

**Status of School Health Education in
North Carolina High Schools**

Findings of the 2002 School Health Education Principals' Survey

Report Prepared

by

Michael Felts, PhD

Department of Health Education & Promotion

School of Health and Human Performance

East Carolina University

March 2003

Highlights

- Survey return rates of 72% for the combined middle/high school sample were the highest in the ten history of similar survey efforts.

- Required Health Education
 - Required health education was reported taught in 98% of ninth grades, 21% of tenth grades, 9% of eleventh grades and 9% of twelfth grades.

- Health Education Coordination
 - Nearly one-half (48%) of respondents stated that coordination was the responsibility of a health education teacher.
 - Fifty-nine percent of respondents reported the existence of such advisory groups at their schools.

- Physical Education and Physical Activity Programs
 - All respondents (100%) students failing required physical education were required to repeat the class.
 - Seventy-three percent of respondents reported that physical activity was not used as punishment in the physical education.
 - Ninety –seven percent of respondents reported that a newly hired physical education teacher or specialist was required to be certified, licensed, or endorsed by the state in physical education.
 - Approximately one-half of respondents (55%) reported that students had the opportunity to participate in intramural activities.
 - Only 11% of respondents reported school provision of transportation for students participating in after-school intramural of physical activity clubs.
 - Ninety-three percent of respondents said that school facilities were used for community-sponsored sports or physical activity programs.

- Tobacco Prevention Policies
 - All (100%) of respondents reported that tobacco use in all forms (cigarettes, cigars, pipes, and smokeless tobacco) was prohibited for students while two-thirds (66%) reported prohibitions for faculty/staff and visitors.
 - Tobacco use was generally prohibited in school buildings for everyone but in other circumstances prohibitions generally existed in only about one-half of reporting schools.
 - All respondents reported the existence of procedures to inform students, faculty/staff and visitors about policies prohibiting tobacco use.
 - Fifty-six percent of respondents reported providing referrals for students for tobacco cessation while only 14% reported doing so for faculty and staff.
 - Approximately 94% of respondents reported that tobacco advertising was prohibited on all school property and in school-sponsored media.

- Nutrition-related Policies and Practices
 - Seventy-five percent of respondents reported that students had 20 minutes of more to eat lunch.
 - Thirty-seven percent of respondents reported that their school or district had policies requiring fruits or vegetables as choice options at school events where food was available.
 - Virtually all respondents (96%) reported that students could purchase snack foods and beverages from vending machines on school grounds.
 - Seventy-two percent reported that students could purchase snack foods before school, 39% during school and 57% after school.

- Violence Prevention
 - All schools (100%) required visitor check in, virtually all schools (98%) used some form of professional security during the school day and most (84%) maintained closed campuses.

- Two-thirds (64%) conducted routine bag, desk and locker checks and about one-half (46%) used metal detectors.
 - Virtually all (99%) of respondents reported the existence of a written plan to respond to violence at their school.

- Asthma Management Activities
 - Virtually all schools allowed asthmatic students immediate access to medications (97%) and encouraged full participation in physical education activities (95%).
 - Two thirds of schools (68%) reported efforts of identify and track students with asthma.

- HIV Infection Policies
 - Sixty-one percent of respondents reported to have written policies regarding students or staff with HIV infection or AIDS.

SUMMARY REPORT
2002 SCHOOL HEALTH EDUCATION PROFILE
SCHOOL PRINCIPALS (9-12)

Introduction

During the Spring of 2002 the Department of Health Education and Promotion, School of Health and Human Performance, East Carolina University under a contract from the North Carolina Department of Public Instruction, surveyed principals and health education teachers in randomly selected schools containing any grades 6-12 regarding the nature of health education programs in their schools. Two survey instruments were mailed to each principals and teacher and each selected school. The School Health Education Profile Surveys developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of 75 states, local and territorial departments of education. These instruments were specifically designed to monitor the status of school health education, including education to prevent HIV infection, STD, and other important health problems, at the middle/junior high school and senior high school levels. A work group selected by the Healthful Living section of the NC Department of Public Instruction developed supplemental instruments for both principals and teachers. These questionnaires provided a more in-depth look at several of the areas addressed on the School Health Education Profile Surveys.

