



2004 School Health Profile

Summary Report

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By

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Introduction

This report summarizes the results of the 2004 School Health Education Profile (SHP) developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The questionnaire is used to monitor characteristics of, and trends in, school health education and health policies at the middle/junior high school and senior high school level. Results represent the state of school health education in Connecticut middle and high schools.

Sample

- Random sample of 329 regular and alternative secondary public schools with at least one grade six through twelve.
- School principal and the lead health education teacher in each school. A response rate of 78% for principals and 74% for lead health teachers was attained.

Key Findings and Implications

Health Education

Key Findings:

- Health education in 94% of Connecticut's schools is required in grades six through twelve.
- Schools teach health education in health and physical education classes (49%) and in classes on other subject areas (21%).
- Varied numbers of health education courses are required as follows: 10% of schools do not require a health education course, 30% require one course, 12% require two courses, 28% require three courses and 20% require four or more health education courses.
- The majority (98%) of high schools offer at least a one-semester health course and 52% require more than one health education course.
- In 60% of schools, less than one percent of students were exempt or excused by parental request from any part of a required health education course.
- Ninety-four percent of schools require a newly hired health education teacher be state certified, licensed or endorsed in health education.

Implications and Recommendations:

- There is a relatively high degree of parental support of student participation in health classes in Connecticut. It is recommended that efforts to improve the status of school health consider strategies to use existing parental support.

Health Education Coordination

Key Findings:

- 92% of schools have one individual who coordinates health education. This individual is most often a health education teacher (33%) or a curriculum coordinator, (24%).
- Almost half (49%) of schools have a school health committee or advisory group.
- Health education staff collaborate on health education activities with physical education staff (70%), school health services staff (71%), school mental health staff (70%), food service staff (24%) and community members (59%).
- Schools collaborate with families by providing information on health education (79%), meeting with parent organizations to discuss health education (29%) and inviting family members to attend a health education class (32%).

Implications and Recommendations:

- Coordination of health education programs is crucial to successful health education. Fifty-one percent of schools do not have a health advisory committee. It is recommended that Connecticut develop policies and procedures to increase the percentage of schools with health advisory committees.
- An integrated school and community approach is an effective strategy to promote adolescent health and well-being. Data suggests that Connecticut's school staff are collaborating within the school and with community members and families.

Physical Education and Physical Activity Programs

Key Findings:

- One credit in physical education is required for graduation in grades 9-12. In 99% of schools, physical education in grades 6-8 is offered for varying lengths of time. Slightly under half (47%) require students to repeat a failed physical education course.
- Almost all (99%) of Connecticut schools require that a newly hired physical education teacher or specialist be certified by the state in physical education. Due to the requirements of passing the Praxis II exam for certification, new physical education staff in Connecticut meet the “highly qualified” NCLB standard.
- Seventy-eight percent of schools offer intramural activities or physical activity clubs. Transportation home after these activities is provided in 54% of schools.
- Eighty-nine percent of school physical education and athletic facilities are used outside of school hours for community-sponsored physical activity events.

Implications and Recommendations:

- Daily physical education is recommended (CDC, 1997). Physical education is required in 99% of Connecticut schools. However, exemption is sometimes allowed, and over half of schools do not require students to make up failed courses. There is no data to indicate how often physical activity is required. It is recommended that Connecticut bring student participation in physical activities up to the level recommended by the CDC.
- It is nationally known that interscholastic athletics, intramural sports and recreation clubs are important to the physical and social development of students (NASPE, 1994) and that the lack of transportation often limits participation in these activities. In Connecticut, 78% of schools offer intramural activities or clubs and slightly over half provide transportation home. It is recommended that Connecticut increase the percentage of schools offering these opportunities.
- The CDC recommends that school facilities be used by students and community agencies outside of school hours. The majority of schools in Connecticut (89%) do share school facilities with the community

Tobacco Prevention Policies

Key Findings:

- Almost all Connecticut schools (96%) have a school policy prohibiting tobacco use. These policies prohibit the use of cigarettes, smokeless tobacco and cigars and pipes for students (100%), staff/faculty (98%) and visitors (98%) during school hours and by students (92%), staff (87%) and visitors (86%) outside of school hours.
- Schools prohibit smoking in school buses by students (99%), by faculty/staff (98%) and by visitors (97%).
- Fewer schools prohibit smoking at off-campus events by students (93%), staff (82%) and visitors (67%).
- Connecticut schools have procedures to communicate the tobacco prevention policy to students (99%), to staff and faculty (95%) to visitors (77%) and to parents (98%).
- In 51% of Connecticut schools, policy enforcement is designated to one individual. Consequences include informing the parents/guardians (93%), referral to a school counselor (40%), referral to a school administrator (96%), encouraging, but not requiring the student to participate in a cessation program (30%), detention (25%), in-school suspension (32%) and suspension from school (36%).
- Enforcement options that the majority of schools “never” or “rarely” take include referral to legal authorities (54%).
- Schools provide referrals to tobacco cessation programs for faculty and staff (25%) and students (52%).
- Schools prohibit tobacco advertising in the school (94%), on the grounds (92%), on school buses (93%) and in school publications (94%). Tobacco advertising through sponsorship of school events is prohibited by 94% of schools, 75% prohibit students from wearing tobacco brand name apparel and 42% mark the school a tobacco-free zone.
- Schools provide information on tobacco use prevention to students in each of grades 6 through 12 as follows: sixth grade (85%), seventh grade (95%), eighth grade (80%), ninth grade (94%), tenth grade (73%), eleventh grade (72%) and twelfth grade (61%).
- Tobacco use prevention units are taught in courses including science (27%), home economics or family and consumer science (17%), physical education (31%), family life education (44%), special education (24%) and social studies (7%).

Implications and Recommendations:

- Connecticut schools have strong policies in place and are doing a very good job of discouraging student smoking. However, it is recommended that the state increase the percentage of schools that discourage smoking at off-campus, school sponsored events, particularly by staff and visitors.
- Data indicate that a majority of Connecticut schools follow CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (CDC, 1994). However, a far smaller percentage of students are referred to counseling or cessation programs than are disciplined. It is recommended that Connecticut increase the number of schools that refer students to counseling or cessation programs as opposed to, or in conjunction with, disciplinary techniques.
- Connecticut schools are not providing tobacco use prevention to students in each grade, from kindergarten through the twelfth grade, as recommended by the CDC. It is recommended that Connecticut continue to raise the percentage of schools that teach tobacco use prevention to students in each grade in a planned, ongoing and systematic fashion.

Nutrition Related Policies and Practices

Key Findings:

- The majority of Connecticut schools provide students at least 20 minutes for lunch (76%). However, 24% provide students less than twenty minutes to eat. Only 9% have a policy stating that fruits or vegetables will be offered.
- In the majority of schools (81%), students purchase snack foods or beverages from vending machines or at the school store or snack bar. These foods or beverages include chocolate candy (38%), other candy (41%), salty snacks that are not low-fat (75%), salty snacks that are low-fat (83%), fruits or vegetables (58%), low-fat crackers or baked goods (63%), drinks that are not 100% juice (89%), 100% fruit juice (86%) and bottled water (93%). Students may purchase snacks before classes (41%), during hours when meals are not served (33%) and during lunch (67%).

Implications and Recommendations:

- Students are more likely to eat well if they have a pleasurable dining experience and sufficient time to eat. Research suggests that students require 20 minutes once seated. Three fourths of Connecticut schools meet this standard. It is strongly recommended that Connecticut increase the percentage of schools meeting this standard.
- The CDC recommends that healthy and appealing foods be available and that schools discourage foods high in fat and sodium or with added sugars (candy, fried food, chips and soda). Connecticut schools are serving more foods high in fat and sodium and with added sugar than the national average and are more commonly making this food available to students at a variety of times such as in vending machines and for fund raisers. Connecticut schools are not meeting CDC recommendations. Therefore, it is recommended that Connecticut increase the percentage of schools that meet the CDC Guidelines.

Violence Prevention

Key Findings:

- Connecticut schools require visitors to report to the main office on arrival (100%), maintain a closed campus (94%), use staff or adult volunteers to monitor school halls (86%), have police or security guards during the school day (48%), and prohibit students from carrying backpacks or book bags (41%).
- Schools rarely conduct routine bag, desk or locker checks (20%). Two percent use metal detectors and 5% require student identification badges.
- Sixty eight percent of schools have a peer mediation program, 78% have a program to prevent bullying, 23% have a program to prevent gang violence and 6% have a “safe-passage to school” program.
- Almost all (97%) schools have a written plan for responding to violence.

Implications and Recommendations:

- Connecticut schools are implementing anti-violence programs at approximately the same rate as schools throughout the nation and are more likely than the national average to have a written plan for violence prevention.

