



PROFILES 2010

School Health Profiles

Characteristics of Health Programs
in Secondary Schools

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The Ohio Department of Education (ODE) and Ohio Department of Health (ODH) are pleased to share the *2010 Ohio School Health Profiles: Characteristics of Health Programs in Secondary Schools* report with you. This report contains important information on school health policies and programs in Ohio schools.

The *School Health Profiles* report is designed to assess school health policies and programs and was conducted among middle and high school principals and health education teachers. The results of the survey are weighted and therefore provide information that can be generalized to the entire state.

The survey monitors:

- School health education requirements and content.
- Physical education requirements.
- Health services.
- Nutrition-related policies and practices.
- Family and community involvement in school health programs.
- School health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention and physical activity.
- Professional preparation and staff development for lead health education teachers.

The report was made possible by funds awarded to ODE and ODH through a five-year cooperative agreement from the Centers for Disease Control and Prevention. The purpose of the program, **Improving Health and Educational Outcomes of Young People**, is to build the capacity of local districts to assess, plan, implement and evaluate health and wellness initiatives at the building and district levels that promote overall student wellness and support academic achievement. ODE and ODH will use the *School Health Profiles* report to guide development of coordinated school health programs that advance adolescent health promotion, intervention and services related to physical activity, nutrition, tobacco use and HIV prevention.

Research documents a correlation between healthy students and academic success, and by embedding student health goals into the business of schools at the system level, we create a culture of wellness among school leadership that supports sustainable, coordinated health efforts in buildings across the state. As you read the results of the *School Health Profiles* report, think about how you can use this information to become part of this collaborative effort to improve the health and educational outcomes of Ohio's youth.

Sincerely,



Deborah S. Delisle
Superintendent of Public Instruction

Sincerely,



Alvin D. Jackson, M.D.
Director of Health

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The Ohio Department of Education (ODE) extends a warm thank you to all the principals and lead health education teachers who participated in the 2010 Ohio School Health Profile Surveys. The time and dedication it took to complete the survey in such a timely manner is greatly appreciated. Without your responses, statewide monitoring of school health curricula, programs, policies and professional development needs would not be possible.

The 2010 Ohio School Health Profile Surveys were conducted by the ODE Office of Safety, Health and Nutrition and the Ohio Department of Health, Division of Family and Community Health Services, School and Adolescent Health. Special thanks for their contributions and assistance go to:

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INTRODUCTION



In Ohio, approximately 1.2 million young people attend nearly 5,300 schools for about six hours of classroom time each day. They do this for up to 13 of the most formative years of their lives. Because schools are the only institutions that can reach nearly all youth, they are in a unique position to improve both the education and health status of young people throughout the nation.

Supporting school health programs to improve the health status of Ohio's young people has never been more important. Many of the health challenges facing young people today are different from those of past decades. Today, the health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt during youth and adolescent years. These choices contribute markedly to today's major causes of death, such as heart disease, cancer and injuries.

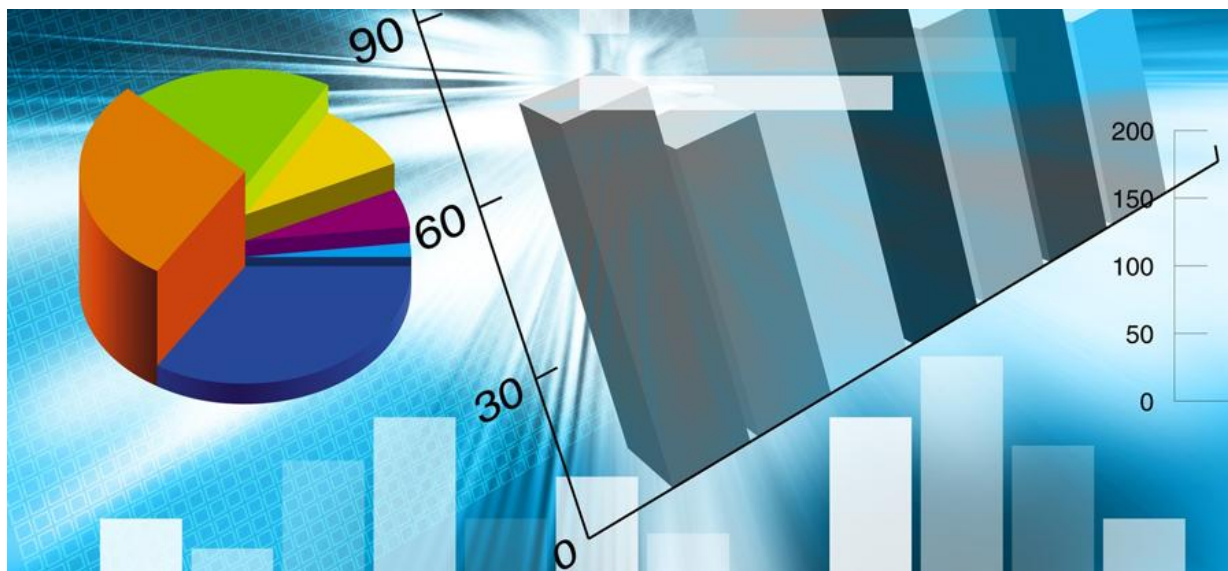
The Centers for Disease Control and Prevention (CDC), in collaboration with state and local education and health agencies, developed *School Health Profiles* (heretofore referenced simply as *Profiles*) to measure school health policies and practices. The *Profiles* assist state and local education and health agencies in monitoring and assessing characteristics of school health education; physical education; school health policies related to HIV infection/AIDS, tobacco-use prevention and nutrition; asthma management activities; and family and community involvement in school health programs. The implementation and well-coordinated school health policies and practices allow students the opportunity to learn, practice and model behaviors that lead to health lifestyles and provide at-risk students access to interventions and services needed to reduce the prevalence of health problems that impair academic success.

The weighted results can be used to describe school health policies and practices of all regular secondary public schools in Ohio having at least one of grades 6 through 12. They also can be

used to improve school health programs. The broad focus of *Profiles* provides some information on five of the eight components of coordinated school health:

- **Health education** provides students with a planned, sequential curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices.
- **Physical education** provides students with a planned, sequential curriculum that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives.
- **Health services** are provided for students to appraise, protect and promote health. These services are designed to ensure access or referral to primary health care services, or both; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family and community health.
- **Healthy and safe school environment** refers to the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise and lighting. The psychosocial environment includes the emotional and social conditions that affect the well-being of students and staff.
- **Family and community involvement** provides an integrated school, parent and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions and broadly based constituencies for school health can build support for school health program efforts. Schools can actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

METHODS



All regular secondary public schools having at least one of grades 6 through 12 were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level (senior high schools, middle schools, and junior/senior high schools combined) before sampling. Surveyors selected schools to participate in the survey using systematic equal-probability sampling with a random start.

For each middle or high school sampled, the principal and the lead health education teacher (the person who coordinates health education policies and programs within the school) each completed a self-administered questionnaire. Participation in the survey is confidential and voluntary; follow-up telephone calls, e-mails and written reminders are used to encourage participation.

The two questionnaires were mailed to **463** regular secondary public schools containing any of grades 6 through 12 in Ohio during the winter of 2010. Usable questionnaires were received from **72** percent of principals and from **72** percent of health education teachers. Because the response rates for these surveys were ≥ 70 percent, the results are weighted and are representative of all regular public secondary schools in Ohio having at least one of grades 6 through 12. Results from the principal and lead health educator surveys are presented for the following types of schools in Ohio:

- High schools with a low grade of 9 or higher and a high grade of 10 or higher;
- Middle schools with a high grade of 9 or lower;
- Junior/senior high schools with a low grade of 8 or less and a high grade of 10 or higher; and
- All schools.

HEALTH, EDUCATION OUTCOMES AND SCHOOL SUCCESS



According to the CDC Healthy Youth initiative, schools can play a vital role in establishing healthy behavior patterns among young people that carry into adulthood. Each day, schools provide 54 million students in the United States the opportunity to learn the importance of healthy lifestyles and skills necessary to engage in healthy behaviors. Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a safe and supportive environment for students to engage in and practice these behaviors. Health education programs in schools contribute directly to a

student's ability to successfully adopt and practice behaviors that protect and promote health and avoid or reduce health risk.

The academic success of youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance. Health-risk behaviors such as substance use, violence and physical inactivity are consistently linked to academic failure and often affect students' school attendance, grades, test scores and ability to pay attention in class.^{1,2-8,9}

In addition to positively affecting the individual health and wellness of each student, supporting academic achievement and reducing disciplinary infractions are also fundamental outcomes of modern school health programs. In turn, academic success is an excellent indicator for the overall well-being of youth and a key predictor of positive adult health outcomes. The close relationship between health and education should encourage school districts to embed health programs into the educational environment for all students. Research indicates that overall student performance is improved by health programs implemented through the coordinated student health model that include health education, physical education, and access to health, nutrition and counseling and psychological services that support a healthy school environment and promote staff wellness and community and family engagement.⁹

SCHOOL HEALTH COORDINATION



Coordinated School Health (CSH) is a systemic approach of advancing student academic performance by promoting, practicing and coordinating school health education and services for the benefit and well-being of students in establishing healthy behaviors designed to last their lifetimes. Coordinated school health programs are multifaceted and complex. They must be integrated vertically in age-appropriate ways from kindergarten through 12th grade, as well as horizontally across instructional programs, health services, and policy domains and across school, family and community boundaries¹⁰.

Although these components are listed separately, it is their composite that allows CSH to have significant impact. The eight components include health education, physical education/activity, health services, nutrition services, health promotion for staff, counseling and psychological services, healthy school environment and student/parent/community involvement.

With all of these components in place and working together in a well-coordinated manner, students will be healthier in school and in class and will be ready to learn. The coordinated approach requires rigorous process planning to assure that local needs of the community are addressed through relevant, research-based methods that drive toward positive, sustainable health and education outcomes for students^{9,10}. The process requires:

- Looking at local data (student behavior and academic, policies, services, instruction and resources).
- Engaging a critical mass of district leaders, community leaders, parents and school staff.
- Developing an infrastructure to sustain system-wide policies and practices.
- Increasing communication about health and achievement.
- Establishing and enforcing proper health policy in school districts.

School Health Coordination

- Percentage of schools that have ever used the School Health Index or other self-assessment tool to assess school policies, activities and programs in the following areas

<i>Physical activity</i>		<i>Tobacco-use prevention</i>	
All Ohio Schools	37%	All Ohio Schools	33%
<i>Nutrition</i>		<i>Asthma</i>	
All Ohio Schools	37%	All Ohio Schools	18%

- Percentage of schools that currently have someone who oversees or coordinates school health and safety programs and activities

All Ohio Schools 76%

- Percentage of schools that have one or more than one group (e.g., a school health council, committee or team) that offers guidance on the development of policies or coordinates activities on health topics

All Ohio Schools 53%

- Percentage of schools that have the following groups represented on any school health council, committee or team

<i>School administration</i>		<i>Student body</i>	
All Ohio Schools	94%	All Ohio Schools	51%
<i>Health education teachers</i>		<i>Parents or families of students</i>	
All Ohio Schools	93%	All Ohio Schools	64%
<i>Physical education teachers</i>		<i>Community</i>	
All Ohio Schools	96%	All Ohio Schools	57%
<i>Mental health or social services staff</i>		<i>Local health departments, agencies or organizations</i>	
All Ohio Schools	55%	All Ohio Schools	41%
<i>Nutrition or food service staff</i>		<i>Faith-based organizations</i>	
All Ohio Schools	80%	All Ohio Schools	9%
<i>Health services staff (e.g., school nurse)</i>		<i>Businesses</i>	
All Ohio Schools	82%	All Ohio Schools	16%
<i>Maintenance and transportation staff</i>		<i>Local government</i>	
All Ohio Schools	25%	All Ohio Schools	20%

HEALTH EDUCATION



The Centers for Disease Control and Prevention defines effective health education as a planned, sequential curriculum implemented for all grades in elementary and middle schools and for at least one semester in high school. Health education should address the physical, mental, emotional and social dimensions of health. The curriculum should motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors by imparting knowledge, shaping attitude and building the skills needed to achieve positive health behaviors. The curriculum should allow students to develop and demonstrate these skills and actively integrate positive health-related knowledge, attitudes and behaviors into their everyday lives^{8,23}.

