THE UNIVERSITY OF CALGARY

Adolescent Needs:
A Comparison of Student and Adult Perspectives

by

Sandra D. Collins

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF
MASTER OF SCIENCE
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Adolescent Needs: A Comparison of Student and Adult Perspectives" submitted by Sandra D. Collins in partial fulfillment of the requirements for the degree of Master of Science.

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ABSTRACT

Adolescent health related needs have a direct effect upon school performance and long term life success. The study described in this thesis explored the needs of adolescents in an alternative high school in Calgary and compared the needs perceptions of students with those of parents and school personnel.

Two general needs areas emerged as predominate concerns; coping with problems and family relationships. Some agreement existed between the groups about specific high priority needs in these areas. Overall, however, the three groups agreed only on 37.5% of the needs identified. For 32.5% of the student priorities there was no adult agreement.

Inferential analyses reiterated this discrepancy, with significant differences appearing between the perceptions of students and both adult groups. There was much less discrepancy between the adult groups on all levels.

Overall, these results suggest that the perceptions of adults did not accurately reflect the expressed needs of the adolescent population in this setting.

ACKNOWLEDGEMENTS

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I am thankful also to the members of the Calgary Board of Education, Calgary Health Services, and the Van Horne school community who have contributed to this study and especially to Cathy McLean-Stearns whose skilled coordination of the 'Partners for Healthy Living' initiative has made much of this work possible.

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Chapter I

INTRODUCTION

The health related knowledge, attitudes, and behavioral choices of Canadian and American school children have been an issue of rising concern in the past decade (King, Robertson, & Warren, 1984; Kolbe, 1985; Mason, 1989; O'Rourke, 1985). In 1981, sexually transmitted diseases were reported by 1 in 200 Canadian adolescents aged 15-19. In 1985, 35,000 became pregnant and 13,000 of these had abortions (Canadian Institute of Child Health [CICH], 1989). In the last 25 years, completed suicides among adolescents in Canada aged 15-19 have tripled, with an equally alarming increase in suicide attempts (Gammon, John, & Weissmman, 1986).

This situation also exists on the local level. For example, studies done on children in the Calgary area suggest that young people tend to experience greater stress levels and have access to fewer coping resources than adults (Allen & Hiebert, 1991). The Calgary Board of Education [CBE] recorded 5 suicides for the 1986-87 school year which means 500 to 1500 attempts according to Calgary Mental Health Association [CHMA] statistics. A 1990-91 survey in 188 Calgary schools identified many major adolescent emotional, social, and physical health problems (Calgary Health Services [CHS], 1991). Clearly, professionals in both health and education have good reason for concern.

The Role of the School

Second only to the family, schools have a unique opportunity to observe and impact the lives of almost every young person in our society (Allensworth & Kolbe, 1987; O´Rourke, 1985; Pigg, 1989). Unfortunately, neither the assessment of, nor the response to, health concerns have traditionally been perceived as the responsibility of the school system (Cameron, Mutter, & Hamilton, 1991; Cogdon & Belser, 1991; National Commission on the Role of the School and the Community in Improving Adolescent Health [NCRSC], 1990). However, many writers (DeFriese, Crossland, MacPhail-Wilcox, & Sowers, 1990; Mason, 1989; Parcel, Simons-Morton, & Kolbe, 1988; Pollock & Hamburg, 1985) are suggesting that the changing needs of students in our communities necessitates that the role of the schools now be expanded to address these needs. According to Seffrin (1990. p. 152), the simple rationale behind this injunction is that "the school should because the school can and, therefore, the school must".

The accurate identification of these student health related needs has become an issue of increasing academic and social importance. Many students face emotional, social, and physical problems which have an adverse effect upon their learning (Kolbe, 1985; O´Rourke, 1985). Those who are involved in substance abuse, self-destructive behaviors, or have other health problems are typically more socially and academically problematic and are more likely to drop out of school (Cameron et al., 1991; NCRSC, 1990; Seffrin, 1990). Diet, exercise, sleep, self-esteem, and stress are also key factors affecting performance (Kolbe, 1985). Unless these concerns are accurately identified and addressed, these youths cannot fully profit from the educational process, making the need for health education central to any school program (Canadian Association for School Health [CASH], 1991a; Seffrin, 1990). "We cannot expect unhealthy bodies to produce intellectually curious minds capable of absorbing concepts and ideas" (Mason, 1989, p. 19).

Furthermore, there are long term effects of unhealthy attitudes, beliefs, and practices established early in life, including; decreased productivity, crime, increased demand on the social welfare and health systems, increased morbidity, and higher ´preventable´ mortality rates (DeFriese et al., 1990; Kolbe, 1985; NCRSC, 1990; O´Rourke, 1985; Pollock & Hamburg, 1985; Prue, Wynder, Scharf, & Resnicow, 1987). Employment and Immigration Canada (1990) suggests that the future drain on the health and welfare services of Canada due to the current 30% high school drop out rate will be unbearable. According to Kolbe (1985, p. 117), " ...the vitality and economic productivity of any society are dependent on the interactive health, energy and achievement of its people". Education and health have clearly become ´inextricably intertwined´ (McGinnis, 1981).

Rationale

Kolbe (1985), Mason (1989), and others assert that many of these concerns, including cognitive performance and educational achievement levels, can be addressed through the provision of appropriate and ´needs-specific´ health services within schools which function to remove learning impediments and reduce absenteeism. However, traditional one dimensional, fragmented, or generic educational approaches to addressing health related issues been have demonstrated to be inadequate in this regard (Cameron et al., 1991; NCRSC, 1990; Nader, 1990). Current data on adolescent drop out rates, incarcerations, suicide rates, levels of substance abuse, promiscuity, violence, mortality rates, other preventable health related crises, and poor academic achievement levels suggests that the most critical needs are not being adequately identified and addressed (Cameron et al., 1991; NCRSC, 1990; O´Rourke, 1985).

In the last two decades, therefore, a ´comprehensive approach´ to school health programming with a ´student-centred´ emphasis, has come to be viewed as essential for promoting health enhancing lifestyles (Kolbe, 1985; Nader, 1990, CASH, 1991a). This model has at its foundation a commitment to accurate and comprehensive student needs assessment in each target community (Arborelius & Bremberg, 1988; DeFriese et al., 1990; Nader, 1990). Needs assessment essentially parallels step one of the scientific method:

problem definition (Davis, 1982; Royse & Drude, 1982).

The beneficial effects on student knowledge, attitudes, and lifestyle choices of ´student-directed´ and ´needs-specific´ comprehensive school health [CSH] programming have been documented in a number of American studies (Arborelius & Bremberg, 1988; Connell, Turner, & Mason, 1985). Unfortunately, this type of comprehensive programming is virtually non-existent in Canada (Cameron et al., 1991).

Health and Welfare Canada is currently funding a pilot project for CSH in the elementary schools (grades 4-6) in Dartmouth, Nova Scotia. A fundamental assumption in the Dartmouth study is that a careful needs assessment must be conducted in order to ensure that the programs developed accurately reflect the needs of children in the target community and thus have realistic potential for influencing their short and long term health (Cogdon & Belzer, 1991). There is currently no CSH plan/model for either needs assessment or programming for Senior High schools in Canada.

The Problem

The study reported in this thesis is part of a cooperative venture between the CBE and CHS aimed at the development, initiation, and evaluation of a CSH program for Calgary senior high schools. The ultimate goal of the larger initiative is "to help young people achieve their fullest potential by accepting responsibility for personal health decisions and practices, by working with others to maintain an ecological balance helpful to society and the environment, and by becoming discriminating consumers of health information, health services and health products" (CBE, 1991, p.1).

Van Horne High School, an alternative education school in Calgary, was selected as the first pilot site in which this new initiative was implemented. The purpose of the study reported in this thesis was twofold: to identify the specific adolescent health related needs in this target school and to compare the needs perceptions of the students with those of the adults in the school community. The results of this study then formed the basis for the development of needs specific CSH programming and provided a model for transferring this process to other schools.

In accordance with the literature in this area, adolescent health needs were defined in this study in the broadest possible sense to include all mental, emotional, physical, and social attitudes, behaviors, and expressed needs that have an impact on the overall well being of the young person, both present and future (Arborelius & Bremberg, 1988; CASH, 1990; Pollock & Hamburg, 1985; Prue et al., 1987). A need was defined as a discrepancy between ´what is´ and ´what ought to be´ (Burton & Merrill, 1977; English & Kaufman, 1975) in any of these health related areas. An accurate needs assessment must, therefore, reflect this multifaceted problem definition.

An Overview

This chapter has set the context for the investigation of adolescent health related needs carried out in this study. Chapter II will review the literature in the areas of adolescent health related needs, CSH concepts and programs, and needs assessment procedures and will introduce the specific research questions to be addressed. Chapter III will give a detailed description of the samples used, the development of the needs assessment questionnaire, and the procedure for its administration. The results of the study will be described in Chapter IV and the relationship of these results to the research questions asked will be highlighted. Chapter V will then provide a detailed discussion of these results in light of current literature on the subject, assess the short comings and strengths of the study, explore the implications for further research, and sum up the final conclusions of the study.

Chapter II

LITERATURE REVIEW

"The health and well being of children and youth must be a fundamental value of Canadian society. Recently, urgent health and social problems have underscored the need for collaboration among young people, families, schools, agencies, communities and governments in taking a comprehensive approach to school-based health promotion" (CASH, 1991b).

Of youth in 11 countries surveyed by the World Health Organization [WHO] in 1989-90, Canadian youth ranked third in ailments such as headaches, depression, and dizziness, took more medications than youth in other countries, had poorer relationships with both parents and peers, and struggled more with low self esteem (King & Coles, 1992). Posterski and Bibby (1988) conducted a nationwide survey which highlighted money, time, career or future plans, and school as the top four personal concerns for adolescents. Another major study highlighted motor vehicle accidents, suicide, issues of sexuality, and mental health problems as major health threats for Canadian youth, aged 15-19 (CICH, 1989).

Child sexual abuse, AIDS, and drug and alcohol abuse were central issues of concern at the Canadian ´Exchange ´88´ conference on CSH (CASH, 1991a). The ´Exchange ´90´ conference added suicide, family violence, and smoking to this list (CASH, 1990). Lastly, priorities assessed in research by the Canadian Mental Health Association [CMHA] (1989) revealed a focus by youth on respect, caring and mutually interdependent relationships, and autonomy/sharing in decision-making. Clearly, the range of issues facing Canadian youth is disturbing.

The regional picture is similar. In a study on adolescent stress and coping in Calgary, Allen (1989) reported that academics and personal autonomy were the most frequent and most highly ranked concerns for adolescents. Peer events, family events, and personal concerns followed in that order. Huston (1992), in a similar study, found that the most frequently listed demands were school, family, part-time job, and relationships. In a study of drop out risk among Calgary youth, Young (cited in Hill, 1992) identified family problems, peer and sibling drop out rates, and academic and behavior problems as key factors for high risk adolescents.

Violato & Holden (1989) attempted to prioritize and group many of these adolescent concerns. Their study confirmed other findings in the literature. The adolescents surveyed placed primary emphasis on school related concerns, including future educational and career plans. A second major theme was physical health, particularly substance abuse. Self-concept concerns and interpersonal relationship issues ranked third and fourth, respectively. Blocked educational opportunities, substance abuse, family problems and resultant low self-esteem are also noted in a Canadian study of adolescent crime ("Safer Communities," 1989). In her review of the literature on adolescent coping, Rinholm (1991) concluded that adolescent stressors could be grouped into three primary areas: family, peer, and school issues.

Two prominent studies have noted gender differences in some of the areas most significant to adolescents. Educational ambitions and marriage expectations were noted by a higher percentage of young women than young men in a study of adolescent aspirations (Baker, 1985). Young women also emerged as more concerned about sexual and physical abuse, less satisfied with their appearance and their general health status, lower in confidence and self-esteem, and as experiencing higher levels of stress than young men in a more recent study (Holmes & Silverman, 1992). Both males and females noted relationships with family and friends as very important but young women expressed less relational satisfaction and young men a higher focus on opposite sex relationships (Holmes & Silverman, 1992).

Comprehensive School Health Conceptualized

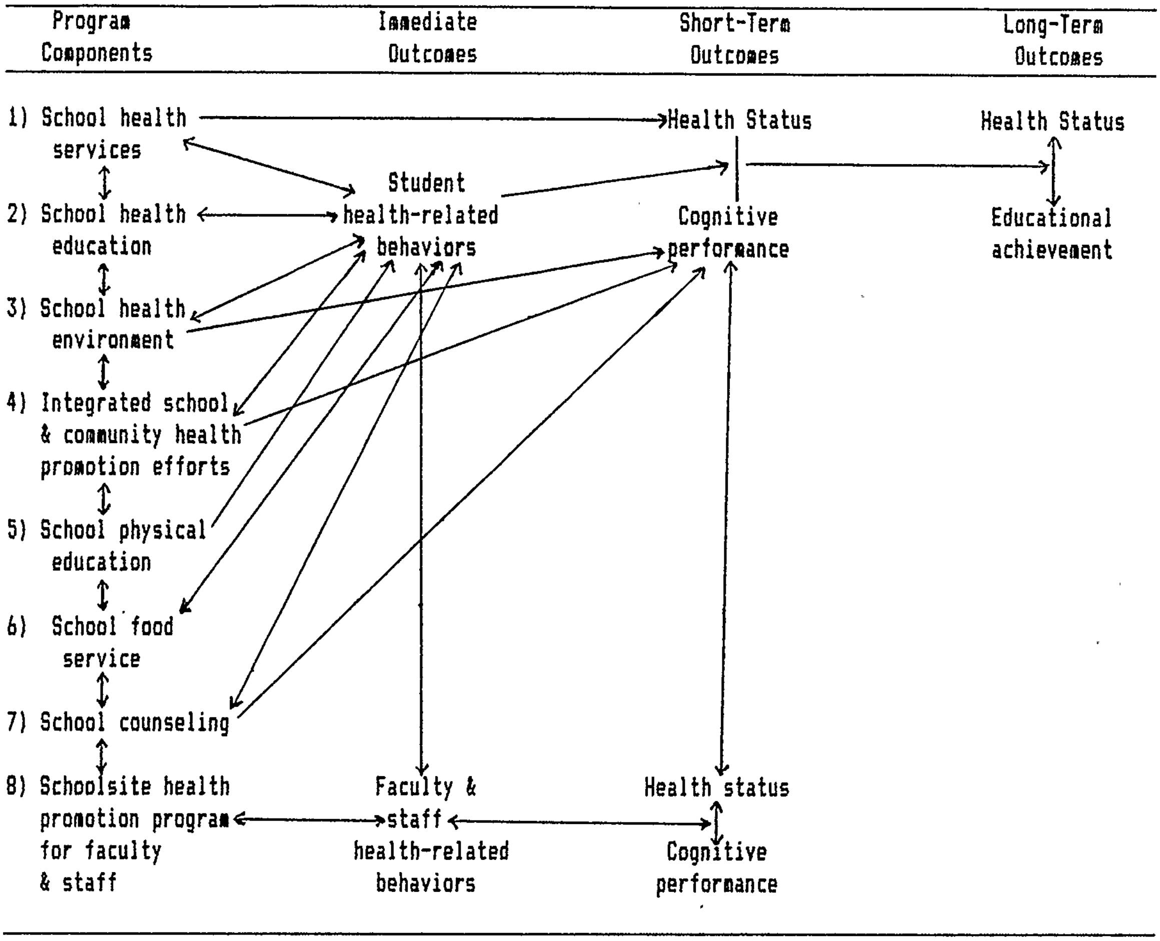
The CSH concept, which has come to represent one of the strongest thrusts in school health theory in the last decade (Cameron, et al., 1991; Mutter, Ashworth, & Cameron, 1990; Pollock & Hamburg, 1985; Seffrin, 1990), postulates a threefold model of dynamic and interdependent interaction between instruction, health and social services, and a healthy environment (Cameron et al., 1991; Mutter et al., 1990). These three core concepts have been expanded into a more recent and explicit conceptualization of this model by Kolbe (1986), as shown in Figure 1. It is clear from this model that the long term and short term outcomes of CSH programming are closely linked with both health status and academic achievement goals.

The core components of this model are not new, having been cited as early as 1935 in writings on health education (Green & Kreuter, 1991). However, the integration of these components into a coordinated and community specific initiative requiring the cooperative involvement of the school, family, and community on all levels is new, in practice at least (Cameron et al., 1991; Mutter, et al., 1990).

What is resisted in this model are the traditional, fragmented "stop-gap efforts" to respond only to the latest health problems without integration of these concerns into comprehensive K-12 programming and overall health goals (CASH, 1990; Green & Kreuter, 1991). Alberta is currently the only province with a mandated health curriculum from kindergarten to grade 12.

The aim of CSH programming is "to nurture health literate children and youth who have the competence to meet

Figure 1. School Health Promotion Components and Outcomes.


Program Components
Immediate Outcomes
Short-Term Outcomes
Long-Term Outcomes
1) School health services
2) School health education
3) School health environment
4) Integrated school & community health promotion efforts
5) School physical education
6) School food service
7) School counseling
8) Schoolsite health promotion program for faculty & staff
Student health-related behaviors
Health Status
Cognitive performance
Health Status
Educational achievement
Faculty & staff health-related behaviors
Health status
Cognitive performance

Source: Kolbe, L.J. (1986, October/November). Increasing the impact of school health promotion programs: Emerging Perspectives. Health Education, 47-51.

the demands of daily living" (p. 364) whether those demands consist of exercise and nutrition or AIDS and drug abuse prevention (Green & Kreuter, 1991). The traditional single-topic interventions are less effective, oriented more towards researcher needs, and fail to address the most pressing needs of the target population (Prue et al., 1987).

Comprehensiveness Defined

The emphasis on comprehensiveness means more than simply targeting elements of the three core components, it requires active commitment and participation by all members of the school community (students, teachers, parents, support staff, health professionals etc.) (Green & Kreuter, 1991). "This collaborative approach between schools, health agencies, and communities facilitates the development of integrated programs, health and social services support, and health environments that reinforce health-enhancing decisions" (McLean-Stearns, 1992, p. 2). Parental and peer support, positive reinforcement from school and community sources, and repeated exposure from various sources or forms of intervention all serve to increase the likelihood of long term cognitive and behavioral changes among students (Cameron, et al., 1991; Kolbe, 1986). Kolbe (1986) points to the eight key components in his model of CSH (Figure 1) as potential elements to be combined in targeting student health related concerns. It is the complementary or synergistic effect of reinforcing positive health choices from a number of different sources and perspectives that underlies current school health theory (Allensworth & Kolbe, 1987; Cameron et al., 1991: Kolbe, 1985; Kolbe, 1986).

Such synergistic effects are noted by Dryfoos (1985) in a study on unwanted pregnancies, and by Prue et al. (1987). Connell & Turner (1985), reporting on the national School

Health Education Evaluation [SHEE], also state that there is a strong cumulative effect of repeated exposure to CSH education on the knowledge, attitudes, and behaviors of American youth. The current study under way in Dartmouth focuses specifically on assessing the impact on student health of cooperative initiatives by health educators, health services providers, and those parents, teachers, etc. who have an impact on school, home, and community environments (Cogdon & Belser, 1991).

Comprehensive School Health Programs

Based on the premise that health is a prerequisite for learning, CSH programming has been integrated into many school districts in the United States with tremendous success. The SHEE, a 3-year study conducted in the early 1980's, surveyed 30,000 grade 4-7 students from 20 states and concluded that significant benefit to health related knowledge, attitudes, and behavior, including a reduction in smoking, was derived from exposure to CSH programming (Connell et al., 1985). Schoener, Guerrero, and Whitney (cited in Cameron et al., 1991), in their 1987-88 study of the effects of a comprehensive instructional program in New York City schools, reported that students exposed to the program showed significantly higher reading (and in some cases, mathematics) scores. This finding should be treated with caution, however, because the process for establishing this link could not be clarified due to the unavailability of the original document. Numerous other studies during the early 1980's reinforce these results (Kolbe, 1985).

Various components of the philosophy of CSH have been picked up by certain districts and schools across Canada in the last couple of years. The BC Ministry of Health funded a new 'Healthy Schools Project' [HSP] in 6 schools during 1990-91, the goal of which was to "enhance the health of school-aged children by enabling them to become actively involved in learning and practising skills for decision making, coping and community interaction" (Ministry of Health [MH], 1991, p.1). Creating a healthy environment and involving all members of the school community were key foci. The Dartmouth project, mentioned in chapter I, is the first large scale attempt to implement and evaluate CSH programming at the grade school level (Cogdon & Belser, 1991).

Nader (1990) identifies the five key steps in implementing CSH programming in a new school community:

Step 1. Build links to the community.
Step 2. Conduct a comprehensive needs assessment.
Step 3. Develop/modify school health services.
Step 4. Develop/modify school instruction.
Step 5. Develop/modify the school environment.

The needs assessment study reported in this thesis represents a key step in the implementation of CSH programming at Van Horne High School.

It is now widely accepted in Canadian literature that the health, well being, and academic performance of children and youth are effectively enhanced by such CSH programs (Cameron et al., 1991; CASH, 1988). There is, however, still a need for further research and program evaluation to build a Canadian data base to support wide spread implementation of such programming as well as to reinforce the central role of local needs assessments to ensure that the programming developed addresses actual, rather than adult-perceived, student needs.

Student versus Adult Perceptions of Adolescent Needs

Traditionally, adults have been responsible for identifying target issues for health programming (Arborelius & Bremberg, 1988). It is likely, however, that having adolescents directly involved in the process of identifying high priority needs and programs will encourage them to be more involved in and committed to making personal, interpersonal, and environmental changes. The ability of children and youth to participate in identifying and assessing issues of personal and social importance is often sadly under-estimated. The onus is on researchers not to reinforce negative self-concepts by continuing this trend (Kurth-Schai, 1988).

This emphasis is particularly critical because the priorities and expressed needs among youth have been shown to differ considerably from those ascribed to them by various adults (Bartlett, 1981; CMHA, 1989; Levenson, Morrow, Gregory, & Pfefferbaum, 1984). For example, Menanteau-Horta (1986) noted that twice as many senior high students listed drugs and alcohol as one of the most crucial problems affecting youth as did either parents or teachers, while lack of guidance and orientation was listed by 26.7% of parents and 32.3% of teachers but only 17.3% of students. More of the students also focused on family related problems while teachers and parents emphasized behavioral problems. Similarly, Isralowitz, and Singer (1982) report that, while the top 12 of 30 youth problems identified by adults and youth were identical, the prioritization within those items differed considerably. For example, ´parents not spending time with their kids´ was ranked first by adults and 12th by youth. Scores for ´drug use´ were similar but adults saw ´not finding jobs´, ´lack of interest in school´, and ´lack of adult understanding for kids´ problems´ as much more important than the youth did, with ´getting into trouble while on drugs or drinking´ showing the opposite pattern. Thus, if we want an accurate indication of adolescent needs, we need to ask the adolescents themselves.

The traditional stereotypic model/view of adolescence as a time of storm and stress has been called into question in recent years (Muuss, 1988). Many researchers now theorize that the prevalence of the turbulent view of adolescence, and particularly the media portrayals in this area, may lead to distortion in the needs, attitudes, and behaviors ascribed to adolescents by other members of society (Mitchell, 1989; Travis & Violato, 1989; Violato & Holden, 1989). The 1991 needs assessment conducted by CHS in 188 public and private schools in the Calgary area reveals such a discrepancy. Students, parents, and non-teaching personnel were grouped together and identified family problems, relationship problems, stress, and health/illness as the top four major health problems faced by students. Teachers identified emotional and behavioral problems, language or learning problems, health problems, and lifestyle problems as the most frequently encountered student health concerns.

Differences between teachers´ perceptions and parents´ perceptions of behaviors and issues related to adolescents dropping out of school suggest that various adult interest groups may also differ in their perceptions of adolescent needs (Hill, 1992). Teachers showed higher levels of awareness of the issues surrounding youth drop out rates than parents did but a much lower level of awareness of the financial burden of school demands noted by parents and community volunteers. Parents also placed a much greater emphasis on the need for both career counselling and concrete career goals than teachers did.

Royse and Drude (1982) and Davis (1982) point out that one of the weaknesses of needs assessments that focus only on the input of community forums, nominal groups, or key informants is that the resultant data may not be representative of the actual target population, the adolescents themselves. Additionally, identifying which community groups most closely parallel the self-perceptions of students and, therefore, can best anticipate their needs, may reduce the need for extensive repetition of thorough needs assessments in other communities.

The central purpose of the study reported in this thesis is the accurate identification of adolescent health related needs in the target population. It is clear from the above discussion that this purpose can only be accomplished by choosing a methodology that allows these adolescents direct participation in the identification and prioritization of these needs.

Needs Assessment Defined

Needs assessments are tools for formally identifying the gaps between ´what is´ and ´what should be´ in health education programming and other areas and then selecting the highest priorities for action (Burton & Merrill, 1977; English & Kaufman, 1975). The end product is a list of prioritized and clustered gaps from which program goals can be derived (English & Kaufman, 1975).

The needs assessment model described by Burton and Merrill (1977) highlights the core components common to most needs assessments in the literature:

Phase 1. Identify a broad range of possible goals.

Phase 2. Rank goals in order of importance.

Phase 3. Identify discrepancies between expected and actual performance.

Phase 4. Set priorities for action (p.29).

English and Kaufman (1975) and Russo and Kassera (1989) provide further validation for the basic steps in this model.

Needs Assessment Rationale

The theoretical and practical rationale for including an appropriate needs assessment of the target communities for which a comprehensive health care model is being developed is provided by a number of well documented factors. First, programming that starts with a careful and systematic assessment of the needs of a specific community is less likely to result in overlapping or gaps in the services provided (Myers & Danek, 1989) or in inefficient use/allocation of personnel and resources (Burton & Merrill, 1977). Unfortunately, services to youth are often rendered less effective because of fragmentation both in content and source (NCRSC, 1990). Recently, the Alberta Teachers' Association conducted an extensive survey on the adequacy of health services in Alberta schools. Lack of communication, poor coordination of services and liaisons between school and community resources, issues of confidentiality, and an overlap in responsibility were identified as key concerns by relevant professionals (cited in Cameron et al., 1991).

Second, the development of a procedure for accurately assessing the specific health needs of target communities assists us theoretically and practically, not only in the development of appropriate programming for those communities, but in the duplication of this process in other target communities (Johnson, Meiller, Miller, & Summers, 1987). Furthermore, the identification of groups of needs that tend to cluster together and their relationship to demographic factors within the target populations enhances the potential for anticipating certain program needs according to such demographic data and/or developing specific programming for certain ´special needs groups´ within the various student populations. This locally piloted project has the potential, therefore, for a most comprehensive application, provincially and nationally.

A third issue concerns the fact that those with a vested interest in promoting health in Canadian youth often come with conflicting economic, social, and political agendas (Cameron et al., 1991; O´Rourke, 1985). In spite of current economic pressure, however, our goal cannot just be to prepare children to make an economic contribution to society, hence limiting the selection of health needs addressed; we clearnly must promote fullness of healthy life experience (Cameron et al., 1991). "For any institution to remain responsive it cannot afford to be "captured" by any one group, particularly by those who operate it on a day-to-day basis" (English & Kaufman, 1975, p. 9).

The fourth, and perhaps most critical point, is that if the specific needs of target communities are not assessed, programming that is relevant to those needs and reflects local diversity cannot be insured (Davis, 1982; Nader, 1990). A valid needs assessment allows us to set goals that are based on reality, the experiential reality of the target populations (English & Kaufman, 1975). An accurate needs assessment is critical, therefore, to the success of any new program because it ensures that the focus will be on the most urgent or salient needs of that particular target population (Burton & Merrill, 1977; Green & Kreuter, 1991; Kolbe, 1986; Myers & Danek, 1989; Royse & Drude, 1982). It also provides the necessary justification for that focus (Burton & Merrill, 1977; English & Kaufman, 1975).

In the case of CSH, only the goal of health status improvement remains constant across communities; each program must be designed to meet the particular needs of that community (Nader, 1990). In a 1989 school health survey at Esquimalt Junior/Senior Secondary School in Victoria, school specific student concerns focused on substance abuse, street safety, and stress, while the focus at Admiral Seymour Elementary in Vancouver has been on increasing self-esteem primarily through physical fitness. The needs identified at John Barsby Secondary in Nanaimo include timetable changes, facility improvements, nutritional food in the cafeteria, and interpersonal communication (MH, 1991). Responses such as these, when derived from an accurate needs assessment, allow "the creativity and contribution of professional educators to emerge and be harnessed in individually responsive instruction" or programming (English & Kaufman, 1975, p. 49) and underscores the reality that one cannot simply transplant the results from one community to another.