Sampling and Survey Procedures

All regular secondary public schools having at least one of the grades 6 through 12 were included in the sampling frame. Systematic equal probability sampling with a random start was used to select schools for the survey. Schools were sorted by estimated enrollment in the target grades within school grade level (middle schools, other) before sampling. This procedure resulted in the selection of 429 schools. The initial packets were mailed to the “principal” and “lead health educator” of each selected school and contained a letter explaining the survey procedure, the two survey instruments and an addressed return envelop with postage. Table 1 summarizes the mailing protocol used for the two surveys.

Table 1. Mailing protocol for school health profile surveys.

Action	Dates of action	
	Principal's Survey	Teacher's Survey
Letter from state superintendent sent to superintendents of all districts of containing participating schools	Late January	Late January
Initial mailing of survey instruments	Early March	Late March
Follow-up postcards to non-respondents	Late March	Early April
Follow-up letter from SDPI with incentives	Early May	Early May

Usable pairs of usable questionnaires were received from 310 out of 429 sampled principals (72%) and 251 out of 429 sampled teachers (58%). In 2000 forty-four percent of sampled principals and forty-three percent of sampled teachers returned surveys. Data from the School Health Education Profile instruments was processed by WESTAT in accordance with CDC contract protocol. Data from the locally generated supplemental instruments was processed at East Carolina University and then combined with the School Health Education Profile data set. The results provide an important description of school health education in a large number of schools.

This report presents data from the 118 principals who reported that their schools contained grades nine through twelve in response to question one on the survey.

REQUIRED HEALTH EDUCATION

Questions two through six demonstrated the extent to which health education is required and the grades in which required health education is taught in schools. The Institute of Medicine (IOM) has recommended that schools require at least a one-semester health education course at the secondary school level (IOM, 1997). School health education could be one of the most effective means to reduce and prevent some of the most serious health problems in the U.S., including cardiovascular disease, cancer, motor-vehicle crashes, homicide, and suicide (IOM, 1997).

QUESTION 2: Is health education required for students in any of grades 6 through 12 in this school?

All 118 respondents responded YES to this item.

QUESTION 3: Is required health education taught in each of the following ways to students in grades 6 through 12 in this school?

Ninety-six percent of respondents stated the required health education was taught in combination with physical education. Sixteen percent stated that it was offered in combination with courses such as science, social studies, home economics, or English. The total is greater than 100% reflecting the fact that in some schools more than one mode of delivery existed.

QUESTION 4: How many required health education courses do students take in grades 6 through 12 in this school?

Eighty-one percent of respondents reported that students took one required health education course in their school. Seven percent reported the students took two courses and seven percent reported three or more.

QUESTION 5: Is a required health education course taught in each of the following grades in this school?

Required health education was reported taught in 98% of ninth grades, 21% of tenth grades, 9% of eleventh grades and 9% of twelfth grades.

QUESTION 6: During this school year, about what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request?

Sixty-two percent of respondents reported the students could not exempt from required health education while 36% reported that less than one percent were exempt during any school year.

Results of the School Health Policies and Programs Study 2000 (SHPPS 2000) indicate that most states require elementary schools (80.4% of states), middle/junior high schools (80.4% of states), and senior high schools (80.4% of states) to teach some type of health education. Nationwide, 88.3% of schools require health education in a specific grade, while 41.1% of middle/junior high schools and 38.4% of senior high schools require specific health education courses in more than one grade (Kann et al, 2001).

HEALTH EDUCATION COORDINATION

Personnel responsible for coordination

Question seven measured the coordination of health education programs. Management and coordination by a professional who is trained in health education is a necessary component of effective health education (National Commission of the Role of the School and the Community in Improving Adolescent Health, 1990).

