed the availability of physical activity opportunities for students	72.7%	66.8 – 77.8	146

Diversity Education

The data in Table 3 show the results from questions 8 and 9 on the School Principal Survey. Almost half (45.3%) of schools reported that they had any clubs that give students opportunities to learn about people different from them (question 8). The results from Question 9 show that 90.3% of Iowa schools offered classroom opportunities to learn about people different from them (e.g. students with disabilities, homeless youth, or those from different cultures) while 51.0% of schools reported offering special events sponsored by the school or community organizations with that same goal.

Table 3: Diversity Education Opportunities

8. Percentage of all schools that have any clubs that give students opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures			
	Percentage	95% Confidence Interval	N
All Schools	45.3%	41.0 – 49.7	254

9. Percentage of all schools that offer each of the following activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures			
	Percentage	95% Confidence Interval	N
Lessons in class	90.3%	87.3 – 92.7	257
Special events sponsored by the school or community organizations	51.0%	46.3 – 55.7	257

Policies Related to HIV-Positive and LGBTQ Students

As shown in Table 4 (question 10-12 of the Principal Survey), Iowa schools are taking a variety of steps to create safe and welcoming but also private environments for all students and staff regardless of HIV status or sexual orientation. In question 10, schools most frequently reported adopting a policy that addresses maintaining the confidentiality of HIV-infected students and staff (60.8%) and least frequently reported adopting a policy to address the attendance of students with HIV infection (49.8%). Student-led clubs that aim to create safe, welcoming, and accepting school environments for all youth regardless of sexual orientation or gender identity are available in 26.7% of schools (question 11). For Question 12, the highest percentage (94.5%) of schools reported that they prohibit harassment based on a student's perceived or actual sexual orientation or gender identity. The lowest percentage of schools (51.6%) reported that they facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.

Table 4: Policies Related to HIV-Positive and LGBTQ Students

10. Percentage of all schools that have adopted a policy that addresses each of the following issues on HIV infection or AIDS			
	Percentage	95% Confidence Interval	N
Attendance of students with HIV infection	49.8%	45.1 – 54.5	248
Procedures to protect HIV-infected students and staff from discrimination	55.3%	50.6 – 60.0	249
Maintaining confidentiality of HIV-infected students and staff	60.8%	56.1 – 65.2	250

11. Percentage of all schools that 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			
	Percentage	95% Confidence Interval	N
All Schools	26.7%	23.2 – 30.5	252
12. Percentage of all schools that engage in the following practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth			
	Percentage	95% Confidence Interval	N
Identify “safe spaces” where LGBTQ youth can receive support from administrators, teachers, or other school staff	61.4%	56.5 – 66.1	256
Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity	94.5%	92.4 – 96.1	256
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	65.1%	60.5 – 69.4	255
Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth	53.1%	48.5 – 57.7	255
Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth	51.6%	47.0 – 56.3	255

Bullying and Aggression

Table 5 shows the results from questions 13-15 on the Principal Survey. School staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression, in 75.3% of schools (question 13). A staff member to whom students can confidentially report student bullying and sexual harassment is designated in 94.9% of schools (question 14). Some form of communication (electronic, paper, oral) is used by 94.0% of schools to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment (question 15).

Table 5: *Bullying and Aggression*

13. Percentage of all schools in which staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression			
	Percentage	95% Confidence Interval	N
All Schools	75.3%	71.0 – 79.1	255
14. Percentage of all schools that have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression			
	Percentage	95% Confidence Interval	N
All Schools	94.9%	92.9 – 96.4	255
15. Percentage of all schools that use electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression			
	Percentage	95% Confidence Interval	N
All Schools	94.0%	91.5 – 95.9	255

Physical Education and Activity

Table 6 below shows the results for questions 16-24 of the Principal Survey. Physical Education is a required annual course in nearly all Iowa middle and high schools. Ninety-nine percent of schools taught a required physical education course in 6th grade; 99.3% did so in 7th grade; 99.3% in 8th grade; 100.0% in 9th grade; 99.3% in 10th grade; 97.8% in 11th grade; and 97.8% in 12th grade (question 16). For Question 17, 72.7% of schools reported that physical education teachers or specialists received professional development on physical education or physical activity during the past year. When asked in question 18 what materials schools provide to those who teach physical education, the highest percentage of schools (91.4%) reported that teachers were provided with resources for fitness testing. The lowest percentage of schools (64.6%) reported that teachers were provided with a chart describing the annual scope and sequence of instruction for physical education.



The results from Question 19 show that 35.3% of schools have students participate in physical activity breaks outside of PE class in

classrooms during the school day. Question 20 shows that 72.7% of schools had physical education teachers or specialists who received professional development on physical education or physical activity during the past year. The results from Question 21 show that interscholastic sports were offered to students in 94.0% of schools, while Question 22 shows that 66.0% of schools offered opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity. According to question 23, staff are prohibited from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class in 66.5% of schools. In terms of utilizing space, both school and community facilities were utilized with 66.1% of schools reporting a joint use agreement for shared use of school or community physical activity facilities (question 24).

Table 6: Physical Education

16. Percentage of all schools that taught a required physical education course in each of the following grades			
	Percentage	95% Confidence Interval	N
Sixth grade	99.0%	95.9 – 99.8	110
Seventh grade	99.3%	97.0 – 99.8	154
Eighth grade	99.3%	97.0 – 99.8	154
Ninth grade	100.0%	N/A	145
Tenth grade	99.3%	96.8 – 99.8	143
Eleventh grade	97.8%	94.9 – 99.1	143
Twelfth grade	97.8%	94.9 – 99.1	143
17. Percentage of all schools in which physical education teachers or specialists received professional development on physical education or physical activity during the past year			
	Percentage	95% Confidence Interval	N
All Schools	72.7%	68.5 – 76.6	249

18. Percentage of all schools that provide those who teach physical education with the following materials			
	Percentage	95% Confidence Interval	N
Goals, objectives, and expected outcomes for physical education	90.2%	87.4 – 92.4	254
A chart describing the annual scope and sequence of instruction for physical education	64.6%	60.3 – 68.7	255
Plans for how to assess student performance in physical education	72.9%	68.5 – 77.0	253
A written physical education curriculum	76.8%	72.6 – 80.5	254
Resources for fitness testing	91.4%	88.6 – 93.6	254
Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education	66.3%	62.0 – 70.3	255
19. Percentage of all schools in which students participate in physical activity breaks in classrooms during the school day outside of physical education			
	Percentage	95% Confidence Interval	N
All schools	35.3%	31.3 – 39.5	257
20. Percentage of all schools that offer opportunities for all students to participate in intramural sports programs or physical activity clubs			
	Percentage	95% Confidence Interval	N
All Schools	48.7%	44.3 – 53.2	255
21. Percentage of all schools that offer interscholastic sports to students			
	Percentage	95% Confidence Interval	N
All Schools	94.0%	91.3 – 96.0	256
22. Percentage of all schools that offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity			
	Percentage	95% Confidence Interval	N
All Schools	66.0%	61.6 – 70.1	256

23. Percentage of all schools that prohibit staff from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class			
	Percentage	95% Confidence Interval	N
All Schools	66.5%	61.8– 70.9	257
24. Percentage of all schools that have a joint use agreement for shared use of school or community physical activity facilities			
	Percentage	95% Confidence Interval	N
All Schools	66.1%	61.4 – 70.4	257

Tobacco Prevention and Cessation

Table 7 shows the results of questions 25-31 on the Principal Survey. A policy prohibiting tobacco use was reported in 99.6% of schools and 86.6% marked a tobacco-free school zone, or a specified distance from school grounds where tobacco use is not allowed. In each category, including cigarettes, smokeless tobacco, cigars and pipes, 93% or more schools reported a tobacco-use prevention policy that specifically prohibits use among students, faculty/staff, and visitors. The focus of school tobacco policy is on prevention; tobacco cessation services are offered for faculty and staff in 15.0% of schools and for students in 21.2% of schools. Some schools provided referrals to services off school property for faculty and staff (25.1%) and students (33.2%) for tobacco cessation services.