A final underlying rationale for local needs assessments is the fact that reality itself is dynamic and changing and hence the needs of various communities cannot be defined in any static way. Programming that develops through this process cannot, therefore, be viewed with the same permanency that is often falsely granted to educational curriculum (English & Kaufman, 1975). The needs assessment process is repeatable, self-correcting, flexible, and responsive to changing needs in any given school community. It provides a foundation by which to judge program success and efficacy as well as future changes in direction (English & Kaufman, 1975).

The Importance of Participant Research Designs

The active involvement of target populations and their supporters is a fundamental assumption of the needs assessment process (Burton & Merrill, 1977; English & Kaufman, 1975)). It encourages ownership of programming by the school community and subsequently fuller participation therein. Such participation should ensure that the needs assessment instrument also reflects the sample's needs and not researcher imposed needs, establishing the validity of that instrument for that particular population. Participation in the process by the target population may also ensure that group diversity is reflected, neither the victims nor the environment are blamed, and that the perceived needs of that population are fully met (Davis, 1982).

In the case of school programming, needs assessments "should include the educational partners of learners, educators, and community members in the process for defining gaps (needs)" (English & Kaufman, 1975, p. 34). For CSH agendas, these partners must include students, parents, teachers and staff, as well as community and school board health professionals (Burton & Merrill, 1977; Cameron et al., 1991; Mutter et al., 1990).

Students develop a greater degree of commitment to programming when the health issues addressed arise directly from their own expressed concerns (Arborelius & Bremberg, 1988). By the same token, if the perceptions of teachers, parents, and administrators are not acknowledged, cooperation with programming may be minimal (Green & Kreuter, 1991) and valuable input may be lost (Burton & Merrill, 1977). Community and parental participation also ensures that the needs of that community are represented and that the needs of adolescents at the school receive support from those groups as well (Green & Kreuter, 1991).

Direct versus Indirect Assessment of Needs

A concern for validating and accurately addressing the needs of adolescents in the target community must also be addressed in choosing the types of data are elicited from adolescent populations participating in needs assessment research. The majority of studies on adolescent needs are designed to elicit epidemiological data on the frequency of certain ´problem´ behaviors or concerns among the target populations. From this information, the needs of that population are extrapolated or inferred (Royse & Drude, 1982). For example, the WHO survey of youth in 11 different countries yielded high concerns for Canadian children in terms of their relationships with parents and peers, from which it was inferred that isolation and/or negative peer group influence may increase the health risks of these youth. Likewise, increased stress was inferred from high rates of physical problems like headaches, backaches, or insomnia (King & Coles, 1992).

There are precedents set in the literature, however, for a more direct approach to needs assessment which elicits from the target population directly their assessment of their own needs. For example, rather than asking students to indicate their drinking habits and then inferring a need for alcohol and drug abuse counselling, students are asked directly to assess their own need for such counselling. This philosophical approach was adopted in the 1990-1991 school needs assessment project by CHS and by the schools involved in the BC 'Healthy Schools Project' (MH, 1991). It again affirms the capacity of adolescents for understanding and accurately communicating their most pressing needs.

The Delphi Model of Participant Research

One of the techniques suggested in the literature on needs assessment (Burton & Merrill, 1977; Davis, 1982), which is particularly pertinent to problem definition and identification processes when a participation model is desirable, is the Delphi model. The Delphi procedure was developed initially by the Rand Corporation as a way of eliciting the views of experts on sociopolitical issues and later was applied primarily to technological forecasting (Spinelli, 1983). Its use has been greatly expanded, however, in recent years (Heath, Neimeyer, & Pedersen, 1988; Kurth-Schai, 1988; Putnam & Bruininks, 1986).

Essentially this model involves providing respondents with several iterations of a questionnaire with their feedback forming the basis for revising the questionnaire between iterations (Spinelli, 1983). Burton & Merrill (1977) identify this method as an appropriate means of accomplishing Phase 1 of the needs assessment process which consists of identifying a wide range of possible goals for presentation to the samples from the school community.

In some Delphi studies, round one consists of providing respondents with an open-ended questionnaire to generate the list of original items (Spinelli, 1983). However, while the literature clearly suggests that priority should be placed on the perceived needs of school community respondents, it is also recognized that normative data on adolescent health needs and current nationwide trends are legitimate starting places in the assessment of local needs (Allensworth & Wolford, 1988; Green & Kreuter, 1991). For this reason, a number of researchers advocate starting from a comprehensive review of current literature to compile the initial list of questionnaire items (Burton & Merrill, 1977; Heath et al., 1988; Putman & Bruininks, 1986).

There is evidence that simply relying on the responses to open-ended questions for the generation of items in round one may limit the process by virtue of the narrowness of perspectives of the individual respondents or their resistance to suggesting novel items (Spinelli, 1983). In addition, one of the purposes of a good needs assessment is to promote agreement between the goals and priorities of national, provincial, and local authorities and those of an individual school or community (English & Kaufman, 1975) for which the Delphi process provides an ideal forum. A comprehensive review of the literature in these areas is, therefore, a preferred starting point for generating questionnaire items.

Once this literature review has been completed, redundant and overlapping items are eliminated from the list (Heath et al., 1988) and the first draft of the needs assessment questionnaire can be presented to the respondents. Typically, the respondents rate each item on a Likert scale and then rank them in order of priority (Putnam & Bruininks, 1986). Space is left for additional items (Heath et al., 1988; Putnam & Bruininks, 1986) ensuring that the respondents are active participants in determining the final outcomes of the process. Three rounds are common in the literature (Dietz, 1987) although some researchers suggest strongly that little new information is gained beyond the second round (Heath et al., 1988).

Benefits of the Delphi Process

The "delphi is one of the most interactive of the participation methods" (Davis, 1982, p. 437). Its benefits with varied populations include: the self-directed nature of the process, the fostering of openness through the guarantee of anonymity (which is especially critical when involving youth in the study) (Davis, 1982; Kurth-Schai, 1988), the provision of a non-threatening environment in which participants may voice their opinions (Spinelli, 1983), the removal of any pressure to conform (Burton & Merrill, 1977; Davis, 1982), and accurate representation of group diversity (Davis, 1982). The Delphi survey technique is also an appropriate, efficient, effective and empowering technique for collecting the thoughts of children (Kurth-Schai, 1988).

This process is self-adjusting by virtue of repeated iterations (Kurth-Schai, 1988). It allows for the generation of new items which may not have been drawn from the literature review or noted by the researcher and for rewording of the items to better suit the target population (Davis, 1982). The latter is a particularly critical issue in dealing with adolescents whose reading level must be taken into consideration. Dependence upon feedback from respondents also mitigates against any researcher bias and guarantees the validity and representativeness of the final product for that particular population (Kurth-Schai, 1988).

Conclusions

In conclusion, the literature in the areas of adolescent health related needs, CSH promotion, and needs assessment methodology have in common several key assertions which form the underlying philosophical and methodological assumptions of the study reported in this thesis. First, the central needs of any target community are, to some degree at least, unique to that community. Second, the perceptions of those needs may differ for various groups within that community necessitating a "bottom-up" , participant-focused approach to needs assessment. Finally, only with such a model can programming responsive to real community needs be insured.

Research Questions

The goal of the current study, was both to identify the health related needs of adolescents in the target school community and to compare those needs with the perceptions of adults participants. There were three research questions which arose from this goal.

1. What are the most important adolescent health related needs within this target community according to the perceptions of the adolescents themselves, their parents, and the school personnel who traditionally are most involved in program development?

2. How do perceived adolescent needs, as identified by the parents and/or the school personnel of the Van Horne community, compare with expressed needs of the actual student population, and what does this comparison suggest about the validity of the needs perceptions of certain focus groups with varying degrees of contact with the student population?

3. What is the degree of similarity of the needs profiles for certain demographic subgroups within the Van Horne adolescent community: or, conversely, how do the needs of adolescents differ across these subgroups? What does this difference suggest about the way in which initiatives designed to meet the needs of the total population should be developed?

Chapter III

METHODOLOGY

In February of 1992, a cooperative venture between the CBE and CHS was initiated to address the need for CSH programming in Calgary senior high schools. This 3 year pilot project has become known as ´Partners for Healthy Living´ [PHL]. PHL is strongly committed to a "bottom-up", participant research model which places high value on assessing and meeting the actual, self-identified needs of adolescents rather than depending upon the perspectives of other groups in defining those needs. The necessity of basing program development on a comprehensive and student-focused needs assessment has, therefore, been recognized as a key priority. The selection of the population and sample parameters, questionnaire format, and procedure for questionnaire administration for the study reported in this thesis have been affected to a large extent by the input of these interest groups.

Sample

Van Horne High School in North West Calgary was selected by the CBE as the first target school of the PHL initiative. This choice was based on several key factors: It is an alternative high school for youth who will likely present a unique pattern of needs and concerns; this uniqueness may contribute to greater discrepancies between the perceived needs of students, parents, and school personnel; it is already recognized as a school with a high needs population; the current student population have shown an active interest in health related concerns by lobbying for certain health related services in the school; it is a school in the midst of change and open to change; and the vice principal is actively involved in CSH promotion.

The participants for this study included 81 students, 41 parents, 46 school personnel from the Van Horne High School population. The student sample represents approximately one sixth of the student population. For the sake of ease of administration, the student sample consisted of members of the seven English classes, spanning all grades, meeting on the designated day for survey administration. This selection procedure provided a non-systematic sample spanning the entire student body. The parents of these students were then selected for the parent sample. All school personnel, including support staff and administration, were invited to participate.

The student sample was composed of 45 males and 36 females. Ages ranged from 14 to 20 years with a mean age of 16.54 years. The students were distributed over grades 9 to 12 with grade 10 students having the least representation. There was inadequate response data to provide details on ethnic background. For more complete details on the distributions of gender, age, and grade in the student sample see Table 1.

The parent sample contained 2 males and 31 females, with an additional 8 individuals providing no gender information. The percentage of female respondents makes any further reference to ´parents´ in this study in reality a reference to the views of mothers rather than to those of both parents. Return rates for the parent sample were 50.6% for completed questionnaires, with an additional 8.6% returning a form stating that they were choosing not to

Table 1

Distribution of Students: Age by Gender and Grade by Gender

	AGE							
GENDER	14	15	16	17	18	19	20	Total
Male	4	7	8	13	9	3	1	45
%	4.9	8.6	9.9	16.0	11.1	3.7	1.2	55.6
Female	3	4	12	10	6	1	0	36
%	3.7	4.9	14.8	12.3	7.4	1.2	0.0	44.4
Total	7	11	20	23	15	4	1	81
%	8.6	13.6	24.7	28.4	18.5	4.9	1.2	100.0

	GRADE				
GENDER	9	10	11	12	Total
Male	12	3	15	15	45
%	14.8	3.7	18.5	18.5	55.6
Female	5	8	14	9	36
%	6.2	9.9	17.3	11.1	44.4
Total	17	11	29	24	81
%	21.0	13.6	35.8	29.6	100.0

participate and 2.3% eliminated by students being in an independent living situation. The total response rate was, therefore, 63.0% for the parent sample. The sample of school personnel consisted of 14 males and 28 females, with missing data on 4 surveys. The response rate for school personnel was 74.2%.

Dependent Measure

An extensive search of available literature revealed that there were no instruments or models available in the literature for conducting a comprehensive needs assessment on which to base CSH programming at the senior high level. Therefore, a questionnaire was developed to address the question of what key health related needs were seen as most critical by the various subgroups within the study sample.

Questionnaire Development

The ´Health Needs Survey´ was developed through a Delphi process using a subsample of those targeted for the final administration of this needs assessment questionnaire (see below). Two key phases of development were required to bring this instrument to its final form.

Phase One

Phase one consisted of the development of a pilot questionnaire for presentation to the Delphi sample. A comprehensive review of the literature pertaining to adolescent health needs, with particular emphasis on previous studies in the Calgary area, was conducted. This review generated a list of potential questionnaire items. In accordance with Burton & Merrill (1977), the purpose of this phase "of the needs assessment process is not to place any value or priority on any goals, but merely to identify the total range of relevant goals" (p. 29). As suggested, the emphasis was "on getting the widest possible array of relevant goals collected (quantity) rather than on making judgements as to the practicality, appropriateness, value or utility (quality)" (p. 30) of these goals. Another reason for using the literature review process to generate these items, instead of asking a sample from the target population to do so, was the belief that people's narrow perspective on health would have resulted in a restricted range of alternatives.

Items for the first draft of the questionnaire were, therefore, derived from the following sources: Calgary studies on adolescent needs, perspectives, and behaviors (Allen, 1989; CHS, 1991; Huston, 1992; Kufeldt & Perry, 1989; Violato & Holden, 1989), other Canadian studies and CSH publications (Baker, 1985; CASH, 1988; CASH, 1990; CICH, 1989; Cogdon & Belser, 1991; Holmes & Siverman, 1992; Mutter, et al., 1990; Posterski & Bibby, 1988; "Safer Communities," 1989), and some American resources on adolescent needs and CSH programming (Allensworth & Kolbe, 1987; Allensworth & Wolford, 1988; American Association of School Administrators [AASA], 1990; National Professional

School Health Education Organizations [NPSHEO] 1984; Newell-Withrow, 1986). Feedback from professionals at the CBE and CHS was also used to flesh out the material from the literature review.

The structure of the needs assessment instrument emerged through the logical grouping of these items and closely paralleled the theorized three fold structure of CSH writers (Cameron, et al., 1991; Mutter, et al., 1990; Kolbe, 1985). The addition of the concerns category allowed for inclusion of adolescent health related needs that would likely not be addressed exclusively under any one of the three categories. For example, concerns over reckless driving would likely be best addressed through both the services and the instructional components of the model.

Phase Two

In phase two, a small sample of representative members of the target population was selected and invited to participate in the Delphi refining process (as described above). The pilot questionnaire was administered to this sample and their input was used to create and validate the final questionnaire according to the Delphi method of questionnaire development (Davis, 1982; Dietz, 1987; Lundberg & Glassman, 1983; Spinelli, 1983). Two Delphi rounds were used to produce the final version of the instrument.

In the first round, 12 students (6 female/6 male), 5 parents, 7 school personnel (including the resource officer, health nurse, and counsellor), and 8 representatives from the CBE or CHS involved in health related areas voluntarily participated. Those who participated again in round two included 5 students (4 female/1 male), 4 parents, 3 school personnel, and 7 health professionals.

The procedure for both rounds was the same. For each stem question, respondents rated each of the items on a 5-point Likert scale according to their perceptions of the needs of adolescents at Van Horne, added any additional items, and then rank ordered the top five items. The final question in the survey asked participants to rate and rank each of the content areas represented by the question stems. The introductory letter providing instructions for parents in this process is included in Appendix A.

The results of each Delphi round were used to refine the questionnaire, adding in new items identified as important by the respondents and eliminating those not deemed important. For each subgroup of respondents (students, parents, school personnel, and health professionals), average rating and cumulative ranking for each item were used to determine which items were ´definitely to stay´, ´definitely to be eliminated´, or ´indefinite´. Cutoffs for these three categories were determined by looking for a breakpoint in the distribution of ratings and rankings that indicated a clear drop in priority for items below that point. Those items with high rating and ranking (i.e., above that natural breakpoint) were placed in the ´definitely to stay´ category for that sample group, indicating that these were considered high priority items. Those below the breakpoint in rating and ranking were placed in the ´definitely to omit´ category as items seen as a low priority for that sample group. Any item for which a clear distinction could not be made was placed in the category of ´indefinite´ items.

The four sets of data were then compared and items were selected for the next draft of the questionnaire according to three key decision rules:

1. Items identified by the student subgroup as ´definitely to stay´ were always kept.
2. Items identified as ´definitely to stay´ by two or more subgroups were kept.
3. Items classified once ´definitely to stay´ and twice ´indefinite´ also were kept.

The first decision rule was based on the premise throughout this study that priority must be given to the perspectives of the adolescents that this research is intended to serve.

The ´Van Horne Adolescent Health Needs Survey´ is reproduced in its final form in Appendix B. The parent and school personnel versions have not been included as they contained identical items with only slightly different wording to personalize the questions for those audiences.

The questionnaire consisted of four sections. The first addressed adolescent health related concerns generally, while the others elicited information on ways of addressing these concerns through the provision of health services, health instruction, or through changes to the school or interpersonal environment. The final question provided a comparison of the major needs areas represented across the entire questionnaire.

Informal feedback from the participants in the Delphi process, especially the students, suggested that they were appreciative of the opportunity for their input to play an integral part in the development of this instrument and that ultimately this would ensure that it was able to address their specific needs. The willingness of the participants to engage in the process reinforced their stated views of its importance to them as members of the school community.

Validity and Reliability

Confirmation for the validity of the instrument arose from the development process. Each item represented in the original draft questionnaire for round one of the Delphi process was derived directly from the literature search of items already identified as relevant to the research questions by other researchers in the area. Further validation for the final questionnaire items came from the process of testing and retesting their validity for the target populations through Delphi elimination rounds.

Two types of evidence were available to confirm the reliability of the instrument. First, the high level of internal consistency between top rated and top ranked items confirmed reliability across these two levels of data for all groups and throughout the entire questionnaire. There was a 68.1% consistency for the students, a 73.9% consistency for parents, and a 68.9% consistency for school personnel when the top three ranked and rated items from each question were examined. Secondly, there was clearly a correspondence between high level needs emerging from these two sources and the types of write-ins included in the questionnaires across the three groups. For students, 10 of 23 write-ins were items already included in the questionnaire and 8 of these 10 items were identified as priority needs in the descriptive analysis. The ratios for parents were 1 of 3 and 0 of 1 and, for school personnel, 4 of 7 and 3 of 4. No test-retest reliability data were available because the school designated for reliability testing withdrew from the project at the last minute.

Procedure

Questionnaire Administration

Because this study occurred in the context of a larger project endorsed by Van Horne School, informed consent for participation for all groups was handled through regular school channels. The cover letters for parents, teachers, and support staff are shown in Appendices C, D, and E.

The participating students completed the needs assessment questionnaire during their designated English period and were then provided with a cover letter and survey to take home to their parents, inviting them to participate in the needs assessment survey as well. Students were asked to return either the parent version of the needs assessment questionnaire, in a sealed envelope, or the bottom section of the cover letter which indicated that the parent(s) had chosen not to participate. As incentive, students were told by their teachers that they would earn 10 bonus marks in English for returning either the questionnaire or the opt out statement. All school personnel were invited to participate, including support staff and administration, and completed the questionnaire at their leisure returning it to the school administrators when complete. All participants were asked to rate the individual question items on a 5-point Likert scale and then to select the most important item from each question to provide rank data (based on the percentage of participants ranking each item as number one).

Data Reduction

Data entry was relatively straight forward for the rating and ranking of questionnaire items. Categorizing of the write-in items for each sample group, however, required the development of a coding taxonomy (Figure 2) with clear categories into which these items could be slotted. Where possible, these categories were labelled with descriptors derived from the final needs assessment questionnaire, the original set of potential items introduced into the Delphi process, or other literature on CSH programming or adolescent health related needs. Care was taken to ensure that the breadth of each category corresponded to that of the items in the needs assessment questionnaire.

Figure 2

Coding Taxonomy for Questionnaire Write-ins

Issues: Personal
Personal future ‡
Low self-esteem ‡
Acceptance by others ‡
Abortion
Mental health problems
Environment problems
Equal social/academic/vocational opportunities
Meaningful adult contacts
Trusting relationships

Issues: Friends
Violence (fighting) ‡
Racism ‡
Gangs
Cliques
Social isolation/labelling
Drug abuse
Extortion
Poor quality friendships

Issues: Home
Parental caring ‡
Time with family
Parental attitudes
Parental responses to student drinking problems
Running from home
Sibling rivalry

Issues: School
Interesting classes ‡
Special education ‡
Parental support ‡
Flexible teachers ‡
Friendly atmosphere ‡
Academic/teaching quality
Tutorial instruction
More instruction
More homework
Less/balanced homework
Less field trips
Greater course selection
Less video/more audio skills
Public speaking skills
Study Skills
Vocational relevance
Work force demands info
Self-discipline
More student involvement/motivation
Students forced to make commitment to school
Friends who also enjoy school
More people to talk to
Less preps
Longer lunches
Shorter days
Auto body
Work study

Services: Physical
Lunch when needed ‡
Alcohol/drug programs ‡
Stop smoking programs ‡
HIV/AIDS counselling ‡
HIV testing referral ‡
Sports programs ‡
Better physical fitness prgs ‡
Assistance with pregnancy ‡
Minor first aid ‡
Access to nurse ‡
Weight room
Longer phys. ed. periods
Time to shower after phys. ed.
Better phys. ed. teachers
Extracurricular activities
Condom vendors
Housing/rent assistance
Parental consultations on student health issues
Referrals when necessary
Private office for nurse
Physical examinations
Mandatory health coverage
Minor health care
Vaccinations
Medical centre close by
Community STD classes
Inexpensive diet programs
Day care

Note. The ‡ represents items already in the questionnaire.

Figure 2 con´t

Services: Information
Health pamphlets/books *
Hot lines *
Health discussions
Video about AIDS
Safe-sex information table
Health classes
Health class with more comfortable atmosphere
Health org. spokespeople
Speakers on youth problems
Speakers with specific health conditions
Exposure to people with AIDS
Encouragement of personal reading on health
Visits to cancer wards

Services: Counselling
Personal Counselling *
Bereavement counselling
Relational counselling
Family counselling
Self-care/protection counselling
Academic counselling
Pregnancy counselling - both parents
Counselling about available resources
Individual counselling
Advanced guidance counselling
Encouragement of openness about problems
Availability
Confidentiality
Effectiveness of counselling

Instruction: Physical
Health prevention *
Drug/alcohol management *
Infectious disease prevention *
Nutrition info *
Personal responsibility *
Weight management *
Problem eating management
Specific diseases info
Recognition of non-invincibility
Life style of moderation

Services: Interpersonal
Teachers *
Parents *
Doctors *
Youth social worker *
Guidance counsellor *
Community counsellor *
Exemplary adults *
Support staff
Administrators
T.A.'s
Family members
Lawyers
Police
Resource officer
Interpreter
Minister/priest
Counsellors with access to health community
Athletes
Exemplary peers
Peers who have had similar problems/experiences
Friends

Instruction: Emotional
Coping with pressures *
Positive thinking *
Goal-setting SK *
Non-aggressive stress mg't
Self-respect/pride
Respect for authority
Understanding of limits
Self-discipline
Responsibility
Anti-materialism
Anger management
Assertiveness

Environment: Interpersonal
Stress mg't for teachers/staff *
Teach parents to talk to kids *
Teach teachers the signs of abuse
Reinforce value in teaching
Reduction in stressors
Time to offer health services
Continuity/follow-up in services

Instruction: Interpersonal
Communication with parents *
Saying 'no' *
Peer conflict resolution *
Self-protection skills
Self-confidence relationally
Advice giving (friends/family)
Relating to the elderly
Communication of wants/needs
Differentiation between wants/needs
Exposure to healthy family
Consideration for others

Instruction: Sexual
STD/AIDS prevention *
Birth control *
Sex education
General pregnancy info
Sexual functioning info
Sexual exploitation info
Homosexuality
Pregnancy testing info
Effects of unplanned pregnancy
Seriousness of parenthood

Environment: School
Healthy cafeteria meals *
Vandalism elimination *
Healthy vending machine food *
School crime elimination *
Cleaner school/grounds
Locker repairs
Lockers too small
Indoor smoking section
School store improvement
"Coconut College" image shed
Doors in the washrooms
Weapons banned
Respect for property of others
Better air quality/circulation
School less hot
Lighting less dim
School discipline enforced
Attitude of respect
Protection for kids reporting school crimes
Elimination of swearing

Note. The * represents items already in the questionnaire.

Chapter IV

RESULTS

The outcomes of the study described in this thesis are presented in this chapter with a focus first on descriptive and then on inferential results.

Descriptive Results

The first research question identified in Chapter II asked: ´What are the most important adolescent health related needs within this target community according to the perceptions of the adolescents themselves, their parents, and the school personnel?´. The following sections address this question using the ratings and rankings for each questionnaire item across the three groups. See Appendices F, G, and H for complete results. Only the most highly ranked and rated items will be highlighted here.

General Needs Areas

The final question in each questionnaire dealt with the general areas of need addressed throughout. The purpose of this question was to identify priorities among the general needs areas addressed in the survey. In many cases, one general needs area was addressed per question (e.g., school issues). However, other general needs areas such as sexuality were embedded in several questions (e.g., concerns, services, instruction, and/or environment). Priority was given to rank data in establishing an order of importance of the needs. Where no distinction was possible based on rank data, or where large discrepancies in mean ratings suggested an alternate order, the order of priority was established using the mean rating. Table 2 shows the resultant prioritization of each of these general needs areas across the three groups.

As can be seen from Table 2, ´coping with problems´ and ´family relationship´ were listed among the top five areas for all three groups. They were actually either first or second priorities for each group. ´Sexuality´, ´emotional health´, ´school issues´, ´peer relationships´, ´counselling services´, and ´school environment´ were also ranked among the top ten for all three groups. These general needs areas formed, therefore, the basis for the exploration of specific needs in the following sections. In addition, ´physical health´, which appeared as one of the top five general needs areas for students, and ´interpersonal environment´, which was prioritized among the top five general needs areas by both adult groups, were included. For the descriptive analysis of specific needs items, the general needs areas will be listed in the order given here.

Specific Adolescent Health Related Needs

In order to arrive at the specific adolescent needs within the general needs mentioned above, the following procedures were used. First, the items pertaining to each general needs area were prioritized. As above, rank data formed the primary criterion for prioritization. Ratings were used when no distinction could be made according to rank or when ratings supported an alternative order.

Table 2

General Needs Areas Prioritized by Students, Parents, and School Personnel

	GROUP		
PRIORITY	Students	Parents	School Personnel
1	COPING WITH PROBLEMS	FAMILY RELATIONSHIPS	COPING WITH PROBLEMS
2	FAMILTY RELATIONSHIPS	COPING WITH PROBLEMS	FAMILY RELATIONSHIPS
3	Sexuality	Emotional health	Emotional health
4	Physical health	Counselling services	Sexuality
5	School Issues	Interper. environment /Behavior of friends	Interper. environment
6	Peer relationships	School environment /Sexuality	Peer relationships
7	Emotional health	Medical services	Physical health
8	Counselling services	Peer relationships	Counselling services
9	School environment	School issues	School issues
10	Medical services	Information sources	School environment
11	Behavior of friends	Physical health	Adult contacts
12	Interper. environment	Adult contacts	Community services
13	Information sources	Community services	Behavior of friends
14	Community services		Information sources
15	Adult contacts		Medical services

Note. Highest priority areas (ranked in top five by all three groups) are capitalized and underlined. High priority areas (ranked in top ten by all three groups) are underlined only.

In addition, ratings were used to prioritize items from different questions with similar within question rankings. Secondly, the top items under each general needs area were selected. Items identified in this manner are listed in order of importance in Tables 3, 4, and 5 and are classified under the general needs areas prioritized above. The needs identified as priorities in these tables will be discussed under the general needs area headings in the following sections in order to highlight agreements and/or disagreements between the groups.

A secondary source of information on specific adolescent needs came from the open ended questions included throughout the questionnaire. Participants were invited to write-in any items of importance that may have been missed in the item lists for each question. Complete lists of the write-ins for each of the three groups are found in Appendices J through M. Those write-in items identified by two or more subjects are included in the descriptive analysis in the following pages.

Highest Priority General Needs Areas

Coping with problems. Coping and goal setting skills were identified as top needs by all three groups under the general needs area: ´coping with problems´ (Table 3). Parents and students also agreed on the need for positive thinking and suicide prevention skills. Coping with depression and loneliness was noted by both adults groups but students did not appear to see this as a pressing need; they identified relaxation skills as a fifth priority here. Student write-ins also highlight non-aggressive stress management skills (Appendix K).

