School-Level Impact Measures (SLIMs)

Coordinated School Health

CSH 1.
The percentage of schools that have a designated individual (e.g., faculty member or administrative personnel) responsible for coordinating school health and safety programs and activities.

*This will no longer be a SLIM due to the high percentage of achievement. The nationwide median was 90.6% and the state range was 75.5-98.5% based on the 2008 School Health Profiles data.

CSH 2.
The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 10 or more of the following:
- School administration.
- Health education teachers.
- Physical education teachers.
- Mental health or social services staff.
- Nutrition or food service staff.
- Health services staff (e.g., school nurse).
- Maintenance and transportation staff.
- Student body.
- Parents or families of students.
- Community.
- Local health departments, agencies, or organizations.
- Faith-based organizations.
- Business
- Local government.

CSH 3.
The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in ~~any~~ *all* of the following areas:
- Physical Activity.
- Nutrition.
- Tobacco.

CSH 4.
The percentage of schools in which students' family ~~or~~ *and* community members have helped develop, communicate information about, or implement policies and programs on ~~any~~ *all* of the following health issues:
- Tobacco-use prevention.
- Physical activity.
- Nutrition and healthy eating.

CSH 5.
The percentage of schools in which all teachers who teach health education have teacher certification, licensure, or endorsement in health education.

CSH 6.
The percentage of schools in which those who teach health education are provided with all of the following:
- Goals, objectives, and expected outcomes for health education.
- A written health education curriculum.
- A chart describing the annual scope and sequence of instruction for health education.
- Plans for how to assess student performance in health education

CSH 7.
The percentage of schools that follow a written health education curriculum that addresses all the following:
- Comprehending concepts related to health promotion and disease prevention to enhance health.
- Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Accessing valid information and products and services to enhance health.
- Using interpersonal communication skills to enhance health and avoid or reduce health risks.
- Using decision-making skills to enhance health and avoid or reduce health risks.
- Using goal setting skills to enhance health and avoid or reduce health risks.
- Practicing health-enhancing behaviors to avoid or reduce risks.
- Advocating for personal, family, and community health.

CSH 8.
The percentage of schools that provide parents and families health information to increase parent and family knowledge of ~~any~~ *all* of the following health issues:
- Tobacco-use prevention.
- Physical activity.
- Nutrition and healthy eating.

School-Level Impact Measures (SLIMs)

CSH 9.
The percentage of schools that have a written school improvement plan that includes health-related goals and objectives on any of the following topics:

- *Health Education*
- *Physical Education and Physical Activity*
- *Nutrition Services and Foods and Beverages Available at School*
- *Health Services*
- *Mental Health and Social Services*
- *Healthy and Safe School Environment*
- *Family and Community Involvement*
- *Faculty and Staff Health Promotion*

2010 Changes noted in blue/bold/underline/italicized font.
Deletions are noted by strikethrough text.
*Text within boxes note SLIMs no longer available to select.

School-Level Impact Measures (SLIMs)

~ Physical Activity and Physical Education ~

PA/PE 1.
The percentage of schools in which physical education is taught only by physical education teachers or specialists with state certification, licensure, or endorsement to teach physical education.*
This SLIM will no longer be tracked by Profiles due to the high percentage of achievement. The nationwide median was 90.1% and in all but two states were over 70% based on the 2008 School Health Profiles data.

PA/PE 2.
The percentage of schools in which at least one physical education teacher or specialist received <u>professional development</u> on physical education during the past two years.

PA/PE 3.
The percentage of schools in which those who teach physical education are provided with all of the following:
• Goals, objectives, and expected outcomes for physical education.
• A written physical education curriculum.
• A chart describing the annual scope and sequence of instruction for physical education.
• Plans for how to assess student performance in physical education.

PA/PE 4.
The percentage of schools that do not allow exemptions from required physical education for participation in other activities (e.g., interscholastic sports, band, chorus, other academic classes).

PA/PE 5.
The percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities.

PA/PE 6.
The percentage of schools that teach about all of the following in a required course:
• Physical, psychological, or social benefits of physical activity.
• Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition).
• Phases of a workout (i.e., warm-up, workout, cool down).
• How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity).
• Developing an individualized physical activity plan.
• Monitoring progress toward reaching goals in an individualized physical activity plan.
• Overcoming barriers to physical activity.
• Decreasing sedentary activities such as television viewing.
• Opportunities for physical activity in the community.
• Preventing injury during physical activity.
• Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).
• Dangers of using performance-enhancing drugs such as steroids.

<u>PA/PE 7.</u>
<u>The percentage of schools that allow the use of their indoor physical activity or athletic facilities for community-sponsored classes or lessons outside of school hours or when school is not in session.</u>

School-Level Impact Measures (SLIMs)

~ Nutrition ~

NU 1.
The percentage of schools that do not sell the following foods and beverages anywhere at school <u>outside the school food service program</u>:
- Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries)
- Salty snacks that are not low in fat (e.g., regular potato chips)
- Candy (i.e., chocolate or non-chocolate candy)
- Soda pop or fruit drinks that are not 100% juice
- ***Sports drinks***

NU 2.
The percentage of schools that always offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered.