QUESTION 7: Who coordinates health education in this school?

Table 2 contains the response data for this item. Nearly one-half (48%) of respondents stated that coordination was the responsibility of a health education teacher. Nearly one-quarter (23%) of respondents reported coordination by a district curriculum coordinator.

Table 2. Coordination of school health education programs.

	Number	Response Frequency	Percent
No one coordinates health education in this school	113	3	3
District administrator	113	7	6
District health education or curriculum coordinator	113	25	23
School administrator	113	19	17
Health education teacher	113	54	48
School nurse	113	1	1
Someone else	113	4	3

Nationwide, approximately two-thirds (62.7%) of schools have someone to oversee or coordinate health education (Kann et al, 2001)

Presence of school health advisory committees

Question eight measured the presence of a health committee or advisory group within the school and/or school district. Support from outside advisory councils often builds support for school health initiatives. Involvement of parents, community members, and other professionals is a key element of school health programs (Allensworth, 1993; Epstein, 1995; Kolbe, 1993; Lohrmann and Wooley, 1998).

QUESTION 8: Does this school or school district 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?

Fifty-nine percent of respondents reported the existence of such advisory groups at their schools.

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY PROGRAMS

Student participation in required physical education programs

Questions nine through eleven measured the extent to which physical education is required for students in grades 6 through 12. The CDC's Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People notes that physical education can increase students' knowledge, physical activity in physical education class, and overall physical fitness. Daily physical education from kindergarten through 12th grade is recommended by the American Heart Association and the National Association for Sport and Physical Education (CDC, 1997).

QUESTION 9: Is physical education required for students in any of grades 6 through 12 in this school?

Virtually all respondents (99%) reported that required physical education in their schools.

QUESTION 10: Can students be exempted from taking required physical education for any of the following reasons?

None of the respondents reported that exemptions being granted from required physical education for reasons such as sports participation, ROTC, marching band or other course requirements.

QUESTION 11: If students fail required physical education, are they required to repeat it?

All respondents (100%) students failing required physical education were required to repeat the class.

Most states required elementary schools (78.4% of states), middle/junior high schools (85.7% of states), and senior high schools (82.4% of states) to teach physical education. Additionally, 96.4% of schools required students to take some form of physical education. Among schools that required physical education, 74.4% give students a grade and 12.0% use a pass/fail system. One-fourth (26.6%) of schools that give grades for physical education require students to repeat the course if they receive a failing grade (Burgeson et al, 2001). Of those schools allowing students to be exempted from physical education, 66.3% of schools nationwide, allowed students to be

excused due to permanent disability. Nationwide, 41.3% of schools allowed exemptions from physical education due to religious reasons, while 31.4% of nationwide schools exempted students from physical education because of cognitive disability.

Use of physical activity as punishment

Questions twelve and thirteen measured the extent to which faculty and staff use physical activity as a means of punishment for bad behavior. The physical and social environment should support safe and enjoyable physical activity and discourage the use or withholding of physical activity as punishment. The use of physical activity as punishment risks creating negative associations with physical activity for young persons. Withholding physical activity denies students the health benefits of physical activity (CDC, 1997).

QUESTION 12: Are faculty and staff at this school allowed to use physical activity, such as laps or push-ups, to punish students for bad behavior in physical education?

Seventy-three percent of respondents reported that physical activity was not used as punishment in the physical education.

QUESTION 13: Are faculty and staff at this school allowed to make students miss all or part of physical education as punishment for bad behavior in another class?

Only 8% of respondents reported it was permissible to make students miss physical education class as punishment for bad behavior in another class.

Nationwide, 67.0% of schools do not allow staff to use physical activity to punish students. In addition, 72.2% of schools nationwide do not allow staff to exclude students from physical education as a punishment for bad behavior (Burgeson et al, 2001).

Qualifications of physical education staff

Question fourteen measured the qualifications of newly hired physical education staff. The National Association for Sport and Physical Education (NASPE) recommends that those who teach physical education have grade specific preparation (Marx et al, 1998).