Table 3

Highest Priority Specific Needs

GROUP		
Students	Parents	School Personnel
	COPING WITH PROBLEMS	
SUICIDE PREVENTION (3.61 III.B. SK)	depression/loneliness coping (4.42 III.B. SK)	COPING WITH PRESSURES (4.52 III.B. SK)
COPING WITH PRESSURES (3.93 III.B. SK)	SUICIDE PREVENTION (4.37 III.B. SK)	GOAL-SETTING (4.46 III.B. SK)
POSITIVE THINKING (3.93 III.B. SK)	POSITIVE THINKING (4.44 III.B. SK)	understanding aggression (4.37 III.B. I)
GOAL-SETTING (3.85 III.B SK)	GOAL-SETTING (4.44 III.B. SK)	stress management (4.44 III.B. SK)
relaxation (3.89 III.B. SK)	COPING WITH PRESSURES (4.37 III.B. SK)	depression/loneliness coping (4.44 III.B. SK)
	FAMILY RELATIONSHIPS	
desire to leave home (3.15 I.C. C)	COMMUNICATION (4.37 III.C. SK)	CONFLICT RESOLUTION (4.46 III.C. SK)
CONFLICT WITH PARENT(S) (3.38 I.C. C)	CONFLICT WITH PARENT(S) (4.03 I.C. C)	lack of parental caring (4.18 I.C. C)
PARENTAL RULES (3.05 I.C. C)	CONFLICT RESOLUTION (4.37 III.C. SK)	PARENTAL RULES (4.38 I.C. C)
COMMUNICATION (3.68 III.C. SK)	lack of parental caring (4.03 I.C. C)	COMMUNICATION (4.56 III.C. SK)
CONCLICT RESOLUTION (3.73 III.C. SK)	physical abuse (4.34 III.C. I)	CONFLICT WITH PARENT(S) (4.36 I.C. C)

Note. Mean rating, question number, and item code (C = concerns, S = services, I = information, SK = skills, and E = environment) appear in parentheses. Items which appear across all three groups are capitalized and underlined. Items of priority to students and one adult group are capitalized only. Items underlined only are priorities for both adult groups.

Family relationships. All three groups agreed that conflict with parents, communication skills, and conflict resolution were high needs for adolescents in the area of home and family life. Students and school personnel also identified struggles with parental rules as a concern. A lack of parental caring, interestingly, was identified by the adult groups only. Students noted wanting to leave home as an additional concern. Only school personnel wrote in additional items; development of skills in consideration for others and parental caring (see Appendix K).

High Priority General Needs Areas

Sexuality. STD/AIDS prevention was the only item on which all three groups agreed in the area of sexuality. It was also identified in the student write-ins. Parents and students agreed that parenting skills were an important need for adolescents. Sexual identity was an important issue from the perspective of both adult groups but, for students, general concerns about STD/AIDS and sexual decision-making skills were more important. Student write-ins in this area also included the need for condom vendors, information about sexual functioning, and general information about pregnancy.

Emotional health. Apart from issues pertaining to ´coping with problems´, all three groups agreed that self-acceptance skills need to be fostered in adolescents. In addition, students agreed with parents about concerns over their future and with school personnel about the need for

Table 4

High Priority Specific Needs

	GROUP	
Students	Parents	School Personnel
	SEXUALITY	
STD/AIDS PREVENTION (3.94 III.D. I)	saying 'no' (4.49 III.C. SK)	*sexual identity* (4.22 III.D. I)
STD's/AIDS (4.06/4.20 I.A. C)	*STD/AIDS PREVENTION* (4.45 III.D. I)	*STD/AIDS PREVENTION* (4.55 III.D. I)
PARENTING (3.61 III.D. SK)	*sexual identity* (4.18 III.D. I)	birth control 4.59 III.D. I)
decision-making (3.84 III.C. SK)	PARENTING (4.35 III.D. SK)	unplanned pregnancy (4.26 I.A. C)
	EMOTIONAL HEALTH	
PERSONAL FUTURE (4.63 I.A. C)	*self-confidence* (4.56 III.B. SK)	*self-confidence* (4.57 III.B. SK)
time management (3.75 III.C. SK)	*self-esteem* (4.44 I.A. SK)	*self-esteem* (4.38 I.A. SK)
SELF-ACCEPTANCE (3.78 III.B. SK)	*SELF-ACCEPTANCE* (4.54 III.B. SK)	*SELF-ACCEPTANCE* (4.56 III.B. SK)
SUPPORT FINDING (3.87 III.C. SK)	PERSONAL FUTURE (4.44 I.A. C)	SUPPORT FINDING (4.55 III.C. SK)
	SCHOOL ISSUES	
Interesting classes (3.53 I.D. C)	*USEFUL LEARNING* (4.44 I.D. C)	*USEFUL LEARNING* (4.30 I.D. C)
PARENTAL SUPPORT (2.90 I.D. C)	*academic understanding* (4.53 I.D. C)	*PARENTAL SUPPORT* (4.50 I.D. C)
USEFUL LEARNING (3.41 I.D. C)	*PARENTAL SUPPORT* (4.10 I.D. C)	*academic understanding* (4.09 I.D. C)
school atmosphere (3.41 I.D. C)	*illiteracy* (4.38 I.D. C)	*illiteracy* (4.20 I.D. C)

Note. Mean rating, question number, and item code (C = concerns, S = services, I = information, SK = skills, and E = environment) appear in parentheses. Items which appear across all three groups are capitalized and underlined. Items of priority to students and one adult group are capitalized only. Items underlined only are priorities for both adult groups.

Table 4 con't

	GROUP	
Students	Parents	School Personnel
	PEER RELATIONSHIPS	
relationship building (4.06 III.C. SK)	RACISM (3.73 I.B. C)	VIOLENCE (FIGHTING) (3.61 I.B. C)
RACISM (3.62 I.B. C)	VIOLENCE (FIGHTING) (3.83 I.B. C)	acceptance by others (4.61 I.A. C)
VIOLENCE (FIGHTING) (3.52 I.B. C)	acceptance by others (4.45 I.A. C)	peer pressure (4.60 I.A. C)
CONFLICT RESOLUTION (3.78 III.C. SK)	CONFLICT RESOLUTION (4.24 III.C. SK)	RACISM (3.14 I.B. C)
	COUNSELLING SERVICES	
HIV/AIDS COUNSELLING (3.60 II.A. S)	PERSONAL COUNSELLING (4.37 II.C. S)	PERSONAL COUNSELLING (4.61 II.C. S)
PERSONAL COUNSELLING (3.58 II.C. S)	VOCATIONAL COUNSELLING (4.59 II.C. S)	help talking to family (4.44 II.C. S)
VOCATIONAL COUNSELLING (3.58 II.C. S)	HIV/AIDS COUNSELLING (4.12 II.A. S)	COURSE COUNSELLING (4.33 II.C. S)
COURSE COUNSELLING (3.64 II.C. S)	COURSE COUNSELLING (4.51 II.C. S)	family violence counselling (4.51 II.C. S)
	SCHOOL ENVIRONMENT	
CPR TRAINING FOR STUDENTS (4.05 IV.A. E)	DRUG ELIMINATION (4.54 IV.A. E)	CRIME ELIMINATION (4.45 IV.A. E)
healthy cafeteria meals (3.53 IV.A. E)	CPR TRAINING FOR STUDENTS (4.30 IV.A. E)	smoking elimination (3.56 IV.A. E)
CRIME ELIMINATION (4.01 IV.A. E)	CRIME ELIMINATION (4.35 IV.A. E)	DRUG ELIMINATION (4.24 IV.A. E)
DRUG ELIMINATION (3.90 IV.A. E)	smoking elimination (4.10 IV.A. E)	environmental problems addressed (3.93 IV.A. E)

Note. Mean rating, question number, and item code (C = concerns, S = services, I = information, SK = skills, and E = environment) appear in parentheses. Items which appear across all three groups are capitalized and underlined. Items of priority to students and one adult group are capitalized only. Items underlined only are priorities for both adult groups.

increased skills in seeking support from others. Students alone saw time management as an issue, while both adult groups pointed to self-confidence and self-esteem as primary needs. Self-respect or pride was added in by some parents.

School issues. The need for parental support and for learning something useful was identified by all three groups. Parents and school personnel then agreed that increasing adolescent understanding of their school work and literacy must be addressed. For students, in contrast, the need for interesting classes and friendly school atmosphere were more important. In terms of write-ins, students also saw a need for more student involvement/motivation, improved academic/teaching quality, and longer lunches.

Peer relationships. Racism and violence were issues identified by all three groups in the area of peer relationships. Students and parents both identified conflict resolution as another key need, while parents and school personnel agreed on the need for acceptance by others which did not appear highly important to the students surveyed. For them, relationship building skills, not identified by the adults, was the highest need. They also wrote-in the need to eliminate gangs, cliques, and violence.

Counselling services. Personal counselling and course counselling appeared important to all three groups. Parents agreed with students on their remaining two priority needs; HIV/AIDS counselling and vocational counselling. School personnel alone identified help in talking to family and family violence counselling as among the top four needs for this general needs area. Students also noted a need for an increased availability of counselling services generally. However, according to the write-ins, some members of all three groups saw adequate services as already available.

School environment. Eliminating drugs and crime were perceived as priorities for all three groups. However, students placed higher priority on CPR training (also identified by parents) and healthy cafeteria meals (identified by neither of the two adult groups). Interestingly, in the write-ins, an equal number of students referred to healthy cafeteria meals as a need to be yet filled and a need already filled. Student write-ins also suggested a need for cleaner school/grounds, while school personnel noted a need for better air quality/circulation. Eliminating smoking was a need identified only by adults.

Other General Needs Areas of Interest.

Physical health. Physical health as a general needs area was only a high priority for students, with drug/alcohol effects, weight management, and physical fitness information the highest adolescent priorities. Interestingly there was no agreement between the adults and students in this area (Table 5). The adults themselves agreed on two needs; personal responsibility for health and access to help/information. In terms of write-ins, students identified a need for a better weight room, more sports programs, housing/rent assistance, more health promotion information, access to the school nurse, and information on the effects of drugs and alcohol. The need for a free lunch program for needy students was included by both parents and

Table 5

Other Specific Needs of Interest

	GROUP	
Students	Parents	School Personnel
	PHYSICAL HEALTH	
effects of drugs/alcohol (3.73 III.A. I)	personal responsibility (4.37 III.A. SK)	personal responsibility (4.44 III.A. SK)
weight management (3.96 III.A. I)	access to help/info (4.24 III.A. I)	lunch when needed (4.28 II.A. S)
physical fitness (4.05 III.A. I)	drug/alcohol programs (4.07 II.A. S)	access to help/info (4.33 III.A. I)
	INTERPERSONAL ENVIRONMENT	
SEXUAL ABUSE SCREENING FOR SCHOOL PERSONNEL (3.39 IV.B. E)	SEXUAL ABUSE SCREENING FOR SCHOOL PERSONNEL (4.42 IV.B. E)	stress management programs for school personnel (4.24 IV.B. E)
PROGRAMS TEACHING PARENTS TO TALK TO/UNDERSTAND YOUTH (3.36 IV.B. E)	programs to increase parental support (4.08 IV.B. E)	parenting programs for parents (4.14 IV.B. E)
programs teaching teachers to get along with youth (3.51 IV.B. E)	stress management programs for school personnel (4.46 IV.B. E)	PROGRAMS TEACHING PARENTS TO TALK TO/UNDERSTAND YOUTH (4.26 IV.B. E) / programs to increase parental support (4.26 IV.B. E)

Note. Mean rating, question number, and item code (C = concerns, S = services, I = information, SK = skills, and E = environment) appear in parentheses. Items which appear across all three groups are capitalized and underlined. Items of priority to students and one adult group are capitalized only. Items underlined only are priorities for both adult groups.

school personnel. Nutritional information and appropriate referrals were needs noted only by school personnel. It was in this area that the majority of write-ins for ´needs already being met´ were identified (Appendix M). Most noteworthy were physical fitness programs which were highlighted by all three groups.

Interpersonal environment. There was agreement only by adults that this was an important needs area. They also agreed on the need for programs to increase parental support of students and stress management programs for teachers and staff as specific needs in this area. Students placed priority on sexual abuse screening for teachers and staff (agreed on by parents), programs to teach parents how to talk to and understand youth (agreed on by teachers), and programs to teach teachers to get along better with youth. Only school personnel felt that parenting programs for parents were a pressing need.

Summary

Of the 40 needs identified by students under the general needs areas described above, only 15 (37.5%) were identified by all three groups. Another 12 (30.0%) were identified by students and one other adult group, with parents accounting for 22.5 % and school personnel only 7.5% of the agreement here. Another 13 (32.5%) specific needs identified were unique to student perspectives. Between the adult groups there was an additional 13 of 40 (32.5%)

agreement over and above those identified by all three groups. There were, however, 3 items that were noted by parents alone as important, while school personnel identified 9 items as important that were not identified by either students or parents. It was also clear from the means associated with each item that agreement as to top priorities does not always mean agreement in terms of the mean rating for that item. Inferential analyses on both rankings and ratings will be reported in the next major section in order to more accurately access the degree of agreement/disagreement between the groups.

Inferential Results

The second research question to be addressed in the study was: ´How do perceived adolescent needs, as defined/identified by the parents and/or school personnel of the Van Horne community compare to the expressed needs of the student population?´. The following three major sections address this question by exploring differences between the three groups at the level of composite and subscale scores, individual within question items scores, and within question item rankings.

Differences Between the Groups on Composite and Subscale Scores

Each question in the needs assessment represented an overall concept. For example, III.C. addressed the need for instruction in the area of interpersonal issues. Thus, it was feasible to compute a summary score for each question as a subscale which could be used to compare the perceptions of students, parents, and school personnel. It was also possible to calculate summary scores for each of the four major sections in the questionnaire (issues, services, instruction, and environment) which will be

Table 6

Means and Standard Deviations for Subscale and Composite Scores

SUBSCALE	GROUP									
	Students		Adults Grouped		Parents		School Personnel		Total	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
I. Issues										
A. Personal	3.69	0.70	4.22	0.55	4.23	0.65	4.20	0.44	3.95	0.68
B. Friends	3.41	1.00	3.47	0.73	3.64	0.79	3.30	0.64	3.44	0.86
C. Home	2.95	1.06	3.93	0.78	3.76	0.97	4.10	0.51	3.44	1.05
D. School	3.09	0.78	4.06	0.57	4.21	0.56	3.92	0.56	3.58	0.84
Total	3.27	0.59	3.90	0.48	3.97	0.59	3.84	0.37	3.61	0.62
II. Services										
A. Physical	3.29	0.94	4.00	0.65	4.01	0.69	4.00	0.69	3.65	0.88
B. Information	3.63	0.83	3.80	0.60	3.96	0.62	3.65	0.55	3.67	0.73
C. Counselling	3.23	0.99	4.29	0.51	4.19	0.55	4.40	0.46	3.76	0.95
D. Interpersonal	3.06	0.93	3.87	0.56	3.78	0.64	3.96	0.46	3.46	0.86
Total	3.27	0.79	4.00	0.48	4.00	0.58	4.00	0.38	3.66	0.73
III. Instruction										
A. Physical	3.72	0.82	4.29	0.47	4.20	0.46	4.38	0.47	4.01	0.72
B. Emotional	3.79	0.98	4.46	0.46	4.42	0.54	4.50	0.37	4.10	0.84
C. Interpersonal	3.65	0.90	4.40	0.49	4.35	0.57	4.45	0.40	4.02	0.81
D. Sexual	3.25	1.11	4.28	0.51	4.10	0.57	4.45	0.39	3.76	1.00
Total	3.58	0.83	4.35	0.42	4.28	0.50	4.42	0.32	3.99	0.75
IV. Environment										
A. School	3.63	0.73	3.89	0.45	3.94	0.48	3.85	0.43	3.76	0.62
B. Interpersonal	3.11	0.99	4.04	0.62	4.05	0.69	4.03	0.57	3.57	0.95
Total	3.36	0.75	3.94	0.51	4.02	0.51	3.88	0.51	3.67	0.71
General Needs Areas	3.42	0.81	4.10	0.51	4.08	0.57	4.11	0.46	3.76	0.75

Note. Totals represent composite scores.

referred to as composite scores. Table 6 contains means and standard deviations for the subscale and composite scores.

For ease of comparison, each score has been standardized to correspond to the original 5-point Likert scale by calculating a mean from its component items or questions. Two MANOVAs were then performed; one comparing students, parents, and school personnel and the other comparing students and adults grouped. The results of these analyses are reported in the following sections. The criterion for significance was set at 0.05 throughout.

Differences Between the Groups on Composite Scores

The MANOVA performed on composite scores with all three groups as levels of the independent variable produced a significant omnibus effect, $F(8,184) = 5.68$, $p < 0.01$. A similar effect was noted when students were compared with adults grouped, $F(4,93) = 10.86$, $p < 0.01$. Follow-up univariate tests were performed and post hoc Scheffe´s were calculated in order to isolate the source(s) of the observed multivariate differences. Table 7 contains the univariate F and p values for the MANOVA based on all three groups and that based on students and adults, as well as the results of post hoc analyses comparing students with parents, students with school personnel, and parents with school personnel.

As can be seen from Table 7, students´ perceptions of adolescent needs were significantly different from either adult group and from both adult groups combined for all four

Table 7

Composite Score Univariate F and p Values and Post Hoc Significances

	GROUP COMBINATIONS						
SCALE	All Groups		Students & Adults		Students & Parents	Students & Sch Pers	Parents & Sch Pers
	F	p	F	p	Significance	Significance	Significance
Sections:							
I. Issues	17.25	<0.01	33.84	<0.01	*	*	N*
II. Services	15.48	<0.01	31.28	<0.01	*	*	N*
III. Instruction	18.00	<0.01	35.52	<0.01	*	*	N*
IV. Environment	10.06	<0.01	19.63	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations. N* indicates no significant difference.

composite scores. The two adult groups did not differ significantly from each other.

Differences Between the Groups on Subscale Scores

There was also a significant multivariate difference between the three groups on the subscale scores, $F(30,146) = 3.47$, $p < 0.01$, and between students and adults grouped, $F(15,74) = 6.39$, $p < 0.01$. Follow-up univariate and post hoc tests indicated that there were significant differences between student and adult perceptions of adolescent needs on all subscales, except those targeting the behavior of friends (I.B.), informational services (II.B.), and school environment (IV.A). (The analysis of students versus adults grouped also yielded a significant difference in the last case). However, no significant differences existed between parents and school personnel. Univariate *F* and *p* values for analyses using subscale scores along with post hoc significance test outcomes are located in Table 8.

Table 8

Subscale Score Univariate F and p Values and Post Hoc Significances

	GROUP COMBINATIONS						
SCALE	All Groups		Students & Adults		Students & Parents	Students & Sch Pers	Parents & Sch Pers
	F	*p*	*F*	*p*	Significance	Significance	Significance
I. Issues							
A. Personal	7.94	<0.01	16.03	<0.01	*	*	N*
B. Friends	0.88	0.42	0.11	0.74	-	-	-
C. Home	13.21	<0.01	24.87	<0.01	*	*	N*
D. School	23.79	<0.01	44.92	<0.01	*	*	N*
II. Services							
A. Physical	8.61	<0.01	17.41	<0.01	*	*	N*
B. Information	2.54	0.08	2.98	0.09	-	-	-
C. Counselling	20.82	<0.01	40.94	<0.01	*	*	N*
D. Interpersonal	12.80	<0.01	25.11	<0.01	*	*	N*
III. Instruction							
A. Physical	8.56	<0.01	16.29	<0.01	*	*	N*
B. Emotional	10.08	<0.01	20.25	<0.01	*	*	N*
C. Interpersonal	12.26	<0.01	24.52	<0.01	*	*	N*
D. Sexual	17.06	<0.01	31.91	<0.01	*	*	N*
IV. Environment							
A. School	2.20	0.12	4.16	0.04	-	-	-
B. Interpersonal	14.23	<0.01	28.78	<0.01	*	*	N*
General Needs Areas	11.31	<0.01	22.84	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference. - indicates that no post hoc test was performed.

Summary

In terms of composite scores, there was a significant multivariate difference between students and adults and significant univariate and post hoc differences across all student and adult comparisons. The groups differed, therefore, in their perceptions of the importance of adolescent needs at the level of comparisons between issues, services, instruction, and environment. At the level of subscale scores, a multivariate difference was also observed. Univariate and post hoc tests then revealed a significant difference between students and adult groups, individually and collectively, for 80% of the individual subscales, suggesting differences in perceptions of the importance of overall concepts related to adolescent needs. Parents and school personnel, however, did not differ significantly from each other on either level.

Differences Between the Groups on Question Item Ratings

Since the primary purpose of this study was to explore student, parent, and school personnel perspectives of specific adolescent needs, MANOVAs also were performed on the 14 question blocks, using each question item as a dependent measure. These analyses used the same combinations of groups and will be reported in the following sections. Means and standard deviations for the ratings of each item of the questionnaire across the three groups are located in Appendices F, G, and H. Means and standard deviations for adults grouped are displayed in Appendix I.

Multivariate Differences Between the Groups

The multivariate F and p values for each question, when students, parents, and school personnel and when students and adults grouped were compared, are reported in Table 9. There were significant multivariate differences between the three groups for all questions. When adults were grouped and compared with students, however, question I.B. (Issues: Friends) failed to produce a significant difference. In the examination of subscale scores, questions II.B. and IV.A. also failed to show a significant difference. Here, however, a significant difference was noted for both of these questions.

Table 9

Individual Question Multivariate F and p Values

QUESTION	GROUP COMBINATIONS All Groups F	 p	 Students & Adults F	 p
I. Issues				
A. Personal	5.22	<0.01	9.39	<0.01
B. Friends	1.80	0.02	1.28	0.25
C. Home	5.37	<0.01	9.81	<0.01
D. School	6.33	<0.01	11.97	<0.01
II. Services				
A. Physical	2.77	<0.01	4.98	<0.01
B. Information	5.18	<0.01	7.11	<0.01
C. Counselling	6.05	<0.01	12.07	<0.01
D. Interpersonal	5.47	<0.01	10.00	<0.01
III. Instruction				
A. Physical	2.31	<0.01	4.32	<0.01
B. Emotional	2.57	<0.01	5.21	<0.01
C. Interpersonal	4.74	<0.01	9.63	<0.01
D. Sexual	4.16	<0.01	7.65	<0.01
IV. Environment				
A. School	3.81	<0.01	4.75	<0.01
B. Interpersonal	4.58	<0.01	7.29	<0.01
General Needs Areas	3.40	<0.01	5.89	<0.01

Univariate and Post Hoc Differences Between the Groups

In order to isolate the source(s) of the multivariate differences noted above, univariate tests on the items from each question were examined and post hoc tests performed. The results of these analyses are discussed in the following subsections beginning with the final question which addressed general needs areas.

General needs areas. Univariate and post hoc test results for the items making up this question are reported in Table 10. When all three groups were entered in the analysis, a significant difference was observed for all items except physical health, school issues, medical services, and school environment (1, 7, 8, 10). When adults were grouped, however, a significant univariate *F* was observed for physical health and school environment. Post hoc tests were performed to examine the source(s) of the difference between groups for items with a significant *F* value. Results for students versus parents and students versus school personnel were both identical to those obtained from the ANOVAs based all three groups. However, differences between parents and school personnel were only observed for items 2, 3, 9, and 11; emotional health, sexuality, counselling services, and information sources. In terms of general needs areas, then, student views differ on most items from adult groups, but adults only differ significantly from each other in a few areas.

Table 10

Univariate F and p Values and Post Hoc Significances for the General Needs Areas Question

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Physical health	2.20	0.11	3.93	0.05	-	-	-
2. Emotional health	14.11	<0.01	25.22	<0.01	*	*	*
3. Sexuality	7.98	<0.01	14.35	<0.01	*	*	*
4. Peer behavior	6.99	<0.01	13.80	<0.01	*	*	N*
5. Family Relationships	10.02	<0.01	18.91	<0.01	*	*	N*
6. Peer Relationships	9.48	<0.01	18.91	<0.01	*	*	N*
7. School issues	2.03	0.14	3.07	0.08	-	-	-
8. Medical services	0.29	0.75	0.21	0.65	-	-	-
9. Counselling services	7.03	<0.01	11.99	<0.01	*	*	*
10. School environment	2.04	0.13	4.03	0.05	-	-	-
11. Information sources	4.27	0.02	6.06	0.02	*	*	*
12. Community services	9.06	<0.01	18.21	<0.01	*	*	N*
13. Interpersonal environment	11.27	<0.01	22.68	<0.01	*	*	N*
14. Adult contacts	13.06	<0.01	26.28	<0.01	*	*	N*
15. Coping with problems	10.93	<0.01	22.01	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

Issues: Personal. Returning now to the first question in the needs assessment which relates to personal issues, univariate *F* tests for the all groups design yielded significant differences for item 1 and items 9 through 17; sexuality as a general concept and items related to emotional well-being. For items related to specific sexuality concerns, physical health, and drugs/alcohol, however, there was no evidence of differences in perceptions between the groups. When the adults were grouped and compared with students, significant univariate differences were also observed for items 5 and 6. Table 11 lists these items with the corresponding *F* and *p* values. Post hoc tests, also displayed in Table 11, revealed a pattern for differences between students and parents and between students and school personnel that was identical to the three group design results. When parents were compared with

Table 11

Univariate F and p Values and Post Hoc Significances for Question I.A. - Issues: Personal

ITEM	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	p	F	p	Sign.	Sign.	Sign.
1. Sexuality	20.70	<0.01	38.71	<0.01	*	*	*
2. STD's	1.14	0.32	1.81	0.18	-	-	-
3. AIDS	1.47	0.23	0.28	0.60	-	-	-
4. Sexual abuse	1.25	0.29	2.48	0.12	-	-	-
5. Unplanned pregnancy	2.67	0.07	5.26	0.02	-	-	-
6. Physical health problems	2.20	0.12	3.85	0.05	-	-	-
7. Alcohol abuse	0.95	0.39	1.52	0.22	-	-	-
8. Drug abuse	0.79	0.45	1.48	0.23	-	-	-
9. Depression	12.79	<0.01	24.41	<0.01	*	*	*
10. Apathy	19.23	<0.01	38.07	<0.01	*	*	N*
11. Low self-esteem	28.52	<0.01	57.33	<0.01	*	*	N*
12. Acceptance by others	11.66	<0.01	22.87	<0.01	*	*	N*
13. Peer pressure	28.97	<0.01	56.75	<0.01	*	*	*
14. Appearance	17.52	<0.01	35.02	<0.01	*	*	N*
15. Decision-making	11.24	<0.01	21.61	<0.01	*	*	N*
16. Stress/anxiety	17.15	<0.01	31.31	<0.01	*	*	*
17. Personal future	17.04	<0.01	17.42	<0.01	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

school personnel, however, significant differences were no longer observed for items 10, 11, 12, 14, and 15. These results confirm the descriptive analysis where, for example, self-esteem, acceptance by others, and peer pressure appear as priority needs for adults but not for students.

Issues: Friends. For the behavior of peers, a significant univariate *F* was observed between the three groups only for items 5, 8, and 9 (truancy, bicycle helmets, and trouble with the law). *F* and *p* values and post hoc test results appear in Table 12. For each of these items, parents differed significantly from students in their perspectives as did parents and school personnel. In

Table 12

Univariate F and p Values and Post Hoc Significances for Question I.B. - Issues: Friends

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Violence (fighting)	1.54	0.22	1.43	0.23	-	-	-
2. Vandalism	0.75	0.47	0.37	0.54	-	-	-
3. Risk behavior	0.43	0.65	<0.01	1.00	-	-	-
4. Racism	2.60	0.08	1.09	0.30	-	-	-
5. Truancy	3.39	0.04	1.22	0.27	‡	N‡	‡
6. Impaired driving	1.61	0.20	0.15	0.70	-	-	-
7. Reckless driving	1.97	0.14	0.85	0.36	-	-	-
8. Bicycle helmets	5.38	0.01	0.02	0.90	‡	‡	‡
9. Trouble with the law	4.89	0.01	0.67	0.41	‡	‡	‡

Note. ‡ indicates significant difference based on post hoc calculations; N‡ no significant difference.

- indicates that no post hoc test was performed.

comparing students with school personnel, however, significant differences were noted only for the last two items. When adults were grouped and compared with students, there were no longer any items where significant difference was observed.

Issues: Home. For items addressing issues related to home life and family, univariate F tests were all significant both for the analysis using all groups and for students compared with adults grouped (see Table 13). Post hoc comparisons between students and parents and between students and school personnel also yielded significant differences for all items. When school personnel were

Table 13

Univariate F and p Values and Post Hoc Significances for Question I.C. - Issues: Home

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	p	F	p	Sign.	Sign.	Sign.
1. Poverty	16.28	<0.01	32.42	<0.01	*	*	N*
2. Parental conflict	29.91	<0.01	40.79	<0.01	*	*	N*
3. Parental unemployment	15.59	<0.01	30.75	<0.01	*	*	N*
4. Alcohol abuse	19.54	<0.01	36.96	<0.01	*	*	*
5. Conflict with parent(s)	12.97	<0.01	23.79	<0.01	*	*	*
6. Desire to leave home	11.21	<0.01	14.80	<0.01	*	*	*
7. Parental rules	21.48	<0.01	38.29	<0.01	*	*	*
8. Parental caring	23.95	<0.01	41.19	<0.01	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

compared with parents on these items, significant differences remained only for the last five items.

