

2004 Washington State
P R O F I L E S
School Health Profiles

Fact Sheets
Washington State 2004

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Introduction

“If schools do not deal with children’s health by design, they deal with it by default.”

~Marx and Wooley, 1998.

Good health is necessary for effective learning. When students are sick, distracted, or absent due to health or social problems, schools become inefficient and unable to fulfill their missions of academic excellence and student success. Some ways this connection is expressed within a school system or school building is through policy, content of the curriculum, and staff dedicated to meeting the health needs of students. To better understand how schools approach the health issues and needs their students face daily, these School Health (Profiles) fact sheets detail some of the statewide findings on school health programs.

The Profiles is a biennial survey of school principals and lead health educators in secondary schools developed by the Centers for Disease Control and Prevention (CDC). Profiles captures current information on school health policies and activities to illustrate whether or not school buildings are dealing with student health by design. The purpose of Profiles is to assist in monitoring and assessing characteristics and trends in school health education components including:

- Health education
- Physical education and physical activity
- Nutrition and food service
- Tobacco-use prevention
- Asthma management activities
- Violence and suicide prevention
- HIV/AIDS prevention/sexual health
- Infectious disease prevention

Washington State has participated in Profiles since its beginning in 1996.

The School Health Profiles fact sheets represent an initial step in the process of providing districts, schools, and policy makers with information on school health policy and the content of health education. In these pages the reader will find the responses to many of the Profiles survey items. Where the authors thought it might be helpful, other data sources were referenced to provide a context for the information contained in the Profiles survey.

We hope these fact sheets will be utilized to plan and allocate resources, guide professional development offerings, and describe more fully the status of school health programs. Future administrations of Profiles will allow us to evaluate new efforts over time. We are also beginning to link Healthy Youth Survey data and Profiles data to identify correlations between student reported health behaviors, risk and protective factors, and health policies and practices.

More information about Profiles can be found on CDC’s Web site: <http://www.cdc.gov/HealthyYouth/profiles>.



Methods

Profiles is a survey of secondary school (middle and high schools) principals and lead health teachers to assess health-related policies, procedures, instruction, and environments. It was developed by the CDC Division of Adolescent and School Health (DASH). All states are offered the opportunity to participate in Profiles, which is administered in the spring of even years. In Washington State the survey is jointly coordinated by the Office of Superintendent of Public Instruction (OSPI) and the state Department of Health (DOH). CDC updates their questionnaire for each administration and provides the self-administered questionnaires in a printed booklet for participating states, scans the results, and provides the state with a data-set of results. Additional analyses are completed by DOH.

Sampling

A random sampling strategy was used to select schools for the survey. All regular and alternative secondary public schools in Washington State with at least one Grade, 6 through 12, were included in the sampling frame, except elementary schools that terminate at Grade 6 (for example, Kindergarten–6). A total of 369 schools were originally selected for the sample in 2004. Thirty-six selected schools were found to be ineligible (buildings closed, or institutional schools — such as juvenile detention facilities — that were defined as ineligible by the CDC because of their distinctly different settings), leaving a total of 333 schools in the final sample.

Recruitment and Participation

In late February 2004, school principals received a recruitment packet from OSPI and DOH containing survey information, instructions, and questionnaires. Principals were asked to identify their lead health teacher and pass along the appropriate teacher materials to that person. Recruitment status monitoring and participant follow-up were conducted by DOH. Surveys were returned between March and June 2004.

The final response rate for the 2004 Profiles was 80 percent for principals (265 completed surveys from 333 sampled and eligible schools) and 73 percent for lead health teachers (243 completed surveys). This is considered to be a very good response rate, and the results are therefore generalizable to public secondary (non-institutional) schools in the state of Washington.

Weighting

CDC created weighted data sets for states that had greater than 70 percent response rates. The weighting is based on the probability of a school being sampled, an adjustment for non-response based on school size and grade level, and a poststratification adjustment according to school location and grade level.

Other data

Unless indicated, all data presented in these results are from the 2004 Washington State School Health Profiles survey. To compare student perceptions or behaviors with principal or teacher reports we have interspersed information from the 2004 Washington State Healthy Youth Survey.

Students Say...



A picture of a youth next to data indicates that data referenced are from the 2004 Washington State Healthy Youth Survey. For more information about the Healthy Youth Survey please visit <http://www3.doh.wa.gov/HYS>.

References are provided in the appropriate section when other data have been utilized to provide context.

Future Reports

The purpose of these fact sheets is to present state-level findings in a simple format. Additional analyses of the Profiles data are being conducted, including direct linkage with student data from the Healthy Youth Survey. Future reports will be posted as “resources” on the OSPI Coordinated School Health Web site as they become available: <http://www.k12.wa.us/CoordinatedSchoolHealth>.

Feedback/Technical Support

Please consider providing feedback on these fact sheets and suggest ways that the data might be utilized in future reports. To provide comment or get more information on various survey items and responses, contact Susan Richardson at the Department of Health: sue.richardson@doh.wa.gov.

For more information about school health programs, contact Pam Tollefsen at the Office of Superintendent of Public Instruction: pam.tollefsen@k12.wa.us, or Lori Stern at the Department of Health: lori.stern@doh.wa.gov.



Coordinated School Health

Coordinated school health is a system of coordination between many of the services and curricula that already exist in schools and districts. This model is being adopted by many schools in Washington and other states. The result is a seamless system of services that better meet the needs of the schools, students and their families, and staff. A school health program that truly addresses the health needs of the whole child consists of eight components.

