



*School Health
Index*

A Self-Assessment and Planning Guide

Middle School/High School
2005

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To obtain copies:

- Download, print, or complete on CDC's website:
<http://www.cdc.gov/HealthyYouth/SHI>
- Request by e-mail: HealthyYouth@cdc.gov
- Call toll-free: 888-231-6405
- Request by toll-free fax: 888-282-7681

When ordering, please specify either the elementary school version or the middle school/high school version.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

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Introduction

Why Use the School Health Index?

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools, which is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can

- increase students' capacity to learn,
- reduce absenteeism, and
- improve physical fitness and mental alertness.

The School Health Index (SHI) is a self-assessment and planning guide that will enable you to

- identify the strengths and weaknesses of your school's policies and programs for promoting health and safety,
- develop an action plan for improving student health and safety, and
- involve teachers, parents, students, and the community in improving school policies, programs, and services.

There is growing recognition of the relationship between health and academic performance, and your school's results from using the SHI can help you include health promotion activities in your overall School Improvement Plan.

What Does It Involve?

The School Health Index has two activities that are to be completed by teams from your school: the eight self-assessment modules and a planning for improvement process. The self-assessment process allows members of your school community to come together and discuss what your school is doing to promote good health. More specifically, you will be assessing the extent to which your school implements the policies and practices recommended by the Centers for Disease Control and Prevention (CDC) in its research-based guidelines and strategies for school health and safety programs (see the Resources section for information on how to obtain these guidelines).

After you complete the self-assessment process, you will be asked to identify recommended actions your school can take to improve its performance in areas that received low scores. Then you will be guided through a simple process for prioritizing the various recommendations. This step will help you select a handful of actions to be implemented this year. Finally, you will complete the School Health Improvement Plan to guide your steps in planning the implementation of your recommended actions.

Completing the SHI is an important first step toward improving your school's health promotion policies and practices. Your school can then act to implement the School Health Improvement Plan and develop an ongoing process for monitoring progress and reviewing your recommendations for change.

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The SHI is designed for use at the school level. However, with appropriate adaptation, it could be used at the district level as well, especially if the district has only a few schools and those schools have similar policies and practices.

Should the SHI Be Used to Compare or Rate Schools?

Absolutely not! The SHI is **your** school's self-assessment tool. It is not meant to be used to compare schools. It should not be used for auditing or punishing school staff. There is no such thing as a passing grade on the SHI. You should use your SHI scores only to help you understand your school's strengths and weaknesses and to develop an action plan for improving your promotion of health and safety. Low scores on the SHI should be *expected*, and they do not indicate a "low-performing" school. They merely point you to areas in which your school can improve its health and safety promotion policies or practices.

What Resources Are Needed?

The School Health Index is available at no cost, and the assessment process for all five health topics can be completed in as little as six hours. The process may even take less time if fewer than five health topics are chosen. A small investment of time can pay big dividends in students' improved health, safety, and readiness to learn.

Many of the improvements you will want to make after completing the SHI can be done with existing staff and with few or no new resources. For those priority actions that may require new resources, your SHI results can help provide information needed to stimulate school board and community support for school health and help to establish justification to support funding requests. Some states and counties have provided financial support to cover school costs in implementing the SHI (e.g., refreshments for meetings, staff stipends) and mini-grants to help schools implement actions recommended in the School Health Improvement Plan.

What is it Based On?

The School Health Index is structured around CDC's model of a coordinated school health program (CSHP). This model highlights the importance of involving and coordinating the efforts of all eight interactive components to maintain the well-being of young people.



What Health Topics Does the SHI Address?

The 2005 edition of the School Health Index focuses on how schools can address the following health topics:

- physical activity and physical education,
- nutrition,
- tobacco use prevention,
- asthma, and
- unintentional injury and violence prevention (safety).

Because so many health topics are now addressed in the SHI, we have grouped and labeled questions by topic area: physical activity (PA), nutrition (N), tobacco (T), asthma (A), safety (S), and cross-cutting (CC). Cross-cutting questions address issues that are relevant to all five health topics. Additionally, some questions are labeled for more than one topic (e.g., PA/S) because they are relevant to more than one (e.g., physical activity and safety). Grouping questions allows schools to choose to address some, but not all, of the health topics covered by the SHI. CDC believes that a comprehensive approach to school health is the most effective way to influence students' health behaviors. However, we recognize that some schools will want to address only one topic or just a few at a time.

Some schools might have already completed the SHI for some topic areas and do not wish to revisit those questions now. Others might have funding or a mandate to address a specific health topic. The web-based version of the SHI allows you to generate score cards for the particular health topic areas that you wish to assess and complete the assessment online. (Web version is available at: <http://www.cdc.gov/HealthyYouth/SHI>.)

Why Were These Health Topics Selected?

These topics were chosen because these health behaviors can play a critical role in preventing the leading causes of death, disability, hospitalizations, illness, and school absences and because CDC has developed guidelines or strategies for schools on addressing each of them. Additional health topics will be added in the future.

Physical inactivity, poor eating habits, and tobacco use are primary causes of the chronic diseases – such as heart disease, cancer, stroke, and diabetes – that are the leading causes of death in our nation. These risk behaviors are typically established during childhood and adolescence, and the physiological processes that lead to chronic diseases also can start in youth. Unfortunately, more children and adolescents are overweight than ever before, and more than one in three high school students currently use some kind of tobacco product.

Safety-related behaviors are those that can help prevent unintentional injuries and violence. Unintentional injuries and violence are the leading causes of death and disability among children, adolescents, and young adults. Two thirds of all deaths among adolescents are due to either unintentional injuries or violence.

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Major causes of unintentional injuries include motor-vehicle crashes, drowning, poisoning, fires and burns, falls, sports- and recreation-related injuries, firearm-related injuries, choking, suffocation, and animal bites. Types of violence are homicide, suicide, assault, sexual violence, rape, child maltreatment, dating and domestic violence, and self-inflicted injuries. Children and adolescents engage in many behaviors that increase their risk for injury including not using seat belts, driving after drinking alcohol, carrying weapons, and engaging in physical fights.

Asthma is the third leading cause of hospitalizations and a leading cause of school absences. On average, in a classroom of 30 children, about three are likely to have asthma. The impact of illness and deaths due to asthma is disproportionately higher among low-income populations, minorities, and children in inner cities than in the general population.

Additional information and references on physical activity, nutrition, tobacco use, asthma, unintentional injury, and violence among young people can be found in the CDC fact sheets provided in Appendix 1. More detailed information on the relationship between health and academic performance can be found in the CD-ROM, *Making the Connection: Health and Student Achievement*, produced by the Society of State Directors of Health, Physical Education and Recreation and the Association of State and Territorial Health Officers (see Resources section).

Instructions for Site Coordinator

There is no single way to implement the School Health Index. Schools have developed many approaches, and you need to find the approach that meets your school's needs. The most essential thing to remember is that completing the SHI should be a group effort: the strength of the process comes from having individuals from different parts of the school community sit down together and plan ways to work towards improving school policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

What follows are step-by-step instructions for the most common approaches taken by schools.

1. **Review the eight modules.** Habits and practices related to health and safety are influenced by the entire school environment. That's why the SHI has eight different modules, corresponding to the eight components of a coordinated school health program shown in the Introduction.
2. **Assemble the School Health Index team.** Your first step toward a healthier and safer school is to identify a team of people who will be responsible for completing the SHI. You may choose to (1) create a new team, (2) use an existing team, such as the school health council, or (3) create a new subcommittee of the school management council. Broad and diverse participation is important for meaningful assessment and successful planning and implementation.

Below are key people that you may want to invite to join the SHI team. Choose people you think are appropriate to represent your school and community.

Principal	School counselor, psychologist, or social worker
Assistant principal	School resource officer(s)
Health education teacher(s)	Coach(es)
Physical education teacher(s)	Community-based health care provider(s)
Other teacher(s)	Community-based social services provider(s)
School food service manager	Community health and safety agency representative(s)
Parent(s)	(e.g., American Cancer Society, local health department, fire department)
Student(s)	
School nurse or health care provider	

Getting support for the use of the SHI from school administrators greatly improves commitment to the process of completing the SHI and implementing the School Health Improvement Plan. School- and district-level administrators can give the School Health Index team the power to implement identified changes.

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3. **Identify a coordinator for the School Health Index team.** The identity of the SHI coordinator will vary from school to school. Many schools have found that it is best to have someone from outside the school facilitate the School Health Index process. This person might be, for example, a retired health educator, a community-based dietitian, a professor at a local university, a graduate student, or a volunteer at a community-based health organization. Because they are removed from school politics, these individuals can be more neutral and help the staff deal with internal conflicts. Whoever coordinates the SHI process needs to be
 - a skilled group facilitator who can keep meeting participants on task while making them feel good about their participation,
 - an excellent listener who does not attempt to impose his or her own opinions on the group, and
 - an individual who is highly respected by all participants and by the school administration.

4. **Meet with all members of the SHI team.**
 - Explain the School Health Index and its purposes (you can use the master overhead transparencies provided at the end of this section). Encourage all team members to answer all questions as accurately as possible. Make sure they understand that results will not be used for punishing schools or comparing your school to other schools.
 - Make sure that all team members understand the importance of healthy behaviors for young people. Completing the SHI is not an academic exercise or a bureaucratic mandate; it is a process for bringing people together to improve a school's policies and programs. Team members should understand that their work on the SHI can make a great difference in the lives of your school's students.

5. **Complete the Score Cards and Planning Questions for each module.** There is no single way to complete these tasks. Some schools have their entire SHI team stay together to do the entire self-assessment, sometimes in just one meeting. Others form sub- teams of two or more people to work on each of the eight modules. It is very important to have at least two people work on each module, because having more than one person involved will increase accuracy and elicit a variety of creative insights for improving school policies and programs.

Whoever completes the modules will need to receive photocopies of the following documents:

- Instructions for module coordinator
- Module Score Card and Sample Completed Module Score Card
- Module Discussion Questions
- Module Planning Questions and Sample Completed Planning Questions

Individuals working on each module need to

- answer the module Discussion Questions by writing the results on the module Score Card,
- review the module Score Card results to answer the module Planning Questions, and
- use the results from the third Planning Question to identify the one, two, or three highest priority actions for this module that will be recommended for implementation this year.

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For some modules this work will take just minutes, but for others it may take an hour or more.

6. **Complete the Overall Score Card.** Collect each module Score Card, and transfer the scores to the Overall Score Card (located in the Planning for Improvement section). Make copies of the completed Overall Score Card for every SHI team member.
7. **Meet with all School Health Index team members to complete the School Health Improvement Plan (see overhead transparencies at the end of this section)**
 - Give a copy of the completed Overall Score Card to each participant.
 - Review the Overall Score Card results.
 - Discuss the recommendations for action in each module.
 - Have all participants work together to identify the top priority actions for the entire school and to complete the School Health Improvement Plan (located in the Planning for Improvement section). Most schools will choose between two and four top priority actions to implement each year. You may decide to produce a brief report that lists all the recommended actions in each module; this report can guide future planning efforts.
 - Discuss how you will monitor progress and when the team will meet again.

WHAT DO WE DO IF A QUESTION SEEMS IRRELEVANT FOR OUR SCHOOL?

It is possible that some questions might not be relevant for every school. If you are sure that this is the case, you may choose not to answer the question – just remember to appropriately adjust the denominator used for calculating the Overall Module Score (i.e., subtract 3 points for each question deleted).

In many cases questions that might appear to be irrelevant can be re-interpreted to become relevant. For example, a question might ask about the school's gymnasium or cafeteria, and your school might not have a gymnasium or cafeteria. However, if students participate in physical education or eat meals somewhere on campus, you can modify the question to make it fit your circumstances. If meals are cooked off-site at a central cooking facility, it might be harder for you to obtain information about food preparation practices and to influence those practices – but it can be done. Planning Question 3 will ask you to consider feasibility. Trying to influence practices at a central cooking facility might not be a high priority for your school because it might rate low on feasibility.

Sample Completed Score Card

Module 1: School Health and Safety Policies and Environment

Instructions

- Carefully read and discuss the Module 1 Discussion Questions (pages 5-22), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 23-24).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Representative school health committee	3	2	1	0
CC.2	Written school health and safety policies	3	2	1	0
CC.3	Communicate school health and safety policies to students, parents, staff, and visitors	3	2	1	0
CC.4	Connectedness to school	3	2	1	0
CC.5	Overcome barriers to learning	3	2	1	0
CC.6	Enrichment experiences	3	2	1	0
S.1	Safe physical environment	3	2	1	0
S.2	Maintain safe physical environment	3	2	1	0
S.3	No tolerance for harassment or bullying	3	2	1	0
S.4	Active supervision to promote safety	3	2	1	0
S.5	Written crisis response plan	3	2	1	0
S.6	Staff development on unintentional injuries, violence, and suicide	3	2	1	0
PA.1	Access to physical activity facilities outside school hours	3	2	1	0
PA.2	Adequate physical activity facilities	3	2	1	0
PA.3	Prohibit using physical activity as punishment	3	2	1	0
N.1	Prohibit using food as reward or punishment	3	2	1	0
N.2	Fundraising efforts supportive of healthy eating	3	2	1	0
N.3	Restrict access to foods of low nutritive value	3	2	1	0
N.4	Restrict access to other foods of low nutritive value	3	2	1	0
T.1	Prohibit tobacco use among students	3	2	1	0
T.2	Prohibit tobacco use among staff and visitors	3	2	1	0
T.3	Enforce tobacco-use policies	3	2	1	0
T.4	Prohibit tobacco advertising	3	2	1	0
T.5	Tobacco-use cessation services	3	2	1	0
A.1	Written policies for self-carry and self-administration of medications	3	2	1	0
A.2	Professional development on asthma	3	2	1	0
A.3	Implement indoor air quality practices	3	2	1	0
A.4	Implement integrated pest management practices	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

30	14	8	0
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(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (84) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE = (Total Points / 84) X 100

52
62%

Sample Completed Planning Questions
Module 1: School Policies and Environment

The Module 1 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's policies and environment related to students' health and safety?

Strengths

Excellent communication of policies with parents, visitors, and staff.

Offer a wide variety of enrichment experiences.

Our physical environment is safe, and we do not tolerate bullying.

Have a written crisis response plan, and it is practiced regularly.

Do not use physical activity as punishment or unhealthy foods as rewards.

Smoking is prohibited all over campus, as is advertising of cigarettes.

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., create and maintain a school health committee).

- 1. Form a school health committee.*
- 2. Conduct staff development on active supervision techniques.*
- 3. Make indoor and outdoor facilities for physical activity available outside school hours.*
- 4. Find alternatives for fundraising.*
- 5. Strengthen enforcement of tobacco-use policies.*
- 6. More staff development on preventing unintentional injuries and violence.*

Weaknesses

Do not have a committee to oversee our health programs (CC.1).

Not all our students are actively supervised (I.4).

Indoor and outdoor facilities for physical activity are not often available outside of school hours (PA.1).

Fundraising efforts do not support healthy eating (N.2).

Could enforce our tobacco-use policies better (T.2).

Staff development on unintentional injuries, violence, and suicide are inadequate (I.6).

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Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to score each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the *School Health Index* team for implementation this year.

Importance	How important is the action? 5 = Very important 3 = Moderately important 1 = Not important
Cost	How expensive would it be to plan and implement the action? 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	How much time and effort would it take to implement the action? 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	How enthusiastic would the school community be about implementing the action? 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	How difficult would it be to attain the action? 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 1 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
Meet with principal to form school health committee	5	5	4	3	3	20	√
Conduct staff development on active supervision techniques.	4	4	2	3	4	17	
Open indoor and outdoor facilities outside of school hours	3	5	5	3	5	21	√
Fundraising alternatives	3	5	4	2	2	16	
Better tobacco-use policies	2	5	5	5	3	20	√
More and continued staff development on violence and injury prevention	4	3	3	4	4	18	

School Health Index: A Self-Assessment and Planning Guide

School Health Index Team Meeting #1

Sample Agenda

- Why should schools focus on health and safety?
- What is the purpose of the School Health Index?
- Coordinated School Health Program model
- School Health Index format
- Implementation process
- Complete all 8 self-assessment modules
- Set timelines and next meeting date

Why should schools promote health and safety?

- Our society values good health and safety.
- Good health, safety, and management are necessary for effective learning.
- Healthy and safe students become healthy, productive citizens.
- Disease and injury prevention are more cost-effective than treatment.
- The school system is the one place where most of our nation's youth can be reached.

Why focus on health and safety?

- Unhealthy behaviors or poor health management can lead to heart disease, cancer, stroke, obesity, diabetes, and respiratory disease.
- Physical activity builds bones and muscles and helps control weight.
- Healthy eating helps youth grow, develop, and do well in school, allowing them to avoid obesity and eating disorders.
- Not using tobacco promotes physical fitness, normal lung growth and heart rate, and helps prevent respiratory symptoms.
- Preventing unintentional injuries works to eliminate the leading causes of death and disability among young people.
- Effective asthma management can reduce hospitalization and school absences which leads to a healthier and more productive life-style.

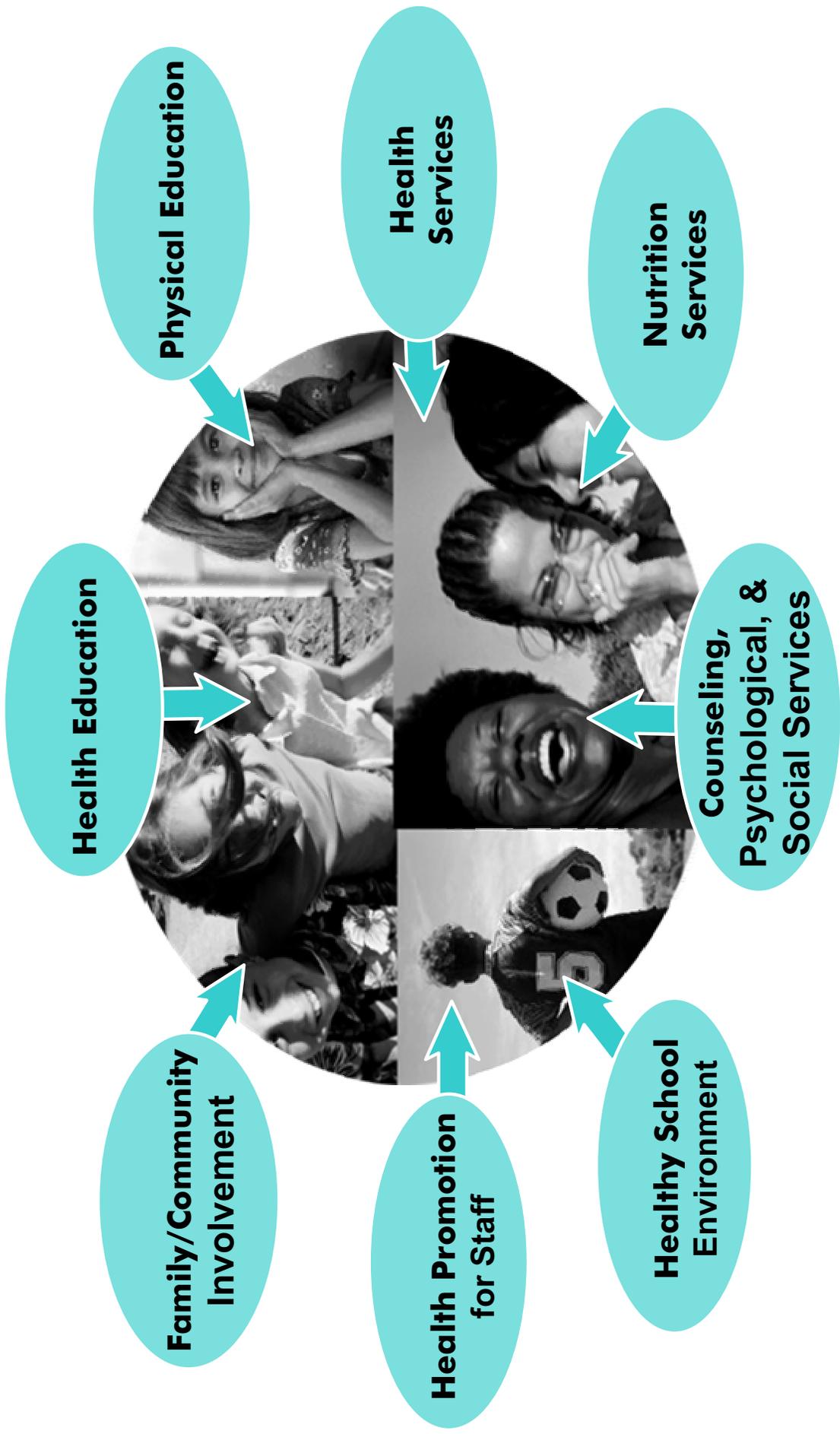
Purpose of the School Health Index

- Enables schools to identify strengths and weaknesses of health promotion policies and programs
- Enables schools to develop an action plan for improving student health
- Engages teachers, parents, students, and the community in promoting health enhancing behaviors and better health

Health Topics Addressed in SHI

- Physical education and physical activity
- Healthy eating
- Tobacco use prevention
- Unintentional injuries and violence prevention (safety)
- Asthma

SHI Modules Based on CDC's Coordinated School Health Program Model



School Health Index Format

- Completed by school health teams
- Two separate versions
 - Elementary School
 - Middle School / High School
- Self-Assessment: 8 modules to follow the Coordinated School Health Program model
- Planning: Planning for Improvement section

Implementing School Health Index

- Site coordinator assigns modules.
- Self-assessment
 - Teams answer Discussion Questions from 8 modules, then develop and rate recommended actions.
- Planning for Improvement
 - Review recommendations,
 - Select a manageable number of top priority actions,
 - Complete the School Health Improvement Plan.

When Completing Self-Assessment Modules, Keep in Mind:

- *Answer questions as accurately as possible.* This is a self-help tool, not an instrument for evaluating staff.
- *There is no passing grade.* This is designed to help you understand your school, not to compare your school with other schools.
- *Expect to get at least some low scores.* Low scores can help you build awareness of areas that need improvement.

School Health Index Team Meeting #2

Sample Agenda

- Review progress.
- Review and discuss SHI findings for each module:
 - Strengths and weaknesses,
 - Module scores,
 - Recommended priority actions.
- Select the top priority actions for your school to implement this year.
- Discuss resources needed for implementation.

School Health Index Team Meeting #2

Sample Agenda

- Complete School Health Improvement Plan:
 - Decide on action steps,
 - Assign responsibilities,
 - Set timelines for action.

- Discuss how to present the plan to school leadership and the community.

- Discuss how to monitor progress.

- Set future meeting date.

