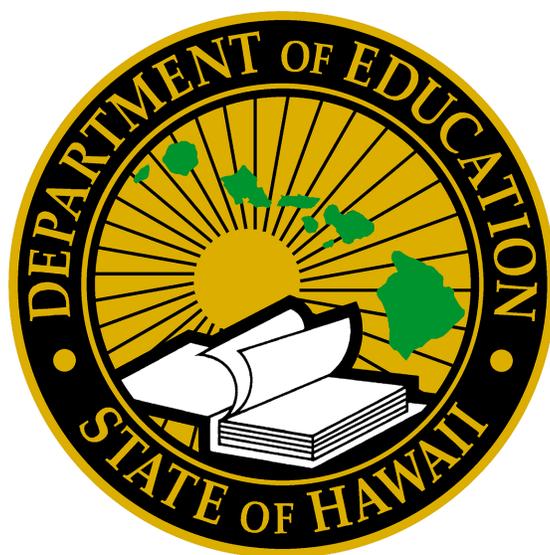


Results of the 2018 School Health Profiles: Health Education in the State of Hawai'i



Hawai'i State Department of Education
Office of Curriculum and Instructional Design
Instructional Support Branch

February 2019

References to sites on the Internet are provided as a service to readers. The Hawai'i State Department of Education is not responsible for the content of external sites. The URL addresses listed in this report were current as of the date of publication.

This report was funded by the Hawai'i State Department of Education, Centers for Disease Control and Prevention Cooperative Agreement Grant No. NU87PS004309.

Table of Contents

Table of Contents	3
Purpose	5
School Health Profiles Survey Overview	5
Introduction	5
Sampling	6
Data Collection	6
Table 1. Total number of participating public secondary schools by survey	6
Limitations	6
Standards-Based Health Education	7
Health is Essential	7
Core Principles of Health Education	7
Develops Health Literacy Skills	7
Builds Functional Knowledge	8
Nurtures Attitudes that Support Positive Health Behaviors	8
Addresses Students' Needs and Interests	9
Hawaii State Department of Education (HIDOE) Policies and Requirements	9
Wellness Policy and Guidelines	9
Course Requirements	9
Sexual Health Education	10
Where is Health Education Headed?	10
The Future of Health Education Standards	10
2018 School Health Profiles Results	11
Comprehensive Health Education	11
Table 2. Percentage of schools in which the health education curriculum addresses skills	11
Table 3. Percentage of schools in which teachers tried to increase student knowledge in a required course in any of grades 6 through 12 during the current school year	12
Health Education on Nutrition and Dietary Behavior	13
Table 4. Percentage of schools in which teachers taught nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12 during the current school year	13
Health Education on Physical Activity	14
Table 5. Percentage of schools in which teachers taught physical activity topics in a required course for students in any of grades 6 through 12 during the current school year	14
Health Education on Tobacco-Use Prevention	15
Table 6. Percentage of schools in which teachers taught tobacco-use prevention topics in a required course for students in any of grades 6 through 12 during the current school year	15

Health Education on Sexual Health	17
Table 7. Percentage of schools in which teachers taught sexual health topics in a required course for students in any of grades 6, 7, or 8 during the current school year	17
Table 8. Percentage of schools in which teachers taught sexual health topics in a required course for students in any of grades 9, 10, 11, or 12 during the current school year	19
Professional Development (PD) Interests	20
Table 9. Percentage of schools in which the lead health education teacher would like to receive professional development	20
References	22

Purpose

The purpose of this report is to provide information on the current implementation of health education in public secondary Hawai'i State Department of Education (HIDOE) and charter schools as well as highlight professional development needs as expressed by the survey participants. This report will include selected results from the 2018 School Health Profile Survey (Profiles) related to school-based health education in the State of Hawai'i. When used in conjunction with the Youth Risk Behavior Survey (YRBS) results and additional tools and data sources, these results may be used to describe practices, promote program strengths, and identify areas of focus to inform planning and actions that strengthen and improve school-based health education at the state, complex area, and school levels. These results may be also be used by community partners to support the collective efforts to improve students' health literacy skills and outcomes.

