

RA
643.6
.J8
V43
1996

HIV/AIDS Education Project

1996 Iowa

School Health Education Profile

Prepared for:
Iowa Department of Education
Office of Educational Services for Children, Families, and
Communities

By:
James R. Veale, Ph.D.



December 1996

State of Iowa
DEPARTMENT OF EDUCATION
Grimes State Office Building
Des Moines, Iowa 50319-0146

STATE BOARD OF EDUCATION

Corine A. Hadley, President, Newton
C. W. Callison, Vice President, Burlington
Gregory A. Forristall, Macedonia
Sally J. Frudden, Charles City
Charlene R. Fulton, Cherokee
Gregory D. McClain, Cedar Falls
Gene E. Vincent, Carroll
Kay Wagner, Bettendorf

ADMINISTRATION

Ted Stilwill, Director and Executive Officer of
the State Board of Education
Dwight R. Carlson, Assistant to the Director
Gail Sullivan, Chief of Staff

**OFFICE OF EDUCATIONAL SERVICES FOR
CHILDREN, FAMILIES, AND COMMUNITIES**

Susan J. Donielson, Administrator
Molly Wheeler, Project Director, HIV/AIDS Education

It is the policy of the Iowa Department of Education not to discriminate on the basis of race, religion, national origin, sex, age, or disability.

The Department provides civil rights technical assistance to public school districts, nonpublic schools, area education agencies, and community colleges to help them eliminate discrimination in their educational programs, activities, or employment. For assistance, contact the Bureau of School Administration, Instruction and School Improvement, Iowa Department of Education.

1996 Iowa School Health Education Profile

HIV/AIDS Education Project, Iowa Department of Education May 1997

ADMINISTRATIVE SUMMARY SHEET

The results of the 1996 Iowa School Health Education Profile are summarized with survey questions on (1) infrastructure, (2) organization, and (3) support for the health education programs of the (i) middle school, (ii) junior/senior high, and (iii) senior high schools sampled. Separate surveys were administered to each participating schools' principal and designated lead health education teacher. Usable data were received from 280 out of 346 sampled principals (80.9%) and from 262 out of 346 sampled lead health education teachers (75.7%). These response rates were considered adequate for making inferences about *all* regular secondary schools in Iowa having at least one of the grades six through 12.

In education, *infrastructure* includes subject requirements, credentialing and experience of teachers, curriculum development, assessment, evaluation, and improvement plans—structures or mechanisms that provide a foundation for learning.

The main characteristics of school health infrastructure in Iowa in 1996 were:

- Most 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 70% of Iowa's middle schools, in 63% of the state's junior/senior high schools, and in 78% of its senior high schools.
- Most frequently mentioned HIV/AIDS issues addressed in written policies included worksite safety (universal precautions), protecting students and staff who

are infected with HIV from discrimination, and maintaining confidentiality.

- The major emphasis of professional preparation for health educators is physical education (middle school) and home economics or family/consumer education (junior/senior and senior high school).
- The percentages of lead health education teachers who have taught health education for 10 years or more were 41% for middle, 22% for junior/senior high, and 33% for senior high school.

Program *organization* determines the scope of courses and programs and how they are coordinated and implemented by educators.

The main characteristics of school health organization in Iowa in 1996 were:

- Most frequently, units or lessons in health education were integrated into other subjects (home economics, biology or other science, physical education) or taught as separate health education courses.
- Only about one-quarter of Iowa schools used trained peer educators to teach about health. In 1994, about one-half of Iowa schools used trained peer educators in this area.
- Only 15% of junior/senior high schools reported no health education coordinator, compared with 40% in 1994. As in 1994, use of health education coordinators was more frequently reported in middle and senior high schools. The health education teacher and district general curriculum coordinator were most frequently mentioned as persons who coordinated health education.

- Most frequently mentioned topics that were taught to increase the student's *knowledge* about healthy behaviors were alcohol and other drug use prevention and HIV prevention. These were also the most frequently mentioned topics taught to increase the student's *attitudes* toward healthy behaviors.
- Most frequently mentioned topics taught to increase the student's *skills* for practicing healthy behaviors included: decision making, resisting social pressure for unhealthy behaviors (refusal skills), communication, and goal setting. Among junior/senior and senior high school students, stress management was also frequently cited.
- Most schools in Iowa in 1996 were required to use school, district, or state curricula, guidelines, or framework to plan health education lessons.
- It was estimated that 92% of middle schools, 95% of junior/senior high schools, and 99% of senior high schools in Iowa taught HIV infection/AIDS in 1996 as part of required courses.
- Basic facts, how HIV is and is not transmitted, how HIV affects the immune system, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, and the influence of alcohol and other drugs on HIV infection risk behaviors were topics most frequently mentioned as being taught.

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.

The main characteristics of school health organization in Iowa in 1996 were:

- Most frequently selected types of inservice training included sexual harassment, HIV prevention, and

cardiopulmonary resuscitation (CPR). Suicide prevention was the most frequently selected topic on which lead health education teachers would like to receive inservice training.

- Lead health education teachers reported that including parents in homework assignments was the most frequently used strategy for involving parents in required health education. Most principals reported positive feedback from parents.
- The most frequently cited methods for providing HIV/AIDS education for parents were sending educational materials to parents, letters/newsletters, and inviting parents to attend class on HIV infection/AIDS.
- Alcohol and other drug use prevention was the most frequently cited topic that received expanded coverage in required health education due to parental feedback. Pregnancy prevention, reproductive health, and human sexuality were topics that received somewhat limited coverage due to parental feedback. However, these percentages were lower than those leading to expanded coverage of topics.
- Over 60% of principals indicated that their school had no health advisory council or similar committee that met on a regular basis to address policies or programs related to school health.

May 1997

Iowa Department of Education, Des Moines, Iowa

[Note: The above information was extracted from the 1996 *Iowa School Health Education Profile*, prepared for the HIV/AIDS Education Project (Molly Wheeler, Project Director), Office of Educational Services for Children, Families, and Communities, Iowa Department of Education, by Dr. James R. Veale, Statistical/Research Consultant & Educator (December, 1996). This survey was conducted 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).]

Table of Contents

I. Introduction	Page 1
II. Methodology	Page 3
Sampling Procedure	3
Weighting the Survey Responses	3
Data Analysis	4
Summary Methods	5
III. School Health Education Profile	Page 7
Overview: Comprehensive School Health Education in Iowa	7
School Health Education Profile: Results of the 1996 Survey in Iowa	8
School Health Education Infrastructure in Iowa	8
School Health Education Organization in Iowa	13
School Health Education Support in Iowa	18
Parental Involvement and Feedback	22
IV. Conclusions, Discussion, and Recommendations	25
Conclusions	25
Discussion	26
Recommendations	28
References	Page 29
Acknowledgements	Page 31
Appendix A: The School Principal and Lead Health Education Teacher Questionnaires for the 1996 School Health Education Profile	
Appendix B: Survey Question and Division Match: Infrastructure, Organization, and Support	

List of Tables

<u>Table</u>		<u>Page</u>
1	Definitions of grade categories	1
2	Iowa <i>middle</i> school health education <i>infrastructure</i> profile	10
3	Iowa <i>junior/senior</i> high school health education <i>infrastructure</i> profile	11
4	Iowa <i>senior</i> high school health education <i>infrastructure</i> profile	12
5	Iowa <i>middle</i> school health education <i>organization</i> profile	15
6	Iowa <i>junior/senior</i> high school health education <i>organization</i> profile	16
7	Iowa <i>senior</i> high school health education <i>organization</i> profile	17
8	Iowa <i>middle</i> school health education <i>support</i> profile	19
9	Iowa <i>junior/senior</i> high school health education <i>support</i> profile	20
10	Iowa <i>senior</i> high school health education <i>support</i> profile	21

List of Figures

<u>Figure</u>		<u>Page</u>
1	Non-overlapping confidence intervals (statistically significant differences among grade levels) on Question 2 of principal's survey	4
2	Principals' responses to the survey question regarding issues addressed in formally adopted, written policy on HIV infection/AIDS	9
3	Lead health education teachers' responses to questions regarding organization of health education	14
4	Lead health education teachers' responses to questions regarding parental support of required health education	22
5	Type of parental feedback regarding health education in school: mainly positive, equally balanced (some positive, some negative), and mainly negative ...	23
6	Percent indicating that they had engaged in sexual intercourse, by grade level (Iowa Department of Education, 1991)	27

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, (2) junior/senior high school, and (3) senior high school, defined in Table 1 below.

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 346 secondary schools containing any of grades 6 through 12 in Iowa during the spring of 1996. Useable survey data were obtained from 280 principals and 262 teachers.

This report is divided into three sections¹:

- 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 and 1996 Montana School Health Education Profiles (Montana Office of Public Instruction, 1994 and 1996).

- ③ **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. For a more detailed summary of the data, see the document *Supplementary Documents for the 1996 Iowa School Health Education Profile* (Veale, 1996).

II. Methodology

The 1996 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 1996 School Health Education Profile consisted of 23 questions each for school principals and 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.

A sample size of 346 was determined from finite sampling theory for proportions, using a 5% margin of error with 95% confidence (e.g., Cochran, 1963), assuming a response rate of 75%. This represented slightly over 50% of the number of schools (681) in the population of middle, junior/senior high, and senior high schools in Iowa. *PCSchool*, software provided by Westat, Inc., was used to select the sample of 346 from a sampling frame consisting of all 681 schools. The sample was verified by Westat, Inc.

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

Usable data were received from 280 out of 346 sampled principals. This yielded a response rate for the school principal questionnaire of 80.9%. Usable data were received from 262 out of 346 sampled lead health education teachers. This yielded a response rate for the LHET survey of 75.7%. Both of these response rates were considered adequate by the CDC 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

$$W = W_1 * f_1 * f_2$$

where

$W_1 = 1/(\text{probability of school selection});$

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

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

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

Data Analysis

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

Informal tests of statistical significance using the confidence intervals 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. Confidence intervals that did not overlap provided evidence of statistically significant differences. Since these intervals were computed by taking into account the differential weighting of the responses based on the sampling scheme (and non-response patterns), this method was recommended over classical methods for simple random sampling such as Pearson chi-square (Mary Nixon, Westat statistician, personal communication, December 5, 1996). For example, Question 2 on the principal's survey yielded the three confidence intervals represented in Figure 1.

