



School Health Education in Georgia:

Results from the 2002 School Health Education Profile (SHEP) Survey

tobacco use prevention

physical activity

nutrition

violence prevention

asthma management

HIV prevention



Acknowledgements

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INTRODUCTION

School health education is one of the most effective means to reduce and prevent some of the most serious health problems in the United States (1). Classroom training can help school-aged youth establish health behaviors that promote and maintain good lifelong health and prevent health-risk behaviors among youth. School health education should focus on reducing behaviors that place youth at risk for important health problems, which include sedentary lifestyles; tobacco use; improper nutrition; intentional and unintentional injuries; and sexual behaviors that place youth at risk for HIV infection, other STDs and unintended pregnancies (2).

In 1990, the Centers for Disease Control and Prevention (CDC) developed an operational definition of health education that identifies eight elements of school health education (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1990):

1. A documented, planned, and sequential program of health education for students in kindergarten through grade 12;
2. A curriculum that addresses and integrates education about health problems and issues;
3. Activities that help young persons develop skills to avoid health-risk behaviors (i.e., tobacco use; alcohol and other drug use; imprudent dietary patterns; inadequate physical activity; sexual behaviors that result in unintended pregnancy, human immunodeficiency virus (HIV) infection, or infection by other sexually transmitted diseases (STD); and behaviors that result in unintentional and intentional injuries;
4. Instruction provided for a prescribed amount of time at each grade level;
5. Management and coordination by an education professional trained to implement the health education program in each school;
6. Instruction from teachers trained to teach the subject;
7. Collaboration with parents, health professionals, and other concerned community members;
8. Periodic evaluation, updating, and improvement of the health education program.

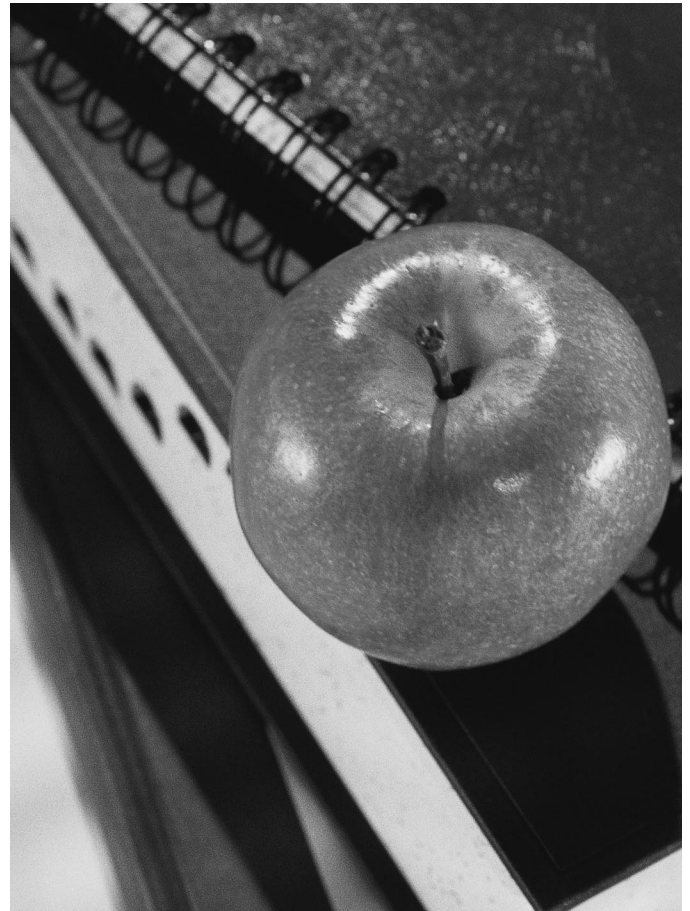
In 1995, to measure the current status of comprehensive health education, safe and healthy school policies, and levels of coordination in middle and high schools, the CDC, in collaboration with state and large local education agencies, developed the School Health Education Profiles (SHEP) (4). The School Health Education Profile monitors characteristics of health education in middle and high schools. The Georgia Profile is a school-based survey conducted by the Georgia Department of Education and the Georgia Department of Human Resources as part of a cooperative agreement with the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.



INTRODUCTION *continued. . .*

The 2002 Georgia SHEP asked school principals and lead health educators questions related to the implementation, organization, structure, and support of health education in their schools. In addition, questions were asked relating to whether health education was taught by personnel trained in health education, and if health education focused on skills necessary to avoid certain health risks. The SHEP survey consisted of two questionnaires developed by the CDC; one for principals and one for lead health education teachers. The lead health education teacher is the person who coordinates health education policies and programs within a middle or high school. The principals' questionnaire examined whether health education is required, physical education and physical activity programs, tobacco use prevention policies, nutrition-related policies and practices, violence prevention and school safety, asthma management activities, and HIV infection prevention programs and policies from an administrative perspective, while the lead health educators' survey looked at health education from an instructional viewpoint. The 2002 SHEP survey instruments consisted of 41 questions related to administration of health education and 21 questions related to instruction.

Georgia has collected data from school principals and lead health educators since 1996. The survey is administered biannually during the spring semester. Though data were collected for the first time in 1996, only in 1998 and 2002 were response rates high enough to represent all public middle and high schools in Georgia. Most of the results presented in this report are for 2002 only. When applicable, the 2002 data have been compared with the 1998 Profiles. This report summarizes the 2002 Georgia



Profile data and provides cross-year comparisons with baseline data from the 1998 Georgia Profile to assess change.

All analyses conducted for this report are descriptive and use the weighted data. Throughout this report, when differences are said to be significant, there is no overlap in the 95-percent confidence intervals of the percentages being compared. Ninety-five percent confidence intervals for each point estimate (percentage) are presented in the detailed data tables found in the Appendix.



SURVEY METHODS



Sample: Selection Process and Description

All public middle and high schools in Georgia having at least one of grades 6 through 12 were included in the sampling frame. Systematic equal probability sampling with a random start was used to select a sample of schools for the survey.

Three hundred seventy four public middle and high schools in Georgia were randomly selected to participate in the survey. Of the 748 surveys mailed, 526 were completed and returned from 151 middle schools and 123 high schools. Usable questionnaires were received from 266 of the 374 sampled principals (71% response rate), and 260 of 374 questionnaires were received from teachers (70% response rate).

Data Collection

Data were collected during the spring semester of 2002. The principal's questionnaire and the lead health education teacher's questionnaire were both mailed to the principal of each sampled school. The principal then determined who the lead health education teacher was and distributed the questionnaire accordingly. Participation in the surveys was confidential and voluntary. Responses were recorded on the questionnaire booklet by the principal or teacher, then returned. Follow-up telephone calls and written reminders were used to encourage participation.

Data Analysis

A weighting procedure was performed to reduce bias by compensating for differing patterns of non-response and to reflect the likelihood of sampling each school. The weighted survey results in this report can be used to make inferences about health education in all Georgia public middle and high schools. SUDAAN, a computer software for the statistical analysis of correlated data, was used to compute point estimates (5). The estimated error rate, using a normal approximation, is less than 5 percent.



Results



tobacco use prevention

physical activity

nutrition

violence prevention

asthma management

HIV prevention



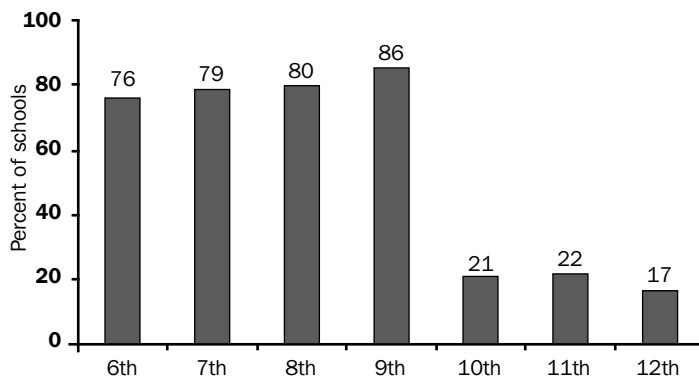
HEALTH EDUCATION



Required Health Education

The Institute of Medicine (IOM) recommended that schools require at least one-semester of health education at the secondary school level (1). Education Rule 160-4-2-.12, adopted by the Georgia State Board of Education in 2000, states that schools shall make available instruction in health education and physical education in grades 6 through 12, with the exception of alcohol and drug abuse, which must be covered in each grade level K-12. Education Rule 160-4-2-.47, adopted in 2002, requires high school students to complete 1 unit of Health and Physical Education (out of 22 units) in order to graduate. In 2002, 85% of middle schools and 98% of high schools in Georgia reported that health education is required for students in any of the grades in their schools. In middle schools, this is a statistically significant decline from 99% in 1998 (Table 1). Required health education classes are most likely to be taught in grades six through nine, whereas only about 20% of schools required health education in grades 10 through 12 (Figure 1, Table 2).

Figure 1: Percent of schools that require a health education course by grade, Georgia, 2002



In 2002, 55% of middle schools required their students to take 3 health education courses, whereas 82% of high schools required their students take only one health education course. Ten percent of Georgia middle schools reported that they do not require health education courses at all (Table 3).

Forty-eight percent of middle schools reported that less than 1% of their students were excused or exempted from a required health education course by parental request and 29% reported that students cannot be exempted at all. In high schools, however, 31% reported a less than 1% exemption rate while 58% cannot be exempted at all (Table 4).

Georgia schools use a variety of curriculum materials for their health education courses. The most common curriculum materials used in health education courses in Georgia include state's, district's, and school's curriculum/guidelines/framework and commercially developed teacher's guide (Table 5).



HEALTH EDUCATION

Required Health Education Course Content

Health education can be offered to students in stand-alone classes or integrated with other subjects. While integration of health information and skills into other subjects should not replace stand-alone health classes, such integration can reinforce and extend the health education curriculum in important ways (6). In Georgia, health education is most often delivered in a combined health education and physical education course (59% in middle schools, 72% in high schools). Middle schools are more likely than high schools to offer health education in courses other than health (28% middle school, 7% high school). In both middle and high schools, this is a statistically significant decline in health education courses offered from 1998 (50% middle schools, 43% high school) (Table 6).

At both middle and high schools, lead health educators mentioned alcohol and drug use prevention, tobacco use prevention, emotional and mental health, sexually transmitted disease prevention, HIV prevention, physical activity and fitness, and nutrition and dietary behavior prevention as the most popular topics in which the schools tried to increase student knowledge. Least mentioned topics in which teachers tried to increase student knowledge were death and dying, dental and oral health, immunizations and vaccinations, suicide prevention, CPR, and sun and safety or skin cancer prevention (Table 7).

Lead health educators at Georgia middle and high schools also teach students how to improve their skill and knowledge levels. In required health education courses, skills for improving decision making, goal setting, and resisting peer pressure for unhealthy behavior were the most often mentioned skills. The skills teachers rated as the least mentioned were



advocating for personal, family, and community health, analysis of media messages, and access to health information (Table 8).

Required Health Education Teaching Methods

The most popular teaching methods used by lead health educators at both middle and high schools were group discussions and cooperative group activities. The least used teaching methods in both middle and high schools were peer educators, computer-assisted instruction, and pledges or contracts for behavior (Table 9).

Lead health educators were asked whether they ask students to participate in specific activities as part of their health education course. The least frequently mentioned activity was asking students to participate in out-of-class activities such as volunteer work at a hospital or other organization for health services. Completion of homework with family members and identifying and analyzing advertisements that influence health risk behaviors were the most often mentioned activities (Table 10).



