PANTA Plus

Physical Activity • Nutrition • Tobacco • Asthma

A School Resource Guide

Kentucky UNBRIDLED SPIRIT™

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A Word From The Commissioners

As the Commissioners of Behavioral Health, Education and Public Health, we are committed to supporting the health and educational success of our Kentucky children and youth. The health and education of our children and youth are *two of our primary unifying concerns*. Academic success of our Kentucky youth is strongly linked with their health. We jointly support initiatives that encourage healthy lifestyles and lead to academic success of our Kentucky children and youth. It is with great enthusiasm and optimism that we offer you the revised 2011 Physical Activity, Nutrition, Tobacco and Asthma Plus (PANTA Plus) School Resource Guide.

The Center for Disease Control and Prevention (CDC) has identified and monitors six priority health-risk behaviors of youth that research shows contribute to the leading causes of death and disability among adults and youth. These six are: injury and violence, alcohol and drug use, tobacco use, poor nutrition, physical inactivity, and sexual risk behaviors. In addition to causing serious health problems, these behaviors also contribute to the educational and social problems that confront the nation and Kentucky, including failure to complete high school, unemployment, and crime. Asthma and dental health are also two major areas of health impacting children and youth that are also included in the surveillance.

This Physical Activity, Nutrition, Tobacco and Asthma (PANTA) Plus School Resource Guide will assist schools as they work towards a coordinated approach to school health. It provides the framework, structure, tools and resources to strengthen and expand your school health program and policies.

Strong collaboration between behavioral health, education and public health at the state and local levels is vital as we work together to improve the educational outcomes of our students through improved school health programs. We applaud your achievements and pledge to work with you to make a difference in the lives of Kentucky children, youth, families and school staff.

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Executive Summary

Looking to improve student achievement? Consider how healthy your students are. "Healthy children learn better" is not only common sense, but it is also backed up by data. There is strong evidence of a link between health and academic achievement. Research shows an association between obesity and poor school performance,[1] while a strong, positive connection exists between physical activity and academic performance.[2] Schools that offer quality breakfast programs not only show an increase in academic achievement, but also an increase in class participation and daily attendance.[3] So efforts to increase student achievement should include a focus on health. School health programs and board policies can address these areas by using a coordinated approach to school health – Coordinated School Health. A Coordinated School Health Program (CSHP) consists of eight interactive components that can influence health and learning. This guide explains a Coordinated School Health Program.

In 2010 Kentucky's national overall health rating was 44th. This rating is comprised of national health benchmarks.[4] Unhealthy behaviors among Kentucky's youth also put them at great risk for developing chronic diseases – risking their quality of life in childhood. During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Serious health and safety issues such as motor vehicle crashes, violence, substance abuse, and sexual behavior adversely affect adolescents. They also struggle with behaviors that will affect their risk of developing chronic diseases in adulthood, such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco. The data for each of the topic areas covered in the PANTA Plus School Resource Guide includes information from the 2009 Kentucky Youth Risk Behavior Survey as well as other pertinent data sources.

In 2010 with approximately 636,188 children and 100,720 certified and classified staff spending many hours a day in the education process of Kentucky's 1,233 public schools, the school environment is of immense importance. A healthy school environment can help create a positive learning environment as well as help develop a healthy worksite. When children and adults participate in positive health behaviors multiple health benefits increase. Investment in employee wellness programs has excellent potential for major dividends in longer, healthier, more productive lives for employees and the successful functioning of organizations.[5]

Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.

— National Association of State Boards of Education

Schools and their partner organizations play a key role in helping children and youth learn and engage in healthy behaviors. With local collaboration through a Coordinated School Health/Wellness Committee, schools can find partners within their communities to assist in the assessment of the current school health environment and policies, to set priorities, and to design solutions. Ideally this should include adding health into the comprehensive school improvement planning (CSIP) process. When engaged as decision makers, communities have repeatedly proven that they are up to the task of addressing local problems and supporting schools in their initiatives.[6]

"If schools do not deal with children's health by design, they deal with it by default."

— Health is Academic 1997

About this Guide

The Physical Activity, Nutrition, Tobacco and Asthma (PANTA) Plus School Resource Guide was developed to update and expand in topic areas of the previous 2006 PANTA School Resource Guide. The Kentucky Department for Public Health (KDPH), the Kentucky Department of Education (KDE) and the Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities have partnered to provide the information in this updated and expanded guide. The purpose of this guide is to promote the:

- connection between health and academics,
- use of the Coordinated School Health Model,
- understanding of the six priority health risk behaviors of youth (injury and violence, alcohol and drug use, tobacco use, nutrition, physical activity, and sexual risk behaviors)
- understanding of two major areas of health impacting children : asthma and dental health
- provide resources

This guide is meant to assist school administrators, teachers, nurses, social workers, Family Resource and Youth Services Center Directors, counselors, school food service and other school staff as well as those community representatives that work with schools in creating a positive healthy school environment. We hope this resource guide will provide the tools to strengthen and expand local school wellness policies, school programs and practices and the inclusion of health as part of the comprehensive school improvement planning (CSIP) process. The PANTA Plus School Resource Guide also provides resources on School Wellness and/or Coordinated School Health Councils with model policies to serve as guidelines in formulating local policies. We have included information about:

- Health and academics
- Emerging, promising and best practices
- Designing and planning policies and programs
- Assessing the school health environment and use of data
- Encouraging environmental change
- Promoting overall health of students, staff and the school community

Please share the information in this guide with others in your community. By working together we can educate future generations to treasure their health; we can give them the tools to better care for themselves and their families, and we can create communities where healthy lifestyles are the norm.

Health and Academics

Health and Academic Connection

Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Gap addresses how health disparities impede student motivation and their ability to learn. "By systematically addressing educationally relevant health disparities, schools can reduce both educational and health disparities. Health related problems play a major role in limiting the motivation and ability to learn…"[7]

The academic success of America's 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. In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.

> "No matter how good schools are, students won't be able to learn if they're not healthy."
>
> — *U.S. Secretary of Education, Arne Duncan, Press Release, January 19, 2011*

Promoting academic achievement is one of the four fundamental outcomes of modern school health programs. Scientific reviews have documented that school health programs can have positive impacts on educational outcomes, as well as health-risk behaviors and health outcomes. Programs that are primarily designed to improve academic performance are increasingly being recognized as important public health interventions. Student physical activity may help improve academic performance including academic achievement (e.g., grades, standardized test scores); academic behavior (e.g., on-task behavior, attendance); and factors that can positively influence academic achievement (e.g. concentration, attention, improved classroom behavior). Physical activity is positively related to academic performance. Most importantly, adding time during the school day for physical activity does not appear to take away from academic performance. Schools should continue to offer and/or increase opportunities for student physical activity. http://www.cdc.gov/HealthyYouth/health_and_academics/index.htm

School Connectedness

School connectedness is the belief by students that adults and peers in the school care about their learning as well as about them as individuals and thus, is an important protective factor. Research has shown that young people who feel connected to their school are less likely to engage in many risk behaviors[8], including: tobacco use, alcohol and drug use, violence and gang involvement and early sexual initiation. Connected students are also more likely to have better academic achievement, including higher grades and test scores, have better school attendance, and stay in school longer.[9-12]

> "No educational tool is more essential than good health."
>
> — *Council of Chief State School Officers*

Students who feel connected to school believe that adults and peers in the school care about their learning as well as about them as individuals. When students feel connected to school, they are less likely to engage in a variety of risk behaviors, including tobacco use, alcohol and

drug use, violence and gang involvement, and early sexual initiation. Connected students are also more likely to have higher grades and test scores, have better school attendance, and stay in school longer. More information on school connectedness can be found on the CDC Healthy Youth website. http://www.cdc.gov/HealthyYouth/AdolescentHealth/pdf/connectedness.pdf

What can schools do?

Healthier Students are Better Learners:

- Make health a fundamental part of elementary and secondary education
- Create effective and efficient school health programs
  - High quality, evidence-based
  - Strategically planned
  - Effectively coordinated

Six Strategies to Increase School Connectedness

- Create decision-making processes that facilitate student, family, and community engagement; academic achievement; and staff empowerment.
- Provide education and opportunities to enable families to be actively involved in their children's academic and school life.
- Provide students with the academic, emotional, and social skills necessary to be actively engaged in school.
- Use effective classroom management and teaching methods to foster a positive learning environment
- Provide professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional, and social needs of children and adolescents.
- Create trusting and caring relationships that promote open communication among administrators, teachers, staff, students, families, and communities.

What can community organizations, agencies and businesses do to help?

National Association of County and City Health Officials

The National Association of County and City Health Officials (NACCHO) supports Coordinated School Health Programs to facilitate collaboration among local health departments, schools and districts and communities to address health education and health service needs of children in school.

NACCHO encourages the following[13]:

- Development of local infrastructure to help create safe, healthy and nurturing schools that reduce barriers to learning
- Increase communications among local health departments, schools and districts and the community
- Leverage existing and identify new resources for local health departments, schools and districts, and the community to support Coordinated School Health Programs
- Promote collaboration to apply for grants that implement Coordinated School Health Programs among local health departments, schools and districts and the community
- Ongoing research to identify best practices and ensure the efficacy of Coordinated School Health Programs

Council of Chief State School Officers

The Council of Chief State School Officers (CCSSO) provides leadership, advocacy, and technical assistance on major educational issues. In 2004 CCSSO released a Policy Statement on School Health which states:[14]

- Healthy kids make better students and that better students make healthy communities
- Policies and practices that address the health and development needs of young people must be included in any comprehensive strategy for improving academic performance

http://www.ccsso.org/Documents/2004/Policy_Statement_School_Health_2004.pdf

"Health and education go hand in hand: one cannot exist without the other. To believe any differently is to hamper progress. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality."

- Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education, 1992

Kentucky's Education System

The Kentucky Education Reform Act (KERA) of 1990 was one of the most sweeping education initiatives ever undertaken by any state. Being the most comprehensive education reform of its time, many things were changed. These changes included how schools were financed, how decisions were made and who made them, what kind of learning was expected from students, and what kind of performance was expected of teachers, administrators, and school boards. A critical aspect of Kentucky's educational reform is local control. The new public education system includes:

- providing equitable resources for all schools and districts
- providing extra resources to those districts and schools with many children who come to school with disadvantages
- setting high standards for performance of all students, teachers, schools and districts
- empowering local schools to make decisions that affect their own learning environments
- holding schools accountable for reaching new standards
- rewarding successful schools
- assisting unsuccessful schools

School-Based Decision Making

KERA changed how governance was handled through the introduction of School-Based Decision Making Councils (SBDM) by KRS 160.345. The SBDM initiative puts responsibility for making decisions in the hands of those most affected by them –principals, teachers and parents. While local school boards are still responsible for setting overall district policies, school councils empower parents, teachers and principals to make the decisions about what happens in their school buildings.[15]

Making these key players the decision makers ensures their interests and concerns are considered in the policy-making process. In Kentucky, school councils have the authority over each school's budget, staffing assignments, professional development, curriculum, instructional materials and techniques. Therefore, the school council has a unique role and opportunity in affecting the school's learning climate.

Comprehensive School/District Improvement Plans

The mechanism both schools and districts use to ensure students receive quality and equitable education is the Comprehensive School Improvement Plan (CSIP)/Comprehensive District Improvement Plan (CDIP). This document outlines a strategic plan a given school will follow to address issues that impact student achievement. These may include such issues as physical and mental health barriers, safety, instructional deficiencies or family involvement. Funding, staff responsibilities and timelines are designated within the plan to assist with implementation. Each SBDM is responsible to ensure that the CSIP is implemented, reviewed and updated on an annual basis. The CDIP's primary purpose is to improve student achievement, including school and district strategies and services to address deficiencies and/or sustain or strengthen current efforts. The CDIP should reflect priorities and funding streams consistent with the local school plans. Both schools and districts are required to conduct a thorough needs assessment prior to developing these plans. To view a specific school and/or district improvement plan, visit their website.

Next-Generation Education in Kentucky

With the passage of Senate Bill 1 in the 2009 session of the Kentucky General Assembly, Kentucky is at a new era in public school assessment accountability. Content standards are being revised; this includes practical living, which will provide a new balanced assessment and new state accountability system. This will be in the form of an annual program review.

The Next-Generation Learning is "a personalized system of education that prepares each child for life, work and citizenship in the 21st century" states Dr. Terry Holliday, Commissioner of the Kentucky Department of Education. Next-Generation Learning includes critical attributes such as:

- Personalized learning
- Comprehensive systems of learning supports
- World-class knowledge and skills
- Performance-based learning
- Anytime, anywhere opportunities
- Authentic student voice

Program Review

With the passing of Senate Bill 1 in 2009, practical living, which includes health and physical education, was removed from the Commonwealth Accountability Testing System (CATS). Also removed were career studies, arts and humanities, and the writing portfolios. The accountability for these areas has been replaced with program reviews. KRS 158.6453 (1) (i) states that a program review is "a systematic method of analyzing components of an instructional program, including instructional practices, aligned and enacted curriculum, student work samples, formative and summative assessments, professional development and support services, and administrative supports and monitoring."

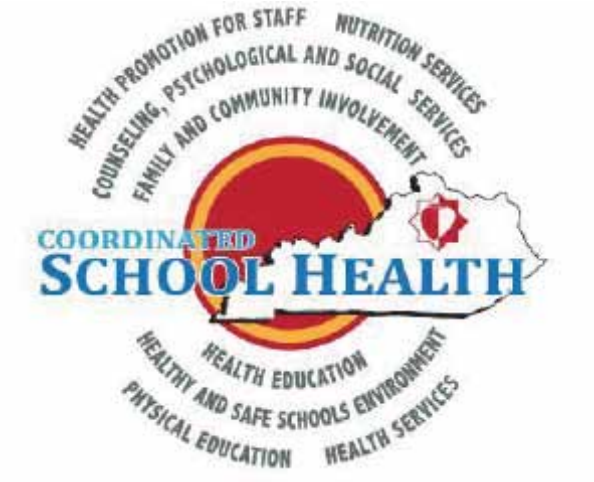
The goals of the program reviews are:

- To improve teaching and learning for all students in all programs
- To allow equal access for all students to the skills that will assist them in being productive citizens
- To allow students to demonstrate their understanding beyond a paper and pencil test

Beginning in the 2012-2013 academic year, the Kentucky accountability system will include program reviews for the arts and humanities, practical living and career studies, and writing programs. The results of the program review required under this subsection shall be included in the accountability system required by KRS 158.6455. Through careful review, schools will be able to identify strengths, which can be shared with other programs in the building. A careful review will also allow for the identification of weaknesses and areas of growth. The review of a program is an on-going, year-round, reflective process. New tools and resources will be provided in the future through the Kentucky Departments of Education's website at:
http://www.education.ky.gov/KDE/Instructional+Resources/Program+Reviews

Coordinated School Health

Coordinated School Health is a dynamic, systematic approach to promoting student health, achievement, and life success.[16] Kentuckian's share a vision that all Kentucky children and adolescents will develop into physically, socially, and emotionally healthy adults, educationally prepared to become contributing members of society. A Coordinated School Health Program can help schools deliver evidence-based comprehensive health education, develop and implement health-related policies, and provide health-promoting school environments. The practical living portion of the Program Review that all Kentucky schools will be completing has multiple references to the Coordinated School Health model. Fully functioning characteristics in both the curriculum and instruction standard and the administrative leadership support and monitoring standard specifically identify Coordinated School Health committees as a part of the school culture. A model Coordinated School Health Program (CSHP) consists of eight interactive components which follow:[17]



Health Education: Health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness,

Characteristics of an Effective Health Education Curriculum

- Focuses on clear health goals and related behavioral outcomes.
- Is research–based and theory-driven.
- Addresses individual values and group norms that support health–enhancing behaviors.
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors and reinforcing protective factors.
- Addresses social pressures and influences.
- Builds personal competence, social competence, and self efficacy by addressing skills.
- Provides functional health knowledge that is basic, accurate, and directly contributes to health–promoting decisions and behaviors.
- Uses strategies designed to personalize information and engage students.
- Provides age–appropriate and developmentally–appropriate information, learning strategies, teaching methods, and materials.
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
- Provides adequate time for instruction and learning.
- Provides opportunities to reinforce skills and positive health behaviors.
- Provides opportunities to make positive connections with influential others.
- Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

~ http://www.cdc.gov/HealthyYouth/SHER/characteristics/index.htm

physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula should address the National Health Education Standards and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

Physical Education: Physical education is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. Physical education is characterized by a planned, sequential K-12 curriculum (course of study) that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education programs assist students in achieving the national standards for K-12 physical education. The outcome of a quality physical education program is a physically educated person who has the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Qualified, trained teachers teach physical education.

Health Services: Services provided for students to appraise, protect, and promote health. These services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable diseases 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. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

National Standards for Physical Education

The physical education national standards are to be used to develop physically-educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. The purpose of the National Standards document is to provide the framework for a quality physical education.

- **Standard 1:** Demonstrates competency in motor skills and movement patterns needed to perform a variety of physic al activities.
- **Standard 2:** Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.
- **Standard 3:** Participates regularly in physical activity.
- **Standard 4:** Achieves and maintains a health-enhancing level of physical fitness.
- **Standard 5:** Exhibits responsible personal and social behavior that respects self and others in physical activity settings.
- **Standard 6:** Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

National Standards for K-12 Physical Education
National Association for Sport and Physical Education
http://www.aahperd.org/naspe/standards/nationalStandards/PEstandards.cfm

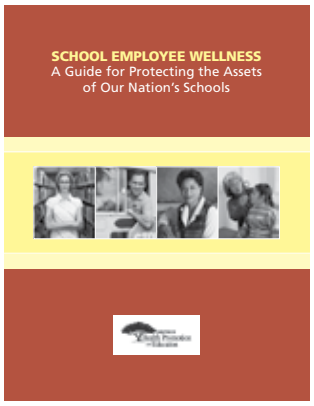
Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

Counseling, Psychological & Social Services: Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

Healthy & Safe School Environment: 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 physical, emotional, and social conditions that affect the well-being of students and staff.

Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

School Wellness Guide: A Guide for Protecting the Assets of Our Nation's Schools is a comprehensive guide that provides information, practical tools and resources for school employee wellness programs.
http://www.schoolempwell.org/



Family/Community Involvement: 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 actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Research and reports of best practice are showing that coordinated school health can make a positive difference for students. A nurturing school climate; health-promoting environments; attention to removing barriers to learning; supportive actions of teachers, parents, and peers; access to health information and services, active concern for the healthy growth and development of every child results in more positive attitudes, healthier behaviors, better attendance, more effective teaching and learning, better grades and test scores, and clearer visions of future health and life success.[18]

How Schools Can Implement Their Own Coordinated School Health Program

A Coordinated School Health Program (CSHP) coordinates multiple programs within schools and communities and fosters the development of supportive families and communities to improve school health policies and programs. To implement a successful CSHP, schools should[19]:

(For more information on CSH and professional development opportunities, contact the Kentucky Department of Education CSH 502-564-2706 or Department of Public Health CSH 502-564-2154 ext. 3588)

- Obtain and maintain support from key decision makers in school administration. The superintendent's support at the district level and the principal's support at the school level are essential for implementing and maintaining a coordinated and systematic approach to school health. School administrators can support a coordinated approach to school health by:
  - Incorporating health in the district's or school's vision and mission statements, including health goals in the school's improvement plan
  - Appointing someone to oversee school health
  - Allocating resources
  - Modeling healthy behaviors
  - Regularly communicating the importance of wellness to students, staff, and parents

- Create a coordinated school health (CSH) or wellness team. Include on this team school faculty and staff, community members, parents and families, youth, businesses, faith-based organizations, local health departments, mental health and social services organizations, etc. Ideally, a CSH team would include at least one representative from each of the eight components. (To develop a strong CSH Team consider using *Promoting Healthy youth, Schools, and Communities: A Guide to Community-School Health Councils* at http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf)

- Identify a school health coordinator. The school health coordinator plays a critical role for the successful implementation of a coordinated approach to school health. Ideally this coordinator should be full-time or part-time in this capacity. The school health coordinator helps maintain active school health councils and facilitates health programming in the district and school and between the school and community. The coordinator organizes the eight components of school health and facilitates actions to achieve a successful, coordinated school health system, including policies, programs, activities, and resources.

- Assess school health policies and programs. CDC has developed an assessment and planning resource, the School Health Index, to help schools analyze the strengths and weaknesses of their school health policies, programs, and services, and plan for improvement. http://apps.nccd.cdc.gov/shi/default.aspx

- Develop a plan. A coordinated school health or wellness team should use a program planning process to improve school health policies and programs. The process, which should involve all stakeholders, includes:
  - Defining priorities based on the students' unique health needs
  - Determining what resources are available
  - Developing an action plan based on realistic goals and measurable objectives
  - Establishing a timeline for implementation
  - Evaluating whether the goals and objectives are met

- Integrate school health goals and objectives into the comprehensive school/district improvement plans (CSIP/CDIP)

- Implement multiple strategies through multiple components. Each coordinated school health component employs a unique set of strategies. These strategies include classroom instruction, policies and procedures, environmental change, health, counseling and nutrition services, parent and community involvement, and social support. However, no single strategy or single component will achieve all the desired health outcomes for all students. Therefore, it is necessary to implement all of the components so the full range of strategies becomes available to systematically address health behaviors and improve student learning.

- Focus on students. The focus of coordinated school health should be on meeting the education and health needs of students as well as providing opportunities for students to be meaningfully involved in the school and the community. School health efforts should give young people the chance to exercise

leadership, build skills, form relationships with caring adults, and contribute to their school and community. Students can promote a healthy and safe school and community through peer education, peer advocacy, cross-age mentoring, service learning, and participation on coordinated school health or wellness teams, advisory committees, councils, and boards that address health, education, and youth issues.

- Provide professional development for staff. Continuing education is essential for teachers, administrators, and other school employees committed to improving the health, academic success, and well-being of students. All school employees need to stay current in their skills and knowledge. Professional development provides opportunities for school employees to identify areas for improvement, learn about and use proven practices, solve problems, develop skills, and reflect on and practice new strategies. In districts and schools promoting a coordinated school health approach, professional development should focus on the development of leadership, communication, and collaboration skills.

Schools by themselves cannot and should not be expected to solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

Health Disparities

A child's growing years should be some of the healthiest periods in his/her life, yet adolescence can be the period with the highest rates of risk-taking behaviors. A variety of health behaviors such as tobacco use, physical inactivity, sexual risk behaviors, alcohol and drug use are often established during childhood and adolescence, disproportionately affecting subgroups of teens. The Centers for Disease Control and Prevention (CDC) defines six health risk behaviors of youth, which are described in the Priority Health-Risk Behaviors of Youth and Adolescents Section. As adolescents spend a considerable amount of time in school, culturally appropriate school programs that address risk and protective factors for youth at risk can have a significant impact on improving unhealthy behaviors.

What are Health Disparities?

The CDC defines health disparities as: "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."[20]

These disparities are directly related to the unequal distribution of social, political, economic, and environmental resources.[20] Health disparities aren't limited to just race and ethnicity. Disparities also exist because of sex, age, socioeconomic status, geographic location (urban, rural, etc.), sexual orientation, and disability (physical, developmental, etc.).