1. The fact that these confidence intervals do not all overlap (middle school and senior high school

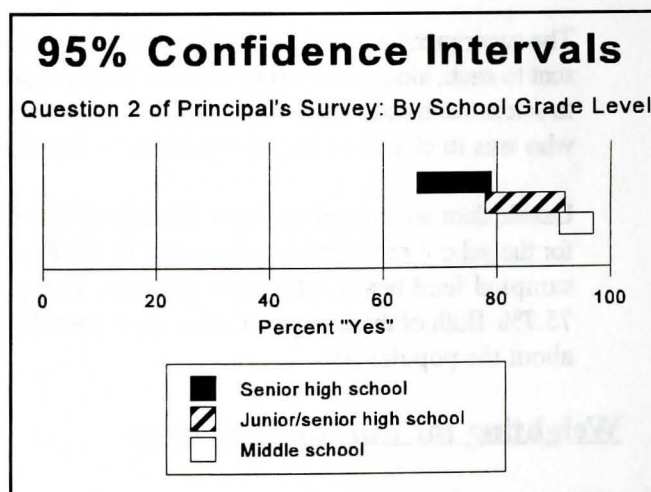


Figure 1: Non-overlapping confidence intervals (statistically significant differences among grade levels) on Question 2 of principal's survey.

intervals do not), indicated that the results should be reported by school grade level, rather than for the total sample. In others, e.g., Question 13 regarding the use of trained peer educators in required health education courses, the confidence intervals overlapped. This indicated that the results for this item could have been reported for all reporting schools. Since there was no directive provided on this issue, the more conservative approach of reporting by grade level category was used. This was consistent with the 1994 Iowa Health Education Profile (Veale, 1995a).

The point and interval estimates are presented in a supplementary report for all survey items on each of the two questionnaires using data from respondents at each of the three school grade levels, as well as the combined sample. The item question, choices, sample size ("n"), and raw counts are also presented for each item. These data summaries were produced by Westat, Inc. (See the document *Supplementary Documents for the 1996 Iowa School Health Education Profile* (Veale, 1996).)

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). Thus, there are nine summary 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, 1996). In the specific area of HIV/AIDS education, the State of Iowa has recently conducted an evaluation of HIV policy (Veale, 1994), a formative evaluation of teacher training/in-service (Veale & Foreman, 1994), and a curriculum evaluation of HIV education within the school health framework (Veale, 1995b). An evaluation of classroom implementation would complete the picture, according to this delineation. 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 1996 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. In economics, infrastructure refers to the physical structures (roads, bridges, mass transit) that provide a foundation for transport and commerce. In education, infrastructure includes subject requirements, credentialing and experience of teachers, curriculum development, assessment, evaluation, and improvement plans—structures or mechanisms that provide a foundation for learning (the “commerce” of education). Health education infrastructure provides the basis for the successful development of programs to meet the basic 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 document *Supplementary Documents for the 1996 Iowa School Health Education Profile* (Veale, 1996).)

In education, infrastructure includes subject requirements, credentialing and experience of teachers, curriculum development, assessment, evaluation, and improvement plans—structures or mechanisms that provide a foundation for learning (the “commerce” of education).

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 1996 were:

- Most 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 70% of Iowa’s middle schools, in 63% of the state’s junior/senior high schools, and in 78% of its senior high schools.
- Most frequently mentioned HIV/AIDS issues addressed in written policies included worksite safety (universal precautions), protecting

students and staff who are infected with HIV from discrimination, and maintaining confidentiality. (See Figure 2.)

- The major emphasis of professional preparation for health educators is physical education (middle school) and home economics or family/consumer education (junior/senior and senior high school).
- The percentages of LHETs who have taught health education for 10 years or more were 41% for middle, 22% for junior/senior high, and 33% for senior high school.

[Note: Tables 2-4 are organized as follows: (1) the survey question is stated or paraphrased in the left column, followed by the survey question number in parentheses and (2) the responses to the questions are summarized in the right column. The rows in the top part of the table contain questions and responses for the principal's questionnaire, while the rows in the bottom part of the table contain questions and responses for the LHET's questionnaire.]

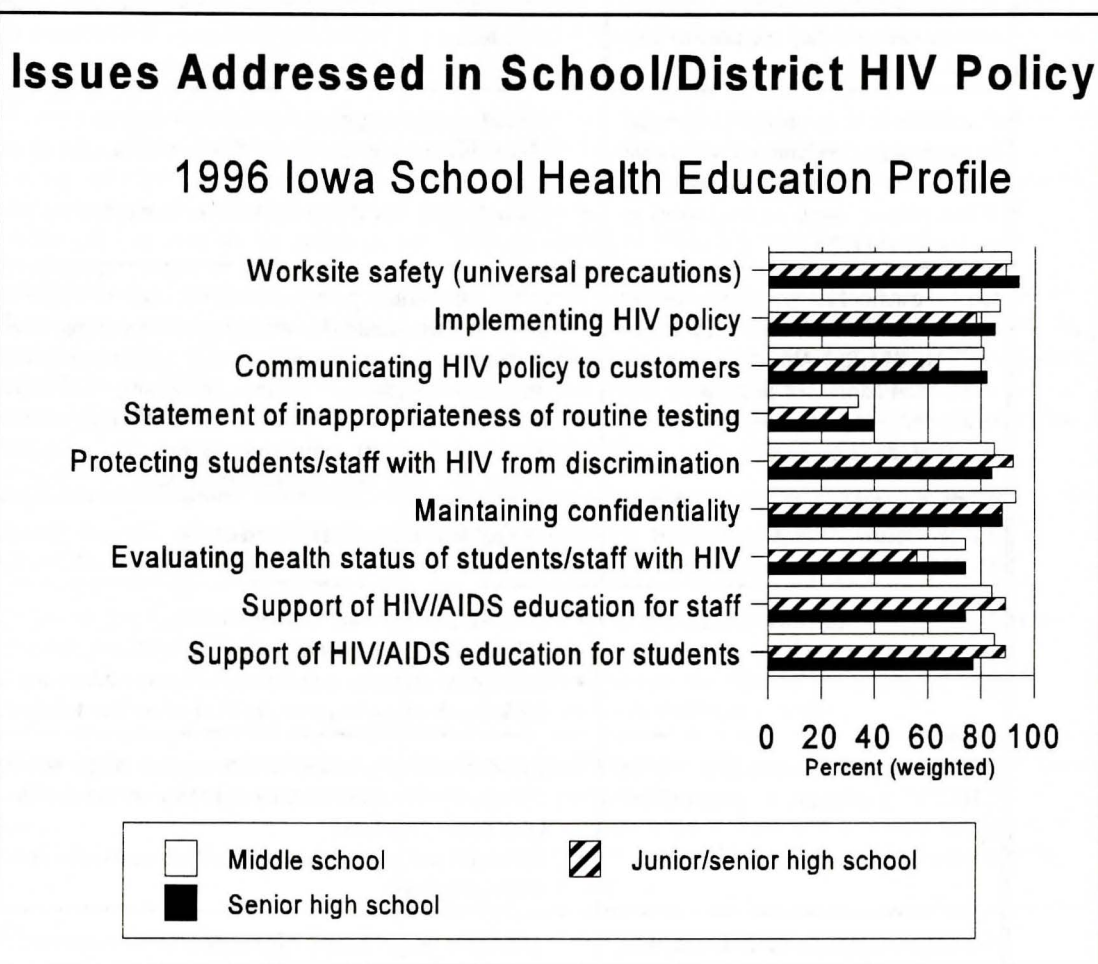


Figure 2: Principals' responses to the survey question regarding issues addressed in formally adopted, written policy on HIV infection/AIDS.