Issues: School. Results of univariate and post hoc analyses for items related to school issues appear in Table 14. Analyses on all groups and on students and adults grouped yielded identical results. A significant difference was noted for item 1, the need for more interesting classes, and for items 4 through 9, which cover academic needs and parental support. For these items, post hoc comparisons showed differences between the students and both adult groups. However, for items 4, 6, and 7 the adult groups did not differ significantly from one another. The descriptive

Table 14

Univariate F and p Values and Post Hoc Significances for Question I.D. - Issues: School

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Interesting classes	5.15	0.01	7.62	0.01	*	*	*
2. Flexible teachers	0.88	0.42	1.03	0.31	-	-	-
3. Friendly atmosphere	2.17	0.12	1.90	0.17	-	-	-
4. Useful learning	20.14	<0.01	40.19	<0.01	*	*	N*
5. Academic understanding	21.21	<0.01	36.43	<0.01	*	*	*
6. Learning disabilities	11.28	<0.01	22.67	<0.01	*	*	N*
7. Illiteracy	25.67	<0.01	51.05	<0.01	*	*	N*
8. Special education	22.89	<0.01	41.20	<0.01	*	*	*
9. Parental support	27.66	<0.01	52.26	<0.01	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

analysis in this area revealed some agreement by all three groups and almost complete agreement by the adult groups.

Services: Physical. For services related to physical health needs, items 2, 5, 6, and 8 through 12 evidenced a significant univariate difference between the three groups, as shown in Table 15. Thus only for referrals for STD treatment, HIV testing, and birth control as well as physical fitness programs was no difference observed between the groups. When adults were grouped, a difference from student perspectives was also noted for items 1 and 4, HIV

Table 15

Univariate F and p Values and Post Hoc Significances for Question II.A. - Services: Physical

ITEM	GROUP COMBINATIONS All Groups F	 All Groups p	 Students & Adults F	 Students & Adults p	 Students/ Parents Sign.	 Students/ Sch Pers Sign.	 Parents/ Sch Pers Sign.
1. STD treatment referral	2.86	0.06	5.26	0.02	-	-	-
2. HIV/AIDS counselling	3.52	0.03	6.26	0.01	*	*	N*
3. HIV testing referral	1.48	0.23	1.30	0.26	-	-	-
4. Birth control referral	2.79	0.07	5.62	0.02	-	-	-
5. Assistance with pregnancy	6.45	<0.01	12.77	<0.01	*	*	N*
6. Physical fitness programs	3.50	0.03	7.03	0.01	*	*	N*
7. Sports programs	0.61	0.54	1.07	0.30	-	-	-
8. Stop smoking programs	7.05	<0.01	13.37	<0.01	*	*	N*
9. Drug/alcohol programs	9.38	<0.01	18.55	<0.01	*	*	N*
10. Minor first aid	2.97	0.05	4.77	0.03	*	*	N*
11. Lunch when needed	12.76	<0.01	22.74	<0.01	*	*	*
12. Health problems counselling	21.59	<0.01	43.04	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

testing referral and physical fitness programming. Post hoc comparisons between students and each adult group produced significant differences for all items. Not surprisingly, little agreement between the three groups was evident from descriptive analysis in this area. However, in this question the adult groups differed significantly from one another for all but one item; item 11, the need for free lunch services when families are struggling financially. Interestingly, in the descriptive analysis, this item only appeared as important for school personnel.

Services: Information. As can be seen from Table 16, a significant univariate difference was observed between the three groups for all items in this question except item 2,

Table 16

Univariate F and p Values and Post Hoc Significances for Question II.B. - Services: Information

ITEM	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Health pamphlets/books	6.99	<0.01	4.37	0.04	N*	*	*
2. Health classes	1.87	0.16	2.37	0.13	-	-	-
3. Health projects	8.24	<0.01	14.99	<0.01	*	*	*
4. Health videos	3.49	0.03	3.37	0.07	*	N*	*
5. Hot lines	3.37	0.04	1.05	0.31	*	N*	*
6. Articles in school paper	8.56	<0.01	<0.01	1.00	*	*	*
7. Workshops	10.75	<0.01	20.59	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

health classes. For the comparison of students and adults, however, a significant difference was noted only for items 1, 3, and 7. Post hoc comparisons indicated that for item 1 significant difference existed between students and school personnel. In contrast, for items 4 and 5 significant difference was observed only between students and parents. For all other items with a significant univariate F, differences were observed between students and both adult groups. The adult groups also differed from one another on all items except item 7, workshops on health.

Table 17

Univariate F and p Values and Post Hoc Significances for Question II.C. - Services: Counselling

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	p	F	p	Sign.	Sign.	Sign.
1. Personal counselling	0.90	<0.01	0.90	<0.01	*	*	*
2. Family violence counselling	1.06	<0.01	1.07	<0.01	*	*	*
3. Sexual abuse counselling	1.05	<0.01	1.07	<0.01	*	*	*
4. Vocational counselling	1.12	<0.01	1.12	<0.01	*	*	*
5. Course counselling	0.93	<0.01	0.93	<0.01	*	*	N*
6. Help talking to family	1.01	<0.01	1.01	<0.01	*	*	N*
7. Help talking to social workers/police	1.20	<0.01	1.19	<0.01	*	*	N*
8. Counselling about sex	1.40	<0.01	1.41	<0.01	*	*	N*
9. Referral to social/family workers	1.26	<0.01	1.26	<0.01	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

Services: Counselling. For counselling services, significant univariate *F* values were observed for all items both in the comparison using all three groups and in the comparison between students and adults grouped. The results of post hoc comparisons showed significant differences also between students and parents and between students and school personnel for all items. As can been seen from Table 17, however, only for items 1 through 4 and item 9 did parents differ significantly from school personnel. Interestingly a number of these items make reference to issues at home; family violence, sexual abuse, and referral to social/family worker.

Table 18

Univariate F and p Values and Post Hoc Significances for Question II.D. - Services: Interpersonal

	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
ITEM	*F*	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Nurses/doctors	2.04	0.13	4.10	0.05	-	-	-
2. Family workers	13.40	<0.01	24.31	<0.01	‡	‡	‡
3. Youth social workers	16.77	<0.01	26.53	<0.01	‡	‡	‡
4. Parents	14.45	<0.01	26.73	<0.01	‡	‡	‡
5. Exemplary adults	22.67	<0.01	42.67	<0.01	‡	‡	‡
6. Community counsellor	8.49	<0.01	16.81	<0.01	‡	‡	N‡
7. Guidance counsellor	21.68	<0.01	43.58	<0.01	‡	‡	N‡
8. Teachers	32.92	<0.01	66.26	<0.01	‡	‡	N‡
9. Sex education teacher	15.69	<0.01	29.94	<0.01	‡	‡	N‡

Note. ‡ indicates significant difference based on post hoc calculations; N‡ no significant difference.

- indicates that no post hoc test was performed.

Services: Interpersonal. F and p values and post hoc results for the need for adult contacts appear in Table 18. When all three groups were entered in the analysis, significant univariate differences were observed for all items except item 1, the need for contact with nurses and doctors. The F value for this item was significant, however, when the adults were grouped and compared with student perspectives. For the post hoc comparisons, students differed significantly from each adult group on all items tested. Parents only differed from school personnel, however, on items 2 through 5, three of which again tend to have direct relevance to family and home life.

Instruction: Physical. This question dealt with instructional needs related to physical health issues. Univariate analyses between all three groups yielded significant differences for most items (see Table 19). Items 1, 2, 8, and 9 only failed to show a significant difference between the groups. When adults were grouped and compared with students, however, item 2 appeared significant. Post hoc comparisons on those items which showed a significant difference between the three groups produced an identical pattern for the comparisons of students with each adult group with all items producing a significant difference. However, there was very little difference between the adult groups for the items in this question; item 12 alone produced a significant post hoc

Table 19

Univariate F and p Values and Post Hoc Significances for Question III.A. - Instruction: Physical

	GROUP COMBINATIONS						
ITEM	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Self-monitoring for illness	1.96	0.14	3.53	0.06	-	-	-
2. Description of health status	2.75	0.07	5.39	0.02	-	-	-
3. Openness about health	13.08	<0.01	26.32	<0.01	*	*	N*
4. Access to information/help	10.12	<0.01	19.91	<0.01	*	*	N*
5. Health prevention	3.51	0.03	6.64	0.01	*	*	N*
6. Personal responsibility	7.45	<0.01	14.68	<0.01	*	*	N*
7. Nutritional knowledge	6.55	<0.01	13.01	<0.01	*	*	N*
8. Weight management	0.31	0.74	0.61	0.44	-	-	-
9. Physical fitness	2.01	0.14	1.58	0.21	-	-	-
10. Effects of smoking	13.64	<0.01	26.43	<0.01	*	*	N*
11. Smoking cessation	6.88	<0.01	13.49	<0.01	*	*	N*
12. Effects of drugs/alcohol	12.76	<0.01	24.20	<0.01	*	*	*
13. Drug/alcohol management	12.51	<0.01	24.97	<0.01	*	*	N*
14. Infectious disease prevention	4.21	0.02	8.35	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference. - indicates that no post hoc test was performed.

value. Thus, students continue to differ quite consistently from adults, but adults differ less so from each other.

Instruction: Emotional. On items pertaining to instruction in the area of emotional health needs, a significant difference between the means was noted in the univariate analyses for all items, except the need for relaxation training (item 8), when the three groups were compared. Interestingly, this item only appears as a high priority in the descriptive analysis for students and was significant in the comparison of students and adults grouped. These results are shown in Table 20. Post hoc comparisons revealed a difference between students and each adult group across all items. Parents and teachers, however, did not differ significantly from each other in their perceptions of most items. Only for items 1 and 4 (understanding aggression and coping with pressures) was a significant difference noted between these groups.

Table 20

Univariate F and p Values and Post Hoc Significances for Question III.B. - Instruction: Emotional

ITEM	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	p	F	p	Sign.	Sign.	Sign.
1. Understanding of aggression	19.86	<0.01	38.21	<0.01	*	*	*
2. Consequences of violence	15.55	<0.01	31.28	<0.01	*	*	N*
3. Accessing of help	10.92	<0.01	21.73	<0.01	*	*	N*
4. Coping with pressures	10.25	<0.01	19.23	<0.01	*	*	*
5. Coping with loneliness/ depression	12.11	<0.01	24.33	<0.01	*	*	N*
6. Suicide prevention	12.55	<0.01	24.14	<0.01	*	*	N*
7. Stress management	10.51	<0.01	20.85	<0.01	*	*	N*
8. Relaxation	1.94	0.15	3.89	0.05	-	-	-
9. Positive thinking	8.15	<0.01	16.39	<0.01	*	*	N*
10. Self-confidence	14.46	<0.01	28.99	<0.01	*	*	N*
11. Problem-solving	9.67	<0.01	19.45	<0.01	*	*	N*
12. Goal-setting	11.00	<0.01	21.95	<0.01	*	*	N*
13. Self-acceptance	15.11	<0.01	30.33	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

Students clearly differed, therefore, from adults in their perceptions of adolescent emotional health related needs but among adults there was considerable agreement.

Instruction: Interpersonal. When comparisons were made between all three groups on the need for more instruction in the area of interpersonal relating, significant univariate F values were observed for all items except 4 and 6, time management and peer relationship building. It should be noted that, in the descriptive analysis, these items were only of priority to students. The same pattern was observed for the analysis based on students and adults grouped. As Table 21 shows, students continued to differ significantly

Table 21

Univariate F and p Values and Post Hoc Significances for Question III.C. - Instruction: Interpersonal

ITEM	GROUP COMBINATIONS All Groups F	 All Groups p	 Students & Adults F	 Students & Adults p	 Students/ Parents Sign.	 Students/ Sch Pers Sign.	 Parents/ Sch Pers Sign.
1. Family conflict resolution	10.84	<0.01	21.39	<0.01	*	*	N*
2. Communication with parents	16.84	<0.01	33.46	<0.01	*	*	N*
3. Physical abuse	31.23	<0.01	61.57	<0.01	*	*	N*
4. Time management	2.25	0.11	2.84	0.09	-	-	-
5. Peer conflict resolution	6.57	<0.01	12.93	<0.01	*	*	N*
6. Peer relationship building	0.30	0.74	0.17	0.68	-	-	-
7. Sexual decision-making	7.13	<0.01	13.04	<0.01	*	*	*
8. Saying 'no'	13.97	<0.01	28.13	<0.01	*	*	N*
9. Support finding	8.02	<0.01	14.77	<0.01	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

from both adult groups in the post hoc comparisons. However, the adult groups did not differ significantly from each other except on items 7 and 9, sexual decision-making and accessing help and support. Generally, then, adults agree with one another but differ from students in the area of interpersonal instructional needs.

Instruction: Sexual. As Table 22 shows, for all items related to instruction in the area of sexuality, significant univariate *F* values were produced in the comparison between students and adults grouped. However, when all three groups were entered in the analysis, testing and treatment for

Table 22

Univariate F and p Values and Post Hoc Significances for Question III.D. - Instruction: Sexual

	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
ITEM	*F*	*p*	*F*	*p*	Sign.	Sign.	Sign.
1. Sexual development	27.34	<0.01	54.79	<0.01	*	*	N*
2. Sexual identity	23.56	<0.01	47.41	<0.01	*	*	N*
3. Sexual abuse	14.52	<0.01	27.04	<0.01	*	*	*
4. Sexism	12.88	<0.01	24.85	<0.01	*	*	N*
5. Birth control	16.91	<0.01	29.76	<0.01	*	*	*
6. Sexual abstinence	19.06	<0.01	35.26	<0.01	*	*	*
7. Parenting skills	8.35	<0.01	16.40	<0.01	*	*	N*
8. Effects of substance during pregnancy	16.43	<0.01	29.14	<0.01	*	*	*
9. STD/AIDS prevention	6.77	<0.01	13.31	<0.01	*	*	N*
10. STD/AIDS testing/treatment	2.48	0.09	4.94	0.03	-	-	-

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

STD´s and AIDS failed to show a significant difference between the groups. In the descriptive analysis, this item did not appear as a high priority for any of the groups. Post hoc comparisons revealed a consistent difference between students and each adult group. For 5 items, however, no difference was observed between the parents and school personnel. Only for items 3, 5, 6, and 8 (sexual abuse, birth control, sexual abstinence, and effects of substance abuse during pregnancy) was there a significant difference between these groups.

Environment: School. This question focused on needs within the school environment. For the comparison of all three groups (Table 23), 8 of 14 items showed a significant difference between the groups (items 1, 3 through 6, 9, 12, and 14). When the adults were grouped together, however, items 7 and 11 also produced significant F values. Interestingly, in this analysis, the F value for item 14 was not significant. Post hoc comparisons on those items that showed significant differences in the three group analysis showed no difference between the patterns for students versus parents and students versus school personnel. In both cases, a significant difference between the groups was observed for all items. When parents were compared with school personnel, half of the items evidenced a difference in perception (items 4, 5, 12, and 14).

Table 23

Univariate F and p Values and Post Hoc Significances for Question IV.A. - Environment: School

ITEM	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
	F	p	F	p	Sign.	Sign.	Sign.
1. Healthy vending machine food	3.12	0.05	5.03	0.03	*	*	N*
2. Healthy cafeteria meals	1.15	0.32	0.23	0.63	-	-	-
3. Smoking elimination	11.41	<0.01	20.67	<0.01	*	*	N*
4. Alcohol elimination	4.56	0.01	7.40	0.01	*	*	*
5. Drug elimination	5.12	0.01	8.80	<0.01	*	*	*
6. Vandalism elimination	3.13	0.05	5.46	0.02	*	*	N*
7. School crime elimination	2.75	0.07	5.48	0.02	-	-	-
8. Environmental problems dealt with	1.19	0.31	2.26	0.14	-	-	-
9. Cleaner washrooms	7.16	<0.01	14.39	<0.01	*	*	N*
10. Safer washrooms	1.11	0.33	0.54	0.47	-	-	-
11. Locker rooms fixed up	2.17	0.12	4.31	0.04	-	-	-
12. Less hot	4.77	0.01	0.31	0.58	*	*	*
13. Less cold	1.66	0.19	2.94	0.09	-	-	-
14. CPR training for students	8.44	<0.01	0.79	0.38	*	*	*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

Environment: Interpersonal. Items in this question refer to services offered to either parents or teachers that would have a consequent effect upon the interpersonal environment of adolescents. Univariate F and p values along with post hoc comparison results appear in Table 24. For both the analysis based on all three groups and that based on students and adults grouped, significant differences between the groups were evident for all items. When

Table 24

Univariate F and p Values and Post Hoc Significances for Question IV.B. - Environment: Interpersonal

	GROUP COMBINATIONS						
	All Groups		Students & Adults		Students/ Parents	Students/ Sch Pers	Parents/ Sch Pers
ITEM	F	p	F	p	Sign.	Sign.	Sign.
1. Parenting programs for parents	26.25	<0.01	50.30	<0.01	*	*	*
2. Programs teaching parents to talk to/understand adolescents	8.97	<0.01	15.54	<0.01	*	*	*
3. Stress management for parents	10.97	<0.01	22.08	<0.01	*	*	N*
4. Programs to increase parental support for school activities	18.40	<0.01	36.07	<0.01	*	*	N*
5. Programs for teachers about family violence	9.21	<0.01	18.10	<0.01	*	*	N*
6. Programs for teachers about adolescent problems	6.94	<0.01	12.21	<0.01	*	*	*
7. Programs teaching teachers to get along with adolescents	5.39	0.01	6.75	0.01	*	*	*
8. Sexual abuse screening for teachers/staff	9.62	<0.01	7.91	0.01	*	N*	*
9. Stress management for teachers/staff	11.00	<0.01	21.21	<0.01	*	*	N*

Note. * indicates significant difference based on post hoc calculations; N* no significant difference.

- indicates that no post hoc test was performed.

students were compared with parents, there was again a significant difference noted for all items. School personnel differed from students on all items except item 8, sexual abuse screening for teachers and staff. This item was given high priority by both students and parents in the descriptive analysis, however, and is not noted there by school personnel. Parents and school personnel showed no significant difference on items 3 through 5 and item 9.

Summary

There was a significant difference between the perceptions of students and adults across most areas addressed in this questionnaire when individual items were entered in the analyses. This observation confirmed the differences observed at the level of composite and subscale scores discussed above. For many items there was also a significant difference between the perspectives of parents and school personnel. Overall, however, parents and school personnel showed no significant differences in perspectives in 56.8% of the post hoc comparisons. For parents and school personnel, comparisons at the level of composite and subscale scores revealed significant multivariate differences but no significant differences at the univariate level. The univariate tests for individual within question items in this section also revealed no difference between parents and school personnel on most occasions even when multivariate differences are observed.

Differences Between the Groups on Question Item Rankings

The preceding sections explored the differences between groups according their ratings of composite, subscale, and question item scores on the 5-point Likert scale. However, the descriptive analysis of high priority needs, reported in the first section of this chapter, relied heavily on the ranking of individual items within each question as well. To explore the differences between the groups on this level, chi-square analyses were used. The chi-square values and probability levels for each question appear in Table 25.

Table 25

Individual Question Chi-Square and p values

	GROUP COMBINATIONS									
QUESTION	All Groups		Students & Adults		Students & Parents		Students & Sch Pers		Parents & Sch Pers	
	χ^2	p	χ^2	p	χ^2	p	χ^2	p	χ^2	p
I. Issues										
A. Personal	96.21	<0.01	81.19	<0.01	44.19	<0.01	84.13	<0.01	20.17	0.04
B. Friends	27.15	0.02	18.76	0.01	13.37	0.06	14.29	0.03	6.51	0.37
C. Home	36.58	<0.01	29.42	<0.01	17.04	0.02	25.15	<0.01	9.36	0.23
D. School	24.25	0.08	20.06	0.01	13.49	0.10	13.13	0.11	4.55	0.80
II. Services										
A. Physical	28.52	0.16	14.80	0.19	9.27	0.60	18.53	0.07	15.38	0.17
B. Information	20.58	0.06	19.16	<0.01	10.67	0.10	15.05	0.02	1.73	0.94
C. Counselling	30.78	0.01	18.87	0.02	8.60	0.38	22.50	<0.01	14.31	0.03
D. Interpersonal	18.53	0.29	13.54	0.09	7.51	0.48	13.58	0.09	6.12	0.63
III. Instruction										
A. Physical	44.72	0.01	34.63	<0.01	32.47	<0.01	25.63	0.02	11.14	0.60
B. Emotional	46.81	<0.01	22.97	0.03	19.48	0.08	26.36	0.01	23.22	0.03
C. Interpersonal	58.53	<0.01	43.28	<0.01	25.49	<0.01	38.80	<0.01	14.06	0.08
D. Sexual	32.95	0.02	30.01	<0.01	18.75	0.03	25.89	<0.01	4.50	0.88
IV. Environment										
A. School	44.31	0.01	28.13	0.01	21.25	0.07	29.11	0.01	20.46	0.03
B. Interpersonal	29.92	0.02	20.44	0.01	14.05	0.08	23.49	<0.01	9.48	0.30
General Needs Areas	37.02	0.12	30.05	0.01	18.92	0.17	23.04	0.06	7.78	0.56

Students, Parents, and School Personnel Compared

The chi-square for the general needs question was not significant, suggesting that differences in the frequency with which each item was selected as 'the most important' in that list across the three groups did not differ significantly from chance. However, in the area of adolescent issues, the chi-square values for all questions except school related issues, were significant at the 0.05

level. For questions related to services, only counselling services yielded a significant difference between the groups. For both instruction and environment, all questions produced a significant chi-square value.

Students versus Adults Grouped

When the adults were grouped together and compared with students, significant differences were observed for all questions in each area except services. Here, counselling services continued to show a significant difference between the groups, as did information services.

Students versus Parents and Students versus School Personnel

The chi-square values for personal and home-related concerns were significant in both analyses involving students and one adult group. Further, the rankings of students and school personnel on peer-related issues were significantly different. None of the questions related to services produced a significant chi-square value when the rankings of parents were compared with those of students. For the comparison of school personnel and students, however, values for informational and counselling services were significantly different, accounting for the observed differences between adults and students in these areas. When instructional needs were compared, parent and student rankings differed significantly for all questions except those related to emotional needs. School personnel differed from students for all questions in this section. They also differed from students on all questions related to environmental needs while no differences were noted on these questions for parents versus students. Clearly, there is more similarity between the rankings of adolescent needs done by students and parents than there is between the rankings of students and school personnel.

Parents and School Personnel Compared

The differences between the two adult groups, in terms of the frequency with which they ranked each question item as number one, were also explored. In a manner consistent with the findings based on item ratings, less differences existed between these two groups than between adults and students. For the general needs areas question a non-significant chi-square value was observed. In the area of adolescent issues, the two adult groups differed in their perception of priority rankings only for personal issues. In the area of services, only the question related to counselling services showed a significant chi-square value as did the question related to emotional needs in the area of instruction. Finally, for environmental needs, a significant difference between the adult groups was observed only where the ranking of school environment items was concerned.

Summary

It is apparent from the analyses of rank data that differences do exist between the three groups for most questions in the needs assessment and that, for the most part, the differences appear to be accounted for by a difference between the perceptions of school personnel and students or between both adult groups and students. This observation is generally consistent with the findings based on ratings for each question item in earlier sections. In terms of the research question addressed in these sections, therefore, it appears that regardless of whether participants were asked to rank the most important need or rate the level of importance for various needs, there were substantial significant differences between student and adult perceptions, with less differences between the adult groups.

Comparisons Between Students According to Gender and Grade

The third research question highlighted in Chapter 2 focused on differences between adolescents in the Van Horne school community according to certain demographic criteria. Ethnic data could not be analyzed because of poor response levels for this item. In order to examine gender and grade effects a two (male, female) by four (grade 9, 10, 11, 12) MANOVA was performed on the composite scores, subscale scores, and the items making up each question. There were no significant main effects or interaction effects in the analyses of the composite or subscale scores. For the analysis based on the items within each question, grade failed to produce a significant main effect for all questions. A significant main effect of gender was noted, however, for questions II.C, III.A., III.D (Services: Counselling, Instruction: Physical, and Instruction: Sexual), and for the last question which addressed general needs areas. These significant effects will be discussed in the following sections. Only for question III.C. (Instruction: Interpersonal) was a significant interaction effect between gender and grade observed, $F(27,176) = 1.54$, $p = 0.05$. However, when univariate F tests were examined, observed values for all items failed to show significance. Therefore, no plots for interaction effects within this question were generated.

Main Effect of Gender

Where a main effect of gender was noted, univariate F tests for the items in that question were examined to explore the sources of the multivariate effect observed. Each question will be dealt with separately in the following subsections.

General needs areas. A main effect of gender was noted for the final question which dealt with the general needs areas addressed throughout the needs assessment. For this question a multivariate $F(15,50) = 1.91$, $p = 0.04$ was observed. The means and standard deviations for these items are listed in Table 26. On the univariate level, however, only for item 15, ways to cope with problems, was a significant univariate difference between male and female

Table 26

Means and Standard Deviations by Gender for the General Needs Areas Question

ITEM	GENDER			
	Males		Females	
	Mean	S.D.	Mean	S.D.
1. Physical health	4.00	1.09	3.64	0.99
2. Emotional health	3.89	1.05	3.81	0.79
3. Sexuality	3.40	1.20	3.54	1.17
4. Peer behavior	3.18	1.19	3.56	1.11
5. Family Relationships	3.52	1.29	3.80	1.21
6. Peer Relationships	3.40	1.25	3.74	1.19
7. School issues	3.89	1.04	3.53	1.00
8. Medical services	3.73	1.03	3.49	1.04
9. Counselling services	3.53	1.18	3.47	1.00
10. School environment	3.64	1.08	3.66	1.03
11. Information sources	3.62	1.15	3.50	1.11
12. Community services	3.21	1.26	3.25	1.00
13. Interpersonal environment	3.40	1.23	3.01	1.07
14. Adult contacts	3.09	1.18	3.22	1.05
15. Coping with problems	3.47	1.33	4.19	0.75

students observed, $F(1,64) = 7.61$, $p = 0.01$. This suggests that for the ratings of most of the general needs areas addressed throughout the questionnaire male and female students did not differ significantly.

Services: Counselling. A main effect of gender was observed for items under counselling services, multivariate $F(9,63) = 2.23$, $p = 0.03$. Means and standard deviations for each item going into this analysis are listed in Table 27. Only for items 1, 5, and 6 (personal counselling, course counselling, and help talking to family) was a significant univariate F observed, suggesting a difference in the perspectives of male and female students. Values for these

Table 27

Means and Standard Deviations by Gender for Question II.C. - Services: Counselling

ITEM	GENDER			
	Males		Females	
	Mean	S.D.	Mean	S.D.
1. Personal counselling	3.25	1.31	3.97	0.94
2. Family violence counselling	2.76	1.32	2.91	1.34
3. Sexual abuse counselling	2.67	1.30	3.11	1.33
4. Vocational counselling	3.62	1.23	3.53	1.44
5. Course counselling	3.40	1.30	3.94	1.12
6. Help talking to family	3.11	1.19	3.61	1.29
7. Help talking to social workers/police	3.04	1.41	3.22	1.27
8. Counselling about sex	2.71	1.42	2.94	1.43
9. Referral to social/family workers	2.82	1.30	3.11	1.49

items ranged from $F(1,71) = 4.19$, $p = 0.04$ to $F(1,71) = 5.42$, $p = 0.02$.

Instruction: Physical. A main effect of gender was also observed for the question related to instruction in the area of physical health. An observed $F(14,55) = 3.12$, $p < 0.01$ suggested a difference between the perceptions of male and female students on the multivariate level. Means and standard deviations for the items in this question are shown in Table 28. An examination of the univariate F tests based on these means revealed only one item which appeared to be contributing to the observed multivariate difference. Item 8 produced a univariate $F(1,68) = 7.55$, $p = 0.01$. For the importance of instruction in the area of weight management, then, there is a significant difference between the ratings

Table 28

Means and Standard Deviations by Gender for Question III.A. - Instruction: Physical

ITEM	GENDER			
	Males		Females	
	Mean	S.D.	Mean	S.D.
1. Self-monitoring for illness	3.56	1.16	3.20	1.13
2. Description of health status	3.58	1.06	3.71	0.99
3. Openness about health	3.24	1.25	3.60	1.09
4. Access to information/help	3.47	1.06	3.86	1.06
5. Health prevention	3.84	0.98	3.66	1.03
6. Personal responsibility	4.00	0.89	3.77	1.14
7. Nutritional knowledge	3.68	1.05	3.94	1.16
8. Weight management	3.66	1.14	4.34	0.94
9. Physical fitness	3.96	0.93	4.18	1.03
10. Effects of smoking	3.47	1.27	3.49	1.44
11. Smoking cessation	3.82	1.28	3.31	1.55
12. Effects of drugs/alcohol	3.78	1.15	3.66	1.26
13. Drug/alcohol management	3.71	1.31	3.43	1.29
14. Infectious disease prevention	3.87	1.10	3.71	1.36

of male and female students. For all other items in this area there was no evidence of significant differences.