School Health Profiles Survey Overview

Introduction

As part of Cooperative Agreement PS18-1807 with the Centers for Disease Control and Prevention (CDC), the HIDOE administers the YRBS and the Profiles. The HIDOE has been participating in the Profiles since 1998. Weighted data for the principal and lead health education surveys has been available since 2006. In Hawai'i, the Profiles is conducted biennially in the spring semester on even-numbered years in secondary schools.

The Profiles assists state and local education and health agencies in assessing school health policies and practices, including:

- Characteristics of school health education requirements and content;
- Physical education and physical activity;
- Practices related to bullying and sexual harassment;
- School health policies related to tobacco-use prevention and nutrition;
- School-based health services;
- Family engagement and community involvement; and
- School health coordination.

The Profiles questionnaires were developed by the CDC in collaboration with representatives of state, local, and territorial departments of health and education.

Sampling

In 2016 and 2018, the HIDOE conducted the Profiles as a census survey that included all public secondary HIDOE and charter schools containing at least one of grades 6 through 12. Elementary schools with grade 6 as the highest grade level were excluded from the sample. The sample included a total of 119 public secondary schools, which included 88 HIDOE schools and 31 charter schools.

Data Collection

For each school that was sampled, two self-administered questionnaires are used to collect data – one for the school principal and one for the lead health education teacher (the person most knowledgeable about health education at the school). The two computer-scannable questionnaire booklets were mailed to 119 public secondary HIDOE and charter schools. One or both questionnaires were received from 87% of eligible sampled schools. Usable questionnaires were received from principals in 81% of schools and from lead health education teachers in 79% of schools. Because the response rates for these surveys were greater than or equal to 70%, the results are weighted and are representative of all public secondary HIDOE and charter schools containing at least one of grades 6 through 12 in Hawai'i.

Table 1. Total number of participating public secondary schools by survey

	Principal Survey	Lead Health Education Teacher Survey
HIDOE Schools	76	74
Charter Schools	20	20
TOTAL	96	94

Limitations

Several limitations of Profiles should be noted:

1. The Profiles results apply only to public secondary HIDOE and charter schools as no private schools were included in the sample;
2. Because the data were combined across middle schools and high schools for the majority of questions, differences in policies and practices between the two levels might be masked (e.g., no health education credit requirements at the middle school level; 0.5 health education credit requirement at the high school level); and
3. Profiles results do not provide an in-depth assessment of all elements of school health. (Brener, 2017).

Standards-Based Health Education

Health is Essential

Healthy students are better learners (Michael, 2015). Standards-based Health Education contributes to supporting the whole child as part of a well-rounded educational experience. The goal of Health Education is to develop health-literate individuals by equipping all students with essential skills, knowledge, and attitudes to make health-enhancing decisions and practice healthy behaviors as part of a healthy lifestyle. Health literacy is an individual's capacity "to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others." (SHAPE America, 2018).

High-quality comprehensive health education equips students with health-enhancing skills, knowledge, and attitudes, which they can apply to address their current and future health needs and challenges. Practicing health-enhancing behaviors can contribute to healthy relationships and a positive quality of life by preventing and reducing the risk of disease and injury.

Core Principles of Health Education

Develops Health Literacy Skills

The primary focus of high-quality standards-based health education curriculum, instruction, and assessment are to develop **health literacy skills** to proficiency within and across grade levels:

- Advocacy;
- Self-management;
- Interpersonal communication;
- Decision-making;
- Goal-setting;
- Analyzing influences;
- Accessing information, products, and services; and
- Comprehending concepts.

Students are provided with regular opportunities and time to practice these skills and engage in peer feedback and self-assessment. Student-centered, interactive instructional strategies are utilized to engage students in learning skills within a social context. Examples of participatory methods include role play, large- and small-group discussions, debates, cooperative learning, problem-solving, and simulations (CDC, 2018).