QUESTION 14: Is a newly hired physical education teacher or specialist required to be certified, licensed, or endorsed by the state in physical education?

Ninety –seven percent of respondents reported that a newly hired physical education teacher or specialist was required to be certified, licensed, or endorsed by the state in physical education.

Nationwide, 80.6% of schools required newly-hired physical education staff to have undergraduate or graduate training in physical education or a related field, and 73.2% of schools require newly-hired physical education staff to be state certified, licensed, or endorsed in physical education. (Burgeson et al, 2001).

Provision of intramural activities

Questions fifteen and sixteen measured the extent to which students are provided transportation home from after-school activities and the extent to which students are provided the opportunity to participate in activities and clubs outside of the regular school day. According to the National Association for Sport and Physical Education, interscholastic athletics, intramural sports, and recreation clubs contribute to the physical and social development of young people (NASPE, 1994). Lack of transportation may be a limiting factor for some students to participate in intramural activities or physical activity clubs. By providing transportation, a broader population of students is given the opportunity to participate in such activities, thus promotion healthier lifestyles.

QUESTION 15: Does this school offer students opportunities to participate in intramural activities or physical activity clubs?

Approximately one-half of respondents (55%) reported that students had the opportunity to participate in intramural activities.

QUESTION 16: Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs?

Only 11% of respondents reported school provision of transportation for students participating in after-school intramural of physical activity clubs.

Almost half (47.0%) of schools nationwide offer students the opportunity to participate in intramural activities or physical activity clubs. Of schools that provide intramural activities or physical activity clubs, 14.7% provide transportation home for students who participate (Burgeson et al, 2001).

Utilization of school facilities for community sponsored sports programs

Question seventeen measured the extent to which students have access to the school's facilities for sports teams or other physical activity programs. School spaces and facilities should be available to young people before, during, and after the school day, on weekends, and during summer and other vacations. These spaces and facilities also should be available to community agencies and organizations offering physical activity programs (CD, 1997).

QUESTION 17: Outside of school hours or when school is not in session, do children or adolescents use any of this school's activity or athletic facilities for community-sponsored sports teams or physical activity programs?

Ninety-three percent of respondents said that school facilities were used for community-sponsored sports or physical activity programs.

In 66.3% of schools nationwide, students use the school's facilities outside of school hours for community-sponsored sports teams; in 37.3% of schools for community-sponsored supervised "open gym", and in 31.0% of schools for community-sponsored physical activity classes (Burgeson et al, 2001).

TOBACCO PREVENTION POLICIES

Questions eighteen through thirty measured the extent to which schools are following the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (CDC, 1994).

Because tobacco is the most preventable form of mortality in the United States (CDC, 1998), it is important to restrict use or exposure to cigarettes and tobacco products at an early age. The 1999 Youth Risk Behavior Survey reported that 70.4% of high school students surveyed had ever tried smoking cigarettes (even one or two puffs). Approximately one third (34.8%) of students nationwide reported current cigarette use (Kann et al, 2000).

QUESTION 18: Has this school adopted a policy prohibiting tobacco use?

All (100%) respondents reported that their school had a policy prohibiting tobacco use.

QUESTION 19: Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups?

All (100%) of respondents reported that tobacco use in all forms (cigarettes, cigars, pipes, and smokeless tobacco) was prohibited for students while two-thirds (66%) reported prohibitions for faculty/staff and visitors.

QUESTION 20: Does the tobacco policy specifically prohibit tobacco use in each of the following times for each of the following groups?

Table 3 summarizes the responses to this question. All respondents reported that students were prohibited from using tobacco during school hours while two-thirds reported the same prohibition for faculty/staff and visitors.

Table 3. Prohibition of tobacco use by time of day.