To address health disparities, early intervention is most important. Disparities often begin early in life, starting during childhood or adolescence. Most of the leading causes of illness and premature death among minority youth and adults stem from unhealthy behaviors that become established during childhood and adolescence – poor diet, lack of physical activity, risky sexual behaviors, and use of tobacco, alcohol, and other drugs.[21]

Higher levels of education are associated with more years of life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions. Health risks such as teenage pregnancy, unhealthy dietary behaviors, inadequate physical activity, physical and emotional abuse, substance abuse, and gang involvement have a significant impact on how well students perform in school.[21] Lower levels of education are predictive of higher levels of health risks, such as obesity, substance abuse, and violence. At the same time, good health is associated with academic success.

Kentucky Health Disparities

Of the poorest 100 counties in the United States, in terms of median household income, 29 are located in southeastern Kentucky. Residents of these counties have lower income and education levels and have higher rates of various health problems. These health problems are usually associated with physical inactivity, unhealthy dietary behaviors, and tobacco use.

African-Americans and Hispanics have much higher rates of HIV and AIDS than whites, which make the urban areas of Kentucky, including Louisville and Lexington, an area of focus related to health disparities. The rates of sexually transmitted infections (STI) are also greater among African-Americans than whites.

In 2007 the Kentucky Institute of Medicine produced the report *"The Health of Kentucky A County Assessment"* to provide a picture of the health of Kentucky's counties organized around a set of risk factors and disease outcomes. This report provides health measures for all Kentucky's counties, the range of the county measures in Kentucky, and the comparative state and United States values. To access the full report and to see each Kentucky counties' assessment, please go to: http://www.kyiom.org/pdf/healthy2007a.pdf

2007 Health Measures for all Kentucky Counties, Ranges and Comparative State and U.S. Values			
Category	**U.S.**	**Kentucky**	**County Ranges**
Behavioral/Social Factors			
Prevalence of Smoking (percent adult population)	21	29	20-36
Prevalence of Youth Smoking (percent high school students)	23	25	18-32
Prevalence of Obesity (percent adult population)	24	29	13-52
Lack of Physical Activity (percent adult population)	24	32	12-60
Demographics			
High School Graduation (percent adults 25 or older)	80	72	49-87
Per Capita Personal Income	$33,689	$27,625	$15,392 - $43,030

Source: The Kentucky Institute of Medicine, *"The Health of Kentucky A County Assessment" Report*, page 26. http://www.kyiom.org/assessment.html

What Can be Done to Reduce Health Disparities?

Culturally appropriate school programs that address risk behaviors among youth, especially when coordinated with community efforts, could improve the health of populations at risk for health disparities, and the health of a nation as a whole.[21]

The CDC Division of Adolescent and School Health suggests the following actions that public health and education professionals can take to address disparities among students:[22]

- Focusing programmatic efforts to address the needs of youth in high risk groups
- Raising awareness about the causes of disparities and about evidence-based strategies for addressing them
- Building partnerships to address the root causes of health and educational disparities
- Documenting the impact of health disparities, as well as the impact of efforts to reduce them

Priority Health-Risk Behaviors of Youth and Adolescents

The Centers for Disease Control and Prevention (CDC) addresses *six priority health-risk behaviors* of youth that research shows contribute to the leading causes of death and disability among adults and youth. These behaviors are usually established during childhood, and are preventable. In addition to causing serious health problems, these behaviors also contribute to educational and social problems.[23] These six priority health-risk behaviors are: alcohol and other drug use, behaviors that contribute to unintentional injuries and violence (including suicide), tobacco use, unhealthy dietary behaviors, physical inactivity and sexual behaviors that contribute to unintended teen pregnancy and sexually transmitted infections, including HIV. The health-risk behaviors are described below.

The Youth Risk Behavior Survey (YRBS) is a nationwide survey produced by the CDC Division of Adolescent and School Health (DASH) to monitor the prevalence of these priority health-risk behaviors among samples of high school students. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6-8. Over time, trends are developed from the surveys which provide information about whether the percentage of students who are engaging in specific health-risk behaviors is increasing, decreasing or staying the same. For more information about understanding trend data go to: http://www.cdc.gov/HealthyYouth/yrbs/pdf/YRBS_trend_interpretation.pdf For information on Kentucky YRBS data and trends go to: http://www.education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm

1. Alcohol and Other Drug Use

Alcohol is used by more young people in the United States than tobacco or illicit drugs, and is a factor in approximately 41% of all deaths from motor vehicle crashes.

2. Behaviors that Contribute to Unintentional Injuries and Violence (including suicide)

Injury and violence is the leading cause of death among youth aged 10-24 years: motor vehicle crashes (30% of all deaths), all other unintentional injuries (15%), homicide (15%), and suicide (12%).

3. Tobacco Use

Each day in the United States, approximately 3,600 adolescents aged 12-17 try their first cigarette. Each year cigarette smoking accounts for approximately 1 of every 5 deaths, or about 443,000 people. Cigarette smoking results in 5.1 million years of potential life lost in the United States annually.

4. Unhealthy Dietary Behaviors

Healthy eating is associated with reduced risk for many diseases, including the three leading causes of death: heart disease, cancer, and stroke. In 2009, only 22.3% of high school students reported eating fruits and vegetables five or more times daily during the past 7 days.

Youth Online

Youth Online allows you to analyze national, state, and local Youth Risk Behavior Surveillance System data from 1991-2009. Data from high school and middle school surveys are included. You can filter and sort on the basis of race/ethnicity, sex, grade, or site, create customized tables and graphs, and perform statistical tests by site and health topic. This is provided by CDC-DASH.
http://apps.nccd.cdc.gov/youthonline/App/Default.aspx

5. Physical Inactivity

Participation in physical activity declines as children get older. Overall, in 2009, 18% of high school students had participated in at least 60 minutes per day of physical activity on each of the seven days before the survey.

6. Sexual Behaviors that Contribute to Unintended Teen Pregnancy and Sexually Transmitted Infections (STIs), including HIV

Each year, there are approximately 19 million new STD infections in the United States, and almost half of them are among youth aged 15 to 24. In 2009, 34% of currently sexually active high school students did not use a condom during their last sexual intercourse.

Assessing School Policies, Environment & Developing a Plan – CDC School Health Index[24]

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools, which is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can:

- Increase students' capacity to learn
- Reduce absenteeism
- Improve physical fitness and mental alertness

The School Health Index (SHI): Self-Assessment & Planning Guide was developed by the Centers for Disease Control and Prevention (CDC) in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies for the purpose of:

- Enabling schools to identify strengths and weaknesses of health and safety policies and programs
- Enabling schools to develop an action plan for improving student health, which can be incorporated into the Comprehensive School Improvement Plan (CSIP)
- Engaging teachers, parents, students, and the community in promoting health-enhancing behaviors and better health

The School Health Index is a self-assessment and planning guide that enables schools to:

- Identify the strengths and weaknesses of their school health promotion policies and programs
- Develop an action plan for improving student health.
- Involve teachers, parents, students, and the community in improving school policies, programs, and services

The policies and practices recommended in the School Health Index are derived from CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors.

The health and safety habits of students are influenced by the entire school environment. Therefore, the School Health Index has eight different modules, each corresponding to a component of a coordinated school health program. As discussed in the Coordinated School Health section, the eight components are: health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family and community involvement.

It is important to know what the School Health Index is and what it is not.

The School Health Index is a:	**The School Health Index is not a:**
Self-assessment and planning tool	Research or evaluation tool
Community-organizing and educational process	Tool for auditing or punishing school staff
Focused, reasonable, and user-friendly experience	Long, bureaucratic, painful process
Process that identifies no-cost or low-cost changes	Process that requires expensive changes
Process that provides justification for funding requests	Process that identifies unfunded mandates

Getting Started with the School Health Index

As there is growing recognition of the relationship between health and academic performance, your school's results from using the School Health Index can help you include health promotion activities in your overall School Improvement Plan.

A team consisting of representatives from different groups within the school—parents, teachers, students, administrators, other staff members (health education teachers, physical education teachers, family resource and youth services center staff, nutrition or food service staff, school nurses, counselors, social workers, technology staff, library staff, maintenance and transportation staff to name several), and concerned community members (local health departments, agencies or organizations, faith-based organizations, mental health or social services organizations, businesses and local government to name several)—is responsible for completing eight self-assessment modules. Responses to the items are scored to help you identify your school's strengths and weaknesses.

The School Health Index includes a Planning for Improvement section to help your school develop an action plan for improving student health. Your school's results from the School Health Index can help you include health promotion activities in your Comprehensive School Improvement Plan, which will ultimately allow you to develop an ongoing process for monitoring progress and reviewing your recommendations for change. The School Health Index is your school's self-assessment tool, and it should not be used to compare schools or evaluate the staff. There is no such thing as a passing grade on the School Health Index. You should use your School Health Index scores only to help you understand your school's strengths and weaknesses and to develop an action plan for improving your promotion and management of health and safety.

There is no single way to implement the School Health Index. Schools have developed many approaches, and you need to find the approach that meets your school's needs. The most essential thing to remember is that completing the School Health Index should be a group/team effort. The strength of the process comes from having individuals from different parts of the school community sit down together and plan ways to work toward improving school policies and programs. The connections that develop among School Health Index participants are among the most important outcomes of the process.

Step by Step Guide on the School Health Index Process[24]

1. Review the eight modules.
2. Assemble the School Health Index team.
3. Identify a coordinator for the School Health Index team.
4. Meet with all members of the School Health Index team.
5. Complete the score cards and planning questions for each module.
6. Complete the overall score card.
7. Meet with all School Health Index team members to review score cards and create a school health improvement plan (which can be a part of your Comprehensive School Improvement Plan - CSIP).

For the details of this "step by step guide on the School Health Index process," please go to: http://www.cdc.gov/HealthyYouth/shi/instructions.htm.

The School Health Index is available at no cost and available in both online and paper formats. To utilize online or to order a paper copy go to: http://www.cdc.gov/HealthyYouth/shi/index.htm.

School Health Data and Its Usefulness

Why should I be concerned with school health data?

Research shows that data-driven decision-making leads to improved student outcomes. Data-driven decision making is the process of collecting, analyzing, and interpreting meaningful school improvement data and using it to guide decisions about curriculum, instruction, teacher training, and resource allocation to make a positive impact on student learning. Data must be aligned and tied to student performance goals at the classroom, school, and district level.

Data can help school leaders assess a myriad of student, family, and community health needs. Data helps to paint a broad picture of the school community and can be used to initiate discussions about health concerns locally.

What school health data is available?

Youth Risk Behavior Survey - The Youth Risk Behavior Survey (YRBS) is a nationwide survey produced by the CDC Division of Adolescent and School Health to monitor the prevalence of six priority health-risk behaviors among samples of high school students. These are: alcohol and other drug use, behaviors that contribute to unintentional injuries and violence (including suicide), tobacco use, unhealthy dietary behaviors, physical inactivity and sexual behaviors that contribute to unintended teen pregnancy and sexually transmitted infections, including HIV. Kentucky also includes questions on oral health, additional asthma related questions, and a few other topics.

This survey is comprehensive and provides very useful state-wide data. The YRBS is further discussed in the section called "Priority Health-Risk Behaviors of Youth and Adolescents".

School Health Profiles (Profiles) - The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states. This was developed by the CDC- Division of Adolescent and School Health. Profiles is conducted biennially from a random sample of Kentucky schools by the Kentucky Department of Education Coordinated School Health and HIV Prevention Initiatives among middle and high school principals and lead health education teachers. Profiles monitors the current status of:

- School health education requirements and content,
- Physical education requirements,
- 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
- Professional development received by lead health education teachers

What can be done with Profiles data?

State and local education and health officials can use Profiles data to:

- Compare school health policies and programs across states, large urban school districts, and territories
- Advocate for required health education
- Identify health education topics and skills that are taught
- Identify family and community involvement in school health programs
- Identify topics for professional development
- Improve school health programs and policies
- Determine how well schools address the health needs of their students
- Guide professional development
- Plan and allocate resources
- Advocate for policy, program, and resource development or revision

School Health Policies and Programs Study (SHPPS)

SHPPS is a national survey periodically conducted (approximately every five years) by the Centers for Disease Control and Prevention to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS was most recently conducted in 2006. SHPPS covers all eight school health program components:

- Health education
- Physical education and activity
- Health services
- Mental health and social services
- Nutrition services
- Healthy and safe school environment
- Faculty and staff health promotion
- Family and community involvement

http://www.cdc.gov/HealthyYouth/shpps/index.htm

CDC-DASH

Surveillance is the ongoing collection, analysis, and interpretation of data from generalizable samples. CDC's Division of Adolescent and School Health (DASH) collects data on youth and school health policies and programs. http://www.cdc.gov/HealthyYouth/data/index.htm

Kentucky Public Health Data Resource Guide 2007

A variety of health-related surveys that collect statewide data are described in this guide, as well as Kentucky-specific surveillance systems and registries. The types of data collected are included as well as strengths and limitations of each data source. Contact information is provided for every source and most contain web links for easy access to available data. http://chfs.ky.gov/NR/rdonlyres/3A312763-BE9E-483E-8A8D-69ECAA825EE8/0/DataResourceGuide2007.pdf Surveillance and health data on Kentucky by the Kentucky Department for Public Health: http://chfs.ky.gov/dph/surv.htm

Kentucky Incentives for Prevention (KIP) Survey

The purpose of the KIP survey is to assess student use of alcohol, tobacco, and other drugs, as well as a number of factors related to potential substance abuse. The survey provides information about self-reported use of substances, and perceived accessibility of substances in the community. 111 of the 120 counties in Kentucky did participate in the 2008 KIP survey. District results are reported only to the school district and not released in a public report. http://www.reachoflouisville.com/kip/index.htm

Safe Schools Data

Kentucky schools and districts are required to report to the Kentucky Department of Education their discipline/behavior data on an annual basis through the statewide data collection system. The data is reported by sex, race, and grade level for:

1. All instances of violence and assault against school employees and students; incidences of possession of guns and deadly weapons on school property or at school functions; all incidences of the possession of alcohol, prescription drugs, or controlled substances on school property or at school functions.
2. The number of arrests, charges, and whether civil charges were pursued by the injured party.
3. The number of suspensions, expulsions, and corporal punishments for these incidences. http://www.kysafeschools.org/data09.html

General Information on Using Data

Reasons to Use Data

There are many different reasons people need and/or decide to use data. Presenting written or spoken data can have a profound result if done effectively.

The most common reasons for using data are to:

- create awareness about an issue;
- develop programs and policies;
- assess and improve programs and policies;
- seek funding;
- gather support

Guiding Questions when presenting data either written or orally

Why do you want to present this data? What is your goal?

Knowing why you want to share this data will allow you to select the data that makes your case most effectively. Data is most compelling when presented with a clear purpose. Some tips to remember when:[25]

- Increasing general awareness – keep the information simple
- Generating support – demonstrate the need for the activity and also how it will alleviate the problem
- Influencing administrators and public officials – show how the initiative is beneficial to them

To whom are you presenting the data?

Your target audience at the local level could include: program staff and volunteers, students, school board members and administrators, parents and parent-teacher groups, funders, business leaders, local government officials, members of community organizations, members of faith-based organizations, members of the local press and other local and state organizations.

Determine the information your audience will need and why they need it. Different audiences need different pieces of information in different formats. Always keep your reason for making the presentation to this particular audience in the forefront of your mind and use this knowledge to shape your discussion.

How are you going to present the data?

Don't feel you have to present everything; you don't want to overwhelm the audience with too much data. You do want to always explain why you are sharing the data. Focus on the big picture. Always remember that the audience is interested in the story that you have to tell. Only include those details that move your story forward.

Emerging, Promising and Best Practices Definitions

For each of the health priority risk behaviors and health issues described in this guide, there will be information on emerging, promising and best practices to provide you with potential resources to assist in improving the school health environment. To better understand emerging, promising and best practices – these will be defined below.

"Best" practice is a continuum of practices/programs ranging from emerging, to promising to best practice. The Association of Maternal Child Health Program's (AMCHP) Best Practices program uses the term "Best Practice" as a broad category that includes emerging and promising practices, which are defined below[26].

Emerging Practice

An emerging practice:

- Incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
- Is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- Incorporates a process of continual quality improvement that:

- Accumulates and applies knowledge about what is working and not working in different situations and contexts;
- Continually incorporates lessons learned, feedback, and analysis to lead toward improvement or positive outcomes.

- Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness of positive outcomes.

Promising Practice

A promising practice, in addition to fulfilling the criteria above, has been, or is being evaluated and:

- Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Best Practice

A best practice results from a rigorous process of peer review and evaluation that indicates effectiveness in improving public health outcomes for a target population. A best practice:

- Has been reviewed and substantiated by experts in the public health and/or education field according to predetermined standards of empirical research;
- Is replicable, and produces desirable results in a variety of settings.
- Clearly links positive effects to the program/practice being evaluated and not to other external factors.

Are there Best Practices in Policy?

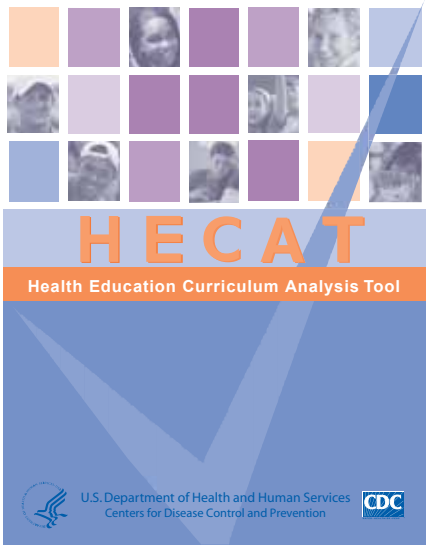
Yes! Policies that incorporate values and characteristics that meet the criteria of a promising practice above can be considered "best practice" in policy. In addition, the impact of policies on programs and public health outcomes can be tracked and evaluated just as programmatic efforts can and should be to ensure continual assessment and improvement.

When choosing a curriculum, the question of evidence based often arises. Typically, if a curriculum is considered evidence based, it has been rigorously evaluated to determine impact by using an experimental or quasi-experimental design with an adequate sample size. Many people used terms such as "evidence-based" or "research-based" when referring to curricula. Other terms may be "effective programs." For example, Advocates for Youth uses the term "programs that work" to describe "programs proven effective by rigorous evaluation." In order to be included in their publication *Science and Success*, the program's evaluations: were published in peer-reviewed journals; used an experimental or quasi-experimental design; and included at least 100 youth in the treatment and control groups. For more information, please visit http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccesses.pdf.

In 2007, *Emerging Answers* published a review of research results. In order to be included in this review, the study had to examine impact, use an experimental or quasi-experimental research design, have a sample size of at least 100 teens, measure behavior for a sufficient length of time, and use appropriate statistical analysis. For the executive summary, please visit http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf. In this publication, table 10-1 provides information on "programs with strong evidence of positive impact." http://www.acptp.org/uploadedFiles/Effective%20Programs%20(atch%202).pdf

ETR Associates (www.etr.org) is a resource for "evidence based" curriculum. For example, Reducing the Risk is a curriculum that builds skills to reduce teen pregnancy, STDs, and HIV. This curriculum has been evaluated in three studies. To see a review of the evidence, please visit http://www.etr.org/tppi/products/reducingTheRisk-evidenceSummary.html. ETR also has evidence based resources for tobacco, drugs, and alcohol.

Health Education Curriculum Analysis Tool (HECAT)

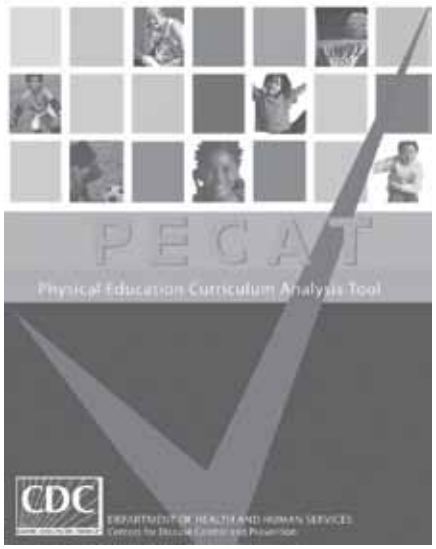


One resource for selecting a curriculum is the Health Education Curriculum Analysis Tool (HECAT). This resource is available from the CDC Healthy Youth website: http://www.cdc.gov/healthyyouth/hecat/index.htm. The HECAT can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

Physical Education Curriculum Analysis Tool (PECAT)



A companion curriculum resource is the Physical Education Curriculum Analysis Tool (PECAT). This resource is also available from the CDC Healthy Youth website: http://www.cdc.gov/healthyyouth/pecat/index.htm. The PECAT provides a school district with a clear, complete and consistent analysis of written physical education curricula based on national physical education standards. The PECAT is customizable to include local standards. The results from the PECAT analysis can help school districts enhance, develop, or select appropriate and effective physical education curricula for the delivery of quality physical education. This in turn will improve the ability of schools to positively influence motor skills and physical activity behaviors among school-age youth. The PECAT is designed to be used primarily by a school district team that may consist of school-based physical education coordinators, physical education teachers, curriculum specialists, or curriculum committee members.

The PECAT can be used to:

- Ensure that your current physical education curriculum development or selection process is systematic, consistent, and thorough.
- Clarify what gaps exist in your current physical education curriculum.
- Assess how closely written curricula align with national standards.
- Identify instructional strategies that improve teaching and student learning.
- Inform selection of a high-quality curriculum that is affordable and feasible to implement in your schools.
- Identify where revisions might be needed in a locally developed curriculum.
- Provide additional perspectives that can help strengthen your curriculum development or selection processes.
- Provide sound and defensible justification for curriculum decisions to parents, school board members, and others interested in physical education in your community or state.