HEALTH EDUCATION

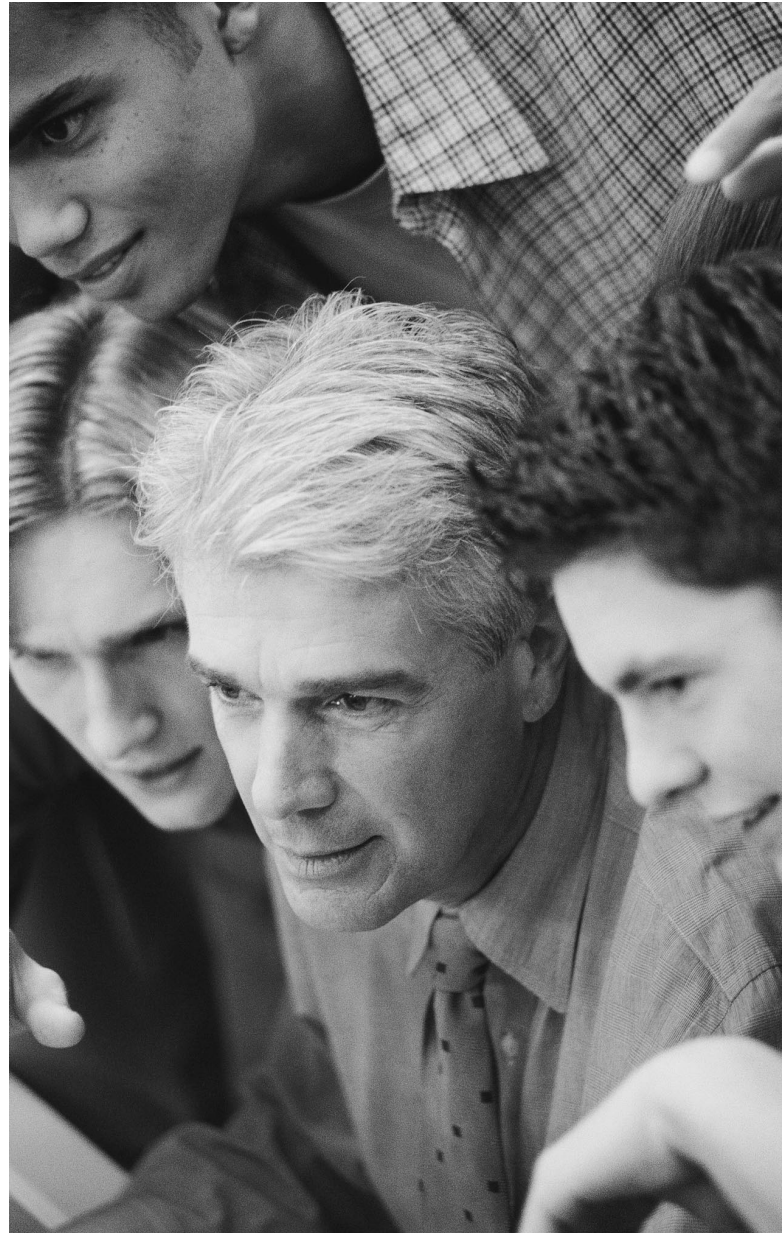
Health Education Coordination

Nationwide, approximately two-thirds (63%) of schools have someone to oversee or coordinate health education (7). Management and coordination by a professional who is trained in health education is a necessary component of effective health education (3). The lead health educator coordinates health education in 43% of the middle schools and 45% of the high schools in Georgia. It is rare for health education to not be coordinated by anyone (Table 11).

Support from outside advisory councils often builds support for school health initiatives. Involvement of parents, community members, and other professionals is a key element of school health programs (8,9,10,11). About two-thirds of middle (60%) and high (65%) schools have a school health committee or advisory group that develops policies, coordinates activities, or seeks students and family involvement in programs that address health issues (Table 12).

An integrated school and community approach is an effective strategy to promote adolescent health and well being (8). Lead health educators in Georgia middle and high schools worked most often with physical education staff. They were least likely to work with the food services staff (Table 13).

Most of Georgia middle and high schools provided families with information on health education programs (77% middle school, 66% high school), but least met with parents' organizations to discuss health education (24% middle school, 30% high school) (Table 14).





HEALTH EDUCATION

Health Education Staff Training and Professional Development

Effective implementation of school health education is linked directly to adequate teacher training programs. School health education designed to decrease students' participation in health-risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula (8). The most popular staff development topics for Georgia middle and high school health teachers were CPR and first aid. Although, teachers have received the most training in CPR, they have ranked CPR as one of the least taught topics in the classroom (see Required Health Education Course Content). Slightly over half of Georgia health teachers received training related to HIV in the past two years (Table 15).

The highest demand for additional training for both middle and high school health teachers was in the areas of violence prevention and alcohol or other drugs prevention (Table 16). For example, 41% of the middle school teachers received some violence prevention training in the two years prior to the survey, yet 73% indicated that they would like to have additional training in violence prevention.

Health education teachers need to be academically prepared and qualified specifically to teach health education (11,3). More than half (52%) of lead middle school health educators and two-thirds (68%) of lead high school health educators have taught health education for 10 or more years (Table 17).

Professional 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 (11). Staff development on teaching methods received by lead educators in Georgia middle and high schools was highest in the area of using interactive teaching methods such as role-playing or cooperative group activities and the lowest in teaching students with limited English proficiency (Table 18).

The most important area in which lead health educators at both middle and high schools wanted to receive further staff development was teaching skills for behavior change (Table 19).



PHYSICAL ACTIVITY

Physical Education and Physical Activity Programs

Physical education can increase students' knowledge, physical activity in physical education class, and overall fitness (2). Nationally, 96% of schools required students to take some form of physical education (12). In Georgia, physical education is a required course at 62% of middle schools and 94% of high schools (Figure 2, Table 20). In middle schools, students can be exempted from taking required physical education course if they are enrolled in other courses (21%) or participated in school activities (15%). In high schools, students are rarely exempt from taking physical education (Figure 3, Table 21). In schools that require students to take physical education, the importance of passing the course varies by school type. Nearly all high schools (96%) but only 20% of middle schools, require their students to repeat physical education if they fail the course (Figure 4, Table 22).

Figure 2: Percent of schools that require physical education by school type, Georgia, 2002

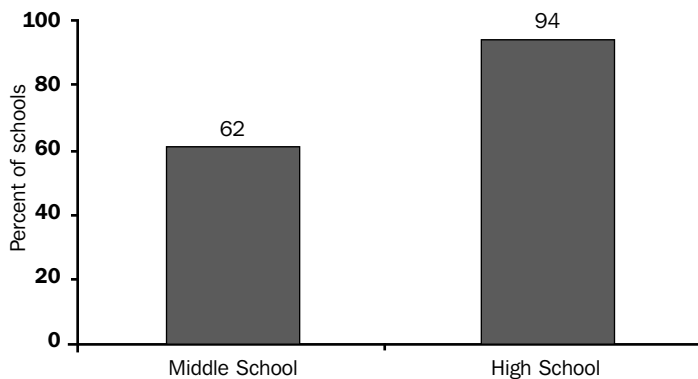


Figure 3: Percent of schools that exempt students from taking required physical education by reasons for exemption and school type, Georgia, 2002

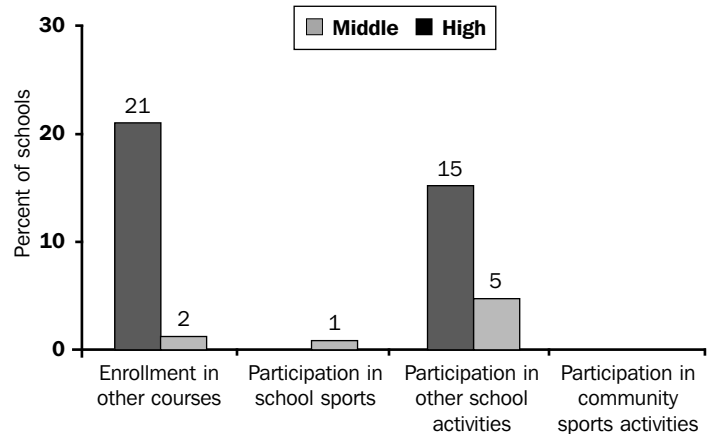
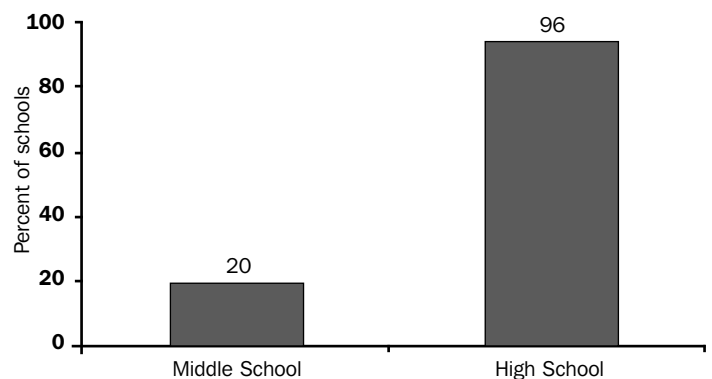


Figure 4: Percent of schools that require students to repeat physical education if they fail by school type, Georgia, 2002



The physical and social environment should support safe and enjoyable physical activity and discourage the use or withholding of physical activity as punishment. The use of physical activity as punishment risks creating negative associations with physical activity for young persons while withholding activity denies students the health benefits (2). Over twenty-five percent (26% middle school, 28% high school) of

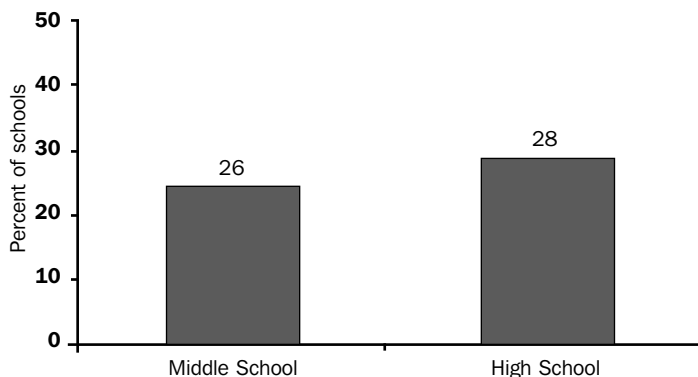


PHYSICAL ACTIVITY

Physical Education and Physical Activity Programs cont...

schools allow faculty to use physical activity as a punishment for bad behavior (Figure 5, Table 23). Less than 5% of middle schools and less than 1% of high schools make students miss a physical education course as a punishment for bad behavior in another class (Table 24).

Figure 5: Percent of schools that use physical activity as a punishment for bad behavior by school type, Georgia, 2002

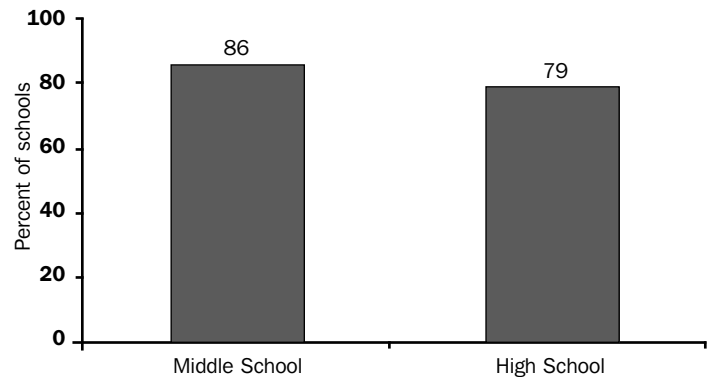


Newly hired physical education teachers in both middle and high schools are almost always certified, licensed, or endorsed by the state in physical education (Table 25). This rate is higher than nationwide findings of 73% of schools (12).

Middle schools (62%) are more likely to offer intramural activities than high schools (43%) (Table 26), however, only 11% of middle school and 5% of high schools provide transportation for students who participate in after school intramural activity or physical activity clubs (Table 27). Intramural activities contribute to the physical and social development of young people (13). Lack of transportation may be a limiting factor for some to participate. Providing transportation therefore gives students the opportunity and promotes healthier behavior. Outside of school hours school spaces and facilities should be available to young people (2). The majority (86%) of middle

schools and high schools (79%) allow children or adolescents to use the school's athletic facilities for community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session (Figure 6, Table 28).

Figure 6: Percent of schools that allow use of school's athletic facilities outside of school hours by school type, Georgia, 2002



CDC's Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People recommend that health education curricula should provide information about physical activity concepts including the physical, social and mental health benefits of physical activity, the components of health-related fitness; principles of exercise; injury prevention and first aid; physical activity and weight management; social influence on physical activity; and the development of safe and effective individualized physical activity programs (2). At both middle and high schools, in a required health education course, lead health educators taught most often about the physical, psychological & social benefits of physical activity and on the dangers of using performance-enhancing drugs, such as steroids. Teachers least taught about development of an individualized activity plan for physical activity and on monitoring progress of activity plan (Table 29).

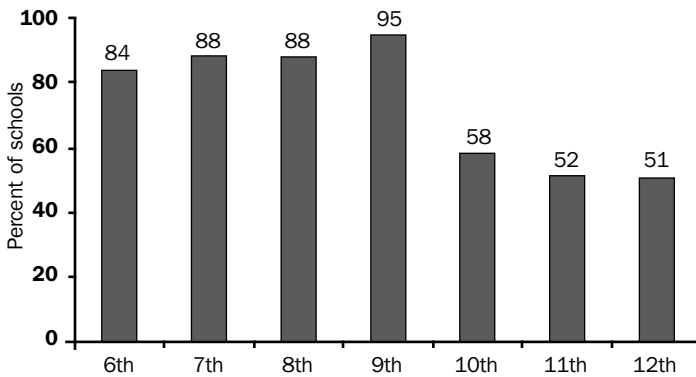


TOBACCO USE PREVENTION

Tobacco Use Prevention Education and Policies

Because tobacco is the most preventable form of mortality in the United States, the CDC established the Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. The guidelines recommend that tobacco use prevention be provided to students in each grade kindergarten through 12th grade (14). In Georgia, tobacco use prevention education is most likely to be taught in grade 9 (95%), followed by grades 6 through 8 (84% to 88%). Only about half of the students in grades 10 through 12 receive tobacco use prevention education (Figure 7, Table 30).

