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ABSTRACT

This report describes the methods and results of the 1999 Alaska Youth Risk Behavior Survey (YRBS) and the 1998 School Health Education Profile (SHEP). Each survey is intended to provide a better understanding of health and related programs within school settings. The YRBS asks students to report their behaviors in the six major areas of health that directly lead to morbidity and mortality. The areas include behaviors that result in injury; tobacco use; alcohol or other drug use; sexual behaviors that can lead to unwanted pregnancy, HIV, or sexually transmitted diseases; dietary behaviors; and physical activity. The SHEP asks teachers and administrators about programs and services to address these same areas of concern. This report, combining data from both surveys, provides a comprehensive picture of the status of adolescent health in Alaska. Part 1 contains the Youth Risk Behavior Survey on high school and middle school students and includes sections on the six major areas of health concerns. Part 2 contains the information from the School Health Profile and the results from the principals' survey and health educators' survey. (Contains 6 appendixes, 94 figures, 2 tables, and 91 references.) (JDM)

Alaska Youth Risk Behavior Survey 1999

Alaska School Health Education Profile 1998

1999 Youth Risk Behavior Survey (YRBS)
and
1998 School Health Education Profile (SHEP)

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The 1999 Alaska Youth Risk Behavior Survey and the 1998 School Health Education Profile would not have been possible without the support of many individuals working cooperatively at all phases of the project. We would like to thank:

√ School district superintendents and administrators, school boards, secondary school principals, teachers, parents and guardians who cooperated with and supported the survey;

√ the U.S. Centers for Disease Control and Prevention, Division of Adolescent and School Health, and Westat, Inc. for their technical assistance; and most importantly;

√ the Alaska students who participated in the survey.

Introduction

The Quality Schools Initiative set forth by the Knowles administration and the State Board of Education & Early Development provides a framework of four critical elements that schools and communities should strive to achieve. These elements are:

- √ High Student Academic Achievement
- √ High Standards for Teachers and Administrators
- √ Family and Community Involvement (and Safe and Respectful Schools)
- √ School Excellence Standards

As the State of Alaska embarks upon the 21st century, it is more important than ever to provide quality instruction. Many of our students struggle with issues and problems not addressed within the typical school day. In order to better understand and provide assistance to students, the Alaska Department of Education & Early Development and the Alaska Department of Health & Social Services have worked together to assess students' self reported behaviors and experiences.

By better understanding and addressing our students, schools, agencies, and communities will be better equipped to provide intervention, resources and quality prevention services. By addressing risk behaviors early and providing support and guidance, schools will provide students with a much greater opportunity to succeed in school and beyond.

This report describes the methods and results of the 1999 Alaska Youth Risk Behavior Survey (YRBS) and the 1998 School Health Education Profile (SHEP). Each survey is intended to provide a better understanding of health and related programs within school settings.

The YRBS asks students to report their behaviors in six major areas of health that directly lead to morbidity and mortality in both adults and adolescents in our country. The SHEP asks teachers and administrators about programs and services to address these same areas of concern. This report, combining data from both surveys, provides a comprehensive picture of the status of adolescent health in Alaska.

How to Use This Report

The results of the YRBS and SHEP can help detect changes in risk behaviors over time. The surveys help identify differences among ages, grades, and gender. The information from the surveys will focus primary prevention efforts on specific groups of teens and can suggest whether or not school policies and community programs are having the intended effects on student behaviors. Additionally, these results can assist school administrators and school boards of education in emphasizing the importance of coordinated school health programs and prevention initiatives within school buildings.

Think of this report as a tool for starting discussions, for encouraging parent involvement, for educating the community, for planning and evaluating programs, for comparing Alaska students with other students nationwide, and for strengthening existing programs and policies.

√ **Starting the Conversation.** Use this report to begin a conversation with young people about the personal choices they make or about the health of their peers. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? What ideas do they have about ways to promote healthy behaviors? From their perspective, what seems to be working and what isn't working?

√ **Increasing Awareness.** This report provides an opportunity to break through "denial" and to make community members aware of the risks that their young people face. It can dispel myths and correct misinformation about the "average teenager." In addition, you can use the YRBS to accentuate the positive and to celebrate that many students are abstaining from behaviors that endanger their health and their ability to succeed.

√ **Planning and Evaluating Programs.** The results of this report can serve as the basis for a school and/or community needs assessment. It can help identify strengths and weaknesses in current programs and can suggest strategies to address gaps in services to students. Identifying areas that need strengthening can expand professional development efforts within schools and in the larger community.

√ **Alaska and National Comparisons.** Since the National Centers for Disease Control and Prevention (CDC) conducts a biennial YRBS of a national sample of high school students, these results permit us to draw comparisons between students in Alaska and the nation.

Table of Contents

Part I - Youth Risk Behavior Survey

Table of Contents
(continued)

Part II - School Health Profile

Youth Risk Behavior Survey Background

The Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system that was established in 1988 by the U.S. Centers for Disease Control and Prevention (CDC). Its purpose is to monitor the prevalence of behaviors that not only influence adolescent health, but also put youth at risk for the most significant health and social problems that can occur during adolescence and adulthood.

The YRBS specifically investigates behaviors related to the leading causes of mortality, morbidity, and social problems among youth in the United States. Among deaths occurring to youths aged 10-24 years, 73% are due to intentional and unintentional injuries.[2] Additionally, 86% of all sexually transmitted diseases occur among 15-29 year olds, and each year an estimated 1 million teenage girls become pregnant.[3,4] One in every five persons diagnosed with AIDS in the U.S. is 20-29 years of age.[3] Given that the incubation period from HIV infection to AIDS averages 10 years, many of these individuals were likely infected during their teenage years.

Voluntary behaviors directly contribute to the deaths, diseases, and social problems described above. Examples of risk behaviors include: Carrying a weapon, physical fighting, suicide attempts, drinking or using drugs, lack of seatbelt or helmet use, and unprotected sexual intercourse.

Many behaviors that contribute to preventable adult deaths are initiated during youth. Among adults in the U.S. over 25 years of age, 67% of deaths are caused by cardiovascular disease (43%) and cancer (24%)[1]. Behaviors related to these causes of death include: Use of tobacco; excessive consumption of fats, calories, and sodium; insufficient consumption of fiber, fruits, and vegetables; and insufficient physical activity.

The YRBS survey examines six categories of adolescent behavior:

- √ behaviors that result in unintentional and intentional injuries;
- √ tobacco use;
- √ alcohol and other drug use;
- √ sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STDs) and unintended pregnancies;
- √ dietary behaviors; and
- √ physical activity.

The YRBS high school survey was first implemented at the national level in 1990. Since then the CDC has sponsored national and state surveys in 1991, 1993, 1995, 1997, and 1999. A middle/ junior high school version of the YRBS was implemented for the first time in 1995. Alaska first participated in the YRBS in 1995 at both the high school and middle school levels. The YRBS was not administered in Alaska in 1997.

Methodology

The 1999 YRBS was intended to be an exact replica of the 1995 Alaska statewide survey so that data could be compared across several years. However, the Anchorage school district chose not to participate in the 1999 statewide survey. As a result, the 1999 statewide survey results for Alaska are not comparable to 1995. However, the 1999 YRBS survey results do provide representative prevalence data for the state's student population excluding Anchorage.

The samples were scientifically selected with each eligible student in the school population having an equal probability of being selected. This sampling process is most often referred to as probability sampling. The size of a sample is related directly to the size of the eligible population, the estimated student response rate, and the desired precision of the results. The eligible student population was determined from the official 1998 October enrollment counts reported by the Alaska State Department of Education & Early Development. The enrollment count was edited to include only students in grades 7 through 12. The school list was edited to remove correspondence, home study, alternative, and correctional schools. A sufficient number of students were selected to give a plus or minus five percent margin of error for each question.

A two-stage sample design was used to select the actual students for participation. The first stage consisted of selecting schools. Schools were selected with probability proportional to the size of their enrollment. Alaska has a large number of small schools, which means that more schools were needed to obtain the number of students required for the desired level of precision. Once a school was selected, classes were selected as the second stage. Eligible classes were those where a student would be enrolled in one, and only one, class at a time. (For example, second period, or required English). This gave each student an equal opportunity of being selected. At any time a school district, an individual school, a student's parents, or a specific student had the opportunity to decline to participate in the survey.

The numbers sampled in each stage were adjusted upward in anticipation that some schools and students would fail to participate. To ensure that sample results can be generalized to the total population, the overall participation rate (school participation rate multiplied by the student participation rate) must be equal to or greater than 60 percent.

At the classroom level, teachers were given a script to read to students that established guidelines for student privacy and anonymity, and the importance of the survey. Each student was given an unmarked envelope in which to seal his or her survey before turning it in. These survey envelopes remained sealed until received at a central state collection site.

The Centers for Disease Control and Prevention (CDC) and Westat, Inc., a CDC contractor, analyzed the state survey data. Analysis included the scanning of the surveys and performance of extensive edit checks to identify survey inconsistencies. When inconsistencies were found, responses were excluded from the analysis. For example, if a student reported in one question having never been in a physical fight, but then reported in another question being hurt in a physical fight, the data on that student was excluded for the two questions related to physical fighting.

Survey Limitations

The 1999 YRBS provides descriptive data on the who, what, where, and when of the self- reported behaviors in a number of major risk categories. The YRBS survey does not attempt to answer the question of why and how. The descriptive data represents only students attending school outside the Anchorage area.

The high school and middle school results differ significantly in what they represent:

> High school (grades 9 – 12) results are weighted and provide estimates of the prevalence of risk behaviors in students enrolled in eligible schools. Eligible schools are those outside the Anchorage school district excluding correspondence, home study, alternative, and correctional schools. Also, youth who dropped out of school are not included.
>
> Middle school (grades 7 and 8) results are not weighted to the general student population because of a low overall participation rate. However, these results are useful in determining the prevalence of risk behaviors in a large number of Alaska's seventh and eighth grade students in 1999 and will give users insight into the needs and behaviors of students in this age group.

Caution must be used when comparing high school and middle school questions. Many of the questions asked in the middle school survey have a different time frame and tend to be broader and more general than the high school questions. Also, the middle school survey contains 50 questions compared to 87 in the high school survey. Finally, combining middle school and high school responses would mean that the weights associated with the high school students could not be applied.

Any analysis of the combined records would apply only to the students that participated in the surveys. The 1999 YRBS results are <u>not</u> directly comparable to the 1995 YRBS results.

Participation in the Statewide survey

A primary goal of Alaska's YRBS is to obtain representative prevalence estimates for youth enrolled in the public school system. In 1999 Alaska reported 55 school districts having a combined enrollment of 59,823 of middle school and high school students in grades 7 through 12. The YRBS questionnaire is administered to students attending class on the scheduled day under the supervision of a trained administrator. Correspondence, home study, alternative, or correctional schools are excluded from participation in the YRBS for administrative reasons. As such, one school district, 11 middle schools, and 13 high schools were excluded from the sample. A second school district was excluded because it declined to participate. The sample was drawn from the remaining 53 school districts having a combined enrollment of 37,271 in 254 schools.

Middle School Participation

The middle school sample was drawn with a desired precision of ±5 percent. The middle school sample included 62 schools from 30 districts and sought 1,427 completed questionnaires. The results fall short of this goal, 975 middle school students in 34 schools completed surveys. The overall response rate was 48 percent based on a school participation rate of 58 percent and a student response rate of 83 percent. The middle school survey results represent the risk behaviors of a large number of students in the seventh and eighth grades but cannot be generalized to all eligible middle schools students. Table 1 provides a comparison of the sampled students to both the statewide enrollment and the actual eligible population. Users of the middle school survey results should take notice of how the sample may over or under represent the measured characteristics in the general student population.

Table 1: Middle School Student Demographic Characteristics

		% Total Statewide Enrollment	% Eligible for Sample Selection	% In Sample
Sex	Female	47.9	47.9	50.6
	Male	52.1	52.1	48.7
	Refused Response	n/a	n/a	0.7
Grade	7th	51.0	50.6	35.8
	8th	49.0	49.4	61.1
	Other grade	n/a	n/a	2.0
	Refused Response	n/a	n/a	1.1
Race/Ethnicity	Alaskan/American Native	23.4	31.4	25.7
	Asian/Pacific Islander	4.9	3.0	1.6
	African American/Black	4.3	2.0	1.4
	Hispanic	2.8	1.8	1.3
	White	64.4	61.6	59.1
	Multiple Races	n/a	n/a	7.3
	All Other Races	0.3	0.3	0.8
	Refused Response	n/a	n/a	2.7

n/a indicates not available.

High School Participation

The high school sample was drawn with a desired precision of ±5 percent. The high school sample included 36 schools from 19 districts and sought 1,462 completed questionnaires. The overall response rate was 66 percent (1,427 students) with 83 percent of the schools and 80 percent of the students participating. The high school survey results can be generalized to the eligible students in grades 9 – 12. Table 2 provides a comparison of the sampled student characteristics to those characteristics in the statewide enrollment as well as the characteristics in the eligible population. The adjusted weighted percents closely mirror the percents of students by sex and grade, but not race/ethnicity. This is because the gender/grade characteristics reported by each participating class were used to calculate the final weighted value.

Table 2: High School Student Demographic Characteristics

		% Total Statewide Enrollment	% Eligible for Sample Selection	% In Sample	Adjusted Weighted %
Sex	Female	48.0	47.3	48.8	47.5
	Male	52.0	52.7	49.8	52.5
	Refused Response	n/a	n/a	1.5	**
Grade	9th	29.8	31.6	36.6	31.7
	10th	25.4	25.7	26.2	25.8
	11th	22.9	22.2	21.5	21.8
	12th	21.9	20.6	14.4	20.5
	Other grades	n/a	n/a	0.1	0.1
	Refused Response	n/a	n/a	1.2	**
Race/Ethnicity	Alaskan/American Native	23.4	31.4	16.6	16.7
	Asian/Pacific Islander	4.9	3.0	1.8	1.9
	African American/Black	4.3	2.0	2.9	2.8
	Hispanic	2.8	1.8	2.1	2.4
	White	64.4	61.6	69.2	70.3
	Multiple Races	n/a	n/a	5.1	5.2
	All Other Races	0.3	0.3	0.8	0.9
	Refused Response	n/a	n/a	1.5	**

n/a indicates not available.

** indicates responses excluded from weighted calculations.

High School Results

Grades 9 - 12

The following information will assist you in reading, interpreting, and understanding the report results and layout.

Format: The results are presented as data tables, pie charts, bar graphs, and line graphs. In most cases, these data are organized by gender and/or grade. Some percentages may not total 100 percent due to rounding.

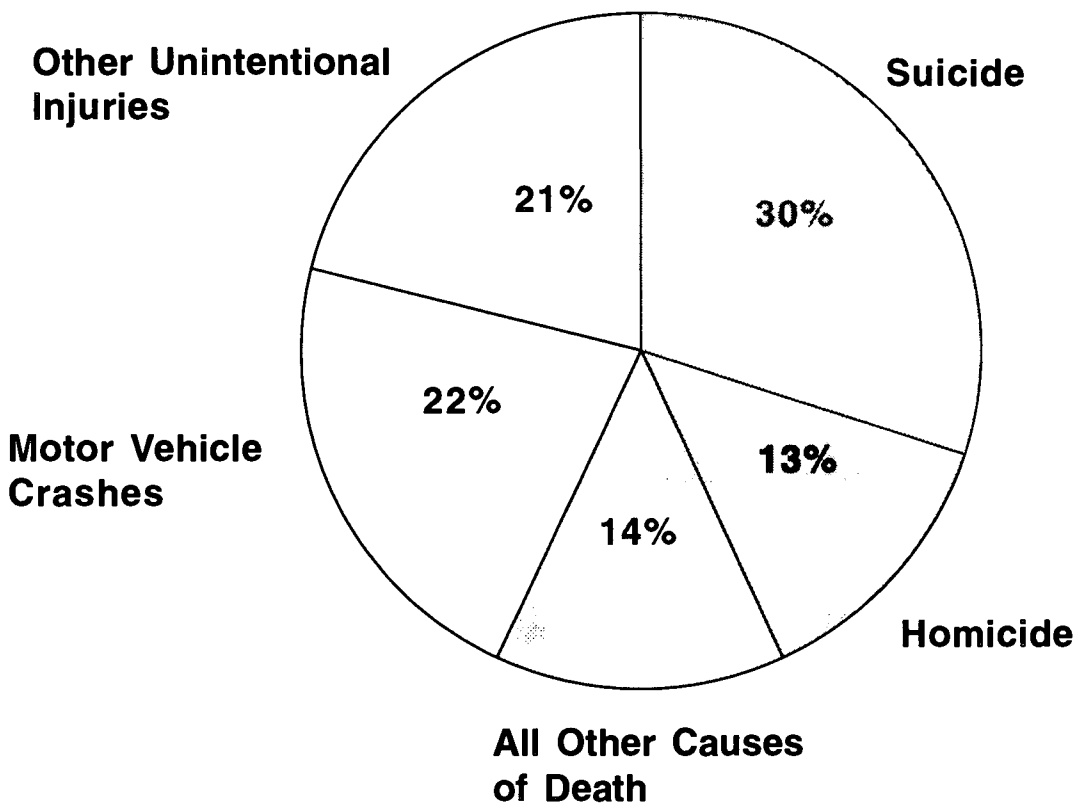
Healthy People 2000 Objectives: The adolescent health objectives for the Year 2000 from the U.S. Department of Health and Human Services, Public Health Services (PHS), are referenced throughout this report.[1]

Section I: Intentional and Unintentional Injuries

Background

Injuries are the leading causes of death among children, adolescents, and young adults. As shown in the accompanying graph, 86% of the deaths among young people in Alaska (ages 15 - 19 years) are attributable to injuries including motor vehicle crashes, homicide, suicide, and other unintentional injuries.

Percent of Deaths by Cause Among Alaskans
Aged 15-19 years
N = 206

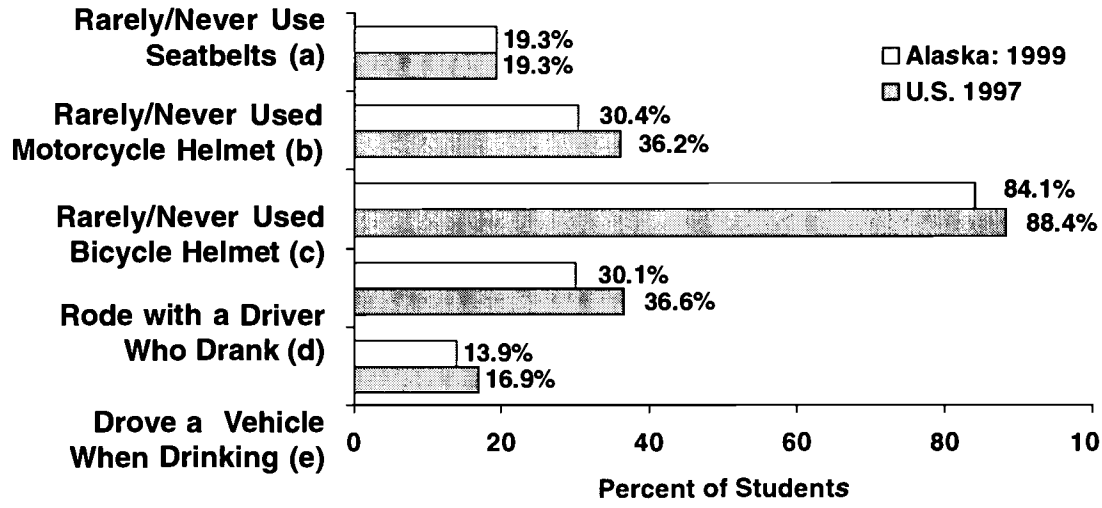


Source: Alaska 1994-1997 Mortality Data, March 1999

YRBS Results

Safety Behaviors Regarding Vehicles and Bicycles

Among Alaska high school students, only 19.3% rarely or never use seatbelts. Among those who ride motorcycles, about 30% rarely or never wear helmets; among those who ride bicycles, 84% do not wear helmets. Within the 30 days prior to the survey, 30.1% rode with an automobile driver who had been drinking alcohol and 13.9% drove a vehicle after drinking alcohol.



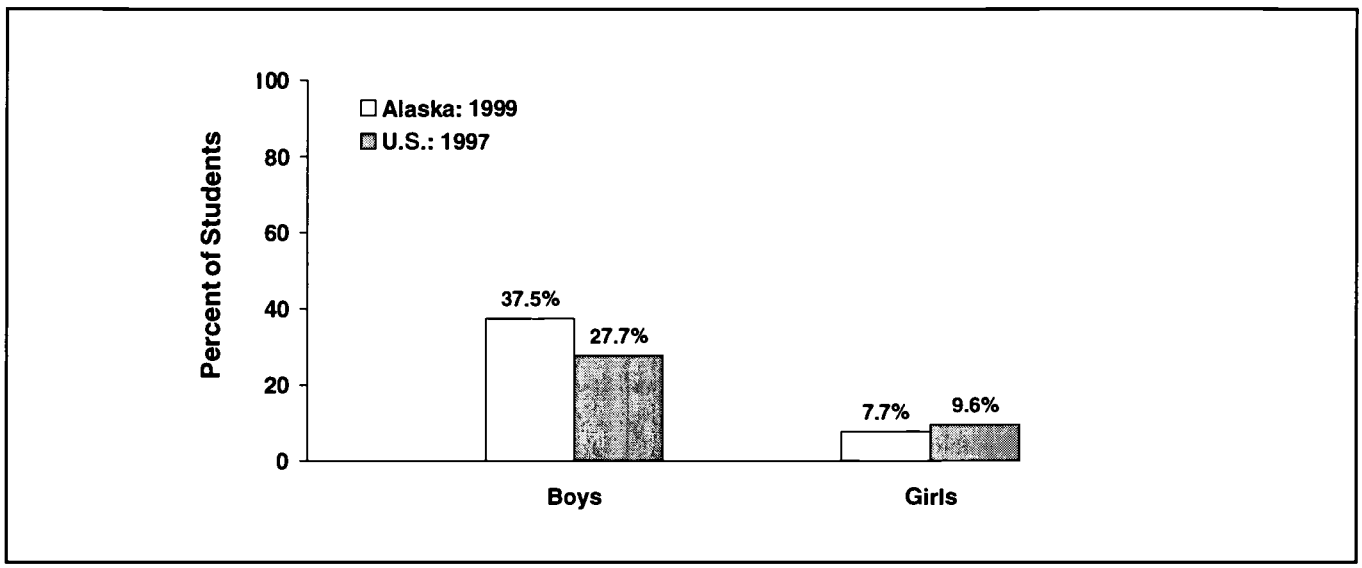
a) When riding in a vehicle driven by someone else.
b) Among students who rode motorcycles in the 12 months preceding the survey.
c) Among students who rode bicycles in the 12 months preceding the survey.
d) One or more times during the 30 days preceding the survey.
e) One or more times during the 30 days preceding the survey.

Year 2000 Objectives:

- ***Increase the use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of automobile occupants.***
- ***Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicycles.***
- ***Reduce deaths among youth aged 15-24 caused by motor vehicle crashes to no more than 33 per 100,000 people.***
- ***Reduce deaths among people aged 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.***

Carried a Weapon in the Past 30 Days

More than one-third of Alaska high school boys report having carried a weapon, such as a gun, knife, or club within the past 30 days. About 8% of Alaska high school girls reported carrying a weapon.

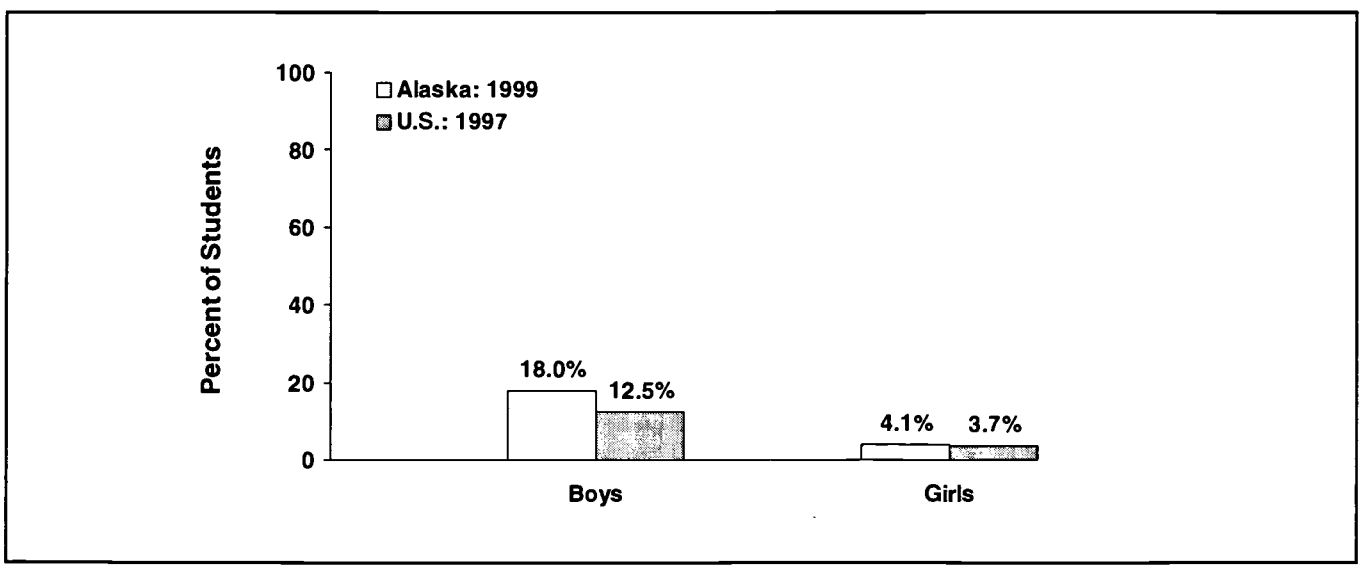


Year 2000 Objectives:

- ***Reduce by 20% the incidence of weapon carrying among adolescents aged 14-17.***

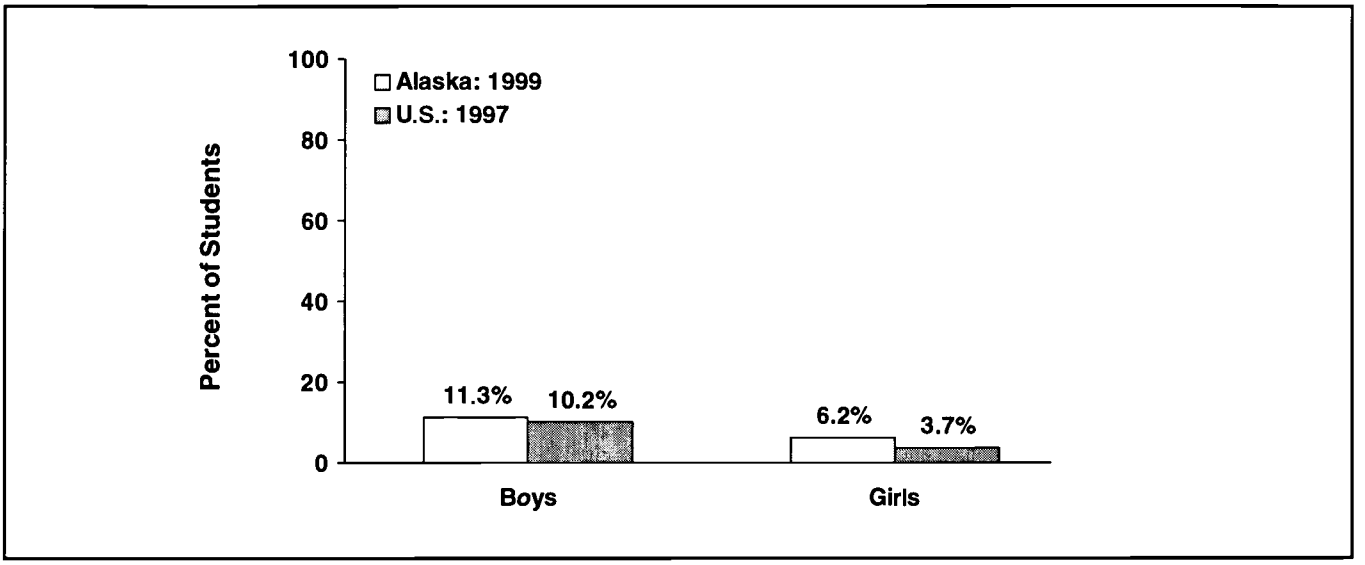
Carried a Weapon on School Property in Past 30 Days

Among Alaska high school students, 18% of boys and 4% of girls report having carried a weapon, such as a gun, knife or club, on school property in the previous 30 days.



Threatened or Injured with a Weapon on School Property in Past 12 Months

Among Alaska high school students, 11.3% of boys and 6.2% of girls report having been threatened or injured with a weapon such as a gun, knife, or club on school property within the past 12 months.

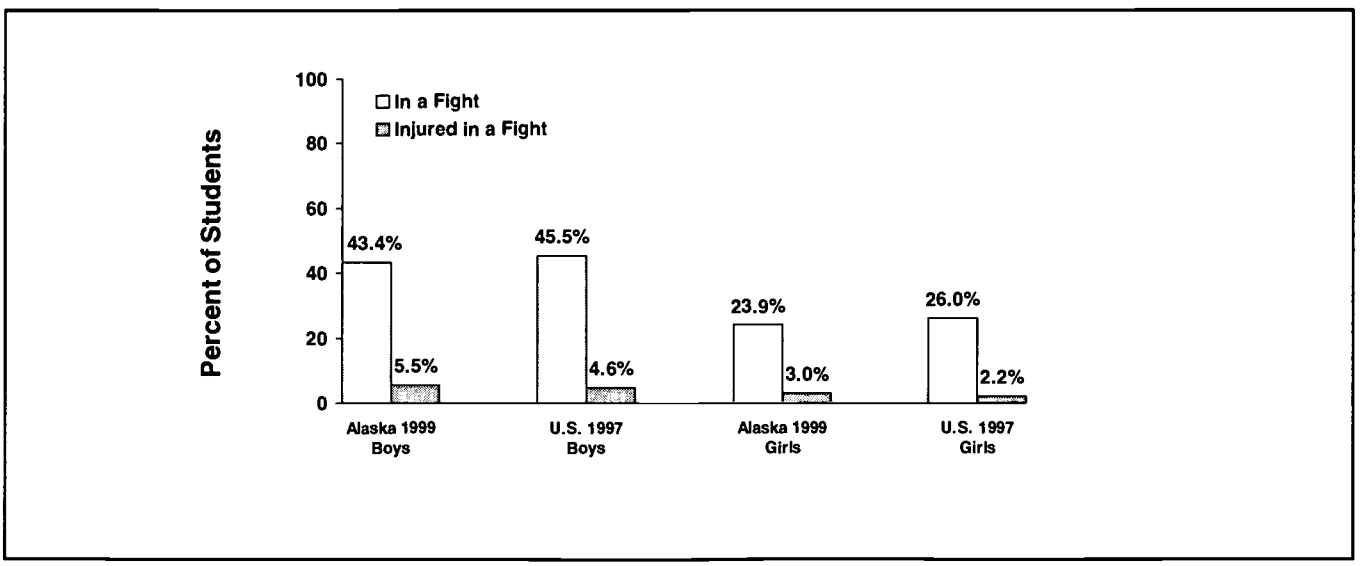


Year 2000 Objectives:

- ***Reduce by 20% the incidence of physical fighting by adolescents aged 14-17.***

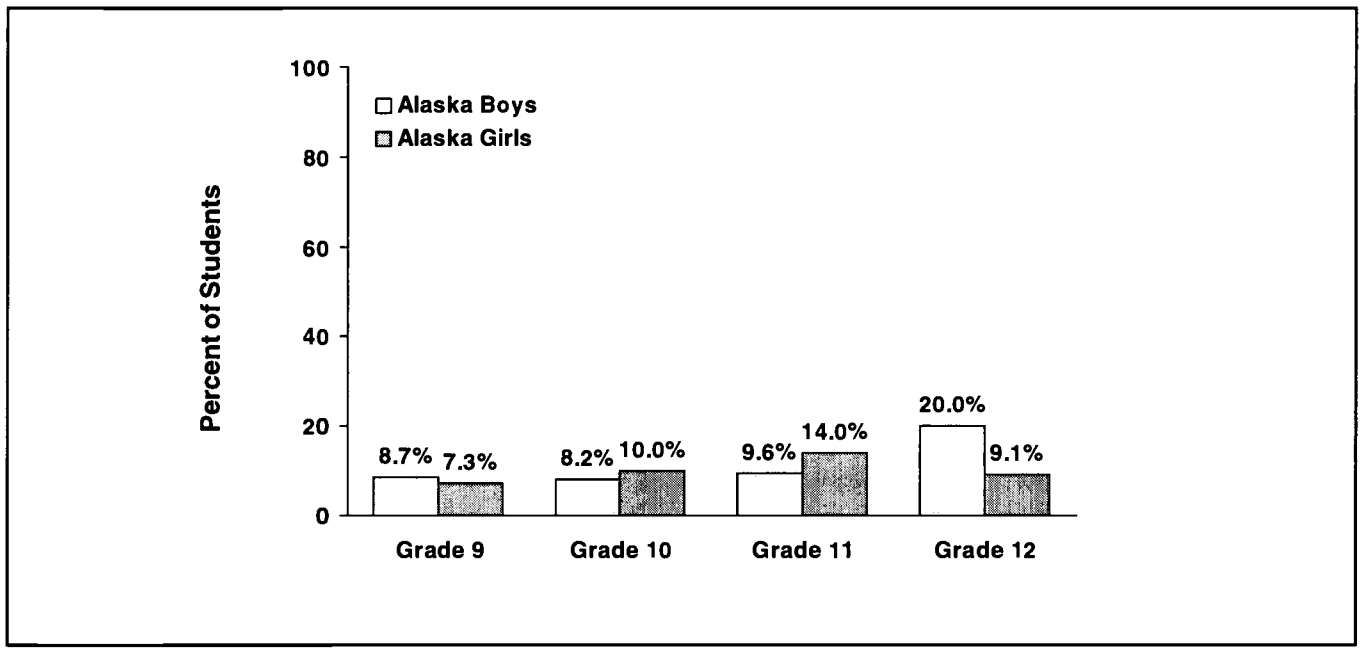
Physical Fighting in Past 12 Months

Among Alaska high school boys, 43.4% report having been in a physical fight within the past 12 months and 5.5% report having been injured (requiring treatment by a doctor or nurse) in a physical fight. Girls are less likely to report physical fighting.



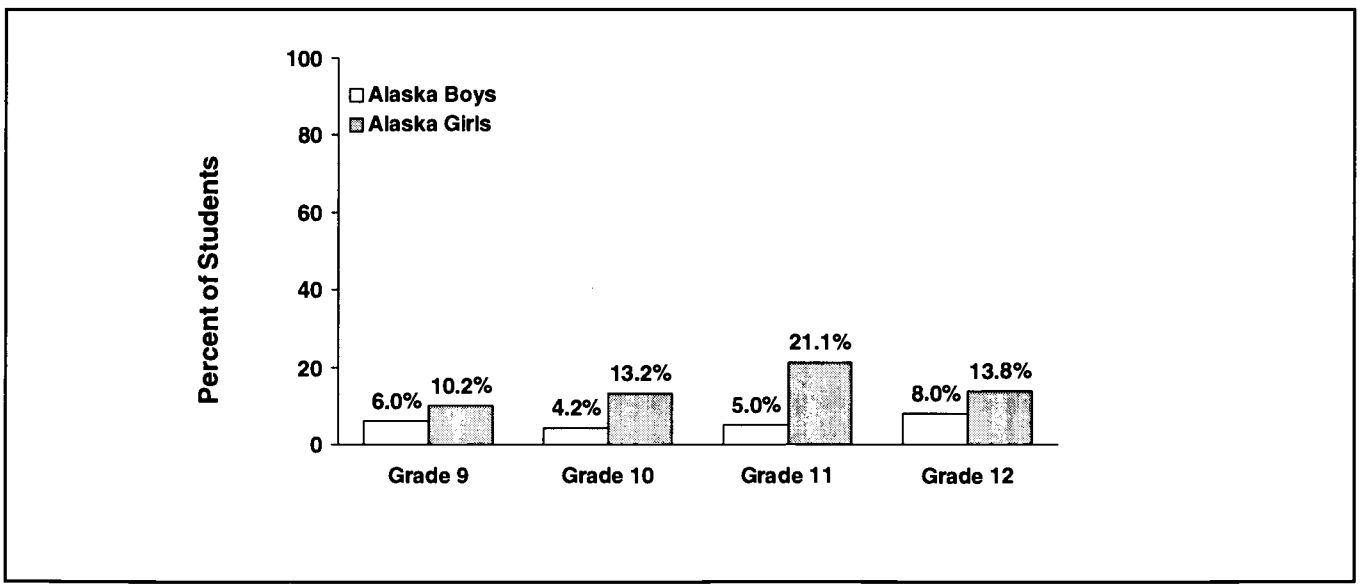
Ever Been Hit, Slapped, or Physically Hurt on Purpose by Their Boyfriend or Girlfriend During the Past 12 Months.

Among Alaska high school students, 11.5% of boys and 9.8% of girls report ever being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months.