Table 2: Iowa middle school health education infrastructure profile

Profile Characteristic	Iowa Middle School Results
Principal survey questions (#):	Among middle school principals in Iowa:
Is health education required? (2)	<ul style="list-style-type: none"> ▶ 94% indicated that health education was required in at least one grade.
How much required classroom instruction in health education do students usually receive? (4)	<ul style="list-style-type: none"> ▶ most (70%) reported that students were required to take one year or less of instruction in health education; ▶ an additional 21% required from one and one-half to two years.
Are separate health courses required? (5)	<ul style="list-style-type: none"> ▶ 77% indicated that <i>separate</i> health education courses were required in their schools; ▶ 24% have one separate required health education course; ▶ 35% have two separate required health education courses.
In which grades are required health education courses usually taught? (6)	<ul style="list-style-type: none"> ▶ 55% indicated that required health education is usually scheduled in the 6th grade, 73% in the 7th grade, and 66% in the 8th grade.
If students fail a required health education course, are they required to take the course again? (8)	<ul style="list-style-type: none"> ▶ 32% reported that students re-take health education courses that were failed.
Can students be exempted or excused by parental request from all or parts of required health education courses? (9) What percent were so exempted in each grade? (10)	<ul style="list-style-type: none"> ▶ 86% allowed exemptions via parental request; ▶ 91% indicated that less than 1% of students were so exempted in each grade; ▶ 7% indicated that 1% to 5% were so exempted.
Does the school have a written policy on students or staff with HIV infection/AIDS? (22) Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS? (23)	<ul style="list-style-type: none"> ▶ 65% have a written policy on students/staff with HIV or AIDS; ▶ the most often mentioned issues were maintaining confidentiality, instruction for worksite safety (universal precautions), implementing the HIV policy, protecting HIV-infected students/staff from discrimination, HIV/AIDS prevention education for staff and students, and communicating the HIV policy to students, staff, and parents/guardians.
Lead health education teacher (LHET) survey questions (#):	Among middle school LHETs in Iowa:
What is the lead health educator's primary position? (17)	<ul style="list-style-type: none"> ▶ 20% were health education teachers; ▶ 18% biology/science teachers; ▶ 17% home economics or family/consumer education teachers; ▶ 16% health education and physical education teachers.
What is the major emphasis of the LHET's professional preparation? (21)	<ul style="list-style-type: none"> ▶ 24% reported physical education as their major emphasis; ▶ 22% reported home economics or family/consumer education as their major emphasis; ▶ 21% reported health education and physical education as their major emphasis.
How much experience in health education teaching does the LHET have? (22)	<ul style="list-style-type: none"> ▶ 41% have taught health education at least 10 years; ▶ 70% have taught health education more than 5 years; ▶ 2% said 1996 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 (#):	Among junior/senior high school principals in Iowa:
Is health education required? (2)	<ul style="list-style-type: none"> ▶ 85% indicated that health education was required in at least one grade.
How much required classroom instruction in health education do students usually receive? (4)	<ul style="list-style-type: none"> ▶ most (63%) reported that students were required to take one year or less of instruction in health education; ▶ an additional 34% required from one and one-half to two years.
Are separate health courses required? (5)	<ul style="list-style-type: none"> ▶ 89% indicated that <i>separate</i> health education courses were required in their schools; ▶ 50% have one separate required health education course; ▶ 27% have two separate required health education courses.
In which grades are required health education courses usually taught? (6)	<ul style="list-style-type: none"> ▶ 45% indicated that required health education is usually scheduled in the 7th grade, 54% in the 8th grade, 52% in the 9th grade, and 44% in the 10th grade (in grades 6, 11, and 12, the teaching of health education was under 30%).
If students fail a required health education course, are they required to take the course again? (8)	<ul style="list-style-type: none"> ▶ 63% reported that students re-take health education courses that were failed.
Can students be exempted or excused by parental request from all or parts of required health education courses? (9) What percent were so exempted in each grade? (10)	<ul style="list-style-type: none"> ▶ 79% allowed exemptions via parental request; ▶ 78% indicated that less than 1% of students were so exempted in each grade; ▶ 13% indicated that 1% to 5% were so exempted.
Does the school have a written policy on students or staff with HIV infection/AIDS? (22) Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS? (23)	<ul style="list-style-type: none"> ▶ 60% have a written policy on students/staff with HIV or AIDS; ▶ the most often mentioned issues were protecting HIV-infected students/staff from discrimination, instruction for worksite safety (universal precautions), HIV/AIDS prevention education for staff and students, and maintaining confidentiality.
Lead health education teacher (LHET) survey questions (#):	Among junior/senior high school LHETs in Iowa:
What is the lead health educator's primary position? (17)	<ul style="list-style-type: none"> ▶ 31% were home economics or family/consumer education teachers; ▶ 30% health education and physical education teachers; ▶ 15% biology or other science teachers.
What is the major emphasis of the LHET's professional preparation? (21)	<ul style="list-style-type: none"> ▶ 37% reported home economics or family/consumer education as their major emphasis; ▶ 22% reported physical education as their major emphasis; ▶ 22% reported health education and physical education as their major emphasis.
How much experience in health education teaching does the LHET have? (22)	<ul style="list-style-type: none"> ▶ 22% have taught health education at least 10 years; ▶ 53% have taught health education more than 5 years; ▶ 4% said 1996 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 (#):	Among senior high school principals in Iowa:
Is health education required? (2)	<ul style="list-style-type: none"> 73% indicated that health education was required in at least one grade.
How much required classroom instruction in health education do students usually receive? (4)	<ul style="list-style-type: none"> most (78%) reported that students were required to take one year or less of instruction in health education; an additional 20% required from one and one-half to two years.
Are separate health courses required? (5)	<ul style="list-style-type: none"> 90% indicated that <i>separate</i> health education courses were required in their schools; 41% have one separate health education course that is required; 29% have two separate required health education courses.
In which grades are required health education courses usually taught? (6)	<ul style="list-style-type: none"> 67% indicated that required health education is usually scheduled in the 9th grade, 55% in the 10th grade, and 36% in the 11th grade, and 28% in the 12th grade.
If students fail a required health education course, are they required to take the course again? (8)	<ul style="list-style-type: none"> 81% reported that students re-take health education courses that were failed.
Can students be exempted or excused by parental request from all or parts of required health education courses? (9) What percent were so exempted in each grade? (10)	<ul style="list-style-type: none"> 91% allowed exemptions via parental request; 92% indicated that less than 1% of students were so exempted in each grade; 3% indicated that 1% to 5% were so exempted.
Does the school have a written policy on students or staff with HIV infection/AIDS? (22) Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS? (23)	<ul style="list-style-type: none"> 77% have a written policy on students/staff with HIV or AIDS; the most often mentioned issues were instruction for worksite safety (universal precautions), maintaining confidentiality, implementing the HIV policy, protecting HIV-infected students/staff from discrimination, and communicating the HIV policy to students, staff, and parents/guardians.
Lead health education teacher (LHET) survey questions (#):	Among senior high school LHETs in Iowa:
What is the lead health educator's primary position? (17)	<ul style="list-style-type: none"> 34% were health education and physical education teachers; 27% health education teachers; 24% home economics or family/consumer education teachers.
What is the major emphasis of the LHET's professional preparation? (21)	<ul style="list-style-type: none"> 32% reported home economics or family/consumer education as their major emphasis; 30% reported physical education as their major emphasis; 23% reported health education and physical education as their major emphasis.
How much experience in health education teaching does the LHET have? (22)	<ul style="list-style-type: none"> 33% have taught health education at least 10 years; 72% have taught health education more than 5 years; 4% said 1996 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, 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 document *Supplementary Documents for the 1996 Iowa School Health Education Profile* (Veale, 1996).)

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).

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 1996 were:

- Most frequently, units or lessons in health education were integrated into other subjects (home economics, biology or other science, physical education) or taught as separate health education courses.
- Only about one-quarter of Iowa schools used trained peer educators to teach about health. In 1994, about one-half of Iowa schools used trained peer educators in this area.
- Only 15% of junior/senior high schools reported no health education coordinator, compared with 40% in 1994. As in 1994, use of health education coordinators was more frequently reported in middle and senior high schools. The health education teacher and district general curriculum coordinator were most frequently mentioned as persons who coordinated health education.
- Most frequently mentioned topics that were taught to increase the student’s *knowledge* about healthy behaviors were alcohol and other drug use prevention and HIV prevention. These were also the most frequently mentioned topics taught to increase the student’s *attitudes* toward healthy behaviors.
- Most frequently mentioned topics taught to increase the student’s *skills* for practicing healthy behaviors included: decision making, resisting social pressure for unhealthy behaviors (refusal skills), communication, and goal setting. Among junior/senior and senior high school students, stress management was also frequently cited.
- Most schools in Iowa in 1996 were required to use school, district, or state curricula, guidelines, or framework to plan health education lessons. (See Figure 3.)

- It was estimated that 92% of middle schools, 95% of junior/senior high schools, and 99% of senior high schools in Iowa taught HIV infection/AIDS in 1996 as part of required courses.
- Basic facts, how HIV is and is not transmitted, how HIV affects the immune system, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, and the influence of alcohol and other drugs on HIV infection risk behaviors were topics most frequently mentioned as being taught.

[Note: Tables 5-7 are organized as follows: (1) the survey question is stated or paraphrased in the left column, followed by the survey question number in parentheses and (2) the responses to the questions are summarized in the right column. The rows in the top part of the table contain questions and responses for the principal's questionnaire, while the rows in the bottom part of the table contain questions and responses for the LHET's questionnaire.]

Organization of Health Education in Iowa Schools

1996 Iowa School Health Education Profile

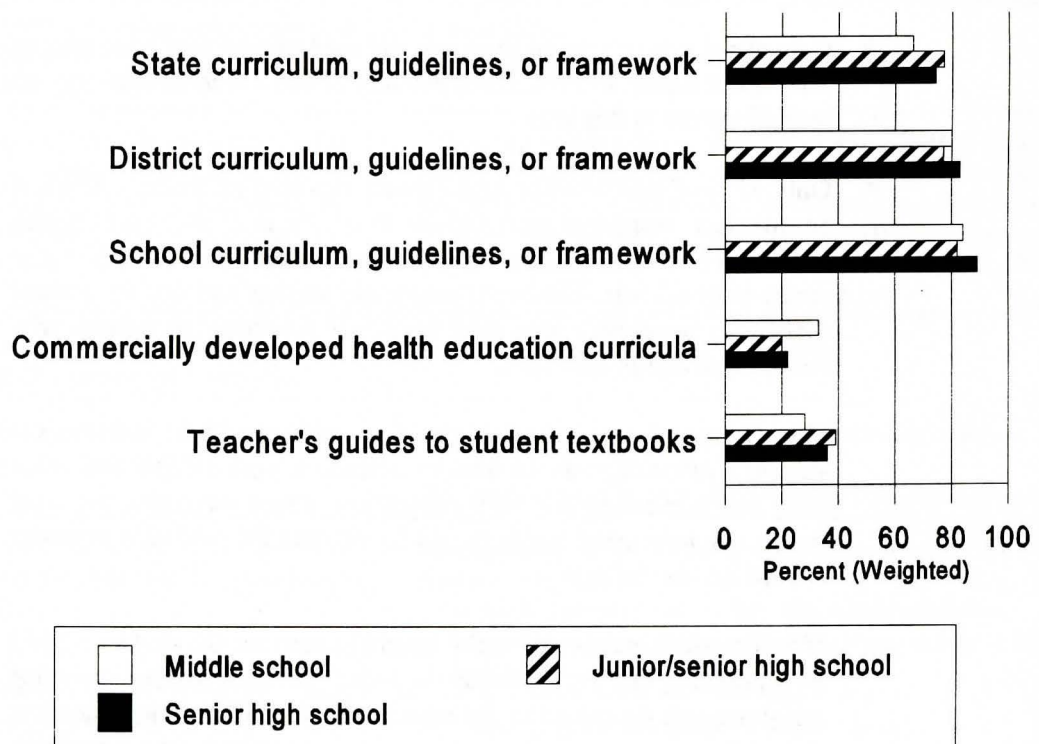


Figure 3: Lead health education teachers' responses to questions regarding organization of health education.

Table 5: Iowa middle school health education organization profile

Profile Characteristic	Iowa Middle School Results
Principal survey questions (#):	Among middle school principals in Iowa:
How is required health education taught? (3)	<ul style="list-style-type: none"> units or lessons in health education integrated into other subjects and separate health education courses were the most frequently selected ways.
Do you use trained peer educators? (13) How do you use trained peer educators to help teach about health? (14)	<ul style="list-style-type: none"> 28% indicated that they used peer educators to help teach about health; the setting most often used was discussion or support groups, followed closely by conflict resolution or mediation sessions and courses other than health education.
Who coordinates health education? (11)	<ul style="list-style-type: none"> the most frequent responses—each by about one-quarter of the principals—were health education teacher and district general curriculum coordinator; 11% said they had no coordinator.
In what subjects is required HIV/AIDS education taught and in what grades? (19) In what grades is it taught? (20)	<ul style="list-style-type: none"> HIV/AIDS education is taught mostly in health education (80%), followed by family life education or life skills (62%) and biology or other sciences (59%); it is primarily taught in 7th and 8th grades.
Lead health education teacher (LHET) survey questions (#):	Among middle school LHETs in Iowa:
What materials do you use to plan health education lessons? (2)	<ul style="list-style-type: none"> 84% use school curriculum, guidelines, or framework for health education; 80% use district curriculum, guidelines, or framework for health education.
On which topics have teachers tried to increase student's <i>knowledge</i> in required health education courses? (5)	<ul style="list-style-type: none"> alcohol and other drug use prevention, tobacco use prevention, HIV prevention, dietary behaviors and nutrition, disease prevention and control, growth and development, personal health, sexual harassment, physical activity and fitness, emotional and mental health, and STD prevention were the most frequently mentioned topics.
On which topics have teachers tried to improve student's <i>attitudes</i> in required health education courses? (6)	<ul style="list-style-type: none"> alcohol and other drug use prevention, tobacco use prevention, HIV prevention, dietary behaviors and nutrition, disease prevention and control, growth and development, physical activity and fitness, sexual harassment, personal health, emotional and mental health, and STD prevention were the most frequently mentioned topics.
Which of the following <i>skills</i> were taught in required health education courses? (7)	<ul style="list-style-type: none"> decision making, resisting social pressure for unhealthy behaviors (refusal skills), goal setting, and communication were the most frequently mentioned topics.
Is HIV infection/AIDS taught as part of required courses your school? (11) If so, what topics are taught? (12) What issues make teaching about HIV infection/AIDS difficult for you? (14)	<ul style="list-style-type: none"> 92% teach HIV infection/AIDS in their required health education classes; basic facts, how HIV is/is not transmitted, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, how HIV affects the immune system, reasons for choosing sexual abstinence, and influence of alcohol and other drugs on HIV infection risk behaviors were the most frequently selected topics taught; other demands on class time and large class size were the most frequently chosen issues that made such teaching difficult.