Content within prescribed health curricula must be scientifically accurate, up to date and culturally competent, but a good health education is more complex and comprehensive than simple health text books. For health education programs to be effective and sustainable they must include:

1. A documented, sequential program of health instruction for students in grades kindergarten through 12.
2. A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages.
3. Activities that help young people develop the skills they need to avoid tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.
4. A prescribed amount of time for instruction at each grade level.
5. Guidelines on how to integrate a positive health culture throughout the school district.
6. Instruction on how to implement the curriculum from educators with experience in the topic.
7. Involvement of parents, health professionals and other concerned community members.
8. Schedules for periodic evaluation, updating and improvement.^{3,30}

The publication *National Health Education Standards: Achieving Health Literacy* provides a framework for designing or selecting health education curricula and allocating instructional resources, as well as providing a basis for the assessment of student achievement.

National Health Education Standards

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

School-based health education aligned with these standards will effectively provide students with the knowledge and skills needed to achieve positive youth development and build health literacy. Health literacy is at the core of the Framework for 21st Century Learning and is defined as the capacity of an individual to obtain, interpret and understand basic health information and services. Health literacy also represents competencies in using such information and services in ways that are health enhancing²⁴.

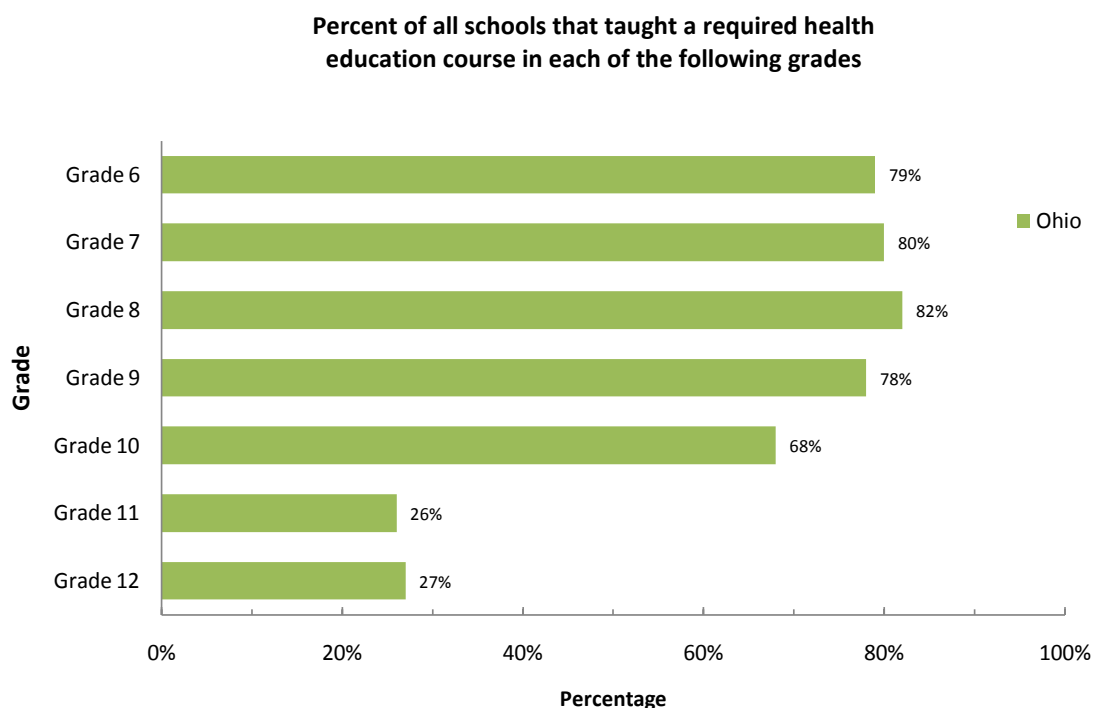
Comprehensive health education programs implemented in schools that utilize the coordinated school health model provide an environment where students can practice and reinforce the skills related to health behaviors that support academic performance.

Currently, the state of Ohio does not have health education standards. Under the Ohio Revised Code, schools are required to teach the nutritive value of foods; the harmful effects of drugs, alcohol and tobacco use; basic information on sexually transmitted infections; and lessons on personal safety with emphasis on assault prevention. However, these health content areas are not aligned with mandated hours of instruction or assessment protocols, nor does this state require that the content is taught by a licensed health teacher²⁵.

Health Education

Health Education

More than 92 percent of middle/junior and high schools in Ohio require health education for students in any of grades 6 through twelve. The table below lists the percentage of all schools (middle school, junior/senior high school and high school) that taught a required health education course in each of the respective grades. Approximately 52 percent of all middle schools, junior/senior high schools and high schools in Ohio require students to take two or more health education courses, with 6 percent requiring *no* health courses be taught. Approximately 64% of schools that teach a required health education course require students who fail the course to repeat it.



Required Health Education

Required health education is defined in the *Profiles* questionnaire as instruction about health topics that students must achieve for graduation or promotion from school, and that is taught as a separate course for which students receive credit.

▪ Percentage of schools that require health education for students in any of grades 6 through 12

High Schools	98%
Middle Schools	84%
Junior/Senior High Schools	88%
All Ohio Schools	92%

Health Education

- Percentage of all schools that require students to take the following number of required health education courses

<i>0 courses</i>		<i>3 courses</i>	
High Schools	2%	High Schools	5%
Middle Schools	17%	Middle Schools	18%
Junior/Senior High Schools	13%	Junior/Senior High Schools	9%
All Ohio Schools	6%	All Ohio Schools	12%
<i>1 course</i>		<i>4 or more courses</i>	
High Schools	52%	High Schools	12%
Middle Schools	27%	Middle Schools	12%
Junior/Senior High Schools	37%	Junior/Senior High Schools	6%
All Ohio Schools	38%	All Ohio Schools	11%
<i>2 courses</i>			
High Schools	30%		
Middle Schools	27%		
Junior/Senior High Schools	35%		
All Ohio Schools	29%		

- Percentage of schools in which students take only one required health education course

All Ohio Schools 38%

- Percentage of all schools that require students to take two or more health education courses

High Schools	46%
Middle Schools	56%
Junior/Senior High Schools	50%
All Ohio Schools	52%

- Percentage of schools that require students who fail a required health education course to repeat it

High Schools	87%
Middle Schools	34%
Junior/Senior High Schools	87%
All Ohio Schools	64%

- Percentage of all schools that taught a required health education course in each of the following grades

<i>Sixth grade</i>		<i>Seventh grade</i>	
High Schools	NA	High Schools	NA
Middle Schools	38%	Middle Schools	51%
Junior/Senior High Schools	14%	Junior/Senior High Schools	41%
All Ohio Schools	35%	All Ohio Schools	50%

NA = Not Available

Health Education

Eighth grade

High Schools	NA
Middle Schools	52%
Junior/Senior High Schools	38%
All Ohio Schools	50%

Ninth grade

High Schools	76%
Middle Schools	40%
Junior/Senior High Schools	61%
All Ohio Schools	63%

Tenth grade

High Schools	41%
Middle Schools	NA
Junior/Senior High Schools	52%
All Ohio Schools	44%

Eleventh grade

High Schools	5%
Middle Schools	NA
Junior/Senior High Schools	24%
All Ohio Schools	9%

Twelfth grade

High Schools	5%
Middle Schools	NA
Junior/Senior High Schools	19%
All Ohio Schools	8%

NA = Not Available

Health Education Materials

Schools can provide material to health education teachers to help them teach. The percentage of schools that provided the following materials to health teachers ranged as follows:

■ Percentage of schools in which those who teach health education are provided the following materials

Goals, objectives, and expected outcomes for health education

High Schools	88%
Middle Schools	73%
Junior/Senior High Schools	76%
All Ohio Schools	79%

Plans for how to assess student performance in health education

High Schools	71%
Middle Schools	53%
Junior/Senior High Schools	54%
All Ohio Schools	60%

A chart describing the annual scope and sequence of instruction for health education

High Schools	63%
Middle Schools	49%
Junior/Senior High Schools	52%
All Ohio Schools	54%

A written health education curriculum

High Schools	82%
Middle Schools	64%
Junior/Senior High Schools	59%
All Ohio Schools	70%

Health Education Skills

According to the National Health Education Standards, health education curricula should build and reinforce the skills needed to establish healthy behaviors. The percentage of schools with health education curriculum that addresses specific skills ranges as follows:

Percentage of schools in which the health education curriculum addresses each of the following skills

Comprehending concepts related to health promotion and disease prevention to enhance health

High Schools	96%
Middle Schools	85%
Junior/Senior High Schools	86%
All Ohio Schools	89%

Analyzing the influence of family, peers, culture, media, technology and other factors on health behaviors

High Schools	95%
Middle Schools	85%
Junior/Senior High Schools	88%
All Ohio Schools	89%

Accessing valid information and products and services to enhance health

High Schools	96%
Middle Schools	89%
Junior/Senior High Schools	97%
All Ohio Schools	80%

Using interpersonal communication skills to enhance health and avoid or reduce health risks

High Schools	93%
Middle Schools	82%
Junior/Senior High Schools	88%
All Ohio Schools	87%

Using decision-making skills to enhance health

High Schools	95%
Middle Schools	88%
Junior/Senior High Schools	88%
All Ohio Schools	91%

Using goal-setting skills to enhance health

High Schools	92%
Middle Schools	84%
Junior/Senior High Schools	79%
All Ohio Schools	87%

Practicing health-enhancing behaviors to avoid or reduce risks

High Schools	94%
Middle Schools	86%
Junior/Senior High Schools	86%
All Ohio Schools	88%

Advocating for personal, family and community health

High Schools	88%
Middle Schools	79%
Junior/Senior High Schools	83%
All Ohio Schools	83%

Health Education Content

Required health education aims to increase student knowledge about a variety of health-related topics. The percentage of schools that tried to increase the student knowledge of specific health-related topics in a required course in the 2009-2010 school year ranged as follows:

- **Percentage of schools in which teachers tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12**

Alcohol or other drug-use prevention

High Schools	97%
Middle Schools	90%
Junior/Senior High Schools	94%
All Ohio Schools	93%

Asthma awareness

High Schools	57%
Middle Schools	58%
Junior/Senior High Schools	58%
All Ohio Schools	58%

Emotional and mental health

High Schools	96%
Middle Schools	80%
Junior/Senior High Schools	92%
All Ohio Schools	87%

Foodborne illness prevention

High Schools	78%
Middle Schools	65%
Junior/Senior High Schools	63%
All Ohio Schools	70%

HIV (human immunodeficiency virus) prevention

High Schools	96%
Middle Schools	81%
Junior/Senior High Schools	83%
All Ohio Schools	87%

Human sexuality

High Schools	96%
Middle Schools	77%
Junior/Senior High Schools	82%
All Ohio Schools	85%

Injury prevention and safety

High Schools	86%
Middle Schools	78%
Junior/Senior High Schools	83%
All Ohio Schools	82%

Nutrition and dietary behavior

High Schools	97%
Middle Schools	91%
Junior/Senior High Schools	97%
All Ohio Schools	94%

Physical activity and fitness

High Schools	97%
Middle Schools	92%
Junior/Senior High Schools	97%
All Ohio Schools	95%

Pregnancy prevention

High Schools	96%
Middle Schools	75%
Junior/Senior High Schools	80%
All Ohio Schools	84%

STD (sexually transmitted disease) prevention

High Schools	97%
Middle Schools	80%
Junior/Senior High Schools	81%
All Ohio Schools	86%

Suicide prevention

High Schools	92%
Middle Schools	66%
Junior/Senior High Schools	73%
All Ohio Schools	76%

