

2014

Idaho School Health Profiles

IN HEALTH & PHYSICAL EDUCATION



RESULTS OF THE 2014 IDAHO SCHOOL HEALTH PROFILE SURVEY

Prepared for the Idaho State Department of Education,
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2014 IDAHO STATE DEPARTMENT OF EDUCATION SCHOOL HEALTH PROFILE SURVEY RESULTS

This report summarizes the results of the 2014 Idaho School Health Profile Survey (Profiles). The Idaho State Department of Education (SDE) conducted the Profiles during the Spring 2014 school semester. Similar surveys were conducted in Idaho in even years beginning in 1994. Results of previous principal and lead health education teacher surveys dating back to 2000 are available from the SDE.

Survey results for each of the primary Profiles categories: school health education; physical education and physical activity; nutrition; school health policies related to HIV infection and AIDS prevention; tobacco-use prevention, bullying and sexual harassment; health services; family and community involvement in school health programs; and school health coordination are presented for each of the corresponding surveys:

- Results tables and narrative for the principal surveys
- Results tables and narrative for the lead health education teacher surveys

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CONTACT INFORMATION

For readers desiring additional information, contact Lisa Kramer, Idaho State Department of Education, for more information about the use of the Profiles in school health education programs: (208) 332-6947, LKramer@sde.idaho.gov.

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- The school principals, lead health education teachers, and lead physical education teachers who participated in the 2014 Idaho School Health Education Profiles Survey

INTRODUCTION

Because young people in Idaho attend school about six hours a day approximately 180 days per year, schools are in a unique position to address health-related behaviors in order to improve the health status of Idaho students; both immediately and throughout their lifetimes.¹

About the School Health Education Profile Survey

The School Health Profile Survey (Profiles) principal and lead health education teacher questionnaires were developed by the Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC) in collaboration with representatives from state, local, and territorial departments of health and education. These questionnaires can be used to monitor the current status of school health education; physical education and physical activity; school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition; bullying and sexual harassment; family and community involvement in school health programs; and school health coordination. The findings can also be used to develop policies and programs for school health education.

A more complete breakdown of the results of the survey can be obtained from the Idaho State Department of Education.

School Health Profiles

The School Health Profiles is a system comprised of surveys designed to assess middle and high school health policies and practices throughout the United States. School Health Profile surveys are conducted biennially by education and health agencies in many states, large urban school districts, territories, and tribal governments.

More information about the School Health Profiles, including an overview of the profiles or more detailed information on selected topics, can be found on the Centers for Disease Control and Prevention website: www.cdc.gov/healthyyouth/profiles/index.htm

Profiles Methodology

Sampling

The 2014 School Health Profiles uses a systematic equal probability sampling strategy (i.e., surveys were mailed to a random sample of principal and lead health education teachers in any regular public or charter school that serves students in grades 6 through 12).

The 2014 Idaho Profiles utilized two questionnaires, one for school principals and one for lead health education teachers. The principal's questionnaire examines health education from an administrative perspective, while the lead health education teacher's questionnaire looked at health and physical education from an instructional perspective. These questionnaires were mailed to eligible secondary public schools or charter schools containing any of grades 6 through 12 in Idaho during the spring of 2014. Usable questionnaires were received from 184 principals (for a response rate of 73%) and 181 health education teachers (for response rates of 72%).

Data Analysis

Because Idaho's response rates for all three surveys was greater than or equal to 70%, results for the 2014 Idaho Profiles are considered to represent all Idaho public schools and charter schools with students in any grades of 6 through 12 and can be used to describe school health policies and practices of all regular public or charter schools in Idaho. SAS software was used to compute point estimates (prevalence rates) for weighted data. Trend analyses were run using SUDAAN and Joinpoint statistical software.

PRINCIPAL SURVEY RESULTS

2014 IDAHO PROFILES

The 2014 Profiles Principal Survey results for all participating schools combined are presented in the following section. The percentages shown are representative of all public schools and charter schools in Idaho that have at least one of grades 6 through 12. Results are organized by the topic areas included as part of the 2014 principal's survey: school health education; physical education and physical activity; school health policies related to HIV infection/AIDS, tobacco-use prevention, bullying and sexual harassment, and nutrition; health services; school health coordination; and family and community involvement in school health programs. For a more detailed breakout of all results contact the Idaho State Department of Education.

Trend Analysis and Statistical Significance

Where 2014 results have changed significantly from previous years' Profiles survey results (as identified by CDC in the 2014 Profiles Trend Analysis Report available from the SDE - see below for further explanation) they have been highlighted in bold throughout the following narrative summaries. For some survey measures, Idaho Profiles data are available from 2002 to the current 2014 survey. In some cases, data are only available for a limited number of years and therefore comparisons between years are limited to those years in which data are available. Where data are only available for 2014, no trend analysis is possible.

SUDAAN logistic regression is used to test for linear and quadratic changes. Logistic regression uses all available years of data. It does not simply consider only the oldest and most recent data points. When SUDAAN detects a quadratic trend, Joinpoint is used to determine the inflection point, or the year the "bend" occurs. Then SUDAAN is used again to test for linear trends on either side of the inflection point. SUDAAN t-test analysis was used to test for changes between 2012 and 2014.

Special care should be used in interpreting trend analysis for variables with very low prevalence. Trend analyses can be sensitive to the small number of schools in the numerator of very low prevalence variables.

School Health Coordination

On average, slightly more than one-third of Idaho schools report using the *School Health Index* or some other self-assessment tool to assess the programs listed below.

The use of *School Health Index* or some other self-assessment tool to assess physical activity, nutrition, tobacco-use prevention, and injury and violence prevention programs has decreased significantly since 2012 (question 1).

Question 1. Percentage of schools that ever used the *School Health Index* or other self-assessment tool to assess school policies, activities, and programs in the following areas.

Physical activity*	28.1%
Nutrition*	31.9%
Tobacco-use prevention*	27.4%
Asthma*	18.4%
Injury and violence prevention*	24.7%
HIV, STD, and teen pregnancy prevention	22.4%

*This measure differs significantly from previous Idaho Profiles results.

On average, less than one-third of Idaho schools report having a School Improvement Plan with health-related goals and objectives for the topics listed below (question 2).

Question 2. Percentage of schools with a School Improvement Plan that includes health-related goals and objectives on the following topics.

Health education*	24.5%
Physical education	29.9%
Physical activity.....	21.4%
School meal programs	27.1%
Foods and beverages available at school outside the school meal programs.....	23.4%
Health services*	20.2%
Mental health and social services*	21.1%
Healthy and safe school environment*	48.2%
Family and community involvement	51.5%
Faculty and staff health promotion.....	26.1%

*This measure differs significantly from previous Idaho Profiles results.