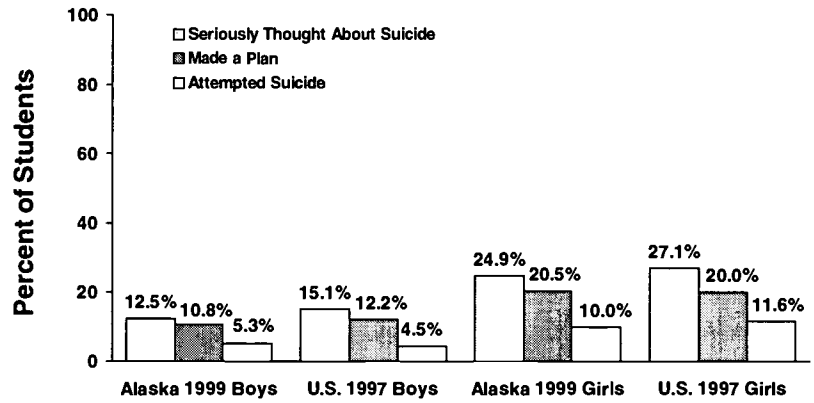
Forced to Have Sexual Intercourse When They Did Not Want To

Among Alaska high school students, 14% of girls and 5.8% of boys reported having been forced to have sexual intercourse when they did not want to (data not shown).



Reported Suicide Thoughts, Plans, and Attempts in Past 12 Months

Girls are more likely to report suicide thoughts, plans, and attempts within the past 12 months than are boys. Among Alaska girls, 24.9% have seriously thought about suicide, 20.5% have made a plan, and 10% report suicide attempts. Among Alaska boys, 12.5% have seriously thought about suicide, 10.8% have made a plan, and 5.3% report suicide attempts.



Year 2000 Objectives:

- ***Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17.***

Section II - Tobacco Use

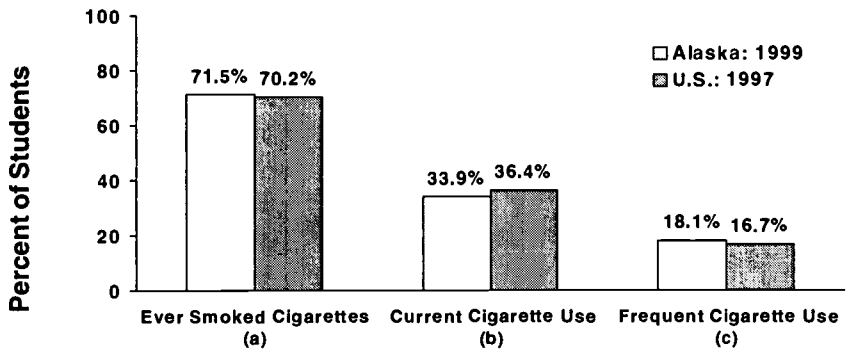
Background

Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20 years[5]. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people, enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.[6] The Centers for Disease Control and Prevention has recommended a comprehensive approach to decreasing both youth and adult tobacco use.[7]

YRBS Results

Cigarette Use Among Alaska and U.S. High School Students

U.S. high school students are somewhat more likely to be current smokers than Alaska students.



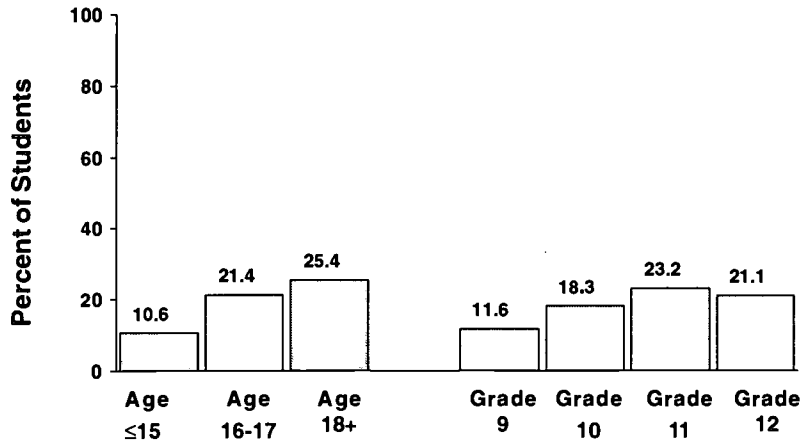
a) Ever tried cigarette smoking.
b) Smoked on at least one of the 30 days prior to the survey.
c) Smoked on at least 20 of the 30 days prior to the survey.

Year 2000 Objectives:

- ***Increase by at least one year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.***
- ***Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.***

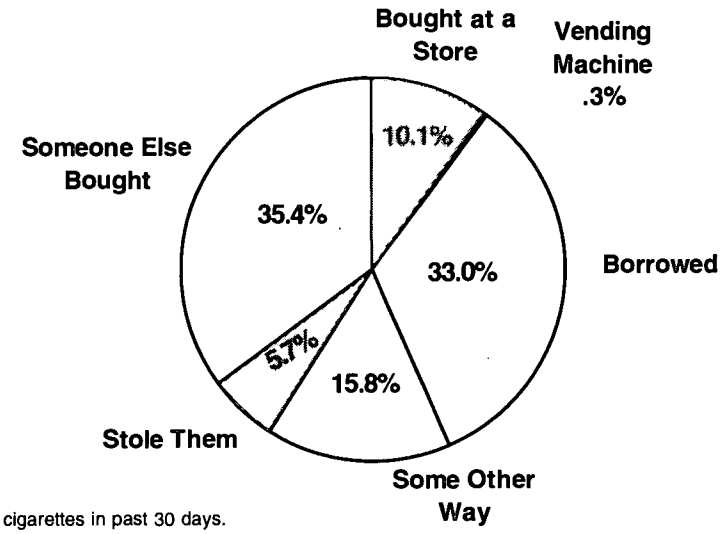
Smoked Cigarettes on 20 (or more) of the 30 Days Prior to the Survey

As reported by Alaska students, smoking frequency increases with age.



Usual Source of Cigarettes in Past 30 Days*

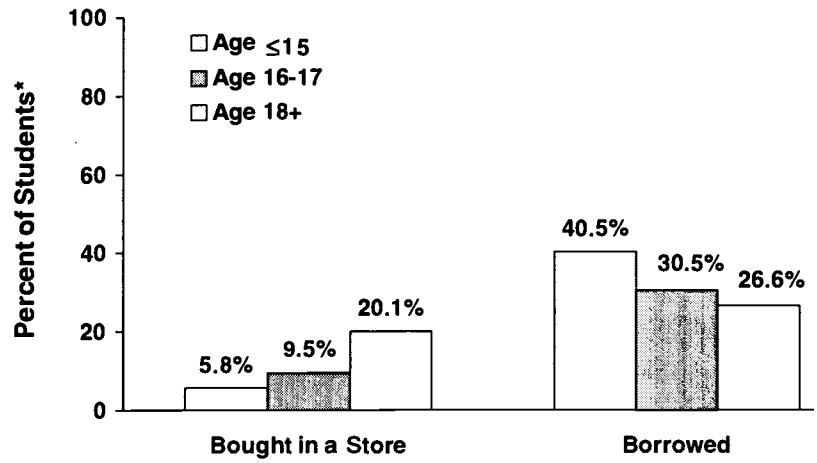
During the 30 days prior to the survey, most Alaska high school students obtained cigarettes in the following ways: Borrowed from someone else, someone else bought the cigarettes, or the student purchased his/her own cigarettes. Few use vending machines.



*Among students who smoked cigarettes in past 30 days.

Source of Cigarettes by Age

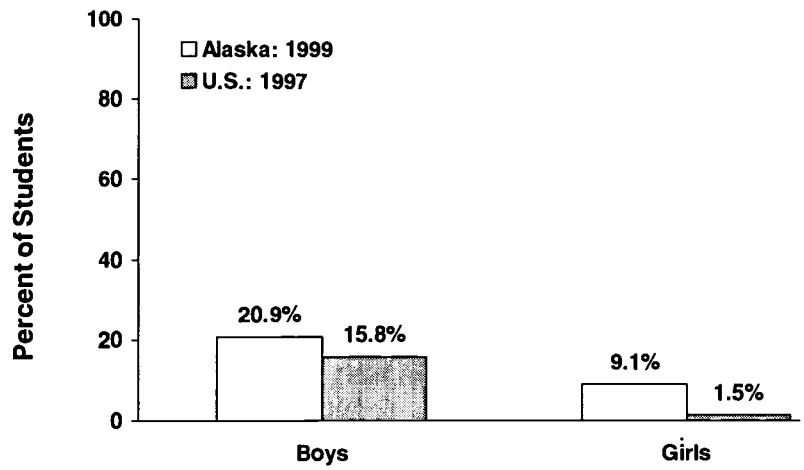
Of Alaska students who smoked in the past 30 days, those aged 18 years or older are far more likely to buy their own cigarettes in stores, whereas younger students are more likely to borrow cigarettes.



*Among students who smoked in the past 30 days.

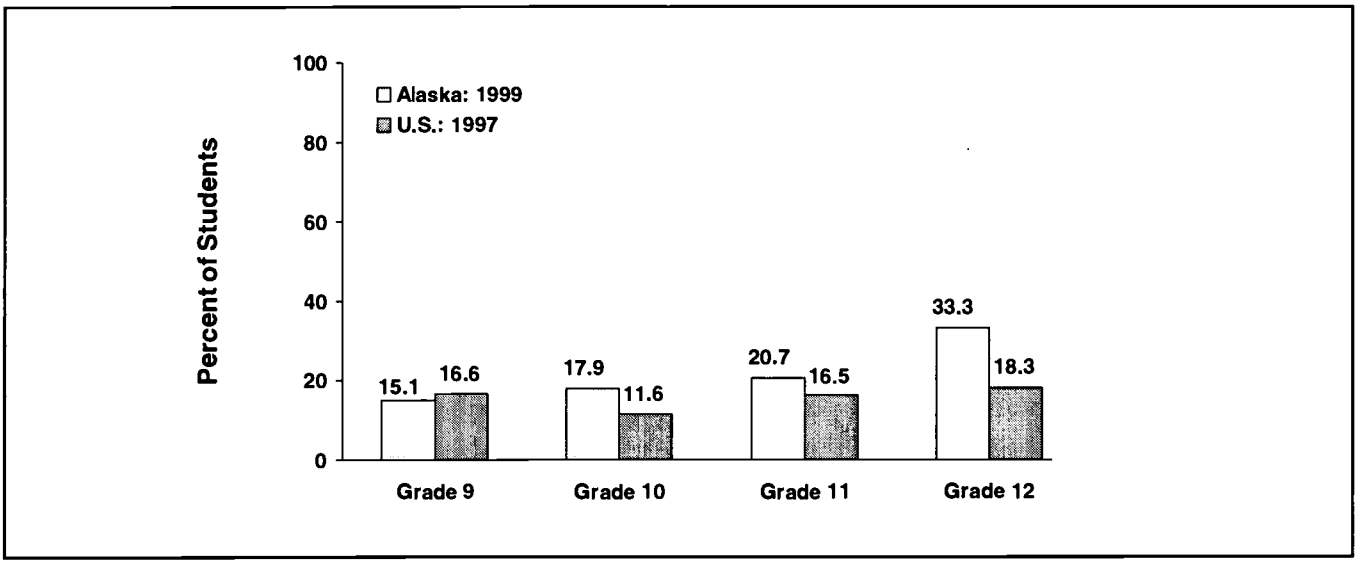
Used Chewing Tobacco or Snuff in the 30 Days Prior to the Survey

Boys are more likely than girls to report having used chewing tobacco or snuff in the 30 days prior to the survey. Alaska girls are more likely to use smokeless tobacco than U.S. girls.



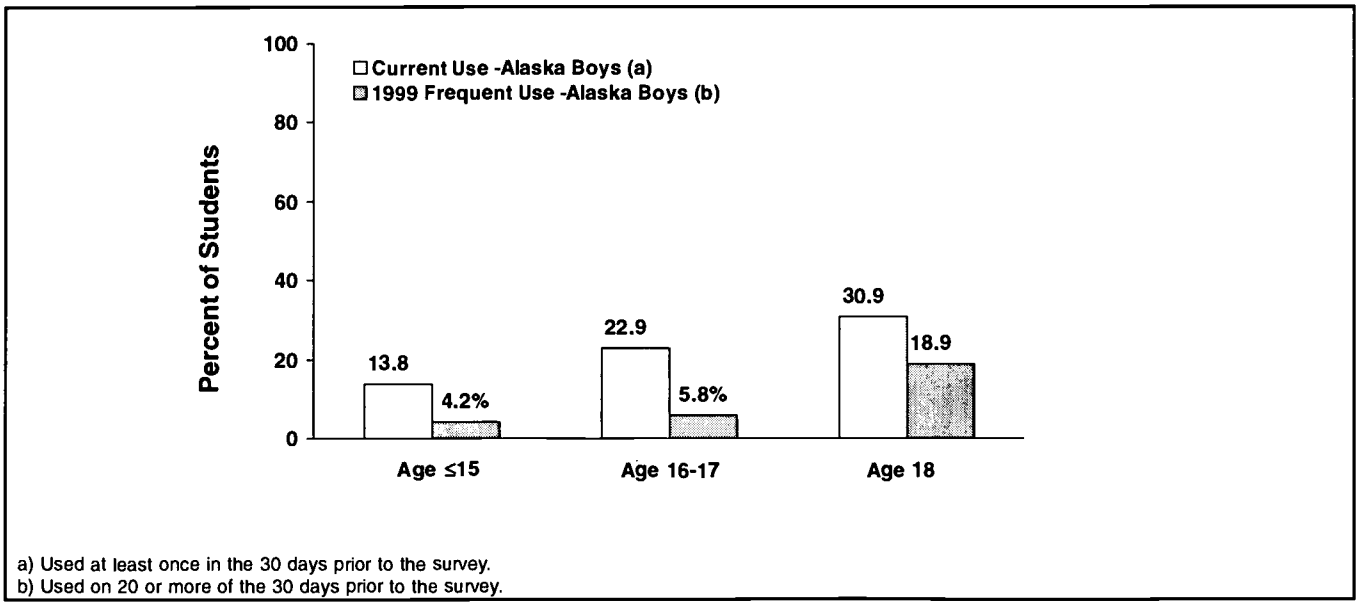
Boys Who Used Chewing Tobacco or Snuff in the 30 Days Prior to the Survey

Smokeless tobacco use increases with grade level. Thirty-three percent of high school senior boys have used smokeless tobacco products within the past 30 days. The data suggest that Alaska boys are more likely to be current users of smokeless tobacco than U.S. boys.



Current and Frequent Use of Chewing Tobacco or Snuff Among Boys

Almost 23% of Alaska high school boys aged 16-17 years have used chewing tobacco or snuff at least once during the past 30 days.



a) Used at least once in the 30 days prior to the survey.
b) Used on 20 or more of the 30 days prior to the survey.

Section III - Drug and Alcohol Use

Background

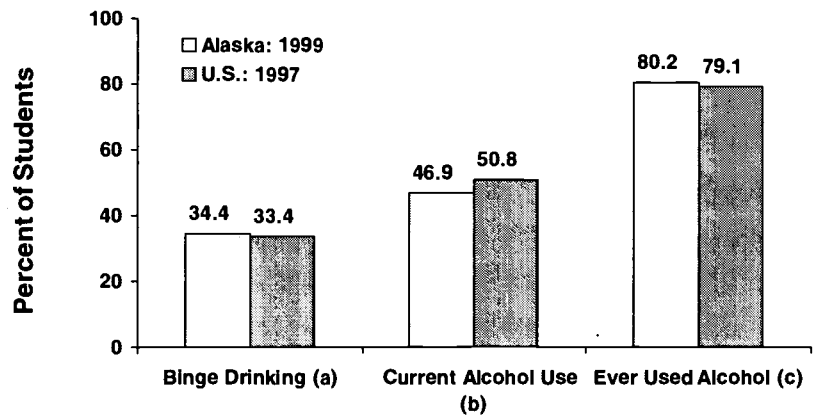
Alcohol and drug abuse are major contributing factors in homicides, suicides, and motor vehicle crashes, the leading causes of death and disability among young people in the U.S. and in Alaska. Heavy drinking and drug abuse among youth are linked to physical fights, destroyed property, job problems, school failure, delinquency, unwanted pregnancies, and transmission of sexually transmitted diseases.[8]

An estimated 19.2% of Alaska adults report binge drinking (having five or more drinks on an occasion, one or more time in the past month). Alaska's rate of adult binge drinking is among the highest in the U.S.[9]

YRBS Results

Alcohol Use Among High School Students

Almost half of Alaska high school students have had at least one drink of alcohol in the past 30 days. Additionally, 34.4% report binge drinking (five or more drinks in a row at least once in the past 30 days). Alaska students are similar to U.S. students.



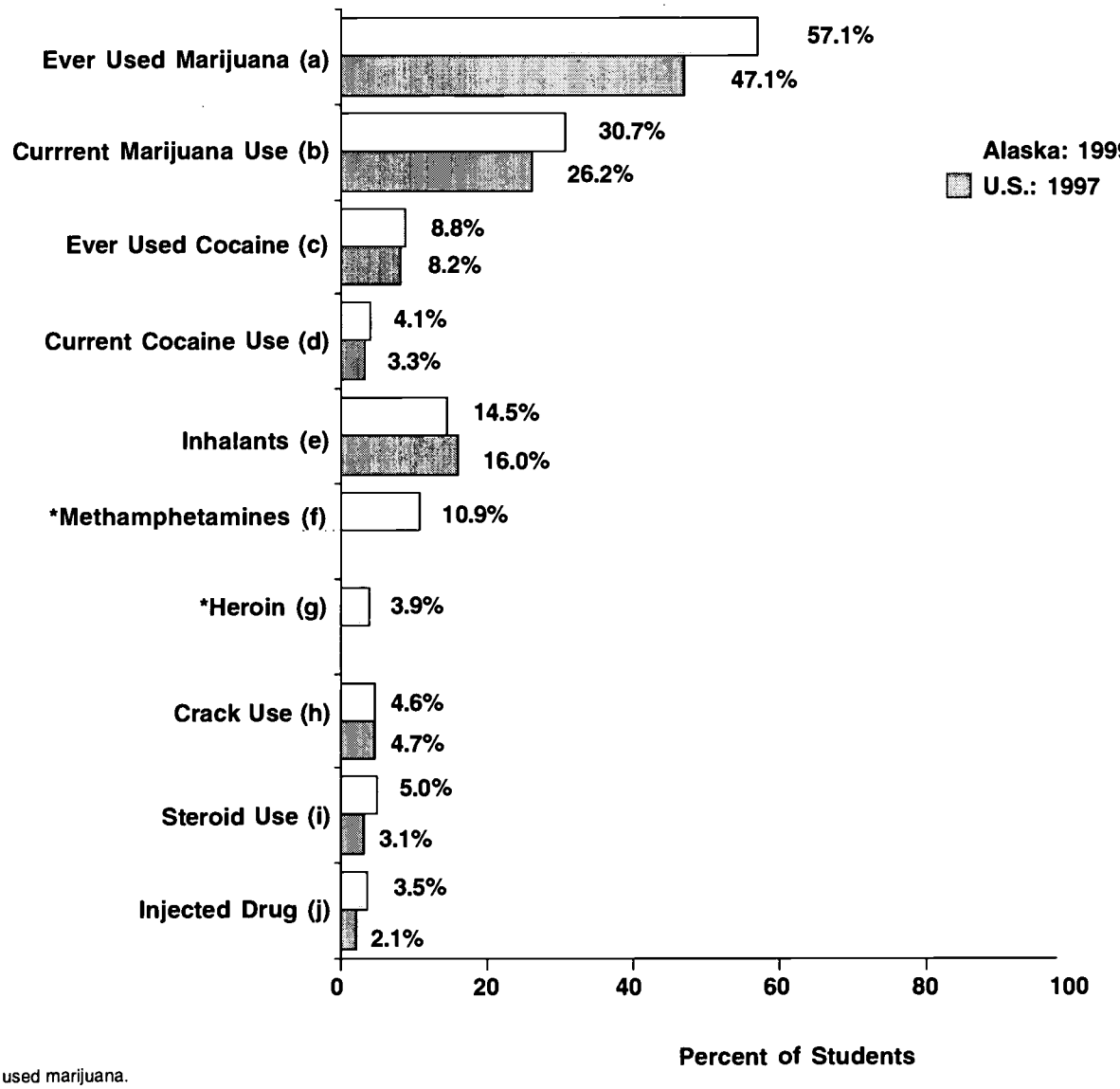
a) Had five or more drinks within a couple of hours, in the 30 days prior to the survey.
b) Had at least one drink in the 30 days prior to the survey.
c) Ever had at least one drink.

Year 2000 Objectives:

- ***Reduce the proportion of young people who have used alcohol in the past month to 12.6% among youths aged 12-17 and 29.0% among youths aged 18-20.***
- ***Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college seniors.***

Use of Drugs by High School Students

The most common drugs used by high school students in Alaska are marijuana, inhalants (glues, paints, and sprays), and methamphetamines (speed, crystal, crank, or ice). The prevalence of drug use is similar among Alaska students and U.S. students, with the exception of marijuana use, Alaska students are more likely to report marijuana use.

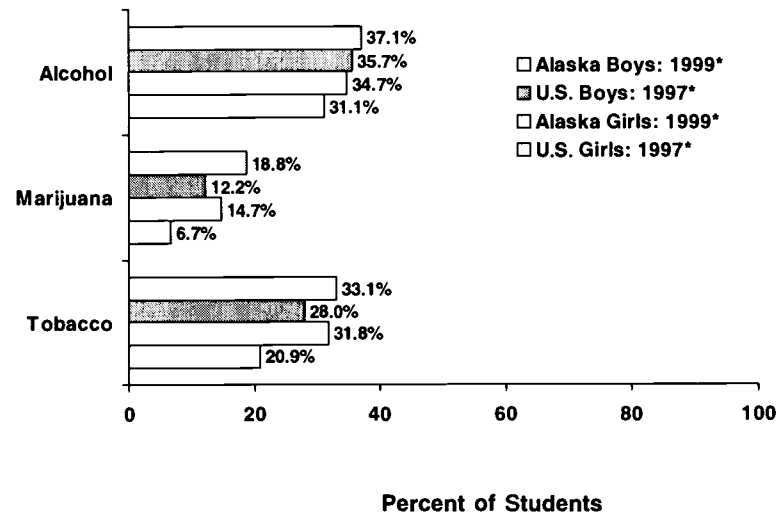


a) Ever used marijuana.
b) Used marijuana one or more times in the 30 days preceding the survey.
c) Ever tried any form of cocaine.
d) Used cocaine on one or more days in the 30 days prior to the survey.
e) Ever sniffed glue, breathed contents of spray cans or inhaled paints or sprays to get high.
f) Ever used methamphetamines (speed, crystal, crank, or ice).
g) Ever used heroin.
h) Ever used crack or freebase.
i) Ever used illegal steroids.
j) Ever used a needle to inject an illegal drug.

*U.S. Data not available

Use of Alcohol, Marijuana, or Tobacco Before the Age of 13 Years

Almost 40% of Alaska high school boys report having had a first drink of alcohol before age 13 years. Also by age 13 years, 18.8% of boys and 14.7% of girls report having tried marijuana for the first time, accounting for about a quarter of those who have ever used marijuana. Percentages of age at first use are higher for Alaska boys and girls than U.S. boys and girls in use of alcohol, tobacco, and marijuana.



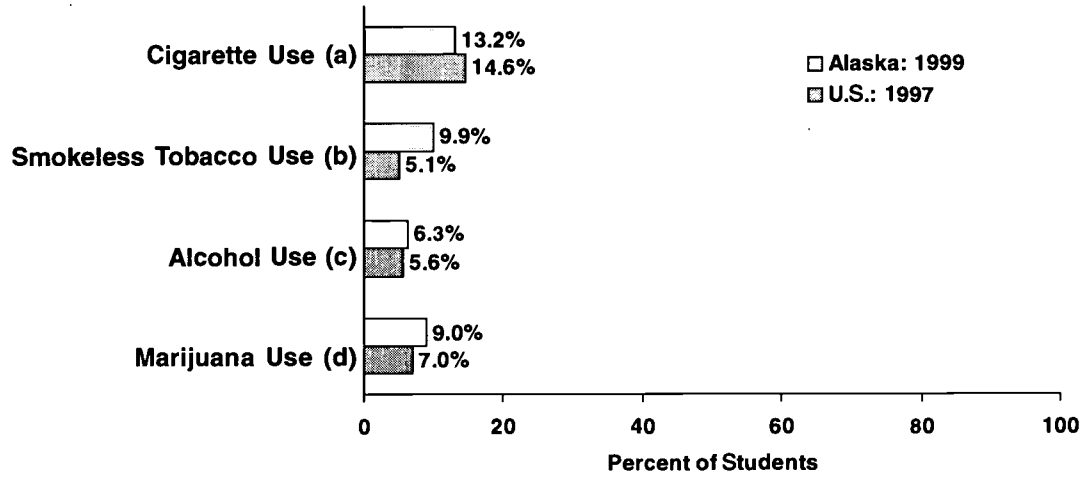
*Use of alcohol, marijuana, or tobacco before the age of 13 years.

Year 2000 Objectives:

- ***Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.***

Tobacco, Alcohol, and Drug Use on School Property

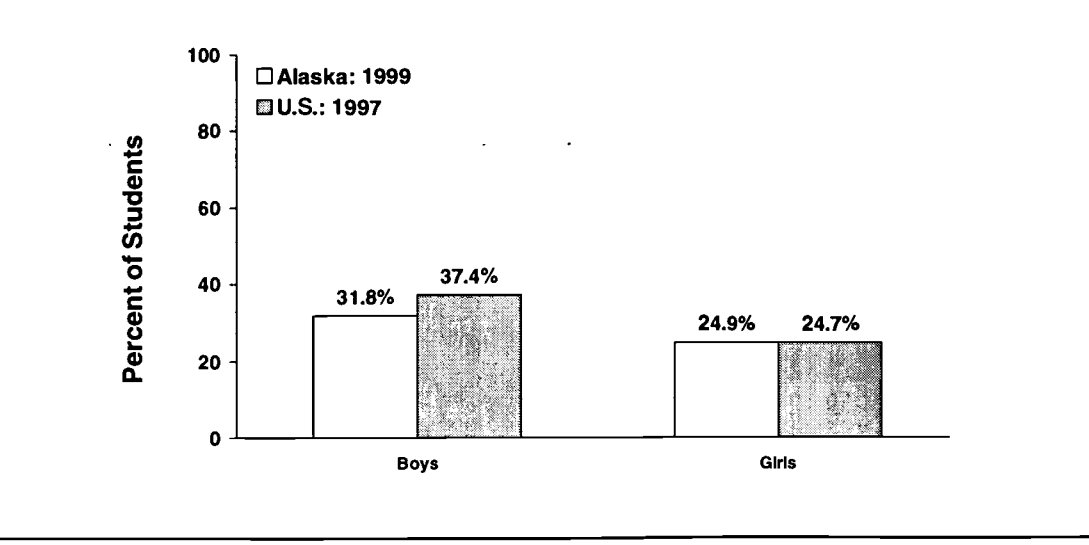
Some drug use occurs on school property. Even though the overall use of marijuana is lower than alcohol, more Alaska students use marijuana than alcohol on school property. Alaska students are more likely to use smokeless tobacco on school property than U.S. students.



a) Used cigarettes on school property on at least one of the 30 days prior to the survey.
b) Used chewing tobacco or snuff on school property on at least one of the 30 days prior to the survey.
c) Drank alcohol on school property on at least one of the 30 days prior to the survey.
d) Used marijuana on school property on at least one of the 30 days prior to the survey.

Offered, Sold, or Given Drugs on School Property in Past 12 Months

Among Alaska high school students, 31.8% of boys and 24.9% of girls have been offered, sold, or given an illegal drug on school property in the preceding 12 months. Alaska and U.S. data are similar for girls, but U.S. boys are more likely than Alaska boys to be offered, sold, or given drugs on school property.



Section IV - Sexual Behaviors

Background

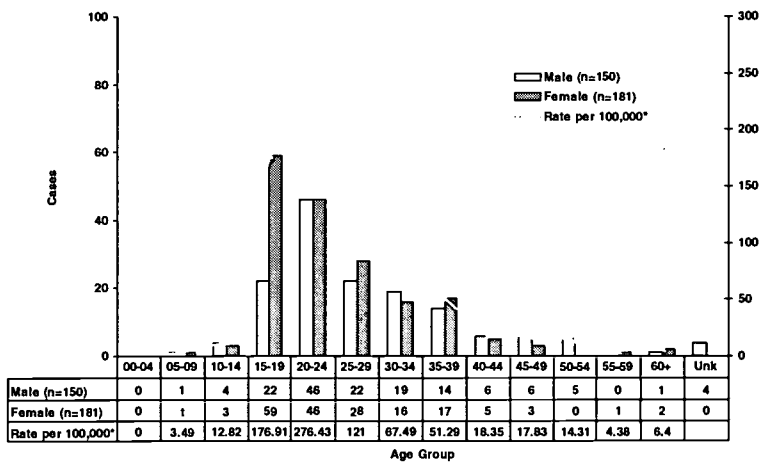
Early sexual activity can be associated with unwanted pregnancy and sexually transmitted diseases, including HIV infection. Sexually transmitted diseases can lead to infertility, pelvic inflammatory disease, and other complications. HIV infection, which leads to AIDS, is not curable and preventive efforts are the only means of decreasing the spread of the epidemic.

√ The first graph shows that the rate of gonorrhea infection is highest among females aged 15 - 19 and males aged 20 - 24. Alaska ranks 34th in gonorrhea rates in the U.S.

√ The second graph shows the rate of chlamydia for similar age groups. Alaska ranks 7th in chlamydia rates in the U.S.

√ The third graph shows the teen birth rate for Alaska and for the U.S. In 1997, 389 girls age 18 and younger gave birth in Alaska.[10]

Reported Gonorrhea by Age Group and Sex, 1998



	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Unk
Male (n=150)	0	1	4	22	46	22	19	14	6	6	5	0	1	4
Female (n=181)	0	1	3	59	46	28	16	17	5	3	0	1	2	0
Rate per 100,000*	0	3.49	12.82	176.91	276.43	121	67.49	51.29	18.35	17.83	14.31	4.38	6.4	

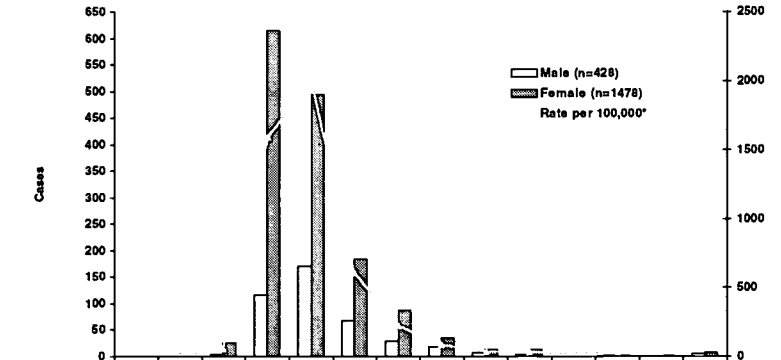
*Data for rate by age uses 1997 population

Section of Epidemiology, Alaska Division of Public Health, 1999

Year 2000 Objectives:

- ***Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.***
- ***Reduce gonorrhea among adolescents aged 15-19 to no more than 750 cases per 100,000 people.***

Reported Chlamydia by Age Group and Sex, 1998

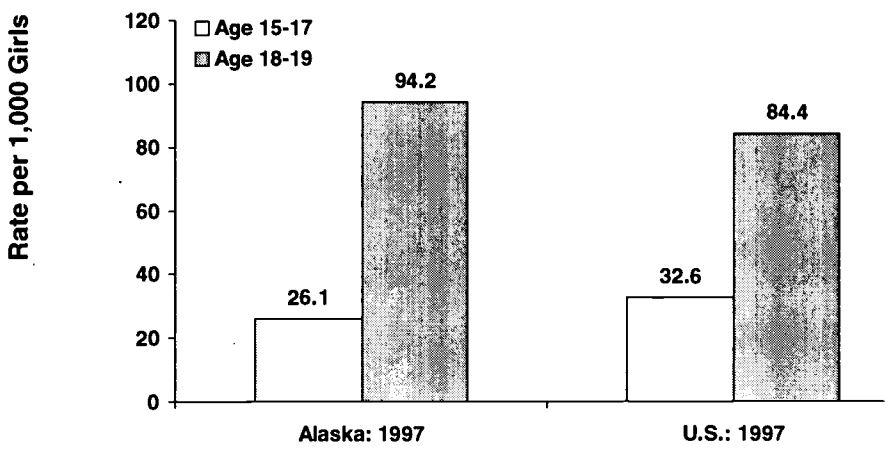


	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60	Unk
Male (n=428)	1	0	3	117	171	68	29	18	8	4	0	2	2	5
Female (n=1478)	2	1	26	613	493	183	87	34	12	12	4	2	1	8
Rate per 100,000*	5.81	1.74	53.12	1594.4	1995.1	607.42	223.69	86.03	33.37	31.69	11.45	17.54	6.4	

*Data for rate by age uses 1997 population

Section of Epidemiology, Alaska Division of Public Health, 1999

Teen Birth Rate for Alaska and the U.S., 1997

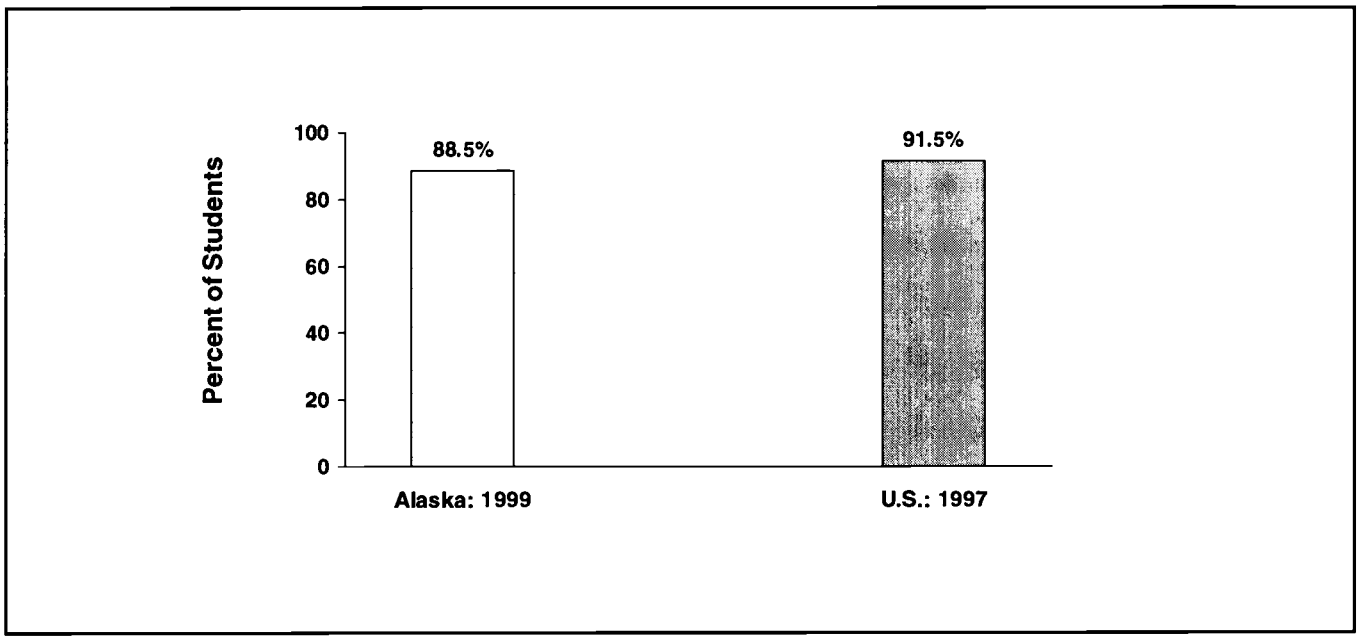


Bureau of Vital Statistics, Alaska Division of Public Health, 1998

YRBS Results

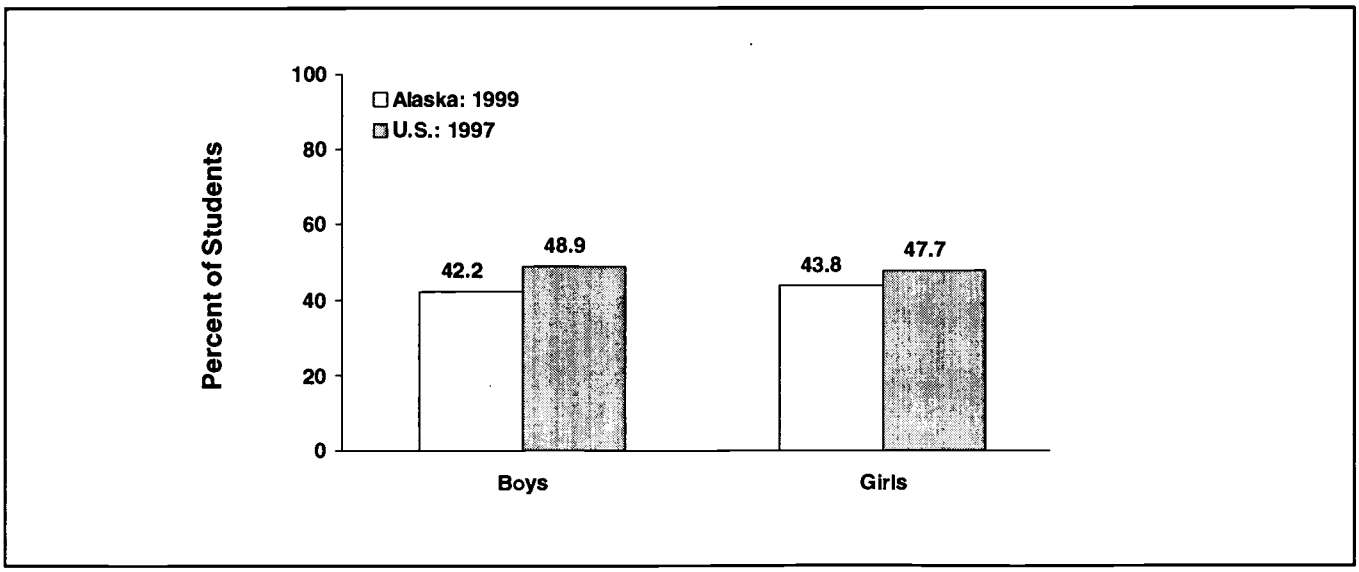
Students Who Have Been Taught at School about HIV/AIDS

Over 88% of high school students have been taught about HIV/AIDS in school as compared to over 91% of U.S. students.