Eight Component Model



The Components Defined

Health Education

Classroom instruction that addresses physical, mental, emotional, and social dimensions of health and develops health knowledge attitudes and skills.

Physical Education

Planned, sequential physical education instruction that promotes life-long physical activity.

School Health Services

Provision of preventative services, education, emergency care, referral, and management of acute and chronic conditions supervised by a school nurse and/or in coordination with a school based clinic.

Nutrition Services

Provision of nutritious, affordable, and appealing meals; nutrition education and an environment that promotes healthy eating behaviors.

Counseling, Psychological, and Social Services

Focus on the cognitive, emotional, social, and behavioral needs of children and families.

Healthy School Environment

A physical facility and environment as well as a social emotional climate of a school that supports health and learning.

Health Promotion for Staff

Designed to promote health and wellness for school staff and modeling of healthy behavior for students.

Family/Community Involvement

Partnerships with families, community groups, and individuals to maximize resources and address health.

For more information on coordinated school health, go to: <http://www.cdc.gov/HealthyYouth/CSHP>.

Some Indicators of Coordination within Health Systems...

Planning and Leadership

- Principals reported 55 percent of secondary schools have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues.

Health Support Resources

- Most secondary schools do not have a full-time registered nurse available at the school every day and all the time. Principals reported 22 percent of high schools and 11 percent of middle schools have this resource.



According to a school mental health study by the Substance Abuse Mental Health Services Administration report in 2005¹, school nurses spent approximately a third of their time providing mental health services. The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers.



About 77 percent of 8th graders and 69 percent of 10th graders said they knew about a counselor, intervention specialist, or other staff member at their school for students to discuss problems with alcohol, tobacco, or other drugs.

Effective Teaching Strategies

Health teachers reported using an assortment of teaching methods to personalize instruction and demonstrate the values of various cultures in required health education courses, including:

- 89 percent modified teaching methods to match student learning styles, health beliefs, or cultural values.
- 72 percent used textbooks or curricular materials reflective of various cultures.
- 66 percent taught about cultural differences and similarities.
- 65 percent asked students to share own cultural experience related to health topics.

About one quarter of health teachers (24 percent) reported using health education textbooks or materials designed for students with limited English proficiency, but we do not know whether this low percentage is because the students do not need such materials or whether teachers do not have access to them.

¹ Foster S, Rollefson M, Doksum T, Noonan D, Robinson G. (2005). School Mental Health Services in the United States, 2002–2003. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Community Linkages

Health teachers reported trying to involve students in the following activities as part of required health education courses:

- 62 percent analyzed advertising designed to influence health behaviors or health risk behaviors.
- 46 percent gathered information about health services that are available.
- 44 percent advocated for a health-related issue.
- 36 percent identified potential injury sites at school, home, or in the community.
- 21 percent performed volunteer work at a hospital, local health department, or community organization that addresses health issues.
- 18 percent visited a store to compare prices of health products.
- 18 percent participated in or attended a school or community health fair.

Parent Involvement

Health teachers involved parents/families in the following health-related activities:

- 76 percent had students complete health education homework assignments with family members.
- 73 percent provided families with information on health education programs.
- 35 percent invited family members to attend a health education class.
- 20 percent met with a parents' organization such as the PTA or PTO to discuss the health education program.

Coordinated School Health Resources

Information about Coordinated School Health in Washington State is available at: <http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx>.

For information on forming a school health council, go to this helpful resource created by North Carolina's coordinated school health initiative at: <http://www.nchealthyschools.org/schoolhealthadvisorycouncil>.



Health Education

All Washington schools are accountable for students meeting the Essential Academic Learning Requirements (EALRs) in health and fitness. These requirements are designed to establish the concepts and skills necessary for safe and healthy living, and in turn, for successful learning. The four goal areas for students are:

1. The student acquires the knowledge and skills necessary to maintain an active life: Movement, physical fitness, and nutrition.
2. The student acquires the knowledge and skills necessary to maintain a healthy life: Recognize patterns of growth and development, reduce health-risks, and live safely.
3. The student analyzes and evaluates the impact of real-life influences on health.
4. The student effectively analyzes health and safety information to develop health and fitness plans based on life goals.

Health Education Policy and Procedures

Most secondary schools (92 percent) required Health Education for students in at least one grade. Health Education was more often required in middle school Grades (6–8) than in high school grades (especially Grades 10–12).

Principals reported required health education courses are taught in each of the following grades:

- 65 percent of 6th graders.
- 65 percent of 7th graders.
- 74 percent of 8th graders.
- 72 percent of 9th graders.
- 51 percent of 10th graders.
- 26 percent of 11th graders.
- 26 percent of 12th graders.

Among schools requiring health education, most high school principals reported students are required to take one health education course (77 percent).

There is greater variability of required health education courses among middle schools. Middle school principals reported:

- About 33 percent required one course.
- 20 percent required two courses.
- 26 percent required three courses.
- 7 percent required four or more courses.

Among schools that require health education, 28 percent of high school principals and 13 percent of middle school principals reported that students cannot be exempted or excused from any part of a required health education course.

Nearly all (98 percent) high school principals reported that students who fail a required health education course are required to repeat it. Seventeen percent of middle school principals reported that students who fail health education are required to repeat it.