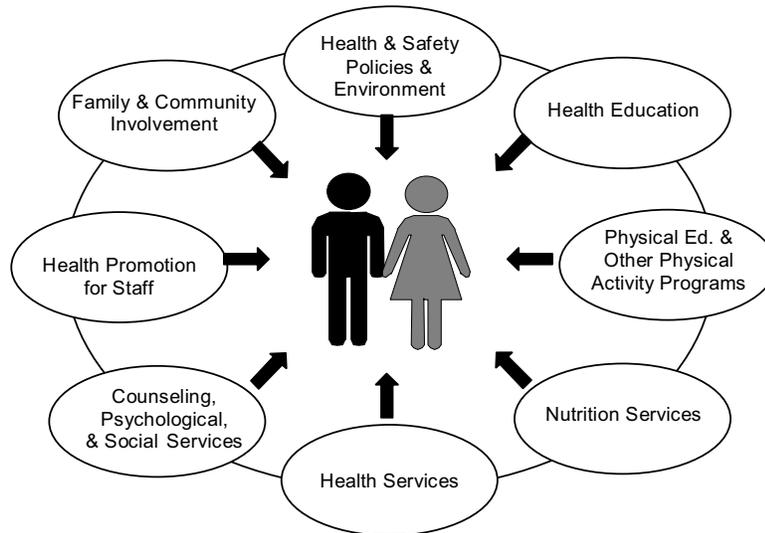
When Completing Planning for Improvement, Keep in Mind:

- Some recommended actions will require additional resources; others will involve simply making better use of existing resources.
- Keep the team together to monitor progress; schedule annual assessments.

Module 1: School Health and Safety Policies and Environment

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 1 team.

Principal	Parent(s)
Assistant principal	Student(s)
School food service manager	School nurse or health care provider
Physical education teacher(s)	Community health agency representative(s)
Health education teacher(s)	(e.g., American Cancer Society, local health department)
School resource officer(s)	School social worker
School psychologist	
Other teacher(s)	

2. Make a photocopy of the module Discussion Questions (pages 5-22) for each Module 1 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 23-24).
3. Give each Module 1 team member a copy of the Module 1 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents aside in case you need to make more photocopies.

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4. At a Module 1 team meeting:
 - Discuss each of the Module 1 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people

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**Module 1: School Health and Safety Policies and Environment
Score Card**

Instructions

1. Carefully read and discuss the Module 1 Discussion Questions (pages 5-22), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 23-24).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Representative school health committee	3	2	1	0
CC.2	Written school health and safety policies	3	2	1	0
CC.3	Communicate school health and safety policies to students, parents, staff, and visitors	3	2	1	0
CC.4	Connectedness to school	3	2	1	0
CC.5	Overcome barriers to learning	3	2	1	0
CC.6	Enrichment experiences	3	2	1	0
S.1	Safe physical environment	3	2	1	0
S.2	Maintain safe physical environment	3	2	1	0
S.3	No tolerance for harassment or bullying	3	2	1	0
S.4	Active supervision to promote safety	3	2	1	0
S.5	Written crisis response plan	3	2	1	0
S.6	Staff development on unintentional injuries, violence, and suicide	3	2	1	0
PA.1	Access to physical activity facilities outside school hours	3	2	1	0
PA.2	Adequate physical activity facilities	3	2	1	0
PA.3	Prohibit using physical activity as punishment	3	2	1	0
N.1	Prohibit using food as reward or punishment	3	2	1	0
N.2	Fundraising efforts supportive of healthy eating	3	2	1	0
N.3	Restrict access to foods of minimal nutritional value	3	2	1	0
N.4	Restrict access to other foods of low nutritive value	3	2	1	0
T.1	Prohibit tobacco use among students	3	2	1	0
T.2	Prohibit tobacco use among staff and visitors	3	2	1	0
T.3	Enforce tobacco-use policies	3	2	1	0
T.4	Prohibit tobacco advertising	3	2	1	0
T.5	Tobacco-use cessation services	3	2	1	0
A.1	Written policies for self-carry and self-administration of medications	3	2	1	0
A.2	Professional development on asthma	3	2	1	0
A.3	Implement indoor air quality practices	3	2	1	0
A.4	Implement integrated pest management practices	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

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(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (84) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE = (Total Points / 84) X 100

%

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Module 1: School Health and Safety Policies and Environment

Discussion Questions

CC.1 Representative school health committee

Does the school have a representative* committee that meets at least twice a year and oversees school health and safety policies and programs?

**Representative means that it includes relevant members of the school and local communities (e.g., parents, students, teachers, administrators, food service staff, nurses, coaches, counselors) and members of health departments, community organizations, and law enforcement agencies.*

3 = Yes.

2 = There is a committee that does this, but it could be more representative.

1 = There is a committee, but it is not representative, **or** it meets less often than twice a year.

0 = No.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

CC.2 Written school health and safety policies

Does the school or district have written policies* that govern all of the following areas related to student health and safety?

- ✓ health education curriculum
- ✓ physical education curriculum
- ✓ physical activity programs (e.g., intramural, interscholastic, recess, after school)
- ✓ school food service
- ✓ food and beverages available on campus beyond school food service
- ✓ school health, counseling, psychological, and social services
- ✓ health promotion for staff
- ✓ family and community involvement
- ✓ school physical environment (e.g., indoor and outdoor air quality, safety hazards)
- ✓ control of tobacco use
- ✓ preventing unintentional injuries**
- ✓ preventing violence*** and suicide
- ✓ responding to crises, disasters, and associated injuries
- ✓ asthma management

**Policies can be developed at the school level, or they can be developed at the school district or state level and implemented at the school level. They include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions.*

***Unintentional injuries may result from motor-vehicle crashes, drownings, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

****Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, written policies cover all these areas.

2 = The written policies cover nearly all these areas.

1 = The written policies cover some of these areas.

0 = The written policies cover none of these areas.

CC.3 Communicate school health and safety policies to students, parents, staff, and visitors

Does the school communicate its school health and safety policies in all of the following ways?

- ✓ tobacco-free-school signs
- ✓ weapon-free-school signs
- ✓ staff orientation and staff meetings
- ✓ student orientation
- ✓ student handbook
- ✓ staff handbook
- ✓ parent handbook or newsletters
- ✓ contracts with outside vendors and organizations that rent school facilities
- ✓ announcements at school events
- ✓ community meetings

3 = Yes, in all of these ways.

2 = In most of these ways.

1 = In some of these ways.

0 = In none of these ways.

CC.4 Connectedness to school

Do the school's staff and environment promote a sense of connectedness* in students and their families with all of the following practices?

- ✓ at least one adult communicates personally with each student each day
- ✓ faculty and staff encourage students to ask for help if there is a problem
- ✓ faculty and staff promote respect for and appreciation of individual differences
- ✓ faculty and staff take action to solve problems reported by students or their parents
- ✓ faculty and staff offer praise of students' behavior to students and their parents
- ✓ faculty and staff promote active parent participation in the school

* ***Connectedness** is the degree to which students and families feel part of the school community. Students and families feel more connected when they perceive that faculty and staff care about them and when they share responsibility for how well the school functions.*

3 = Yes, with all of these practices.

2 = With most of these practices.

1 = With some of these practices.

0 = With none of these practices.

CC.5 Overcome barriers to learning

Does the school offer, to all students who need them, a variety of programs* designed to help students overcome barriers to learning**?

Examples of such **programs include mental health, special education, nursing, and social services, and counseling, mentoring, tutoring, and assistance in the classroom.*

*****Barriers to learning** include deficiencies in basic living resources and opportunities for development, psychosocial problems, physical health problems, general stressors, crises and emergencies, and difficult transitions associated with stages of schooling.*

3 = Yes.

2 = The school offers a variety of programs to most but not to all of the students who need them.

1 = The school offers a limited variety of programs, **or** many students who need them do not have access to them.

0 = No, the school does not offer such programs.

CC.6 Enrichment experiences

Does the school provide a broad variety of student enrichment experiences* that are accessible to all students?

Examples of **enrichment experiences include athletics, drama, art, music, vocational education, technology training, student clubs, field trips, student advocacy, and community service. These can take place before, during, and after school hours.*

3 = Yes.

2 = The school offers a variety of experiences, but some students do not have access to them.

1 = The school offers a limited variety of experiences, **or** many students do not have access to them.

0 = No, the school does not offer enrichment experiences.

S.1 Safe physical environment

Does the school provide a safe physical environment, inside and outside school buildings, by following all of these practices?

- ✓ flooring surfaces are slip-resistant and stairways have sturdy guardrails
- ✓ poisons and chemical hazards are labeled and are stored in locked cabinets
- ✓ shop and vocational equipment is maintained, functioning, and stored properly
- ✓ first-aid equipment and notices describing safety procedures are available
- ✓ all areas of the school have sufficient lighting, and secluded areas are sealed off or supervised
- ✓ smoke alarms, sprinklers, and fire extinguishers are installed and operational
- ✓ pedestrians are offered special protection, including crosswalks and safe bus and car loading
- ✓ a variety of methods are used to keep weapons out of the school environment
- ✓ school buses do not idle while loading or unloading students, to reduce emission of diesel exhaust and fine particles
- ✓ spaces and facilities for physical activity (including playgrounds and sports fields) meet or exceed recommended safety standards
- ✓ the campus and buildings are pleasant and welcoming (e.g., uncluttered, uncrowded, well-lit, graffiti-free)

3 = Yes, all of these practices are followed.

2 = All the safety practices are followed, but at times the school has temporary lapses in one of them.

1 = One of the safety practices is not followed, **or** at times the school has temporary lapses in more than one of them.

0 = More than one of the safety practices are not followed.

S.2 Maintain safe physical environment

Does the school maintain a safe physical environment by following all of these practices?

- ✓ conduct annual comprehensive safety assessment and monthly assessment of playgrounds and sports fields
- ✓ each day players and coaches walk the sports field to ensure that it is free of potholes, glass, and other safety hazards
- ✓ designate one person with the responsibility for addressing hazards
- ✓ designate a clear procedure for reporting hazards to the responsible person
- ✓ make repairs immediately after hazards have been identified

3 = Yes, all of these practices are followed.

2 = All the practices are followed, but assessments are done less frequently than stated.

1 = One of the maintenance practices is not followed.

0 = More than one of the maintenance practices are not followed.

S.3 No tolerance for harassment or bullying

Has the school established a climate, in each of the following ways, that does not tolerate harassment or bullying*?

- ✓ staff and students treating each other with respect and courtesy
- ✓ fairly and consistently implementing disciplinary policies among all student groups
- ✓ emphasizing fair play and nonviolence on school grounds, on the school bus, and at school sporting events
- ✓ encouraging students to report harassment or bullying
- ✓ providing support for victims

**Harassment or bullying is the repeated infliction or attempted infliction of injury, discomfort, or humiliation on a weaker student by one or more students with more power.*

3 = Yes, in each of these five ways.

2 = In four of these ways.

1 = In three of these ways.

0 = In two or fewer of these ways.

S.4 Active supervision to promote safety

Are students actively supervised by faculty and staff, in each of the following ways, to promote safety and prevent unintentional injuries and violence, everywhere on campus (e.g., classroom, lunchroom, athletic fields, locker room, hallways, bathroom, school bus)?

- ✓ observing and listening to students before, during, and after school
- ✓ anticipating and effectively responding to unsafe situations
- ✓ discouraging pushing and bullying
- ✓ promoting prosocial behaviors*

**Prosocial behaviors are cooperation, conflict resolution, and helping others.*

3 = Yes, in each of these four ways.

2 = In three of these ways.

1 = In two of these ways.

0 = In one or none of these ways.

S.5 Written crisis response plan

Does the school have a written crisis* response plan that includes the following elements, and is the plan practiced regularly and updated as necessary?

- ✓ assigned roles and responsibilities for a crisis response team
- ✓ procedures for collaborating with local law enforcement and emergency management agencies
- ✓ “go box” containing emergency tools such as list of students and staff, emergency phone numbers, walkie-talkie system, map and school floor plan, location of power and utility connections
- ✓ identification of back-up resources from the district, other schools, and outside groups
- ✓ plans for dismissing school early, evacuating students to a safer location, sheltering in place, and locking down the building
- ✓ designated reunion areas for students and families
- ✓ strategy for informing school staff, families, and community about the school’s plans
- ✓ media and communications plan
- ✓ plan for screening voluntary offers of assistance
- ✓ procedures for handling suspicious packages or envelopes, including actions to minimize exposure to biological and chemical agents
- ✓ contact list for grief counselors and other counseling and psychological services

**Crisis includes environmental disaster (e.g., fire, flood, tornado, blizzard, earthquake), death or serious injury of a student or staff member, suicide attempt, terrorism, bioterrorism, hazardous chemical spill, explosion, radiation release, mass illness or injury, or any other situation that threatens safety in the school.*

3 = Yes.

2 = The school has a plan with all but one of the above elements, and it is practiced and updated regularly.

1 = The school has a plan, but it does not include more than one of the above elements, **or** it is not practiced regularly, **or** it is not updated as necessary.

0 = There is no plan.

S.6 Staff development on unintentional injuries, violence, suicide

Have all staff* received professional development** on preventing unintentional injuries, violence, and suicide?

**All staff includes administrators and clerical workers, school nurses, teachers, coaches, aides, bus drivers, food service staff, security personnel, grounds and custodial staff, and volunteers.*

***Professional development topics might include the following:*

- ✓ *emergency first aid and cardiopulmonary resuscitation (CPR)*
- ✓ *how to identify students who need medical care*
- ✓ *how to identify students who are suicidal and respond to their needs*
- ✓ *how to identify students who might be victims of physical or sexual abuse and respond to their needs*
- ✓ *proper use of protective gear*
- ✓ *use of fire extinguishers*
- ✓ *knowledge and implementation of safety rules and prevention practices*
- ✓ *methods of responding to bullying, sexual harassment, and threats*
- ✓ *school and district policies on sexual harassment*
- ✓ *use of nonviolent conflict resolution techniques*
- ✓ *active supervision of students*

3 = Yes, all have.

2 = Most have.

1 = Some have.

0 = None have.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.1 Access to physical activity facilities outside school hours

Can all students use your school's indoor and outdoor physical activity facilities outside school hours*?

**Outside school hours means after school, and during evenings, weekends, and school vacations.*

NOTE: Use of indoor facilities should be supervised.

3 = Yes, both indoor and outdoor facilities are available to all students.

2 = Indoor or outdoor facilities, but not both, are available to all students.

1 = Indoor or outdoor facilities are available to all students, but the hours of availability are very limited.

0 = No, neither indoor nor outdoor facilities are available to all students.

PA.2 Adequate physical activity facilities

Are the physical activity facilities adequate in all of the following ways?

- ✓ both indoor and outdoor facilities are available for use by the physical education and extracurricular physical activity programs
- ✓ physical education classes do not have to be canceled due to weather extremes (rain, high or low temperatures, etc.)
- ✓ in physical education classes, all students can be physically active without overcrowding or safety risks
- ✓ facilities are accessible for persons with disabilities
- ✓ for extracurricular activities, all interested students can sign up and participate without overcrowding or safety risks

3 = Yes, in all five of these ways.

2 = In four of these ways.

1 = In three of these ways.

0 = In two or fewer of these ways.

PA.3 Prohibit using physical activity as punishment

Does the school prohibit using physical activity* and withholding physical education class** as punishment? Is this prohibition consistently followed?

An example of **using physical activity as punishment is making students run laps or do push-ups as a consequence of inappropriate behavior.*

*****Withholding physical education class** as punishment means not allowing students to attend all or part of physical education class as a consequence of inappropriate behavior in another class or failure to complete an assignment in another class. It does not refer to the physical education teachers' disciplining students during physical education class by having them sit out for a period of time.*

NOTE: Please do not consider issues related to participation in interscholastic sports programs when answering this question.

- 3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.
- 2 = One of these practices is prohibited, and this prohibition is consistently followed.
- 1 = One of these practices is prohibited, but this prohibition is not consistently followed.
- 0 = Neither practice is prohibited.

N.1 Prohibit using food as reward or punishment

Does the school prohibit giving students food as a reward* and withholding food as punishment**? Is this prohibition consistently followed?

An example of using **food as a reward is providing candy or fast-food coupons to students because they have behaved well or met an academic or fundraising goal.*

***An example of **withholding food as punishment** is not giving one student a snack or meal that is offered to all other students, because of his or her inappropriate behavior.*

3 = Yes, using food as a reward and withholding food as punishment are prohibited, and both prohibitions are consistently followed.

2 = One of these practices is prohibited, and this prohibition is consistently followed.

1 = One of these practices is prohibited, but this prohibition is not consistently followed.

0 = Neither practice is prohibited.

N.2 Fundraising efforts supportive of healthy eating

Do school fundraising efforts support healthy eating by selling non-food items or foods that are low in fat, sodium, and added sugars (e.g., fruits, vegetables, pretzels, air-popped popcorn) instead of by selling foods that are high in fat, sodium, or added sugars (e.g., candy)?

3 = Yes, fundraising efforts never include selling foods high in fat, sodium, or added sugars.

2 = Fundraising efforts rarely include selling foods high in fat, sodium, or added sugars.

1 = Fundraising efforts include selling foods high in fat, sodium, or added sugars about half the time.

0 = Fundraising efforts typically include selling foods high in fat, sodium, or added sugars.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

N.3 Restrict access to foods of minimal nutritional value

Does the school prohibit the sale and distribution to students of foods of minimal nutritional value* throughout the school grounds during the entire school day?

**Foods of minimal nutritional value include carbonated soft drinks, chewing gum, water ices, and certain candies such as hard candy, licorice, jelly beans, and gum drops. The U.S. Department of Agriculture has defined these foods as providing less than 5% of the U.S. Department of Agriculture recommended daily allowance per serving for protein, vitamin A, vitamin C, niacin, riboflavin, thiamin, calcium, and iron. U.S. Department of Agriculture regulations prohibit the sale of these foods in food service areas during meal times.*

- 3 = Yes, the school prohibits the sale and distribution of foods of minimal nutritional value throughout the school grounds during the entire school day.
- 2 = The school prohibits the sale and distribution of foods of minimal nutritional value throughout the school grounds during part of the school day (e.g., from the start of the day until the end of the last lunch period or just when meals are being served).
- 1 = The school meets the U.S. Department of Agriculture regulation by prohibiting the sale of foods of minimal nutritional value in the food service area during meal service hours.
- 0 = The school does not meet the U.S. Department of Agriculture regulation that prohibits the sale of foods of minimal nutritional value in the food service area during meal service hours.

N.4 Restrict access to other foods of low nutritive value

Does the school prohibit the sale and distribution to students of other foods of low nutritive value* throughout the school grounds during the entire school day?

**Other foods of low nutritive value provide most calories in the form of fat and/or sugars but contain few vitamins or minerals. They are not included in the U.S. Department of Agriculture's definition of foods of minimal nutritional value. Examples of other foods of low nutritive value include chocolate bars, donuts, fried potato chips, and juice drinks with a low percentage of fruit juice.*

- 3 = Yes, the school prohibits the sale and distribution of other foods of low nutritive value throughout the school grounds during the entire school day.
- 2 = The school prohibits the sale and distribution of other foods of low nutritive value throughout the school grounds during part of the school day (e.g., from the start of the day until the end of the last lunch period or just when meals are being served).
- 1 = The school prohibits the sale of other foods of low nutritive value in the food service area during meal service hours.
- 0 = The school does not prohibit the sale of foods of low nutritive value in the food service area during meal service hours.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

T.1 Prohibit tobacco use among students

Does the school prohibit the use of tobacco* by students, 24 hours a day, in the following locations?

- ✓ in all school buildings**
- ✓ on all school grounds**
- ✓ all school-sponsored events off school grounds
- ✓ all school vehicles

**Use of tobacco means all forms: cigarettes, cigars, cigarillos, chewing tobacco and snuff, bidis, clove cigarettes, etc.*

***Includes extracurricular events.*

3 = Yes, in all locations.

2 = Tobacco use by students is prohibited in all school buildings and on all school grounds, but is allowed either at school-sponsored events off school grounds or in school vehicles.

1 = Tobacco use by students is prohibited only in school buildings, but is allowed on school grounds **or** tobacco use is allowed at both school-sponsored events off school grounds and in school vehicles.

0 = Tobacco use by students is allowed in school buildings **or** tobacco use is allowed on school grounds, at school-sponsored events off school grounds, and in school vehicles.

T.2 Prohibit tobacco use among school staff and visitors

Does the school prohibit the use of tobacco* by staff and visitors, 24 hours a day, in the following locations?

- ✓ in all school buildings**
- ✓ on all school grounds**
- ✓ all school-sponsored events off school grounds
- ✓ all school vehicles

**Use of tobacco means all forms: cigarettes, cigars, cigarillos, chewing tobacco and snuff, bidis, clove cigarettes, etc.*

***Includes extracurricular events.*

3 = Yes, in all locations.

2 = Tobacco use by staff and visitors is prohibited in all school buildings and on all school grounds, but is allowed either at school-sponsored events off school grounds or in school vehicles.

1 = Tobacco use by staff and visitors is prohibited only in school buildings, but is allowed on school grounds **or** tobacco use is allowed at both school-sponsored events off school grounds and in school vehicles.

0 = Tobacco use by staff and visitors is allowed in school buildings **or** tobacco use is allowed on school grounds, at school-sponsored events off school grounds, and in school vehicles.

T.3 Enforce tobacco-use policies

Does the school handle violations of the tobacco-use policies in each of the following ways?

- ✓ designating individual(s) to enforce the policy
- ✓ having written policies for addressing violations by students, staff, and visitors
- ✓ providing educational opportunities (e.g., smoking-education sessions, smoking-cessation sessions) and not using solely punitive measures (e.g., detention, suspension)
- ✓ referring students to the school counselor or nurse
- ✓ tracking the frequency of violations by students so that repeat offenders can be identified and receive heavier consequences
- ✓ communicating violations to parents

3 = Yes, in each of these six ways.

2 = In four or five of these ways.

1 = In one to three of these ways.

0 = In none of these ways.

T.4 Prohibit tobacco advertising

Does the school prohibit advertising and displaying of tobacco-industry brand names, logos, and other identifiers in each of the following locations?

- ✓ on school property
- ✓ at other places where school functions occur
- ✓ in school publications
- ✓ on student and staff clothing, shoes, and accessories
- ✓ on student and staff gear and school supplies (e.g., backpacks, lunchboxes, games, book covers, other personal items)

3 = Yes, in each of these five locations.

2 = In three or four of these locations.

1 = In one or two of these locations.

0 = In none of these locations.

T.5 Tobacco-use cessation services

Does the school refer tobacco-using students to school or community tobacco-use cessation services such as the following?

- ✓ group tobacco-use cessation program
- ✓ brief clinical counseling from a school nurse or counselor
- ✓ self-help cessation material
- ✓ computer-based tobacco-use cessation program
- ✓ telephone quit line
- ✓ local physician

3 = Yes, several different services are offered.

2 = Yes, but only one type of service is offered.

1 = No, but there are plans to offer such services in the future.

0 = No.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.1 Written policies for self-carry and self-administration of medications

Does your school or district have written policies* that permit students to self-carry and self-administer prescribed medications for asthma and that include all of the following?

- ✓ Approval from authorized prescriber (e.g., MD, DO, PNP, etc.)
- ✓ Approval from parent/guardian
- ✓ Approval from school nurse
- ✓ Request for back-up medication to be kept in the school health office
- ✓ Student contract with clear rules and consequences for violations
- ✓ Immediate notification of parent/guardian if permission is withdrawn
- ✓ Annual parental notification about policy

**Policies can be developed at the school level, or they can be developed at the school district or state level and implemented at the school level. They include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions.*

3 = Yes, our school has written policies that include all of these components.