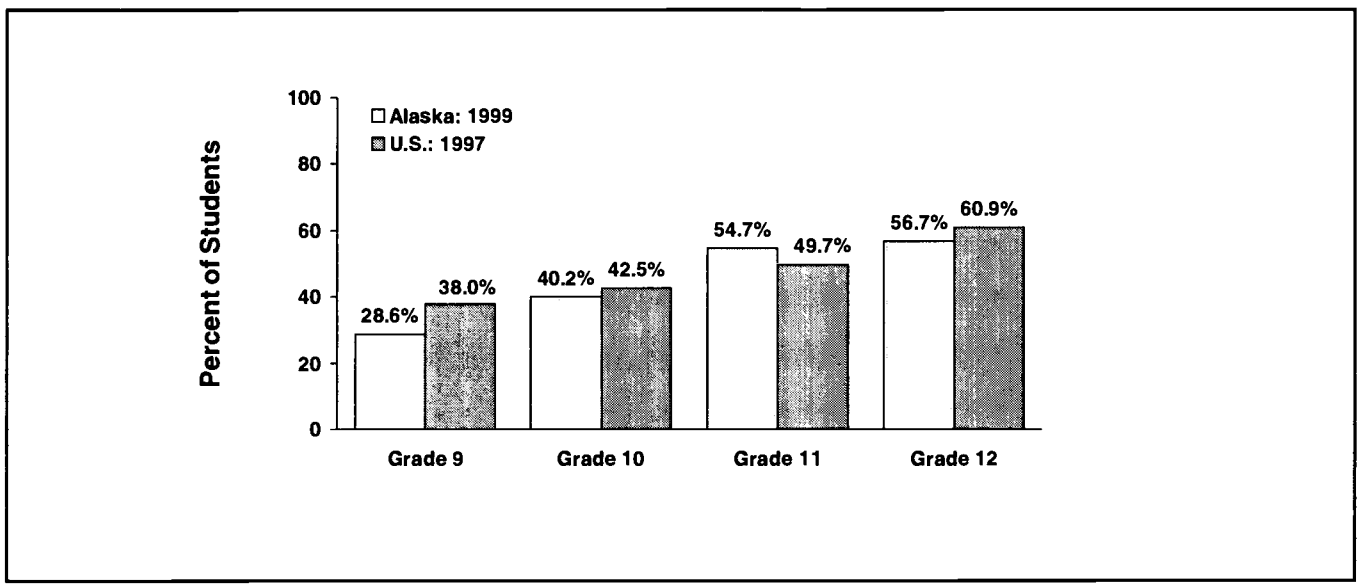
Ever Had Sexual Intercourse

Over 43% of Alaska high school students report that they have had sexual intercourse at least once. Rates are similar for boys and girls (boys 42.2% and girls 43.8%). Alaska rates are slightly less than the U.S. rates.



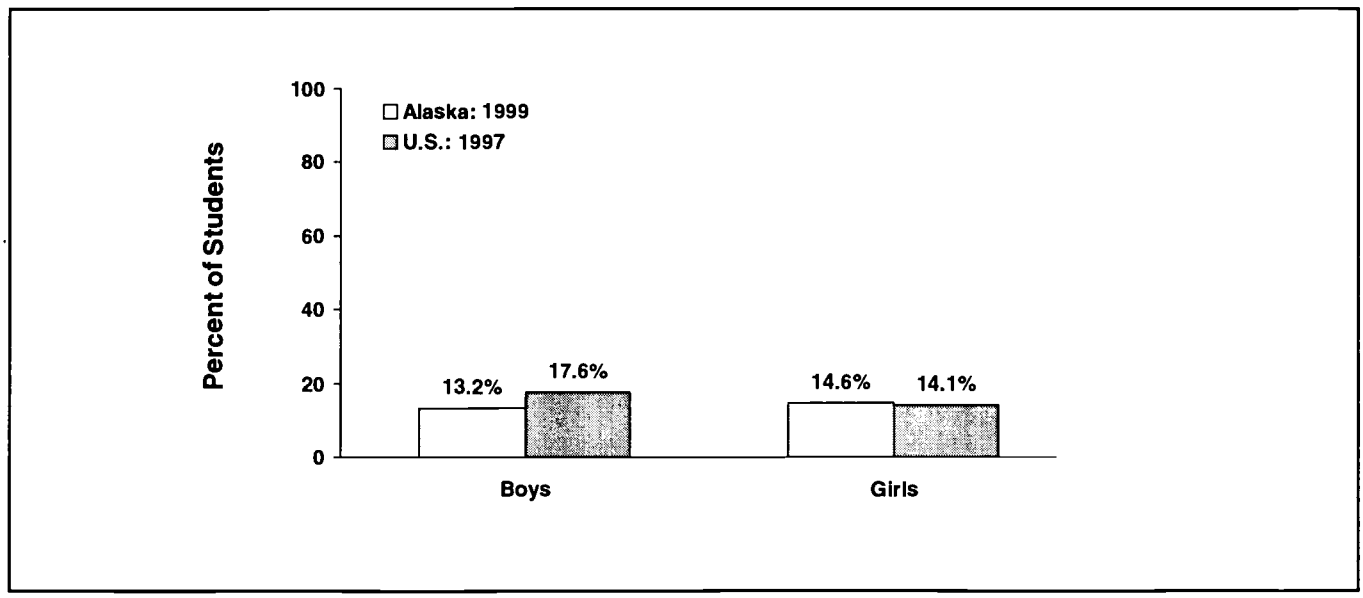
Ever Had Sexual Intercourse

The percent of Alaska students who report ever having had sexual intercourse increases from 28.6% among those in ninth grade to 56.7% among those students in grade 12. With the exception of grade 11, rates for Alaska are lower than the U.S.



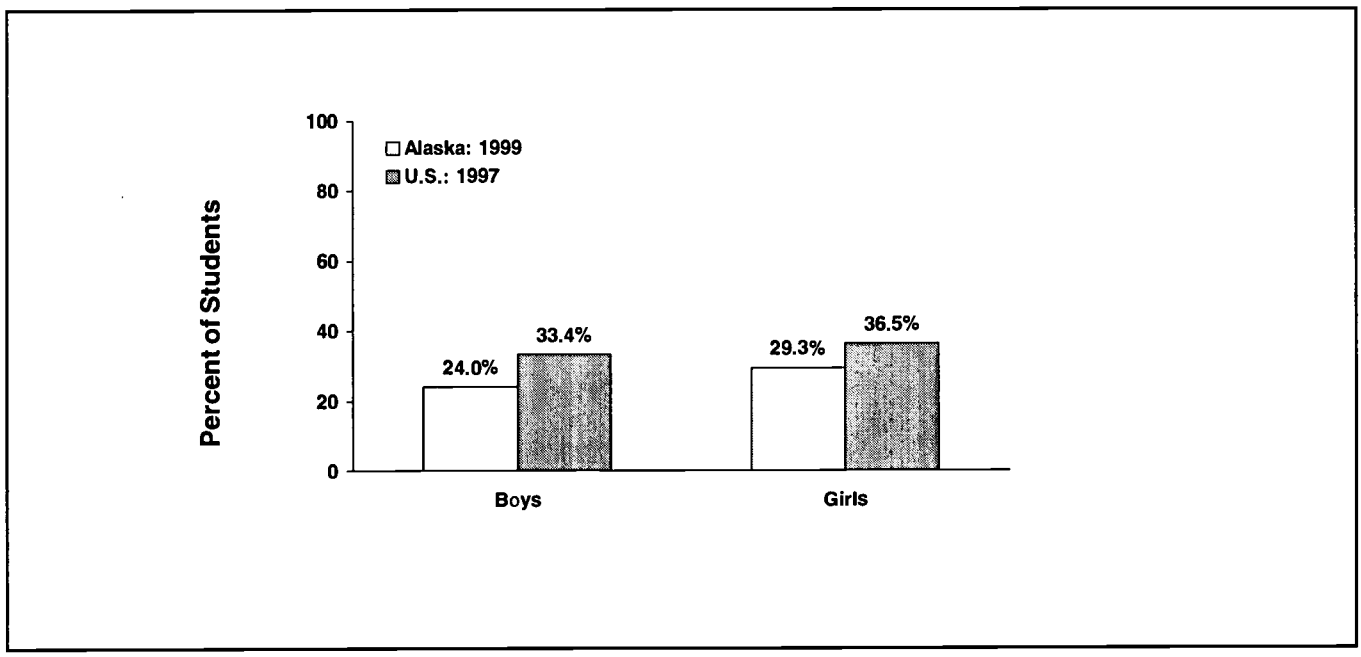
Had Sexual Intercourse With Four or More Partners

Among Alaska high school boys, 13.2% have had sexual intercourse with four or more partners. Of Alaska girls, 14.6% report having had four or more partners. Alaska data and U.S. data are similar for girls, but U.S. boys are more likely to report having had four or more partners than Alaska boys.



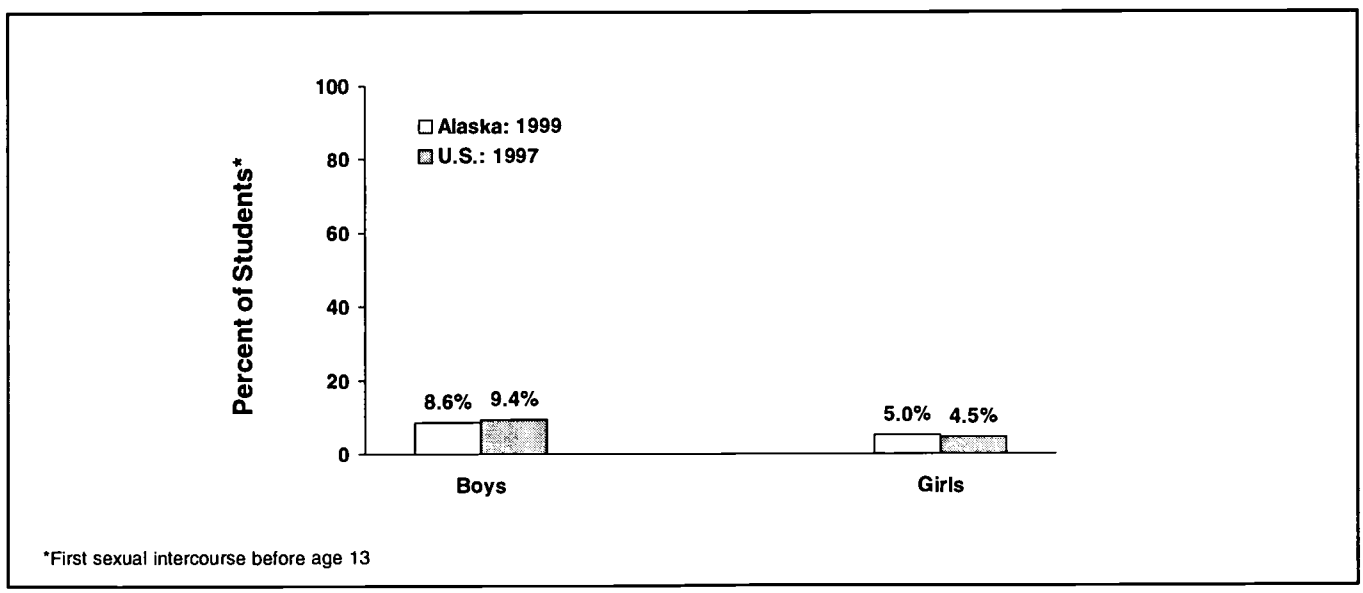
Had Sexual Intercourse in Past Three Months

Among Alaska high school students, 24% of boys and 29% of girls report having had sexual intercouse within the past 3 months. The U.S. rates are higher than Alaska rates.



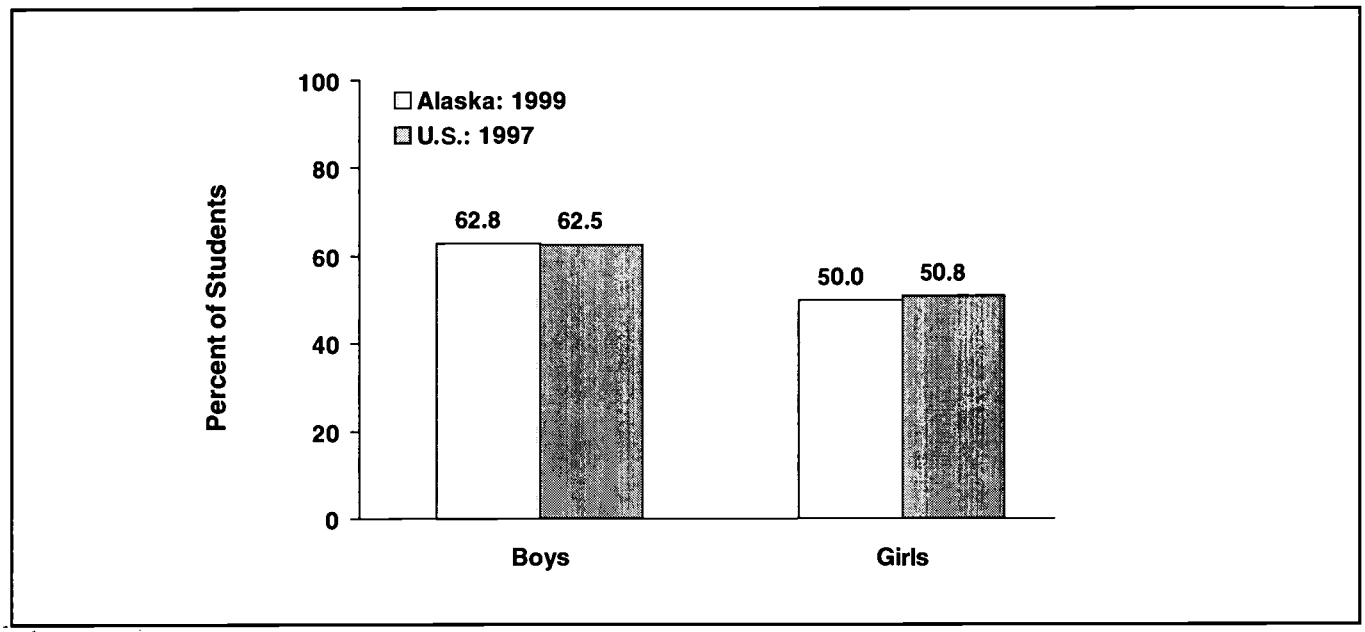
First Sexual Intercourse before Age 13

Among Alaska high school students, 8.6% of boys and 5.0% of girls report having had first sexual intercourse before age 13. The U.S. rates for boys are higher than for Alaska boys, but rates for U.S. girls are similar to rates for Alaska girls.



Used Condoms During Last Sexual Intercourse

Over 62% of high school boys and 50% of girls who report having had sexual intercourse used a condom during last intercourse. Rates for Alaska and U.S. are similar.



Year 2000 Objectives:

- ***Increase to at least 40% the proportion of sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.***
- ***Increase to at least 60% the proportion of sexually active, unmarried young women aged 15-19 who used a condom at last sexual intercourse.***
- ***Increase to at least 75% the proportion of sexually active, unmarried young men aged 15-19 who used a condom at last sexual encounter.***
- ***Increase to at least 90% the proportion of sexually active, unmarried people aged 19 and younger who used contraception, especially combined method contraception that effectively prevents pregnancy and provides barrier protection.***

Section V - Weight and Dietary Behaviors

Background

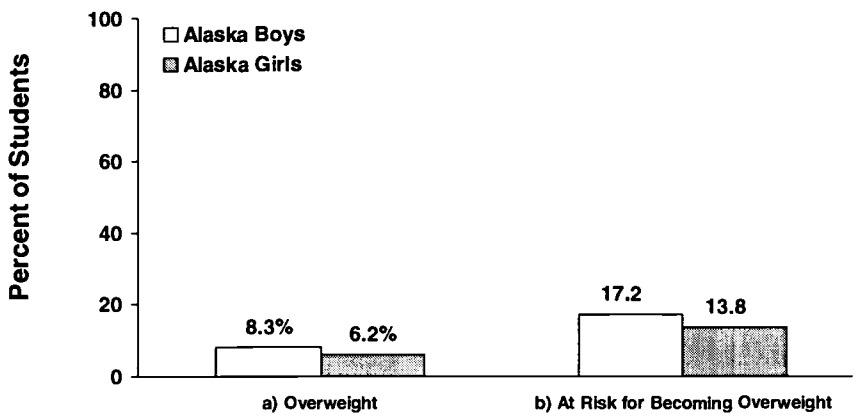
National data show that obesity is increasing among adolescents. Obesity acquired during childhood often persists into adulthood, increasing the later risk for diabetes, high blood pressure, and heart disease. In addition, obesity can cause social and psychological stress to children and adolescents.[11]

Likewise, an overemphasis on thinness may also be unhealthy. To avoid problems of obesity and eating disorders, healthy eating habits should be encouraged among adolescents. Current dietary guidelines include increasing consumption of breads, grains and cereals, eating at least five servings of fruits and vegetables per day, and maintaining a healthy weight.[12]

YRBS Results

Students Who Are Overweight and Students at Risk for Becoming Overweight (As Determined by Body Mass Index BMI*)

Among Alaska high school students, over 7% are overweight and over 15% are at risk for becoming overweight. The data suggest that more boys (8.3%) are overweight than girls (6.2%). However, this finding could be attributable to girls underreporting their actual weight.



a) Students who were at or above the 95th percentile for body mass index (BMI) by age and sex based on reference data from the National Health and Nutritional Examination Survey I.
b) Students who were at or above the 85th percentile but below the 95th percentile for body mass index (BMI) by age and sex based on reference data from the National Health and Nutritional Examination Survey I.

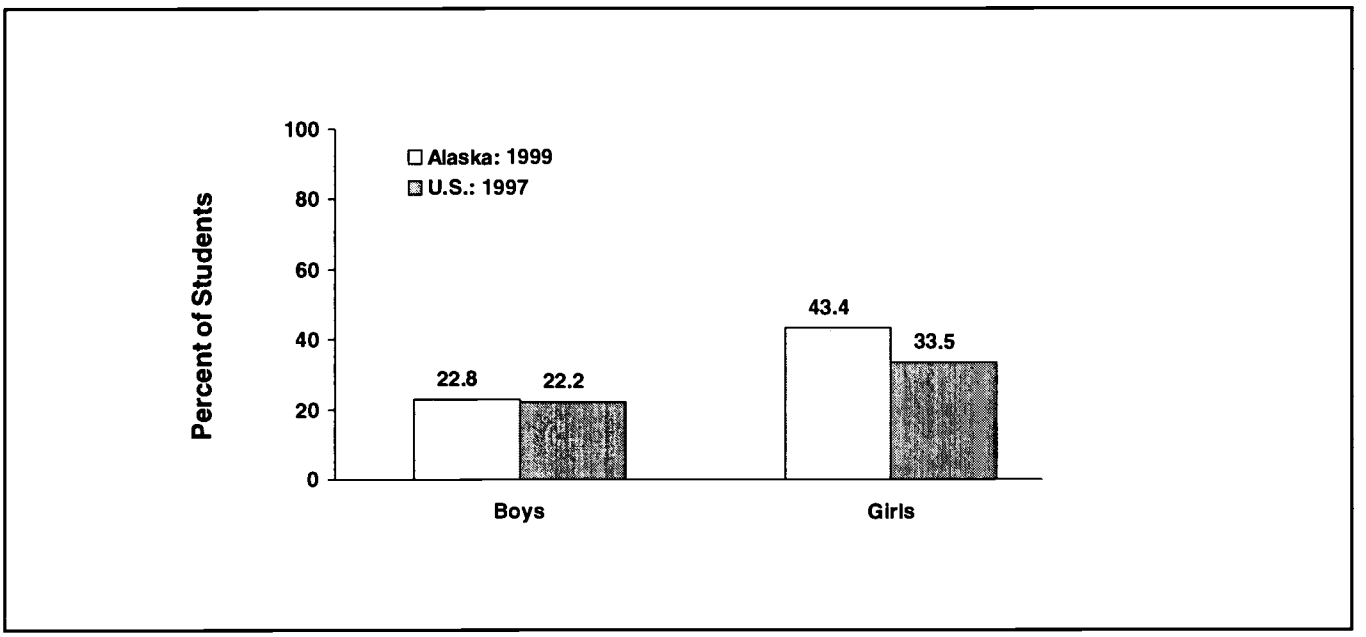
* Body Mass Index (BMI) is one way to measure obesity. BMI is calculated by using the formula: weight in kilograms divided by height in meters squared (BMI = kg/m^2). See appendix C for Reference Data for Obesity Table.

Year 2000 Objectives:

- ***Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19.***
- ***Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity to obtain appropriate body weight.***

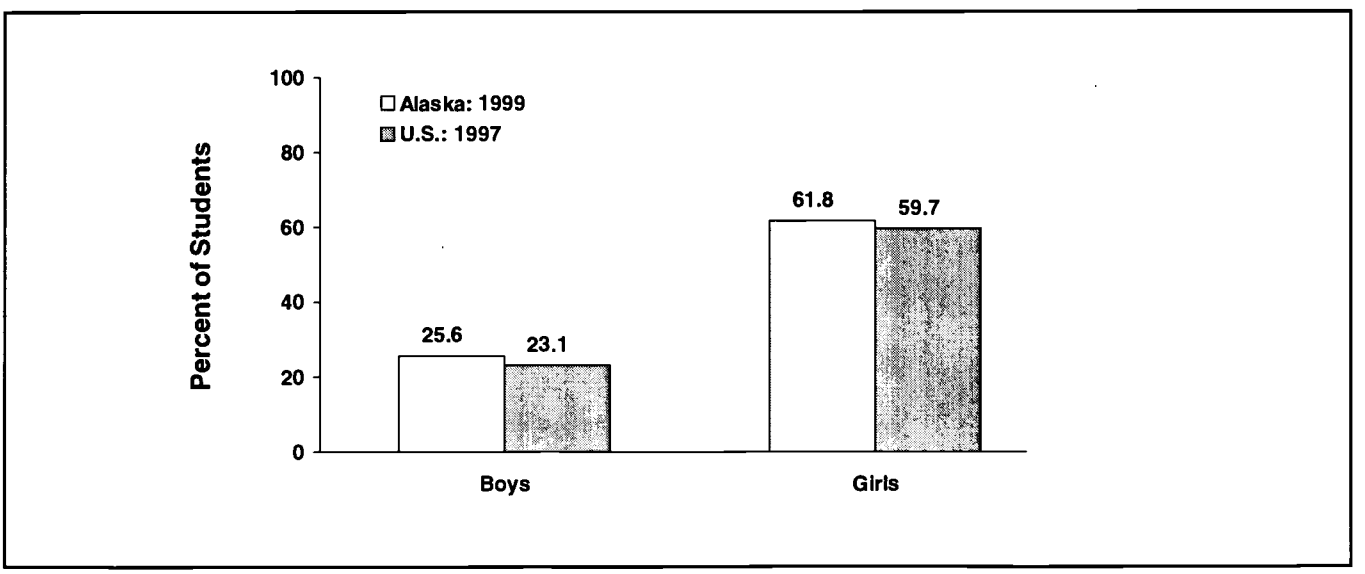
Describe Themselves As Overweight

Among Alaska high school girls, over 43% describe themselves as overweight, compared to only 23% of Alaska high school boys who describe themselves as overweight. These differences in perception are also found among U.S. students. In addition, Alaska high school girls are more likely than U.S. girls to describe themselves as overweight.



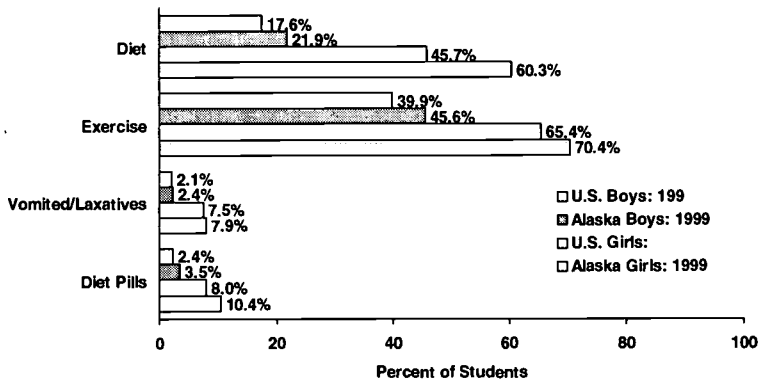
Trying to Lose Weight

Although 43.4% of girls describe themselves as overweight, 61.8% are trying to lose weight. The percent of boys who are trying to lose weight (25.6%) is similar to the percent who perceive themselves as being overweight (22.8%).



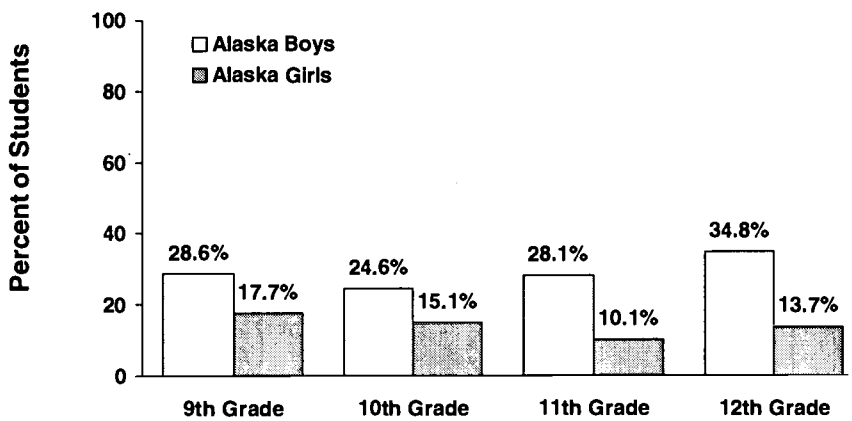
Methods Used to Lose or Keep from Gaining Weight in Past 30 Days

Exercise and diet are the most common methods used by high school students to lose or keep from gaining weight. About 8% of high school girls report that they have vomited or used laxatives for weight loss and 10.4% report that they have used diet pills within the past 30 days.



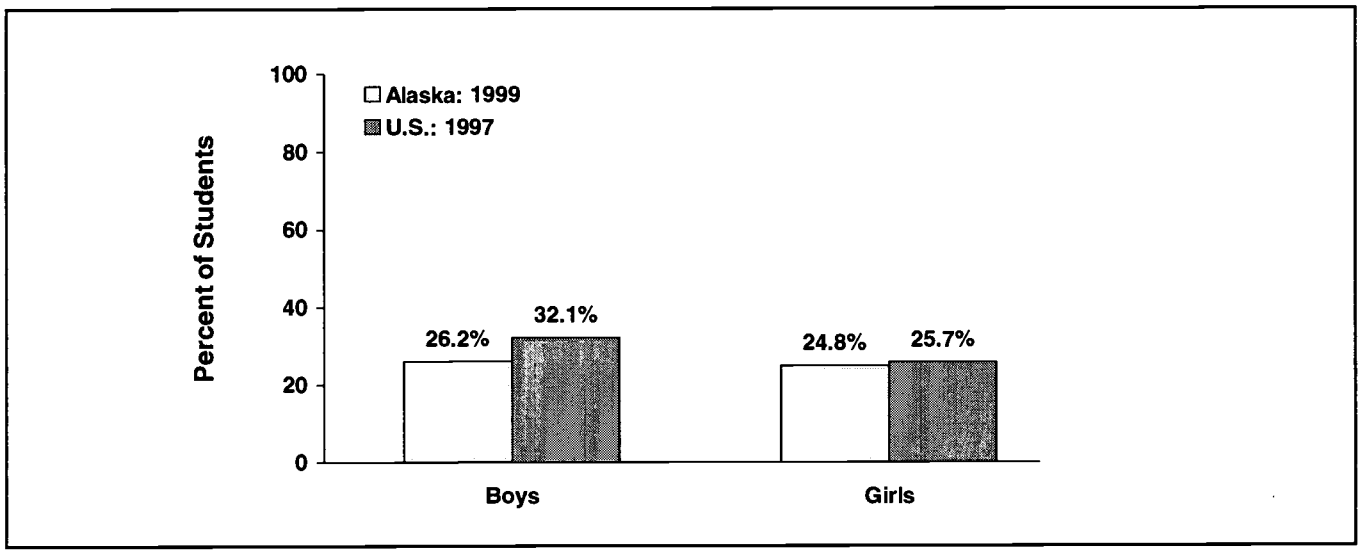
Drank Three or More Glasses of Milk per Day During Last 7 Days (Grade and Gender)

Among Alaska students, boys are more likely to report that they drank 3 or more glasses of milk per day during the last 7 days than girls. Additionally, milk consumption for girls decreases between grades 9 and 12.



Ate Five or More Servings of Fruits and Vegetables per Day During the Past 7 Days

Among Alaska high school students, 26.2% of boys and 24.8% of girls report having had 5 or more servings of fruits and vegetables per day during the past 7 days. Although U.S. boys report higher consumption of fruits and vegetables per day than Alaska boys, Alaska girls and U.S. girls report similar consumption of fruits and vegetables.



Year 2000 Objectives:

- ***Increase complex carbohydrate and fiber-containing foods in the diets of adults and adolescents to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.***
- ***Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat to less than 10% of calories among people aged 2 and older.***

Section VI - Physical Activity

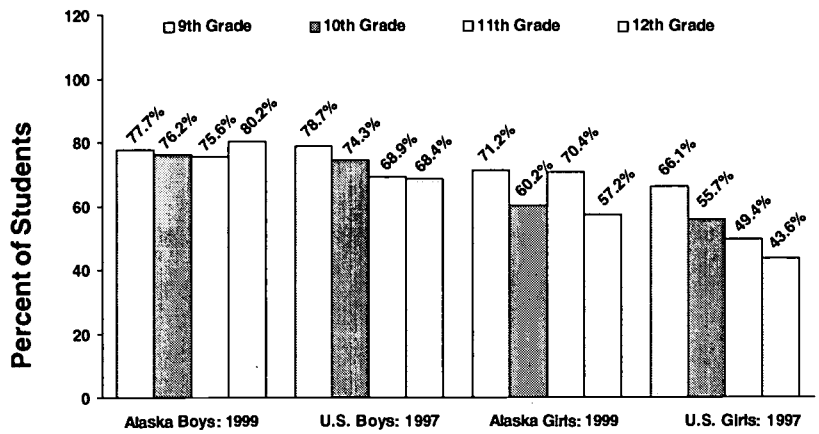
Background

Regular physical activity can increase life expectancy. Physical activity can also enhance mental health and self-esteem, of particular benefit to adolescents. As with nutrition, development of good exercise habits in childhood and adolescence which are maintained into adulthood can prevent or delay many chronic diseases.[13]

YRBS Results

Participated in Vigorous Physical Activity*

Among U.S. boys and girls, the proportion engaging in vigorous physical activity decreases with increasing grade level. The data for Alaska shows similar tendencies, although there are data fluctuations, especially among girls.



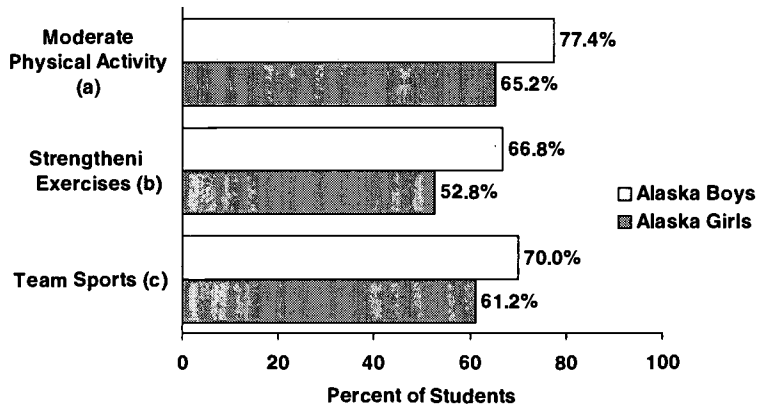
*Exercised or participated in sports acitivities for at least 20 minutes that caused sweating and heavy breathing, on 3 or more of the past 7 days.

Year 2000 Objectives:

- ***Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.***
- ***Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.***

Participation in Moderate Physical Activity, Strengthening Exercises, and Team Sports

Among Alaska high school students, boys are more likely to participate in moderate physical activity (77.4%), strengthening exercises (66.8%), and team sports (70.0%) than girls.



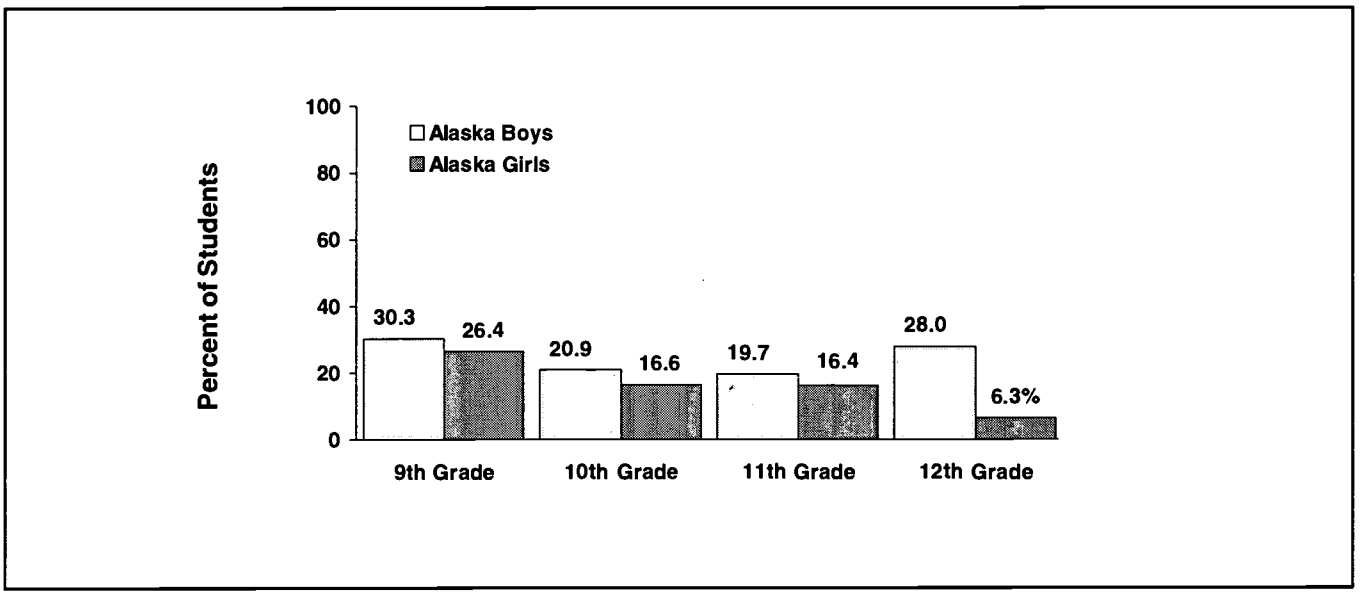
a) Activities that did not cause sweating or hard breathing for at least 30 minutes on 3 or more days of the last 7 days.
b) Exercise to strengthen or tone muscles on 3 of past 7 days.
c) Played on sports team in last 12 months.

Year 2000 Objectives:

- ***Increase to at least 40% the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and muscular flexibility.***

Attend Daily Physical Education Class

Overall, approximately 27% of Alaska high school students participate in daily physical education classes. Participation in daily physical education increases between grades 9 and 12, but is most apparent among girls.

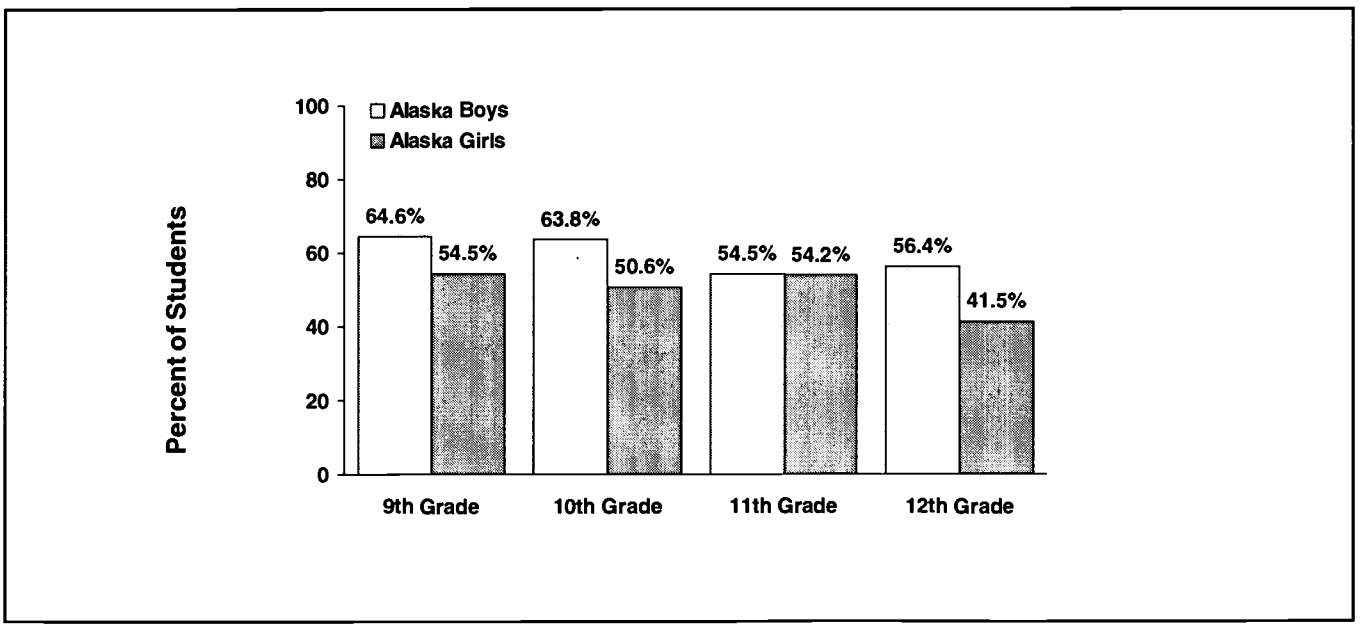


Year 2000 Objectives:

- ***Reduce to no more than 15% the proportion of people aged 6 and older who engage in no leisure-time physical activity***

Watched 2 or More Hours of T.V. on an Average School Day

Among Alaska high school students, boys report watching more T.V. on an average school day than girls.