Health Education Instruction

Principals reported required health education courses are often combined with other types of instruction, including:

- 49 percent of high schools and 61 percent of middle schools combined health education and physical education courses.
- 17 percent of high schools and 43 percent of middle schools combined health education and other subjects such as science, social studies, home economics, or English.

Health teachers reported that health education is coordinated by different individuals with different backgrounds including the following:

- 44 percent were health education teachers.
- 15 percent were district health education or curriculum coordinators.
- 15 percent were school administrators.
- 9 percent were district administrator.
- 3 percent were school nurses.
- 10 percent were someone else.
- 5 percent no one coordinates health education.

Health Education Staff Development

Principals reported most high schools (82 percent) and over half of middle schools (57 percent) required newly hired health education teachers to be certified, licensed, or endorsed by the state in health education (health and fitness).

Health Education Resources

Information about Washington Essential Academic Learning Requirements (EALRs) and Grade Level Expectations (GLEs) are available at the OSPI Health and Fitness Web site:

<http://www.k12.wa.us/curriculumInstruct/healthfitness/resources.aspx>.

Resources for implementation of new health and fitness policy requirements as a result of SB 5436 are provided at: www.healthyschoolswa.org.

The Washington Alliance for Health, Physical Education, Recreation and Dance: <http://www.wahperd.com>.



Physical Activity

Exercise and regular physical activity have both immediate and long-term positive effects on health.

As students advance to older grades, they are progressively less likely to engage in adequate vigorous physical activity. Students in each grade reported how often they exercised vigorously three or more days a week:



- 82 percent of 6th graders.
- 77 percent of 8th graders.
- 70 percent of 10th graders.
- 61 percent of 12th graders.

Physical Activity Policies and Procedures

Required Physical Education (PE) Courses

Washington State law (WAC 180-50-135(1)) requires all students in Grades 1–8 to receive an average of at least 100 instructional minutes per week per year in physical education. Minimum Washington high school graduation requirements include satisfactory completion of two credits in “health and fitness” (WAC 180-51-061).

Most secondary schools (96 percent) required physical education (PE). More than 90 percent of middle school principals reported that PE was required for students in each of Grades 6, 7, and 8. About half of high school principals reported that students in Grades 11 or 12 were required to take PE. Principals reported the number of PE courses students are required to complete:

- 6 percent take 1 course.
- 67 percent take 2–3 courses.
- 20 percent take 4–5 courses.
- 7 percent take 6 or more courses.

Principals reported most (95 percent) high school students who fail a required PE course are required to repeat it. Thirteen percent of middle school students are required to repeat a failed PE course.

Similar to reports of principals, middle school students (8th grade) reported having PE classes more often than high school students (Grades 10 and 12). The number of days in an average school week that students say they attend physical education:

	8th	10th	12th
0 days	30%	49%	62%
1 day	2%	2%	1%
2 days	2%	3%	2%
3 days	6%	7%	7%
4 days	5%	10%	5%
5 days	55%	31%	24%



Student reported participation in PE is somewhat lower than indicated by Profiles and the classes offered. Because the Healthy Youth Survey is completed in the fall, it is possible that schools rotating PE with other courses (such as health) on a quarter/semester basis would result in a student not being enrolled in PE at the time of the survey. If PE classes are a main source of physical activity for students, this approach also means that many students are not continuously participating in physical activity throughout the year.



About 30 percent of 8th graders and almost 50 percent of 10th graders report not taking a PE class at the time of the survey.

Physical Activity Opportunities at Schools

Not all physical activity for youth happens in the classroom. Opportunities for physical activity outside of PE classes are important for increasing physical activity among students.

Most principals (89 percent) report that their schools activity or athletic facilities are available for use for community-sponsored sports teams or physical activity programs outside of school hours or when school is not in session.



The majority of secondary schools have organized opportunities for students to participate in physical activity: 59 percent of high school and 76 percent of middle school principals reported that students are offered opportunities to participate in before- or after-school intramural activities or physical activity clubs.

Transportation can be a barrier to student participation in after-school physical activity opportunities. Thirty-one percent of high schools and 56 percent of middle school principals reported that transportation to home is provided for students who participate in after-school intramural activities or physical activity clubs.

Physical Activity Instruction

Physical activity instruction encompasses a variety of topics. Health teachers reporting teaching each of the following physical activity topics in a required health education course:

- 94 percent taught physical, psychological, or social benefits of physical activity.
- 93 percent taught health-related fitness (cardio and muscular endurance, strength, flexibility, and body composition).
- 83 percent taught about the effects of decreasing sedentary activities such as television watching.
- 80 percent taught the phases of a workout.
- 80 percent taught the dangers of muscle enhancing drugs like steroids.
- 79 percent taught how to prevent injury during activity.
- 77 percent taught how much physical activity is enough.
- 69 percent taught community opportunities for activity.
- 68 percent developed activity plans.
- 67 percent taught about weather-related safety.
- 66 percent taught how to set goals and monitor progress.
- 61 percent taught overcoming barriers to activity.



About 64 percent of 8th graders and 48 percent of 10th graders report they spend more than 20 minutes during an average PE class exercising or playing sports.

Physical Activity Staff Development

More health teachers reported wanting to receive staff development in fitness than actually received it:

- About 35 percent of health educators reported receiving staff development in physical activity and fitness.
- About 52 percent reported wanting to receive more staff development in physical activity.