PANTA Plus

Physical Activity




For the latest
Kentucky Youth Risk Behavior Survey data:

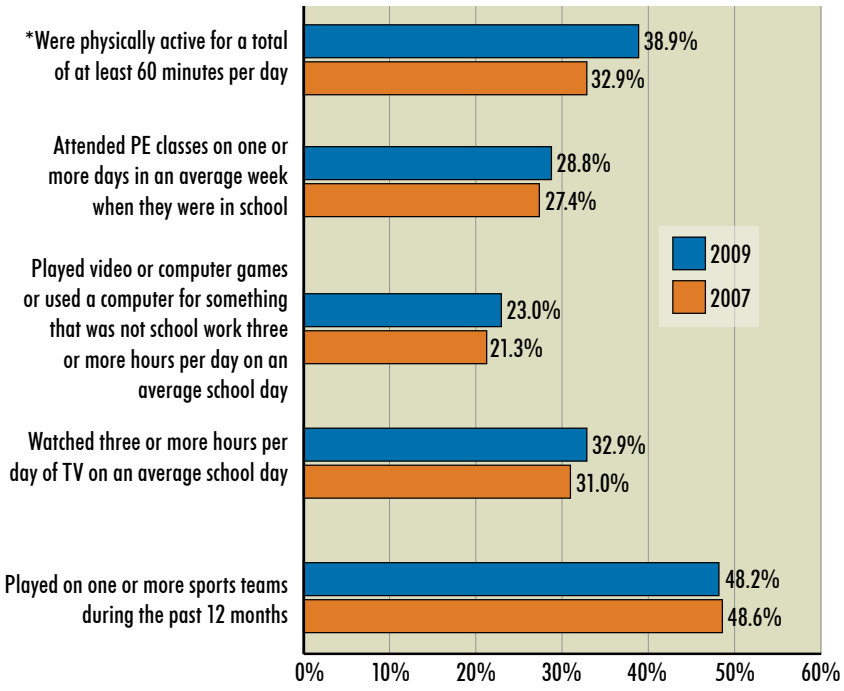
High School Fact Sheet

Physical activity reduces the risk of coronary heart disease, hypertension, colon cancer, and diabetes. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. The U.S. Departments of Health and Human Services and Agriculture recommend that young people (ages 6–17) engage in at least 60 minutes of physical activity daily.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/physicalactivity/. Retrieved 7/09/09.*

Physical Activity Trends in Kentucky

The following graph represents the physical activity behaviors of high school students in 2007 and 2009. **Please note there was only one statistically significant change: the % of students active for 60 minutes on five or more of the past seven days.*



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth in Kentucky Disproportionately at Risk

- Males (49.2%) were more likely than females (28.2%) to have been physically active for a total of at least 60 minutes per day on five or more of the past seven days
- Whites (40.8%) were more likely than blacks (26.2%) to have been physically active for a total of at least 60 minutes per day on five or more of the past seven days
- Blacks (45.1%) were more likely than whites (26.7%) to have watched three or more hours per day of TV on an average school day
- Males (41.8%) were more likely than females (23.7%) to have attended PE classes on one or more days in an average week when they were in school

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

2009 Kentucky Youth Risk Behavior Survey (YRBS)

PHYSICAL ACTIVITY

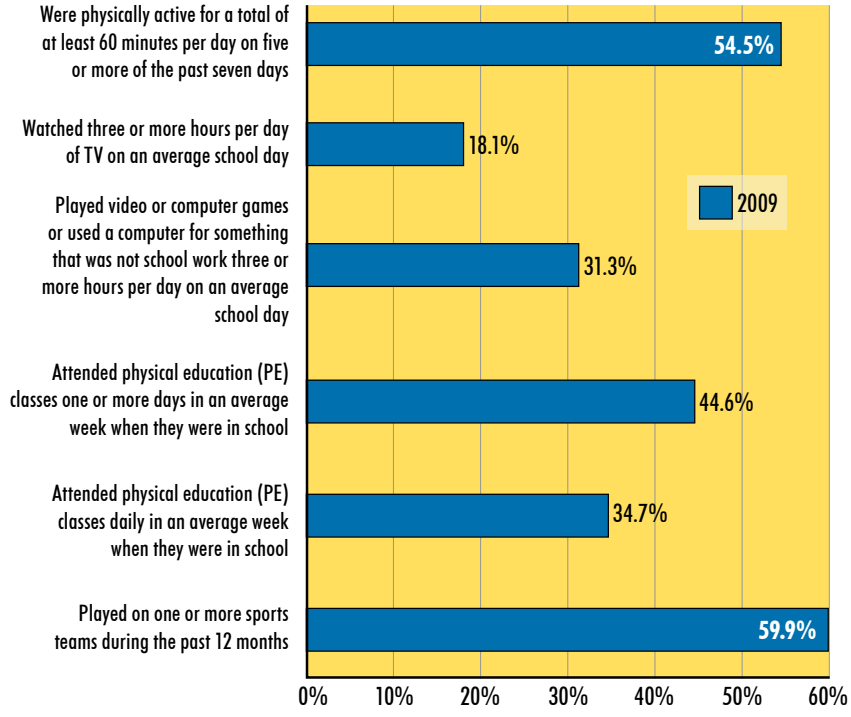
Middle School Fact Sheet

Physical activity reduces the risk of coronary heart disease, hypertension, colon cancer, and diabetes. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. The U.S. Departments of Health and Human Services and Agriculture recommend that young people (ages 6–17) engage in at least 60 minutes of physical activity daily.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/physicalactivity/. Retrieved 7/09/09.*

Physical Activity in Kentucky

The following graph represents the physical activity behaviors of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Youth in Kentucky Disproportionately at Risk

- Males (59.1%) were more likely than females (49.2%) to have been physically active for a total of at least 60 minutes per day on five or more of the past seven days
- Blacks (53.9%) were more likely than whites (36.1%) to have watched three or more hours per day of TV on an average school day
- Males (38.2%) were more likely than females (36.1%) to have played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day
- Blacks (39.7%) were more likely than whites (30.0%) to have played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Emerging, Promising and Best Practices

A Comprehensive School Physical Activity Program A comprehensive school physical activity program encompasses physical activity programming before, during, and after the school day. The National Association for Sport and Physical Education recommends that a comprehensive school physical activity program include: quality physical education; school-based physical activity opportunities; school employee wellness and involvement; and family and community involvement. http://www.aahperd.org/naspe/publications/teachingTools/cspa.cfm and www.letsmoveinschool.org.

Coordinated Approach To Child Health (CATCH) CATCH is an evidence-based, coordinated school health program designed to promote physical activity and healthy food choices, and prevent tobacco use in children from preschool through grade 8. Coordinated School Health is a process which brings a school and community together to teach children to be healthy for a lifetime. Effective coordinated school programs reinforce positive healthy behaviors throughout the day and make clear that good health and learning go hand in hand.

CATCH builds an alliance of children, parents, teachers, and school staff to teach skills and behaviors associated with maintaining healthy lifestyles. CATCH coordinates four component areas, including classroom curricula, food service modifications, physical education changes, and family enforcement, targeting both children's behaviors and the schools environment. www.catchinfo.org

Eat Well & Keep Moving was developed by the Harvard School of Public Health as an upper elementary school interdisciplinary nutrition and physical activity curriculum for grades K-5. It is a complete curriculum that helps academic, physical education, and health education teachers guide upper elementary school students in these areas: 1) learning about nutrition and physical activity while building skills in language arts, math, science, and social studies; 2) understanding how health behaviors are interrelated and 3) choosing healthy foods, increasing physical activity, and limiting TV and other screen time. It involves collaboration among food services, physical education, and parent/community involvement. www.eatwellandkeepmoving.org

Exemplary Physical Education Curriculum (EPEC) This curriculum is a chronic disease (obesity) prevention program for grades K-12 that is aligned to the National Association for Sport and Physical Education standards for physical education. An easy-to-use curriculum that is strong on assessment, Exemplary Physical Education Curriculum promotes life-long skills in students and is being used by teachers to strengthen both the practice as well as the perception of physical education in their schools. www.michiganfitness.org/EPEC

Fuel Up to Play 60 The National Dairy Council and your local Dairy Council have huddled up with the National Football League to help America's students eat right and stay active with Fuel Up to Play 60. This free, student-led program focuses on empowering kids to make smart choices about their nutrition and physical activity. Fuel Up to Play 60 inspires kids in grades 4-10 to "get up and play" for 60 minutes a day and to "fuel up" with the food groups kids don't get enough of - low-fat and nonfat dairy, fruits, vegetables, and whole grains. www.fueluptoplay60.com

Healthy Kids Challenge A step-by-step guide that involves school administrators and board members, teachers, school food service directors, family, children and community partners to build healthy communities. The majority of activities are written for grades K-5,. yet can be adapted to any age group. You can receive free information at **www.healthykidschallenge.com** There are several support documents available including: "Letter to Administrators," "Benefits to Schools," Need for HKC Statistics," and "The Challenge Starter Tool".

Lifestyle Education for Activity Program (LEAP) LEAP is a comprehensive school based intervention on physical activity for high school girls. Grounded in social cognitive theory, it involves changes to physical and health education instructional practices and the school environment. Six components of coordinated school health are addressed: physical education, health education, school environment, school health services, faculty/staff health promotion, and family/community involvement. http://cbpp-pcpe.phac-aspc.gc.ca/intervention_pdf/en/283.pdf

Powerful Girls, Powerful Bones A program designed to teach young girls how to eat right, be physically active and achieve their best when it comes to the health of their bones. It is aimed at teaching healthy and fun ways to learn weight bearing activities and the nutrition needed in order to avoid osteoporosis. For more information go to: **www.cdc.gov/powerfulbones/**

President's Challenge This community-based program encourages youth from ages 6 through 17 to begin and continue daily exercise and activity, to reach healthy levels of cardiovascular endurance, body composition, muscular strength/endurance, and flexibility. There are currently three different programs offered with the President's Challenge: Active Lifestyle Program, Physical Fitness Program, and Health Fitness Program. Any of the above programs may be selected to be promoted in your community. www.presidentschallenge.org

Recharge This is an after school program for grades 2-6. Students learn about practicing good nutrition and physical activity habits through fun, team-based after-school strategies. It is available from Action for Healthy Kids and the National Football League. www.actionforhealthykids.org/recharge/

Safe Routes to Schools The Safe Routes to School Program (SRTS) is designed to enable and encourage children, including those with disabilities, to walk and bicycle to school; to make bicycling and walking to school a safer and more appealing transportation alternative; and to facilitate the planning, development, and implementation of projects and activities that will improve safety and reduce traffic, fuel consumption and air pollution in the vicinity of schools.

The Safe Routes to School Program is a Federal-Aid program of the U.S. Department of Transportation's Federal Highway Administration, but managed and

administered by each State Department of Transportation. The Program makes funding available for a wide variety of programs and projects, from building safer street crossings to establishing programs that encourage children and their parents to walk and bicycle safely to school. www.saferoutes.ky.gov

Sports, Play and Active Recreation for Kids (SPARK) This is for K-8 and after school: the focus of SPARK is the development of healthy life-styles, motor skills and movement knowledge, and social and personal skills. Each SPARK program fosters environmental and behavioral change by providing a coordinated package of highly active curriculum, on-site teacher training, extensive follow-up support, and content-matched equipment. www.sparkpe.org

Take 10! A classroom-based physical activity program that maintains a focus on academics for grades K-5. It includes 10-minute periods of varied activity and movement in all academic areas that requires minimal teacher preparation. www.take10.net

Walking School Bus What is a Walking School Bus? It is a small group of students accompanied by one or more adults on their walks to and from school. Typically, the students live near one another. Chances are, they already walk to school, with or without adult supervision. The benefit of the Walking School Bus is that it provides a consistent, supervised system in which children can walk under the watchful eye of an adult– usually a parent or caregiver. http://www.walkingschoolbus.org

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

Value and Benefits of Physical Activity Policies

- Two studies demonstrated that providing more time for physical activity—by reducing class time—can lead to increased test scores, particularly in the area of mathematics. (Shephard, R. (1997). Curricular physical activity and academic performance. *Pediatric Exercise Science, 9*, 113–126. And Shephard, R., Volle, M., Lavalee, M., LaBarre, R., Jequier, J., & Rajic, M. (1984). Required physical activity and academic grades: A controlled longitudinal study. In J. Limarinen & I. Valimaki (Eds.), *Children and sport* (pp. 58–63). Berlin, Germany: Springer Verlag.)
- Another study linked physical activity programs to stronger academic achievement; increased concentration; and improved math, reading, and writing test scores. (Symons, C., Cinelli, B., James, T., & Groff, P. (1997). Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health, 67*, 220–227.)

Model Policies

Suggested school health policies for schools to adapt and implement to provide physical activity opportunities for students and staff include[27]:

- The school district will engage students, parents, teachers, food service professionals, health professionals, and other interested community members in developing, implementing, monitoring, and reviewing district-wide nutrition and physical activity policies.
- All students in grades K-12 will have opportunities, support, and encouragement to be physically active on a regular basis.
- Schools will provide nutrition education and physical education to foster lifelong habits of healthy eating and physical activity, and will establish linkages between health education and school meal programs, and with related community services.

Movement in School

There are many opportunities to move in school. In order to help facilitate this occurring in your school, it's important to develop a comprehensive school physical activity program. This is the best way to incorporate all of the benefits of a movement program as supported through the National Association of Sport and Physical Education (NASPE) position statement.[28]

The components of a comprehensive school physical activity program include:

- Quality Physical Education
- Physical Activity Integrated into Classroom Learning
- Physical Activity Breaks
- Recess (NASPE position statement Recess for Elementary School Students http://www.aahperd.org/naspe/standards/upload/Recess-for-Elementary-School-Students-2006.pdf)
- Before-and-After School Programs
- Intramural Sports (NASPE position statement Guidelines for After-School Physical Activity and Intramural Sport Programs http://www.aahperd.org/naspe/standards/upload/Guidelines-for-After-School-PA-Intramural-Sport-Programs-2001.pdf)
- Interscholastic Sports
- Walk- and Bike-to-School Programs

Implement a comprehensive school physical activity plan in your school by following these steps:

1. Appoint a committee to develop and oversee the comprehensive school physical activity program. This committee, perhaps a sub-committee of the Coordinated School Health/School Wellness Committee, should be comprised of (but not limited to) physical educators, health teachers, other teachers, administrators, parents, students, community members, and other stakeholders who can help facilitate the school's plan.
2. Conduct a baseline assessment of the comprehensive school physical activity programs as they currently exist in the school.
3. Create a vision statement and action plan appropriate to the specific school, addressing each of the components of a comprehensive school physical activity program. The action plan should include the baseline assessment, objectives, and activities to meet each objective, defined outcomes, timelines, and persons responsible for each comprehensive school physical activity program component area.
4. Implement the Action Plan

American Academy of Pediatrics Policy Statement

The incidence of obesity and overweight among American children has tripled since the 1960's, according to the National Health Nutrition Examination Survey (2000). To address this issue the American Academy of Pediatrics (AAP) issued a policy statement in May 2006, Active Healthy Living: Prevention of Childhood Obesity through Increased Physical Activity. A statement of reaffirmation for this policy was published on February 1, 2010.[29]

This policy statement encourages all doctors and health care professionals to promote better nutrition and more physical activity among children by working with families and communities, especially through in-school programs.

This policy statement also advised doctors to check children's weight, diet and level of physical activity more regularly. It encourages doctors to work with families at identifying what impedes healthy living and to suggest positive moves when needed.

The statement stresses the importance of parental example—parents who eat well and adopt a healthy lifestyle serve as excellent role models for their children. The policy statement also asks that doctors encourage:

- Bringing back compulsory, quality physical education programs
- Community and school programs aimed at getting children active
- Provision of a variety of physical activity programs before, during and after school hours including the protection of children's recess time.
- More research into the prevention of childhood obesity – and more funding for it
- More safe recreational facilities which can allow children to become more active, such as parks, playgrounds, cycling paths, etc.
- School programs aimed at good nutrition
- School Wellness Councils on which a local physician representation is encouraged

State and Federal Laws

State Laws

KRS 160.345 (11) – Schools containing grades K-5, (kindergarten through fifth grade) or any combination thereof, must adopt and implement a "local wellness policy" providing for daily moderate to vigorous physical activity for students and encouraging healthy choices. If they desire, schools may use up to 30 minutes of the instructional day to provide for physical activity. Principals in these schools must annually assess each student's level of physical activity.

KRS 158.856 – Requires an annual evaluation and report on the nutrition program at all schools, and requires local school boards to discuss the findings of the nutrition report and solicit public comments. The law also requires that boards annually present a plan to improve the nutrition environment in the district. It must be presented on or before January 31 of each year.

Federal Laws

In 2010 the Child Nutrition Reauthorization Healthy,

Hunger-Free Kids Act was passed by congress and signed into law. The 2010 Healthy, Hunger-Free Kids Act builds upon the framework of the 2004 Child Nutrition and WIC Reauthorization Act, which required each district to have local school wellness policies for the schools in the district that include goals for nutrition education, physical activity, and other school-based activities. The 2010 Act continues to set basic standards for school wellness policies including goals for nutrition promotion and education and physical activity, while still permitting local flexibility to tailor the policies to their particular needs.[30] Future updates as this law becomes common practice in schools can be found at the USDA Food and Nutrition Service: http://www.fns.usda.gov/fns/

Assessment and Planning

Physical Education Curriculum Analysis Tool (PECAT) PECAT will help school districts conduct a clear, complete, and consistent analysis of written physical education curricula, based upon national physical education standards. The PECAT is customizable to include local standards. The results from the analysis can help school districts enhance existing curricula, develop their own curricula, or select a published curriculum, for the delivery of quality physical education in schools.

Download or order print copies: http://www.cdc.gov/healthyyouth/PECAT/index.htm

Schools may request technical assistance and training on the PECAT by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

Action for Healthy Kids Includes resources to improve the quality of food in schools; enhance nutrition education; improve physical education; and increase opportunities for kids to be active. Programs, resources and state information are available. http://www.actionforhealthykids.org

A searchable database was developed by Action for Healthy Kids in partnership with CDC to compliment the USDA's local wellness policy Web site http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

This site helps districts identify policy options and write their own policies. Users can adapt or copy sample language from un-reviewed policies gathered from across the country.

Connect with your state's Action for Healthy Kids team – **Kentucky Action for Healthy Kids** at: http://take.actionforhealthykids.org/site/Clubs?club_id=1125&pg=main

Alliance for a Healthier Generation Find tools and strategies to promote physical activity and healthy eating before, during, and after school. Schools and individuals can join the Healthy Schools Program. Benefits for individuals include: bi-monthly e-newsletter, database of school health grants and resources and school health webinars. Benefits for schools: individual benefits, and free technical assistance, toolkits for implementing best practices, school health assessment and action planning tools, resource database for practical information, grant opportunities and more; networking opportunities with other schools across the country, national recognition awards and bulletin board materials. http://www.healthiergeneration.org/schools.aspx and http://www.healthiergeneration.org/schools.aspx?id=3277

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. Easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interac-

tive web version is also available at: http://www.cdc.gov/healthyyouth/shi/index.htm. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

http://www.cdc.gov/HealthyYouth/HECAT/index.htm

Students Taking Charge Students Taking Charge is a national movement of youth advocates putting their passion for eating right, being active and living healthy into making their schools healthier places. With Students Taking Charge, students have the tools to assess their school nutrition and physical activity environment which supports local initiation of policy change and program development. Students Taking Charge is a place where students can: develop leadership and advocacy skills, gain knowledge about school health issues, educate school leaders, media, and the general public about important issues; make new friends and provide peer-to-peer education, share their creativity, ideas, and talents. www.studentstakingcharge.org/ Group leader/student sponsor information: http://studentstakingcharge.org/index.php/group_leader_center/

Kentucky Action for Healthy Kids (KYAFHK) and Coordinated School Health (CSH) through the Department for Public Health and the Department of Education provide support for this program through training and technical assistance. KYAFHK: http://take.actionforhealthykids.org/site/Clubs?club_id=1125&pg=main CSH: http://chfs.ky.gov/dph/mch/cfhi/Coordinated%20School%20Health.htm

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils American Cancer Society. This guide is designed to assist school districts in developing new school health councils, strengthening existing councils, and maintaining them as effective entities that can support and guide school health practices, programs and policies. The guide includes a CD-ROM that aids in customizing worksheets and other materials. Visit the American Cancer Society Web site at www.cancer.org, http://www.cancer.org/docroot/PED/content/PED_13_4x_Guide_to_Community_School_Health_Councils_pdf.asp

Promoting Physical Activity: A Guide for Community Action U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. Champaign, IL: Human Kinetics, 1999. A guide promoting and explaining ways communities can mobilize to provide easy, inexpensive and readily available ways to promote physical activity for all ages. http://www.cdc.gov/physicalactivity/professionals/promotion/communityguide.html

Fit, Healthy, and Ready to Learn: A School Health Policy Guide National Association of State Boards of Education. Is designed to help state and local decision makers establish effective policies that promote high academic achievement and lifelong health habits. It provides guidance on general school health policies and program development, as well as specific information on physical education program design, safety requirements, food service programs, smoking cessation services, and lifelong sun safety habits. Chapter D – Policies to Encourage Physical Activity: http://www.nasbe.org/index.php/component/remository/Education-Issues/Safe-and-Healthy-Schools/Policy-Guides/Fit-Healthy-and-Ready-to-Learn-Chapter-D---Policies-to-Encourage-Physical-Activity

Frequently Asked Questions

What is the difference between physical activity, physical exercise, and physical fitness?

- **Physical Activity** is any bodily movement produced by skeletal muscles that result in an expenditure of energy.
- **Physical Exercise** is physical activity that is planned or structured. It involves repetitive bodily movement to improve or maintain one or more of the components of physical fitness—cardio respiratory endurance (aerobic fitness), muscular strength, muscular endurance, flexibility, and body composition.
- **Physical fitness** is a set of attributes a person has in regards to their ability to perform physical activities that require aerobic fitness, endurance, strength, or flexibility and is determined by a combination of regular activity and genetically inherited ability.

How can physical activity help prevent overweight and obesity?

Physical activity, along with a healthy diet, plays an important role in the prevention of overweight and obesity. In order to maintain a stable weight, a person needs to balance the amount of calories consumed and the number of calories expended. Although the body burns calories for everyday functions such as breathing, digestion and routine daily activities, people can consume more calories than they need for these functions. A good way to burn off extra calories and prevent weight gain is to engage in regular physical activity beyond routine activities.

- **Intake -** Calories from food and drink
- **Output** - Calories Used during Physical activity

The energy balance is like a scale. To remain in balance the calories consumed (from food and drink) must be balanced by the calories used (in physical activity).

The Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans 2010 offers the following example of the balance between consuming and using calories: http://www.cnpp.usda.gov/dgas2010-dgacreport.htm

Consuming 100 more calories each day than you burn results in 10 additional pounds in one year.

For more information on the role of physical activity in preventing overweight and obesity, visit: Dietary Guidelines for Americans, Department of Agriculture, Center for Nutrition Policy and Promotion, http://www.health.gov/dietaryguidelines/ and http://www.cnpp.usda.gov/DGAs2010-DGACReport.htm

How does being physically inactive, overweight or obese affect a person's health?

When people have a sedentary lifestyle, it poses risks of health problems such as the following:

- Coronary artery disease
- Hypertension
- Type 2 Diabetes
- Overweight and obesity
- Osteoporosis
- Certain types of cancers
- Depression
- Decreased health-related quality of life
- Decreased cardio respiratory, metabolic and musculoskeletal fitness

When people are overweight or obese, they are more likely to develop health problems such as the following:

- Hypertension
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Type 2 Diabetes
- Cardiovascular Disease
- Stroke
- Gallbladder Disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Certain types of cancers

The more sedentary or overweight a person is, the more likely they will have health problems. Among people who are overweight and obese, weight loss can help reduce the chances of developing these health problems. Studies show that if a person is overweight or obese, reducing body weight by 5 to 10 percent can improve one's health.

To read more about how being overweight or obese can affect health, visit: Do You Know the Health Risks of Being Overweight? National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): http://win.niddk.nih.gov/publications/health_risks.htm.

What are some of the factors that contribute to overweight and obesity?

Researchers have found that several factors can contribute to the likelihood of someone's becoming overweight or obese.

- **Behaviors:** What people eat and their level of physical activity help determine whether they will gain weight. A number of factors can influence diet and physical activity, including personal characteristics of the individual, the individual's environment, cultural attitudes, and financial situation.
- **Genetics:** Heredity plays a role in determining how susceptible people are to becoming overweight or obese. Genes can influence how the body burns calories for energy and how the body stores fat.
- **Obesity and Genetics:** A Public Health Perspective. CDC, Office of Genomics and Disease Prevention http://www.cdc.gov/genomics/resources/diseases/obesity/index.htm

How much physical activity should our children receive for proper development?

The Centers for Disease Control and Prevention recommend that children and adolescents participate in at least 60 minutes of physical activity daily. The 2008 physical activity guidelines for Americans[31] recommend children and adolescents incorporating physical activity as follows:

- **Aerobic:** Most of the 60 or more minutes a day should be either moderate- or vigorous- intensity aerobic physical activity and should include vigorous-intensity physical activity at least 3 days a week.