Table 7: Tobacco Use

25. Percentage of all schools that have adopted a policy prohibiting tobacco use			
	Percentage	95% Confidence Interval	N
All Schools	99.6%	98.4 – 99.9	257
26. (Students) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for students during any school-related activity			
	Percentage	95% Confidence Interval	N
Cigarettes	98.4%	96.7 – 99.3	244
Smokeless tobacco	98.4%	96.7 – 99.3	244
Cigars	94.7%	92.3 – 96.4	244
Pipes	94.7%	92.3 – 96.4	244

26. (Faculty/Staff) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for faculty/staff during any school-related activity			
	Percentage	95% Confidence Interval	N
Cigarettes	96.7%	94.4 – 98.1	244
Smokeless tobacco	96.7%	94.4 – 98.1	244
Cigars	93.0%	90.2 – 95.1	244
Pipes	93.0%	90.2 – 95.1	244
26. (Visitors) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for visitors during any school-related activity			
	Percentage	95% Confidence Interval	N
Cigarettes	97.5%	95.5 – 98.7	241
Smokeless tobacco	95.4%	92.8 – 97.1	240
Cigars	93.4%	90.6 – 95.4	240
Pipes	93.4%	90.6 – 95.4	240
27. (Students) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for students			
	Percentage	95% Confidence Interval	N
During school hours	99.2%	97.7 – 99.7	244
During non-school hours	98.0%	96.2 – 99.0	244
27. (Faculty/Staff) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for faculty/staff			
	Percentage	95% Confidence Interval	N
During school hours	98.4%	96.7 – 99.3	244
During non-school hours	85.3%	81.5 – 88.4	243
27. (Visitors) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for visitors			
	Percentage	95% Confidence Interval	N
During school hours	97.1%	94.9 – 98.4	243
During non-school hours	85.7%	82.0 – 88.8	243

28. (Students) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for students			
	Percentage	95% Confidence Interval	N
In school buildings	99.6%	98.3 – 99.9	245
Outside on school grounds, including parking lots and playing fields	99.6%	98.3 – 99.9	245
On school buses or other vehicles used to transport students	99.2%	97.7 – 99.7	245
At off-campus, school-sponsored events	94.6%	92.1 – 96.3	245
28. (Faculty/Staff) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for faculty/staff			
	Percentage	95% Confidence Interval	N
In school buildings	99.6%	98.3 – 99.9	244
Outside on school grounds, including parking lots and playing fields	99.2%	97.7 – 99.7	244
On school buses or other vehicles used to transport students	99.2%	97.7 – 99.7	244
At off-campus, school-sponsored events	89.5%	86.3 – 92.1	244
28. (Visitors) Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for visitors			
	Percentage	95% Confidence Interval	N
In school buildings	99.6%	98.3 – 99.9	243
Outside on school grounds, including parking lots and playing fields	99.2%	97.7 – 99.7	243
On school buses or other vehicles used to transport students	98.4%	96.6 – 99.2	243
At off-campus, school-sponsored events	73.3%	68.8 – 77.4	241
29. Percentage of all schools that post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed			
	Percentage	95% Confidence Interval	N
All Schools	86.6%	82.9 – 89.6	253

30. Percentage of all schools that provide tobacco cessation services for each of the following groups			
	Percentage	95% Confidence Interval	N
Faculty and staff	15.0%	12.0 – 18.6	256
Students	21.2%	17.7 – 25.3	254
31. Percentage of all schools that have arrangements with any organizations or health care professionals not on school property to provide tobacco cessation services for each of the following groups			
	Percentage	95% Confidence Interval	N
Faculty and staff	25.1%	21.3 – 29.3	255
Students	33.2%	28.8 – 37.9	253

School Nutrition and Healthy Eating

Table 8 shows the results of questions 32-38 of the Principal Survey, all of which concern nutrition and healthy eating policies and activities adopted by Iowa schools. On



question 32, schools most frequently reported that they “sometimes” offer fruit or non-fried vegetables at school celebrations when foods or beverages are offered (54.2%) and least frequently reported that “foods or beverages are not offered at school celebrations” (3.5%). In question 33, 68.2% of schools reported that students may purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar. On question 34, schools most frequently reported that students may purchase bottled water (64.7%) from vending machines or at a school store, canteen, or snack

bar and least frequently reported that students may purchase energy drinks (1.9%) at these locations.

Schools reported activities and policies related to nutrition and healthy eating in question 35. Schools most frequently reported that they encouraged students to drink plain water (75.0%) and least frequently reported that they priced nutritious food and beverages at a lower cost while increasing the price of less nutritious foods and beverages (12.6%). Other activities frequently conducted include placing fruits and vegetables near the cafeteria cashier for easy access (68.2%), offering a self-serve

salad bar (66.6%), using attractive displays for fruits and vegetables (59.2%), and providing students or families with information about the nutrition and caloric content of the foods available (57.8%).

Schools also prohibit advertisements for candy, fast food restaurants, or soft drinks in school locations, ranging from 73.8% on school buses or other vehicles used to transport students to 50.9% on school grounds including the outside of the school building, on playing fields, or other areas of the campus.

Schools reported that they allow students access to drinking water during the school day. According to question 37, 94.0% of schools permit students to have a drinking water bottle with them in either all locations or certain locations during the school day. According to question 38, between 99.6% and 78.7% of schools offer a free source of drinking water in each location among schools with that location. Schools most frequently reported offering a free source of water in hallways (99.6%) and least frequently reported offering water in outdoor physical activity facilities or sport fields (78.7%).

Table 8: School Nutrition and Healthy Eating

32. Percentage of all schools that never, rarely, sometimes, or always or almost always offer fruit or non-fried vegetables at school celebrations when foods or beverages are offered			
	Percentage	95% Confidence Interval	N
Foods or beverages are not offered at school celebrations	3.5%	2.1 – 5.8	254
Never	2.0%	1.0 – 3.8	254
Rarely	19.6%	16.2 – 23.6	254
Sometimes	54.2%	49.8 – 58.6	254
Always or almost always	20.7%	17.6 – 24.2	254
33. Percentage of all schools in which students can purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar.			
	Percentage	95% Confidence Interval	N
All Schools	68.2%	63.7 – 72.4	255

34. Percentage of all schools in which students can purchase the following snack foods or beverages from vending machines or at a school store, canteen, or snack bar			
	Percentage	95% Confidence Interval	N
Chocolate candy	7.0%	5.0 – 9.7	253
Other kinds of candy	10.8%	8.3 – 14.0	253
Salty snacks that are not low in fat	8.7%	6.4 – 11.7	253
Low sodium or “no added salt” pretzels, crackers, or chips	45.5%	41.1 – 49.9	250
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	14.2%	11.2 – 17.8	251
Ice cream or frozen yogurt that is not low in fat	5.1%	3.4 - 7.7	253
2% or whole milk (plain or flavored)	13.0%	10.2 – 16.4	253
Nonfat or 1% (low-fat) milk (plain)	37.1%	32.7 – 41.8	253
Water ices or frozen slushes that do not contain juice	8.9%	6.7 – 11.8	252
Soda pop or fruit drinks that are not 100% juice	14.3%	11.2 – 18.2	253
Sports drinks	48.1%	43.6 – 52.7	253
Energy drinks	1.9%	1.0 – 3.7	253
Bottled water	64.7%	60.1 – 68.9	252
100% fruit or vegetable juice	50.8%	46.2 – 55.4	252
Foods or beverages containing caffeine	12.9%	10.0 – 16.5	252
Fruits (not fruit juice)	26.6%	22.5 – 31.1	253
Non-fried vegetables (not vegetable juice)	16.0%	12.8 – 19.9	253

35. Percentage of all schools that have done any of the following activities during the current school year			
	Percentage	95% Confidence Interval	N
Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	12.6%	9.9 – 16.0	254
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	47.5%	42.8 – 52.3	254
Provided information to students or families on the nutrition and caloric content of foods available	57.8%	53.0 – 62.4	255
Conducted taste tests to determine food preferences for nutritious items	32.0%	28.0 – 36.3	254
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	18.3%	15.2 – 22.0	254
Served locally or regionally grown foods in the cafeteria or classrooms	44.5%	39.8 – 49.2	254
Planted a school food or vegetable garden	24.1%	20.1 – 28.5	254
Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	68.2%	63.5 – 72.5	254
Used attractive display for fruits and vegetables in the cafeteria	59.2%	54.6 – 63.7	255
Offered a self-serve salad bar to students	66.6%	61.9 – 71.1	254
Labeled healthful foods with appealing names	28.6%	24.3 – 33.2	254
Encouraged students to drink plain water	75.0%	70.6 – 78.9	255
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	22.2%	18.6 – 26.4	255
Prohibited less nutritious foods and beverages from being sold for fundraising purposes	23.8%	20.1 – 28.0	255

36. Percentage of all schools that prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations			
	Percentage	95% Confidence Interval	N
In the school building	67.3%	62.9 – 71.5	254
On school grounds including the outside of the school building, on playing fields, or other areas of the campus	50.9%	46.1 – 55.6	254
On school buses or other vehicles used to transport students	73.8%	69.6 – 77.7	254
In school publications	64.4%	59.7 – 68.7	252
In curricula or other educational materials	65.8%	61.2 – 70.2	253
37. Percentage of all schools that permit students to have a drinking water bottle with them in either all locations or certain locations during the school day			
	Percentage	95% Confidence Interval	N
All Schools	94.0%	91.4 – 95.8	249
38. Percentage of all schools that offer a free source of drinking water in the following locations (Among schools with that location)			
	Percentage	95% Confidence Interval	N
Cafeteria during breakfast	88.8%	85.4 – 91.5	254
Cafeteria during lunch	89.7%	86.4 – 92.3	255
Gymnasium or other indoor physical activity facilities	96.5%	94.3 – 97.9	254
Outdoor physical activity facilities and sports fields	78.7%	74.6 – 82.3	245
Hallways throughout the school	99.6%	98.2 – 99.9	255

Health Care Services Provided by Schools

Schools reported that they provide both direct health care services to students and health care referrals to organizations off-campus as highlighted in Table 9. According to question 39, a full-time registered nurse provided health services to students in 53.6% of schools. In question 40, schools reported offering some sexual health services to students within the school building ranging from 7.5% of schools offering prenatal care to 0.4% of schools offering STD treatment, HIV testing, and HIV treatment.