Roughly one-third of Idaho schools reviewed health and safety data as part of their school’s health improvement planning process (question 3).

Question 3. Percentage of schools that reviewed health and safety data as part of school’s health improvement planning process	37.9%
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The majority of Idaho schools have someone coordinating school health education, but less than half of all schools have at least one group who offers guidance on school health policies (questions 4 and 5).

The percentage of schools that have someone who oversees or coordinates school health and safety programs and activities decreased significantly from 92% in 2008 to 75% in 2014.

The percentage of schools that have at least one group that offers guidance on the development of policies or coordinates activities on health topics decreased significantly from 49% in 2006 to 39% in 2014.

Questions 4 and 5. Health Education.	
Question 4. Percentage of schools that currently have someone who oversees or coordinates school health and safety programs and activities*	75.1%
Question 5. Percentage of schools that have one or more than one group (e.g., a school health council, committee, or team) that offers guidance on the development of policies or coordinates activities on health topics*	38.7%

*This measure differs significantly from previous Idaho Profiles results.

Most school health councils, committees, or teams in Idaho include school administration and health education teachers. Fewer schools include health services staff, local government, local health agencies, faith-based organizations, etc., (question 6).

The percentage of schools that have school administrators represented on a health council, committee, or team decreased from 95% in 2008 to 88% in 2014.

The percentage of schools that have mental health or social services staff represented increased from 27% in 2010 to 64% in 2014.

The percentage of schools that have technology staff represented decreased from 26% in 2010 to 9% in 2014.

The percentage of schools that have library/media center staff represented decreased from 22% in 2010 to 6% in 2014.

Question 6. Percentage of schools that have the following groups represented on any school health council, committee, or team.	
School administrators*	87.8%
Health education teachers.....	88.1%
Physical education teachers	88.1%
Other classroom teachers	65.8%
Mental health or social services staff*	63.9%
Nutrition or food service staff	64.8%
Health services staff.....	48.3%
Maintenance and transportation staff.....	13.0%
Technology staff*	9.4%
Library/media center staff*	5.9%
Student body	33.7%
Parents or families of students.....	59.2%
Community members.....	51.9%
Local health departments, agencies, or organizations	26.3%
Faith-based organizations	4.9%
Business	12.9%
Local government agencies	9.3%

*This measure differs significantly from previous Idaho Profiles results.

On average, nearly two-thirds of Idaho schools have health councils or committees that provide some guidance over health education and safety (question 7).

Question 7. Percentage of schools that have a school health council, committee, or team that did the following activities during the past year.	
Identify student health needs based on a review of relevant data	47.9%
Recommend new or revised health and safety policies and activities to school administrators or the school improvement team.....	55.8%
Sought funding or leveraged resources to support health and safety priorities for students and staff	54.0%
Communicated the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members	77.7%
Reviewed health-related curricula or instructional materials	65.7%
Assessed the availability of physical activity opportunities for students.....	68.5%

Learning About Diversity

Less than half of Idaho schools have any clubs that give students opportunities to learn about people different than them (question 8).

Question 8. Percentage of schools that have any clubs that give students opportunities to learn about people different than them, such as students with disabilities, homeless youth, or people from different cultures		46.2%
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Most Idaho schools offer lessons in class for students to learn about people different than themselves; and over half of schools say the school or other community organizations sponsor special events for the students to learn about people different from themselves (question 9).

Question 9. Percentage of schools that offer each of the activities for students to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures.		
Lessons in class		86.9%
Special events sponsored by the school or community organizations (e.g., multicultural week, family night)		58.3%

HIV Prevention and Sexual Orientation

In all, about two-thirds of Idaho schools have adopted policies that address HIV infection or AIDS among students and staff (question 10).

Question 10. Percentage of schools that have adopted a policy that addresses each of the following issues on HIV infection or AIDS.		
Attendance of students with HIV infection		62.5%
Procedures to protect HIV-infected students and staff from discrimination		64.0%
Maintaining confidentiality of HIV-infected students and staff		67.9%

Few Idaho schools have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity. (question 11).

Nearly all Idaho schools prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity. Roughly half identify “safe places” where LGBTQ youth can receive support as well as encourage staff to attend professional development on safe and supportive school environments for all students regardless of sexual orientation or gender identity. And about one-third of schools say they facilitate access to providers not on school property who have experience providing services to LGBTQ youth. (question 12).

<p>Question 11. Percentage of schools that have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity</p>	15.3%
<p>Question 12. Percentage of schools that engage in the following practices related to LGBTQ youth.</p>	
<p>Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff</p>	50.1%
<p>Prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity</p>	89.4%
<p>Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity</p>	51.0%
<p>Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling, to LGBTQ youth.....</p>	35.7%
<p>Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth</p>	34.2%

Bullying and Sexual Harassment

The majority of Idaho school staff have received professional development around the prevention of bullying and sexual harassment (question 13).

Question 13. Percentage of schools in which staff received professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression..... 74.9%

Nearly all Idaho schools have a designated staff member who students can confidentially report incidences of bullying or sexual harassment (question 14).

Question 14. Percentage of schools that have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression..... 93.3%

Many Idaho schools specifically publicize and disseminate policies, rules, and regulations on bullying or sexual harassment (question 15).

Question 15. Percentage of schools that use electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression..... 87.1%

Required Physical Education

Most schools (87.8%) in Idaho require physical education for students in any of grades 6 through 12 (question 12).

The percentage of schools that required physical education in grades 7 and 8 has decreased significantly since 2004, while the percentage of schools that required P.E. in grade 9 increased from 2004 to 2010, but decreased significantly from 82% in 2010 to 70% in 2014.

Question 16. Percentage of schools that taught a required physical education course in each of the following grades.

Grade 6	86.0%
Grade 7*	90.0%
Grade 8*	80.9%
Grade 9*	69.8%
Grade 10	56.7%
Grade 11	47.1%
Grade 12	46.6%

*This measure differs significantly from previous Idaho Profiles results.

Physical Education and Physical Activity

Less than one-third of Idaho teachers received professional development on physical education in the past two years (question 17).

Question 17. Percentage of schools in which physical education teachers or specialists received professional development on physical education or physical activity during the past two years	60.5%
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On average, the majority of Idaho schools provide physical education teachers with the recommended materials and tools (question 15).

The percentage of schools that provide goals, objectives, and expected outcomes for physical education to those teaching P.E. decreased from 89% in 2008 to 81% in 2014.

The percentage of schools who provide P.E. teachers with a written physical education curriculum decreased from 77% in 2008 to 67% in 2014.

Question 18. Percentage of schools that provide those who teach physical education with the following materials.