Tobacco-use prevention

High Schools	98%
Middle Schools	89%
Junior/Senior High Schools	91%
All Ohio Schools	93%

Violence prevention

High Schools	93%
Middle Schools	86%
Junior/Senior High Schools	81%
All Ohio Schools	88%

Health Education

Health Education Content – Tobacco

Tobacco-use prevention topics taught in a required course included consequences of tobacco use, external influences on tobacco use, and skills to avoid and stop using tobacco. The percentage of topics taught in a required course in 2009-2010 ranged as follows:

■ Percentage of schools in which teachers taught each of the following tobacco-use prevention topics in a required course for students in any of grades 6 through 12

Identifying tobacco products and the harmful substances they contain

High Schools	95%
Middle Schools	83%
Junior/Senior High Schools	84%
All Ohio Schools	87%

Identifying short- and long-term health consequences of tobacco use

High Schools	95%
Middle Schools	83%
Junior/Senior High Schools	91%
All Ohio Schools	89%

Identifying legal, social, economic and cosmetic consequences of tobacco use

High Schools	93%
Middle Schools	78%
Junior/Senior High Schools	86%
All Ohio Schools	84%

Understanding the addictive nature of nicotine

High Schools	95%
Middle Schools	83%
Junior/Senior High Schools	88%
All Ohio Schools	88%

Effects of tobacco use on athletic performance

High Schools	88%
Middle Schools	80%
Junior/Senior High Schools	84%
All Ohio Schools	84%

Effects of second-hand smoke and benefits of a smoke-free environment

High Schools	95%
Middle Schools	82%
Junior/Senior High Schools	86%
All Ohio Schools	88%

Understanding social influences on tobacco use, including media, family, peer and culture

High Schools	94%
Middle Schools	83%
Junior/Senior High Schools	86%
All Ohio Schools	87%

Identifying reasons why students do and do not use tobacco

High Schools	92%
Middle Schools	84%
Junior/Senior High Schools	84%
All Ohio Schools	87%

Making accurate assessments of how many peers use tobacco

High Schools	78%
Middle Schools	68%
Junior/Senior High Schools	80%
All Ohio Schools	73%

Using interpersonal communication skills to avoid tobacco use

High Schools	91%
Middle Schools	79%
Junior/Senior High Schools	86%
All Ohio Schools	85%

Using goal-setting and decision-making skills related to not using tobacco

High Schools	91%
Middle Schools	76%
Junior/Senior High Schools	84%
All Ohio Schools	82%

Finding valid information and services related to tobacco-use prevention and cessation

High Schools	82%
Middle Schools	69%
Junior/Senior High Schools	72%
All Ohio Schools	74%

Health Education

Supporting others who abstain from or want to quit using tobacco

High Schools	82%
Middle Schools	71%
Junior/Senior High Schools	76%
All Ohio Schools	76%

Supporting school and community action to support a tobacco-free environment

High Schools	79%
Middle Schools	71%
Junior/Senior High Schools	73%
All Ohio Schools	74%

Identifying harmful effects of tobacco use on fetal development

High Schools	89%
Middle Schools	72%
Junior/Senior High Schools	80%
All Ohio Schools	80%

All 15 tobacco-use prevention topics

High Schools	60%
Middle Schools	48%
Junior/Senior High Schools	48%
All Ohio Schools	53%

Health Education Content – Sexual Health

Pregnancy, HIV or STD prevention topics taught in a required health education course included HIV transmission and prevention; external influences on HIV-related risk behaviors and sexual behaviors; and skills to avoid HIV infection, STDs and pregnancy. The percentage of all schools that taught about HIV transmission and prevention topics in a required health education course during the 2009–2010 school year ranged as follows:

■ Percentage of schools in which teachers taught each of the following HIV, STD or pregnancy prevention topics in a required course in any of grades 6, 7 or 8

The difference between HIV and AIDS

High Schools	NA
Middle Schools	72%
Junior/Senior High Schools	65%
All Ohio Schools	71%

How HIV and other STDs are transmitted

High Schools	NA
Middle Schools	75%
Junior/Senior High Schools	70%
All Ohio Schools	71%

How HIV and other STDs are diagnosed and treated

High Schools	NA
Middle Schools	66%
Junior/Senior High Schools	62%
All Ohio Schools	66%

Health consequences of HIV, other STDs, and pregnancy

High Schools	NA
Middle Schools	71%
Junior/Senior High Schools	69%
All Ohio Schools	71%

The relationship among HIV, other STDs, and pregnancy

High Schools	NA
Middle Schools	71%
Junior/Senior High Schools	68%
All Ohio Schools	70%

The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy

High Schools	NA
Middle Schools	73%
Junior/Senior High Schools	66%
All Ohio Schools	72%

The benefits of being sexually abstinent

High Schools	NA
Middle Schools	74%
Junior/Senior High Schools	75%
All Ohio Schools	74%

How to prevent HIV, other STDs, and pregnancy

High Schools	NA
Middle Schools	70%
Junior/Senior High Schools	69%
All Ohio Schools	70%

Health Education

How to access valid and reliable health information, products, and services related to HIV, other STDs and pregnancy

High Schools	NA
Middle Schools	60%
Junior/Senior High Schools	57%
All Ohio Schools	59%

The influences of media, family, and social and cultural norms on sexual behavior

High Schools	NA
Middle Schools	70%
Junior/Senior High Schools	65%
All Ohio Schools	70%

Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs and pregnancy

High Schools	NA
Middle Schools	64%
Junior/Senior High Schools	65%
All Ohio Schools	63%

Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs and pregnancy

High Schools	NA
Middle Schools	72%
Junior/Senior High Schools	65%
All Ohio Schools	71%

Compassion for persons living with HIV or AIDS

High Schools	NA
Middle Schools	59%
Junior/Senior High Schools	49%
All Ohio Schools	58%

Efficacy of condoms, that is, how well condoms work and do not work

High Schools	NA
Middle Schools	53%
Junior/Senior High Schools	35%
All Ohio Schools	51%

The importance of using condoms consistently and correctly

High Schools	NA
Middle Schools	37%
Junior/Senior High Schools	28%
All Ohio Schools	36%

How to obtain condoms

High Schools	NA
Middle Schools	26%
Junior/Senior High Schools	22%
All Ohio Schools	25%

How to correctly use a condom

High Schools	NA
Middle Schools	21%
Junior/Senior High Schools	12%
All Ohio Schools	20%

All 17 HIV, STD, and pregnancy prevention topics

High Schools	NA
Middle Schools	18%
Junior/Senior High Schools	13%
All Ohio Schools	17%

NA = Not Available

Health Education

- Percentage of schools in which teachers taught each of the following HIV, STD or pregnancy prevention topics in a required course in any of grades 9, 10, 11 or 12

The relationship among HIV, other STDs and pregnancy

High Schools	97%
Middle Schools	NA
Junior/Senior High Schools	90%
All Ohio Schools	95%

The relationship between alcohol and other drug use and risk for HIV, other STDs and pregnancy

High Schools	97%
Middle Schools	NA
Junior/Senior High Schools	89%
All Ohio Schools	95%

The benefits of being sexually abstinent

High Schools	97%
Middle Schools	NA
Junior/Senior High Schools	90%
All Ohio Schools	95%

How to prevent HIV, other STDs and pregnancy

High Schools	96%
Middle Schools	NA
Junior/Senior High Schools	90%
All Ohio Schools	95%

How to access valid and reliable health information, products and services related to HIV, other STDs and pregnancy

High Schools	92%
Middle Schools	NA
Junior/Senior High Schools	87%
All Ohio Schools	91%

The influences of media, family, and social and cultural norms on sexual behavior

High Schools	94%
Middle Schools	NA
Junior/Senior High Schools	80%
All Ohio Schools	91%

Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs and pregnancy

High Schools	95%
Middle Schools	NA
Junior/Senior High Schools	84%
All Ohio Schools	93%

Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs and pregnancy

High Schools	91%
Middle Schools	NA
Junior/Senior High Schools	87%
All Ohio Schools	91%

Efficacy of condoms, that is, how well condoms work and do not work

High Schools	87%
Middle Schools	NA
Junior/Senior High Schools	75%
All Ohio Schools	85%

The importance of using condoms consistently and correctly

High Schools	74%
Middle Schools	NA
Junior/Senior High Schools	62%
All Ohio Schools	72%

How to obtain condoms

High Schools	46%
Middle Schools	NA
Junior/Senior High Schools	43%
All Ohio Schools	46%

All 17 HIV, STD and pregnancy prevention topics

High Schools	40%
Middle Schools	NA
Junior/Senior High Schools	22%
All Ohio Schools	37%

NA = Not Available

- Percentage of schools that provide any HIV, STD or pregnancy prevention programs for ethnic/racial minority youth at high risk, including after-school or supplemental programs, that did each of the following activities

Provided curricula or supplementary materials that include pictures, information and learning experiences that reflect the life experiences of these youth in their communities

High Schools	32%
Middle Schools	24%
Junior/Senior High Schools	28%
All Ohio Schools	27%

Provided curricula or supplementary materials in the primary languages of the youth and families

High Schools	24%
Middle Schools	18%
Junior/Senior High Schools	25%
All Ohio Schools	21%

Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community

High Schools	26%
Middle Schools	20%
Junior/Senior High Schools	32%
All Ohio Schools	24%

Facilitated 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

High Schools	24%
Middle Schools	23%
Junior/Senior High Schools	29%
All Ohio Schools	24%

Health Education Content – Nutrition

Nutrition and dietary behavior topics taught in a required health education course included choosing healthful foods, food safety, and behaviors that contribute to maintaining a healthy weight. The percentage of all schools that taught about choosing healthful foods in a required health education course during the 2009–2010 school years ranged as follows:

- Percentage of schools in which teachers taught each of the following nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12

Benefits of healthy eating

High Schools	97%
Middle Schools	88%
Junior/Senior High Schools	93%
All Ohio Schools	92%

Food guidance using MyPyramid

High Schools	88%
Middle Schools	85%
Junior/Senior High Schools	91%
All Ohio Schools	87%

Using food labels

High Schools	91%
Middle Schools	81%
Junior/Senior High Schools	88%
All Ohio Schools	85%

Balancing food intake and physical activity

High Schools	96%
Middle Schools	87%
Junior/Senior High Schools	92%
All Ohio Schools	91%

Health Education

Eating more fruits, vegetables and whole-grain products

High Schools	96%
Middle Schools	87%
Junior/Senior High Schools	92%
All Ohio Schools	91%

Choosing foods that are low in fat, saturated fat and cholesterol

High Schools	95%
Middle Schools	86%
Junior/Senior High Schools	92%
All Ohio Schools	90%

Using sugars in moderation

High Schools	92%
Middle Schools	85%
Junior/Senior High Schools	92%
All Ohio Schools	86%

Using salt and sodium in moderation

High Schools	93%
Middle Schools	85%
Junior/Senior High Schools	92%
All Ohio Schools	89%

Eating more calcium-rich foods

High Schools	83%
Middle Schools	81%
Junior/Senior High Schools	84%
All Ohio Schools	82%

Food safety

High Schools	85%
Middle Schools	76%
Junior/Senior High Schools	82%
All Ohio Schools	80%

Preparing healthy meals and snacks

High Schools	87%
Middle Schools	83%
Junior/Senior High Schools	90%
All Ohio Schools	86%

Risks of unhealthy weight control practices

High Schools	95%
Middle Schools	80%
Junior/Senior High Schools	85%
All Ohio Schools	86%

Accepting body size differences

High Schools	90%
Middle Schools	76%
Junior/Senior High Schools	73%
All Ohio Schools	81%

Signs, symptoms and treatment for eating disorders

High Schools	92%
Middle Schools	76%
Junior/Senior High Schools	73%
All Ohio Schools	81%

All 14 nutrition and dietary behavior topics

High Schools	68%
Middle Schools	59%
Junior/Senior High Schools	57%
All Ohio Schools	62%