	Age Group	
Type of Physical Activity	**Children**	**Adolescents**
Moderate–intensity aerobic	• Active recreation such as hiking, skateboarding, rollerblading • Bicycle riding • Walking to school	• Active recreation, such as canoeing, hiking, cross-country skiing, skateboarding, rollerblading • Brisk walking • Bicycle riding (stationary or road bike) • House and yard work such as sweeping or pushing a lawn mower • Playing games that require catching and throwing, such as baseball, softball, basketball and volleyball
Vigorous –intensity aerobic	• Active games involving running and chasing, such as tag • Bicycle riding • Jumping rope • Martial arts, such as karate • Running • Sports such as ice or field hockey, basketball, swimming, tennis or gymnastics	• Active games involving running and chasing, such as flag football, soccer • Bicycle riding • Jumping rope • Martial arts such as karate • Running • Sports such as tennis, ice or field hockey, basketball, swimming • Vigorous dancing • Aerobics • Cheerleading or gymnastics

- **Muscle-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.

Age Group		
Type of Physical Activity	**Children**	**Adolescents**
Muscle-strengthening	• Games such as tug of war • Modified push-ups (with knees on the floor) • Resistance exercises using body weight or resistance bands • Rope or tree climbing • Sit-ups • Swinging on playground equipment/bars • Gymnastics	• Games such as tug of war • Push-ups • Resistance exercises with exercise bands, weight machines, hand-held weights • Rock climbing • Sit-ups • Cheerleading or Gymnastics

- **Bone-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical; activity on at least 3 days of the week.

Age Group		
Type of Physical Activity	**Children**	**Adolescents**
Bone-strengthening	• Games such as hop-scotch • Hopping, skipping, jumping • Jumping rope • Running • Sports such as gymnastics, basketball, volleyball, tennis	• Hopping, skipping, jumping • Jumping rope • Running • Sports such as gymnastics, basketball, volleyball, tennis

Children and adolescents can choose any type of moderate or higher intensity physical activity, such as brisk walking, playing tag, jumping rope, or swimming, as long as it adds up to at least one hour a day.

For children and adolescents, regular physical activity has beneficial effects on the following aspects of health:

- Healthy weight
- Increased muscular strength
- Improved cardio respiratory (aerobic) fitness
- Increased bone mass (through weight-bearing physical activities)
- Healthy blood pressure (for hypertensive youth)
- Lower levels of anxiety and stress
- Improved self-esteem and sleep patterns leading to increased capacity for learning
- Relief from the symptoms of depression

Children and adolescents who are just beginning to be physically active should start out slowly, gradually building to a higher level in order to prevent the risk of injury or feeling defeated from unrealistic goals. It is important that children and adolescents are encouraged to be physically active by doing things that interest them. This will help them establish an active lifestyle.

Resources

The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance Centers for Disease Control and Prevention – Division of Adolescent School Health. Student physical activity may help improve academic performance including academic achievement (e.g., grades, standardized test scores); academic behavior (e.g., on-task behavior, attendance); and factors that can positively influence academic achievement (e.g. concentration, attention, improved classroom behavior). This report is a literature review that examines the existing research on the relationship between school-based physical activity, including physical education, and academic performance. It spans 23 years of research and includes 50 studies. The majority of the studies in this review report that physical activity was positively related to academic performance. Most importantly, adding time during the school day for physical activity does not appear to take away from academic performance. Schools should continue to offer and/or increase opportunities for student physical activity.

Executive Summary: http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pape_executive_summary.pdf

Report: http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf

Working with Schools to Increase Physical Activity Among Children and Adolescents in Physical Education Classes This action guide, developed by Partnership for Prevention, provides information on the resources and key steps to work with schools to increase physical activity among children and adolescents in physical education classes. It translates a specific recommendation from *The Guide to Community Preventive Services* into "how to" guidance. Physical education (PE) classes can be enhanced through policy, systems, and environmental changes that address curricula, teaching practices, and facilities/equipment to increase levels of physical activity and improve physical fitness. PE classes are important in helping students develop the knowledge, attitudes, motor and behavioral skills, and confidence to adopt and maintain physically active lifestyles. The childhood overweight epidemic is helping to shift the focus of PE classes from traditional sports toward health and physical activity, particularly moderate-to-vigorous physical activity. http://www.cdc.gov/healthycommunitiesprogram/tools/

Dynamic Physical Education for Elementary School Children The evidence-based practices and activities presented in this book have been used by over a half-million teachers around the country and world for over 30 years. Teaching strategies, developmentally appropriate activities, as well as research supporting the need for quality physical education programs are provided. Research suggests that using the strategies and practices presented in this book will provide a sustainable physical education program that allows for high levels of accountability for physical educators. http://wps.aw.com/bc_pangrazi_physed_14

Promoting Physical Activity and Health in the Classroom The integration of physical activity into the classroom is become more and more prevalent. This book and the accompanying activity cards respond to this trend by providing classroom teachers with user-friendly, developmentally appropriate activities. Activities that integrate academic content are included as well as activities for recess, health integration, and multicultural integration. The index size cards are evidence based with research showing they are effective in increasing the physical activity levels of students. http://wps.aw.com/bc_pangrazi_classroom_1/97/24889/6371694.cw/index.html

Increasing Physical Activity Centers for Disease Control and Prevention – Division of Adolescent School Health. Informative fact sheets on the goal of increasing physical activity among young people by increasing the capacity of the nation's schools to promote lifelong physical activity through coordinated school health programs. http://www.cdc.gov/healthyyouth/physicalactivity/pdf/Addressing_Phys_Activity.pdf

Physical Activity Guidelines for Americans: Children and Adolescents In 2008, the U.S. Department of Health and Human Services (HHS) issued *Physical Activity Guidelines for Americans*, which provide science-based recommendations to help persons aged 6 years or older improve their health through physical activity. Included in

these national guidelines is a chapter dedicated to physical activity recommendations for children and adolescents aged 6-17 years. These guidelines reflect the most up-to-date research about youth physical activity and associated health benefits. http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html

To promote the guidelines and support youth physical activity, CDC and several partner organizations developed the **Youth Physical Activity Guidelines Toolkit**, which highlights specific strategies that schools, families, and communities can use to support youth physical activity. The toolkit can be used by anyone who promotes youth physical activity, including community leaders; physical education and health education teachers; physical activity coordinators at the school, district, and state levels; and physical activity practitioners working in health or community-based organizations. http://www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm#1

Let's Move First Lady Michelle Obama has launched the Let's Move campaign to combat the epidemic of childhood obesity through a comprehensive approach that builds on effective strategies, and mobilizes public and private sector resources. Let's Move will engage every sector impacting the health of children to achieve the national goal, and will provide schools, families and communities simple tools to help kids be more active, eat better, and get healthy. http://www.letsmove.gov/index.html

Role of Schools in Addressing Childhood Obesity This document outlines 10 evidence-based strategies for schools to implement in addressing childhood obesity. http://www.cdc.gov/healthyyouth/physicalactivity/pdf/roleofschools_obesity.pdf

2010 Shape of the Nation Report The purpose of this *Shape of the Nation Report* is to provide current information about the status of physical education in each of the 50 states and the District of Columbia http://www.aahperd.org/naspe/publications/upload/Shape-of-the-Nation-2010-Final.pdf

Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People These guidelines identify strategies most likely to be effective in helping young people adopt and maintain a physically active lifestyle. The guidelines were developed by CDC in collaboration with experts from other federal agencies, state agencies, universities, national organizations, and professional associations. http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines

Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners This guide focuses on helping to create an active community environment, looking at the broader scope of where there are and aren't opportunities to safely walk and bicycle. It involves land use design, retrofitting the transportation infrastructure, funding, and much more. This step-by-step guide discusses how health professionals, community leaders, local planners, transportation agency officials, and citizens can work together to develop active community environments. http://www.bikewalk.org/pdfs/IPA_full.pdf

Kentucky's Nutrition and Physical Activity State Action Plan This document includes Kentucky specific data, which will provide a basic understanding of the severity of the problem facing Kentucky, describes structural changes in society that have contributed to the problem, describes the CDC framework for addressing the problem and lists the goals, objectives and strategies Kentucky has set to address these issues. www.fitky.org.

Move More After-School Standards The Move More North Carolina: Recommended Standards for After-School Physical Activity can be used as a guide to create practices, policies and environments supportive of physical activity After-School programs. http://www.movemoreafterschoolnc.com/index.html

Pennyrile Allied Community Services – Nutritional Outreach and Wholeness (PACS-NOW) A program that operates in all 120 counties in Kentucky with one focus of working with schools and students in the area of nutrition. In this program, children learn proper food choices, how to take care of their bodies with physical activity and exercise and personal hygiene through hand washing. http://www.pacs-ky.org/

ADA EVIDENCE LIBRARY
www.adaevidencelibrary.com

Alliance for a Healthier Generation
http://www.healthiergeneration.org/

American Academy of Pediatrics
www.aap.org

American Heart Association
http://www.heart.org/HEARTORG/

Body and Mind Teachers Corner
www.bam.gov/teachers/index.htm

CDC Division of Adolescent and School Health http://www.cdc.gov/HealthyYouth/

CDC Division of Nutrition and Physical Activity http://www.cdc.gov/nccdphp/dnpao/index.html

Fit'N Active Kids www.safetylca.org/i/200406.asp?loc=i&tag=i2&pg=newsletters.asp&page=200406childsafety.htm

Health Education through Extension Leadership http://www.ca.uky.edu/hes/?p=6

Kentucky Association for Health, Physical Education, Recreation and Dance (KAHPERD)
http://www.kahperd.com/index_main.asp

Kentucky Action for Healthy Kids http://take.actionforhealthykids.org/site/Clubs?club_id=1125&pg=main

Kentucky Cooperative Extension Service http://ces.ca.uky.edu/ces/

Kentucky Department of Education Coordinated School Health
http://www.education.ky.gov/KDE/Administrative%2BResources/Coordinated%2BSchool%2BHealth/

Kentucky Department for Public Health Coordinated School Health
http://chfs.ky.gov/dph/mch/cfhi/Coordinated%20School%20Health.htm

Local Health Departments http://chfs.ky.gov/dph/Local+Health+Department.htm

National Association for Sport and Physical Education http://www.aahperd.org/naspe/

National Coalition for Promoting Physical Activity http://www.ncppa.org/

Partnership for a Fit Kentucky http://www.fitky.org/

PANTA Plus

Nutrition

For the latest
Kentucky Youth Risk Behavior Survey data:

COORDINATED SCHOOL HEALTH

2009 Kentucky Youth Risk Behavior Survey (YRBS)

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

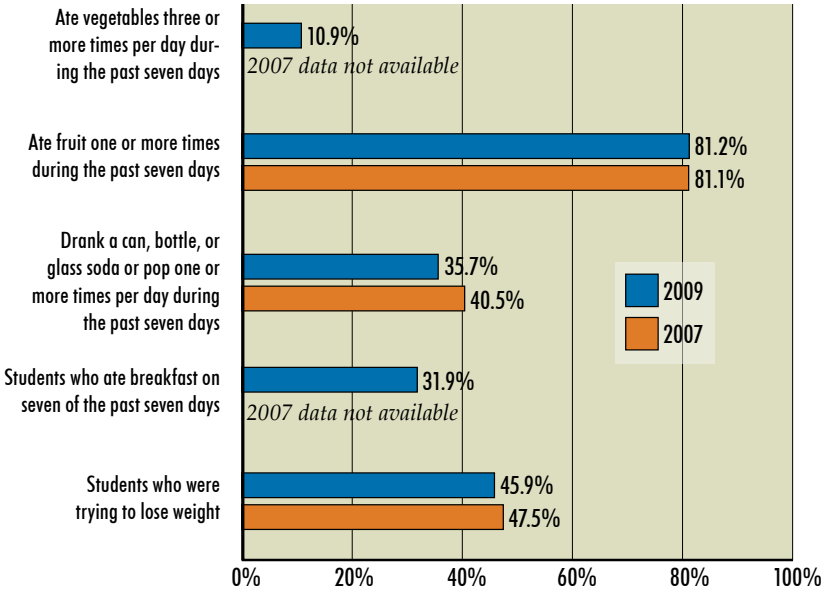
High School Fact Sheet

Healthy eating is associated with reduced risk for many diseases, including the three leading causes of death: heart disease, cancer, and stroke. Healthy eating in childhood and adolescence is important for proper growth and development and can prevent health problems such as obesity, dental caries, and iron deficiency anemia.[1] Kentucky has some of the highest rates in the country of students that are obese (17.6%) or overweight (15.6%). Only (14.2%) of students are consuming enough fruits and vegetables each day while trying to lose weight in unhealthy ways by taking diet pills, powders, or liquids (7.0%) or by not eating for 24 or more hours (12.5%).

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/nutrition/index.htm. Retrieved 7/28/08.*

Nutrition in Kentucky

The following graph represents the nutrition behaviors of high school students in 2007 and 2009. *Please note that none of the data represent statistically significant changes.*



Youth Disproportionately at Risk

- Females (36.5%) were more likely than males (24.2%) to have described themselves as slightly or very overweight
- Females (60.5%) were more likely than males (32.3%) to have been trying to lose weight
- Blacks (85.9%) were more likely than whites (71.2%) to have drank 100% fruit juices one or more times during the past seven days
- Whites (79.2%) were more likely than blacks (60.9%) to have eaten potatoes one or more times during the past seven days
- Whites (37.5%) were more likely than blacks (24.9%) to have drank a can, bottle, or glass soda or pop one or more times per day during the past seven days

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

EVERY CHILD PROFICIENT & PREPARED FOR SUCCESS KENTUCKY DEPARTMENT OF EDUCATION

Kentucky UNBRIDLED SPIRIT

COORDINATED SCHOOL HEALTH

2009 Kentucky Youth Risk Behavior Survey (YRBS)

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

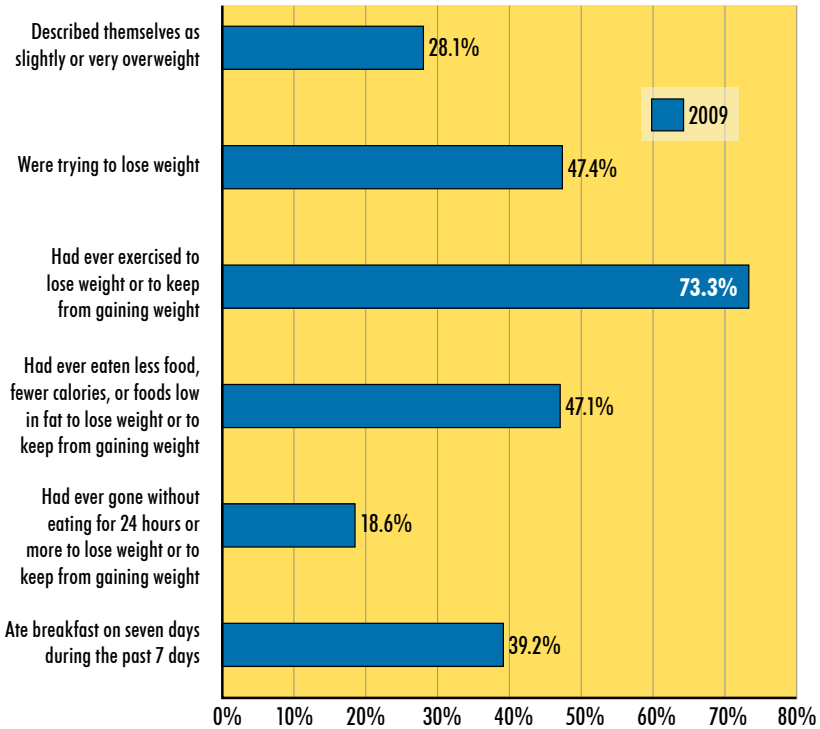
Middle School Fact Sheet

Healthy eating is associated with reduced risk for many diseases, including the three leading causes of death: heart disease, cancer, and stroke. Healthy eating in childhood and adolescence is important for proper growth and development and can prevent health problems such as obesity, dental caries, and iron deficiency anemia.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/nutrition/index.htm. Retrieved 7/9/09.*

Nutrition in Kentucky

The following graph represents the nutrition behaviors of middle school students in 2009. No comparison data is available.



Youth Disproportionately at Risk

- Females (55.4%) were more likely than males (40.1%) to have been trying to lose weight
- Females (78.6%) were more likely than males (68.5%) to have ever exercised to lose weight or to keep from gaining weight
- Females (56.8%) were more likely than males (38.1%) to have ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight
- Females (24.1%) were more likely than males (13.6%) to have ever gone without eating for 24 hours or more to lose weight or to keep from gaining weight
- Females (8.4%) were more likely than males (3.7%) to have ever vomited or taken laxatives to lose weight or to keep from gaining weight
- Hispanic/Latinos (14.1%) were more likely than whites (5.9%) to have ever vomited or taken laxatives to lose weight or to keep from gaining weight
- Males (46.6%) were more likely than females (31.3%) to have eaten breakfast on seven days during the past seven days

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

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Data

- One in three (or over 331,000) Kentucky children are seriously overweight or at risk of becoming overweight. (2007 YRBS, 2007 PedNSS, 2007 Kids Count)
- One in three babies born in Kentucky in 2000 will develop diabetes during their lifetime. (NGA Investing in Kentucky's Health)
- Over half of Kentucky students (54%) participating in the National School Lunch Program receive free or reduced lunch. (KDE)
- This is the first generation that is predicted to have a shorter life span than their parents. (Robert Woods Johnson Foundation. Childhood Obesity Framing Document)

Emerging, Promising and Best Practices

Environment Nutrition Activity Community Tool (ENACT) Best practices and promising approaches strategies to improve nutrition and physical activity environments http://www.preventioninstitute.org/sa/enact/members/index.php

Choose 1% or Less Campaign. The 1% Or Less campaign is a health-education program that aims to increase calcium intake while reducing the total saturated fat consumption by encouraging adults and children over two years to switch from drinking whole or 2% milk to 1% or fat-free (skim) milk. The campaign materials include: guidelines for blind milk taste tests and classroom activities for elementary, middle and high school students. For more information, contact the Nutrition Services Branch at the Department for Public Health at 502-564- 3827. http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=2&tax_subject=552&level3_id=0&level4_id=0&level5_id=0&topic_id=2160&&placement_default=0

Dairy Council Tools for Schools. The National Dairy Council offers valuable information and resources designed to help health care professionals, school nutrition professionals, and teachers ensure that children 9 years of age and older get the Dietary Guidelines for Americans. The Dairy Council website provides nutrition and product information, resources for health professionals, media center, tools for education, recipes, health tips and more. http://www.nationaldairycouncil.org/educationmaterials/Pages/EducationMaterialsHome.aspx

Centers for Disease Control and Prevention. CDC provides a website full of information on ways to increase fruits and vegetables consumption including eating on the go, family dinners, back-to-school tips for parents, and the importance of fruits and vegetables. The Fruit and Veggie of the Month suggests uses, where and how it is grown and nutritional information for the selected item of the month. CDC also offers a Fruit and Veggie Recipe database and interactive tools which demonstrate healthier options for recipes and meal planning, such as Analyze My Plate and Recipe Remix. http://www.fruitsandveggiesmatter.gov/

Fruits and Veggies: More Matter. This website contains a database of video demonstrations on the selection and preparation of fruits and veggies, as well as a fruit and vegetable database on selection, storage, and nutrition facts information. A fruit and vegetable blog and ask the expert gives users an opportunity to interact with others in finding ways to increase consumption of fruits and vegetables. A recipe database gives quick, easy tips for meals, how to cook vegetables, kids meals and more. There are educational materials for teachers including games and activity sheets, and

information on worksite wellness programs. Check out the interactive game, Food Champs (http://www.foodchamps.org/). http://www.fruitsandveggiesmorematters.org/

Produce for a Better Health Foundation Website serves as a go-to resource for fruit and vegetable education and marketing. This website provides a multitude of resources for schools, food service and educators. These resources include: School Food Service Guide**,** Crunch the Numbers Curriculum**,** There's a Rainbow on My Plate Curriculum**,** Healthy Eating with Peanuts and Produce Curriculum, and lots of Kids Activity Sheets including some with Over the Hedge Theme. In addition, they have healthy vending options and healthy fundraising tips. Check out the Love Your Veggies Contest and grant opportunities. http://www.pbhfoundation.org/index.php

Farm to School connects schools (K-12) and local farms with the objectives of serving healthy meals in school cafeterias, improving student nutrition, providing agriculture, health and nutrition education opportunities, and supporting local and regional farmers. For guidance on starting farm to school programs, visit http://www.farmtoschool.org.

Eat Smart, Play Hard ® provides practical tools to help you motivate children and their caregivers to eat healthy and be physically active. Messages and materials are fun and based on MyPyramid and the Dietary Guidelines for Americans. http://www.fns.usda.gov/eatsmartplayhardeducators/

MyPyramid offers personalized eating plans and interactive tools to help you plan/ assess your food choices based on the Dietary Guidelines for Americans. Interactive tools include: MyFood-a-pedia –search food items for nutritional information; MyPyramid Planner – menu planner; MyPyramid Plan – individualize your diet; and MyPyramid Blast Off Game. Lesson plans are available for different age groups. Listen to podcasts and watch PSAs. http://www.mypyramid.gov/

CDC Healthy Schools Healthy Youth provides key strategies to prevent obesity through the "Make a Difference at Your School" guidelines. You can also search success stories in a variety of topics in Making It Happen! School Nutrition Success Stories. The

Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The Food-Safe Schools Action Guide provides a one-stop resource for preventing foodborne illness. http://www.cdc.gov/HealthyYouth/

WE CAN! provides education to parents and caregivers of eight to thirteen year olds on: healthy weight basics, healthy eating and physical activity habits and reducing screen time. For information on Kentucky's WE CAN! Program, visit http://wecanky.com/. http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/

Planet Health is a complete curriculum that helps academic, physical education, and health education teachers guide middle school students in these areas:

- Learning about nutrition and physical activity while building skills in language arts, math, science, and social studies.
- Understanding how health behaviors are interrelated.
- Choosing healthy foods, increasing physical activity, and limiting TV and other screen time. http://www.planet-health.org

The 5 A Day Power Plus and Cafeteria Power Plus Programs promote fruit and vegetable consumption among elementary school students. The curriculum consists of four components behavioral curricula for the 4th and 5th grades, parental involvement/education, school food service changes and industry support and involvement. http://www.health.state.mn.us/divs/hpcd/chp/powerplus/fourthgrade.htm

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what can or cannot included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

Food policies establish nutrition standards and create an environment where the healthy choice is the easy choice. For schools, the goal is to ensure consistency between what students learn in the classroom, and the nutrition messages provided within the school environment and through school practices.

Value and Benefits of School Nutrition Policies

- Healthy kids learn better. Research clearly demonstrates that good nutrition is linked to better behavior and academic performance. To provide the best possible learning environment for children, schools must also provide an environment that supports healthy behaviors.
- Strong school nutrition polices may help schools in providing consistent messages in the provision of healthy foods at: classroom celebrations, school stores and in other areas of the school environment, and demonstrates a school commitment to promoting healthy behaviors. It supports the classroom lessons students are learning about health - instead of contradicting them.
- Promotes positive eating behaviors in order to positively change eating behaviors throughout the lifespan. Students need to receive consistent, reliable health information and ample opportunity to use it.