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

Profile Characteristic	Iowa Junior/Senior High School Results
Principal survey questions (#):	Among junior/senior high school principals in Iowa:
How is required health education taught? (3)	<ul style="list-style-type: none"> units or lessons in health education integrated into other subjects and separate health education courses were the most frequently selected ways.
Do you use trained peer educators? (13) How do you use trained peer educators to help teach about health? (14)	<ul style="list-style-type: none"> 24% indicated that they used peer educators to help teach about health; the setting most often used was courses other than health education, followed closely by discussion or support groups.
Who coordinates health education? (11)	<ul style="list-style-type: none"> the most frequent response was health education teacher (32%), followed by district general curriculum coordinator; 15% said they had no coordinator.
In what subjects is required HIV/AIDS education taught and in what grades? (19) In what grades is it taught? (20)	<ul style="list-style-type: none"> HIV/AIDS education is taught mostly in health education (98%), followed by biology or other sciences (91%) and family life education or life skills (89%) and home economics (77%); it is taught mostly in the 7th, 8th, 9th, and 10th grades.
Lead health education teacher (LHET) survey questions (#):	Among junior/senior high school LHETs in Iowa:
What materials do you use to plan health education lessons? (2)	<ul style="list-style-type: none"> 82% use school curriculum, guidelines, or framework for health education; 77% use (i) district and (ii) state curriculum, guidelines, or framework.
On which topics have teachers tried to increase student's <i>knowledge</i> in required health education courses? (5)	<ul style="list-style-type: none"> alcohol and other drug use prevention, dietary behaviors and nutrition, HIV prevention, human sexuality, STD prevention, emotional and mental health, personal health, physical activity and fitness, disease prevention and control, reproductive health, tobacco use prevention, consumer health, growth and development, and pregnancy prevention were the most often mentioned topics.
On which topics have teachers tried to improve student's <i>attitudes</i> in required health education courses? (6)	<ul style="list-style-type: none"> alcohol and other drug use prevention, HIV prevention, dietary behaviors and nutrition, human sexuality, STD prevention, tobacco use prevention, disease prevention and control, emotional and mental health, personal health, physical activity and fitness, pregnancy prevention, and reproductive health were the most often mentioned topics.
Which of the following <i>skills</i> were taught in required health education courses? (7)	<ul style="list-style-type: none"> decision making, resisting social pressure for unhealthy behaviors (refusal skills), stress management, communication, and goal setting were the most often mentioned topics.
Is HIV infection/AIDS taught as part of required courses your school? (11) If so, what topics are taught? (12) What issues make teaching about HIV infection/AIDS difficult for you? (14)	<ul style="list-style-type: none"> 95% teach HIV infection/AIDS in their required health education classes; basic facts, how HIV is/is not transmitted, how HIV affects the immune system, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, condom efficiency/how well condoms work, and the influence of alcohol and other drugs on HIV infection risk behaviors were the most frequently selected topics taught; other demands on class time and insufficient teaching materials were the most frequently chosen issues that made such teaching difficult.

Table 7: Iowa senior high school health education organization profile

Profile Characteristic	Iowa Senior High School Results
Principal survey questions (#):	Among senior high school principals in Iowa:
How is required health education taught? (3)	<ul style="list-style-type: none"> ▶ separate health education courses and units or lessons in health education integrated into other subjects were the most frequently selected ways.
Do you use trained peer educators? (13) How do you use trained peer educators to help teach about health? (14)	<ul style="list-style-type: none"> ▶ 28% indicated that they used peer educators to help teach about health; ▶ the setting most often used was discussion or support groups, followed closely by conflict resolution or mediation sessions, health education, and other courses.
Who coordinates health education? (11)	<ul style="list-style-type: none"> ▶ the most frequent responses was the health education teacher, followed by district general curriculum coordinator.
In what subjects is required HIV/AIDS education taught and in what grades? (19) In what grades is it taught? (20)	<ul style="list-style-type: none"> ▶ HIV/AIDS education is taught mostly in health education (99%), followed by home economics (76%), family life education or life skills (71%), and biology or other sciences (69%); ▶ it is primarily taught in 9th and 10th grades.
Lead health education teacher (LHET) survey questions (#):	Among senior high school LHETs in Iowa:
What materials do you use to plan health education lessons? (2)	<ul style="list-style-type: none"> ▶ 89% use school curriculum, guidelines, or framework for health education; ▶ 83% use state curriculum, guidelines, or framework for health education; ▶ 74% use district curriculum, guidelines, or framework.
On which topics have teachers tried to increase student's <i>knowledge</i> in required health education courses? (5)	<ul style="list-style-type: none"> ▶ alcohol and other drug use prevention, HIV prevention, tobacco use prevention, dietary behaviors and nutrition, emotional/mental health, human sexuality, personal health, STD prevention, disease prevention and control, physical activity and fitness, and growth and development were the most often mentioned topics.
On which topics have teachers tried to improve student's <i>attitudes</i> in required health education courses? (6)	<ul style="list-style-type: none"> ▶ alcohol and other drug use prevention, HIV prevention, personal health, physical activity/fitness, emotional/mental health, human sexuality, tobacco use prevention, dietary behaviors and nutrition, STD prevention, disease prevention and control, and pregnancy prevention were the most often mentioned topics.
Which of the following <i>skills</i> were taught in required health education courses? (7)	<ul style="list-style-type: none"> ▶ decision making, resisting social pressure for unhealthy behaviors (refusal skills), stress management, goal setting, and communication were the most often mentioned topics.
Is HIV infection/AIDS taught as part of required courses your school? (11) If so, what topics are taught? (12) What issues make teaching about HIV infection/AIDS difficult for you? (14)	<ul style="list-style-type: none"> ▶ 99% teach HIV infection/AIDS in their required health education classes; ▶ basic facts, how HIV is/is not transmitted, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, how HIV affects the immune system, influence of alcohol and other drugs on HIV infection risk behaviors, and reasons for choosing sexual abstinence were the most frequently selected topics taught; ▶ other demands on class time and large class size were the most frequently chosen issues that made such teaching difficult.

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.

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.

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 (1995c)). (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 *Supplementary Documents for the 1996 Iowa School Health Education Profile* (Veale, 1996).)

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 1996 were:

- Most frequently selected types of inservice training included sexual harassment, HIV prevention, and cardiopulmonary resuscitation (CPR). Suicide prevention was the most frequently selected topic on which lead health education teachers would like to receive inservice training.
- Lead health education teachers reported that including parents in homework assignments was the most frequently used strategy for involving parents in required health education. (See Figure 4.) Most principals reported positive feedback from parents. (See Figure 5.)
- The most frequently cited methods for providing HIV/AIDS education for parents were sending educational materials to parents, letters/newsletters, and inviting parents to attend class on HIV infection/AIDS.
- Alcohol and other drug use prevention was the most frequently cited topic that received expanded coverage in required health education due to parental feedback. Pregnancy prevention, reproductive health, and human sexuality were topics that received somewhat limited coverage due to parental feedback. However, these percentages were lower than those leading to expanded coverage of topics.
- Over 60% of principals indicated that their school had no health advisory council or similar committee that met on a regular basis to address policies or programs related to school health.

[Note: Tables 8-10 are organized as follows: (1) the survey question is stated or paraphrased in the left column, followed by the survey question number in parentheses and (2) the responses to the questions are summarized in the right column. The rows in the top part of the table contain questions and responses for the principal's questionnaire, while the rows in the bottom part of the table contain questions and responses for the LHET's questionnaire.]

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

Profile Characteristic	Iowa Middle School Results
Principal survey questions:	Among middle school principals in Iowa:
How does your school support inservice training/staff development in health education for teachers? (12)	<ul style="list-style-type: none"> the most often cited support measures were substitute teachers provided during training, reimbursement provided for training expenses, and inservice training offered at school or in district.
Does the school have a health education advisory council or similar committee? (15) If so, who belongs to it? (16)	<ul style="list-style-type: none"> 66% have no active health education advisory council or similar committee; teachers, district or school administrators, counselors, school nurses, and parents were represented most often therein.
How would you describe parental feedback about health education? (17)	<ul style="list-style-type: none"> 58% reported receiving parental feedback about health education; of these, most (87%) indicated that feedback was mainly positive.
How does your school provide HIV/AIDS education for parents? (21)	<ul style="list-style-type: none"> the most frequently cited were inviting parents to attend class on HIV infection/AIDS, educational materials sent to parents, and letters/newsletters (each under 25%).
Lead health education teacher (LHET) survey questions:	Among middle school LHETs in Iowa:
How are parents involved in required health education classes? (4)	<ul style="list-style-type: none"> the most often cited method used was homework assignments that include parents (66%); 61% indicated that parents participated in health education curriculum development/review; 53% indicated they sent letters or newsletters to parents and included parents on school advisory council.
On which topics has parental feedback caused you to expand or limit the content in your required health education courses? (8 and 9)	<ul style="list-style-type: none"> alcohol and other drug use prevention was the most frequently selected topic to be expanded due to parental feedback (25%); human sexuality and pregnancy prevention were most frequently cited (12% each) topics to be limited due to parental feedback.
With what groups have health education teachers planned or coordinated projects or activities? (10)	<ul style="list-style-type: none"> physical education teachers and other subject area teachers (55%) were the most popular groups for joint projects or activities with health education teachers, followed by school health services, school counseling/psychological services, and local law enforcement.
On which topics have you received four or more hours of inservice training during the past two years? (15)	<ul style="list-style-type: none"> sexual harassment was the most frequently cited (51%) among inservice training topics, followed by cardiopulmonary resuscitation (CPR) and HIV prevention (both 45%).
On which health education topics would you like to receive inservice training? (16)	<ul style="list-style-type: none"> suicide prevention was the most frequently selected choice (59%), followed by HIV prevention, human sexuality, conflict resolution/violence prevention, sexual harassment, and STD prevention.