Goals, objectives and expected outcomes for physical education*	81.0%
A chart describing the annual scope and sequence of instruction for physical education	63.7%
Plans for how to assess student performance in physical education	70.7%
A written physical education curriculum*	67.1%
Resources for fitness testing	83.2%
Physical activity monitoring devices, such as pedometers or heart rate monitors, for physical education	54.6%

*This measure differs significantly from previous Idaho Profiles results.

Just under half of Idaho schools report their students participate in physical activity breaks in classrooms outside of P.E. (question 19). About three-fourths of schools offer interscholastic sport to students (question 21). About half of Idaho schools offer opportunities for students to participate in physical activity before the school day (question 22). Similarly, about half of Idaho schools prohibit staff from excluding students from P.E. or physical activity to punish them for bad behavior or failure to complete class work (question 23). Over two-thirds of Idaho schools have a joint use agreement for shared use of school or community physical activity facilities (question 24).

The percentage of schools that offer opportunities for all students to participate in school sponsored activity decreased significantly from 61% in 2008 to 51% in 2014 (question 20).

Questions 19 through 24. School Sponsored Physical Activity	
Question 19. Percentage of schools in which students participate in physical activity breaks in classrooms during the school day outside of physical education	43.1%
Question 20. Percentage of schools that offer opportunities for all students to participate in intramural activities or physical activity clubs*	51.1%
Question 21. Percentage of schools that offer interscholastic sports to students	79.4%
Question 22. Percentage of schools that offer opportunities for students to participate in physical activity before the school day through organized physical activities or access to facilities or equipment for physical activity.	44.3%
Question 23. Percentage of schools that prohibit staff from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class.	51.0%
Question 24. Percentage of schools that have a joint use agreement for shared use of school or community physical activity facilities	69.3%

*This measure differs significantly from previous Idaho Profiles results.

Tobacco-Use Prevention

Nearly all schools have adopted tobacco-use policies. Idaho also has a state-wide clean indoor-air law which restricts smoking in public indoor areas and within entrances of publicly accessed areas and businesses (with the exception of bars or clubs which are restricted to persons age 21 and older) (question 25).

The percentage of schools that have adopted a policy prohibiting tobacco use has decreased from 100% in 2002 to 98% in 2014.

Question 25. Percentage of schools that have adopted a policy prohibiting tobacco use*	97.8%
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*This measure differs significantly from previous Idaho Profiles results.

Most Idaho schools have policies that restrict tobacco use for students and staff, while slightly fewer restrict use for visitors during any school related activities (question 26).

Question 26. Tobacco-Use Prevention Policy: Types of Tobacco Prohibited.	
Students - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for students during any school-related activity.	
Cigarettes	95.6%
Smokeless tobacco.....	96.0%
Cigars	93.9%
Pipes.....	93.9%
Faculty/Staff - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for faculty/staff during any school-related activity.	
Cigarettes	94.3%
Smokeless tobacco.....	93.2%
Cigars	93.8%
Pipes.....	93.8%
Visitors - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for visitors during any school-related activity.	
Cigarettes	93.3%
Smokeless tobacco.....	89.5%
Cigars	92.2%
Pipes.....	92.2%

During school hours, nearly all Idaho schools have a specific policy that restricts tobacco use by students, staff, and visitors. The proportion of schools that have a policy restricting tobacco use during non-school hours drops to about two-thirds for staff and visitors (question 27).

Question 27. Tobacco-Use Prevention Policy: Times Tobacco Use is Prohibited	
Students - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for students.	
During school hours	96.6%
During non-school hours.....	83.3%
Faculty/Staff - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for faculty/staff.	
During school hours	94.2%
During non-school hours.....	67.2%
Visitors - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for visitors.	
During school hours	92.7%
During non-school hours.....	67.4%

Nearly all Idaho schools have a specific policy that indicates the locations where tobacco use by students, staff, and visitors is prohibited. Comparatively, about two-thirds of Idaho schools have a policy restricting tobacco use by visitors at off-campus, school sponsored events (question 28).

Question 28. Tobacco-Use Prevention Policy: Locations Where Tobacco Use is Prohibited	
Students - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for students.	
In school buildings.....	97.7%
Outside on school grounds, incl. parking lots and playing fields	97.2%
On school buses or other vehicles used to transport students	96.8%
At off-campus, school-sponsored events	96.0%
Faculty/Staff - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for faculty/staff.	
In school buildings.....	96.6%
Outside on school grounds, incl. parking lots and playing fields	96.1%
On school buses or other vehicles used to transport students	94.9%
At off-campus, school-sponsored events	87.9%
Visitors - Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for visitors.	
In school buildings.....	97.2%
Outside on school grounds, incl. parking lots and playing fields	94.4%
On school buses or other vehicles used to transport students	93.6%
At off-campus, school-sponsored events	70.2%

The percentage of schools that follow a policy that mandates a “tobacco-free environment” 24/7 increased from 38% in 2002 to 49% in 2014 (question 28N).

Question 28N. Percentage of schools that follow a policy that mandates a “tobacco-free environment.”	
A “tobacco-free environment” is one that prohibits tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week*	
	48.4%

*This measure differs significantly from previous Idaho Profiles results.

The percentage of Idaho schools that have signs posted marking a tobacco-free school zone has increased significantly from 62% in 2006 to 72% in 2014 (question 29).

<p>Question 29. Percentage of schools that post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed*..... 71.5%</p>

*This measure differs significantly from previous Idaho Profiles results.

One-third of Idaho students, and even fewer school staff are provided with school-based tobacco cessation services (question 30). Some schools have arrangements with other organizations or health care professionals (question 31).

<p>Questions 30 and 31. Tobacco-Use Prevention: Cessation Services.</p>	
<p>Question 30. Percentage of schools that provide tobacco cessation services for each of the following groups.</p>	
Faculty and staff	15.4%
Students	34.1%
<p>Question 31. Percentage of schools that have arrangements with any organization or health care professionals not on school property to provide tobacco cessation services for each of the following groups.</p>	
Faculty and staff	24.5%
Students	38.8%

Nutrition-Related Policies and Practices

The 2014 Profiles measured fruit and vegetable availability at school celebrations when foods or beverages were being offered (question 32). Many Idaho schools allow students to purchase snack foods or beverages from vending machines at school (question 33).

The percentage of schools in which students can purchase snack foods and beverages in vending machines, school store, canteen, or snack bar decreased significantly from its peak at 93% in 2006 to 81% in 2014 (question 33).

Question 32. Percentage of schools that never, rarely, sometimes, or always or almost always offer fruit or non-fried vegetables at school celebrations when foods or beverages are offered.

Foods or beverages are not offered at school celebrations	4.5%
Never	1.0%
Rarely	13.8%
Sometimes	49.0%
Always or almost always	31.7%

Question 33. Percentage of schools in which students can purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar*

81.1%

*This measure differs significantly from previous Idaho Profiles results.