Most secondary schools now require credentials for new instructors: 89 percent of principals reported new PE teachers or specialists are required to be certified, licensed, or endorsed by the state in physical education (health and fitness).

Physical Activity Resources

Information about Washington Essential Academic Learning Requirements (EALRs) and Grade Level Expectations (GLEs) is available at the OSPI Health and Fitness Web site: <http://www.k12.wa.us/curriculumInstruct/healthfitness/resources.aspx>.

Resources for implementation of new health and fitness policy requirements as a result of SB 5436 are provided at: <http://depts.washington.edu/waschool>.

And for additional information on physical activity and physical education, visit these Web sites:
Centers for Disease Control
<http://www.cdc.gov/HealthyYouth/physicalactivity/>

The National Coalition for Promoting Physical Activity:
<http://www.ncppa.org/landmarkreports.asp>

The Washington Alliance for Health Physical Education, Recreation and Dance: <http://www.wahped.com>.



Nutrition

Nutrition is essential for sustenance, growth and development, and health and well-being. Nutritional or dietary factors contribute substantially to the burden of preventable illness and premature death. Behaviors, often established in youth, contribute to these health problems in adulthood.

Washington State Senate Bill 5436 (effective June 10, 2004), calls for districts to establish a comprehensive school health policy that addresses the nutritional quality of food sold at schools, and the availability and quality of health, nutrition, and physical education and fitness curriculum by August 1, 2005. This requirement is compatible with the new Federal Wellness Policy that requires the same by start of school 2006.

The Dietary Guidelines for Americans recommends that to stay healthy, people should eat a wide variety of foods, including a diet that is plentiful in grains, vegetables and fruits, and low in saturated fat and cholesterol. All people should eat five or more servings of fruits or vegetables each day. There is room for improvement in young peoples' diets:



About 25 percent of 8th and 10th graders reported eating fruits or vegetables five or more times per day in the past week.¹

Healthy diets should also include few “junk foods” – foods that are very high calorie or have poor nutrient content. Soda pop is an example of a nutrient-poor food.



About half of students in Grades 8, 10, and 12 reported drinking at least one sugared soft drink or soda pop per day (does not include diet soda).

Nutrition Policies and Procedures

The United States Department of Agriculture urges schools to ensure all students have designated lunch periods of sufficient length to enjoy eating healthy foods with friends.

- Principals reported 80 percent of secondary schools have 20 or more minutes to eat lunch once students are seated.
- 4 percent of principals reported their school does not serve lunch to students.

Schools offer programs to provide healthy meals at lower cost so that low-income students have access to appropriate nutrition at school. In 2005, about 37 percent of Washington State students receive free or reduced-price meals² through Washington's Child Nutrition Program.

Having convenient offerings of fruits and vegetables in vending machines, school stores, snack bars, and a la carte lines might help students meet the recommended five to nine servings of fruit and vegetables each day. Conversely, easy access to unhealthy foods may increase consumption of those items.

Most secondary schools provide access to food or beverages in addition to cafeteria foods. Most (91 percent) principals reported having vending machines or a school store, canteen, or snack bar where students can purchase snack foods or beverages. Principals reported the following “competitive” food sources are available at school:

Healthier Options

- 96 percent have bottled water.
- 86 percent have 100 percent fruit juice.
- 84 percent have salty, low-fat snacks including pretzels, baked chips.
- 64 percent have low-fat baked goods including cookies, crackers, cakes, pastries.
- 46 percent have fruits or vegetables.

Less Healthy Options

- 97 percent have soft drinks, sports drinks, and non-100 percent fruit drinks.
- 80 percent have salty, high fat snacks including regular potato chips.

¹ The national recommendation for fruit and vegetable consumption is 5–9 servings per day, but the HYS asks about “times per day”. It is likely that students eat more than one serving in a sitting, thus the gap in nutrition may not be as serious as displayed.

² OSPI May 2005, <http://reportcard.ospi.k12.wa.us/>



- 72 percent have chocolate candy.
- 75 percent have other candy.

The overall high availability of high-sugar drinks and foods and low availability of fruits and vegetables at schools is at odds with health messages to moderate intake of sugars and choose a variety of fruits and vegetables daily. Limiting availability of unhealthy foods specifically during meal times is one suggestion for improving student diets.

- Principals reported at most secondary schools (82 percent) students can purchase unhealthy foods such as candy; high-fat snacks; or soft drinks, sports drinks, or fruit drinks that are not 100 percent fruit juice during school lunch periods.
- Ten percent of principals reported having a school or district policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parent meetings, or concession stands.

Nutrition Instruction

Nearly all (98 percent) health teachers reported trying to increase students' knowledge of nutrition and dietary behaviors in a required health education course.

Health teachers incorporated a variety of specific nutrition topics into required health education courses, including:

- 97 percent taught the benefits of healthy eating.
- 91 percent taught aiming for a healthy weight.
- 90 percent taught choosing diets low in saturated fat and cholesterol.
- 89 percent taught the Food Pyramid groups and serving recommendations.
- 89 percent taught choosing a variety of fruits and vegetables daily.
- 89 percent taught risks of unhealthy weight control.
- 88 percent taught accepting body size differences.
- 88 percent taught about eating disorders.
- 87 percent taught how to use food labels.