Instruction: Sexual. For items related to instruction in the area of sexuality, a main effect of gender was also observed. On the multivariate level, $F(10,57) = 2.18$, $p = 0.03$. Means and standard deviations for this analysis are displayed in Table 29. An examination of the univariate tests, showed a significant difference between males and females in their perceptions of the importance of 70.0% of the items in this question. For items 3 through 8 and item 10, observed $F(1,66)$ values ranged from 4.00, $p = 0.05$ to

11.37, $p < 0.01$. Only for items related to sexual

Table 29

Means and Standard Deviations by Gender for Question III.D. - Instruction: Sexual

ITEM	GENDER			
	Males		Females	
	Mean	S.D.	Mean	S.D.
1. Sexual development	2.62	1.25	2.75	1.23
2. Sexual identity	2.93	1.20	3.20	1.37
3. Sexual abuse	2.76	1.36	3.83	1.40
4. Sexism	2.78	1.31	3.56	1.42
5. Birth control	3.07	1.45	3.94	1.07
6. Sexual abstinence	2.76	1.37	3.58	1.34
7. Parenting skills	3.29	1.41	4.00	1.12
8. Effects of substance during pregnancy	3.14	1.52	3.50	1.60
9. STD/AIDS prevention	3.78	1.35	4.14	1.19
10. STD/AIDS testing/treatment	3.56	1.41	4.09	1.22

development, sexual identity, and the prevention of STD's and AIDS did there not appear to be a significant gender difference.

Summary. In terms of main effects of gender, then, there were only four questions where a significant multivariate difference was observed. Typically, only a few items per questions, when univariate differences are examined, seem to be contributing to this multivariate effect. However, in the area of adolescent sexuality, there was a significant difference between male and female students across 70.0% of the items in this question. It is also noteworthy that the one general needs area in which a significant effect of gender was observed, coping with problems, was also the area given highest priority by students in the descriptive analysis at the beginning of this chapter.

Summary of Results

The following sections provide a brief summary of both the descriptive and inferential results reported above. The results will be organized according to the research questions addressed in this study.

Research Question 1

"What are the most important adolescent health related needs within this target community according to the perceptions of the adolescents themselves, their parents, and the school personnel who traditionally are most involved in program development?" The descriptive analysis indicated that students, parents (in this case mothers primarily), and school personnel were all in agreement as to the two highest priority general needs areas: ´coping with problems´ and ´family relationships´. There was also some agreement between the groups about specific high priority needs within these areas; coping, goal-setting, communication, and conflict resolution skills and general concerns over conflicts with parents. Both parents and students agreed that positive thinking and suicide prevention skills were also areas of pressing need for adolescents. The latter was listed as the highest need across the entire survey by students. Students and school personnel both noted struggles with parental rules.

There were some areas, however, in which high adolescent needs from the perspective of students were not identified by either adult group. Relaxation and non-aggressive stress management skills, along with a concern about adolescents wanting to leave home, were highlights in this area. By the same token, both adult groups perceived the ability to cope with feelings like depression and loneliness and concerns over a lack of parental caring as high priorities while students did not. A number of other needs were identified by either parents or school personnel but were not reinforced by student perspectives: Parents highlighted physical abuse; school personnel noted the need for understanding of aggression and for stress management.

The third priority in terms of general needs areas for students, but not adults, was sexuality and here there was individual item agreement only on the need for information about STD/AIDS prevention. Adults felt that sexual identity was a key issue, but students placed priority on concerns over STD's and AIDS, the need for condom vendors in the school, sexual decision-making skills, general information about pregnancy, and parenting skills (the latter being identified by parents as well).

In contrast with students who rated issues in the area of emotional health as a seventh priority only, this was the third priority general needs area for both adult groups.

Self-acceptance was the only specific need identified by all three groups here, while adults agreed on the need for self-confidence and self-esteem. Concerns over the future, time management, and finding support were more important from the perspective of students.

Other general needs areas of priority to all three groups were 'school issues', 'peer relationships', counselling services', and 'school environment', although the order of priority differed somewhat. In each of these areas there was some agreement between all three groups as to specific adolescent needs, but there were many needs identified exclusively by students or by adults. For students, 'physical health' needs were ranked as a high priority general needs area, while both adults groups placed emphasis on 'interpersonal environment' which highlighted services offered to parents and/or school personnel which would consequently benefit students in their interactions with these adults. Here there were no specific needs on which all three groups were in agreement.

Overall, there was only agreement between all three groups for 37.5% of the needs identified as priorities in the descriptive analysis. Students then agreed with the perspectives of parents on another 22.5% of the needs highlighted and with school personnel on another 7.5% only. For the final 32.5% of the student priorities, there was no adult agreement. Thus, while there was some overlap in perspectives, in many instances the views of adults differed substantially from the expressed needs of adolescents. Where there was agreement, it was more often the parents who held similar views to students than the school personnel.

Research Question 2

"How do perceived adolescent needs, as defined/ identified by the parents and/or the school personnel of the Van Horne community, compare to the expressed needs of the actual student population?" Comparisons of student and adult perspectives based on composite and subscale scores revealed significant differences for all section themes (issues, services, instruction, and environment) and for 80.0% of the general concepts addressed in the needs assessment questionnaire. However, no significant differences were revealed between the two adult groups in these areas.

Exploration of the differences between groups in terms of within question item ratings also confirmed that significant multivariate differences existed between the perceptions of students and adults for all questions and that, within each question, most of the individual items produced a significant univariate F value. This finding suggested that even where agreement as to highest priority needs existed on the descriptive level, the actual rating of these items by students and adults may still have differed significantly. When post hoc tests were performed at the univariate level, however, parents and school personnel did not differ from each other 56.8% of the time confirming a much greater degree of similarity between adults than between students and either adult group.

Comparisons between groups using rank data reinforced these findings. Differences between students and adults were noted for almost all questions with the differences between school personnel and student perspectives being the most consistent. Again, the adult groups often did not differ significantly from each other in these analyses.

In terms of Research Question 2, then, it was evident from the inferential analyses that regardless of whether the participants were asked to select the most important need or rate the level of importance for various needs, the results were consistent. There were substantial significant differences between student and adult perspectives, with the most frequent differences noted between school personnel and students, and fewer differences between the two adult groups. The implication of these findings in terms of program development will be discussed in Chapter V.

Research Question 3

"What is the degree of similarity of the needs profiles for certain demographic subgroups within the Van Horne adolescent community or, conversely, how do the needs of adolescents differ across these subgroups?" The students surveyed were grouped according to gender and grade in order to explore possible difference between them based on these demographic factors. No significant omnibus effect existed for grade at the level of composite, subscale, or within question analyses. Only one significant within question interaction effect was noted but univariate tests on individual items failed to produce significant _F_ values.

For gender, however, a significant omnibus effect was noted for questions addressing the general needs areas, counselling services, and instruction in the areas of physical health and sexuality. In terms of the general needs areas, only coping with problems was significant at the univariate level. For counselling services, personal and course counselling and help talking to parents were sources of the gender difference. In the area of physical health instruction, only weight management was noted. For instruction in the area of sexuality, however, male and female students differed significantly on 70.0% of the items. Only for items related to sexual development and identity and to STD/AIDS prevention was there no significant gender difference. Where differences according to gender were noted, the mean ratings for females were consistently higher than those of male students. The implications of these results will also be discussed Chapter V.

Chapter V

DISCUSSION

This chapter presents a discussion of the implications of the results described in Chapter IV, highlights the strengths and weaknesses of the study, and provides recommendations for future research.

Implications and Relationship to Current Literature

The implications of this study and the relationship of the results to current literature in the fields of adolescent needs and CSH programming will be explored in this section according to the original research questions.

Research Question 1

Research question 1 required an exploration of adolescent health related needs according to the perceptions of students, parents, and school personnel. The priority given to adolescent needs in the area of ´coping with problems´ in this study was consistent with other literature on adolescent health related needs (Allen, 1989; Allen & Hiebert, 1991; Huston, 1992; Rinholm, 1991). Many of the specific needs in this area also found support elsewhere. Suicide prevention, the highest priority adolescent need according to students in this study, was noted also by the CICH (1989), Gammon et al. (1986), and others. Stress was a key concern in the 1989 school health survey of Esquimalt Junior/Senior Secondary School in Victoria (MH, 1991). High priority adolescent coping strategies in this study, like relaxation, non-aggressive stress management, and positive thinking skills, found parallels in the study by Allen and Hiebert (1991), while goal-setting skills were noted by Huston (1992). Thus, increasing adolescent ´coping with problems´ skills clearly must form a primary focus area for interventions designed to improve the health of adolescents in the Van Horne community, and perhaps more globally.

´Family relationships´, as a general needs area, found some support in studies by Allen & Hiebert (1991), Huston (1992), Rinholm (1991), and Violato and Holden (1989). Family problems were also highlighted as key factors contributing to risk of high school drop out by Young (cited in Hill, 1992). Unlike studies by the CHS (1991) and Menanteau-Horta (1986), however, both adults and students in this study agreed that family issues represented a high priority general needs area for adolescents. Interpersonal communication skills, noted in this study, also became a specific target issue for the John Barsby Secondary School population in Nanaimo following a school wide needs assessment there (MH, 1991). Clearly any comprehensive focus must take into account the specific needs identified in this area as well.

Adolescent needs in the area of ´sexuality´, at the forefront of CSH program goals in Canada (CASH, 1991a), were highlighted in this study and elsewhere (CICH, 1989). Like Holmes and Silverman (1992), in their study of adolescent women, however, this study revealed that sex is not the first priority for the students sampled. Where sexuality was concerned, STD/AIDS and pregnancy issues topped the student priorities in this study which supported findings by others in this area (CICH, 1989; CASH, 1991a). For adolescents, especially women, in this study and others, then, issues in the area of sexuality, while not the first priority, must remain a key focus in program development.

Rather than focusing on sexuality, parents and school personnel gave adolescent needs in the area of ´emotional health´ a third priority in terms of their importance for this community. Topping the list of priorities in the area of ´emotional health´ for students was the issue of concern over their future which has appeared as a critical theme in the literature on adolescent needs (Baker, 1985; Posterski & Bibby, 1988; Rinholm, 1991; Violato & Holden, 1989). Issues of self-acceptance and self-esteem also reappear elsewhere in the literature (Holmes & Silverman, 1992; King & Coles, 1992; "Safer Communities, 1989) suggesting that they represent a common theme for many Canadian adolescents.

It is of particular interest to note the results of the 1991 needs assessment conducted by the CHS in 188 public and private schools in Calgary at this point (CHS, 1991). Students (grouped with parents and non-teaching personnel) identified family problems, relationship problems, stress, and health/illness as the top four health related needs of adolescents. Direct parallels appeared in this study when the top priority general needs areas were identified by students as coping with problems, family relationships, sexuality, and physical health. Parents and school personnel did not concur with students on the importance of physical health concerns. If priority is given to adolescent perceptions of their own needs, however, these studies would suggest that a general focus in these four areas might be appropriate for adolescents in Calgary area schools.

With physical health concerns given the priority assigned them by the students in this study, other parallels to current literature appeared. In particular, drugs and alcohol (the highest priority in this area for students) appeared as a key concern in several other studies (CASH, 1990; "Safer Communities", 1989; CASH, 1991a; Holmes & Silverman, 1992; Rinholm, 1991). The study of adolescent concerns by Violato and Holden (1989) listed physical health as the second highest major theme with particular emphasis on substance abuse. Interestingly, parents listed drugs and alcohol as only third priority in this area and school personnel did not highlight this issue at all. The discrepancy between student and adult views here found parallels in the studies by Isralowitz and Singer (1982) and Menanteau-Horta (1986).

A final note of interest, where prior literature in the area of adolescent needs is concerned, has to do with the priority placed on school related issues in this study. In a number of other studies in the literature, school related issues were given first priority (Huston, 1992; Violato & Holden, 1989) or at least very high priority (Holmes & Silverman, 1992; Posterski & Bibby, 1988; Rinholm, 1991; "Safer Communities", 1989; Young cited in Hill, 1992). For students in this study, school related issues were given fifth priority and for adults they were listed in ninth place. It is possible that, because Van Horne is an alternative high school with a vocational training emphasis, the students and adults associated with this community see school related issues as of less pressing concern than other issues. Alternatively, other factors may be contributing to the selection of students for Van Horne, including family issues or lack of skills for coping with problems. It is possible also that the needs of adolescents at Van Horne are already being well serviced in this area.

Research Question 2

The focus of research question 2 was on comparisons between the needs perceptions of students and adults (parents and school personnel) in the Van Horne community. The results of this study support findings elsewhere in the literature that suggest a significant difference exists between the perceived needs of adolescents, according to significant adults, and the expressed needs of the adolescents themselves (Bartlett, 1981; CMHA, 1989; Levenson et al., 1984). Some of the specific discrepancies noted above also appeared in other sources (Isralowitz & Singer, 1982; Menanteau-Horta, 1986).

Further, the results of this study suggest that, for the Van Horne High School community, parents are generally more similar to students in their perspectives of adolescent needs than are school personnel. However, there is still a considerable difference between the perceptions of students and those of parents, which would suggest that involvement of parents in the identification of needs areas and the planning of program interventions would be beneficial but insufficient without priority being placed on direct student input. Support for this premise was found in writings by Davis (1982) and Royse and Drude (1982).

In terms of traditional theoretical models of adolescence and adolescent needs, it could be suggested the students in this study have been encountering some of what is stereotypically referred to as ´storm and stress´. The highest priority adolescent need, from the perspective of the student sample, was suicide prevention skills. Other stress and stress management needs topped the list in the area of ´coping with problems´. However, the focus even in this area was on learning positive coping skills which could be considered a part of healthy development in a competitive and high stress world.

The desire to leave home was given first priority and parental rules third priority in the second general needs area, ´family relationships´. Issues of ´sexuality´, traditionally associated with turmoil in adolescence, formed the third priority in terms of general needs areas.
Again, however, the majority of the issues in the areas of ´family relationships´ focused on relationship building skills, designed to promote connectedness and mutuality, and in the area of ´sexuality´ on preventative information and skills, suggesting a proactive rather than a reactive stance on the part of adolescents in this study.

In addition, many of the traditional themes associated with this stereotypic view of adolescence fell into the area of ´behavior of friends´, which was eliminated from the descriptive analysis all together because it was given such low priority, or into ´peer relationships´ which was ranked below ´physical health´ and ´school issues´ by students in this study. It is also important to recall that when personal issues were assessed by the students in this study, concerns over the future were given much higher ranking and rating than concerns in the areas of sexuality, emotional health, and peer interaction.

As in other studies (Mitchell, 1989; Travis & Violato, 1989; Violato & Holden, 1989), adult perceptions of adolescent needs were not consistent with the expressed needs of adolescents. In some cases the perceptions of adults were more in line with traditional, media supported thinking. For example, the general needs area ´behavior of friends´, which picked up on the types of risk behaviors stereotypically associated with adolescence, was viewed as much more important by parents than by students. School related issues were ranked in fifth place by students while parents and school personnel placed them in ninth place only. School personnel also did not recognize the priority for adolescents of future concerns but focused instead on self-esteem and acceptance by others. In many other cases, however, a clear pattern of responses could not be identified in this study because of the nature of the focus on health related needs.

The results of this study provide, therefore, a mixed picture of adolescent needs as they relate to popular media stereotypes and traditional theoretical thinking about adolescence. Where support for a ´storm and stress´ perspective seems evident, it may stem from the possibility that adolescents in an alternative setting have a different pattern of needs, one more consistent with traditional conceptions of adolescence, than do students in other settings. However, there are other suggestions in this study that support for this traditional model should not be assumed. The types of issues identified above are not all unique to adolescent experience and many are consistent with positive self-development goals.

Research Question 3

The final research question focused on differences among groups of students according to grade and gender. No main effects were noted for grade and the interaction of grade and gender yielded little of significance. However, the main effect of gender noted for a number of question blocks or items requires an examination of the implications of gender differences on certain specific adolescent needs.

Of particular importance in terms of program development strategies, are the differences between male and female perceptions in the areas of weight management and issues related to sexuality. The emphasis of female adolescents on weight management is consistent with cultural stereotypes in this area and has been noted in other studies (Holmes & Silverman, 1992). It is also clear from the literature that sexual abuse, sexual discrimination, and decision-making in the area of sexuality are more relevant and pressing issues for girls and women than for their male counterparts (Baker Miller, 1976; Holmes & Silverman, 1992; Surrey, 1991). The gender relevance of birth control information, pregnancy information, and parenting skills highlighted in this study also suggests that specific programming may need to be designed to meet the needs of female adolescents in these areas.

Strengths and Weaknesses of the Study

The focus on participant research and particularly on direct assessment of adolescent needs was clearly a strength of this study, as born out by the discrepancy between student and adult perspectives discussed above. This focus made possible both an accurate statement of expressed needs by adolescents and also a comparison with the perceptions of significant adults.

The choice of a Delphi process for questionnaire development reinforced this focus on participant research and ensured that the final questionnaire was a valid reflection of the types of questions and items that were most relevant to this particular population. This choice also served to increase the enthusiasm and the investment of students, parents, and school personnel both in the needs assessment process and in the resultant program planning and implementation. Feedback from students and parents, in particular, at all levels of the questionnaire development, suggested that it was refreshing and challenging for them to be included in this process. As one student stated on the final ´Health Needs Survey´, "I like telling my true feelings about things without anybody knowing. I think this is the only way that kids our age can really tell the truth about what they feel about these issues".

Another strength of the current study was the relationship between the questionnaire content and current literature in the areas of adolescent needs and CHS programming. A central mandate of CSH programming is to move beyond the traditional, narrow focus of health education by promoting an expanded, ´comprehensive´ concept of health and health promotion within the school setting. The use of the most current literature for the generation of items for the Delphi process insured that the results would not be restricted by the participants´ narrow frame of reference.

Site specific validation for the inclusion of each item was then provided through the participation of representative members of the population in the Delphi process allowing items of specific relevance to the Van Horne population to be isolated for inclusion in the school wide needs assessment survey. This process resulted in a lengthy questionnaire but one that would meet the criterion of comprehensiveness in addressing a broad range of needs and concerns. Both the rate and rank provided useful data for setting program priorities.

Finally, the inclusion of open-ended, write-in questions at strategic points throughout the questionnaire provided opportunities for the participants to personalize their responses. These questions also ensured that any items eliminated through the Delphi process that were of relevance to other members of the student, parent, or school personnel populations could be reintroduced and that items specific to Van Horne, that may not have been tapped by the literature review, could be identified at that point.

The lack of test-retest reliability data was an obvious weakness of this study, although internal consistency provided some support in this area. The length of the questionnaire was also a potential weakness; however, with motivation for participation in the process at a high level, this did not seem to present a problem.

Directions for Future Research

There is great potential for follow-up research in this area both within the Van Horne school community and in other senior high school communities.

The purpose of conducting a needs assessment is to provide an accurate and site-specific basis on which to build both program development and program evaluation.
The needs identified in this survey have been used to form the basis for Comprehensive School Health programming at Van Horne. In keeping with the priority on adolescent perceptions, it was the expressed needs of the student population that formed the focus for program development and implementation. An important precedent is, therefore, being set which acknowledges that adult views do not necessarily reflect accurately what adolescents themselves think they need. The effectiveness of, and student responses to, ´bottom up´ programming of this sort will be an important source of on-going investigation.

The accurate identification of needs perceptions for all three participant groups, and the resultant needs-specific programming, also make it possible to anticipate and evaluate changes in these needs over time. These changes may reflect program specific outcomes or more global outcomes that are an expected part of a comprehensive and integrated focus on health promotion with the school setting. A follow-up needs assessment at a later date would provide valuable information on these changes as well as new directions for future programming. Means of obtaining test-retest reliability data should be included in any further research.

In addition, there would be clear benefits from repeated studies in other school communities that would allow for comparisons among communities, greater generalization of statements about adolescent needs and about adult and student perceptions of those needs, and, potentially, identification of certain trends according to demographic differences between schools and school communities that could serve as markers for program development.

Finally, it is commonly accepted that the needs of adolescents, while somewhat unique, are not completely disconnected from or unrelated to the needs expressed by students in early grades. The door is open, therefore, for research into health promotion at younger age levels and the impact of that intervention on students once they reach adolescence. This is particularly relevant given the coping resources and skills foci of many of the needs expressed by the adolescent population in this study.

Final Conclusions

For students, parents, and school personnel in this school community, the most pressing needs were in the areas of coping with problems and family relationships, suggesting that these should be central issues in the development of appropriate and ´needs specific´ programming for this population. Other areas of agreed upon priority include sexuality and emotional health.

However, the prioritization of other general needs areas differed between students and adults, with physical health, for example, given much higher priority by the students surveyed. In addition, an examination of the specific needs to be addressed within these general needs areas revealed little agreement between the student and adult groups. This would suggest that any programming designed to meet the needs of adolescents in this community would have to be based on student perceptions of adolescent needs rather than adult perceptions of adolescent needs or that priority be given at least to the former over the latter.

This is an important outcome in light of the fact that most programming is designed from the top down rather than from the bottom up with the perspectives of educational and health professionals as a starting point. Very rarely have either program goals or strategies been grounded in direct assessment of the expressed needs of a particular adolescent population. Typically, adults generate programming based on their perceptions, however accurate, of adolescent needs. In addition, comparisons between adult groups in this study suggest that parents, or more specifically mothers, who also traditionally play a less significant role in program development, are actually closer to students in their views of adolescent health related needs than are school personnel.

Finally, in some specific areas, for example, weight management and issues related to sexuality, the expressed needs of male and female students in this study differed significantly. This would suggest that, not only is programming based on student as opposed to adult perceptions of adolescent needs critical, but also gender specific programming may be warranted in certain areas.

The adolescent population of today represents the leadership of tomorrow. Their struggles and needs are, therefore, a central focus in educational research, socio-political debates, and speculations of popular media. Answers to the central question of what adolescents need to be healthy persons with positive contributions to make interpersonally and socio-culturally must come from the adolescents themselves. As this study reveals, anything less than this type of direct, bottom up assessment of adolescent needs is prone to miss out on some of the key issues that adolescents themselves view as important.

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APPENDIX A

Letter of Introduction for Parents Participating in the Delphi Process

PARTNERS FOR HEALTHY LIVING

June 2, 1992

Dear Van Horne High School Parent:

Partners for Healthy Living is a collaborative project funded by the Calgary Board of Education and Calgary Health Services that will be implemented at Van Horne High School this fall. As we begin the planning process, it is important to ask the students, their parents, and all school personnel for input. Our goal is to incorporate healthy living as an important part of instruction and programs, of community services at Van Horne High School, and of the total school environment (physical and emotional).

The enclosed needs assessment questionnaire is the tool we will use to determine how we will make programs, services and the school environment relevant for everyone at Van Horne. Your input at this point is anonymous, but very important. We need your help to answer the questions and make changes, or give suggestions on how we can improve the questionnaire.

You have been given two questionnaires: one is to be answered as a parent and the other is to be answered as if you were an adolescent. Please use the following procedure:

1. Read the question
2. Look at the first item listed under the question. Decide if you agree or disagree with that item being important at Van Horne. Circle the appropriate number.
3. Do the same with the rest of the items.
4. Add anything that we missed to the bottom of the list.
5. Select the five items from the list that you consider are the most important.
6. Rank these five items from most important to least important.
7. Complete the questionnaire by looking back at each question. In the margin, rank your feeling on whether or not the question was appropriate: 5 = a good question to keep, 4, 3, 2, 1 = do not keep this question.
8. Note any improvements, deletions or changes in wording directly on the questionnaire.

(Funded by Kananoff Foundation, Calgary Health Services, Calgary Board of Education)

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June 2, 1992

The second questionnaire containing all the revisions will be sent to your home on June 10, 1992 and I would appreciate your reply returned to the school by June 15, 1992.

We are excited to be a part of your school and thank you for your participation in making programs at Van Horne High School meaningful for your children.

Sincerely,

Cathy McLean Stearns
Program Coordinator

294-8253

Enclosure

cc Diane Field, Assistant Principal - Van Horne High School

APPENDIX B

Van Horne Health Needs Survey:
Student Form

Van Horne Health Needs Survey– Student Form

This questionnaire asks for your opinion about various things that are related to a person's health and also asks for some relevant background information. Please answer all questions in the space provided. If there are questions which you feel uncomfortable answering, you are free to omit those questions, however, we hope that you will answer as many questions as possible because this will give us the best picture of what Van Horne students think about these areas.
The survey is anonymous and all of the answers will be strictly confidential.

Before you start to answer this questionnaire, please tell us the following things about yourself:

			1

(col 1-3) (col 4)

Are you male ______ or female ______?

How old are you? ______

What grade are you in? ______

Please indicate the ethnic background of your:

Father ____________________ Mother ____________________ (col 13)

Here are the instructions for answering this questionnaire:

1. Read the question.
2. Look at the first item under that question and decide whether you agree or disagree with that item.

   If you really disagree, circle 1.
   If you disagree, circle 2.
   If you don't know, circle 3.
   If you agree, circle 4.
   If you really agree, circle 5.
3. Do the same thing for the rest of the items in that list.
4. Next, pick out the item from the list that is the most important for you and write the number of that item in the space provided.

Here is a sample question to help you out:

1. The leisure activities that I enjoy most are ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	reading	1	2	3	4	5
2.	watching TV	1	2	3	4	5
3.	sports	1	2	3	4	5
4.	just hanging out	1	2	3	4	5
5.	playing a musical instrument	1	2	3	4	5
6.	talking with friends	1	2	3	4	5
7.	homework	1	2	3	4	5
8.	shopping	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______

Sometimes we will ask you to think of other things that we may have left out. For these questions, simply write your answers in the space provided.

Thanks for helping us by taking the time to answer these questions.

Adolescent Needs

I. Adolescent issues:

Adolescents are concerned about many issues that affect their physical, emotional, or mental health. These first four questions will help us understand what the important issues are for you.

A. For me, the following personal issues are a concern ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	sexuality	1	2	3	4	5
2.	sexually transmitted diseases (STD's)	1	2	3	4	5
3.	AIDS	1	2	3	4	5
4.	sexual abuse	1	2	3	4	5
5.	unplanned pregnancy	1	2	3	4	5
6.	physical health problems	1	2	3	4	5
7.	alcohol abuse	1	2	3	4	5
8.	drug abuse	1	2	3	4	5
9.	depression	1	2	3	4	5
10.	not caring about anything	1	2	3	4	5
11.	low self-esteem (not liking myself)	1	2	3	4	5
12.	being accepted by others	1	2	3	4	5
13.	peer pressure	1	2	3	4	5
14.	my appearance	1	2	3	4	5
15.	problems making decisions	1	2	3	4	5
16.	stress/anxiety	1	2	3	4	5
17.	my future	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 31,32)

B. I am also concerned about the following behaviors among my friends ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	violence (like fighting)	1	2	3	4	5
2.	vandalism	1	2	3	4	5
3.	taking risks	1	2	3	4	5
4.	prejudice or racism	1	2	3	4	5
5.	skipping school	1	2	3	4	5
6.	drinking and driving	1	2	3	4	5
7.	reckless driving	1	2	3	4	5
8.	not using bicycle helmets	1	2	3	4	5
9.	being in trouble with the law	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 42,43)

C. The problems at home that I am concerned about are ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	being poor	1	2	3	4	5
2.	my parent(s) fighting	1	2	3	4	5
3.	my parent(s) being without a job	1	2	3	4	5
4.	my parent(s) drinking	1	2	3	4	5
5.	fighting with my parent(s)	1	2	3	4	5
6.	wanting to leave home	1	2	3	4	5
7.	dealing with my parent's rules	1	2	3	4	5
8.	my parent(s) not caring about me	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 52,53)

D. I would do better in school and stay in school longer if ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	my classes were more interesting	1	2	3	4	5
2.	my teachers were more flexible	1	2	3	4	5
3.	the school atmosphere was more friendly	1	2	3	4	5
4.	I was learning something useful	1	2	3	4	5
5.	I understood my school work	1	2	3	4	5
6.	I didn't have a learning disability	1	2	3	4	5
7.	I could read well	1	2	3	4	5
8.	I was able to be in special education classes	1	2	3	4	5
9.	my parent(s) supported me more	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 63,64)

What important concerns need to be added to these four lists?