The 2014 Profiles assessed food and beverage choices at school (question 34).

The percentage of schools offering chocolate candy, other kinds of candy, salty snacks, 2% whole milk, soda pop or fruit drinks, or sports drinks all decreased significantly in 2014 from previous estimates.

Question 34. Percentage of schools in which students can purchase the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar.

Chocolate candy*	47.7%
Other kinds of candy*	53.7%
Salty snacks that are not low in fat (e.g., regular potato chips)*	49.8%
Low sodium or “no added salt” pretzels, crackers, or chips	60.6%
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	48.2%
Ice cream or frozen yogurt that is not low in fat	13.5%
2% or whole milk (plain or flavored)*	33.9%
Nonfat or 1% (low-fat) milk (plain)	38.3%
Water ices or frozen slushes that do not contain juice	15.3%
Soda pop or fruit drinks that are not 100% juice*	50.4%
Sports drinks (e.g., Gatorade)*	62.9%
Energy drinks (e.g., Red Bull, Monster)	2.8%
Bottled water	74.9%
100% fruit or vegetable juice	55.5%
Foods or beverages containing caffeine	50.5%
Fruits (not fruit juice)	25.4%
Non-fried vegetables (not vegetable juice)	16.6%

*This measure differs significantly from previous Idaho Profiles results.

The 2014 Profiles asked principals about actions their school had taken related to improving the nutrition of food provided in schools during the past school year (question 35).

The percentage of schools who are collecting suggestions for nutritious food preferences has decreased significantly since 2008. However, the percent of schools that conducts taste tests to determine food preferences and the percent of schools serving locally or regionally grown foods in school have both increased significantly since 2008.

Question 35. Percentage of schools that have done any of the following activities during the school year.

Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	14.3%
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating*	34.8%
Provided information to students or families on the nutrition and caloric content of foods available	40.0%
Conducted taste tests to determine food preferences for nutritious items*	19.1%
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	15.9%
Served locally or regionally grown foods in the cafeteria or classrooms*	55.4%
Planted a school food or vegetable garden	28.3%
Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	73.6%
Used attractive displays for fruits and vegetables in the cafeteria	65.0%
Offered a self-serve salad bar for students	62.3%
Labeled healthful foods with appealing names (e.g., crunchy carrots)	28.5%
Encouraged students to drink plain water	74.4%
Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	13.2%
Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	15.6%

*This measure differs significantly from previous Idaho Profiles results.

The 2014 Profiles also measured policies related to the promotion of fast food, soft drinks, and candy. Very few Idaho schools promote candy, soft drinks, or fast food meals. About one-half to two-thirds of Idaho schools prohibit advertising for candy, soft drinks, or fast food in the locations listed below (question 36).

Question 36. Percentage of schools that prohibit advertisements for candy, fast food restaurants, or soft drinks in the following locations.	
In the school building	61.6%
On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	52.0%
On school buses or other vehicles used to transport students	69.2%
In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	63.2%
In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	63.8%

About two-thirds of Idaho schools allow students access to have a drinking water bottle with them in all locations (question 38). Most Idaho schools offer free drinking water in the cafeteria during meal times (question 39).

Questions 37. Nutrition-Related Policies and Practices: Access to drinking water.	
Question 37. Percentage of schools that permit students to have a drinking water bottle with them during the school day.	
In all locations	74.4%
In certain locations	21.7%
Question 37N. Percentage of schools that permit students to have a drinking water bottle with them in either all locations or certain locations during the school day.	
	96.0%

Most Idaho schools offer free water throughout the school and nearly three-fourths offer free water at outdoor physical activity facilities and sports fields (question 38).

Question 38. Percentage of schools that offer a free source of drinking water in the following locations.

Cafeteria during breakfast	85.6%
Cafeteria during lunch	87.1%
Gymnasium or other indoor physical activity facilities	92.9%
Outdoor physical activity facilities and sports fields	71.5%
Hallways throughout the school	98.3%

Health Services

The 2014 Profiles measured the percentage of schools that have a full-time nurse. In Idaho, less than one-fourth of schools have a full-time nurse (question 39).

Question 39. Percentage of schools that have a full-time registered nurse who provides health services to students

15.8%

Principals were asked about the types of HIV, STD, and pregnancy prevention services the school offered to students. Very few schools offer any of the services listed below (question 40).

Question 40. Percentage of schools that provide the following services to students.

HIV testing	0.0%
HIV treatment	0.0%
STD testing	0.0%
STD treatment	0.0%
Pregnancy testing	3.6%
Provision of condoms	0.9%
Provision of condom-compatible lubricants (i.e., water- or silicone-based)	0.5%
Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])	0.0%
Prenatal care	3.5%
Human papillomavirus (HPV) vaccine administration	0.0%

On average, about one-third of Idaho schools provide students with referrals to HIV, STD, and pregnancy prevention services available from organizations or health care agencies not on school property (question 41).

Question 41. Percentage of schools that provide students with referrals to any organizations or health care professionals not on school property for the following services.

HIV testing	39.9%
HIV treatment	38.7%
STD testing	41.6%
STD treatment	39.9%
Pregnancy testing	42.5%
Provision of condoms	29.3%
Provision of condom-compatible lubricants (i.e., water- or silicone-based)	29.0%
Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD])	31.3%
Prenatal care	40.1%
Human papillomavirus (HPV) vaccine administration	33.0%

In Idaho, over half of all schools ensure that students with chronic conditions are enrolled in a privately, state, or federally funded insurance program if eligible (question 42).

<p>Question 42. Percentage of schools that have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible.....</p>	57.5%
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With the exception of obesity and hypertension, nearly all Idaho schools track students with chronic conditions like asthma and diabetes (question 43). Fewer than half of Idaho schools provide referrals to outside organizations or health care professionals for students with chronic conditions like asthma diabetes, obesity, or hypertension (question 44).

<p>Question 43. Percentage of schools that routinely use school records to identify and track students with a current diagnosis of the following chronic conditions.</p>	
Asthma	91.5%
Food allergies	93.7%
Diabetes	94.2%
Epilepsy or seizure disorder	93.0%
Obesity	24.0%
Hypertension/high blood pressure	55.3%

<p>Question 44. Percentage of schools that provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have the following chronic conditions.</p>	
Asthma	42.9%
Food allergies	41.1%
Diabetes	42.6%
Epilepsy or seizure disorder	41.4%
Obesity	28.1%
Hypertension/high blood pressure	32.2%

On average, less than half of Idaho schools have provided parents and families with information about how to monitor their child or have linked parents and families to health services and programs in the community. Less than one-fourth of Idaho schools have involved parents as school volunteers in the delivery of health education or provided families with information about how to communicate with their child about sex (question 45). Just under two-thirds of schools use electronic, paper, or oral communication to inform parents about school health services and programs (question 46).