- 87 percent taught moderating sugar intake.
- 86 percent taught choosing a variety of grains daily, especially whole grains.
- 81 percent taught preparing healthy meals and snacks.
- 75 percent taught choosing calcium rich foods.
- 73 percent taught choosing and preparing low-salt food.
- 70 percent taught how to keep food safe to eat.

Nutrition Staff Development

About twice as many health teachers reported wanting to receive staff development in nutrition/dietary behavior as actually received it:

- About 27 percent of health teachers reported receiving staff development in nutrition/dietary behavior in the past two years.
- About 63 percent reported wanting to receive more staff development in nutrition/dietary behavior.

Nutrition Resources

Information about Washington Essential Academic Learning Requirements (EALRs) and Grade Level Expectations (GLEs) is available at the OSPI Health and Fitness Web site:

<http://www.k12.wa.us/curriculumInstruct/healthfitness/resources.aspx>.

Resources for implementation of new health and fitness policy requirements as a result of SB 5436 are provided at: <http://depts.washington.edu/waschool>.

“Action for Healthy Kids” is a state leadership team, linked to a national network, focused on reducing childhood obesity by changing school environments: www.actionforhealthykids.org.

Information about federal wellness policy requirements and implementation is available at: <http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html>.



Tobacco Prevention

Tobacco use is the leading single cause of preventable death in our society — one in five of all deaths can be attributed to tobacco use. Most adults who use tobacco began doing so as children. Immediate health consequences for youth who use tobacco include impaired lung growth and function, increased respiratory illness, and poorer overall health. Early initiation of smoking has also been associated with increased risk of subsequent drug use and might be a marker for underlying mental health problems, such as depression.



Currently 8 percent of 8th graders, 13 percent of 10th graders and 20 percent of 12th graders smoke cigarettes.

Comprehensive school-based tobacco prevention programs have been shown to reduce youth tobacco use.¹

Tobacco-free School Policies and Procedures

State law requires that all school grounds be completely tobacco-free, and in fact 100 percent of school principals reported having a policy prohibiting tobacco use.

Principals reported that about 50 percent of secondary schools had an “ideal” tobacco policy that restricts anyone from using any type of tobacco by anyone, anywhere at anytime including non-school hours and at off-campus events.

Principals reported that two-thirds (65 percent) of secondary schools designated an individual with the primary responsibility for seeing that the tobacco use prevention policy was enforced.

There are a number of ways schools can enforce their tobacco-free policies and procedures. Research indicates that strongly enforced policies that support youth to quit using tobacco are more effective than policies with only punitive consequences like suspension.²

Principals reported secondary schools always or almost always take the following actions when students are caught smoking cigarettes:

- 95 percent informed parents or guardians.
- 93 percent referred to a school administrator.
- 41 percent encouraged education or cessation assistance.
- 40 percent referred to a school counselor.
- 39 percent suspended from school.
- 22 percent required education or cessation assistance.
- 18 percent given detention.
- 17 percent given in school suspension.

Principals reported about 27 percent of secondary schools provided tobacco cessation program referrals for faculty or staff, and about 79 percent of schools provided cessation referrals for students.

Despite strong policies and enforcement procedures, some students do not perceive that policies are enforced and are still using tobacco at school:



About 39 percent of 8th graders and 21 percent of 10th and 12th graders reported school tobacco policies were definitely enforced at their school.

¹ CDC (2001). “Effectiveness of school-based programs as a component of a statewide tobacco control initiative - Oregon, 1999-2000.” *Morbidity and Mortality Weekly Report (MMWR)* 50(31): 663.

² Pentz MA, B. B., Charlin VL, Barrett EJ, MacKinnon DP, Flay BR. (1989). “The power of policy: the relationship of smoking policy to adolescent smoking.” *American Journal of Public Health* 79(7): 857-62.



Among students who are current cigarette smokers, about 38 percent of 8th graders and 42 percent of 10th graders reported using tobacco on school property.

Prominent signs indicating the tobacco-free school zone are an important component of policy promotion and enforcement. Principals reported that most (84 percent) secondary schools have signs posted marking a tobacco-free school zone, that is a specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed.

Tobacco Prevention Instruction

Health teachers reported trying to increase student knowledge about tobacco hazards in required health education courses, including:

- 97 percent taught tobacco use prevention.
- 94 percent taught resisting peer pressure for unhealthy behaviors (i.e., refusal skills).



About 84 percent of 6th graders, 80 percent of 8th graders, and 74 percent of 10th graders reported receiving information in classes about the dangers of tobacco use once or more in the past year.

Health teachers reported teaching each of the following tobacco use prevention topics in a required health education course:

- 95 percent taught health consequences of cigarette smoking.
- 94 percent taught health, social environmental, and financial benefits of not smoking.
- 94 percent taught health consequences of smokeless tobacco.
- 93 percent taught addictive effects of nicotine.
- 92 percent taught how to “say no” to tobacco use.
- 91 percent taught health effects of secondhand smoke.
- 90 percent taught benefits of not using smokeless tobacco.

- 90 percent taught the number of tobacco illnesses and deaths.
- 88 percent taught media influences on tobacco use.
- 86 percent taught family influences on tobacco use.
- 84 percent taught how to support prevention.
- 84 percent taught how to support others to quit.
- 83 percent taught how many young people use tobacco.
- 82 percent taught social/cultural influences on tobacco use.
- 80 percent taught risks of cigar/pipe smoking.
- 74 percent taught how to find cessation information and services.
- 66 percent taught making a personal non-use commitment.

