Lead Health Education Teacher Item Rationale

2012 School Health Profiles Report
Item Rationale
Lead Health Education Teacher Survey

REQUIRED HEALTH EDUCATION COURSES

QUESTIONS:

1. How many required health education courses do students take in grades 6 through 12 in your school?

2. Is a required health education course taught in each of the following grades in your school?

RATIONALE:

These questions measure the extent to which health education courses are required for students in grades 6 through 12. School health education could be one of the most effective means to reduce and prevent some of the most serious health problems in the United States, including cardiovascular disease, cancer, motor-vehicle crashes, homicide, and suicide.[1] The Institute of Medicine has recommended that schools require a one-semester health education course at the secondary school level;[1] however, the benefits of a health education curriculum increase when students receive at least three consecutive years of a quality health curriculum.[2]

REFERENCES:

1. Institute of Medicine. *Schools and Health: Our Nation's Investment*. Washington, DC: National Academy Press, 1997.

2. Lohrmann DK, Wooley SF. Comprehensive School Health Education. In: Marx E, Wooley SF, eds. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press, 1998, pp. 43–66.

QUESTION:

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

RATIONALE:

This question measures the importance of a required health education course for students in grades 6 through 12.

QUESTION:

4. Are those who teach health education at your school provided with each of the following materials?

RATIONALE:

This question addresses the types of information and support materials health education teachers are given in order to implement health education classes. According to the Joint Committee on National Health Education Standards, quality health education is guided by access and equity principles that call for clear curriculum direction, including goals, objectives, and expected outcomes; a written curriculum; clear scope and sequence of instruction for health education content; and plans for age-appropriate student assessment.[1]

REFERENCE:

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

QUESTION:

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

RATIONALE:

This question addresses the extent to which schools have a health education curriculum that is based on, or is consistent with, current national health education standards.[1] Healthy People 2020 objective ECBP-3 calls for an increase in the proportion of elementary, middle, and senior high schools that address the knowledge and skills articulated in these standards.[2]

REFERENCE:

1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

2. U.S. Department of Health and Human Services. *Healthy People 2020.* Washington, DC: U.S. Department of Health and Human Services, 2010. Available at: www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=11. Accessed June 22, 2011.

REQUIRED HEALTH EDUCATION

QUESTION:

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

RATIONALE:

Not all health education instruction takes place in health education courses.[1] This question addresses whether schools require any classroom instruction on health topics, including instruction that occurs outside of health education courses.

REFERENCE:

1. Kann L, Telljohann SK, and Wooley SF. Health education: results from the School Health Policies and Programs Study 2006. *Journal of School Health* 2007;77(8): 408-434.

QUESTION:

7. During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12?

RATIONALE:

This question addresses the extent to which traditional health content areas and the prevention of health risk behaviors are taught in required courses in grades 6 through 12. Healthy People 2020 objective ECBP-2 calls for an increase in the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent morbidity and mortality resulting from unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

1. U.S. Department of Health and Human Services. *Healthy People 2020.* Washington, DC: U.S. Department of Health and Human Services, 2010. Available at: www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=11. Accessed June 22, 2011.

QUESTION:

8. During this school year, did teachers in your school teach each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12?

RATIONALE:

This question measures the tobacco-use prevention curricula content, and relates to the *Healthy People 2020* Educational and Community-Based Program Objective-2 Increasing the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems including tobacco use and addiction.[1] Since most smoking is initiated by persons less than 18 years old, programs that prevent onset of smoking during the school years are crucial.[2] School-based tobacco prevention programs that address multiple psychosocial factors related to tobacco use among youth and that teach the skills necessary to resist those influences have demonstrated consistent and significant reductions or delays in adolescent smoking.[2-9] Social influence programming has reduced smoking onset by as much as 50%, with effects lasting up to 6 years, and with effects including reduction of the use of other tobacco products as well.[4]

In addition, this question measures the extent to which schools are complying with the components of the National Health Education Standards, which provide a framework for decisions about the lessons, strategies, activities, and types of assessment to include in a health education curriculum.[10]

REFERENCES:

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Office of Disease Prevention and Health Promotion. November 2010. Available at: www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=11Accessed May 27, 2011.

2. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

3. U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

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5. Dent CW, Sussman S, Stacy AW, Craig S, Burton D, Flay BR. Two-year behavior outcomes of project towards no tobacco use. *Journal of Consulting and Clinical Psychology* 1995;63(4):676-677.

6. Botvin GJ, Baker E, Dusenbury L, Botvin EM, Diaz T. Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association* 1995;273(14):1106-1112.

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9. Bruvold WH. A meta-analysis of adolescent smoking prevention programs. *American Journal of Public Health* 1993;83(6):872-80.

10. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

QUESTION:

9. During this school year, did teachers in your school teach each of the following HIV, STD, or pregnancy prevention topics in a required course for students in each of the grade spans below?

RATIONALE:

These questions measure HIV, other STD, and pregnancy prevention health education curricula content. The National Health Education Standards outline knowledge and skills that should be attained by students following the completion of a high-quality health education program.[1]

HIV and sex education programs can increase knowledge and skills to prevent unintended pregnancy and decrease risk of HIV and STD infection.[2,3] Given variability among adolescents in cognition, social maturity, and sexual experience, curricula should be tailored to meet the unique needs of younger, as well as older adolescents.[4,5] To coincide with the maturity level and cognitive abilities of the learner, the progression of sexual health education concepts and skills increase in complexity as the sequence advances up grade levels. The Centers for Disease Control and Prevention's *Health Education Curriculum Analysis Tool* is aligned with the National Health Education Standards and provides a guide to developmentally-appropriate topics for sexual education within schools for pre-K-12th grade.[6]

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1. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

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6. Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool.* Atlanta, GA2008b [June 30, 2008]. Available at: www.cdc.gov/Healthyyouth/HECAT/index.htm. Accessed: June 1, 2011.

QUESTION:

10. During this school year, did teachers in your school teach about the following contraceptives in a required course for students in any of grades 9 through 12?

RATIONALE:

This question measures the extent to which various contraceptive methods have been taught to high school students. Unintended pregnancy among US adolescents remains high[1] and can impact the ability of teens to succeed academically and to graduate high school. Knowledge of contraceptive options is an important step in decreasing unintended pregnancy rates. While many sexually active teens are familiar with and use the condom and the birth control pill, only a small percentage use newer methods that are equally or more effective in pregnancy prevention.[2]

Long-acting reversible contraceptive methods, sometimes referred to as "LARC", are highly effective forms of contraception which have been judged appropriate for adolescent use.[3] LARC methods include the Copper T IUD ("Paraguard") and the hormonal IUD ("Mirena") as well as

the implant ("Implanon"). Once started, LARC methods prevent 99% of pregnancies for 3-10 years without further action on the part of the user.[4] While these methods are highly effective, they require insertion and removal by a healthcare professional and, like all contraception, may have side effects that are off-putting to some teens.[5] Adolescents may also find Depo-Provera (effective for 3 months), the Nuvaring (effective for 1 month), and the contraceptive patch (effective for 1 week) to be viable alternatives.[6, 7]

REFERENCES:

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7. American Academy of Pediatrics, Committee on Adolescents. Contraception and Adolescents. *Pediatrics* 120 (5): 1135-1148, 2007.

QUESTION:

11. During this school year, did teachers in your school teach each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12?

RATIONALE:

This question measures the curricula content related to nutrition and dietary behavior. Comprehensive, sequential nutrition education using the classroom and the lunchroom can reinforce healthful eating behaviors.[1, 2] Nutrition education should be part of a comprehensive school health education curriculum that is aligned with the National Health Education Standards[3,4] and include concepts to promote healthy eating.[5,6] This list of 15 nutrition topics is based on CDC guidelines[7] and the *School Health Index*.[8]

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3. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

4. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool. Atlanta, GA: CDC; 2007. Available at: www.cdc.gov/healthyyouth/hecat/index.htm. Accessed June 22, 2011.