- Children who participate in school meal programs have better nutritional intake than those who do not. In addition, participation in the School Breakfast Program has been shown to improve standardized test scores, improve attendance, decrease tardiness, and improve participation in class. (Food Research & Action Center. Child Nutrition Fact Sheet: National School Lunch Program. www.frac.org)

Model Policies

Suggested school health policies on nutrition that schools can adopt to encourage and promote healthy eating and education that can be providing on promoting healthy eating:

- Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans (Dietary Guidelines for Americans 2010 http://www.cnpp.usda.gov/dietaryguidelines.htm) (Future updates concerning this area will be addressed in the final regulations for the 2010 Child Nutrition reauthorization Healthy, Hunger-Free Kids Act to be found at: http://www.fns.usda.gov/fns/)
- Improve the quality and appeal of school meals

- Develop guidelines for fund raising that promote healthy food items or non food methods
- Serve water to drink; Have clean sources of tap water and/or drinking fountains (Future updates concerning this area will be addressed in the final regulations for the 2010 Child Nutrition reauthorization Healthy, Hunger-Free Kids Act to be found at: http://www.fns.usda.gov/fns/)
- Farm to school programs incorporate fresh local produce into school meals while teaching about agriculture (Future updates concerning this area will be addressed in the final regulations for the 2010 Child Nutrition reauthorization Healthy, Hunger-Free Kids Act to be found at: http://www.fns.usda.gov/fns/)
- Eliminate marketing of unhealthy food on school grounds
- Provide enough time and space to eat in relaxed environment
- Establish school gardens to expose students to fresh produce while teaching them about how food is grown
- Establish a policy whereby schools will not use food or beverages as rewards of academic performance or good behavior
- Establish nutrition guidelines for classroom policies such as food as a reward and classroom celebrations

Source: National Alliance for Nutrition and Physical Activity http://www.schoolwellnesspolicies.org/

The American Academy of Pediatrics Policy Statement (excerpt)[33]

In a policy statement issued in August 2003 by the American Academy of Pediatrics, pediatricians are encouraged to work with school administrators and others in the community on ways to decrease the availability of foods and beverages with little nutritional value and to decrease the dependence on vending machines, snack bars, and school stores for school revenue. Regarding physical activity, advocacy is sorely needed for physical education programs that emphasize and model learning of daily activities for personal fitness (as opposed to physical education limited to a few team sports). A statement of reaffirmation for this policy was published on February 1, 2007.

This policy statement, called Prevention of Pediatric Overweight and Obesity'- asks that doctors actively encourage:

- parents and caregivers to promote healthy eating patterns by offering nutritious snacks, such as vegetables and fruits.
- low-fat dairy foods, and whole grains; encouraging children's autonomy in self-regulation of food intake and setting appropriate limits on choices; and modeling healthy food choices.
- routine promotion of physical activity, including unstructured play at home, in school, in child care settings, and throughout the community.
- the limitation of television and video time to a maximum of 2 hours per day.
- the help of parents, teachers, coaches, and others who influence youth to discuss health habits, not body habitus (physique or body build), as part of their efforts to control overweight and obesity.
- policy makers from local, state, and national organizations and schools to support a healthful lifestyle for all children, including proper diet and the support and advocacy for social marketing intended to promote healthful food choices and increased physical activity.
- organizations that are responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies.
- public and private sources to direct funding toward research into effective strategies to prevent overweight and obesity and to maximize limited family and community resources to achieve healthful outcomes for youth.
- the support and advocacy for social marketing intended to promote healthful food choices and increased physical activity.

State and Federal Laws

State and federal laws address nutrition standards for school meals and give the opportunity for local development of wellness policies, including nutrition. Local

schools and districts have the ability to enhance these laws through local School Based Decision Making and local Board of Education policies to promote better health of students and staff.

Kentucky Nutrition and Physical Activity Legislation

In February 2006 the Kentucky legislature passed a bill with minimum nutrition standards for foods & beverages available on public school campuses during the school day as part of school meals or outside of the National School Lunch Program. School Day means the period of time between the arrival of the first student and the end of the last instructional period.

- KRS 158.850 (limitation on retail fast foods in cafeterias)
- KRS 158.852 (district food service directors)
- KRS 158.854 (competitive foods – vending machine sales)
- KRS 158.856 (assessment and reporting on nutrition and physical activity environments
- KRS 160.345(11) (local wellness policies for elementary schools)

To access these laws go to the Kentucky Department of Education, Division of Nutrition and Health Services website: http://scn.ky.gov/sb172.htm#ksl

Federal Laws

In 2010 the Child Nutrition Reauthorization Healthy, Hunger-Free Kids Act was passed by congress and signed into law. The 2010 Healthy, Hunger-Free Kids Act builds upon the framework of the 2004 Child Nutrition and WIC Reauthorization Act, which required each district to have local school wellness policies for the schools in the district that include goals for nutrition education, physical activity, and other school-based activities.

The 2010 Act continues to set basic standards for school wellness policies including goals for nutrition promotion and education and physical activity, while still permitting local flexibility to tailor the policies to their particular needs.[32]

Some of the 2010 Healthy, Hunger-Free Kids Act components will provide the following[32]:

- Gives the USDA the authority to set nutritional standards for all foods regularly sold in schools during the school day, including vending machines, the "a la carte" lunch lines, and school stores. (Note that Kentucky's minimum nutrition standards are located in KAR 702:6:090.)
- Provides additional funding to schools that meet updated nutritional standards for federally-subsidized lunches. This is an historic investment, the first real reimbursement rate increase in over 30 years.
- Helps communities establish local farm to school networks, create school gardens, and ensures that more local foods are used in the school setting.
- Expands access to drinking water in schools, particularly during meal times.
- Sets basic standards for school wellness policies including goals for nutrition promotion and education and physical activity, while still permitting local flexibility to tailor the policies to their particular needs.
- Requires schools to make information more readily available to parents about the nutritional quality of meals.

Future updates as this law becomes common practice in schools can be found at the USDA Food and Nutrition Service: http://www.fns.usda.gov/fns/

Assessment and Planning

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. This is an easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: http://www.cdc.gov/healthyyouth/shi/index.htm. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

The Health Education Curriculum Analysis Tool **(HECAT)** can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate

and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

http://www.cdc.gov/HealthyYouth/HECAT/index.htm

Students Taking Charge Students Taking Charge is a national movement of youth advocates putting their passion for eating right, being active and living healthy into making their schools healthier places. With Students Taking Charge, students have the tools to assess their school nutrition and physical activity environment which supports local initiation of policy change and program development.

Students Taking Charge is a place where students can: develop leadership and advocacy skills, gain knowledge about school health issues, educate school leaders, media, and the general public about important issues; make new friends and provide peer-to-peer education, share their creativity, ideas, and talents. http://www.studentstakingcharge.org/ Group leader/student sponsor information: www.studentstakingcharge.org/index.php/group_leader_center/

Kentucky Action for Healthy Kids and Coordinated School Health, through the Department for Health and the Department of Education, provide support for this program through training and technical assistance. http://chfs.ky.gov/dph/mch/cfhi/Coordinated%20School%20Health.htm and http://www.actionforhealthykids.org/take-action/

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils American Cancer Society. This guide is designed to assist school districts in developing new school health councils, strengthening existing councils, and maintaining them as effective entities that can support and guide school health practices, programs and policies. The guide includes a CD-ROM that aids in customizing worksheets and other materials. Visit the American Cancer Society Web site at www.cancer.org, http://www.cancer.org/docroot/PED/content/PED_13_4x_Guide_to_Community_School_Health_Councils_pdf.asp

Fit, Healthy, and Ready to Learn: A School Health Policy Guide National Association of State Boards of Education. It is designed to help state and local decision makers establish effective policies that promote high academic achievement and lifelong health habits. It provides guidance on general school health policies and program development, as well as specific information on physical education program design, safety requirements, food service programs, smoking cessation services, and lifelong sun safety habits. Chapter E: Policies to Encourage Healthy Eating. https://nasbe.org/index.php?option=com_content&view=article&id=396:fit-healthy-and-ready-to-learn-a-school-health-policy-guide&catid=53:shs-resources&Itemid=372

Action for Healthy Kids Includes resources to improve the quality of food in schools, enhance nutrition education, improve physical education, and increase opportunities for kids to be active. Programs, resources and state information are available. http://www.actionforhealthykids.org

A searchable database was developed by Action for Healthy Kids in partnership with CDC to compliment the USDA's local wellness policy Web site http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

This site helps districts identify policy options and write their own policies. Users can adapt or copy sample language from un-reviewed policies gathered from across the country.

Connect with your state's Action for Healthy Kids – **Kentucky Action for Healthy Kids** at: http://take.actionforhealthykids.org/site/Clubs?club_id=1125&pg=main

Alliance for a Healthier Generation Find tools and strategies to promote physical activity and healthy eating before, during, and after school. Schools and individuals can join the Healthy Schools Program. Benefits for individuals include: bi-monthly e-newsletter, database of school health grants and resources and school health webinars. Benefits for schools: individual benefits, and free technical assistance, toolkits for implementing best practices, school health assessment and action planning tools, resource database for practical information, grant opportunities and more; networking opportunities with other schools across the country, national recognition awards and bulletin board materials.
http://www.healthiergeneration.org/schools.aspx and http://www.healthiergeneration.org/schools.aspx?id=3277

Frequently Asked Questions

Why is it important to teach nutrition?

Practicing healthy eating is an important life skill that can be taught in nutrition education and/or health class. Nutrition is an important subject just alike other subjects taught in schools. What your students eat or don't eat can affect their health, growth and ability to learn. Nutrition education helps students learn about proper nutrition which develops into the skill of healthy eating which can be used for the rest of their lives - making healthy food choices.

Why students shouldn't skip any meals?

Being hungry in school can have a negative impact on student performance. It can lead to irritability, disinterest in the learning situation and an inability to concentrate.[34]

Why does a school need a local wellness policy?

It provides an opportunity for school districts to create an environment conducive to healthy lifestyle choices and recognizes the importance of schools in fighting the epidemic of childhood overweight and obesity.

What exactly is a healthy diet?

A healthy diet provides all the nutrients we need in a day. The amount a child needs from each food group depends on their age, gender and daily physical activity. Children who are very physically active, for example, need more than children who get little or no physical activity. For students who get 30 to 60 minutes of daily physical activity the recommendation is at least 6-5-3-3-2[34]:

- 6 Grain Group servings (1 ounce each)
- 5 Vegetable Group servings (1/2 cup each)
- 3 Fruit Group servings (1/2 cup each)
- 3 Milk Group servings (1 cup each)
- 2 Meat Group servings (2 1/2 ounces each)

What are some nutritious snacks for students?

Offering healthy snacks to children is important to providing good nutrition, supporting lifelong healthy eating habits and helping children to develop into healthy adults.

The Texas Department of Agriculture's Food and Nutrition Division has developed the following brochure in English and Spanish on healthy snacks.
http://www.squaremeals.org/vgn/tda/files/2348/9676_Nutritious%20Snack%20Broch2.pdf

The Center for Science in Public Interest has the following resource on snack suggestions. - http://www.cspinet.org/nutritionpolicy/healthy_school_snacks.pdf

Don't physical activity and good nutrition go hand-in-hand?

Absolutely! Healthy children are both well-nourished and physically fit. As well as a wide variety of foods from the Five Food Groups, the 2005 *Dietary Guidelines for Americans* and recommend that children get at least 60 minutes of physical activity a day. This includes spontaneous play like bike riding or tag, organized sports, and physical education. How can you encourage your students to become more active?:[34]

- Role-model an active lifestyle and share examples of how you are physically active.
- Schedule recess every day - make sure it's not lost to other subjects or withdrawn as punishment.

- Encourage active games like jump rope, kickball and tag during recess.
- Urge your school to offer physical education every day if it doesn't already.
- Announce opportunities for physical activity, like school sports teams or local park and recreation programs.
- Urge parents to set limits on TV watching, video and computer games. The American Academy of Pediatrics suggest no more than 2 hours a day for these activities.

Where can I find the Dietary Guidelines for Americans?

The Dietary Guidelines are jointly issued and updated every 5 years by the Departments of Agriculture and Health and Human Services. They provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. The *2010 Dietary Guidelines* are published at: http://www.cnpp.usda.gov/dietaryguidelines.htm

How can our school food service program be recognized for their work in providing healthier options for our students?

Currently there are two national programs that recognize schools creating healthier school environments through the promotion of nutrition and physical activity. These are the Healthier US School Challenge and the Alliance for a Healthier Generation. For more information on the requirements for recognition go to:

- USDA Healthier US School Challenge - http://www.fns.usda.gov/tn/healthierus/index.html
- Alliance for a Healthier Generation - http://www.healthiergeneration.org/schools.aspx?id=3319

What can schools do to make a difference?

1. Address physical activity and nutrition through a Coordinated School Health Program approach.
2. Designate a school health coordinator and maintain an active school health council.
3. Assess the school's health policies and programs and develop a plan for improvement.
4. Strengthen the school's nutrition and physical activity policies.
5. Implement a high-quality promotion program for school staff.
6. Implement a high-quality course of study in health education.
7. Implement a high-quality of course of study in physical education.
8. Increase opportunities for students to engage in physical activity.
9. Implement a quality school meals program.
10. Ensure that students have appealing, healthy choices in foods and beverages

Resources

Addressing Nutrition. Centers for Disease Control and Prevention – Division of Adolescent School Health. Informative fact sheets on the goal of supporting the development of lifelong healthy eating habits among young people. http://www.cdc.gov/HealthyYouth/nutrition/pdf/Addressing_Nutrition.pdf

The Role of Schools in Preventing Childhood Obesity The State Education Standard. Schools cannot solve the obesity epidemic on their own, but it is unlikely to be halted without strong school-based policies and programs. Most important, schools can help students adopt and maintain healthy eating and physical activity behaviors. CDC has published guidelines that identify school policies and practices most likely to be effective in promoting lifelong physical activity and healthy eating. The guidelines, which are based on comprehensive reviews of the research literature and extensive input from academic experts and school health practitioners, contain many different recommendations that can be summarized as 10 key strategies. http://www.cdc.gov/HealthyYouth/physicalactivity/pdf/roleofschools_obesity.pdf

Guidelines for School Health Programs to Promote Lifelong Healthy Eating - CDC Morbidity & Mortality Weekly Report. June 14, 1996;45 These guidelines identify strategies most likely to be effective in promoting lifelong healthy eating among young people. Guidelines for School Health Programs to Promote Lifelong Healthy Eating were developed by CDC in collaboration with experts from other federal agencies, state agencies, universities, voluntary organizations, and professional associations. http://www.cdc.gov/HealthyYouth/nutrition/guidelines/index.htm

Nutrition Standards for Foods in Schools - The school environment is one of several settings that can influence children's food choices and eating habits. Schools can ensure that the available food and beverage options are healthy and help youth eat food that meets dietary recommendations for fruits, vegetables, whole grains, and nonfat or low-fat dairy products.

To provide schools with guidance on improving the foods and beverages offered to students, the Centers for Disease Control and Prevention (CDC) conducted a study with the Institute of Medicine (IOM) to review the science and make recommendations about nutrition standards for foods and beverages offered in direct competition with school-provided meals and snacks. The study resulted in a report entitled, *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth*. http://www.cdc.gov/HealthyYouth/nutrition/standards.htm

Fact Sheets

Using the findings of the IOM Report, CDC developed a set of four audience-specific fact sheets as a resource for school staff, parents, and youth to use to support and develop strong nutrition standards that can impact the health of students at school. These fact sheets are designed to answer commonly asked questions about the report and provide recommendations for implementing the nutrition standards.

For Parents, Guardians, Teachers, and School Staff
(http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_factsheet_parents.pdf)

For School Boards, School Districts, and Other School Administrators
(http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_factsheet_schools.pdf)

For School Nutrition Service Personnel
(http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_factsheet_service.pdf)

For Students
(http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_factsheet_youth.pdf)

Making It Happen: School Nutrition Success Stories This resource contains 32 success stories of innovative K-12 schools across the United States that improved their school nutrition environments for foods and beverages sold and offered outside of federal meal programs. *Making It Happen* includes ideas on what to improve, how to do it, and partners in change. *Making It Happen* was jointly published with the Food and Nutrition Service, U.S. Department of Agriculture and supported by the U.S. Department of Education. http://apps.nccd.cdc.gov/MIH/MainPage.aspx

Body Mass Index Measurement in Schools Measuring the body mass index (BMI) of students in schools is an approach to address obesity that is attracting much attention across the nation from researchers, school officials, legislators, and the media. In 2005, the Institute of Medicine called upon the federal government to develop guidance for BMI measurement programs in schools. The Centers for Disease Control and Prevention produced "Body Mass Index Measurement in Schools" to describe the purpose of school-based BMI surveillance and screening programs, examine current practices, and review research on BMI measurement programs. This article was published in the Journal of School Health in December 2007. This article summarizes the recommendations of experts, identifies concerns surrounding programs, and outlines needs for future research. Guidance is provided on specific safeguards that need to be addressed before schools decide to collect BMI information. http://www.cdc.gov/features/childbmi/

Executive Summary on Body Mass Index Measurements in Schools
http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_execsumm.pdf

Going Local: Paths to Success for Farm to School Programs This resource provides a snapshot of the diverse ways in which "farm to school" is making a difference nationwide. It includes case studies from eight states. *Going Local* was developed by the National Farm to School Program, Center for Food & Justice, Occidental College and the Community Food Security Coalition. http://departments.oxy.edu/uepi/cfj/publications/goinglocal.pdf

Guidance for Healthy Classroom Celebrations This tip sheet from the Center for Science and Public Interest provides school staff, parents, and students ideas for healthy celebrations for birthdays and other celebrations. http://www.cspinet.org/nutritionpolicy/policy_options_healthycelebrations.html

Parents in Action! Engaging Parents in Local School Wellness Policy The toolkit from California's Project LEAN provides resources and tools that will help school stakeholders engage parents in School Wellness Policy implementation, monitoring, and evaluation. Parents in Action! provides strategies for reaching parents, resources for assessing the school environment, fact sheets on relevant school nutrition and physical activity topics, parent education resources, and resources that will assist with the advocacy process. http://www.californiaprojectlean.org/docuserfiles/ParentsInAction_web(1).pdf

Policy in Action: A Guide to Implementing Your Local School Wellness Policy This guide from California's Project LEAN is designed to serve as a roadmap for implementing school nutrition and physical activity policies, including local wellness policies. http://www.californiaprojectlean.org/docuserfiles/ParentsInAction_web(1).pdf

School Nutrition Association This site offers tools and stories on how schools are implementing goals relative to local wellness policies (e.g., physical education, classroom rewards and celebrations, fundraisers, and parent involvement). http://www.schoolnutrition.org/Content.aspx?id=2164

School Wellness Policy and Practice: Meeting the Needs of Low-Income Students This guide from the Food Research Action Council is designed to help schools respond to the special nutrition concerns of low-income students in their wellness policies. http://www.frac.org/pdf/wellness_guide2006.pdf

State-Level School Health Policies Database In partnership with CDC, the National Association of State

Boards of Education (NASBE) has developed research-based, best practice model policy language on various school health topics that states, districts, and schools can adopt or adapt for themselves. The data base search is available by: topic, state, national guidelines, staff picks and a general search. http://www.nasbe.org/healthy_schools/hs/index.php

State Strategies to Support Local Wellness Policies The National Association of State Boards of Education has produced an issues brief on how states are helping to implement local wellness policies with new laws, policies, guidance materials, and support to local education agencies. The brief highlights promising strategies that may help strengthen the impact of local school wellness policies. http://nasbe.org/index.hp/shs?start=16

USDA Healthier Challenge The HealthierUS School Challenge (HUSSC) is a voluntary initiative to recognize all schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity. Specifically, it recognizes schools that have made changes to: improve the quality of the foods served, provide students with nutrition education, and provide students with physical education and opportunities for physical activity. http://www.fns.usda.gov/tn/healthierus/index.html

Pennyrile Allied Community Services – Nutritional Outreach and Wholeness (PACS-NOW) A program that operates in all 120 counties in Kentucky with one focus of working with schools and students in the area of nutrition. In this program, children learn proper food choices, how to take care of their bodies with physical activity and exercise and personal hygiene through hand washing. http://www.pacs-ky.org/

Farm to School The Kentucky Department of Agriculture supports Farm to School Programs. The goal is to bring together the freshness and high quality of Kentucky Proud products and schools.
http://www.kyagr.com/consumer/food/FarmtoSchool.htm

Alliance for a Healthier Generation http://www.healthiergeneration.org/

American Academy of Pediatrics www.aap.org

American Heart Association http://www.heart.org/HEARTORG/

CDC Division of Adolescent and School Health http://www.cdc.gov/HealthyYouth/

CDC Division of Nutrition and Physical Activity http://www.cdc.gov/nccdphp/dnpao/index.html

Health Education through Extension Leadership http://www.ca.uky.edu/hes/?p=6

Kentucky Action for Healthy Kids http://take.actionforhealthykids.org/site/Clubs?club_id=1125&pg=main

Kentucky Cooperative Extension Service http://ces.ca.uky.edu/ces/

Kentucky Department of Education Coordinated School Health
http://www.education.ky.gov/KDE/Administrative%2BResources/Coordinated%2BSchool%2BHealth/

Kentucky Department for Public Health Coordinated School Health
http://chfs.ky.gov/dph/mch/cfhi/Coordinated%20School%20Health.htm

Local Health Departments http://chfs.ky.gov/dph/Local+Health+Department.htm

Partnership for a Fit Kentucky http://www.fitky.org/

PANTA Plus

Tobacco

For the latest
Kentucky Youth Risk Behavior Survey data:

Tobacco

Having a tobacco-free school environment is important in achieving the physical, mental, and social health goals for students, staff, the school district, and community. Studies show that school districts with tobacco-free school policies in place for three or more years have 40% fewer youth smokers than those in non-tobacco-free school districts. Kentucky is at the crossroads as communities and schools work towards this goal. In a time of growing support and increasing scientific evidence, school districts are adopting comprehensive tobacco policies. It is important that Kentucky's public schools join other public institutions to establish smoking regulations in order to safeguard our students and school community.