More work remains to improve knowledge among students:



About 62 percent of 6th graders and 75 percent of 8th and 10th graders think smoking a few cigarettes a day is harmful. About 70 percent of 6th graders and 65 percent of 8th and 10th graders think secondhand smoke is definitely harmful.

Tobacco Prevention Staff Development

To effectively teach tobacco prevention instruction, school staff still need education and training.

- About 32 percent of health teachers reported receiving staff development in tobacco prevention in the past two years.
- About 54 percent reported wanting to receive more staff development in tobacco prevention.

Tobacco Prevention Resources

Tobacco, drug, and weapon-free signs are available for all schools statewide from the Department of Health and Educational Service District Tobacco Prevention Programs. Links to ESD contacts are available at: <http://www.doh.wa.gov/tobacco/other/edcoord.htm>.



Asthma

The number of people with asthma is increasing nationally, and Washington State has been identified as having one of the highest rates in the nation. Having asthma can reduce quality of life, limit activities, and is associated with depression and suicidal thoughts among young people. Youth with asthma may miss school because of their condition, and those with more severe asthma symptoms are less likely to have high academic achievement than youth with few symptoms or those without asthma.



About 7 percent of 6th graders, 9 percent of 8th graders, and 10 percent of 10th graders currently have asthma.

Among students with asthma about 38 percent of 8th graders and 30 percent of 10th graders reported missing school because of their asthma during the past year.

Poor air quality at school can exacerbate asthma and is also associated with decreased student attendance for all students. Air in or around school may be protected or improved by managing of ventilation and filtration systems, using “green” cleaning practices, eliminating moldy building materials and sources of water leaks, reducing “idling” by school bus engines or others waiting to pick-up students, and retrofitting school buses with particle filters or oxidative catalytic converters.

Having an individualized asthma management plan is an important part of preventing or managing “asthma attacks,” regulating medication and reducing environmental triggers.



About one-third of youth with asthma reported ever having a written asthma plan to help them control their medications and exposures.

Asthma Policies and Procedures

During the 2005 session Washington legislators enacted Senate Bill 5841 (RCW 28A.210.370). This new law requires schools to allow children to self-carry asthma rescue medications, as authorized by parents and a healthcare provider. It also requires schools to adopt policies for asthma rescue procedures and to conduct staff training.

Principals reported most secondary schools were already implementing school-based asthma management procedures prior to new policy requirements:

- 94 percent allowed students to self-carry inhalers.
- 92 percent identified and tracked all students with asthma.
- 76 percent obtained and used asthma action plans (or individualized health plans) for all students with asthma.
- 37 percent provided intense case management for students with asthma who are absent 10 or more days per year.

Students with severe asthma may need accommodations to help them participate in physical education. Principals reported most secondary schools addressed this need with the following provisions:

- 94 percent encouraged full participation in PE when students with asthma are doing well.
- 88 percent provided modified PE activities as indicated by the student’s asthma action plan.



Asthma Instruction

Health teachers reported about 19 percent of secondary schools included asthma education as part of health curriculum in at least one grade.

About half (52 percent) of school principals reported that it is their policy to provide education for students with asthma about how to control their asthma.

Asthma Staff Development

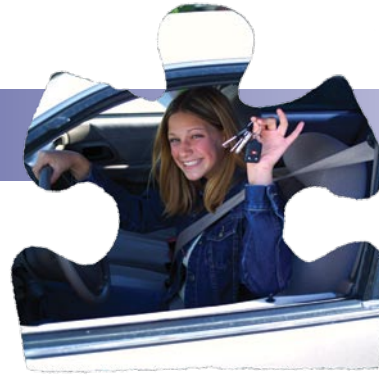
Principals reported about half (54 percent) of secondary schools educated their staff about asthma as part of an asthma prevention and control program.

Health teachers were not asked whether they wanted more training or development about asthma.

Asthma Resources

The American Lung Association of Washington and the Washington State Department of Health have partnered to provide the “Asthma Management in Educational Settings” (AMES) manual, a handbook for clinical management of asthma in school settings: <http://www.alaw.org/asthma/ames/>.

The Indoor Air Quality Tools for Schools (IAQ TFS) Kit shows schools how to carry out a practical plan of action to improve indoor air problems at little or no cost using straightforward activities and in-house staff. The toolkit is available at: <http://www.epa.gov/iaq/schools/toolkit.html>.



Violence and Suicide Prevention

Violence impacts the lives of many youth in Washington. School policies, resources, and curricula that address interpersonal violence like bullying, intimidation, and harassment, as well as educational materials and activities that promote prevention and safety can be effective strategies to create safe environments in schools.

About 90 percent of 6th graders and 80 percent of 8th and 10th graders report feeling safe at school.



About 5 percent of 8th graders and 7 percent of 10th graders report carrying a weapon on school property like a gun, knife, or club in the past month.

About 16 percent of 8th graders and 11 percent of 10th graders report getting into a fight at school in the past year.

Student bullying is another threat to feeling safe and potentially a sentinel indicator of school-based violence. For example, according to the national School Crime and Safety Report (2004),¹ 34 percent of schools with one or more violent incidents reported that bullying happened at least once a week, compared with 17 percent of schools with no violent incidents.



About 30 percent of 6th and 8th graders, and 20 percent of 10th graders reported being bullied in school during the past month.