2 = Our school has written policies that include most of these components.

1 = Our school has written policies that include only a few of these components.

0 = No, our school does not have written policies, or the policies do not include any of these components.

A.2 Professional development on asthma

Have all school staff members* received professional development on asthma management**?

**All school staff members include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officers, and before- and after-school staff.*

***Professional development on asthma management might include the following topics:*

- ✓ School policies and procedures for asthma management (e.g., daily medication administration, student self-administration of medications, pre-medication before physical activity, case management plans, asthma action plans)
- ✓ Recognizing and responding to severe asthma symptoms that require immediate action
- ✓ Eliminating or reducing exposure to asthma triggers
- ✓ Student health confidentiality
- ✓ Recognizing and referring signs of poorly controlled asthma

3 = Yes, all staff members have received professional development on asthma management.

2 = Most staff members have received professional development on asthma management.

1 = Some staff members have received professional development on asthma management.

0 = No staff members have received professional development on asthma management.

A.3 Implement indoor air quality practices

Does your school consistently implement all of the following indoor air quality practices?

- ✓ Regularly clean and vacuum when students are not in school (consider using vacuums with high efficiency particulate filters (HEPA) or central vacuums where carpeting exists)
- ✓ Monitor indoor humidity, and respond quickly to signs of mold, mildew, and leaks
- ✓ Prevent exhaust fumes from entering the school or accumulating in the outdoor areas by prohibiting buses and cars from idling outside of the school building
- ✓ Maintain adequate ventilation throughout the building
- ✓ Schedule regular maintenance and repair for heating, ventilation, and air condition (HVAC) system
- ✓ Reduce or eliminate exposure to furred and feathered animals
- ✓ Schedule painting and major building maintenance or renovations during times when school is not in session, and isolate renovation areas so that dust and debris are confined

3 = Yes, all of these practices are implemented consistently.

2 = Most of these practices are implemented consistently.

1 = Only a few of these practices are implemented consistently.

0 = None of these practices are implemented consistently.

A.4 Implement integrated pest management practices

Does your school consistently use the safest and lowest risk approach to controlling pest* problems by implementing the following integrated pest management practices?

- ✓ Monitor potential pest infestations with regular and careful inspections
- ✓ Use sanitation practices (e.g., cover trash cans, place dumpsters away from buildings) and structural modifications (caulking & screening) to minimize pests
- ✓ Use proper food handling, preparation, and storage techniques
- ✓ Use non-chemical pest management techniques, such as sticky traps, pheromone traps, and insect light traps prior to using chemical-based techniques
- ✓ Use pesticides or herbicides as a last resort method when no alternative measures are practical and when students and staff are not in the area; refrain from regular pesticide application
- ✓ Notify parents, employees, and students of all pesticide and herbicide use

**Pests may include cockroaches, mosquitoes, rats, mice, hornets, ants, spiders, and flies.*

3 = Yes, all of these practices are implemented consistently.

2 = Most of these practices are implemented consistently.

1 = Only a few of these practices are implemented consistently.

0 = None of these practices are implemented consistently.

Module 1: School Health and Safety Policies and Environment

Planning Questions ***(photocopy before using)***

The Module 1 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's policies and environment related to students' health and safety?

Planning Question 2

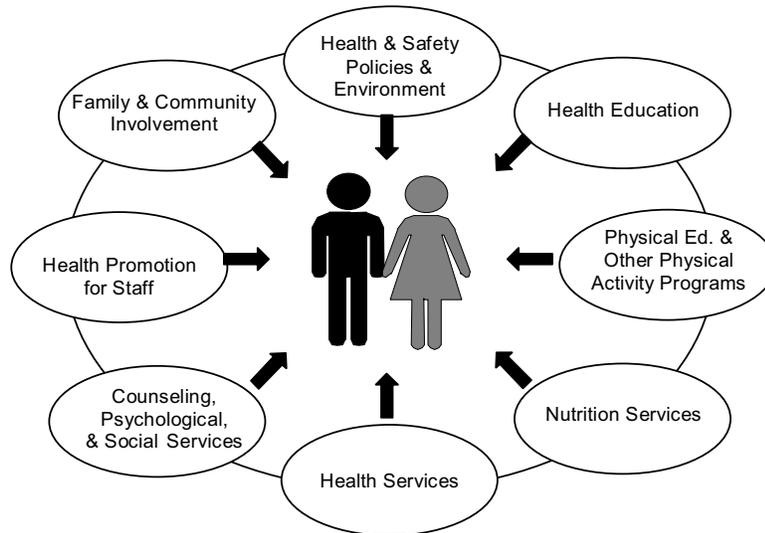
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., create and maintain a school health committee).

Continued on next page

Module 2: Health Education

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members for the Module 2 team.

Health education teacher(s)	Parent(s)
Physical education teacher(s)	Student(s)
Other teacher(s)	School counselor
School food service manager	School custodial staff
School nurse	Health department representative
School security/resource officer(s)	Assistant principal

2. Make a photocopy of the module Discussion Questions (pages 5-14) for each Module 2 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 15-16).
3. Give each Module 2 team member a copy of the Module 2 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 2 team meeting:
 - Discuss each of the Module 2 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0 to 3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 2: Health Education

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 2 Discussion Questions (pages 5-14), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 2 Planning Questions located at the end of this module (pages 15-16).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Required health education course	3	2	1	0
CC.2	Health education grading	3	2	1	0
CC.3	Sequential health education curriculum consistent with standards	3	2	1	0
CC.4	Active learning strategies	3	2	1	0
CC.5	Opportunities to practice skills	3	2	1	0
CC.6	Culturally appropriate examples and activities	3	2	1	0
CC.7	Assignments encourage student interaction with family and community	3	2	1	0
CC.8	Credentialed health education teachers	3	2	1	0
CC.9	Professional development in health education	3	2	1	0
CC.10	Professional development in delivering curriculum	3	2	1	0
CC.11	Professional development in classroom management techniques	3	2	1	0
S.1	Essential topics on preventing unintentional injuries, violence, and suicide	3	2	1	0
PA.1	Essential topics on physical activity	3	2	1	0
N.1	Essential topics on healthy eating	3	2	1	0
T.1	Essential topics on preventing tobacco use	3	2	1	0
A.1	Essential topics on asthma awareness	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (48) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.			
MODULE SCORE = (Total Points / 48) X 100			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 2: Health Education

Discussion Questions

CC.1 Required health education course

Does the school require all students to take and pass at least one health education course?

NOTE: If your school has more than four grade levels (e.g., grades 7-12), answer this question instead: “Does the school require all students to take and pass at least two health education courses?,” and for answer response 2 below replace “one course” with “two courses.”

3 = Yes.

2 = Students are required to take one course, but they do not have to take it again if they fail it (see note above).

1 = No, but there is an elective health education course.

0 = No.

CC.2 Health education grading

Do students earn grades for required health education courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

3 = Yes. (**NOTE:** If the school does not give academic recognition but does give a grade, you can select 3.)

2 = Students earn grades, but the grades count less than grades for other subjects.

1 = Students earn grades, but the grades are not used in calculation of academic recognition.

0 = No, **or** there are no required health education courses.

CC.3 Sequential health education curriculum consistent with standards

Do all who teach health education use a sequential* health education curriculum that is consistent** with state or national standards for health education (see standards on page 6)?

***Sequential** means a curriculum that builds on concepts taught in preceding years.

****Consistent** means that the curriculum addresses the key learning objectives identified by the standards.

3 = Yes.

2 = Some teachers use a sequential health education curriculum, and it is consistent with state or national standards.

1 = Some teachers use a sequential health education curriculum, but it is not consistent with state or national standards.

0 = None do, **or** the curriculum is not sequential, **or** there is no health education curriculum.

National Health Education Standards
(For Question CC.3)

1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will demonstrate the ability to access valid information and health-promoting products and services.
3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. Students will analyze the influence of culture, media, technology, and other factors on health.
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.
6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.
7. Students will demonstrate the ability to advocate for personal, family, and community health.

Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Health Literacy*. Atlanta: American Cancer Society; 1995.

CC.4 Active learning strategies

Do all who teach health education use active learning strategies* and activities that students find enjoyable and personally relevant?

**Active learning strategies include interactive teaching methods to encourage student involvement rather than relying solely on a lecture format. Active learning strategies include*

- ✓ *supervised practice*
- ✓ *discussion*
- ✓ *cooperative learning*
- ✓ *simulations and learning games*
- ✓ *teacher and peer modeling*
- ✓ *role playing*
- ✓ *goal-setting*
- ✓ *rehearsal*
- ✓ *visualization*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches health education.

CC.5 Opportunities to practice skills

Do all who teach health education train students on the skills needed to adopt healthy lifestyles,* by giving students opportunities to practice these skills rather than just having them learn facts?

**Examples of skills needed to adopt healthy lifestyles include*

- ✓ *reading food labels*
- ✓ *planning healthy meals*
- ✓ *developing a safe, individualized physical activity plan*
- ✓ *identifying and countering tobacco and alcohol industry marketing strategies*
- ✓ *coping with difficult personal situations such as peer pressure and family tobacco use*
- ✓ *managing anger*
- ✓ *basic emergency lifesaving (e.g., going to an adult for help, first aid, and cardiopulmonary resuscitation [CPR])*
- ✓ *wearing and correctly using protective equipment (e.g., bicycle helmet, seat belt, eye protection)*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches health education.

CC.6 Culturally appropriate examples and activities

Do all who teach health education use a variety of culturally appropriate examples and activities* that reflect the community's cultural diversity?

**Examples of culturally appropriate activities include*

- ✓ *featuring people of various ethnic/racial backgrounds*
- ✓ *highlighting the contributions and skills of people from a variety of cultural, racial, and ethnic groups*
- ✓ *not stigmatizing or stereotyping any groups*
- ✓ *validating and building students' self-esteem and sense of culture and national background*
- ✓ *reflecting an acknowledgment of and excitement about student diversity*
- ✓ *respecting and appreciating individual differences (e.g., race, ethnicity, sex, sexual orientation, religion, physical or mental ability, appearance, other personal characteristics)*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches health education.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

CC.7 Assignments encourage student interaction with family and community

Do all who teach health education use assignments **and** projects that encourage students to interact with family members* and community organizations**?

Examples of ways to **interact with family members include*

- ✓ *doing homework assignments with parents, guardians, or other family members*
- ✓ *conducting surveys of family members*
- ✓ *sharing information with family members*
- ✓ *exhibiting student projects at school for family viewing*
- ✓ *participating in fun family activities related to safe physical activity and healthy eating*
- ✓ *encouraging family discussion of the negative aspects of tobacco use, bullying, and violence*
- ✓ *preparing and practicing a home fire escape plan with the family*

***Examples of ways to **interact with community organizations** include*

- ✓ *gathering information about existing community-based services*
- ✓ *having students volunteer to help deliver services through community-based organizations, service learning, and community development projects*
- ✓ *participating in community-based special events and attending community-based organizations after school*
- ✓ *participating in community actions such as supporting tobacco-free environments*
- ✓ *participating in community advocacy groups (e.g. Students Against Drunk Driving, 4-H, and Family, Career, and Community Leaders of America)*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches health education.

CC.8 Credentialed health education teachers

Are all health education classes taught by credentialed* health education teachers?

****Credentialed** means teachers who have been awarded a credential, by the state, permitting them to teach health education.*

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, **or** there are no health education courses.

CC.9 Professional development in health education

Do all who teach health education participate at least once a year in professional development/continuing education* in health education?

**Professional development/continuing education means on-site (e.g., school, district) and off-site (e.g., city, state, national) training opportunities.*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches health education.

CC.10 Professional development in delivering curriculum

Have all who teach health education received professional development in delivering the health and safety curriculum*?

**This would include topics such as the following:*

- ✓ *discussion of the curriculum's underlying theory and conceptual framework*
- ✓ *demonstration of program activities by a skilled trainer*
- ✓ *opportunities to practice curricular activities during training*

3 = Yes, all have.

2 = Most have.

1 = Some have.

0 = None have.

CC.11 Professional development in classroom management techniques

Have all teachers received professional development in management techniques, such as the following, to create calm, orderly classrooms?

- ✓ cooperative learning methods
- ✓ social skills training
- ✓ promoting interactive learning
- ✓ classroom and environmental modification
- ✓ conflict resolution and mediation
- ✓ behavior management

3 = Yes, all have.

2 = Most have.

1 = Some have.

0 = None have.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

S.1 Essential topics on preventing unintentional injuries, violence, and suicide

Does the health education curriculum address all of these topics on preventing unintentional injuries,* violence,** and suicide?

- ✓ safety hazards in the home, school, and community
- ✓ the interaction of individual behaviors, the environment, and characteristics of products to cause or prevent injuries or violence
- ✓ ways to reduce risk of injuries in case of fire, around water, while riding in a motor vehicle, as a pedestrian, from falls, while participating in sports or other physical activities, and from firearms
- ✓ necessary protective gear for biking, motorcycling, snowmobiling, inline skating, and/or skateboarding
- ✓ actions to take to prevent injuries during severe weather
- ✓ procedures for safe storage of firearms and ammunition in the home.
- ✓ basic first aid procedures for common injuries
- ✓ accepted procedures for emergency care and lifesaving
- ✓ social influences on safety-related behaviors, including media, family, peers, and culture
- ✓ relationship between alcohol and other drugs and unintentional injuries, violence, and suicide
- ✓ communication skills for avoiding unintentional injuries and violence
- ✓ prosocial behaviors (e.g., helping others, being respectful of others, cooperating, being considerate)
- ✓ multiple forms of violence (e.g., assaultive violence, self-directed violence, dating violence, family violence, sexual harassment, and child abuse)
- ✓ short- and long-term consequences of bullying and violence to perpetrators, victims, and bystanders
- ✓ role of bystanders in preventing and stopping bullying and violence
- ✓ characteristics of the school or community that can affect the likelihood of violence
- ✓ signs and symptoms of people who are in danger of hurting themselves or others

**Unintentional injuries may result from motor vehicle crashes, drownings, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

***Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, **or** there is no health education curriculum.

PA.1 Essential topics on physical activity

Does the health education curriculum address all of these essential topics on physical activity?

- ✓ meaning of physical activity, exercise, and health-related fitness
- ✓ physical, mental, and social benefits of physical activity
- ✓ role of physical activity in controlling body weight
- ✓ recommended amounts and types of physical activity for adolescents and adults
- ✓ role of a sedentary lifestyle in development of chronic diseases
- ✓ ways to increase daily physical activity
- ✓ physical activities that contribute to maintaining or improving the components of health-related fitness
- ✓ influence of culture and media on physical activity
- ✓ finding valid information and services related to physical activity and fitness
- ✓ interpersonal communication skills related to physical activity
- ✓ behavioral skills related to physical activity (e.g., goal-setting, decision-making, self-monitoring)
- ✓ planning a personal physical activity program
- ✓ effects of tobacco use on fitness and physical performance (e.g., impaired lung function, reduced stamina)
- ✓ methods for avoiding and responding to physical conditions such as physical exhaustion, sunburn, heat stroke, and hypothermia
- ✓ proper wear and use of safety equipment for specific physical activities
- ✓ importance of hydration in physical activity
- ✓ effects of and legal issues related to using performance-enhancing drugs

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, **or** there is no health education curriculum.

N.1 Essential topics on healthy eating

Does the health education curriculum address all of these essential healthy eating topics?

- ✓ benefits of healthy eating
- ✓ importance of eating a healthy breakfast
- ✓ importance of making healthy choices when eating out
- ✓ importance of making healthy choices when snacking
- ✓ the relationship of unhealthy eating to chronic diseases such as heart disease, cancer, diabetes, hypertension, and osteoporosis
- ✓ the Dietary Guidelines for Americans
- ✓ the Food Guide Pyramid and nutritious choices for each group
- ✓ using food labels
- ✓ importance of moderation in a person's eating habits
- ✓ identifying key nutrients (e.g., water, vitamins, minerals, protein, carbohydrates, and fiber) and major food sources of each
- ✓ identifying foods that are low in fat, saturated fat, cholesterol, sodium, and added sugars
- ✓ preparing a variety of healthy meals and snacks
- ✓ influence of personal preferences, family, peers, culture, and media on dietary behavior
- ✓ finding valid information and services related to healthy eating
- ✓ goal-setting and decision-making skills for healthy eating
- ✓ how students can influence and support others to engage in healthy eating
- ✓ balancing food intake and physical activity
- ✓ healthy weight management
- ✓ accepting body size differences
- ✓ risks of unhealthy weight control practices, such as crash or fad diets, purging, diet pills, and tobacco use
- ✓ eating disorders (e.g., anorexia, bulimia)
- ✓ food safety, including handwashing and safe food purchasing, preparation, and storage

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, **or** there is no health education curriculum.

T.1 Essential topics on preventing tobacco use

Does the health education curriculum address all of these essential topics on preventing tobacco use?

- ✓ identification of tobacco products and the harmful substances they contain
- ✓ short- and long-term health consequences of tobacco use
- ✓ legal, social, economic, and cosmetic consequences of tobacco use
- ✓ addictive nature of nicotine
- ✓ effects of tobacco use on athletic performance
- ✓ health effects of second-hand smoke and benefits of a smoke-free environment
- ✓ health benefits of abstaining from tobacco use
- ✓ social influences on tobacco use, including media, family, peers, and culture
- ✓ the effects of tobacco use on social relationships
- ✓ reasons why students do and do not use tobacco
- ✓ student overestimates of how many of their peers use tobacco
- ✓ interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)
- ✓ goal-setting and decision-making skills related to not using tobacco
- ✓ finding valid information and services related to tobacco-use prevention and cessation
- ✓ how students can support others who abstain from or want to quit using tobacco
- ✓ school and community action to support a tobacco-free environment
- ✓ harmful effects of tobacco use on fetal development

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses one or none of these topics, **or** there is no health education curriculum.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.1 Essential topics on asthma awareness

Does the health education curriculum address all of these essential topics on asthma awareness?

- ✓ Basic facts and triggers of asthma
- ✓ Accessing a trusted adult who can help someone experiencing an asthma episode
- ✓ Ways to support classmates with asthma
- ✓ Demonstrating empathy for people with asthma

3 = Yes, addresses all four of these topics.

2 = Addresses three of these topics.

1 = Addresses two of these topics.

0 = Addresses one or none of these topics, **or** there is no health education curriculum.

Module 2: Health Education

Planning Questions ***(photocopy before using)***

The Module 2 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's health education program related to students' health and safety?

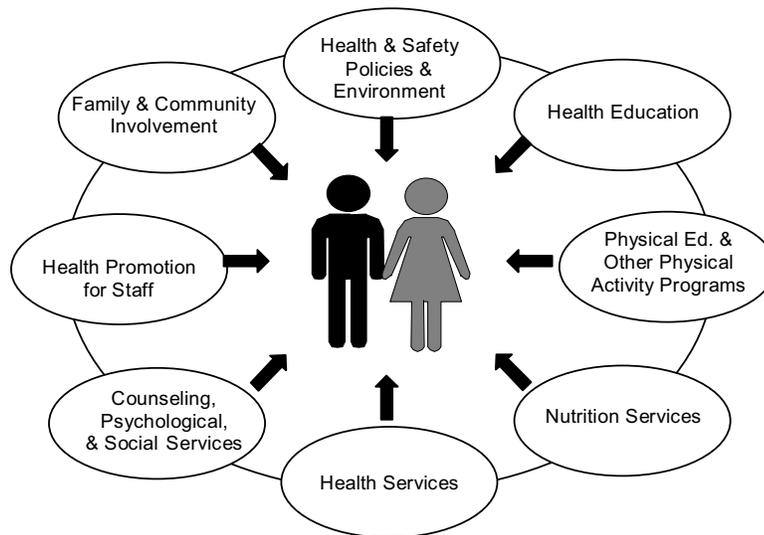
Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., require all students to take and pass at least one health education course).

Module 3: Physical Education and Other Physical Activity Programs

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 3 team.

Physical education teacher
Teacher(s)
Coach(es)
School nurse

Parent(s)
Student(s)
Community member(s)
Assistant principal

2. Make a photocopy of the module Discussion Questions (pages 5-15) for each Module 3 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 17-18).
3. Give each Module 3 team member a copy of the Module 3 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 3 team meeting:

- Discuss each of the Module 3 Discussion Questions and its scoring choices.
- Decide how to collect any information you need to answer each question accurately.
- After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
- Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
- Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
- Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
- Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 3: Physical Education and Other Physical Activity Programs

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 3 Discussion Questions (pages 5-15), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 3 Planning Questions located at the end of this module (pages 17-18).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
PA.1	225 minutes of physical education per week	3	2	1	0
PA.2	Adequate teacher/student ratio	3	2	1	0
PA.3	Sequential physical education curriculum consistent with standards	3	2	1	0
PA.4	Physical education grading	3	2	1	0
PA.5	Prohibit substitution for physical education	3	2	1	0
PA.6	Individualized physical activity/fitness plans	3	2	1	0
PA.7	Health-related physical fitness	3	2	1	0
PA.8	Students active at least 50% of class time	3	2	1	0
PA.9	Teachers avoid practices that result in student inactivity	3	2	1	0
PA.10	Physical education is enjoyable	3	2	1	0
PA.11	Promote community physical activities	3	2	1	0
PA.12	Credentialed physical education teachers	3	2	1	0
PA.13	Professional development for teachers	3	2	1	0
PA.14	Participation in extracurricular physical activity programs	3	2	1	0
PA.15	Training requirements for coaches	3	2	1	0
PA.16/ A.1	Address special health care needs	3	2	1	0
PA.17/ S.1/ A.2	Physical education safety practices	3	2	1	0
PA.18/ S.2	Physical activity facilities meet safety standards	3	2	1	0
PA.19/ S.3	Athletics safety requirements	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (57) by subtracting 3 for each question eliminated).

<p>TOTAL POINTS: Add the four sums above and enter the total to the right.</p>			
<p>MODULE SCORE = (Total Points / 57) X 100</p>			
			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 3: Physical Education and Other Physical Activity Programs

Discussion Questions

PA.1 225 minutes of physical education per week

Do all students in each grade receive physical education* for at least 225 minutes per week** throughout the school year?

**Physical education means structured physical education classes or lessons, not physical activity breaks and not substitution of participation in a sport team, ROTC, marching band, etc., for physical education course credit.*

***Physical education classes should be spread over at least three days per week, with daily physical education preferable.*

3 = Yes.

2 = 135-224 minutes per week for all students in each grade throughout the school year.

1 = 90-134 minutes per week for all students in each grade throughout the school year.

0 = Fewer than 90 minutes per week **or** not all students receive physical education throughout the school year.

PA.2 Adequate teacher/student ratio

Do physical education classes have a student/teacher ratio comparable* to that of other classes?

NOTE: Aides and volunteers should not be counted as teachers in the student/teacher ratio.

**Comparable means approximately the same number of students per teacher as in other classes.*

3 = Yes.

2 = The ratio is somewhat larger (up to one and a half times larger) than the ratio for most other classes.

1 = The ratio is considerably larger (more than one and a half times larger), but there are plans to reduce it.

0 = The ratio is considerably larger (more than one and a half times larger), and there are no plans to reduce it.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.3 Sequential physical education curriculum consistent with standards

Do all who teach physical education use a sequential* physical education curriculum that is consistent** with state or national standards for physical education (see standards on page 6)?