Data

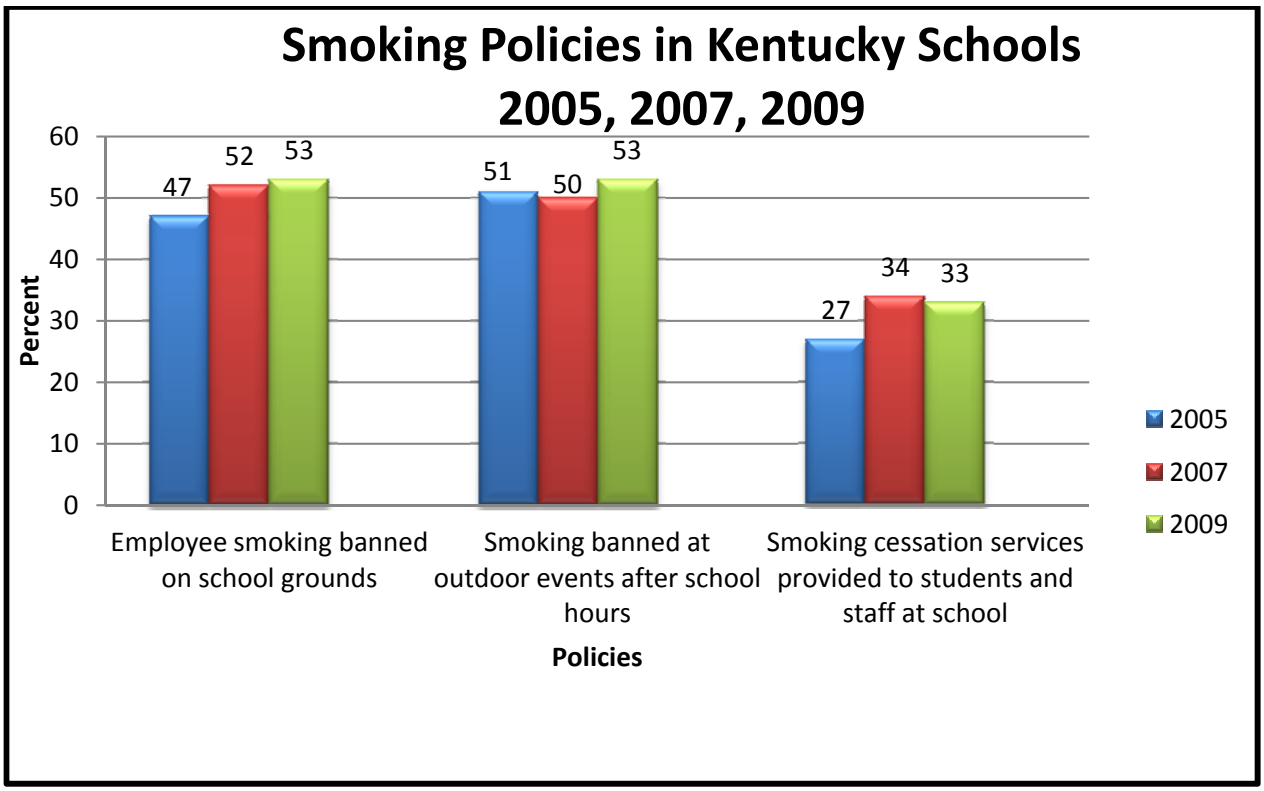


Figure 1 compares aspects of Kentucky school smoking policies in 2005, 2007, and 2009. Approximately 53% of Kentucky schools ban employee smoking on school grounds, improving from 47% in 2005. Similarly, 53% ban smoking at outdoor events after school hours, representing a slight increase from 50% and 51% found in 2007 and 2005. Kentucky schools offering cessation services to students and staff decreased from 34% in 2007 to 33% in 2009. Although improvements are evident, work still remains to attain the overarching goal of 24/7 tobacco-free schools. (School Tobacco Policy Survey, 2009)

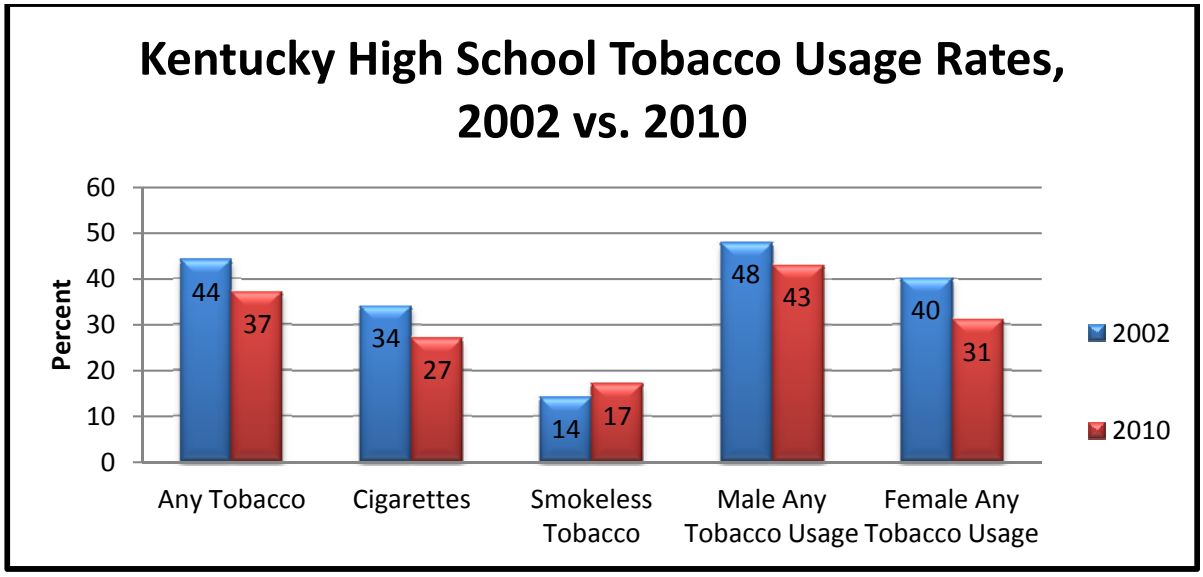


Figure 2 depicts the trend in tobacco usage rates among Kentucky high school students. Approximately 44% of Kentucky high school students reported any tobacco usage in 2002, compared to 37% in 2010. Cigarette usage has also progressively decreased, from 34% in 2002 to 27% in 2010. Male and female rates of current tobacco usage have both declined: males decreased from 48% in 2002 to 43% in 2010, and females from 40% to 31%, respectively. Such trends demonstrate the need for continued dedication to preventing youth initiation (KYTS, 2002; KYTS, 2010).

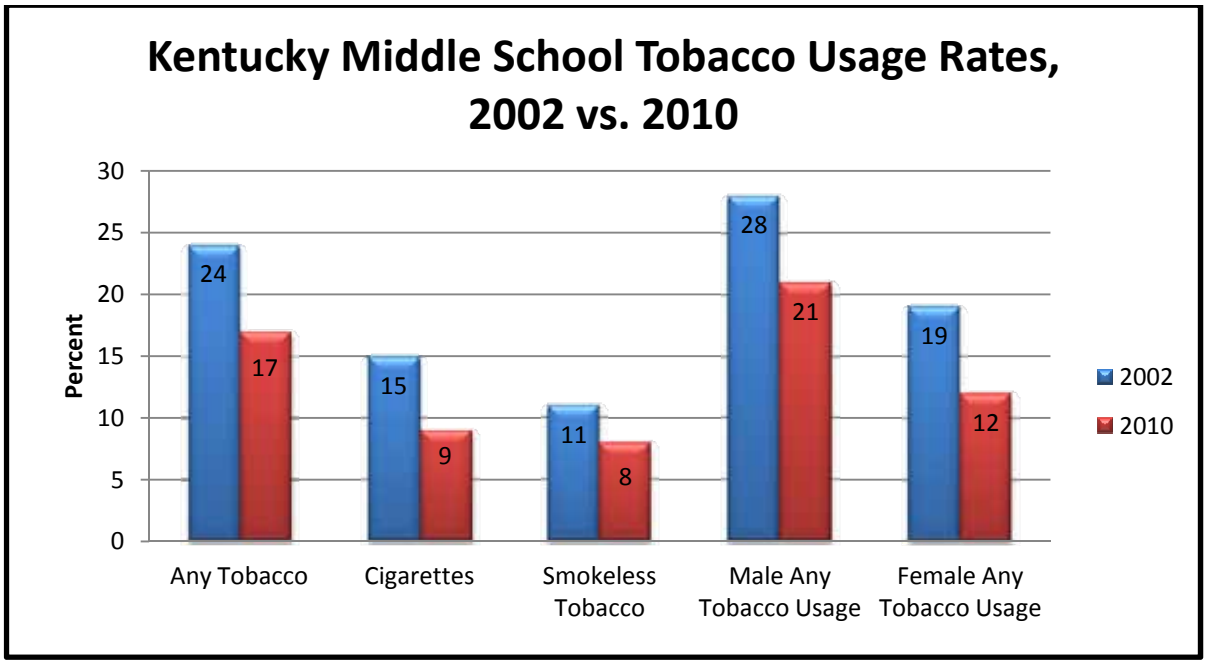


Figure 3 illustrates trends in tobacco usage rates among Kentucky middle school students. In contrast from the Kentucky high school numbers, middle school rates have declined across the board. Any tobacco usage decreased from 24% in 2002 to 17% in 2010. Cigarette usage also showed a substantial decline, from 15% in 2002 to 9% in 2010. Also in 2010, a decline in current smoking was seen among both males and females. Males who reported current tobacco use decreased from 28% in 2002 to 21%, while female rates decreased from 19% to 12% in 2010. (KYTS, 2002; KYTS, 2010). Although progress has been made among middle school students, continued monitoring of tobacco usage rates is required to sustain current positive trends.

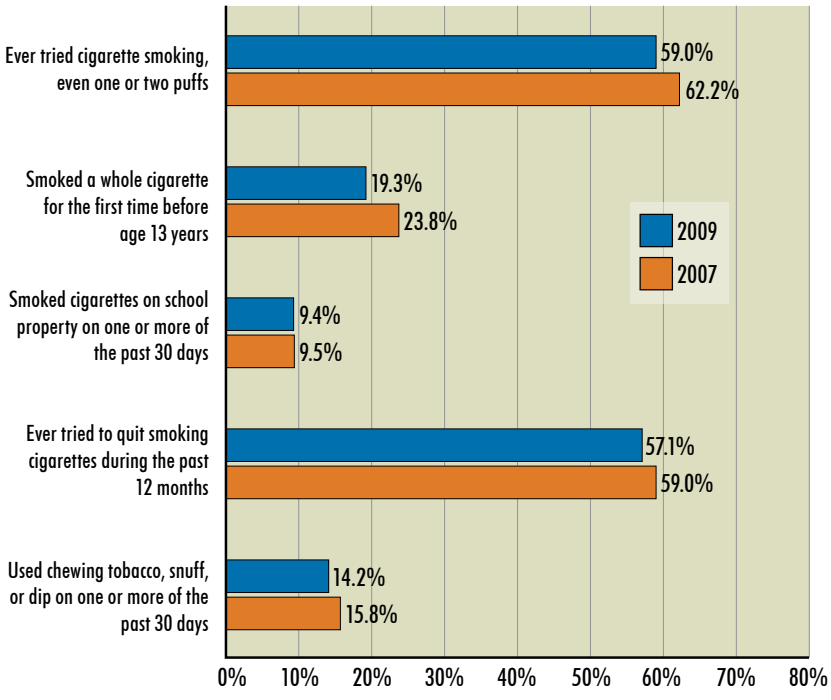
High School Fact Sheet

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Each year smoking causes 438,000 premature deaths. Every day, approximately 4,000 American youth aged 12-17 try their first cigarette, and an estimated 1,140 young people become daily cigarette smokers.[1] Kentucky students have some of the highest rates in the country of current cigarette use (26.1%), frequency of current cigarette use (12.0%), current smokeless tobacco use (14.2%), and lifetime cigarette use (59.0%).

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/tobacco/index.htm. Retrieved 7/09/09.*

Tobacco Use in Kentucky

The following graph represents the tobacco use behaviors of high school students in 2007 and 2009. *Please note that none of the data represent statistically significant changes.*



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth Disproportionately at Risk

- Whites (12.8%) were more likely than blacks (4.6%) to have smoked cigarettes on 20 or more of the past 30 days
- Whites (21.1%) were more likely than blacks (8.9%) to have ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days
- Males (34.7%) were more likely than females (3.3%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Whites (15.3%) were more likely than blacks (5.0%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Males (16.8%) were more likely than females (1.5%) to have used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days
- Whites (10.4%) were more likely than blacks (3.0%) to have used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days
- Males (24.6%) were more likely than females (9.5%) to have smoked cigars, cigarillos, or little cigars on one or more of the past 30 days

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/dministrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

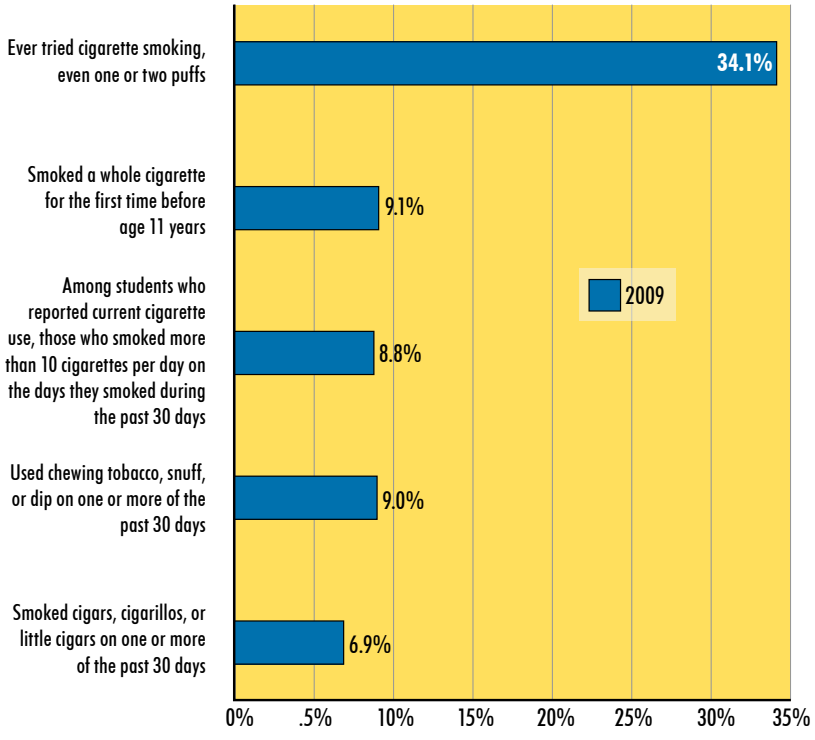
Middle School Fact Sheet

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Each year smoking causes 438,000 premature deaths. Every day, approximately 4,000 American youth aged 12-17 try their first cigarette, and an estimated 1,140 young people become daily cigarette smokers.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/tobacco/index.htm. Retrieved 7/09/09.*

Tobacco Use in Kentucky

The following graph represents the tobacco use behaviors of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Youth Disproportionately at Risk

- Males (13.7%) were more likely than females (4.0%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Hispanic/Latinos (18.2%) were more likely than blacks (3.1%) to have used chewing tobacco, snuff, or dip on one or more of the past 30 days
- Males (19.5%) were more likely than females (11.5%) to have smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Emerging, Promising and Best Practices

LifeSkills® There are two basic LifeSkills® Training curricula: one for elementary schools, the other for middle/junior high schools. For both age groups, a basic curriculum platform is enriched by booster sessions, providing additional skill development and opportunities to practice in key areas. The middle school curriculum consists of 30 class sessions of 45 minutes duration, to be conducted over three years. The program may be taught either as an intensive mini-series (consecutively or two to three times a week) or on a more extended schedule (once a week). The elementary school curriculum, for students in grades three to five or four to six, is comprised of 24 class sessions of 30 to 40 minutes duration. As with the middle school curriculum, the elementary curriculum is highly flexible and is designed to fit into the regular curriculum schedule. The LifeSkills® Training curriculum packages including all necessary teacher and student materials, including a teacher's manual, student guides and relaxation tape. For more information on the LifeSkills® program, TOT sessions, costs and ordering information visit www.lifeskillstraining.com

Science, Tobacco & You Beginning with knowledge of the human body structures and functions, students are encouraged to learn more about how the use of tobacco products affects their lives. ST&Y provides multi-sensory experiences, through which students explore the harmful effects of tobacco on their bodies, strategies for handling peer pressure to use tobacco products, and how they can use a scientific perspective to make decisions and counteract the manipulation tactics used by the tobacco companies in advertising. All the activities contained in ST&Y are customized for, and correlate to, state educational standards (KDE Core Content) and assessments. For additional information about purchasing supplies and facilitator training visit http://www.magnet.fsu.edu/education/teachers/curricula/sciencetobaccoyou.html

Project Towards No Tobacco Use (TNT) is a comprehensive, 10-day, classroom-based social influences-oriented curriculum delivered to 7th graders. Students are taught about tobacco addiction and disease, correction of inflated tobacco use prevalence estimates, social skills, the ways the media portrays tobacco social images, anti-tobacco use social advocacy, and how to make a public commitment about tobacco use. There are five homework assignments, a classroom competition, and a 2-day booster program provided in 8th grade. For more information visit the website: http://tnd.usc.edu/tnt.

Know Your Body consists of five basic components: (1) skills-based health education curriculum, (2) teacher/coordinator training, (3) biomedical screening, (4) extracurricular activities, and (5) program evaluation. Elements of this program include behavioral rehearsal, decision-making, goal setting, self-esteem building, self-monitoring, stress management, assertiveness training, and other communication skills. The smoking component of Know Your Body comprises approximately one-tenth of the program and focuses on the reasons people smoke, the short and long-term health effects of smoking, and the dangers of passive smoke. For more information visit the website: http://www.childtrends.org/lifecourse/programs/KnowYourBody.htm

TEG (Intervening with Teen Tobacco Users). Motivate young people to cut down on their use of tobacco, quit on their own, or join a voluntary tobacco cessation program. This support group curriculum is for students in grades 7-12 who have been caught in violation of school rules on tobacco use. A positive alternative to suspension is a structured eight-session program that uses a combination of lectures, videos, demonstrations, and cooperative learning activities to give young people the knowledge, motivation and action steps to make good decisions about tobacco use. Information about facilitator training and costs can be located on the Community Intervention website www.youthtobacco.com/training.html.

TAP (Helping Teens Stop Using Tobacco). A comprehensive tobacco cessation program for young people who want to quit using tobacco. An eight-session curriculum that provides information, opportunities for self-assessment, and challenging weekly assignments to help participants in grades 7-12 quit tobacco use. Information about facilitator training and costs can be located on the Community Intervention web site www.youthtobacco.com/training.html.

N-O-T (Not on Tobacco) N-O-T helps teens understand why they smoke and helps them develop the skills, confidence, and support they need to quit. Teens learn the skills they need to tackle tough problems such as nicotine withdrawal, cravings to smoke, and peer pressure to continue smoking. N-O-T also deals with other issues that are important to teens, such as how to control weight after quitting, how to manage stress in healthy ways, and how to communicate effectively. N O T has different tips for boys and for girls because research shows that boys and girls have different reasons for smoking and need different strategies for quitting. For additional information about costs and training opportunities visit http://www.lungusa.org/associations/states/georgia/educational-programs/n-o-t-not-on-tobacco/not-on-tobacco.html.

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

School authorities and schools play an important role in preventing tobacco use by youth. They also play an important role in helping and encouraging students who already smoke to quit, and creating a healthy, and supportive tobacco-free environment.

Tobacco free schools enhance the physical, mental and social health of students and staff. Tobacco-free school policies do more than prevent individual use of tobacco - they reduce exposure to secondhand smoke, decrease damage to school property, and make it easier to maintain school facilities.

Model Policies

A 100% tobacco free school policy represents a firm commitment by school administration, teachers and parents to prohibit tobacco use by students, school staff and visitors. This 100% tobacco free school policy provides a safe environment for students by reducing exposure to secondhand smoke.

A model tobacco free school policy will prohibit tobacco use by students, school staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day, seven days a week.

The school environment plays a role in helping everyone implement a 100% tobacco free school policy by:

- Providing visible signage.
- Communicating the policy to students, staff, and visitors
- Designating an individual responsible for enforcement
- Having a process in place for addressing violations
- Using remedial rather than punitive sanctions for violators
- Tailoring consequences to the severity and frequency of the violation
- Communicating student violations to their parents and families

The following is an example of a 100% Tobacco-Free School Policy:

100 Percent Tobacco-Free Schools Model Policy

STUDENTS 09.4232

Tobacco

Students shall not be permitted to use or possess any tobacco product on property owned or operated by the Board, inside Board-owned vehicles, on the way to and from school, or during school-sponsored trips and activities. Students who violate these prohibitions while under the supervision of the school shall be subject to penalties set forth in the local code of acceptable behavior and discipline.

PERSONNEL 03.1327

Certified Personnel

Use of Tobacco

Use of Tobacco Prohibited
Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.

PERSONNEL 03.2327
Classified Personnel

Use of Tobacco

Use of Tobacco Prohibited
Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.

COMMUNITY RELATIONS 10.5

Visitors to the Schools

Use of Tobacco Prohibited
Tobacco use is prohibited twenty-four (24) hours a day, seven (7) days a week, inside Board-owned buildings or vehicles, on school owned property, and during school-related student trips.

Also recommend adding:
Specific language from the "Visitors to the Schools" policy (10.5) into "School Facilities: Rental Application and Contract" (05.31).

"Prohibit the use of unregulated high-tech smoking devices, commonly referred to as electronic cigarettes or "e-cigarettes." These products closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system."

American Academy of Pediatrics Policy Statement

The American Academy of Pediatrics (AAP) Committee on Substance Abuse recommends that "Recommendations for eliminating SHS exposure and reducing tobacco use include attaining universal (1) smoke-free home, car, school, work, and play environments, both inside and outside, (2) treatment of tobacco use and dependence through employer, insurance, state, and federal supports, (3) implementation and enforcement of evidence-based tobacco-control measures in local, state, national, and international jurisdictions, and (4) financial and systems support for training in and research of effective ways to prevent and treat tobacco use and SHS exposure. Pediatricians, their staff and colleagues, and the American Academy of Pediatrics have key responsibilities in tobacco control to promote the health of children, adolescents, and young adults."[35]

Federal Law

Pro-Children Act of 1994

The Pro-Children Act of 1994 prohibits smoking in facilities (in some cases portions of facilities) in which certain federally funded children's services are provided on a routine or regular basis. The provisions apply if funds are being provided through an applicable federal grant, loan, loan guarantee, or contract. (Please refer to Certification below for specifics.)

It is permissible under the law to assess civil money penalties for non-compliance. The civil money penalties may not exceed $1,000 for each day of violations, or exceed the amount of applicable federal funds the recipient receives for the fiscal year.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any sub awards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Assessment and Planning

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available at http://www.cdc.gov/HealthyYouth/HECAT/index.htm.

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. It is an easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: http://www.cdc.gov/healthyyouth/shi/index.htm. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

Fit, Healthy, and Ready to Learn: A School Health Policy Guide National Association of State Boards of Education. It is designed to help state and local decision makers establish effective policies that promote high academic achievement and lifelong health habits. It provides guidance on general school health policies and program development, as well as specific information on physical education program design, safety requirements, food service programs, smoking cessation services, and lifelong sun safety habits. Chapter E: Policies to Encourage Healthy Eating.
http://nasbe.org/index.php?option=com_content&view=article&id=396:fit-healthy-and-ready-to-learn-a-school-health-policy-guide&catid=53:shs-resources&Itemid=372

Frequently Asked Questions

1. What is the definition of a 100% tobacco-free school district?

No student, staff or school visitor (including contracted workers) are permitted to smoke, inhale, dip, or chew tobacco at any time, including non-school hours: in any building, facility, or vehicle owned, leased, rented, or contracted by the school district; on school grounds and at athletic grounds, or parking lots; or at any school sponsored event off campus.

Some school districts have extended this ban by:

- Prohibiting students from possessing tobacco products
- Banning all tobacco promotion and advertising in the school district. This includes prohibiting students from wearing or bringing personal items that promote tobacco – such as bags, lighters, t-shirts, and hats
- Closing the campus so students do not leave during breaks in the school day to use tobacco

2. We are mostly tobacco-free, so what will be gained by going 100% tobacco-free?

- Exposure to secondhand smoke – even a little secondhand smoke – is dangerous. It is a known carcinogen (causes cancer). As little as 30 minutes of exposure to secondhand smoke can affect the coronary arteries of healthy, young nonsmokers. It causes acute and chronic respiratory disease and causes or exacerbates asthma, ear infections and upper respiratory infections – primary causes of school absence.
- Asthma is a major cause of school absenteeism. Reducing secondhand smoke as an asthma trigger will result in reduced absenteeism.
- Positive adult role modeling for students is critical to send a message to our youth that is consistent with the tobacco use prevention curriculum taught in the classroom.
- A 100% tobacco-free school policy will help establish a tobacco-free norm.
- A tobacco-free policy prepares students for the realities of an increasingly tobacco-free world – one where tobacco use is prohibited at worksites, in restaurants, on airplanes, in malls and other places.

