

Assessment of Physical Activity, Exercise Self-Efficacy, and Stages of Change in College Students Using a Street-Based Survey Method

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This study assessed the level of physical activity, exercise self-efficacy, and stage of change for exercise behavior among college students at a large midwestern university using a street-based survey method. The 50% response rate produced 925 student responses comprising 95% as young (<24 years of age), 53% female, and 79% Caucasian. One-third of the students did not participate in vigorous physical activity (<3 days/week). Based on the stages of change questionnaire, 41% of the women and 35% of the men reported they were in the precontemplation or contemplation stages, as they were not active or were not exercising on a regular basis (<3 times per week for 20 min or longer). Exercise-self efficacy scores were significantly different as a function of exercise stage as predicted by the stages of change theory ($R^2=0.26$, $P<.0001$). These results are consistent with earlier reports on college students and their level of physical activity. Therefore, the low cost, ease of data collection, and the short turnaround for availability of results support the usefulness of a street-based survey of young adults on a college campus to evaluate physical activity.

Selected Risk and Protective Factors Associated With Two or More Lifetime Sexual Intercourse Partners and Non-Condom Use During Last Coitus Among U.S. Rural High School Students

William L. Yarber, Robin Milhausen, Richard A. Crosby, and Ralph J. DiClemente This analysis determined the association between 13 selected health risk and protective factors and reporting two or more lifetime sexual intercourse partners and non-condom use for last coitus among sexually experienced U.S. rural high school students. The sample was 569 sexually experienced adolescent females and 561 sexually experienced adolescent males who participated in the national 1999 Youth Risk Behavior Survey and who attended rural high schools. For females, coital debut before age 15, forced sexual intercourse, physical abuse, and marijuana use were associated with having two or more lifetime sexual intercourse partners. Coital debut before 15, binge drinking, and marijuana use were associated with having two or more sexual intercourse partners for males. Coital debut before age 15, forced sexual intercourse, and regular cigarette smoking were associated with non-condom use at last coital episode for females. Forced sexual intercourse and cocaine use were associated with non-condom use at last coital episode for males. A greater number of correlates were identified for females as opposed to males. The findings suggest that rural adolescents who initiate sexual activity at an early age are at a markedly greater risk of engaging in subsequent sexual risk behaviors, such as having multiple sex partners and non-condom use. Further, substance use and a history of forced sex were also prominent determinants of sexual risk-taking. The findings portend that there is value in delaying the onset of coitus until adolescents are older. Thus, risk reduction programs should encourage the postponement of sexual initiation. Finally, the findings suggest that programs that address the key role of substance use and the psychological sequelae of sexual abuse might be more effective at reducing sexual risk-taking among rural adolescents.

The Role of Health Educators in Dealing with Biological Threats in the United States

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Health educators play a key role in assisting the nation deal with and be prepared for potential biological attacks. This article summarizes information found in the literature about likely bioterrorist threats to the U.S. population and discusses the responsibilities of health educators in regard to these threats. Among the important roles health educators should play are dispelling misconceptions and erroneous information associated with biological threats as well as minimizing panic from real or perceived attacks.

Alcohol-Free Alternative Activities for University Students: Modeling Associated Drinking Behavior

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An exploration of the linear relationships among alcohol use, participation in late-night alcohol-free entertainment options, perceived drinking norms, social identity, perception of university policy, and demographics was conducted. The sample was 1,074 college students enrolled in introductory psychology courses. Alcohol use was measured using self-report behavioral inventories. A total of 382 students participated in the study, 42% of whom attended one or more LateNight programs, and 52.7% of whom had binged within the past 2 weeks. Regression analysis results showed those who felt LateNight was a good example of having fun without using alcohol were 27% less likely to binge than those who did not believe this ($p < .05$). Likewise, those with high perceptions of peer drinking norms were 30% more likely to party heavily than those with low perceptions ($p < .001$). LateNight participants were significantly ($p < .001$) less likely to drink heavily, were 14% less likely to binge ($p < .001$), and were 20% less likely to party heavily ($p < .001$) than nonparticipants. Respondents identifying socially with LateNight participants were 14% less likely to binge ($p < .05$). Those more aware of university-based efforts involving policy enforcement and prevention programming were 19% more likely to binge ($p < .01$), and 23% more likely to party heavily ($p < .01$) than those less aware of university efforts. Implications for program planning and evaluation are presented.

An Assessment of Health Education Responsibilities and Competencies Addressed in Continuing Education Contact Hour Articles

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For more than a decade the health education profession has used the seven responsibilities, outlined from the 1978-1988 Role Delineation Project, as the foundation for credentialing, curricular structure in professional preparation programs, and continuing education. The purpose of this study was to investigate the extent to which the seven responsibilities and corresponding competencies were addressed in continuing education articles found in the professional literature. The method included using the Health Competency Assessment form to code responsibilities and competencies found in all continuing education articles ($n=148$) published between 1997 and 2000. The census of articles was found in four peer-reviewed journals and on web sites that published such

articles for Certified Health Education Specialists. All articles offered for continuing education contact hours were selected and divided equally among the five researchers to read and evaluate (interrater reliability $\text{Pi}=0.76-0.87$). Results were tabulated and analyzed using descriptive statistics. The results indicated that the responsibilities are not addressed uniformly in the continuing education articles. Responsibilities I (assessing needs) and IV (evaluating programs) were most frequently addressed. Responsibility VI (acting as a resource person) was addressed in the literature the least often. As a result of this study it can be concluded that competencies are not addressed uniformly in continuing education articles. Based on the study's finding it is suggested that editorial boards of professional journals may want to clarify the role of their respective journals in continued professional development of their readers.

SWARMing for a Solution: Integrating Service Learning and Peer Education into the Health Education Curriculum

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Johnson C. Smith University, one of the nation's oldest historically Black colleges and universities, has a peer education program known as Students with a Realistic Mission (SWARM). SWARM's primary focus is on HIV/AIDS, other sexually transmitted disease prevention, alcohol education, and other drug awareness. During the spring 2000 semester, we integrated service learning and peer education into two health education courses titled Healthful Living and Drugs. Students enrolled in the classes serve as peer educators for the semester. We piloted the service learning component during the spring and fall 2000 semesters. The component has been evaluated and revised several times, but remains an integral part of the two courses. This article describes and reviews program development, successes and obstacles, and provides a summary of our findings.

Alcohol-Free Options for University Students: The LateNight Penn State Program

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In 1999, Penn State's alcohol-free program, LateNight (LNPS), was chosen by the U.S. Department of Education as a "model" program under its Safe and Drug Free Schools and Communities competition. The mission of LNPS is to provide university students with entertainment during prime social times, 9:00 p.m. through 2:00 a.m. on "Fridays and Saturdays and 9:00 p.m. through 12:00 midnight on Thursdays, in an alcohol-free environment. LateNight also provides opportunities for members of student campus organizations to gain experience in programming, leadership development, and responsible social interaction. The LNPS program evaluation results show that dance programs, arts and crafts, and pottery were rated highest among participants, and most participants believe attending LNPS programs results in less alcohol use for themselves and for others.