	Number	Frequency	Percent
During school hours			
Students	116	116	100
Faculty/Staff	115	75	66
Visitors	114	76	67
During non-school hours			
Students	115	99	86
Faculty/Staff	114	51	45
Visitors	114	39	34

QUESTION 21: Does the tobacco policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Table 4 summarizes the responses to this item. Students were generally prohibited from using tobacco in all circumstances. Tobacco use was generally prohibited in school buildings for everyone but in other circumstances prohibitions generally existed in only about one-half of reporting schools.

Table 4. Policies regarding tobacco use by location.

	Number	Frequency	Percent
In school buildings			
Students	116	114	98
Faculty/Staff	114	106	93
Visitors	114	105	92
On school grounds			
Students	116	113	97
Faculty/Staff	114	61	55
Visitors	113	51	45
In school buses or other vehicles used to transport students			
Students	115	113	98
Faculty/Staff	114	104	91
Visitors	114	102	90
At off-campus, school-sponsored events			
Students	115	108	94
Faculty/Staff	112	61	55
Visitors	112	29	26

QUESTION 22: Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco?

All respondents reported the existence of procedures to inform students, faculty/staff and visitors about policies prohibiting tobacco use.

QUESTION 23: Does your school have procedures to inform parents about the policy that prohibits tobacco use by students?

All respondents reported the existence of procedures to inform parents about the policy that prohibits tobacco use by students.

QUESTION 24: Does your school designate an individual who has primary responsibility for seeing that the tobacco use prevention policy is enforced?

One-half (51%) of respondents reported having someone designated in their school for seeing that the tobacco use prevention was enforced.

QUESTION 25: When students are caught smoking cigarettes, how often are each of the following actions taken?

Table 5 displays data related to responses generate to this question. Practices related to students who were caught smoking varied widely with the most common being referral to a school administrator and notification of parents or guardian.

Table 5. Practice related to students who are caught smoking.

Number	Number	Frequency	Percent
Parents or guardians are informed			
Never	116	0	0
Rarely	116	3	2
Sometimes	116	8	7
Always or almost always	116	105	91

Table 5. Practice related to students who are caught smoking. (con't)

Referred to a school counselor

Never	113	13	11
Rarely	113	40	35
Sometimes	113	46	41
Always or almost always	113	14	12

Referred to a school administrator

Never	116	0	0
Rarely	116	0	0
Sometimes	116	2	2
Always or almost always	116	114	98

Encouraged, but not required to participate in an assistance, education, or cessation program

Never	111	25	22
Rarely	111	21	19
Sometimes	111	43	39
Always or almost always	111	22	20

Required to participate in an assistance, education, or cessation program

Never	115	45	38
Rarely	115	19	17
Sometimes	115	31	27
Always or almost always	115	20	17

Table 5. Practice related to students who are caught smoking. (con't)

Referred to legal authorities

Never	114	68	60
Rarely	114	32	27
Sometimes	114	13	12
Always or almost always	114	1	1

Placed in detention

Never	116	24	21
Rarely	116	12	11
Sometimes	116	50	43
Always or almost always	116	30	25

Given in-school suspension

Never	115	22	19
Rarely	115	6	5
Sometimes	115	55	48
Always or almost always	115	32	28

Suspended from school

Never	114	5	4
Rarely	114	10	9
Sometimes	114	71	62
Always or almost always	114	28	25

QUESTION 26: Does your school provide referrals to tobacco cessation programs for each of the following groups?

Fifty-six percent of respondents reported providing referrals for students while only 14% reported doing so for faculty and staff.

QUESTION 27: Is tobacco advertising prohibited in each of the following locations?

Approximately 94% of respondents reported that tobacco advertising was prohibited on all school property and in school-sponsored media.

QUESTION 28: Is tobacco advertising through sponsorship of school events prohibited?

Ninety percent of respondents reported that tobacco advertising was prohibited at school events.

QUESTION 29: Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?

Approximately three-fourths (77%) of respondents reported that students were prohibited from wearing tobacco brand-name apparel in school.

QUESTION 30: Does your school post signs 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?

Fifty-five percent of respondents said they their schools had designated tobacco-free zones.