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8. Centers for Disease Control and Prevention. *School health index.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. Available at: www.cdc.gov/healthyyouth/shi. Accessed June 8, 2009.

QUESTION:

12. During this school year, did teachers in your school teach each of the following physical activity topics in a required course for students in any of grades 6 through 12?

RATIONALE:

This question measures the extent to which physical activity concepts are taught in a required course. Health education that includes physical activity concepts increases the likelihood of students increasing their participation in physical activity,[1-3] reinforces what has been taught in physical education,[4] and assists students in achieving the National Health Education Standards.[5]

REFERENCES:

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2. Nader P, Stone E, Lytle L, Perry C, Osganian S, Kelder S et al. Three-year maintenance of improved diet and physical activity: the CATCH cohort. Child and Adolescent Trial for Cardiovascular Health. *Archives of Pediatrics & Adolescent Medicine* 1999;153:695-704.

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5. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition).* Atlanta, GA: American Cancer Society, 2007.

HIV PREVENTION

QUESTION:

13. During this school year, did your school provide any HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high risk (e.g. black, Hispanic, or American Indian youth), including after-school or supplemental programs, that did each of the following?

RATIONALE:

This question measures whether a school addresses HIV, other STD, and pregnancy prevention through various strategies intended to reach those most at-risk. Risk for HIV infection is especially notable for racial/ethnic minority youth. Blacks are the largest group of people affected by HIV/AIDS, accounting for 67% of all cases of HIV infection diagnosed in 2009.[1] Among newly diagnosed cases of HIV among youth, 53% were among black teens in the 40 states with confidential name-based reporting 2009.[1] In 2004, HIV/AIDS was the number one cause of death for black women aged 25-34 years and the number three cause of death for all blacks aged 35-44.[2] In addition, the HIV/AIDS epidemic is a serious threat to the Hispanic/Latino community. Hispanics/Latinos accounted for 22% of all newly diagnosed cases of HIV infection in the United States in 2009.[1] During the same year, the rate of new HIV infections among Hispanics/Latinos was nearly three times that of whites.[3] Data from CDC's 2009 National Youth Risk Behavior Survey (YRBS) show that black and Hispanic/Latino students had higher rates than white students in several sexual risk behaviors including ever had sexual intercourse, having sexual intercourse before age 13, and having 4 or more sexual partners in their life. In addition, blacks were more likely to be currently sexually active (i.e., had sexual intercourse with 1 or more persons during the 3 months preceding the survey) than white or Hispanic/Latino students.[4]

Thus it is critical to reach these youth with programs tailored to meet their needs and address the broader social determinants of health.[5] One approach includes providing valid information that reflects the individual's social context and language, which could increase community support for the program, enhance participation, and improve outcomes.[6] Another approach is to address the barriers to health care and disproportionate risk for chronic and other conditions faced by racial/ethnic minority students. Although this may have an immediate impact on health by addressing unmet need for health services, proper care during adolescence sets the foundation for life-long health.[7-8]

REFERENCES:

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2. Heron MP. Deaths: Leading causes for 2004. *National Vital Statistics Reports* 2007;56(5):1-96.

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5. DiClemente RJ, Crittenden CP, et al. Psychosocial predictors of HIV-associated sexual behaviors and the efficacy of prevention interventions in adolescents at-risk for HIV infection: what works and what doesn't work? *Psychosomatic Medicine* 2008;70(5):598-605.

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QUESTION:

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

RATIONALE:

This question assesses whether the school uses inclusive curricula or supplementary materials for lesbian, gay, bisexual, transgender, and questioning youth (i.e., sexual minority youth). In a recent report that presented data from 14 states and large urban areas on sexual minority, the percentage of students self-identifying as gay or lesbian, bisexual, or not sure ranged from 1.0-2.6, 2.9-5.2, and 1.3-4.7 percent, respectively.[1] The percentage of students reporting sexual contact with same sex only or both sexes was 0.7-3.9 and 1.9-4.9, respectively.[1] Results from this report and other studies have found that sexual minority students more often participate in behaviors that put them at greater risk for HIV, STD, and unintended pregnancy, including not using a condom during last sexual intercourse.[1-4] Furthermore, the percentage of sexual minority students reporting they were taught in school about AIDS or HIV was lower.[1] Research indicates reduced risk behaviors for some lesbian, gay, and bisexual youth when using inclusive HIV instruction in schools.[5]

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QUESTION:

15. During this school year, have any health education staff worked with each of the following groups on health education activities?