The following model for **skill development** was developed from the National Health Education Standards (NHES) and the World Health Organization. Teachers should include all five elements of this model when designing meaningful learning opportunities for students to practice and reinforce health skills.

1. Discuss the importance of the skill, its relevance, and its relationship to other learned skills.
2. Present steps for development of the skill.

3. Model the skill using relevant, real-life scenarios.
4. Practice the skill using relevant, real-life scenarios.
5. Provide feedback and reinforcement. (Benes, 2016)

It is critical to ensure that students have a clear understanding of what they are learning and what successful learning looks like throughout their learning experiences. Standards-based assessments for health education provide evidence of students' current level of performance related to health skill performance and functional knowledge acquisition. Assessments should include scenarios that students might experience in real life (i.e., at home, in school, and in the community). A variety of assessments (e.g., performance task, role play, advocacy campaign, and constructed response) may be used to allow all students to demonstrate what they know and are able to do in relation to the Hawai'i Content and Performance Standards (HCPS) III for Health benchmarks.

Builds Functional Knowledge

While the primary focus of health education is the development of health skills, these skills must be addressed in conjunction with functional information in the context of priority risk topics:

- Promoting mental and emotional health;
- Promoting personal health and wellness;
- Promoting healthy eating and physical activity;
- Promoting safety and preventing violence and unintentional injury;
- Promoting tobacco-free lifestyles;
- Promoting alcohol and drug-free lifestyles; and
- Promoting sexual health and responsibility.

Functional information provides the context in which students learn and apply skills. It is relevant and applicable information that directly contributes to maintaining and enhancing their health and the health of others. This information is utilized to help students develop health skills in class.

When determining functional information that supports skill development, educators may consider asking, "What information about this topic do my students need in order to apply the skill being covered effectively?," and "When my students learn this information, how will they use it to benefit their health or the health of those around them?" (Benes, 2016). As functional information is processed and internalized, it becomes **functional knowledge** that students can apply in real-life situations.

Nurtures Attitudes that Support Positive Health Behaviors

In addition to developing skills and functional knowledge, students have opportunities to **examine their own perspectives, beliefs, and values** and engage in learning opportunities that **strengthen health-enhancing attitudes** about promoting healthy behaviors and preventing and reducing risky behaviors.

The YRBS is administered in odd-numbered years to HIDOE public school students in grades 6 through 12 to monitor priority behaviors that contribute to the leading causes of morbidity and mortality among youth and young adults (Saka, 2018). Age-appropriate use of YRBS data within health education

classes may be used to build student interest in a health topic, challenge youth perceptions on health behaviors, and support health skill development (e.g., evaluate and analyze health information, advocate for the health of self and others). The YRBS data may also be used to identify key areas of focus for curriculum design and professional development.

Addresses Students' Needs and Interests

Health education occurs within **inclusive and supportive learning environments** that foster a culture of learning and address the diverse learning needs of all students. A respectful and caring learning environment allows students to feel safe to share and reflect on their perspectives, interact with others, take risks to enhance their learning, and ask sensitive questions.

Teachers utilize instructional materials, strategies, and assessments that are **appropriate for students' age; social, emotional, mental, physical, and academic development needs; and culturally inclusive**. Learning experiences should be designed to encourage students to share their thoughts and opinions, develop critical thinking skills, and engage in creative expression (CDC, 2018).

HIDOE Policies and Requirements

Wellness Policy and Guidelines

The Board of Education (BOE) Policy 103-1 Health and Wellness mandates implementation of HIDOE Wellness Guidelines in compliance with the provisions of the Local Wellness Policy, under the Healthy, Hungry-Free Kids Act of 2010 (Public law 111-296). The current HIDOE Wellness Guidelines have been effective as of July 1, 2017 (HIDOE, 2018).