Nationwide, 93.9% of schools have a policy on prohibiting tobacco advertisements in school buildings, on school grounds, on school buses, or in school publications. Additionally, 81.5% of schools do not allow students to wear tobacco brand-name apparel or carrying merchandise showing tobacco logos, company names, or cartoon characters (Small et al, 2001).

NUTRITION-RELATED POLICIES AND PRACTICES

Time allowed for lunch

Question 31 measured the allotted amount of time students have to eat their lunch. Many nutrition experts believe that students are more likely to eat well if they have a pleasant dining experience in the cafeteria. Having ample time to eat without having to rush is a major component of a pleasurable dining experience. The American Food Service Association has established 20 minutes once seated as a standard for the amount of time needed to create a pleasurable dining experiences (Marx et al, 1998).

QUESTION 31: How long do students usually have to eat lunch once they are seated?

Seventy-five percent of respondents reported that students had 20 minutes of more to eat lunch.

Nationwide, 80.3% of schools give students at least 20 minutes to eat lunch once they are seated.

On average students have 23.9 minutes to eat lunch once they are seated (Wechsler et al, 2001).

Snack food and beverage availability

Questions thirty-two through thirty-five measure the extent to which students have access to (healthy) snack foods and beverages throughout the school day or after school. Many schools offer foods and beverages in after-school programs, school stores, snack bars, or canteens. As recommended by the CDC Guidelines for School Health Programs to Promote Lifelong Healthy Eating, healthy and appealing foods should be available in meals, a la carte items, snack bars, and vending machines. Additionally, schools should discourage foods high in fat and sodium and with added sugars (e.g., candy, fried foods, chips, and soda) (CDC, 1996).

QUESTION 32: Does this school or district have a policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands?

Thirty-seven percent of respondents reported that their school or district had policies requiring fruits or vegetables as choice options at school events where food was available.

QUESTION 33: Can students purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar?

Virtually all respondents (96%) reported that students could purchase snack foods and beverages from vending machines on school grounds.

QUESTION 34: Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar?

Table 6 details the types of snack foods that respondents reported could be purchased on school grounds. A majority of respondents reported that most items listed were available.

Table 6. Snack foods that can purchased on school grounds.

	Number	Frequency	Percent
Chocolate candy	110	72	66
Other kinds of candy	110	83	76
Salty snacks that are not low in fat, such as regular potato chips	111	103	93
Salty snacks that are low in fat, such as pretzels, baked chips, or other low fat chips	109	100	92
Fruits or vegetables	110	48	43
Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	110	83	76
Soft drinks, sports drinks, or fruit drinks that are not 100% juice	111	111	100
100% fruit juice	109	96	88
Bottled water	111	109	98

QUESTION 35: Can students purchase snack foods or beverages during the following times?

Seventy-two percent reported that students could purchase snack foods before school, 39% during school and 57% after school.

Nationwide, 26.3% of elementary schools, 62.0% of middle/junior high, and 94.9% of senior high schools have one or more vending machines at the school from which students can buy food or beverages. Students are able to buy foods or beverages that are high in fat, sodium, or added sugars in 79.5% of schools with either vending machines or a school store, canteen, or snack bar. Approximately two-thirds (70.7%) of these schools permit students to purchase these items during the lunch period. Additionally, 23.1% of elementary schools, 31.5% of middle/junior high schools, and 54.2% of senior high schools that sell those foods do so during any school hours when meals are not being served (Wechsler et al, 2001).

VIOLENCE PREVENTION

Crime prevention and security programs

Questions thirty-six and thirty-seven measure the extent to which violence prevention programs are implemented and the extent to which a variety of security measures are enforced at the school level. The Safe and Drug-Free and Communities Act of 1994 provides federal funds for programs to prevent violence in and around schools (20 U.S.C.S., 2001).

QUESTION 36: Does your school implement each of the following safety and security measures?