Middle School Results

Grades 7 - 8

Introduction

The report that follows presents selected findings from the 1999 middle school YRBS. Due to the low response rate, middle school survey results can not be generalized to all middle school students in Alaska. The results represent only those students who took the survey. Although the results are not generalizable, the data are still useful in assessing the behaviors of middle school students.

The following information will assist you in reading, interpreting, and understanding the report results and layout.

Format: The results are presented as data tables, pie charts, bar graphs, and line graphs. In most cases, these data are organized by gender and/or grade. Some percentages may not total 100 percent due to rounding.

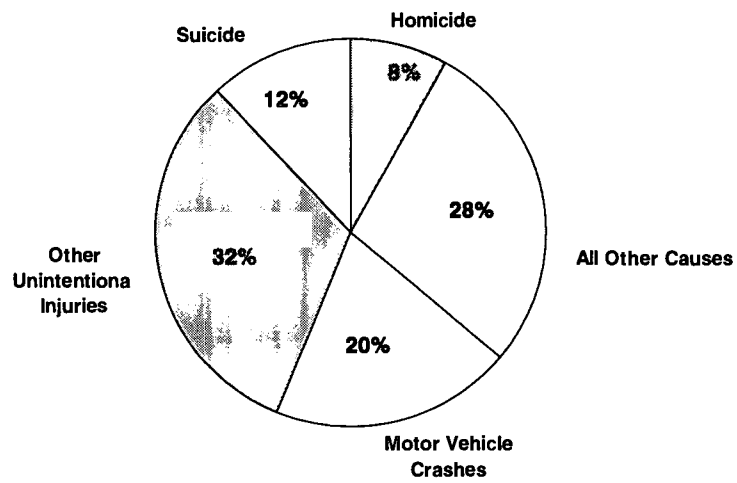
Healthy People 2000 Objectives: The adolescent health objectives for the Year 2000 from the U.S. Department of Health and Human Services, Public Health Services (PHS), are referenced throughout this report. [1]

Section I : Intentional and Unintentional Injuries

Background

Injuries are the leading causes of death among children, adolescents, and young adults. As shown in the accompanying graph, 72% of the deaths among young people in Alaska (ages 10 - 14 years) are attributable to injuries, including motor vehicle crashes, homicide, suicide, and other unintentional injuries.

Percent of Deaths by Cause Among Alaskans Aged 10-14
1994 - 1997
(N=65)

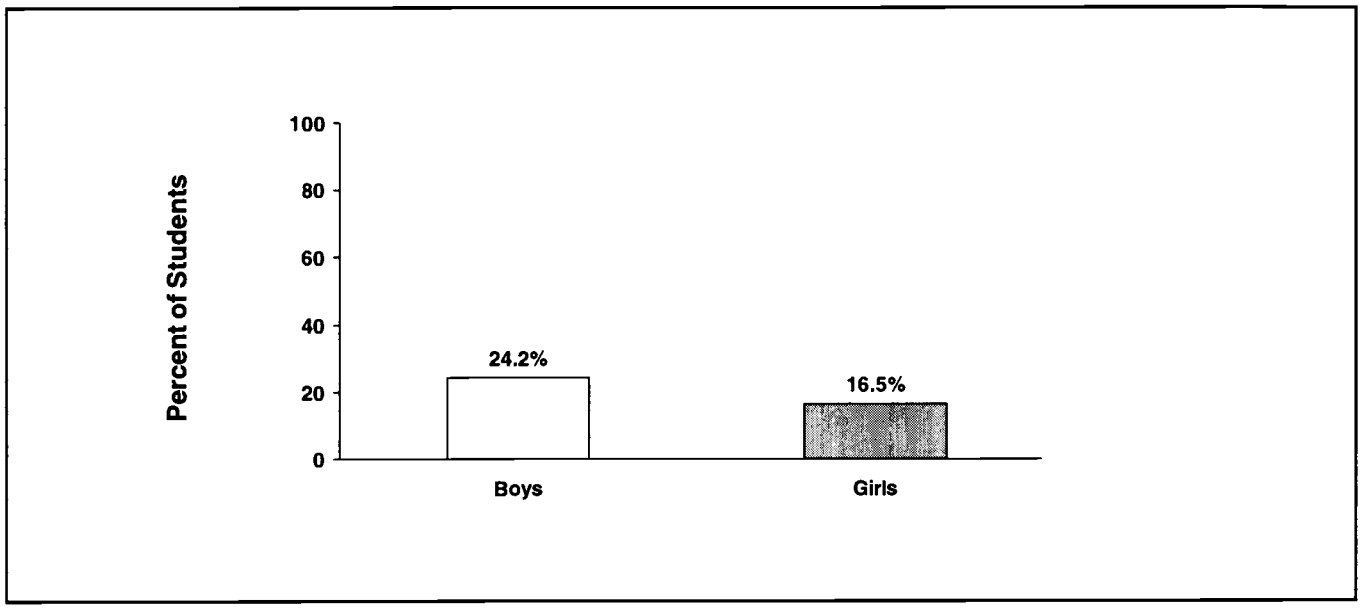


Source: Alaska Mortality Data: 1994 - 1997, March 1999

YRBS Results

Never or Rarely Use Seatbelt

Among middle school students, only 24.2% of boys and 16.5% of girls report never or rarely using seatbelts when riding in a car.

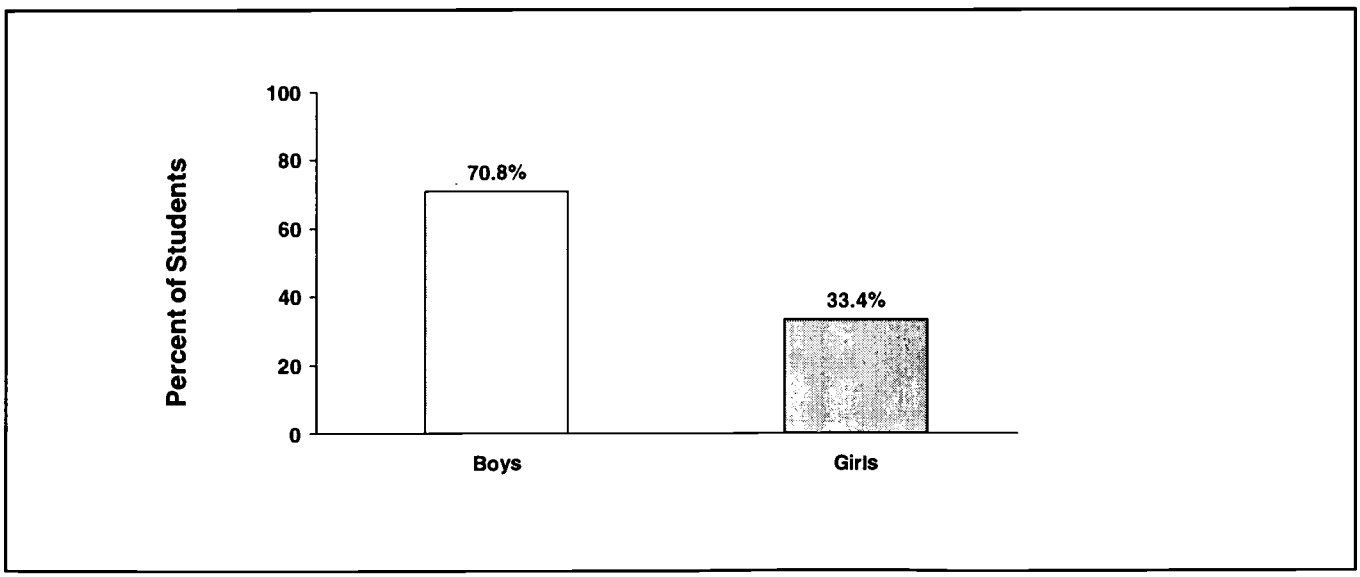


Year 2000 Objectives:

- ***Increase the use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of automobile occupants.***

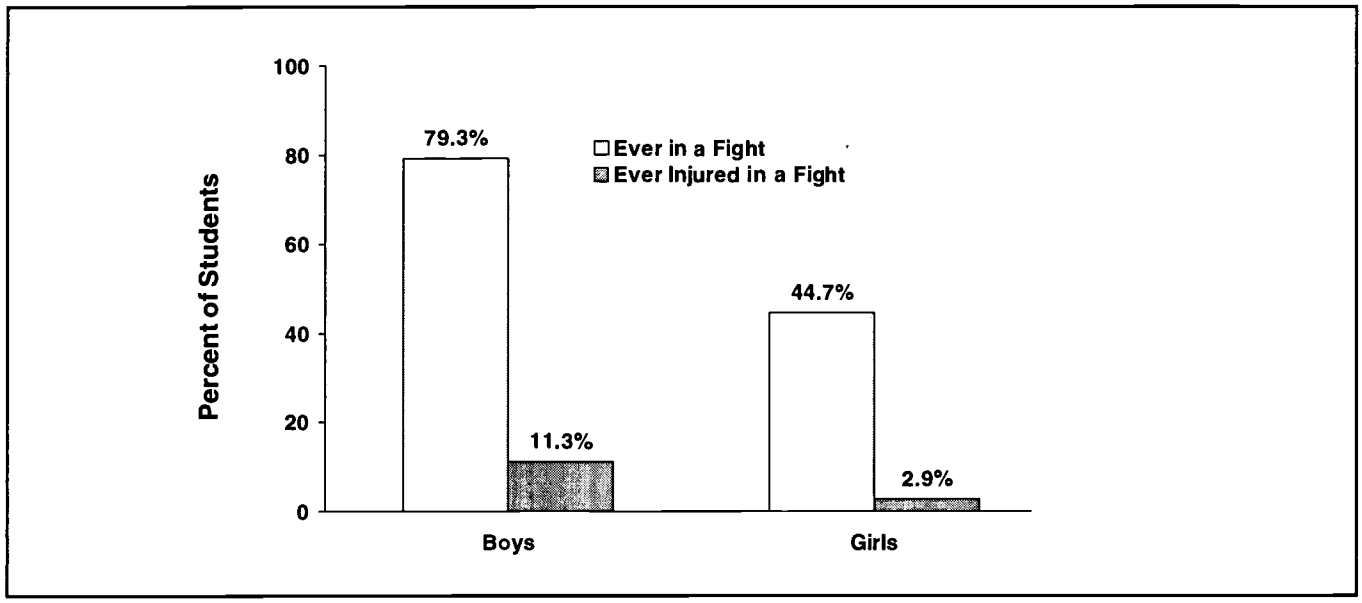
Ever Carried a Weapon (Gun, Knife, or Club)

Almost 71% of middle school boys and almost 34% of girls report having ever carried a weapon.



Physical Fighting

Almost 80% of middle school boys and 45% of middle school girls have been involved in a physical fight at least once in their lifetime. About 11% of boys and 3% of girls report having received an injury in a physical fight severe enough to have required treatment by a doctor or nurse.

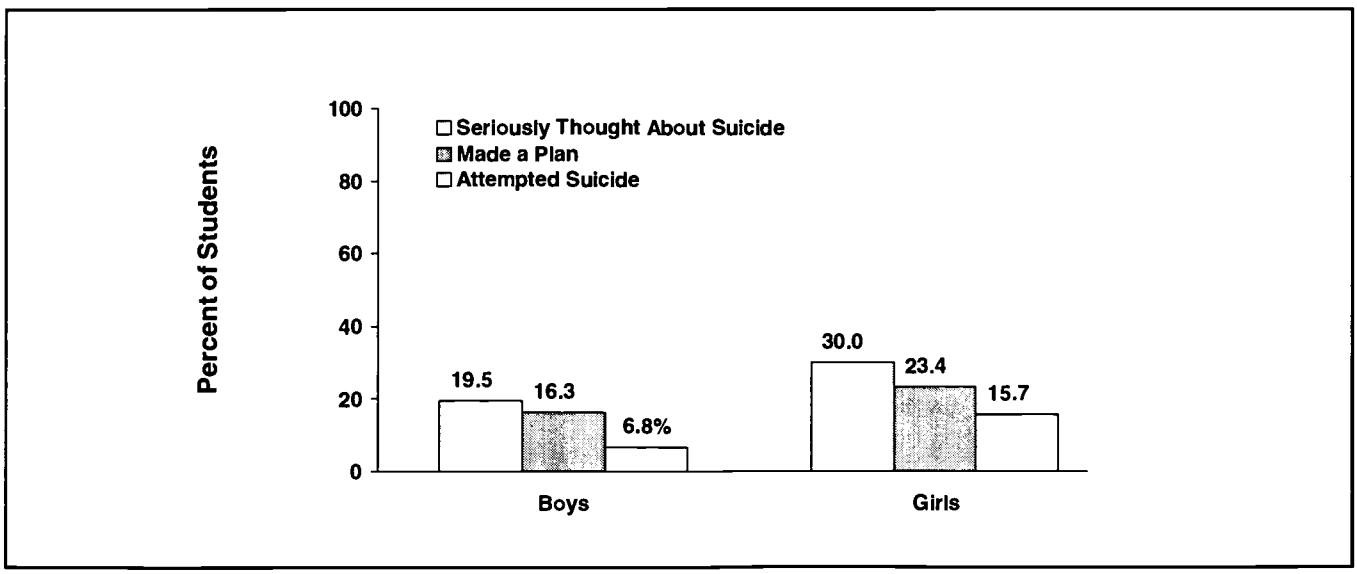


Year 2000 Objectives:

- ***Reduce by 20% the incidence of physical fighting by adolescents aged 14-17.***

Ever Had Suicide Thoughts, Plans, and Attempts

A number of middle school students have thought about suicide, made plans, or attempted suicide in their lifetimes. Girls are more likely to report suicide thoughts, plans, and attempts than are boys.



Section II: Tobacco Use

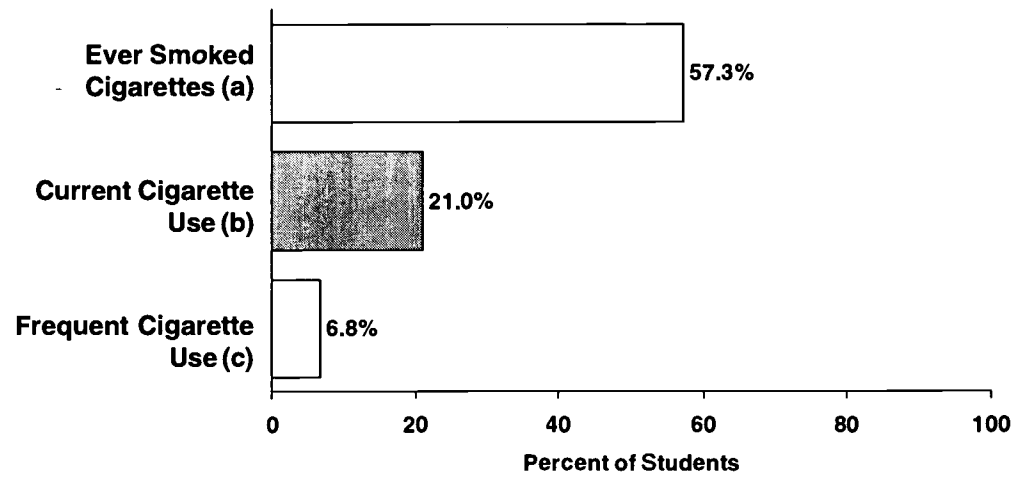
Background

Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20 years[5]. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people, enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.[6] The Centers for Disease Control and Prevention has recommended a comprehensive approach to decreasing both youth and adults tobacco use.[7]

YRBS Results

Cigarette Use Among Middle School Students

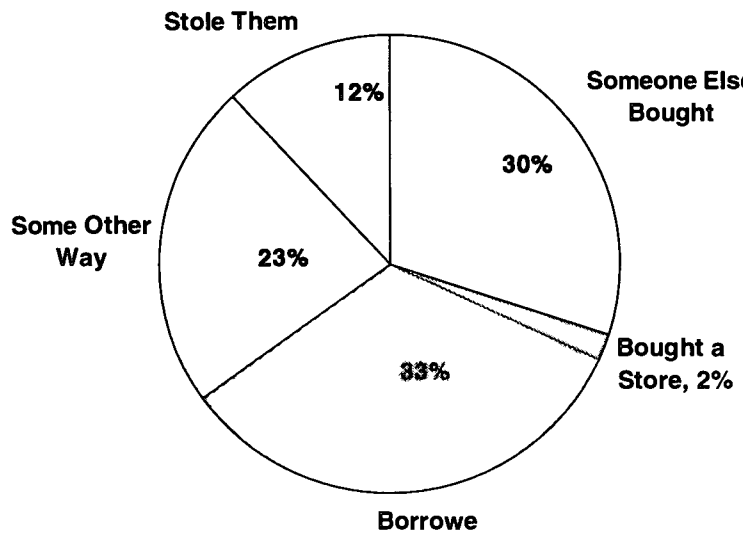
Over 57% of middle school students reported that they have tried smoking at least once; 21% reported smoking at least one day in the past 30 days and 6.8% smoked on 20 or more of the past 30 days.



a) Ever tried cigarette smoking.
b) Smoked on at least one of the 30 days prior to the survey.
c) Smoked on at least 20 of the 30 days prior to the survey.

Usual Source of Cigarettes in Past 30 Days*

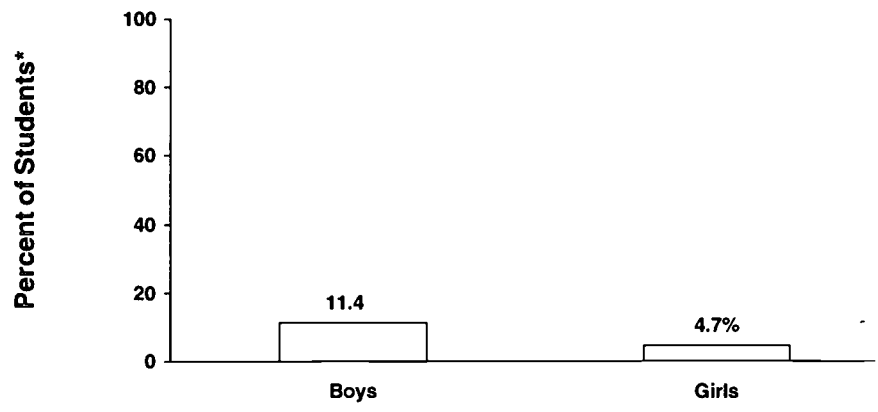
The most common way middle school students obtain cigarettes is by borrowing them from someone else (33% of smokers); very few middle school smokers reported purchasing cigarettes themselves at a store or vending machine in the 30 days prior to the survey.



*Among students who smoked in the past 30 days.

Used Chewing Tobacco or Snuff on One or More Days in Past 30 Days

Alaska middle school boys are twice as likely to report having used chewing tobacco or snuff on one or more days in the past 30 days (11.4%) as compared to Alaska middle school girls (4.7%).



*Alaska students

Section III: Drug and Alcohol Use

Background

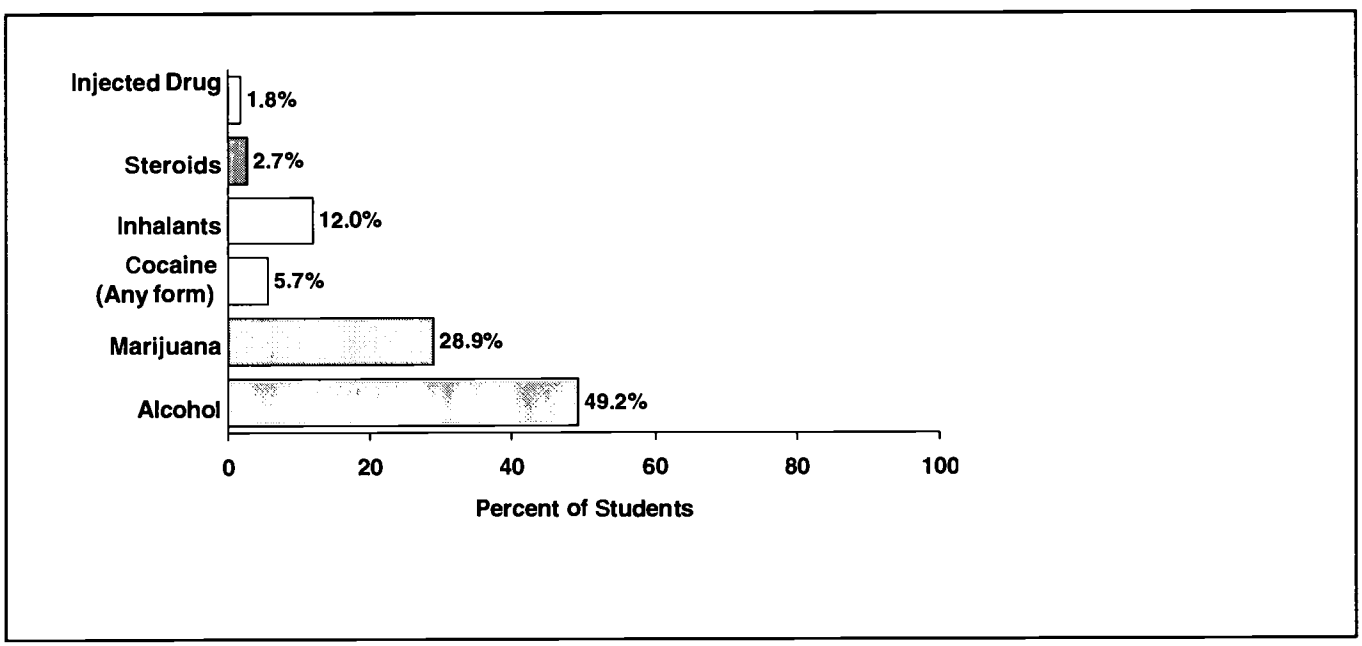
Alcohol and drug abuse are major contributing factors in homicides, suicides, and motor vehicle crashes, which are the leading causes of death and disability among young people in the U.S. and in Alaska. Heavy drinking and drug abuse among youth are linked to physical fights, destroyed property, job problems, school failure, delinquency, unwanted pregnancies, and transmission of sexually transmitted diseases.[8]

An estimated 19.2% of Alaska adults report binge drinking (having five or more drinks on an occasion, one or more time in the past month). Alaska's rate of adult binge drinking is among the highest in the U.S.[9]

YRBS Results

Alcohol and Drug Use (Ever Used)

Over 49% of middle school students report ever having had a drink of alcohol. The alcohol question excluded drinking wine for religious reasons. The next most common drugs are marijuana and inhalants (glue, paints, and sprays). Nearly 12% of students report ever having used inhalants and 28.9% report ever having used marijuana.



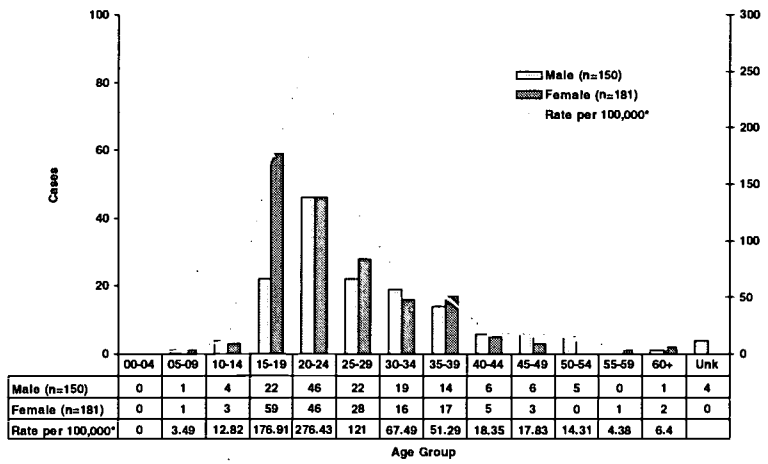
Section IV: Sexual Activity

Background

Early sexual activity can be associated with unwanted pregnancy and sexually transmitted diseases, including HIV infection. Sexually transmitted diseases can lead to infertility, pelvic inflammatory disease, and other complications. HIV infection which leads to AIDS is not curable and preventive efforts are the only means of decreasing the spread of the epidemic.

- √ The first graph shows that the rate of gonorrhea infection is highest among females aged 15 - 19 and males aged 20 - 24. Alaska ranks 34th in gonorrhea rates in the U.S.
- √ The second graph shows the rate of chlamydia for similar age groups. Alaska ranks 7th in chlamydia rates in the U.S.
- √ The third graph shows the teen birth rate for Alaska and for the U.S. In 1997, 389 girls age 18 and younger gave birth in Alaska.[10]

Reported Gonorrhea by Age Group and Sex, 1998

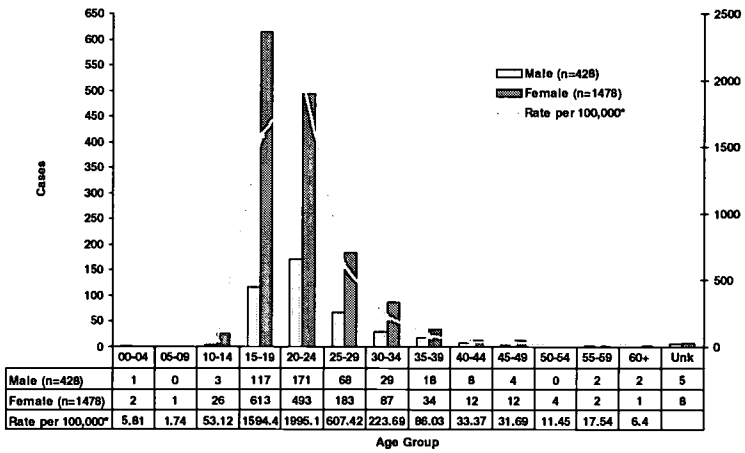


	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Unk
Male (n=150)	0	1	4	22	46	22	19	14	6	6	5	0	1	4
Female (n=181)	0	1	3	59	46	28	16	17	5	3	0	1	2	0
Rate per 100,000*	0	3.49	12.82	176.91	276.43	121	67.49	51.29	18.35	17.83	14.31	4.38	6.4	

*Data for rate by age uses 1997 population

Section of Epidemiology, Alaska Division of Public Health, 1999

Reported Chlamydia by Age Group and Sex, 1998

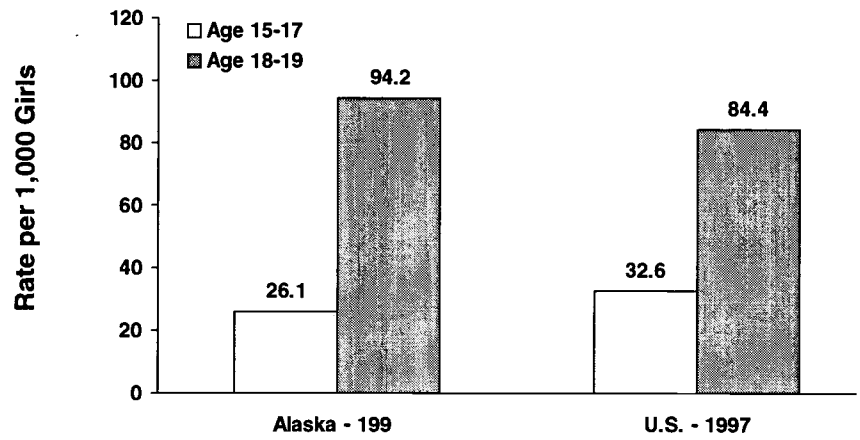


	00-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Unk
Male (n=428)	1	0	3	117	171	68	29	18	8	4	0	2	2	5
Female (n=1478)	2	1	26	613	493	183	87	34	12	12	4	2	1	8
Rate per 100,000*	5.81	1.74	53.12	1594.4	1995.1	607.42	223.69	86.03	33.37	31.69	11.45	17.54	6.4	

*data for rate by age uses 1997 population

Section of Epidemiology, Alaska Division of Public Health, 1999

Teen Birth Rate for Alaska and the U.S., 1997



Bureau of Vital Statistics, Alaska Division of Public Health, 1998

YRBS Results

Ever Had Sexual Intercourse

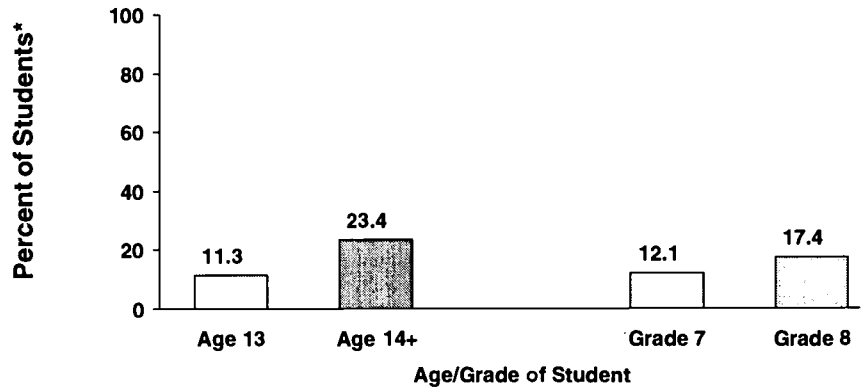
Among Alaska middle school students, boys are more likely to have had sexual intercourse than girls. Of middle school boys 21.4% report that they have had sexual intercourse at least once, compared to 10.4% of girls.

Year 2000 Objectives:

- ***Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.***
- ***Increase to at least 40% the proportion of sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.***

Ever Had Sexual Intercourse (Age and Grade)

The probability of having sexual intercourse increases with the age and grade of the student. Eighth graders (17.4%) are more likely to report having sexual intercourse than seventh graders (12.1%).



*Alaska Students

Section V: Weight and Dietary Behaviors

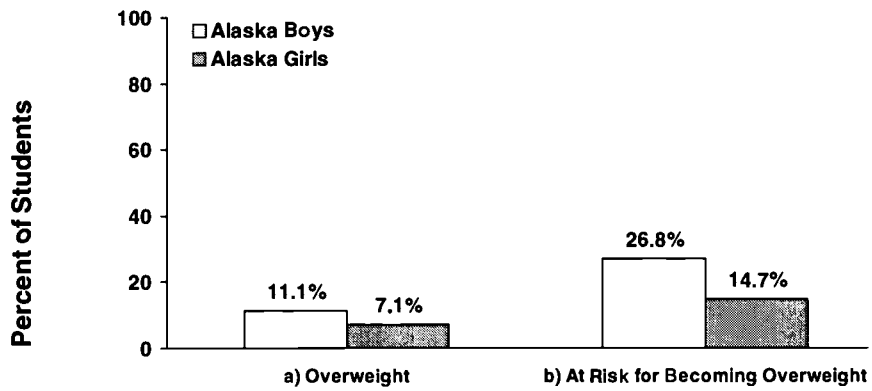
Background

National data show that obesity is increasing among adolescents. Obesity acquired during childhood often persists into adulthood, increasing the later risk for diabetes, high blood pressure, and heart disease. In addition, obesity can cause social and psychological stress to children and adolescents.[11]

Likewise, an overemphasis on thinness may also be unhealthy. To avoid problems of obesity and eating disorders, healthy eating habits should be encouraged among adolescents. Current dietary guidelines include increasing consumption of breads, grains and cereals, eating at least five servings of fruits and vegetables per day, and maintaining a healthy weight.[12]

Students Who Are Overweight and Students at Risk for Becoming Overweight (As Determined by Body Mass Index BMI*)

Among Alaska middle school students, over 9% are overweight and over 20% are at risk for becoming overweight. The data suggest that more boys (11.1%) are overweight than girls (7.1%). However, this finding could be attributable to girls underreporting their actual weights.



a) Students who were at or above the 95th percentile for body mass index (BMI) by age and sex based on reference data from the National Health and Nutritional Examination Survey I.

b) Students who were at or above the 85th percentile but below the 95th percentile for body mass index (BMI) by age and sex based on reference data from the National Health and Nutritional Examination Survey I.

* Body Mass Index (BMI) is one way to measure obesity. BMI is calculated by the formula: weight in kilograms divided by height in meters squared (BMI = kg/m^2). See appendix C for Reference Data for Obesity Table.

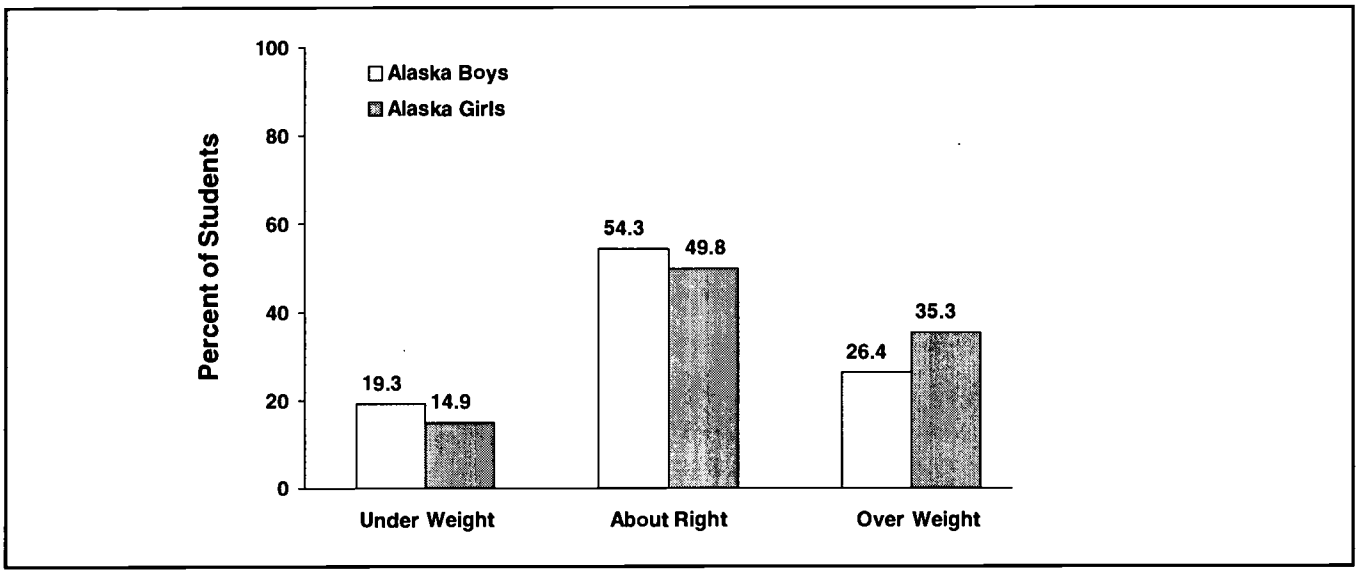
Year 2000 Objectives:

- ***Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19.***
- ***Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity to obtain appropriate body weight.***

YRBS Results

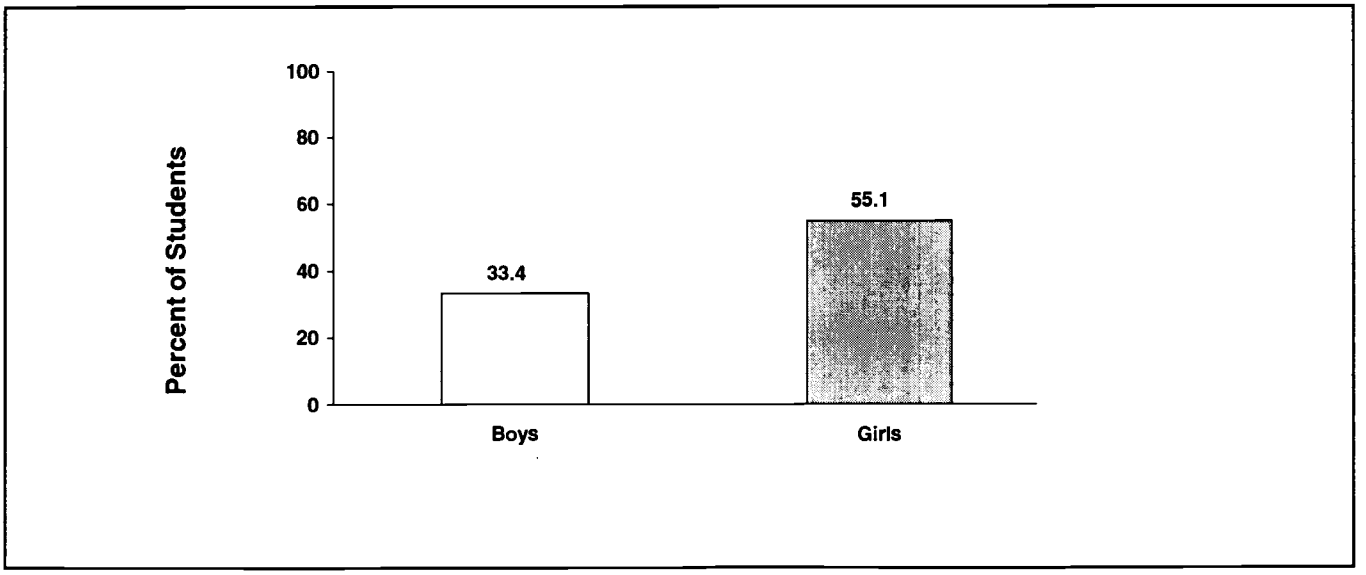
Describe Themselves as Overweight, About Right, and Underweight

A little over one-third of middle school girls describe themselves as overweight. Girls are more likely than boys to describe themselves as overweight and boys are more likely to describe themselves as underweight or of normal weight.