Depression and suicide are both serious problems for teens. Youth suicide is the second leading cause of death for Washington youth ages 15–19 after unintentional injury.²

About 14 percent of 8th graders and 18 percent of 10th graders reported seriously considering suicide in the past year.



About 3 percent of 8th, 10th, and 12th graders reported attempting suicide that led to required medical assistance in the past year.

More than a quarter of 8th, 10th, and 12th graders reported feeling so sad or hopeless almost every day for two weeks that they stopped their usual activities.

Violence and Suicide Prevention Policies and Procedures

Washington State's Anti-Bullying law requires each school district to have a policy that prohibits the harassment, intimidation, or bullying of any student. It is the responsibility of each school district to share this policy with parents or guardians, students, volunteers, and school employees.

Principals reported that almost all (94 percent) secondary schools have written plans for responding to violence. Principals reported other specific actions taken by schools that may create safer school environments including:

¹ DeVoe, J.F., Peter, K., Kauffman, P., Miller, A., Noonan, M., Snyder, T.D., and Baum, K. (2004). *Indicators of School Crime and Safety: 2004* (NCES 2005-002/NCJ 205290). U.S. Departments of Education and Justice. Washington DC: U.S. Government Printing Office.

² Centers for Disease Control and Prevention WISQARS program injury data. Available from <http://www.cdc.gov/ncipc/wisqars>



- 99 percent required visitors to report to the office on arrival.
- 86 percent had staff or adult hall monitors.
- 74 percent had a closed campus all day (including not allowing students to leave during lunch periods).
- 42 percent had uniformed or undercover police or security guards.
- 29 percent conducted bag, desk, and locker checks.
- 16 percent prohibited backpacks.
- 4 percent required student identification badges.
- 4 percent had metal detectors.
- 2 percent required students to wear uniforms.

Schools addressing violence and suicide prevention have shown to be most successful when a comprehensive approach is taken. This includes prevention-focused policies and procedures, staff/faculty training, awareness campaigns, and providing immediate support for youth who are victims of violence or are suicidal/depressed.

Some secondary schools have implemented specific programs for students to address existing problems or to proactively promote safe school environments. Principals reported that schools implement the following programs:

- 68 percent had a bullying prevention program.
- 39 percent had a peer mediation program.
- 28 percent had a gang violence prevention program.
- 4 percent had a safe-passage to school program.

Violence and Suicide Prevention Instruction

Health teachers reported trying to increase student knowledge about safety by including the following specific topics in a required health education course:

- 87 percent taught violence prevention (such as bullying, fighting, or homicide).
- 74 percent taught suicide prevention.
- 80 percent taught accident or injury prevention.
- 88 percent taught conflict resolution.

Violence and Suicide Prevention Staff Development

About half (52 percent) of health teachers reported receiving staff development in violence prevention such as bullying, fighting, or homicide in the last two years. About two-thirds (67 percent) of health teachers would like to receive more.

About 27 percent of health teachers reported receiving staff development in suicide prevention during the past two years, and twice as many (64 percent) wanted to receive more.

Violence and Suicide Prevention Resources

A report on the implementation of Washington's Anti-Bullying Act can be found at:
www.safeschoolscoalition.org/bullyreport.

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services offers a Web based bullying prevention resource kit with fact sheets on best practices in bullying prevention and intervention:
<http://stopbullyingnow.hrsa.gov/>.

Washington State Youth Suicide Prevention Program (YSPP) provides training for adults who work with youth including teachers and school counselors. Many schools around the state are partnering with YSPP to implement comprehensive suicide prevention programs. Information is available at: <http://www.yspp.org/>.

School-based Youth Suicide Prevention Guide provides tools for assessing school suicide prevention efforts and provides resources for administrators to enhance their programs. Available at: <http://theguide.fmhi.usf.edu/>.



Sexual Health

Achieving healthy sexuality is a developmental process from birth to senior adulthood. Health education that includes information on sexual health provides students critical information and lays the foundation for future healthy adult relationships.

In Washington State among every 1,000 teen girls aged 15 to 17, approximately:

- 29 become pregnant.¹
- 16 are diagnosed with Chlamydia.²

According to national data³

- 47 percent of high school students report having sexual intercourse.
- Over 50 percent report having oral sex.
- 25 percent report having used alcohol or drugs before their last sexual activity.

HIV/AIDS Policy and Procedures

The AIDS Omnibus Act (RCW 28A.230.070) mandates that schools provide HIV prevention education no later than the 5th grade. Students must receive yearly instruction in the life-threatening dangers of acquired immunodeficiency syndrome, its spread, and its prevention.

¹ For more information about Washington State Birth Certificates please see http://www.doh.wa.gov/ehsphi/chs/chs-data/birth/bir_VD.htm.

² For more information about Washington State STD surveillance and rates please see <http://www.doh.wa.gov/cfh/STD/surveilstats.htm>.

³ Data cited are from the 2003 National Youth Risk Behavior Survey (YRBS) reported by Centers for Disease Control and Prevention Surveillance Summaries May 21,2004. MMWR 2004;53(SS-2): For more information on national YRBS data please see <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Sexual Health Instruction

Health teachers reported trying to increase students knowledge about sexual health with these specific topics as part of a required health education course:

- 97 percent taught HIV prevention.
- 92 percent taught human sexuality.
- 82 percent taught pregnancy prevention.
- 92 percent taught STD (sexually transmitted disease) prevention.



