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### **Online Version**

This report is available online at [www.lwc.edu/vchetrc/home.htm](http://www.lwc.edu/vchetrc/home.htm).

## EXECUTIVE SUMMARY

This report of the results of the 2000 Virginia School Health Education Profile (SHEP) and the School Tobacco Survey Module, questionnaires developed by the Centers for Disease Control and Prevention, provides information regarding health education in Virginia schools housing any of the grades six through twelve. This was the first administration of the School Tobacco Survey Module; however, similar SHEP surveys were administered in 1996 and 1998. In this report, some comparisons are made between the current SHEP results and previous SHEP results. To make additional comparisons, it would be necessary to obtain copies of the earlier reports.

### **Purpose and Methodology**

This study used a descriptive design to determine the status of health education and health policies in middle, junior high, and senior high schools in Virginia. All public schools in Virginia with at least one of the grades 6 through 12 (except schools in which the 6<sup>th</sup> grade was the final grade) were included in the population from which the sample was drawn. The sample consisted of 367 schools. The principal and “lead health education teacher” in each school were asked to complete the SHEP and Tobacco Module questionnaires that had been developed by the Centers for Disease Control and Prevention. Usable questionnaires were received from 275 (or 75%) of the principals and 261 (or 71%) of the teachers. Data from this survey can be reliably generalized to all similar schools in Virginia. (Note: All percentages in this report are rounded to the nearest whole percent.)

### **Major Findings: School Health Education Profile**

Administrative issues. A smaller percentage of schools required health education for students in grades 6-12 in 2000 (91%) than in 1996 (99%). There was a similar decline in the offering of a required health education course, from 96 percent in 1996 to 91 percent in 1998 and 88 percent in 2000. Health education appears to be coordinated by a staff member in the school more frequently in 2000 (67%) than in 1998 (54%), although the principals were given somewhat different response options in 1998 and 2000.

Health education curriculum. Lead teachers indicated that state and district curricula, guidelines, or frameworks were the materials that they were most often required to use in required health education courses, followed closely by commercially-developed student textbooks and teacher’s guides. More than 95 percent of teachers indicated they were required to address the following four “knowledge” topics: (1) alcohol or other drug use prevention; (2) physical activity and fitness; (3) tobacco use prevention; and (4) HIV prevention. Six of the top seven topics in 2000 were among the top seven in 1998. The top “skills” topics in 2000 were decision making, resisting peer pressure for unhealthy behaviors, and goal setting, all above 95 percent

Tobacco policies and curriculum. Virtually every school has adopted a policy prohibiting cigarette smoking by students, and 98-99 percent prohibit student use of smokeless tobacco, cigars, and pipes. Eighty-four percent of schools have adopted a policy prohibiting cigarette smoking by faculty and staff, and in 81-82 percent of schools the policies prohibit the use of smokeless tobacco, cigars, and pipes.

Tobacco advertising in the school building, on school grounds, on school buses or other vehicles used to transport students, and in school newsletters, newspapers, or other school publications is prohibited in 93-94 percent of schools. Almost as many schools prohibit tobacco advertising through sponsorship of school events, the wearing of tobacco brand-name apparel, and the carrying of tobacco brand-name merchandise.

Lead teachers identified four tobacco topics that were taught as part of a required health education course in at least 95 percent of schools; namely, (1) long-term health consequences of cigarette smoking, (2) short-term health consequences of cigarette smoking, (3) benefits of not smoking cigarettes, and (4) addictive effects of nicotine in tobacco products. Tobacco use prevention lessons were most often taught in either physical education classes or family life education/life skills classes.

HIV policies. The survey results indicate that fewer schools had a written policy protecting the rights of students and/or staff with HIV infection/AIDS in 2000 (49%) than had such policies in 1996 (69%) and 1998 (72%). A high percentage of schools that had written HIV policies included the eight HIV topics identified in the survey.

Staff development. Lead teachers indicated a high level of interest in receiving staff development on most of 22 *health education topics*, even though many of them had already received staff development on the topics. The staff development most desired by teachers was on the *health education topics* violence prevention (75%) and suicide prevention (68%). Teachers most desired staff development on *teaching methods* for behavior change (75%), teaching students with physical or cognitive disabilities (66%), and encouraging family or community involvement (62%).

Security. Ninety-eight percent of schools have a written plan for responding to violence at school. Safety and security measures which were in place in a high percentage of schools included: (1) require visitors to report to the main office or reception area upon arrival (100% of schools), maintain a “closed campus” where students are not allowed to leave during the school day, including lunch (93%), use staff or adult volunteers to monitor school halls during and between classes (93%), and have uniformed police, undercover police, or security guards during the regular school day (69%). Fewer than half of the schools routinely conduct bag, desk, or locker checks (44%), use metal detectors (25%), prohibit students from carrying backpacks or book bags at school (19%), require students to wear school uniforms (4%), or require students to wear identification badges (4%).

## **Major Findings: School Tobacco Survey Module**

Respondent information. The largest number of lead teachers responding to the survey taught grades 6-10, approximately half as many taught grades 11 and 12, and very few taught grades K-5. Principals completed 84 percent of the principal questionnaires; assistant principals, aides, etc. completed the remaining 16 percent. Approximately nine out of ten principals and lead teachers indicated they had not used tobacco in the past 30 days.

Tobacco advertising and retailing. A slight majority of principals (54%) reported that there are no tobacco retailers within 1,000 feet of their school, and 85 percent indicated there are no tobacco advertisements within 1,000 feet.

Cessation programs. There are relatively few offerings of tobacco cessation programs in the schools. Twenty-eight percent offered tobacco cessation programs for students and ten percent offered such programs for faculty and staff. More schools gave referrals for off-site tobacco cessation programs. A majority of schools (56%) have provided students with information about quitting tobacco and 29 percent of the teachers had received information about seeking help with quitting tobacco use.

Tobacco policies. Virtually all schools (262 of 263 in the sample) had written policies prohibiting tobacco use by students, and 39 percent had involved parents/guardians in developing the policy. All schools with written policies provided the policy to students in writing, and a high percentage of schools communicated the policy in other ways, as well. Parents and guardians were informed of student tobacco use policies by their inclusion in the student handbook (100% of schools) and the general school policy manual (98%). According to the lead teachers, 89 percent of the schools provided information on tobacco use prevention to students during the school year, with the concentration in grades 6-10. The percentages are much lower in grades 11 and 12, presumably because health and physical education is not required in those grades.

Lead teachers provided tobacco use prevention instruction using materials available from community agencies (e.g., American Cancer Society and American Lung Association) and commercial publishers more often than they used state, district, or school curricula, guidelines, or frameworks.

Ninety-six percent of principals (217 of 226) reported their school had a policy prohibiting the use of tobacco by faculty and staff during school related activities. Approximately nine out of ten schools inform their faculties and staffs in each of the following ways: (1) including the policy in the faculty/staff policy manual; (2) communicating the policy orally; and (3) distributing the policy in written form.

Support for tobacco policies. Principals believe there is a high degree of support among faculty and staff for the student tobacco use policies, as evidenced by their belief that there is “very high support” in 93 percent of the schools and “moderate support” in seven percent of the schools. The personal support of principals is even higher, with 258

of 259 indicating “very high support” and one indicating “moderate support.” Lead teachers expressed almost as much support for the student policies regarding tobacco use. Principals’ support of their schools’ policies prohibiting faculty/staff tobacco use during school related activities, while high, was not as high as was their support for student tobacco use policies.