Figure 7: Percent of schools that provide information on tobacco use prevention by grade, Georgia, 2002



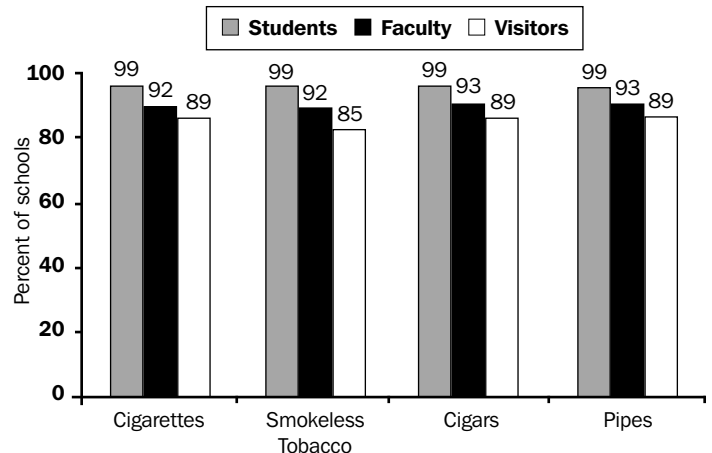
Tobacco use prevention is taught most often in physical education courses, both in middle and high schools (Table 31).

The CDC guidelines further recommend instruction that focuses on particular topics, including the short- and long-term negative physiological and social consequences of tobacco use, social influences on use, peer norms regarding use, and refusal skills (14). In a required health education course lead health educators mentioned that the most taught topics in both

middle and high schools were short- and long-term health consequences of smoking cigarettes, benefits of not smoking cigarettes, short- and long-term health consequences of smokeless tobacco, benefits of not using smokeless tobacco, addictive effects of nicotine in tobacco products, how to say no to tobacco use, and the health effects of second-hand smoke. The two least taught topics by Georgia middle and high schools, although still rated by over 80% of teachers, were how to find information or services related to tobacco use cessation and making a personal commitment not to use tobacco (Table 32).

The CDC guidelines were created to encourage the restriction of use or exposure to cigarettes and tobacco products. Schools often develop policies in accordance to the CDC guidelines. Nearly all Georgia middle and high schools have adopted a policy prohibiting tobacco use products, including cigarette smoking, by students. Over 90% of Georgia middle and high schools prohibit faculty and staff from using tobacco products and almost 90% of schools also prohibit visitors from using tobacco (Figure 8a & 8b, Table 33).

Figure 8a: Percent of middle schools with a policy prohibiting tobacco use by product and group, Georgia, 2002

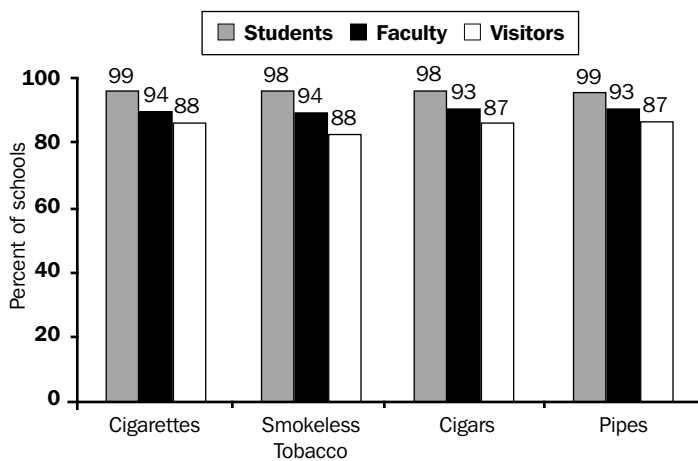




TOBACCO USE PREVENTION

Tobacco Use Prevention and Education Policies cont...

Figure 8b: Percent of high schools with a policy prohibiting tobacco use by product and group, Georgia, 2002



Schools with tobacco policy prohibit the use of tobacco products during school hours for all students and nearly for all faculty/staff and visitors. However, this policy is less likely to prohibit tobacco use during non-school hours (Figure 9a & 9b, Table 34).

Figure 9a: Percent of middle schools with a policy prohibiting tobacco use by time period and group, Georgia, 2002

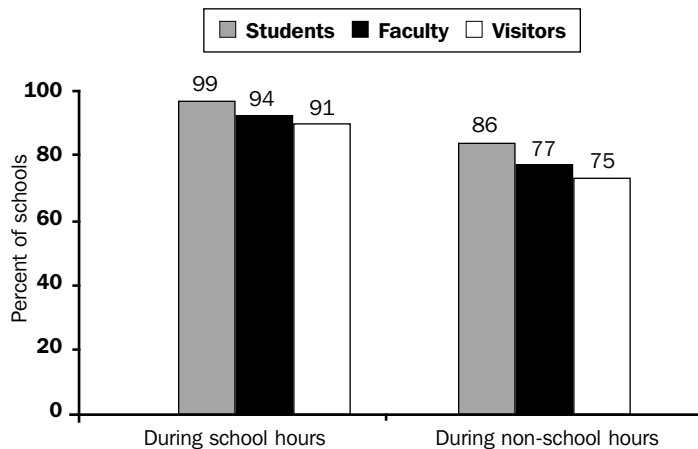
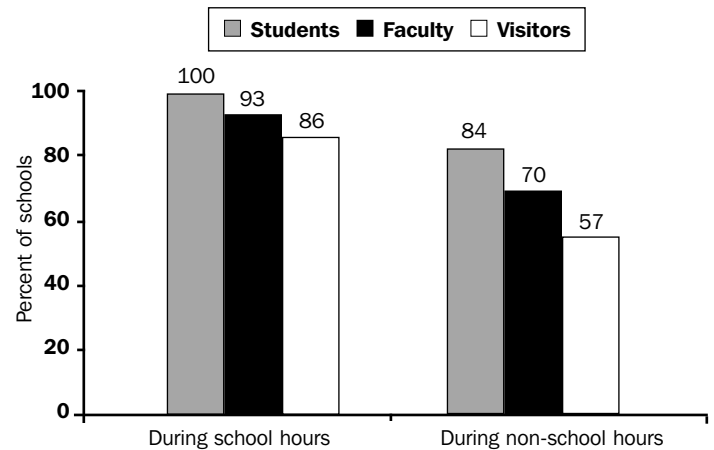
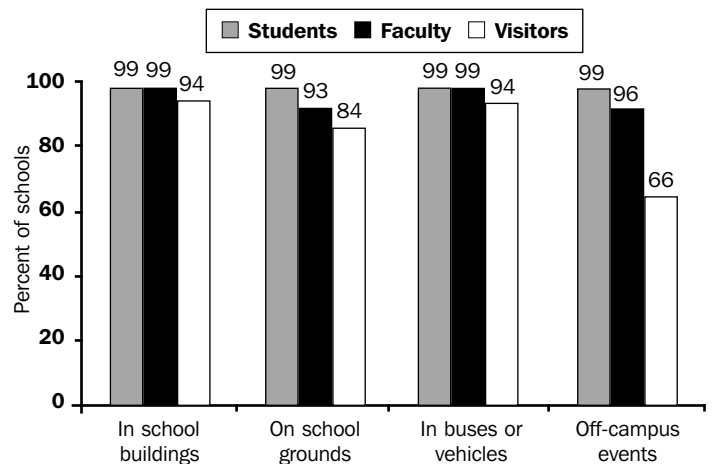


Figure 9b: Percent of high schools with a policy prohibiting tobacco use by time period and group, Georgia, 2002



At nearly all the schools, the tobacco policy prohibits tobacco use by students and faculty/staff in school buildings, on school grounds, in school buses or vehicles and at off-campus events. However, this policy is less likely to prohibit tobacco use by visitors at off campus, school sponsored events (Figure 10a & 10b, Table 35).

Figure 10a: Percent of middle schools with a policy prohibiting tobacco use by location and group, Georgia, 2002

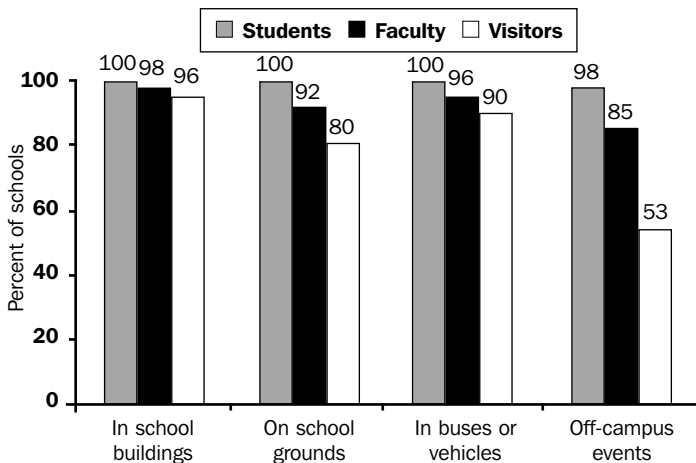




TOBACCO USE PREVENTION

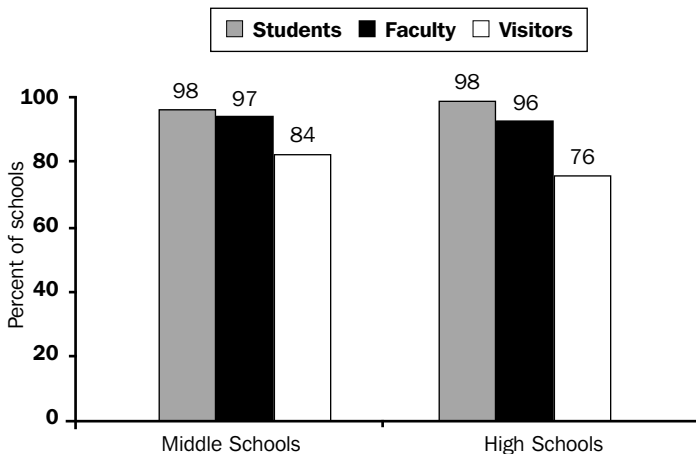
Tobacco Use Prevention and Education Policies cont...

Figure 10b: Percent of high schools with a policy prohibiting tobacco use by location and group, Georgia, 2002



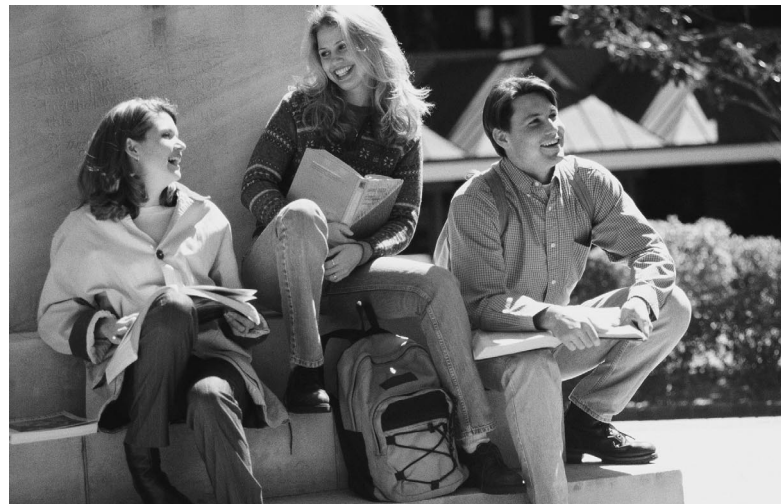
Almost all of Georgia middle and high schools have procedures to inform students and faculty/staff about the school's tobacco policy. Three-fourths of the schools also have procedures to inform visitors of the policy (Figure 11, Table 36). Nearly all schools (98% middle schools, 99% high schools) have procedures to inform parents of the policy in both middle and high schools.

Figure 11: Percent of schools with procedures to inform students, faculty, and staff about tobacco prevention policy by school type and group, Georgia, 2002



Just over half (55%) of middle and high schools have a designated individual to enforce the tobacco prevention policy. In both middle and high schools, when students are caught smoking cigarettes, they are almost always referred to the school administrator and their parents are informed. In 55% of middle schools and 47% of high schools students who are caught smoking cigarettes are given in-school suspension. Being encouraged and/or required to attend assistance/education/cessation programs and being referred to legal authorities are rarely ever used as a consequence (Table 37). Students and faculty/staff are unlikely to be given a referral to a cessation program by the school (Table 38).

Over 90% of Georgia middle and high schools prohibit tobacco advertising in school buildings, on school grounds, on school buses, and in school publications (Table 39). Almost all Georgia middle and high schools prohibit tobacco advertising through sponsorship of events (Table 40) and tobacco brand-name apparel and merchandise (Table 41). However, tobacco-free zone signs are posted at just over half of the schools (63% middle school, 55% high school).