There are four guidelines for health education, including:

- HE1: Instructional content of health education classes includes a focus on knowledge and skills that support healthy eating and is aligned with the HIDOE standards for health education;
- HE2: Health education is provided to students in elementary grades at least 45 minutes per week and secondary grades at least 200 minutes per week;
- HE3: Nutrition education includes culturally relevant activities that are 'aina-based and hands-on, such as food preparation, taste-testing, farm visits, and school gardens; and
- HE4: All school-based marketing of foods and beverages must meet the Nutrition Guidelines. This includes, but is not limited to, school publications, the exterior of vending machines, posters, banners, and in-school televisions and scoreboards.

Course Requirements

- Health education is required in all elementary grades.
- One semester total (two quarters) of health education is strongly recommended, but not required, during 7th and/or 8th grade.
- In high school grades 9 through 12, a 0.5 credit course (one-semester) in health is required for graduation.

Sexual Health Education

Comprehensive, standards-based health education equips students with attitudes, knowledge, and skills to engage in healthy behaviors and practices. One of the priority risk topics addressed is, "Promoting Sexual Health and Responsibility." The HIDOE provides age-appropriate, medically accurate sexual health education aligned to BOE Policy 103-5 Sexual Health Education. Sexual health education that:

1. Includes education on abstinence, contraception, and methods of infection prevention to prevent unintended pregnancy and sexually transmitted infection, including human immunodeficiency virus;
2. Helps students develop relationships and communication skills to form healthy relationships that are based on mutual respect and affection and are free from violence, coercion and intimidation;
3. Helps students develop skills in critical thinking, problem-solving, decision-making and stress management to make healthy decisions about sexuality and relationships;
4. Encourages student to communicate with their parents, guardians and/or other trusted adults about sexuality; and
5. Informs students of available community resources. Instruction will emphasize that abstention from sexual intercourse is the surest way to prevent unintended pregnancies, sexually transmitted infections such as HIV/AIDS, and consequent emotional distress.

(BOE, 2016)

Students are excused from sexual health instruction only upon the prior written request of the student's parent or legal guardian. Also, students may not be subject to disciplinary action, academic penalty or other sanction if the student's parent or legal guardian makes such written request. The HIDOE also implements BOE Policy 103-8 Prophylactics in the Public Schools at middle/intermediate and high schools. Within the study of human reproduction, health education may include a discussion of birth control devices, but the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus or at any school-related activities.

Where is Health Education Headed?

The Future of Health Education Standards

Health Education is currently defined by the HCPS III for Health K-12 and aligned to the NHES. Since the adoption of HCPS III, the Joint Committee on National Health Education Standards revised the standards and released *the National Health Education Standards: Achieving Excellence*, 2nd edition in 2007. The national standards are used by CDC, SHAPE America, and many publishers develop their resources, tools, and instructional materials to address NHES, 2nd Edition. The HIDOE is currently moving toward the adoption of NHES to better support teachers and students in developing health literacy knowledge, skills, and attitudes (HIDOE, 2005).

2018 School Health Profiles Results

Comprehensive Health Education

Table 2. Percentage of schools in which the health education curriculum addresses skills

National Health Education Standards (NHES)	Percentage (%) of All Schools	
	2016	2018
Self-Management Practicing health-enhancing behaviors to avoid or reduce risks	92.4	95.7▲
Analyzing Influences Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	91.1	94.7▲
Interpersonal Communication Using interpersonal communication skills to enhance health and avoid or reduce health risks	89.8	94.7▲
Comprehending Concepts Comprehending concepts related to health promotion and disease prevention to enhance health	91.5	93.8
Decision-Making Using decision-making skills to enhance health	91.1	93.4
Goal-Setting Using goal-setting skills to enhance health	88.5	89.7
Advocacy Advocating for personal, family, and community health	86.0	87.5
Accessing Information, Products, and Services Accessing valid information and products and services to enhance health	87.1	86.7

