

Survey Methods

The School Health Education Profile (SHEP) is administered cooperatively through the North Dakota Department of Health and the North Dakota Department of Public Instruction. The School Health Education Profile principal and lead health education teacher questionnaires were developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of 75 state, local and territorial departments of education. Some questions have been added or changed upon suggestion of the North Dakota advisory board.

Survey data was obtained from 163 principals and from 155 lead health teachers in secondary public schools containing any of grades six through 12. Because the survey participants were selected in a random fashion, the weighted survey results can be used to make important inferences about health education in all North Dakota public schools. Overall results are included in this document.

Overall Recommendations

- A coordinated school health program should be promoted in all school districts addressing the eight components of comprehensive school health education.
- A school health program that is well designed, monitored and evaluated will promote academic success for all students.
- Schools that actively solicit parent involvement and engage community resources and services can respond more effectively to the health-related and educational needs of students.
- To see a change in risk behaviors, health education needs to be required at all grade levels.
- School health policies promote health in multiple ways; emphasize the value of coordinating all components of the school that deal with health issues; and address the needs of staff as well as students.
- Policies should be strengthened in all areas of school health programs, including parent and community involvement, and policies on physical education, nutrition, violence prevention, HIV/AIDS, and tobacco.
- Teachers and school staff must be properly supported and professional development available to learn new skills and to improve the quality of education and promote a healthy environment.

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Health Education Course Content

Ninety-two percent of schools in North Dakota reported that they require health education courses. The North Dakota Department of Public Instruction has set state requirements. These are as follows:

Per Week	Health	Physical Ed.
Grades One through Three	40 mins	90 mins*
Grades Four through Six	80 mins	90 mins

*Thirty minutes of supervised freeplay may be counted as part of the ninety minutes of physical education for K-3.

	Health	Physical Ed.
Grades Seven and/or Eight	60 clock hrs	80 mins
Grades Nine through 12	30 clock hrs	120 clock hrs

People who coordinate health education in the schools include

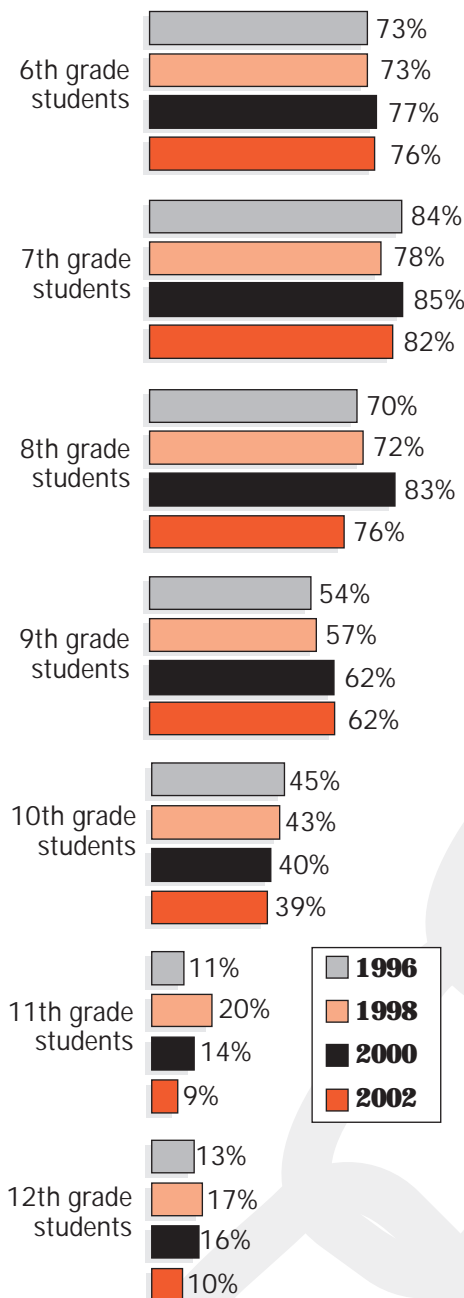
	2000	2002
No one coordinates health education in this school	6%	8%
District administrator	11%	13%
District health education or curriculum coordinator	8%	8%
School administrator	25%	25%
Health education teacher	48%	43%
School nurse	0%	0%
Other	3%	4%

Required health education classes are most likely to be taught in grades six through eight. Less than 20 percent of schools taught health education courses in grades 11 or 12.