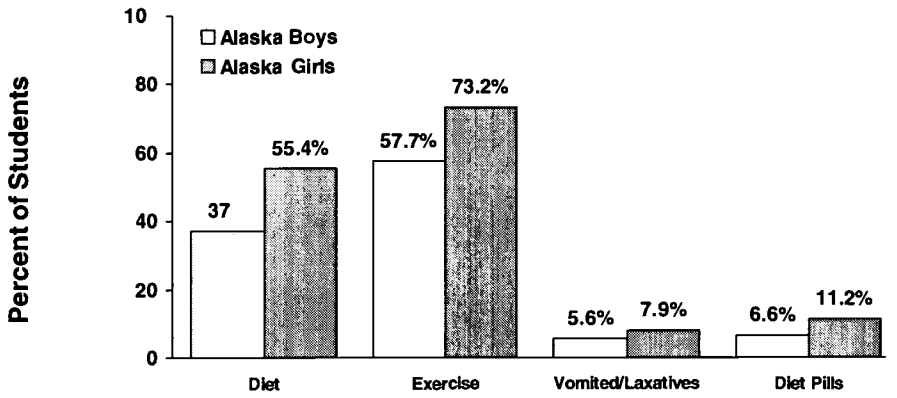
Trying to Lose Weight

Although 35.3% of girls describe themselves as overweight, 55.1% are trying to lose weight. The difference between perception of being overweight (22.5%) and trying to lose weight (31.4%) is not as dramatic among boys.



Methods Ever Used to Lose or Keep from Gaining Weight

The most common methods ever used by middle school students to lose or keep from gaining weight are exercise and dieting. About 8% of middle school girls report that they have vomited or used laxatives for weight loss and about 11% report that they have used diet pills.



Section VI: Physical Activity

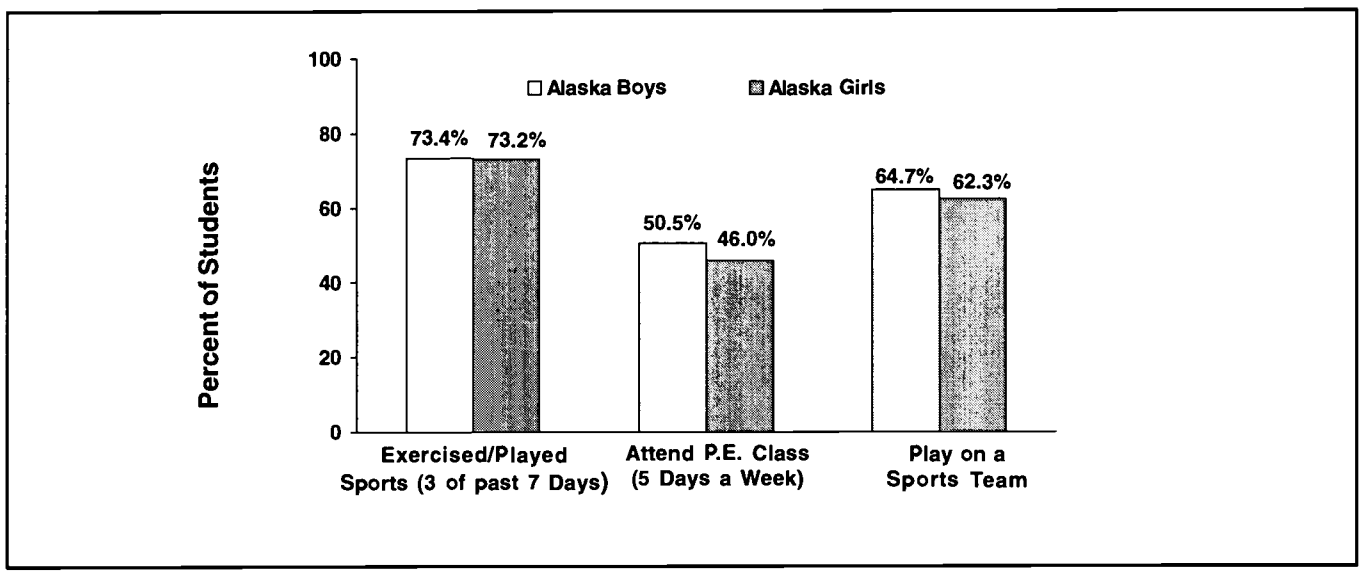
Background

Regular physical activity can increase life expectancy. Physical activity can also enhance mental health and self-esteem, of particular benefit to adolescents. Development of good exercise habits in childhood and adolescence which are maintained into adulthood can prevent or delay many chronic diseases.[13]

YRBS Results

Participation in Exercise or Sports Activities

Over 73% of middle school boys and girls report that they have exercised or played sports 3 of the past 7 days. Only 48% of middle school students attend physical education 5 days a week (data not shown). Both boys and girls report similar exercise frequencies. Additionally, over 60% of middle school students report watching 2 or more hours of TV on an average school day.



Year 2000 Objectives:

- ***Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.***
- ***Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.***

References

1. U.S. Department of Health and Human Services, Public Health Service. (1991). Healthy People 2000: National Health Promotion and Disease Prevention Objectives—Full Report, With Commentary. (DHHS Pub. No. (PHS)91-50212). Washington, D.C.: U.S. Government Printing Office.

2. National Center for Health Statistics. Report of final mortality statistics, 1995. Hyattsville, MD: US Department of Health and Human Services, CDC, 1997. (Monthly vital statistics report; vol 45, no. 11, suppl 2).

3. National Center for Health Statistics. Trends in pregnancies and pregnancy rates: estimates for the United States, 1980-92. Hyattsville, MD: US Department of Health and Human Services, CDC, 1995 (Monthly vital statistics report; vol 43, no. 11).

4. CDC National Center for HIV, STD, and TB Prevention: Annual report, 1992. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 1993.

5. Alaska Department of Health and Social Services. Alaska 1998 Behavioral Risk Factor Survey, Juneau, AK. Unpublished data.

6. The Alaska Tobacco Control Alliance (March 1999): The Alaska Tobacco Control Program: A plan for the future.

7. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – August 1999. Atlanta, GA. USDHHS, CDC, NCCDPHP, OSH, August 1999.

8. Blanken, A.J. (1993). Measuring use of alcohol and other drugs among adolescents. Public Health Reports 108(1) p. 25 - 30.

9. CDC. State and Sex-Specific Prevalence of Selected Characteristics – Behavioral Risk Factor Surveillance System, 1994 and 1995.

10. Alaska Department of Health and Social Services. (1998). Alaska Bureau of Vital Statistics 1997 Annual Report Juneau, AK. p 20.

11. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. Pediatrics 101:518-525, 1998.

12. Public Health Service, U.S. Department of Health and Human Services. (1988). The Surgeon General's Report on Nutrition and Health. DHHS Pub. No. (PHS)88-50210. Washington, DC: U.S. Government Printing Office.

13. U.S. Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.

Appendices

A. High School Questions and Alaskan Responses

B. Middle School Questions and Alaskan Responses

C. Body Mass Index Table

D. Item Rational for 1999 YRBS and References

1999 Youth Risk Behavior Survey Results

Alaska (Excluding Anchorage) High School Survey

		Unweighted (N)	Weighted (Percent)
Q1. How old are you?			
1	12 years old or younger	2	0.1
2	13 years old	3	0.2
3	14 years old	164	9.7
4	15 years old	433	27.4
5	16 years old	412	28.4
6	17 years old	249	20.4
7	18 years old or older	149	13.8
	Missing	15	
Q2. What is your sex?			
1	Female	696	47.5
2	Male	710	52.5
	Missing	21	
Q3. In what grade are you?			
1	9th grade	522	31.7
2	10th grade	374	25.8
3	11th grade	307	21.8
4	12th grade	205	20.5
5	Ungraded or other grade	2	0.1
	Missing	17	
Q4. How do you describe yourself? (Select one or more responses.)			
1	American Indian/Alaska Native	237	16.7
2	Asian	25	1.9
3	Black or African American	41	2.8
4	Hispanic or Latino	30	2.4
5	Native Hawaiian/other Pacific Islander	12	0.9
6	White	987	70.3
7	Multiple – Hispanic	15	1
8	Multiple – Non-Hispanic	58	4.2
	Missing	22	
Q5. Height in meters			
Q6. Weight in kilograms			

		Unweighted (N)	Weighted (Percent)
Q7. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?			
1	Did not ride a motorcycle	964	66.8
2	Never	106	8
3	Rarely	28	2.1
4	Sometimes	41	3.1
5	Most of the time	69	5
6	Always	210	15.1
	Missing	9	
Q8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?			
1	Did not ride a bicycle	253	18.4
2	Never	859	61.8
3	Rarely	102	6.8
4	Sometimes	64	4
5	Most of the time	77	5.1
6	Always	62	3.8
	Missing	10	
Q9. How often do you wear a seat belt when riding in a car driven by someone else?			
1	Never	105	7.4
2	Rarely	169	11.9
3	Sometimes	238	16.5
4	Most of the time	428	30.3
5	Always	479	33.8
	Missing		
Q10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?			
1	0 times	1,007	69.9
2	1 time	146	11.2
3	2 or 3 times	147	10.3
4	4 or 5 times	33	2.5
5	6 or more times	82	6
	Missing	12	
Q11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?			
1	0 times	1,231	86.1
2	1 time	63	4.7
3	2 or 3 times	55	4.2
4	4 or 5 times	22	1.7
5	6 or more times	44	3.2
	Missing	12	

		Unweighted (N)	Weighted (Percent)
Q12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?			
1	0 days	1,078	76.6
2	1 day	46	3.2
3	2 or 3 days	69	5.2
4	4 or 5 days	23	1.7
5	6 or more days	175	13.3
	Missing	36	
Q13. During the past 30 days, on how many days did you carry a gun?			
1	0 days	1,300	92.1
2	1 day	32	2.3
3	2 or 3 days	28	2.1
4	4 or 5 days	7	0.5
5	6 or more days	38	3
	Missing	22	
Q14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?			
1	0 days	1,253	88.6
2	1 day	26	1.9
3	2 or 3 days	25	1.9
4	4 or 5 days	7	0.5
5	6 or more days	97	7.2
	Missing	19	
Q15. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?			
1	0 days	1,373	96.3
2	1 day	19	1.3
3	2 or 3 days	11	0.7
4	4 or 5 days	6	0.4
5	6 or more days	17	1.3
	Missing	1	
Q16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?			
1	0 times	1,298	90.8
2	1 time	54	3.9
3	2 or 3 times	21	1.5
4	4 or 5 times	6	0.4
5	6 or 7 times	3	0.2
6	8 or 9 times	7	0.6
7	10 or 11 times	2	0.1
8	12 or more times	35	2.5
	Missing	1	

		Unweighted (N)	Weighted (Percent)
Q17. During the past 12 months, how many times were you in a physical fight?			
1	0 times	934	65.8
2	1 time	189	13.7
3	2 or 3 times	154	11.1
4	4 or 5 times	37	2.6
5	6 or 7 times	21	1.6
6	8 or 9 times	14	1.1
7	10 or 11 times	4	0.3
8	12 or more times	55	3.9
	Missing	19	
Q18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?			
1	0 times	1,353	95.5
2	1 time	36	2.5
3	2 or 3 times	5	0.4
4	4 or 5 times	4	0.3
5	6 or more times	18	1.3
	Missing	11	
Q19. During the past 12 months, how many times were you in a physical fight on school property?			
1	0 times	1,192	84.1
2	1 time	128	9.3
3	2 or 3 times	46	3.1
4	4 or 5 times	13	0.9
5	6 or 7 times	5	0.3
6	8 or 9 times	3	0.3
7	10 or 11 times	1	0.1
8	12 or more times	24	1.9
	Missing	15	
Q20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?			
1	Yes	142	10.5
2	No	1,282	89.5
	Missing	3	
Q21. Have you ever been forced to have sexual intercourse when you did not want to?			
1	Yes	140	10
2	No	1,277	90
	Missing	10	

		Unweighted (N)	Weighted (Percent)
Q22. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?			
1	Yes	346	24.3
2	No	1,079	75.7
	Missing	2	
Q23. During the past 12 months, did you ever seriously consider attempting suicide?			
1	Yes	272	18.5
2	No	1,133	81.5
	Missing	22	
Q24. During the past 12 months, did you make a plan about how you would attempt suicide?			
1	Yes	224	15.5
2	No	1,201	84.5
	Missing	2	
Q25. During the past 12 months, how many times did you actually attempt suicide?			
1	0 times	1,187	92.3
2	1 time	54	3.9
3	2 or 3 times	33	2.3
4	4 or 5 times	3	0.2
5	6 or more times	17	1.4
	Missing	133	
Q26. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?			
1	Did not attempt suicide	1,181	91.4
2	Yes	36	2.7
3	No	83	5.9
	Missing	127	
Q27. Have you ever tried cigarette smoking, even one or two puffs?			
1	Yes	991	71.5
2	No	415	28.5
	Missing	21	

		Unweighted (N)	Weighted (Percent)
Q28. How old were you when you smoked a whole cigarette for the first time?			
1	Never smoked a cigarette	532	37.6
2	8 years old or younger	103	7.8
3	9 or 10 years old	117	8.2
4	11 or 12 years old	238	17
5	13 or 14 years old	275	19.9
6	15 or 16 years old	100	7.4
7	17 years old or older	20	2
	Missing	42	
Q29. During the past 30 days, on how many days did you smoke cigarettes?			
1	0 days	929	66.1
2	1 or 2 days	91	6.8
3	3 to 5 days	41	2.8
4	6 to 9 days	33	2.4
5	10 to 19 days	50	3.7
6	20 to 29 days	64	4.5
7	All 30 days	178	13.6
	Missing	41	
Q30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?			
1	Did not smoke	929	65.8
2	Less than 1 per day	74	5.4
3	1 cigarette per day	69	5
4	2 to 5 cigarettes per day	203	14.5
5	6 to 10 cigarettes per day	69	5.4
6	11 to 20 cigarettes per day	24	2
7	More than 20 per day	25	1.9
	Missing	34	
Q31. During the past 30 days, how did you usually get your own cigarettes?			
1	Did not smoke cigarettes	930	66.4
2	Store	42	3.4
3	Vending machine	1	0.1
4	Someone else bought them	160	11.9
5	Borrowed them	150	11.1
6	Stole them	27	1.9
7	Some other way	73	5.3
	Missing	44	
Q32. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?			
1	Did not buy cigarettes	1,276	88.9
2	Yes	53	4.4
3	No	93	6.7
	Missing	5	

		Unweighted (N)	Weighted (Percent)
Q33. During the past 30 days, on how many days did you smoke cigarettes on school property?			
1	0 days	1,223	86.8
2	1 or 2 days	63	4.4
3	3 to 5 days	30	2.1
4	6 to 9 days	29	2.2
5	10 to 19 days	12	0.8
6	20 to 29 days	10	0.7
7	All 30 days	40	3
	Missing	20	
Q34. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?			
1	Yes	385	28.5
2	No	1,019	71.5
	Missing	23	
Q35. Have you ever tried to quit smoking cigarettes?			
1	Yes	482	36.2
2	No	866	63.8
	Missing	79	
Q36. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?			
1	0 days	1,198	84.6
2	1 or 2 days	69	5
3	3 to 5 days	30	2.2
4	6 to 9 days	20	1.6
5	10 to 19 days	23	1.6
6	20 to 29 days	14	1.1
7	All 30 days	54	4.1
	Missing	19	
Q37. During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?			
1	0 days	1,276	90.1
2	1 or 2 days	40	3.1
3	3 to 5 days	18	1.2
4	6 to 9 days	17	1.2
5	10 to 19 days	11	0.9
6	20 to 29 days	10	0.8
7	All 30 days	36	2.8
	Missing	19	

		Unweighted (N)	Weighted (Percent)
Q38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?			
1	0 days	1,265	88.3
2	1 or 2 days	91	6.8
3	3 to 5 days	31	2.2
4	6 to 9 days	9	0.7
5	10 to 19 days	3	0.2
6	20 to 29 days	2	0.2
7	All 30 days	21	1.6
	Missing	5	
Q39. During your life, on how many days have you had at least one drink of alcohol?			
1	0 days	275	19.8
2	1 or 2 days	149	10.7
3	3 to 9 days	224	16.6
4	10 to 19 days	154	11.7
5	20 to 39 days	145	11.1
6	40 to 99 days	153	12.6
7	100 or more days	215	17.5
	Missing	112	
Q40. How old were you when you had your first drink of alcohol other than a few sips?			
1	Never drank alcohol	272	19.5
2	8 years old or younger	147	11.4
3	9 or 10 years old	119	9.1
4	11 or 12 years old	182	13.5
5	13 or 14 years old	392	29.3
6	15 or 16 years old	192	15.5
7	17 years old or older	18	1.7
	Missing	105	
Q41. During the past 30 days, on how many days did you have at least one drink of alcohol?			
1	0 days	749	53.1
2	1 or 2 days	267	19.3
3	3 to 5 days	160	11.8
4	6 to 9 days	105	8.4
5	10 to 19 days	55	4.4
6	20 to 29 days	17	1.2
7	All 30 days	24	1.9
	Missing	50	

		Unweighted (N)	Weighted (Percent)
Q42. During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?			
1	0 days	942	65.6
2	1 day	134	10.1
3	2 days	102	7.3
4	3 to 5 days	103	7.7
5	6 to 9 days	72	5.6
6	10 to 19 days	25	1.9
7	20 or more days	22	1.8
	Missing	27	
Q43. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?			
1	0 days	1,326	93.7
2	1 or 2 days	53	3.6
3	3 to 5 days	11	0.8
4	6 to 9 days	3	0.2
5	10 to 19 days	7	0.6
6	20 to 29 days	1	0.1
7	All 30 days	14	1.1
	Missing	12	
Q44. During your life, how many times have you used marijuana?			
1	0 times	635	42.9
2	1 or 2 times	146	10.6
3	3 to 9 times	141	10.4
4	10 to 19 times	77	5.7
5	20 to 39 times	85	5.9
6	40 to 99 times	81	6.1
7	100 or more times	239	18.3
	Missing	23	
Q45. How old were you when you tried marijuana for the first time?			
1	Never tried marijuana	635	42.7
2	8 years old or younger	55	4.2
3	9 or 10 years old	41	2.9
4	11 or 12 years old	142	9.9
5	13 or 14 years old	359	26.2
6	15 or 16 years old	159	12.2
7	17 years old or older	20	1.9
	Missing	16	

		Unweighted (N)	Weighted (Percent)
Q46. During the past 30 days, how many times did you use marijuana?			
1	0 times	991	69.3
2	1 or 2 times	123	9
3	3 to 9 times	97	6.9
4	10 to 19 times	62	4.5
5	20 to 39 times	46	3.5
6	40 or more times	87	6.8
	Missing	21	
Q47. During the past 30 days, how many times did you use marijuana on school property?			
1	0 times	1,285	91
2	1 or 2 times	41	3
3	3 to 9 times	35	2.6
4	10 to 19 times	19	1.4
5	20 to 39 times	2	0.1
6	40 or more times	26	1.9
	Missing	19	
Q48. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?			
1	0 times	1,295	91.2
2	1 or 2 times	45	3.5
3	3 to 9 times	23	1.7
4	10 to 19 times	12	1
5	20 to 39 times	7	0.5
6	40 or more times	28	2.1
	Missing	17	
Q49. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?			
1	0 times	1,354	95.9
2	1 or 2 times	21	1.7
3	3 to 9 times	10	0.7
4	10 to 19 times	2	0.2
5	20 to 39 times	3	0.2
6	40 or more times	18	1.3
	Missing	19	
Q50. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?			
1	0 times	1,213	85.5
2	1 or 2 times	98	7
3	3 to 9 times	46	3.4
4	10 to 19 times	20	1.5
5	20 to 39 times	12	0.8
6	40 or more times	28	1.9
	Missing	10	

		Unweighted (N)	Weighted (Percent)
Q51. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?			
1	0 times	1,353	95.7
2	1 or 2 times	25	1.6
3	3 to 9 times	17	1.2
4	10 to 19 times	6	0.4
5	20 to 39 times	2	0.1
6	40 or more times	12	0.9
	Missing	12	
Q52. During your life, how many times have you used heroin (also called smack, junk, or China White)?			
1	0 times	1,371	96.1
2	1 or 2 times	17	1.4
3	3 to 9 times	6	0.5
4	10 to 19 times	4	0.3
5	20 to 39 times	6	0.5
6	40 or more times	17	1.2
	Missing	6	
Q53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?			
1	0 times	1,277	89.1
2	1 or 2 times	67	4.9
3	3 to 9 times	23	1.8
4	10 to 19 times	19	1.5
5	20 to 39 times	8	0.6
6	40 or more times	27	2
	Missing	6	
Q54. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?			
1	0 times	1,357	95
2	1 or 2 times	26	1.9
3	3 to 9 times	14	1.1
4	10 to 19 times	5	0.3
5	20 to 39 times	5	0.5
6	40 or more times	16	1.2
	Missing	4	
Q55. During your life, how many times have you used a needle to inject any illegal drug into your body?			
1	0 times	1,377	96.5
2	1 time	18	1.5
3	2 or more times	27	2
	Missing	5	

		Unweighted (N)	Weighted (Percent)
Q56. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?			
1	Yes	402	29
2	No	1,014	71
	Missing	11	
Q57. Have you ever had sexual intercourse?			
1	Yes	564	43.3
2	No	809	56.7
	Missing	54	
Q58. How old were you when you had sexual intercourse for the first time?			
1	Never had sexual intercourse	808	56.7
2	11 years old or younger	56	4.1
3	12 years old	40	2.9
4	13 years old	85	6.3
5	14 years old	133	9.8
6	15 years old	138	10.4
7	16 years old	75	6.2
8	17 years old or older	37	3.6
	Missing	55	
Q59. During your life, with how many people have you had sexual intercourse?			
1	Never had sexual intercourse	806	56.7
2	1 person	203	15.7
3	2 people	97	7.2
4	3 people	82	6.3
5	4 people	54	4.1
6	5 people	23	1.8
7	6 or more people	102	8.2
	Missing	60	
Q60. During the past three months, with how many people did you have sexual intercourse?			
1	Never had sexual intercourse	807	56.7
2	None during past 3 months	220	16.4
3	1 person	251	19.9
4	2 people	45	3.4
5	3 people	15	1.2
6	4 people	3	0.2
7	5 people	1	0.1
8	6 or more people	27	2.1
	Missing	58	

		Unweighted (N)	Weighted (Percent)
Q61. Did you drink alcohol or use drugs before you had sexual intercourse the last time?			
1	Never had sexual intercourse	808	56.6
2	Yes	179	13.7
3	No	387	29.7
	Missing	53	
Q62. The last time you had sexual intercourse, did you or your partner use a condom?			
1	Never had sexual intercourse	804	56.9
2	Yes	353	26.5
3	No	204	16.6
	Missing	66	
Q63. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?			
1	Never had sexual intercourse	808	57.6
2	No method was used	82	6.4
3	Birth control pills	6	5.6
4	Condoms	286	21.6
5	Depo-Provera	30	2.4
6	Withdrawal	49	4.1
7	Some other method	10	0.8
8	Not sure	21	1.5
	Missing	75	
Q64. How many times have you been pregnant or gotten someone pregnant?			
1	0 times	1,316	93.2
2	1 time	42	3.3
3	2 or more times	16	1.2
4	Not sure	30	2.3
	Missing	23	
Q65. How do you describe your weight?			
1	Very underweight	26	1.8
2	Slightly underweight	185	13.2
3	About the right weight	745	52.3
4	Slightly overweight	409	29
5	Very overweight	53	3.7
	Missing	9	
Q66. Which of the following are you trying to do about your weight?			
1	Lose weight	614	42.6
2	Gain weight	217	16.2
3	Stay the same weight	219	15.3
4	Not trying to do anything	366	25.9
	Missing	11	

		Unweighted (N)	Weighted (Percent)
Q67. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?			
1	Yes	814	57.3
2	No	594	42.7
	Missing	19	
Q68. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?			
1	Yes	576	40.1
2	No	841	59.9
	Missing	10	
Q69. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?			
1	Yes	177	11.9
2	No	1,235	88.1
	Missing	15	
Q70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight?			
1	Yes	101	7.1
2	No	1,313	92.9
	Missing	13	
Q71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?			
1	Yes	76	5.2
2	No	1,338	94.8
	Missing	13	
Q72. During the past seven days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?			
1	Not during the past 7 days	216	15.4
2	1 to 3 times past 7 days	447	31.8
3	4 to 6 times past 7 days	290	20.2
4	1 time per day	123	8.8
5	2 times per day	155	10.8
6	3 times per day	101	7
7	4 or more times per day	83	6.1
	Missing	12	

		Unweighted (N)	Weighted (Percent)
Q73. During the past seven days, how many times did you eat fruit?			
1	Not during the past 7 days	134	9.4
2	1 to 3 times past 7 days	485	35
3	4 to 6 times past 7 days	329	23
4	1 time per day	169	11.9
5	2 times per day	162	11.3
6	3 times per day	76	5.5
7	4 or more times per day	56	4
	Missing	16	
Q74. During the past seven days, how many times did you eat green salad?			
1	Not during the past 7 days	394	27.6
2	1 to 3 times past 7 days	609	42.8
3	4 to 6 times past 7 days	207	14.8
4	1 time per day	136	9.7
5	2 times per day	39	3
6	3 times per day	6	0.5
7	4 or more times per day	23	1.7
	Missing	13	
Q75. During the past seven days, how many times did you eat potatoes?			
1	Not during the past 7 days	344	23.5
2	1 to 3 times past 7 days	754	53.6
3	4 to 6 times past 7 days	206	14.7
4	1 time per day	70	5.1
5	2 times per day	21	1.6
6	3 times per day	6	0.5
7	4 or more times per day	16	1.1
	Missing	10	
Q76. During the past seven days, how many times did you eat carrots?			
1	Not during the past 7 days	551	38.8
2	1 to 3 times past 7 days	594	42.1
3	4 to 6 times past 7 days	154	10.7
4	1 time per day	71	5.2
5	2 times per day	22	1.6
6	3 times per day	9	0.6
7	4 or more times per day	15	1
	Missing	11	

		Unweighted (N)	Weighted (Percent)
Q77. During the past seven days, how many times did you eat other vegetables?			
1	Not during the past 7 days	171	12.2
2	1 to 3 times past 7 days	551	39.3
3	4 to 6 times past 7 days	354	24.3
4	1 time per day	186	13.2
5	2 times per day	96	7.1
6	3 times per day	26	1.8
7	4 or more times per day	30	2.1
	Missing	13	
Q78. During the past seven days, how many glasses of milk did you drink?			
1	Not during the past 7 days	158	11.3
2	1 to 3 glasses past 7 days	266	18.5
3	4 to 6 glasses past 7 days	257	18.2
4	1 glass per day	186	13.1
5	2 glasses per day	242	16.8
6	3 glasses per day	152	11.3
7	4 or more glasses per day	151	10.8
	Missing	15	
Q79. On how many of the past seven days did you exercise or participate in physical activities for at least 20 minutes that made you sweat and breathe hard?			
1	0 days	182	13.1
2	1 day	88	5.9
3	2 days	131	9.2
4	3 days	174	12.3
5	4 days	149	10.6
6	5 days	220	15.5
7	6 days	136	9.9
8	7 days	337	23.5
	Missing	10	
Q80. On how many of the past seven days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard?			
1	0 days	402	28
2	1 day	153	10.5
3	2 days	179	13
4	3 days	170	11.7
5	4 days	116	8.2
6	5 days	91	6.6
7	6 days	44	3.4
8	7 days	261	18.7
	Missing	11	

		Unweighted (N)	Weighted (Percent)
Q81. On how many of the past seven days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?			
1	0 days	288	20.6
2	1 day	122	8.4
3	2 days	152	10.9
4	3 days	192	13.6
5	4 days	166	11.4
6	5 days	182	12.9
7	6 days	88	6.4
8	7 days	224	15.9
	Missing	13	
Q82. On an average school day, how many hours do you watch TV?			
1	No TV on average school day	151	11
2	Less than 1 hour per day	238	17
3	1 hour per day	227	16.2
4	2 hours per day	329	23.1
5	3 hours per day	236	16.9
6	4 hours per day	112	8.1
7	5 or more hours per day	114	7.7
	Missing	20	
Q83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?			
1	0 days	638	49.6
2	1 day	8	0.6
3	2 days	10	0.8
4	3 days	102	7.7
5	4 days	280	19.8
6	5 days	284	21.5
	Missing	105	
Q84. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?			
1	Do not take PE	638	49.6
2	Less than 10 minutes	21	1.5
3	10 to 20 minutes	59	4.1
4	21 to 30 minutes	107	7.9
5	More than 30 minutes	497	37
	Missing	105	
Q85. During the past 12 months, on how many sports teams did you play?			
1	0 teams	479	34
2	1 team	336	23.8
3	2 teams	288	20.3
4	3 or more teams	313	21.8
	Missing	11	

		Unweighted (N)	Weighted (Percent)
Q86. During the past 12 months, how many times were you injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?			
1	0 times	781	55.4
2	1 time	299	21.1
3	2 times	189	13.5
4	3 times	70	4.8
5	4 times	19	1.3
6	5 or more times	55	4
	Missing	14	
Q87. Have you ever been taught about AIDS or HIV infection in school?			
1	Yes	1,254	88.5
2	No	86	6.3
3	Not sure	76	5.2
	Missing	11	

1999 Youth Risk Behavior Survey Results
Alaska (Excluding Anchorage) Middle School Survey

		Unweighted (N)	Unweighted (Percent)
Q1. How old are you?			
1	10 years old or younger	1	0.1
2	11 years old	6	0.6
3	12 years old	106	10.9
4	13 years old	422	43.3
5	14 years old	409	42
6	15 years old	24	2.5
7	16 years old or older	6	0.6
	Missing	1	
Q2. What is your sex?			
1	Female	493	50.9
2	Male	475	49.1
	Missing	7	
Q3. In what grade are you?			
1	6th grade	12	1.2
2	7th grade	349	36.2
3	8th grade	596	61.8
4	Other	7	0.7
	Missing	11	
Q4. How do you describe yourself?			
1	American Indian or Alaska Native	251	26.4
2	Asian	16	1.7
3	Black or African American14	1.5	
4	Hispanic or Latino	13	1.4
5	Native Hawaiian/other Pacific Islander	8	0.8
6	White	576	60.7
7	Multiple - Hispanic	7	0.7
8	Multiple - Non-Hispanic	64	6.7
	Missing	26	
Q5. Height in meters			
Q6. Weight in kilograms			
Q7. How often do you wear a seat belt when riding in a car?			
1	Never	87	9
2	Rarely	109	11.2
3	Sometimes	208	21.5
4	Most of the time	305	31.5
5	Always	260	26.8
	Missing	6	

		Unweighted (N)	Unweighted (Percent)
Q8. When you ride a bicycle, how often do you wear a helmet?			
1	Do not ride a bicycle	60	6.2
2	Never	556	57.5
3	Rarely	140	14.5
4	Sometimes	80	8.3
5	Most of the time	88	9.1
6	Always	43	4.4
	Missing	8	
Q9. When you rollerblade or ride a skateboard, how often do you wear a helmet?			
1	Do not rollerblade/skateboard	348	35.9
2	Never	419	43.2
3	Rarely	76	7.8
4	Sometimes	47	4.9
5	Most of the time	35	3.6
6	Always	44	4.5
	Missing	6	
Q10. Have you ever ridden in a car driven by someone who had been drinking alcohol?			
1	Yes	378	39
2	No	436	45
3	Not sure	155	16
	Missing	6	
Q11. Have you ever carried a weapon, such as a gun, knife, or club?			
1	Yes	502	52
2	No	464	48
	Missing	9	
Q12. Have you ever been in a physical fight?			
1	Yes	591	61.6
2	No	369	38.4
	Missing	15	
Q13. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?			
1	Yes	69	7.2
2	No	896	92.8
	Missing	10	
Q14. Have you ever seriously thought about killing yourself?			
1	Yes	240	24.8
2	No	729	75.2
	Missing	6	

		Unweighted (N)	Unweighted (Percent)
Q15. Have you ever made a plan about how you would kill yourself?			
1	Yes	193	19.9
2	No	778	80.1
	Missing	4	
Q16. Have you ever tried to kill yourself?			
1	Yes	111	11.4
2	No	859	88.6
	Missing	5	
Q17. Have you ever tried cigarette smoking, even one or two puffs?			
1	Yes	535	57.3
2	No	398	42.7
	Missing	2	
Q18. How old were you when you smoked a whole cigarette for the first time?			
1	Never smoked a cigarette	524	55.7
2	8 years old or younger	73	7.8
3	9 years old	46	4.9
4	10 years old	64	6.8
5	11 years old	63	6.7
6	12 years old	93	9.9
7	13 years old	65	6.9
8	14 years old or older	12	1.3
	Missing	35	
Q19. During the past 30 days, on how many days did you smoke cigarettes?			
1	0 days	739	79
2	1 or 2 days	56	6
3	3 to 5 days	28	3
4	6 to 9 days	25	2.7
5	10 to 19 days	24	2.6
6	20 to 29 days	20	2.1
7	All 30 days	44	4.7
	Missing	39	
Q20. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?			
1	Did not smoke cigarettes	733	78.8
2	Less than 1 cigarette	55	5.9
3	1 cigarette	38	4.1
4	2 to 5 cigarettes	71	7.6
5	6 to 10 cigarettes	23	2.5
6	11 to 20 cigarettes	5	0.5
7	More than 20 cigarettes	5	0.5
	Missing	45	

		Unweighted (N)	Unweighted (Percent)
Q21. During the past 30 days, how did you usually get your own cigarettes?			
1	Did not smoke cigarettes	732	79
2	Store	4	0.4
4	Someone else bought them	59	6.4
5	Borrowed them	63	6.8
6	Stole them	24	2.6
7	Some other way	44	4.8
	Missing	49	
Q22. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?			
1	Did not buy cigarettes	875	92.1
2	Yes	14	1.5
3	No	61	6.4
	Missing	25	
Q23. Have you ever smoked cigarettes regularly, that is, at least one cigarette, every day for 30 days?			
1	Yes	155	16.4
2	No	793	83.6
	Missing	27	
Q24. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?			
1	0 days	881	91.9
2	1 or 2 days	27	2.8
3	3 to 5 days	13	1.4
4	6 to 9 days	5	0.5
5	10 to 19 days	9	0.9
6	20 to 29 days	5	0.5
7	All 30 days	19	2
	Missing	16	
Q25. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?			
1	0 days	900	93.2
2	1 or 2 days	39	4
3	3 to 5 days	4	0.4
4	6 to 9 days	8	0.8
5	10 to 19 days	3	0.3
6	20 to 29 days	1	0.1
7	All 30 days	11	1.1
	Missing	9	

		Unweighted (N)	Unweighted (Percent)
Q26. Have you ever had a drink of alcohol, other than a few sips?			
1	Yes	450	49.2
2	No	465	50.8
	Missing	60	
Q27. How old were you when you had your first drink of alcohol other than a few sips?			
1	Never drank alcohol	452	50.2
2	8 years old or younger	85	9.4
3	9 years old	35	3.9
4	10 years old	41	4.6
5	11 years old	64	7.1
6	12 years old	108	12
7	13 years old	89	9.9
8	14 years old or older	27	3
	Missing	74	
Q28. Have you ever used marijuana?			
1	Yes	274	28.9
2	No	674	71.1
	Missing	27	
Q29. How old were you when you first tried marijuana for the first time?			
1	Never tried marijuana	672	71
2	8 years old or younger	35	3.7
3	9 years old	20	2.1
4	10 years old	26	2.7
5	11 years old	54	5.7
6	12 years old	64	6.8
7	13 years old	60	6.3
8	14 years old or older	15	1.6
	Missing	29	
Q30. Have you ever used any form of cocaine, including powder, crack, or freebase?			
1	Yes	55	5.7
2	No	907	94.3
	Missing	13	
Q31. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?			
1	Yes	116	12
2	No	853	88
	Missing	6	

		Unweighted (N)	Unweighted (Percent)
Q32. Have you ever used steroids?			
1	Yes	26	2.7
2	No	943	97.3
	Missing	6	
Q33. Have you ever used a needle to inject any illegal drug into your body?			
1	Yes	17	1.8
2	No	945	98.2
	Missing	13	
Q34. Have you ever had sexual intercourse?			
1	Yes	142	15.8
2	No	757	84.2
	Missing	76	
Q35. How old were you when you had sexual intercourse for the first time?			
1	Never had sexual intercourse	758	84.2
2	8 years old or younger	23	2.6
3	9 years old	4	0.4
4	10 years old	7	0.8
5	11 years old	19	2.1
6	12 years old	23	2.6
7	13 years old	47	5.2
8	14 years old or older	19	2.1
	Missing	75	
Q36. With how many people have you ever had sexual intercourse?			
1	Never had sexual intercourse	754	84.2
2	1 person	49	5.5
3	2 people	37	4.1
4	3 or more people	55	6.1
	Missing	80	
Q37. The last time you had sexual intercourse, did you or your partner use a condom?			
1	Never had sexual intercourse	756	84.3
2	Yes	93	10.4
3	No	48	5.4
	Missing	78	
Q38. How do you describe your weight?			
1	Very underweight	41	4.3
2	Slightly underweight	121	12.7
3	About the right weight	495	51.8
4	Slightly overweight	253	26.5
5	Very overweight	46	4.8
	Missing	19	

Q39. Which of the following are you trying to do about your weight?		Unweighted (N)	Unweighted (Percent)
1	Lose weight	428	44.5
2	Gain weight	96	10
3	Stay the same weight	206	21.4
4	Not trying to do anything	231	24
	Missing	14	

Q40. Have you ever exercised to lose weight or to keep from gaining weight?			
1	Yes	632	65.7
2	No	330	34.3
	Missing	13	

Q41. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?			
1	Yes	444	46.5
2	No	510	53.5
	Missing	21	

Q42. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or keep from gaining weight?			
1	Yes	209	21.8
2	No	749	78.2
	Missing	17	

Q43. Have you ever taken any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?			
1	Yes	86	8.9
2	No	877	91.1
	Missing	12	

Q44. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?			
1	Yes	65	6.8
2	No	887	93.2
	Missing	23	

Q45. On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps?			
1	0 days	110	11.5
2	1 day	73	7.7
3	2 days	73	7.7
4	3 days	106	11.1
5	4 days	90	9.4
6	5 days	148	15.5
7	6 days	83	8.7
8	7 days	271	28.4
	Missing	21	

		Unweighted (N)	Unweighted (Percent)
Q46. On an average school day, how many hours do you watch TV?			
1	No TV on average school day	80	8.4
2	Less than 1 hour per day	157	16.4
3	1 hour per day	140	14.6
4	2 hours per day	233	24.3
5	3 hours per day	157	16.4
6	4 hours per day	92	9.6
7	5 or more hours per day	99	10.3
	Missing	17	
Q47. In an average week when you are in school, on how many days do you go to physical education (PE) classes?			
1	0 days	192	20.3
2	1 day	29	3.1
3	2 days	60	6.3
4	3 days	112	11.8
5	4 days	98	10.3
6	5 days	456	48.2
	Missing	28	
Q48. Do you play on any sports teams? (Include any teams run by your school or community groups.)			
1	Yes	595	63.4
2	No	344	36.6
	Missing	36	
Q49. Have you ever been injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?			
1	Yes	535	56.1
2	No	419	43.9
	Missing	21	
Q50. Have you ever been taught about AIDS or HIV infection in school?			
1	Yes	717	76.8
2	No	109	11.7
3	Not sure	107	11.5
	Missing	42	

Reference Data for Obesity

Age	Males		Females	
	85th percentile	95th percentile	85th percentile	95th percentile
£9	18.85	21.47	19.19	21.78
10	19.96	22.60	20.19	23.20
11	20.35	23.73	21.18	24.59
12	21.12	24.89	22.17	25.95
13	21.93	25.93	23.08	27.07
14	22.77	26.93	23.88	27.97
15	23.63	27.76	24.29	28.51
16	24.45	28.53	24.74	29.10
17	25.28	29.32	25.23	29.72
³18	25.92	30.02	25.56	30.22

Item Rational for 1999 YRBS and References

Behaviors That Result in Intentional and Unintentional Injuries

QUESTION(S):

7. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?

8. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

RATIONALE:

These questions measure the frequency of helmet use while riding motorcycles and bicycles. Head injury is the leading cause of death in motorcycle and bicycle crashes.[1,2] Unhelmeted motorcyclists are more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders.[3] Bicycle helmets substantially reduce the risk for serious head injuries during bicycle-related crashes.

QUESTION(S):

9. How often do you wear a seat belt when riding in a car driven by someone else?

RATIONALE:

This question measures the frequency with which students wear seat belts when riding in a motor vehicle. Use of seat belts is estimated to reduce the risk of a fatal motor vehicle injury by 45% and moderate to critical injuries by 50%.[5] Motor vehicle crash injuries are the leading cause of death among youth aged 15-24 in the United States.[6]

QUESTION(S):

10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

RATIONALE:

These questions measure the frequency with which students drive or ride as a passenger in a motor vehicle operated by someone under the influence of alcohol or drugs. Approximately 30% of all motor vehicle crashes that result in injury involve alcohol.[7] Motor vehicle crashes are the leading cause of death among youth aged 15-24 in the United States.[6] The percentage of fatalities and injuries that occur in alcohol-involved motor vehicle crashes is 41% and 20%, respectively.[8]

QUESTION(S):

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

13. During the past 30 days, on how many days did you carry a gun?

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

15. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

RATIONALE:

These questions measure violence-related behaviors and school-related violent behaviors. Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club.[9] Homicide is the second leading cause of death among all youth aged 15-24 (20.3 per 100,000) and is the leading cause of death among black youth aged 15-24 (74.4 per 100,000).[6] During adolescence, homicide rates increase substantially from a negligible rate of 1.5 per 100,000 in youth aged 5-14 to 20.3 per 100,000 in youth aged 15-24.[10] Firearms markedly elevate the severity of the health consequences of violent behavior.[11]

Firearm-related homicide and firearm-related suicide accounted for 44% and 51%, respectively, of all firearm injury deaths in 1995.[10] Unintentional firearm-related fatalities also are a critical problem among children and young adults in the United States.[10] During 1996-1997, there were approximately 190,000 fights that did not include a weapon, 115,000 thefts, and 98,000 incidents of vandalism in US schools.[12] Nearly 70% of U.S. school districts prohibit students from possessing and using a weapon in the school building or on school grounds.[13]

QUESTION(S):

17. During the past 12 months, how many times were you in a physical fight?

18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

19. During the past 12 months, how many times were you in a physical fight on school property?

20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

21. Have you ever been forced to have sexual intercourse when you did not want to?

RATIONALE:

These questions measure the frequency and severity of physical fights, school-related fights, and abusive behavior. Physical fighting is an antecedent for many fatal and nonfatal injuries.[14] During 1996-97, nearly 200,000 fights or physical attacks occurred at schools.[12] Nearly 60% of adolescents report at least one episode of dating violence[15], while 20% report they had experienced forced sex.[16] Forced sex has been associated with suicidal ideation and attempts,[17] alcohol and drug use,[18] and increased risk of chronic diseases and somatic symptoms in both reproductive and nonreproductive organ systems.[19]

QUESTION(S):

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

23. During the past 12 months, did you ever seriously consider attempting suicide?

24. During the past 12 months, did you make a plan about how you would attempt suicide?

25. During the past 12 months, how many times did you actually attempt suicide?

26. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

RATIONALE:

These questions measure sadness, attempted suicides, and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15-24 and the second leading cause of death among white youth aged 15-24.[6] The suicide rate for persons aged 15-24 has tripled since 1950, and in 1995 was 13.3 per 100,000.[6,20]

Tobacco Use

QUESTION(S):

27. Have you ever tried cigarette smoking, even one or two puffs?

28. How old were you when you smoked a whole cigarette for the first time?

29. During the past 30 days, on how many days did you smoke cigarettes?

30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

31. During the past 30 days, how did you usually get your own cigarettes?

32. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

33. During the past 30 days, on how many days did you smoke cigarettes on school property?

34. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?

35. Have you ever tried to quit smoking cigarettes?

RATIONALE:

These questions measure smoking experimentation, current smoking patterns, age of initiation, adherence to Federal regulations regarding sale of cigarettes, smoking on school property, and attempts to quit smoking. Tobacco use is considered the chief preventable cause of death in the United States[21] with over 20% of all deaths attributable to tobacco use.[22] Cigarette smoking is responsible for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.[21] In addition, there is evidence that cigarette smokers are more likely to drink alcohol and use marijuana and cocaine as compared to non smokers.[21] If current patterns of smoking behavior persist, an estimated 5 million U.S. persons who were aged 0–17 years in 1995 could die prematurely from smoking-related illnesses.[23] In 1996, the Food and Drug Administration issued regulations to implement the 1993 law known as the "Synar Amendment," which restricts the sale and distribution of cigarettes and smokeless tobacco to children and teenagers under age 18.[24] Over 80% of U.S. school districts prohibit tobacco use in the school building and on the grounds at all times.[13]

QUESTION(S):

36. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

37. During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?

38. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

RATIONALE:

These questions measure smokeless tobacco use, smokeless tobacco use on school property, and cigar use. Smokeless tobacco has been associated with leukoplakia, oral cancers, tooth and gum disease, and cardiovascular disease.[21] Smokeless tobacco use primarily begins in early adolescence.[25] Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men aged 17-19.[21] Cigar smoking has been associated with cancers of the oral cavity, larynx, esophagus, and lungs and with chronic obstructive lung disease.[26] In 1997, the prevalence of cigar use in the past month among high school students was 31.2% among males and 10.8% among females.[27]

Alcohol and Other Drug Use

QUESTION(S):

39. During your life, on how many days have you had at least one drink of alcohol?

40. How old were you when you had your first drink of alcohol other than a few sips?

41. During the past 30 days, on how many days did you have at least one drink of alcohol?

42. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

43. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

RATIONALE:

These questions measure frequency of alcohol use, age of initiation, heavy drinking, and drinking on school property. Alcohol is a major contributing factor in approximately half of all homicides, suicides, and motor vehicle crashes, which are the leading causes of death and disability among young people.[28] Heavy drinking among youth has been linked to multiple sexual partners, use of marijuana, and poor academic performance.[29]

QUESTION(S):

44. During your life, how many times have you used marijuana?

45. How old were you when you tried marijuana for the first time?

46. During the past 30 days, how many times did you use marijuana?

47. During the past 30 days, how many times did you use marijuana on school property?

48. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

49. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

50. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

51. During the past 30 days, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

52. During your life, how many times have you used heroin (also called smack, junk, or China White)?

53. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

54. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

55. During your life, how many times have you used a needle to inject any illegal drug into your body?

56. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

RATIONALE:

These questions measure the frequency of marijuana, cocaine, inhalant, heroin, methamphetamine, steroid, and injected drug use. In addition to morbidity and mortality due to injury, drug abuse is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmissions of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection.[30,31] Despite improvements in recent years, drug use is greater among high school students and other young adults in the U.S. than has been documented in any other industrialized nation in the world.[32]

Sexual Behaviors That Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

QUESTION(S):

57. Have you ever had sexual intercourse?

58. How old were you when you had sexual intercourse for the first time?

59. During your life, with how many people have you had sexual intercourse?

60. During the past 3 months, with how many people did you have sexual intercourse?

61. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

62. The last time you had sexual intercourse, did you or your partner use a condom?

87. Have you ever been taught about AIDS or HIV infection in school?

RATIONALE:

These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, alcohol and drug use related to sexual activity, condom use, and whether students have received HIV education. Early sexual activity is associated with unwanted pregnancy and sexually transmitted diseases (STDs), including HIV infection, and negative effects on social and psychological development.[33] Number of sexual partners and age at first intercourse are associated with increased risk for STDs. Alcohol and other drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse.[34] AIDS is the 6th leading cause of death for youth aged 15-24.[6] Use of latex condoms by males, when used consistently and correctly, are highly effective at reducing the risk of HIV infection and other sexually transmitted diseases (STDs).[35] In 1994, 86% of middle/junior and senior high schools taught HIV prevention education in a required course.[36]

QUESTION(S):

63. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

64. How many times have you been pregnant or gotten someone pregnant?

RATIONALE:

These questions measure use of contraception and identify whether a student has been pregnant or gotten someone pregnant. Pregnancies that occur during adolescence place both mothers and infants at risk for lifelong social and economic disadvantages.[33] In 1995, almost one million teenage girls in the United States became pregnant, just over 243,000 teenagers obtained an abortion,[37] and nearly 492,000 gave birth.[38] In 1996, the birth rate for youth aged 15-19 was 54.4 per 1,000 women.[38] Sixty-six percent of all births among teenagers are the result of unintended pregnancy.[39]

Weight and Dietary Behaviors

QUESTION(S):

5. How tall are you without your shoes on?

6. How much do you weigh without your shoes on?

65. How do you describe your weight?

66. Which of the following are you trying to do about your weight?

67. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?

68. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

69. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

RATIONALE:

These questions measure self-reported height and weight, self-perception of body weight status, and specific weight control behaviors. Data on self-reported height and weight can be used to calculate body mass index and provide a reasonable proxy measure of whether students are overweight. Although overweight prevalence estimates derived from self-reported data are likely to be low,[40,41] they can be useful in tracking trends over time. Prevalence trends from national surveys of adults using self-reported height and weight have been consistent with trend data from national surveys using measured heights and weights.[42] The prevalence of overweight among adolescents more than doubled from 5% in the late 1970s to 11% between 1988 and 1994.[43] Overweight or obesity acquired during childhood or adolescence may persist into adulthood and increase the risk later in life for coronary heart disease, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints.[44] In adolescence, obesity is associated with: hyperlipidemia, hypertension, abnormal glucose tolerance, and adverse psychological and social consequences.[45] Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors, such as fasting and self-induced vomiting.[46-49]

QUESTION(S):

72. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

73. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

74. During the past 7 days, how many times did you eat green salad?

75. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

76. During the past 7 days, how many times did you eat carrots?

77. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

78. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

RATIONALE:

These questions measure food choices. Six of the questions address fruit and vegetable consumption, and one addresses consumption of milk. The fruit and vegetable questions are similar to questions asked of adults on CDC's Behavioral Risk Factor Survey.[50] Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer.[44,51] Only 44% of male adolescents and 27% of female adolescents meet the minimum average daily goal of at least five servings of vegetables and fruits set by the *Dietary Guidelines for Americans*.[52] Milk is by far the largest single source of calcium for adolescents,[53] but it is estimated that about half of adolescent males and more than 80% of adolescent females do not meet dietary recommendations for calcium intake.[54] Calcium is essential for the formation and maintenance of bones and teeth;[44] low calcium intake during the first two to three decades of life is an important risk factor in the development of osteoporosis.[55]

Physical Activity

QUESTION(S):

79. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activity?

80. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

81. On how many of the past 7 days did you exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

82. On an average school day, how many hours do you watch TV?

83. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

84. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

85. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

86. During the past 12 months, how many times were you injured while exercising, playing sports, or being physically active and had to be treated by a doctor or nurse?

RATIONALE:

These questions measure participation in physical activity, physical education classes, sports teams, television watching, and injuries during physical activity. Participation in regular physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat; reduces feelings of depression and anxiety; and promotes psychological well-being.[56] In the long term, regular physical activity decreases the risk of dying prematurely; dying of heart disease; and developing diabetes, colon cancer, and high blood pressure.[56] Major decreases in vigorous physical activity occur during grades 9-12, particularly for girls. By 11th grade, more than half of female students are not participating regularly in vigorous physical activity.[56] School physical education classes can increase adolescent participation in moderate to vigorous physical activity[57,58] and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.[59] Daily participation in physical education class has dropped from 42% in 1991 to 25% in 1995.[56] Television viewing is the principal sedentary leisure time behavior in the U.S. and studies have shown that television viewing in young people is related to obesity[60] and violent or aggressive behavior.[61,62] Among youth aged 14-17, sports-related injuries are the leading cause of non-fatal injuries.[63]

REFERENCES

1. Centers for Disease Control and Prevention. Injury-control recommendations: Bicycle helmets. Morbidity and Mortality Weekly Report 44:1-17, 1995.

2. Sosin DS, Sacks JJ, Holmgreen P. Head injury-associated deaths from motorcycle crashes: relationship to helmet-use laws. Journal of the American Medical Association 264:2395-2399, 1992.

3. Johnson RM, McCarthy MC, Miller SF, Peoples JB. Craniofacial trauma in injured motorcyclists: The impact of helmet usage. Journal of Trauma 38:876-878, 1995.

4. Centers for Disease Control and Prevention. Head injuries associated with motorcycle use – Wisconsin 1991. Morbidity and Mortality Weekly Report 43:423, 429-431, 1994.

5. National Highway Traffic Safety Administration. Final Regulatory Impact Analysis: Amendment of FMVSS No. 208 – Passenger Car Front Seat Occupant Protection. Washington, DC: U.S. Department of Transportation, 1984.

6. National Center for Health Statistics. Report of Final Mortality Statistics, 1995. Monthly Vital Statistics Report 45 (11, supplement 2), 1997.

7. Centers for Disease Control and Prevention. Involvement by young drivers in fatal motor-vehicle crashes – United States, 1988-1995. Morbidity and Mortality Weekly Report 45:1049-1053, 1996.

8. National Highway Traffic Safety Administration. The Economic Costs of Motor Vehicle Crashes, 1994. Washington, DC: U.S. Department of Transportation, 1995.

9. Baker SP, O'Neill B, Ginsburg MJ, Li G. The Injury Fact Book. New York: Oxford University Press, 1992.

10. National Center for Health Statistics. Births and Deaths: United States, 1996. Monthly Vital Statistics Report 46 (1, supplement 2), 1997.

11. Rosenberg ML, O'Carroll PW, Powell KE. Let's be clear. Violence is a public health problem. Journal of the American Medical Association 267:3071-3072, 1992.

12. National Center for Education Statistics. Violence and Discipline Problems in U.S. Public Schools: 1996-1997. U.S. Department of Education. Washington, DC: 1998.

13. Ross JC, Einhaus KE, Hohenemser LK, Greene BZ, Kann L, Gold RS. School health policies prohibiting tobacco use, alcohol and other drug use, and violence. Journal of School Health 65:333-338, 1995.

14. Cotton NU, Resnick J, Browne DC, Martin SL, McCarraher DR, Woods J. Aggression and fighting behavior among African-American adolescents: Individual and family factors. American Journal of Public Health, 84:618-622, 1994.

15. Avery-Leaf S, Cascardi M, O'Leary KD, Cano A. Efficacy of a dating violence prevention program on attitudes justifying aggression. Journal of Adolescent Health, 21:11-17, 1997.

16. Davis TC, Peck GQ, Storment JM. Acquaintance rape and the high school student. Journal of Adolescent Health,14:220-224, 1993.

17. Hartman CR, Burgess AW. Treatment of victims of rape trauma. In J.P. Wilson & B. Raphael (Eds.), International handbook of traumatic stress syndromes, (pp. 507-516). New York: Plenum Press, 1993.

18. Erickson PI, Rapkin AJ. Unwanted sexual experiences among middle and high school youth. Journal of Adolescent Health, 12:319-325, 1991.

19. Golding JM. Sexual assault history and physical health in randomly selected Los Angeles women. Health Psychology, 13:130-138, 1994.

20. U.S. Department of Health and Human Services. Prevention '89/'90: Federal Programs and Progress. Washington, DC: U.S. Government Printing Office, 1990.

21. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Washington, DC: U.S. Government Printing Office, 1994.

22. Centers for Disease Control and Prevention. Smoking-attributable mortality and years of potential life lost- United States, 1988. Morbidity and Mortality Weekly Report, 40:62-62, 69-71, 1991.

23. Centers for Disease Control and Prevention. Accessibility to minors of cigarettes from vending machines – Broward County, FI, 1996 Morbidity and Mortality Weekly Report, 45:1036-1038, 1996.

24. Food and Drug Administration. Regulations restricting the sale and distribution of cigarettes and smokeless tobacco products to protect children and adolescents – final rule. Federal Register 61:41, 314-375, 1996.

25. U.S. Department of Health and Human Services. Spit tobacco and youth. US Department of Health and Human Services, Office of Inspector General. Publication No. OEI 06-92-00500, 1992.

26. Centers for Disease Control and Prevention. Cigar smoking among teenagers – United States, Massachusetts, and New York, 1996. Morbidity and Mortality Weekly Report 46:433-440, 1997.

27. Centers for Disease Control and Prevention. Tobacco use among high school students – United States, 1997. Morbidity and Mortality Weekly Report 47:229-233, 1998.

28. Centers for Disease Control and Prevention. Alcohol-related traffic fatalities among youth and young adults – United States, 1982—1989. Morbidity and Mortality Weekly Report 40:178-179, 185-187, 1991.

29. Wechsler H, Dowdall GW, Davenport A, Castillo S. Correlates of college student binge drinking. American Journal of Public Health 85:921-926, 1995.

30. Garrison CZ, McKeown RE, Valois RF, Vincent ML. Aggression, substance use, and suicidal behaviors in high school students. American Journal of Public Health 83:179-184; 1993.

31. Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin 112:64-105, 1992.

32. Blanken AJ. Measuring use of alcohol and other drugs among adolescents. Public Health Reports 108:25-30, 1993.

33. Morris L, Warren CW, Aral SO. Measuring adolescent sexual behaviors and related health outcomes. Public Health Reports 108:31-36, 1993.

34. Hofferth SL, Hayes CD (eds.). Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Panel on Adolescent Pregnancy and Childbearing, Committee on Child Development Research and Public Policy, Commission on Behavioral and Social Sciences and Education, National Research Council, Washington, DC: National Academy Press, 1987.

35. Centers for Disease Control and Prevention. Contraceptive practices before and after an intervention promoting condom use to prevent HIV infection and other sexually transmitted diseases among women – selected U.S. sites, 1993-1995. Morbidity and Mortality Weekly Report 46:373-377, 1997.

36. Collins JL, Small ML, Kann L, Pateman BC, Gold RS, Kolbe LJ. School health education. Journal of School Health 65:302-311, 1995.

37. Centers for Disease Control and Prevention. Abortion surveillance – United States, 1995. Morbidity and Mortality Weekly Report 47(No. SS-2):31-89.1998.

38. National Center for Health Statistics. Report of final natality statistics, 1996. Monthly Vital Statistics Report 46(11), 1998.

39. National Center for Health Statistics. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. Vital and Health Statistics Series 23: No. 19, 1997.

40. Bowlin SJ, Morrill BD, Nafziger AN, Jenkins PJ, Lewis C, Pearson TA. Validity of cardiovascular disease risk factors assessed by telephone survey: The Behavioral Risk Factor Survey. Journal of Clinical Epidemiology 46:561-571, 1993.

41. Hauck FR, White L, Cao G, Wsoolf N, Strauss K. Inaccuracy of self-reported weights and heights among American Indian adolescents. Annals of Epidemiology 5:386-392, 1995.

42. Galuska DA, Serdula M, Pamuk E, Siegel PZ, Byers T. Trends in overweight among US adults from 1987 to 1993: A multistate telephone survey. American Journal of Public Health 86:1729-1735,1996.

43. Troiano RP, Flegal KM. Overweight children and adolescents: Description, epidemiology, and demographics. Pediatrics 101:497-504, 1998.

44. Public Health Service. The Surgeon General's Report on Nutrition and Health. Washington, DC: US Department of Health and Human Services, Public Health Service, 1988. DHHS publication no. (PHS) 88-50210.

45. Dietz WH. Health consequences of obesity in youth: childhood predictors of adult disease. Pediatrics 101:518-525, 1998.

46. French SA, Jeffery RW. Consequences of dieting to lose weight: effects on physical and mental health. Health Psychology 13:195-212, 1994.

47. Serdula MK, Collins ME, Williamson DF, Anda RF, Pamuk ER, Byers TE. Weight control practices of US adolescents. Annals of Behavioral Medicine 119:667-671, 1993.

48. Story M, French SA, Resnick MD, Blum RW. Ethnic and socioeconomic status differences in dieting behaviors and body image perceptions in adolescents. International Journal of Eating Disorders 18:173-179, 1995.

49. Whitaker A, Davies M, Shaffer D, Johnson J, Abrams S, Walsh BT, Kalikow K. The struggle to be thin: a survey of anorexic and bulimic symptoms in a non-referred adolescent population. Psychological Medicine 19:143-163, 1989.

50. Serdula MK, Byers T, Mkdad AH, Simoes E, Mendlein JM, Coates RJ. The association between fruit and vegetable intake and chronic disease risk factors. Epidemiology 7:161-165, 1996.

51. U.S. Department of Health and Human Services, Food and Drug Administration. Notice of final rule: Food labeling: Health claims and label statements; dietary fiber and cancer. Federal Register, January 5, 1993: 2537-2552.

52. U.S. Department of Agriculture, Agricultural Research Service. Unpublished data from the 1994-96 Continuing Survey of Food Intakes by Individuals. February 1998.

53. U.S. Department of Agriculture, Agricultural Research Service. Unpublished data from the 1989-91 Continuing Survey of Food Intakes by Individuals. February 1998.

54. National Center for Health Statistics, Centers for Disease Control and Prevention. Unpublished data from the 1988-94 National Health and Nutrition Examination Survey. May 1998.

55. NIH Consensus Development on Optimal Calcium Intake. Optimal calcium intake. Journal of the American Medical Association 272:1942-1948, 1994.

56. U.S. Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.

57. McKenzie KL, Nader PR, Strikmiller PK, Yang M, Stone EJ, Perry CL, Taylor WC, Epping JM, Feldman HA, Luepker RV, Kelder SH. School physical education: Effect of the Child and Adolescent Trial for Cardiovascular Health. Preventive Medicine 25:423-431, 1996.

58. Sallis JF, McKenzie TL, Alcaraz JE, Kolody B, Faucette N, Hovell MF. The effects of a 2-year physical education program (SPARK) on physical activity and fitness in elementary school students. American Journal of Public Health 87:1328-1334, 1997.

59. Centers for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report 46(No. RR-6):1-36, 1997.

60. Andersen RE, Crespo CJ, Barlett SJ, Cheskin LJ, Pratt M. Relationship of physical activity and television watching with body weight and level of fatness among children. Journal of the American Medical Association 279:938-942, 1998.

61. Pearl D. Television and behavior: Ten years of scientific progress and implications for the eighties. Vol. 1. Washington, DC: U.S. Department of Health and Human Services, publication no. ADM 82-1195, 1982.

62. Huesmann LR, Eron LD. Cognitive processes and the persistence of aggressive behavior. Aggressive Behavior 10:243-251, 1984.

63. Scheidt PC, Harel Y, Trumble AC, Jones DH, Overpeck MD, Bijur PE. The epidemiology of nonfatal injuries among US children and youth. American Journal of Public Health 85:932-938, 1995.

1998 Alaska School Health Education Profile Overview

Background:

The School Health Education Profile includes two questionnaires, one for school principals and one for lead health teachers. The questionnaires were developed by the Division of Adolescent and School Health, National Centers for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of 75 state, local, and territorial departments of education. The principals' questionnaire examines health education and HIV prevention education from an administrative perspective. The lead health education teachers' questionnaire looks at health education from an instructional perspective.

Participation, Methodology, and Survey Limitations:

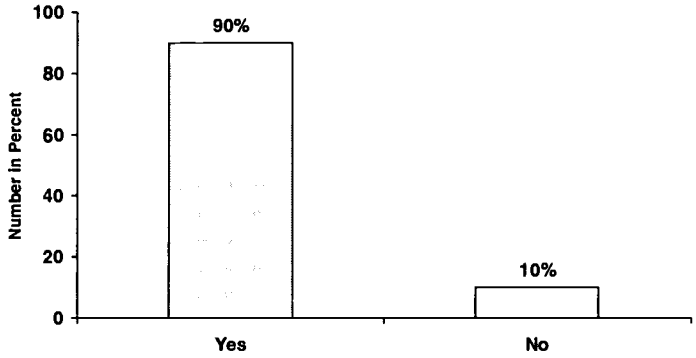
All regular secondary schools having at least one of the grades 6 through 12 were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school grade level (middle schools, other) before sampling. The principal and lead health teacher were surveyed in each participating school. The questionnaire was mailed during the spring of 1998. A weight was associated with each questionnaire to reflect the likelihood of a principal or teacher being selected, to reduce bias by compensating for differing patterns of nonresponse, and to improve precision by making school sample distributions conform to known population distributions. The estimated error rate, using a normal approximation, is less than 5 percent.

Usable questionnaires were received from 222 of 316 principals (39 middle and 183 other) who received the principal questionnaire, for a 70 percent return rate. **The weighted results of the Principal Survey can be used to make important inferences concerning the health education attributes of all regular secondary public schools having at least one of the grades 6 through 12.**

Usable questionnaires were received from 190 of the 316 lead health teachers who received the teacher questionnaire for a 60 percent response rate. **Given the low teacher response rate, the results of the Lead Health Teacher Survey can only be used to summarize the health education attributes of lead health teachers in participating schools.**

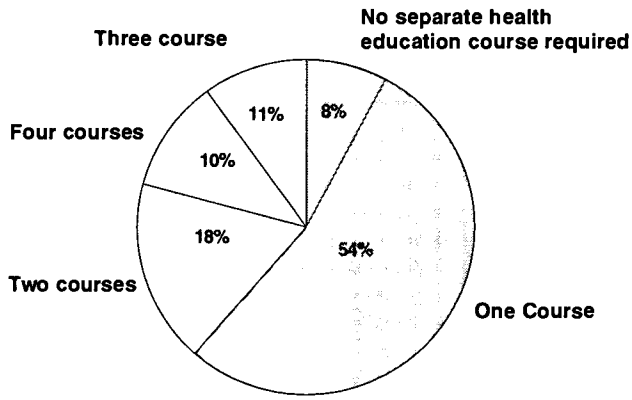
Question

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



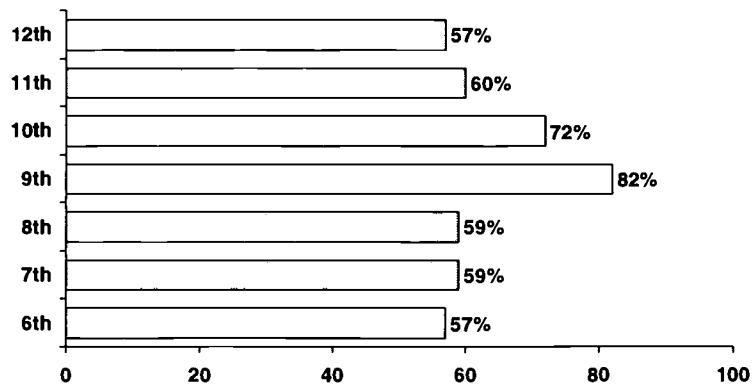
Question

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



Question

Is a required health education course taught in any of the following grades in this school?



Rationale

These questions provide current information on the extent to which health education is required and in what grades it is required. Recent studies examined school health education policies at the state and district levels (Holtzman et al. 1992; NASBE, CCSSO, 1991) and implementation of these policies at the national level (Collins et al. 1995). The perceived importance of health education often is indicated by whether it is required in schools.

These questions also help monitor progress on national health objective 8.4, to increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education (U.S. Public Health Service, 1990).

This question measures the extent to which health education is offered in these grades.

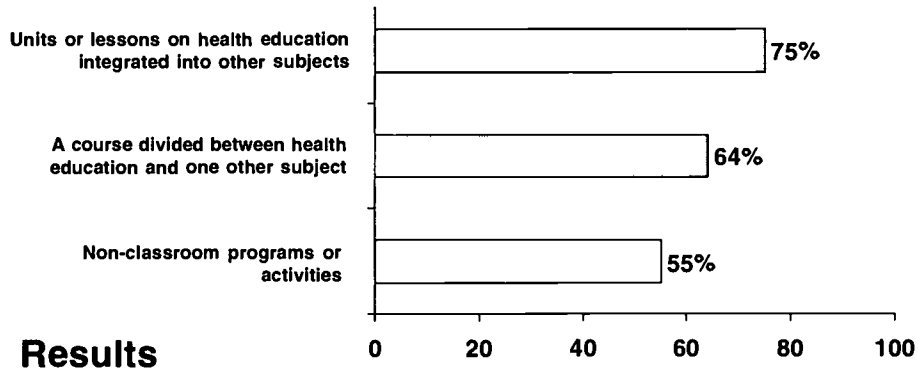
Requirements for Health Education

The School Health Education Evaluation found that 40 to 50 classroom hours were necessary to affect behavior change (Connell, Turner, and Mason, 1985).

The American School Health Association recommends that elementary and middle school students receive 50 hours of health education and that secondary students receive 150 hours of health education (Allensworth, 1993).

Question

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



Results

- Ninety percent of the principals indicated that health education was required for students in any of the grades 6 through 12 at their schools.
- Fifty-four percent of the principals reported that their students took one required course in health education while 8% indicated that no separate health education course was required.
- Eighty-two percent of the principals indicated that a required health education course was taught in ninth grade.
- Sixty-four percent of the principals indicated that required health education was taught as a course divided between health education and one other course.
- Seventy-five percent of the principals said that health education units or lessons were integrated into other subjects.

Recommendations

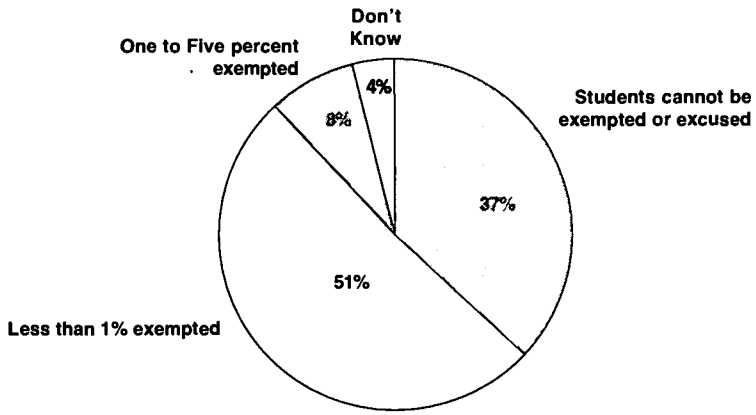
- Health education should be taught as a separate course. It should include planned, sequential, and comprehensive instruction that occurs every year.
- Whenever possible, health should also be integrated into other courses or included in non-classroom activities to reinforce health education concepts and skills.

Exemptions from Health Education

Topic 2

Question

During this school year, about what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request?



Results

- Thirty-seven percent of principals reported that students cannot be exempted or excused from any part of a required health education course by parental request.
- Fifty-one percent of principals reported that less than one percent of students were exempted.

Recommendations

- Parents should be involved in school health programs and they should be informed about content and skills taught in health education. By involving parents in this process the number of exemptions may be reduced even further.

Rationale

This question measures the extent to which students are exempted from health education by parental request. Parental involvement is a key element of school health programs (Kolbe, 1993). Data on this topic can be used to demonstrate parental support for required health education.

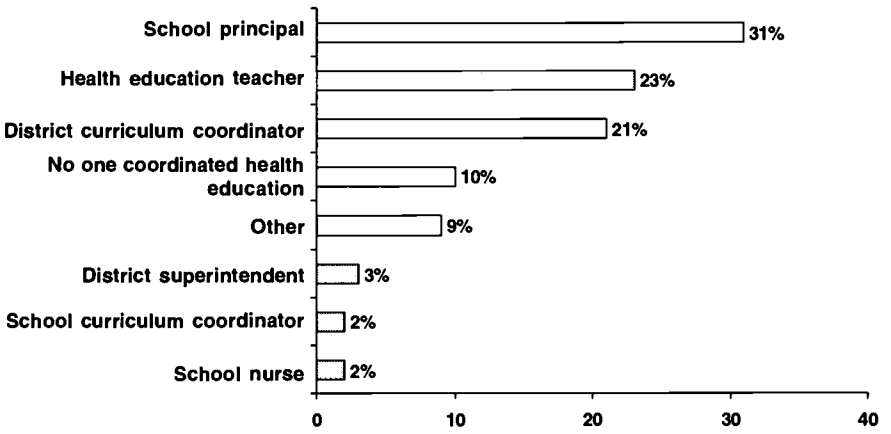
Coordination of Health Education

Rationale

This question measures coordination of health education in schools. Management and coordination by a professional who is trained in health education is a necessary component of effective health education (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1989).

Question

Who coordinates health education in this school?



Results

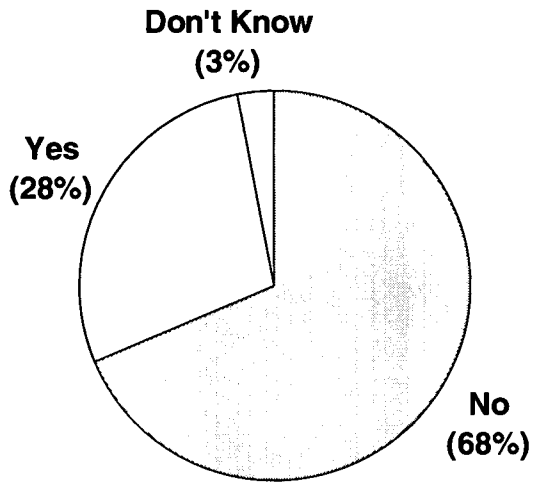
- Thirty-one percent of principals reported that health education was coordinated by principals.
- Twenty-three percent of principals reported that health education was coordinated by a health teacher and 21% said that curriculum coordination was performed by district curriculum coordinators.
- Ten percent of the principals reported that no one coordinates health education.

Recommendations

- Each school needs to designate a person at the school building level to coordinate health education.
- The health education coordinator should be trained in health education and be knowledgeable about coordinated school health.

Question

During this school year, has this school used trained peer educators to help teach about health in grades 6 through 12?



Rationale

This question measures the integration of peer educators into school health education. The use of peer educators is an effective tool in health education (Allensworth, 1993).

As a part of health education, peer educators may address attitudes and model behaviors in a manner that is more acceptable to students.

Results

- Over one-quarter of principals indicated the use of peer educators to help teach health education.

Recommendations

- Peer education should be used when appropriate, since it represents an underused strategy that can complement traditional classroom teaching. Peers can often reach students when other approaches fail.
- In addition to health instruction, peer educators should be used as models of health enhancing behaviors.

School Health Advisory Councils

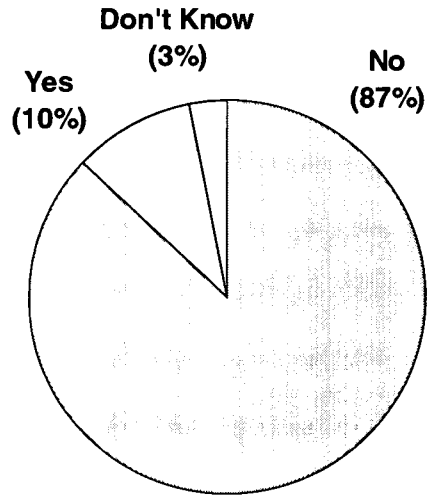
Rationale

This question measures the extent to which school health advisory councils are present within schools. The involvement of parents, community members, and other professionals is a key element of school health programs (Kolbe, 1993; Allensworth, 1993; Seffrin, 1990).