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Table 3. Percentage of schools in which teachers tried to increase student knowledge in a required course in any of grades 6 through 12 during the current school year

Health Topics	Percentage (%) of All Schools	
	2016	2018
Nutrition and dietary behavior	95.5	97.9▲
Physical activity and fitness	95.6	96.6
Violence prevention (e.g., bullying, fighting, dating violence prevention)	89.4	95.4▲
Alcohol- or other drug-use prevention	84.4	93.8▲
Tobacco-use prevention	85.8	92.6▲
Emotional and mental health	86.4	91.2▲
Sexually transmitted disease (STD) prevention	78.7	85.8▲
Pregnancy prevention	72.7	83.9▲
Chronic disease prevention	84.0	83.6
Injury prevention and safety	81.5	82.4
Human immunodeficiency virus (HIV) prevention	77.0	82.0
Human sexuality	69.2	80.3▲
Suicide prevention	68.5	76.5▲
Infectious disease prevention (e.g., influenza [flu] prevention)	69.7	69.6
Food allergies	52.5	56.5
Foodborne illness prevention	58.6	53.5
Asthma	47.3	44.0
Epilepsy or seizure disorder	30.2	35.0

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Health Education on Nutrition and Dietary Behavior

Table 4. Percentage of schools in which teachers taught nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12 during the current school year

Nutrition and Dietary Behavior Topics	Percentage (%) of All Schools	
	2016	2018
Benefits of drinking plenty of water	88.7	92.8▲
Benefits of healthy eating	87.7	91.5
Eating more fruits, vegetables, and whole grain products	83.4	86.7
Balancing food intake and physical activity	83.0	85.3
Benefits of eating breakfast every day	86.2	83.6
Differentiating between nutritious and non-nutritious beverages	80.0	83.4
Choosing foods, snacks, and beverages that are low in added sugars	79.1	78.6
The influence of the media on dietary behaviors	Not available	76.7
Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate)	80.5	76.2
Using food labels	78.8	76.0
Eating a variety of foods that are high in calcium	74.3	75.8
Accepting body size differences	71.1	74.3
Choosing foods and snacks that are low in solid fat (i.e., saturated and trans fat)	75.4	74.0
Choosing foods and snacks that are low in sodium	74.2	73.8
Preparing healthy meals and snacks	66.4	70.9
Risks of unhealthy weight control practices	76.7	70.6▼
Relationship between diet and chronic diseases	71.2	69.6
Eating a variety of foods that are high in iron	65.6	69.4
Food safety	64.5	67.2
Signs, symptoms, and treatment for eating disorders	68.5	66.6
Assessing body mass index (BMI)	59.0	61.1
Food production, including how food is grown, harvested, processed, packaged, and transported	Not available	54.6

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Health Education on Physical Activity

Table 5. Percentage of schools in which teachers taught physical activity topics in a required course for students in any of grades 6 through 12 during the current school year

Physical Activity Topics	Percentage (%) of All Schools	
	2016	2018
Increasing daily physical activity	90.6	93.6
Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	86.3	90.6▲
Benefits of drinking water before, during, and after physical activity	88.2	90.6
Mental and social benefits of physical activity	88.0	90.0
Short-term and long-term benefits of physical activity, including reducing the risks for chronic disease	89.5	89.6
Phases of a workout (i.e., warm-up, workout, cool down)	85.1	88.6
Decreasing sedentary activities (e.g., television viewing)	88.7	87.9
Preventing injury during physical activity	86.2	87.0
Incorporating physical activity into daily life (without relying on a structured exercise plan or special equipment)	86.0	86.6
Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	76.2	82.0▲
Recommended amounts and types of moderate, vigorous, muscle-strengthening, and bone-strengthening physical activity	80.5	81.6
Using safety equipment for specific physical activities	73.8	81.4▲
Dangers of using performance-enhancing drugs (i.e., steroids)	66.8	64.2

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Health Education on Tobacco-Use Prevention