Health agencies and colleges of public health and medicine have recognized the potential for schools to improve the health of young people and the adults they will become.

-Lloyd J. Kolbe
 "Education Reform & the Goals of Modern School Health Programs"
 The State Education Standard, Autumn 2002

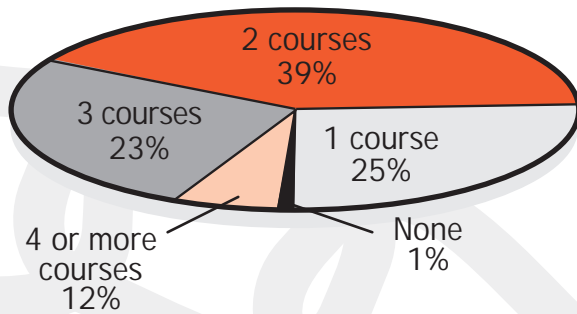
Grade at which required health education usually is taught



LINK: While health education decreases at upper grade levels, most youth risks increase according to the YRBS.

Health Education Course Content continued...

Number of required health education classes



The overwhelming weight of scientific evidence is that sexuality education based on abstinence that includes contraceptive information and practice in decision-making and communication skills can be very effective both in delaying initial intercourse and increasing the use of contraception among sexually active adolescents.

-The Sexuality Education Challenge
by Judy Drolet and Kay Clark

The factors that predispose young people to substance abuse, violence, teen pregnancy, and school failure overlap.

-Clea McNeely
"The Uptapped Power of Schools
to Improve the Health of Teens"
The State Education Standard, Autumn 2002

LINK: All effective research based programs teach students skills.

Ways in which teachers tried to increase student knowledge in a required health education course

	1998	2000	2002
Tobacco use prevention	99%	100%	99%
Alcohol and other drug use prevention	100%	100%	99%
Pregnancy prevention	76%	74%	70%
Human sexuality	82%	85%	82%
STD prevention	89%	90%	82%
HIV (Human immunodeficiency virus) prevention	94%	97%	91%
Physical activity and fitness	97%	94%	99%
Dietary behaviors and nutrition	97%	94%	99%

Between 1980 and 1999, the percentage of children who were overweight nearly doubled, and the percentage nearly tripled among adolescents.

-Julie Stauss
"Creating a Healthy School Nutrition Environment"
The State Education Standard, Autumn 2002

School prevention programs recognize the needs of adolescents, their ability to perceive risk, and their willingness to act on health promotion messages.

-Lessons from the Classroom
1992 CCSSO

Health Education Course Content continued...

Ways in which teachers tried to increase student skills in a required health education course

	1998	2000	2002
Decision making skills	98%	98%	96%
Refusal skills	97%	96%	98%
Communication	95%	92%	95%
Goal setting	92%	90%	93%
Stress management	87%	93%	93%
Conflict resolution	78%	85%	85%
Accessing valid health information, products, services	75%	87%	83%
Advocating for personal, family, and community health	74%	79%	79%
Analysis of media messages	74%	81%	87%

Required health education is taught in each of the following ways in grades 6-12

	2000	2002
In a combined health and physical education course	59%	69%
In a course mainly about another subject other than health education such as science, social studies, or English	29%	30%

LINK: Health education has the possibility of integration into all subjects.

LINK: Assisting students in analyzing media messages helps them to resist pressure.

LINK: Health education has moved from information only to skills development for life-long health choices.

Addressing student health issues function as part of an overall school effort to support academic success, health, and well-being of children.