<p>Question 45. Percentage of schools that have done any of the following activities during the current school year.</p>	
<p>Provided parents and families with information about how to communicate with their child about sex</p>	<p>18.0%</p>
<p>Provided parents with information about how to monitor their child (e.g., setting parental expectations, keeping track of their child, responding when their child breaks the rules)</p>	<p>45.2%</p>
<p>Involved parents as school volunteers in the delivery of health education activities and services</p>	<p>24.9%</p>
<p>Linked parents and families to health services and programs in the community</p>	<p>56.5%</p>
<p>Question 46. Percentage of schools that use electronic, paper, or oral communication to inform parents about school health services and programs.</p>	
	<p>62.0%</p>

One-fourth of Idaho schools participate in programs which allow family or community members to serve as role models to students (question 47). Nearly two-thirds of schools provide service learning opportunities for students (question 48). And, a majority of Idaho schools provide tutoring opportunities for students (question 49).

Question 47. Percentage of schools that participate in a program in which family or community members serve as role models to students or mentor students, such as the Big Brothers Big Sisters program.....	26.2%
Question 48. Percentage of schools that provide service-learning opportunities for students.	64.8%
Question 49. Percentage of schools that provide peer tutoring opportunities for students.	82.0%

The 2014 Profiles measured the percentage of schools that have involved students’ families in the development or implementation of policies and programs related to school health during the past two years (question 50).

Question 50. Percentage of schools in which students’ families helped develop or implement policies and programs related to school health during the past two years	34.0%
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LEAD HEALTH EDUCATION TEACHER SURVEY RESULTS

2014 IDAHO PROFILES

The following section summarizes results of the 2014 Profiles lead health education teacher survey by topic area. The results are for all levels of schools combined (high school, middle school, and junior/senior high schools) for each topic area. For a more detailed breakout of all results contact the Idaho State Department of Education.

Trend Analysis and Statistical Significance

Where 2014 results have changed significantly from previous years' Profiles survey results (as identified by CDC in the 2014 Profiles Trend Analysis Report available from the SDE - see below for further explanation) they have been highlighted in bold throughout the following narrative summaries. For some survey measures, Idaho Profiles data are available from 2002 to the current 2014 survey. In some cases, data are only available for a limited number of years and therefore comparisons between years are limited to those years in which data are available. Where data are only available for 2014, no trend analysis is possible.

SUDAAN logistic regression is used to test for linear and quadratic changes. Logistic regression uses all available years of data. It does not simply consider only the oldest and most recent data points. When SUDAAN detects a quadratic trend, Joinpoint is used to determine the inflection point, or the year the "bend" occurs. Then SUDAAN is used again to test for linear trends on either side of the inflection point. SUDAAN t-test analysis was used to test for changes between 2012 and 2014. **Special care should be used in interpreting trend analysis for variables with very low prevalence.** Trend analyses can be sensitive to the small number of schools in the numerator of very low prevalence variables.

Required Health Education

Over half of all Idaho schools require students in grades 6 through 12 to take two or more health education courses; however, some variation does exist by grade level (questions 1 and 2).

The percentage of schools that require students to take two or more health education courses increased significantly (question 1).

The percentage of schools that taught a required health education course in 6th grade decreased significantly from a high of 49% in 2000 to 26% in 2014. However, the percentage of schools requiring a health education course in the 9th grade increased significantly from a low of 11% in 1998 to 38% in 2014 (question 2).

Questions 1 and 2. Required Health Education	
Question 1. Percentage of schools that require students to take two or more health education courses*	55.8%
Question 2. Percentage of schools that taught a required health education course in each of the following grades.	
6th*	26.4%
7th	69.7%
8th	59.6%
9th*	37.6%
10th	63.8%
11th	35.7%
12th	9.4%

*This measure differs significantly from previous Idaho Profiles results.

Over three-fourths of schools in Idaho require students to repeat a required health education class if they fail (question 3).

This measure has increased significantly from 60% in 2004 to 76% in 2014.

Question 3. Percentage of schools that require students who fail a required health education course to repeat it*	76.2%
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*This measure differs significantly from previous Idaho Profiles results.

Health Education Curriculum

In the area of health education curriculum, the majority of Idaho schools provided each of the materials identified in question 4.

Question 4. Percentage of schools in which those who teach health education are provided with the following materials.

Goals, objectives, and expected outcomes for health education	79.2%
A chart describing the annual scope and sequence of instruction for health education	66.2%
Plans for how to assess student performance in health education	67.0%
A written health education curriculum	68.5%

Nearly every Idaho school reported that they have health education curriculum addressing some of the major components of required health education curriculum (question 5).

The percent of Idaho schools using decision-making skills to enhance health and practicing health-enhancing behaviors decreased significantly from 2012 to 2014.

Question 5. Percentage of schools in which the health education curriculum addresses each of the following skills.

Comprehending concepts related to health promotion and disease prevention to enhance health	94.0%
Analyzing the influence of family, peers, culture, media, technology, and other factor on health behaviors	93.0%
Accessing valid information and products and services to enhance health	88.7%
Using interpersonal communication skills to enhance health and avoid or reduce health risks	94.1%
Using decision-making skills to enhance health*	94.6%
Using goal-setting skills to enhance health	93.3%
Practicing health-enhancing behaviors to avoid or reduce risks*	93.0%
Advocating for personal, family, and community health	91.0%

*This measure differs significantly from previous Idaho Profiles results.

On average, about two-thirds of Idaho schools (where sexual health education is taught) are provided with evaluation materials (such as goals, objectives, and expected outcomes), written curriculum, age-appropriate strategies, and methods for assessing student knowledge and skills (question 6).

Question 6. Percentage of schools in which those who teach sexual health education are provided with each of the following materials.

Goals, objectives, and expected outcomes for sexual health education	74.2%
A written health education curriculum that includes objectives and content addressing sexual health education	65.2%
A chart describing the annual scope and sequence of instruction for sexual health education	57.2%
Strategies that are age-appropriate, relevant, and actively engage students in learning.....	72.5%
Methods to assess student knowledge and skills related to sexual health education	72.9%

Most schools in Idaho require students to repeat a required health education class if they fail (question 7).

This measure has increased significantly from 60% in 2004 to 92% in 2014.

Question 7. Percentage of schools in which health education instruction is required for students in any of grades 6 through 12

	92.3%
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*This measure differs significantly from previous Idaho Profiles results.

Overall, a majority of Idaho schools addressed many of the typical health education topics tied to the major causes of morbidity and mortality among teens and into adulthood (question 8).

The percent of schools in which teachers tried to increase student knowledge around alcohol- or other drug-use prevention, infectious disease prevention, injury prevention and safety, and tobacco-use prevention decreased significantly during the past two years.