Advisory councils can facilitate access to community resources and provide support for health education in schools.

Question

Does this school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to school health?



Results

- Only 10% of the principals reported that their school had a school health advisory council or similar committee that met on a regular basis to address policies or programs related to school health.

Recommendations

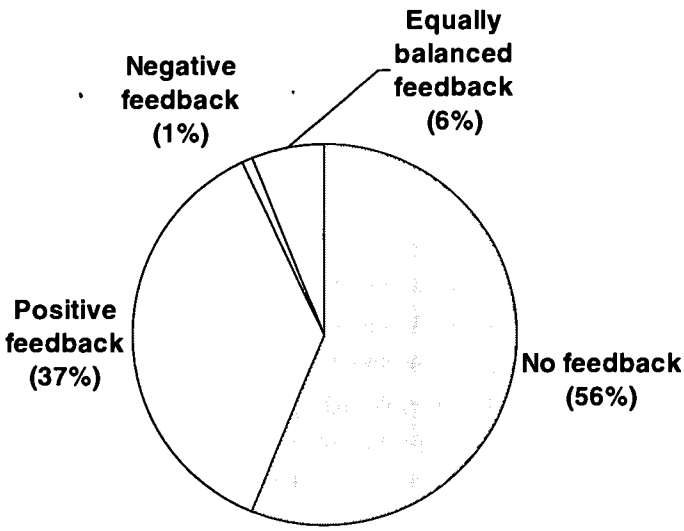
- Every school should have a health advisory council or similar committee comprised of diverse school and community representatives, including students and parents.
- School health advisory councils should evaluate their coordinated school health programming and make suggestions for improvement, especially in areas such as health education and school health policy.

Parental Feedback about Health Education

Topic 6

Question

During this school year, how would you describe parental feedback about health education in this school?



Results

- Fifty-six percent of the principals reported that they did not receive any parental feedback about health education.
- Thirty-seven percent of principals indicated that they received mainly positive feedback.
- Only 1% indicated that the feedback was mostly negative.
- Six percent of principals reported balanced feedback.

Recommendations

- Since over 50% of the principals reported no parental feedback concerning health education, strategies to increase parental involvement should be implemented. These strategies might include parent/student homework assignments or parental involvement on school health advisory councils.

Rationale

This question measures parental feedback about health education. Parental involvement is a key element of school health programs (Kolbe, 1993). Data on this topic can be used to demonstrate parental support for required health education.

Rationale

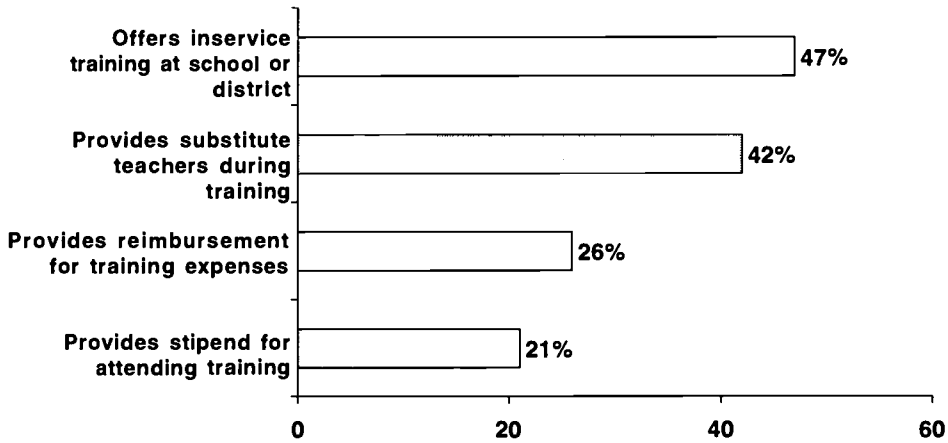
This question measures support for inservice training. Continuing education in areas congruent with curriculum and student needs is a key element of quality school health education curriculum.

The School Health Education Evaluation Study found that appropriate in-service training enhanced the implementation and effectiveness of health education (Cornell, Turner, and Mason, 1985).

The School Health Policies and Programs Study findings underscore the importance of inservice training for health education staff (Collins et al., 1995).

Question

During this school year, has this school or district supported health education-related inservice training or staff development in any of the following ways for health education teachers?



Results

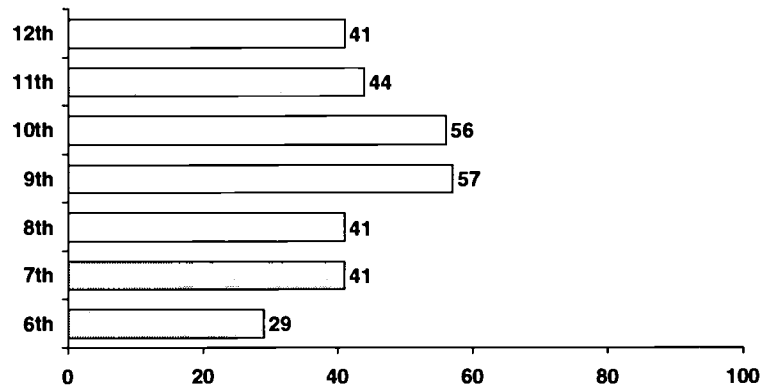
- Forty-seven percent of the principals reported that their school or district provided inservice training in health education.
- Forty-two percent of the principals provided for substitute teachers during training.
- Twenty-one percent of the principals provided stipends for teachers attending training while 26% provided reimbursement for training expenses.

Recommendations

- Since fewer that half of the principals indicated that inservice training was currently being provided, high quality teacher training in health education should be a priority to ensure quality health education programs in schools.
- Monetary or similar incentives should be provided to those who attend professional development activities.

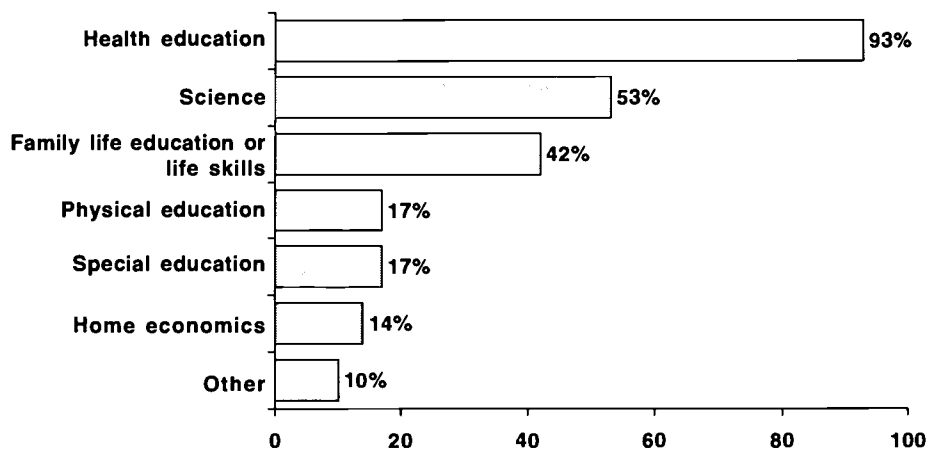
Question

Is required HIV infection/AIDS education taught in any of the following grades in this school?



Question

Are required HIV Infection/AIDS education units or lessons taught in any of the following courses in this school?



Rationale

These questions measure the extent to which required HIV education is implemented.

These questions also provide data to help monitor the achievement of national health objective 18.10, to increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 6th through 12th grade, preferably as part of quality school health education (U.S. Public Health Service, 1990).

Results

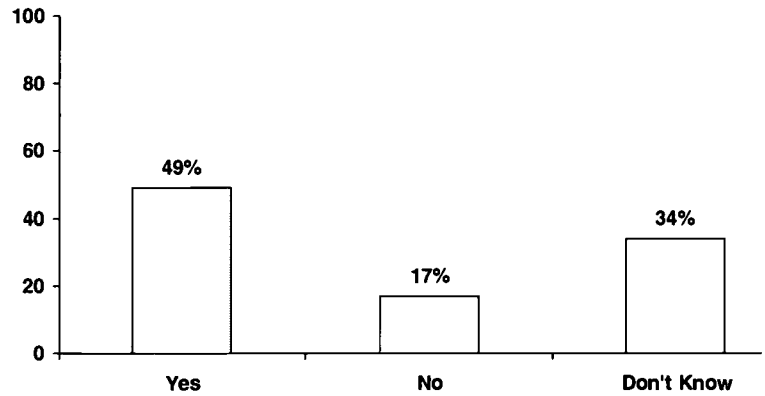
- Most of the HIV infection/AIDS education was taught in grades 9 and 10.
- Forty-one percent of principals indicated that HIV infection/AIDS education occurred in grades 7, 8, and 12 and 44% in grade 11.
- Over 90% of principals reported that most HIV infection/AIDS education was taught in health education classes.
- Fifty-three percent of principals indicated that HIV infection/AIDS education took place in science, while only 17% said that it occurred in physical education classes.

Recommendations

- All students should have HIV infection/AIDS education beginning in grade 7 and in each subsequent year.
- Since HIV infection/AIDS education is taught by health educators and instructors who teach in other content areas, inservice training should be provided to individuals who teach a variety of content areas including health education, science, physical education, home economics, family life education, or life skills.
- Special education teachers also should receive training to assist their students in avoiding HIV infection.

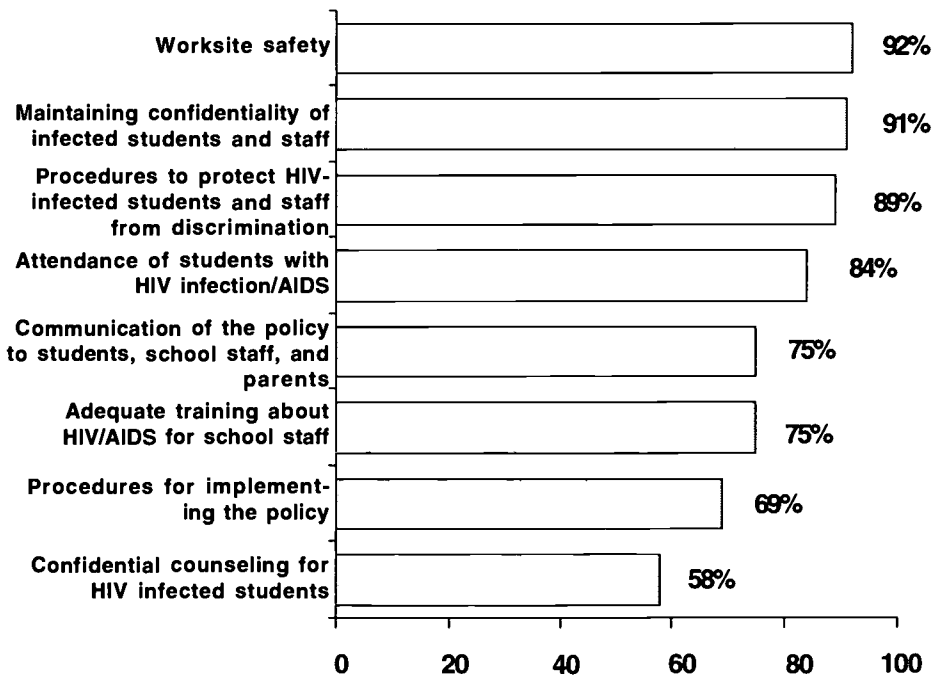
Question

Does this school or district have a written policy protecting the rights of students and/or staff with HIV infection/AIDS?



Question

Are any of the following issues addressed in the written school or district policy on students and/or staff with HIV infection/AIDS?



Rationale

These questions assess components of school policies for students and staff with HIV infection/AIDS. These policies are necessary to protect the rights of students and staff infected with HIV (NASBE, 1989).

Results

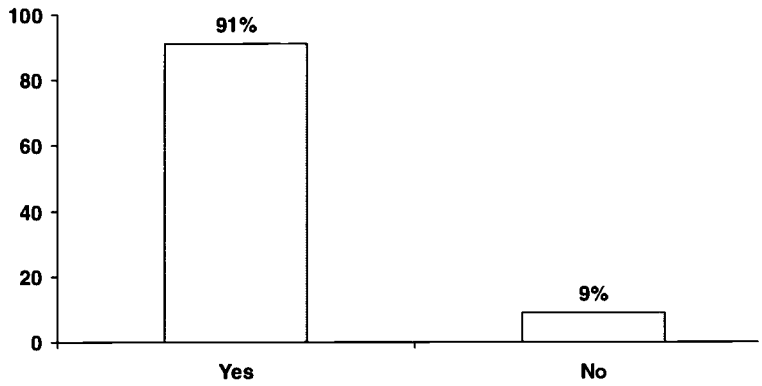
- Forty-nine percent of the principals said that their schools or districts had a written policy protecting the rights of students and/or staff with HIV infection/AIDS.
- Seventeen percent of the principals indicated that there was no such policy while 34% did not know whether there was a policy for their schools or districts.
- Of those principals who indicated that their schools or districts had an HIV policy, 91% said that the written policy addressed confidentiality issues for infected students and staff.

Recommendations

- Since nearly half of the principals surveyed had no HIV/AIDS policy or did not know whether they did, inservice training concerning HIV/AIDS policy should be provided to school administrators. Models of effective policy used elsewhere in the nation and the state should provide a basis for such training.
- On-going support should be provided to school systems to ensure appropriate modifications to and implementation of HIV/AIDS policy.

Question

Is a health education course required for students in grades 6 through 12 in this school?



Results

- Overall, 91% of the lead health education teachers indicated that at least one health education course was required for students in any of grades 6 through 12 in their schools.

Recommendations

- Ongoing support for health education should be provided to teachers and school to ensure the quality and continuity of health education.

Rationale

This question measures whether health education is required in schools. The importance of health education often is indicated by whether it is required in schools. This question helps monitor progress in achieving national health objective 8.4: Increase to at least 75 percent the proportion of the nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education (U.S. Public Health Service, 1990).

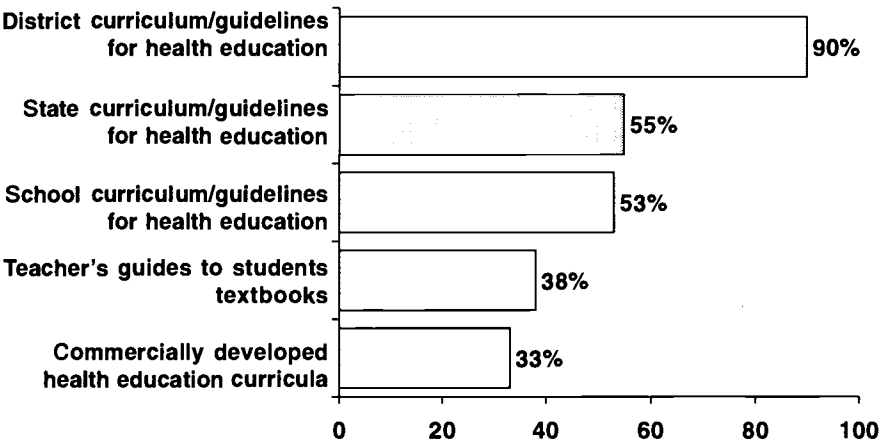
Materials Used in Health Education

Rationale

This question measures the types of materials used to plan and present health education in schools. A documented, planned, and sequential program of health education for students is a key element of school health education (Allensworth end Kolbe, 1987; National Association of State Boards of Education, 1989). The School Health Education Evaluation Study found that full implementation of planned curriculum was linked directly to changes in students' attitudes and behaviors (Cornell, Turner, and Mason, 1985).

Question

Are teachers in this school required to use any of the following materials in a required health education course(s) for students in grades 6 through 12 in this school?



Results

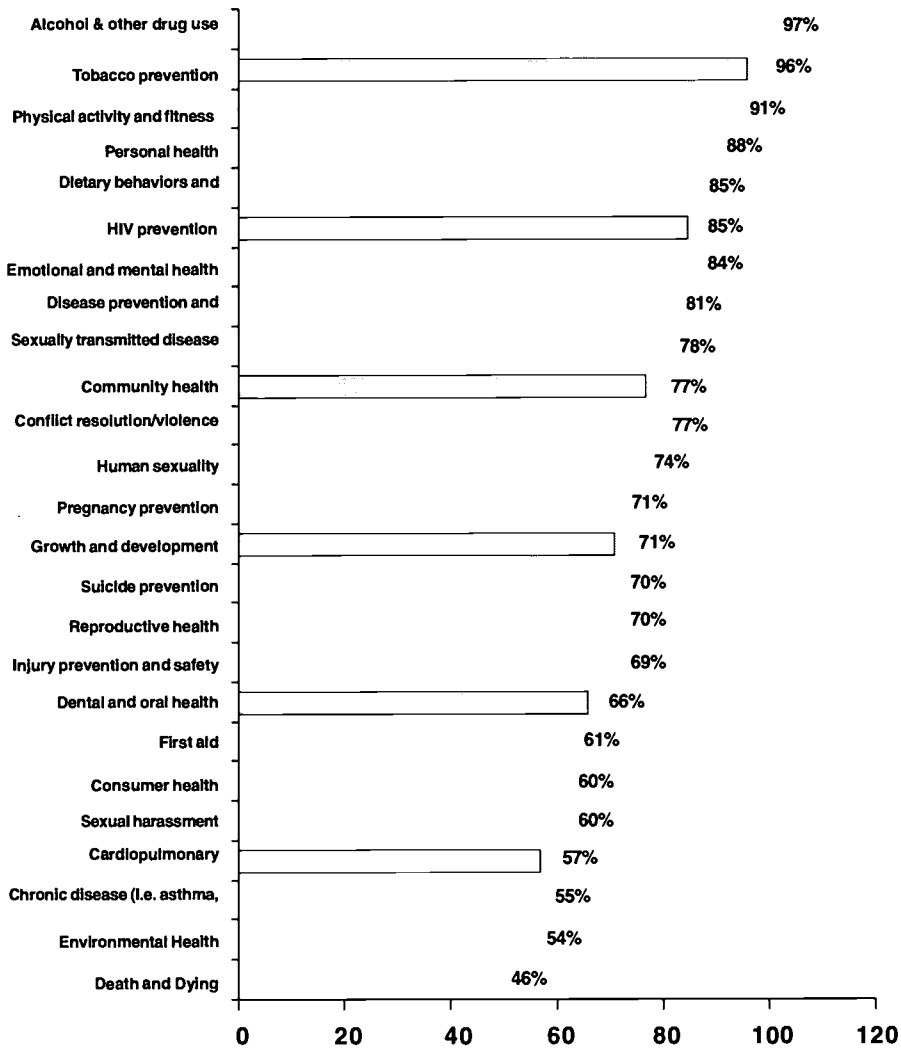
- Fifty-five percent of the lead health educators said that they were required to use the state curriculum guide; 90%, the district curriculum guidelines; and 53%, school curriculum guidelines in teaching health.
- Thirty-eight percent of the lead health educators said that they used a teacher's guide to student textbooks to teach health.
- Only 33% reported using commercially developed health education curricula.

Recommendations

- Since 90% of the lead health educators reported using the district curriculum guide for health education, efforts should be made to link district curriculum with state curriculum frameworks.
- Teachers should become familiar with and incorporate the State of Alaska's "Skills for a Healthy Life" content standards into their teaching framework.

Question

During this school year, have teachers in this school tried to **increase student knowledge on any of the following topics in a required health education course(s)** in any of grades 6 through 12?



Rationale

These questions measure the coverage of topics that are linked to the risk behaviors that constitute the leading causes of morbidity and mortality for youth (Kolbe, 1993). These questions help measure progress in achieving the following national health objectives:

2.19 Increase to at least 75 percent the proportion of the Nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education;

3.10 Establish tobacco free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education;

4.13 Provide to children in all school districts and private schools, primary and secondary school programs on alcohol and other drugs, preferably as part of quality school health education;

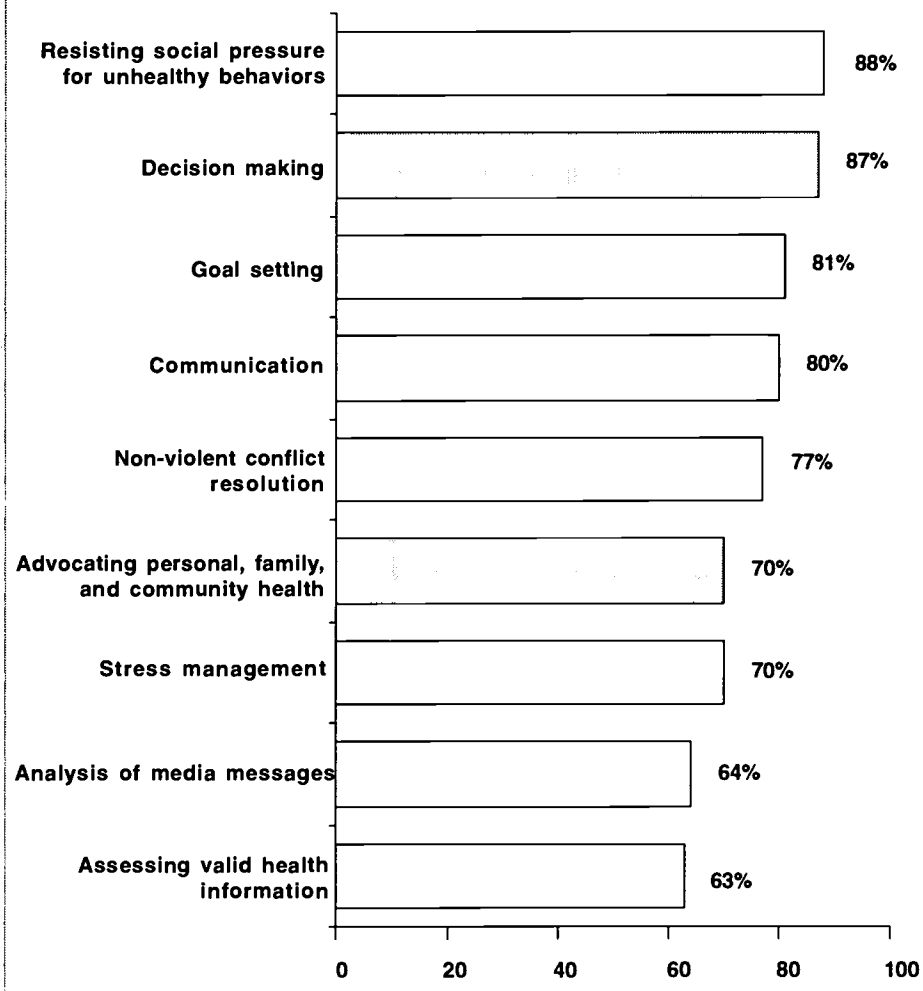
5.8 Increase to at least 85 percent the proportion of people aged 10 to 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parentally endorsed source, such as youth, school, or religious programs;

7.16 Increase to at least 50 percent the proportion of elementary and secondary schools that teach non-violent conflict resolution skills, preferably as part of quality school health education;

9.18 Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12);

Question

During this school year, have teachers in this school tried to **improve any of the following student skills in a required health education course(s)** in any of grades 6 through 12?



Results

- **Ninety percent** or more of the lead health education teachers reported that they tried to increase student knowledge in the areas of alcohol and other drug prevention, tobacco prevention, and physical fitness.
- Eighty percent or more of the lead health educators tried to improve students' skills in the following areas: Communication, decision making, goal setting, personal health, social resistance to unhealthy behaviors, emotional and mental health, and disease prevention and control.
- Seventy percent or less of the lead health educators taught to increase knowledge in death and dying, sexual harassment, consumer health, chronic disease, and environmental health.

18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grades, preferably as part of quality school health education; and

19.12 Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. In addition, these questions help monitor the achievement of National Education Goal 7, which states that by the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning (Goals 2000: Educate America Act).

Recommendations

- The necessity of skills teaching in health education should continue to be reinforced to health education teachers. Further, teachers should be taught how to incorporate more skills-based learning in health education.

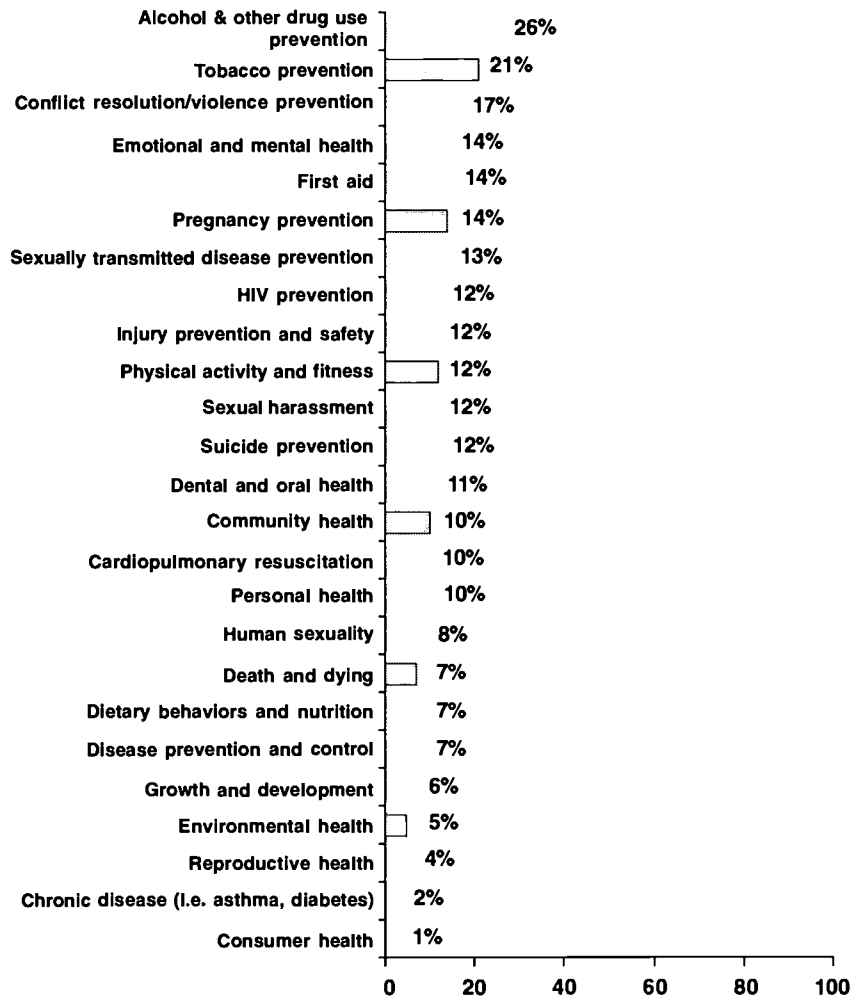
Parental Participation in Health Education

Rationale

These questions measure parental involvement in health education and the impact of parental opinion on the health education curriculum. Parental involvement in health education further reinforces health behaviors (Kolbe, 1993; Allensworth, 1993). Monitoring parental feedback can help school administrators and health educators more effectively present in ways that will encourage their support. Additionally, incorporation of parental feedback into health education to meet the needs of students more effectively may result in greater parental support.

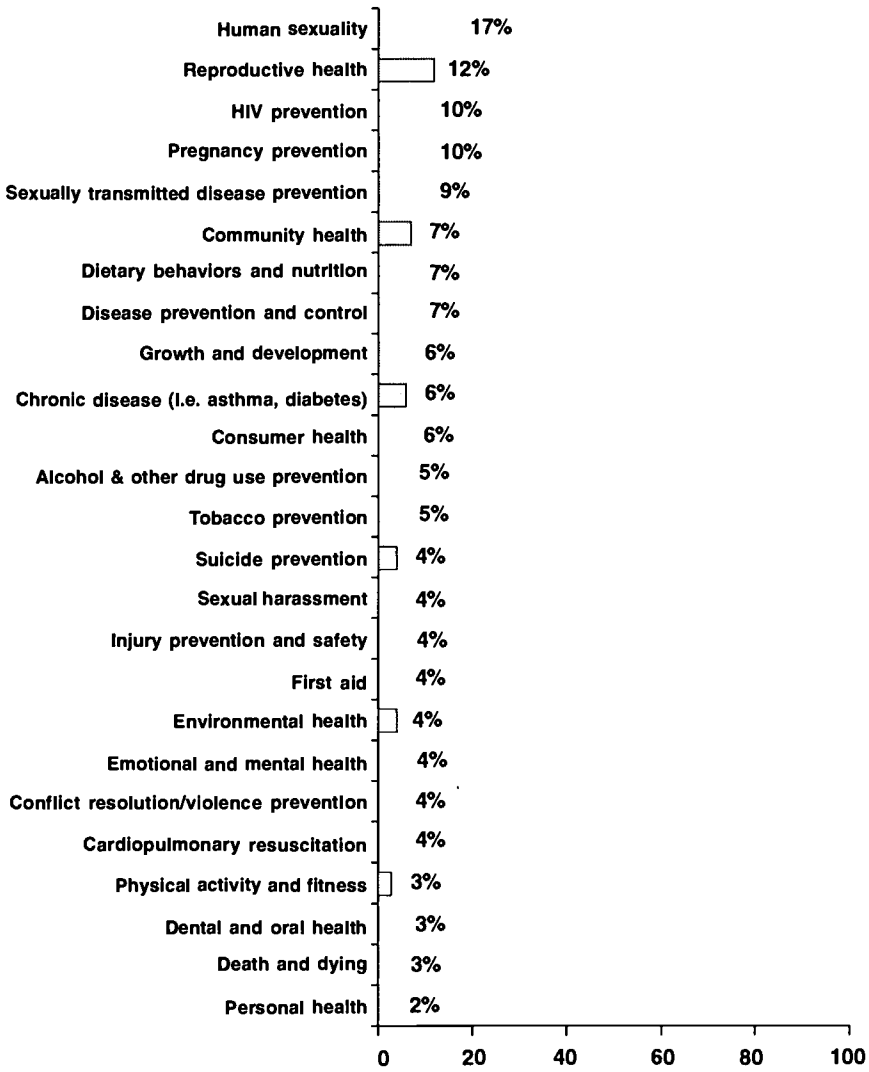
Question

During this school year, has parental feedback caused teachers in this school to expand coverage on any of the following topics in required health education course(s) for students in any of grades 6 through 12?



Question

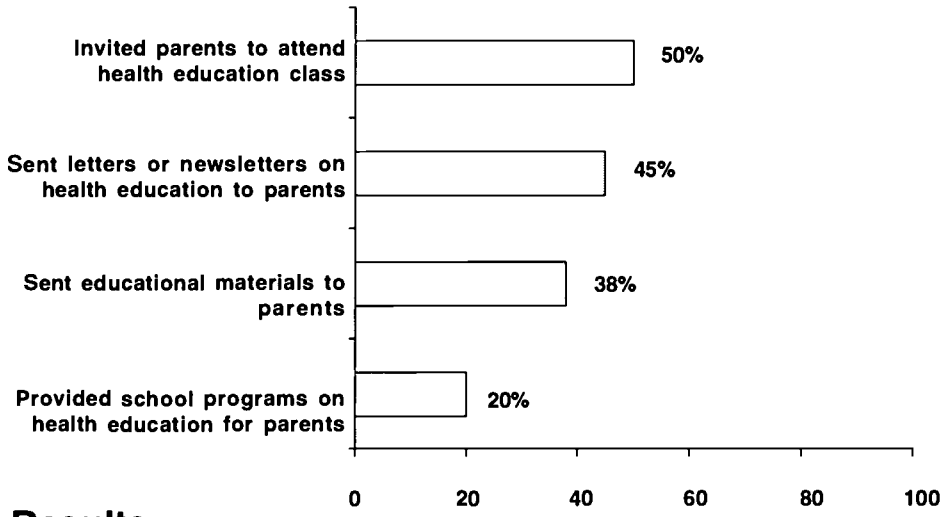
During this school year, has parental feedback caused teachers in this school to limit coverage on any of the following topics in required health education course(s) for students in any of grades 6 through 12?



Parental Participation in Health Education

Question

During this school year, has this school used any of the following strategies to involve parents in a required health education course?



Results

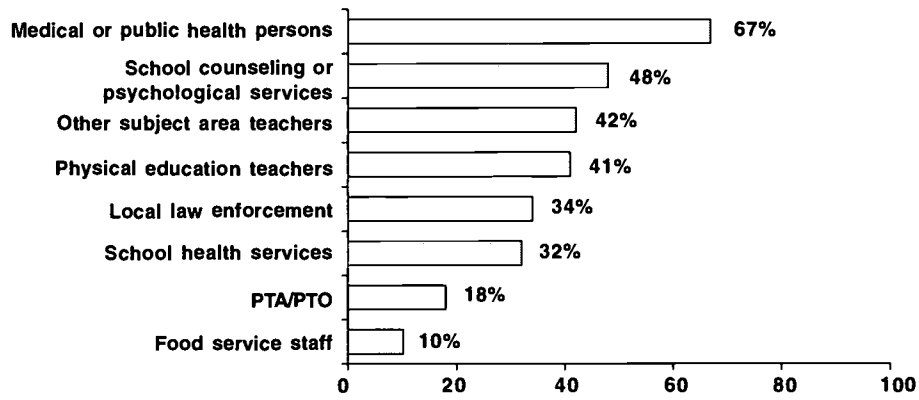
- Approximately 25% of the teachers expanded coverage of the following topics due to parental feedback: Alcohol and other drug prevention and tobacco prevention.
- Seventeen percent or more of the lead health educators reported limiting coverage of human sexuality due to parental feedback.
- Thirty-eight percent of the lead health educators reported that educational materials were sent home to the parents.
- Fifty percent of the lead health educators said that parents were invited to attend health education class.
- Twenty percent reported that the school provided health education programs for the parents.

Recommendations

- Health educators should continue to educate parents and guardians about all youth health issues and the importance of including such issues in the curriculum.
- Parents/guardians should be involved in health education through curriculum planning and attending health education classes.
- Efforts to provide health education for parents via programs, newsletters, and other educational materials should be increased.

Question

During this school year, have health education teachers in this school planned or coordinated health-related projects or activities with members of any of the following groups?



Results

- The greatest percent (67%) of the lead health educators reported that they planned or coordinated health-related projects or activities with medical or public health persons.
- Forty-eight percent and 41% of all health educators coordinated projects or activities with school counseling or psychology services and physical education teachers respectively.

Recommendations

- Health educators should increase their collaboration on health-related projects and activities with various groups within both the school and the community at large.

Rationale

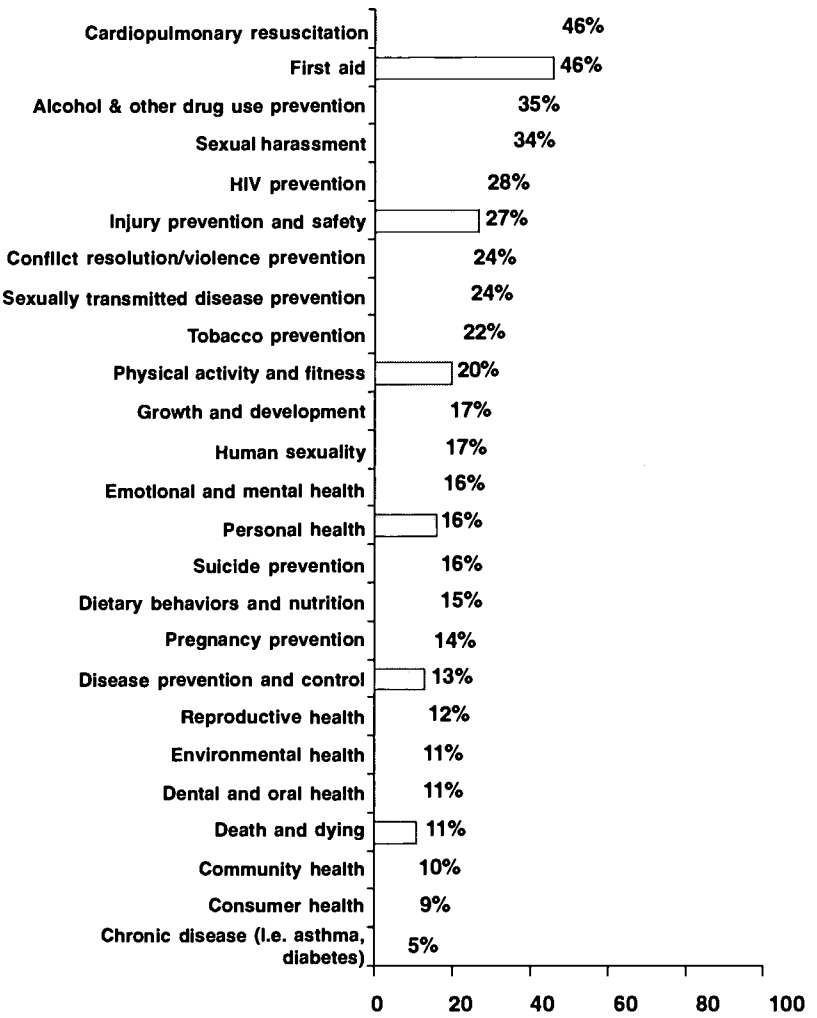
This question measures the extent to which health education works cooperatively with other components of the school health program: Health services, healthy school environment, psychological counseling and social services, food service, physical education and physical activity, health promotion for faculty and staff, and integrated efforts of schools and communities to improve health (Allensworth and Kolbe, 1987).