**Sequential means a curriculum that builds on concepts taught in preceding years.*

***Consistent means that the curriculum addresses the key learning objectives identified by the standards.*

3 = Yes.

2 = Some use a sequential physical education curriculum, and it is consistent with state or national standards.

1 = Some use a sequential physical education curriculum, but it is not consistent with state or national standards.

0 = None do, **or** the curriculum is not sequential, **or** there is no physical education curriculum.

National Standards for Physical Education
(For Question PA.3)

A physically educated person can do the following:

1. Demonstrate competency in many movement forms and proficiency in a few movement forms.
2. Apply movement concepts and principles to the learning and development of motor skills.
3. Exhibit a physically active lifestyle.
4. Achieve and maintains a health-enhancing level of physical fitness.
5. Demonstrate responsible personal and social behavior in physical activity settings.
6. Demonstrate understanding and respect for differences among people in physical activity settings.
7. Understand that physical activity provides opportunities for enjoyment, challenge, self-expression, and social interaction.

National Association for Sport and Physical Education. *Moving into the Future: National Standards for Physical Education*. Boston: WCB/McGraw-Hill; 1995.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.4 Physical education grading

Do students earn grades for required physical education courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

3 = Yes. (**NOTE:** If the school does not give academic recognition but does give a grade, you can select 3.)

2 = Students earn grades, but the grades count less than grades for other subjects.

1 = No, but there are plans to change this procedure.

0 = No, and there are no plans to change this procedure, **or** there are no required physical education courses.

PA.5 Prohibit substitution for physical education

Does the school prohibit substitution* of other courses or activities for physical education?

****Prohibit substitution** means that the school does not allow courses or activities such as interscholastic athletics, ROTC, marching band, cheerleading, or community athletics to be substituted for physical education courses and/or credits.*

3 = Yes.

2 = Yes, but occasional exceptions are made.

1 = No, but there are plans to start prohibiting substitution.

0 = No, **or** there is no physical education.

PA.6 Individualized physical activity/fitness plans

Do students design and implement their own individualized physical activity/fitness plans* as part of the physical education program? Do physical education teachers provide ongoing feedback to students on progress in implementing their plans?

**Individualized physical activity/fitness plan means a written plan that contains*

- ✓ *assessment of fitness level (before beginning a new physical activity/fitness plan, individuals should assess their current level of fitness to help avoid injury)*
- ✓ *long-term and short-term personal goals for participating regularly in physical activities and maintaining or improving health-related fitness*
- ✓ *specific actions to achieve those goals*
- ✓ *timeline for taking specific actions, assessing progress, and achieving goals*
- ✓ *methods that will be used to record actions taken and assess progress*
- ✓ *rewards for achieving goals*

3 = Yes.

2 = Students design and implement their own individualized plans, but teachers provide only occasional feedback.

1 = Students design and implement their own individualized plans, but teachers provide no feedback.

0 = Students do not design and implement their own individualized plans, **or** there is no physical education program.

PA.7 Health-related physical fitness

Does the physical education program integrate instruction* on health-related fitness** into most lessons throughout the year?

**Integrate instruction means provide opportunities for students to develop and practice skills in areas such as*

- ✓ *behavioral skills related to health-related fitness (e.g., goal-setting, decision-making, self-monitoring)*
- ✓ *assessment of health-related fitness (fitness test)*
- ✓ *interpretation and use of fitness test results*

***Health-related fitness means cardiovascular endurance, flexibility, muscular strength, muscular endurance, and body composition.*

3 = Yes, into most lessons.

2 = Into about half the lessons.

1 = Into fewer than half the lessons.

0 = Into none of the lessons, **or** there is no physical education program.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.8 Students active at least 50% of class time

Do teachers keep students moderately to vigorously active* at least 50% of the time** during most or all physical education class sessions?

**Moderately to vigorously active means engaging in physical activity that is equal in intensity to or more strenuous than fast walking.*

***At least 50% of the time means at least half of the total time scheduled for a physical education class session.*

3 = Yes, during most or all classes.

2 = During about half the classes.

1 = During fewer than half the classes.

0 = During none of the classes, **or** there are no physical education classes.

PA.9 Teachers avoid practices that result in student inactivity

Do teachers avoid using practices* that result in some students spending considerable time being inactive in physical education classes?

**Examples of such practices include*

✓ *using games that eliminate students*

✓ *having many students stand in line or on the sidelines watching others and waiting for a turn*

✓ *organizing activities in which fewer than half of the students have a piece of equipment and/or a physically active role*

✓ *allowing highly skilled students to dominate activities and games*

3 = They never use such practices.

2 = They rarely use such practices.

1 = They occasionally use such practices.

0 = They frequently use such practices, **or** there are no physical education classes.

PA.10 Physical education is enjoyable

Do most students, including most who are athletically gifted and most who are not as athletically gifted, find physical education an enjoyable and fun experience?

3 = Yes, most of one group and most of the other group find it enjoyable.

2 = Most of one group but few of the other group find it enjoyable.

1 = Few in both groups find it enjoyable.

0 = Hardly anyone in either group find it enjoyable, **or** there is no physical education.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.11 Promote community physical activities

Does the physical education program promote student participation in a variety of community physical activity options* through three or more methods**?

Examples of **community physical activity options include clubs, teams, recreational classes, special events such as community fun runs, and use of playgrounds, parks, and bike paths.*

***Examples of **methods** include*

- ✓ *class discussions*
- ✓ *bulletin boards*
- ✓ *public address announcements*
- ✓ *guest speakers who promote community programs*
- ✓ *take-home flyers*
- ✓ *homework assignments*
- ✓ *newsletter articles*
- ✓ *academic credit for participating in community physical activities and programs*

3 = Yes, through three or more methods.

2 = The program promotes participation in a variety of community physical activity options, but through only one or two methods.

1 = The program promotes participation in only one type of community physical activity option.

0 = The program does not promote participation in community physical activity options, **or** there is no physical education program.

PA.12 Credentialed physical education teachers

Are all physical education classes taught by credentialed* physical education teachers?

****Credentialed** means teachers who have been awarded a credential by the state, permitting them to teach physical education.*

3 = Yes, all are.

2 = Most classes are.

1 = Some classes are.

0 = No classes are, **or** there are no physical education classes.

PA.13 Professional development for teachers

Do all who teach physical education participate at least once a year in professional development/continuing education* in physical education?

**Professional development/continuing education means on-site (e.g., school, district) and off-site (e.g., city, state, national) training opportunities.*

3 = Yes, all do.

2 = Most do.

1 = Some do.

0 = None do, **or** no one teaches physical education.

PA.14 Participation in extracurricular physical activity programs

Do at least 50% of boys and 50% of girls participate in school-sponsored extracurricular physical activity programs*?

**Extracurricular physical activity programs include intramural activities, physical activity clubs (e.g., dance, hiking, karate), and interscholastic sports.*

3 = Yes, at least 50% of boys and at least 50% of girls participate.

2 = At least 50% of one sex participate, but less than 50% of the other sex do.

1 = Less than 50% of boys and less than 50% of girls participate.

0 = There are no school-sponsored extracurricular physical activity programs.

PA.15 Training requirements for coaches

Does the school or district require all interscholastic sport coaches to have training* in the sport(s) they coach that reflects competency in the skills and knowledge outlined in the National Standards for Athletic Coaches (see standards on page 13)?

**Training means taking courses taught within a college/university professional preparation program or courses provided by the school district, community youth sports programs, or national coaching education programs.*

3 = Yes.

2 = The school or district requires training but does not require that the training reflect competency in the skills and knowledge outlined in the National Standards for Athletic Coaches.

1 = The school or district does not currently require training, but is in the process of implementing required training.

0 = The school or district does not require training, **or** the school has no interscholastic sport coaches.

National Standards for Athletic Coaches
(For Question PA.16)

The 37 standards are grouped into the following eight domains:

1. Injuries: prevention, care, and management
2. Risk management
3. Growth, development, and learning
4. Training, conditioning, and nutrition
5. Social/psychological aspects of coaching
6. Skills, tactics, and strategies
7. Teaching and administration
8. Professional preparation and development

National Association for Sport and Physical Education. *Quality Coaches, Quality Sports: National Standards for Athletic Coaches*. Dubuque: Kendall/Hunt; 1995.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.16/A.1 Address special health care needs

Does the physical education program consistently use all or most of the following practices as appropriate to include students with special health care needs*?

- ✓ encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans, asthma action plans, or 504 Plans
- ✓ offering adapted physical education classes
- ✓ using modified equipment and facilities
- ✓ ensuring that students with chronic medical conditions are fully participating in physical activity
- ✓ monitoring signs and symptoms of chronic medical conditions
- ✓ encouraging students to self-carry and self-administer their medications (including pre-medicating and/or responding to asthma symptoms) in the gym and on playing fields; assisting students who do not self-carry
- ✓ encouraging students to conduct self-testing (i.e., using a peak flow meter) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise); assisting students who do not self-test
- ✓ using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed
- ✓ using peer teaching (e.g., teaming students without special health care needs with students who have such needs)

** Examples of special health care needs include learning disabilities, developmental disabilities, behavioral disorders, physical disabilities, temporary physical limitations, and chronic medical conditions such as diabetes, asthma, and scoliosis.*

3 = Yes, the physical education program uses all or most of these instructional practices consistently.

2 = The physical education program uses some of these instructional practices consistently.

1 = The physical education program uses some of these instructional practices, but not consistently (that is, not by all teachers or not in all classes that include students with special health care needs).

0 = The program uses none of these practices, or there is no physical education program.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.17/S.1/A.2 Physical education safety practices

Does the physical education program implement and enforce all of the following safety practices?

- ✓ practice active supervision*
- ✓ encourage prosocial behaviors**
- ✓ use protective clothing and safety gear that is appropriate to child's size and in good shape
- ✓ use safe, age-appropriate equipment
- ✓ minimize exposure to sun, smog, and extreme temperatures
- ✓ use infection control practices for handling blood and other body fluids
- ✓ monitor the environment to reduce exposure to potential allergens or irritants (e.g., pollen, bees, strong odors)

Active supervision means using practices such as observing, listening to students, anticipating and effectively responding to unsafe situations, discouraging pushing and bullying, and promoting prosocial behaviors.*

***Prosocial behaviors are cooperation, conflict resolution, and helping others.*

3 = Yes, all these safety practices are followed.

2 = All these safety practices are followed, but at times the school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety practices is not followed, **or** at times the school has temporary lapses in implementing or enforcing more than one of them.

0 = More than one of these safety practices is not followed, **or** there is no physical education program.

PA. 18/S.2 Physical activity facilities meet safety standards

Does the school ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance, in the following ways?

NOTE: Please disregard any standard that is not relevant for your campus.

- ✓ regular inspection and repair of indoor and outdoor playing surfaces, including those on playgrounds and sports fields
- ✓ padded goal posts and gym walls
- ✓ breakaway bases for baseball and softball
- ✓ securely anchored portable soccer goals that are stored in a locked facility when not in use
- ✓ bleachers that minimize the risk for falls
- ✓ slip-resistant surfaces near swimming pool use
- ✓ pools designed, constructed, and retrofitted to eliminate entrapment use

3 = Yes, all these safety standards are met.

2 = All these safety standards are met, but at times the school has temporary lapses in one of them.

1 = One of these safety standards is not met, **or** at times the school has temporary lapses in more than one of them.

0 = More than one of these safety standards is not met, **or** there are no spaces or facilities for physical activity.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.19/S.3 Athletics safety requirements

Does the school athletic program implement and enforce all the following safety requirements?

- ✓ require physical examination by physician before participation
- ✓ avoid excesses in training regime that may result in injuries (e.g., heat stroke, exhaustion, dehydration, sprains, strains)
- ✓ establish criteria, including clearance by a health-care provider, before allowing further participation in practice or reentry into game play after a head injury
- ✓ reward good sportsmanship, teamwork, and adherence to safety rules
- ✓ strictly enforce prohibitions against alcohol and drug use
- ✓ strictly enforce prohibitions against violence and aggression by students, spectators, coaches, and other persons during sporting events
- ✓ strictly enforce prohibitions against dangerous athletic behaviors (e.g., spearing in football, high sticking in hockey, throwing bat in baseball)
- ✓ report all sports-related injuries to the appropriate authority

3 = Yes, all these safety requirements are met.

2 = All of these safety requirements are met, but at times the school has temporary lapses in implementing or enforcing one of them.

1 = One of these safety requirements is not met, **or** at times the school has temporary lapses in implementing or enforcing more than one of them.

0 = More than one of these safety requirements are not met, **or** there is no school athletic program.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 3: Physical Education and Other Physical Activity Programs

Planning Questions (photocopy before using)

The Module 3 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's physical education and other physical activity policies and programs?

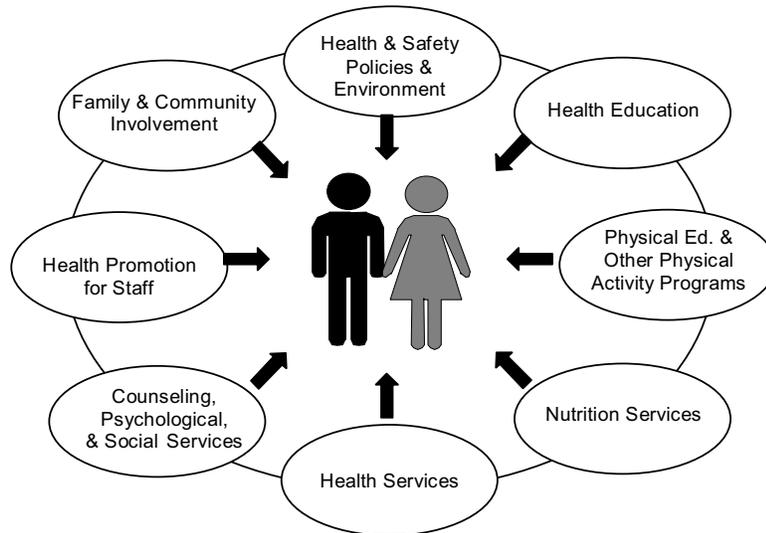
Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., provide 225 minutes of physical education per week).

Module 4: Nutrition Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the *School Health Index* has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 4 team.

School food service manager	Teacher(s)
School food service staff member(s)	Parent(s)
School nurse	Student(s)
Health educator(s)	Assistant principal

2. Make a photocopy of the module Discussion Questions (pages 5-11) for each Module 4 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 13-14).
3. Give each Module 4 team member a copy of the Module 4 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 4 team meeting:
 - Discuss each of the Module 4 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The *School Health Index* is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the *School Health Index* team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up *School Health Index* team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 4: Nutrition Services

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 4 Discussion Questions (pages 5-11), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 4 Planning Questions located at the end of this module (pages 13-14).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
N.1	Breakfast and lunch programs	3	2	1	0
N.2	Variety of foods in school meals	3	2	1	0
N.3	Low-fat and skim milk available	3	2	1	0
N.4	Meals include appealing, low-fat items	3	2	1	0
N.5	Food purchasing and preparation practices to reduce fat content	3	2	1	0
N.6	A la carte offerings include appealing, low-fat items	3	2	1	0
N.7	Sites outside cafeteria offer appealing, low-fat items	3	2	1	0
N.8	Promote healthy food and beverage choices	3	2	1	0
N.9	Adequate time to eat school meals	3	2	1	0
N.10	Collaboration between food service staff and teachers	3	2	1	0
N.11	Degree and certification of food service manager	3	2	1	0
N.12	Professional development for food service manager	3	2	1	0
N.13/ S.1	Clean, safe, pleasant cafeteria	3	2	1	0
N.14/ S.2	Preparedness for food emergencies	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (42) by subtracting 3 for each question eliminated).

<p>TOTAL POINTS: Add the four sums above and enter the total to the right.</p>			
<p>MODULE SCORE = (Total Points / 42) X 100</p>			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 4: Nutrition Services

Discussion Questions

N.1 Breakfast and lunch programs

Does the school offer nutritious breakfast and lunch programs* that are fully accessible** to all students?

**Nutritious breakfast and lunch programs means school-sponsored or district-sponsored programs that are designed to meet the U.S. Department of Agriculture School Meal Nutrition Standards (see standards on page 6).*

***Fully accessible means that the school (1) offers free and reduced-price meals for students who meet income requirement, in a way that ensures these students are not identified by other students as recipients of these programs and (2) coordinates class and bus transportation schedules so that all students can eat breakfast and lunch at school.*

3 = Yes.

2 = The school offers breakfast and lunch programs, but they are not fully accessible to all students.

1 = The school offers only a lunch program, but there are plans to add a breakfast program.

0 = The school offers only a lunch program and there are no plans to add a breakfast program, **or** the school does not offer a breakfast or a lunch program.

N.2 Variety of foods in school meals

Do school meals* include a variety of foods**?

**A school meal is a set of foods that meets school meal program regulations. This does not include a la carte foods.*

***Variety of foods means that at least*

- ✓ *two entrees are offered daily for lunch*
- ✓ *two choices of fruit or 100% fruit juice are offered daily for lunch*
- ✓ *two choices of vegetables are offered daily for lunch*
- ✓ *five foods containing whole grain are offered weekly*

3 = Yes, meets all four of these criteria for variety.

2 = Meets three criteria.

1 = Meets one or two criteria.

0 = Meets none of these criteria.

School Meal Nutrition Standards
(For Question N.1)

All school meals, as part of the U.S. Department of Agriculture National School Lunch Program and School Breakfast Program, must meet the statutory and regulatory nutrition standards defined below:

1. Provide one third (lunch) and one fourth (breakfast) of the Recommended Dietary Allowances (RDA) for protein, calcium, iron, vitamin A, and vitamin C, for the applicable age or grade groups.
2. Provide one third of lunchtime energy allowances (calories) and one fourth of breakfast energy allowances for children, for the applicable age or grade groups.
3. Follow the applicable recommendations of the *2000 Dietary Guidelines for Americans*:
 - ✓ let the Food Pyramid guide your food choices
 - ✓ choose a variety of grains daily, especially whole grains
 - ✓ choose a variety of fruits and vegetables daily
 - ✓ keep food safe to eat
 - ✓ choose a diet that is low in saturated fat and cholesterol and moderate in total fat
 - ✓ choose beverages and foods to moderate your intake of sugars
 - ✓ choose and prepare foods with less salt

N.3 Low-fat and skim milk available

Does the school food service offer low-fat* and skim milk every day?

**Low-fat means either ½% or 1% fat.*

- 3 = Yes, low-fat and skim milk are offered every day.
2 = Either low-fat or skim milk is offered every day.
1 = Low-fat or skim milk is offered, but not every day.
0 = Neither is offered any day.

N.4 Meals include appealing, low-fat items

Do school meals include at least one appealing,* low-fat** fruit, vegetable, and dairy product every day?

NOTE: School breakfasts should not be expected to include vegetables.

****Appealing** items are food items that are acceptable to a majority of students, as indicated by some kind of evaluation such as analysis of plate waste or student choices.*

*****Low-fat** means items that contain no more than three grams of fat per serving. In most cases, fried potatoes, other fried foods, foods cooked with or covered with butter or margarine, pies, cobblers, cookies, cakes, and other pastries are not low-fat.*

3 = Yes, meals include at least one appealing, low-fat item from each of these three food groups every day.

2 = Include at least one appealing, low-fat item from two of these food groups every day.

1 = Include at least one appealing, low-fat item from one of these food groups every day.

0 = School meals do not include appealing, low-fat items from any of these three food groups every day.

N.5 Food purchasing and preparation practices to reduce fat content

Does the school food service consistently follow all of these food purchasing and preparation practices to reduce the fat content of foods served?

- ✓ spoon solid fat from chilled meat and poultry broth before using
- ✓ use specifications requiring lower fat content in ordering preprepared foods such as hamburgers, pizza, chicken nuggets, etc.
- ✓ rinse browned meat with hot water to remove grease before adding to other ingredients
- ✓ remove skin from poultry before or after cooking
- ✓ roast, bake, or broil meat rather than fry it
- ✓ roast meat and poultry on rack so fat will drain
- ✓ use low-fat or reduced-fat cheese on pizza
- ✓ prepare vegetables using little or no fat
- ✓ cook with nonstick spray or pan liners rather than with grease or oil
- ✓ offer low-fat salad dressings

3 = Yes, follows all ten of these practices.

2 = Follows six to nine of these practices.

1 = Follows three to five of these practices.

0 = Follows two or fewer of these practices.

N.6 A la carte offerings include appealing, low-fat items

Do the à la carte offerings* include at least one appealing, low-fat fruit, vegetable, and dairy product every day?

**A la carte offerings means a set of foods from which students can choose individual items that are not usually counted as part of a reimbursable meal.*

3 = Yes, à la carte offerings include at least one appealing, low-fat item from each of these three food groups every day.

2 = Include at least one appealing, low-fat item from two of these food groups every day.

1 = Include at least one appealing, low-fat item from one of these food groups every day.

0 = The daily à la carte offerings do not include appealing, low-fat items from any of these three food groups.

N.7 Sites outside cafeteria offer appealing, low-fat items

Do most or all sites outside the cafeteria* offer appealing, low-fat fruits, vegetables, or dairy products?

**Examples of sites outside the cafeteria include*

- ✓ *vending machines*
- ✓ *school stores and canteens*
- ✓ *concession stands*
- ✓ *parties and special events*
- ✓ *meetings*
- ✓ *extended day programs (i.e., school-sponsored after-school programs)*

3 = Yes, most or all sites outside the cafeteria do.

2 = About half the sites do.

1 = Fewer than half the sites do.

0 = None of the sites do.

N.8 Promote healthy food and beverage choices

Are food and beverage choices that are low in fat, sodium, and added sugars promoted through the following methods?

- ✓ place in more prominent positions than less nutritious choices
- ✓ offer at competitive prices compared with less nutritious choices
- ✓ display nutritional information about available foods
- ✓ display promotional materials such as posters
- ✓ highlight healthy cafeteria selections in menus that are distributed or posted
- ✓ offer taste-testing opportunities
- ✓ make school-wide audio or video announcements
- ✓ have contests

3 = Yes, promoted through five or more of these methods.

2 = Promoted through three or four of these methods.

1 = Promoted through one or two of these methods.

0 = Promoted through none of these methods.

N.9 Adequate time to eat school meals

Do students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they are seated?

3 = Yes. (**NOTE:** If the school does not have a breakfast program, but does provide at least 20 minutes for lunch, you can select 3.)

2 = Have adequate time for breakfast or lunch, but not for both.

1 = No, but there are plans to increase the time.

0 = No.

N.10 Collaboration between food service staff and teachers

Do food service staff use three or more of the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classroom?

- ✓ participate in design and implementation of nutrition education programs
- ✓ display educational and informational materials that reinforce classroom lessons
- ✓ provide food for use in classroom nutrition education lessons
- ✓ provide ideas for classroom nutrition education lessons
- ✓ teach lessons or give presentations to students
- ✓ provide cafeteria tours for classes

3 = Yes, use three or more methods.

2 = Use two of these methods.

1 = Use one of these methods.

0 = Use none of these methods.