-Lessons from the Classroom, 1992 CCSSO

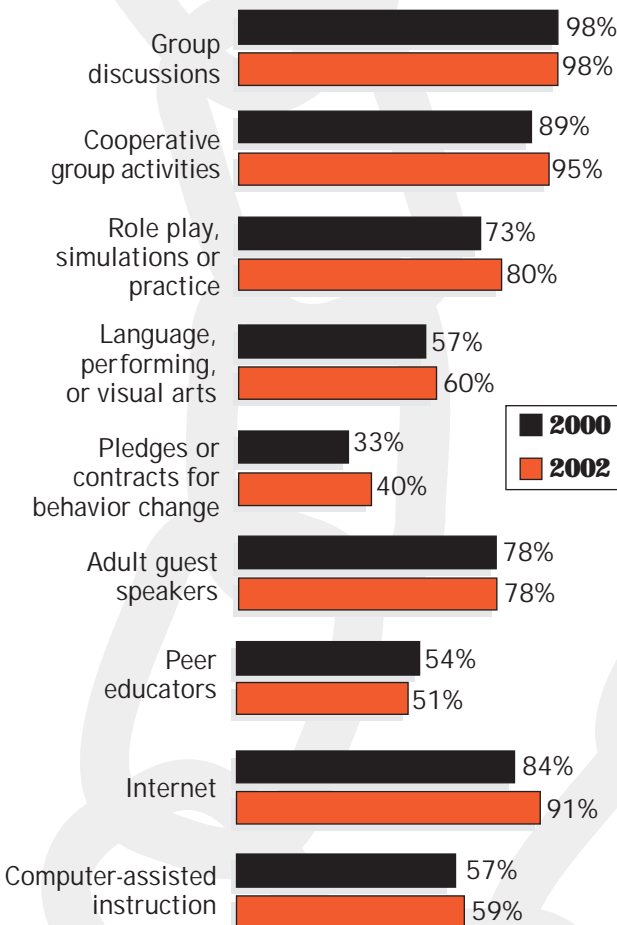
Health Education Course Content continued...

Almost 60% of lead health educators are using state guidelines* in required health education courses for students in grades 6-12.

**Most likely the North Dakota Health Content Standards*

LINK: State health content standards are available and training has been offered. To review the standards, visit www.dpi.state.nd.us

Teachers in high school have used the following teaching methods in a required health education course in any of grades 6-12



LINK: Community and family are an integral part of effective health education.

Teachers in school asked students to participate in each of the following activities as a part of a required health education course in any of grades 6-12

Activity	2002 (%)
Complete homework assignments with family members	76%
Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors	61%
Identify potential injury sites at school, home, or in the community	49%
Gather information about health services that are available in the community	49%
Advocate for a health related issue	36%
Participate in or attend a school or community health fair	33%
Visit a store to compare prices of health products	17%
Perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues	12%

LINK: Professional development opportunities at Roughrider Health Conference, summer credit classes and other events focus on teaching skills through cooperative and interactive teaching methods.

Teacher Training and Preparation

Major emphasis in professional preparation

	2002
Health education and physical education	37%
Other education degree (includes family and consumer science and elementary education)	32%
Physical education	18%
Science	5%
Health education	3%
Other	3%
Counseling	1%
Nursing	1%

Number of years teaching health education

	1998	2000	2002
1 year	8%	9%	7%
2-5 years	20%	24%	19%
6-9 years	23%	20%	17%
10-14 years	18%	17%	23%
15 or more years	31%	30%	33%

LINK: No North Dakota universities currently offer a health education major.

LINK: Most teachers currently teaching health do not have a major or minor in that area. North Dakota requires a health certification which is less than a minor to teach health.

LINK: Much of our teacher work force is nearing retirement. Teachers needed to replace them are not there.

2002

Teacher Training and Preparation continued...

During the past two years, the staff received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following teaching methods

	2000	2002
Teaching students with physical or cognitive disabilities	31%	38%
Teaching students of various cultural backgrounds	19%	16%
Teaching students with limited English proficiency	2%	8%
Using interactive teaching methods such as role plays or cooperative group activities	40%	43%
Encouraging family or community involvement	31%	28%
Teaching skills for behavior change	46%	42%

Teachers would like to receive staff development on each of these teaching methods

	2002
Teaching skills for behavior change	69%
Encouraging family or community involvement	57%
Using interactive teaching methods such as role plays or cooperative group activities	51%
Teaching students with physical or cognitive disabilities	49%
Teaching students of various cultural backgrounds	34%
Teaching students with limited English proficiency	27%

LINK: The North Dakota Department of Public Instruction and the North Dakota Health Department maintain a cadre of trainers in research based curriculum to train teachers.