1. ____

2. ____

3. ____

4. ____

Your school can do a lot to help you improve your health. The rest of the questions will help us identify what you need most from your school.

We have divided them into three areas: services you would like the school to provide, things that you would like to be taught, and ways the school environment can be improved.

			2
(col 1-3)			col 4

II. Services you would like the school to provide:

A. I would be a healthier person physically if my school offered me ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	help in getting treatment for STD's	1	2	3	4	5
2.	counselling about HIV and AIDS	1	2	3	4	5
3.	help in getting tested for HIV	1	2	3	4	5
4.	help in getting birth control	1	2	3	4	5
5.	special help with my pregnancy	1	2	3	4	5
6.	physical fitness programs	1	2	3	4	5
7.	sports programs	1	2	3	4	5
8.	help to stop smoking	1	2	3	4	5
9.	help with my drug or alcohol problem	1	2	3	4	5
10.	first aid for minor injuries	1	2	3	4	5
11.	lunch when my family doesn't have much money	1	2	3	4	5
12.	counselling about my health problems	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 17,18)

What other services do you need from your school to be physically healthy?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

What services does the school already provide that are important to your physical health?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

B. I would learn more about health if the school had more ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	pamphlets and books about health	1	2	3	4	5
2.	classes on health	1	2	3	4	5
3.	health projects involving the whole school	1	2	3	4	5
4.	videos on health topics	1	2	3	4	5
5.	hot lines	1	2	3	4	5
6.	articles on health in the school paper	1	2	3	4	5
7.	workshops (special presentations) on health	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 26,27)

What other information sources about health do you need from your school?

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

C. Sometimes I need a counsellor in the school to ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	talk to me about my personal problems	1	2	3	4	5
2.	help me deal with violence at home	1	2	3	4	5
3.	talk to me about sexual abuse	1	2	3	4	5
4.	help me decide what job I would like to do	1	2	3	4	5
5.	help me decide what courses to take	1	2	3	4	5
6.	help me talk to my family when things go wrong	1	2	3	4	5
7.	be with me if I need to talk to social workers, police, etc.	1	2	3	4	5
8.	talk to me about sex	1	2	3	4	5
9.	help me find a social worker or family worker	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 37,38)

What other important counselling services do you need?

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

D. I would feel better and be healthier if I had more chances to talk to ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	nurses and doctors	1	2	3	4	5
2.	family workers	1	2	3	4	5
3.	youth social workers	1	2	3	4	5
4.	my parent(s)	1	2	3	4	5
5.	adults who set a good example for me	1	2	3	4	5
6.	a counsellor outside of the school	1	2	3	4	5
7.	my guidance counsellor	1	2	3	4	5
8.	my teachers	1	2	3	4	5
9.	someone who could teach me about sex	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 48,49)

Who else do you think it is important to be able to talk to?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

What people in your school are already doing a good job of helping you when you need them?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

			3

(col 1-3) (col 4)

III. Things you would like to be taught:

A. To be able to take good care of my body, I need to learn ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	how to tell when I am getting sick	1	2	3	4	5
2.	how to explain to someone else how I feel	1	2	3	4	5
3.	how not to be shy or embarrassed to talk about my health	1	2	3	4	5
4.	where to go to get information or help	1	2	3	4	5
5.	what to do now so I don't get sick later on	1	2	3	4	5
6.	to be responsible for my own health	1	2	3	4	5
7.	how to choose or make nutritional meals	1	2	3	4	5
8.	how to stay a healthy weight	1	2	3	4	5
9.	how to stay physically fit	1	2	3	4	5
10.	how smoking will affect my health	1	2	3	4	5
11.	how to quit smoking	1	2	3	4	5
12.	what alcohol or drugs can do to my body	1	2	3	4	5
13.	what to do if I have a problem with drugs or alcohol	1	2	3	4	5
14.	how to make sure I don't catch infectious diseases (like mono)	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 19-20)

What else do you need to learn about if you are going to be a healthy person?

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

B. In terms of how I feel emotionally, I need to learn ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	why I react aggressively to things	1	2	3	4	5
2.	what could happen if I am violent	1	2	3	4	5
3.	where to go for help when I am upset	1	2	3	4	5
4.	how to cope with the pressures I feel	1	2	3	4	5
5.	how to deal with feelings like loneliness or depression	1	2	3	4	5
6.	what to do if I am thinking about suicide	1	2	3	4	5
7.	how to deal with stress	1	2	3	4	5
8.	how to relax	1	2	3	4	5
9.	how to keep thinking positive	1	2	3	4	5
10.	how to have confidence in myself	1	2	3	4	5
11.	what to do when I face a problem	1	2	3	4	5
12.	how to set good goals for myself	1	2	3	4	5
13.	how to accept myself	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 34-35)

What else would help you feel more healthy emotionally?

1. ____

2. ____

3. ____

4. ____

C. My relationships with my family and friends would be better if I learned ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	how to work out problems with my family	1	2	3	4	5
2.	how to talk to my parent(s)	1	2	3	4	5
3.	what to do if someone at home is physically hurting me	1	2	3	4	5
4.	how to divide up my time between my family, friends, school, etc.	1	2	3	4	5
5.	how to work out conflicts with my friends	1	2	3	4	5
6.	how to develop a good relationship with my boyfriend or girlfriend	1	2	3	4	5
7.	how to make healthy decisions about sex	1	2	3	4	5
8.	how to say "no"	1	2	3	4	5
9.	how to get help and support from others	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 45-46)

What else do you need in order to have healthy relationships with your family and friends?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

D. Sex is an important subject for adolescents. I need more information on these topics ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	sexual development (like changes at puberty)	1	2	3	4	5
2.	sexual identity (like sexual feelings, body image, etc.)	1	2	3	4	5
3.	sexual abuse	1	2	3	4	5
4.	sexist attitudes (like saying girls aren't good in sports)	1	2	3	4	5
5.	birth control	1	2	3	4	5
6.	choosing not to have sex	1	2	3	4	5
7.	being a good parent myself	1	2	3	4	5
8.	smoking, drinking, doing drugs when you are pregnant	1	2	3	4	5
9.	preventing STD's and AIDS (safer sex)	1	2	3	4	5
10.	testing and treatment for STD's and AIDS	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 57-58

What else would you like to learn more about in the area of sexuality?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

			4

(col 1-3) (col 4)

IV. Ways of improving your school (and home) environment:

A. Van Horne would be a healthier environment for me if the school ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	put healthier foods in the vending machines	1	2	3	4	5
2.	made healthier meals in the cafeteria	1	2	3	4	5
3.	didn't allow smoking at all	1	2	3	4	5
4.	made sure there was no alcohol in the school	1	2	3	4	5
5.	made sure there were no drugs in the school	1	2	3	4	5
6.	did something to stop vandalism	1	2	3	4	5
7.	did something about other crimes at school (like stealing)	1	2	3	4	5
8.	dealt with environmental problems (like pollution)	1	2	3	4	5
9.	cleaned up the washrooms	1	2	3	4	5
10.	made the washrooms more safe	1	2	3	4	5
11.	fixed up the locker rooms	1	2	3	4	5
12.	made it less hot in the school	1	2	3	4	5
13.	made it less cold in the school	1	2	3	4	5
14.	taught students how to do CPR	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 19-20)

What else do you think needs to be changed in your school environment?

1. ______

2. ______

3. ______

4. ______

B. I need my school to offer these services to my parents or my teachers ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	programs to teach my parent(s) about good parenting	1	2	3	4	5
2.	groups to teach my parent(s) how to talk to and understand me	1	2	3	4	5
3.	stress management groups for my parent(s)	1	2	3	4	5
4.	programs to help my parent(s) support me more in my school program and activities	1	2	3	4	5
5.	programs to teach my teachers about family violence	1	2	3	4	5
6.	programs to teach my teachers about the problems of youth	1	2	3	4	5
7.	training for teachers in getting along with youth	1	2	3	4	5
8.	screening to see if any teachers or staff have a record for sexually abusing children or youth	1	2	3	4	5
9.	stress management programs for teachers and staff	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 30-31)

Helping your teachers and parents can encourage them to provide a better home and school environment for you. What else do you think your school should do for them?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

In order to identify which health-related areas you think need the most attention, we have one final question for you.

For me, the most important needs addressed in this questionnaire are ...

		Rate each item				
		Really Disagree	Disagree	Don't know	Agree	Really Agree
1.	my physical health	1	2	3	4	5
2.	my emotional health	1	2	3	4	5
3.	my sexuality	1	2	3	4	5
4.	the behaviour problems of my friends	1	2	3	4	5
5.	my home-life and family relationships	1	2	3	4	5
6.	my relationships with my friends	1	2	3	4	5
7.	my concerns about school	1	2	3	4	5
8.	the medical services the school could provide	1	2	3	4	5
9.	the counselling services the school could provide	1	2	3	4	5
10.	the school environment	1	2	3	4	5
11.	sources of health information I need	1	2	3	4	5
12.	community services I need	1	2	3	4	5
13.	help for my parent(s) or teachers	1	2	3	4	5
14.	adults I would like to talk with more	1	2	3	4	5
15.	ways I can cope with my problems	1	2	3	4	5

Please indicate which item in the above list is the most important one for you______ (col 47-48)

What have we missed that you think is really important?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

APPENDIX C

Cover Letter for Parents

D.V. Christensen
PRINCIPAL

Calgary Board of Education
We open minds for life.
VAN HORNE SENIOR HIGH SCHOOL
3015 Utah Drive N.W., Calgary, Alberta T2N 3Z9 Telephone:(403) 284-3381 Fax:(403) 284-9897

October 5, 1992

Dear Parent(s),

This year at Van Horne we have started a special program to address the health-related needs of students, parents, and school personnel. We want both you and your son or daughter to have direct input into this project by filling out the questionnaire provided. Your son or daughter has already completed a similar questionnaire at school.

Your responses to this questionnaire are completely anonymous. The identification number on the questionnaire will help us match up the questionnaires of parents and students, but no names can be associated with either questionnaire.

Should you choose not to fill out the questionnaire we would ask that you sign the form below and have your son or daughter return the letter to the school by Friday, October 9, 1992. This will let us know that you have received the questionnaire and did not want to take the opportunity to share your views with us.

If you have any questions related to this survey or the 'Healthy School' initiative, please feel free to contact Diane Field, Assistant Principal, or Cathy McLean Stearns, coordinator of the Healthy School project at 284-3381.

Yours sincerely,

Van Horne Healthy School Committee

I, ______________________________ have received a Van Horne Health Needs Survey
(Print Your Name)
and have decided not to complete it.

______________________________ ______________________________
Signature Date

"To Ensure Individual Student Development Through Effective Education"

APPENDIX D

Cover Letter for Teachers

D.V. Christensen
PRINCIPAL

Calgary Board of Education
We open minds for life.
VAN HORNE SENIOR HIGH SCHOOL
3015 Utah Drive N.W., Calgary, Alberta T2N 3Z9 Telephone:(403) 284-3381 Fax:(403) 284-9897

October 5, 1992

Dear Teachers,

This year at Van Horne we have started a special program to address the health-related needs of students, parents, and school personnel. We want you to have direct input into this project by filling out the questionnaire provided.

Your responses to this questionnaire are completely anonymous. No names can be associated with the questionnaire and the data will be compiled by the University of Calgary.

Please return your questionnaire in the envelope provided by Friday Oct9,1992 to Cathy McLean Stearn's mailbox in the staff room.

If you have any questions related to this survey or the 'Healthy School' initiative, please feel free to contact Diane Field, Assistant Principal, or Cathy McLean Stearns, coordinator of the Healthy School project.

Yours sincerely,

Van Horne Healthy School Committee

"To Ensure Individual Student Development Through Effective Education"

APPENDIX E

Cover Letter for Support Staff

D.V. Christensen
PRINCIPAL

Calgary Board of Education
We open minds for life.
VAN HORNE SENIOR HIGH SCHOOL
3015 Utah Drive N.W., Calgary, Alberta T2N 3Z9 Telephone:(403)284-3381 Fax:(403)284-9897

October 5, 1992

Dear Support Staff Member,

This year at Van Horne we have started a special program to address the health-related needs of students, parents, and school personnel. We want you to have direct input into this project by filling out the questionnaire provided.

Your responses to this questionnaire are completely anonymous. No names can be associated with the questionnaire and the data will be compiled by the University of Calgary.

Please return your questionnaire in the envelope provided by Friday Oct.9,1992 to Cathy McLean Stearn's mailbox in the staff room.

If you have any questions related to this survey or the 'Healthy School' initiative, please feel free to contact Diane Field, Assistant Principal, or Cathy McLean Stearns, coordinator of the Healthy School project.

Yours sincerely,

Van Horne Healthy School Committee

"To Ensure Individual Student Development Through Effective Education"

APPENDIX F

Student Responses:
% Number One, Frequency Distribution of Ratings, and Mean Rating Values

Adolescent Needs

I. Adolescent issues:

Adolescents are concerned about many issues that affect their physical, emotional, or mental health. These first four questions will help us understand what the important issues are for you.

A. For me, the following personal issues are a concern ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Ratilng
1.3	1.	sexuality	5	4	27	32	11	3.51
5.1	2.	sexually transmitted diseases (STD's)	5	8	3	24	39	4.06
25.6	3.	AIDS	6	6	5	13	51	4.20
2.6	4.	sexual abuse	6	4	12	18	38	4.00
2.6	5.	unplanned pregnancy	7	5	14	26	28	3.79
1.3	6.	physical health problems	5	4	21	35	16	3.65
0.0	7.	alcohol abuse	6	6	11	29	28	3.84
2.6	8.	drug abuse	8	3	13	22	33	3.87
1.3	9.	depression	8	7	26	31	7	3.28
1.3	10.	not caring about anything	13	14	24	26	3	2.90
1.3	11.	low self-esteem (not liking myself)	12	14	21	24	10	3.07
2.6	12.	being accepted by others	4	7	14	35	20	3.75
0.0	13.	peer pressure	8	11	20	34	8	3.28
2.6	14.	my appearance	4	13	16	31	15	3.51
0.0	15.	problems making decisions	10	5	29	28	8	3.24
2.6	16.	stress/anxiety	4	10	34	26	6	3.25
47.4	17.	my future		1	8	10	60	4.63

Please indicate which item in the above list is the most important one for you______ (col 31,32)

B. I am also concerned about the following behaviors among my friends ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
12.7	1.	violence (like fighting)	7	12	14	28	20	3.52
4.2	2.	vandalism	13	12	11	26	18	3.30
7.0	3.	taking risks	5	12	24	30	10	3.35
12.7	4.	prejudice or racism	11	6	12	22	27	3.62
5.6	5.	skipping school	17	13	20	18	12	2.94
42.3	6.	drinking and driving	15	2	9	10	44	3.83
0.0	7.	reckless driving	13	6	11	19	30	3.60
0.0	8.	not using bicycle helmets	25	20	16	10	10	2.51
15.5	9.	being in trouble with the law	9	8	18	18	27	3.58

Please indicate which item in the above list is the most important one for you______ (col 42,43)

C. The problems at home that I am concerned about are ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
10.4	1.	being poor	16	23	14	17	10	2.78
9.1	2.	my parent(s) fighting	27	12	12	13	17	2.77
5.2	3.	my parent(s) being without a job	23	16	12	12	17	2.80
13.0	4.	my parent(s) drinking	29	15	10	11	16	2.63
19.5	5.	fighting with my parent(s)	10	12	13	26	18	3.38
26.0	6.	wanting to leave home	15	8	27	12	19	3.15
10.4	7.	dealing with my parent's rules	14	16	13	22	13	3.05
6.5	8.	my parent(s) not caring about me	37	8	15	6	15	2.43

Please indicate which item in the above list is the most important one for you______ (col 52,53)

D. I would do better in school and stay in school longer if ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
24.1	1.	my classes were more interesting	4	14	17	27	19	3.53
1.3	2.	my teachers were more flexible	3	14	30	22	10	3.28
13.9	3.	the school atmosphere was more friendly	6	10	29	17	19	3.41
15.2	4.	I was learning something useful	3	15	24	24	15	3.41
11.4	5.	I understood my school work	2	8	20	26	12	3.36
5.1	6.	I didn't have a learning disability	20	11	23	16	10	2.81
6.3	7.	I could read well	16	14	19	16	14	2.98
2.5	8.	I was able to be in special education classes	28	16	24	5	8	2.37
20.3	9.	my parent(s) supported me more	20	11	22	11	16	2.90

Please indicate which item in the above list is the most important one for you______ (col 63,64)

What important concerns need to be added to these four lists?

1. ____

2. ____

3. ____

4. ____

Your school can do a lot to help you improve your health. The rest of the questions will help us identify what you need most from your school.

We have divided them into three areas: services you would like the school to provide, things that you would like to be taught, and ways the school environment can be improved.

II. Services you would like the school to provide:

A. I would be a healthier person physically if my school offered me ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
5.3	1.	help in getting treatment for STD's	12	7	23	20	17	3.29
15.8	2.	counselling about HIV and AIDS	9	9	16	17	29	3.60
2.6	3.	help in getting tested for HIV	9	8	19	21	23	3.51
7.9	4.	help in getting birth control	12	6	14	22	25	3.53
9.2	5.	special help with my pregnancy	19	5	16	19	19	3.18
13.2	6.	physical fitness programs	5	9	12	32	21	3.70
10.5	7.	sports programs	5	9	14	19	32	3.81
14.5	8.	help to stop smoking	15	7	18	21	18	3.25
6.6	9.	help with my drug or alcohol problem	20	7	16	14	22	3.14
2.6	10.	first aid for minor injuries	9	11	20	28	11	3.27
6.6	11.	lunch when my family doesn't have much money	15	7	19	26	13	3.19
5.3	12.	counselling about my health problems	11	13	20	28	8	3.11

Please indicate which item in the above list is the most important one for you______ (col 17,18)

What other services do you need from your school to be physically healthy?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

What services does the school already provide that are important to your physical health?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

B. I would learn more about health if the school had more ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
15.5	1.	pamphlets and books about health	6	9	19	38	9	3.43
12.7	2.	classes on health	6	7	17	35	16	3.59
9.9	3.	health projects involving the whole school	10	8	26	26	10	3.23
15.5	4.	videos on health topics	4	9	18	32	18	3.63
29.6	5.	hot lines	5	7	19	29	20	3.65
4.2	6.	articles on health in the school paper	9	5	30	23	14	3.35
12.7	7.	workshops (special presentations) on health	8	7	26	28	12	3.36

Please indicate which item in the above list is the most important one for you______ (col 26,27)

What other information sources about health do you need from your school?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

C. Sometimes I need a counsellor in the school to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
29.0	1.	talk to me about my personal problems	8	6	16	32	18	3.58
5.8	2.	help me deal with violence at home	16	18	21	14	11	2.83
4.3	3.	talk to me about sexual abuse	17	15	21	18	10	2.86
21.7	4.	help me decide what job I would like to do	9	8	16	23	25	3.58
14.5	5.	help me decide what courses to take	7	9	13	29	23	3.64
8.7	6.	help me talk to my family when things go wrong	10	11	15	32	13	3.33
4.3	7.	be with me if I need to talk to social workers, police, etc.	14	11	22	19	15	3.12
10.1	8.	talk to me about sex	23	8	24	13	13	2.82
1.4	9.	help me find a social worker or family worker	18	12	20	18	13	2.95

Please indicate which item in the above list is the most important one for you______ (col 37,38)

What other important counselling services do you need?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

D. I would feel better and be healthier if I had more chances to talk to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
16.0	1.	nurses and doctors	11	7	18	29	16	3.40
1.3	2.	family workers	14	11	35	16	5	2.84
1.3	3.	youth social workers	13	14	32	14	6	2.82
32.0	4.	my parent(s)	7	10	24	21	19	3.43
24.0	5.	adults who set a good example for me	6	10	23	28	12	3.38
8.0	6.	a counsellor outside of the school	9	15	26	22	8	3.06
6.7	7.	my guidance counsellor	13	14	22	23	9	3.01
1.3	8.	my teachers	11	12	33	22	2	2.90
9.3	9.	someone who could teach me about sex	18	15	25	13	10	2.78

Please indicate which item in the above list is the most important one for you______ (col 48,49)

Who else do you think it is important to be able to talk to?

1. ____
2. ____
3. ____
4. ____

What people in your school are already doing a good job of helping you when you need them?

1. ____
2. ____
3. ____
4. ____

III. Things you would like to be taught:

A. To be able to take good care of my body, I need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.9	1.	how to tell when I am getting sick	6	13	16	33	12	3.40
10.0	2.	how to explain to someone else how I feel	2	12	13	39	14	3.64
1.4	3.	how not to be shy or embarrassed to talk about my health	7	10	22	26	15	3.40
4.3	4.	where to go to get information or help	3	9	20	30	18	3.64
5.7	5.	what to do now so I don't get sick later on	2	7	18	34	19	3.76
7.7	6.	to be responsible for my own health	3	5	11	39	22	3.90
8.6	7.	how to choose or make nutritional meals	4	7	12	34	22	3.80
11.4	8.	how to stay a healthy weight	3	8	7	32	29	3.96
10.0	9.	how to stay physically fit	2	6	5	39	27	4.05
0.0	10.	how smoking will affect my health	11	6	19	22	22	3.48
12.9	11.	how to quit smoking	11	7	14	18	29	3.60
14.3	12.	what alcohol or drugs can do to my body	5	9	13	29	24	3.73
4.3	13.	what to do if I have a problem with drugs or alcohol	7	11	15	22	25	3.59
7.1	14.	how to make sure I don't catch infectious diseases (like mono)	7	4	14	28	27	3.80

Please indicate which item in the above list is the most important one for you______ (col 19-20)

What else do you need to learn about if you are going to be a healthy person?

1. ______
2. ______
3. ______
4. ______

B. In terms of how I feel emotionally, I need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
1.4	1.	why I react aggressively to things	5	7	30	25	14	3.44
1.4	2.	what could happen if I am violent	6	7	29	21	18	3.47
1.4	3.	where to go for help when I am upset	3	6	21	29	21	3.74
11.0	4.	how to cope with the pressures I feel	2	5	15	35	23	3.90
9.6	5.	how to deal with feelings like loneliness or depression	4	7	17	31	21	3.73
20.5	6.	what to do if I am thinking about suicide	12	7	12	20	30	3.61
8.2	7.	how to deal with stress	3	5	15	37	21	3.84
8.2	8.	how to relax	4	4	14	34	25	3.89
9.6	9.	how to keep thinking positive	3	5	14	32	27	3.93
5.5	10.	how to have confidence in myself	4	9	12	31	24	3.78
4.1	11.	what to do when I face a problem	4	5	15	35	22	3.82
9.6	12.	how to set good goals for myself	4	4	12	40	20	3.85
9.6	13.	how to accept myself	5	5	17	30	24	3.78

Please indicate which item in the above list is the most important one for you______ (col 34-35)

What else would help you feel more healthy emotionally?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

C. My relationships with my family and friends would be better if I learned ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
5.5	1.	how to work out problems with my family	4	9	16	28	24	3.73
6.8	2.	how to talk to my parent(s)	5	10	12	33	21	3.68
5.5	3.	what to do if someone at home is physically hurting me	12	15	17	19	16	3.15
15.1	4.	how to divide up my time between my family, friends, school, etc.	4	8	16	29	24	3.75
5.5	5.	how to work out conflicts with my friends	4	6	13	39	19	3.78
32.9	6.	how to develop a good relationship with my boyfriend or girlfriend	3	4	11	30	33	4.06
12.3	7.	how to make healthy decisions about sex	3	8	17	23	29	3.84
12.3	8.	how to say "no"	10	10	12	19	30	3.61
4.1	9.	how to get help and support from others	5	5	14	26	29	3.87

Please indicate which item in the above list is the most important one for you______ (col 45-46)

What else do you need in order to have healthy relationships with your family and friends?

1.

2.

3.

4.

D. Sex is an important subject for adolescents. I need more information on these topics ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
8.7	1.	sexual development (like changes at puberty)	18	19	20	19	5	2.68
2.9	2.	sexual identity (like sexual feelings, body image, etc.)	12	16	18	24	10	3.05
13.0	3.	sexual abuse	15	11	11	21	20	3.26
4.3	4.	sexist attitudes (like saying girls aren't good in sports)	14	15	17	17	18	3.12
8.7	5.	birth control	11	9	13	26	21	3.46
7.2	6.	choosing not to have sex	14	14	20	14	19	3.12
14.5	7.	being a good parent myself	9	8	15	23	26	3.61
13.0	8.	smoking, drinking, doing drugs when you are pregnant	18	7	14	15	26	3.30
14.5	9.	preventing STD's and AIDS (safer sex)	7	5	11	20	37	3.94
13.0	10.	testing and treatment for STD's and AIDS	8	8	10	21	33	3.79

Please indicate which item in the above list is the most important one for you______ (col 57-58

What else would you like to learn more about in the area of sexuality?

1.

2.

3.

4.

IV. Ways of improving your school (and home) environment:

A. Van Horne would be a healthier environment for me if the school ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
1.3	1.	put healthier foods in the vending machines	9	11	20	25	16	3.35
14.5	2.	made healthier meals in the cafeteria	6	14	13	26	21	3.53
3.9	3.	didn't allow smoking at all	21	13	20	6	21	2.91
3.9	4.	made sure there was no alcohol in the school	8	5	11	26	31	3.83
10.5	5.	made sure there were no drugs in the school	8	2	10	30	30	3.90
10.5	6.	did something to stop vandalism	7	3	14	26	30	3.86
11.8	7.	did something about other crimes at school (like stealing)	6	4	7	29	34	4.01
5.3	8.	dealt with environmental problems (like pollution)	4	5	18	31	23	3.79
7.9	9.	cleaned up the washrooms	1	3	11	37	28	4.10
1.3	10.	made the washrooms more safe	5	7	19	31	19	3.64
2.6	11.	fixed up the locker rooms	5	3	24	24	25	3.75
1.3	12.	made it less hot in the school	5	9	25	21	19	3.51
1.3	13.	made it less cold in the school	4	5	31	24	17	3.56
23.7	14.	taught students how to do CPR	2	3	17	25	33	4.05

Please indicate which item in the above list is the most important one for you______ (col 19-20)

What else do you think needs to be changed in your school environment?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

B. I need my school to offer these services to my parents or my teachers ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
1.4	1.	programs to teach my parent(s) about good parenting	12	23	22	14	9	2.81
18.6	2.	groups to teach my parent(s) how to talk to and understand me	8	18	11	25	19	3.36
10.0	3.	stress management groups for my parent(s)	8	13	25	22	12	3.21
10.0	4.	programs to help my parent(s) support me more in my school program and activities	9	16	20	26	10	3.15
5.7	5.	programs to teach my teachers about family violence	9	17	24	18	13	3.11
14.3	6.	programs to teach my teachers about the problems of youth	4	13	20	30	13	3.44
15.7	7.	training for teachers in getting along with youth	5	13	22	18	23	3.51
18.6	8.	screening to see if any teachers or staff have a record for sexually abusing children or youth	10	10	20	19	21	3.39
5.7	9.	stress management programs for teachers and staff	5	11	20	24	21	3.56

Please indicate which item in the above list is the most important one for you______ (col 30-31)

Helping your teachers and parents can encourage them to provide a better home and school environment for you. What else do you think your school should do for them?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

In order to identify which health-related areas you think need the most attention, we have one final question for you.

For me, the most important needs addressed in this questionnaire are ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
9.6	1.	my physical health	2	9	13	33	24	3.84
4.1	2.	my emotional health	1	6	18	35	21	3.85
12.3	3.	my sexuality	6	10	22	25	17	3.46
2.7	4.	the behaviour problems of my friends	7	11	23	27	13	3.35
13.7	5.	my home-life and family relationships	7	7	17	24	24	3.65
8.2	6.	my relationships with my friends	6	13	10	32	18	3.54
8.2	7.	my concerns about school	5	3	17	39	16	3.73
2.7	8.	the medical services the school could provide	4	7	18	37	14	3.63
4.1	9.	the counselling services the school could provide	6	5	27	28	15	3.51
2.7	10.	the school environment	4	5	23	30	17	3.65
1.4	11.	sources of health information I need	4	10	22	26	19	3.57
1.4	12.	community services I need	6	13	30	17	13	3.23
2.7	13.	help for my parent(s) or teachers	7	14	24	24	12	3.25
1.4	14.	adults I would like to talk with more	8	11	31	21	9	3.15
24.7	15.	ways I can cope with my problems	6	5	13	33	24	3.79

Please indicate which item in the above list is the most important one for you______ (col 47-48)

What have we missed that you think is really important?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

APPENDIX G

Parent Responses:
% Number One, Frequency Distribution of Ratings, and Mean Rating Values

Adolescent Needs

The second part of this questionnaire looks at the health-related concerns of adolescents. Adolescents are concerned about many issues that affect their physical, emotional, or mental health. These first four questions will help us understand what you think the important issues are for them.