Health Education Content – Physical Activity

Physical activity topics taught in a required health education course included the benefits of physical activity, guidance for engaging in physical activity, and the challenges to engaging in physical activity. The percentage of all schools that taught about the benefits of physical activity and guidance for engaging in physical activity in a required health education course during the 2009–2010 school year ranged as follows:

■ **Percentage of schools in which teachers taught each of the following physical activity topics in a required health education course for students in any of grades 6 through 12**

Physical, psychological or social benefits of physical activity

High Schools	95%
Middle Schools	90%
Junior/Senior High Schools	97%
All Ohio Schools	93%

Health-related fitness (i.e., cardio respiratory endurance, muscular endurance, muscular strength, flexibility and body composition)

High Schools	95%
Middle Schools	91%
Junior/Senior High Schools	90%
All Ohio Schools	92%

Phases of a workout (i.e., warm-up, workout and cool down)

High Schools	90%
Middle Schools	85%
Junior/Senior High Schools	82%
All Ohio Schools	86%

How much physical activity is enough (i.e., determining frequency, intensity, time and type of physical activity)

High Schools	91%
Middle Schools	82%
Junior/Senior High Schools	86%
All Ohio Schools	85%

Developing an individualized physical activity plan

High Schools	77%
Middle Schools	71%
Junior/Senior High Schools	78%
All Ohio Schools	75%

Monitoring progress toward reaching goals in an individualized physical activity plan

High Schools	79%
Middle Schools	70%
Junior/Senior High Schools	71%
All Ohio Schools	74%

Overcoming barriers to physical activity

High Schools	80%
Middle Schools	79%
Junior/Senior High Schools	82%
All Ohio Schools	80%

Decreasing sedentary activities such as television viewing

High Schools	90%
Middle Schools	83%
Junior/Senior High Schools	84%
All Ohio Schools	86%

Opportunities for physical activity in the community

High Schools	75%
Middle Schools	76%
Junior/Senior High Schools	77%
All Ohio Schools	76%

Preventing injury during physical activity

High Schools	84%
Middle Schools	84%
Junior/Senior High Schools	93%
All Ohio Schools	85%

Weather-related safety (e.g., avoiding heat stroke, hypothermia and sunburn while physically active)

High Schools	78%
Middle Schools	64%
Junior/Senior High Schools	83%
All Ohio Schools	72%

Dangers of using performance-enhancing drugs, such as steroids

High Schools	91%
Middle Schools	74%
Junior/Senior High Schools	80%
All Ohio Schools	81%

All 12 physical activity topics

High Schools	58%
Middle Schools	47%
Junior/Senior High Schools	48%
All Ohio Schools	51%

Health Education

Health Education – Coordination with Internal Staff

Internal communication and lesson planning across education disciplines and school services allows for lessons learned in health education courses to be reinforced throughout the school building. Health lessons on how to make healthy eating decisions could align with a student healthy eating poster contest in the cafeteria and math class story problems about portion sizes and how much food to buy and prepare for a dinner party of six. Integrating health lessons across subjects gives students an opportunity to practice healthy behaviors learned in health courses to reinforce healthy lifestyle choices.

- **Percentage of schools in which health education staff worked with the following groups on health education activities during the current school year**

Physical education staff

High Schools	84%
Middle Schools	81%
Junior/Senior High Schools	84%
All Ohio Schools	82%

Nutrition or food service staff

High Schools	40%
Middle Schools	41%
Junior/Senior High Schools	46%
All Ohio Schools	41%

School health services staff (e.g., nurses)

High Schools	78%
Middle Schools	73%
Junior/Senior High Schools	60%
All Ohio Schools	73%

School health council, committee, or team

High Schools	42%
Middle Schools	45%
Junior/Senior High Schools	42%
All Ohio Schools	44%

School mental health or social services staff (e.g., psychologists, counselors and social workers)

High Schools	76%
Middle Schools	59%
Junior/Senior High Schools	70%
All Ohio Schools	67%

Health Education – Coordination with Parents and Families

External communication between school districts, parents, community members and local health organizations provides a great intersection for public health campaigns, family health priorities and school health programs. Aligning health agendas to reinforce positive health behaviors across the environments where young people spend their days is an effective way to achieve healthy youth outcomes.

- **Percentage of schools that provided parents and families with health information designed to increase parent and family knowledge of the following topics during the current school year**

HIV prevention, STD prevention or teen pregnancy prevention

High Schools	27%
Middle Schools	22%
Junior/Senior High Schools	31%
All Ohio Schools	25%

Tobacco-use prevention

High Schools	32%
Middle Schools	32%
Junior/Senior High Schools	40%
All Ohio Schools	33%

Health Education

Physical activity

High Schools	37%
Middle Schools	47%
Junior/Senior High Schools	51%
All Ohio Schools	43%

Nutrition and healthy eating

High Schools	37%
Middle Schools	46%
Junior/Senior High Schools	48%
All Ohio Schools	43%

Asthma

High Schools	20%
Middle Schools	20%
Junior/Senior High Schools	22%
All Ohio Schools	20%

Health Education – Professional Preparation and Professional Development

In order to provide quality health education to students, it is recommended that health education courses are taught by certified professionals and that those educators have opportunities for continuing education in areas that are relevant and related to health-behavior change theory, curriculum development, effective education practices and assessment strategies. Lead health education teachers reported professional preparedness in various disciplines and responded to questions on the type of professional development opportunities they received over the past two years and the type of development opportunities they want access to in the future. The percentage of professional preparedness and professional development opportunities ranged as follows:

- Percentage of schools that require all staff who teach health education topics to be certified, licensed, or endorsed by the state in health education:

Yes

All Ohio Schools	84%
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No

All Ohio Schools	13%
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Not applicable

All Ohio Schools	3%
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- Percentage of schools in which the major emphasis of the lead health education teacher's professional preparation was on the following:

Health and physical education combined

High Schools	80%
Middle Schools	53%
Junior/Senior High Schools	76%
All Ohio Schools	66%

Physical education

High Schools	6%
Middle Schools	8%
Junior/Senior High Schools	7%
All Ohio Schools	7%

Health education

High Schools	8%
Middle Schools	14%
Junior/Senior High Schools	0%
All Ohio Schools	10%

Other education degree

High Schools	1%
Middle Schools	10%
Junior/Senior High Schools	3%
All Ohio Schools	5%

Health Education

Kinesiology, exercise science, or exercise physiology

High Schools	1%
Middle Schools	0%
Junior/Senior High Schools	3%
All Ohio Schools	1%

Home economics or family and consumer science

High Schools	1%
Middle Schools	5%
Junior/Senior High Schools	3%
All Ohio Schools	3%

Biology or other science

High Schools	0%
Middle Schools	5%
Junior/Senior High Schools	3%
All Ohio Schools	3%

Nursing

High Schools	2%
Middle Schools	4%
Junior/Senior High Schools	0%
All Ohio Schools	3%

Counseling

High Schools	1%
Middle Schools	0%
Junior/Senior High Schools	0%
All Ohio Schools	.3%

Public health

High Schools	0%
Middle Schools	0%
Junior/Senior High Schools	0%
All Ohio Schools	0%

Nutrition

High Schools	0%
Middle Schools	1%
Junior/Senior High Schools	3%
All Ohio Schools	1%

Other

High Schools	1%
Middle Schools	1%
Junior/Senior High Schools	0%
All Ohio Schools	1%

- Percentage of schools in which the lead health education teacher is certified, licensed or endorsed by the state to teach health education in middle school or high school

High Schools	92%
Middle Schools	78%
Junior/Senior High Schools	81%
All Ohio Schools	83%

Percentage of schools in which the lead health education teacher had the following number of years' experience in teaching health education classes or topics.

1 year

High Schools	6%
Middle Schools	5%
Junior/Senior High Schools	10%
All Ohio Schools	6%

2 to 5 years

High Schools	17%
Middle Schools	20%
Junior/Senior High Schools	26%
All Ohio Schools	19%

6 to 9 years

High Schools	21%
Middle Schools	19 %
Junior/Senior High Schools	11%
All Ohio Schools	19%

10 to 14 years

High Schools	19%
Middle Schools	23%
Junior/Senior High Schools	9%
All Ohio Schools	20%

15 years or more

High Schools	37%
Middle Schools	34%
Junior/Senior High Schools	44%
All Ohio Schools	36%

- Percentage of schools in which the lead health education teacher received professional development (such as workshops, conferences, continuing education or any other kind of in-service) on each of the following topics during the past two years

Alcohol- or other drug-use prevention

High Schools	43%
Middle Schools	36%
Junior/Senior High Schools	29%
All Ohio Schools	38%

Asthma awareness

High Schools	20%
Middle Schools	21%
Junior/Senior High Schools	20%
All Ohio Schools	21%

Emotional and mental health

High Schools	44%
Middle Schools	42%
Junior/Senior High Schools	28%
All Ohio Schools	41%

Injury prevention and safety

High Schools	39%
Middle Schools	51%
Junior/Senior High Schools	45%
All Ohio Schools	46%

Foodborne illness prevention

High Schools	23%
Middle Schools	23%
Junior/Senior High Schools	31%
All Ohio Schools	24%

HIV (human immunodeficiency virus) prevention

High Schools	32%
Middle Schools	26%
Junior/Senior High Schools	24%
All Ohio Schools	28%

Human sexuality

High Schools	30%
Middle Schools	26%
Junior/Senior High Schools	21%
All Ohio Schools	27%

Nutrition and dietary behavior

High Schools	41%
Middle Schools	46%
Junior/Senior High Schools	30%
All Ohio Schools	42%

Health Education

Physical activity and fitness

High Schools	53%
Middle Schools	53%
Junior/Senior High Schools	43%
All Ohio Schools	52%

Pregnancy prevention

High Schools	25%
Middle Schools	23%
Junior/Senior High Schools	18%
All Ohio Schools	23%

STD (sexually transmitted disease) prevention

High Schools	30%
Middle Schools	25%
Junior/Senior High Schools	18%
All Ohio Schools	26%

Suicide prevention

High Schools	37%
Middle Schools	27%
Junior/Senior High Schools	24%
All Ohio Schools	30%

Tobacco-use prevention

High Schools	27%
Middle Schools	27%
Junior/Senior High Schools	24%
All Ohio Schools	27%

Violence prevention (e.g., bullying, fighting, or homicide)

High Schools	54%
Middle Schools	51%
Junior/Senior High Schools	59%
All Ohio Schools	53%

- Percentage of schools in which the lead health education teacher would like to receive professional development on each of the following topics

Teaching students with physical, medical or cognitive disabilities

High Schools	57%
Middle Schools	60%
Junior/Senior High Schools	66%
All Ohio Schools	60%

Teaching students of various cultural backgrounds

High Schools	56%
Middle Schools	52%
Junior/Senior High Schools	57%
All Ohio Schools	54%

Teaching students with limited English proficiency

High Schools	46%
Middle Schools	39%
Junior/Senior High Schools	46%
All Ohio Schools	42%

Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management

High Schools	65%
Middle Schools	62%
Junior/Senior High Schools	80%
All Ohio Schools	65%

Using interactive teaching methods, such as role plays or cooperative group activities

High Schools	72%
Middle Schools	66%
Junior/Senior High Schools	82%
All Ohio Schools	70%

Encouraging family or community involvement

High Schools	74%
Middle Schools	68%
Junior/Senior High Schools	84%
All Ohio Schools	72%

Teaching skills for behavior change

High Schools	74%
Middle Schools	69%
Junior/Senior High Schools	87%
All Ohio Schools	73%

Assessing or evaluating students in health education

High Schools	71%
Middle Schools	67%
Junior/Senior High Schools	74%
All Ohio Schools	70%

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY



It is important to remember that physical education is only one component of a comprehensive school physical activity plan for school-age youth. The Centers for Disease Control and Prevention published *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People* as a tool to help local school districts and community-based organizations create environments that encourage individuals to be physically engaged throughout the day. The guidelines include recommendations on ten aspects of school and community programs that promote lifelong physical activity among young people:

1. Adopt district-wide policies that support lifelong physical activity.
2. Establish physical and social environments that encourage and enable physical activity.
3. Implement high quality physical education curricula and instruction that is planned, sequential and skill focused.
4. Implement quality health education curricula and instruction that are planned, sequential and skill focused.
5. Establish extracurricular physical activity programs that meet the needs and interests of students.
6. Involve parents and guardians in physical activity instruction and programs for young people.
7. Provide access to personnel training opportunities.
8. Provide access to health services for children and adolescents through school-based health centers or referrals to community-based services.
9. Coordinate developmentally appropriate community sports and recreation programs that are attractive to young people.
10. Conduct ongoing evaluation of physical activity instruction, programs and facilities.⁴

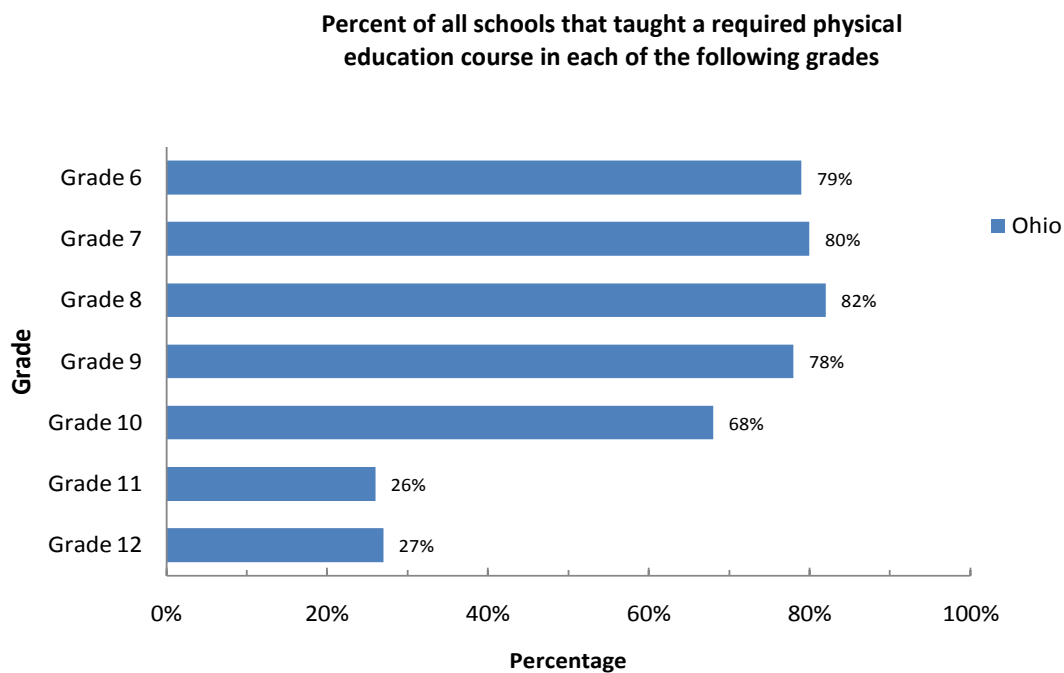
While an ideal approach to physical activity would incorporate all ten recommendations, research indicates that school districts that deliver quality physical education and health education curricula and incorporate one to three additional recommendations that are relevant

Physical Education

to the needs of their student populations make significant impacts on overall student health and physical wellness.^{8,11}

Required Physical Education

Physical education is defined on the *Profiles* questionnaire as instruction that helps students develop the knowledge, attitudes, motor skills, behavioral skills and confidence needed to adopt and maintain a physically active lifestyle. Students in Ohio school districts are required to complete one half credit (120 instructional hours) of physical education to graduate, and students who participate in at least two seasons of an interscholastic athletics, cheerleading or marching band can be exempted from that requirement. In Ohio, 92 percent of schools required physical education instruction for students in any grade 6 through 12.



- **Percentage of schools that require physical education for students in any of grades 6 through 12**

All Ohio Schools 92%

Physical Education

- Percentage of all schools that taught a required physical education course in each of the following grades

<i>Sixth grade</i>		<i>Tenth grade</i>	
All Ohio Schools	79%	All Ohio Schools	68%
<i>Seventh grade</i>		<i>Eleventh grade</i>	
All Ohio Schools	80%	All Ohio Schools	26%
<i>Eighth grade</i>		<i>Twelfth grade</i>	
All Ohio Schools	82%	All Ohio Schools	27%
<i>Ninth grade</i>			
All Ohio Schools	78%		

- Percentage of schools in which students can be exempted from taking a required physical education course for one grading period or longer for any of the following reasons

<i>Enrollment in other courses</i>		<i>Participation in community sports activities</i>	
All Ohio Schools	14%	All Ohio Schools	3%
<i>Participation in school sports</i>		<i>Religious reasons</i>	
All Ohio Schools	14%	All Ohio Schools	35%
<i>Participation in other school activities</i>		<i>Long-term physical or medical disability</i>	
All Ohio Schools	17%	All Ohio Schools	69%
<i>Cognitive disability</i>		<i>Participation in vocational training</i>	
All Ohio Schools	17%	All Ohio Schools	4%
<i>High physical fitness competency test score</i>		<i>Participation in community service activities</i>	
All Ohio Schools	2%	All Ohio Schools	3%

Physical Education – Certification and Professional Development

Certification requirements and professional development opportunities for physical education teachers are important components of quality physical education programs..

According to Ohio principals surveyed, 78 percent of physical education teachers received professional development on physical education during the last two years.

- Percentage of schools in which physical education teachers or specialists received professional development en physical education during the past two years

All Ohio Schools	78%
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Physical Education

Physical Education – *Materials for Physical Education Teachers*

Schools can provide materials to physical education teachers to help them teach.

- **The percentage of schools that provided the following materials to those who teach physical education**

Goals, objectives and expected outcomes for physical education

All Ohio Schools 92%

Plans for how to assess student performance in physical education

All Ohio Schools 70%

A chart describing the annual scope and sequence of instruction for physical education

All Ohio Schools 66%

A written physical education curriculum

All Ohio Schools 82%

- **Percentage of schools that offer opportunities for all students to participate in intramural activities or physical activity clubs.**

All Ohio Schools 52%

HEALTHY AND SAFE SCHOOL ENVIRONMENT



Nutrition Services and Competitive Foods

The need to promote healthy eating among youth has intensified as the number of overweight and obese children has dramatically increased. In 2007, 35.6 percent of children ages 10-17 years living in Ohio were overweight or obese. Schools are in a unique position to promote healthy dietary behaviors and to help ensure appropriate nutrient intake. In 2004, more than half (54 percent) of school-aged children in the United States received either

school breakfast or school lunch, and one in six received both.¹² School nutrition services staff can promote healthy eating through the foods they make available each day in the school cafeteria, and school staff and teachers can promote healthy eating by providing healthy snacks in classrooms.

The school nutrition environment includes food distributed through federally subsidized school meal programs and other competitive food products and beverages that are sold or are distributed through the cafeteria, classrooms, school stores and vending machines. Every school-sponsored meal is required to meet federal nutrition guidelines, but competitive foods available in schools are not regulated, nor are they held to USDA standards.^{12,13} Most of these foods are low in nutrients and high in fat, added sugars, sodium and calories, and research indicates that the sales of competitive foods lead to decreases in school meal participation. While there is room for improvement in the quality of school meal programs, research shows that children who eat school meals consume more milk and eat more fruits and vegetables than students who partake in a la cart competitive food options. These students tend to eat larger portions and consume more calories with less nutrition value than students participating in standard school lunch programs.¹²⁻¹⁵

Health & School Environment

The current USDA statutory authority to regulate competitive foods is extremely limited. During school meal periods, foods of minimal nutritional value (FMNVs) are not allowed to be sold in food service areas, but may be sold anywhere else in the school at any time. FMNVs are defined as foods providing less than 5 percent of recommended intakes for eight key nutrients; examples include carbonated soda, gum, hard candies and jelly beans. Other competitive foods, such as candy bars, chips and ice cream, are not

considered FMNVs and may be sold in the cafeteria during meal periods.

It is critical to create a school health environment that promotes nutrient rich eating through food options available onsite. Providing healthy food choices and reducing access to FMNVs on school grounds reinforces nutrition lessons presented in the classroom and provides a venue for students to practice health skills and build healthy dietary behaviors.^{5,16}

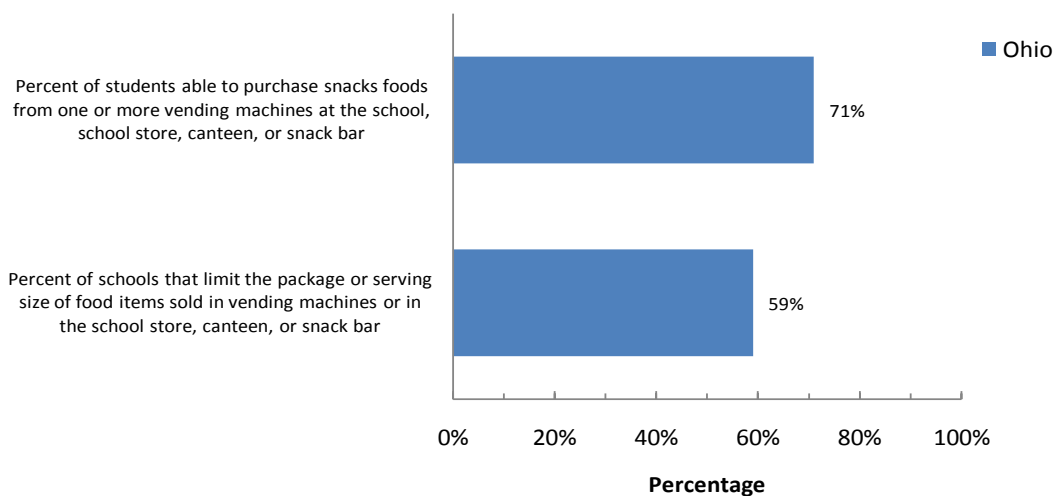
CDC Recommendations for School Health Programs Promoting Healthy Eating

1. Adopt a coordinated school nutrition policy that promotes healthy eating through classroom lessons and a supportive school environment.
2. Curriculum for nutrition education: Implement nutrition education from preschool through secondary school as part of a sequential, comprehensive school health education curriculum designed to help students adopt healthy eating behaviors.
3. Instruction for students: Provide nutrition education through developmentally appropriate, culturally relevant, fun participatory activities that involve social learning strategies.
4. Integration of school food service and nutrition education: Coordinate school food service with nutrition education and with other components of the comprehensive school health program to reinforce messages on healthy eating.
5. Training for school staff: Provide staff involved in nutrition education with adequate pre-service and ongoing in-service training that focuses on teaching strategies for behavioral change.
6. Family and community involvement: Involve family members and the community in supporting and reinforcing nutrition education.
7. Program evaluation: Regularly evaluate the effectiveness of the school health program in promoting healthy eating, and change the program as appropriate to increase its effectiveness.

Ohio Nutrition Data

Approximately half (48 percent) of Ohio schools offer fruits for purchase in a vending machine or school store or canteen. Principals also reported that 71 percent of Ohio schools allow students to purchase snack foods or beverages from one or more vending machines at the school or a school store, canteen or snack bar, and 59 percent of those schools limit the package or serving size of any individual food and beverage items sold at vending machines at the school or a school store, canteen or snack bar.