Asthma Management Activities

Key Findings:

- Connecticut schools provide asthma management activities including full participation in physical activity when possible (98%), identification and tracking of asthmatic students (96%), a full-time registered nurse (89%), immediate access to medications prescribed by a physician and approved by parents (90%), provision of a modified physical education plan as indicated by the Asthma Action Plan (86%), education for asthmatic students about asthma management (76%), education of staff about asthma (57%), intensive case management for students with asthma who are absent 10 or more days/year (44%) and asthma awareness to all students in at least one grade (24%).

Implications and Recommendations:

- Most schools meet criteria for health services for students with asthma. However, 11% do not have a full-time registered nurse and 10% do not ensure immediate access to medication prescribed by a physician, over 25% do not educate asthmatic students about asthma management, 43% do not educate staff about asthma and 76% do not teach asthma awareness to all students in at least one grade. It is recommended that the number of schools providing these services be increased.

HIV Infection Policies

Key Findings:

- Seventy percent of schools have a written policy that protects the rights of students and/or staff with HIV infection or AIDS. This policy addresses attendance of students with HIV (90%), procedures to protect HIV-infected students and staff from discrimination (96%), maintaining confidentiality (99%), worksite safety (98%), confidential counseling for HIV infected students (82%), communication of the policy to students, staff and parents (81%), adequate training for school staff (87%) and procedures for implementing that policy (87%).
- HIV prevention units are taught in courses including science (39%), home economics or family and consumer science (16%), physical education (20%), family life education (44%), special education (21%) and social studies (7%).

Implications and Recommendations:

- The percentage of schools in Connecticut that have written HIV infection policies is greater than the national percentage of 54%. However, over a quarter have no written HIV policy. It is recommended that Connecticut increase the percentage of schools with policies to protect the rights of students and staff with HIV or AIDS.

Required Health Education Courses

Key Findings:

- Required health education courses use the National Health Education Standards (56%), the state's framework (81%), the district curriculum (88%), the school's curriculum (90%), materials from a health organization such as the American Cancer Society (39%) and commercially developed textbook and teacher's guide (23%).
- Schools address alcohol and drug prevention (100%), HIV prevention (99%), emotional and mental health (95%), nutrition and dietary behavior (97%), tobacco use prevention (98%), growth and development (93%), STD prevention (93%), physical activity and fitness (99%), human sexuality (93%), violence prevention (91%), accident or injury prevention (86%), pregnancy prevention (86%), suicide prevention (75%), personal hygiene (81%), consumer health (72%), first aid (56%), sun safety (60%), environmental health (56%), death and dying (48%), immunizations and vaccinations (54%), CPR (43%) and dental and oral health (46%).
- Health education courses teach resisting peer pressure for unhealthy behaviors (98%), decision making (98%), communication (95%), analysis of media messages (90%), stress management (90%), conflict resolution (88%), accessing valid health information, products and services (89%), and advocating for personal health (81%).
- Teaching methods include group discussions (100%), cooperative group activities (99%), role plays, simulations or practices (88%), the Internet (92%), language, performing or visual arts (68%), computer-assisted instruction (67%), peer educators (55%), and pledges or contracts for behavior change (44%).