3. What are the benefits of offering cessation programs for staff?

Experience shows that employees from school districts adopting a 100% tobacco-free school policy often use this as an opportunity to cut down their tobacco use or quit. This can lead to decreased absences due to tobacco-related illnesses, decreased tobacco related health care costs, and increases productivity. School districts are strongly encouraged to talk with employees about the kinds of support they may need to be successful in quitting, and to consider offering these services and resources. For example, a number of school districts have provided financial support for employees to attend smoking cessation classes. Others have offered financial assistance for nicotine replacement therapy. Resources and support to assist employees in quitting should be provided early in the policy development process so that the staff is prepared when the campus becomes tobacco-free.

Helping tobacco users on staff who want to quit has many health benefits and potential medical cost savings for employees and the school as an employer. The benefits will be well worth the initial investment. It will also make enforcement easier – as most violators of the 100% tobacco-free policy will be people who are addicted to tobacco. Schools can work with voluntary health agencies, hospitals, health departments, Employee Assistance Programs and other community organizations to identify local resources to support employees who use tobacco and wish to quit.

4. Will we risk losing our adult supporters at athletic events?

It is highly unlikely that you will lose adult supporters at athletic events. In fact, research shows that you will likely gain six new supporters for anyone who expresses displeasure. Administrators in school districts that have adopted a 100% tobacco-free policy have noted that the vast majority of adults have willingly complied with the tobacco-free school policy during athletic events. This makes sense, as these adults are school supporters and often have children attending the school. They understand and appreciate that school policies such as those prohibiting tobacco or alcohol use on campus are designed to provide a safe and positive environment for students and families. Furthermore, the expectation that an event or a facility is tobacco-free has become more common in many social situations as we have become more aware of the health risks of secondhand smoke. As malls, movie theaters, restaurants and air travel have become smoke-free, a drop off in patronage has not been seen. The school policy does not require folks to quit using tobacco; it simply asks them to refrain from tobacco use on school property and at school sponsored events.

5. How do we handle the maintenance staff, construction crews and contractors that come on campus and use tobacco?

Much like you would handle enforcement of other policies related to use of certain substances on campus (e.g. alcohol) or certain behavior expectations (e.g. non-violence, no firearms). Clearly communicating the policy to firms and companies that contract with the schools is key. Inform potential contractors of the policy in all interviews, and include a no-tobacco-use clause in all contracts. Include a written statement in the contract that firms or organizations will be charged a cleaning fee if they do not ensure that staff and visitors comply with the policy. In addition, make sure that there is signage on campus communicating the policy.

6. If we develop a 100% policy, how will we enforce it?

Experience has shown that early and frequent communication, such as signage, letters home, information in event programs, and announcements during outdoor athletic events, is the key to successfully enforcing the policy.

We encourage school districts to develop enforcement procedures for the tobacco use policy just as they would for any other policy. A detailed, comprehensive enforcement plan will allow for easier acceptance of the policy and fewer violations. A comprehensive enforcement plan for students, staff and visitors will include the following:

- Consequences for violating the policy;
- Details on how the policy will be enforced (for example: teachers will monitor areas where students gather; school resource officers will patrol stands at athletic events);

- The people who will have responsibility for enforcement;
- Training provided to enforcement personnel; and
- A process for handling complaints and other issues.

School districts that have implemented a tobacco-free school policy offer the following suggestions to enhance enforcement:

- Be positive. Emphasize that being tobacco-free is in the best educational, health and economic interests of all.
- Clearly communicate the policy using a variety of methods.
- Develop a comprehensive enforcement plan and commit to enforcing the new policy consistently. This will send a strong message about the importance of the policy by those who are enforcing it. Expect some people to "test" whether the policy will be consistently enforced.
- Select an implementation date with significance, such as the start of the new school year.
- Allow sufficient time for people to prepare for implementation. Make sure that tobacco users have time to reduce or quit using tobacco.
- Provide everyone with an opportunity to get involved in implementation and enforcement, including tobacco users, students, volunteers, maintenance workers and others.
- Ask all staff to assist in communicating and ensuring uniform enforcement of the policy. Organize special sessions to train and educate those who will be taking the lead on enforcement.

For strategies for enforcement, visit Kentucky's Tobacco Free School Policy website at www.site.kytobaccofreeschools.com.

7. Some organizations and employers, including hospitals and government offices, have areas for adult tobacco users. Why should our policy be stricter?

Schools are a primary place where our children develop healthy or unhealthy habits. Tobacco-free schools provide the optimal learning and social environment for students, and a healthy working environment for staff.

If tobacco use is allowed on campus, the school is supporting an environment that is inconsistent with the tobacco use prevention messages taught in the classroom by allowing students to view adult role models engaging in unhealthy habits. This also exposes students and other staff members to secondhand smoke.

Resources

Tobacco Prevention and Cessation Program
Kentucky Department for Public Health
http://chfs.ky.gov/dph/mch/hp/tobacco.htm

Local Health Departments
http://chfs.ky.gov/dph/Local+Health+Department.htm

Tobacco-Free Schools Toolkit
www.site.kytobaccofreeschools.com

Campaign for Tobacco-Free Kids
http://www.tobaccofreekids.org

Centers for Disease Control and Prevention,
Tobacco Prevention and Information Source
http://www.cdc.gov/tobacco/index.htm

Americans for Nonsmokers' Rights
http://www.no-smoke.org/

Tobacco Control Legal Consortium
http://www.wmitchell.edu/tobaccolaw/legalupdate.html

Kentucky Tobacco Policy Research Program
(University of Kentucky)
http://www.mc.uky.edu/tobaccopolicy/KentuckyDataReports/default.HTM

Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services
http://www.tobaccopreventionandcontrol.ncdhhs.gov/

Youth Risk Behavior Survey 2009 Centers for Disease Control and Prevention
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Kentucky Department of Education
http://www.education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm

PANTA Plus

Asthma

For the latest
Kentucky Youth Risk Behavior Survey data:

Asthma

Data

- Over ten million U.S. children under 18 years of age (14%) have ever been diagnosed with asthma; almost seven million children (10%) still have asthma.[36]
- Approximately 5 percent of all children had one or more asthma attacks in the previous 12 months.[37]
- Asthma is one of the leading causes of school absenteeism. In 2003, an estimated 12.8 million school days were missed due to asthma among the more than 4 million children who reported at least one asthma attack in the preceding year.[38]
- On average, children missed nearly four (3.7) days of school in the past year because of asthma; when this number of school days missed is applied to the estimated 5.8 million children in this age group with asthma, the survey estimate translates into approximately 21 million school days lost per year due to asthma.[39]
- 11.1 percent of Kentucky children 5 years of age and younger have asthma. (BRFSS, 2006).[40]
- 10.2 percent of Kentucky children between the ages of 6 and 11 have asthma (BRFSS, 2006).[40]
- 11.7 percent of Kentucky middle school students have asthma (YRBS, 2009).[41]
- 9.7 percent of Kentucky high school students have asthma (YRBS, 2009).[42]
- 39.5 percent of children live in a household where someone smokes; 17.6 percent smoke inside the home.[43]

Emerging, Promising and Best Practices

Open Airways for Schools The asthma education program of the American Lung Association (ALA) was developed by Columbia University School of Medicine and has been fully evaluated. The program is a school-based curriculum that educates and empowers children through a fun and interactive approach to asthma self-management. It teaches children with asthma ages 8-11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health. There is an implementation guide (tool kit) for facilitators. Additional information is available by calling the ALA of the Midland States in Louisville at (502) 363-2652 or visiting http://www.lungusa.org/lung-disease/asthma/in-schools/open-airways/open-airways-for-schools-1.html.

Asthma Awareness: Curriculum for the Elementary Classroom This is an asthma curriculum for grades K-6 developed by the National Heart, Lung and Blood Institute. Two, 30-minute lessons can easily be integrated into a regular curriculum. The lessons provide a basic understanding of asthma and how to help someone with asthma, and provide resources to share with parents and family members. Visit the following web site for ordering information: http://www.nhlbi.nih.gov/health/prof/lung/asthma/school/index.htm

Asthma 1-2-3 Asthma 1-2-3 is a one hour in-service program designed to teach basic asthma knowledge to school, child care and other community facility personnel in order to improve the lives of children who are living with asthma. Participants come away with increased knowledge of asthma – its triggers, warning signs and treatment methods. In addition, schools, day-care centers and other facilities are provided with the confidence and knowledge to recognize and respond appropriately to an asthma emergency. Asthma 1-2-3

content strictly adheres to the National Heart, Lung and Blood Institute (NHLBI) guidelines for proper asthma management and is delivered by a Certified Asthma 1-2-3 Facilitator. Facilitator Training and Certification is available to all health educators, nurses or respiratory therapists with advanced training in asthma education who are willing to work with schools and the community to conduct Asthma 1-2-3 in-service presentations. Additional information is available by calling the ALA of the Midland States in Louisville at (502) 363-2652 or visiting http://www.lungusa.org/associations/charters/midland-states/learning-opportunities/patient-family/asthma-education-programs/Asthma-1-2-3.html

National Asthma Training Curriculum This is an asthma training curriculum based on the National Asthma Education and Prevention Program (NAEPP) Expert 2 Guidelines for the Diagnosis and Management of Asthma. It is designed to train school nurses, employees of federal health and environmental agencies, health care providers, and others with a vested interest in controlling asthma. The curriculum provides a basic overview of asthma outlined in six modules including: 1) Pathophysiology and Diagnosis, 2) Asthma Management, 3) Epidemiology, 4) Asthma Surveillance, 5) Asthma Education for the Patient, Provider and the Public, and 6) Administration of Asthma within Public Health. Visit the following web site for ordering information: http://www2a.cdc.gov/tceonline/registration/detailpage.asp?res_id=1006

Initiating Change: Creating Asthma-friendly Schools This toolkit was developed to help advocates at the district and school levels persuade people in their schools and communities--teachers, school nurses, school administrators, school health councils, school business leaders, school board members, community leaders, community asthma coalitions, and parents – of the importance of promoting asthma-friendly schools. The ultimate goal of this toolkit is that it will initiate change in schools or communities so that students with asthma will receive the support they need to fully participate in all school activities. Visit the following website to download a free tool-kit: http://www.cdc.gov/HealthyYouth/asthma/creatingafs/

Asthma Communications Toolkit The purpose of this toolkit is to provide school leaders with a one-stop online resource to obtain information, forms, and templates to communicate about asthma management in schools with staff, parents, the community, and the media. It was created by the American Association of School Administrators and the National School Boards Association. It is available to members and non-members. You do not need to sign in to access the Asthma Communications Toolkit. Visit the following website to access available resources: http://www.aasa.org/asthmatoolkit.aspx

Creating Asthma Friendly Schools in Kentucky: A Resource Guide The Kentucky Department of Education and the Kentucky Respiratory Disease Program created a resource guide for schools in Kentucky seeking to create asthma friendly environments for their students and staff. This guide was modified from a version developed by the Montana Asthma Control Program and includes seven simple steps that can be used to create an asthma friendly school. Visit the following website to view this resource guide: http://chfs.ky.gov/rdp.

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours, laws and regulations for what should be included in vending

machines at school, laws and regulations to restrict smoking on school campuses, and regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses, offering low-fat foods in school cafeterias, removing designated smoking areas from school campuses, and reducing exposure to asthma triggers, such secondhand smoke in schools.

Model Policies

Suggested school health policies for schools to adapt and implement to provide a safe learning environment for students with asthma[43]:

- Each student with asthma should have on file at school a written action plan for managing and treating his/her asthma while at school or school-related activities. The plan should include the student's triggers; medications, doses and times; what to do in an emergency; parent/guardian contact information, including cell phone numbers; and permission from the parent/guardian and physician for the student's asthma medications.
- Students with asthma should be allowed to self-carry asthma medications and to self-administer those medications in the event of an episode or attack (in accordance with KRS 158.834 and KRS 158.836).
- Have an emergency procedure policy in place in the event that a student has an asthma episode or attack.
- Provide a full-time registered nurse all day, every day for each school.
- Educate school administrators, faculty and staff on asthma, asthma triggers, asthma management and emergency procedures in the event of an asthma emergency or attack. (The policy should not be to *only* call 911.)
- Allow students to fully participate in physical activities (PE class and recess) when well. Students should have access to medications before and during activity if needed (see above policy recommendation).
- Prohibit tobacco use at all times, on all school property, in any school transportation, and at any school-sponsored events. Implement and enforce 100 percent smoke-free campus policies.
- Mitigate all asthma triggers, including humidity, mold, dust/dust mites, cockroaches, live animals (animal dander) and secondhand smoke.
- Implement the Tools for Schools toolkit, an EPA program that helps schools target and address indoor air quality issues.

American Academy of Pediatrics Policy Statements (excerpts)

The American Academy of Pediatrics Committees on School Health and Environmental Health have issued several policy statements directly related to the care of students and staff with asthma. Below are highlights from these policy statements.

Medications administered or taken while at school should require written statements from the parent and physician. For students that self medicate, the school should not be held responsible for ensuring that medication is taken. Parents must provide the medication, labeled containers, and medical devices. Parents are also responsible for maintenance of the medication and devices. Protocols for therapy administered at school should be established.[44]

All school nurses should be educated in emergency care, to include use of metered-dose inhalers and nebulizers. Individual emergency care plans should be in place for students and staff members with health conditions that may cause emergencies.[45]

Children's exposure to diesel exhaust should be minimized; idling of diesel vehicles in places where children congregate should be minimized. Schools should pursue programs to fund conversion of diesel school buses to cleaner alternative fuels and technologies.[46]

Additionally, the Committee on Substance Abuse recommends that "schools, child care programs, and other places frequented by children maintain a tobac-

co-free environment."[47]

State and Federal Laws

State Laws

158.834 Self-administration of medications by students with asthma or anaphylaxis - Authorization -- Written statement -- Acknowledgment of liability limitation -- Duration of permission.

(1) The board of each local public school district and the governing body of each private and parochial school or school district shall permit the self-administration of medications by a student with asthma or by a student who is at risk of having anaphylaxis if the student's parent or guardian:

(a) Provides written authorization for self-administration to the school; and

(b) Provides a written statement from the student's health care practitioner that the student has asthma or is at risk of having anaphylaxis and has been instructed in self-administration of the student's prescribed medications to treat asthma or anaphylaxis. The statement shall also contain the following information:

1. The name and purpose of the medications;
2. The prescribed dosage;
3. The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered; and
4. The length of time for which the medications are prescribed.

(2) The statements required in subsection (1) of this section shall be kept on file in the office of the school nurse or school administrator.

(3)The school district or the governing body of each private and parochial school or school district shall inform the parent or guardian of the student that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of his or her medications to treat asthma or anaphylaxis. The parent or guardian of the student shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self-administration of medications used to treat asthma or anaphylaxis. Nothing in this subsection shall be construed to relieve liability of the school or its employees for negligence.

(4)The permission for self-administration of medications shall be effective for the school year in which it is granted and shall he renewed each following school year upon fulfilling the requirements of subsections (1) to (3) of this section.
Effective: April 21, 2004
History: Amended 2004 Ky. Acts ch. 132, sec. 6, effective April 21, 2004. -- Created 2002 Ky. Acts ch. 50, sec. 3, effective July 15, 2002.

158.836 Possession and use of asthma or anaphylaxis medications.

Upon fulfilling the requirements of KRS 158.834, a student with asthma or a student who is at risk of having anaphylaxis may possess and use medications to treat the asthma or anaphylaxis when at school, at a school-sponsored activity, under the supervision of school personnel, or before and after normal school activities while on school properties including school-sponsored child care or after-school programs.
Effective: April 21, 2004
History: Amended 2004 Ky. Acts ch. 132, sec. 7, effective April 21, 2004. -- Created 2002 Ky. Acts ch. 50, sec. 4, effective July 15, 2002.

Federal Laws

Section 504 of the Rehabilitation Act of 1973: Forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services. Section 504 regulations require that schools follow procedures to safeguard the rights of parents, students, and school employees and ensure that decisions and their implementation regarding a child's needs are fair and appropriate.

Title II, Americans with Disabilities Act of 1990: is a civil rights law written to protect all individuals, adults and children, with any disability, "physical" or "mental."

The law is written to provide all individuals access to federally funded facilities and programs, including public schools. The law states that any child who has an "impairment that substantially limits one or more major life activities" is covered. Attending school can be regarded as a "major life activity" for a child. Asthma can interfere with the child's ability to participate in school. In school, a safe environment must be provided where triggers are eliminated or minimized and medications are allowed for children with asthma.

Pro-Children Act of 1994: Prohibits smoking in facilities where federally-funded children's services are provided on a regular basis. The law applies to virtually all public elementary and secondary education and library facilities. It also applies to facilities used for Head Start, WIC and certain health care services for children.

Pro-Children Act of 2001: The Pro-Children Act of 2001 is the same as the Pro-Children Act of 1994 except that a civil penalty has been added for violation. Under the new act, a person who commits the violation (allows smoking in facilities where federally-funded children's services are provided on a regular basis) may be liable for a civil penalty in an amount not to exceed $1,000 for each violation. Each day a violation continues constitutes a separate violation.

Asthmatic School Children's Treatment and Health Management Act of 2004: Preference for federal funding will be given to states that allow students to self-administer medication for asthma and anaphylaxis. Specifically, the state must require that each public elementary school and secondary school will grant any student in school authorization to self administer medication for asthma or anaphylaxis if the following are met:

1. A health care provider prescribed the medication to be taken during school hours and has instructed the student on correct use of the medication,
2. Student demonstrates to the health care provider and school nurse that they know how to use the medication and any device related to delivery of the medication,
3. The health care provider and the student develop a written management and treatment plan for school,
4. The student's parent/guardian have submitted the required documentation to the school.

Additionally, the student must be allowed to carry and use the medication while in school, at a school-sponsored activity, and/or while in transit to or from school or school-sponsored activities. The authorization for the student to possess and self administer the medication must be effective for the school year and renewable each subsequent school year with appropriate documentation.

Assessment and Planning

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils American Cancer Society This guide is designed to assist school districts in developing new school health councils, strengthening existing councils and maintaining them as effective entities that can support and guide school health practices, programs and policies. The guide includes a CD-ROM that facilitates customizing worksheets and other materials. Web site: http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf

School Health Index Centers for Disease Control and Prevention (CDC). - Easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. A new interactive web version is also available at http://www.cdc.gov/healthyyouth/shi/index.htm. Training and technical assistance is available upon request by contacting the Kentucky Department of Education, Coordinated School Health at (502) 564-2706.

Indoor Air Quality Tools for Schools Kit (re-released) Environmental Protection Agency (EPA). This kit helps schools implement a practical action plan to improve indoor air problems at little or no cost. The kit provides best practices, industry guidelines, sample policies, a sample management plan, and simple activities that can be done by school faculty and staff. The kit is co-sponsored by the American Association of School Administrators, the American Federation of Teachers, the American Lung Association, the Association of School Business Officials International, the Council of Educational Facility Planners International, the Healthy Schools Network, the National Association of School Nurses, the National Education Asso-

ciation-Health Information Network, and the National Environmental Health Association. For more information visit http://www.epa.gov/iaq/schools/

Managing Asthma: A Guide for Schools The National Asthma Education and Prevention Program (NAEPP). This guide was developed in collaboration with the U.S. Department of Health and Human Services, the Office of Safe and Drug-Free Schools, and the U.S. Department of Education. The guide assists schools that are planning or maintaining asthma management programs for students and staff with asthma. The guide provides school personnel with practical ways to help students with asthma go to school each day healthy and ready to learn. For more information contact the NAEPP through the NHLBI Health Information Center at (301)592-8573 or visit http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm.

Students with Chronic Illnesses: Guidance for Families, Schools and Students National Heart, Lung, and Blood Institute. This guidance sheet presents positive actions schools and families can take to address multiple chronic diseases at once using the same action steps. The guidance sheet is brief—a one-page document front and back—and the suggestions given are both practical and low cost. It is designed for possible use as a checklist for those who wish to rate their current level of activity or to monitor progress toward achieving a higher level of activity. http://www.nhlbi.nih.gov/health/public/lung/asthma/guidfam.pdf

Is the Asthma Action Plan Working?—A Tool for School Nurse Assessment This brief assessment tool offers guidance to school nurses in determining how well an asthma action plan is working for a student. It includes information about good asthma control and a checklist of assessment items. This tool can also be used by asthma educators, primary care providers and asthma specialists. This is a joint document of the National Asthma Education and Prevention Program and the National Association of School Nurses. http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf

Schooled in Asthma The American Academy of Pediatrics (AAP) - The AAP received funding through a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) and the Division of Adolescent and School Health (DASH). The Schooled in Asthma project developed, implemented, and is currently evaluating a training program encouraging pediatricians to incorporate school health concepts with current asthma treatment guidelines. In part, it encourages the use of Asthma Management Plans as well as increasing communication between school personnel and pediatricians. This program also encourages the participation of pediatricians in chapter level projects surrounding school health and asthma issues. For more information about project goals, objectives, and expected outcomes, please visit this website: http://www.aap.org/schooledinasthma/

School Tools - Allergy & Asthma Resources for Professionals American Academy of Allergy, Asthma, and Immunology (AAAAI) - The AAAAI's School Tools library includes information for both a clinical and management overview of several allergy and asthma topics, particularly in relation to the school setting. It provides resources to keep children with allergic disease safe in school environments. Materials are updated frequently -- be sure to check back for the most current resources.
Website: https://www.aaaai.org/professionals/school_tools.stm

Healthy School Environments Assessment Tool version 2 (HealthySEATv2) Environmental Protection Agency (EPA). This software tool was developed through a collaborative effort between the Ohio Department of Health and the EPA to help school districts evaluate and manage their school facilities for key environmental, safety and health issues. The HealthySEAT tool can be customized and used by district-level staff to conduct voluntary self assessments

of schools and other facilities, and allow staff to track and manage information on environmental conditions school by school. The tool is available for download from the EPA website at no cost. Once it is downloaded, staff can customize and use it as necessary and appropriate. For more information visit: http://www.epa.gov/schools/healthyseat/index.html.

Managing Asthma in Schools – What have we learned? Journal of School Health. -This special issue of the American School Health Association's Journal of School Health features more than 25 research articles, brief reports, and case studies that cover a range of activities, such as asthma education programs for students and staff members, asthma-related health services, and policy changes. It includes an up-to-date list of resources for school-based asthma programs. Five key lessons for successful school-based asthma programs emerged from the research and case study findings:

- Establish strong links with asthma care clinicians to ensure appropriate and ongoing medical care.
- Target students who are the most affected by asthma at school to identify and intervene with those in greatest need.
- Get administrative buy-in and build a team of enthusiastic people, including a full-time school nurse, to support the program.
- Use a coordinated multi-component and collaborative approach that includes school nursing services, asthma education for students and professional development for school staff.
- Support evaluation of school-based programs and use adequate and appropriate outcome measures.

For a link to a free copy of the special issue, visit http://www.cdc.gov/HealthyYouth/asthma/josh/

What if students with asthma medications share their medicines with other students?
Students and staff should be aware that it could be dangerous if other students share their medicines. Students and parents should understand that allowing the student to carry their medications is a privilege that can be taken away.

Frequently Asked Questions

If a student is having an asthma attack, shouldn't we just call 911?
No. Each student with asthma should have an emergency plan in response to an asthma attack. This may include medication the student needs, who should be contacted (i.e. parent/guardian, physician), and if/when the student needs to go to the emergency room.