LINK: Both the North Dakota Department of Public Instruction and the North Dakota Health Department offer numerous professional development opportunities to health teachers annually.

LINK: Each year about sixty school teams including 350 participants attend the Roughrider Health Conference. This 4-day conference combines personal wellness skills with teacher training to improve school health programs. Each team conducts a health inventory of their school, determines a plan of action to improve the health of their students and implements the plan.

LINK: The research based curricula offered are a good way to attain these skills. These curricula are proven to delay or prevent certain risk behaviors.

Parent and Community Involvement

Some schools have a policy that can exempt or excuse students from all or parts of a required health education course at parental request. Only 3% of schools reported students excused for any part of health education. At those sites, less than 1% were excused. Generally, the parental feedback received about health education courses was positive.

Percent of schools in North Dakota that reported having a school health committee or advisory group that develops policies, coordinates activities, or seeks students and family involvement in programs that address health issues



Type of feedback received about health education

	1998	2000
No feedback received	46%	56%
Mainly positive feedback	44%	38%
Equal positive and negative feedback	7%	6%
Mainly negative feedback	2%	0%

During the school year, schools have done each of the following activities

	2000	2002
Provided families with information on the health education program	47%	52%
Met with a parents organization such as the PTA to discuss the health education program	10%	12%
Invited family members to attend a health education class	21%	24%

LINK: Great efforts have been made on the part of state agencies such as the North Dakota Departments of Health, Human Services and Public Instruction, to promote community task forces and advisory groups. These groups can cross-cut all areas that affect positive use development. Subgroups can address specific issues.

“A healthy school is one that integrates community, family, and schools to provide for students a positive continuum of intellectual, physical, social, and emotional development on which to base lifelong decisions.”

-NASBE Healthy Schools Network

Physical Education and Activity

Teachers taught each of the following physical activity topics in a required health education course in any of grades 6-12

	2002
Physical, psychological, or social benefits of physical activity	93%
Health related fitness (i.e., cardiovascular or endurance, muscular endurance, muscular strength, flexibility, and body composition)	88%
Dangers of using performance enhancing drugs, such as steroids	87%
Phases of a workout (i.e. warm-up, workout, and cool down)	87%
Decreasing sedentary activities such as television watching	83%
Preventing injury during physical activity	82%
Weather-related safety (e.g. avoiding heat stroke, hypothermia, and sunburn while physically active)	81%
How much physical activity is enough (i.e. determining frequency, intensity, time and type of physical activity)	80%
Opportunities for physical activity in the community	71%
Overcoming barriers to physical activity	67%
Developing an individualized physical activity plan	63%
Monitoring progress toward reaching goals in an individualized physical activity plan	58%

Students can be exempted from taking required physical education for any of the following reasons:

	2002
Enrollment in other course	4%
Participation in school sports	1%
Participation in other school activities	0%
Participation in community sports activities	0%

Seventy-seven percent of students who fail required physical education classes are required to repeat it.

Twenty-one percent of faculty and staff are allowed to use physical activity, such as laps or push-ups, to punish students for bad behavior in physical education.

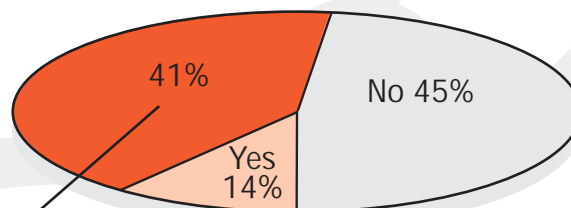
Public health and education officials need to decrease the number of states, districts and schools that allow exemptions from physical education and teachers who engage in inappropriate practices that can limit optimal learning or lead to a dislike of physical activity. All these measures will help youth realize the many benefits of lifelong physical activity.

–National Association for Sport and Physical Education
2001 Shape of the Nation Report

Fifty-one percent of schools offer students opportunities to participate in intramural activities or physical activity clubs.

LINK: According to the North Dakota 2001 Youth Risk Behavior Survey, only about one-third of seventh through 12th graders attended daily physical education classes. By the time students are 12th graders, less than 20% attend physical education daily.