NUTRITION

Nutrition-related Policies and Practices

Many nutrition experts believe that students are more likely to eat well if they have a pleasant dining experience in the cafeteria. Having ample time to eat without having to rush is a major component of a pleasurable dining experience. The American Food Service Association has established 20 minutes once seated as a standard for the amount of time needed to create a pleasurable dining experience (6). Nationally, 80% of schools give 20 or more minutes to eat lunch (15). More than 80% of Georgia middle and high schools allow students 20 minutes or more to eat lunch once they are seated. About 15% of both middle and high schools allow less than 20 minutes to eat lunch (Figure 12, Table 42).

According to the CDC's Guidelines for School Health Programs to Promote Lifelong Healthy Eating, healthy and appealing foods should be available in meals, a la carte items, snack bars, and vending machines. Additionally, schools should discourage foods high in fat and sodium and with added sugars (16). Few schools (6% middle schools, 11% high schools) in Georgia have policies stating that fruits and vegetables will be offered at school settings such as school parties, after-school programs, staff meetings, parent's meeting, or concession stands (Figure 13, Table 43).

Figure 12: Percent of schools with lunch eating practice of less than 20 minutes by school type, Georgia, 2002

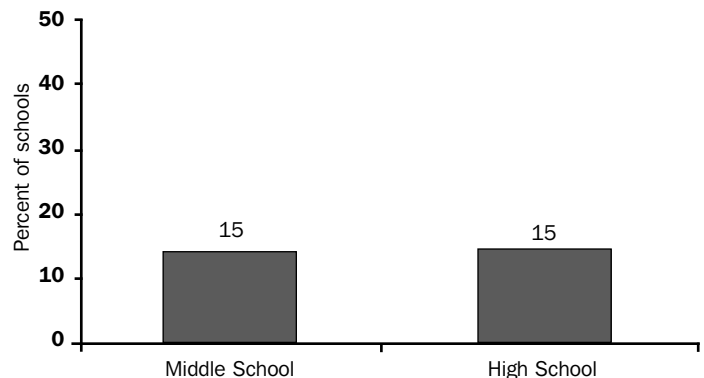
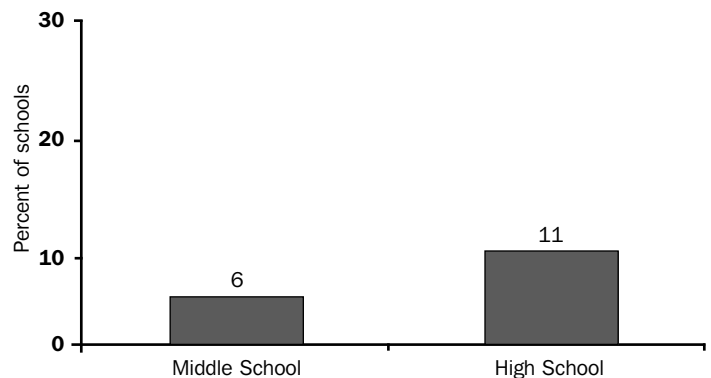


Figure 13: Percent of schools with a policy to offer fruits and vegetables at school settings by school type, Georgia, 2002





NUTRITION

Nutrition-related Policies and Practices cont...

Most schools (83% middle school, 96% high school) offer snack foods or beverages from vending machines, school stores, canteens, or snack bars (Figure 14, Table 44). The most often mentioned foods/beverages were bottled water and drinks not 100% juice. Fruits and vegetables are the least likely to be available (Figure 15, Table 45). Beverages and snacks can be purchased at any time in the majority of high schools while in middle schools the access is mainly during lunch periods, and less often before or during school hours (Figure 16, Table 46).

Nutrition education has the primary goal of helping young persons adopt healthy eating behaviors that will aid in reducing the risk for disease (16). At both middle and high schools, in a required health education course, lead health educators taught most often about the benefits of healthy eating and aiming for a healthy weight. The least taught topic in middle schools was keeping food safe to eat (Table 47).

Figure 14: Percent of schools where students can purchase snack foods/beverages from vending machines by school type, Georgia, 2002

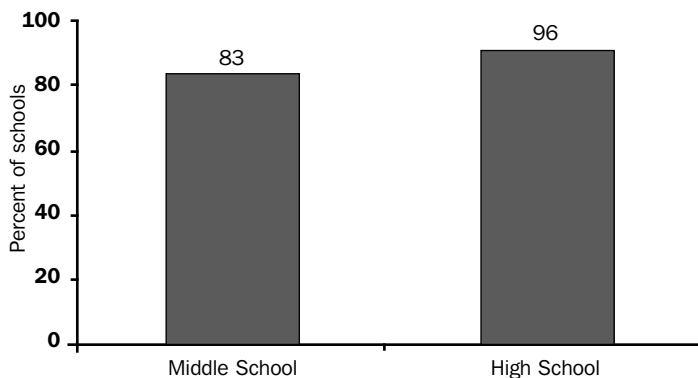


Figure 15: Percent of schools where students can purchase snack foods/beverages at school by food/beverage and school level, Georgia, 2002

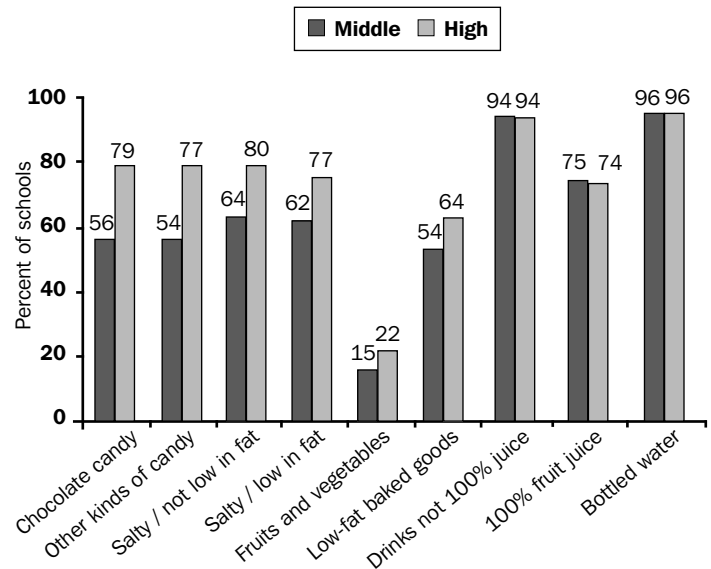
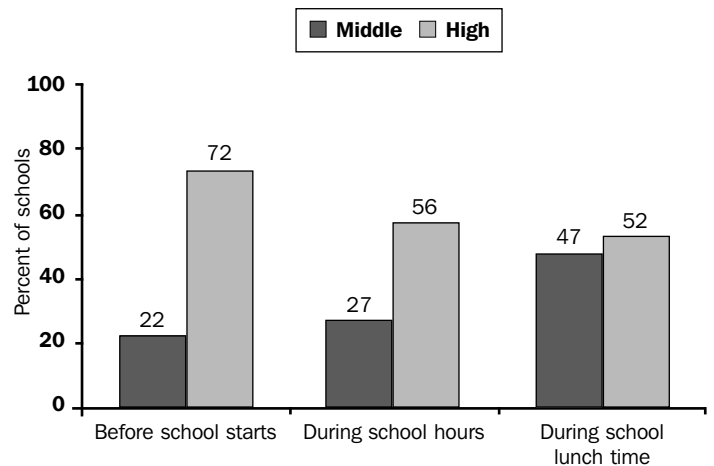


Figure 16: Percent of schools where students can purchase snack foods/beverages by time period and school type, Georgia, 2002



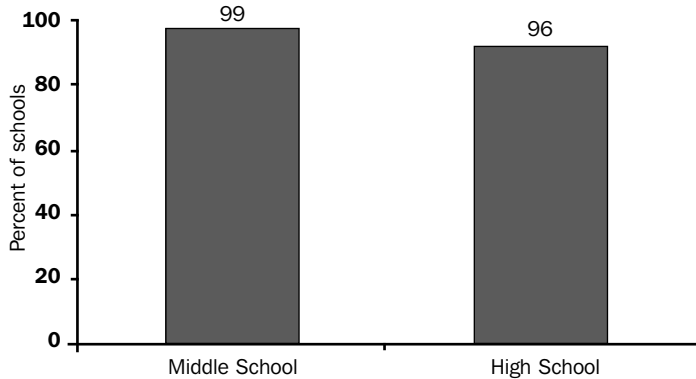


VIOLENCE PREVENTION

Violence Prevention and School Safety

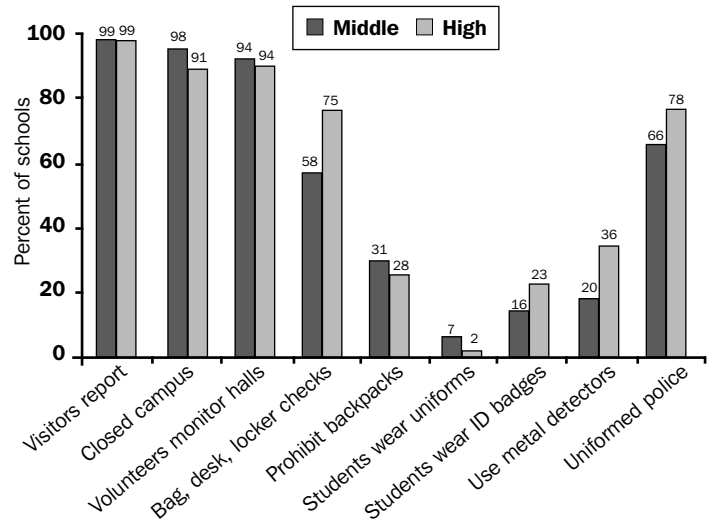
Effective and safe schools are well prepared for any potential crisis or violent acts (17). Nearly all middle (99%) and high (96%) schools have a written plan for responding to violence (Figure 17, Table 48).

Figure 17: Percent of schools with a written plan for responding to violence at school by school type, Georgia, 2002



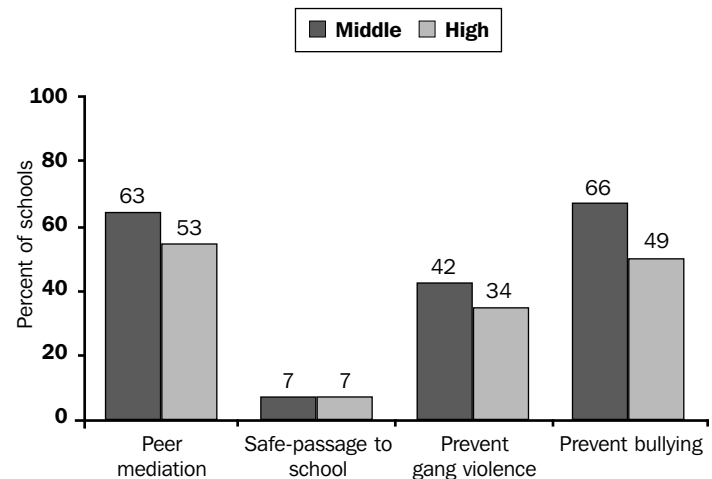
As part of a violence protection policy, nearly all Georgia middle and high schools require visitors to report to the main office upon arrival to the school, maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime, and use staff or adult volunteers to monitor hallways between and during classes. Twenty percent of middle schools and 36% of high schools use metal detectors as a safety measure (Figure 18, Table 49).

Figure 18: Percent of schools that implement safety and security measures by measure and school type, Georgia, 2002



The Safe and Drug-Free School and Communities Act of 1994 provides federal funds for programs to prevent violence in and around schools (18). Sixty six percent of Georgia middle schools and 49% of Georgia high schools have a program to prevent bullying. Sixty three percent of the middle schools and 53% of the high schools have peer mediation programs (Figure 19, Table 50).

Figure 19: Percent of schools that have or participate in safety programs by program and school type, Georgia, 2002





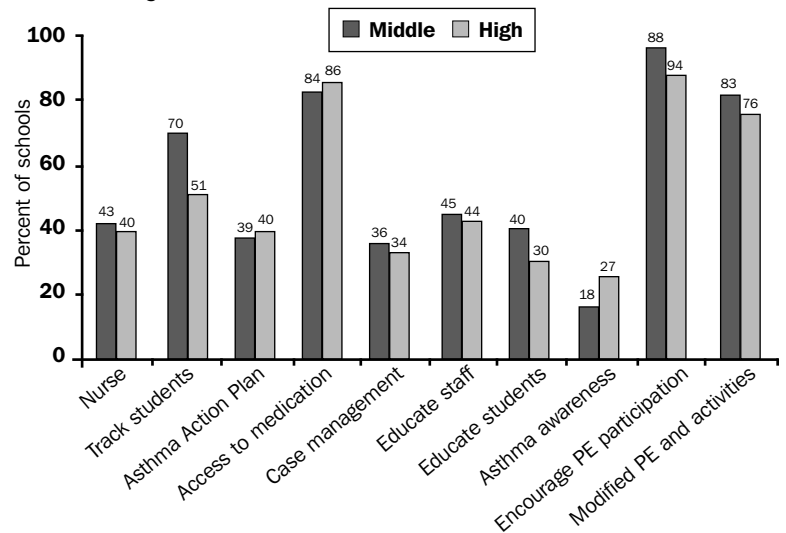
ASTHMA MANAGEMENT

Asthma Management Activities

Recommendations for school health services for students from the American Lung Association and Kaiser Permanente National Conference include: having a full-time nurse, all day every day for each school; identifying and tracking all students with asthma; assuming immediate access to medications as prescribed by a doctor and approved by parents; and using standard emergency protocols for students with respiratory distress (19).