Schools more frequently referred students to off-campus organizations or health care professionals rather than providing direct services. With regards to sexual health, schools referred students for services ranging from pregnancy testing (57.3%) to the provision of condom-compatible lubricants (37.7%) as evidenced in question 41. With regards to chronic conditions, schools most frequently referred students diagnosed with or suspected of having asthma (62.8%) and least frequently referred students diagnosed with or suspected of being obese (51.0%) as evidenced in question 44.

Schools reported that they used school records to identify and track students with current chronic conditions, ranging from a maximum of 94.9% of schools tracking those with food allergies to a minimum of 42.1% tracking those with obesity (question 43).

According to question 42, 74.8% of schools reported that they had a protocol that ensures students with a chronic condition are enrolled in private, state, or federally funded insurance programs if eligible.

Table 9: Health Care Services

39. Percentage of all schools that have a full-time registered nurse who provides health services to students			
	Percentage	95% Confidence Interval	N
All Schools	53.6%	49.1 – 58.1	252
40. Percentage of all schools that provide the following services to students			
	Percentage	95% Confidence Interval	N
HIV testing	0.4%	0.1 – 1.6	254
HIV treatment	0.4%	0.1 – 1.6	254
STD testing	0.8%	0.3 – 2.2	255
STD treatment	0.4%	0.1 – 1.6	254
Pregnancy testing	3.0%	1.8 – 5.1	255
Provision of condoms	1.1%	0.5 – 2.7	254
Provision of condom-compatible lubricants	0.8%	0.3 – 2.2	254
Provision of contraceptives other than condoms	0.4%	0.1 – 1.6	254
Prenatal care	7.5%	5.3 – 10.5	254
Human papillomavirus vaccine administration	3.5%	2.1 – 5.8	254

41. Percentage of all schools that provide students with referrals to any organizations or health care professionals not on school property for the following services			
	Percentage	95% Confidence Interval	N
HIV testing	52.0%	47.6 – 56.4	256
HIV treatment	51.3%	46.9 – 55.6	256
STD testing	53.6%	49.2 – 58.0	256
STD treatment	53.1%	48.7 – 57.4	255
Pregnancy testing	57.3%	52.8 – 61.7	255
Provision of condoms	40.8%	36.4 – 45.3	255
Provision of condom-compatible lubricants	37.7%	33.4 – 42.2	255
Provision of contraceptives other than condoms	42.7%	38.2 – 47.3	255
Prenatal care	54.4%	50.2 – 58.7	255
Human papillomavirus vaccine administration	50.4%	45.8 – 54.9	255
42. Percentage of all schools that have a protocol that ensures students with a chronic condition that may require daily or emergency management are enrolled in private, state, or federally funded insurance programs if eligible			
	Percentage	95% Confidence Interval	N
All Schools	74.8%	70.3 – 78.7	245
43. Percentage of all schools that routinely use school records to identify and track students with a current diagnosis of the following chronic conditions			
	Percentage	95% Confidence Interval	N
Asthma	94.0%	91.5 – 95.8	257
Food allergies	94.9%	92.6 – 96.5	257
Diabetes	93.7%	91.1 – 95.5	257
Epilepsy or seizure disorder	93.7%	91.1 – 95.5	257
Obesity	42.1%	37.3 – 47.0	257
Hypertension/high blood pressure	69.5%	65.0 – 73.7	257

44. Percentage of all schools that provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have the following chronic conditions			
	Percentage	95% Confidence Interval	N
Asthma	62.8%	58.0 – 67.2	256
Food allergies	61.2%	56.5 – 65.7	256
Diabetes	62.4%	57.6 – 66.9	256
Epilepsy or seizure disorder	61.6%	56.8 – 66.1	256
Obesity	51.0%	46.0 – 56.0	256
Hypertension/high blood pressure	56.2%	51.4 – 60.9	256

Parent and Student Involvement

Table 10 below presents the results of questions 45-50 regarding parent and student involvement in Iowa schools. Schools involve both students and parents in school activities by promoting school services, offering student mentoring and tutoring opportunities, and providing information about student development. According to question 45, the activity schools most frequently reported to increase parent and student involvement was linking parents and families to health services and programs in the community (75.1%) and the activity least frequently reported to increase involvement was providing parents and families with information about how to communicate with their child about sex (36.0%). Iowa schools specifically involved parents in school activities by providing electronic, paper, or oral communication to inform parents about school health services and programs (86.1%, question 46) and allowing families or community members to serve as role models or mentors to students (44.1%, question 47). Iowa schools involved students by providing service-learning opportunities (76.1%, question 48) and peer tutoring opportunities (77.5%, question 49). In 46.9% of schools, students' families helped develop or implement policies and programs related to school health during the past two years.

Table 10: Parent and Student Involvement

45. Percentage of all schools that have done any of the following activities during the current school year			
	Percentage	95% Confidence Interval	N
Provided parents and families with information about how to communicate with their child about sex	36.0%	31.7 – 40.4	257
Provided parents with information about how to monitor their child	52.1%	47.3 – 56.9	257
Involved parents as school volunteers in the delivery of health education activities and services	25.9%	21.7 – 30.6	257
Linked parents and families to health services and programs in the community	75.1%	71.0 – 78.7	257
46. Percentage of all schools that use electronic, paper, or oral communication to inform parents about school health services and programs			
	Percentage	95% Confidence Interval	N
All Schools	86.1%	82.6 – 89.0	257
47. Percentage of all schools that participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brother Big Sisters program			
	Percentage	95% Confidence Interval	N
All Schools	44.1%	39.9 – 48.3	257
48. Percentage of all schools that provide service-learning opportunities for students			
	Percentage	95% Confidence Interval	N
All Schools	76.1%	72.1 – 79.7	255
49. Percentage of all schools that provide peer tutoring opportunities for students			
	Percentage	95% Confidence Interval	N
All Schools	77.5%	73.1 – 81.4	257

50. Percentage of all schools in which students' families helped develop or implement policies and programs related to school health during the past two years			
	Percentage	95% Confidence Interval	N
All Schools	46.9%	42.3 – 51.5	256

2014 Lead Health Education Teacher Survey Results

Health Education Classes

Table 11 below provides responses to questions 1-8 of the Lead Health Education Teacher Survey regarding health education classes and curriculums. Health education is a required course for students in any of grades 6 through 12 in 83.7% of Iowa middle and high schools (question 7). One health education course is required between grades 6 and 12 in 32.4% of schools, and two or more health education courses are required over these years in 49.7% of schools (question 1). Schools most frequently reported teaching a required health education course in 7th grade (56.4% of schools) and least frequently reported teaching a required course in 12th grade (15.6% of schools). As evidenced by question 3, 60.6% of schools required any student who fails a required course to repeat it.

Questions 4 and 6 assessed the materials provided to health and sexual health education teachers to assist in health education. The results of question 4 show that schools provided health teachers with materials ranging from goals, objectives, and expected outcomes for health education (76.7% of schools) to a chart describing the annual scope and sequence of instruction (46.4% of schools). The results of question 6 show that sexual health teachers were also provided with materials to aid in education, ranging from goals, objectives, and expected outcomes for sexual health education (70.6%) to a chart describing the annual scope and sequence of instruction (44.0%). Question 5 assessed the health behaviors taught in Iowa health curriculums. Health curriculums most frequently addressed decision-making skills to enhance health (91.9% of schools) and least frequently addressed accessing valid information and products and services to enhance health (84.5%).

Health education teachers are not the only school staff who try to increase student knowledge of health topics, as noted in question 8. Teachers of students in any of grades 6 through 12 tried to increase student knowledge of an assortment of topics ranging from physical activity and fitness (96.9%) to knowledge of epilepsy or seizure disorder (31.9%).

Table 11: Health Education

1. Percentage of all schools in which students take the following number of required health education courses in grades 6 through 12			
	Percentage	95% Confidence Interval	N
0 courses	17.9%	14.4 – 22.0	245
1 course	32.4%	28.3 – 36.8	245
2 courses	24.8%	20.9 – 29.2	245
3 courses	15.0%	12.2 – 18.3	245
4 or more courses	9.9%	7.7 – 12.7	245
1N. Percentage of all schools in which students take two or more required health education courses in grades 6 through 12			
	Percentage	95% Confidence Interval	N
All Schools	49.7%	45.0 – 54.4	245
2. Percentage of all schools that taught a required health education course in each of the following grades			
	Percentage	95% Confidence Interval	N
Sixth grade	48.4%	40.9 – 56.0	85
Seventh grade	56.4%	49.4 – 63.3	121
Eighth grade	56.0%	48.6 – 63.1	119
Ninth grade	56.0%	49.3 – 62.6	128
Tenth grade	29.4%	24.2 – 35.1	123
Eleventh grade	19.0%	14.4 – 24.6	123
Twelfth grade	15.6%	11.6 – 20.6	123
3. Percentage of all schools that require students who fail a required health education course to repeat it			
	Percentage	95% Confidence Interval	N
All Schools	60.6%	55.9 – 65.1	193

4. Percentage of all schools in which those who teach health education are provided with the following materials			
	Percentage	95% Confidence Interval	N
Goals, objectives, and expected outcomes for health education	76.7%	72.4 – 80.6	256
A chart describing the annual scope and sequence of instruction	46.4%	42.1 – 50.6	254
Plans for how to assess student performance in health education	53.4%	48.8 – 57.5	255
A written health education curriculum	58.0%	53.5 – 62.5	256
5. Percentage of all schools in which the health education curriculum addresses each of the following skills			
	Percentage	95% Confidence Interval	N
Comprehending concepts related to health promotion and disease prevention to enhance health	91.3%	88.2 – 93.7	247
Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	90.5%	87.1 – 93.1	247
Accessing valid information and products and services to enhance health	84.5%	80.7 – 87.7	246
Using interpersonal communication skills to enhance health and avoid or reduce health risks	88.9%	85.4 – 91.6	245
Using decision-making skills to enhance health	91.9%	88.7 – 94.2	247
Using goal-setting skills to enhance health	87.2%	83.5 – 90.2	247
Practicing health-enhancing behaviors to avoid or reduce risks	90.6%	87.2 – 93.2	247
Advocating for personal, family, and community health	85.5%	81.9 – 88.5	246

6. Percentage of all schools in which those who teach sexual health education are provided with each of the following materials			
	Percentage	95% Confidence Interval	N
Goals, objectives, and expected outcomes for sexual health education	70.6%	65.7 – 75.0	220
A written health education curriculum that includes objectives and content addressing sexual health education	64.5%	59.7 – 69.0	220
A chart describing the annual scope and sequence of instruction for sexual health education	44.0%	39.5 – 48.6	218
Strategies that are age-appropriate, relevant, and actively engage students in learning	70.1%	65.2 – 74.5	220
Methods to assess student knowledge and skills related to sexual health education	67.8%	62.7 – 72.5	220
7. Percentage of all schools in which health education instruction is required for students in any of grades 6 through 12			
	Percentage	95% Confidence Interval	N
All Schools	83.7%	79.8 – 86.9	255

8. Percentage of all schools in which teachers tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12			
	Percentage	95% Confidence Interval	N
Alcohol- or other drug-use prevention	90.3%	87.0 – 92.8	253
Asthma	42.8%	37.9 – 47.8	252
Diabetes	67.3%	62.5 – 71.9	252
Emotional and mental health	83.9%	80.0 – 87.2	252
Epilepsy or seizure disorder	31.9%	27.4 – 36.6	252
Food allergies	63.9%	59.1 – 68.5	252
Foodborne illness prevention	66.2%	61.6 – 70.4	251
Human immunodeficiency virus (HIV) prevention	88.7%	85.0 – 91.5	245
Human sexuality	87.3%	83.7 – 90.2	245
Infectious disease prevention	80.4%	76.3 – 84.0	251
Injury prevention and safety	80.1%	76.0 – 83.5	252
Nutrition and dietary behavior	93.2%	90.3 – 95.3	240
Physical activity and fitness	96.9%	94.7 – 98.2	242
Pregnancy prevention	85.5%	81.7 – 88.7	244
Sexually transmitted disease (STD) prevention	85.9%	82.0 – 89.0	245
Suicide prevention	70.4%	66.1 – 74.3	252
Tobacco-use prevention	91.7%	88.7 – 93.9	235
Violence prevention	90.4%	87.4 – 92.7	252

Tobacco Prevention and Cessation

Table 12 outlines the tobacco-use prevention topics taught in Iowa schools, with each of the topics taught in a required course for students in any of grades 6 through 12 in over 49.8% of schools. Schools most frequently taught students about identifying short- and long-term health consequences of tobacco use (85.6%) and least frequently taught students about the benefits of smoking cessation (49.8%). It is notable that Iowa schools taught each of the following tobacco-use prevention topics in over 61% of schools with the exception of the benefits of smoking cessation, indicating that it is an outlier among these topics.

Table 12: Tobacco Prevention and Cessation

9. Percentage of all schools in which teachers taught each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12			
	Percentage	95% Confidence Interval	N
Identifying tobacco products and the harmful substances they contain	85.1%	81.6 – 88.0	243
Identifying short- and long-term health consequences of tobacco use	85.6%	82.2 – 88.4	239
Identifying social, economic, and cosmetic consequences of tobacco use	78.6%	74.7 – 82.0	248
Understanding the addictive nature of nicotine	82.7%	78.9 – 85.9	244
Effects of tobacco use on athletic performance	70.8%	66.9 – 74.4	250
Effects of second-hand smoke and benefits of a smoke-free environment	83.6%	80.1 – 86.6	245
Understanding the social influences on tobacco use, including media, family, peers, and culture	78.2%	74.3 – 81.6	249
Identifying reasons why students do and do not use tobacco	80.0%	76.1 – 83.4	247
Making accurate assessments of how many peers use tobacco	61.4%	56.6 – 65.9	250
Using interpersonal communication skills to avoid tobacco use	78.9%	74.8 – 82.5	248
Using goal-setting and decision-making skills related to not using tobacco	71.6%	67.3 – 75.6	247
Finding valid information and services related to tobacco-use prevention and cessation	65.5%	61.0 – 69.7	251
Supporting others who abstain from or want to quit using tobacco	64.5%	60.4 – 68.5	249
Identifying harmful effects of tobacco use on fetal development	70.1%	65.7 – 74.3	250
Relationship between using tobacco and alcohol or other drugs	78.8%	74.9 – 82.3	247
How addiction to tobacco use can be treated	70.1%	65.8 – 74.0	249
Understanding school policies and community laws related to the sale and use of tobacco products	72.0%	67.8 – 75.8	249
Benefits of smoking cessation programs	49.8%	45.3 – 54.4	251

Sexual Health Education

Table 13 presents the results of questions 10-12 on the Lead Health Education Teacher Survey. Schools educated students on HIV, STD, and pregnancy prevention, taught about contraceptives, and assessed the ability of students to understand and analyze sexual health topics. In response to question 10, schools most frequently reported that teachers taught the benefits of being sexually abstinent (77.2% of schools) and least frequently reported that teachers taught how to correctly use a condom (33.1%) in a required course for students in any of grades 6, 7, or 8. Question 10 assessed these same prevention topics for grades 9, 10, 11, or 12 and found that schools most frequently reported that teachers taught the health consequences of HIV, other STDs, and pregnancy (83.4%) and least frequently reported that teachers taught how to correctly use a condom (48.8%). It is notable that at all grade levels, teachers least frequently taught students how to correctly use a condom.

Question 11 assessed contraceptive education topics taught in a required course for students in any of grades 9 through 12. Schools reported educating students on each type of contraceptive ranging from the birth control pill (59.9%) to emergency contraception (43.9%).

The survey also determined the percentage of schools in which teachers assessed the ability of students to do each of the activities listed in question 12 in a required course. For students in grades 6, 7, or 8, schools most frequently reported that they taught students how to comprehend concepts important to prevent HIV, other STDs and pregnancy (69.4% of schools) and least frequently reported that they taught how to set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them (60.5%). For students in grades 9, 10, 11, or 12, schools most frequently reported that they taught students how to comprehend concepts important to prevent HIV, other STDs and pregnancy (82.2% of schools) and least frequently reported that they taught how to set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them (71.9%).



Table 13: Sexual Health Education

10. Percentage of all schools in which teachers taught each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 6, 7, or 8			
	Percentage	95% Confidence Interval	N
How HIV and other STDs are transmitted	75.3%	69.2 – 80.6	131
Health consequences of HIV, other STDs, and pregnancy	74.7%	68.6 – 80.1	132
The benefits of being sexually abstinent	77.2%	71.4 – 82.2	133
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	62.5%	56.3 – 68.4	131
The influences of family, peers, media, technology and other factors on sexual risk behaviors	73.7%	68.1 – 78.6	131
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	71.7%	65.6 – 77.1	132
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	62.3%	56.2 – 67.9	131
Influencing and supporting others to avoid or reduce sexual risk behaviors	68.9%	63.0 – 74.2	130
Efficacy of condoms, that is, how well condoms work and do not work	57.8%	51.2 – 64.2	127
The importance of using condoms consistently and correctly	48.8%	42.5 – 55.1	126
How to obtain condoms	39.8%	33.6 – 46.4	124
How to correctly use a condom	33.1%	27.5 – 39.1	123
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	51.9%	45.2 – 58.6	127
How to create and sustain healthy and respectful relationships	76.5%	70.6 – 81.5	131
The importance of limiting the number of sexual partners	68.1%	62.2 – 73.5	129
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	62.4%	56.4 – 68.0	130

10. Percentage of all schools in which teachers taught each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 9, 10, 11, or 12			
	Percentage	95% Confidence Interval	N
How HIV and other STDs are transmitted	83.2%	77.5 – 87.8	134
Health consequences of HIV, other STDs, and pregnancy	83.4%	77.8 – 87.9	136
The benefits of being sexually abstinent	81.1%	75.1 – 85.9	136
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	78.2%	72.5 – 83.1	134
The influences of family, peers, media, technology and other factors on sexual risk behaviors	80.2%	74.7 – 84.8	135
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	77.0%	70.9 – 82.1	137
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	74.5%	68.4 – 79.8	135
Influencing and supporting others to avoid or reduce sexual risk behaviors	74.0%	68.1 – 79.1	133
Efficacy of condoms, that is, how well condoms work and do not work	74.9%	68.2 – 80.6	132
The importance of using condoms consistently and correctly	69.3%	62.6 – 75.3	131
How to obtain condoms	51.0%	43.6 – 58.3	132
How to correctly use a condom	48.8%	41.9 – 55.7	132
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	71.9%	65.5 – 77.6	130
How to create and sustain healthy and respectful relationships	80.8%	75.0 – 85.6	134
The importance of limiting the number of sexual partners	79.4%	73.5 – 84.3	133
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	74.4%	68.0 – 79.9	134

11. Percentage of all schools in which teachers taught about each of the following contraceptives in a required course for students in any of grades 9 through 12			
	Percentage	95% Confidence Interval	N
Birth control pill	59.9%	53.1 – 66.4	140
Birth control patch	54.5%	47.2 – 61.6	140
Birth control ring	51.5%	44.3 – 58.6	140
Birth control shot	55.9%	48.7 – 62.8	140
Implants	47.9%	40.7 – 55.2	140
Intrauterine device	52.8%	46.0 – 59.4	140
Emergency contraception	43.9%	37.0 – 51.1	140
12. Percentage of all schools in which teachers assess the ability of students to do each of the following in a required course for students in any of grades 6, 7 or 8			
	Percentage	95% Confidence Interval	N
Comprehend concepts important to prevent HIV, other STDs and pregnancy	69.4%	63.3 – 74.9	132
Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	67.6%	62.5 – 72.4	131
Access valid information, products, and services to prevent HIV, other STDs and pregnancy	61.2%	55.3 – 66.8	130
Use interpersonal communication skills to avoid or reduce sexual risk behaviors	66.4%	60.5 – 71.9	132
Use decision-making skills to prevent HIV, other STDs and pregnancy	67.8%	62.0 – 73.1	132
Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	60.5%	55.3 – 65.5	132
Influence and support others to avoid or reduce sexual risk behaviors	62.6%	56.5 – 68.3	132

12. Percentage of all schools in which teachers assess the ability of students to do each of the following in a required course for students in any of grades 9, 10, 11, or 12			
	Percentage	95% Confidence Interval	N
Comprehend concepts important to prevent HIV, other STDs and pregnancy	82.2%	76.5 – 86.7	136
Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	76.1%	70.3 – 81.0	136
Access valid information, products, and services to prevent HIV, other STDs and pregnancy	73.7%	67.1 – 79.3	133
Use interpersonal communication skills to avoid or reduce sexual risk behaviors	76.9%	71.0 – 81.9	136
Use decision-making skills to prevent HIV, other STDs and pregnancy	78.5%	72.7 – 83.4	136
Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	71.9%	65.4 – 77.6	136
Influence and support others to avoid or reduce sexual risk behaviors	73.8%	67.5 – 79.3	136

School Nutrition and Healthy Eating

The Lead Health Teacher Survey included questions about the nutrition and dietary behaviors topics that schools covered in required coursework, the results of which are listed in Table 14 below. The percentage of schools providing instruction in each area ranged from 90.2 percent for the benefits of healthy eating to 70.5 percent in assessing body mass index (BMI).



Table 14: School Nutrition and Healthy Eating

13. Percentage of all schools in which teachers taught each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12			
	Percentage	95% Confidence Interval	N
Benefits of healthy eating	90.2%	86.8 – 92.7	243
Benefits of drinking plenty of water	89.8%	86.4 – 92.4	245
Benefits of eating breakfast every day	87.7%	84.2 – 90.6	247
Food guidance using the current Dietary Guidelines for Americans	84.7%	80.8 – 88.0	248
Using food labels	81.5%	77.5 – 84.9	251
Differentiating between nutritious and non-nutritious beverages	87.7%	84.1 – 90.7	245
Balancing food intake and physical activity	89.0%	85.5 – 91.7	246
Eating more fruits, vegetables, and whole grain products	88.3%	84.8 – 91.0	246
Choosing foods and snacks that are low in solid fat	83.4%	79.7 – 86.6	248
Choosing foods, snacks, and beverages that are low in added sugars	84.7%	81.2 – 87.6	247
Choosing foods and snacks that are low in sodium	81.3%	77.4 – 84.7	248
Eating a variety of foods that are high in calcium	76.2%	71.7 – 80.1	249
Eating a variety of foods that are high in iron	72.7%	68.4 – 76.7	249
Food safety	75.4%	71.2 – 79.2	248
Preparing healthy meals and snacks	76.2%	72.2 – 79.8	247
Risks of unhealthy weight control practices	82.0%	78.0 – 85.5	246
Accepting body size differences	80.0%	75.8 – 83.5	247
Signs, symptoms, and treatment for eating disorders	76.9%	72.6 – 80.7	249
Relationship between diet and chronic diseases	72.8%	68.4 – 76.8	249
Assessing body mass index (BMI)	70.5%	65.9 – 74.7	248

Physical Education and Activity

Table 15 presents the results of question 14 which assess the physical activity topics taught in a required course for students in any of grades 6 through 12. Over 75% of Iowa schools taught each of the physical activity topics listed in Table 15. Schools reported teaching about physical activity ranging from increasing daily physical activity (93.2%) to the dangers of using performance-enhancing drugs (75.3%).



Table 15: Physical Education and Activity

14. Percentage of all schools in which teachers taught each of the following physical activity topics in a required course for students in any of grades 6 through 12			
	Percentage	95% Confidence Interval	N
Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease	89.5%	86.3 – 92.0	245
Mental and social benefits of physical activity	88.9%	85.6 – 91.5	246
Health-related fitness	90.0%	87.7 – 93.2	246
Phases of a workout	86.3%	82.7 – 89.2	246
Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity	84.4%	80.7 – 87.4	247
Decreasing sedentary activities	88.6%	85.1 – 91.3	247
Preventing injury during physical activity	84.7%	81.1 – 87.7	248
Weather-related safety	76.1%	72.1 – 79.7	248
Dangers of using performance-enhancing drugs	75.3%	71.2 – 79.0	249
Increasing daily physical activity	93.2%	90.5 – 95.2	244
Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)	89.1%	85.7 – 91.8	247
Using safety equipment for specific physical activities	77.4%	73.1 – 81.2	251
Benefits of drinking water before, during, and after physical activity	88.5%	85.0 – 91.2	247

Health Information and Activities

As exhibited in Table 16, Iowa schools try to engage parents and stakeholders in health education and provide these groups with health information and activities in a variety of ways. The results of question 16 show that health education staff most frequently worked on health education activities during the current school year with health services staff (77.4%); the least frequent area of work was with the school health council, committee or team (31.5%). Schools involved parents in school health during the school year by giving students homework assignments or health education activities to do at home with their parents (56.0%, question 18). Schools also provided health information designed to increase parent and family knowledge on each topic in question 17, ranging from 67.1% of schools providing information on preventing student bullying and sexual harassment to 12.0% providing information on asthma.

The results of question 15 indicate that 32.6% of schools provided curricula or supplementary materials that include sexual health information relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth.

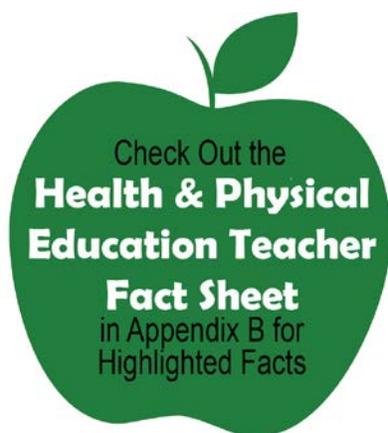
Table 16: Health Information and Activities

15. Percentage of all schools that provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth			
	Percentage	95% Confidence Interval	N
All Schools	32.6%	28.4 – 37.2	254
16. Percentage of all schools in which health education staff worked with the following groups on health education activities during the current school year			
	Percentage	95% Confidence Interval	N
Physical education staff	77.0%	73.1 – 80.5	256
Health services staff	77.4%	73.6 – 80.7	255
Mental health or social services staff	52.8%	48.2 – 57.3	256
Nutrition or food service staff	44.1%	39.6 – 48.6	256
School health council, committee, or team	31.5%	27.4 – 35.9	256

17. Percentage of all schools that provided parents and families with health information designed to increase parent and family knowledge of the following topics during the current school year			
	Percentage	95% Confidence Interval	N
HIV prevention, STD prevention, or teen pregnancy prevention	25.5%	21.7 – 29.7	255
Tobacco-use prevention	26.5%	22.6 – 30.8	254
Physical activity	37.8%	33.5 – 42.2	254
Nutrition and healthy eating	39.1%	34.8 – 43.6	255
Asthma	12.0%	9.5 – 15.2	255
Food allergies	28.5%	24.7 – 32.8	254
Diabetes	16.1%	13.0 – 19.8	251
Preventing student bullying and sexual harassment, including electronic aggression	67.1%	63.0 – 71.0	255
18. Percentage of all schools in which teachers have given students homework assignments or health education activities to do at home with their parents during the current school year			
	Percentage	95% Confidence Interval	N
All Schools	56.0%	51.5 – 60.4	225

Health Teacher Preparation

Table 17 provides the results of questions 16-23 which assess health teacher education, certification, and experience. Schools reported that teachers are certified, licensed, or endorsed by the state to teach health education in middle school or high school in 78.5% of schools (question 25). Schools most frequently indicated that teachers gained professional preparation with a major emphasis on health and physical education combined (41.4% of schools) and least frequently indicated that teachers had a major emphasis on public health (0.0%)(question 24). Iowa teachers have a broad range of experience in teaching health education courses or topics ranging from 15 or more years of experience (33.9% of schools) to one year of experience (9.0%) (question 26).



Questions 19, 20, and 22 of the Lead Health Teacher Survey assess the professional development opportunities received by lead health

education teachers during the past two years. According to the results of question 19, lead health education teachers most frequently received professional development on violence prevention (54.2%) and least frequently received education on asthma (8.5%). According to question 20, teachers received professional development on various sexual health topics ranging from a maximum of 25.7% receiving education on implementing health education strategies using prevention messages that are likely to be effective in reaching youth to a minimum of 12.8% receiving education on current district or school board policies or curriculum guidance regarding HIV education or sexual health education. Responses on question 22 range from 58.5% of schools in which the lead health education teacher received education on using interactive teaching methods to 14.9% of schools in which the teacher received education on teaching students of different sexual orientations or gender identities.

Questions 21 and 23 concerned the topics in which the lead health education teacher would like to receive professional development. For question 21, lead health education teachers were most frequently interested in professional development on suicide prevention (73.2% of schools) and least frequently interested in professional development on asthma (40.0%). For question 23, teachers indicated that they were interested in professional development opportunities ranging from assessing or evaluating students in health education (66.1% of schools) to teaching students with limited English proficiency (38.9%).

Table 17: Lead Health Teacher Education and Professional Development

19. Percentage of all schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years			
	Percentage	95% Confidence Interval	N
Alcohol- or other drug-use prevention	25.8%	21.6 – 30.5	256
Asthma	8.5%	6.3 – 11.4	256
Diabetes	16.7%	13.8 – 20.1	256
Emotional and mental health	32.9%	28.7 – 37.5	256
Epilepsy or seizure disorder	13.2%	10.4 – 16.7	255
Food allergies	23.6%	19.9 – 27.8	254
Foodborne illness prevention	16.4%	13.2 – 20.1	254
HIV prevention	25.7%	22.0 – 29.9	256
Human sexuality	24.6%	21.1 – 28.6	256

Infectious disease prevention	25.8%	21.8 – 30.2	256
Injury prevention and safety	28.5%	24.6 – 32.7	256
Nutrition and dietary behavior	27.7%	23.7 – 32.1	256
Physical activity and fitness	33.9%	29.7 – 38.4	256
Pregnancy prevention	20.1%	16.7 – 23.9	256
STD prevention	22.2%	18.5 – 26.4	256
Suicide prevention	24.2%	20.2 – 28.7	256
Tobacco-use prevention	15.2%	12.1 – 18.9	256
Violence prevention	54.2%	49.1 – 59.2	254
20. Percentage of all schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years			
	Percentage	95% Confidence Interval	N
Describing how widespread HIV and other STD infections are and the consequences of these infections	19.6%	16.2 – 23.5	256
Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	20.9%	17.3 – 24.9	256
Identifying populations of youth who are at high risk of being infected with HIV and other STDs	17.4%	14.0 – 21.5	255
Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	25.7%	21.7 – 30.2	256
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	20.6%	17.0 – 24.8	256
Assessing students' performance in HIV prevention education	13.5%	10.6 – 16.9	256
Describing the prevalence and potential effects of teen pregnancy	16.9%	13.6 – 20.7	256
Identifying populations of youth who are at high risk of becoming pregnant	14.1%	11.1 – 17.8	256
Current district or school board policies or curriculum guidance regarding HIV education or sexual health education	12.8%	10.0 – 16.2	256

21. Percentage of all schools in which the lead health education teacher would like to receive professional development on each of the following topics			
	Percentage	95% Confidence Interval	N
Alcohol- or other drug-use prevention	65.4%	60.7 – 69.7	255
Asthma	40.0%	35.7 – 44.4	256
Diabetes	46.7%	42.0 – 51.4	256
Emotional and mental health	72.0%	67.2 – 76.4	255
Epilepsy or seizure disorder	41.5%	37.1 – 46.0	256
Food allergies	47.9%	43.4 – 52.4	255
Foodborne illness prevention	41.0%	36.5 – 45.7	255
HIV prevention	53.6%	49.0 – 58.1	256
Human sexuality	58.2%	53.3 – 62.9	255
Infectious disease prevention	45.4%	40.8 – 50.2	256
Injury prevention and safety	49.7%	45.0 – 54.4	256
Nutrition and dietary behavior	62.0%	57.7 – 66.2	255
Physical activity and fitness	58.1%	53.7 – 62.4	255
Pregnancy prevention	57.7%	53.2 – 62.1	256
STD prevention	59.0%	54.4 – 63.4	255
Suicide prevention	73.2%	68.8 – 77.2	256
Tobacco-use prevention	57.8%	53.0 – 62.5	255
Violence prevention	72.6%	68.1 – 76.7	256

22. Percentage of all schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years			
	Percentage	95% Confidence Interval	N
Teaching students with physical, medical, or cognitive disabilities	47.8%	43.4 – 52.3	254
Teaching students of various cultural backgrounds	40.2%	35.5 – 45.0	255
Teaching students with limited English proficiency	23.0%	19.3 – 27.3	255
Teaching students of different sexual orientations or gender identities	14.9%	11.9 – 18.4	254
Using interactive teaching methods	58.5%	53.6 – 63.3	255
Encouraging family or community involvement	38.2%	33.9 – 42.6	255
Teaching skills for behavior change	45.2%	40.6 – 49.9	254
Classroom management techniques	56.4%	51.8 – 60.9	255
Assessing or evaluating students in health education	25.2%	21.6 – 29.2	254
23. Percentage of all schools in which the lead health education teacher would like to receive professional development on each of the following topics			
	Percentage	95% Confidence Interval	N
Teaching students with physical, medical, or cognitive disabilities	50.3%	45.8 – 54.8	255
Teaching students of various cultural backgrounds	46.9%	43.0 – 50.9	255
Teaching students with limited English proficiency	38.9%	34.8 – 43.2	255
Teaching students of different sexual orientations or gender identities	52.3%	47.9 – 56.8	255
Using interactive teaching methods	55.7%	50.8 – 60.5	254
Encouraging family or community involvement	60.2%	55.5 – 64.7	254
Teaching skills for behavior change	63.1%	58.8 – 67.3	254
Classroom management techniques	59.1%	54.6 – 63.5	254
Assessing or evaluating students in health education	66.1%	61.4 – 70.5	254

24. Percentage of all schools in which the major emphasis of the lead health education teacher's professional preparation was on the following			
	Percentage	95% Confidence Interval	N
Health and physical education combined	41.4%	36.9 – 46.1	234
Health education	7.8%	5.5 – 11.1	234
Physical education	12.5%	9.6 – 16.2	234
Other education degree	7.4%	5.1 – 10.6	234
Kinesiology, exercise science, or exercise physiology	1.2%	0.5 – 2.8	234
Home economics or family and consumer science	13.6%	10.7 – 17.1	234
Biology or other science	5.2%	3.5 – 7.6	234
Nursing	3.9%	2.5 – 6.2	234
Counseling	2.1%	1.1 – 4.1	234
Public health	0.0%	N/A	234
Nutrition	0.5%	0.1 – 2.1	234
Other	4.3%	2.7 – 6.9	234
25. Percentage of all schools in which the lead health education teacher is certified, licensed, or endorsed by the state to teach health education in middle school or high school			
	Percentage	95% Confidence Interval	N
All Schools	78.5%	74.6 – 82.0	256
26. Percentage of all schools in which the lead health education teacher had the following number of years of experience in teaching health education courses or topics			
	Percentage	95% Confidence Interval	N
1 year	9.0%	6.6 – 12.0	250
2 to 5 years	22.6%	19.2 – 26.6	250
6 to 9 years	19.5%	15.9 – 23.6	250
10 to 14 years	15.0%	12.0 – 18.5	250
15 years or more	33.9%	29.6 – 38.6	250

Conclusion and Recommendations

The 2014 School Health Profiles supply Iowa's health and education stakeholders with a wide variety of data about school health; however it is important to note that this report is simply a presentation of the results from the School Principal Survey and the Lead Health Teacher Survey, which may not in itself be useful to most stakeholders. For the SHP data to be meaningful they need to be considered in concert with other data sources on school/adolescent health and comparison with State level goals and programming information. These comparisons of data show others (e.g., State staff, other stakeholders) how results from the SHP compare and validate one another. They also provide the state and schools with measures of strengths and gaps in services which if addressed would benefit schools.