RATIONALE:

This question measures the extent to which health education staff work cooperatively with other components of the school health program (school health services, school mental health or social services, food service, and physical education staff). An integrated school and community approach is an effective strategy to promote adolescent health and well being.[1-2]

REFERENCE:

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QUESTION:

16. During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics?

RATIONALE:

This question measures whether schools are providing health information to students' families. School programs that engage parents and link with the community yield stronger positive results. Studies aimed at preventing childhood overweight, treating childhood overweight, and promoting physical activity and healthy eating have demonstrated more success when targeting the parent and child versus targeting the child alone.[1, 2] School-based tobacco prevention programs and community interventions involving parents and community organizations have a stronger impact over time when working in tandem rather than as separate, stand-alone interventions.[3] Assessments of successful school-based asthma management programs indicate that with increased knowledge, parents can assist their children in better managing their asthma.[4-6] Parents also are teenagers' primary sex educators, able to capitalize on teachable moments when youth may be more open to learning new information.[7] Parents can continue prevention messages delivered in school, thereby enhancing the likelihood of sustained behavioral changes.[8] Increased communication affects both parenting and health practices of parents. Communicating information on healthy lifestyles aims to reinforce the child's coursework at school, facilitate communication with parents about school activities, and increase parent knowledge of healthy living.[9, 10]

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PROFESSIONAL DEVELOPMENT

QUESTION:

18. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (HIV)

RATIONALE:

This question measures the extent to which professional development has been received by the lead health teacher responsible for teaching about HIV, other STD, or pregnancy prevention. As new information and research on prevention is available, those responsible for teaching about adverse sexual health outcomes should periodically receive continuing education about HIV, other STD, and pregnancy to assure they have the most current information on current rates among youth, effective prevention and health education intervention strategies, and priority populations identified as most at-risk for pregnancy and HIV/ STD infection.[1-3]

Effective implementation of school health education is linked directly to adequate teacher training programs.[4] School health education designed to decrease students' participation in risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula.[4] Staff development activities for health education teachers need to focus on teaching strategies that both actively engage students and facilitate their mastery of critical health information and skills.[5]

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QUESTIONS:

17. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?

19. Would you like to receive professional development on each of the following topics?

20. During the past two years, did you receive professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics?

21. Would you like to receive professional development on each of these topics?

RATIONALE:

These questions address the importance of professional development for teachers. It is vitally important that teachers be well prepared when they begin teaching and that they continue to improve their knowledge and skills throughout their careers.[1] Educators who have received professional development in health education report increases in the number of health lessons

taught and their confidence in teaching.[2] Professional development increases educators' confidence in teaching subject matter and provides opportunities for educators to learn about new developments in the field and innovative teaching techniques, and to exchange ideas with colleagues.[3,4] Districts that have made improvements in their professional development activities have seen a rise in student achievement.[5, 6] Staff development is associated with increased teaching of important health education topics.[7] The Institute of Medicine's Committee on Comprehensive School Health Programs in Grades K-12 recommended that health education teachers should be expected to participate in ongoing, discipline-specific in-service programs in order to stay abreast of new developments in their field.[3]

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PROFESSIONAL PREPARATION

QUESTIONS:

22. What was the major emphasis of your professional preparation?

23. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle school or high school?

24. Including this school year, how many years of experience do you have teaching health education courses or topics?

RATIONALE:

These questions measure the extent to which lead health education teachers are formally trained in the topic of health education as well as the teaching experience and credentials of the lead health education teacher. Health education teachers need to be academically prepared and specifically qualified on the subject of health.[1] In addition, pre-service training in health education is associated with increased teaching of important health education topics.[2]

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