Most often, implemented asthma management activities in Georgia middle and high schools were encouraging full participation in physical education and physical activity when asthma students are doing well, assuring immediate access to medication as prescribed by a physician, and providing modified physical education and physical activities as indicated by the student's Asthma Action Plan (Figure 20, Table 51).

Figure 20: Percent of schools that implement asthma management activities by activity and school type, Georgia, 2002





HIV PREVENTION

HIV Prevention Education and Policy

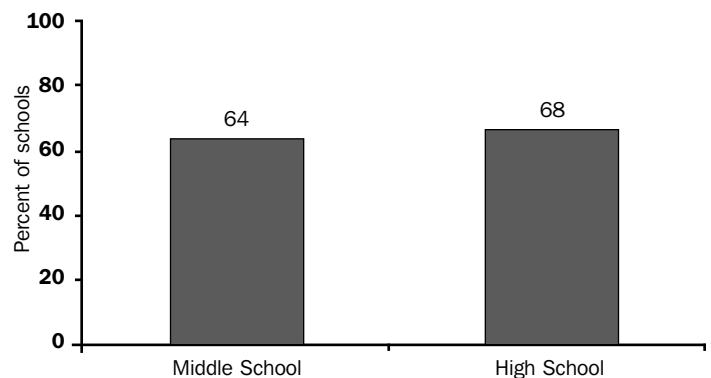
Abstinence, the most effective method to avoid HIV infection, was one of the most often taught HIV prevention topics in required health education courses in Georgia. How HIV is transmitted and how it affects the human body were HIV prevention topics taught by 89% of the middle schools and 94% of the high schools (Table 52).

When HIV prevention courses were not taught as part of health education, they were usually taught in conjunction with science courses (37%) and physical education courses (29%) in middle schools. In high schools, on the other hand, HIV prevention lessons were taught in a variety of courses: physical education (51%), science (49%), life skills (48%), home economics (42%), and special education (36%) (Table 53).

Students and staff with HIV infection or AIDS need policies to protect their rights (20). About half the schools nationwide have adopted a policy to address HIV (21). In Georgia, 64% of middle schools and 68% of high schools have adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS (Figure 21, Table 54). Most school written policies that protect the rights of students and/or staff with HIV infection/AIDS covered issues such as maintaining confidentiality of HIV-infected students and staff and worksite safety (Table 55).



Figure 21: Percent of schools that have a written policy to protect rights of students/staff with HIV/Aids by school type, Georgia, 2002





CONCLUSION

The 2002 Georgia School Health Education Profile (SHEP) provides important information on Georgia public middle and high schools. Health Education is offered in nearly all schools and is required most often in grades 6 through 9. The State curricula are used in combined health education and physical education courses and a broad range of topics are covered in the courses. Students are taught a number of skills for maintaining healthy behaviors such as decision making and conflict resolution. The school health education teachers use a variety of teaching methods to present these topics and skills and also instruct students to participate in activities outside of the classroom to reinforce concepts.

The SHEP examined six health areas in particular: tobacco use prevention, physical activity, nutrition, violence prevention, asthma management, and HIV prevention. Within these six areas, there were many similarities and differences between middle and high school health education. Middle schools are less stringent on physical activity but offer school facilities to students after school. Only 11% of middle schools provide transportation for students who participate in after school intramural activity or physical activity clubs. High schools require students to participate and pass physical education class. Both middle and high school students are given similar physical education lessons. Ninth grade students are the most likely to receive tobacco use prevention education, but no matter which grade tobacco education is offered, the focus is the same. Tobacco prevention policies are the same for middle and high schools and consequences for breaking school policies are also similar for the school types.

Georgia schools educate students on nutrition but healthy snack alternatives such as fruits and vegetables are the least likely to be offered to students. Middle and high schools implement a variety of similar activities and procedures to ensure school safety and to assist students with asthma. Both school types also have policies in place to protect the rights of students and faculty with HIV infection and AIDS. Not only do schools have HIV policies, but they also provide students with HIV prevention education, usually in science courses. High school students are provided education about HIV/AIDS with slightly different focal points, examining issues such as drug and alcohol use more often than middle schools. Neither middle nor high schools spend much time on condom use.

The 2002 SHEP also explored collaboration and coordination between schools and local partners. Health education teachers are usually held responsible for coordinating health education in the schools. Health education teachers often work alongside physical education teachers and use parental and community input when developing activities. Both middle and high school health education teachers are well trained in many topics. They receive training in many subjects and teaching methods. The health education teachers in Georgia are not only frequently attending educational training in health but are also well experienced, with the majority of the teachers having 15 years or more of teaching.



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APPENDIX: DETAILED DATA TABLES

Table 1: Is health education required for students in any of grades 6 through 12 in this school?

	2002		1998	
	%	(95% CI)	%	(95% CI)
Middle	85.0	(78.9 – 91.1)	99.4	(98.1 – 100)
High	97.6	(94.8 – 100)	100	(100– 100)

Table 2: Is a required health education course taught in each of the following grades in this school?

	Middle Schools 2002		Middle Schools 1998	
Grades	%	(95% CI)	%	(95% CI)
6	76.3	(69.2 – 83.5)	69.8	(62.7 – 76.9)
7	79.2	(72.0 – 86.5)	74.6	(67.9 – 81.3)
8	80.2	(73.9 – 86.6)	78.6	(73.0 – 84.3)

	High Schools 2002		High Schools 1998	
Grades	%	(95% CI)	%	(95% CI)
9	85.7	(79.0 – 92.4)	90.2	(85.4 – 95.1)
10	21.4	(13.7 – 29.1)	20.1	(14.0 – 26.3)
11	22.2	(15.3 – 29.1)	21.8	(15.3 – 28.2)
12	17.0	(10.4 – 23.7)	19.3	(13.4 – 25.1)



APPENDIX: DETAILED DATA TABLES

Table 3: How many required health education courses do students take in grades 6 through 12 in this school?

Courses	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
0 courses	10.0	(4.6 – 15.4)	1.7	(0.0 – 4.1)	9.7	(5.3 – 14.1)	0.6	(0.0 – 1.9)
1 course	15.8	(9.0 – 22.6)	81.7	(74.8 – 88.5)	16.4	(11.3 – 21.5)	87.0	(82.4 – 91.7)
2 courses	5.6	(1.5 – 9.8)	6.8	(2.6 – 10.9)	13.1	(8.0 – 18.1)	6.4	(2.2 – 10.5)
3 courses	55.4	(47.1 – 63.8)	2.5	(0.0 – 5.3)	54.3	(47.6 – 61.1)	0.0	(0.0 – 0.0)
4 or more courses	8.6	(3.9 – 13.3)	3.4	(0.5 – 7.4)	5.3	(2.4 – 8.3)	6.0	(2.4 – 9.6)
Missing Values	4.6		3.9		1.2		0.0	

Table 4: During this school year, about 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?

% exempted	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Students cannot be exempted or excused	29.2	(20.4 – 37.9)	58.3	(49.7 – 66.9)	29.1	(22.8 – 35.4)	44.5	(36.5 – 52.6)
Less than 1%	47.9	(38.9 – 56.9)	31.0	(22.8 – 39.1)	47.9	(40.6 – 55.1)	47.3	(39.0 – 55.5)
1% to 5%	6.9	(2.4 – 11.4)	3.5	(0.0 – 6.9)	9.2	(4.9 – 13.5)	0.7	(0.0 – 2.0)
6% or more	0.9	(0.0 – 2.8)	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)



APPENDIX: DETAILED DATA TABLES

Table 5: Are teachers in this school required to use each of the following materials in a required health education course for students in any of grades 6 through 12?

Material	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
National Health Education Standards	29.0	(21.0 – 37.0)	44.7	(35.4 – 54.0)	*	*	*	*
State’s curriculum, guidelines or framework	97.8	(95.3 – 100.0)	94.4	(89.9 – 98.9)	95.9	(92.9 – 99.0)	95.4	(91.7 – 99.1)
District’s curriculum, guidelines or framework	92.6	(88.0 – 97.1)	82.7	(75.1 – 90.2)	80.8	(75.4 – 86.2)	81.5	(74.6 – 88.3)
School’s curriculum, guidelines or framework	75.1	(66.9 – 83.4)	85.3	(78.6 – 92.0)	68.9	(62.4 – 75.4)	73.0	(65.7 – 80.3)
Materials from health organizations	40.5	(32.5 – 48.6)	48.7	(39.2 – 58.2)	*	*	*	*
Commercially-developed student textbook	40.5	(32.5 – 48.6)	48.7	(39.2 – 58.2)	36.2	(29.2 – 43.2)	31.0	(22.3 – 39.8)
Commercially-developed teacher’s guide	71.0	(63.0 – 79.0)	81.5	(74.4 – 88.6)	68.3	(61.9 – 74.7)	66.8	(58.2 – 75.3)

* = No data available

Table 6: Is required health education taught in each of the following ways to students in grades 6 through 12 in this school?

Method	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
In a combined health ed & PE course	58.9	(50.3 – 67.6)	72.4	(64.0 – 80.8)	53.3	(46.1 – 60.5)	61.8	(53.9 – 69.7)
In a course mainly about another subject other health ed	28.0	(19.6 – 36.4)	6.6	(2.0 – 11.2)	49.7	(43.6 – 55.8)	43.3	(34.7 – 51.9)



APPENDIX: DETAILED DATA TABLES

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

Topic	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Accident or injury prevention	92.2	(87.1 – 97.3)	91.5	(86.0 – 97.1)	89.7	(85.5 – 93.9)	92.2	(87.9 – 96.5)
Alcohol or other drug use prevention	97.7	(95.1 – 100.0)	97.0	(93.5 – 100.0)	98.9	(97.4 – 100.0)	97.2	(94.4 – 100.0)
Consumer health	78.2	(70.9 – 85.6)	78.7	(71.2 – 86.2)	80.3	(75.0 – 85.6)	86.2	(81.6 – 90.8)
CPR (Cardiopulmonary resuscitation)	61.3	(53.1 – 69.5)	81.6	(73.6 – 89.7)	71.7	(65.4 – 78.1)	84.3	(77.9 – 90.7)
Death & dying	50.9	(41.7 – 60.0)	70.9	(62.3 – 79.6)	45.9	(38.6 – 53.2)	69.7	(62.1 – 77.3)
Dental & oral health	71.4	(64.0 – 78.9)	67.3	(58.5 – 76.0)	76.3	(70.0 – 82.5)	68.3	(60.2 – 76.4)
Emotional & mental health	95.7	(92.0 – 99.5)	96.1	(92.2 – 99.9)	93.4	(89.6 – 97.2)	95.2	(92.1 – 98.2)
Environmental health	73.7	(66.5 – 80.9)	72.8	(64.4 – 81.2)	79.8	(74.0 – 85.6)	82.2	(76.3 – 88.1)
First Aid	83.9	(77.3 – 90.5)	88.3	(81.8 – 94.8)	87.9	(83.0 – 92.8)	94.2	(90.5 – 97.8)
Growth & development	91.5	(86.6 – 96.4)	91.8	(86.1 – 97.5)	95.4	(92.2 – 98.6)	91.7	(86.8 – 96.7)
HIV (human immunodeficiency virus) prevention	92.3	(87.5 – 97.0)	95.1	(90.8 – 99.4)	93.0	(89.9 – 96.2)	97.0	(94.8 – 99.3)
Human sexuality	88.5	(83.3 – 93.7)	90.5	(84.6 – 96.4)	84.5	(79.9 – 89.1)	91.1	(86.9 – 95.2)
Immunization & vaccinations	69.1	(60.8 – 77.3)	75.8	(67.5 – 84.1)	*	*	*	*
Nutrition & dietary behavior	91.0	(85.7 – 96.3)	95.1	(90.8 – 99.4)	96.3	(93.9 – 98.6)	95.8	(92.5 – 99.2)
Personal hygiene	91.0	(86.6 – 95.4)	81.2	(73.3 – 89.0)	96.8	(94.2 – 99.4)	95.7	(92.2 – 99.2)
Physical activity & fitness	94.5	(90.5 – 98.6)	94.3	(89.7 – 98.9)	94.8	(91.9 – 97.7)	91.8	(87.1 – 96.5)
Pregnancy prevention	85.7	(79.6 – 91.8)	92.5	(87.3 – 97.7)	83.7	(79.0 – 88.4)	89.6	(84.4 – 94.7)
STD (sexually transmitted disease) prevention	92.4	(87.6 – 97.1)	95.9	(91.9 – 99.9)	92.7	(89.2 – 96.1)	94.8	(91.5 – 98.2)
Suicide prevention	68.6	(60.9 – 76.4)	87.8	(81.2 – 94.5)	65.7	(59.2 – 72.1)	85.0	(79.5 – 90.5)
Sun safety or skin cancer prevention	75.5	(67.9 – 83.0)	75.8	(67.2 – 84.3)	*	*	*	*
Tobacco use prevention	97.7	(95.1 – 100.0)	96.0	(92.1 – 99.9)	97.3	(94.9 – 99.7)	94.6	(90.6 – 98.6)
Violence prevention (such as bullying, fighting, or homicide)	87.6	(82.6 – 92.7)	86.7	(79.7 – 93.7)	86.5	(81.9 – 91.1)	86.0	(80.3 – 91.8)

* = No data available



APPENDIX: DETAILED DATA TABLES

Table 8: During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12?