Can kids with asthma play sports and participate in physical education classes?
Yes. Students with well managed asthma can participate in sports and other physical activities.

What types of triggers can be found in schools?
Common triggers in schools include mold, secondhand smoke, anything with strong odors such as candles or potpourri, pets in the classroom, and pests such as cockroaches.

What if teachers think that having classroom pets is an important learning experience for students and restrict students with asthma from handling the animals?
Dander from animals can become airborne and settle on furniture and students. This is what can cause an asthma attack, even if the student doesn't handle the animal. Dander is also difficult to remove and can be present in the environment for several months after the animal is removed.

Resources

Allergy and Asthma Foundation of America: www.aafa.org

Allergy & Asthma Network Mothers of Asthmatics: www.aanma.org/faqs/asthma

American Academy of Allergy Asthma and Immunology: www.aaaai.org

American Academy of Pediatrics (AAP): www.aap.org

American Association of School Administrators: www.aasa.org

American Lung Association: www.lungusa.org

American Lung Association of the Midland States: www.midlandlung.org

Centers for Disease Control and Prevention: www.cdc.gov/asthma

Environmental Protection Agency: www.epa.gov/asthma/index.html

Family Asthma Guide in English and Spanish: www.childrenshealthfund.org/publications/family-asthma-guide

Kentucky Respiratory Disease Program: www.chfs.ky.gov/rdp

Managing Asthma Triggers is a National Association of School Nurses continuing education program: http://www.nasn.org/Portals/0/education/flyermat.pdf

National Asthma Education and Prevention Program: www.nhlbi.nih.gov/about/naepp/

National Heart, Lung and Blood Institute (NHLBI): www.nhlbi.nih.gov

2009 State Plan for Addressing Asthma in Kentucky: www.chfs.ky.gov/rdp

American Academy of Pediatrics Schooled in Asthma: www.aap.org/schooledinasthma/

Asthma and Physical Activity in the School: www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.pdf.

EPA Managing Asthma in the School Environment www.epa.gov/asthma/publications.html.

How Asthma-Friendly Is Your School? www.nhlbi.nih.gov/health/public/lung/asthma/friendhi.htm

Kentucky State Plan for Addressing Asthma in Kentucky: www.chfs.ky.gov/rdp

Kentucky School Board Association, Model Policies on School Health, Dara Bass, Director of Policy and Procedure Services, 1-800-372-2962, Ext. 220

Strategies for Addressing Asthma within a Coordinated School Health Program: This document recommends six strategies for schools to consider when addressing asthma within a coordinated school health program. The six strategies are:

- Establish management and support systems for asthma-friendly schools.
- Provide appropriate school health and mental health services for students with asthma.
- Provide asthma education and awareness programs for students and school staff.
- Provide a safe and healthy school environment to reduce asthma triggers.
- Provide safe, enjoyable physical education and activity opportunities for students with asthma.

- Coordinate school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

For more information or to request copies of **Strategies for Addressing Asthma within a Coordinated School Health Program**, contact CDC's Division of Adolescent and School Health at 1-888-231-6405, by email at HealthyYouth@cdc.gov, or visit www.cdc.gov/healthyyouth/asthma/index.htm

Students with Chronic Illnesses: Guidance for Families, Schools and Students:
www.nhlbi.nih.gov/health/public/lung/asthma/guidfam.pdf

Suggested Emergency Protocol for Students with Asthma Symptoms:
http://www.nhlbi.nih.gov/health/prof/lung/asthma/sch-emer-protocol.htm

PANTA Plus

Alcohol and Other Drug Use

For the latest
Kentucky Youth Risk Behavior Survey data:

2009 Kentucky Youth Risk Behavior Survey (YRBS)

ALCOHOL & DRUG USE
High School Fact Sheet

Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.[1] Kentucky students seem to experiment with alcohol and drugs early in life with 9.2% having tried marijuana before age 13 and 21.7% having drank alcohol before age 13.

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/alcohol-drug/index.htm. Retrieved 7/28/08.*

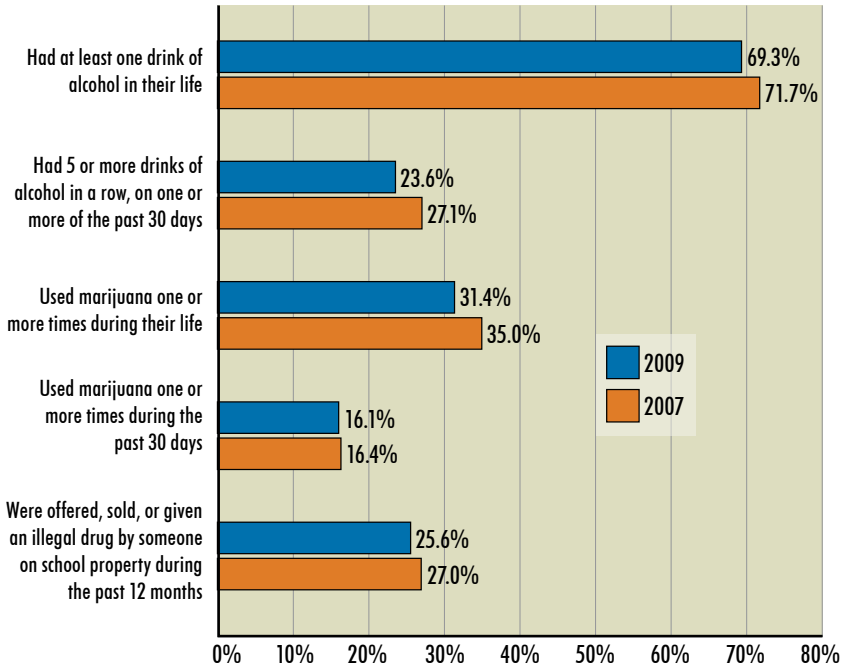
The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

Youth Disproportionately at Risk

- Among students who report current alcohol use, females (48.5%) were more likely than males (30.3%) to have gotten the alcohol they drank from someone who gave it to them during the past 30 days
- Males (19.6%) were more likely than females (12.5%) to have used marijuana one or more times during the past 30 days

Alcohol & Drug Use in Kentucky

The following graph represents the alcohol and drug use behaviors of high school students in 2007 and 2009. *Please note that none of the data represent statistically significant changes.*



For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

2009 Kentucky Youth Risk Behavior Survey (YRBS)

Middle School Fact Sheet

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.[1]

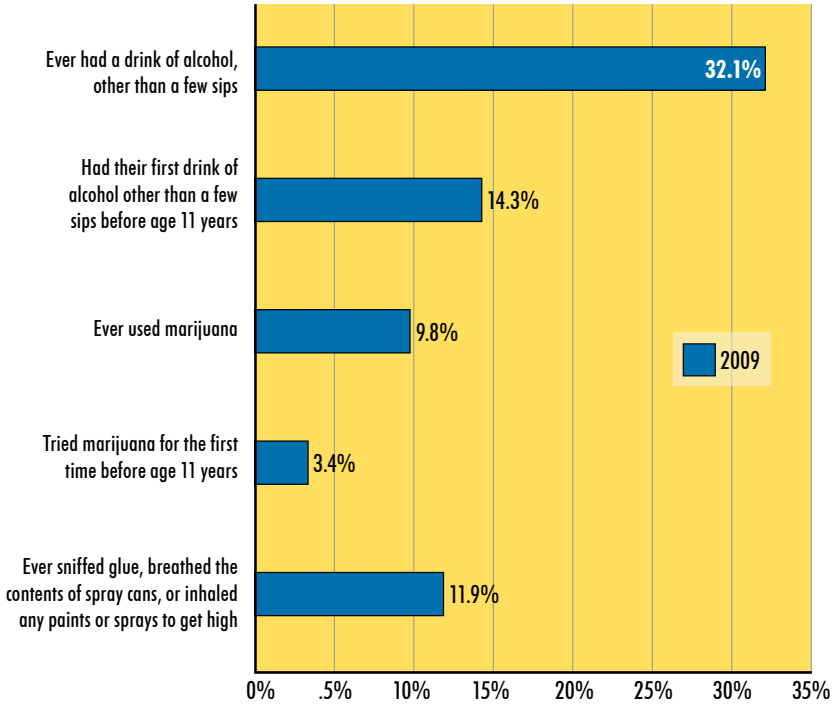
[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm. Retrieved 7/9/09.*

Youth Disproportionately at Risk

Unlike among high school students, there are no populations identified as youth disproportionately at risk in the alcohol and other drug questions among middle school students. There may be certain individual students at higher risk.

Alcohol & Drug Use in Kentucky

The following graph represents the alcohol and drug use behaviors of middle school students in 2009. No comparison data is available.



For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Alcohol and Other Drug Use

Data

In addition to the Youth Risk Behavior Survey as shown on the previous two pages, the Kentucky Incentives for Prevention (KIP) Survey is conducted during even-numbered years. Students in grades 6, 8, 10 and 12 are asked to complete a survey used for research purposes only. Their responses to the survey are compiled to provide information to school districts about students' use of tobacco, alcohol, and other drugs.
http://www.reachoflouisville.com/kip.htm

Emerging, Promising and Best Practices

Elementary, middle, and high schools have become important arenas for educational programs in the field of substance abuse prevention, but these institutions also can serve a significant role in the early identification of students in need of professional substance abuse treatment.

While prevention curricula are only one element of a comprehensive, community-wide prevention strategy, schools should choose programs that have been shown to be effective even if in the short-term. With limited funds and time, schools cannot afford to provide programs that have not been evaluated or shown to be effective.

School-based prevention programs are an important element of a comprehensive approach to combat the increasing problem of alcohol, tobacco, and other drug (ATOD) use among youth. In 1998, the U.S. Department of Education identified four principles of effectiveness that would govern the use of all grant funds from the Safe and Drug-Free Schools and Communities Act. These principles required all funded ATOD programs to conduct a thorough needs assessment, set measurable goals and objectives, use effective research-based programs, and evaluate progress toward meeting goals on a periodic basis. The Kentucky Governor's Youth Substance Abuse Prevention Initiative recommends the implementation of science-based practices and programs, and encourages widespread public/private collaboration in prevention activities.

Botvin LifeSkills Training Botvin LifeSkills Training (LST) is a school-based substance abuse prevention program for elementary, middle and high school students proven to help students develop the essential skills found to significantly reduce tobacco, alcohol, drug abuse and violence. LST promotes healthy alternatives to risky behavior.
http://www.lifeskillstraining.com/index.php

Project ALERT Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, marijuana, and inhalants, the substances teens are most likely to use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youth who are already experimenting from becoming more regular users or abusers. The program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug influences.
http://www.projectalert.com/

Project Towards No Drug Abuse Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. Project TND focuses on three factors that predict tobacco, alcohol, and other drug use, including:

- Motivation factors (i.e., students' attitudes, beliefs, expectations, and desires regarding drug use);
- Skills (social, self-control, and coping skills); and
- Decision-making (i.e., how to make decisions that lead to health-promoting behaviors)

It is packaged in 12 40-minute interactive sessions to be taught by teachers or health educators.
http://tnd.usc.edu

STARS for Families - Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years.

STARS for Families consists of three primary strategies:

- **Health care Consultation** – A nurse or other health care provider delivers a brief (20 minute) annual health consultation concerning how to avoid alcohol use.
- **Key Facts Postcards** – Ten Key Facts postcards are mailed to parents or guardians in sets of 1 to 2 per week for 5 to 10 weeks. The cards tell parents what they can say to their children to help them avoid alcohol.
- **Family Take-Home Lessons** – Parents and guardians are provided with four weekly take-home prevention activities they can complete with their children and return. Unlike most existing programs that consist of several weeks of classroom lessons, the STARS for Families program uses very brief, potentially cost-effective strategies. These strategies can be implemented within schools, health clinics, youth organizations, worksites, families, religious organizations and communities using little time and causing minimal organizational disruption. http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=43

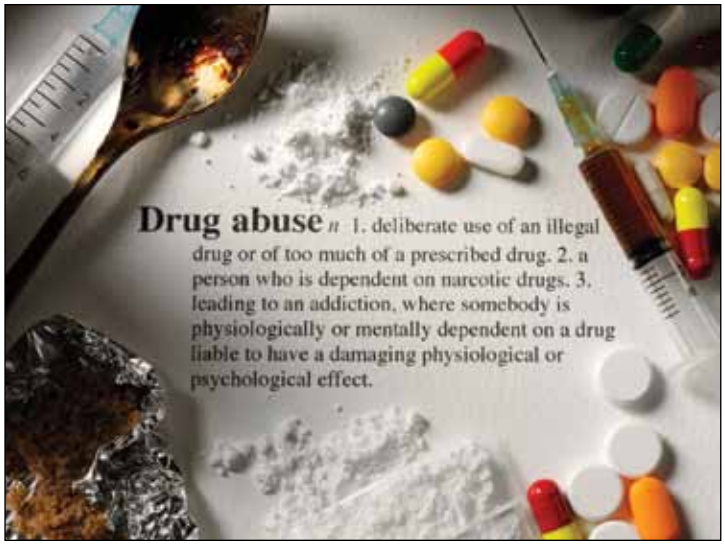
Policy and Environmental Change

Schools can play a crucial role in changing alcohol and drug use norms in Kentucky. Given that community norms, or standards, are influenced by public and private policies, media messages, and public opinion, schools can adopt and enforce policies and mold public opinion that denormalizes alcohol and drug use. School-based decision making councils and school administration need to evaluate not only whether they provide research-based alcohol, tobacco and other drugs (ATOD) curricula, but also if the curricula are being properly implemented in a consistent and ongoing manner. It is not merely enough for schools to purchase ATOD curricula, but they must train and coach the staff charged with implementing the curricula.

In addition to ATOD curricula, schools can adopt and enforce stringent anti-drug policies including tobacco-free environments. School policies that are inconsistently enforced or not enforced at all send a mixed message that ATOD use is socially acceptable. Schools that adopt drug-free policies send a powerful message to students, parents, staff, and the community that school leaders view ATOD prevention as important and that they actively discourage tobacco use. The National Association of State Boards of Education recommends that school policies:

- define the purpose and goals of ATOD prevention efforts;
- link effective prevention education to a strictly enforced drug and alcohol-free environment;
- address staff and visitors as well as students;
- identify strategies to help students and staff overcome addiction; and
- promote coordination among all members of the school community

The link between ATOD curricula and strictly enforced drug-free policies sends a consistent message that clearly discourages ATOD use. It is important that school personnel and prevention professionals work together to adopt research-based ATOD curricula and complementary school policies to discourage ATOD use in communities across the Commonwealth.



Kentucky School Board Association Model Policy Template 09.423

Drugs, Alcohol and Other Prohibited Substances

No pupil shall purchase, possess, attempt to possess, use, be under the influence of, sell, or transfer any of the following on or about school property, at any location of a school sponsored activity, or en route to or from school or a school sponsored activity:

- Alcoholic beverages;
- Controlled substances, prohibited drugs and

substances and drug paraphernalia; and

- Substances that "look like" a controlled substance. In instances involving lookalike substances, there must be evidence of the student's intent to pass off the item as a controlled substance.

In addition, students shall not possess prescription drugs for the purpose of sale or distribution.

Definitions

Controlled substance means any substance or immediate precursor listed in Chapter 218A of the Kentucky Revised Statutes or any other substance added by regulation under KRS 218A.010. Prohibited drugs include, but are not limited to, any substance that an individual may not sell, possess, use, distribute or purchase under Federal or Kentucky law.

Prohibited substances include:

- All prescription drugs obtained without authorization, and
- All prohibited substances however taken or used, including but not limited to, inhaling, ingesting, and/or injecting. These include, but are not limited to, prescribed and over-the-counter drugs and prohibited volatile substances as defined in KRS 217.900 that are used or intended for use for an abusive and/or intoxicating purpose.

Authorized Medication

Use of a drug authorized by and administered in accordance with a prescription from a physician or dentist shall not be considered in violation of this policy.

Penalty

Violation of this policy shall constitute reason for disciplinary action including suspension or expulsion from school and suspension or dismissal from athletic teams and/or other school sponsored activities.

Reporting

Employees of the District shall promptly make a report to the local police department, sheriff, or Kentucky State Police, by telephone or otherwise, if they know or have reasonable cause to believe that conduct has occurred which constitutes the use, possession, or sale of controlled substances on the school premises or within one thousand (1,000) feet of school premises, on a school bus, or at a school sponsored or sanctioned event. In addition, when they have reasonable belief that a violation has taken place, Principals shall immediately report to law enforcement officials when an act has occurred on school property or at a school-sponsored function that involves student possession of a controlled substance on school property in violation of the law.

Use of Alcohol, Drugs and Other Prohibited Substances Prevention Program

The Superintendent shall establish a comprehensive and on-going drug free/alcohol free prevention program for all students which shall include notice to students and parents of the following:

1. The dangers of drug/alcohol/substance abuse in the schools;
2. The District's policies and related procedures on drug-free/alcohol-free schools;
3. The requirement for mandatory compliance with the District's established standards of conduct, including those that prohibit use of alcohol, drugs and other controlled and prohibited substances;
4. Information about available drug/alcohol counseling programs and available rehabilitation/student assistance programs; and
5. Penalties that may be imposed upon students for violations of this policy.

American Academy of Pediatrics Policy Statements

The Role of Schools in Combating Illicit Substance Abuse[48]

Disturbingly high levels of illicit drug use remain a problem among American teenagers. As the physical, social, and psychological "home away from home" for most youth, schools naturally assume a primary role in substance abuse education, prevention, and early identification. However, the use of random drug testing on students as a component of drug prevention programs requires additional and more rigorous scientific evaluation. Widespread implementation should await the result of ongoing studies to address the effectiveness of testing and evaluate possible inadvertent harm. If drug testing on students is conducted, it should never be implemented in isolation. A comprehensive assessment and therapeutic management program for

the student who tests positive should be in place before any testing is performed. Schools have the opportunity to work with parents, health care professionals, and community officials to use programs with proven effectiveness, to identify students who show behavioral risks for drug-related problems, and to make referrals to a student's medical home. When use of an illicit substance is detected, schools can foster relationships with established health care experts to assist them. A student undergoing individualized intervention for using illicit substances merits privacy. This requires that awareness of the student's situation be limited to parents, the student's physician, and only those designated school health officials with a need to know. For the purposes of this statement, alcohol, tobacco, and inhalants are not addressed.

Testing for Drugs of Abuse in Children and Adolescents: Addendum—Testing in Schools and at Home[49]

The American Academy of Pediatrics continues to believe that adolescents should not be drug tested without their knowledge and consent. Recent US Supreme Court decisions and market forces have resulted in recommendations for drug testing of adolescents at school and products for parents to use to test adolescents at home. The American Academy of Pediatrics has strong reservations about testing adolescents at school or at home and believes that more research is needed on both safety and efficacy before school-based testing programs are implemented. The American Academy of Pediatrics also believes that more adolescent-specific substance abuse treatment resources are needed to ensure that testing leads to early rehabilitation rather than to punitive measures only.

State and Federal Laws

State Laws

KRS 214.185 Any physician may provide treatment and assessment of a minor age sixteen (16) or older upon the request of such child without the consent of a parent, parents, or guardian of such child.

KRS 222.441 A minor who suffers from alcohol and other drug abuse problems or emotional disturbance from the effects of a family member or legal guardian's alcohol and other drug abuse problem or the parent or

guardian of the minor may give consent to the furnishing of medical care or counseling related to the assessment or treatment of conditions. The consent of the minor shall be valid as if the minor had achieved majority. No person or facility shall incur liability by reason or having made a diagnostic examination or rendered treatment as provided in this section, but the immunity shall not apply to any negligent acts or omissions.

KRS 158.444 Authorizes the Kentucky Department of Education to collaborate with the Center for School Safety to establish and maintain a statewide data collection system by which school districts shall report all incidences of the possession or use of alcohol, prescription drugs, or controlled substances on school property or at school functions. This report includes the number of arrests, the charges, and whether civil damages were pursued by the injured party, the number of suspensions, expulsions, and corporal punishments for these offenses.

Federal Laws

Title IV, Part A, Subpart 1 of the Elementary and Secondary Education Act of 1965 as amended by the No Child Left Behind Act of 2001 Public Law 107-110 is a critical part of a national effort to ensure academic success for all students. Effective July 1, 2002, the SDFSCA State Grants (Subpart 1) program authorizes a variety of activities designed to prevent school violence and youth drug use, and to help schools and communities create safe, disciplined, and drug-free environments that support student academic achievement. The law authorized state formula grants for funding prevention efforts and also provided guidance for state and local programs.

Assessment and Planning

Selecting and Implementing Research-Based Prevention Programs for Your School

Years of extensive research has identified key elements of successful prevention curricula. Research has shown that these elements should be part of a comprehensive strategy in the school, the home, and the community so that young people receive a consistent prevention message. Experts also believe that a comprehensive approach has additional benefits since many of the elements important to drug prevention are also crucial in prevention of other high risk behaviors including violence, sexually transmitted disease, adolescent pregnancy and suicide. It is important to assess the extent to which curricula address these key areas and whether curriculum activities promote necessary skills.

Making the Grade: A Guide to School Drug Prevention Programs identifies the following key elements of effective drug prevention curricula:

- Helps students recognize internal pressures, like wanting to belong to the group, and external pressures, like peer attitudes and advertising that influence them to use alcohol, tobacco, and other drugs;
- Facilitates development of personal, social and refusal skills to resist these pressures;
- Teaches that using alcohol, tobacco, and other drugs is not the norm among teenagers, correcting the misconception that "everyone is doing it," and promoting positive norms through bonding to school and constructive role models;
- Provides developmentally appropriate material and activities, including information about the short-term effects and long-term consequences of alcohol, tobacco, and other drugs;
- Uses interactive teaching techniques, such as role plays, discussions, brainstorming and cooperative learning;
- Actively involves the family and the community, so that prevention strategies are reinforced across settings;
- Includes teacher training and support, in order to assure that curricula are delivered as intended;
- Contains material that is easy for teachers to implement and culturally relevant for students. http://www.drugstrategies.com/makinggrade.html

The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of effective health education curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

http://www.cdc.gov/HealthyYouth/HECAT/index.htm

Kentucky Center for School Safety (KCSS) KDE and Kentucky School Boards Association (KSBA) are collaborating to provide safe school assessments to any school in Kentucky. These assessments provide schools with an independent look at the school's climate and culture as it relates to enhancing the learning environment. Any local school or school district can request a safe school assessment at no cost to the school or district. KCSS will provide or coordinate after-care service once a school determines what areas it wishes to address.
http://www.kysafeschools.org/clear/assessment.htm

Frequently Asked Questions

What does alcohol do to young people?

Studies have shown that drug and alcohol use by youth and young adults increases the risk of both fatal and nonfatal injuries. [50,51,52] Research has also shown that youth who use alcohol before age 15 are five times more likely to become alcohol dependent than adults who begin drinking at age 21.[53] Other consequences of youth ATOD use include increased risky sexual be-

What are the signs of being under the influence of drugs and alcohol in children?

Warning Signs of Childhood Drinking

While the following behaviors may indicate an alcohol or other drug problem, some also reflect normal teenage growing pains. Experts believe that a drinking problem is more likely if you notice several of these signs at the same time, if they occur suddenly, and if some of them are extreme in nature.

- Mood changes: flare-ups of temper, irritability, and defensiveness.
- School problems: poor attendance, low grades, and/or recent displinary action.
- