HIV/AIDS Education Project

1994 IOWA

School Health Education Profile

Prepared for:

Iowa Department of Education,
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for Children, Families, and Communities

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OFFICE OF EDUCATIONAL SERVICES FOR CHILDREN, FAMILIES, AND COMMUNITIES

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I. Introduction

The Iowa Department of Education HIV/AIDS Education Program, through a cooperative agreement with the Division of Adolescent and School Health, 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, other sexually transmitted diseases (STDs), and 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.

The School Health Education Profile includes two questionnaires, one for school principals and one for lead health education teachers. (The questionnaires are presented in Appendix A.) The principal's questionnaire was used to provide data on school health education from an administrative perspective; the health education teacher's questionnaire provided data on school health education from an instructional standpoint. The results are presented for (1) middle school, (3) junior/senior high school, and (3) senior high school, defined as follows:

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 Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of 75 state, local, and territorial departments of education. They were mailed to 556 secondary schools containing any of grades 6 through 12 in Iowa during the spring of 1994. Useable survey data were obtained from 438 principals and 435 teachers.

This report is divided into three sections[1]:

1. **infrastructure** - those areas relating to the foundation for program development
2. **organization** - how the program is put together and implemented by school administration and teaching staff

[1] This breakdown and other organizational ideas were taken from the 1994 Montana School Health Education Profile (Montana Office of Public Instruction, Dodge Data Systems, Inc., December 1994).

- **support** - ongoing staff development, community involvement, and additional resources

Items in each questionnaire were associated with each of the three divisions defined above. (See Appendix B for the item-division match.) Data for these items were presented in tables for each grade category (middle school, junior/senior high school, and senior high school). In some cases, graphs are presented to enhance the description of the results.

II. Methodology

The 1994 School Health Education Profile 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, state departments of education, and 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 1994 School Health Education Profile consisted of 23 questions for school principals and 25 questions for lead health education teachers.

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.

Usable data were received from 438 out of 556 sampled principals. This yielded a response rate for the school principal questionnaire of 78.8%. Usable data were received from 435 out of 556 sampled lead health education teachers. This yielded a response rate for the LHET survey of 78.2%. Both of these response rates were considered adequate for making inferences about the populations.

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

$$W = W_1 * f_1$$

where

W_1 = 1/(probability of school selection)

f_1 = a combined nonresponse and 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) 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 similar to what is done, for example, in stratified sampling. A weighted mean or percentage was computed for each item on the survey.

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 (a single best assessment of the true population value), 95% confidence intervals were computed.

Tests of statistical significance using the Pearson chi-square statistic were conducted (by the author) on data from a selected number of items to assess the feasibility of reporting results for the total sample versus reporting results by school grade level. The Pearson chi-square was statistically significant on all of the items selected ($P < .05$). This indicated that the results should be reported by school grade level, rather than for the total sample.

The point and interval estimates are presented for all survey items on each of the two questionnaires using data from respondents at each of the three school grade levels in a supplementary report. The item question, choices, sample size ("n"), and raw counts are also presented for each item. These data summaries were produced by Westat, Inc. (See the document "Supplementary Tables for the 1994 Iowa School Health Education Profile.")

Summary Methods

Summary tables are presented for each school grade level (middle, junior/senior high, and senior high school) and each of the three report divisions—infrastructure, organization, and support—using data from both surveys (principals and LHETs). This summary method was similar to that used by the State of Montana in their 1994 School Health Education Profile, except that they had only two school grade levels (middle and high school). Thus, there are nine main tables, corresponding to the following combinations:

- infrastructure—middle school
- infrastructure—junior/senior high school
- infrastructure—senior high school
- organization—middle school
- organization—junior/senior high school
- organization—senior high school
- support—middle school
- support—junior/senior high school
- support—senior high school

Recall that "infrastructure" corresponds to those areas relating to the foundation for program development, "organization" relates to how the program is put together and implemented by school administration and teaching staff, while "support" refers to ongoing staff development, community involvement, and additional resources. Responses to questions on the surveys

specifically related to each of these three general areas were used to assess each area, at each of the three school grade levels.

Graphics are also used to illustrate the results of the survey. These include bar graphs, 100% stacked ("mosaic") bar graphs, and line graphs.

III. School Health Education Profile

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 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.

Overview: Comprehensive School Health Education in Iowa

Four key elements of a local education agency's plan for implementing comprehensive school health education were identified by the State of Montana in their School Health Education Profile: (1) policy, (2) curriculum, (3) teacher training, and (4) classroom implementation (Montana Office of Public Instruction, December 1994). In the specific area of HIV/AIDS education, the State of Iowa has recently conducted a formative evaluation of teacher training/inservice (Veale & Foreman, 1994) and an evaluation of HIV policy (Veale, 1994). A curriculum evaluation of HIV education within the school health course has also been conducted (Veale, in press). An evaluation of classroom implementation would complete the picture, according to this decomposition. A *process* evaluation, where the focus is on describing the actual implementation of a program (rather than assessing its outcomes), is needed to evaluate this key element (e.g., King, Morris, & Fitz-Gibbon, 1987). This might include visiting a random sample of Iowa districts and their health education classes (or other classes in which HIV/AIDS prevention is taught), making observations of "scenarios" that should occur and those that should *not* occur, scoring and analyzing the observation data, and reporting the results (*ibid.*).

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; (c) tobacco use; (d) sexual behaviors that result in HIV infection, other STDs, and 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.

This definition distinguishes between (1) skills-based HIV education and comprehensive school health education and (2) HIV/AIDS awareness presentations and non-comprehensive health courses.

School Health Education Profile: Results of the 1994 Survey in Iowa

Tables summarizing data from surveys of principals and lead health education teachers or LHETs are presented for each school grade level (middle, junior/senior high, and senior high school) and each of the three report divisions—(1) infrastructure, (2) organization, and (3) support.

School Health Education Infrastructure in Iowa

Effective educational programs need an infrastructure or foundation on which to build them. The infrastructure includes subject requirements, credentialing and experience of teachers, curriculum development, assessment, and improvement plans. Infrastructure provides the basis for the successful development of programs to meet the health needs of the community. (For a discussion of the "CDC rationale" for the choice of survey items used to define the infrastructure of school health education applied herein, see the 1994 *Montana School Health Education Profile* (Montana Office of Public Instruction, December 1994).)

A summary of the infrastructure of health education in Iowa schools as reported by principals and LHETs is presented in Tables 2 (middle schools), 3 (junior/senior high schools), and 4 (senior high schools). The main characteristics of school health infrastructure in Iowa in 1994 were:

- Most middle schools taught required health education in conjunction or integrated with other subjects, while most junior/senior and senior high schools taught separate courses in health education.

- Required health education is usually scheduled in grades seven or eight (middle school), eight or nine (junior/senior high school), and nine or ten (senior high school).

- Students are required to take one year or less of health education in 74% of Iowa's middle and junior/senior high schools and in 86% of its senior high schools.

- Most frequently mentioned HIV/AIDS issues addressed in written policies included instruction for proper handling of blood and body fluids, teacher training in HIV/AIDS education, HIV/AIDS education requirements for students, and plans to accommodate HIV infected students and staff within school. (See Figure 1.)

- The major emphasis of professional preparation for health educators is physical education, followed by home economics.

- The percentages of LHETs who have taught health education for 10 years or more were 45% for middle, 16% for junior/senior high, and 23% for senior high school.
- Over 60% of principals indicated that their school had a school improvement plan that included goals/objectives in health education.

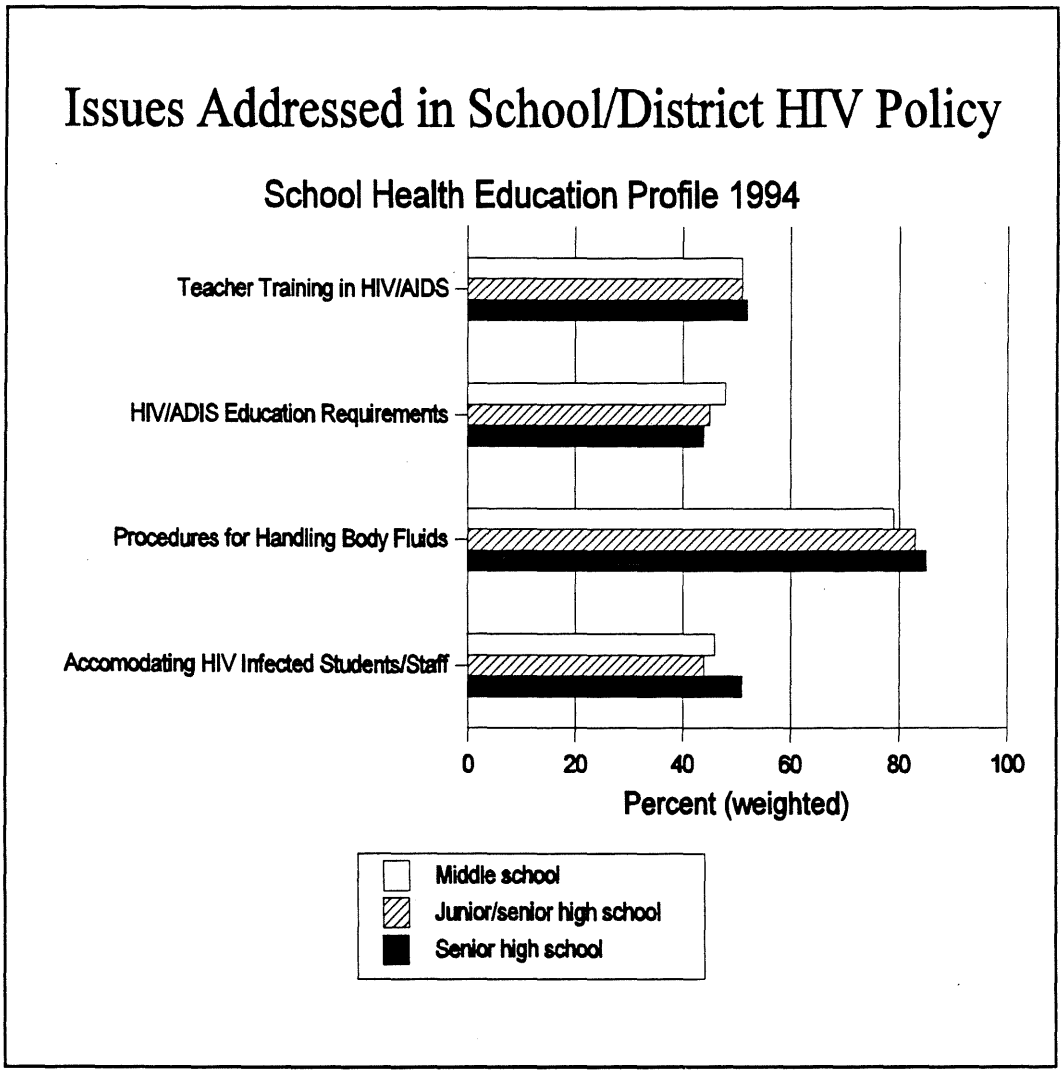

Figure 1: Principals' responses to the question regarding issues addressed in formally adopted, written policy on HIV/AIDS.

Table 2: Iowa *middle* school health education *infrastructure* profile

Profile Characteristic	Iowa Middle School Results
Principal survey questions:	**Of the middle school principals responding:**
Placement of required health education?	66% indicated that required health education was taught in conjunction with or integrated into other subject areas. 51% indicated that they had separate courses devoted mainly to health education.
Separate health courses required?	62% indicated that *separate* health education courses were required in their schools. 31% have one separate health education course that is required; 16% have two separate required health education courses.
In which grades is required health education scheduled?	77% indicated that required health education is usually scheduled in the 8th grade, 75% in the 7th grade, and 52% in the 6th grade.
How much required classroom instruction in health education do students usually take?	Most (74%) reported that students were required to take one year or less of instruction in health education. An additional 9% require from one and one-half to two years.
If students fail a required health education course, do they usually take the course over again?	17% reported that students re-take health education courses that were failed.
For what reasons are high school students exempted or excused from required health education?	5% reported not allowing any exemptions to required health education. 87% allowed exemptions via parental request—by far the most frequent excuse.
Does your school have an improvement plan that includes goals or objectives for health education?	20% do *not* have a school improvement plan. 62% have a school improvement plan that includes goals/objectives for health education.
Who belongs to your health education advisory council?	42% have no active health education advisory council/ committee. For those that do have such councils or committees, teachers, district or school administrators, parents, and school nurses were represented most often.
Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS?	The most often mentioned issues were instruction for proper handling of blood and body fluids, teacher training in HIV/AIDS education, HIV/AIDS education requirements for students, and plans to accommodate HIV infected students and staff within school.
Lead health education teacher (LHET) survey questions:	**Of the middle school LHETs responding:**
Lead health educators primary position?	26% were health education teachers; 19% physical education teachers; 18% biology/science teachers; 14% home economics teachers.
Major emphasis of professional preparation?	39% reported physical education as their major emphasis; 18% reported home economics as their major emphasis.
Teaching experience?	45% have taught health education at least 10 years; two-thirds have taught health education more than 5 years; 3% reported that 1994 was their first year of teaching health education.

Table 3: Iowa *junior/senior* high school health education *infrastructure* profile

Profile Characteristic	Iowa Junior/Senior High School Results
Principal survey questions:	**Of the junior/senior high school principals responding:**
Placement of required health education?	84% indicated that required health education was taught in separate courses devoted mainly to health education. 36% indicated that they taught health education in conjunction with or integrated into other subject areas.
Separate health courses required?	93% indicated that *separate* health education courses were required in their schools. 60% have one separate health education course that is required; 26% have two separate required health education courses.
In which grades is required health education scheduled?	47% indicated that required health education is usually scheduled in the 9th grade, 46% in the 8th grade, and 40% in grades 7 and 10.
How much required classroom instruction in health education do students usually take?	Most (74%) reported that students were required to take one year or less of instruction in health education. An additional 22% require from one and one-half to two years.
If students fail a required health education course, do they usually take the course over again?	64% require students to re-take health education courses that were failed.
For what reasons are high school students exempted or excused from required health education?	23% reported not allowing any exemptions to required health education. 62% allowed exemptions via parental request—by far the most frequent excuse.
Does your school have an improvement plan that includes goals or objectives for health education?	21% do *not* have a school improvement plan. 68% have a school improvement plan that includes goals/objectives for health education.
Who belongs to your health education advisory council?	51% have no active health education advisory council/ committee. For those that do have such councils or committees, teachers, district or school administrators, parents, and students were represented most often.
Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS?	The most often mentioned issues were instruction for proper handling of blood and body fluids, teacher training in HIV/AIDS education, HIV/AIDS education requirements for students, and plans to accommodate HIV infected students and staff within school.
Lead health education teacher (LHET) survey questions:	**Of the junior/senior high school LHETs responding:**
Lead health educators primary position?	29% were physical education teachers; 25% home economics teachers; 23% health education teachers.
Major emphasis of professional preparation?	48% reported physical education as their major emphasis; 30% reported home economics as their major emphasis.
Teaching experience?	16% have taught health education at least 10 years; 40% have taught health education more than 5 years; 9% reported that 1994 was their first year of teaching health education.

Table 4: Iowa *senior* high school health education *infrastructure* profile

Profile Characteristic	Iowa Senior High School Results
Principal survey questions:	**Of the senior high school principals responding:**
Placement of required health education?	75% indicated that required health education was taught in separate courses devoted mainly to health education. 45% indicated that they taught health education in conjunction with or integrated into other subject areas.
Separate health courses required?	86% indicated that *separate* health education courses were required in their schools. 51% have one separate health education course that is required; 28% have two separate required health education courses.
In which grades is required health education scheduled?	55% indicated that required health education is usually scheduled in the 9th grade, 51% in the 10th grade, 37% in the 11th grade, and 25% in the 6th grade.
How much required classroom instruction in health education do students usually take?	Most (86%) reported that students were required to take one year or less of instruction in health education. An additional 9% require from one and one-half to two years.
If students fail a required health education course, do they usually take the course over again?	70% require students to re-take health education courses that were failed.
For what reasons are high school students exempted or excused from required health education?	12% reported not allowing any exemptions to required health education. 74% allowed exemptions via parental request—by far the most frequent excuse.
Does your school have an improvement plan that includes goals or objectives for health education?	18% do *not* have a school improvement plan. 64% have a school improvement plan that includes goals/objectives for health education.
Who belongs to your health education advisory council?	44% have no active health education advisory council/ committee. For those that do have such councils or committees, teachers, district or school administrators, school nurses, and parents were represented most often.
Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS?	The most often mentioned issues instruction for proper handling of blood and body fluids, teacher training in HIV/AIDS education, HIV/AIDS education requirements for students, and plans to accommodate HIV infected students and staff within school.
Lead health education teacher (LHET) survey questions:	**Of the senior high school principals responding:**
Lead health educators primary position?	32% were health education teachers; 23% physical education teachers; 23% home economics teachers.
Major emphasis of professional preparation?	37% reported physical education as their major emphasis; 36% reported home economics as their major emphasis.
Teaching experience?	23% have taught health education at least 10 years; 53% have taught health education more than 5 years; 7% reported that 1994 was their first year of teaching health education.

School Health Education Organization in Iowa

Effective educational programs have a system of organization provided by the school administration. Program organization determines "the scope of courses and programs, and how they are coordinated and implemented by teachers" (Montana Office of Public Instruction, December 1994). The effective implementation of this educational component can help to produce critical thinking skills in students that can lead to their taking responsibility for their own health (*ibid.)*. (For a discussion of the "CDC rationale" for the choice of survey items used to define the organization of school health education applied herein, see the 1994 *Montana School Health Education Profile* (*ibid.*).)

A summary of the organization of health education in Iowa schools as reported by principals and LHETs is presented in Tables 5 (middle schools), 6 (junior/senior high schools), and 7 (senior high schools). The main characteristics of school health organization in Iowa in 1994 were:

- The percent of Iowa schools that offered elective or non-required health courses ranged from 25% among middle schools to 81% among senior high schools. Family life education/life skills and general health education were the most frequently mentioned.

- The percent of Iowa schools that used trained peer educators to teach about health ranged from 46% among middle schools to 53% among senior high schools.

- In 40% of the junior/senior high schools, principals indicated that there was no health education coordinator. This percentage was much lower in middle and senior high schools, with the district's general curriculum coordinator most frequently mentioned as the person who coordinated health education at those grade levels.

- Health education class sizes in Iowa in 1994 usually fell between 15 and 30 students. Seven percent of middle schools reported class sizes larger than 30; among junior/senior high schools and senior high schools this percentage was two to three percent.

- Most frequently mentioned topics taught to increase student's ***knowledge*** about healthy behaviors included: alcohol, drug, and tobacco use prevention, HIV and other STD prevention, pregnancy prevention, dietary behavior, suicide prevention, and physical activity.

- Most frequently mentioned topics taught to increase student's ***attitudes*** toward healthy behaviors included: alcohol, drug, and tobacco use prevention, HIV and other STD prevention, and pregnancy prevention.

- Most frequently mentioned topics taught to increase student's ***skills*** toward healthy behaviors included: alcohol and other drug use prevention and HIV prevention. The level of response to these topics for increasing skills was generally lower than for knowledge and attitude.

- Most middle, junior/senior high, and senior high schools in Iowa in 1994 used state guidelines and commercially developed health education materials to plan health education lessons. (See Figure 2.)

- 98% of middle and junior/senior high schools and 99% of senior high schools in Iowa in 1994 taught about HIV/AIDS in their classes. Basic facts, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, decision-making skills for avoiding HIV, and the influence of alcohol and drugs on HIV risk behavior were topics most frequently mentioned as being taught. (See Figure 2.)

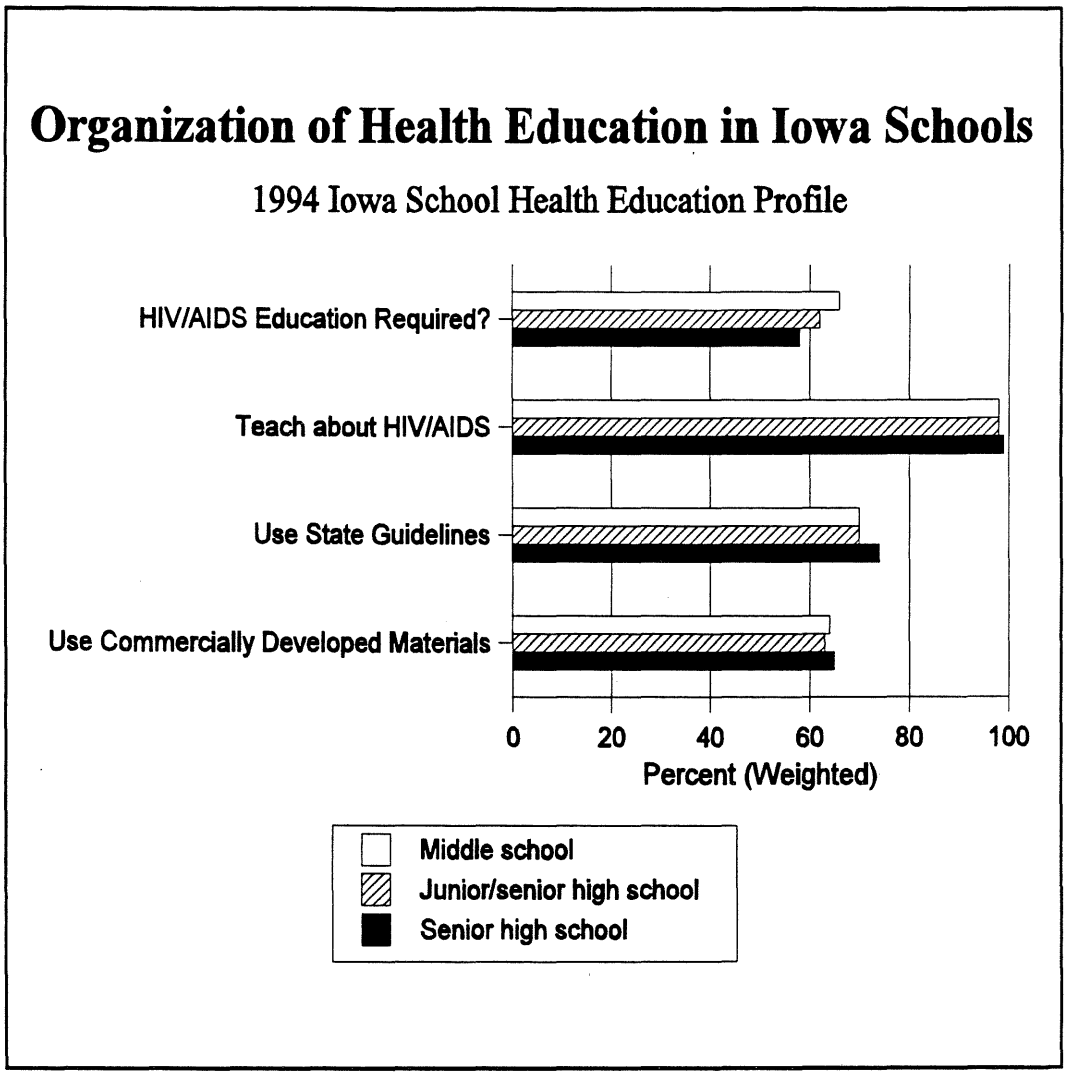

Figure 2: Lead health education teachers' responses to questions regarding organization of health education.

Table 5: Iowa *middle* school health education *organization* profile

Profile Characteristic	Iowa Middle School Results
Principal survey questions:	**Of the middle school principals responding:**
Elective or non-required health courses?	Family life education/life skills was the most often mentioned elective or additional courses in health education.
Health activities offered in addition to class instruction?	Guest presentations/assembly programs and fitness activities for charitable organizations were the most often mentioned health activities offered in addition to class instruction.
How do you use trained peer educators?	46% indicated that they used peer educators to help teach about health. The method most often used was discussion or support groups outside class.
Coordination of health education?	The most frequent response—by a little over one-third of the principals—was district general curriculum coordinator.
In what subjects is required HIV/AIDS education taught and in what grades?	HIV/AIDS education is taught mostly in health education (73%), followed by biology or other sciences. It is primarily taught in 7th and 8th grades.
Lead health education teacher (LHET) survey questions:	**Of the middle school LHETs responding:**
What is the average health education class size?	Two-thirds indicated that their class sizes were 20 to 29 students; 7% responded that their class sizes were 30 or more students.
What materials do you use to plan health education lessons?	70% use state guidelines/framework for health education; 64% use commercially developed health education materials; 55% use district guidelines/framework; 50% use a district curriculum guide.
On what topics do you teach to increase student's *knowledge* about healthy behaviors?	Alcohol, drug, and tobacco use prevention, HIV and other STD prevention, dietary behavior, pregnancy prevention, and physical activity were the most often mentioned topics.
On what topics do you teach to improve student's *attitudes* toward healthy behaviors?	Alcohol, drug, and tobacco use prevention, HIV prevention, other STD prevention, dietary behavior, pregnancy prevention, and physical activity were the most often mentioned topics.
On what topics do you teach *skills* to increase healthy behaviors?	Alcohol and other drug use prevention was the most often mentioned topic. Tobacco use prevention and HIV prevention were also mentioned. The level of response to these topics was generally lower than for knowledge and attitude.
HIV/AIDS education in your school?	98% teach about HIV/AIDS in their classes. Basic facts, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, decision-making skills for avoiding HIV, and the influence of alcohol and drugs on HIV risk behaviors were topics most frequently mentioned as being taught. HIV/AIDS education is required in about two-thirds of middle schools in Iowa.

Table 6: Iowa *junior/senior* high school health education *organization* profile

Profile Characteristic	Iowa Junior/Senior High School Results
Principal survey questions:	**Of the junior/senior high school principals responding:**
Elective or non-required health courses?	General health education and family life education/life skills were the most often mentioned elective or additional courses in health education.
Health activities offered in addition to class instruction?	Guest presentations/assembly programs and fitness activities for charitable organizations were the most often mentioned health activities offered in addition to class instruction.
How do you use trained peer educators?	49% indicated that they used peer educators to help teach about health. The method most often used was discussion or support groups outside class.
Coordination of health education?	The most frequent responses were school building general curriculum coordinator (20%) and school building health education coordinator/department head (19%). However, *40% of junior/senior high school principals indicated that there was no health education coordinator.*
In what subjects is required HIV/AIDS education taught and in what grades?	HIV/AIDS education is taught mostly in health education (93%), followed by biology or other sciences, home economics, and family life education/life skills. It is primarily taught in 8th, 9th, and 10th grades.
Lead health education teacher (LHET) survey questions:	**Of the junior/senior high school LHETs responding:**
What is the average health education class size?	68% indicated that their class sizes were 15 to 24 students; 2% responded that their class sizes were 30 or more students.
What materials do you use to plan health education lessons?	70% use state guidelines/framework for health education; 63% use commercially developed health education materials; 55% use a school curriculum guide.
On what topics do you teach to increase student's *knowledge* about healthy behaviors?	Alcohol, drug, and tobacco use prevention, dietary behavior, HIV and other STD prevention, pregnancy prevention, physical activity, injury prevention and safety, and suicide prevention were the most often mentioned topics.
On what topics do you teach to improve student's *attitudes* toward healthy behaviors?	Alcohol, drug, and tobacco use prevention, HIV and other STD prevention, pregnancy prevention, physical activity, dietary behavior, and suicide prevention were the most often mentioned topics.
On what topics do you teach *skills* to increase healthy behaviors?	Alcohol and other drug use prevention was the most often mentioned topic. HIV and other STD prevention, dietary behavior, physical activity, and tobacco use prevention were also mentioned. The level of response to these topics was generally lower than for knowledge and attitude.
HIV/AIDS education in your school?	98% teach about HIV/AIDS in their classes. Basic facts, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, decision-making skills for avoiding HIV, and the influence of alcohol and drugs on HIV risk behavior were topics most frequently mentioned as being taught. HIV/AIDS education is required in 62% of junior/senior high schools in Iowa.

Table 7: Iowa *senior* high school health education *organization* profile

Profile Characteristic	Iowa Senior High School Results
Principal survey questions:	**Of the senior high school principals responding:**
Elective or non-required health courses?	Family life education/life skills and general health education were the most often mentioned elective or additional courses in health education.
Health activities offered in addition to class instruction?	Guest presentations/assembly programs, school newspaper articles, peer education and mentoring, and fitness activities for charitable organizations were the most often mentioned health activities offered in addition to class instruction.
How do you use trained peer educators?	53% indicated that they used peer educators to help teach about health. The method most often used was discussion or support groups outside class.
Coordination of health education?	The most frequent response was district general curriculum coordinator (29%), followed by the school building health education coordinator/department head (23%).
In what subjects is required HIV/AIDS education taught and in what grades?	It was reported that HIV/AIDS education is taught mostly in health education (83%), followed by home economics, biology or other sciences, and family life education/life skills. It is primarily taught in 9th and 10th grades.
Lead health education teacher (LHET) survey questions:	**Of the senior high school LHETs responding:**
What is the average health education class size?	53% indicated that their class sizes were 15 to 24 students; 21% indicated that their class sizes were 25 to 29; 3% responded that their class sizes were 30 or more students.
What materials do you use to plan health education lessons?	74% use state guidelines/framework for health education; 65% use commercially developed health education materials; 51% use district guidelines/framework.
On what topics do you teach to increase student's *knowledge* about healthy behaviors?	Alcohol, drug, and tobacco use prevention, HIV and other STD prevention, pregnancy prevention, dietary behavior, suicide prevention, physical activity, and injury prevention and safety were the most often mentioned topics.
On what topics do you teach to improve student's *attitudes* toward healthy behaviors?	Alcohol, drug, and tobacco use prevention, HIV and other STD prevention, pregnancy prevention, dietary behavior, physical activity, and suicide prevention were the most often mentioned topics.
On what topics do you teach *skills* to increase healthy behaviors?	HIV prevention was the most often mentioned topic. Other STD prevention, alcohol and other drug use prevention, pregnancy prevention, and dietary behavior were also frequently mentioned. The level of response to these topics was generally lower than for knowledge and attitude.
HIV/AIDS education in your school?	99% teach about HIV/AIDS in their classes. Basic facts, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, decision-making skills for avoiding HIV, the influence of alcohol and drugs on HIV risk behavior, the effectiveness of condoms, and communication skills to avoid HIV risk behaviors were topics most frequently mentioned as being taught. HIV/AIDS education is required in 58% of senior high schools in Iowa.

School Health Education Support in Iowa

Successful educational programs have a base of support which includes the school administration, parents, adult volunteers (e.g., mentors), community-based agencies, and the business community. This system of support provides (1) continuity for the program, (2) opportunity for cooperation and collaboration between the school and other health-related resources, and (3) a consistent health message for youth from a variety of sources. These three outcomes are not independent—for example, achieving program continuity provides the foundation for cooperation and collaboration, which can, in turn, increase the likelihood of a consistent health message from the resource groups. In particular, cooperation and collaboration among components is key to the optimization of this system of support (e.g., Deming (1993) and Veale (1995)). (For a discussion of the "CDC rationale" for the choice of survey items used to define the organization of school health education applied herein, see the 1994 *Montana School Health Education Profile* (Montana Office of Public Instruction, December 1994).)

A summary of the support of health education in Iowa schools as reported by principals and LHETs is presented in Tables 8 (middle schools), 9 (junior/senior high schools), and 10 (senior high schools). The main characteristics of school health organization in Iowa in 1994 were:

- Over ninety percent of Iowa middle, junior/senior high, and senior high schools offered support for inservice training.
- The percent reporting parental feedback ranged from 59% in junior/senior high schools to 75% in middle schools. (See Figure 3.) Most of this feedback was positive. (See Figure 4.)
- Smoke-free and drug-free school policies were the most frequently cited methods for reinforcing healthy behaviors outside the classroom.
- The percentage of schools in Iowa providing some type of HIV/AIDS education for parents ranged from 42% (senior high school) to 48% (middle school). (See Figure 3.)
- Over three-fourths of schools in Iowa reported that they involved parents in health education class. (See Figure 3.)
- HIV/AIDS was the area most often mentioned for inservice training among lead health education teachers in Iowa.
- About 60% of lead health education teachers in Iowa schools made referrals for community services. The most common types of services were social and medical. (See Figure 3.)

Table 8: Iowa *middle* school health education *support* profile

Profile Characteristic	Iowa Middle School Results
Principal survey questions:	**Of the middle school principals responding:**
How does your school support inservice training in health education for teachers?	93% offered support for inservice training. The most often cited support measures were substitute teachers provided during training and inservice training offered at school or in district.
How would you describe parental feedback about health education?	Three-fourths reported receiving parental feedback about health education. Of these, most (88%) indicated that it was mainly positive.
How does your school provide reinforcement for healthy behaviors among students?	Smoke-free and drug-free school policies were the most often mentioned. In addition, counseling/psychological services, health services, daily opportunities for physical activities, and violence-free school policy were reported.
How does your school provide HIV/AIDS education for parents?	48% provided some type of HIV/AIDS education for parents. Most frequently cited were educational materials sent home to parents and newsletters.
Lead health education teacher (LHET) survey questions:	**Of the middle school LHETs responding:**
How are parents involved in health education classes?	89% indicated that parents were involved in their health education classes. The most often cited methods used were letters or newsletters to parents and homework assignments that include parents. Nearly one-third said that parents were invited to attend class.
On which topics have you received four or more hours of inservice training during the past two years?	HIV prevention was the most frequently cited (51%) among inservice training topics, followed by alcohol and other drug use prevention (33%).
On which topics has parental feedback caused you to expand or restrict the content in your health education?	About two-thirds reported receiving some feedback from parents on health education leading to expansion. Pregnancy and HIV prevention were the two most frequently selected topics to be expanded due to parental feedback. 64% reported receiving some feedback from parents on health education leading to restriction. Pregnancy and HIV prevention were also most frequently cited (albeit, with lower rates) as topics to be restricted due to parental feedback.
In what areas have you conducted joint projects in health education?	School counseling/psychological services was the most popular area for joint projects in health education, followed by physical education and school health services. 38% indicated that they have not conducted joint projects.
How are high school lead health education teachers involved in making referrals for community services?	60% made some type of referral for community services. Social and medical services were the most common type of referral, followed by mental health services.

Table 9: Iowa *junior/senior* high school health education *support* profile

Profile Characteristic	Iowa Junior/Senior High School Results
Principal survey questions:	**Of the junior/senior high school principals responding:**
How does your school support inservice training in health education for teachers?	92% offered support for inservice training. The most often cited support measures were substitute teachers provided during training and inservice training offered at school or in district.
How would you describe parental feedback about health education?	59% reported receiving parental feedback about health education. Of these, most (89%) indicated that it was mainly positive.
How does your school provide reinforcement for healthy behaviors among students?	Smoke-free and drug-free school policies were the most often mentioned. In addition, counseling/psychological services, daily opportunities for physical activities, and violence-free school policy were reported.
How does your school provide HIV/AIDS education for parents?	47% provided some type of HIV/AIDS education for parents. Most frequently cited were educational materials sent home to parents and newsletters.
Lead health education teacher (LHET) survey questions:	**Of junior/senior high school LHETs responding:**
How are parents involved in health education classes?	77% indicated that parents were involved in their health education classes. The most often cited method used was homework assignments that include parents. 23% said that parents were invited as guest speakers.
On which topics have you received four or more hours of inservice training during the past two years?	HIV prevention was the most frequently cited (63%) among inservice training topics, followed by alcohol and other drug use prevention (35%).
On which topics has parental feedback caused you to expand or restrict the content in your health education?	One-half of junior/senior high school LHETs reported receiving some feedback from parents on health education leading to expansion. Drug/alcohol prevention and HIV prevention were the two most frequently selected topics to be expanded due to parental feedback. There was little indication of restriction due to parental feedback.
In what areas have you conducted joint projects in health education?	Physical education was the most popular area for joint projects in health education, followed by school counseling/psychological and school health services. One-third of junior/senior high school LHETs indicated that they had not conducted joint projects.
How are high school lead health education teachers involved in making referrals for community services?	59% made some type of referral for community services. Social and medical services were the most common type of referral, followed by mental health services.

Table 10: Iowa *senior* high school health education *support* profile

Profile Characteristic	Iowa Senior High School Results
Principal survey questions:	**Of the senior high school principals responding:**
How does your school support inservice training in health education for teachers?	92% offered support for inservice training. The most often cited support measures were substitute teachers provided during training and inservice training offered at school or in district.
How would you describe parental feedback about health education?	61% reported receiving parental feedback about health education. Of these, most (82%) indicated that it was mainly positive.
How does your school provide reinforcement for healthy behaviors among students?	Smoke-free and drug-free school policies were the most often mentioned. In addition, counseling/psychological services, health services, daily opportunities for physical activities, and violence-free school policy were reported.
How does your school provide HIV/AIDS education for parents?	42% provided some type of HIV/AIDS education for parents. Most frequently cited were educational materials sent home to parents and newsletters.
Lead health education teacher (LHET) survey questions:	**Of the senior high school LHETs responding:**
How are parents involved in health education classes?	79% indicated that parents were involved in their health education classes. The most often cited method used was homework assignments that include parents. 24% said that parents were invited as guest speakers.
On which topics have you received four or more hours of inservice training during the past two years?	HIV prevention was the most frequently cited (59%) among inservice training topics, followed by alcohol and other drug use prevention (33%).
On which topics has parental feedback caused you to expand or restrict the content in your health education?	60% reported receiving some feedback from parents on health education leading to expansion. Pregnancy, drug/alcohol, and HIV prevention were the most frequently selected topics to be expanded due to parental feedback. There was little indication of restriction due to parental feedback.
In what areas have you conducted joint projects in health education?	Physical education was the most popular area for joint projects in health education, followed by school health services and school counseling/psychological services. 40% indicated that they had not conducted joint projects.
How are high school lead health education teachers involved in making referrals for community services?	59% made some type of referral for community services. Social and medical services were the most common type of referral, followed by mental health services.