Schools provide transportation home for students who participate in after-school intramural activities or physical activity clubs



Does not offer intramural activities or clubs

Eighty-nine percent of students use the school facilities outside of school hours.

Nutrition

Amount of time students have to eat lunch once they are seated

	2002
Twenty minutes or more	71%
Less than 20 minutes	27%
Not reported	1%
School does not serve lunch to students	1%

LINK: The Department of Public Instruction recommends that school schedules allow adequate time for all students to enjoy the nutritious food offerings provided by the school. Long lunch lines and a short time to eat are a deterrent to student participation.

Teachers taught each of the following nutrition and dietary topics in a required health education course for students in grades 6-12

	2002
Benefits of healthy eating	97%
Aiming for a healthy weight (balancing food intake and physical activity)	92%
Food guide pyramid	91%
Choosing a diet low in saturated fat and cholesterol and moderate in total fat	90%
Eating disorders	90%

LINK: Schools are faced with the challenge to ensure that the school nutrition environment (including the cafeteria) and the classroom instruction send a consistent message to students about healthy eating and physical activity.

Students can purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar

	2002
Bottled water	95%
Soft drinks, sports drinks, or fruit drinks that are not 100% juice	95%
100% fruit juice	84%
Other kinds of candy	63%
Chocolate candy	60%
Salty snacks that are not low in fat such as regular potato chips	53%
Salty snacks that are low in fat, such as pretzels, baked chips, or other low fat chips	51%
Low-fat cookies, crackers, cakes, pastries or other low-fat baked goods	38%
Fruits or vegetables	16%

LINK: The 2001 North Dakota Youth Risk Behavior Survey shows that 13% of high school students did not eat any fruit in a reported week, and that 72% of students in grades 7 and 8 did not eat fruit one or more times per day during the last week. Having convenient offerings of nutritious foods (including fruits and vegetables) in vending machines, school stores, snack bars and ala carte lines may help with improvements in these statistics.

Students can purchase snack foods or beverages during the following times

	2002
Before classes in the morning	77%
During any school hours when meals are not being served	60%
During school lunch periods	53%

Violence

Eighty-five percent of schools in North Dakota have a written plan for responding to violence at the school.

Schools implement the following safety and security measures

	2002
Require visitors to report to the main office or reception area upon arrival	93%
Use staff or adult volunteer to monitor school halls during and between classes	80%
Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunch time	56%
Routinely conduct bag, desk, or locker checks	35%
Prohibit students from carrying backpacks or book bags at school	18%
Have uniformed police, undercover police, or security guards during the regular school day	10%
Require students to wear school uniforms	1%
Use metal detectors	1%

Sixty-six percent of teachers want in-service training on conflict resolution and violence prevention.

"To educate a person in mind but not the morals is to educate a menace to society."
-Theodore Roosevelt

Schools have or participate in each of the following programs

	2002
A program to prevent bullying	53%
A peer mediation program	19%
A program to prevent gang violence	19%
A safe-passage to school program	5%

LINK: The LEAD (Leadership and Educational Administrative Development) Center offers a multihazard School Safety Plan training. All schools need to have and practice a school safety plan.

LINK: Students in North Dakota feel safest of all those students taking the YRBS in other states with 97% stating they feel safe in school.

There have only been an average of two expulsions per year for carrying a firearm on school property, most of which were mitigated by local school boards.
-Gun Free Act Report
Department of Public Instruction

LINK: The Department of Public Instruction offers Bullying Prevention Training.

HIV/AIDS

Issues addressed in policy on students and/or staff with HIV/AIDS

	2002
Worksite safety/universal precautions	96%
Maintaining confidentiality of infected students and staff	94%
Procedures to protect infected students and staff from discrimination	93%
Communication of the policy to students, staff and parents	89%
Attendance of students with HIV/AIDS for school staff	87%
Adequate training about HIV/AIDS for school staff	86%
Procedures for implementing the policy	84%
Confidential counseling for infected students	78%

Courses which include HIV/AIDS units or lessons

	2002
Family life education/life skills	40%
Science	38%
Family and consumer science	38%
Physical education	23%
Special education	10%

Topics included in HIV/AIDS education

	2002
How HIV is transmitted	88%
Abstinence as the most effective method to avoid HIV infection	88%
How HIV affects the human body	87%
Compassion and support for people living with HIV/AIDS	76%
How to find valid information or services related to HIV or HIV testing	66%
Condom efficiency/how well condoms work	51%
Correct use of condoms	23%

"We've gone back again. [HIV/AIDS is] now viewed as an STD. People are hiding again."