Question 8. Percentage of schools in which teachers tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12.

Alcohol- or other drug-use prevention*	91.8%
Asthma*	66.4%
Diabetes	80.6%
Emotional and mental health*	91.7%
Epilepsy or seizure disorder	48.4%
Food allergies	71.0%
Foodborne illness prevention	79.5%
Human immunodeficiency virus (HIV) prevention	88.6%
Human sexuality	82.0%
Infectious disease prevention (e.g., influenza [flu] prevention)*	85.4%
Injury prevention and safety*	89.6%
Nutrition and dietary behavior	97.5%
Physical activity and fitness	98.9%
Pregnancy prevention	80.8%
Sexually transmitted disease (STD) prevention	89.1%
Suicide prevention	84.2%
Tobacco-use prevention*	93.1%
Violence prevention (e.g., bullying, fighting, or dating violence prevention)	92.6%

*This measure differs significantly from previous Idaho Profiles results.

Tobacco-Use Prevention

The 2014 Profiles measured tobacco-use prevention topics taught to Idaho students. Slightly more than half (59.5%) of Idaho schools report teaching all 15 tobacco-use prevention topics, however, a majority of schools appear to be teaching most of the recommended topics (question 9).

The percentage of schools in which teachers taught the highlighted tobacco-use topics listed below have decreased significantly during the past two years.

Question 9. Percentage of schools in which teachers taught each of the following tobacco-use topics in a required course for students in any of grades 6 through 12.

Identifying tobacco products and the harmful substances they contain*	86.2%
Identifying short- and long-term health consequences of tobacco use*	87.9%
Identifying legal, social, economic, and cosmetic consequences of tobacco use	86.1%
Understanding the addictive nature of nicotine*	85.0%
Effects of tobacco use on athletic performance*	77.7%
Effects of secondhand-smoke and benefits of a smoke-free environment*	86.7%
Understanding the social influences on tobacco use, including media, family, peers, and culture*	84.8%
Identifying reasons why students do and do not use tobacco*	84.5%
Making accurate assessments of how many peers use tobacco	68.5%
Using interpersonal communication skills to avoid tobacco use	86.2%
Using goal-setting and decision-making skills related to not using tobacco*	84.5%
Finding valid information and services related to tobacco-use prevention and cessation	74.9%
Supporting others who abstain from or want to quit using tobacco*	77.4%
Identifying harmful effects of tobacco use on fetal development	83.5%
Relationship between using tobacco and alcohol or other drugs	85.0%
How addiction to tobacco use can be treated	79.4%
Understanding school policies and community laws related to the sale and use of tobacco products	79.0%
Benefits of smoking cessation programs	68.9%
All 18 tobacco-use prevention topics	55.2%

*This measure differs significantly from previous Idaho Profiles results.

HIV, STD, or Pregnancy Prevention - Grades 6-8

Few Idaho schools teach all 16 HIV, STD, and pregnancy prevention topics in required health courses for students in any of grades 6, 7, or 8 (middle/junior high school or high school) (question 10).

The percent of schools in which teachers taught students how to create and sustain healthy and respectful relationships decreased significantly from 2012 to 2014.

Question 10 (Grades 6, 7, or 8). Percentage of schools in which teachers taught each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 6, 7, or 8.

How HIV and other STDs are transmitted	76.1%
Health consequences of HIV, other STDs, and pregnancy	72.6%
The benefits of being sexually abstinent	77.1%
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	59.9%
The influences of family, peers, media, technology and other factors on sexual risk behaviors	74.2%
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	59.6%
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	63.1%
Influencing and supporting others to avoid or reduce sexual risk behaviors	63.5%
Efficacy of condoms, that is how well condoms work and do not work.....	38.0%
The importance of using condoms consistently and correctly	24.9%
How to obtain condoms	15.3%
How to correctly use a condom	8.9%
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	24.7%
How to create and sustain healthy and respectful relationships*	53.6%
The importance of limiting the number of sexual partners	53.6%
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	60.1%
All 16 HIV, STD, and pregnancy prevention topics	8.8%

*This measure differs significantly from previous Idaho Profiles results.

HIV, STD, or Pregnancy Prevention - Grades 9-12

Less than half of Idaho schools teach all 16 HIV, STD, and pregnancy prevention topics in required health courses for students in any of grades 9 through 12 (question 9).

The percentage of schools teaching students goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy increased significantly from 2008 to 2014. In addition, the percent of Idaho schools in which teachers taught students how to obtain condoms, and the importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy both increased significantly during the past two years.

Question 10 (Grades 9, 10, 11, or 12). Percentage of schools in which teachers taught each of the following HIV, STD, or pregnancy prevention topics in a required course for students in any of grades 9, 10, 11, or 12.

How HIV and other STDs are transmitted	96.9%
Health consequences of HIV, other STDs, and pregnancy	96.8%
The benefits of being sexually abstinent	96.9%
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	88.8%
The influences of family, peers, media, technology and other factors on sexual risk behaviors	94.1%
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	92.8%
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy*	96.8%
Influencing and supporting others to avoid or reduce sexual risk behaviors	88.9%
Efficacy of condoms, that is how well condoms work and do not work.....	79.2%
The importance of using condoms consistently and correctly	66.9%
How to obtain condoms*	60.6%
How to correctly use a condom	45.9%
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy*	68.6%
How to create and sustain healthy and respectful relationships	95.4%
The importance of limiting the number of sexual partners	92.2%
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	93.1%
All 16 HIV, STD, and pregnancy prevention topics	41.8%

*This measure differs significantly from previous Idaho Profiles results.

Contraception

On average, about half of Idaho schools teach about all 7 contraceptive methods listed below in required health courses for students in any of grades 9 through 12 (question 11).

The percentage of Idaho schools in which teachers taught about the birth control pill increased significantly from 40% in 2012 to 58% in 2014.

Question 11. Percentage of schools in which teachers taught about each of the following contraceptives in a required course for students in any of grades 9, 10, 11, or 12.

Birth control pill (e.g., Ortho Tri-cyclen)*	58.1%
Birth control patch (e.g., Ortho Evra)	46.2%
Birth control ring (e.g., NuvaRing)	40.3%
Birth control shot (e.g., Depo-Provera)	48.8%
Implants (e.g., Implanon)	42.4%
Intrauterine device (IUD; e.g., Mirena, ParaGard)	49.2%
Emergency contraception (e.g., Plan B)	42.9%

*This measure differs significantly from previous Idaho Profiles results.

About two-thirds of Idaho junior high or middle schools have teachers assess the ability of students to perform each of the listed HIV, STD, and pregnancy prevention skills. However, in nearly all Idaho high schools, teachers assess the ability of students to perform the listed HIV, STD, and pregnancy prevention skills (question 12).