Skill	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Accessing valid health information, products, & services	79.6	(71.9 – 87.4)	89.6	(84.0 – 95.2)	82.1	(76.7 – 87.5)	86.9	(81.4 – 92.3)
Advocating for personal, family, & community health	80.8	(73.3 – 88.2)	82.8	(75.2 – 90.4)	79.5	(73.3 – 85.8)	87.0	(80.9 – 93.0)
Analysis of media messages	81.4	(74.2 – 88.6)	86.8	(79.9 – 93.7)	81.6	(76.9 – 86.3)	83.7	(77.7 – 89.6)
Communication	94.5	(90.4 – 98.5)	94.3	(89.7 – 98.9)	88.9	(84.3 – 93.5)	94.8	(91.0 – 98.7)
Decision making	95.0	(91.0 – 99.0)	96.1	(92.2 – 100)	95.9	(92.9 – 98.8)	97.0	(94.8 – 99.3)
Goal setting	95.8	(92.1 – 99.5)	95.2	(91.0 – 99.4)	94.0	(90.5 – 97.5)	97.0	(94.1 – 100)
Conflict resolution	89.5	(83.8 – 95.2)	89.5	(83.4 – 95.7)	85.9	(80.6 – 91.3)	85.8	(79.9 – 91.6)
Resisting peer pressure for unhealthy behaviors	98.5	(96.4 – 100)	95.2	(91.0 – 99.4)	97.3	(94.9 – 99.7)	97.7	(95.1 – 100)
Stress management	88.6	(82.7 – 94.5)	95.1	(90.9 – 99.4)	87.7	(82.8 – 92.6)	94.6	(90.6 – 98.6)

Table 9: During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12?

Teaching method	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Group discussions	94.9	(90.8 – 98.9)	92.3	(86.9 – 97.7)
Cooperative group activities	94.2	(90.2 – 98.1)	90.0	(83.9 – 96.2)
Role play, simulations, or practice	82.2	(75.3 – 89.1)	83.2	(76.8 – 89.7)
Language, performing, or visual arts	68.1	(59.7 – 76.4)	70.9	(61.9 – 79.8)
Pledges or contracts for behavior change	58.7	(49.8 – 67.5)	49.0	(40.2 – 57.8)
Adult guest speakers	80.4	(74.0 – 86.8)	83.9	(76.7 – 91.1)
Peer educators	55.4	(46.7 – 64.0)	64.5	(56.3 – 72.6)
The Internet	69.1	(61.2 – 77.0)	78.5	(70.2 – 86.8)
Computer-assisted instruction	57.2	(48.3 – 66.0)	67.2	(58.1 – 76.3)



APPENDIX: DETAILED DATA TABLES

Table 10: During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12?

Activity	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Perform volunteer work at a hospital, local health department, or community organization that addresses health	15.9	(9.4 – 22.3)	26.7	(17.5 – 36.0)
Participate in or attend a school or community health fair	27.5	(19.8 – 35.3)	44.2	(34.8 – 53.6)
Gather information about health services that are available in the community	56.7	(49.2 – 64.1)	65.5	(56.1 – 74.9)
Visit a store to compare prices of health products	21.8	(14.0 – 29.5)	29.3	(20.1 – 38.4)
Identify potential injury sites at school, home, or in the community	60.6	(52.5 – 68.8)	57.4	(48.3 – 66.5)
Identify & analyze advertising in the community designed to influence health behaviors or health risk behaviors	72.4	(64.4 – 80.5)	65.1	(56.1 – 74.2)
Advocate for a health-related issue	40.8	(32.3 – 49.2)	58.4	(48.3 – 68.6)
Complete homework assignments with family members	74.0	(66.6 – 81.5)	75.1	(68.0 – 82.2)

Table 11: Who coordinates health education in this school?

Coordinator	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
No one coordinates HE in this school	2.0	(0.0 – 4.3)	2.5	(0.0 – 5.2)	1.6	(0.0 – 3.5)	0.7	(0.0 – 2.0)
District Administrator	10.0	(5.3 – 14.8)	3.4	(0.1 – 6.7)	0.0	(0.0 – 0.0)	0.8	(0.0 – 2.4)
District HE or curriculum coordinator	19.2	(13.1 – 25.4)	27.5	(19.7 – 35.3)	33.9	(28.3 – 39.5)	29.5	(21.8 – 37.2)
School administrator	19.3	(13.1 – 25.5)	20.3	(12.7 – 27.9)	15.4	(10.4 – 20.4)	10.7	(5.6 – 15.8)
Health education teacher	43.2	(34.6 – 51.8)	44.7	(36.0 – 53.4)	28.2	(22.2 – 34.2)	35.1	(26.9 – 43.4)
School nurse	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)
Someone else	3.3	(0.4 – 6.2)	0.9	(0.0 – 2.6)	16.5	(11.2 – 21.8)	13.7	(8.7 – 18.7)



APPENDIX: DETAILED DATA TABLES

Table 12: Does this school or school district have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	59.7	(52.2 – 67.3)	65.1	(56.8 – 73.4)

Table 13: During this school year, have any health education staff worked with each of the following groups on health education activities?

	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
Course	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Physical education staff	80.2	(73.7 – 86.8)	86.1	(79.9 – 92.4)	63.0	(55.9 – 70.0)	74.2	(66.9 – 81.4)
School health services staff	61.1	(52.7 – 69.5)	63.5	(54.8 – 72.2)	27.0	(20.2 – 33.8)	28.8	(21.2 – 36.3)
School mental health or social services staff	53.0	(45.3 – 60.8)	52.0	(44.0 – 60.0)	55.2	(48.3 – 62.0)	42.1	(33.1 – 51.1)
Food service staff	24.1	(17.0 – 31.3)	33.5	(24.8 – 42.1)	15.7	(10.3 – 21.1)	18.4	(11.0 – 25.8)
Community members	58.4	(49.9 – 66.8)	63.7	(55.6 – 71.8)	*	*	*	*

Table 14: During this school year, has this school done each of the following activities?

	Middle Schools 2002		High Schools 2002	
Activity	%	(95% CI)	%	(95% CI)
Provided families with info on HE program	77.4	(70.6 – 84.3)	66.3	(59.1 – 73.6)
Met with a parents' organization to discuss HE program	23.9	(16.8 – 30.9)	29.5	(20.7 – 38.2)
Invited family members to attend a HE class	44.1	(36.6 – 51.7)	46.7	(37.5 – 56.0)



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Table 15: During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics?

Topic	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Accident or injury prevention	33.7	(25.9 – 41.6)	49.0	(40.2 – 57.9)	25.0	(19.1 – 30.9)	31.1	(22.9 – 39.4)
Alcohol or other drug use prevention	48.1	(40.7 – 55.6)	54.4	(44.8 – 64.0)	33.6	(27.2 – 40.0)	45.7	(37.2 – 54.1)
Consumer health	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)	10.7	(6.3 – 15.2)	14.2	(7.6 – 20.7)
CPR (Cardiopulmonary resuscitation)	60.6	(52.9 – 68.4)	69.2	(60.8 – 77.6)	37.2	(29.8 – 44.5)	46.0	(36.2 – 55.8)
Death & dying	6.9	(2.7 – 11.0)	10.2	(5.0 – 15.4)	7.6	(3.6 – 11.6)	10.2	(4.6 – 15.7)
Dental & oral health	5.9	(1.9 – 9.8)	10.3	(6.2 – 14.4)	8.5	(4.2 – 12.7)	12.6	(6.4 – 18.9)
Emotional & mental health	19.3	(12.7 – 25.9)	26.4	(19.0 – 33.8)	16.5	(11.4 – 21.6)	20.3	(13.2 – 27.5)
Environmental health	13.6	(8.0 – 19.2)	18.3	(11.5 – 25.0)	10.6	(6.3 – 14.8)	8.5	(3.4 – 13.6)
First Aid	54.9	(46.3 – 63.4)	65.6	(57.0 – 74.2)	32.5	(25.4 – 39.6)	45.2	(35.9 – 54.5)
Growth & development	31.9	(23.7 – 40.1)	23.0	(16.0 – 30.1)	21.7	(15.7 – 27.6)	19.8	(12.3 – 27.2)
HIV (human immunodeficiency virus) prevention	51.0	(42.3 – 59.7)	58.9	(50.0 – 67.8)	30.4	(23.6 – 37.1)	38.5	(29.5 – 47.5)
Human sexuality	31.6	(23.5 – 39.7)	41.5	(32.5 – 50.6)	25.3	(19.1 – 31.4)	27.1	(18.4 – 35.9)
Immunization & vaccinations	8.7	(4.2 – 13.3)	16.0	(9.1 – 22.9)	*	*	*	*
Nutrition & dietary behavior	14.4	(8.4 – 20.4)	24.1	(16.1 – 32.2)	19.3	(13.7 – 24.9)	22.1	(14.2 – 30.1)
Personal hygiene	9.9	(5.1 – 14.7)	14.5	(8.6 – 20.5)	18.8	(13.0 – 24.7)	20.0	(13.1 – 26.9)
Physical activity & fitness	33.6	(25.9 – 41.3)	45.0	(36.2 – 53.8)	30.4	(24.0 – 36.9)	35.2	(26.2 – 44.3)
Pregnancy prevention	32.2	(24.0 – 40.4)	35.4	(26.9 – 44.0)	23.5	(17.6 – 29.4)	21.3	(13.5 – 29.1)
STD (sexually transmitted disease) prevention	45.9	(37.4 – 54.5)	50.5	(42.0 – 59.0)	28.8	(22.5 – 35.1)	31.6	(23.2 – 40.0)
Suicide prevention	14.8	(9.5 – 20.1)	29.8	(23.9 – 35.7)	10.4	(6.0 – 14.8)	13.0	(7.1 – 18.9)
Sun safety or skin cancer prevention	6.4	(2.4 – 10.5)	13.1	(7.9 – 18.2)	*	*	*	*
Tobacco use prevention	35.4	(27.7 – 43.1)	37.6	(28.6 – 46.5)	26.5	(20.0 – 33.0)	22.7	(14.7 – 30.7)
Violence prevention (such as bullying, fighting, or homicide)	40.8	(33.0 – 48.6)	45.5	(36.9 – 54.1)	32.0	(24.7 – 39.3)	29.3	(21.2 – 37.5)

* = No data available



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Table 16: Would you like to receive staff development on each of these health education topics?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Accident or injury prevention	52.5	(44.6 – 60.4)	53.0	(43.6 – 62.3)
Alcohol or other drug use prevention	69.8	(62.4 – 77.2)	71.2	(61.7 – 80.6)
Consumer health	41.3	(33.2 – 49.3)	41.4	(32.9 – 49.9)
CPR (Cardiopulmonary resuscitation)	65.0	(56.8 – 73.1)	63.6	(54.5 – 72.7)
Death & dying	56.8	(48.4 – 65.2)	53.1	(42.8 – 63.4)
Dental & oral health	44.3	(36.3 – 52.3)	44.2	(34.0 – 54.5)
Emotional & mental health	62.9	(55.6 – 70.2)	58.4	(48.6 – 68.1)
Environmental health	50.6	(42.8 – 58.4)	49.3	(39.6 – 59.1)
First Aid	68.5	(60.4 – 76.5)	63.4	(54.2 – 72.7)
Growth & development	55.0	(46.9 – 63.1)	51.9	(42.1 – 61.7)
HIV (human immunodeficiency virus) prevention	68.6	(61.4 – 75.8)	68.9	(59.8 – 78.0)
Human sexuality	60.6	(52.9 – 68.2)	63.7	(53.7 – 73.7)
Immunization & vaccinations	43.1	(35.1 – 51.1)	50.3	(40.6 – 60.0)
Nutrition & dietary behavior	63.5	(56.1 – 70.9)	61.1	(51.8 – 70.4)
Personal hygiene	41.5	(33.6 – 49.5)	40.6	(31.1 – 50.1)
Physical activity & fitness	62.0	(54.0 – 70.0)	64.0	(55.5 – 72.6)
Pregnancy prevention	61.4	(53.6 – 69.2)	62.9	(53.7 – 72.2)
STD (sexually transmitted disease) prevention	66.9	(59.5 – 74.4)	69.6	(60.6 – 78.6)
Suicide prevention	67.7	(60.3 – 75.1)	66.5	(57.3 – 75.7)
Sun safety or skin cancer prevention	57.8	(50.3 – 65.3)	52.0	(41.8 – 62.1)
Tobacco use prevention	61.1	(53.1 – 69.1)	60.6	(50.1 – 71.0)
Violence prevention (such as bullying, fighting, or homicide)	73.1	(66.8 – 79.5)	75.8	(67.6 – 84.1)



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Table 17: Including this school year, how many years have you been teaching health education?