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

Profile Characteristic	Iowa Junior/Senior High School Results
Principal survey questions:	Among junior/senior high school principals in Iowa:
How does your school support inservice training/staff development in health education for teachers? (12)	<ul style="list-style-type: none"> ▶ the most often cited support measures were substitute teachers provided during training, reimbursement provided for training expenses, and inservice training offered at school or in district.
Does the school have a health education advisory council or similar committee? (15) If so, who belongs to it? (16)	<ul style="list-style-type: none"> ▶ 75% have no active health education advisory council or similar committee; ▶ teachers, district or school administrators, parents, counselors, and students were represented most often therein.
How would you describe parental feedback about health education? (17)	<ul style="list-style-type: none"> ▶ 49% reported receiving parental feedback about health education; ▶ of these, most (88%) indicated that feedback was mainly positive.
How does your school provide HIV/AIDS education for parents? (21)	<ul style="list-style-type: none"> ▶ the most frequently cited were letters/newsletters, inviting parents to attend class on HIV infection/AIDS, and educational materials sent to parents (each under 25%).
Lead health education teacher (LHET) survey questions:	Among junior/senior high school LHETs in Iowa:
How are parents involved in required health education classes? (4)	<ul style="list-style-type: none"> ▶ the most often cited method used was homework assignments that include parents (61%); ▶ 46% sent educational materials to parents and 45% indicated that parents participated in health education curriculum development/review.
On which topics has parental feedback caused you to expand or limit the content in your required health education courses? (8 and 9)	<ul style="list-style-type: none"> ▶ alcohol and other drug use prevention (31%), followed by STD prevention, HIV prevention, pregnancy prevention, sexual harassment, and tobacco use prevention were the most frequently selected topics to be expanded due to parental feedback; ▶ pregnancy prevention and reproductive health (9% each) were the most frequently chosen topics to be limited due to parental feedback.
With what groups have health education teachers planned or coordinated projects or activities? (10)	<ul style="list-style-type: none"> ▶ physical education teachers (57%), followed by school health services, local law enforcement, and other subject area teachers were the most popular groups for joint projects or activities with health education teachers.
On which topics have you received four or more hours of inservice training during the past two years? (15)	<ul style="list-style-type: none"> ▶ sexual harassment was the most frequently cited (58%) among inservice training topics, followed by cardiopulmonary resuscitation (CPR) (51%) and HIV prevention (49%).
On which health education topics would you like to receive inservice training? (16)	<ul style="list-style-type: none"> ▶ suicide prevention was the most frequently selected choice (74%), followed by conflict resolution/violence prevention, emotional and mental health, tobacco use prevention, and death/dying.

Table 10: Iowa senior high school health education support profile

Profile Characteristic	Iowa Senior High School Results
Principal survey questions:	Among senior high school principals in Iowa:
How does your school support inservice training/staff development in health education for teachers? (12)	<ul style="list-style-type: none"> ▶ the most often cited support measures were substitute teachers provided during training, reimbursement provided for training expenses, and inservice training offered at school or in district.
Does the school have a health education advisory council or similar committee? (15) If so, who belongs to it? (16)	<ul style="list-style-type: none"> ▶ 62% have no active health education advisory council/committee; ▶ district or school administrators, teachers, school nurses, parents, and counselors were represented most often therein.
How would you describe parental feedback about health education? (17)	<ul style="list-style-type: none"> ▶ 52% reported receiving parental feedback about health education; ▶ of these, most (80%) indicated that feedback was mainly positive.
How does your school provide HIV/AIDS education for parents? (21)	<ul style="list-style-type: none"> ▶ the most frequently cited were letters/newsletters, inviting parents to attend class on HIV infection/AIDS, and educational materials sent to parents (each under 20%).
Lead health education teacher (LHET) survey questions:	Among senior high school LHETs in Iowa:
How are parents involved in required health education classes? (4)	<ul style="list-style-type: none"> ▶ the most often cited method used was homework assignments that include parents (72%); ▶ over half said that parents participated in health education curriculum development/review and were included on the school health advisory council.
On which topics has parental feedback caused you to expand or limit the content in your required health education courses? (8 and 9)	<ul style="list-style-type: none"> ▶ alcohol and other drug use prevention (20%) and pregnancy prevention (19%) were the two most frequently selected topics to be expanded due to parental feedback; ▶ human sexuality and pregnancy prevention (10% each) were the most frequently chosen topics to be limited due to parental feedback.
With what groups have health education teachers planned or coordinated projects or activities? (10)	<ul style="list-style-type: none"> ▶ physical education teachers (63%), followed by other subject area teachers, school health services, school counseling/psychological services, and local law enforcement were the most popular groups for joint projects or activities with health education teachers.
On which topics have you received four or more hours of inservice training during the past two years? (15)	<ul style="list-style-type: none"> ▶ HIV prevention was the most frequently cited (54%) among inservice training topics, followed by cardiopulmonary resuscitation (CPR), sexual harassment, and STD prevention.
On which health education topics would you like to receive inservice training? (16)	<ul style="list-style-type: none"> ▶ suicide prevention (64%) was the most frequently selected choice, followed by conflict resolution/violence prevention, emotional and mental health, HIV prevention, sexual harassment, and death/dying.

Parental Involvement and Feedback

A critical type of support for school health education is parental involvement and feedback. Use of strategies reported by lead health education teachers to involve parents in required health education (Question 4 on the LHET survey) is graphically depicted in Figure 4. Including parents in homework assignments was the most frequently cited by LHETs in all three school grade levels.

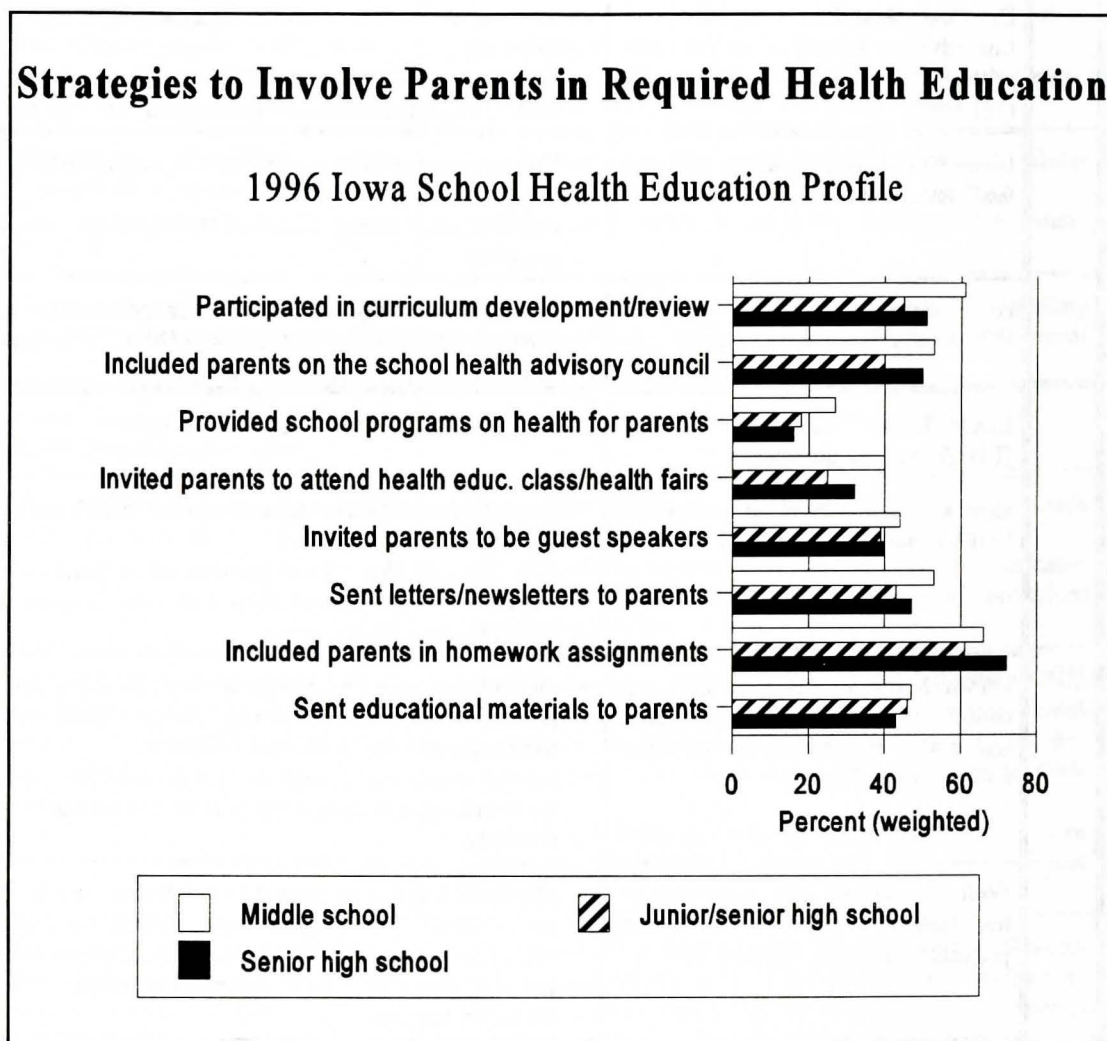


Figure 4: Lead health education teachers' responses to questions regarding parental support of required health education.

As indicated in Tables 8-10, parental feedback can lead to either expansion or limitation of coverage of health education topics. The percentage of school principals who reported receiving parental feedback regarding health education was 58% in middle schools, 49% in junior/senior high schools, and 52% in senior high schools. This feedback was predominantly positive, as indicated in Figure 5.

Type of Parental Feedback Regarding Health Education

1996 Iowa School Health Education Profile

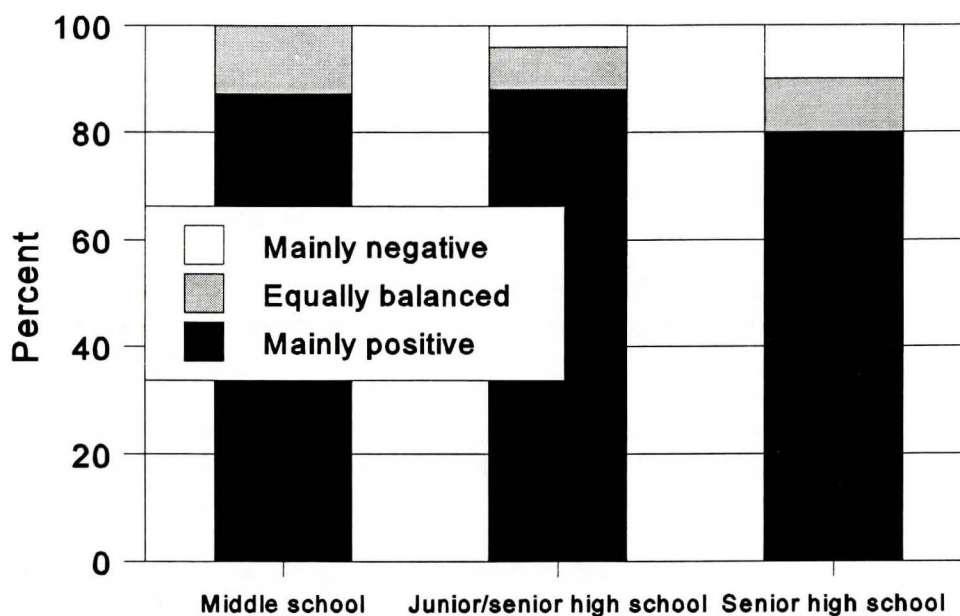


Figure 5: Type of parental feedback regarding health education in school: mainly positive, equally balanced (some positive, some negative), and mainly negative.