N.11 Degree and certification of food service manager

Does the school's food service manager have a nutrition-related baccalaureate or graduate degree and certification/credentialing in food service from either the state or the American School Food Service Association?

3 = Yes, has a degree and certification/credentialing.

2 = Has a degree or certification/credentialing, but not both.

1 = Has neither a degree nor certification/credentialing, but she/he is working on one or both.

0 = Has neither a degree nor certification, and she/he is not working on either.

N.12 Professional development for food service manager

Does the food service manager participate at least once a year in professional development/continuing education* on both of the following topics?

- ✓ meeting the Dietary Guidelines for Americans (e.g., meal planning, recipe modification and substitutions, food purchasing and preparation practices)
- ✓ nutrition education to promote healthy eating choices

**Professional development/continuing education means on-site (e.g., school, district) and off-site (e.g., city, state, national) training opportunities.*

3 = Yes.

2 = Participates for one topic, but not for the other.

1 = No, but there are plans to participate in the near future.

0 = No, and there are no plans to participate in the near future.

N.13/S.1 Clean, safe, pleasant cafeteria

Does the school provide students with a clean, safe, and pleasant cafeteria, according to the following criteria?

- ✓ physical structure (e.g., walls, floor covering) does not need repairs
- ✓ tables and chairs are not damaged and are of appropriate size for all students
- ✓ seating is not overcrowded (i.e., never more than 100% of capacity)
- ✓ rules for safe behavior (e.g., no running, no throwing food or utensils) are enforced
- ✓ tables and floors are cleaned between lunch periods or shifts
- ✓ age-appropriate decorations are used
- ✓ appropriate practices are used to prevent excessive noise levels (e.g., no whistles)
- ✓ smells are pleasant and not offensive
- ✓ appropriate eating devices are available when needed for students with special health care needs

3 = Yes, cafeteria meets all nine of these criteria.

2 = Meets five to eight of these criteria.

1 = Meets three or four of these criteria.

0 = Meets two or fewer of these criteria.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

N.14/S.2 Preparedness for food emergencies

Are school food service staff and cafeteria monitors (e.g., teachers, aides) trained to respond quickly and effectively to the following types of food emergencies?

- ✓ choking
- ✓ natural disasters (e.g., electrical outages affecting refrigeration)
- ✓ medical emergencies (e.g., severe food allergy reactions, diabetic reactions)
- ✓ attempts to introduce biological or other hazards into the food supply
- ✓ situations that require students or others to shelter in the school

3 = Yes, trained for all five types of emergencies.

2 = Trained for three or four types of emergencies.

1 = Trained for one or two types of emergencies.

0 = Trained for none of these types of emergencies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 4: Nutrition Services

Planning Questions (photocopy before using)

The Module 4 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's food service policies and programs?

Planning Question 2

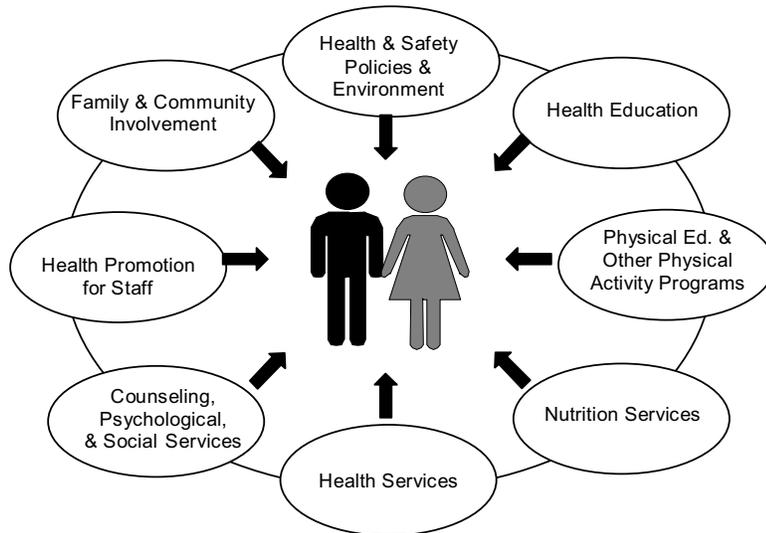
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., offer an accessible school breakfast program).

Continued on next page

Module 5: School Health Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 5 team.

School nurse
Parent(s)
Student(s)

Assistant principal
Community-based health care provider
Health department representative(s)
Counselor(s)

2. Make a photocopy of the module Discussion Questions (pages 5-16) for each Module 5 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 17-18).
3. Give each Module 5 team member a copy of the Module 5 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 5 team meeting:
- Discuss each of the Module 5 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 5: School Health Services

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 5 Discussion Questions (pages 5-16), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 5 Planning Questions located at the end of this module (pages 17-18).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Health services provided by a full-time school nurse	3	2	1	0
CC.2	Health and safety promotion for students and families	3	2	1	0
CC.3	Collaborate with staff	3	2	1	0
CC.4	Establish strong links with community resources	3	2	1	0
CC.5	Student medical information	3	2	1	0
CC.6	Consulting school health physician	3	2	1	0
S.1	Identify and refer students who are victims or perpetrators of violence	3	2	1	0
S.2	Assess extent of injuries on school property	3	2	1	0
S.3/ A.1	Emergency response plans	3	2	1	0
PA.1	Identify and refer students with health problems affected by physical activity	3	2	1	0
N.1	Identify and refer students with health problems affected by nutrition	3	2	1	0
T.1	Screen for tobacco use	3	2	1	0
A.2	Identify and refer students with asthma	3	2	1	0
A.3	Track students with known asthma	3	2	1	0
A.4	Provide or facilitate case management for students with poorly controlled asthma	3	2	1	0
A.5	Ensure immediate and reliable access to medications for students with asthma	3	2	1	0
A.6	Offer asthma management education to all students with asthma	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (51) by subtracting 3 for each question eliminated).

<p>TOTAL POINTS: Add the four sums above and enter the total to the right.</p>			
<p>MODULE SCORE = (Total Points / 51) X 100</p>			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 5: School Health Services

Discussion Questions

CC.1 Health services provided by a full-time school nurse

Does your school have a full-time licensed, registered school nurse responsible for providing (or supervising LPNs or health assistants to provide) health services*? Is an adequate number of full-time school nurses provided, based on the recommended ratio of at least one nurse for every 750 students?

NOTE: More nurses are recommended if students have extensive nursing needs.

**Health services may include first aid, administration of medications, identification and treatment of acute illnesses, immunizations and vaccination, health screenings, chronic disease management, or emergency care.*

3 = Yes, we have a school nurse present all day everyday, and the recommended ratio is present.

2 = We have a school nurse present all day everyday, but fewer than one for every 750 students.

1 = We have a school nurse present some of the time each week, or we have an LPN or health assistant (supervised by a school nurse) who is present at least some of the time each week.

0 = No, we do not have a school nurse, LPN, or health assistant present in our school, or we have an unsupervised LPN or health assistant in our school.

CC.2 Health and safety promotion for students and families

Does the school nurse or other health services provider promote* the health and safety of students and their families by addressing each of these topics?

- ✓ promoting physical activity
- ✓ promoting healthy eating
- ✓ preventing tobacco use
- ✓ quitting tobacco use
- ✓ preventing unintentional injuries**
- ✓ preventing violence*** and suicide
- ✓ managing asthma

Examples of ways to **promote health and safety include:*

- ✓ *distributing educational materials*
- ✓ *individual advice or counseling*
- ✓ *small group or classroom discussions*
- ✓ *presentations*
- ✓ *bulletin board displays*
- ✓ *school newspaper/publications*

***Unintentional injuries may result from motor-vehicle crashes, drownings, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

****Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, addresses all seven of these topics.

2 = Addresses five or six of these topics.

1 = Addresses one to four of these topics.

0 = Addresses none of these topics, **or** the school does not have a school nurse or other health services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

CC.3 Collaborate with staff

Does the school nurse or other health services provider collaborate with other school staff* to promote student health and safety in at least four of the following ways?

- ✓ developing plans to address student health problems (Individual Health Plans, 504 plans, school team plans)
- ✓ providing professional development on the health and academic benefits of physical activity, healthy eating, not using tobacco, preventing unintentional injuries and violence, and managing asthma
- ✓ developing policy
- ✓ developing curricula or units/lessons
- ✓ developing and implementing school-wide activities

Examples of **other school staff include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officer, and before- and after-school staff.*

3 = Yes, there is collaboration in at least four of these ways.

2 = There is collaboration in two or three of these ways.

1 = There is collaboration in one of these ways.

0 = No, there is no collaboration, or the school does not have a school nurse or other health services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

CC.4 Establish strong links with community resources

Has the school established strong links with school district services and community resources and identified referral providers for all five of the following services?

- ✓ counseling for health problems affected by physical activity or nutrition
- ✓ services for weight control
- ✓ treatment for alcohol or substance use
- ✓ programs for smoking cessation
- ✓ asthma management and/or education programs

3 = Yes, strong community links have been established for all five of these services.

2 = Strong community links have been established for three or four of these services.

1 = Strong community links have been established for one or two of these services.

0 = Strong community links have not been established.

CC.5 Student medical information

Is there a system for collecting student medical information (related to physical activity, nutrition, tobacco use, injury, and/or asthma)? Is all pertinent information* communicated in writing to all appropriate school staff**?

**All pertinent information is determined in partnership with parents or legal guardians, if possible. All communication should be in compliance with the Family Educational Rights and Privacy Act (FERPA). Communication may be in the form of asthma action plans, allergy alerts, injury reports, or through other written mechanisms. Regardless of the communication mechanism, pertinent information includes:*

- ✓ signs or symptoms to watch for in the student
- ✓ specific action to take if student exhibits signs or symptoms
- ✓ special precautions, if needed
- ✓ a reminder about the confidentiality of this information

***Appropriate school staff are those who “need to know” and could include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, counseling/psychological/social services providers, recess supervisors, coaches, administrators, secretaries, bus drivers, school resource officers, and before- and after-school staff.*

3 = Yes, all pertinent information is systematically collected and communicated in writing to all appropriate staff.

2 = All pertinent information is systematically collected and communicated to some, but not all appropriate staff.

1 = Some pertinent information is collected and communicated to some staff.

0 = Pertinent information is not collected.

CC.6 Consulting school health physician

Does your school have access to and work with a consulting school health physician* who assists with your school health programs?

**A consulting school health physician supports the needs of students through planning, policy, guidance, and medical consultation. He/she has training and/or experience in child, adolescent and/or school health, to work with school nurses and others on the health and safety team. The physician's function should be specified in a written agreement or contract and may include support of school staff with health and safety roles, interaction with community health professionals, guidance of district policy, and/or specific clinical responsibilities.*

3 = Yes, our school has access to a consulting school health physician and has worked with him/her within the past year.

2 = Our school has access to a consulting school health physician through our state or local education or health agency and has worked with him/her within the past two years.

1 = Our school has access to a consulting school health physician through our state or local education or health agency but has not worked with him/her within the past two years.

0 = No, our school does not have access to a consulting school health physician.

S.1 Identify and refer students who are victims or perpetrators of violence

Does the school nurse or other health services provider identify students who are at risk* of being victims or perpetrators of violence and refer them to the most appropriate school-based or community-based services?

Indicators of students **at risk of being victims or perpetrators of violence include*

- | | |
|---|--|
| ✓ victims of child abuse or neglect | ✓ observers of violence at home, at school, or in community |
| ✓ victims of dating violence | ✓ violent offenders |
| ✓ victims of sexual assault | ✓ suicide attempters |
| ✓ victims of bullying or harassment | ✓ those with special health care needs or mobility impairments |
| ✓ victims of other serious violence | ✓ those with learning or emotional disabilities |
| ✓ survivors of serious unintentional injuries | ✓ users of alcohol or drugs (especially heavy users) |
| ✓ weapon carriers | ✓ poor academic achievers |

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but sometimes does not refer them to appropriate services.

0 = Does not identify students at risk, **or** the school does not have a school nurse or other health services provider.

S.2 Assess extent of injuries on school property

Does the school nurse or other health services provider systematically collect information, such as that listed below, on unintentional injuries and violence that occur on school property (including school buses) or that are associated with school-sponsored events? Is the information analyzed and consistently reviewed by school policy-makers?

- ✓ date, time, and place of injury
- ✓ names of person(s) injured and of any witnesses
- ✓ type of injury (e.g., cut, bruise) and location of injury (e.g., face, arm)
- ✓ activity during which injury occurred (e.g., sporting event, classroom lesson)
- ✓ agents of injury (e.g., ball, bat, firearm)
- ✓ contributing factors (e.g., alcohol or drug use, lack of supervision, lack of protective gear)
- ✓ status of injured person(s) (e.g., student, faculty, staff, visitor)
- ✓ relationship of injured party to others (e.g., relative, member of gang)
- ✓ intent (e.g., unintentional, assault, self-inflicted)
- ✓ description of action taken (e.g., first aid administered, emergency medical services called, parent notified)

3 = Yes, information is collected, analyzed, and consistently reviewed by school policy-makers.

2 = Information is collected, analyzed, and occasionally reviewed by school policy-makers.

1 = Information is collected and analyzed but not reviewed by school policymakers.

0 = Information is collected but not analyzed or reviewed, **or** information is not collected, **or** the school does not have a school nurse or other health services provider.

S.3/A.1 Emergency response plans

Does the school nurse or other health services provider have an emergency plan that includes all the components listed below for assessing, managing, and referring students and staff suffering from a medical emergency (e.g., injury, severe asthma episode) to the appropriate level of care?

- ✓ written instructions on contacting emergency service providers, with telephone numbers posted in prominent locations
- ✓ list of health services and other staff and their assignments, including at least one qualified person who will assess the person(s) suffering from a medical emergency and manage immediate care; one person who will call emergency medical services (EMS); one person who will control students in the area; and one person who will direct EMS to the location of the person(s) suffering from a medical emergency
- ✓ multiple methods for accessing EMS
- ✓ plan for transporting and referring person(s) suffering from a medical emergency to care, including a protocol for situations in which staff members need to be with a student at a treatment center
- ✓ system for contacting parents and appropriate school personnel (e.g., a central file with daytime contact information for parents and guardians)
- ✓ provisions for obtaining parental consent if referral for immediate treatment is required
- ✓ copies of treatment and referral protocols available in first aid kits

3 = Yes, all of these components are part of the emergency plan.

2 = All but one of these components are part of the emergency plan.

1 = There is a plan, but it lacks more than one of these components.

0 = The school does not have a plan.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.1 Identify and refer students with health problems affected by physical activity

Does the school nurse or other health services provider identify students with health problems affected by physical activity*? Are those students referred to the most appropriate school-based or community-based services?

Examples of **health problems affected by physical activity include asthma, diabetes, overweight/obesity, and chronic pain.*

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but sometimes does not refer them to appropriate services.

0 = Does not identify students with these problems, **or** the school does not have a school nurse or other health services provider.

N.1 Identify and refer students with health problems affected by nutrition

Does the school nurse or other health services provider identify students with health problems affected by nutrition*? Are those students referred to the most appropriate school-based or community-based services?

Examples of **health problems affected by nutrition include anemia, diabetes, eating disorders, food allergies, and overweight/obesity.*

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students with these problems, **or** the school does not have a school nurse or other health services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

T.1 Screen for tobacco use

Does the school nurse or other health services provider take the following actions with students who use tobacco?

- ✓ provide self-help materials
- ✓ provide referrals to tobacco-use cessation programs
- ✓ provide brief clinical interventions*

****Brief clinical interventions** should follow the Public Health Service's Clinical Practice Guidelines (<http://www.surgeongeneral.gov/tobacco/smokesum.htm>) and consist of the following steps:*

- ✓ *ask about tobacco use – at every visit identify and document each student's tobacco-use status*
- ✓ *advise to quit – in clear language, urge every user to quit*
- ✓ *assess willingness to attempt to quit – determine the student's willingness to quit*
- ✓ *assist an attempt to quit – for a willing student, give advice on how to quit*
- ✓ *arrange a follow-up visit – schedule follow-up contact within the first week of the date the student quit*

3 = Yes, takes all three of these actions for students who use tobacco.

2 = Takes two of these actions.

1 = Takes one of these actions.

0 = Takes none of these actions, **or** the school does not have a school nurse or other health services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.2 Identify and refer students with asthma

Does your school have a system to identify* students diagnosed with asthma and refer** those students to the appropriate school or community-based services?

**Identify means to:*

- ✓ *Conduct asthma case identification by reviewing health history intake forms, emergency contact forms, and requests for medication administration to identify students with diagnosed asthma. Most schools should avoid asthma screening (spirometry) or case detection (symptom surveys).*
- ✓ *Compile a confidential list of students diagnosed with asthma.*

***Refer means to:*

- ✓ *Contact parents of students with asthma signs or symptoms and recommend that the students be evaluated by their primary health care provider or specialist.*
- ✓ *Contact parents of students without a primary health care provider and give information about child health insurance programs and primary care providers.*

3 = Yes, our school has a system that identifies students with asthma and refers all of them to the appropriate services.

2 = Our school has a system that identifies students with asthma and refers most of them to the appropriate services.

1 = Our school has a system that identifies students with asthma and refers some of them to the appropriate services.

0 = Our school does not have a system that identifies students with asthma.

A.3 Track students with known asthma

Based on a confidential list of students diagnosed with asthma, does your school have a system to track* all students with asthma in at least three of the following ways?

- ✓ Note frequent absences from school.
- ✓ Note frequent visits to the school health office due to asthma.
- ✓ Note frequent asthma symptoms at school.
- ✓ Note frequent non-participation in physical education class due to asthma.
- ✓ Note students sent home early due to asthma.
- ✓ Note calls from school to 911, or other local emergency numbers, due to asthma.

**Track means to collect the information described below and share it with the appropriate person(s), as needed.*

3 = Yes, our school tracks all students with known asthma in at least three of these ways.

2 = Yes, our school tracks all students with known asthma in two of these ways.

1 = Yes, our school tracks all students with known asthma in one of these ways.

0 = No, our school does not track students with known asthma.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.4 Provide or facilitate case management for students with poorly controlled asthma

Does your school provide or facilitate* case management** for students with poorly controlled asthma***?

**Facilitate means to identify and refer students to case management services.*

***Case management is a comprehensive set of services provided by either an individual or a team of medical professionals, school staff, and/or social work staff. These services could include:*

- ✓ *Providing referrals to primary healthcare providers*
- ✓ *Ensuring an appropriate written asthma action plan is obtained*
- ✓ *Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at home and at school*
- ✓ *Offering asthma education for the student and family*
- ✓ *Facilitating environmental modifications at home and at school*
- ✓ *Identifying and addressing psychosocial issues related to asthma*
- ✓ *Providing additional support services as needed*

****Students with **poorly controlled asthma** are those with frequent absences from school, frequent visits to the school health office for asthma symptoms, frequent asthma symptoms at school, and/or frequent non-participation in physical education class due to asthma symptoms.*

3 = Yes, case management is provided or facilitated to all students with poorly controlled asthma.

2 = Case management is provided or facilitated to most students with poorly controlled asthma.

1 = Case management is provided or facilitated to some students with poorly controlled asthma.

0 = No, case management is not provided or facilitated to students with asthma.

A.5 Ensure immediate and reliable access to medications for students with asthma

Does your school use all of these methods to ensure all students with asthma have immediate and reliable access to medications in school?

- ✓ Allow students to self-carry and self-administer medications with written permission from physician, parent/guardian, and school nurse.
- ✓ Ensure medication is readily accessible, clearly labeled, and not accessible to other students.
- ✓ Ensure that someone trained in administering asthma medications is always present at the school (e.g., school nurse, health assistant, other school staff).
- ✓ Keep extra personal inhalers in the school health room.

3 = Yes, all of these methods are used.

2 = All of these methods are used, except the school is unable to obtain an extra personal inhaler for all students with asthma.

1 = At least three of these methods are used.

0 = Fewer than three of these methods are used.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.6 Offer asthma management education to all students with asthma

Does your school offer* asthma management education** at school for all students with known asthma?

**Offer means doing any of the following:*

- ✓ *School staff providing asthma management education*
- ✓ *Partnering with organizations providing asthma education (e.g., American Lung Association, Asthma and Allergy Foundation of America) and providing programming space in school*
- ✓ *Allowing time for students to participate in school- or community-sponsored programs*
- ✓ *Disseminating asthma education materials as a supplement to a formal asthma education program*

***Asthma management education should include the following topics:*

- ✓ *Basic facts about asthma*
- ✓ *Adhering to asthma action plans*
- ✓ *Identifying and avoiding triggers*
- ✓ *Signs and symptoms of an asthma episode*
- ✓ *Medication information*
- ✓ *Self-management skills (e.g., monitoring asthma, use of peak flow meter, proper use of inhalers)*
- ✓ *When and how to take emergency actions*
- ✓ *Maintaining physical activity*

3 = Yes, our school offers asthma management education for all students with known asthma

2 = Our school offers asthma management education for most students with known asthma.

1 = Our school offers asthma management education for some students with known asthma.

0 = No, our school does not offer asthma management education for students with known asthma.

Module 5: School Health Services

Planning Questions
(photocopy before using)

The Module 5 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's health services related to students' health and safety?

Planning Question 2

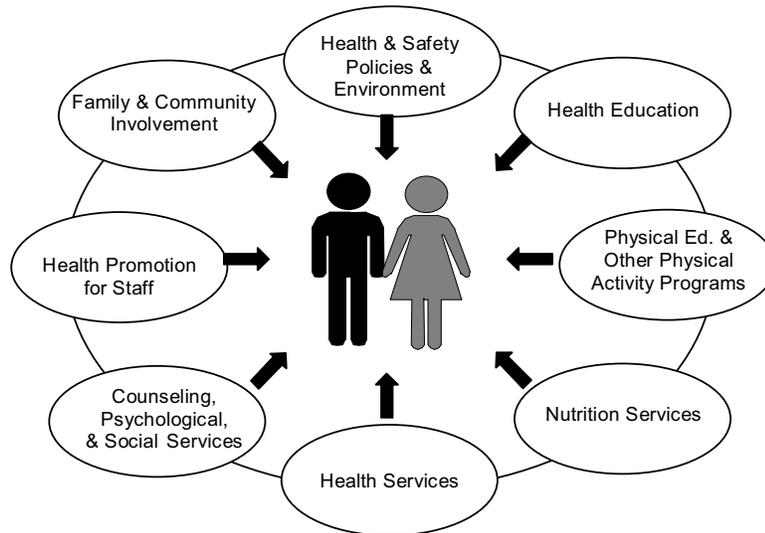
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., have the school nurse actively promote physical activity to students and their families).

Continued on next page

Module 6: School Counseling, Psychological, and Social Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 6 team.