About half of students (57 percent of 8th graders and 49 percent of 10th graders) reported that their school was good or very good at educating them about HIV/AIDS.

Only 8–9 percent of students reported that they had not received HIV/AIDS education.

Health teachers reported teaching each of the following HIV prevention-specific topics in a required health education course:

- 96 percent taught abstinence as most effective method to avoid HIV infection.
- 95 percent taught how HIV is transmitted.
- 95 percent taught how HIV affects the body.
- 94 percent taught the influence of alcohol/drugs on HIV-related risk behaviors.
- 86 percent taught the number of young people who get HIV.
- 82 percent taught social/cultural influences on HIV-related risk factors.
- 81 percent taught how to find valid information on HIV testing and services.
- 80 percent taught compassion for people with HIV or AIDS.
- 75 percent taught how well condoms work (efficacy).
- 45 percent taught how to correctly use a condom.



Sexual Health Staff Development

Health teachers reported receiving staff development in the following sexual health areas during the past two years:

- 57 percent received training in HIV prevention.
- 31 percent received training in human sexuality.
- 17 percent received training in pregnancy prevention.
- 37 percent received training in STD prevention.

Health teachers reported wanting to receive more staff development in the following areas:

- 56 percent wanted more HIV prevention training.
- 50 percent wanted more human sexuality training.
- 50 percent wanted more pregnancy prevention training.
- 57 percent wanted more STD training.

Sexual Health Resources

Resources for HIV/STD prevention are available at the OSPI Web site:

<http://www.k12.wa.us/curriculumInstruct/healthfitness/prevention.aspx>.

The Guidelines for Sexual Health Information and Disease Prevention were jointly created by DOH and OSPI, in response to a bipartisan request from 41 State legislators. The voluntary guidelines provide a framework for medically and scientifically accurate sexual health education for Washington youth. This document is available on the OSPI Web site:

<http://www.k12.wa.us/curriculumInstruct/healthfitness/resources.aspx>.



Infectious Disease Prevention

Common infectious diseases can interfere with student learning including by keeping students from attending school. Because large numbers of students are housed together during the school day, disease can spread easily among students unless there is active disease monitoring and planning to control outbreaks. Additionally, some students or staff, such as those with chronic conditions, may be more vulnerable to disease or complications of disease.

Serious or potentially serious infectious diseases that can affect children and adults in school settings include the common cold, flu, chicken pox, conjunctivitis (pink eye), diarrhea, foodborne illness, hepatitis (types A, B, or C), AIDS, herpes, measles, mosquito-borne illness, sexually transmitted diseases (such as chlamydia, gonorrhea), strep throat, and tuberculosis.

Other “nuisance diseases” that do not pose serious health risks but can be disruptive include ringworm, athlete’s foot, and head lice.

Infectious Disease Policy and Procedure

Schools are required by state law to collaborate with local public health to control infectious disease (including notifying the health department of specific disease outbreaks), and should be prepared to help parents identify health resources for children when medical treatment is necessary. State law requires that students receive immunizations at specific ages, prior to entering school, for the purpose of preventing infectious disease outbreaks. Each school district should have a policy to address infectious disease.

School staff are also required to protect the confidentiality of persons with disease conditions, and may only release that information to others (including a school nurse or principal) who are responsible for disease control.

Principals reported about two-thirds (69 percent) of secondary school have a written policy that protects the rights of students and/or staff with HIV infection or AIDS.

Most schools with written policies have specific HIV management policies that address prevention, control, and confidentiality for students and staff who may be affected, including;

- 98 percent have policies to maintain confidentiality of HIV-infected students and staff.
- 98 percent have work site safety policies (universal precautions for all school staff).
- 95 percent have anti-discrimination procedures to protect HIV-infected students and staff.
- 94 percent have policy implementation procedures.
- 91 percent have policies regarding the attendance of students with HIV.
- 91 percent have adequate HIV infection training for staff.
- 86 percent communicate the policy to students, staff, and parents.
- 81 percent have confidential counseling for HIV infected students.



Infectious Disease Instruction

Just under half (46 percent) of health teachers reported educating students about immunizations and vaccinations as part of a required health education course.

Health teachers from most schools (72 percent of high schools and 83 percent of middle schools) reported educating students about personal hygiene, which can limit the spread of disease.

Additionally, almost two-thirds of health teachers from high schools (62 percent) and some from middle schools (37 percent) had students identify information about health services that are available in their communities.

About 70 percent of secondary school health teachers reported educating students about food safety.

See the “Sexual Health” fact sheet for additional information about HIV/AIDS and sexually transmitted disease instruction.

Infectious Disease Staff Development

Few health teachers reported receiving staff development on immunizations (17 percent) and personal hygiene (10 percent).

Somewhat more reported being interested in receiving staff development on these topics. About one-third of health teachers reported wanting more immunization training (32 percent) and personal hygiene training (36 percent).

Infectious Disease Resources

A comprehensive guide to managing infectious disease in school settings, *Infectious Disease Control Guide for School Staff* (April 2004), is available at the OSPI Web site:

<http://www.k12.wa.us/healthservices/pubdocs/InfectiousDiseaseControlGuide3-11-04.pdf>.

Information about immunization requirements for schools, sample parent letters, and schedules for youth immunizations is available at:

<http://www.doh.wa.gov/cfh/immunize/schools.htm>.