[Note: The percentages represented in Figure 5 were not weighted. This was because they were computed based only on those *not* selecting choice "a"—"No feedback received." Westat computed the weighted percentages for each choice (a-d), but not the percentages conditional on the selection of a choice indicating some type of feedback. Typically, the use of the weighted procedures results in percentages that are only slightly different from the unweighted ones.]



The following text is extremely faint and illegible, appearing as a series of light gray marks and shapes across the lower half of the page. It seems to be a list or a series of paragraphs, but the content cannot be read.

IV. Conclusions, Discussion, and Recommendations

Conclusions

The 1996 School Health Education Profile survey data support the following conclusions regarding health education in Iowa schools:

- Most schools taught separate courses in health education. In addition, required health education is taught by integrating units or lessons into other subjects.
- 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 are required to take one year or less of health education.
- Most frequently mentioned HIV/AIDS issues addressed in written policies included worksite safety (universal precautions), protecting students and staff who are infected with HIV from discrimination, and maintaining confidentiality.
- Over 60% of principals indicated that their school had no health advisory council or similar committee that met regularly to address school health policies or programs.
- Only about one-quarter of Iowa schools used trained peer educators to teach about health.
- Most schools reported that they had a health education coordinator. The health education teacher and district general curriculum coordinator were most frequently mentioned as persons who coordinated health education.
- Most schools used school, district, or state curricula, guidelines, or framework to plan health education lessons.
- Most frequently mentioned topics that were taught to increase the student's *knowledge* about healthy behaviors included alcohol and other drug use prevention and HIV prevention. These were also the most frequently mentioned topics taught to increase student *attitudes* toward healthy behaviors.

- Most frequently mentioned topics taught to increase the student's *skills* for practicing healthy behaviors included: decision making, resisting social pressure for unhealthy behaviors (refusal skills), communication, and goal setting. Among junior/senior and senior high school students, stress management was also frequently cited.
- It was estimated that 92% of middle schools, 95% of junior/senior high schools, and 99% of senior high schools in Iowa in 1996 taught HIV infection/AIDS as part of required courses.
- Basic facts, how HIV is and is not transmitted, how HIV affects the immune system, knowledge about (a) needle sharing and (b) sexual behavior and HIV transmission, reasons for choosing sexual abstinence, and the influence of alcohol and other drugs on HIV infection risk behaviors were topics most frequently mentioned as being taught.
- Most frequently selected types of inservice training included sexual harassment, HIV prevention, and cardiopulmonary resuscitation (CPR). Suicide prevention was the most frequently selected topic on which lead health education teachers would like to receive inservice training.
- Lead health education teachers reported that including parents in homework assignments was the most frequently used strategy for involving parents in required health education. Most principals reported positive feedback from parents.
- Alcohol and other drug use prevention was the most frequently cited topic that received expanded coverage in required health education due to parental feedback. Pregnancy prevention, reproductive health, and human sexuality were topics that received somewhat limited coverage due to parental feedback. However, these percentages were lower than those leading to expanded coverage of topics.

Discussion

The survey data indicate that health education is being taught in an integrated curriculum in Iowa schools. Health is taught as a separate subject, as well as integrated or in conjunction with other subjects. Most lead health education teachers had home economics or family/consumer education, physical education, or health education *and* physical education as the major emphasis in their professional preparation. A majority of lead health education teachers have taught health education for at least five years.

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 6.) Slightly over one-fourth of them indicated that they had four or more sexual partners (in their life) by 12th grade. These percentages were close to those reported for the nation as a whole in a recent study (Centers for Disease Control and Prevention, September 27, 1996). In the 1991 Iowa study, 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). This percentage has been more recently reported to be about

Percent Involved in Sexual Intercourse: By Grade Level

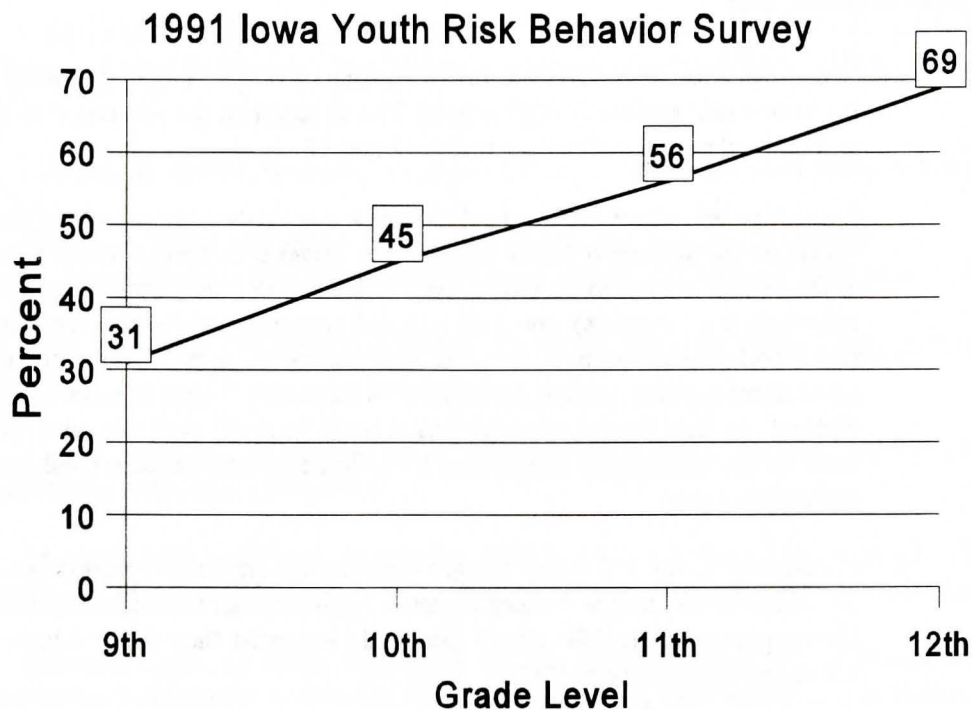


Figure 6: Percent indicating that they had engaged in sexual intercourse, by grade level (Iowa Department of Education, 1991).

50% nationwide. However, reported condom use was lower in Grade 12 than in Grade 9. For females, this difference was statistically significant (Centers for Disease Control and Prevention, September 27, 1996).

Engaging in sexual intercourse, especially if protection is not used, puts students at risk of being infected with HIV. *Yet, during their junior and senior years in high school—when reported incidence of sexual intercourse was highest and reported condom use was lowest—only slightly over 50% of 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.

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 from 1990 to 1994. In the state of Iowa, the percent of all deaths of 15 to 19 year-olds in 1995 due to homicide was 3.4%; among all deaths of 10 to 14 year-olds in 1995, 4.8% were due to homicide (Mike Dare, Statistical Services, Iowa Department of Public Health, personal communication, December 20, 1996). 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. In light of these challenges, violence prevention activities were used to improve knowledge, attitudes, and/or skills to increase healthy behaviors among 75-90%

of schools in Iowa in 1996. This represented a sizable and significant increase from 1994 (Veale, 1995a).

Recommendations

1. *Encourage 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.* Fifteen percent of junior/senior high school principals and eleven percent of middle school principals indicated they did *not* have a health education coordinator in 1996.
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

Centers for Disease Control and Prevention (September 27, 1996). Youth risk behavior surveillance — United States, 1995. In: *CDC surveillance summaries*, MMWR 1996; 45(No. SS-4): 1-84.

Cochran, W. (1963). *Sampling techniques* (2nd Ed.). New York: John Wiley & Sons, Inc.

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 (1994). *1994 Montana School Health Profile*. Prepared for the Montana Office of Public Instruction by Dodge Data Systems, Inc. Helena, MT.

Montana Office of Public Instruction (1996). *1996 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. (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. (1995a). *1994 Iowa School Health Education Profile*. Prepared for the Iowa Department of Education. Des Moines, IA.

Veale, J. (1995b). *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.

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

Veale, J. (1996). *Supplementary documents for the 1996 Iowa School Health Education Profile*. Prepared for the Iowa Department of Education. Des Moines, IA.

Acknowledgements

The author would like to thank Molly Wheeler of the Iowa Department of Education (HIV/AIDS Education Project) for input and direction on this project, Haila Huffman of the Iowa Department of Education for clerical support, and Gary McCoy for providing updated lists of school data. I would also like to thank Westat, Inc. for supplying materials, including PCSchool, a computer program for generating the sample of schools, the statistical summaries of the data from the two questionnaires, and, in particular, Westat representatives Candy Hitchcock and Mary Nixon for administrative and technical support.

APPENDIX A

**The School Principal and Lead Health Education Teacher
Questionnaires for the 1996 School Health Education Profile**

THE
JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
OF GREAT BRITAIN AND IRELAND
VOLUME 100 PART 1 2000

1996 SCHOOL HEALTH EDUCATION PROFILE

QUESTIONNAIRE FOR SCHOOL PRINCIPAL

Instructions

1. This questionnaire should be completed by the principal (or the person acting in that capacity) and concerns only activities that occurred **in the school listed below**.
2. Your answers will be kept confidential and will be used to assess school needs in health education. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely.
3. Please use a #2 pencil to fill in the answer ovals completely. Do not fold, bend, or staple this questionnaire or mark outside the answer ovals.
4. Follow the instructions for each question.
5. Write any additional comments you wish to make on the back of this questionnaire and return the questionnaire in the postage-paid envelope provided.

Person completing this questionnaire

Name: _____

Title: _____

School name: _____

District: _____

Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

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

Definitions

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

HIV infection/AIDS education refers to instruction about AIDS and preventing HIV infection.

Trained peer educators have completed instruction in peer education and are the same age as or slightly older than other students.

Required health education refers to instruction about health education topics that students must complete for graduation or promotion from this school.

1. Are any of the following grades taught in this school?
(MARK YES OR NO FOR EACH GRADE.)

	YES	NO
a. 6	①	②
b. 7	①	②
c. 8	①	②
d. 9	①	②
e. 10	①	②
f. 11	①	②
g. 12	①	②

If you answered "NO" to all grades in Question 1, you are finished. Please return this questionnaire.