School counselor	Parent(s)
School psychologist	Student(s)
School social worker	Community-based social services provider
School nurse	Health care provider
Assistant principal	Special education team leader
School resource officer	

2. Make a photocopy of the module Discussion Questions (pages 5-10) for each Module 6 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 11-12).
3. Give each Module 6 team member a copy of the Module 6 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 6 team meeting:
 - Discuss each of the Module 6 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 6: School Counseling, Psychological, and Social Services

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 6 Discussion Questions (pages 5-10), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 6 Planning Questions located at the end of this module (pages 11-12).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Health and safety promotion for students and families	3	2	1	0
CC.2	Collaborate with staff	3	2	1	0
CC.3	Establish strong links with community resources	3	2	1	0
S.1	Identify and refer students who are victims or perpetrators of violence	3	2	1	0
PA.1	Identify and refer students with health problems affected by physical activity	3	2	1	0
N.1	Identify and refer students with health problems affected by nutrition	3	2	1	0
T.1	Screen for tobacco use	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (21) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.			
MODULE SCORE = (Total Points / 21) X 100			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 6: School Counseling, Psychological, and Social Services

Discussion Questions

CC.1 Health and safety promotion for students and families

Does the school's counseling, psychological, or social services provider promote the health and safety* of students and their families by addressing each of these topics?

- ✓ promoting physical activity
- ✓ promoting healthy eating
- ✓ preventing tobacco use
- ✓ stopping tobacco use
- ✓ preventing unintentional** injuries
- ✓ preventing violence*** and suicide
- ✓ managing asthma

**Staff can promote health and safety in a number of ways, including*

- ✓ *distributing educational materials*
- ✓ *individual advice or counseling*
- ✓ *small group or classroom discussions*
- ✓ *presentations*

***Unintentional injuries may result from motor-vehicle crashes, drownings, poisonings, fires, falls, sports-and recreation-related events, and unintentional firearm-related events.*

****Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, addresses all seven of these topics.

2 = Addresses five or six of these topics.

1 = Addresses one to four of these topics.

0 = Addresses none of these topics, or the school does not have a counseling, psychological, or social services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

CC.2 Collaborate with staff

Does the school's counseling, psychological, or social services provider collaborate with other school staff* to promote student health and safety in at least three or more of the following ways?

- ✓ providing professional-development training on the health and academic benefits of physical activity, healthy eating, not using tobacco, preventing unintentional injuries and violence, and managing asthma
- ✓ developing policy
- ✓ developing curricula or units/lessons
- ✓ developing and implementing school-wide activities

Examples of **other school staff include: classroom teachers, instructional assistants, physical education teachers, health education teachers, food service staff, school nurses, health assistants, recess supervisors, coaches, administrators, secretaries, facility and maintenance staff, bus drivers, school resource officer, and before- and after-school staff.*

3 = Yes, there is collaboration in at least three ways.

2 = There is collaboration in two ways.

1 = There is collaboration in one way.

0 = There is no collaboration, or the school does not have a counseling, psychological, or social services provider.

CC.3 Establish strong links with community resources

Has the school established strong links with school district services and community resources and identified referral providers for all seven of these services?

- ✓ counseling after a student death, suicide threat, suicide attempt, or terrorist attack
- ✓ counseling victims of child abuse or neglect, intimate partner violence, sexual assault, or other violence
- ✓ counseling those who witness violence at home, at school, or in the community
- ✓ services for learning or emotional disabilities
- ✓ training in anger management
- ✓ mental health services, particularly for depression and for students who have lost relatives or close friends
- ✓ case management for students with poorly controlled asthma

3 = Yes, strong community links have been established for all seven of these services.

2 = Strong community links have been established for four to six of these services.

1 = Strong community links have been established for one to three of these services.

0 = Strong community links have not been established.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

S.1 Identify and refer students who are victims or perpetrators of violence

Does the school’s counseling, psychological, or social services provider have a system for identifying students who are at risk* of being victims or perpetrators of violence, and refer them to the most appropriate school-based or community-based services?

Indicators of students **at risk of being victims or perpetrators of violence include*

- | | |
|---|--|
| ✓ victims of child abuse or neglect | ✓ observers of violence at home, at school, or in community |
| ✓ victims of dating violence | |
| ✓ victims of sexual assault | ✓ violent offenders |
| ✓ victims of bullying or harassment | ✓ suicide attempters |
| ✓ victims of other serious violence | ✓ those with special health care needs or mobility impairments |
| ✓ survivors of serious unintentional injuries | ✓ those with learning or emotional disabilities |
| ✓ weapon carriers | ✓ users of alcohol or drugs (especially heavy users) |
| | ✓ poor academic achievers |

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students at risk, **or** the school does not have a counseling, psychological, or social services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

PA.1 Identify and refer students with health problems affected by physical activity

Does the school's counseling, psychological, or social services provider identify students with health problems affected by physical activity *? Are those students referred to the most appropriate school-based or community-based services?

**Examples of health problems affected by physical activity include asthma, diabetes, and overweight/obesity.*

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but sometimes does not refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students with these problems, **or** the school does not have a counseling, psychological, or social services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

N.1 Identify and refer students with health problems affected by nutrition

Does the school's counseling, psychological, or social services provider identify students with health problems affected by nutrition*? Are those students referred to the most appropriate school-based or community-based services?

Examples of **health problems affected by nutrition include anemia, diabetes, eating disorders, food allergies, and overweight/obesity.*

3 = Yes, identifies and refers students to the most appropriate services.

2 = Identifies and refers students, but does not always refer them to the most appropriate services.

1 = Identifies students, but does not refer them to appropriate services.

0 = Does not identify students with these problems, **or** the school does not have a counseling, psychological, or social services provider.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

T.1 Screen for tobacco use

Does the school’s counseling, psychological, or social services provider identify students who use tobacco and take these actions?

- ✓ provide self-help materials
- ✓ provide referrals to tobacco-use cessation programs
- ✓ provide brief clinical interventions*

**Brief clinical interventions should follow the Public Health Service’s Clinical Practice Guidelines (<http://www.surgeongeneral.gov/tobacco/smokesum.htm>) and consist of the following steps:*

- ✓ *ask about tobacco use –at every visit identify and document each student’s tobacco-use status*
- ✓ *advise to quit – in clear language, urge every user to quit*
- ✓ *assess willingness to attempt to quit – determine the student’s willingness to quit*
- ✓ *assist an attempt to quit – for a willing student, give advice on how to quit*
- ✓ *arrange a follow-up visit – schedule follow-up contact within the first week of the date the student quit*

3 = Yes, takes all three of these actions for students who use tobacco.

2 = Takes two of these actions.

1 = Takes one of these actions.

0 = Takes none of these actions, **or** the school does not have a counseling, psychological, or social services provider.

Module 6: School Counseling, Psychological, and Social Services

Planning Questions ***(photocopy before using)***

The Module 6 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the strengths and the weaknesses of your school's counseling, psychological, and social services related to students' health and safety?

Planning Question 2

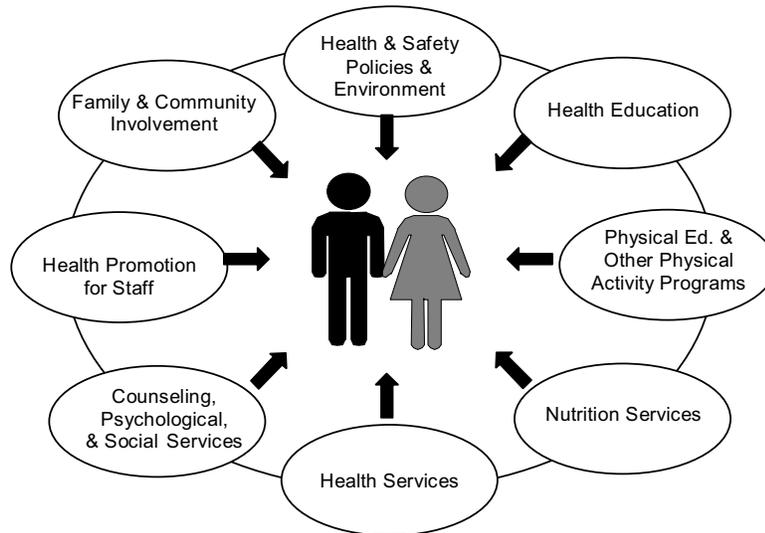
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., have school counselors actively promote healthy eating to students and their families).

Continued on next page

Module 7: Health Promotion for Staff

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 7 team.

Physical education teacher
School nurse
Teacher(s)
Health educator(s)
Assistant principal

Community health agency representatives(s)
(e.g., American Cancer Society, local health department)
Parent(s)
Community business representative

2. Make a photocopy of the module Discussion Questions (pages 5-11) for each Module 7 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 12-13).
3. Give each Module 7 team member a copy of the Module 7 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

4. At a Module 7 team meeting:
 - Discuss each of the Module 7 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 7: Health Promotion for Staff

Score Card (photocopy before using)

Instructions

- Carefully read and discuss the Module 7 Discussion Questions (pages 5-11), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 7 Planning Questions located at the end of this module (pages 12-13).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Health screening for staff	3	2	1	0
CC.2	Stress management programs for staff	3	2	1	0
CC.3	Promote staff participation	3	2	1	0
S.1	Training for staff on conflict resolution	3	2	1	0
S.2	Training for staff on first aid and CPR	3	2	1	0
PA.1	Programs for staff on physical activity/fitness	3	2	1	0
N.1	Programs for staff on healthy eating/weight management	3	2	1	0
T.1	Programs for staff on tobacco-use cessation	3	2	1	0
A.1	Programs for staff on asthma management and/or education	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (27) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.			
MODULE SCORE = (Total Points / 27) X 100			%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 7: Health Promotion for Staff

Discussion Questions

CC.1 Health screening for staff

Does the school or district offer* staff members physical health screenings** that are accessible and free or low-cost at least once a year?

**Offer means that the school or district has a special arrangement for staff to receive health screening either on-site or through a community program off-site. This screening could be part of the employee benefits package, the wellness program, or the employee assistance program.*

***Examples of items that are part of **health screenings** include*

- ✓ *height and weight*
- ✓ *blood pressure*
- ✓ *cholesterol level*
- ✓ *blood sugar level*
- ✓ *tobacco use*
- ✓ *alcohol and substance use*
- ✓ *safety (e.g., seat belts, helmets, smoke alarms, drinking and driving)*
- ✓ *mental health*

3 = Yes.

2 = Offers physical health screenings, but some staff members find them inaccessible or expensive

1 = Offers health screenings, but many staff members find them inaccessible or expensive.

0 = Does not offer health screenings at least once a year.

CC.2 Stress management programs for staff

Does the school or district offer* stress management programs for staff members that are accessible and free or low-cost?

**Offer means that the school or district has a special arrangement to provide stress management programs on-site or through community programs off-site.*

3 = Yes.

2 = Offers stress management programs, but some staff members find them inaccessible or expensive.

1 = Offers stress management programs, but many staff members find them inaccessible or expensive.

0 = Does not offer stress management programs.

CC.3 Promote staff participation

Does the school or district use three or more methods to promote and encourage staff participation* in its health promotion programs?

Examples of methods to **promote and encourage staff participation include*

- ✓ *information at orientation for new staff*
- ✓ *information included with paycheck*
- ✓ *flyers posted on school walls*
- ✓ *letters mailed directly to staff*
- ✓ *announcements at staff meetings*
- ✓ *articles in staff newsletters*
- ✓ *incentive/reward programs*
- ✓ *public recognition*
- ✓ *health insurance discounts*
- ✓ *posting to a website*
- ✓ *e-mail messages*

3 = Yes, uses three or more of these methods.

2 = Uses two of these methods.

1 = Uses one of these methods.

0 = Uses none of these methods.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

S.1 Training for staff on conflict resolution

Does the school or district offer* staff members training on conflict resolution that is accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in training programs on conflict resolution either on-site or through a community program off-site.*

3 = Yes.

2 = Offers training on conflict resolution, but some staff members find it inaccessible or expensive.

1 = Offers training on conflict resolution, but many staff members find it inaccessible or expensive.

0 = Does not offer training on conflict resolution.

S.2 Training for staff on first aid and CPR

Does the school or district offer* staff members training on first aid and cardiopulmonary resuscitation (CPR) that is accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in training programs on first aid and CPR either on-site or through a community program off-site.*

3 = Yes.

2 = Offers training on first aid and CPR, but some staff members find it inaccessible or expensive.

1 = Offers training on first aid and CPR, but many staff members find it inaccessible or expensive.

0 = Does not offer training on first aid and CPR.

PA.1 Programs for staff on physical activity/fitness

Does the school or district offer* staff members physical activity/fitness programs** that are accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in physical activity/fitness programs either on-site or through a community program off-site.*

***Physical activity/fitness programs include classes, workshops, and special events.*

3 = Yes.

2 = Offers physical activity/fitness programs, but some staff members find them inaccessible or expensive.

1 = Offers physical activity/fitness programs, but many staff members find them inaccessible or expensive.

0 = Does not offer physical activity/fitness programs.

N.1 Programs for staff on healthy eating/weight management

Does the school or district offer* staff members healthy eating/weight management programs that are accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in healthy eating/weight management programs either on-site or through a community program off-site.*

3 = Yes.

2 = Offers healthy eating/weight management programs, but some staff members find them inaccessible or expensive.

1 = Offers healthy eating/weight management programs, but many staff members find them inaccessible or expensive.

0 = Does not offer healthy eating/weight management programs.

T.1 Programs for staff on tobacco-use cessation

Does the school or district offer* staff members tobacco-use cessation programs** that are accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in tobacco-use cessation programs either on-site or through a community program off-site.*

**Cessation services can include any of the following*

- ✓ *group tobacco-use cessation program*
- ✓ *brief clinical counseling*
- ✓ *self-help educational material*
- ✓ *computer-based cessation program*
- ✓ *referral to local physician*
- ✓ *telephone quit line*
- ✓ *pharmacological cessation aid (e.g., nicotine replacement therapy, Zyban)*

3 = Yes.

2 = Offers tobacco-use cessation programs, but some staff members find them inaccessible or expensive.

1 = Offers tobacco-use cessation programs, but many staff members find them inaccessible or expensive.

0 = Does not offer tobacco-use cessation programs.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

A.1 Programs for staff on asthma management and/or education

Does the school or district offer* staff members asthma management and/or education programs that are accessible and free or low-cost?

**Offer means that the school or district has a special arrangement for staff to participate in asthma management and/or education programs either on-site or through a community program off-site. The programs could be part of the employee benefits package, the wellness program, or the employee assistance program.*

3 = Yes.

2 = Offers asthma management and/or education programs, but some staff members find them inaccessible or expensive.

1 = Offers asthma management and/or education programs, but many staff members find them inaccessible or expensive.

0 = Does not offer asthma management and/or education programs.

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Module 7: Health Promotion for Staff

Planning Questions ***(photocopy before using)***

The Module 7 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve the staff's health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's policies and programs related to health promotion for staff?

Planning Question 2

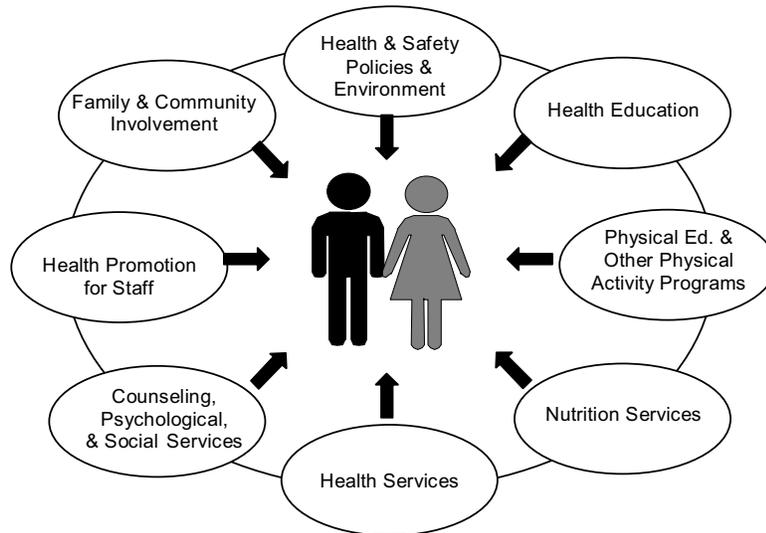
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., provide easy access to health screening for staff).

Continued on next page

Module 8: Family and Community Involvement

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. That's why the School Health Index has eight different modules, which correspond to the eight components of a coordinated school health program in the figure below.



Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 8 team.

Parent(s)	Community health agency representative(s)
Student(s)	(e.g., American Cancer Society, local health department)
Teacher(s)	School counselor
School nurse	Local faith-based organization representative(s)
Assistant principal	
Community member(s)	
School resource officer	

2. Make a photocopy of the module Discussion Questions (pages 5-8) for each Module 8 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 9-10).
3. Give each Module 8 team member a copy of the Module 8 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

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4. At a Module 8 team meeting:
 - Discuss each of the Module 8 Discussion Questions and its scoring choices.
 - Decide how to collect any information you need to answer each question accurately.
 - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
 - Record the scores (0-3) for each question on the module Score Card (page 3) and calculate the overall Module Score.
 - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
 - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
 - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

We wish you success in your efforts to improve the health and safety of young people!

Module 8: Family and Community Involvement

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 8 Discussion Questions (pages 5-8), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 8 Planning Questions located at the end of this module (pages 9-10).

		Fully in Place	Partially in Place	Under Develop- ment	Not in Place
CC.1	Educate families	3	2	1	0
CC.2	Effective parenting strategies	3	2	1	0
CC.3	Parent and community involvement in programs	3	2	1	0
CC.4	Promote community-based programs	3	2	1	0
CC.5	Community access to school facilities	3	2	1	0
N.1	Student and family involvement in school meals	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (18) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.				
MODULE SCORE = (Total Points / 18) X 100				%

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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Module 8: Family and Community Involvement

Discussion Questions

CC.1 Educate families

Does the school give families opportunities to learn about health and safety topics listed below through educational materials* sent home and involvement in school-sponsored activities**?

- ✓ promoting physical activity
- ✓ promoting healthy eating
- ✓ preventing tobacco use
- ✓ influence of mass media on child health and safety (e.g., television, film, music)
- ✓ quitting tobacco use
- ✓ promoting safety and preventing unintentional injuries***
- ✓ preventing violence**** and suicide
- ✓ managing asthma
- ✓ accessing community health resources (e.g., State Children’s Health Insurance Programs (SCHIP), health insurance providers, community health centers)

**Examples of educational materials include brochures, newsletter articles, public access television, website, introductions to curricula, and homework assignments that involve family participation.*

***Examples of school-sponsored activities include parent/teacher meetings, parent seminars, food tasting, field days, bicycle rodeos, safety towns, family events, health fairs, and walkathons.*

****Unintentional injuries may result from motor-vehicle crashes, drownings, poisonings, fires, falls, sports- and recreation-related events, and unintentional firearm-related events.*

*****Violence is the threatened or actual use of force against oneself, another person, or a group; it includes aggression, bullying, assault, homicide, suicide, child maltreatment, rape, and dating and intimate partner violence.*

3 = Yes, opportunities on eight or nine topics.

2 = Opportunities on five to seven topics.

1 = Opportunities on one to four topics.

0 = No opportunities are offered.

CC.2 Effective parenting strategies

Does the school's parent education program address all of the following effective parenting strategies?

- ✓ praising and rewarding desirable behavior
- ✓ staying actively involved with children in fun activities
- ✓ making time to listen and talk with their children
- ✓ making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- ✓ consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- ✓ monitoring children's daily activities (knowing child's whereabouts and friends)
- ✓ modeling nonviolent responses to conflict
- ✓ modeling healthy behaviors (e.g., medication adherence, regular physical activity)

3 = Yes, addresses all of these topics.

2 = Addresses most of these topics.

1 = Addresses some of these topics.

0 = Addresses none of these topics, **or** there is no parent education program.

CC.3 Parent and community involvement in programs

Do parents and other community members help plan and implement* all or nearly all school health and safety programs?

Examples of ways to **help plan and implement include volunteering to help in the classroom, in the cafeteria, or with special events; serving on school health, curriculum review, or program planning committees; and designing or conducting a needs assessment or program evaluation.*

3 = Yes, both parents and community members help on all or nearly all school health and safety programs.

2 = They help on most of the programs.

1 = They help on some of the programs.

0 = No, they do not help plan or implement school health and safety programs.

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CC.4 Promote community-based programs

Does the school staff inform students and their families about community-based health and safety programs* that cover the following topics?

- ✓ tobacco-use cessation
- ✓ physical activity/recreation
- ✓ healthy eating
- ✓ preventing unintentional injuries
- ✓ preventing violence
- ✓ asthma management

**Examples of community-based health and safety programs include youth sports and recreation programs; Women, Infants and Children (WIC); food stamps; and activities sponsored by organizations such as Students Against Drunk Driving, Boys and Girls Clubs of America, American Cancer Society, American Heart Association, American Lung Association, and Asthma and Allergy Foundation of America.*

- 3 = Yes, for all six topics.
- 2 = Yes, for four or five topics.
- 1 = Yes, for one to three topics.
- 0 = None of these topics are covered.

CC.5 Community access to school facilities

Do community members have access to indoor and outdoor school facilities* outside school hours** to participate in or conduct health promotion and education programs***?

**Examples of school facilities include indoor classrooms, gymnasium, and outdoor recreational areas.*

***Outside school hours means after school, in the evening, on weekends, and during school vacations.*

****Examples of topics addressed in health promotion and education programs include tobacco-use cessation, physical activity/recreation, healthy eating, preventing unintentional injuries and violence, and asthma management.*

- 3 = Yes, community members have access to school facilities.
- 2 = Community members have limited access to school facilities.
- 1 = Community members have very limited access to school facilities, or there is access to indoor or outdoor facilities but not to both.
- 0 = Community members do not have access to school facilities.

N.1 Student and family involvement in the school meal program

Do students and parents have opportunities to provide both suggestions for school meals and feedback on the meal program?

3 = Yes, both students and parents have opportunities to provide suggestions and feedback.

2 = Yes, both students and parents have opportunities to provide either suggestions for school meals or feedback on the meal program.

1 = Either students or parents have opportunities, but not both.

0 = Neither students nor parents have these opportunities.

Module 8: Family and Community Involvement

Planning Questions ***(photocopy before using)***

The Module 8 Planning Questions will help your school use its *School Health Index* results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question. According to these scores, what are the **strengths** and the **weaknesses** of your school's policies and programs related to students' health and safety?

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., increase family education on health and safety).

Continued on next page

Planning for Improvement

Note: Complete this section after all modules have been scored and you are ready to take action.

We all share the same goal: to develop healthy children who come to school ready and able to learn. Among the hundreds of individual actions you can take to meet this goal, you've already begun the most important one – appraising your school's strengths and weaknesses. No matter how your school scores on the *School Health Index*, you now have the information you need to start planning for a healthier school.

Taking Action, One Step at a Time

After all eight module teams have completed their sections of the *School Health Index*, it is time to summarize the results, reflect on your school's strengths, identify and discuss areas that need improvement, and plan for making improvements.

This section, Planning for Improvement, contains two forms, the Overall Score Card and the School Health Improvement Plan, that will help you make the best use of the information collected by each module team.

The four action steps described in this section can help you plan improvements and implement recommended changes.

- Step 1: Complete the Overall Score Card
- Step 2: Complete the School Health Improvement Plan
- Step 3: Implement recommendations
- Step 4: Reassess annually and strive for continuous improvement

Step 1: Complete the Overall Score Card

Use the completed module Score Cards to fill in the Overall Score Card (see page 5 of this section). The completed Overall Score Card will help you determine which of the eight areas covered by the *Index* are most in need of improvement. A low score for a module indicates that the school is not performing well in an area, whereas a high score indicates that it is performing well.