Table 7 summarizes the safety and security measures reported by principals as implemented at their school. All schools (100%) required visitor check in, virtually all schools (98%) used some form of professional security during the school day and most (84%) maintained closed campuses. Two-thirds (64%) conducted routine bag, desk and locker checks and about one-half (46%) used metal detectors.

Table 7. School safety and security measures.

	Number	Frequency	Percent
Require visitors to report to the main office or reception area upon arrival	117	117	100
Maintain a "closed campus" where students are not allowed to leave school during the day, including during lunch	117	98	84
Use staff or adult volunteers to monitor school halls during and between classes	117	112	96
Routinely conduct bag, desk, or locker checks	116	74	64
Prohibit students from carrying backpacks or book bags at school	116	23	21
Require students to wear school uniforms	117	1	1
Require students to wear identification badges	117	13	11
Use metal detectors	117	52	46
Have uniformed police, undercover police, or security guards during the regular school day	117	115	98

QUESTION 37: Does your school have or participate in each of the following programs?

Two-thirds of respondents (68%) said their schools used peer mediation programs, one-third (35%) had programs to prevent bullying and one-fourth (26%) had gang violence prevention programs.

Nationwide, 63% of all elementary and middle/junior high schools participate in programs to prevent bullying, and 93.5% of schools prohibit harassment of students by other students (Small et al, 2001).

School violence response plans

This question measures the presence of a written plan as a response to school violence. Effective and safe schools are well prepared for any potential crisis or violent acts (Dwyer, Osher, Warger, 1998).

QUESTION 38: Does your school have a written policy for responding to violence at the school?

Virtually all (99%) of respondents reported the existence of a written plan to respond to violence at their school.

Most schools (86.4%) nationwide have written policies for responding to violence at schools (Small et al, 2001).

ASTHMA MANAGEMENT ACTIVITIES

Question thirty-nine measures the extent to which various asthma management activities are utilized at the school. Recommendations for school health services for students from the American Lung Association/Kaiser Permanente National Conference include: having a full-time registered nurse all day, every day for each school; identifying and tracking all students with asthma; assuring an immediate access to medications as prescribed by a doctor and approved by parents; and using standard emergency protocols for students with respiratory distress. (Kaiser Permanente. American Lung Association, 2000).

QUESTION 39: Does your school implement each of the following school-based asthma management activities?

Table 8 summarizes the asthma management activities respondents reported occurring in their schools. Virtually all schools allowed asthmatic students immediate access to medications

(97%) and encouraged full participation in physical education activities (95%). Two thirds of schools (68%) reported efforts of identify and track students with asthma.

Table 8. Asthma management activities in schools.

	Number	Frequency	Percent
Provide a full-time registered nurse, all day every day	117	23	19
Identify and track all students with asthma	117	79	68
Obtain and use an Asthma Action Plan for all students with asthma	114	60	53
Assure immediate access to medications as prescribed by a physician and approved by parents	113	110	97
Provide intensive case management for students with asthma who are absent 10 days or more per year	114	44	39
Educate school staff about asthma	115	54	46
Educate students with asthma about asthma management	115	60	52
Teach asthma awareness to all students in at least one grade	112	21	19
Encourage full participation in physical education and physical activity when students with asthma are doing well	115	109	95
Provide modified physical education and physical activities as indicated by the student's Asthma Action Plan	115	95	83

Nationwide, 68.1% of schools allow students to self-medicate with a prescription inhaler (Brener et al, 2001).

HIV INFECTION POLICIES

Questions forty and forty-one assess important components of school policies on students and staff with HIV infection or AIDS. Students and staff with HIV infection or AIDS need policies to protect their rights (National Association of State Board of Education, 1996).

QUESTION 40: Has this school adopted a written policy that protects the rights of students and/ or staff with HIV infection or AIDS?

Sixty-one percent of respondents reported to have written policies regarding students or staff with HIV infection or AIDS.

QUESTION 41: Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS?

Table 9 elaborates on the nature of policies regarding students and staff with HIV infection or AIDS. Between one-half and two-thirds of respondents reported the inclusion of each of the identified elements in their school's policy.