2. Is health education **required** for students in **any** of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

- (a) Yes
 (b) No **YOU ARE FINISHED. PLEASE RETURN THIS QUESTIONNAIRE.**

3. Is **required** health education taught in any of the following ways to students in grades 6 through 12 in this school? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Separate health education courses	①	②
b. Courses divided between health education and one other subject (such as health education and physical education)	①	②
c. Units or lessons in health education integrated into other subjects (such as home economics, biology or other science, or physical education)	①	②
d. Nonclassroom programs or activities ...	①	②

4. All together, approximately how much **required** health education do students receive in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

- (a) Less than 1/2 year
 (b) 1/2 year
 (c) 1 year
 (d) 1 1/2 years
 (e) 2 years
 (f) More than 2 years

5. How many **separate** health education courses (not just health education units or lessons integrated into other subjects) are students **required** to take in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

- (a) No separate health education courses required in grades 6 through 12 **SKIP TO QUESTION 11.**
 (b) 1 course
 (c) 2 courses
 (d) 3 courses
 (e) 4 courses
 (f) More than 4 courses

6. Are **required** health education courses usually taught in any of the following grades in this school?
(MARK YES OR NO FOR EACH GRADE OR NA FOR GRADES NOT IN YOUR SCHOOL.)

	YES	NO	NA
a. 6	①	②	③
b. 7	①	②	③
c. 8	①	②	③
d. 9	①	②	③
e. 10	①	②	③
f. 11	①	②	③
g. 12	①	②	③

7. Is a health education course **required for graduation or promotion** from this school? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No

8. If students fail a **required** health education course in this school, are they required to take the course again? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No

9. Can students in this school be exempted or excused by **parental request** from all or parts of a **required** health education course? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No **SKIP TO QUESTION 11.**

10. During this school year, approximately what percent of students in grades 6 through 12 were exempted or excused from any part of a **required** health education course by parental request? (MARK ONE RESPONSE.)

- (a) Less than 1%
- (b) 1% to 5%
- (c) 6% or more
- (d) Don't know

11. Who coordinates health education in this school? (MARK ONE RESPONSE.)

- (a) No coordinator
- (b) District health education coordinator
- (c) District general curriculum coordinator
- (d) Superintendent or other district administrator
- (e) Health education teacher
- (f) Department chairperson
- (g) School-based general curriculum coordinator
- (h) Principal or other school administrator
- (i) Outside consultant
- (j) School nurse

12. Does this school or district support health education-related inservice training or staff development in any of the following ways for health education teachers? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Provides stipend for attending training.....	(1)	(2)
b. Provides reimbursement for training expenses.....	(1)	(2)
c. Provides substitute teachers during training.....	(1)	(2)
d. Offers inservice training at school or in district	(1)	(2)

13. Does this school use trained peer educators in grades 6 through 12? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No **SKIP TO QUESTION 15.**
- (c) Don't know **SKIP TO QUESTION 15.**

14. Does this school use trained peer educators to help teach about health in grades 6 through 12 in any of the following settings? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Health education courses	(1)	(2)
b. Courses other than health education ...	(1)	(2)
c. Assembly programs	(1)	(2)
d. Health fairs	(1)	(2)
e. Discussion or support groups	(1)	(2)
f. Conflict resolution or mediation sessions	(1)	(2)

15. Does this school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to school health? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No **SKIP TO QUESTION 17.**
- (c) Don't know **SKIP TO QUESTION 17.**

16. Are any of the following groups of people represented on the school health advisory council? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Students	(1)	(2)
b. Parents	(1)	(2)
c. Teachers	(1)	(2)
d. District or school administrators	(1)	(2)
e. Food service staff	(1)	(2)
f. School nurses	(1)	(2)
g. Counselors	(1)	(2)
h. School board members	(1)	(2)
i. Public health department staff	(1)	(2)
j. Business community	(1)	(2)
k. Medical community (e.g., doctors, nurses)	(1)	(2)
l. Mental health community	(1)	(2)
m. Churches or other religious organizations	(1)	(2)
n. Community-based organizations	(1)	(2)
o. Law enforcement organizations	(1)	(2)
p. Other	(1)	(2)

17. During this school year, how would you describe parental feedback about health education in this school?
(MARK ONE RESPONSE.)

- (a) No feedback received
- (b) Mainly positive feedback
- (c) Mainly negative feedback
- (d) Equally balanced between positive and negative feedback

18. Is HIV infection/AIDS education **required** for students in any of grades 6 through 12 in this school?
(MARK ONE RESPONSE.)

- (a) Yes
- (b) No **SKIP TO QUESTION 21.**

19. Are **required** HIV infection/AIDS education units or lessons taught in any of the following courses in this school? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Health education.....	(1)	(2)
b. Biology or other science	(1)	(2)
c. Mathematics	(1)	(2)
d. Home economics	(1)	(2)
e. Physical education	(1)	(2)
f. Social studies or social sciences	(1)	(2)
g. English or communication arts	(1)	(2)
h. Family life education or life skills.....	(1)	(2)
i. Special education	(1)	(2)

20. Is **required** HIV infection/AIDS education usually taught in any of the following grades in this school?
(MARK YES OR NO FOR EACH GRADE OR NA FOR GRADES NOT IN YOUR SCHOOL.)

	YES	NO	NA
a. 6.....	(1)	(2)	(3)
b. 7.....	(1)	(2)	(3)
c. 8.....	(1)	(2)	(3)
d. 9.....	(1)	(2)	(3)
e. 10.....	(1)	(2)	(3)
f. 11.....	(1)	(2)	(3)
g. 12.....	(1)	(2)	(3)

21. During this school year, has this school provided HIV infection/AIDS education for **parents** in any of the following ways? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Sent educational materials to parents .	(1)	(2)
b. Sent letters or newsletters on HIV infection/AIDS to parents	(1)	(2)
c. Provided school programs on HIV infection/AIDS for parents.....	(1)	(2)
d. Invited parents to attend class on HIV infection/AIDS	(1)	(2)

22. Does this school or district have a written policy on students and/or staff with HIV infection/AIDS?
(MARK ONE RESPONSE.)

- (a) Yes
- (b) No **YOU ARE FINISHED. PLEASE RETURN THIS QUESTIONNAIRE.**

23. Are any of the following issues addressed in the written school or district policy on students and/or staff with HIV infection/AIDS? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Support for HIV infection/AIDS prevention education for students ...	(1)	(2)
b. Support for HIV infection/AIDS prevention education for staff	(1)	(2)
c. Procedures for evaluating the health status of HIV-infected students and school staff.....	(1)	(2)
d. Procedures for maintaining confidentiality	(1)	(2)
e. Procedures to protect HIV-infected students and school staff from discrimination	(1)	(2)
f. A statement about the inappropriateness of routine testing of students and school staff for HIV infection	(1)	(2)
g. Procedures for communicating the policy to students, school staff, and parents/guardians	(1)	(2)
h. Procedures for implementing the policy	(1)	(2)
i. Procedures on worksite safety (i.e., universal precautions) for all school staff.....	(1)	(2)

**Thank you for your responses.
Please return this questionnaire.**

COMMENTS

1996 SCHOOL HEALTH EDUCATION PROFILE

QUESTIONNAIRE FOR LEAD HEALTH EDUCATION TEACHER

Instructions

1. This questionnaire should be completed by the lead health education teacher (or the person acting in that capacity) and concerns only activities that occurred **in the school listed below**. You may consult with other knowledgeable people if you are not sure of an answer.
2. Your answers will be kept confidential and will be used to assess school needs in health education. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely.
3. Please use a #2 pencil to fill in the answer ovals completely. Do not fold, bend, or staple this questionnaire or mark outside the answer ovals.
4. Follow the instructions for each question.
5. Write any additional comments you wish to make on the back of this questionnaire and return the questionnaire in the postage-paid envelope provided.

Person completing this questionnaire

Name: _____

Title: _____

School name: _____

District: _____

Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

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

Definitions

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

HIV infection/AIDS education refers to instruction about AIDS and preventing HIV infection.

Required health education refers to instruction about health education topics that students must complete for graduation or promotion from this school.

1. Is a health education course **required** for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

(a) Yes

(b) No **YOU ARE FINISHED. PLEASE RETURN THIS QUESTIONNAIRE.**

2. Are teachers in this school **required** to use any of the following materials in **required** health education courses for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. State curriculum, guidelines, or framework for health education	(1)	(2)
b. District curriculum, guidelines, or framework	(1)	(2)
c. School curriculum, guidelines, or framework	(1)	(2)
d. Commercially developed health education curricula	(1)	(2)
e. Teacher's guides to student textbooks	(1)	(2)

3. In addition to the **required materials** listed above, do teachers in this school use any of the following materials in **required** health education courses for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. State curriculum, guidelines, or framework for health education	(1)	(2)
b. District curriculum, guidelines, or framework	(1)	(2)
c. School curriculum, guidelines, or framework	(1)	(2)
d. Commercially developed health education curricula	(1)	(2)
e. Teacher's guides to student textbooks	(1)	(2)
f. Newspapers and magazines	(1)	(2)
g. Teacher-developed lesson plans	(1)	(2)
h. Audiovisual materials	(1)	(2)

4. During this school year, have teachers in this school used any of the following strategies to involve parents in **required** health education courses for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Sent educational materials to parents	(1)	(2)
b. Included parents in homework assignments	(1)	(2)
c. Sent letters or newsletters on health-related topics to parents	(1)	(2)
d. Invited parents to be guest speakers on health-related topics	(1)	(2)
e. Invited parents to attend health education class or health fairs	(1)	(2)
f. Provided school programs on health-related topics for parents	(1)	(2)
g. Included parents on the school health advisory council	(1)	(2)
h. Participated in health education curriculum development or review	(1)	(2)

PLEASE CONTINUE ON NEXT PAGE



5. During this school year, have teachers in this school tried to increase student **knowledge** on the following topics in **required** health education course(s) in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	①	②
b. Chronic diseases such as diabetes and asthma	①	②
c. Community health.....	①	②
d. Conflict resolution/violence prevention	①	②
e. Consumer health	①	②
f. Cardiopulmonary resuscitation (CPR)	①	②
g. Death and dying	①	②
h. Dental and oral health	①	②
i. Dietary behaviors and nutrition	①	②
j. Disease prevention and control.....	①	②
k. Emotional and mental health	①	②
l. Environmental health	①	②
m. First aid.....	①	②
n. Growth and development.....	①	②
o. HIV prevention	①	②
p. Human sexuality	①	②
q. Injury prevention and safety	①	②
r. Personal health.....	①	②
s. Physical activity and fitness	①	②
t. Pregnancy prevention.....	①	②
u. Reproductive health	①	②
v. Sexual harassment	①	②
w. Sexually transmitted disease (STD) prevention.....	①	②
x. Suicide prevention	①	②
y. Tobacco use prevention	①	②