Step 2: Complete the School Health Improvement Plan

Bring together the full *School Health Index* team for its second meeting (see overhead transparencies in Instructions, page 9). At this meeting:

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- Ask each module team to present its self-assessment and the two or three actions they believe should be implemented first.
- Decide on several actions that the school can realistically commit to implementing over the course of the year. Having a relatively small number of recommended actions is important, because pushing for too many changes at once can be overwhelming and reduce your chances of success. Module actions not included in the School Health Improvement Plan can be addressed later.
- The group may consider different criteria in deciding which actions to implement first. Some very important actions may be too expensive, too labor-intensive, or too complex to address in the short term. Others may be less important, but require fewer resources and thus may be easier to implement. It's always a good idea to start with some goals that you are confident can be met in the short term; having some early successes will generate enthusiasm for your efforts. Use the collective judgment and knowledge of your team members. Together, the team knows the school and can arrive at the best mix of important and achievable recommendations.
- Have the team complete the School Health Improvement Plan form (see a sample completed form on page 9) as follows:
 - **Actions column:** Write the agreed-upon actions in order of priority.
 - **Steps column:** Write brief descriptions of all the specific steps that need to be taken to implement an action. Examples of action steps include collecting information on the issue, preparing a slide presentation, making presentations at staff and PTA meetings, scheduling a meeting with the school board, and drafting a new school policy.
 - **By Whom and When column:** Write the name of the person who will be responsible for planning and implementing the action steps and the targeted completion date.
- Decide who will prepare a concise report that summarizes the School Health Improvement Plan, as well as all the recommended actions from all the modules. This report can be presented to the school administrators (or the site decision-making team) for approval and inclusion in the overall School Improvement Plan, and it can guide future school health planning efforts.
- Discuss how the team will monitor implementation of the School Health Improvement Plan and when the team will meet again.

Step 3: Implement Recommendations

When your School Health Improvement Plan has been approved, implement the recommendations and monitor progress. Review the Resources section at the end of the *School Health Index* to identify materials and organizations that can help you implement your actions. Because many actions will require the adoption of new school policies, a particularly valuable

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resource is *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*, published by the National Association of State Boards of Education (www.nasbe.org/healthyschools/fithealthy.mgi).

Some actions can be handled quickly and easily by one team member, whereas others may require information gathering, fundraising, or a group effort. A full discussion of project management is beyond the scope of this guide, but here are some general principles:

- **Workgroups.** Form implementation workgroups so that no single person is overwhelmed with responsibility.
- **Short-term and long-term goals.** Most positive changes will take some time to put in place, but delayed gratification can be frustrating for many volunteers. Having a mix of short-term and long-term goals creates some early accomplishments that will keep the team motivated while it tackles the longer-term goals.
- **Timeline.** Create a timeline of activities, and set monthly or quarterly implementation milestones.
- **Assistance.** Ask for help when you need it. See the *School Health Index* Resources section for information on national organizations that might be of assistance. Look for help from the school district, the state department of education, and local universities.
- **Monitoring progress.** Ongoing monitoring of activities and strategies is essential for smooth and successful implementation. Special achievements and problems should be recognized and discussed.
- **Reporting progress.** Establish a mechanism for reporting progress so that there is some level of accountability.
- **Recognition.** Recognize your volunteers. Write letters of appreciation and publicize their good work so that the entire community will know about their contributions.
- **Money.** If you need money but it is not available at the school, don't be shy about visiting local businesses, especially if you need an amount under \$1,000. Write a two-page proposal that uses data, such as the data presented in Appendix 1.

Step 4: Reassess Annually and Strive for Continuous Improvement

Establish an annual *School Health Index* assessment. An annual assessment will ensure that students' health remains high on the school agenda. Take the time to measure and recognize the progress and accomplishments of the previous school year. Report annually to the principal, the superintendent, and the school board on progress made during the past year and plans set for the upcoming year.

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

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School Health Index Overall Score Card

For each module (row), write an X in the one column where the Module Score falls*

	Low 0 – 20%	21% – 40%	Medium 41% – 60%	61% – 80%	High 81% – 100%
School Health Policies and Environment – Module 1					
Health Education – Module 2					
Physical Education and Other Physical Activity Programs – Module 3					
Nutrition Services – Module 4					
School Health Services – Module 5					
School Counseling, Psychological, and Social Services – Module 6					
Health Promotion for Staff – Module 7					
Family and Community Involvement – Module 8					

* Some schools like to write the module scores in each box.

School Health Improvement Plan

Instructions

1. In the first column: list, in priority order, the Actions that the *School Health Index* team has agreed to implement.
2. In the second column: list the specific Steps that need to be taken to implement each Action.
3. In the third column: list the people who will be responsible for each Step and when the work will be completed.

Actions	Steps	By Whom and When
1.	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____	_____ _____ _____ _____ _____ _____ _____

Continued on next page

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Actions	Steps	By Whom and When
2.	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____	_____ _____ _____ _____ _____ _____ _____
3.	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____	_____ _____ _____ _____ _____ _____ _____

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Actions	Steps	By Whom and When
4.	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____	_____ _____ _____ _____ _____ _____ _____
5.	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____	_____ _____ _____ _____ _____ _____ _____

Sample School Health Improvement Plan

Instructions

1. In the first column: list, in priority order, the Actions that the *School Health Index* team has agreed to implement.
2. In the second column: list the specific Steps that need to be taken to implement each Action.
3. In the third column: list the people who will be responsible for each Step and when the work will be completed.

Actions	Steps	By Whom and When
1. Establish new policy to set nutrition standards for competitive foods.	a. Contact other schools and experts to identify model policies. b. Conduct taste tests for healthy alternatives that students like. c. Meet with principal to get support. d. Develop draft policy. e. Get feedback from teachers, parents, students, administrators, and community members. f. Develop slide show about policy to staff, students, parents, and district. g. Schedule and deliver presentations to staff, students, and parents.	Sally H. 10/2 Mildred P. 10/23 Sally H. 10/25 Henry T. 11/3 Sally H. 11/15 Mildred P. 11/26 Henry T. 12/2

Resources for School Health and Safety

Resources for All SHI Modules

CDC School Health Guidelines and Strategies*

Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People, 1997

Guidelines for School Health Programs to Promote Lifelong Healthy Eating, 1996

Guidelines for School Programs to Prevent Tobacco Use and Addiction, 1994

School Health Guidelines to Prevent Unintentional Injuries and Violence, 2001

Strategies for Addressing Asthma Within a Coordinated School Health Program, 2004

General

School Health: Policy & Practice - 6th Edition. American Academy of Pediatrics, Committee on School Health, 2004, http://aap.org/bst/showdetl.cfm??DID=15&Product_ID=3918

*Available from Centers for Disease Control and Prevention,
<http://www.cdc.gov/healthyyouth/publications/Guidelines.htm>

Coordinated School Health Programs

Fit, Healthy and Ready to Learn: A School Health Policy Guide, Bogden JF, Alexandria, VA: National Association of State Boards of Education, 2000, www.nasbe.org/healthyschools/fithealthy.mgi

Health Is Academic: A Guide to Coordinated School Health Programs, Marx E, Wooley SF, Northrop D, editors, New York, NY: Teachers College Press, 1998, www.teacherscollegepress.com

How Schools Work and How to Work with Schools, National Association of State Boards of Education, www.nasbe.org/HealthySchools

Making the Connection: Health and Student Achievement, Reston, VA: The Association of State and Territorial Health Officials and the Society of State Directors of Health, Physical Education, and Recreation, www.thesociety.org/

Schools and Health, Our Nation's Investment, Institute of Medicine, Washington, DC: National Academy Press, 1997, www.nap.edu/books/0309054354/html/index.html

Step by Step to Comprehensive School Health: The Program Planning Guide, Kane WM, Scotts Valley, CA: Education, Training and Research Associates, 1993, www.etr.org/pub/index.html (Click on "Search and Order")

Step by Step to Health Promoting Schools, Fetro J, Scotts Valley, CA: Education, Training and Research Associates, 1998, www.etr.org/pub/index.html (Click on "Search and Order")

Why Support a Coordinated School Health Program, Council of Chief State School Officers
www.ccsso.org/publications/details.cfm?PublicationID=59

Physical Education and Physical Activity

A Report to the President: Promoting Better Health for Young People Through Physical Activity and Sports, U.S. Department of Health and Human Services and U.S. Department of Education, 2000, http://www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/

Appropriate Practices for High School Physical Education, National Association for Sport and Physical Education, 2000, www.aahperd.org/naspe

Appropriate Practices for Middle School Physical Education, National Association for Sport and Physical Education, 2000, www.aahperd.org/naspe

Guidelines for After-School Physical Activity and Intramural Sport Programs, National Association for Sport and Physical Education, 2001, www.aahperd.org/naspe

Moving into the Future: National Standards for Physical Education, 2nd edition, National Association for Sport and Physical Education, 2000, www.aahperd.org/naspe

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- Nutrition and Your Health: Dietary Guidelines for Americans*, 5th edition, U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2000, <http://www.cnpp.usda.gov/Pubs/DG2000/DietGuidBrochure.pdf>
- Physical Activity and Health: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 1996, www.cdc.gov/nccdphp/sgr/sgr.htm
- Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12*, 2nd edition, Reston, VA: National Association for Sport and Physical Education, 2004, www.aahperd.org (Click on “Online Store” and then search by title)
- Physical activity guidelines for adolescents: consensus statement, Sallis JF, Patrick K. *Pediatric Exercise Science*, 1994, 6(4):302-314
- Schools and Health, Our Nation’s Investment*, Institute of Medicine, Washington, DC: National Academy Press, 1997, www.nap.edu/books/0309054354/html/index.html
- The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*, Office of the Surgeon General, U.S. Department of Health and Human Services, 2001, www.surgeongeneral.gov/topics/obesity

Nutrition

- Changing the Scene– Improving the School Nutrition Environment*, U.S. Department of Agriculture, 2000, www.fns.usda.gov/tn/Resources/changing.html
- Dietary Guidelines for Americans 2005*, 6th Ed. US Department of Agriculture and US Department of Health and Human Services, 2005. <http://www.health.gov/dietaryguidelines/>
- Healthy School Meals Resource System*. United States Department of Agriculture, <http://schoolmeals.nal.usda.gov>
- Making It Happen! School Nutrition Success Stories*. Food and Nutrition Service, US Department of Agriculture; and Centers for Disease Control and Prevention, US Department of Health and Human Services, and US Department of Education. FNS-374, 2005
- Schools and Health, Our Nation’s Investment*, Institute of Medicine, Washington, DC: National Academy Press, 1997, www.nap.edu/books/0309054354/html/index.html
- The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*, Office of the Surgeon General, U.S. Department of Health and Human Services, 2001, www.surgeongeneral.gov/topics/obesity
- United States Department of Agriculture 'MyPyramid' Food Guidance System, 2005, <http://www.mypyramid.gov/>

Tobacco

- CDC, Office on Smoking and Health, www.cdc.gov/tobacco
- Best Practices for Comprehensive Tobacco Control Programs*, Centers for Disease Control and Prevention, 1999, www.cdc.gov/tobacco/bestprac.htm
- Growing up Tobacco-free: Preventing Nicotine Addiction in Children and Youths*, Lynch BS, Bonnie RJ, editors, Committee on Preventing Nicotine Addiction in Children and Youths, Institute of Medicine, Washington DC: National Academy Press, 1994, www.nap.edu/catalog/4757.html
- Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 1994, http://www.cdc.gov/tobacco/sgr/sgr_1994/
- Reducing Tobacco Use: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 2000, www.nap.edu/catalog/4757.html
- Women and Smoking: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 2001, www.cdc.gov/tobacco/sgr/sgr_forwomen/index.htm
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Unintentional Injury and Violence

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Nutrition

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Government Agencies

Cross-Cutting

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth

Health Resources and Service Administration
Maternal and Child Health Bureau
Parklawn Building, Room 18-05
5600 Fishers Lane
Rockville, MD 20857
www.mchb.hrsa.gov

Physical Education and Physical Activity

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth/physicalactivity

National Cancer Institute
Building 31, Room 10A03
9000 Rockville Pike
Bethesda, MD 20847
1-800-4-CANCER
www.nci.nih.gov/

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
4770 Buford Highway, MS K24
Atlanta, GA 30341
770-488-5705
www.cdc.gov/nccdphp/dnpa

President's Council on Physical Fitness & Sports
Department QW, Room 738-H
200 Independence Avenue, SW
Washington, DC 20201
202-690-9000
www.fitness.gov

Nutrition

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth/nutrition

National 5 A Day Program
6116 Executive Boulevard, MSC8322, Suite 3036A
Bethesda, MD 20892
1-800-422-6237
http://www.5aday.gov/homepage/index_content.html

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
4770 Buford Highway, MS K24
Atlanta, GA 30341
770-488-5705
www.cdc.gov/nccdphp/dnpa

National Cancer Institute
Building 31, Room 10A03
9000 Rockville Pike
Bethesda, MD 20847
1-800-4-CANCER
www.nci.nih.gov/

Food Nutrition Information Center
National Agricultural Library, Room 105
10301 Baltimore Avenue
Beltsville, MD 20705

U.S. Department of Agriculture
Center for Nutrition Policy and Promotion
3101 Park Center Drive, Room 1034
Alexandria, VA 22302

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

301-504-5719
www.nalusda.gov/fnic

703-305-7600
www.usda.gov/cnpp

U.S. Department of Agriculture
Team Nutrition
3101 Park Center Drive, Room 632
Alexandria, VA 22302
703-305-1624
www.fns.usda.gov/tn

Tobacco

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth/tobacco

National Cancer Institute
Building 31, Room 10A03
9000 Rockville Pike
Bethesda, MD 20847
1-800-4-CANCER
www.nci.nih.gov/

Centers for Disease Control and Prevention
Office of Smoking and Health
4770 Buford Highway, MS K50
Atlanta, GA 30341
770-488-5705
www.cdc.gov/tobacco

U.S. Department of Education
Office of Safe and Drug Free Schools
400 Maryland Avenue, SW
Washington, DC 20202
1-800-USA-LEARN
www.ed.gov/about/offices/list/osdfs/index.html

Substance Abuse & Mental Health Services
Administration
5600 Fishers Lane, Room 12-105
Parklawn Building
Rockville, MD 20857
301-443-4795
www.samhsa.gov

Unintentional Injury

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth/injury

National Highway Traffic Safety Administration
400 7th Street
Washington, DC 20590
1-888-327-4236
www.nhtsa.dot.gov

Centers for Disease Control and Prevention
Division of Unintentional Injury Prevention
4770 Buford Highway, MS K63
Atlanta, GA 30341
770-488-1506
www.cdc.gov/ncipc

National Institute for Occupational Safety & Health
24 Executive Park Drive, MS E-74
Atlanta, GA 30329
1-800-356-4674
www.cdc.gov/niosh/homepage.html

Violence

Centers for Disease Control and Prevention
Division of Adolescent and School Health
C/O Healthy Youth
P.O. Box 8817
Silver Spring, MD 20907
1-888-231-6405
www.cdc.gov/HealthyYouth/injury

Health Resources and Services Administration
Take a Stand. Lend a Hand. Stop Bullying Now
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
<http://www.stopbullyingnow.hrsa.gov/index.asp>

Centers for Disease Control and Prevention
Division of Violence Prevention
4770 Buford Highway, MS K60
Atlanta, GA 30341
770-488-1506
www.cdc.gov/ncipc

National Institutes of Health
National Heart, Lung, and Blood Institute
National Asthma Education and Prevention
Program
31 Center Drive MSC 2486
Bethesda, MD 20892
301-592-8573
<http://www.nhlbi.nih.gov/about/naepp/>

Centers for Disease Control and Prevention
National Center for Environmental Health
Division of Environmental Hazards and Health
Effects
1600 Clifton Road NE, MS E-19
Atlanta, GA 30333
1-888-232-6789
www.cdc.gov/asthma

Substance Abuse & Mental Health Services
Administration
5600 Fishers Lane, Room 12-105
Parklawn Building
Rockville, MD 20857
301-443-4795
www.samhsa.gov

Centers for Disease Control and Prevention
National Institute for Occupational and Safety Health
200 Independence Ave., SW
Washington, DC 20201
1-800-356-4674
<http://www.cdc.gov/niosh/topics/asthma/>

Substance Abuse & Mental Health Services
Administration
National Mental Health Information Center
5600 Fishers Lane, Room 12-105
Parklawn Building
Rockville, MD 20857
301-443-4795
<http://www.mentalhealth.samhsa.gov/15plus>

Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460
1-202-272-0167
<http://www.epa.gov/asthma>

U.S. Department of Education
Office of Safe and Drug Free Schools
400 Maryland Avenue, SW
Washington, DC 20202
1-800-USA-LEARN
www.ed.gov/about/offices/list/osdfs/index.html

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Centers for Disease Control and Prevention
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<http://www.cdc.gov/niosh/topics/asthma>

Non-Governmental Organizations

Cross-Cutting

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847-434-4000
www.aap.org/

Council of Chief State School Officers
One Massachusetts Avenue, NW, Suite 700
Washington, DC 2001-1431
202-336-7000
ccsso.org/

American Association for Health Education
1900 Association Drive
Reston, VA 20191-1598
1-800-213-7193
www.aahperd.org/aahe/template.cfm?template=main.html

Family, Career and Community Leaders of America
1910 Association Drive
Reston, VA 20191-1584
703-476-4900
www.fcclainc.org

American Association of School Administrators
801 N. Quincy St., Suite 700
Arlington, VA 22203-1730
703-528-0700
<http://www.aasa.org/>

National Assembly on School Based Health Care
666 11th Street NW
Washington, DC 20001
202-638-5872
www.nasbhc.org/

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329
1-800-227-2345
www.cancer.org

National Association of School Nurses
1416 Park Street, Suite A
Castle Rock, CO 80109
1-866-627-6767
www.nasn.org/

American Medical Association
515 N. State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org/

National Association of State Boards of Education
277 S. Washington Street, Suite 100
Alexandria, VA 22314
703-684-4000
www.nasbe.org/

American School Counselor Association
801 N. Fairfax Street, Suite 310
Alexandria, VA 22314
703-683-ASCA
www.schoolcounselor.org/

National Coalition for Parent Involvement in Education
3929 Old Lee Highway, Suite 91-A
Fairfax, VA 22030-2401
703-359-8973
www.ncpie.org/

American School Health Association
7263 State Route 43, P.O. Box 708
Kent, Ohio 44240
330-678-1601
www.ashaweb.org/

National Conference of State Legislatures
444 North Capitol Street, NW, Suite 515
Washington, DC 20001
202-624-5400
www.ncsl.org/

Association for Worksite Health Promotion
60 Revere Drive, Suite 500
Northbrook, IL 60062
847-480-9574
<http://www.uwsp.edu/hphd/awhp/>

National Education Association Health Information Network
1201 16th Street NW, Suite 521
Washington DC 20036
1-800-718-8387

P.E. 4 LIFE
1150 17th Street, NW, Suite 407
Washington, DC 20036
202-776-0377
www.pe4life.org/

National Governors Association
444 N. Capitol Street
Washington, DC 20001
202-624-5300
www.nga.org

National PTA
330 N. Wabash Avenue, Suite 2100
Chicago, IL 60611
1-800-307-4PTA
www.pta.org/

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
703-838-6722
www.nsba.org/site/index.asp

www.neahin.org/
Public Education Network
601 Thirteenth Street NW, Suite 900 North
Washington, DC 20005-3808
202-628-7460
www.publiceducation.org/

Society of State Directors of Health, Physical
Education and Recreation
1900 Association Drive, Suite 100
Reston, VA 20191-1599
703-390-4599
www.thesociety.org/

The Center for Health and Health Care in Schools
1350 Connecticut Avenue, Suite 505
Washington, DC 20036
202-466-3396
www.healthinschools.org/home.asp

Physical Education and Physical Activity

Action for Healthy Kids
One Massachusetts Avenue, NW, Suite 800
Washington, DC 20001
1-800-416-5136
www.actionforhealthykids.org/

American Association for the Child's Right to Play
Graduate Physical Education
240 Hofstra University
Hempstead, NY 11548
516-463-5176
www.ipausa.org/

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA1
<http://www.americanheart.org>

Center for Weight and Health
101 Giannini Hall #3100
Berkeley, CA 94720
510-642-1599
nature.berkeley.edu/cwh/

National Association for Sport and Physical
Education
1900 Association Drive
Reston, VA 20191-1598
1-800-213-7193
www.aahperd.org/naspe/template.cfm

National Center for Education in Maternal and
Child Health
Georgetown University P.O. Box 571272
Washington, DC 20057
202-784-9770
www.ncemch.org/

National Federation of State High School
Associations
P.O. Box 690
Indianapolis, IN 46206
317-972-6900
<http://www.nfhs.org/>

National Recreation and Park Association
22377 Belmont Ridge Road
Ashburn, VA 20148-4501
703-858-0784
<http://www.nrpa.org/>

Nutrition

Action for Healthy Kids
One Massachusetts Avenue, NW, Suite 800
Washington, DC 20001
1-800-416-5136
www.actionforhealthykids.org/

Food Allergy & Anaphylaxis Network
10400 Eaton Place, Suite 107
Fairfax, VA 22030-2208
1-800-929-4040
www.foodallergy.org/

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA1
www.americanheart.org

National Center for Education in Maternal and
Child Health
Georgetown University, P.O. Box 571272
Washington, DC 20057
202-784-9770
www.ncemch.org/

School Nutrition Association
700 South Washington Street, Suite 300
Alexandria, Virginia 22314
703-739-3900
www.asfsa.org/

National Food Service Management Institute
The University of Mississippi
P.O. Drawer 188
University, MS 38677-0188
1-800-321-3054
www.olemiss.edu/depts/nfsmi/

Center for Weight and Health
101 Giannini Hall #3100
Berkeley, CA 94720
510-642-1599
nature.berkeley.edu/cwh/

Society for Nutrition Education
9202 N. Meridian Street, Suite 200
Indianapolis, IN 46260
1-800-235-6690
www.sne.org/

Tobacco

American Legacy Foundation
1001 G Street, NW, Suite 800
Washington DC, 20001
202-454-5555
www.americanlegacy.org

Campaign for Tobacco Free Kids
1400 Eye Street, Suite 1200
Washington D.C. 20005
202-296-5469
www.tobaccofreekids.org

American Lung Association
1740 Broadway
New York, NY 10019
1-800-LUNG-USA
www.lungusa.org

Center for Tobacco Cessation
901 E Street, NW, Suite 500
Washington, DC 20004
202-585-3200
www.ctcinfo.org

Americans for Nonsmokers' Rights
2530 San Pablo Avenue, Suite J
Berkeley, CA 94702
510-841-3032
anr@no-smoke.org

National Latino Council on Alcohol and Tobacco
Prevention
1400 16th Street, NW
Washington, DC 20009
202-265-8054
www.nlcatp.org