Question 12 (Grades 6, 7, or 8). Percentage of schools in which teachers assess the ability of students to do each of the following in a required course for students in any of grades 6, 7, or 8.

Comprehend concepts important to prevent HIV, other STDs, and pregnancy	61.7%
Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	64.0%
Access valid information, products, and services to prevent HIV, other STDs, and pregnancy	50.1%
Use interpersonal communication skills to avoid or reduce sexual risk behaviors	62.3%
Use decision-making skills to prevent HIV, other STDs, and pregnancy	62.5%
Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	69.7%
Influence and support others to avoid or reduce sexual risk behaviors	57.0%

Question 12 (Grades 9, 10, 11, or 12). Percentage of schools in which teachers assess the ability of students to do each of the following in a required course for students in any of grades 9, 10, 11, or 12.

Comprehend concepts important to prevent HIV, other STDs, and pregnancy	91.8%
Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors	91.8%
Access valid information, products, and services to prevent HIV, other STDs, and pregnancy	87.1%
Use interpersonal communication skills to avoid or reduce sexual risk behaviors	86.2%
Use decision-making skills to prevent HIV, other STDs, and pregnancy	91.3%
Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them	90.1%
Influence and support others to avoid or reduce sexual risk behaviors	86.6%

Nutrition and Dietary Behavior

Over half of Idaho schools teach all 20 nutrition and dietary behavior topics in required health courses for students in any of grades 6 through 12 (question 13).

The percentage of schools teaching students how to use food labels; balance food intake and physical activity; eat more fruits, vegetables, and whole grain products; and choose food and snacks that are low in solid fat decreased significantly from 2012 to 2014.

Question 13. Percentage of schools in which teachers taught each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12.

Benefits of healthy eating	96.0%
Benefits of drinking plenty of water	95.9%
Benefits of eating breakfast every day	93.0%
Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate or MyPyramid)	88.7%
Using food labels*	88.1%
Differentiating between nutritious and non-nutritious beverages	84.9%
Balancing food intake and physical activity*	90.4%
Eating more fruits, vegetables, and whole grain products*	93.0%
Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat)*	87.1%
Choosing foods, snacks, and beverages that are low in added sugars	89.8%
Choosing foods and snacks that are low in sodium	86.4%
Eating a variety of foods that are high in calcium	86.2%
Eating a variety of foods that are high in iron	81.4%
Food safety	82.6%
Preparing healthy meals and snacks	87.2%
Risks of unhealthy weight control practices	91.2%
Accepting body size differences	91.2%
Signs, symptoms, and treatment for eating disorders	88.3%
Relationship between diet and chronic diseases	85.4%
Assessing body mass index (BMI)	75.4%
 All 20 nutrition and dietary behavior topics	 58.8%

*This measure differs significantly from previous Idaho Profiles results.

Physical Activity

The majority of Idaho schools teach all 13 physical activity topics in required health courses for students in any of grades 6 through 12 (question 14).

In particular, the percent of Idaho schools teaching students about decreasing sedentary activities increased significantly from 90% in 2012 to 97% in 2014.

Question 14. Percentage of schools in which teachers taught each of the following physical activity topics in a required course for students in any of grades 6 through 12.

Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease	96.1%
Mental and social benefits of physical activity	98.7%
Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	97.8%
Phases of a workout (i.e., warm-up, workout, cool down)	94.6%
Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity	89.1%
Decreasing sedentary activities (e.g., television viewing, using video games)*	96.7%
Preventing injury during physical activity	93.1%
Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	86.1%
Dangers of using performance-enhancing drugs (e.g., steroids)	88.2%
Increasing daily physical activity	98.4%
Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)	94.4%
Using safety equipment for specific physical activities	87.2%
Benefits of drinking water before, during, and after physical activity.....	96.1%
All 13 physical activity topics	70.4%

*This measure differs significantly from previous Idaho Profiles results.

HIV Prevention

Less than one-fourth of Idaho schools provide HIV, STD, or pregnancy prevention information that is relevant to LGBTQ youth (question 15).

The percentage of schools that provide HIV, STD, or pregnancy prevention curricula that is relevant to LGBTQ youth increased significantly from 11% in 2010 to 25% in 2014.

<p>Question 15 Percentage of schools that provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth 24.6%</p>

*This measure differs significantly from previous Idaho Profiles results.

Collaboration

Collaboration occurred between the groups listed in question 16 below among all schools on some level. The majority of collaboration occurred between health education staff and physical education staff, with the lowest amount of collaboration occurring between health education staff and the school health council.

Collaboration which included physical education and nutrition or food services staff each increased significantly from 2010 to 2014, while collaboration between mental health or social services staff, and the school health council decreased significantly from 2010 to 2014.

<p>Question 16. Percentage of schools in which health education staff worked with the following groups on health education activities during the current school year.</p>	
Physical education staff*	80.6%
School health services staff (e.g., nurses)	58.3%
School mental health or social services staff (e.g., psychologists, counselors, and social workers)*	55.3%
Nutrition or food services staff*	38.1%
School health council, committee, or team*	30.3%

*This measure differs significantly from previous Idaho Profiles results.

On average, about one-third of Idaho schools indicated they provide parents and families of students with health information designed to increase knowledge about health topics such as tobacco-use prevention, HIV and STD prevention, nutrition healthy eating, and asthma (question 17).

The percentage of schools that provided parents and families with health information about asthma increased significantly from 5% in 2008 to 13% in 2014.

Question 17. Percentage of schools that provided parents and families with health information designed to increase parent and family knowledge of the following topics during the current school year.

HIV prevention, STD prevention, or teen pregnancy	18.1%
Tobacco-use prevention	24.6%
Physical activity	36.1%
Nutrition and healthy eating	39.1%
Asthma*	13.2%
Food allergies	16.8%
Diabetes	18.5%
Preventing student bullying and sexual harassment, including electronic aggression (i.e., cyber-bullying)	58.4%

*This measure differs significantly from previous Idaho Profiles results.

In over half of Idaho schools, teachers have given homework assignments or health education activities for during the current school year for students to do at home with their parents (question 18).

Question 18. Percentage of schools in which teachers have given students homework assignments or health education activities to do at home with their parents during the current school year

	55.7%
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Professional Development

The 2014 Idaho Profiles measured professional development of various health education topics during the past 2 years among lead health education teachers (question 19).

For many of the topic areas, there was a significant decrease in the percentage of schools in which the lead health education teacher received professional development during the past two years. There were two measures which increased significantly. The topic areas in which lead health education teachers received significantly more professional development were injury prevention and safety, and physical activity and fitness.

Question 19. Percentage of schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years.