NU 3.
The percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating:
- Price nutritious food and beverage choices at a lower cost while increasing the price of <u>less nutritious foods and beverages</u>.
- Collect suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.
- Provide information on the nutrition and caloric content of foods available.
- Conduct taste tests to determine food preferences for nutritious items.
- Provide opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics.

NU 4.
The percentage of schools in which the lead health education teacher received <u>professional</u> <u>development</u> on nutrition education and dietary behavior during the past two years.

NU 5.
The percentage of schools that teach about all of the following in a required course:
- Benefits of healthy eating.
- Food guidance using MyPyramid.
- Using food labels.
- Balancing food intake and physical activity.
- Eating more fruits, vegetables, and whole grain products.
- Choosing foods that are low in fat, saturated fat, and cholesterol.
- Using sugars in moderation.
- Using salt and sodium in moderation.
- Eating more calcium-rich foods.
- Food safety.
- Preparing healthy meals and snacks.
- Risks of unhealthy weight control practices.
- Accepting body size differences.
- Signs, symptoms, and treatment for eating disorders.

NU 6.
The percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of <u>less nutritious foods and beverages</u> on school property.

School-Level Impact Measures (SLIMs)

~ Tobacco-Use Prevention ~

TOB 1.
The percentage of schools that follow a policy that mandates a "tobacco-free environment." A tobacco-free environment is one that prohibits tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on-school grounds, and at off-site school events, applicable 24 hours a day and seven days a week.

TOB 2.
The percentage of schools that implement a tobacco-free environment <u>policy</u> in all of the following ways:
- Provide visible signage.
- Communicate the policy to students, staff, and visitors.
- Designate an individual responsible for enforcement.
- Have a process in place for addressing violations.
- Use remedial rather than punitive sanctions for violators.
- Tailor consequences to the severity and frequency of the violation.
- Communicate student violations to their parents/families.

TOB 3.
The percentage of schools that teach about all of the following in a required course:
- Identifying tobacco products and the harmful substances they contain.
- Identifying short and long-term health consequences of tobacco use.
- Identifying legal, social, economic, and cosmetic consequences of tobacco use.
- Understanding the addictive nature of nicotine.
- Effects of tobacco use on athletic performance.
- Effects of second-hand smoke and benefits of a smoke-free environment.
- Understanding the social influences on tobacco use, including media, family, peers, and culture.
- Identifying reasons why students do and do not use tobacco.
- Making accurate assessments of how many peers use tobacco.
- Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).
- Using goal-setting and decision-making skills related to not using tobacco.
- Finding valid information and services related to tobacco-use prevention and cessation.
- Supporting others who abstain from or want to quit using tobacco.
- Supporting school and community action to support a tobacco-free environment.
- Identifying harmful effects of tobacco use on fetal development.

TOB 4.
The percentage of schools that coordinate their tobacco prevention messages and programs with community and mass-media tobacco prevention efforts in the following ways:
- Gathering and sharing information about mass-media messages or community-based tobacco-use prevention efforts with students and families.
- Working with local agencies and organizations to plan and implement events or programs intended to reduce tobacco use.

TOB 5.
The percentage of schools that provide <u>tobacco-use cessation</u> services to faculty, staff, and students through direct service at school or arrangements with providers not on school property.

TOB 6.
The percentage of schools in which the lead health education teacher received <u>professional</u> <u>development</u> on tobacco prevention education during the past two years.

School-Level Impact Measures (SLIMs)

Human Immunodeficiency Virus (HIV) Prevention

HIV 1.
The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:
- The differences between HIV and AIDS.
- How HIV and other STD are transmitted.
- How HIV and other STD are diagnosed and treated.
- Health consequences of HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STD, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- Communication and <u>negotiation</u> skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Compassion for persons living with HIV or AIDS.

HIV 2.
The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:
- The relationship among HIV, other STD, and pregnancy.
- The relationship between alcohol and other drug use and risk for HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STD, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- Communication and <u>negotiation</u> skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.

HIV 3.
The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:
- Efficacy of condoms, that is, how well condoms work and do not work in reducing the risk of STD transmission, including HIV.
- The importance of using condoms consistently and correctly in reducing the risk of STD transmission, including HIV.
- ***How to correctly use a condom.***
- How to obtain condoms.

HIV 4.
The percentage of schools that deliver HIV, STD, and pregnancy prevention <u>programs</u> (including after school or supplemental programs) that meet the needs of ethnic/racial minority <u>youth at high risk</u> (e.g., black, Hispanic, or American Indian youth) by doing all of the following:
- Providing curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.
- Providing curricula or supplementary materials in the primary languages of the youth and families.
- Facilitating access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community.
- Facilitating access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community.
- Requiring <u>professional development</u> for school staff on HIV, STD, and pregnancy prevention issues and resources for these youth.