Unintentional Injury

Brain Injury Association of America
105 North Alfred Street

National Fire Protection Association
1 Batterymarch Park

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

Alexandria, VA 22314
703-236-6000
www.biausa.org

Quincy, MA 02169-7471
617-770-3000
<http://www.nfpa.org/index.asp>

Children's Safety Network
55 Chapel Street
Newton, MA 02458-1060
617-969-7100 X2722
www.childrensafetynetwork.org/

National Latino Council on Alcohol and Tobacco
Prevention
1400 16th Street, NW
Washington, DC 20009
202-265-8054
www.nlcatp.org/

Consumer Federation of America
1424 16th Street, NW, Suite 604
Washington DC 20036
202-387-6121
www.consumerfed.org/

National Program for Playground Safety
Education, Leisure Services, and Athletic Training
University of Northern Iowa
Cedar Falls, IA 50614-0618
1-800-554-PLAY
www.playgroundsafety.org

Emergency Medical Services for Children
111 Michigan Avenue, NW
Washington, DC 20010
202-884-4927
www.ems-c.org/

National Recreation and Park Association
22377 Belmont Ridge Road
Ashburn, VA 20148-4501
703-858-0784
www.nrpa.org

Home Safety Council
P.O. Box 1111
North Wilkesboro, NC 28656
336-658-5634
www.homesafetycouncil.org

National SAFE KIDS Campaign
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202-662-0600
www.safekids.org

Injury Control Resource Information Network
200 Lothrop Sreet, Suite B400-PUH
Pittsburgh, PA 15213
412-648-2600
www.injurycontrol.com/icrin/

National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201
630-285-1121
www.nsc.org

Insurance Institute for Highway Safety
1005 N. Glebe Road, Suite 800
Arlington, VA 22201 USA
703-247-1500
www.highwaysafety.org/

National School Safety Center
141 Duesenberg Drive, Suite 11
Westlake Village, CA 91362
805-373-9977
www.nsscl.org/

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

National Association for Sport and Physical Education
1900 Association Drive
Reston, VA 20191-1598
1-800-213-7193
www.aahperd.org/naspe/template.cfm

Pedestrian & Bicycle Information Network
730 Airport Road, Suite 300
Campus Box 3430
Chapel Hill, NC 27599
919-962-2203
www.pedbikeinfo.org

Safe USA
C/O Harry Teter/ American Trauma Society
8903 Presidential Parkway, Suite 512
Upper Marlboro, MD 20772
www.safeusa.org

Violence

American Association of Suicidology
4201 Connecticut Avenue, NW
Suite 408
Washington, DC 20008
202-237-2280
www.suicidology.org/

Children's Safety Network
55 Chapel Street
Newton, MA 02458-1060
617-969-7100 X2722
www.childrensafetynetwork.org/

American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304
1-800-347-6647
http://www.counseling.org/AM/Template.cfm?Section=PUBLIC_POLICY

Injury Control Resource Information Network
200 Lothrop Street, Suite B400-PUH
Pittsburgh, PA 15213
412-648-2600
www.injurycontrol.com/icrin/

American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York, NY 10005
1-888-333-AFSP
www.afsp.org/

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org/index2.html

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
1-800-374-2721
www.apa.org

National Clearinghouse on Child Abuse & Neglect
330 C Street, SW
Washington, DC 20447
1-800-394-3366
www.calib.com/nccanch/

Brain Injury Association of America
105 North Alfred Street
Alexandria, VA 22314
703-236-6000
www.biausa.org

National Organization for Victim Assistance
1730 Park Road NW
Washington, DC 20010
1-800-try-nova
www.try-nova.org/

Center for Mental Health in Schools
P.O. Box 951563
Los Angeles, CA 90095-1563
310-825-3634
smhp.psych.ucla.edu/

National Youth Violence Prevention Resource Center
P.O. Box 6003
Rockville, MD 20849-6003
1-866-SAFEYOUTH
www.safeyouth.org/

SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

Center for the Study and Prevention of Violence
University of Colorado at Boulder, 439 UCB
Boulder, CO 80309-0439
303-492-8465
www.colorado.edu/cspv/

Office of Juvenile Justice and Delinquency
Prevention
810 Seventh Street, NW
Washington, DC 20531
202-307-5911
ojjdp.ncjrs.org/

Students Against Destructive Decisions
P.O. Box 800
Marlboro, MA 01752
1-877-SADD-INC
www.saddonline.com/

Suicide Prevention Advocacy Network
P.O. Box 73368
Washington, DC 20056-33688
E-mail: info@spanusa.org
www.spanusa.org/

Asthma

Allergy and Asthma Network Mothers of
Asthmatics
2751 Prosperity Ave., Suite 150
Fairfax, VA 22031
1-800-878-4403
<http://aanma.org/>

Asthma & Allergy Foundation
1233 20th Street, NW
Suite 402
Washington, D.C. 20036
202.466.7643
<http://aafa.org/>

Allies Against Asthma
University of Michigan
School of Public Health
109 South Observatory Street
Ann Arbor, MI 48109-2029
734-615-3312
<http://www.asthma.umich.edu/index.html>

Starlight Starbright Children's Foundation
1850 Sawtelle Blvd., Suite 450
Los Angeles, CA 90025
1-800-315-2580
<http://www.slsb.org/>

American Academy of Allergy, Asthma, and
Immunology
555 East Wells Street
Suite 1100
Milwaukee, WI 53202-3823
414-272-6071
<http://www.aaaai.org/>

World Asthma Day
Global Initiative for Asthma
<http://www.ginasthma.com/WADIndex.asp>

American Lung Association
61 Broadway, 6th Floor
NY, NY 10006
1-800-LUNGUSA
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Unintentional Injuries, Violence, and the Health of Young People

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Unintentional Injuries & Violence

Injuries include unintentional injuries (such as those caused by motor vehicle crashes and fires) and intentional injuries (violence and suicide).

- An injury is defined as “unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.”¹
- Injuries are not accidents. They can be prevented by changing the environment, individual behavior, products, social norms, legislation, and governmental and institutional policy.
- Injuries are the leading cause of death and disability for people aged 1 to 34 years in the United States.²
- Injuries requiring medical attention, or resulting in restricted activity, affect more than 20 million children and adolescents (250 per 1,000 persons) and cost \$17 billion annually for medical treatment.³
- Violence is the “threatened or actual use of physical force or power against another person, against oneself, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, or deprivation.”⁴

Leading Causes of Injury Mortality and Morbidity Among Children and Adolescents

- Two-thirds of all deaths among children and adolescents aged 5-19 years result from injury-related causes: 32% from motor vehicle injuries (occupants and pedestrians combined), 14% from all other unintentional injuries, 11% from homicides, and 9% from suicides.⁵

Motor Vehicle-Related Injuries

- Among children and adolescents aged 5 to 19 years, 70% of unintentional injury deaths are due to motor vehicle crashes.⁵
- Traffic-related injuries also include those sustained while walking, riding a bicycle, or riding a motorcycle. Among bicycle-related deaths, 83% are caused by collisions with motor vehicles.⁵

Five Leading Causes of Death and Number of Deaths United States, 2001, Ages 5-19

Rank	Ages 5-9	Ages 10-14	Ages 15-19
1	Unintentional Injury 1,283	Unintentional Injury 1,553	Unintentional Injury 6,646
2	Malignant Neoplasms 493	Malignant Neoplasms 515	Homicide 1,899
3	Congenital Anomalies 182	Suicide 272	Suicide 1,611
4	Homicide 137	Congenital Anomalies 194	Malignant Neoplasms 732
5	Heart Disease 98	Homicide 189	Heart Disease 347

Source: CDC National Center for Health Statistics, Vital Statistics System



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Violence

- In the United States, minority males bear most of the burden of homicide victimization. In 2001, among males aged 15 to 19 years, the homicide rate was 3.9 per 100,000 among whites; 6.9 per 100,000 among Asian/Pacific Islanders; 15.8 per 100,000 among American Indian/Alaskan Natives; 23.8 per 100,000 among Hispanics; and 59.9 per 100,000 among Blacks.⁵
- In 2003, 17% of high school students considered suicide, and 17% made plans to attempt suicide in the previous year.⁶
- The United States child homicide rate, 2.6 per 100,000 for children less than 15 years of age, is five times greater than the combined rate of 25 other industrialized countries.⁷
- An estimated 302,100 women and 92,700 men are forcibly raped each year in the United States. More than half (54%) of the female rape victims were less than 18 years of age, and 22% were less than 12 years of age when they were first raped.⁸

Context of Injury Occurrence

- Approximately 4 million children and adolescents are injured at school per year.³
- More than 1 million serious sports-related injuries occur annually to adolescents aged 10-17 years.⁹
- Firearms are the mechanism of injury in approximately 77% of homicides and 49% of suicides among children and adolescents aged 5-19 years.⁵
- From 1997 to 2002, 9,622 child passengers aged 0 to 14 years died in motor vehicle crashes. Of these children, 2,335 (24%) were killed in crashes involving drinking drivers, and 68% of the deaths occurred while the child was riding with the drinking driver.¹⁰

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Five Leading Causes of Injury Death and Number of Injury Deaths United States, 2001, Ages 5-19

Rank	Ages 5-9	Ages 10-14	Ages 15-19
1	Motor Vehicle 660	Motor Vehicle 884	Motor Vehicle 5,106
2	Drowning 168	Suicide 272	Homicide 1,899
3	Fire/Burn 164	Homicide 189	Suicide 1,611
4	Homicide 137	Drowning 165	Poisoning 406
5	Other Land Transport 48	Fire/Burn 88	Drowning 322

Source: CDC National Center for Health Statistics, Vital Statistics System

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Physical Activity and the Health of Young People

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Benefits of Regular Physical Activity

- Helps build and maintain healthy bones and muscles¹
- Helps reduce the risk of developing obesity and chronic diseases such as diabetes and cardiovascular disease.¹
- Reduces feelings of depression and anxiety and promotes psychological well-being¹

Long-Term Consequences of Physical Inactivity

- Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, arthritis, and poor health status.²
- Physical inactivity increases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.¹

Overweight Among Youth

- The prevalence of overweight among children aged 6-11 has more than doubled in the past 20 years, increasing from 7% in 1980 to 16% in 2002.^{3,4}
- Children and adolescents who are overweight are more likely to be overweight or obese as adults; ^{5,6,7} overweight adults are at increased risk for heart disease, high blood pressure, stroke, diabetes, some types of cancer, and gallbladder disease.⁸

Participation in Physical Activity by Young People

- During the 7 days preceding the survey, 77% of children aged 9-13 reported participating in free-time physical activity, and 39% reported participating in organized physical activity.⁹
- Sixty-three percent of high school students participate in sufficient vigorous physical activity^a, and 25% participate in sufficient moderate physical activity.^{b,10}
- Participation in physical activity declines as children get older.
- Sixty-seven percent of high school students met the national recommendations for both vigorous and moderate physical activity in 2003.¹⁰

Percentage of High School Students Participating in Different Types of Physical Activity, by Sex, 2003¹⁰

Type of Activity	Girls	Boys
Sufficient vigorous physical activity ^a	55%	70%
Sufficient moderate physical activity ^b	22%	27%
Sufficient strengthening exercises ^c	43%	60%
Played on a sports team ^d	51%	64%

a Physical activities that caused sweating and hard breathing, that were performed for 20 minutes or more on at least 3 of the 7 days preceding the survey.

b Physical activities that did not cause sweating or hard breathing, that were performed for 30 minutes or more on at least 5 of the 7 days preceding the survey.

c For example, push-ups, sit-ups, or weightlifting on at least 3 of the 7 days preceding the survey to strengthen or tone their muscles.

d Run by their school or community groups during the 12 months preceding the survey.



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Participation in Physical Education Classes

- Over half (56%) of U.S. high school students (71% of 9th graders but only 40% of 12th graders) were enrolled in a physical education class in 2003.¹⁰
- The percentage of high school students who attended physical education classes daily decreased from 42% in 1991 to 25% in 1995, and has remained stable at that level until 2003 (28%). In 2003, 38% of 9th graders but only 18% of 12th graders attended a daily physical education class.¹⁰
- Among the 56% of students who are enrolled in a physical education class, 80% exercised or played sports for 20 minutes or more during an average class.¹⁰

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Nutrition and the Health of Young People

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Diet and Disease

- Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, arthritis, and poor health status.¹
- Type 2 diabetes, formerly known as adult onset diabetes, has become increasingly prevalent among children and adolescents as rates of overweight and obesity rise.² A CDC study estimated that one in three American children born in 2000 will develop diabetes in their lifetime.³
- Overweight children and adolescents are more likely to become overweight or obese adults;⁴ one study showed that children who became overweight by age 8 were more severely obese as adults.⁵
- Early indicators of atherosclerosis, the most common cause of heart disease, begin as early as childhood and adolescence. Atherosclerosis is related to high blood cholesterol levels, which are associated with poor dietary habits.⁶
- Osteoporosis, a disease where bones become fragile and can break easily, is associated with inadequate intake of calcium.⁷

Overweight Among Youth

- Approximately 16% of children and adolescents ages 6-19 years are overweight.⁸
- The prevalence of overweight among children aged 6-11 years has more than doubled in the past 20 years and among adolescents aged 12-19 has more than tripled. Current estimates indicate that rates have not begun to decrease.^{8,9}
- While the prevalence of overweight and obesity has increased in all segments of the U.S. population, it is particularly common among minority groups.⁸

Prevalence of Overweight* Among Children and Adolescents in the United States, 1999-2002.⁹

Racial/Ethnic Group	Children (Ages 6 to 11)		Adolescents (Ages 12 to 19)	
	Male	Female	Male	Female
Black (Non-Hispanic)	17%	23%	19%	24%
Mexican American	27%	17%	25%	20%
White (Non-Hispanic)	14%	13%	15%	13%

Percent of Children and Adolescents Who Meet Dietary Guidelines, 1994-1996, 1998.¹⁰

Guideline	6-11 years old		12-19 years old	
	Boys	Girls	Boys	Girls
Fat	31%	34%	30%	35%
Saturated Fat	25%	25%	28%	34%
Vegetables	18%	19%	33%	26%
Fruits	23%	24%	14%	18%

* BMI at the 95th percentile or higher.



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Diet and Academic Performance

- Research suggests that not having breakfast can affect children's intellectual performance.¹¹
- The percentage of young people who eat breakfast decreases with age; while 92% of children ages 6-11 eat breakfast, only 75-78% of adolescents ages 12-19 report eating breakfast.¹⁰

Eating Behaviors of Young People

- Less than 40% of children and adolescents in the United States meet the U.S. dietary guidelines for saturated fat.¹⁰
- Almost 80% of young people do not eat the recommended number of servings of fruits and vegetables.¹²
- Only 39% of children ages 2-17 meet the USDA's dietary recommendation for fiber (found primarily in dried beans and peas, fruits, vegetables, and whole grains).¹³
- Eighty-five percent of adolescent females do not consume enough calcium.⁷ During the last 25 years, consumption of milk, the largest source of calcium, has decreased 36% among adolescent females.¹⁴ Additionally, from 1978 to 1998, average daily soft drink consumption almost doubled among adolescent girls, increasing from 6 oz to 11 oz, and almost tripled among adolescent boys, from 7 oz to 19 oz.^{15,10}
- A large number of high school students use unsafe methods to lose or maintain weight. A nationwide survey found that during the 30 days preceding the survey 13% of students went without eating for one or more days; 6% had vomited or taken laxatives; and 9% had taken diet pills, powders, or liquids without the advice of their physicians.¹²

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Tobacco Use and the Health of Young People

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Tobacco Use by Young People

- Each day in the United States, approximately 4,000 youths aged 12-17 try their first cigarette.¹
- If current patterns of smoking behaviors continue, an estimated 6.4 million of today's children can be expected to die prematurely from a smoking-related disease.²
- Although the percentage of high school students who smoke has declined in recent years, rates remain high: 22% of high school students report current cigarette use (smoked cigarettes \geq 1 of the preceding 30 days).³
- Non-Hispanic white students (25%) are significantly more likely than black (15%) and Hispanic students (18%) to report current cigarette use.³
- Nationwide, 58% of students have ever tried cigarette smoking (even one or two puffs).³
- Eighteen percent of high school students have smoked a whole cigarette before age 13.³
- Ten percent of students report smoking cigarettes on 20 of the 30 preceding days.³
- Seven percent of high school students use smokeless tobacco (11% males and 2% females).³ Adolescents who use smokeless tobacco are more likely than nonusers to become cigarette smokers.⁴
- Fifteen percent of students report having smoked cigars, cigarillos, or little cigars in the past month.³

Health Effects of Tobacco Use by Young People

- Cigarette smoking by young people leads to serious health problems, including cough and phlegm production, an increase in the number and severity of respiratory illnesses, decreased physical fitness (both performance and endurance), adverse changes in blood cholesterol levels, and reduced rates of lung growth and function.⁴
- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.⁴
- Use of smokeless tobacco causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.⁴
- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.⁵

Nicotine Addiction Among Adolescents

- The younger people begin smoking cigarettes, the more likely they are to become strongly addicted to nicotine. Young people who try to quit suffer the same nicotine withdrawal symptoms as adults who try to quit.⁴
- Several studies have found nicotine to be addictive in ways similar to heroin, cocaine, and alcohol. Of all addictive behaviors, cigarette smoking is the one most likely to become established during adolescence.⁴
- Of high school students who are current smokers, 54% have tried to quit in the past 12 months.⁶



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Tobacco Sales and Promoting to Youth

- All states have laws making it illegal to sell cigarettes to anyone under the age of 18, yet 67% of students under the age of 18 who purchased or attempted to purchase cigarettes in a store or gas station in the last 30 days were not asked to show proof of age.⁷
- Cigarette companies spend more than \$9.5 billion each year to promote their products—or more than \$26 million a day—to advertise and promote cigarettes.⁸
- Children and teenagers constitute the majority of all new smokers, and the industry’s advertising and promotion campaigns often have special appeal to these young people.⁹
- Eighty-eight percent of young smokers (aged 12-17) choose the three most heavily advertised brands: Marlboro, Camel, and Newport.¹⁰

Health Effects in Youth of Secondhand Smoke

- More than 6 million youth are exposed to secondhand smoke daily, and more than 10 million youth aged 12-18 live in a household with at least one smoker.¹¹
- Twenty-two percent of middle school students and 24% of high school students are exposed to secondhand smoke in the home.¹¹
- Those most affected by secondhand smoke are children. Because their bodies are still developing, exposure to the poisons in secondhand smoke puts children in danger of severe respiratory diseases and can hinder the growth of their lungs.¹²
- Secondhand smoke exposure during childhood and adolescence may increase lung cancer risk as an adult,¹⁰ and can cause new cases of asthma or worsen existing asthma.¹³

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Addressing Asthma in Schools

Centers for Disease Control and Prevention/Division of Adolescent and School Health

Although asthma cannot be cured, it can be controlled. In a classroom of 30 children, about three are likely to have asthma.¹ Schools can do their part to control asthma by becoming more “asthma-friendly,” i.e., adopting policies and procedures, and coordinating student services to better serve students with asthma. For example, all students with diagnosed asthma should have an asthma action plan on file that is easily accessible at school.² Schools can provide asthma education and collaborate with organizations that focus on asthma. Chances for success are better when the whole school community takes part—school administrators, teachers, and staff, as well as students and parents.

Asthma Facts:

Among children 0–17 years old in the United States in 2002:

- 12.2% (8.9 million) had been told by a health professional at some point in their lives that they had asthma.³
- 8.3% (6.1 million) were reported to currently have asthma.¹
- 5.8% (4.2 million) had an asthma attack in the last 12 months.³

Among children 0–17 years old in the United States in 2000:

- 4.6 million had visited doctors’ offices and hospital outpatient departments.³
- 728,000 visited hospital emergency departments.³
- 214,000 were hospitalized due to asthma.³

The impact of illness and deaths due to asthma is disproportionately higher among low-income populations, minorities, and children in inner cities than in the general population.⁴

Strategies for Addressing Asthma Within a Coordinated School Health Program

CDC has identified six strategies for schools and districts to consider as they develop coordinated plans for addressing asthma in schools. The six strategies for addressing asthma within a coordinated school health program are:

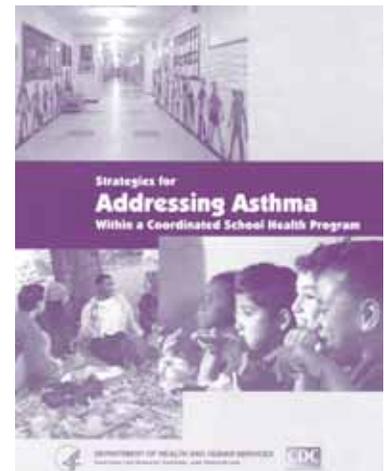
- 1) Establish management and support systems for asthma-friendly schools.
- 2) Provide appropriate school health and mental health services for students with asthma.
- 3) Provide asthma education and awareness programs for students and school staff.
- 4) Provide a safe and healthy school environment to reduce asthma triggers.
- 5) Provide safe, enjoyable physical education and activity opportunities for students with asthma.
- 6) Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

The Cost of Asthma in U.S. Children

Lost School Days
14 Million Days/Year⁵

Asthma Treatment
\$3.2 Billion/Year⁶

Hospitalization
3rd Leading Cause
Among Children
Under 15 Years Old⁷



<http://www.cdc.gov/HealthyYouth/asthma/pdf/strategies.pdf>



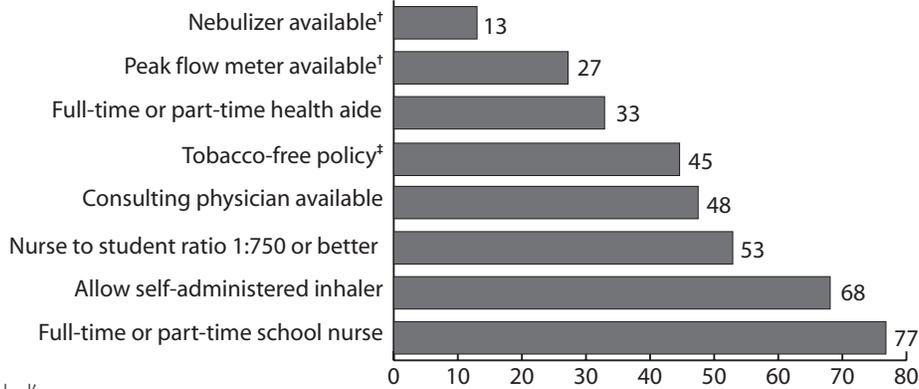
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

July 2004



School Health Policies and Programs Study 2000 Data Relating to Asthma Management⁸

Percent of schools that have:



[†] Not just for a specific individual's use.

[‡] The schools prohibit tobacco use at all times, on all school property (including all buildings, facilities, and school grounds), in any form of school transportation, and at school-sponsored events on and off school property.

School Health Profiles 2002 Percentage of Secondary Schools that Implemented School-based Asthma Management Activities, United States, 2002⁹

Activity	Range %	Median %
Assured immediate access to medications	66.6% to 100.0%	91.8%
Had a full-time registered nurse	1.4% to 98.0%	41.2%
Obtained and used an asthma action plan for all students with asthma	26.8% to 79.7%	56.4%
Taught asthma awareness to all students in at least one grade	13.5% to 47.6%	24.8%
Educated school staff about asthma	25.0% to 67.4%	51.9%

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