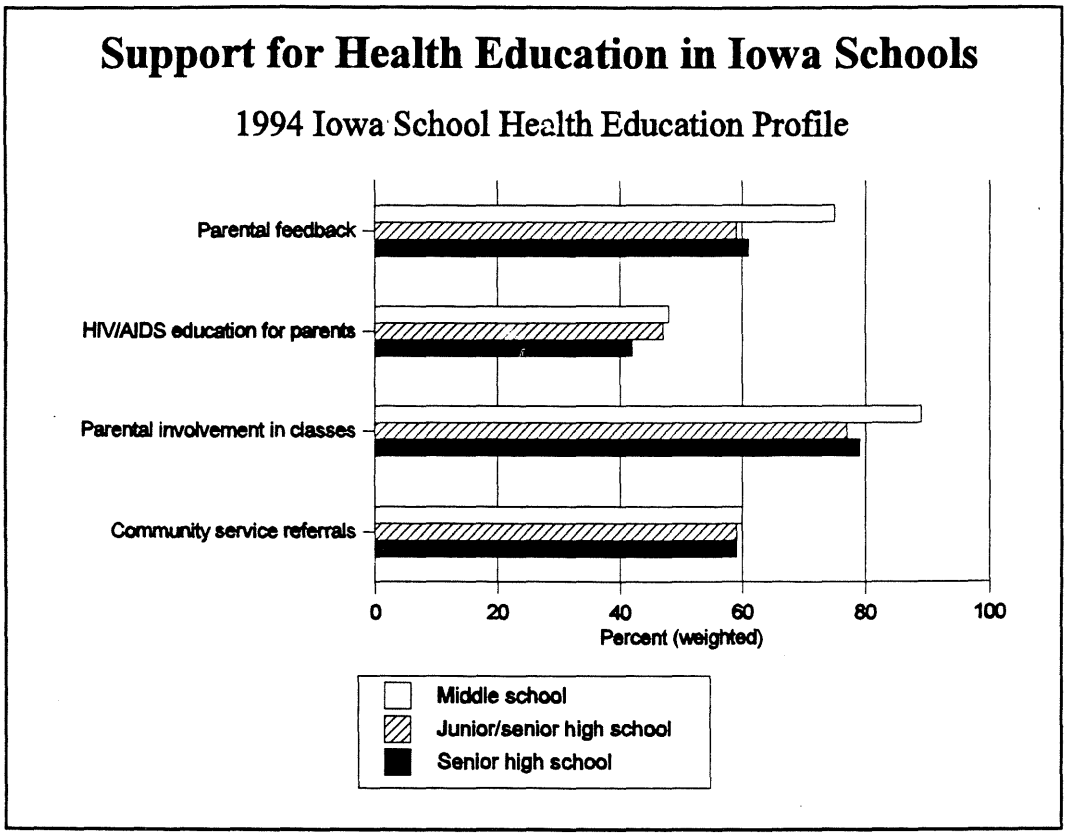

Figure 3: Principals' and lead health education teachers' responses to questions regarding support of health education.

Figure 4 is a breakdown of the data on parental feedback given in Figure 3 into three categories—mainly negative, equally balanced, and mainly positive feedback.

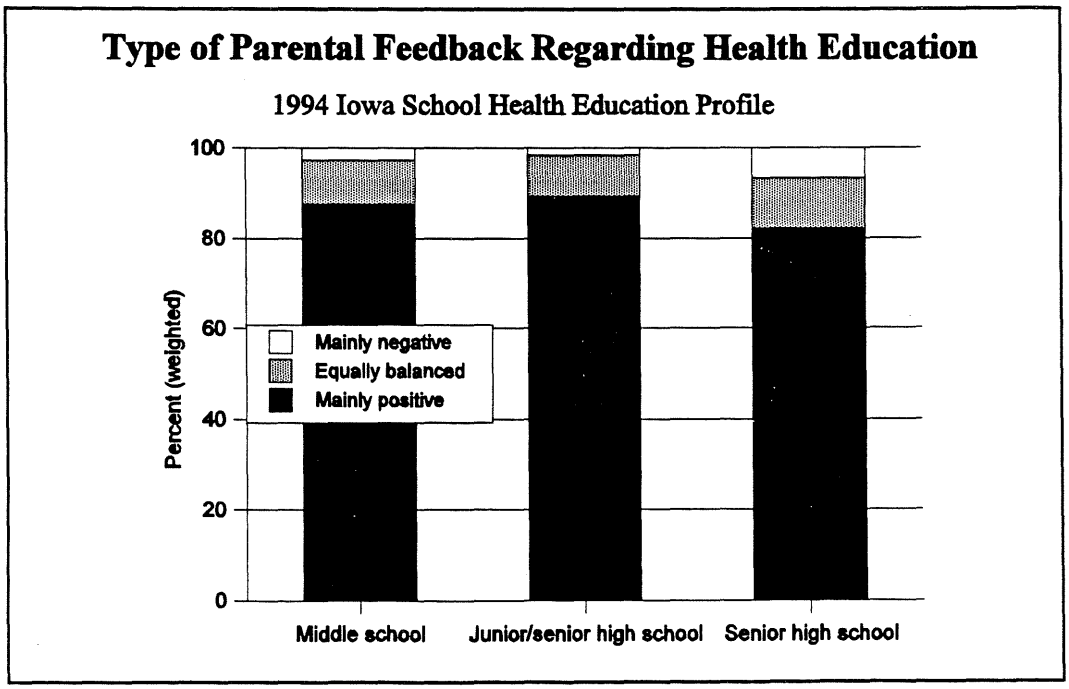

Figure 4: Type of parental feedback regarding health education in school: mainly positive, equally balanced (some positive, some negative), and mainly negative.

IV. Conclusions, Discussion,

and Recommendations

Conclusions

The 1994 School Health Education Profile survey data support the following conclusions regarding health education in Iowa schools:

- Most middle schools taught required health education in conjunction or integrated with other subjects, while most junior/senior and senior high schools taught separate courses in health education.

- Required health education is usually scheduled in grades seven or eight (middle school), eight or nine (junior/senior high school), and nine or ten (senior high school).

- Most Iowa students in middle, junior/senior high, and senior high school are required to take one year or less of health education.

- Most frequently mentioned HIV/AIDS issues addressed in written policies included instruction for proper handling of blood and body fluids, teacher training in HIV/AIDS education, HIV/AIDS education requirements for students, and plans to accommodate HIV infected students and staff within school.

- Over 60% of principals indicated that their school had a school improvement plan that included goals/objectives in health education.

- The percent of Iowa schools that offered elective or non-required health courses ranged from 25% among middle schools to 81% among senior high schools. Family life education/life skills and general health education were the most frequently mentioned.

- In 40% of the junior/senior high schools, principals indicated that there was no health education coordinator. This percentage was much lower in middle and senior high schools, with the district's general curriculum coordinator most frequently mentioned as the person who coordinated health education at those grade levels.

- Most middle, junior/senior high, and senior high schools in Iowa in 1994 used state guidelines and commercially developed health education materials to plan health education lessons.

- 98% of middle and junior/senior high schools and 99% of senior high schools in Iowa in 1994 taught about HIV/AIDS in their classes. Basic facts, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, decision-making skills for avoiding HIV, and the

influence of alcohol and drugs on HIV risk behavior were topics most frequently mentioned as being taught.

- Over ninety percent of Iowa middle, junior/senior high, and senior high schools offered support for inservice training. HIV/AIDS was the area most often mentioned for inservice training among lead health education teachers in Iowa.

- The percent reporting parental feedback ranged from 59% in junior/senior high schools to 75% in middle schools. Most of this feedback was positive.

- Over three-fourths of schools in Iowa reported that they involved parents in health education class.

- About 60% of lead health education teachers in Iowa schools made referrals for community services. The most common types of services were social and medical.

Discussion

The survey data indicate that health education is being taught in an integrated curriculum in Iowa schools. At the middle school level, health is mostly taught in conjunction with other subjects; at the high school level, it is taught as a separate subject. Most lead health education teachers had physical education or home economics as the major emphasis in their professional preparation.

According to a survey of 1,773 high school students in Iowa in 1991, 31% of 9th graders, 45% of 10th graders, 56% of 11th graders, and 69% of 12th graders indicated that they had engaged in sexual intercourse. (See Figure 5.) Slightly over one-fourth of them indicated that they had four or more sexual partners (in their life) by 12th grade. Only 21% said they or their partner had used a condom to prevent sexually transmitted diseases the last time they had sexual intercourse (Iowa Department of Education, 1991). Such sexual activity, especially if practiced without protection, puts students at risk of being infected with HIV. Yet, during their junior and senior years in high school, relatively few students received required HIV/AIDS education. This is probably due to the fact that HIV/AIDS education is taught in most schools as a part of the health education curriculum, and this curriculum is offered primarily in the 9th and 10th grades.