HIV 5.
The percentage of schools that provide parents and families health information to increase parent and family knowledge of HIV prevention, STD prevention, and teen pregnancy prevention.

HIV 6.
The percentage of schools in which students' family and community members have helped develop or implement HIV prevention, STD prevention, and teen pregnancy prevention <u>policies</u> and <u>programs</u>.

School-Level Impact Measures (SLIMs)

Human Immunodeficiency Virus (HIV) Prevention SLIMs

HIV 7.
The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following:
- Describing how widespread HIV and other STD infections are and the consequences of these infections.
- Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.
- Identifying populations of youth who are at high risk of being infected with HIV and other STDs.
- Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.

HIV 8.
The percentage of schools in which the lead health education teacher received professional development on at least six (6) of the following during the past 2 years:
- Teaching HIV prevention to students with physical, medical, or cognitive disabilities.
- Teaching HIV prevention to students of various cultural backgrounds.
- Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities.
- Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.
- Teaching about health-promoting social norms and beliefs related to HIV prevention.
- Strategies for involving parents, families and others in student learning of HIV prevention education.
- Assessing students' performance in HIV prevention education.
- Implementing standards-based HIV prevention education curricula and student assessment.
- Using technology to improve HIV prevention education instruction.
- Teaching HIV prevention to students with limited English proficiency.
- Addressing community concerns and challenges related to HIV prevention education.

HIV 9.
The percentage of schools that ~~have~~ *follow* a policy or policies that address all of the following issues:
- Attendance of students with HIV infection.
- Procedures to protect HIV-infected students and staff from discrimination.
- Maintaining confidentiality of HIV-infected students and staff.

HIV 10.
The percentage of schools that implement HIV, other STD, and pregnancy prevention strategies that meet the needs of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth by doing all of the following:
- *Providing curricula or supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology).*
- *Identifying "safe spaces" such as a counselor's office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff.*
- *Prohibiting harassment based on a student's perceived or actual sexual orientation or gender identity*
- *Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth.*
- *Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.*
- *Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.*

School-Level Impact Measures (SLIMs)

Asthma Management

AS 1.
The percentage of schools that have ever assessed their asthma <u>policies</u>, activities, and <u>programs</u> by using the School Health Index or similar self-assessment tool.

AS 2.
The percentage of schools in which students' family ~~or~~ **and** community members have helped develop or implement <u>asthma management</u> <u>policies</u> and <u>programs</u>.

AS 3.
The percentage of schools that have on file an asthma action plan for all <u>students with known asthma</u>.

AS 4.
The percentage of schools that implement a <u>policy</u> permitting students to carry and self administer asthma medications in both of the following ways:
- Communicate the policy to students, parents and families
- Designate an individual responsible for implementing the policy

AS 5.
The percentage of schools requiring that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action, as a part of annual staff development.

AS 6.
The percentage of schools that have a <u>full-time</u> registered school nurse on-site during school hours.

AS 7.
The percentage of schools that have a designated and <u>secure</u> storage location for quick relief asthma medications that is accessible at all times by the school nurse or his/her designee.*

This SLIM will no longer be tracked by Profiles due to the high percentage of achievement. The median among the 19 local school district participating in Profiles 2008 was 67.8-100% based on the 2008 School Health Profiles data.

AS 8.
The percentage of schools that identify students diagnosed with asthma using two or more sources of school health information (e.g., student emergency cards, medication records, health room visit information, emergency care plans, physical exam forms, parent notes).*

This SLIM will no longer be tracked by Profiles due to the high percentage of achievement. The median among the 19 local school district participating in Profiles 2008 was 93.6% and the range is 83.9-100%.

AS 9.
The percentage of schools that identify <u>students with poorly controlled asthma</u> by keeping track of them in at least three of the following ways:
- Frequent absences from school.
- Frequent visits to the school health office due to asthma.
- Frequent asthma symptoms at school.
- Frequent non-participation in physical education class due to asthma.
- Students sent home early due to asthma.
- Calls from school to 911, or other local emergency numbers, due to asthma.

School-Level Impact Measures (SLIMs)

AS 10.
The percentage of schools that provide intensive case management for <u>students with poorly controlled asthma</u> at school. These intensive services should include all of the following:

- Providing referrals to primary healthcare clinicians or child health insurance programs.
- Ensuring an appropriate written asthma action plan is obtained.
- Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school.
- Offering asthma education for the student with asthma ***and his/her family.***
- Minimizing asthma triggers in the school environment.
- Addressing social and emotional issues related to asthma.
- Providing additional psychosocial counseling or support services as needed.
- Ensuring access to safe, enjoyable physical education and activity
- Ensuring access to preventive medications before physical activity.

AS 11.
The percentage of schools that provide parents and families of students with asthma information to increase their knowledge about <u>asthma management</u>.

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*Text within boxes note SLIMs no longer available to select.