North Dakota HIV/AIDS trainer

LINK: Contact your area Teacher Learning Centers for six-hour teacher trainings or community presentations. They also have videos and other teaching materials available for use in class.

LINK: State statute NDCC 23-070161.1 and NDCC Rules 33-06-05.1-6 requires all schools to teach about significant contagious diseases.

LINK: Always inform and involve parents in some way when teaching about HIV/AIDS.

Tobacco

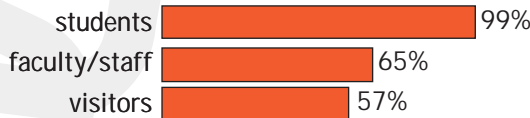
In 2002, 98% of schools have an adopted policy prohibiting tobacco use by students. The policy specifically prohibits cigarette smoking by students in school buildings and on school grounds. Ninety-eight percent of schools also reported the policy included school buses or other vehicles used to transport students and at off-campus school sponsored events.

In 2002, the tobacco prevention policy specifically prohibits tobacco use in each of the following locations for each of the following groups

In school buildings



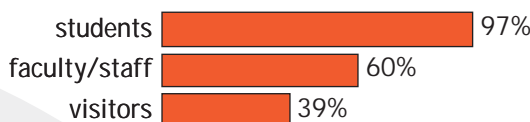
On school grounds



In school buses or other vehicles used to transport students

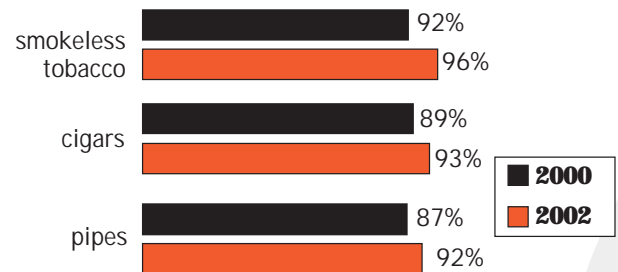


At off-campus, school-sponsored events



LINK: Comprehensive tobacco-free school policies that forbid smoking by students, staff, and visitors on all school grounds and at all school-sponsored events provide a supportive environment that encourages tobacco-free lifestyles.

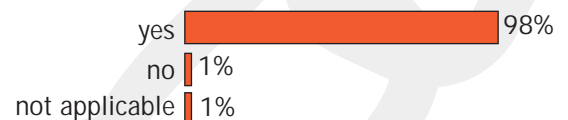
Schools have adopted a policy specifically prohibiting each of the following types of tobacco use by students



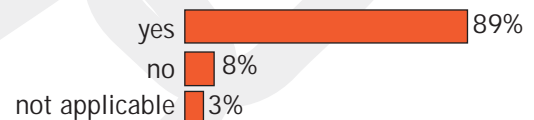
Families and communities have an enormous influence on students' smoking perceptions and attitudes. By communicating the policy, parents and community members can offer more complete support for the tobacco-free policy. Close to 40 percent of all schools indicated that signs are posted marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed.

Schools have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco

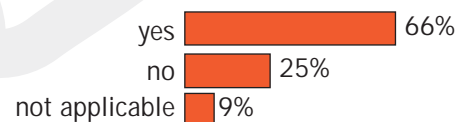
Students



Faculty and staff



Visitors



Tobacco continued..

For schools to effectively prevent and reduce youth smoking among their students, they must create an environment that encourages and supports tobacco-free beliefs, behaviors, and lifestyles. While just making sure that no kids smoke at school is helpful, also prohibiting smoking by teachers, other school staff, and visitors sends a much more powerful and constructive tobacco-free message.

LINK: School-based education programs to prevent and reduce youth smoking work, but they have to be done right. Ensuring comprehensive tobacco use prevention education must be sustained in all grades.