Alcohol- or other drug-use prevention*	31.2%
Asthma*	9.6%
Diabetes	14.3%
Emotional and mental health*	34.0%
Epilepsy or seizure disorder	12.8%
Food allergies	8.5%
Foodborne illness prevention*	7.8%
HIV prevention*	26.2%
Human sexuality*	27.7%
Infectious disease prevention (e.g., flu prevention)*	22.0%
Injury prevention and safety*	32.9%
Nutrition and dietary behavior*	28.7%
Physical activity and fitness*	41.4%
Pregnancy prevention*	22.6%
STD prevention*	25.1%
Suicide prevention*	28.1%
Tobacco-use prevention*	18.6%
Violence prevention (e.g., bullying, fighting, or dating violence prevention)*	43.0%

*This measure differs significantly from previous Idaho Profiles results.

The 2014 Idaho Profiles measured professional development related to critical HIV and STD prevention topics during the past two years among lead health education teachers. Less than one-fourth of schools' lead health education teachers received professional development on all of the critical HIV and STD prevention topics listed below during the past two years (question 20).

The percentage of schools in which the lead health education teacher received professional development related to critical HIV and STD prevention topics during the past two years decreased significantly from 2008 to 2014.

Questions 20. Percentage of schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years.

Describing how widespread HIV and other STD infection are and the consequences of these infections*	22.3%
Understanding the modes of transmission and effective prevention strategies for HIV and other STDs*	22.3%
Identifying populations of youth who are at high risk of being infected with HIV and other STDs*	19.5%
Implementing health education strategies using prevention messages that are likely to be effective in reaching youth	25.6%
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills*	21.1%
Assessing students' performance in HIV prevention education*	13.7%
Describing the prevalence and potential effects of teen pregnancy	21.3%
Identifying populations of youth who are at high risk of becoming pregnant	20.8%
Current district or school board policies or curriculum guidance regarding HIV education or sexual health education	16.2%

*This measure differs significantly from previous Idaho Profiles results.

In contrast to questions 19 and 20, which measure acquired staff development, question 21 measured professional development that health education teachers would like to receive on various health education topics.

There were several health topics in which the demand for professional development has changed significantly. Fewer teachers would like to receive professional development on the topics of asthma, foodborne illness prevention, HIV prevention, pregnancy prevention, or STD prevention. Alternatively, a significantly lower percentage of teachers would like to receive professional development on the topics of injury prevention and safety, nutrition and dietary behavior, and physical activity and fitness.

Questions 21. Percentage of schools in which the lead health education teacher would like to receive professional development on each of the following topics.

Alcohol- or other drug-use prevention	73.1%
Asthma*	42.2%
Diabetes	58.1%
Emotional and mental health	66.9%
Epilepsy or seizure disorder	44.2%
Food allergies	46.2%
Foodborne illness prevention*	42.1%
HIV prevention*	53.3%
Human sexuality	55.6%
Infectious disease prevention (e.g., flu prevention)	56.9%
Injury prevention and safety*	55.6%
Nutrition and dietary behavior*	67.4%
Physical activity and fitness*	58.0%
Pregnancy prevention*	52.6%
STD prevention	56.6%
Suicide prevention	74.1%
Tobacco-use prevention	60.5%
Violence prevention (e.g., bullying, fighting, or dating violence prevention)	77.6%

*This measure differs significantly from previous Idaho Profiles results.

The 2014 Idaho Profiles measured professional development training among lead health educators in the past two years related to instructional skills topics (question 22).

The percentage of schools in which the lead health educator received professional development increased significantly with several topic areas.

Questions 22. Percentage of schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics during the past two years.

Teaching students with physical, medical, or cognitive disabilities	34.1%
Teaching students of various cultural backgrounds*	30.9%
Teaching students with limited English proficiency*	29.2%
Teaching students of different sexual orientations or gender identities	11.4%
Using interactive teaching methods, such as role plays or cooperative group activities*	45.1%
Encouraging family or community involvement*	31.3%
Teaching skills for behavior change*	34.2%
Classroom management techniques, such as social skills training, environmental modifications, conflict resolution and mediation, and behavior management	44.3%
Assessing or evaluating students in health education	28.4%

*This measure differs significantly from previous Idaho Profiles results.

In contrast to question 22 which measures professional development obtained during the past two years, question 23 measured the proportion of teachers who would like to **receive** professional development training in the following instructional skills topics.

Professional development on classroom management techniques decreased significantly from 71% in 2006 to 60% in 2014.

Questions 23. Percentage of schools in which the lead health education teacher would like to receive professional development on each of the following topics.

Teaching students with physical, medical, or cognitive disabilities	56.0%
Teaching students of various cultural backgrounds	50.1%
Teaching students with limited English proficiency.....	47.2%
Teaching students of different sexual orientations or gender identities	48.5%
Using interactive teaching methods, such as role plays or cooperative group activities	61.2%
Encouraging family or community involvement	67.4%
Teaching skills for behavior change	74.2%
Classroom management techniques, such as social skills training, environmental modifications, conflict resolution and mediation, and behavior management*	60.3%
Assessing or evaluating students in health education	65.0%

*This measure differs significantly from previous Idaho Profiles results.

Professional Preparation

The majority of Idaho schools’ lead health education teachers received professional preparation in health and physical education combined (question 24).

The percentage of schools in which the major emphasis of the lead health education teacher was solely health education increased significantly from 6% in 1998 to 11% in 2014. The percentage of schools in which the major emphasis of professional preparation was physical education solely decreased from 25% in 1998 to 20% in 2014.

Questions 24. Percentage of schools in which the major emphasis of the lead health education teacher’s professional preparation was on the following:

Health and physical education combined	54.6%
Health education*	10.7%
Physical education*	19.6%
Other education degree	2.1%
Kinesiology, exercise science, or exercise physiology	1.8%
Home economics or family and consumer science	2.4%
Biology or other science	1.2%
Nursing	2.0%
Counseling	1.4%
Public health	0.0%
Nutrition	0.0%
Other*	4.3%

*This measure differs significantly from previous Idaho Profiles results.

Most Idaho schools have a lead health education teacher who is certified, licensed, or endorsed by the state to teach health education (question 25).

Question 25. Percentage of schools in which the lead health education teacher is certified, licensed, or endorsed by the state to teach health education in middle school or high school

89.3%

Over one-third of lead health education teachers in Idaho have 15 years or more of experience, while about one-tenth of lead health education teachers are relatively new, having taught less than 6 years (question 26).

In 2014, the percentage of schools in which the lead health education teacher had 6 to 9 years of experience has decreased significantly, while those with 15 years or more of experience increased significantly.

Questions 26. Percentage of schools in which the lead health education teacher had the following number of years' experience in teaching health education classes or topics.

1 year	10.6%
2 to 5 years	20.3%
6 to 9 years*	12.7%
10 to 14 years	15.3%
15 years or more*	41.1%

*This measure differs significantly from previous Idaho Profiles results.



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