Percentage of all schools in which students can purchase snack foods or beverages from vending machines at the school or a at a canteen or school store



The percentage of schools that allowed student to purchase snack foods and beverages from vending machines or at schools stores by type of food sold ranged as follows:

▪ **Percentage of all schools in which students can purchase the following snack foods or beverages from vending machines or at the school store canteen, or snack bar**

Chocolate candy

All Ohio Schools 40%

Other kinds of candy

All Ohio Schools 43%

Salty snacks that are not low in fat, such as regular potato chips

All Ohio Schools 42%

Cookies, crackers, cakes, pastries or other baked goods that are not low in fat

All Ohio Schools 60%

Ice cream or frozen yogurt that is not low in fat

All Ohio Schools 59%

Water ices or frozen slushes that do not contain juice

All Ohio Schools 30%

2% or whole milk (plain or flavored)

All Ohio Schools 62%

Health & School Environment - Nutrition

<i>Soda pop or fruit drinks that are not 100% juice</i>	All Ohio Schools	42%	<i>Fruits (not fruit juice)</i>	All Ohio Schools	47%
<i>Sports drinks, such as Gatorade</i>	All Ohio Schools	72%	<i>Non-fried vegetables (not vegetable juice)</i>	All Ohio Schools	48%
<i>Foods or beverages containing caffeine</i>				All Ohio Schools	37%

Nutrition – Policy and Practices

In efforts to reinforce healthy eating among students and staff, schools can adopt policies and best practices that minimize access to less nutrient rich food and implement information and awareness campaigns that highlight the benefits of eating healthy.

Percentage of schools that have done any of the following activities during the 2009-2010 school year

<i>Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages</i>	All Ohio Schools	16%	<i>Collected suggestions from students, families and school staff on nutritious food preferences and strategies to promote healthy eating</i>	All Ohio Schools	46%
<i>Provided information to students or families on the nutrition and caloric content of foods available</i>	All Ohio Schools	51%	<i>Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics</i>	All Ohio Schools	20%
<i>Conducted taste tests to determine food preferences for nutritious items</i>	All Ohio Schools	18%	<i>Limited the package or serving size of any individual food and beverage items sold in vending machines or at the school store, canteen, or snack bar</i>	All Ohio Schools	59%

Percentage of schools that promote candy, meals from fast food restaurants or soft drinks to students through the distribution of products such as t-shirts, hats and book covers

All Ohio Schools **5%**

Percentage of schools that prohibit advertisements for candy, fast food restaurants or soft drinks in the following locations:

<i>In the school building</i>	All Ohio Schools	60%	<i>In school buses or other vehicles used to transport students</i>	All Ohio Schools	65%
<i>On school grounds including on the outside of the school building, on playing fields or in other areas of the campus</i>	All Ohio Schools	42%	<i>In school publications (e.g., newsletters, newspapers, web sites or other school publications)</i>	All Ohio Schools	54%

TOBACCO



Tobacco use is the single most preventable cause of death in the United States. Because four out of every five individuals who use tobacco tried their first cigarette before age 18, tobacco-prevention activities should focus on school-age children and adolescents.

The federal Pro-Children Act of 1994 prohibits smoking within an indoor facility that provides routine or regular kindergarten, elementary or secondary education or library services to children and the Ohio Revised Code prohibits students from possessing tobacco products on school grounds and at school activities. While the combination of these federal and state statutes assures that it is illegal to smoke inside all school buildings in Ohio and illegal for students to possess tobacco products on school grounds, without more restrictive tobacco use policies adopted by local school districts, staff and visitors are permitted to smoke outside on school grounds, inside school district vehicles and at school sponsored events of campus.

Evidence suggests that school health programs can be an effective means of preventing tobacco use among youth. School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. School health programs should enable and encourage all young people who have experimented with tobacco, or who are regular tobacco users, to immediately stop all use. School programs should help young people unable to stop using tobacco to seek additional assistances to successfully quit.¹⁷

To be comprehensive, a tobacco-use prevention policy should prohibit all tobacco use by students, faculty, staff and visitors during school and nonschool hours; in school buildings, on

school grounds; in school buses or other vehicles used to transport students; and at off-campus, school-sponsored events.

CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* recommends strategies to aid schools in preventing tobacco use among youth. The following are key elements of those strategies:

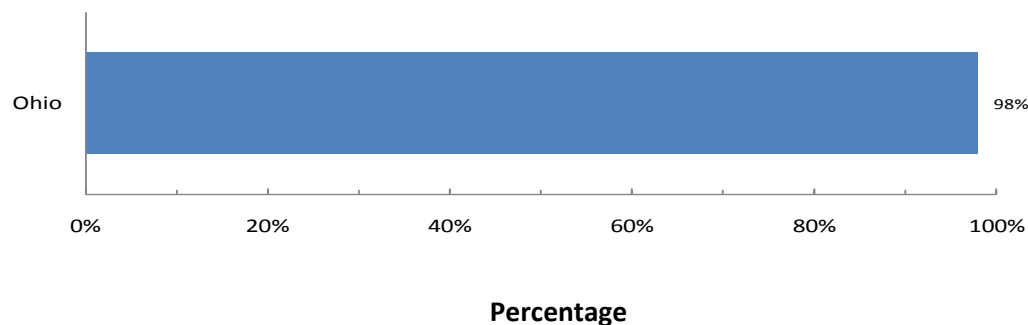
1. Develop and enforce a school policy on tobacco use.
2. Provide instruction about the short- and long-term negative physiological and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills.
3. Provide tobacco-use prevention education in kindergarten through 12th grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.
4. Provide program-specific training for teachers.
5. Involve parents or families in support of school-based programs to prevent tobacco use.
6. Support cessation efforts among students and all school staff who use tobacco.
7. Assess the tobacco-use prevention program at regular intervals.

Tobacco Policy

To compliment health education lessons taught on tobacco use and prevention, districts should establish policy that supports tobacco free campuses. Tobacco-free learning environments reinforce tobacco-free messages presented in school health classes and through community public health campaigns. In Ohio, 98 percent of schools have adopted a policy prohibiting tobacco use including the use of all tobacco, including cigarettes, smokeless tobacco, cigars and pipes by students during any student related activity. A total of 90% of schools have prevention policies that prohibits tobacco use for students during non-school hours and 100% of schools have prevention policies that prohibit students' tobacco use during school hours.

Approximately 99% of schools have a prevention policy that prohibits students from using cigarettes, smokeless tobacco, cigars and pipes in school buildings; outside on school grounds; inside school buses or other vehicles used to transport students; and at off-campus, school-sponsored events.

Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits use of cigarettes, smokeless tobacco, cigars and pipes by students, faculty, staff and visitors; during school hours and during non-school hours; in school buildings, outside on school grounds; inside school buses or other vehicles used to transport students; and at off-campus, school-sponsored events



To reinforce the choice for smoke-free lives among students and staff, schools can adopt policies that limit the places where individuals can use tobacco on school campuses. For these policies to be effective, it is not enough to have the policy drafted and on the shelf. It is critical that the policy expectations are clearly communicated to students, staff and community members and that the mandates outlined in the document are consistently enforced.

- **Percentage of schools that have adopted a policy prohibiting tobacco use**

All Ohio Schools

98%

Tobacco

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for students during any school-related activity

<i>Cigarettes</i>		<i>Cigars</i>	
All Ohio Schools	100%	All Ohio Schools	99%
<i>Smokeless tobacco</i>		<i>Pipes</i>	
All Ohio Schools	100%	All Ohio Schools	98%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for faculty and staff during any school-related activity

<i>Cigarettes</i>		<i>Cigars</i>	
All Ohio Schools	97%	All Ohio Schools	96%
<i>Smokeless tobacco</i>		<i>Pipes</i>	
All Ohio Schools	94%	All Ohio Schools	95%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits the use of each type of tobacco for visitors during any school-related activity

<i>Cigarettes</i>		<i>Cigars</i>	
All Ohio Schools	94%	All Ohio Schools	93%
<i>Smokeless tobacco</i>		<i>Pipes</i>	
All Ohio Schools	88%	All Ohio Schools	92%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for students

<i>During school hours</i>		<i>During non-school hours</i>	
All Ohio Schools	100%	All Ohio Schools	90%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for faculty and staff

<i>During school hours</i>		<i>During non-school hours</i>	
All Ohio Schools	96%	All Ohio Schools	80%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use during each of the following times for visitors

<i>During school hours</i>		<i>During non-school hours</i>	
All Ohio Schools	94%	All Ohio Schools	74%

Tobacco

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for students

<i>In school buildings</i>		<i>In school buses or other vehicles used to transport students</i>	
All Ohio Schools	100%	All Ohio Schools	99%
<i>Outside on school grounds, including parking lots and playing fields</i>		<i>At off-campus, school-sponsored events</i>	
All Ohio Schools	99%	All Ohio Schools	99%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for faculty and staff

<i>In school buildings</i>		<i>Inside school buses or other vehicles used to transport students</i>	
All Ohio Schools	99%	All Ohio Schools	97%
<i>Outside on school grounds, including parking lots and playing fields</i>		<i>At off-campus, school-sponsored events</i>	
All Ohio Schools	89%	All Ohio Schools	99%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits tobacco use in each of the following locations for visitors

<i>In school buildings</i>		<i>Inside school buses or other vehicles used to transport students</i>	
All Ohio Schools	98%	All Ohio Schools	96%
<i>Outside on school grounds, including parking lots and playing fields</i>		<i>At off-campus, school-sponsored events</i>	
All Ohio Schools	82%	All Ohio Schools	63%

- Percentage of all schools that have a tobacco-use prevention policy that specifically prohibits use of cigarettes, smokeless tobacco, cigars and pipes by students, faculty and staff and visitors; during school hours and during non-school hours; in school buildings; outside on school grounds; inside school buses or other vehicles used to transport students; and at off-campus, school-sponsored events

All Ohio Schools **43%**

Tobacco

Communication Regarding Tobacco Policy

- Percentage of schools that have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco

<i>Students</i>		<i>Visitors</i>	
All Ohio Schools	97%	All Ohio Schools	87%
<i>Faculty and staff</i>			
All Ohio Schools	96%		

- Percentage of schools that post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed

All Ohio Schools 76%

- Percentage of schools that did the following activities during the past two years

<i>Gathered and shared information with students and families about mass-media messages or community-based, tobacco-use prevention efforts</i>		<i>Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use</i>	
All Ohio Schools	34%	All Ohio Schools	43%

Tobacco Policy Enforcement

Schools may take specific actions when students are caught using tobacco products. The percentage of schools that sometimes, almost always or always took specific actions when students were caught using tobacco range as follows:

- Percentage of schools that have a tobacco-use prevention policy that includes guidelines on what actions the school should take when students are caught smoking cigarettes

All Ohio Schools 94%

Tobacco Policy Enforcement

Schools may take specific actions when students are caught using tobacco products. The percentage of schools that sometimes, almost always or always took specific actions when students were caught using tobacco range as follows:

- Percentage of schools in which the following person is responsible for enforcing the tobacco-use prevention policy

<i>No single individual is responsible</i>		<i>Other school administrator</i>	
All Ohio Schools	40%	All Ohio Schools	1%
<i>Principal</i>		<i>Other school faculty or staff member</i>	
All Ohio Schools	48%	All Ohio Schools	1%
<i>Assistant principal</i>			
All Ohio Schools	10%		

Tobacco

- Percentage of schools in which the following help determine what actions are taken when students are caught using any tobacco product

<i>Zero tolerance</i>		<i>Effect or severity of the violation</i>	
All Ohio Schools	79%	All Ohio Schools	61%
<i>Grade level of student</i>		<i>Repeat offender status</i>	
All Schools	32%	All Ohio Schools	82%

- Percentage of schools that NEVER take the following actions when students are caught using any tobacco product

<i>Parents or guardians are notified</i>		<i>Encouraged, but not required, to participate in an assistance, education or cessation program</i>	
All Ohio Schools	0%	All Ohio Schools	14%
<i>Referred to a school counselor</i>		<i>Required to participate in an assistance, education or cessation program</i>	
All Ohio Schools	10%	All Ohio Schools	30%
<i>Referred to a school administrator</i>		<i>Referred to legal authorities</i>	
All Ohio Schools	.3%	All Ohio Schools	27%

- Percentage of schools that NEVER take the following actions when students are caught using any tobacco product