LINK: The idea that tobacco is socially acceptable can be developed when youth witness others using tobacco. Communication and enforcement of a tobacco-free school policy represents a firm stand on the part of school administration, teachers, parents, and community members about youth tobacco use.

Schools are more likely to provide referrals to tobacco cessation programs for students (31%) than for faculty and staff (14%).

During the school year, in each of the following grades information on tobacco use prevention was provided

	2002
6 th grade	93%
7 th grade	91%
8 th grade	87%
9 th grade	73%
10 th grade	64%
11 th grade	52%
12 th grade	51%

LINK: Help tobacco-using students and staff quit by providing cessation services. If school-run cessation programs are not possible, schools can still provide students and staff with information on how to quit and on how to link-up with community-based cessation programs.

Tobacco use prevention units or lessons are taught in each of the following courses in this school

	2000	2002
Science	21%	30%
Home economics	34%	NA
Family and consumer education	NA	41%
Physical education	34%	35%
Family life education or life skills	40%	43%
Special education	14%	14%

CDC's guidelines for school programs to prevent tobacco use

1. Policy
2. Instruction
3. Curriculum
4. Training
5. Family involvement
6. Tobacco cessation efforts
7. Evaluation

-Centers for Disease Control
Division of Adolescent and School Health
(DASH)

School Nursing Services

School nursing is a specialized practice of professional nurses that advances the well being, academic success and life-long achievement of students. Currently in North Dakota, there is one school nurse for every 6,482 students. The National Association of School Nurses recommends:

- One nurse for no more than 750 students in the general population
- One nurse for no more than 225 students in the mainstreamed population
- One nurse for no more than 125 students in the severely chronically ill or developmentally disabled population

I am appalled at the number of schools without a school nurse-ever-on any day! Every child deserves a school nurse. It seems to me that this is a child's rights issue, both ethically and constitutionally ... I value the health of children. I also value their education. I want teachers to teach and I want school nurses present so that they can nurse.

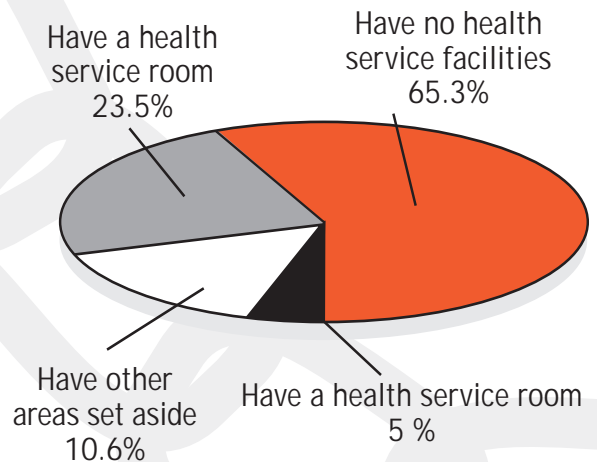
-Linda C. Wolfe,
RN, BSN, MEd, NCSN,
President of the
National Association
of School Nurses, 2001

Funding that exists to support school nursing services varies

	2002
Local health department/unit	40.0%
The school district	30.6%
State government	8.2%
Federal government	7.1%
Other (Parent Teacher's Association, Parent Teacher's Organization, parent donations, private foundations, etc.)	6.5%
Grants	1.8%

LINK: There is no state mandate or funding for school health/nursing services in North Dakota. Currently, the model used predominantly to provide these services is through the local public health units; however, these services vary greatly throughout the state. The majority of health units and/or schools rely heavily on local grants to sustain their programs; however this mechanism of funding is not reliable or consistent from year-to-year.

Schools in North Dakota have various health facilities



School Nursing Services continued...