Years teaching	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
1 year	11.3	(5.9 – 16.6)	2.7	(0.0 – 5.8)	7.7	(3.6 – 11.7)	4.1	(0.5 – 7.7)
2 to 5 years	22.3	(15.9 – 28.7)	17.5	(10.5 – 24.4)	23.3	(17.2 – 29.4)	20.0	(13.2 – 26.9)
6 to 9 years	13.0	(7.1 – 18.8)	12.1	(5.8 – 18.4)	19.6	(14.1 – 25.1)	12.3	(6.5 – 18.1)
10 to 14 years	21.7	(15.0 – 28.3)	18.4	(11.3 – 25.5)	17.2	(11.9 – 22.5)	16.6	(10.2 – 23.0)
15 years or more	30.4	(22.9 – 38.0)	49.4	(40.7 – 58.0)	31.0	(24.2 – 37.8)	47.0	(38.4 – 55.6)

Table 18: During the past two years, did you receive staff development on each of the following teaching methods?

Teaching method	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Teaching students with physical or cognitive disabilities	32.0	(24.5 – 39.4)	41.6	(33.3 – 49.8)
Teaching students of various cultural backgrounds	37.2	(29.4 – 45.1)	38.4	(29.1 – 47.7)
Teaching students with limited English proficiency	24.8	(18.2 – 31.4)	25.4	(18.0 – 32.9)
Using interactive teaching methods	54.9	(48.0 – 61.8)	58.1	(50.2 – 65.9)
Encouraging family or community involvement	25.0	(17.6 – 32.5)	40.8	(31.7 – 49.9)
Teaching skills for behavior change	39.5	(32.3 – 46.6)	42.9	(33.3 – 52.6)



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Table 19: Would you like to receive staff development on each of these teaching methods?

Teaching method	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Teaching students with physical or cognitive disabilities	60.2	(52.4 – 68.0)	66.0	(57.8 – 74.2)
Teaching students of various cultural backgrounds	58.4	(51.3 – 65.5)	66.6	(58.3 – 75.0)
Teaching students with limited English proficiency	61.6	(53.7 – 69.4)	60.7	(51.8 – 69.5)
Using interactive teaching methods	55.8	(47.7 – 64.0)	68.4	(59.4 – 77.4)
Encouraging family or community involvement	65.7	(57.5 – 73.8)	63.9	(55.1 – 72.8)
Teaching skills for behavior change	69.0	(61.4 – 76.6)	71.9	(64.0 – 79.8)

Table 20: Is physical education required for students in any of grades 6 through 12 in this school?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	61.6	(53.6 – 69.7)	94.3	(90.1 – 98.5)

Table 21: Can students be exempted from taking required physical education for any of the following reasons?

Reason	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Enrollment in other courses	21.4	(12.5 – 30.2)	1.6	(0.0 – 3.8)
Participation in school sports	0.0	(0.0 – 0.0)	0.8	(0.0 – 2.4)
Participation in other school activities	15.4	(8.2 – 22.5)	4.9	(1.1 – 8.6)
Participation in community sports activities	0.0	(0.0 – 0.0)	0.0	(0.0 – 0.0)



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Table 22: If students fail required physical education, are they required to repeat it?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	19.7	(11.2 – 28.2)	95.9	(92.3 – 99.5)

Table 23: Are faculty and staff at this school allowed to use physical activity, such as laps or push-ups, to punish students for bad behavior in physical education?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	25.7	(18.5 – 32.8)	28.4	(20.1 – 36.7)

Table 24: Are faculty and staff at this school allowed to make students miss all or part of physical education as punishment for bad behavior in another class?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	4.9	(1.5 – 8.3)	0.7	(0.0 – 2.2)

Table 25: Is a newly hired physical education teacher or specialist required to be certified, licensed, or endorsed by the state in physical education?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	96.8	(93.7 – 100)	99.2	(97.7 – 100)



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Table 26: Does this school offer students opportunities to participate in intramural activities or physical activity clubs?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	62.4	(55.3 – 69.5)	42.9	(33.5 – 52.3)

Table 27: Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	10.9	(5.5 – 16.2)	4.9	(1.0 – 8.9)

Table 28: Outside of school hours or when school is not in session, do children or adolescents use any of this school's activity or athletic facilities for community-sponsored sports teams or physical activity programs?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	85.5	(79.7 – 91.4)	79.0	(72.1 – 85.8)



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Table 29: During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
The physical, psychological, or social benefits of physical activity	88.2	(82.3 – 94.1)	91.8	(86.4 – 97.2)
Health-related fitness	82.7	(75.7 – 89.6)	87.8	(81.7 – 93.9)
Phases of a workout	79.8	(72.8 – 86.8)	86.1	(79.6 – 92.6)
How much physical activity is enough	77.7	(71.3 – 84.1)	85.0	(78.2 – 91.9)
Developing an individualized physical activity plan	62.9	(54.2 – 71.5)	80.4	(72.4 – 88.4)
Monitoring progress toward reaching goals in an individualized physical activity plan	60.6	(51.9 – 69.3)	80.5	(72.5 – 88.4)
Overcoming barriers to physical activity	66.2	(57.9 – 74.5)	81.0	(73.1 – 88.9)
Decreasing sedentary activities such as television watching	80.8	(73.6 – 88.1)	88.1	(82.0 – 94.1)
Opportunities for physical activity in the community	77.0	(69.5 – 84.4)	79.1	(71.2 – 87.0)
Preventing injury during physical activity	76.8	(69.6 – 83.9)	88.2	(82.2 – 94.1)
Weather-related safety	82.4	(75.6 – 89.3)	88.9	(83.0 – 94.7)
Dangers of using performance-enhancing drugs, such as steroids	86.8	(80.5 – 93.2)	91.6	(86.2 – 97.1)



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Table 30: During this school year, in which of the following grades was information on tobacco use prevention provided?

Middle Schools 2002		
Grades	%	(95% CI)
6	83.9	(78.1 – 89.7)
7	88.3	(83.7 – 92.9)
8	88.0	(83.3 – 92.7)

High Schools 2002		
Grades	%	(95% CI)
9	94.9	(91.4 – 98.3)
10	58.1	(49.3 – 66.8)
11	51.5	(42.5 – 60.5)
12	50.7	(41.9 – 59.5)

Table 31: Are required tobacco use prevention units or lessons taught in each of the following courses in this school?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Science	34.7	(28.7 – 40.8)	36.6	(29.2 – 44.1)
Home economics or family & consumer education	16.5	(10.0 – 23.1)	37.5	(29.0 – 46.0)
Physical education	41.1	(32.3 – 49.9)	61.7	(53.9 – 69.6)
Family life education or life skills	28.9	(21.7 – 36.1)	44.1	(34.8 – 53.3)
Special education	28.9	(21.4 – 36.3)	44.7	(36.2 – 53.3)



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Table 32: During this school year, did teachers in this school teach each of the following tobacco use prevention topics in a required health education course for students in any of grades 6 through 12?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Short- & long-term health consequences of cigarette smoking	96.8	(93.6 – 99.9)	93.5	(88.7 – 98.4)
Benefits of not smoking cigarettes	96.8	(93.6 – 99.9)	94.4	(89.9 – 98.9)
Risks of cigar or pipe smoking	92.4	(87.4 – 97.3)	92.6	(87.5 – 97.8)
Short- & long-term health consequences of using smokeless tobacco	96.8	(93.6 – 99.9)	94.4	(89.9 – 98.9)
Benefits of not using smokeless tobacco	96.8	(93.6 – 99.9)	94.4	(89.9 – 98.9)
Addictive effects of nicotine in tobacco products	96.8	(93.6 – 99.9)	94.4	(89.9 – 98.9)
How many young people use tobacco	91.8	(86.7 – 96.9)	92.6	(87.5 – 97.8)
The number of illnesses & deaths related to tobacco use	93.4	(88.8 – 98.0)	93.5	(88.7 – 98.4)
Influence of families on tobacco use	95.1	(91.1 – 99.0)	91.7	(86.3 – 97.2)
Influence of the media on tobacco use	94.7	(90.4 – 98.9)	94.4	(89.9 – 98.9)
Social or cultural influences on tobacco use	90.7	(85.2 – 96.2)	89.8	(83.8 – 95.9)
How to find valid information or services related to tobacco use cessation	80.7	(74.1 – 87.4)	81.6	(74.2 – 88.9)
Making a personal commitment not to use tobacco	79.1	(71.9 – 86.3)	73.5	(64.8 – 82.1)
How students can influence or support others to prevent tobacco use	90.3	(84.9 – 95.6)	87.3	(80.6 – 94.0)
How students can influence or support others in efforts to quit using tobacco	91.6	(86.8 – 96.5)	86.3	(79.4 – 93.3)
How to say no to tobacco use	96.2	(92.8 – 99.5)	93.5	(88.7 – 98.4)
Health effects of environmental tobacco smoke (ETS) or second-hand smoke	96.8	(93.6 – 99.9)	93.5	(88.7 – 98.4)



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Table 33: Does the tobacco prevention policy specifically prohibit use of each type of tobacco for each of the following groups?

Type of tobacco	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Students – Cigarettes	98.8	(97.2 – 100)	99.2	(97.6 – 100)
– Smokeless tobacco	98.8	(97.2 – 100)	98.4	(96.1 – 100)
– Cigars	98.8	(97.2 – 100)	98.4	(96.1 – 100)
– Pipes	98.8	(97.2 – 100)	99.2	(97.5 – 100)
Faculty – Cigarettes	92.1	(87.7 – 96.5)	93.9	(89.3 – 98.4)
– Smokeless tobacco	92.1	(87.6 – 96.5)	93.8	(89.3 – 98.4)
– Cigars	92.8	(88.5 – 97.0)	93.0	(88.2 – 97.8)
– Pipes	92.8	(88.5 – 97.0)	93.0	(88.2 – 97.8)
Visitors – Cigarettes	88.6	(83.4 – 93.9)	88.0	(81.8 – 94.3)
– Smokeless tobacco	85.1	(79.2 – 91.0)	88.0	(81.8 – 94.3)
– Cigars	88.6	(83.4 – 93.9)	87.2	(80.7 – 93.6)
– Pipes	88.6	(83.4 – 93.9)	87.2	(80.7 – 93.6)

Table 34: Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

Time	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Students – During school hours	99.3	(97.9 – 100)	100	(100 – 100)
– During non-school hours	86.4	(80.8 – 91.9)	84.1	(77.0 – 91.2)
Faculty – During school hours	93.8	(89.8 – 97.8)	93.0	(88.1 – 97.8)
– During non-school hours	76.5	(69.5 – 83.5)	70.4	(61.3 – 79.6)
Visitors – During school hours	91.0	(86.3 – 95.8)	86.4	(79.7 – 93.0)
– During non-school hours	74.6	(67.3 – 81.8)	57.2	(48.1 – 66.3)



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Table 35: Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Location	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Students – In school buildings	98.8	(97.2 – 100)	99.2	(97.6 – 100)
– On school grounds	98.8	(97.2 – 100)	98.4	(96.1 – 100)
– In school buses or other vehicles	98.8	(97.2 – 100)	98.4	(96.1 – 100)
– At off-campus, school-sponsored events	98.8	(97.2 – 100)	99.2	(97.5 – 100)
Faculty – In school buildings	92.1	(87.7 – 96.5)	93.9	(89.3 – 98.4)
– On school grounds	92.1	(87.6 – 96.5)	93.8	(89.3 – 98.4)
– In school buses or other vehicles	92.8	(88.5 – 97.0)	93.0	(88.2 – 97.8)
– At off-campus, school-sponsored events	92.8	(88.5 – 97.0)	93.0	(88.2 – 97.8)
Visitors – In school buildings	88.6	(83.4 – 93.9)	88.0	(81.8 – 94.3)
– On school grounds	85.1	(79.2 – 91.0)	88.0	(81.8 – 94.3)
– In school buses or other vehicles	88.6	(83.4 – 93.9)	87.2	(80.7 – 93.6)
– At off-campus, school-sponsored events	88.6	(83.4 – 93.9)	87.2	(80.7 – 93.6)

Table 36: Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco?