Efforts also need to be made to ensure that SHP surveys capture all of the relevant policies and environments that can affect adolescent health and that SHP data can be compared from year to year to monitor relevant trends. Based on a review of the results, the following recommendations are provided:

Combine SHP Data with the Youth Risk Behavior Survey, the Iowa Youth Survey, and National School Health Profiles

The Youth Risk Behavior Survey (YRBS), the National School Health Profiles results, and the Iowa Youth Survey are used to gather relevant information that could be more powerful when combined. Compared with SHP data, these data would help gain a better understanding of strengths and areas in need of improvement. For example, SHP data compared to the YRBS and the Iowa Youth Survey could help determine if student behavior is consistent with curricula and priorities principals and lead health teachers report. Where there are consistencies priorities would be supported; where there are inconsistencies attention by the state could be focused to evaluate education efforts. Comparing SHP data to national indicators would also show how Iowa's performance ranks with other states.

Use SHP Data Strategically

Data comparisons over time will also aid DOE in determining areas of improvement and areas where strategic focus has had an effect. Where existing DOE initiatives and school programs are reflected in the data, these data can be used for evaluation. Future interventions that address specific measures can also be tied to SHP data that are being gathered where possible to provide benchmark measures.

Strive to Achieve Weighted Data in Future Years

Utilizing the biennial timeline of the School Health Profiles to analyze meaningful changes in school-based health and safety, over time, is helpful for tracking and analyzing change. It was not possible to compare the 2014 data with School Health Profiles from previous years due to low response rates prior to this year. However, with efforts to promote the use of the survey and the value of completing the survey if selected (i.e., principals and lead teachers), comparisons will be available for the future trend analysis (e.g., 2016, 2018). A response rate of at least 70% of regular schools in the sampling frame drawn by Westat would provide results that can be weighted and used for trend analysis.

Address New Trends in Approaches to Youth Risk Behaviors

There are emerging youth risk behaviors not yet addressed in the SHP which should be considered. Examples include:

- Education, policies, interventions and referrals related to alcohol use and abuse;
- Education interventions and referrals related to electronic cigarettes (e-cigarettes), marijuana, and prescription drugs;
- Education, policies, interventions and referrals related to intimate partner violence (IPV).

Appendix A: Weighting and Sampling Procedures

A weighting system was applied to the Profiles results to account for bias in patterns of nonresponse and to equalize the likelihood of a principal or lead health teacher being selected or not. The weighting formula used is described below:

$W = W_1 \times f_1 \times f_2$	
W_1	1/(probability of school selection)
f_1	A nonresponse adjustment calculated by school size and grade level: Large, medium, small Middle school, Junior/Senior high, High
f_2	A post stratification adjustment calculated by locale type: Large central city, mid-sized central city, urban fringe of a large city, urban fringe of a mid-sized city, large town, small town, rural metropolitan statistical area, rural, school grade level

This formula was used to compute a weighted mean or percentage for each item on the questionnaires. The process was conducted by Westat, Inc. using specialized statistical software.

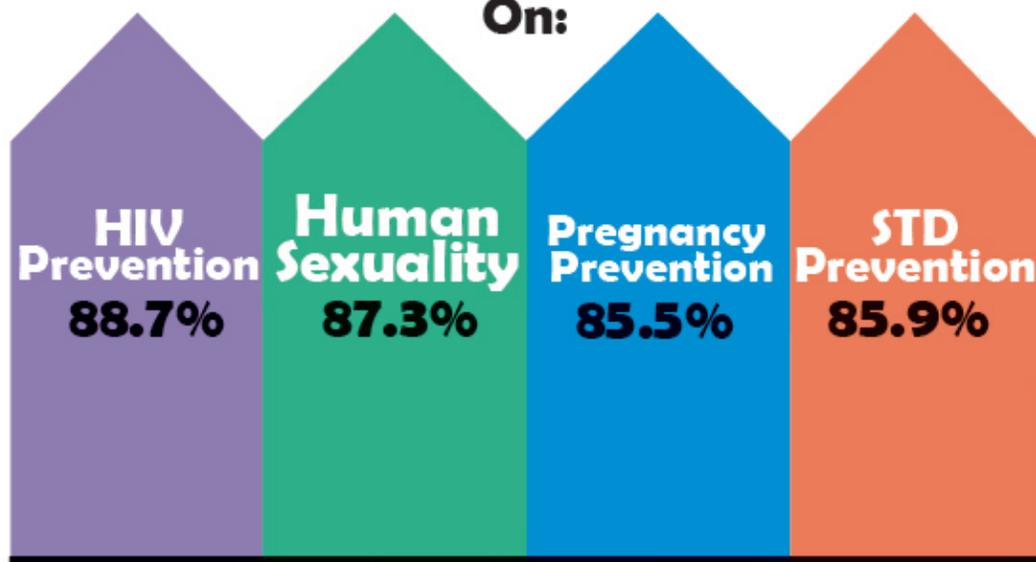
Appendix B: Iowa School Health Profile Fact Sheets

Iowa Sexual Health Education Facts

Iowa Sexual Health Education Facts



Percent of Schools That Educated Students On:



All information in this Fact Sheet comes from the 2014 Iowa School Health Profiles survey, which gathers information about middle school and high school health education practices from the perspectives of school principals and lead health teachers. This Fact Sheet was developed by the National Resource Center for Family Centered Practice at the University of Iowa School of Social Work for the Iowa Department of Education.



Learn More at <https://www.educateiowa.gov/>



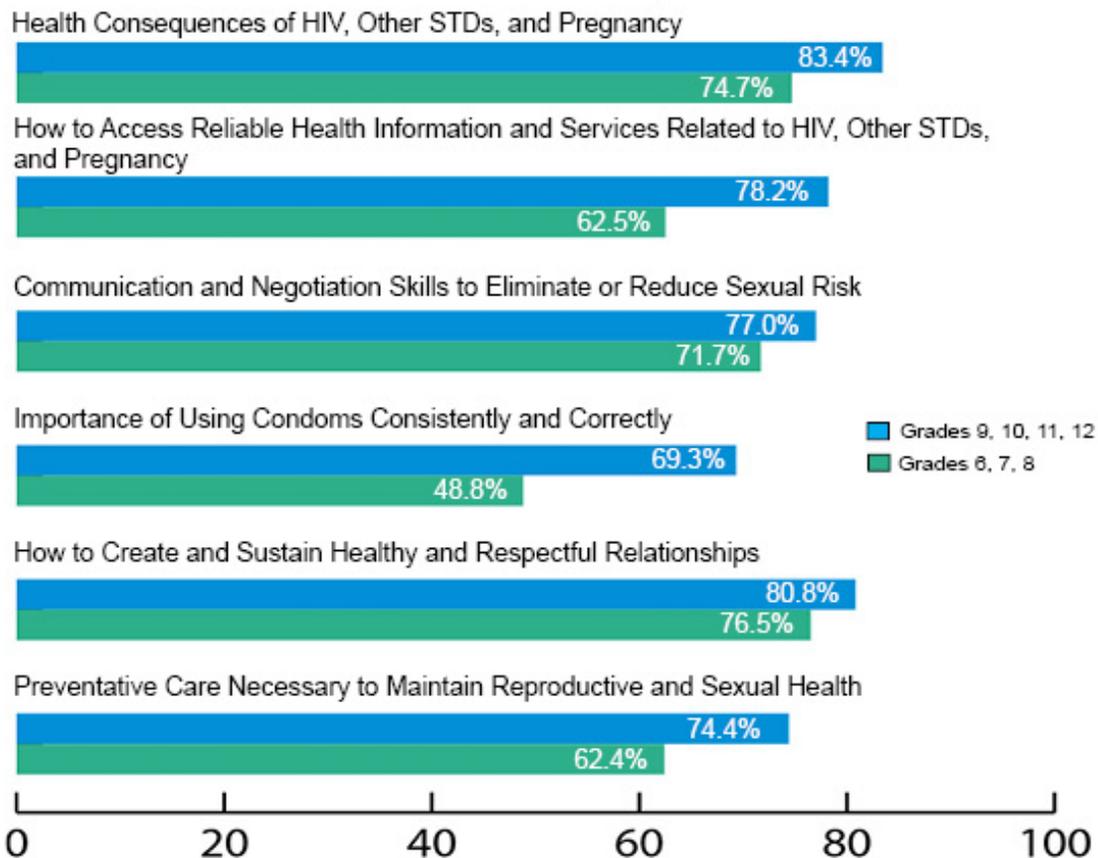
1 in 3

Schools Provided Curricula or Supplementary Materials that Included Sexual Health Information Relevant to LGBTQ Youth

&**1 in 4**

Schools Provided Parents and Families with Health Information Designed to Increase Knowledge of HIV, STD, or Teen Pregnancy Prevention

Percentage of Schools Which Taught the Following Sexual Health Topics:



76.1% of Schools Assessed the Ability of Students Grades 9-12 to Analyze the Influence of Family, Peers, Culture, Media, Technology, and Other Factors on Sexual Risk Behaviors

Iowa Physical Education & Activity Facts

Iowa Physical Education & Activity Facts



Over 80% of Schools Taught the Following Physical Activity Topics

in a Required Course for Students Grades 6 through 12



Short- and Long-Term
Benefits of Physical
Activity



Decreasing
Sedentary Activities



Incorporating
Physical Activity into
Daily Life



Recommended Amounts
and Types of Physical
Activity



Benefits of Drinking
Water Before, During, and
After Activity



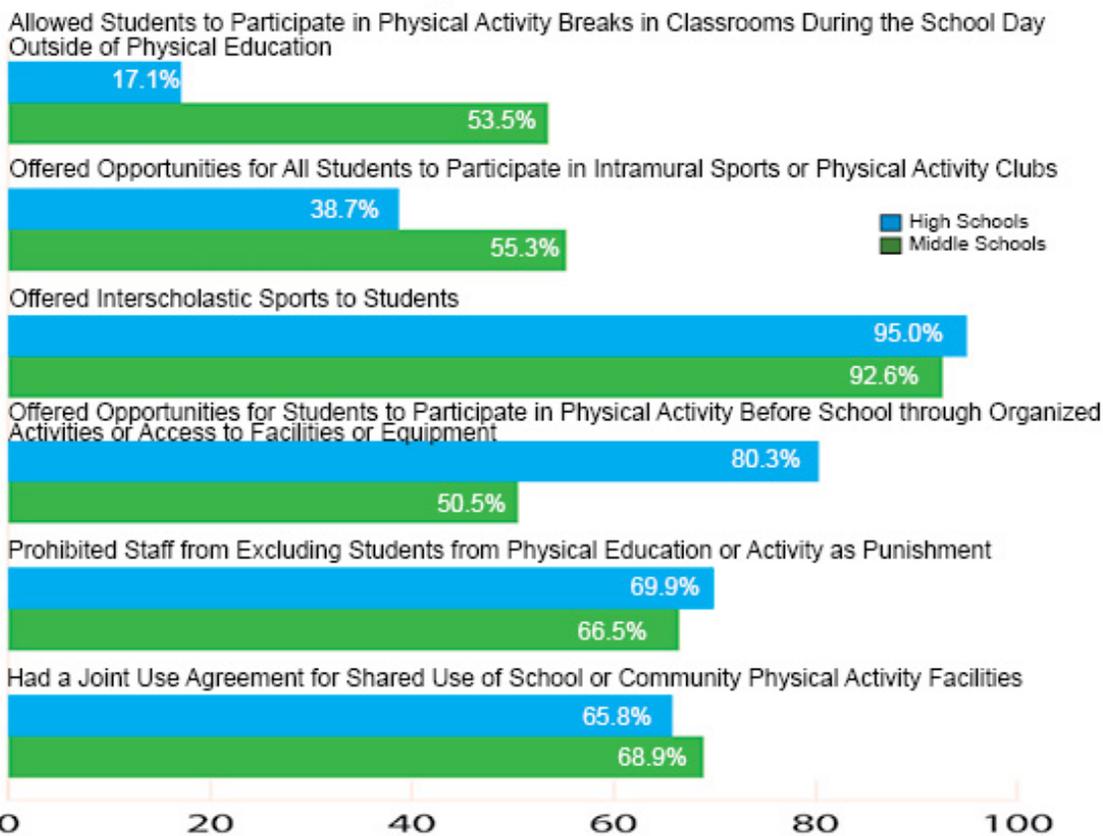
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37.8% of Schools Provided Parents and Families with Health Information Designed to Increase Parent and Family Knowledge of Physical Activity

Percentage of Schools Which:



89.0%
of Schools Taught
Students to Balance
Food Intake and
Physical Activity



70.5%
of Schools Taught
Students How to
Assess Body Mass
Index (BMI)

Iowa Health & Physical Education Teacher Facts

Iowa Health & Physical Education Teacher Facts



Iowa Lead Health Education Teachers:



Gained Professional Preparation in Both Health and Physical Education (**41.4%**)



Had 15 or More Years of Health Education Experience (**33.9%**)



Received Professional Development on:

Interactive Teaching Methods (**58.5%**)

Classroom Management Techniques (**56.4%**)

Violence Prevention (**54.2%**)



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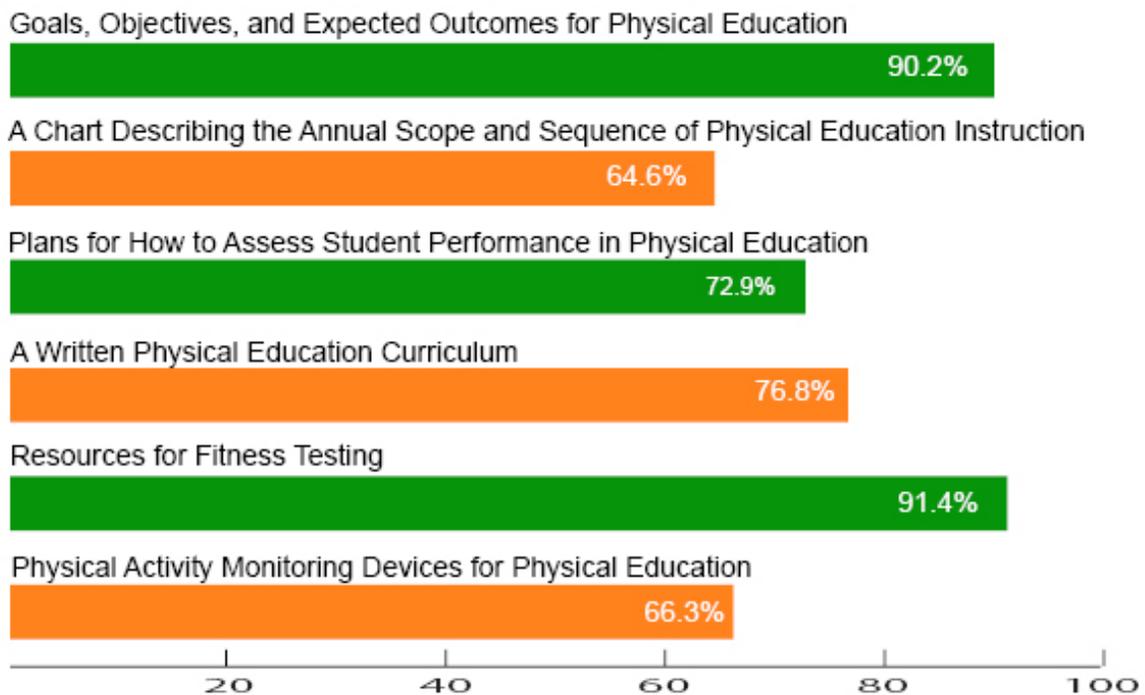


Physical Education Teachers

72.7% of Schools Had a Physical Education Teacher Who Received Professional Development on Physical Education or Physical Activity During the Past Year

Percentage of Schools that Provided Physical Education Teachers with the Following:

According to Principal Survey Results



Iowa School Nutrition Facts

Iowa School Nutrition Facts



Of Iowa Schools Surveyed in 2014,



59.2%

Used Attractive Displays
for Fruits and Vegetables
in the Cafeteria



66.6%

Offered a Self-Serve
Salad Bar to Students



68.2%

Placed Fruits and
Vegetables Near the
Cafeteria Cashier for
Easy Access



90.2%

Taught the Benefits of
Healthy Eating



89.8%

Taught the Benefits of
Drinking Plenty of Water



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35.1% of Schools Have Used the School Health Index or Other Self-Assessment Tool to Assess School Nutrition Policies, Activities and Programs



49.9%
of High Schools Served Locally or Regionally Grown Foods in the Cafeteria or Classrooms

57.8%
of Schools Provided Information to Students or Families on the Nutrition and Caloric Content of Foods Available

47.5%
of Schools Collected Suggestions from Students, Families, and Staff on Nutritious Food Preferences and Strategies to Promote Healthy Eating

14.3% of Schools Allow Students to Purchase Soda Pop or Fruit Drinks