Rationale

These questions measure the extent to which inservice training on health education topics is received and desired. Effective implementation of school health education is linked directly to adequate teacher training programs. The School Health Education Evaluation Study found that teacher training contributed to fidelity of program implementation and increased effectiveness of the curriculum (Cornell, Turner, and Mason, 1985), and the School Health Policies and Programs Study findings underscore the importance of inservice training for health education staff (Collins et al., 1995). School health education designed to decrease students' participation in risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula (Allensworth, 1993).

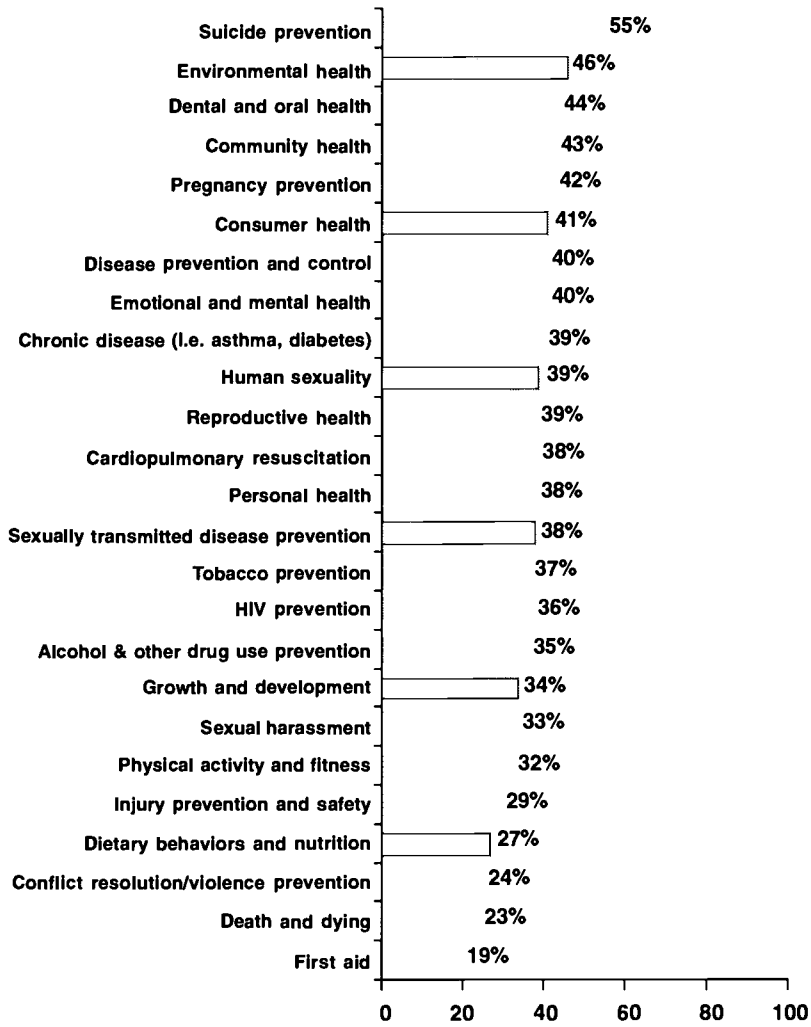
Question

During the past two years, have you received four or more hours (at least ½ day) of inservice training on any of the following health eduction topics?



Question

During the past two years, would you have liked four or more hours (at least ½ day) of inservice training on any of the following health education topics?



Results

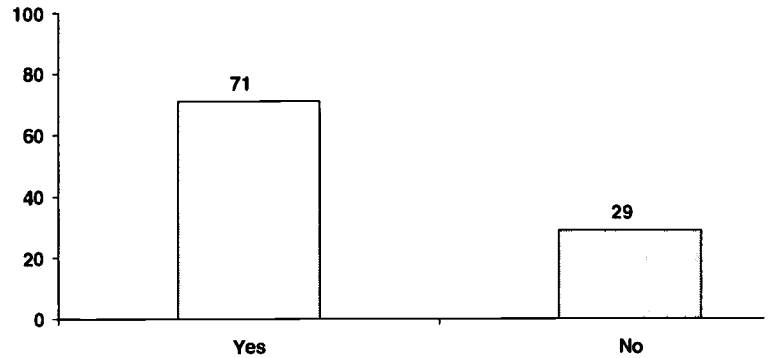
- The greatest percent **(34% or more)** of lead health educators received at least four or more hours of inservice training in alcohol and other drug prevention, cardiopulmonary resuscitation, first aid, and sexual harassment.
- The lowest percent **(11% or less)** of lead health educators received inservice training in death and dying, environmental health, community health, dental and oral health, chronic disease (such as diabetes and asthma), and consumer health.
- Lead health educators indicated a desire to receive at least one-half day of inservice training in these **five** topics: Suicide prevention, environmental health, dental and oral health, pregnancy prevention and community health.
- The three health topics least selected for training included first aid, conflict resolution (violence prevention), and death and dying.

Recommendations

- Additional training in several key health topics such as suicide prevention, environmental health, consumer health, community health, emotional and mental health, pregnancy prevention, and disease prevention and control should be provided to teachers.
- On-going training and support should be provided for teachers to teach human sexuality, alcohol and other drug prevention, conflict resolution/violence prevention, physical activity and fitness, and tobacco prevention.

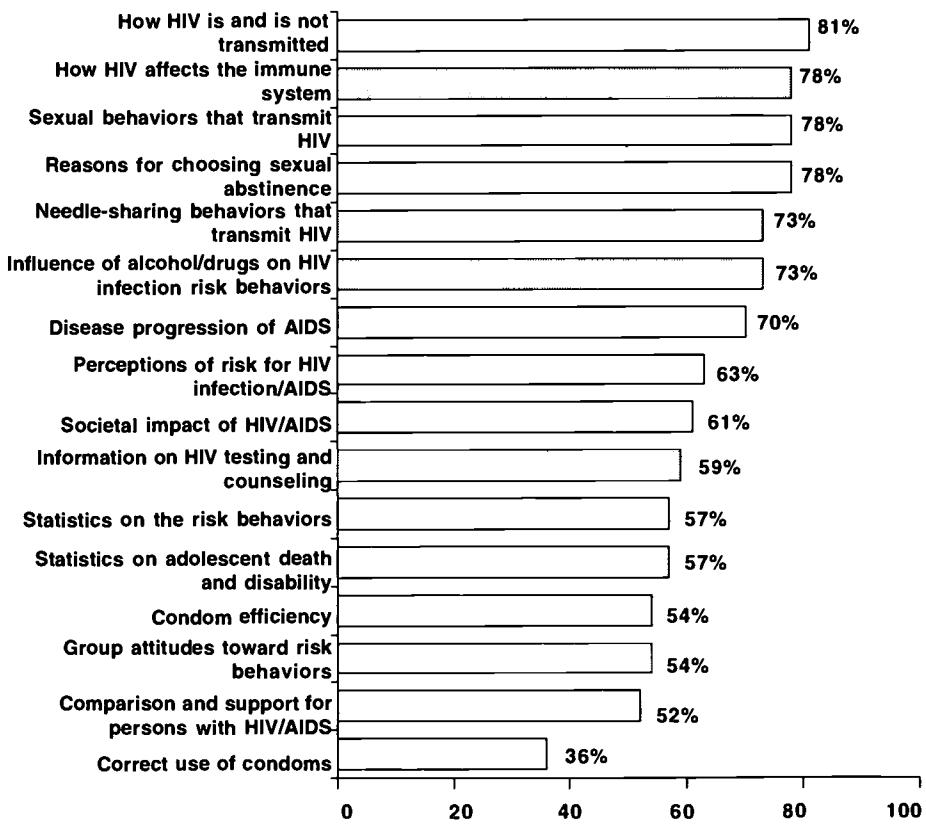
Question

Do you teach about HIV infection/AIDS as part of a required health education course(s) for students in any of grades 6 through 12 in this school?



Question

During this school year, did teachers in this school teach any of the following topics in a required health education course(s) for students in any of grades 6 through 12?

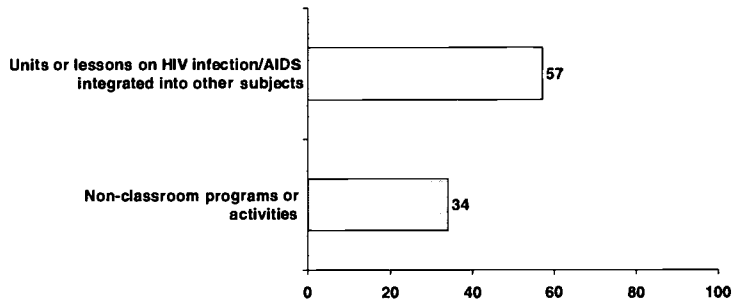


Rationale

These questions measure issues related to the implementation of HIV education in schools. Results from the National Youth Risk Behavior Survey indicate that high school students are at risk for HIV infection (MMWR, Dec 18, 1992). The need for effective HIV education is recognized in national health objective 18.10, which calls for increasing to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th to 12th grades, preferably as part of quality school health education (U.S. Public Health Service, 1990).

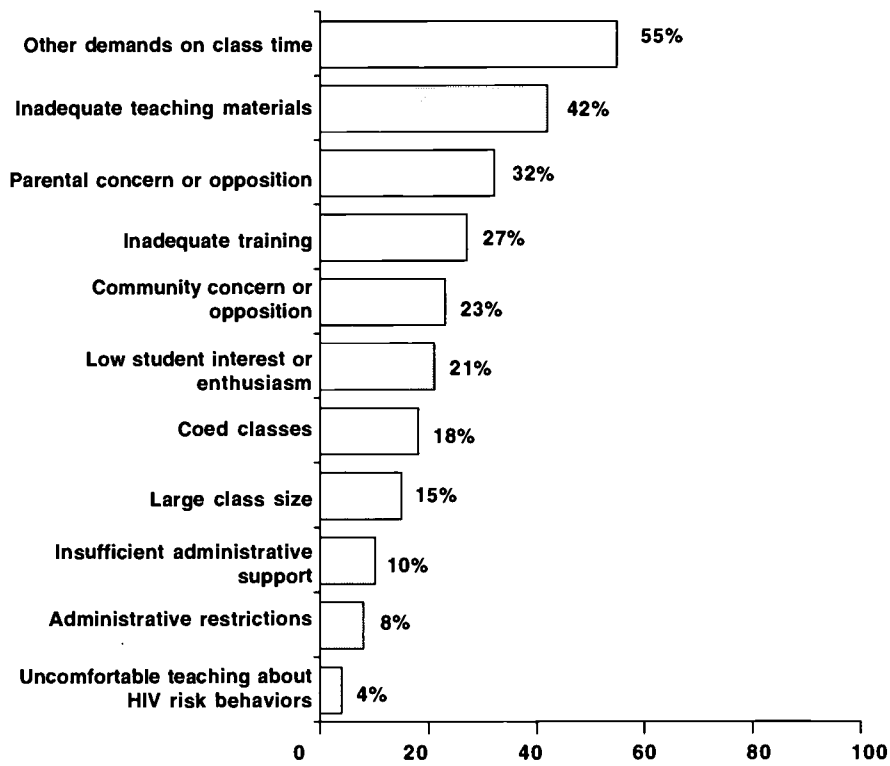
Question

Is HIV infection/AIDS education taught in either of the following ways to students in grades 6 through 12 in this school?



Question

Do any of the following issues make teaching about HIV infection/ AIDS difficult for you?



Results

- Seventy-one percent of the lead health educators indicated that they taught about HIV infection/AIDS as part of a **required health education course**.
- Approximately 80% of the lead health educators taught students about how HIV is and is not transmitted, behaviors that transmit HIV, reasons for choosing abstinence, and how HIV affects the immune system.
- Over 50% of the lead health educators taught about condom efficiency and 36% taught about the correct use of condoms.
- Fifty-seven percent of all lead health educators said that units or lessons on HIV infection/AIDS were integrated into other subjects.
- About one third of the lead health educators indicated that parental concern made teaching about HIV infection/AIDS difficult.
- Forty-two percent of the lead health educators indicated that inadequate teaching materials made teaching about HIV infection/AIDS difficult.

Recommendations

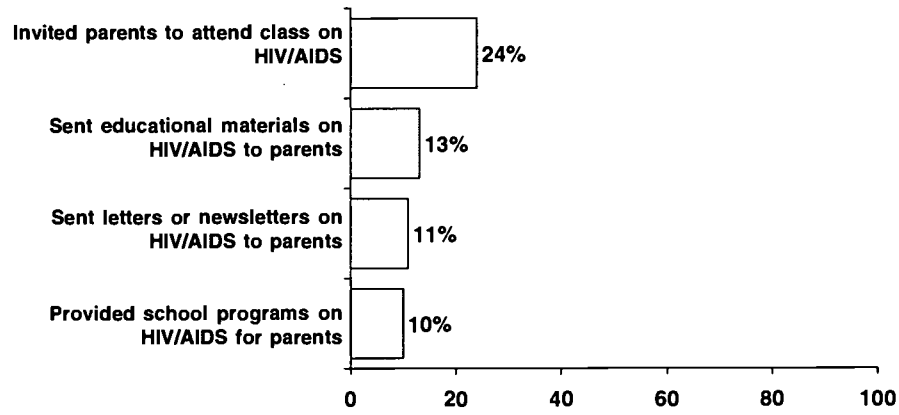
- Teachers should continue to receive inservice training in effective HIV/AIDS education.
- HIV infection/AIDS education should be taught in health education courses and reinforced through integration into non-health classes.
- Centers for Disease Control and Prevention HIV/AIDS "Programs That Work" materials should continue to be provided to teachers.

Rationale

This question measures the extent to which health education works cooperatively with schools and communities to improve health (Allensworth and Kolbe, 1987).

Question

During this school year, has this school provided HIV infection/AIDS education for parents in any of the following ways?



Results

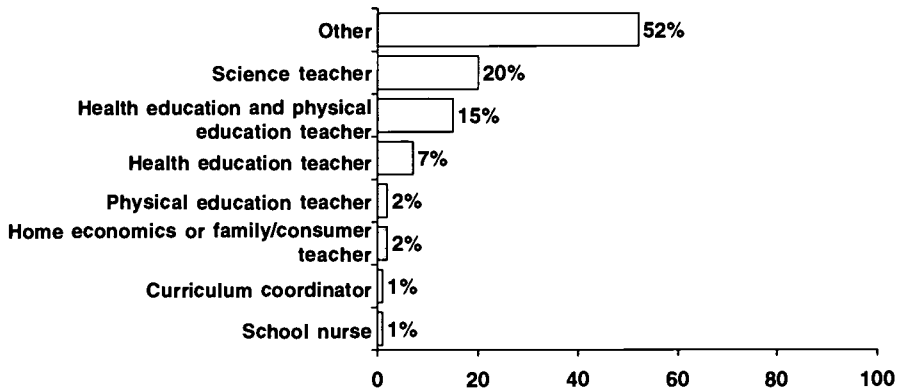
- Only 24% of all lead health educators indicated that parents were invited to attend class on HIV/AIDS.
- Regarding communication with parents, 13% of lead health educators reported sending HIV education materials and 11% reported sending letters/newsletters to parents.
- Just 10% of lead health educators said that school programs on HIV/AIDS were provided for parents.

Recommendations

- Parent involvement in HIV/AIDS education should be increased by multiple strategies.

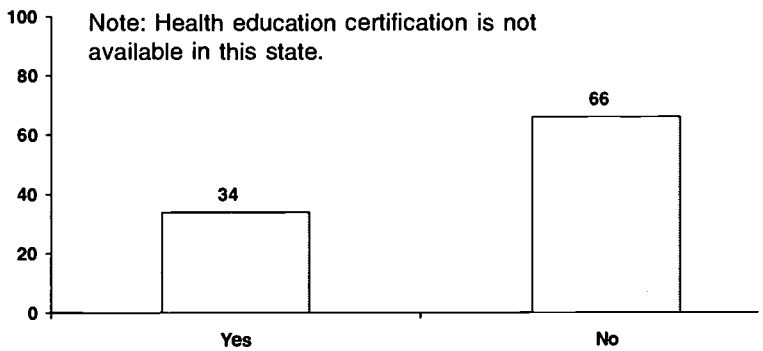
Question

What is your primary position in this school?



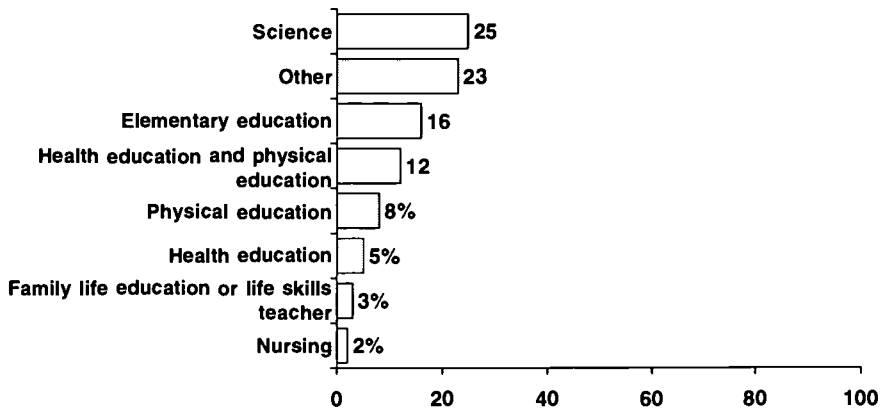
Question

Are you currently certified or endorsed by your state education agency to teach health education in the grades you now teach?



Question

What was the major emphasis of your professional preparation?



Rational

These questions measure the number of lead health education teachers with health education as their primary assignment. School health education is facilitated by the use of teachers who have health education as a primary responsibility (Butler, 1993). Health education assignments also may indicate the level of support for health education.

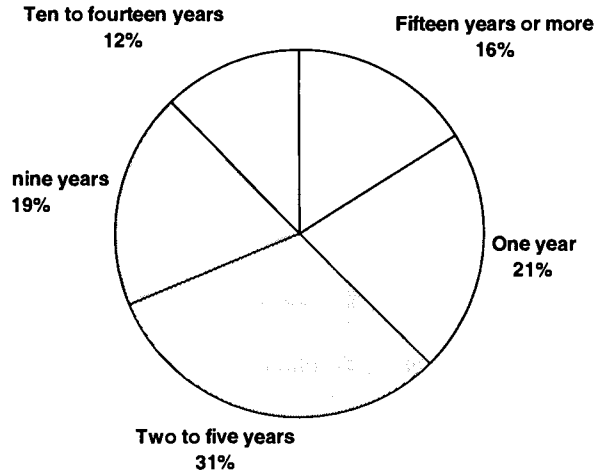
These questions measure the extent to which health education teachers are certified and formally trained in health education. Certification or endorsement as a health educator typically requires specific training at the preservice level and mandates continuing education. Health education is more effective when taught by teachers trained through preservice and continuing education programs (Allensworth, 1993; Butler, 1993).

Rationale

The School Health Education Evaluation Study found that teacher training was linked to successful program implementation and effectiveness of the health education curriculum (Cornell, Turner, and Mason, 1985). This question measures the teaching experience of lead health education teachers.

Question

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



Results

- Only 34% of the lead health education teachers reported that they were currently certified or endorsed by the state education agency to teach health education.
- The ways in which lead health educators identified their primary role is as follows: 52% as other, 20% as a science teacher, 15% as a health and physical education teacher, and only 7% as a health education teacher.
- When asked about their major emphasis of professional preparation, 25% said science, 23% other, 16% elementary education, and 12% health and physical education.
- Overall, only 16% of the lead health educators indicated that they had been teaching health education for 15 or more years, 12% 10 to 14 years, 19% 6 to 9 years, 31% 2 to 5 years, and 21% for 1 year.

Recommendations

- Teachers trained primarily in other areas besides health education should be provided with adequate inservice training and instruction in health education.
- Teachers who are certified in elementary education should have adequate preservice training in health education.

References

1. Allensworth, D. (1993). Health Education: State of the Art. Journal of School Health, 63 (10), 14-20.

2. Allensworth, D., and Kolbe, L. (1987). The Comprehensive School Health Program: Exploring an Expanded Concept. Journal of School Health, 57 (10), 409-412.

3. Butler, S. (1993). Chief State School Officers Rank Barriers to Implementing Comprehensive School Health Education. Journal of School Health, 63 (3), 130-132.

4. Collins, J., Small, M., Kann, L., Pateman, B., Gold, R., and Kolbe, L. (1995). School Health Education (SHPPS). Journal of School Health, 65 (8), 302-311.

5. Connell, D., Turner, R., and Mason, E. (1985). Summary of Findings of the School Health Education Evaluation: Health Promotion Effectiveness, Implementation, and Costs. Journal of School Health, 55 (8), 316-321.

6. DeFriese, G., Crossland, C., MacPhail-Wilcox, B., and Sowers, J. (1990). Implementing Comprehensive School Health Education in the United States: A National Survey of Local School District Policies and Practices. Journal of School Health, 62 (9), 421-427.

7. Kolbe, L. (1993). An Essential Strategy to Improve the Health and Education of Americans. Preventive Medicine, 22 (4), 544-560.

8. Kolbe, L. (1993). Comprehensive School Health Education: Barriers and Opportunities. Journal of School Health, 63 (1) 24-27.

9. Morbidity and Mortality Weekly Report (MMWR), December 18, 1992.

10. National Association of State Boards of Education (NASBE). (1989). Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who are Infected with HIV. Alexandria, VA: National Assocation of State Boards of Education.

11. National Association of State Boards of Education (NASBE) and the Council of Chief State School Officers (CCSSO) (1991). AIDS, HIV and School Health Education: State Policies and Programs 1990. Washington, DC: National Association of State Boards of Education and the Council of Chief State School Officers.

12. National Commission on the Role of the School and the Community in Improving Adolescent Health (1989). Code Blue: Uniting for Healthier Youth. Alexandria, VA: National Association of State Boards of Education.

13. Seffrin, J. (1990). The Comprehensive School Health Curriculum: Closing the Gap Between State of the Art and State of the Practice. Journal of School Health, 60 (4), 151-156.

14. U.S. Public Health Service (1990). Healthy People 2000: Health Promotion and Disease Prevention Objectives. Washington, DC: U.S. Department of Health and Human Services, Public Health Service 91-50212.

Appendices

A. Principals' Survey Questionnaire
B. Lead Health Educators' Questionnaire

1. Are any of the following grades taught in this school? (MARK YES OR NO FOR EACH GRADE.)

a. 6 YES NO
b. 7 YES NO
c. 8 YES NO
d. 9 YES NO
e. 10 YES NO
f. 11 YES NO
g. 12 YES NO

If you answered "NO" to all grades in Question 1, you are finished.
Please return this questionnaire.

2. Is health education required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

a. Yes
b. No SKIP TO QUESTION 7
c. Don't know SKIP TO QUESTION 7.

The following three (3) questions refer to required health education courses (not health education units or lessons integrated into other subjects) taught in grades 6 through 12 in this school.

3. How many required health education courses do students take in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

a. No separate health education courses are required in grades 6 through 12 SKIP TO QUESTION 6.
b. 1 course
c. 2 courses
d. 3 courses
e. 4 or more courses

4. Is a required health education course taught in any of the following grades in this school? (MARK YES, NO, DON'T KNOW, OR NA FOR EACH GRADE.)

a. 6 YES NO DON'T KNOW NA
b. 7 YES NO DON'T KNOW NA
c. 8 YES NO DON'T KNOW NA
d. 9 YES NO DON'T KNOW NA
e. 10 YES NO DON'T KNOW NA
f. 11 YES NO DON'T KNOW NA
g. 12 YES NO DON'T KNOW NA

5. During this school year, about what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request? (MARK ONE RESPONSE.)

a. Students cannot be exempted or excused
b. Less than 1%
c. 1% to 5%
d. 6% or more
e. Don't know

6. Is required health education taught in any of the following ways to students in grades 6 through 12 in this school? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a. A course divided between health education and one other subject (such as health education and physical education)	YES	NO	DON'T KNOW
b. Units or lessons on health education integrated into other subjects (such as home economics, science, or physical education)	YES	NO	DON'T KNOW
c. Nonclassroom programs or activities (such as an assembly)	YES	NO	DON'T KNOW

The following SIX (6) questions refer to general health education policies and activities.

7. Who coordinates health education in this school? (MARK ONE RESPONSE.)

a. No one coordinates health education in this school
b. District superintendent
c. District curriculum coordinator
d. School principal
e. School curriculum coordinator
f. Health education teacher
g. School nurse
h. Other

8. During this school year, has this school or district supported health education-related inservice training or staff development in any of the following ways for health education teach-

ers? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a.	Provides stipend for attending training	YES	NO	DON'T KNOW
b.	Provides reimbursement for training expenses	YES	NO	DON'T KNOW
c.	Provides substitute teachers during training	YES	NO	DON'T KNOW
d.	Offers inservice training at school or in district	YES	NO	DON'T KNOW

9. During this school year, has this school used trained peer educators to help teach about health in grades 6 through 12? (MARK ONE RESPONSE.)

a. Yes
b. No
c. Don't know

10. Does this school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to school health? (MARK ONE RESPONSE.)

a. Yes
b. No SKIP TO QUESTION 12.
c. Don't know SKIP TO QUESTION 12.

11. Are any of the following groups of people represented on the school health advisory council? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a.	Students	YES	NO	DON'T KNOW
b.	Parents	YES	NO	DON'T KNOW
c.	Teachers	YES	NO	DON'T KNOW
d.	District or school administrators	YES	NO	DON'T KNOW
e.	Food service staff	YES	NO	DON'T KNOW
f.	School health services staff	YES	NO	DON'T KNOW
g.	School counselors	YES	NO	DON'T KNOW
h.	School board members	YES	NO	DON'T KNOW
i.	Medical or public health persons	YES	NO	DON'T KNOW
j.	Churches or other religious organizations	YES	NO	DON'T KNOW
k.	Community representatives	YES	NO	DON'T KNOW
l.	Other	YES	NO	DON'T KNOW

12. During this school year, how would you describe parental feedback about health education in this school? (MARK ONE RESPONSE.)

a. No feedback received
b. Mainly positive feedback
c. Mainly negative feedback
d. Equally balanced between positive and negative feedback

13. Is required HIV infection/AIDS education taught in any of the following grades in this school? (MARK YES, NO, DON'T KNOW, OR NA FOR EACH GRADE.)

a.	6	YES	NO	DON'T KNOW	NA
b.	7	YES	NO	DON'T KNOW	NA
c.	8	YES	NO	DON'T KNOW	NA
d.	9	YES	NO	DON'T KNOW	NA
e.	10	YES	NO	DON'T KNOW	NA
f.	11	YES	NO	DON'T KNOW	NA
g.	12	YES	NO	DON'T KNOW	NA

If you did not aswer "YES" to at least one grade in Question 13, skip to question 15.

14. Are required HIV infection/AIDS education units or lessons taught in any of the following courses in this school? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a.	Health education	YES	NO	DON'T KNOW
b.	Science	YES	NO	DON'T KNOW
c.	Home economics	YES	NO	DON'T KNOW
d.	Physical education	YES	NO	DON'T KNOW
e.	Family life education or life skills	YES	NO	DON'T KNOW
f.	Special education	YES	NO	DON'T KNOW
g.	Other	YES	NO	DON'T KNOW

15. Does this school or district have a written policy protecting the rights of students and/or staff with HIV infection/AIDS? (MARK ONE RESPONSE.)

a. Yes
b. No YOU ARE FINISHED. PLEASE RETURN THIS QUESTIONNAIRE.
c. Don't know YOU ARE FINISHED. PLEASE RETURN THIS QUESTIONNAIRE.

16. Are any of the following issues addressed in the written school or district policy on students and/or staff with HIV infection/AIDS? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a.	Attendance of students with HIV infection or AIDS	YES	NO	DON'T KNOW
b.	Procedure to protect HIV-infected students and staff from discrimination	YES	NO	DON'T KNOW
c.	Maintaining confidentiality of infected students and staff ...	YES	NO	DON'T KNOW
d.	Worksite safety (i.e., universal precautions for all school staff)	YES	NO	DON'T KNOW
e.	Confidential counseling for HIV-infected students	YES	NO	DON'T KNOW
f.	Communication of the policy to students, school staff, and parents	YES	NO	DON'T KNOW
g.	Adequate training about HIV/AIDS for school staff	YES	NO	DON'T KNOW
h.	Procedures for implementing the policy	YES	NO	DON'T KNOW

1. Is a health education course required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

a. Yes
b. No SKIP TO QUESTION 11.

2. Are teachers in this school required to use any of the following materials in a required health education course(s) for students in grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

a.	State curriculum, guidelines, or framework for health education	YES	NO
b.	District curriculum, guidelines, or framework for health education	YES	NO
c.	School curriculum, guidelines, or framework for health education	YES	NO
d.	Commercially developed health education curricula	YES	NO
e.	Teacher's guides to student textbooks	YES	NO

3. During this school year, have teachers in this school tried to increase student knowledge on any of the following topics in a required health education course(s) in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Alcohol and other drug use prevention	YES	NO
b.	Chronic diseases such as diabetes and asthma	YES	NO
c.	Community health	YES	NO
d.	Conflict resolution/violence prevention	YES	NO
e.	Consumer health	YES	NO
f.	Cardiopulmonary resuscitation (CPR)	YES	NO
g.	Death and dying	YES	NO
h.	Dental and oral health	YES	NO
i.	Dietary behaviors and nutrition	YES	NO
j.	Disease prevention and control	YES	NO
k.	Emotional and mental health	YES	NO
l.	Environmental health	YES	NO
m.	First aid	YES	NO
n.	Growth and development	YES	NO
o.	HIV prevention	YES	NO
p.	Human sexuality	YES	NO
q.	Injury prevention and safety	YES	NO
r.	Personal health	YES	NO
s.	Physical activity and fitness	YES	NO
t.	Pregnancy prevention	YES	NO
u.	Reproductive health	YES	NO
v.	Sexual harassment	YES	NO
w.	Sexually transmitted disease (STD) prevention	YES	NO
x.	Suicide prevention	YES	NO
y.	Tobacco use prevention	YES	NO

4. During this school year, have teachers in this school tried to improve any of the following student skills in a required health education course(s) in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Accessing valid health information, products, and services	YES	NO
b.	Advocating for personal, family, and community health	YES	NO
c.	Analysis of media messages	YES	NO
d.	Communication	YES	NO
e.	Decision making	YES	NO
f.	Goal setting	YES	NO
g.	Non-violent conflict resolution	YES	NO
h.	Resisting social pressure for unhealthy behaviors (i.e., refusal skills)	YES	NO
i.	Stress management	YES	NO

5. During this school year, has parental feedback caused teachers in this school to expand coverage or limit coverage on any of the following topics in a required health education course(s) for students in any of grades 6 through 12? (MARK ONE OPTION FOR EACH RESPONSE.)

		Expand Coverage	Limit Coverage	Neither expand nor limit
a.	Alcohol and other drug use prevention	____	____	____
b.	Chronic diseases such as diabetes and asthma	____	____	____
c.	Community health	____	____	____
d.	Conflict resolution/violence prevention	____	____	____
e.	Consumer health	____	____	____
f.	Cardiopulmonary resuscitation (CPR)	____	____	____
g.	Death and dying	____	____	____
h.	Dental and oral health	____	____	____
i.	Dietary behaviors and nutrition	____	____	____
j.	Disease prevention and control	____	____	____
k.	Emotional and mental health	____	____	____
l.	First aid	____	____	____
m.	Growth and development	____	____	____
n.	HIV prevention	____	____	____
o.	Human sexuality	____	____	____
p.	Injury prevention and safety	____	____	____
q.	Personal health	____	____	____
r.	Physical activity and fitness	____	____	____
s.	Pregnancy prevention	____	____	____
t.	Reproductive health	____	____	____
u.	Sexual harassment	____	____	____
v.	Sexually transmitted disease (STD) prevention	____	____	____
w.	Suicide prevention	____	____	____
x.	Tobacco use prevention	____	____	____

6. During this school year, has this school used any of the following strategies to involve parents in a required health education course? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Sent health education materials to parents	YES	NO
b.	Sent letters or newsletters on health education to parents	YES	NO
c.	Provided school programs on health education for parents	YES	NO
d.	Invited parents to attend health education class	YES	NO

7. During this school year, did you teach a required health education course for any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

a. Yes
b. No

8. During this school year, did teachers in this school teach any of the following topics in a required health education course(s) for students in any of grades 6 through 12? (MARK YES OR NO FOR EACH RESPONSE.)

a.	How HIV is and is not transmitted	YES	NO
b.	How HIV affects the immune system	YES	NO
c.	Disease progression of AIDS	YES	NO
d.	Needle-sharing behaviors that transmit HIV infection	YES	NO
e.	Sexual behaviors that transmit HIV infection	YES	NO
f.	Reasons for choosing sexual abstinence	YES	NO
g.	Correct use of condoms	YES	NO
h.	Condom efficiency/how well condoms work	YES	NO
i.	Influence of alcohol and other drugs on HIV infection risk behaviors	YES	NO
j.	Statistics on adolescent death and disability related to HIV infection/AIDS	YES	NO
k.	Group attitudes (social norms) toward risk behaviors related to HIV infection	YES	NO
l.	Statistics on the risk behaviors related to HIV infection among adolescents and adults	YES	NO
m.	Information on HIV testing and counseling	YES	NO
n.	Compassion and support for persons living with HIV infection/AIDS	YES	NO
o.	Perceptions or risk for HIV infection/AIDS	YES	NO
p.	Societal impact of HIV infection/AIDS	YES	NO

9. Do you teach about HIV infection/AIDS as part of a required health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

a. Yes
b. No SKIP TO QUESTION 11.

10. Do any of the following issues make teaching about HIV infection/AIDS difficult for you? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Inadequate training	YES	NO
b.	Inadequate teaching materials	YES	NO
c.	Large class size	YES	NO
d.	Coed classes	YES	NO
e.	Uncomfortable teaching about HIV risk behaviors	YES	NO
f.	Other demands on class time	YES	NO
g.	Parental concern or opposition	YES	NO
h.	Community concern or opposition	YES	NO
i.	Insufficient administrative support	YES	NO
j.	Administrative restrictions	YES	NO
k.	Low student interest or enthusiasm	YES	NO

11. Is HIV infection/AIDS education taught in either of the following ways to students in grades 6 through 12 in this school? (MARK YES, NO, OR DON'T KNOW FOR EACH RESPONSE.)

a.	Units or lessons on HIV infection/AIDS integrated into other subjects (such as home economics, science, or physical education)	YES	NO	DON'T KNOW
b.	Nonclassroom programs or activities (such as an assembly)	YES	NO	DON'T KNOW

12. During this school year, have health education teachers in this school planned or coordinated health-related projects or activities with members of any of the following groups? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Physical education teachers	YES	NO
b.	Other subject area teachers	YES	NO
c.	Food service staff	YES	NO
d.	School health services staff	YES	NO
e.	School counselors	YES	NO
f.	Medical or public health persons	YES	NO
g.	Local law enforcement	YES	NO
h.	PTA/PTO	YES	NO

13. During this school year, has this school provided HIV infection/AIDS education for parents in any of the following ways? (MARK YES OR NO FOR EACH RESPONSE.)

a.	Sent educational materials on HIV infection/AIDS to parents	YES	NO
b.	Sent letters or newsletters on HIV infection/AIDS to parents	YES	NO
c.	Provided school programs on HIV infection/AIDS for parents	YES	NO
d.	Invited parents to attend class on HIV infection/AIDS	YES	NO

14. During the past two years, have you received four or more hours (at least ½ day) of inservice training and/or would you like to receive inservice training on the following health education topics? (MARK ONE OPTION FOR EACH RESPONSE.)

	Received training	Want training	Received and want more training	Neither received nor want training
a. Alcohol and other drug use prevention	____	____	____	____
b. Chronic diseases such as diabetes and asthma	____	____	____	____
c. Community health	____	____	____	____
d. Conflict resolution/violence prevention	____	____	____	____
e. Consumer health	____	____	____	____
f. Cardiopulmonary resuscitation (CPR)	____	____	____	____
g. Death and dying	____	____	____	____
h. Dental and oral health	____	____	____	____
i. Dietary behaviors and nutrition	____	____	____	____
j. Disease prevention and control	____	____	____	____
k. Emotional and mental health	____	____	____	____
l. Environmental health	____	____	____	____
m. First aid	____	____	____	____
n. Growth and development	____	____	____	____
o. HIV prevention	____	____	____	____
p. Human sexuality	____	____	____	____
q. Injury prevention and safety	____	____	____	____
r. Personal health	____	____	____	____
s. Physical activity and fitness	____	____	____	____
t. Pregnancy prevention	____	____	____	____
u. Reproductive health	____	____	____	____
v. Sexual harassment	____	____	____	____
w. Sexually transmitted disease (STD) prevention	____	____	____	____
x. Suicide prevention	____	____	____	____
y. Tobacco use prevention	____	____	____	____

15. What is your primary position in this school? (MARK ONE RESPONSE.)

a. Health education and physical education teacher
b. Health education teacher
c. Physical education teacher
d. Science teacher
e. Home economics or family and consumer education teacher
f. Family life education or life skills teacher
g. School nurse
h. Curriculum coordinator
i. Other

16. Are you currently certified or endorsed by your state education agency to teach health education in the grades you now teach? (MARK ONE RESPONSE.)

a. Yes
b. No, but certification is available in this state
c. No, but certification is NOT available in this state

17. What was the major emphasis of your professional preparation? (MARK ONE RESPONSE.)

a. Health education and physical education
b. Health education
c. Physical education
d. Science
e. Family life education or life skills teacher
f. Counseling
g. Nursing
h. Elementary education
i. Other

18. Including this school year, how many years have you been teaching health education? (MARK ONE RESPONSE.)

a. 1 year
b. 2 to 5 years
c. 6 to 9 years
d. 10 to 14 years
e. 15 years or more

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