6. During this school year, have teachers in this school tried to improve student **attitudes** on the following topics in **required** health education course(s) in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	①	②
b. Chronic diseases such as diabetes and asthma	①	②
c. Community health.....	①	②
d. Conflict resolution/violence prevention	①	②
e. Consumer health	①	②
f. Cardiopulmonary resuscitation (CPR)	①	②
g. Death and dying	①	②
h. Dental and oral health	①	②
i. Dietary behaviors and nutrition	①	②
j. Disease prevention and control.....	①	②
k. Emotional and mental health	①	②
l. Environmental health	①	②
m. First aid.....	①	②
n. Growth and development.....	①	②
o. HIV prevention	①	②
p. Human sexuality	①	②
q. Injury prevention and safety	①	②
r. Personal health.....	①	②
s. Physical activity and fitness	①	②
t. Pregnancy prevention.....	①	②
u. Reproductive health	①	②
v. Sexual harassment	①	②
w. Sexually transmitted disease (STD) prevention.....	①	②
x. Suicide prevention	①	②
y. Tobacco use prevention	①	②

7. During this school year, have teachers in this school taught any of the following **skills** in **required** health education course(s) for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Communication.....	①	②
b. Decision making	①	②
c. Goal setting.....	①	②
d. Non-violent conflict resolution.....	①	②
e. Resisting social pressure for unhealthy behaviors (i.e., refusal skills).....	①	②
f. Stress management.....	①	②
g. Analysis of media messages	①	②

8. During this school year, has parental feedback caused teachers in this school to **expand** coverage on any of the following topics in **required** health education course(s) for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	①	②
b. Chronic diseases such as diabetes and asthma	①	②
c. Community health	①	②
d. Conflict resolution/violence prevention	①	②
e. Consumer health	①	②
f. Cardiopulmonary resuscitation (CPR)	①	②
g. Death and dying	①	②
h. Dental and oral health	①	②
i. Dietary behaviors and nutrition	①	②
j. Disease prevention and control	①	②
k. Emotional and mental health	①	②
l. Environmental health	①	②
m. First aid	①	②
n. Growth and development	①	②
o. HIV prevention	①	②
p. Human sexuality	①	②
q. Injury prevention and safety	①	②
r. Personal health	①	②
s. Physical activity and fitness	①	②
t. Pregnancy prevention	①	②
u. Reproductive health	①	②
v. Sexual harassment	①	②
w. Sexually transmitted disease (STD) prevention	①	②
x. Suicide prevention	①	②
y. Tobacco use prevention	①	②

9. During this school year, has parental feedback caused teachers in this school to **limit** coverage on any of the following topics in **required** health education course(s) for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	①	②
b. Chronic diseases such as diabetes and asthma	①	②
c. Community health	①	②
d. Conflict resolution/violence prevention	①	②
e. Consumer health	①	②
f. Cardiopulmonary resuscitation (CPR)	①	②
g. Death and dying	①	②
h. Dental and oral health	①	②
i. Dietary behaviors and nutrition	①	②
j. Disease prevention and control	①	②
k. Emotional and mental health	①	②
l. Environmental health	①	②
m. First aid	①	②
n. Growth and development	①	②
o. HIV prevention	①	②
p. Human sexuality	①	②
q. Injury prevention and safety	①	②
r. Personal health	①	②
s. Physical activity and fitness	①	②
t. Pregnancy prevention	①	②
u. Reproductive health	①	②
v. Sexual harassment	①	②
w. Sexually transmitted disease (STD) prevention	①	②
x. Suicide prevention	①	②
y. Tobacco use prevention	①	②

10. During this school year, have health education teachers in this school planned or coordinated health-related projects or activities with members of any of the following groups? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Physical education teachers	①	②
b. Other subject area teachers	①	②
c. School food service	①	②
d. School health services	①	②
e. School counseling or psychological services ..	①	②
f. Local law enforcement	①	②
g. PTA/PTO	①	②
h. Voluntary health organizations	①	②
i. Local health department	①	②
j. Local hospital	①	②

11. Is **HIV infection/AIDS** taught as part of **required** health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

(a) Yes

(b) No **SKIP TO QUESTION 15.**

12. During this school year, did teachers in this school teach about the following topics in **required** health education course(s) for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Basic facts about HIV infection/AIDS	(1)	(2)
b. How HIV is and is not transmitted	(1)	(2)
c. How HIV affects the immune system	(1)	(2)
d. Disease progression of AIDS	(1)	(2)
e. Needle-sharing behaviors that transmit HIV infection	(1)	(2)
f. Sexual behaviors that transmit HIV infection	(1)	(2)
g. Reasons for choosing sexual abstinence	(1)	(2)
h. Correct use of condoms	(1)	(2)
i. Condom efficiency/how well condoms work	(1)	(2)
j. Influence of alcohol and other drugs on HIV infection risk behaviors	(1)	(2)
k. Statistics on adolescent death and disability related to HIV infection/AIDS	(1)	(2)
l. Group attitudes (social norms) toward risk behaviors related to HIV infection .	(1)	(2)
m. Statistics on the risk behaviors related to HIV infection among adolescents and adults	(1)	(2)
n. Information on HIV testing and counseling	(1)	(2)
o. Compassion and support for persons living with HIV infection/AIDS	(1)	(2)
p. Perceptions of risk for HIV infection/AIDS	(1)	(2)
q. Societal impact of HIV infection/AIDS	(1)	(2)

13. Do **you** teach about HIV infection/AIDS as part of **required** health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

(a) Yes

(b) No **SKIP TO QUESTION 15.**

14. Do any of the following issues make teaching about HIV infection/AIDS difficult for **you**? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Insufficient training	(1)	(2)
b. Insufficient teaching materials	(1)	(2)
c. Large class size	(1)	(2)
d. Coed classes	(1)	(2)
e. Uncomfortable teaching about HIV risk behaviors	(1)	(2)
f. Other demands on class time	(1)	(2)
g. Parental concern or opposition	(1)	(2)
h. Community concern or opposition	(1)	(2)
i. Insufficient administrative support	(1)	(2)
j. Administrative restrictions	(1)	(2)
k. Low student interest or enthusiasm	(1)	(2)

15. During the past two years, have **you** received four or more hours (at least 1/2 day) of inservice training on any of the following health education topics? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	(1)	(2)
b. Chronic diseases such as diabetes and asthma	(1)	(2)
c. Community health	(1)	(2)
d. Conflict resolution/violence prevention	(1)	(2)
e. Consumer health	(1)	(2)
f. Cardiopulmonary resuscitation (CPR)	(1)	(2)
g. Death and dying	(1)	(2)
h. Dental and oral health	(1)	(2)
i. Dietary behaviors and nutrition	(1)	(2)
j. Disease prevention and control	(1)	(2)
k. Emotional and mental health	(1)	(2)
l. Environmental health	(1)	(2)
m. First aid	(1)	(2)
n. Growth and development	(1)	(2)
o. HIV prevention	(1)	(2)
p. Human sexuality	(1)	(2)
q. Injury prevention and safety	(1)	(2)
r. Personal health	(1)	(2)
s. Physical activity and fitness	(1)	(2)
t. Pregnancy prevention	(1)	(2)
u. Reproductive health	(1)	(2)
v. Sexual harassment	(1)	(2)
w. Sexually transmitted disease (STD) prevention	(1)	(2)
x. Suicide prevention	(1)	(2)
y. Tobacco use prevention	(1)	(2)

**PLEASE CONTINUE
ON NEXT PAGE**

16. On which of the following health education topics would **you** like to receive inservice training? (MARK YES OR NO FOR EACH RESPONSE.)

	YES	NO
a. Alcohol and other drug use prevention	1	2
b. Chronic diseases such as diabetes and asthma	1	2
c. Community health	1	2
d. Conflict resolution/violence prevention	1	2
e. Consumer health	1	2
f. Cardiopulmonary resuscitation (CPR)	1	2
g. Death and dying	1	2
h. Dental and oral health	1	2
i. Dietary behaviors and nutrition	1	2
j. Disease prevention and control	1	2
k. Emotional and mental health	1	2
l. Environmental health	1	2
m. First aid	1	2
n. Growth and development	1	2
o. HIV prevention	1	2
p. Human sexuality	1	2
q. Injury prevention and safety	1	2
r. Personal health	1	2
s. Physical activity and fitness	1	2
t. Pregnancy prevention	1	2
u. Reproductive health	1	2
v. Sexual harassment	1	2
w. Sexually transmitted disease (STD) prevention	1	2
x. Suicide prevention	1	2
y. Tobacco use prevention	1	2

17. What is your primary position in this school? (MARK ONE RESPONSE.)

- (a) Health education and physical education teacher
- (b) Health education teacher
- (c) Physical education teacher
- (d) Biology or other science teacher
- (e) Home economics or family and consumer education teacher
- (f) Family life education or life skills teacher
- (g) School counselor
- (h) School nurse
- (i) Coach
- (j) Curriculum coordinator
- (k) Other

18. Do you teach a **required** health education course for any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No

19. Does your state education agency offer certification or endorsement for health education teachers in the grades you now teach? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No **SKIP TO QUESTION 21.**
- (c) Don't know **SKIP TO QUESTION 21.**

20. Are you currently certified or endorsed by your state education agency to teach health education in the grades you now teach? (MARK ONE RESPONSE.)

- (a) Yes
- (b) No

21. What was the **major** emphasis of your professional preparation? (MARK ONE RESPONSE.)

- (a) Health education and physical education
- (b) Health education
- (c) Physical education
- (d) Biology or other science
- (e) Home economics or family and consumer education
- (f) Counseling
- (g) Nursing
- (h) Elementary education
- (i) Other

22. Including this school year, how many years have you been teaching health education? (MARK ONE RESPONSE.)

- (a) 1 year
- (b) 2 to 5 years
- (c) 6 to 9 years
- (d) 10 to 14 years
- (e) 15 years or more

23. Including this school year, how many total years of overall teaching experience have you had? (MARK ONE RESPONSE.)

- (a) 1 year
- (b) 2 to 5 years
- (c) 6 to 9 years
- (d) 10 to 14 years
- (e) 15 years or more

**Thank you for your responses.
Please return this questionnaire.**

**Special comments or concerns may
be recorded on the back page.**

APPENDIX B

Survey instrument and data collection

Information on the survey instrument and data collection

COMMENTS

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 ^a , 4, 5, 6, 7, 8, 9, 10, 22, 23	1 ^b , 17, 18, 19, 20, 21, 22, 23
Organization	3, 11, 13, 14, 18, 19, 20	2, 3, 5, 6, 7, 11, 12, 13
Support	12, 15, 16, 17, 21	4, 8, 9, 10, 14 ^c , 15, 16

^a classified as *organization* by Montana (Rick Chiotti, Montana Office of Public Instruction, personal communication, November, 1996)

^b classified as *organization* by Montana (Rick Chiotti, Montana Office of Public Instruction, personal communication, November, 1996)

^c classified as *organization* by Montana (Rick Chiotti, Montana Office of Public Instruction, personal communication, November, 1996)

STATE LIBRARY OF IOWA



3 1723 02121 5181