- Teachers in Connecticut schools employ a number of teaching methods to highlight diversity and/or the values of various cultures in the required education course. These methods include the use of textbooks reflective of various cultures (53%), the use of textbooks for students with limited English proficiency (22%), asking students to share their cultural experiences related to health (73%), teaching about cultural differences and similarities (74%), and modifying teaching methods to match students' learning styles, beliefs or cultural values (92%).
- Connecticut schools require students to complete homework assignments with family members (77%), analyze advertising designed to influence health behaviors (65%), gather information about available health services and advocate for health related issues (56%), identify potential injury sites at school, home or in the community (49%), participate in or attend a school or community health fair (29%), perform volunteer work at a community organization that addresses health issues (16%) and visit a store to compare prices of health products (19%).
- Required health education courses address short and long-term health consequences of cigarette smoking (96%), benefits of not smoking cigarettes (96%), addictive effects of nicotine (95%), the number of illnesses and deaths related to tobacco use (96%), the health effects of second hand smoke (95%), the influence of the media on tobacco use (95%), how to say no to tobacco use (92%), how many young people use tobacco (94%), influence on families of tobacco use (91%), social or cultural influences on tobacco use (86%), how students can influence others to prevent tobacco use (86%), benefits of not using smokeless tobacco (92%), risks of cigar or pipe smoking (87%), how students can influence or support others in efforts to quit using tobacco (85%), how to find valid information or services related to tobacco use cessation (72%) and how to make a personal commitment to not use tobacco (72%) .
- Schools teach topics related to HIV prevention including abstinence as the most effective method to avoid HIV infection (97%), how HIV is transmitted (98%), how HIV affects the body (95%), influence of alcohol and other drugs on HIV-related risk behaviors (93%), compassion for persons living with HIV or AIDS (89%), the number of young people who get HIV (90%), social or cultural influences on HIV related risk behaviors (82%), how to find valid information or services related to HIV or HIV testing (81%), condom efficacy (81%), and how to correctly use a condom (55%).
- Topics taught related to diet and nutrition include the benefits of healthy eating (96%), eating disorders (84%), aiming for a healthy weight (93%), risks of unhealthy weight control, (90%), accepting body size differences (89%), choosing fruits and vegetables (88%), choosing a diet low in saturated fat and cholesterol and moderate in total fat (88%), the Food Guide Pyramid (89%), moderating sugar intake (87%), using food labels (87%), choosing a variety of grains daily (84%), the Dietary Guidelines for Americans (72%), preparing healthy meals and snacks (78%), eating calcium-rich food (76%), choosing and preparing foods with less salt (73%), and keeping food safe (67%).
- Topics taught related to physical education include the benefits of physical activity (90%), the dangers of using performance-enhancing drugs such as steroids (86%), health related fitness (79%), decreasing sedentary activities (79%), preventing injury (68%), phases of a workout (64%), weather related safety (66%), how much physical activity is enough (67%), opportunities for physical activity (63%), overcoming barriers to physical activity (61%), developing an individualized physical activity plan (49%) and monitoring progress (45%).

Implications and Recommendations:

- Nationally, 96% of schools require health education. Of those, 77.8% use the National Health Education Standards. It is recommended that Connecticut increase the number of schools using these standards.
- Schools are teaching activities at the national average. However, topics are often taught in less than 60% of schools. There is no data regarding assessment of learning. It is recommended that Connecticut assess student learning.
- A detailed examination of subject areas and activities taught suggest that there are gaps in school curricula and teaching methods. It is recommended that Connecticut assess curricula and teaching methods to address these gaps.
- The majority of Connecticut schools address topics recommended by the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.
- A greater proportion of Connecticut schools are teaching nationally recommended HIV infection prevention topics than schools throughout the nation.
- A majority of Connecticut schools are teaching at least some topics related to nutrition education and physical education recommended by the CDC.

Staff Development

Key Findings:

- Health education staff in Connecticut schools desire and receive staff development on topics including:

Professional Development

	<u>Received</u>	<u>Desired</u>
- Violence prevention	56%	73%
- CPR	56%	47%
- First aid	51%	50%
- Alcohol or other drug use prevention	46%	75%
- Physical activity and fitness	46%	57%
- HIV prevention	42%	68%
- Emotional and mental health	39%	74%
- STD prevention	33%	68%
- Nutrition and dietary behavior	30%	69%
- Human sexuality	29%	71%
- Accident or injury prevention	29%	39%
- Growth and development	23%	59%
- Tobacco use prevention	23%	59%
- Pregnancy prevention	23%	64%
- Suicide prevention	19%	71%
- Immunization and vaccinations	10%	39%
- Environmental health	10%	53%
- Personal hygiene	10%	39%
- Consumer Health	9%	55%
- Death and dying	8%	57%
- Dental and oral health	6%	29%
- Sun safety	4%	48%

- Staff also desired and received staff development on a number of teaching methods including:

Professional Development

	<u>Received</u>	<u>Desired</u>
- Teaching skills for behavior change	48%	77%
- Using interactive teaching methods such as role plays or cooperative group activities	47%	69%
- Teaching students with physical or cognitive disabilities	44%	67%
- Teaching students of various cultural backgrounds	32%	62%
- Encouraging family or community involvement	26%	67%
- Teaching students with limited English proficiency	15%	55%

- Lead health teachers have professional preparation in combined health and physical education (49%), health education (21%) and physical education (9%).
- Less than ten percent (7%) of teachers taught health education for one year or less, 23% taught for two to five years, 16% had taught for six to nine years, 17% had taught from ten to fourteen years and 37% had taught health education for fifteen years or more.