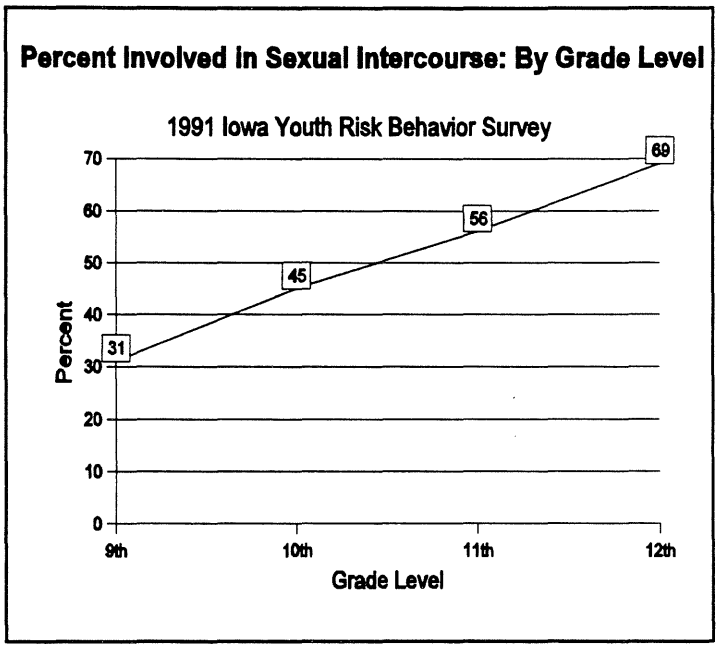

Figure 5: Percent indicating that they had engaged in sexual intercourse, by grade level (Iowa Department of Education, 1991).

There is evidence that violent juvenile crime and delinquency is increasing in Iowa. In Polk County, for example, aggravated assaults, weapons-carrying, and drug-related crimes have increased dramatically during the past five years. In the state of Iowa, the percent of teen deaths due to homicide has increased to over 5% of all teen deaths (Mike Dare, Statistical Services, Iowa Department of Public Health, personal communication, January 25, 1995). Teenage gang activity and gang-related crime have also increased in Iowa since the late 1980s. These are *health problems*, as well as a social problems. The challenges to those working in education, health care, juvenile justice, and human services are (1) to develop effective methods for reducing this problem and (2) to ensure the provision of care for its victims. Despite these challenges, it was estimated that violence prevention activities were used to improve skills to increase healthy behaviors among only 44% of senior high schools, 36% of junior/senior high schools, and just 31% of middle schools in Iowa.

Recommendations

1. *Consider requiring additional HIV prevention training or reinforcement of earlier training for juniors and seniors in high school.* This is based on the self-reported indication of increased sexual activity in grades 11 and 12.

2. *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. Federal- or state-funded research grants could be made available on a competitive basis for the development of programs to facilitate or enhance such local cooperation and collaboration.

3. *Encourage every school to budget time for an educator to coordinate health education in the school.* Forty percent of junior/senior high school principals and over twenty percent of middle school and senior high school principals indicated they did *not* have a health education coordinator.

4. *Use violence prevention training (for students and teachers) more extensively to counter increases in violent juvenile crime and delinquency.* In particular, more emphasis should be given to teaching violence prevention *skills* to increase healthy behaviors among our youth. These include, *inter alia*, 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, Student Development Consultant at Heartland Area Education Agency, personal communication, November 29, 1995).

References

Deming, W. Edwards (1993). *The new economics: For industry, government, education*. Cambridge, MA: Massachusetts Institute of Technology, Center for Advanced Engineering Study.

Iowa Department of Education (1991). Youth risk behavior survey: 1991 results. Des Moines, IA.

King, J., Morris, L. & Fitz-Gibbon, C. (1987). *How to assess program implementation*. Thousand Oaks, CA: Sage Publications.

Montana Office of Public Instruction (December, 1994). *1994 Montana school health profile*. Prepared for the Montana Office of Public Instruction by Dodge Data Systems, Inc. Helena, MT.

Veale, J. & Foreman, D. (1994). *Formative Evaluation of the HIV/AIDS Education Project for 1991-93*. Prepared for the Iowa Department of Education. Des Moines, IA.

Veale, J. (1995). *School-Based Youth Services Program: Year-end report for 1993-94*. Prepared for the Iowa Department of Education. Des Moines, IA.

Veale, J. (1994). *HIV policy evaluation for the HIV/AIDS Education Project of the Iowa Department of Education, Office of Educational Services for Children, Families, and Communities*. Prepared for the Iowa Department of Education. Des Moines, IA.

Veale, J. (in press). *HIV curriculum evaluation for the HIV/AIDS Education Project of the Iowa Department of Education, Office of Educational Services for Children, Families, and Communities*. Prepared for the Iowa Department of Education. Des Moines, IA.

APPENDIX A

The School Principal and Lead Health Education Teacher Questionnaires for the 1994 School Health Education Profile

1994 School Health Education Profile

Questionnaire for School Principal

This questionnaire asks about health education IN YOUR SCHOOL in any of grades 6 through 12. If your school does not contain any of grades 6 through 12, please complete the name box below, fill in the oval indicating that none of grades 6 through 12 are in your school, and return the blank questionnaire in the postage-paid envelope provided.

HEALTH EDUCATION refers to instruction about health topics (such as injury and violence prevention, alcohol and other drug use, tobacco use, nutrition, human sexuality, HIV/AIDS, and physical activity) taught as a health education course or as units integrated into other subjects, such as biology, home economics, family life education, life skills, or physical education.

Your answers will be kept completely confidential and will be used to assess school needs in health education.

Please use a #2 pencil to fill in your answers completely. Some questions ask you to mark all that apply. Other questions ask you to mark the one best answer for your school.

Please do not fold or bend this form. Attach any additional comments you wish to make, and return in the postage-paid envelope provided.

Person completing this form:

Name: _____
Title: _____
School: _____
District: _____
Phone: _____

CONFIDENTIAL

Ⓐ **None of grades 6 through 12 are in my school.**

SCHOOL ID

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

DIRECTIONS:

If health education is **required** by your state or local education agency, start with **Question #1**. Health education means instruction about health topics taught as a health education course or as units integrated into other subjects.

If health education is **not required** by your state or local education agency, start with **Question #9**.

1. Which of the following describes the placement of **required** health education in your school? MARK ALL THAT APPLY.

   Ⓐ **Separate courses** devoted mainly to health education topics
   Ⓑ **Courses divided** between health education and **one** other subject (such as health education and physical education)
   Ⓒ **Units or lessons** in health education **integrated into other subjects** (such as home economics, biology or other science, or physical education)
   Ⓓ Other (please describe): _____

2. How many **separate** health education **courses** (not health education units or lessons integrated in other subjects) are students usually **required** to take in your school? MARK THE ONE BEST ANSWER.

   Ⓐ No separate health education courses required
   Ⓑ 1 course
   Ⓒ 2 courses
   Ⓓ 3 courses
   Ⓔ 4 courses
   Ⓕ More than 4 courses

3. In **which grade(s)** is required health education **usually scheduled** in your school? MARK GRADES IN WHICH REQUIRED HEALTH EDUCATION USUALLY IS SCHEDULED.

   Ⓐ 6th
   Ⓑ 7th
   Ⓒ 8th
   Ⓓ 9th
   Ⓔ 10th
   Ⓕ 11th
   Ⓖ 12th
   Ⓗ Other (please describe): _____

4. Is health education a **graduation requirement** for students in your school?

   Ⓐ Yes
   Ⓑ No
   Ⓒ Not applicable

5. **All together**, approximately **how much** required classroom instruction in health education do students usually take in your school? MARK THE ONE BEST ANSWER.

   Ⓐ Less than 1/2 year
   Ⓑ 1/2 year
   Ⓒ 1 year
   Ⓓ 1 1/2 years
   Ⓔ 2 years
   Ⓕ 2 1/2 years
   Ⓖ 3 years
   Ⓗ 3 1/2 years
   Ⓘ 4 years
   Ⓙ More than 4 years
   Ⓚ Other (please describe): _____

6. If students **fail** a required health education course, do they usually take the course again?

   Ⓐ Yes
   Ⓑ No

7. For which of the following reasons are students in your school allowed to be **exempted or excused** from **required** health education or parts of required health education (e.g., sex education, HIV/AIDS education)? MARK ALL THAT APPLY.

   Ⓐ Students may not be exempted or excused from health education
   Ⓑ By competency testing or proficiency-based promotion
   Ⓒ By participating in other courses or activities (e.g., advanced courses, band, sports, ROTC, etc.)
   Ⓓ By parental request
   Ⓔ Other (please describe): _____

8. During this school year, approximately what percent of your students were exempted or excused from any part of required health education **by parental request**?

   Ⓐ Students may not be exempted or excused by parental request
   Ⓑ Less than 1%
   Ⓒ 1% to 5%
   Ⓓ 6% to 10%
   Ⓔ 11% to 20%
   Ⓕ 21% to 50%
   Ⓖ More than 50%
   Ⓗ Don't know

9. Which of the following does your school offer as **elective or additional** courses in health education that are **not required**? MARK EACH THAT IS A SEPARATE COURSE.

Ⓐ No elective or additional courses in health education
Ⓑ General health education course
Ⓒ Alcohol and other drug education course
Ⓓ Human sexuality course
Ⓔ Family life education/life skills course
Ⓕ HIV/AIDS education course
Ⓖ Violence prevention course
Ⓗ Other (please describe): _____
_____

10. Which of the following health education **activities** does your school offer **in addition to** class instruction? MARK ALL THAT APPLY.