Table 9. Nature of regarding students and staff with HIV Infection or AIDS.

	Number	Frequency	Percent
Attendance of students with HIV infection	67	59	88
Procedures to protect HIV-infected students and staff from discrimination	67	64	96
Maintaining confidentiality of HIV-infected students and staff	67	66	98
Worksite safety	67	67	100
Confidential counseling for HIV-infected students	66	54	82
Communication of the policy to students, school staff, and parents	66	54	82

Adequate training about HIV infection for school staff	66	58	88
Procedures for implementing that policy	65	57	88

About one-half (54.1%) of schools nationwide have adopted a policy on students with HIV infection or AIDS. Among those schools, 98.4% allow students with HIV infection or AIDS to continue to attend classes, so long as they are able; 97.1% allow students to participate in school sports as long as they are able; and 98.6% allow students to participate in school activities as long as they are able. Nationwide, 44.6% of schools have adopted a policy on faculty and staff with HIV infection or AIDS. Most (98.1%) of those schools allow faculty and staff with HIV or AIDS to continue working as long as they are able (Brener et al, 2001).

REFERENCES

- Allensworth, D. Health education: state of the art. *Journal of School Health* 1993;63:14-20.
- Brener N, Burstein G, DuShaw M, Vernon M, Wheeler L, Robinson J. Health Services: Results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2000;71:294-303.
- Burgeson C, Wechsler H, Brener N, Young J, Spain C. Physical education and activity: results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2000;71:279-293
- CDC. Youth Tobacco Surveillance- United States, 1998-1999. *MMWR* 2000;49 (SS-10).
- CDC. Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR* 1997;46 (No. RR-6).
- CDC. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(No. RR-2).
- CDC. Guidelines for school health programs to promote lifelong healthy eating. *MMWR* 1996;45(No. RR-9).
- Dwyer K, Osher D, Warger C. Early warning, timely response: A guide to safe schools. Washington, DC: U.S. Department of Education, 1998.
- Epstein JL. School/family/community partnerships. *Phi Delta Kappan* 1995;76:701-712.
- Institute of Medicine. Schools and health: our nation's investment. Washington, DC: National Academy Press, 1997.
- Kaiser Permanente/American Lung Association: National Partnership on Asthma. National Asthma Conference. Asthma prevention, management and treatment: community-based approaches for the new millennium. National Asthma Conference. November 16-17, 2000. Washington, DC.
- Kann L, Brener N, Allensworth D. Health education: Result from the School Health Policies and Programs Study 2000. *Journal of School Health* 2000;71:266-278.
- Kann, et al., Youth risk behavior surveillance- United States, 1999. *MMWR* 200;49 (No. SS-5).
- Kolbe L. An essential strategy to improve the health and education of Americans. *Preventive Medicine* 1993;22:544-560.
- Lohrmann DK, Wooly SF. Comprehensive school health education. In: Marx E, Wooley SF, eds. Health is Academic, New York: Teachers College Press, 1998:43-66.

Marx E, Wooly SF, Northrop D. Health is academic: a guide to coordinated school health programs. New York: Teachers College Press, 1998.

National Association for Sport and Physical Education. Sport and physical education advocacy kit. Reston, VA.: National Association for Sport and Physical Education, 1994.

Nation Association of State Boards of Education. Someone at school has AIDS: a comprehensive guide to education policies concerning HIV infection. Alexandria, VA: National Association of State Boards of Education, 1996.

National Commission on the Role of the School and the Community to Improve Adolescent Health. Code blue: uniting for healthier youth. Alexandria, VA: National Association of State Boards of Education, 1990.

Small M, Jones SE, Barrios L, Crosset L, Dalhberg L, Albuquerque M, Slett D, Greene B, Schmidt. School policy and environment: result form the School Health Policies and Programs Study 2000. *Journal of School Health* 2000;71:325-334.

Wechsler H, Brener N, Kuester S, Miller C. Food service and foods and beverages available at school: results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2000;71:313-3324.