I. Adolescent Issues

A. I think the following personal issues are a concern for adolescents...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	sexuality		1	4	18	15	4.24
3.1	2.	sexually transmitted diseases (STD's)		2	5	10	22	4.33
9.4	3.	AIDS		1	4	8	26	4.51
0.0	4.	sexual abuse		4	3	13	19	4.21
6.3	5.	unplanned pregnancy	1	4	3	12	19	4.13
0.0	6.	physical health problems		2	5	21	10	4.03
0.0	7.	alcohol abuse		5	3	15	16	4.08
0.0	8.	drug abuse		6	2	13	18	4.10
3.1	9.	depression		3	5	14	17	4.15
3.1	10.	not caring about anything	1	5	3	18	12	3.90
31.3	11.	low self-esteem (not liking themselves)		1	2	15	21	4.44
15.6	12.	being accepted by others		2	1	13	22	4.45
6.3	13.	peer pressure		2	2	13	22	4.41
0.0	14.	their appearance			4	17	18	4.36
0.0	15.	problems making decisions		1	4	23	11	4.13
3.1	16.	stress/anxiety		2	2	19	16	4.26
18.8	17.	their future		1	4	11	23	4.44

Please indicate which item in the above list you think is the most important one______ (col 22,23)

B. Adolescents are also concerned about the following behaviors amongst their friends ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
21.9	1.	violence (like fighting)		5	8	15	11	3.82
0.0	2.	vandalism		7	10	13	8	3.58
9.4	3.	taking risks	1	6	14	11	7	3.44
28.1	4.	prejudice or racism		7	7	12	11	3.73
0.0	5.	skipping school	1	7	7	15	8	3.58
18.8	6.	drinking and driving		4	4	14	15	4.08
3.1	7.	reckless driving	2	7	5	11	12	3.65
0.0	8.	not using bicycle helmets	5	8	12	8	4	2.95
18.8	9.	being in trouble with the law	1	6	4	14	14	3.87

Please indicate which item in the above list you think is the most important one______ (col 33,34)

C. Adolescents are concerned about the following home-related problems ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
14.7	1.	being poor	1	3	7	15	14	3.95
11.8	2.	parent(s) fighting	2	3	6	16	13	3.88
8.8	3.	parent(s) being without a job		4	10	15	11	3.83
5.9	4.	parent(s) drinking	1	6	9	13	11	3.68
23.5	5.	fighting with parent(s)	1	3	4	18	14	4.03
0.0	6.	wanting to leave home	2	6	11	11	10	3.53
11.8	7.	dealing with parent's rules		6	5	16	13	3.90
23.5	8.	parent(s) not caring about them	5	7	6	8	14	3.48

Please indicate which item in the above list you think is the most important one______ (col 43,44)

D. Adolescents would do better in school and stay in school longer if...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
9.4	1.	their classes were more interesting		4	3	12	19	4.21
0.0	2.	their teachers were more flexible		10	9	10	10	3.51
0.0	3.	the school atmosphere was more friendly		5	5	21	9	3.85
28.1	4.	they felt they were learning something useful		1	2	15	21	4.44
25.0	5.	they understood their school work			1	17	22	4.53
3.1	6.	they didn't have a learning disability	2	2	10	14	12	3.80
9.4	7.	they could read well			5	15	20	4.38
6.3	8.	they were able to be in special education classes	2	6	7	9	16	3.78
18.8	9.	their parent(s) supported them more	2	4	4	7	22	4.10

Please indicate which item in the above list you think is the most important one______ (col 54,55)

What important adolescent concerns do you think should be added to these four lists?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

Schools can do a lot to help adolescents improve their health. The rest of the questions in this section will help us identify what you think adolescents need most from their school.

We have divided them into three areas: services the school should provide, things that adolescents need to be taught, and ways the school environment can be improved.

II. Services the school should provide:

A. I think adolescents would be healthier people physically if the school offered them ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.9	1.	help in getting treatment for STD's		5	7	18	11	3.85
20.6	2.	counselling about HIV and AIDS		2	6	18	15	4.12
5.9	3.	help in getting tested for HIV		3	10	17	11	3.88
11.8	4.	help in getting birth control		3	7	17	14	4.02
5.7	5.	special help with pregnancy		4	8	12	16	4.00
14.7	6.	physical fitness programs	1	1	7	17	14	4.05
0.0	7.	sports programs	1	1	5	19	14	4.10
5.9	8.	help to stop smoking		3	8	19	11	3.93
14.7	9.	help with drug or alcohol problem	1	1	7	17	15	4.07
2.9	10.	first aid for minor injuries	1	2	9	18	10	3.85
5.9	11.	lunch when their family doesn't have much money		1	12	17	11	3.93
8.8	12.	counselling about health problems		1	3	23	14	4.22

Please indicate which item in the above list you think is the most important one______ (col 17,18)

What other services do adolescents need from their school to help them be physically healthy?

1. ________________
2. ________________
3. ________________
4. ________________

What services does the school already provide that are important to adolescents' physical health?

1. ________________
2. ________________
3. ________________
4. ________________

B. I think adolescents would learn more about health if the school had more...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	pamphlets and books about health	1	8	10	15	6	3.43
25.0	2.	classes on health	1	2	4	23	11	4.00
19.4	3.	health projects involving the whole school		2	9	20	10	3.93
11.1	4.	videos on health topics		1	6	23	11	4.07
16.7	5.	hot lines	1		8	19	11	4.00
2.8	6.	articles on health in the school paper		1	11	19	9	3.90
22.2	7.	workshops (special presentations) on health		1	5	19	15	4.20

Please indicate which item in the above list you think is the most important one______ (col 26,27)

What other information sources about health do adolescents need from their school?

1. ______
2. ______
3. ______
4. ______

C. I think adolescents sometimes need a counsellor in the school to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
41.9	1.	talk to them about personal problems			5	16	20	4.37
0.0	2.	help them deal with violence at home		1	6	19	15	4.17
0.0	3.	talk to them about sexual abuse		1	7	17	16	4.17
22.6	4.	help them decide what job they would like to do		1	2	10	28	4.59
19.4	5.	help them decide what courses to take			3	14	24	4.51
12.9	6.	help them talk to their family when things go wrong		3	3	15	20	4.27
3.2	7.	be with them if they need to talk to social workers, police, etc.		2	6	19	14	4.10
0.0	8.	talk to them about sex	1	4	3	20	13	3.98
0.0	9.	help them find a social worker or family worker		2	13	14	12	3.88

Please indicate which item in the above list you think is the most important one______ (col 37,38)

What other important counselling services do you think adolescents need?

1. ______
2. ______
3. ______
4. ______

D. I think adolescents would feel better and be healthier if they had more chances to talk to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
6.5	1.	nurses and doctors		4	12	15	9	3.73
3.2	2.	family workers		8	12	15	5	3.43
6.5	3.	youth social workers		7	16	11	6	3.40
22.6	4.	their parent(s)		1	8	18	13	4.08
32.3	5.	adults who set a good example for them		1	8	14	17	4.18
12.9	6.	a counsellor outside of the school		3	15	12	10	3.73
9.7	7.	their guidance counsellor		2	8	15	15	4.08
3.2	8.	their teachers		1	8	18	13	4.08
3.2	9.	someone who could teach them about sex	1	7	9	12	10	3.59

Please indicate which item in the above list you think is the most important one______ (col 48,49)

Who else do you think it is important for adolescents to be able to talk to?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

What people in school are already doing a good job of helping adolescents when they need them?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

III. Things adolescents need to be taught:

A. To be able to take good care of their bodies, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	how to tell when they are getting sick		3	6	26	6	3.85
3.1	2.	how to explain to someone else how they feel		2	5	25	9	4.00
6.3	3.	how not to be shy or embarrassed to talk about their health		1	3	23	14	4.22
15.6	4.	where to go to get information or help			4	23	14	4.24
3.1	5.	what to do now so they don't get sick later on	1		5	25	10	4.05
34.4	6.	to be responsible for their own health			2	22	17	4.37
6.3	7.	how to choose or make nutritional meals			3	25	13	4.24
3.1	8.	how to stay a healthy weight		1	8	21	11	4.02
3.1	9.	how to stay physically fit		1	5	25	10	4.07
3.1	10.	how smoking will affect their health	1		4	18	17	4.25
0.0	11.	how to quit smoking	1		4	19	17	4.24
3.1	12.	what alcohol or drugs can do to their body	1		2	19	19	4.34
12.5	13.	what to do if they have a problem with drugs or alcohol	1		3	15	22	4.39
6.3	14.	how to make sure they don't catch infectious diseases (like mono)			3	24	14	4.27

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think adolescents need to learn about if they are going to be healthy people?

1. ____

2. ____

3. ____

4. ____

B. In terms of emotional well being, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	why they react aggressively to things			4	26	11	4.17
3.0	2.	what could happen if they are violent			3	23	15	4.29
12.1	3.	where to go for help when they are upset			2	23	16	4.34
6.1	4.	how to cope with the pressures they feel			3	20	18	4.37
12.1	5.	how to deal with feelings like loneliness or depression			4	16	21	4.42
12.1	6.	what to do if they are thinking about suicide		1	6	11	23	4.37
0.0	7.	how to deal with stress			3	19	19	4.39
0.0	8.	how to relax		1	5	20	15	4.20
9.1	9.	how to keep thinking positive			3	17	21	4.44
21.2	10.	how to have confidence in themselves			2	14	25	4.56
6.1	11.	what to do when they face a problem			3	20	18	4.37
6.1	12.	how to set good goals for themselves			3	17	21	4.44
12.1	13.	how to accept themselves			1	17	23	4.54

Please indicate which item in the above list you think is the most important one______ (col 34-35)

What else do you think would help adolescents feel more healthy emotionally?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

C. I think adolescents would have better relationships with their family and friends if they learned...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
11.4	1.	how to work out problems with their family		1	2	19	19	4.37
22.9	2.	how to talk to their parents		1	2	14	24	4.49
5.7	3.	what to do if someone at home is physically hurting them		1	4	16	20	4.34
5.7	4.	how to divide up their time between my family, friends, school, etc.			4	25	12	4.20
11.4	5.	how to work out conflicts with their friends			5	21	15	4.24
2.9	6.	how to develop a good relationship with their boyfriend or girlfriend		2	5	21	13	4.10
2.9	7.	how to make healthy decisions about sex		1	3	21	16	4.27
22.9	8.	how to say "no"		1	4	10	26	4.49
14.3	9.	how to get help and support from others		1	2	20	17	4.33

Please indicate which item in the above list you think is the most important one______ (col 45-46)

What else do you think adolescents need in order to have healthy relationships with their family and friends?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

D. **Sex is an important subject for adolescents. I think they need more information on these topics ...**

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
3.1	1.	sexual development (like changes at puberty)		2	5	24	8	3.97
21.9	2.	sexual identity (like sexual feelings, body image, etc.)		1	5	20	14	4.18
6.3	3.	sexual abuse		1	8	18	13	4.08
12.5	4.	sexist attitudes (like saying girls aren't good in sports)		1	7	23	9	4.00
9.4	5.	birth control		2	4	21	13	4.13
6.3	6.	choosing not to have sex		2	7	17	14	4.08
12.5	7.	being a good parent themselves			5	16	19	4.35
0.0	8.	smoking, drinking, doing drugs when they are pregnant		2	4	22	12	4.10
21.9	9.	preventing STD's and AIDS (safer sex)		2	2	12	24	4.45
6.3	10.	testing and treatment for STD's and AIDS		1	8	15	16	4.15

Please indicate which item in the above list you think is the most important one________(col 57-58)

What else do you think adolescents would like to learn more about in the area of sexuality?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

IV. Ways of improving the school (and home) environment:

A. I think Van Horne would be a healthier environment for adolescents if the school...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
6.7	1.	put healthier foods in the vending machines		1	11	18	10	3.93
0.0	2.	made healthier meals in the cafeteria		2	11	17	9	3.80
16.7	3.	didn't allow smoking at all		4	5	13	17	4.10
3.3	4.	made sure there was no alcohol in the school			1	19	19	4.46
26.7	5.	made sure there were no drugs in the school			2	14	23	4.54
0.0	6.	did something to stop vandalism			4	18	18	4.35
16.7	7.	did something about other crimes at school (like stealing)			4	18	18	4.35
6.7	8.	dealt with environmental problems (like pollution)		2	6	23	8	3.95
3.3	9.	cleaned up the washrooms		3	19	12	6	3.53
0.0	10.	made the washrooms more safe		1	19	12	8	3.68
0.0	11.	fixed up the locker rooms		4	20	8	8	3.50
0.0	12.	made it less hot in the school		4	26	5	4	3.23
0.0	13.	made it less cold in the school		5	25	7	2	3.15
20.0	14.	taught students how to do CPR			5	18	17	4.30

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think needs to be changed in the school environment?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

B. Adolescents would benefit from the school offering these services to their parents or teachers ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
15.2	1.	programs to teach parents about good parenting		5	9	16	11	3.81
6.1	2.	groups to teach parents how to talk to and understand them		3	8	21	9	3.88
6.1	3.	stress management groups for their parents		3	9	15	14	3.98
18.2	4.	programs to help their parent(s)support them more in school work and other activities		1	9	16	14	4.08
3.0	5.	programs to teach teachers about family violence		2	8	22	9	3.93
9.1	6.	programs to teach teachers about the problems of youth		1	6	22	12	4.10
9.1	7.	training for teachers in getting along with youth		2	3	22	14	4.17
21.2	8.	screening to see if any teachers or staff have a record for sexually abusing children or youth		2	5	8	26	4.42
12.1	9.	stress management programs for teachers and staff			3	16	22	4.46

Please indicate which item in the above list you think is the most important one________(col 30-31)

Helping teachers and parents can encourage them to provide a better home and school environment for adolescents. What else do you think the school should do for parents or teachers?

1. ____
2. ____
3. ____
4. ____

In order to identify the adolescent health-related areas which you think need the most attention, we have one final question for you.

For adolescents, the most important needs addressed in this questionnaire are ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	their physical health		2	4	27	8	4.00
14.8	2.	their emotional health		1	1	23	16	4.32
3.7	3.	their sexuality		2	7	22	10	3.98
3.7	4.	the behaviour problems of their friends		2	6	22	11	4.02
37.0	5.	their home-life and family relationships		2	5	12	22	4.32
0.0	6.	their relationships with their friends		1	5	20	14	4.18
0.0	7.	their concerns about school		1	5	22	12	4.13
3.7	8.	the medical services the school could provide		4	9	21	6	3.73
7.4	9.	the counselling services the school could provide		2	2	20	17	4.27
3.7	10.	the school environment		2	8	20	11	3.98
0.0	11.	sources of health information they need		1	5	25	10	4.07
0.0	12.	community services they need		2	11	19	9	3.85
3.7	13.	help for their parents or teachers		3	6	19	13	4.02
0.0	14.	adults they would like to talk with more		2	7	21	10	3.98
22.2	15.	ways they can cope with their problems			2	17	22	4.49

Please indicate which item in the above list you think is the most important one________(col 47-48)

What have we missed that you think is really important?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

APPENDIX H

School Personnel Responses:
% Number One, Frequency Distribution of Ratings, and Mean Rating Values

Adolescent Needs

The second part of this questionnaire looks at the health-related concerns of adolescents. Adolescents are concerned about many issues that affect their physical, emotional, or mental health. These first four questions will help us understand what you think the important issues are for them.

I. Adolescent Issues

A. I think the following personal issues are a concern for adolescents...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
5.0	1.	sexuality		1	2	16	27	4.50
5.0	2.	sexually transmitted diseases (STD's)		2	3	24	17	4.22
0.0	3.	AIDS	1	4	2	22	17	4.09
2.5	4.	sexual abuse		1	5	21	19	4.26
20.0	5.	unplanned pregnancy		3	3	19	21	4.26
0.0	6.	physical health problems		5	8	19	13	3.89
0.0	7.	alcohol abuse		4	6	26	10	3.91
0.0	8.	drug abuse		3	6	26	11	3.98
0.0	9.	depression		4	4	29	9	3.94
10.0	10.	not caring about anything		5	6	16	19	4.07
30.0	11.	low self-esteem (not liking themselves)		3	1	17	24	4.38
20.0	12.	being accepted by others				18	28	4.61
7.5	13.	peer pressure			2	14	29	4.60
0.0	14.	their appearance				24	21	4.47
0.0	15.	problems making decisions		5	4	23	12	3.96
0.0	16.	stress/anxiety		4	3	29	10	3.98
0.0	17.	their future	1	4	7	24	9	3.80

Please indicate which item in the above list you think is the most important one______ (col 22,23)

B. Adolescents are also concerned about the following behaviors amongst their friends ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
37.8	1.	violence (like fighting)	2	6	7	20	8	3.61
0.0	2.	vandalism	1	8	13	18	3	3.33
13.5	3.	taking risks	1	10	11	18	3	3.28
10.8	4.	prejudice or racism		13	13	15	2	3.14
2.7	5.	skipping school	1	19	8	12	3	2.93
18.9	6.	drinking and driving	1	5	9	24	4	3.58
0.0	7.	reckless driving	2	11	10	16	4	3.21
0.0	8.	not using bicycle helmets	10	22	8	2	1	2.12
16.2	9.	being in trouble with the law	2	16	8	13	4	3.02

Please indicate which item in the above list you think is the most important one______ (col 33,34)

C. Adolescents are concerned about the following home-related problems ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
5.6	1.	being poor		4	7	25	7	3.81
5.6	2.	parent(s) fighting		3	3	23	16	4.16
2.8	3.	parent(s) being without a job		2	6	25	11	4.02
0.0	4.	parent(s) drinking		2	7	22	14	4.07
25.0	5.	fighting with parent(s)		1	3	20	21	4.36
5.6	6.	wanting to leave home		3	3	18	20	4.25
25.0	7.	dealing with parent's rules			2	24	19	4.38
30.6	8.	parent(s) not caring about them		2	4	22	16	4.18

Please indicate which item in the above list you think is the most important one______ (col 43,44)

D. Adolescents would do better in school and stay in school longer if...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
5.0	1.	their classes were more interesting	1	7	4	25	8	3.71
2.5	2.	their teachers were more flexible	1	11	13	12	8	3.33
2.5	3.	the school atmosphere was more friendly	1	9	8	17	10	3.58
27.5	4.	they felt they were learning something useful		1	3	22	18	4.30
17.5	5.	they understood their school work		3	3	25	13	4.09
10.0	6.	they didn't have a learning disability	1	6	9	15	13	3.75
7.5	7.	they could read well		1	7	19	18	4.20
2.5	8.	they were able to be in special education classes	1	7	17	11	9	3.44
25.0	9.	their parent(s) supported them more			3	17	26	4.50

Please indicate which item in the above list you think is the most important one______ (col 54,55)

What important adolescent concerns do you think should be added to these four lists?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

Schools can do a lot to help adolescents improve their health. The rest of the questions in this section will help us identify what you think adolescents need most from their school.

We have divided them into three areas: services the school should provide, things that adolescents need to be taught, and ways the school environment can be improved.

II. Services the school should provide:

A. I think adolescents would be healthier people physically if the school offered them ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	help in getting treatment for STD's	2	2	9	24	5	3.67
10.5	2.	counselling about HIV and AIDS	2	2	5	24	10	3.88
0.0	3.	help in getting tested for HIV	3	3	10	21	5	3.52
7.9	4.	help in getting birth control	2	3	2	22	13	3.98
0.0	5.	special help with pregnancy	2	1	6	23	10	3.91
13.2	6.	physical fitness programs	1	1	4	21	15	4.14
5.3	7.	sports programs	2	2	1	27	11	4.00
13.2	8.	help to stop smoking	1	2	2	23	15	4.14
10.5	9.	help with drug or alcohol problem	1	2	4	23	13	4.05
0.0	10.	first aid for minor injuries		6	8	24	5	3.65
21.1	11.	lunch when their family doesn't have much money			3	25	15	4.28
18.4	12.	counselling about health problems	1	1	2	25	13	4.14

Please indicate which item in the above list you think is the most important one______ (col 17,18)

What other services do adolescents need from their school to help them be physically healthy?

1. ______
2. ______
3. ______
4. ______

What services does the school already provide that are important to adolescents' physical health?

1. ______
2. ______
3. ______
4. ______

B. I think adolescents would learn more about health if the school had more...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	pamphlets and books about health	5	18	7	13	1	2.71
22.2	2.	classes on health	2	5	7	20	10	3.71
27.8	3.	health projects involving the whole school	2	5	7	21	9	3.68
8.3	4.	videos on health topics	3	2	4	29	6	3.75
16.7	5.	hot lines	2	2	14	21	4	3.54
0.0	6.	articles on health in the school paper	3	15	11	12	2	2.88
22.2	7.	workshops (special presentations) on health	2		5	25	12	4.02

Please indicate which item in the above list you think is the most important one______ (col 26,27)

What other information sources about health do adolescents need from their school?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

C. I think adolescents sometimes need a counsellor in the school to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
70.6	1.	talk to them about personal problems				17	26	4.61
5.9	2.	help them deal with violence at home				21	22	4.51
0.0	3.	talk to them about sexual abuse				18	25	4.58
0.0	4.	help them decide what job they would like to do		2	4	21	16	4.19
8.8	5.	help them decide what courses to take		1		26	16	4.33
8.8	6.	help them talk to their family when things go wrong				24	19	4.44
2.9	7.	be with them if they need to talk to social workers, police, etc.		2	3	24	14	4.16
0.0	8.	talk to them about sex		3	1	20	18	4.26
2.9	9.	help them find a social worker or family worker		1	3	26	13	4.19

Please indicate which item in the above list you think is the most important one______ (col 37,38)

What other important counselling services do you think adolescents need?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

D. I think adolescents would feel better and be healthier if they had more chances to talk to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	nurses and doctors	1	4	8	20	8	3.73
0.0	2.	family workers		2	10	25	5	3.79
8.8	3.	youth social workers		3	5	23	10	3.98
38.2	4.	their parent(s)		1	5	14	23	4.37
32.4	5.	adults who set a good example for them			2	20	22	4.46
5.9	6.	a counsellor outside of the school		7	6	21	6	3.65
5.9	7.	their guidance counsellor		1	2	31	7	4.07
5.9	8.	their teachers		1	6	22	12	4.10
2.9	9.	someone who could teach them about sex	1	3	5	22	10	3.90

Please indicate which item in the above list you think is the most important one______ (col 48,49)

Who else do you think it is important for adolescents to be able to talk to?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

What people in school are already doing a good job of helping adolescents when they need them?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

III. Things adolescents need to be taught:

A. To be able to take good care of their bodies, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	how to tell when they are getting sick	1	8	1	25	7	3.69
5.6	2.	how to explain to someone else how they feel		4	2	24	12	4.05
2.8	3.	how not to be shy or embarrassed to talk about their health		2	2	25	13	4.17
19.4	4.	where to go to get information or help		2	1	20	19	4.33
8.3	5.	what to do now so they don't get sick later on		2	3	22	13	4.15
30.6	6.	to be responsible for their own health		1	1	18	21	4.44
2.8	7.	how to choose or make nutritional meals			2	26	15	4.30
2.8	8.	how to stay a healthy weight		2	4	27	9	4.02
5.6	9.	how to stay physically fit	1			27	15	4.28
2.8	10.	how smoking will affect their health		2	1	16	23	4.43
8.3	11.	how to quit smoking	1	1	3	14	23	4.36
5.6	12.	what alcohol or drugs can do to their body		1		14	27	4.60
0.0	13.	what to do if they have a problem with drugs or alcohol		1	2	17	23	4.44
2.8	14.	how to make sure they don't catch infectious diseases (like mono)		2	4	16	21	4.30

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think adolescents need to learn about if they are going to be healthy people?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

B. In terms of emotional well being, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
8.3	1.	why they react aggressively to things		1		23	17	4.37
0.0	2.	what could happen if they are violent		2	2	17	19	4.33
0.0	3.	where to go for help when they are upset		1		23	18	4.38
19.4	4.	how to cope with the pressures they feel				20	22	4.52
5.6	5.	how to deal with feelings like loneliness or depression		1		21	21	4.44
2.8	6.	what to do if they are thinking about suicide			1	14	27	4.62
5.6	7.	how to deal with stress				24	19	4.44
2.8	8.	how to relax		2	1	25	15	4.23
0.0	9.	how to keep thinking positive			1	20	20	4.46
22.2	10.	how to have confidence in themselves			1	16	25	4.57
0.0	11.	what to do when they face a problem				26	16	4.38
11.1	12.	how to set good goals for themselves		1		21	22	4.46
22.2	13.	how to accept themselves				19	24	4.56

Please indicate which item in the above list you think is the most important one______ (col 34-35)

What else do you think would help adolescents feel more healthy emotionally?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

C. I think adolescents would have better relationships with their family and friends if they learned...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
30.6	1.	how to work out problems with their family				24	20	4.46
19.4	2.	how to talk to their parent(s)				19	24	4.56
5.6	3.	what to do if someone at home is physically hurting them				18	23	4.56
5.6	4.	how to divide up their time between my family, friends, school, etc.		4	5	24	9	3.91
2.8	5.	how to work out conflicts with their friends			1	26	15	4.33
0.0	6.	how to develop a good relationship with their boyfriend or girlfriend			3	29	11	4.19
11.1	7.	how to make healthy decisions about sex			1	20	22	4.49
2.8	8.	how to say "no"		1	3	14	25	4.47
22.2	9.	how to get help and support from others				19	23	4.55

Please indicate which item in the above list you think is the most important one______ (col 45-46)

What else do you think adolescents need in order to have healthy relationships with their family and friends?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

D. Sex is an important subject for adolescents. I think they need more information on these topics ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	sexual development (like changes at puberty)		5	1	29	6	3.88
30.6	2.	sexual identity (like sexual feelings, body image, etc.)		3	2	19	17	4.22
5.6	3.	sexual abuse		1		21	19	4.42
8.3	4.	sexist attitudes (like saying girls aren't good in sports)		4	2	16	19	4.22
13.9	5.	birth control			1	15	25	4.59
5.6	6.	choosing not to have sex		1	2	16	23	4.45
13.9	7.	being a good parent themselves	1	1	3	20	17	4.21
2.8	8.	smoking, drinking, doing drugs when they are pregnant			1	17	24	4.55
16.7	9.	preventing STD's and AIDS (safer sex)		1		16	25	4.55
0.0	10.	testing and treatment for STD's and AIDS		3	4	16	17	4.18

Please indicate which item in the above list you think is the most important one________(col 57-58)

What else do you think adolescents would like to learn more about in the area of sexuality?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

IV. Ways of improving the school (and home) environment:

A. I think Van Horne would be a healthier environment for adolescents if the school...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
9.7	1.	put healthier foods in the vending machines	2	7	7	16	9	3.56
12.9	2.	made healthier meals in the cafeteria	5	9	5	15	8	3.29
22.6	3.	didn't allow smoking at all	3	9	6	11	14	3.56
0.0	4.	made sure there was no alcohol in the school	1		4	24	12	4.12
9.7	5.	made sure there were no drugs in the school	1	1	1	22	16	4.24
9.7	6.	did something to stop vandalism	1		3	20	15	4.23
16.1	7.	did something about other crimes at school (like stealing)			1	19	18	4.45
12.9	8.	dealt with environmental problems (like pollution)	1	4	6	17	14	3.93
0.0	9.	cleaned up the washrooms	1	4	11	19	3	3.50
0.0	10.	made the washrooms more safe	3	5	12	18	1	3.23
0.0	11.	fixed up the locker rooms	2	3	15	17	2	3.36
6.5	12.	made it less hot in the school	1	3	7	15	15	3.98
0.0	13.	made it less cold in the school	2	10	9	8	11	3.40
0.0	14.	taught students how to do CPR	3	8	9	14	6	3.30

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think needs to be changed in the school environment?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

B. Adolescents would benefit from the school offering these services to their parents or teachers ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
14.7	1.	programs to teach parents about good parenting	1		4	25	13	4.14
11.8	2.	groups to teach parents how to talk to and understand them	1		4	19	18	4.26
5.9	3.	stress management groups for their parents	1	1	5	25	10	4.00
11.8	4.	programs to help their parents support them more in school work and other activities	1	1	2	21	18	4.26
11.8	5.	programs to teach teachers about family violence	2	3	7	22	8	3.74
5.9	6.	programs to teach teachers about the problems of youth	1	4	7	21	9	3.79
8.8	7.	training for teachers in getting along with youth	3	3	8	19	9	3.67
2.9	8.	screening to see if any teachers or staff have a record for sexually abusing children or youth	4	7	8	12	10	3.42
26.5	9.	stress management programs for teachers and staff	3	1	3	11	24	4.24

Please indicate which item in the above list you think is the most important one_______(col 30-31)

Helping teachers and parents can encourage them to provide a better home and school environment for adolescents. What else do you think the school should do for parents or teachers?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

In order to identify the adolescent health-related areas which you think need the most attention, we have one final question for you.