These people distribute prescription and non-prescription medication to students in the schools

	2002
School secretary	82.4%
Other (school personnel)	21.8%
Student self-administration	18.2%
General education teacher	17.1%
Special education teacher	15.3%
Paraprofessional	14.7%
Nurse	10.0%
Parent or other volunteers	1.2%

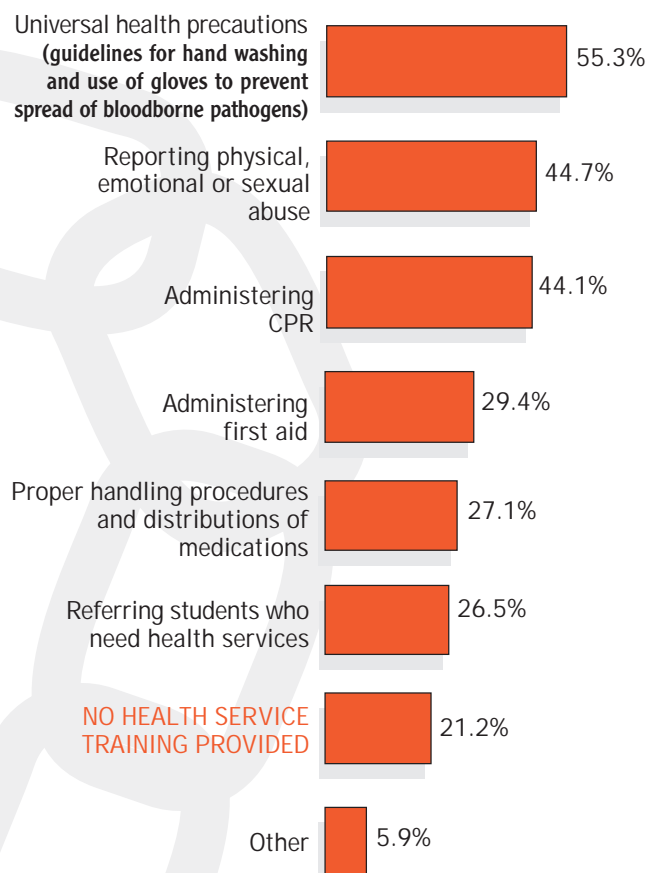
LINK: Children with special health care needs and those with chronic and/or life threatening illnesses ... attend school regularly and with increasing numbers. These children require careful attention to their daily routines to ensure optimal health outcomes. School nurses have the education, training and expertise to partner with children, families, school staff and the community to safeguard children's health in the school setting.

School nurses/public health nurses are included in meetings to develop a student's Individualized Education Program or Individualized Health Care Plan mostly on an occasional basis

	2002
Occasionally	57.1%
Never	24.7%
Always	15.3%

LINK: The role of the school nurse is expanding rapidly to meet the daily demands of various student populations. Today's school nurses use their knowledge and expertise to provide input into Individualized Education Programs (IEPs) and Individualized Health Plan (IHP).

During the past two years, the district or school has provided as an in-service training to school personnel these various nursing or education service topics



LINK: There is a growing awareness of the important link between health and education. School health/nursing programs can act as a vehicle in the advancement of student, staff and community health and wellness.

Every student deserves to have access to a school nurse. Students need to be healthy to learn, and they must learn to be healthy.



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and the North Dakota Department of Health
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and health education teachers who
participated in completing this survey.**

2002

Connecting the Links Between Health & Academics

School Health
Education Profile
(SHEP)

**North Dakota Department
of Public Instruction**



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North Dakota School Health Education Profile

2002

Many of the health challenges facing young people today are different from those of past decades. Advances in medications and vaccines have largely addressed the illness, disability and death that common infectious diseases once caused among children. Today, the health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt.

Certain behaviors that are often established during youth contribute markedly to today's major health problems, such as heart disease, cancer, and injuries. These behaviors include: tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that can result in HIV infection, unintended pregnancies and other sexually transmitted diseases; and behaviors that result in unintentional and intentional injuries.

School personnel and community members cannot ignore the impact these behaviors have on students. Educators have the ability to provide every child with sound preparation for a healthy future. Better education and community-based prevention reduce the risks for young people. The goal of school health education is to help students acquire the knowledge and skills needed to be healthy, active and productive citizens.

This report summarizes the results of the 2002 School Health Education Profile and parent, community involvement, physical education and activity, nutrition, violence, HIV/AIDS, tobacco and school health services. These results can be used to develop policies and programs for school health education and tobacco use prevention programs.

Overall Conclusions

- Schools taught required health education in combination with physical education.
- Fifty percent of the schools provide families with information on the health education program.
- Most schools taught decision-making and resisting peer pressure for unhealthy behaviors in a required health education course.