Implications and Recommendations:

- Fewer than 50% of lead health teachers receive professional development on the majority of topics recommended by the CDC. A high percentage of staff desired professional development on each topic. Health education staff are not receiving professional development that will ensure their ability to successfully teach these topics to students.
- A particularly large gap exists between the number of staff who receive training in suicide prevention and the number of staff desiring this training. This topic appears to be very important to school staff.
- Connecticut health teachers are receiving less professional development than they desire on topics related to teaching methods. Teachers are most interested in learning to teach skills for behavior change, using interactive teaching methods, teaching students with physical or cognitive disabilities, and encouraging family or community involvement.
- It is highly recommended that Connecticut and Connecticut school districts explore strategies to increase access of health educators to desired professional development necessary for the implementation of successful school health programs. Potential areas to examine include strategies to provide adequate release time for staff and strategies to ensure that professional development related to health and fitness is provided by school districts.
- Health education teachers need to be academically prepared and specifically qualified to teach health education. The majority (81%) of lead health teachers in Connecticut hold a current teaching license, certificate or endorsement in health education recognized by the Connecticut State Department of Education.

Conclusions and Recommendations

Overall, Connecticut schools are meeting national recommendations for health education. Schools generally:

- Have good parental support for health programs.
- Teach a variety of required health education courses.
- Provide professional development to staff on a wide range of subject areas and teaching techniques.
- Use one individual to coordinate school health programs.
- Provide some physical education to students in some grades.
- Provide some after school physical activities with bus transportation home.
- Have strong anti-tobacco policies.
- Enforce violation of anti-tobacco policies by, generally, contacting parents and informing the school administrator.
- Provide students with adequate time to eat.
- Follow, to some extent, the CDC Guidelines for School Health Programs to Promote Lifelong Healthy Eating.
- Have good to excellent school violence policies.
- Meet some of the national recommendations for asthma management.
- In most cases, have HIV infection policies to protect students.
- Follow school or district health curriculum more often than the National Health Education Standards.
- Teach a variety of nationally recommended topics in the areas of health education, tobacco cessation, diet and nutrition, physical education and HIV prevention by utilizing a variety of teaching methods and student activities.
- Show relatively high cooperation between health teachers and other relevant internal staff such as consumer science teachers and nutrition and physical education staff.
- Provide staff development to lead health teachers on a range of recommended topics.
- Hire highly qualified health staff.

However, health education in Connecticut is facing a number of challenges that need to be addressed. These include:

- There is no data available through the SHP questionnaire concerning the amount of physical education provided to students. National recommendations suggest that students in each grade, K-12, engage in a daily physical activity. It is highly recommended that Connecticut continue to develop processes and procedures to maximize the physical fitness of Connecticut students.
- Coordination of school health programs at the school and district level and collaboration with outside agencies, families and other departments is crucial to the success of a school health program. Currently, less than 50% of schools have a health advisory committee. It is highly recommended that Connecticut develop strategies to ensure that schools develop the structures necessary to support coordinated school health.
- Areas related to nutrition education appear to be particularly weak. Approximately 25% of schools do not provide students at least 20 minutes to eat. Additionally, schools serve a variety of unhealthy foods throughout the school day. It is highly recommended that Connecticut develop processes and procedures to ensure the provision of healthy food to students in a relaxing and healthy atmosphere.
- Professional development provided to teaching staff does not appear to adequately ensure staff ability to teach a wide range of subject areas to students. Additionally, professional development received by staff is much less than staff perceive themselves as needing and appears to be on topics staff do not consider important. Adequate and pertinent professional development is crucial to the continuous improvement of health programs. It is highly recommended that Connecticut take immediate steps to ensure that professional development provided to health staff is appropriate to their needs and sufficient to ensure the continuous development of professional, qualified staff.
- A portion of Connecticut schools do not have policies to protect the rights of students and staff with HIV or AIDS. The existence of these policies is crucial to protect the rights of both students and staff. It is highly recommended that Connecticut take steps to ensure that schools develop and implement these policies.
- The majority of this information emphasizes the current state of implementation of school health programs in the schools. There is no data available through the School Health Education Profile to assess what students are actually learning. It is highly recommended that Connecticut develop student assessment techniques in areas related to health education. These assessments are necessary to hold schools accountable for student learning in health related areas.
- In teaching school health, the majority of schools follow school or district curriculum. It is highly recommended that Connecticut develop policies and procedures to help ensure that national standards are incorporated into curricula at the school and district level.