Ⓐ Guest presentations/assembly programs
Ⓑ Health fairs
Ⓒ Youth (teen) theater
Ⓓ School newspaper articles
Ⓔ Peer education or mentoring
Ⓕ Health education or wellness clubs
Ⓖ Fitness activities for charitable organizations (e.g., Jump Rope for Heart)
Ⓗ Intramural fitness activities
Ⓘ Other (please describe): _____
_____
Ⓙ No additional activities offered

11. How does your school use **trained peer educators** (same age or older than your students) to help teach about health? MARK ALL THAT APPLY.

Ⓐ In health education classes
Ⓑ In assembly programs
Ⓒ In health fairs
Ⓓ In discussion or support groups outside class
Ⓔ Other (please describe): _____
_____
Ⓕ My school does not use peer educators

12. Who **coordinates** health education among teachers with health education responsibilities in your school? MARK ALL THAT APPLY.

Ⓐ No health education coordinator
Ⓑ School building health education coordinator/department head
Ⓒ School building general curriculum coordinator
Ⓓ District health education coordinator
Ⓔ District general curriculum coordinator
Ⓕ Other (please describe): _____
_____

13. How does your school or district support **in-service training or staff development in health education** for teachers? MARK ALL THAT APPLY.

Ⓐ No support for in-service training
Ⓑ Stipend for attending training
Ⓒ Reimbursement for training expenses
Ⓓ Substitute teachers during training
Ⓔ In-service training offered at school or in district
Ⓕ Other (please describe): _____
_____

14. Are **all** teachers with responsibilities for health education in your school certified or endorsed in health education by your state education agency? MARK THE ONE BEST ANSWER.

Ⓐ Yes, all **are** certified or endorsed
Ⓑ No, all are **not** certified or endorsed
Ⓒ Certification or endorsement is **not available** from state education agency

15. Has your school developed a written **school improvement plan** that includes **goals/objectives for health education**? MARK THE ONE BEST ANSWER.

Ⓐ No school improvement plan
Ⓑ Goals for health education **are** included in plan
Ⓒ Goals for health education **are not** included in plan

16. Which groups are represented on an **active** school or district **health education advisory council** or similar committee that meets at least once a year to discuss health education and related issues? MARK ALL THAT APPLY.

Ⓐ No active health education advisory council/committee
Ⓑ Students
Ⓒ Parents
Ⓓ Teachers
Ⓔ District or school administrators
Ⓕ Food service staff
Ⓖ School nurses
Ⓗ Counselors
Ⓘ School board
Ⓙ Public health department
Ⓚ Business community
Ⓛ Medical community
Ⓜ Mental health community
Ⓝ Churches or other religious organizations
Ⓞ Community based organizations
Ⓟ Other (please describe): _____
_____

17. Overall, how would you describe **parental feedback** about health education in your school during the past year? MARK THE ONE BEST ANSWER.

- Ⓐ No feedback about health education during past year
- Ⓑ Mainly positive feedback
- Ⓒ Mainly negative feedback
- Ⓓ Equally balanced between positive and negative feedback

18. How does your school try to provide **reinforcement for healthy behaviors** among students? MARK ALL THAT APPLY.

- Ⓐ Food service that offers low-fat, low-sodium, high-fiber options
- Ⓑ Student counseling or psychological services
- Ⓒ Student health services
- Ⓓ Student support groups/student assistance programs
- Ⓔ Daily opportunities for students to participate in physical activity
- Ⓕ Smoke-free school policy
- Ⓖ Drug-free school policy
- Ⓗ Violence-free school policy
- Ⓘ Peer education or mentoring programs
- Ⓙ Other (please describe): _____

19. In what **subjects** are **required HIV/AIDS education units or lessons** taught in your school? MARK ALL THAT APPLY.

- Ⓐ HIV/AIDS education is not required
- Ⓑ Health education
- Ⓒ Biology or other science
- Ⓓ Home economics
- Ⓔ Physical education
- Ⓕ Social studies
- Ⓖ English/communication arts
- Ⓗ Family life education/life skills
- Ⓘ Other (please describe): _____

20. In what grade(s) do students **usually** take **required HIV/AIDS education** in your school? MARK GRADES IN WHICH REQUIRED HIV/AIDS EDUCATION USUALLY IS SCHEDULED.

- Ⓐ HIV/AIDS education is not required
- Ⓑ 6th
- Ⓒ 7th
- Ⓓ 8th
- Ⓔ 9th
- Ⓕ 10th
- Ⓖ 11th
- Ⓗ 12th
- Ⓘ Other (please describe): _____

21. How does your school provide HIV/AIDS education for **parents**? MARK ALL THAT APPLY.

- Ⓐ No HIV/AIDS education is provided for parents
- Ⓑ Educational materials are sent home to parents
- Ⓒ Newsletter to parents
- Ⓓ School programs are provided for parents
- Ⓔ Through the local PTA or PTO
- Ⓕ Other (please describe): _____

22. Which of the following issues are addressed in your school's or district's **formally adopted, written** policy on HIV/AIDS? MARK ALL THAT APPLY.

- Ⓐ HIV/AIDS education requirements for students
- Ⓑ Plans to accommodate HIV infected students and staff within school
- Ⓒ Teacher training in HIV/AIDS education
- Ⓓ Instruction for school staff on procedures for properly handling blood and body fluids (Universal Precautions)
- Ⓔ HIV/AIDS issues are addressed in **unwritten** administrative/operating procedures
- Ⓕ HIV/AIDS issues are **not addressed**

23. Which grades are in your school? MARK ALL THAT APPLY.

- Ⓐ 6th
- Ⓑ 7th
- Ⓒ 8th
- Ⓓ 9th
- Ⓔ 10th
- Ⓕ 11th
- Ⓖ 12th
- Ⓗ Other (please describe): _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE ATTACH ANY ADDITIONAL COMMENTS YOU WISH TO MAKE,
AND RETURN IN THE POSTAGE-PAID ENVELOPE PROVIDED.

1994 School Health Education Profile

Questionnaire for Lead Health Education Teacher

This questionnaire asks about health education IN YOUR SCHOOL in any of grades 6 through 12. If your school does not contain any of grades 6 through 12, please complete the name box below, fill in the oval indicating that none of grades 6 through 12 are in your school, and return the blank questionnaire in the postage-paid envelope provided.

HEALTH EDUCATION refers to instruction about health topics (such as injury and violence prevention, alcohol and other drug use, tobacco use, nutrition, human sexuality, HIV/AIDS, and physical activity) taught as a health education course or as units integrated into other subjects, such as biology, home economics, family life education, life skills, or physical education.

Your answers will be kept completely confidential and will be used to assess school needs in health education.

Please use a #2 pencil to fill in your answers completely. Some questions ask you to mark all that apply. Other questions ask you to mark the one best answer for your school.

Please do not fold or bend this form. Attach any additional comments you wish to make, and return in the postage-paid envelope provided.

Person completing this form:

Name: _____
Title: _____
School: _____
District: _____
Phone: _____

CONFIDENTIAL

Ⓐ **None of grades 6 through 12 are in my school.**

SCHOOL ID

1. What is your **primary** position in your school? MARK THE ONE BEST ANSWER.
   - Ⓐ Health education teacher
   - Ⓑ Physical education teacher
   - Ⓒ Biology or other science teacher
   - Ⓓ Home economics teacher
   - Ⓔ Family life education/life skills teacher
   - Ⓕ School counselor
   - Ⓖ School nurse
   - Ⓗ Coach or athletic trainer
   - Ⓘ Other (please describe):_____

2. Are you currently **certified or endorsed** to teach health education in the grades you now teach by your state education agency?
   - Ⓐ Yes, I **am** certified or endorsed in health education
   - Ⓑ No, I am **not** certified or endorsed in health education
   - Ⓒ Certification or endorsement in health education is **not available** from my state education agency

3. What was the **major emphasis** of your professional preparation?
   - Ⓐ Health education
   - Ⓑ Physical education
   - Ⓒ Biology or other science
   - Ⓓ Home economics
   - Ⓔ Nursing
   - Ⓕ Counseling
   - Ⓖ Other (please describe):_____

4. Including this school year, how many years have you been teaching health education?
   - Ⓐ First year
   - Ⓑ 2 to 5 years
   - Ⓒ 6 to 9 years
   - Ⓓ 10 to 14 years
   - Ⓔ 15 years or more

5. Including this school year, how many years of **overall** teaching experience have you had, including subjects other than health education?
   - Ⓐ First year
   - Ⓑ 2 to 5 years
   - Ⓒ 6 to 9 years
   - Ⓓ 10 to 14 years
   - Ⓔ 15 years or more

6. What is the **average class size** for your health education courses or units?
   - Ⓐ Less than 10 students
   - Ⓑ 10-14 students
   - Ⓒ 15-19 students
   - Ⓓ 20-24 students
   - Ⓔ 25-29 students
   - Ⓕ 30-34 students
   - Ⓖ 35-39 students
   - Ⓗ 40 or more students

7. Do you teach health education courses or units that are **required** for students attending your school?
   - Ⓐ Yes
   - Ⓑ No

8. Which of the following describes the placement of the **required** health education that you teach? MARK ALL THAT APPLY.
   - Ⓐ I do not teach required health education
   - Ⓑ **Separate courses** devoted mainly to health education topics
   - Ⓒ **Courses divided** between health education and **one** other subject (such as health education and physical education)
   - Ⓓ **Units or lessons** in health education **integrated into other subjects** (such as home economics, biology or other science, or physical education)
   - Ⓔ Other (please describe):_____