<i>Placed in detention</i>		<i>Not allowed to participate in extracurricular activities or interscholastic sports</i>	
All Ohio Schools	35%	All Ohio Schools	10%
<i>Given in-school suspension</i>		<i>Expelled from school</i>	
All Ohio Schools	29%	All Ohio Schools	45%
<i>Suspended from school</i>		<i>Reassigned to an alternative school</i>	
All Ohio Schools	6%	All Ohio Schools	48%

- Percentage of schools that RARELY take the following actions when students are caught using any tobacco products

<i>Parents or guardians are notified</i>		<i>Required to participate in an assistance, education or cessation program</i>	
All Ohio Schools	.3%	All Ohio Schools	25%
<i>Referred to a school counselor</i>		<i>Referred to legal authorities</i>	
All Ohio Schools	16%	All Ohio Schools	31%
<i>Referred to a school administrator</i>		<i>Placed in detention</i>	
All Ohio Schools	.3%	All Ohio Schools	14%
<i>Encouraged, but not required, to participate in an assistance, education or cessation program</i>		<i>Not allowed to participate in extracurricular activities or interscholastic sports</i>	
All Ohio Schools	18%	All Ohio Schools	7%

Tobacco

Given in-school suspension

All Ohio Schools 14%

Suspended from school

All Ohio Schools 7%

Expelled from school

All Ohio Schools 38%

Reassigned to an alternative school

All Ohio Schools 32%

- Percentage of schools that **SOMETIMES** take the following actions when students are caught using any tobacco products

Parents or guardians are notified

All Ohio Schools 3%

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

All Ohio Schools 39%

Referred to a school counselor

All Ohio Schools 45%

Required to participate in an assistance, education or cessation program

All Ohio Schools 32%

Referred to a school administrator

All Ohio Schools 3%

Referred to legal authorities

All Ohio Schools 30%

- Percentage of schools that **SOMETIMES** take the following actions when students are caught using any tobacco products

Placed in detention

All Ohio Schools 30%

Given in-school suspension

All Ohio Schools 39%

Not allowed to participate in extracurricular activities or interscholastic sports

All Ohio Schools 33%

Suspended from school

All Ohio Schools 41%

Expelled from school

All Ohio Schools 13%

Reassigned to an alternative school

All Ohio Schools 17%

- Percentage of schools that **ALWAYS** or **ALMOST ALWAYS** take the following actions when students are caught using any tobacco product

Parents or guardians are notified

All Ohio Schools 96%

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

All Ohio Schools 299%

Referred to a school counselor

All Ohio Schools 29%

Required to participate in an assistance, education or cessation program

All Ohio Schools 13%

Referred to a school administrator

All Ohio Schools 96%

Referred to legal authorities

All Ohio Schools 13%

- Percentage of schools that **ALWAYS** or **ALMOST ALWAYS** take the following actions when students are caught using any tobacco product

Placed in detention

All Ohio Schools 21%

Not allowed to participate in extracurricular activities or interscholastic sports

All Ohio Schools 50%

Tobacco

Given in-school suspension

All Ohio Schools 19%

Suspended from school

All Ohio Schools 46%

Expelled from school

All Ohio Schools 3%

Reassigned to an alternative school

All Ohio Schools 3%

Tobacco Cessation Services

- **Percentage of schools that provide tobacco cessation services for each of the following groups**

Faculty and staff

All Ohio Schools 16%

Students

All Ohio Schools 23%

- **Percentage of schools that have arrangements with any organization or health care professionals not on school property to provide tobacco cessation services for each of the following groups**

Faculty and staff

All Ohio Schools 32%

Students

All Ohio Schools 50%

HEALTH SERVICES



Schools can further support student success by providing access to physical and mental health services. Health services in schools are designed to appraise, protect, and promote the health of students and staff and they are a key component in an effective system of coordinated school health programs. Health services in schools are typically provided by a school nurse. The school nurse conducts health screenings, verifies immunizations, provides care to students and staff who have been injured or who present with acute illnesses, and coordinates care of students and staff with chronic illnesses during school. The school nurse care may provide treatment of health problems within the scope of nursing practice, communication with parents for treatment, and referral to other providers.

In some instances, school health services may provide primary care services on site. These services offer families the opportunity to have access to a higher level of health care within the school setting. This model of health services is referred to as School-Based Health Centers (SBHCs) which bring the health care provider's office to the school. This allows students to avoid health-related absences and get support to succeed in the classroom.

The benefits of school health services and school based health center programs are supported through research. However, providing any type of health service requires extensive collaboration and communication among school staff, students, families and outside agencies. Thorough planning is required when developing protocols for appropriately securing and disclosing student health information.⁹

Many Ohio school districts coordinate health services through school nurses. The extent to which health services are available through school nurses varies by district and school building. Approximately 40 percent of Ohio schools employ a full-time registered nurse who provides an unprescribed level of health service to students. The data collected through the 2010 *School Health Profiles* survey pertains predominately to health services related to asthma, but schools are in a position to provide health care services and referrals that are relevant to the full range of health issues, if health services programs are planned and implemented correctly.

Role of the School Nurse

- The school nurse provides direct health care to students and staff.
- The school nurse provides leadership for the provision of health services.
- The school nurse provides screening and referral for health conditions
- The school nurse promotes a healthy school environment.
- The school nurse promotes health.
- The school nurse serves in a leadership role for health policies and programs.
- The school nurse serves as a liaison between school personnel, family, community, and health care providers.

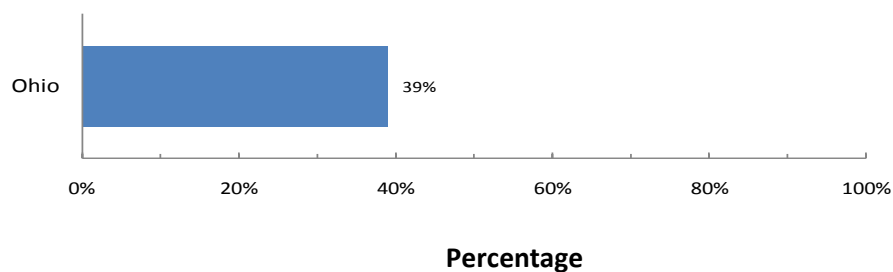
National Association of School Nurses

Guiding principles for school based health care:

- School-based or linked health services are comprehensive, coordinated and provided along a continuum of care including promotion, early intervention and treatment.
- Services for youth should be appropriate, accessible, affordable, coordinated and safe.
- School-based or linked health services reduce barriers to learning and support academic success.
- School-based or linked health services are most effectively delivered according to the CDCs Coordinated School Health Model.
- School-based or linked health care promotes well being and long term success by addressing the medical, dental, mental health and health education needs of children and adolescents.

Ohio Association of School Based Health Centers

Percentage of Ohio schools that employ a full-time registered nurse



- **Percentage of schools that have a full-time registered nurse who provides health services to students**

All Ohio Schools	39%
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Health Services

■ Percentage of schools that have an asthma action plan on file for all, most, some or no students with known asthma

School has no students with known asthma
All Ohio Schools 3%

All students with known asthma have an asthma action plan on file
All Ohio Schools 50%

Most students with known asthma have an asthma action plan on file
All Ohio Schools 22%

Some students with known asthma have an asthma action plan on file
All Ohio Schools 19%

No students with known asthma have an asthma action plan on file
All Ohio Schools 6%

■ Percentage of schools that use each of the following types of information to identify students with poorly controlled asthma

School does not identify students with poorly controlled asthma
All Ohio Schools 24%

Frequent absences from school
All Ohio Schools 32%

Frequent visits to the school health office due to asthma
All Ohio Schools 56%

Frequent asthma symptoms at school
All Ohio Schools 52%

Frequent non-participation in physical education class due to asthma
All Ohio Schools 35%

Students sent home early due to asthma
All Ohio Schools 35%

Calls from school to 911 or other local emergency numbers due to asthma
All Ohio Schools 23%

■ Percentage of schools that provide each of the following services for students with poorly controlled asthma

Providing referrals to primary health care clinicians or child health insurance programs
All Ohio Schools 52%

Ensuring access to and appropriate use of asthma medications, spacers and peak flow meters at school
All Ohio Schools 80%

Minimizing asthma triggers in the school environment
All Ohio Schools 64%

Addressing social and emotional issues related to asthma
All Ohio Schools 42%

Ensuring an appropriate written asthma action plan is obtained
All Ohio Schools 70%

Offering asthma education for the student with asthma and his or her family
All Ohio Schools 42%

Providing additional psychosocial counseling or support services as needed
All Ohio Schools 40%

Ensuring access to safe, enjoyable physical education and activity opportunities
All Ohio Schools 79%

Health Services

*Ensuring access to preventive medications
before physical activity*

All Ohio Schools	76%
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- Percentage of schools that have a designated and secure storage location for medications, including quick-relief asthma medications

High Schools	97%
Middle Schools	99%
Junior/Senior High Schools	93%
All Ohio Schools	98%

- Percentage of schools with a designated and secure storage location for medications that is accessible at all times by the school nurse or his or her designee

High Schools	99%
Middle Schools	100%
Junior/Senior High Schools	100%
All Ohio Schools	99%

- Percentage of schools in which school staff members are required to receive training on recognizing and responding to severe asthma symptoms more than once per year; once per year; or less than once per year

More than once per year

All Ohio Schools	.3%
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Less than once per year

All Ohio Schools	13%
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Once per year

All Ohio Schools	23%
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No such requirement

All Ohio Schools	63%
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- Percentage of schools that have adopted a policy stating that students are permitted to carry and self-administer asthma medications

All Ohio Schools	76%
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- Percentage of schools that have procedures to inform each of the following groups about the policy permitting students to carry and self-administer asthma medications*

Students

All Ohio Schools	91%
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Parents/families

All Ohio Schools	90%
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**Among schools that have adopted a policy stating that students are permitted to carry and self-administer asthma medications.*

- **Percentage of schools for which one of the following person responsible for implementing the policy permitting students to carry and self-administer asthma medication***

No single individual is responsible

All Ohio Schools 27%

School nurse

All Ohio Schools 52%

Principal

All Ohio Schools 16%

Other school faculty or staff member

All Ohio Schools 4%

Assistant principal

All Ohio Schools 1%

**Among schools that have adopted a policy stating that students are permitted to carry and self-administer asthma medications.*

HIV INFECTION AND AIDS PREVENTION



Research indicates that early, unprotected sex among young people can have negative consequences. Pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), result in high social, economic and health costs for affected individuals, their children and society. Recent CDC surveillance statics indicate that positive trends in teen sexual health have stalled. The agency analyzed a number of nationwide surveys collected between 2002-2007 summarizing trends in adolescent sexual and reproductive health, including statistics of teenage pregnancy rates and the frequency of HIV and STD diagnoses. The CDC found that the teen birth rate and HIV infection are on the rise.¹⁸

School policies can provide critical support for HIV-infected students and staff and establish high quality health education programs to prevent HIV infection. In efforts to assist school districts in adopting effective policies to support comprehensive HIV prevention initiatives, the National Association of State Boards of Education (NASBE) published a policy tool for local education agencies that provides key topics to consider when drafting policy and model policy language. Successful HIV prevention initiatives must include quality health instruction, professional development, and a system to link students and families with community-based HIV/AIDS interventions and services.¹⁹

In addition to instructional and service elements, schools must also work to assure that the rights of all students to attend and participate in school activities and to enjoy medical privacy are protected.