Group	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Students –	98.0	(95.8 – 100)	98.3	(96.0 – 100)
Faculty –	96.7	(93.8 – 99.6)	96.3	(92.8 – 99.9)
Visitors –	83.9	(77.5 – 90.3)	75.7	(68.2 – 83.1)



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Table 37: When students are caught smoking cigarettes, how often are each of the following actions taken?

Action	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Parents or guardians are informed	98.6	(96.7 – 100)	90.1	(84.9 – 95.2)
Referred to a school counselor	21.5	(14.7 – 28.4)	7.5	(2.6 – 12.4)
Referred to a school administrator	98.8	(97.1 – 100)	98.4	(96.2 – 100)
Encouraged, but not required to participate in an assistance, education, or cessation program	7.0	(2.6 – 11.3)	4.9	(1.0 – 8.8)
Required to participate in an assistance, education or cessation program	3.8	(0.4 – 7.1)	1.6	(0.0 – 3.9)
Referred to legal authorities	2.8	(0.7 – 4.9)	1.6	(0.0 – 3.7)
Placed in detention	11.5	(6.6 – 16.5)	13.4	(6.9 – 19.9)
Given in-school suspension	55.0	(47.6 – 62.4)	46.9	(39.6 – 54.1)
Suspended from school	19.0	(13.4 – 24.6)	24.1	(15.9 – 32.2)

Table 38: Does your school provide referrals to tobacco cessation programs for each of the following groups?

Group	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Faculty & staff	13.2	(7.3 – 19.0)	10.2	(5.1 – 15.3)
Students	21.8	(15.7 – 27.9)	23.5	(15.9 – 31.2)

Table 39: Is tobacco advertising prohibited in each of the following locations?

Location	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
In the school building	92.2	(88.4 – 96.0)	93.4	(88.9 – 98.0)
On school grounds	91.4	(87.3 – 95.4)	92.7	(88.0 – 97.4)
On school buses or other vehicles	90.4	(86.0 – 94.9)	93.4	(88.9 – 98.0)
In school publications	91.4	(87.4 – 95.5)	92.7	(88.0 – 97.5)



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Table 40: Is tobacco advertising through sponsorship of school events prohibited?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	93.3	(89.2 – 97.3)	89.5	(84.2 – 94.7)

Table 41: Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	93.6	(89.4 – 97.8)	94.0	(90.1 – 97.8)

Table 42: How long do students usually have to eat lunch once they are seated?

Amount of time	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Less than 20 minutes	15.4	(9.5 – 21.3)	15.4	(9.1 – 21.6)
20 minutes or more	83.2	(77.0 – 89.4)	80.5	(73.6 – 87.4)
This school does not serve lunch to students	0.0	(0.0 – 0.0)	2.5	(0.8 – 4.2)

Table 43: Does this school or district have a policy stating that fruits or vegetables will be offered at school settings?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	5.6	(1.7 – 9.5)	10.6	(4.8 – 16.3)



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Table 44: Can students purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	82.8	(76.9 – 88.6)	96.0	(93.3 – 98.7)

Table 45: Can students purchase each snack food or beverages from vending machines or at the school store, canteen, or snack bar?

Food/Beverage	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Chocolate candy	56.0	(47.5 – 64.5)	79.1	(71.5 – 86.6)
Other kinds of candy	54.2	(45.5 – 62.9)	76.6	(69.2 – 84.0)
Salty snacks that are not low in fat (potato chips)	63.7	(55.3 – 72.0)	79.7	(72.8 – 86.6)
Salty snacks that are low in fat (pretzels)	62.4	(53.7 – 71.2)	76.9	(69.1 – 84.7)
Fruits & vegetables	15.4	(9.0 – 21.9)	22.4	(15.5 – 29.4)
Low-fat cookies, crackers, cakes, or baked goods	54.0	(45.4 – 62.6)	63.9	(54.3 – 73.6)
Soft drinks, sports drinks, or drinks not 100% juice	94.4	(90.1 – 98.7)	94.0	(89.6 – 98.4)
100% fruit juice	74.6	(66.8 – 82.4)	74.3	(66.2 – 82.4)
Bottled water	95.6	(91.8 – 99.5)	95.9	(93.1 – 98.7)

Table 46: Can students purchase snack foods or beverages during the following times?

Time	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Before classes begin in the morning	22.0	(14.4 – 29.5)	71.9	(63.9 – 80.0)
During any school hours when meals are not being served	26.7	(19.3 – 34.0)	56.0	(47.7 – 64.2)
During school lunch periods	46.5	(37.8 – 55.3)	52.4	(43.3 – 61.4)



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Table 47: During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
The benefits of healthy eating	91.0	(85.7 – 96.3)	94.3	(89.8 – 98.9)
The Food Guide Pyramid	86.2	(80.3 – 92.1)	90.8	(85.1 – 96.5)
The Dietary Guidelines for Americans	81.1	(74.5 – 87.8)	90.8	(85.1 – 96.5)
Using food labels	83.8	(77.3 – 90.4)	88.6	(82.2 – 95.1)
Aiming for a healthy weight	88.8	(82.9 – 94.7)	94.3	(89.8 – 98.9)
Choosing a variety of grains daily, especially whole grains	80.2	(73.2 – 87.1)	89.3	(83.0 – 95.6)
Choosing a variety of fruits & vegetables daily	83.3	(76.5 – 90.1)	91.7	(86.2 – 97.2)
Choosing a diet low in saturated fat & cholesterol & moderate in total fat	86.4	(80.2 – 92.5)	92.6	(87.4 – 97.8)
Moderating intake of sugars	84.0	(77.4 – 90.6)	91.7	(86.2 – 97.2)
Choosing & preparing foods with less salt	77.5	(70.1 – 84.9)	91.7	(86.3 – 97.1)
Eating more calcium-rich foods	81.5	(74.5 – 88.4)	89.1	(83.4 – 94.9)
Keeping food safe to eat	74.0	(65.8 – 82.2)	82.3	(74.5 – 90.2)
Preparing healthy meals & snacks	81.1	(74.6 – 87.6)	88.0	(81.5 – 94.5)
Risks of unhealthy weight control practices	86.1	(80.2 – 92.0)	93.5	(88.6 – 98.3)
Accepting body size differences	83.0	(76.9 – 89.1)	91.7	(86.2 – 97.2)
Eating disorders	86.0	(80.4 – 91.7)	93.4	(88.6 – 98.3)

Table 48: Does your school have a written plan for responding to violence at the school?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	99.4	(98.1 – 100)	96.3	(92.8 – 99.9)



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Table 49: Does your school implement each of the following safety and security measures?

Measure	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Require visitors to report to the main office or reception area upon arrival	99.4	(98.1 – 100)	99.1	(97.5 – 100)
Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime	98.1	(95.9 – 100)	90.9	(86.0 – 95.7)
Use staff or adult volunteers to monitor school halls during & between classes	93.7	(89.6 – 97.9)	94.3	(90.1 – 98.5)
Routinely conduct bag, desk, or locker checks	58.0	(50.3 – 65.7)	74.6	(67.3 – 81.9)
Prohibit students from carrying backpacks or book bags at school	30.8	(22.9 – 38.7)	28.2	(20.8 – 35.6)
Require students to wear school uniforms	6.7	(3.2 – 10.1)	1.7	(0.0 – 3.9)
Require students to wear identification badges	15.7	(9.5 – 21.9)	22.9	(15.4 – 30.4)
Use metal detectors	19.9	(13.7 – 26.1)	35.9	(28.3 – 43.5)
Have uniformed police, undercover police, or security guards during the regular school day	65.5	(57.2 – 73.7)	77.9	(70.8 – 84.9)

Table 50: Does your school have or participate in each of the following programs?

Program	Middle Schools 2002		High Schools 2002	
	%%	(95% CI)	%	(95% CI)
A peer mediation program	62.8	(55.6 – 70.0)	53.0	(43.5 – 62.5)
A safe-passage to school program	7.3	(3.4 – 11.2)	6.5	(2.0 – 11.1)
A program to prevent gang violence	42.1	(33.6 – 50.7)	33.9	(24.9 – 42.8)
A program to prevent bullying	65.8	(58.3 – 73.3)	49.0	(38.8 – 59.2)



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Table 51: Does your school implement each of the following school-based asthma management activities?

Activity	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Provide a full-time registered nurse, all day every day	42.7	(35.2 – 50.1)	39.9	(31.1 – 48.7)
Identify & track all students with asthma	70.3	(63.3 – 77.2)	51.1	(41.8 – 60.3)
Obtain & use an Asthma Action Plan for all students with asthma	38.9	(31.2 – 46.7)	39.7	(31.1 – 48.2)
Assure immediate access to medication as prescribed by a physician	83.7	(77.7 – 89.7)	85.5	(78.8 – 92.2)
Provide intensive case management for students with asthma who are absent 10 days or more per year	35.6	(28.3 – 42.9)	34.2	(26.3 – 42.0)
Educate school staff about asthma	44.6	(37.0 – 52.1)	43.6	(36.2 – 50.9)
Educate students with asthma about asthma management	39.9	(31.6 – 48.1)	29.9	(22.6 – 37.1)
Teach asthma awareness to all students in at least one grade	17.8	(11.9 – 23.6)	27.4	(19.6 – 35.2)
Encourage full participation in physical education & physical activity when students with asthma are doing well	93.6	(89.6 – 97.6)	88.4	(82.4 – 94.4)
Provide modified physical education & physical activities as indicated by the student's Asthma Action Plan	82.5	(77.2 – 87.8)	75.7	(67.9 – 83.4)



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Table 52: During this school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 6 through 12?

Topic	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Abstinence as the most effective method to avoid HIV infection	90.1	(84.6 – 95.6)	95.1	(90.8 – 99.4)
How HIV is transmitted	89.3	(83.7 – 94.9)	94.2	(89.6 – 98.9)
How HIV affects the human body	89.0	(83.2 – 94.8)	94.2	(89.6 – 98.9)
Condom efficacy	63.8	(55.2 – 72.4)	78.1	(69.7 – 86.4)
Influence of alcohol & other drugs on HIV-related risk behaviors	86.5	(80.2 – 92.8)	95.1	(90.8 – 99.4)
Social or cultural influences on HIV-related risk behaviors	80.7	(73.4 – 88.0)	92.2	(86.7 – 97.6)
Number of young people who get HIV	84.3	(77.5 – 91.2)	91.6	(86.1 – 97.1)
How to find valid information or services related to HIV or HIV testing	68.7	(59.9 – 77.4)	86.9	(80.1 – 93.8)
Compassion for persons living with HIV or AIDS	73.5	(64.9 – 82.1)	89.6	(83.4 – 95.8)

Table 53: Are required HIV prevention units or lessons taught in each of the following courses in this school?

Course	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Science	36.7	(28.6 – 44.8)	49.4	(41.6 – 57.2)
Home Ec or family & consumer education	10.3	(5.4 – 15.2)	41.9	(33.3 – 50.6)
Physical education	28.7	(20.8 – 36.5)	50.8	(41.8 – 59.9)
Family life education or life skills	18.7	(12.8 – 24.6)	48.3	(39.1 – 57.4)
Special education	19.1	(12.4 – 25.8)	36.3	(28.4 – 44.2)



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Table 54: Has this school adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS?

	Middle Schools 2002		High Schools 2002	
	%	(95% CI)	%	(95% CI)
Yes	64.0	(56.8 – 71.3)	67.6	(58.8 – 76.4)

Table 55: Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS?

Issue	Middle Schools 2002		High Schools 2002		Middle Schools 1998		High Schools 1998	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Attendance of students with HIV infection	87.0	(79.5 – 94.5)	86.7	(79.6 – 93.8)	84.9	(79.0 – 90.7)	86.8	(79.8 – 93.8)
Procedures to protect HIV-infected students	89.8	(83.9 – 95.8)	91.4	(84.9 – 97.8)	86.9	(81.4 – 92.3)	91.0	(85.3 – 96.7)
Maintaining confidentiality of HIV-infected students & staff	94.2	(89.1 – 99.3)	96.3	(92.1 – 100)	89.0	(83.9 – 94.0)	91.8	(86.1 – 97.4)
Worksite safety	94.2	(89.1 – 99.3)	95.1	(90.3 – 99.9)	89.6	(84.4 – 94.8)	84.9	(78.0 – 91.7)
Confidential counseling for HIV-infected students	84.9	(77.8 – 92.0)	82.0	(74.6 – 89.5)	62.8	(55.0 – 70.5)	69.2	(60.8 – 77.6)
Communication of the policy to students, school staff, & parents	84.6	(76.6 – 92.5)	90.3	(83.5 – 97.0)	73.2	(66.7 – 79.6)	79.6	(71.7 – 87.6)
Adequate training about HIV infection for school staff	80.0	(71.0 – 89.0)	79.7	(70.9 – 88.5)	80.0	(73.4 – 86.7)	82.9	(76.3 – 89.4)
Procedures for implementing the policy	83.2	(75.3 – 91.0)	84.4	(76.1 – 92.6)	82.6	(75.8 – 89.4)	85.6	(79.2 – 92.0)



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