9. Which of the following **elective or additional** courses about health do **you** teach? MARK EACH SEPARATE COURSE THAT YOU TEACH.
   - Ⓐ I do not teach elective or additional courses about health
   - Ⓑ General health education course
   - Ⓒ Alcohol and other drug education course
   - Ⓓ Human sexuality course
   - Ⓔ Family life education/life skills course
   - Ⓕ HIV/AIDS education course
   - Ⓖ Violence prevention course
   - Ⓗ Other (please describe):_____

10. Which of the following materials do you use **to plan your health education lessons**? MARK ALL THAT APPLY.
    - Ⓐ State guidelines or framework for health education
    - Ⓑ State curriculum guide
    - Ⓒ District guidelines or framework
    - Ⓓ District curriculum guide
    - Ⓔ School guidelines or framework
    - Ⓕ School curriculum guide
    - Ⓖ Commercially developed health education materials
    - Ⓗ Other (please describe):_____
    - Ⓘ I do not use materials to plan my lessons

11. How do you involve **parents** in your health education classes? MARK ALL THAT APPLY.
    - Ⓐ Homework assignments that include parents
    - Ⓑ Parents invited to attend class
    - Ⓒ Parents invited as guest speakers
    - Ⓓ Educational materials sent home to parents
    - Ⓔ Letters or newsletters to parents
    - Ⓕ Other (please describe):_____
    - Ⓖ Parents are not involved in my health education classes

12. On which topics do you teach to increase students' **knowledge** about healthy behaviors? (Teaching methods might include lecture, guest speakers, textbook assignments, class discussions, videotapes, films, brainstorming, or a question box.) MARK ALL THAT APPLY.
   - (A) Injury prevention and safety
   - (B) Violence prevention
   - (C) Suicide prevention
   - (D) Tobacco use prevention
   - (E) Alcohol and other drug use prevention
   - (F) Pregnancy prevention
   - (G) HIV prevention
   - (H) Other sexually transmitted disease (STD) prevention
   - (I) Dietary behavior
   - (J) Physical activity
   - (K) Other (please describe):_____
   - (L) None of the above

13. On which topics do you teach to improve students' **attitudes** toward healthy behaviors? (Teaching methods might include small group discussions, role play, exploration of social norms, games and class exercises to personalize risk assessment, or peer instruction.) MARK ALL THAT APPLY.
   - (A) Injury prevention and safety
   - (B) Violence prevention
   - (C) Suicide prevention
   - (D) Tobacco use prevention
   - (E) Alcohol and other drug use prevention
   - (F) Pregnancy prevention
   - (G) HIV prevention
   - (H) Other STD prevention
   - (I) Dietary behavior
   - (J) Physical activity
   - (K) Other (please describe):_____
   - (L) I do not teach about attitudes

14. On which topics do you teach **skills** to increase healthy behaviors? (Teaching methods might include role play, teacher-led demonstrations of skills, exercises to allow individual and group skills practice, group exercises to identify risky situations and alternatives, or assignments to practice skills outside class.) MARK ALL THAT APPLY.
   - (A) Injury prevention and safety
   - (B) Violence prevention
   - (C) Suicide prevention
   - (D) Tobacco use prevention
   - (E) Alcohol and other drug use prevention
   - (F) Pregnancy prevention
   - (G) HIV prevention
   - (H) Other STD prevention
   - (I) Dietary behavior
   - (J) Physical activity
   - (K) Other (please describe):_____
   - (L) I do not teach skills

15. During the past **two years**, on which topics have you received **four or more** hours (at least 1/2 day) of **in-service** training? MARK ALL THAT APPLY.
   - (A) Injury prevention and safety
   - (B) Violence prevention
   - (C) Suicide prevention
   - (D) Tobacco use prevention
   - (E) Alcohol and other drug use prevention
   - (F) Pregnancy prevention
   - (G) HIV prevention
   - (H) Other STD prevention
   - (I) Dietary behavior
   - (J) Physical activity
   - (K) Other (please describe):_____
   - (L) No in-service training

16. On which topics would you **like to attend** in-service training? MARK ALL THAT APPLY.
   - (A) Injury prevention and safety
   - (B) Violence prevention
   - (C) Suicide prevention
   - (D) Tobacco use prevention
   - (E) Alcohol and other drug use prevention
   - (F) Pregnancy prevention
   - (G) HIV prevention
   - (H) Other STD prevention
   - (I) Dietary behavior
   - (J) Physical activity
   - (K) Other (please describe):_____
   - (L) None of the above

17. During this school year, on which topics has **parental** feedback caused you to **expand** the content that you cover in health education? MARK ALL THAT APPLY.
   - (A) No feedback
   - (B) Injury prevention and safety
   - (C) Violence prevention
   - (D) Suicide prevention
   - (E) Tobacco use prevention
   - (F) Alcohol and other drug use prevention
   - (G) Pregnancy prevention
   - (H) HIV prevention
   - (I) Other STD prevention
   - (J) Dietary behavior
   - (K) Physical activity
   - (L) Other (please describe):_____
   - (M) Content not expanded

18. During this school year, on which topics has **parental** feedback caused you to **restrict** the content that you cover in health education? MARK ALL THAT APPLY.
   - (A) No feedback
   - (B) Injury prevention and safety
   - (C) Violence prevention
   - (D) Suicide prevention
   - (E) Tobacco use prevention
   - (F) Alcohol and other drug use prevention
   - (G) Pregnancy prevention
   - (H) HIV prevention
   - (I) Other STD prevention
   - (J) Dietary behavior
   - (K) Physical activity
   - (L) Other (please describe):_____
   - (M) Content not restricted

19. During this school year, with what **teachers** have you **planned or coordinated** health education in your school or district? MARK ALL THAT APPLY.
   - (A) With other health education teachers in my school
   - (B) With other subject area teachers in my school
   - (C) With health education teachers at other schools in my district
   - (D) With subject area teachers at other schools in my district
   - (E) Other (please describe):_____
   - (F) I have not planned or coordinated health education with other teachers

20. During this school year, with which of the following have you conducted **joint projects** in health education? MARK ALL THAT APPLY.
   - (A) Physical education
   - (B) School food service
   - (C) School health services
   - (D) School counseling/psychological services
   - (E) Staff health promotion
   - (F) Parent health promotion
   - (G) Community health promotion
   - (H) Other (please describe):_____
   - (I) I have not conducted joint projects

21. How are you involved in making referrals for community services? MARK ALL THAT APPLY.
   - (A) I refer students for needed social services
   - (B) I refer students for needed mental health services
   - (C) I refer students for needed medical services
   - (D) Other (please describe): _____
   - (E) I am not involved in making referrals

22. What do you teach about **HIV/AIDS** in your classes? MARK ALL THAT APPLY.
   - (A) I do not teach about HIV/AIDS (Please stop and return the questionnaire in the postage-paid envelope provided.)
   - (B) Basic facts and statistics about HIV/AIDS
   - (C) Knowledge about needle sharing behaviors that transmit HIV
   - (D) Knowledge about sexual behaviors that transmit HIV
   - (E) Reasons for choosing sexual abstinence
   - (F) Effectiveness of condoms
   - (G) Correct use of condoms
   - (H) Influence of alcohol and drugs on HIV risk behaviors
   - (I) Social norms related to HIV risk behaviors
   - (J) Decision-making skills to avoid HIV risk behaviors
   - (K) Communication skills to avoid HIV risk behaviors
   - (L) Skills to obtain HIV testing and counseling
   - (M) Compassion and support for persons living with HIV/AIDS
   - (N) Perceptions of vulnerability to HIV/AIDS
   - (O) Sexual orientation issues
   - (P) Societal impact of HIV/AIDS
   - (Q) Other (please describe):_____

23. Is the HIV/AIDS education you teach **required** for students attending your school?
   - (A) Yes
   - (B) No

24. Approximately how many **total class periods** do you teach about HIV/AIDS in any one course? MARK THE ONE BEST ANSWER.
   - (A) Less than one class period
   - (B) 1 class period
   - (C) 2-3 class periods
   - (D) 4-5 class periods
   - (E) 6-10 class periods
   - (F) 10-15 class periods
   - (G) More than 15 class periods

25. What makes teaching about HIV/AIDS **difficult** for you? MARK ALL THAT APPLY.
   - (A) No difficulties
   - (B) Insufficient training
   - (C) Insufficient teaching materials
   - (D) Uncomfortable teaching about HIV risk behaviors
   - (E) Other demands on class time
   - (F) Parental concern or opposition
   - (G) Community concern or opposition
   - (H) Insufficient administrative support
   - (I) Low student interest or enthusiasm
   - (J) Other (please describe): _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE ATTACH ANY ADDITIONAL COMMENTS YOU WISH TO MAKE,
AND RETURN IN THE POSTAGE-PAID ENVELOPE PROVIDED.

APPENDIX B

Survey Question and Division Match:

Infrastructure, Organization, and Support

Survey Question and Division Match:

Infrastructure, Organization, and Support

The numbers of the principal and lead health education teacher survey questions corresponding to the three divisions (infrastructure, organization, and support) are given in the table below. (See Appendix A for the actual survey questions.)

Division	**Survey Questions**	
	Principal Survey	**Lead Health Education Teacher Survey**
Infrastructure	1, 2, 3, 5, 6, 7, 15, 16, 22	1, 3, 4
Organization	9, 10, 11, 12, 19, 20,	6, 10, 12, 13, 14, 22, 23
Support	13, 17, 18, 21	11, 15, 17, 18, 20, 21