Table 6. Percentage of schools in which teachers taught tobacco-use prevention topics in a required course for students in any of grades 6 through 12 during the current school year

Tobacco-Use Prevention Topics	Percentage (%) of All Schools	
	2016	2018
Identifying short- and long-term health consequences of tobacco use	80.6	81.0
Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	73.4	80.3▲
Identifying tobacco products and the harmful substances they contain	79.1	79.1
Understanding the social influences on tobacco use, including media, family, peers, and culture	76.9	78.7
Using goal-setting and decision-making skills related to not using tobacco	71.8	78.0▲
Identifying reasons why students do and do not use tobacco	73.1	77.7
Effects of second-hand smoke and benefits of a smoke-free environment	77.3	77.5
Understanding the addictive nature of nicotine	75.8	76.4
Identifying social, economic, and cosmetic consequences of tobacco use	69.2	74.5
Effects of tobacco use on athletic performance	66.8	73.5▲
Relationship between using tobacco and alcohol or other drugs	71.3	73.3
How addiction to tobacco use can be treated	68.9	72.5
Understanding school policies and community laws related to the sale and use of tobacco products	77.3	70.6▼
Finding valid information and services related to tobacco-use prevention and cessation	66.4	70.3
Effects of nicotine on the adolescent brain	67.7	69.8
Supporting others who abstain from or want to quit using tobacco	65.1	68.3
Identifying harmful effects of tobacco use on fetal development	64.5	62.9

Table 6. Percentage of schools in which teachers taught tobacco-use prevention topics in a required course for students in any of grades 6 through 12 during the current school year (Continued)

Tobacco-Use Prevention Topics	Percentage (%) of All Schools	
	2016	2018
Making accurate assessments of how many peers use tobacco	47.2	58.3▲
Benefits of tobacco cessation programs	56.7	56.4

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Health Education on Sexual Health

Table 7. Percentage of schools in which teachers taught sexual health topics in a required course for students in any of grades 6, 7, or 8 during the current school year

Sexual Health Topics	Percentage (%) of All Schools (Among schools that contain grades in this grade span)	
	2016	2018
How to create and sustain healthy and respectful relationships	55.7	64.1
The benefits of being sexually abstinent	58.6	61.5
The influences of family, peers, media, technology and other factors on sexual risk behaviors	52.7	59.3
How HIV and other STDs are transmitted	60.4	59.3
Health consequences of HIV, other STDs, and pregnancy	60.4	59.3
The relationship between alcohol and other drug use and sexual risk behaviors	Not available	57.8
The importance of limiting the number of sexual partners	42.0	55.7▲
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	49.0	55.7
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	50.1	55.7
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	34.5	53.9▲
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	46.8	53.9
Influencing and supporting others to avoid or reduce sexual risk behaviors	49.0	52.1
Methods of contraception other than condoms	38.7	48.6▲
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	46.1	48.6
Efficacy of condoms, that is, how well condoms work and do not work	40.5	45.0
The importance of using condoms consistently and correctly	38.7	43.2
How to correctly use a condom	36.8	39.6
Gender roles, gender identity, or gender expression	27.3	38.6▲
How to obtain condoms	35.0	37.8

Table 7. Percentage of schools in which teachers taught sexual health topics in a required course for students in any of grades 6, 7, or 8 during the current school year (Continued)

Sexual Health Topics	Percentage (%) of All Schools (Among schools that contain grades in this grade span)	
	2016	2018
Sexual orientation	29.2	36.8

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Table 8. Percentage of schools in which teachers taught sexual health topics in a required course for students in any of grades 9, 10, 11, or 12 during the current school year