For adolescents, the most important needs addressed in this questionnaire are ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	their physical health		2	1	25	11	4.15
16.7	2.	their emotional health				16	23	4.59
6.7	3.	their sexuality		1	3	19	17	4.30
0.0	4.	the behaviour problems of their friends	1	6	6	20	8	3.68
33.3	5.	their home-life and family relationships			2	16	24	4.52
0.0	6.	their relationships with their friends	1		1	23	14	4.26
0.0	7.	their concerns about school	1	3	2	26	7	3.90
0.0	8.	the medical services the school could provide	1	5	7	23	3	3.56
0.0	9.	the counselling services the school could provide	1	2	3	26	8	3.95
0.0	10.	the school environment		4	5	24	8	3.88
0.0	11.	sources of health information they need		6	8	22	4	3.60
0.0	12.	community services they need		3	8	22	6	3.80
3.3	13.	help for their parents or teachers		1	7	22	10	4.03
0.0	14.	adults they would like to talk with more		5	6	19	9	3.82
40.0	15.	ways they can cope with their problems			2	20	18	4.40

Please indicate which item in the above list you think is the most important one________**(col 47-48)**

What have we missed that you think is really important?

1. ____

2. ____

3. ____

4. ____

APPENDIX I

Responses of Adults Grouped: % Number One, Frequency Distribution of Ratings, and Mean Rating Values

Adolescent Needs

The second part of this questionnaire looks at the health-related concerns of adolescents. Adolescents are concerned about many issues that affect their physical, emotional, or mental health. These first four questions will help us understand what you think the important issues are for them.

I. Adolescent Issues

A. I think the following personal issues are a concern for adolescents...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	sexuality		2	6	34	42	4.38
4.2	2.	sexually transmitted diseases (STD's)		4	8	34	39	4.27
4.2	3.	AIDS	1	5	6	30	43	4.28
1.4	4.	sexual abuse		5	8	34	38	4.24
13.9	5.	unplanned pregnancy	1	7	6	31	40	4.20
0.0	6.	physical health problems		7	13	40	23	3.95
0.0	7.	alcohol abuse		9	9	41	26	3.99
0.0	8.	drug abuse		9	8	39	29	4.04
1.4	9.	depression		7	9	43	26	4.04
6.9	10.	not caring about anything	1	10	9	34	31	3.99
30.6	11.	low self-esteem (not liking themselves)		4	3	32	45	4.41
18.1	12.	being accepted by others		2	1	31	50	4.54
6.9	13.	peer pressure		2	4	27	51	4.51
0.0	14.	their appearance			4	41	39	4.42
0.0	15.	problems making decisions		6	8	46	23	4.04
1.4	16.	stress/anxiety		6	5	48	26	4.11
8.3	17.	their future	1	5	11	35	32	4.10

Please indicate which item in the above list you think is the most important one______ (col 22,23)

B. Adolescents are also concerned about the following behaviors amongst their friends ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
30.4	1.	violence (like fighting)	2	11	15	35	19	3.71
0.0	2.	vandalism	1	15	23	31	11	3.44
11.6	3.	taking risks	2	16	25	29	10	3.35
18.8	4.	prejudice or racism		20	20	27	13	3.41
1.4	5.	skipping school	2	26	15	27	11	3.24
18.8	6.	drinking and driving	1	9	13	38	19	3.81
1.4	7.	reckless driving	4	18	15	27	16	3.41
0.0	8.	not using bicycle helmets	15	30	20	10	5	2.50
17.4	9.	being in trouble with the law	3	22	12	27	18	3.43

Please indicate which item in the above list you think is the most important one______ (col 33,34)

C. Adolescents are concerned about the following home-related problems ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
10.0	1.	being poor	1	7	14	40	21	3.88
8.6	2.	parent(s) fighting	2	6	9	39	29	4.02
5.7	3.	parent(s) being without a job		6	16	40	22	3.93
2.9	4.	parent(s) drinking	1	8	16	35	25	3.88
24.3	5.	fighting with parent(s)	1	4	7	38	35	4.20
2.9	6.	wanting to leave home	2	9	14	29	30	3.91
18.6	7.	dealing with parent's rules		6	7	40	32	4.15
27.1	8.	parent(s) not caring about them	5	9	10	30	30	3.85

Please indicate which item in the above list you think is the most important one______ (col 43,44)

D. Adolescents would do better in school and stay in school longer if...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
7.0	1.	their classes were more interesting	1	11	7	37	27	3.94
1.4	2.	their teachers were more flexible	1	21	22	22	18	3.42
1.4	3.	the school atmosphere was more friendly	1	14	13	38	19	3.71
28.2	4.	they felt they were learning something useful		2	5	37	39	4.36
21.1	5.	they understood their school work		3	4	42	35	4.30
7.0	6.	they didn't have a learning disability	3	8	19	29	25	3.77
8.5	7.	they could read well		1	12	34	38	4.28
4.2	8.	they were able to be in special education classes	3	13	24	20	25	3.60
21.1	9.	their parent(s) supported them more	2	4	7	24	47	4.31

Please indicate which item in the above list you think is the most important one______ (col 54,55)

What important adolescent concerns do you think should be added to these four lists?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

Schools can do a lot to help adolescents improve their health. The rest of the questions in this section will help us identify what you think adolescents need most from their school.

We have divided them into three areas: services the school should provide, things that adolescents need to be taught, and ways the school environment can be improved.

II. Services the school should provide:

A. I think adolescents would be healthier people physically if the school offered them ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
1.4	1.	help in getting treatment for STD's	2	7	16	42	16	3.76
15.3	2.	counselling about HIV and AIDS	2	4	11	42	25	4.00
2.8	3.	help in getting tested for HIV	3	6	20	38	16	3.70
9.7	4.	help in getting birth control	2	6	9	39	27	4.00
2.8	5.	special help with pregnancy	2	5	14	35	26	3.95
13.9	6.	physical fitness programs	2	2	11	38	29	4.10
2.8	7.	sports programs	3	3	6	46	25	4.05
9.7	8.	help to stop smoking	1	5	10	42	26	4.04
12.5	9.	help with drug or alcohol problem	2	3	11	40	28	4.06
1.4	10.	first aid for minor injuries	1	8	17	42	15	3.75
13.9	11.	lunch when their family doesn't have much money		1	15	42	26	4.11
13.9	12.	counselling about health problems	1	2	5	48	27	4.18

Please indicate which item in the above list you think is the most important one______ (col 17,18)

What other services do adolescents need from their school to help them be physically healthy?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

What services does the school already provide that are important to adolescents' physical health?

1. ____________________
2. ____________________
3. ____________________
4. ____________________

B. I think adolescents would learn more about health if the school had more...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.8	1.	pamphlets and books about health	6	26	17	28	7	3.05
23.6	2.	classes on health	3	7	11	43	21	3.85
23.6	3.	health projects involving the whole school	2	7	16	41	19	3.80
9.7	4.	videos on health topics	3	3	10	52	17	3.91
16.7	5.	hot lines	3	2	22	40	15	3.76
1.4	6.	articles on health in the school paper	3	16	22	31	11	3.37
22.2	7.	workshops (special presentations) on health	2	1	10	44	27	4.11

Please indicate which item in the above list you think is the most important one______ (col 26,27)

What other information sources about health do adolescents need from their school?

1. ______

2. ______

3. ______

4. ______

C. I think adolescents sometimes need a counsellor in the school to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
56.9	1.	talk to them about personal problems			5	33	46	4.49
3.1	2.	help them deal with violence at home		1	6	40	37	4.35
0.0	3.	talk to them about sexual abuse		1	7	35	41	4.38
10.8	4.	help them decide what job they would like to do		3	6	31	44	4.38
13.8	5.	help them decide what courses to take		1	3	40	40	4.42
10.8	6.	help them talk to their family when things go wrong		3	3	39	39	4.36
3.1	7.	be with them if they need to talk to social workers, police, etc.		4	9	43	28	4.13
0.0	8.	talk to them about sex	1	7	4	40	31	4.12
1.5	9.	help them find a social worker or family worker		3	16	40	25	4.04

Please indicate which item in the above list you think is the most important one______ (col 37,38)

What other important counselling services do you think adolescents need?

1. ______

2. ______

3. ______

4. ______

D. I think adolescents would feel better and be healthier if they had more chances to talk to ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
3.1	1.	nurses and doctors	1	8	20	35	17	3.73
1.5	2.	family workers		10	22	40	10	3.61
7.7	3.	youth social workers		10	21	34	16	3.69
30.8	4.	their parent(s)		2	13	32	36	4.23
32.3	5.	adults who set a good example for them		1	10	34	39	4.32
9.2	6.	a counsellor outside of the school		10	21	33	16	3.69
7.7	7.	their guidance counsellor		3	10	46	22	4.07
4.6	8.	their teachers		2	14	40	25	4.09
3.1	9.	someone who could teach them about sex	2	10	14	34	20	3.75

Please indicate which item in the above list you think is the most important one______ (col 48,49)

Who else do you think it is important for adolescents to be able to talk to?

1. ______
2. ______
3. ______
4. ______

What people in school are already doing a good job of helping adolescents when they need them?

1. ______
2. ______
3. ______
4. ______

III. Things adolescents need to be taught:

A. To be able to take good care of their bodies, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
1.5	1.	how to tell when they are getting sick	1	11	7	51	13	3.77
4.4	2.	how to explain to someone else how they feel		6	7	49	21	4.02
4.4	3.	how not to be shy or embarrassed to talk about their health		3	5	48	27	4.19
17.6	4.	where to go to get information or help		2	5	43	35	4.29
5.9	5.	what to do now so they don't get sick later on	1	2	8	47	23	4.10
32.4	6.	to be responsible for their own health		1	3	40	38	4.40
4.4	7.	how to choose or make nutritional meals			5	51	28	4.27
2.9	8.	how to stay a healthy weight		3	12	48	20	4.02
4.4	9.	how to stay physically fit	1	1	5	52	25	4.18
2.9	10.	how smoking will affect their health	1	2	5	34	40	4.34
4.4	11.	how to quit smoking	2	1	7	33	40	4.30
4.4	12.	what alcohol or drugs can do to their body	1	1	2	33	46	4.47
5.9	13.	what to do if they have a problem with drugs or alcohol	1	1	5	32	45	4.42
4.4	14.	how to make sure they don't catch infectious diseases (like mono)		2	7	40	35	4.29

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think adolescents need to learn about if they are going to be healthy people?

1. ____________________

2. ____________________

3. ____________________

4. ____________________

B. In terms of emotional well being, I think adolescents need to learn ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
4.3	1.	why they react aggressively to things		1	4	49	28	4.27
1.1	2.	what could happen if they are violent		2	5	40	34	4.31
5.8	3.	where to go for help when they are upset		1	2	46	34	4.36
13.0	4.	how to cope with the pressures they feel			3	40	40	4.45
8.7	5.	how to deal with feelings like loneliness or depression		1	4	37	42	4.43
7.2	6.	what to do if they are thinking about suicide		1	7	25	50	4.49
2.9	7.	how to deal with stress			3	43	38	4.42
1.4	8.	how to relax		3	6	45	30	4.21
4.3	9.	how to keep thinking positive			4	37	41	4.45
21.7	10.	how to have confidence in themselves			3	30	50	4.57
2.9	11.	what to do when they face a problem			3	46	34	4.37
8.7	12.	how to set good goals for themselves		1	3	38	43	4.45
17.4	13.	how to accept themselves			1	36	47	4.55

Please indicate which item in the above list you think is the most important one______ (col 34-35)

What else do you think would help adolescents feel more healthy emotionally?

1. ____

2. ____

3. ____

4. ____

C. **I think adolescents would have better relationships with their family and friends if they learned...**

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
21.1	1.	how to work out problems with their family		1	2	43	39	4.41
21.1	2.	how to talk to their parents		1	2	33	48	4.52
5.6	3.	what to do if someone at home is physically hurting them		1	4	34	43	4.45
5.6	4.	how to divide up their time between my family, friends, school, etc.		4	9	49	21	4.05
7.0	5.	how to work out conflicts with their friends			6	47	30	4.29
1.4	6.	how to develop a good relationship with their boyfriend or girlfriend		2	8	50	24	4.14
7.0	7.	how to make healthy decisions about sex		1	4	41	38	4.38
12.7	8.	how to say "no"		2	7	24	51	4.47
18.3	9.	how to get help and support from others		1	2	39	40	4.44

Please indicate which item in the above list you think is the most important one______ (col 45-46)

What else do you think adolescents need in order to have healthy relationships with their family and friends?

1. ____
2. ____
3. ____
4. ____

D. Sex is an important subject for adolescents. I think they need more information on these topics ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
2.9	1.	sexual development (like changes at puberty)		7	6	53	14	3.93
26.5	2.	sexual identity (like sexual feelings, body image, etc.)		4	7	39	31	4.20
5.9	3.	sexual abuse		2	8	39	32	4.25
10.3	4.	sexist attitudes (like saying girls aren't good in sports)		5	9	39	28	4.11
11.8	5.	birth control		2	5	36	38	4.36
5.9	6.	choosing not to have sex		3	9	33	37	4.27
13.2	7.	being a good parent themselves	1	1	8	36	36	4.28
1.5	8.	smoking, drinking, doing drugs when they are pregnant		2	5	39	36	4.33
19.1	9.	preventing STD's and AIDS (safer sex)		3	2	28	49	4.50
2.9	10.	testing and treatment for STD's and AIDS		4	12	31	33	4.16

Please indicate which item in the above list you think is the most important one________(col 57-58)

What else do you think adolescents would like to learn more about in the area of sexuality?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

IV. Ways of improving the school (and home) environment:

A. I think Van Horne would be a healthier environment for adolescents if the school...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
8.2	1.	put healthier foods in the vending machines	2	8	18	34	19	3.74
6.6	2.	made healthier meals in the cafeteria	5	12	16	32	17	3.54
19.7	3.	didn't allow smoking at all	3	13	11	24	31	3.82
1.6	4.	made sure there was no alcohol in the school	1		5	43	31	4.29
18.0	5.	made sure there were no drugs in the school	1	1	3	36	39	4.39
4.9	6.	did something to stop vandalism	1		7	38	33	4.29
16.4	7.	did something about other crimes at school (like stealing)			5	37	36	4.40
9.8	8.	dealt with environmental problems (like pollution)	1	6	12	40	22	3.94
1.6	9.	cleaned up the washrooms	1	7	30	31	9	3.51
0.0	10.	made the washrooms more safe	3	6	31	30	9	3.46
0.0	11.	fixed up the locker rooms	2	7	35	25	10	3.43
3.3	12.	made it less hot in the school	1	7	33	20	19	3.61
0.0	13.	made it less cold in the school	2	15	34	15	13	3.28
9.8	14.	taught students how to do CPR	3	8	14	32	23	3.80

Please indicate which item in the above list you think is the most important one________(col 19-20)

What else do you think needs to be changed in the school environment?

1. ____

2. ____

3. ____

4. ____

B. Adolescents would benefit from the school offering these services to their parents or teachers ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
14.9	1.	programs to teach parents about good parenting	1	5	13	41	24	3.98
9.0	2.	groups to teach parents how to talk to and understand them	1	3	12	40	27	4.07
6.0	3.	stress management groups for their parents	1	4	14	40	24	3.99
14.9	4.	programs to help their parent(s)support them more in school work and other activities	1	2	11	37	32	4.17
7.5	5.	programs to teach teachers about family violence	2	5	15	44	17	3.83
7.5	6.	programs to teach teachers about the problems of youth	1	5	13	43	21	3.94
9.0	7.	training for teachers in getting along with youth	3	5	11	41	23	3.92
11.9	8.	screening to see if any teachers or staff have a record for sexually abusing children or youth	4	9	13	20	36	3.92
19.4	9.	stress management programs for teachers and staff	3	1	6	27	46	4.35

Please indicate which item in the above list you think is the most important one________(col 30-31)

Helping teachers and parents can encourage them to provide a better home and school environment for adolescents. What else do you think the school should do for parents or teachers?

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________

In order to identify the adolescent health-related areas which you think need the most attention, we have one final question for you.

For adolescents, the most important needs addressed in this questionnaire are ...

			Rate each item					
% #1			Really Disagree	Disagree	Don't know	Agree	Really Agree	Average Rating
0.0	1.	their physical health		4	5	52	19	4.08
15.8	2.	their emotional health		1	1	39	39	4.45
5.3	3.	their sexuality		3	10	41	27	4.14
1.8	4.	the behaviour problems of their friends	1	8	12	42	19	3.85
35.1	5.	their home-life and family relationships		2	7	28	46	4.42
0.0	6.	their relationships with their friends	1	1	6	43	28	4.22
0.0	7.	their concerns about school	1	4	7	48	19	4.01
1.8	8.	the medical services the school could provide	1	9	16	44	9	3.65
3.5	9.	the counselling services the school could provide	1	4	5	46	25	4.11
1.8	10.	the school environment		6	13	44	19	3.93
0.0	11.	sources of health information they need		7	13	47	14	3.84
0.0	12.	community services they need		5	19	41	15	3.83
3.5	13.	help for their parents or teachers		4	13	41	23	4.03
1.8	14.	adults they would like to talk with more		7	13	40	19	3.90
29.8	15.	ways they can cope with their problems			4	37	40	4.44

Please indicate which item in the above list you think is the most important one________(col 47-48)

What have we missed that you think is really important?

1. ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

APPENDIX J

Student, Parent, and School Personnel Write-ins: Adolescent Needs (Complete Data)

Students	Parents	School Personnel
	Issues: Personal	
Abortion C Mental health problems C environmental problems C	Personal future C ‡	Low self-esteem C (3) ‡ Acceptance by others C ‡ Equal social/academic/vocational opportunities C Meaningful adult contacts C Trusting relationships C
	Issues: Friends	
Gangs C (3) Cliques C (2) Violence (fighting) C (2) ‡ Racism C ‡ Social isolation/labelling C Drug abuse C Extortion C	.....	Social isolation/labelling C Poor quality friendships C
	Issues: Home	
Time with family C Parental attitudes C Parental responses to student drinking problems C Running from home C	Sibling rivalry C	Parental caring C (2) ‡ Time with family C
	Issues: School	
More student involvement /motivation C (3) Academic/teaching quality C (2) Longer lunches C (2) Friendly atmosphere C (2) ‡ Special education C ‡ Flexible teachers C ‡ Parental support C ‡ Interesting Classes C ‡ More instruction C More homework C Greater course selection C Students forced to make commitment to school C Friends who also enjoy school C More people to talk to C Less preps C Shorter days C	Tutorial instruction C (2) Study Skills c Vocational relevance C Work force demands info C Less/balanced homework C More homework C Less field trips C Less video/more audio skills C Public speaking skills C	Self-discipline SK Study Skills C

Students	Parents	School Personnel
	Services: Physical	
Better weight room S (3) Condom vendors S (2) Sports programs S (2) * Extracurricular activities S (2) Access to nurse S (2) * Housing/rent assistance S (2) HIV testing referral S * Better physical fitness prgs S * Medical centre close by S Community STD classes S Longer phys. ed. periods S Time to shower after phys. ed. S Inexpensive diet programs S Day care S	Lunch when needed S (2) * Physical fitness programs S * Parental consultations on student health issues S	Referrals when necessary S (3) Lunch when needed S (2) * Alcohol/drug programs S * Stop smoking programs S * HIV/AIDS counselling S * Sports programs S * Access to nurse S * Private office for nurse S Physical examinations S Mandatory health coverage S
	Services: Information	
Health pamphlets/books S (2) * Hot lines S * Health discussions S Video about AIDS S Safe-sex information table S Health class with more comfortable atmosphere S	Health org. spokespeople S	Speakers on youth problems S Speakers with specific health conditions S Exposure to people with AIDS S Encouragement of personal reading on health S Visits to cancer wards S
	Services: Counselling	
Increased availability S (3) Personal counselling S (2) * Bereavement counselling S Relational counselling S Family counselling S Self-care/protection counselling S Academic counselling S Individual counselling S	Pregnancy counselling - both parents S Counselling about available resources S Encouragement of openness about problems S Confidentiality S	Advanced guidance counselling S More effective counselling S Confidentiality S
	Services: Interpersonal	
Family members S (11) Friends S (10) Teachers S (2) * Lawyers S * Doctor S * Police S	Police S (2) Minister/priest S Friends S Counsellors with access to health community S	Exemplary peers S (5) Exemplary adults S (5) Peers who have had similar problems/experiences S Athletes S Minister/priest S Resource officer S
	Instruction: Physical	
Effects of drugs/alcohol I (2) * Health prevention I (2) * Drug/alcohol management SK * Infectious disease prevention I * Weight management I * Specific diseases I Problem eating management SK	Health prevention I * Specific diseases INutritional I (2) * Personal responsibility SK * Recognition of non-invincibility I Life style of moderation SK	

Students	Parents	School Personnel
	Instruction: Emotional	
Non-aggressive stress mg't SK (2)	Self-respect/pride SK (2)	Stress prevention SK
Positive thinking SK ‡	Goal-setting SK ‡	Self-discipline SK
	Respect for authority SK	Responsibility SK
	Understanding of limits I	Anti-materialism I
		Anger management SK
		Assertiveness SK
	Instruction: Interpersonal	
Peer conflict resolution SK (2) ‡	Communication of wants/needs SK	Consideration for others SK (2)
Communication with parents SK ‡	Differentiation between wants/needs SK	
Saying 'no' SK ‡		
Self-protection SK	Exposure to healthy family I	
Self-confidence relationally SK		
Advice giving (friends/family) SK		
Relating to the elderly SK		
	Instruction: Sexual	
STD/AIDS prevention SK (3) ‡	Sex education I	Birth control I ‡
General pregnancy I (2)	Effects of unplanned pregnancy I	STD/AIDS prevention I ‡
Sexual functioning I (2)		Homosexuality I
Sexual exploitation I		Seriousness of parenthood I
Pregnancy testing I		
	Environment: School	
Cleaner school/grounds E (3)	Shed "Coconut College" image E	Better air quality/circulation E (6)
Healthy cafeteria meals E (2) ‡	Doors in the washrooms E	
Vandalism elimination E ‡	Weapons banned E	School less hot E ‡
Healthy vending machine food E ‡	Respect for property of others I	Lighting less dim E
School crime elimination E ‡		Lockers too small E
Locker repairs E		School discipline enforced E
Indoor smoking section E		Protection for kids reporting school crimes E
School store improvement E		
		Attitude of respect E
		Elimination of swearing E
	Environment: Interpersonal	
Stress management for teachers /staff E ‡	Teach parents to talk to kids E ‡	Reduction in stressors E
	Teach teachers signs of abuse E	Time to offer health services E
Reinforce value in teaching E		Continuity/follow-up in services E

Note. Items are coded with a C, S, I, SK, or E to correspond to Concerns, Services, Information, Skills, or Environment. Frequencies are in parentheses and ‡ denotes items already in the questionnaire.

APPENDIX K

Student, Parent, and School Personnel Write-ins: Adolescent Needs

(Priorities by General Needs Areas)

Students	Parents	School Personnel
	Coping with Problems	
non-aggressive stress mg't SK (2)	.....	.....
	Family Relationships	
.....	.....	parental caring C (2) ‡
		consideration for others SK (2)
	Sexuality	
STD/AIDS prevention I (3) ‡	.....	.....
condom vendors S (2)		
general pregnancy I (2)		
sexual functioning I (2)		
	Emotional Health	
.....	self-respect/pride SK (2)	low self-esteem C (3) ‡
	School Issues	
more student involvement/ motivation C (3)	tutorial instruction C (2)	.....
friendly atmosphere C (2) ‡		
academic/teaching quality C (2)		
longer lunches C (2)		
	Peer Relationships	
gangs C (3)	.....	.....
conflict resolution SK (2) ‡		
violence (fighting) C (2) ‡		
cliques C (2)		
	Counselling Services	
increased availability S (3)	.....	.....
personal counselling S (2) ‡		
	School Environment	
cleaner school/grounds E (3)	.....	air quality/circulation (6)
healthy cafeteria meals E (2) ‡		
	Physical Health	
better weight room S (3)	lunch when needed S (2) ‡	referrals when needed S (3)
sports programs S (2) ‡		lunch when needed S (2) ‡
health prevention I (2) ‡		nutritional I (2) ‡
effects of drugs/alcohol I (2) ‡		
access to nurse S (2) ‡		
housing/rent assistance S (2)		

Note. Item code (C = concerns, S = services, I = information, SK = skills, and E = environment), and frequency follow each item. The ‡ represents items already in the questionnaire. Items appearing here are of frequency > 1 and are organized according to the general needs areas.

APPENDIX L

Student, Parent, and School Personnel Write-ins: Adolescent Needs Already Being Met

(Complete Data)

Students	Parents	School Personnel
	Issues: School	
Academic/teaching quality C	.....	Work study S
Auto body C		
Work study C		
	Services: Physical	
Physical fitness prgs S (7) ‡	Physical fitness prgs S (3) ‡	Physical fitness prgs S (5) ‡
Access to nurse S (3) ‡		Access to nurse S (4)
Minor health care S (3)		Sports programs S (3) ‡
Sports programs S (2)		Referrals when necessary S (2)
Lunch when needed S (2) ‡		Assistance with pregnancy S ‡
Drug/alcohol programs S (2) ‡		Minor first aid S ‡
Extracurricular activities S (2)		Lunch when needed S ‡
Minor first aid S ‡		Stop smoking programs S ‡
Physical examinations S		
Vaccinations S		
Great phys. ed. teachers S		
Weight room S		
Child care S		
	Services: Information	
.....	.....	Health classes S (3)
	Services: Counselling	
Adequate availability S (2)	Adequate availability S (2)	Adequate availability S (6)
	Services: Interpersonal	
Friends S (13)	Guidance counsellor S (5)	Guidance counsellors S (12) ‡
Guidance counsellor S (11) ‡	Teachers S (5)	Teachers S (12) ‡
Teachers S (9) ‡	Administrators S (3)	Administrators S (7) ‡
Some teachers S (3)	Support staff S	Support staff S (3)
Administrators S (2)	Some teachers S	T.A.'s S (2)
Parents S ‡	Friends S	Social worker S ‡
Youth social worker S ‡		Community counsellors S ‡
Interpreter S		Some teachers S
		Resource teacher S
		Police S
	Environment: School	
Healthy cafeteria food E (2) ‡	.....	.....

Note. Items are coded with a C, S, I, SK, or E to correspond to Concerns, Services, Information, Skills, or Environment. Frequencies are in parentheses and ‡ denotes items already in the questionnaire. Only those questions where write-ins appeared have been included.

APPENDIX M

Student, Parent, and School Personnel Write-ins: Adolescent Needs Already Being Met

(Priorities by General Needs Areas)

Students	Parents	School Personnel
	Coping with Problems	
.....	.....	.....
	Family Relationships	
.....	.....	.....
	Sexuality	
.....	.....	.....
	Emotional Health	
.....	.....	.....
	School Issues	
.....	.....	.....
	Peer Relationships	
.....	.....	.....
	Counselling Services	
adequate availability S (2)	adequate availability S (2)	adequate availability S (6)
	School Environment	
healthy cafeteria food E (2) ‡	.....	.....
	Physical Health	
physical fitness programs S (7) ‡	physical fitness programs S (3) ‡	physical fitness programs S (5) ‡
access to nurse S (3) ‡		access to nurse S (4) ‡
minor health care S (3)		sports programs S (3) ‡
sports programs S (2) ‡		health classes S (3)
lunch when needed S (2) ‡		referrals when needed (2)
extracurricular activities S (2)		
	Interpersonal Environment	
.....	.....	.....

Note. Item code (C = concerns, S = services, I = information, SK = skills, and E = environment), and frequency follow each item. The ‡ represents items already in the questionnaire. Items appearing here are of frequency > 1 and are organized according to the general needs areas.