NASBE: Recommendations for Education Policies Concerning HIV Infection

1. **School Attendance** - A student with HIV infection has the same right to attend school and receive services as any other student, and will be subject to the same rules and policies.
2. **Employment** - The state/district/school does not discriminate on the basis of HIV infection or association with another person with HIV infection.
3. **Privacy** - Pupils or staff members are not required to disclose HIV infection status to anyone in the education system. HIV antibody testing is not required for any purpose. Every employee has a duty to treat as highly confidential any knowledge or speculation concerning the HIV status of a student or other staff member.
4. **Infection Control** - All employees are required to consistently follow universal precautions as defined by U.S. Occupational Health and Safety Administration for the prevention of blood-borne infections.
5. **HIV and Athletics** - The privilege of participating in physical education classes, athletic programs, competitive sports and recess is not conditional on a person's HIV status.
6. **HIV Prevention Education** - The goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV. The educational curriculum will be planned and sequential, culturally relevant and be taught in kindergarten through 12th grades by trained professionals.
 - Parents and guardians will have convenient opportunities to preview all HIV prevention curricula and materials.
 - Education system will cooperate with HIV prevention efforts in the community.
7. **Related Services** - School administrators will maintain confidential linkage and referral mechanisms to facilitate voluntary student access to appropriate HIV counseling and testing programs, and to other HIV-related services as needed.
8. **Staff Development** - All school staff will participate in a planned HIV education program that presents factual and current information; provides guidance on infection control procedures; informs about current law and state, district and school policies concerning HIV; assists staff to maintain productive parent and community relations; and includes annual review sessions. Employees teaching HIV curriculum will receive additional specialized training.
9. **Communication** - On an annual basis, school administrators will notify students, their family members and school personnel about current policies concerning HIV infection, and provide convenient opportunities to discuss

these policies.

The percentage of Ohio schools with a policy on students who have HIV infection or AIDS was 59 percent. Among those schools that had a policy, the percentage whose policy addressed specific issues for students or staff with HIV infection or AIDS ranged as follows:

- **Percentage of schools that have adopted a policy that addresses each of the following issues for students or staff with HIV infection or AIDS**

Attendance of students with HIV infection

All Ohio Schools 59%

Procedures to protect HIV-infected students and staff from discrimination

All Ohio Schools 66%

Maintaining confidentiality of HIV-infected students and staff

All Ohio Schools 73%

Work site safety (universal precautions)

All Ohio Schools 81%

Confidential counseling for HIV-infected students

All Ohio Schools 57%

Communication of the policy to students, school staff and parents

All Ohio Schools 57%

Adequate training about HIV infection for school staff

All Ohio Schools 64%

Procedures for implementing the policy

All Ohio Schools 61%

FAMILY AND COMMUNITY INVOLVEMENT



Partnerships between schools, families and community members are key elements of effective school health programs. Schools that have good relationships with families and community members are more likely to gain their cooperation with school health efforts. These relationships also increase the probability of successful school health programs because health messages will be reinforced at home and throughout the community, leading to improved student

health outcomes. Interventions aimed at preventing and treating childhood obesity, school-based tobacco use and HIV prevention programs and asthma interventions all have been found to be more effective when they involve parents and community organizations. Family and community involvement is especially important when addressing topics that can be emotionally charged, such as the prevention of HIV, other STDs and pregnancy. Without parental support of HIV, other STD and pregnancy prevention education programs and policies, they cannot be sustained.²⁰⁻²²

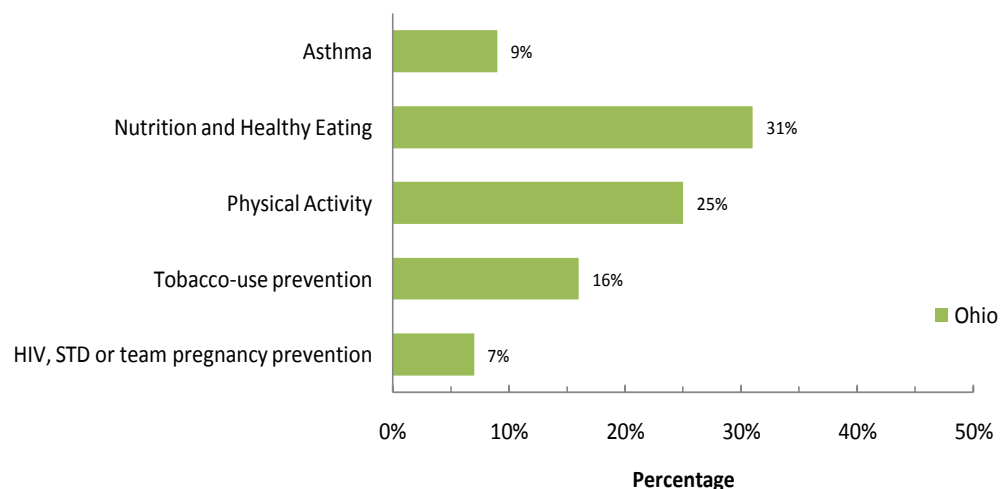
In Ohio the State Board of Education recognizes parents and families as children's first and most important teachers and strongly encourages local districts to engage and communicate with family and community members when districts establish and enforce new school policy.

Under the Ohio Revised Code, local school boards, districts and schools are required to adopt a policy on parent involvement, and districts and schools are encouraged to incorporate the following recommendations that support parent and family involvement in children's education and in school activities.

Parent and Family Involvement in Schools

1. Respect, value and involve parents and families as partners and decision-makers in school continuous-improvement planning.
2. Develop, with parents and families, policies regarding school involvement, and distribute the policies in language they can understand.
3. Create parent and family engagement activities that respect the various cultures, languages, practices and customs, and build relationships among parents, families and schools through bridging economic and cultural barriers.
4. Promote consistent and effective two-way communication between all students' parents, family members and school personnel.
5. Prepare parents and families to be involved in meaningful meetings and discussions with administrators, teachers and staff.
6. Design a range of meaningful opportunities for parents and families to be involved in schools that reflect the specific needs and characteristics of parents and families in a particular school or district.
7. Create welcoming and supportive school environments for parents and families that are child-centered and family-strengthening.
8. Provide logistical support (e.g., transportation, child care) so parents and families can participate in school-sponsored family involvement events.
9. Encourage businesses and industries to offer parent- and family-friendly policies that support parent and family involvement in children's school activities.

Percentage of Ohio schools in which community members helped develop or implement policies and programs related to the following topics during the past two years



Family and Community Involvement

- **Percentage of schools in which students' families helped develop or implement policies and programs related to the following topics during the past two years**

HIV, STD or teen pregnancy prevention

All Ohio Schools 7%

Nutrition and healthy eating

All Ohio Schools 31%

Tobacco-use prevention

All Ohio Schools 16%

Asthma

All Ohio Schools 9%

Physical activity

All Ohio Schools 25%

- **Percentage of schools in which community members helped develop or implement policies and programs related to the following topics during the past two years**

HIV, STD or teen pregnancy prevention

All Ohio Schools 16%

Nutrition and healthy eating

All Ohio Schools 36%

Tobacco-use prevention

All Ohio Schools 24%

Asthma

All Ohio Schools 12%

Physical activity

All Ohio Schools 30%

References

1. Centers for Disease Control and Prevention. Student Health and Academic Achievement. Available at www.cdc.gov/HealthyYouth/health_and_academics
2. Taras H, Potts-Datema W. Childhood asthma and student performance at school. *Journal of School Health* 2005;75(8):296-312.
3. Taras H, Potts-Datema W. Chronic health conditions and student performance at school. *Journal of School Health* 2005;75(7):255-266.
4. Taras H, Potts-Datema W. Obesity and student performance at school. *Journal of School Health* 2005;75(8):291-295.
5. Taras H, Potts-Datema W. Sleep and student performance at school. *Journal of School Health* 2005;75(7):248-254.
6. Taras H. Nutrition and student performance at school. *Journal of School Health* 2005;75(6):199-213.
7. Taras H. Physical activity and student performance at school. *Journal of School Health* 2005;75(6):214-218.
8. The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence* (2nd Edition). Atlanta: American Cancer Society, 2007.
9. Wooley, Susan Frelick. *Health is Academic*. New York, NY College Press; 1998.
10. American School Health Association. *Creating Capacity for Effective Coordination of School Health Programs: Lessons from Systems Thinking and Implementation Science*. 2008 Kent, Ohio.
11. Centers for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. *Morbidity and Mortality Weekly Report* 1997;46(No. RR-6).
12. U.S. Government Accountability Office, GAO-05-563. *School Meal Programs: Competitive Foods Are Widely Available and Generate Substantial Revenues for Schools*. 2005. Available at www.gao.gov/new.items/d05563.pdf.
13. Action for Healthy Kids. *Progress or Promises What's Working for and Against Healthy School*. 2008. Skokie, Illinois.
14. U.S. Department of Health and Human Services. *Healthy Youth: An Investment in Our Nation's Future*, 2007. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Coordinating Center for Health Promotion; 2007. Retrieved June 3, 2007 from <http://www.cdc.gov/HealthyYouth/about/pdf/HealthyYouth.2007.pdf>.
15. U.S. Department of Health and Human Services, CDC, Coordinating Center for Health Promotion; 2007. Retrieved June 3, 2007 from <http://www.cdc.gov/HealthyYouth/about/pdf/HealthyYouth.2007.pdf>.
16. Centers for Disease Control and Prevention. Guidelines for school health programs to promote lifelong healthy eating. *Morbidity and Mortality Weekly Report* 1996;45(No. RR-9).
17. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report* 1994; 43(No. RR-2).
18. Centers for Disease Control. *Sexual and Reproductive Health of Persons Aged 10-24 Years - United States, 2002-2007*. *Morbidity and Mortality Weekly Report*, 58 (SS-6). July, 2009. Atlanta, GA.
19. National Association of State Boards of Education. (1996). *Someone at school has AIDS*. Alexandria, VA.
20. Lewallen TC. Healthy learning environments. *ASCD INFOBrief*; 2004(38).
21. Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated school health programs and academic achievement: A systematic review of the literature. *Journal of School Health* 2007;77(9):589-600.
22. State Board of Education. *Parent and Family Involvement Policy*. July 10, 2007. Columbus, OH.
23. CDC DASH Healthy Youth website. <http://www.cdc.gov/HealthyYouth/index.htm>.
24. Deal, Tami Benham. *Role of 21st Century Schools in Promoting Health Literacy*. National Health Education Information Network, 2009. Washington. D.C.
25. Voinovich School of Leadership and Public Affairs at Ohio University, *Coordinated School Health Programs: An Overview and current policy analysis with recommendation for program integration*, February 2009. Athens, Ohio.
26. Freudenberg N, Ruglis J. Reframing school dropout as a public health issue. *Preventing Chronic Disease* 2007;4(4):A107.
27. Grossman M, Kaestner R. Effects of education on health. In: *The Social Benefits of Education*. Behrman JR, Stacey N, editors. Ann Arbor: University of Michigan Press; 1997.
28. Harper S, Lynch J. Trends in socioeconomic inequalities in adult health behaviors among U.S. states, 1990-2004. *Public Health Reports* 2007;122(2):177-189.
29. Lewallen LP. Healthy behaviors and sources of health information among low-income pregnant women. *Public Health Nursing* 2004;21(3):200-6.
30. Muenning P, Woolf SH. Health and economic benefits of reducing the number of students per classroom in US primary schools. *American Journal of Public Health*. 2007;97:2020-2027.
31. National Association of State Boards of Education *Fit, Healthy, and Ready to Learn: A School Health Policy Guide from the*, 2000 Alexandria, VA.
32. National Middle School Association. *Small schools and small learning communities: Position statement of the National Forum to Accelerate Middle Grades Reform*. June 2004.
33. Pro-Children Act of 1994. 20 U.S.C. 6083.
34. Society of State Directors of Health, Physical Education and Recreation. *Making the connection: Health and student achievement*. [ppt 5.2MB].
35. Society of State Directors of Health, Physical Education and Recreation. *Summary research documents for components of a Coordinated School Health Program*.
36. State of Ohio: Department of Insurance, Department of Job and Family Services, Department of Health and Mental Health, *Ohio Family Health Survey* [Computer File], Ohio State University, Ohio Colleges of Medicine Government Resource Center [distributor], 2009. Columbus, Ohio.
37. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Vol. 1. Washington, DC: Government Printing Office; November 2000.
38. Vernez G, Krop RA, Rydell CP. The public benefits of education. In: *Closing the Education Gap: Benefits and Costs*. Santa Monica, CA: RAND Corporation; 1999:13-32.