Sexual Health Topics	Percentage (%) of All Schools (Among schools that contain grades in this grade span)	
	2016	2018
How to create and sustain healthy and respectful relationships	77.6	92.7▲
The benefits of being sexually abstinent	78.0	88.4▲
Health consequences of HIV, other STDs, and pregnancy	79.0	88.4▲
The importance of limiting the number of sexual partners	66.6	86.1▲
How HIV and other STDs are transmitted	77.3	86.1▲
The relationship between alcohol and other drug use and sexual risk behaviors	Not available	86.1
Influencing and supporting others to avoid or reduce sexual risk behaviors	73.7	85.7▲
The influences of family, peers, media, technology and other factors on sexual risk behaviors	78.0	85.7▲
Methods of contraception other than condoms	73.2	83.5▲
The importance of using condoms consistently and correctly	65.6	81.7▲
Efficacy of condoms, that is, how well condoms work and do not work	73.2	81.7▲
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	76.6	81.7
Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health	66.6	79.6▲
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	71.3	79.6▲
How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	78.7	79.6
How to correctly use a condom	59.7	77.3▲
How to obtain condoms	63.8	77.3▲
The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	68.0	75.4
Sexual orientation	56.5	74.3▲
Gender roles, gender identity, or gender expression	55.6	71.7▲

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease

Professional Development (PD) Interests

Table 9. Percentage of schools in which the lead health education teacher would like to receive professional development

Topics of Interest for PD	Percentage (%) of All Schools	
	2016	2018
Strategies for Instruction, Assessment, and Engaging Families and Communities		
Using interactive teaching methods (e.g., role plays, cooperative group activities)	65.7	80.3▲
Teaching skills for behavior change	71.8	78.9▲
Assessing or evaluating students in health education	70.1	76.5▲
Encouraging family or community involvement	70.4	72.2
Teaching students of different sexual orientations or gender identities	63.7	69.3
Teaching students with physical, medical, or cognitive disabilities	65.6	68.6
Classroom management techniques (e.g., social skills training, environmental modification, conflict resolution and mediation, behavior management)	55.2	65.0▲
Teaching students with limited English proficiency	57.5	64.2▲
Teaching students of various cultural backgrounds	56.4	59.9
Health Topics of Interest for PD		
Emotional and mental health	70.5	80.8▲
Suicide prevention	67.9	78.9▲
Violence prevention (e.g., bullying, fighting, dating violence prevention)	70.9	78.5▲
Alcohol- or other drug-use prevention	67.0	74.2▲
Tobacco-use prevention	60.3	68.6▲
Chronic disease prevention (e.g., diabetes, obesity prevention)	61.4	68.5▲
Nutrition and dietary behavior	67.8	67.6
Physical activity and fitness	51.9	64.2▲

Table 9. Percentage of schools in which the lead health education teacher would like to receive professional development (continued)

Topics of Interest for PD	Percentage (%) of All Schools	
	2016	2018
Health Topics of Interest for PD (Continued)		
Human sexuality	57.9	61.3
Pregnancy prevention	45.9	57.8▲
STD prevention	49.7	57.4▲
Injury prevention and safety	57.7	56.6
Infectious disease prevention (e.g., flu prevention)	50.7	54.7
HIV prevention	45.8	53.1▲
Asthma	44.5	51.1▲
Epilepsy or seizure disorder	45.9	49.8
Foodborne illness prevention	46.5	49.7
Food allergies	49.5	49.3
Sexual Health Topics of Interest for PD		
Using a variety of effective instructional strategies to deliver sexual health education	58.0	75.6▲
Assessing student knowledge and skills in sexual health education	58.2	70.5▲
Building student skills in HIV, other STD, and pregnancy prevention	54.6	70.3▲
Connecting students to on-site or community-based sexual health services	53.2	67.9▲
Understanding current district or school board policies or curriculum guidance regarding sexual health education	63.6	66.7
Creating a comfortable and safe learning environment for students receiving sexual health education	50.7	65.6▲
Aligning lessons and materials with the district scope and sequence for sexual health education	57.8	65.2▲

Bold = Statistically significant difference between 2016 and 2018

▲ = Statistically significant increase

▼ = Statistically significant decrease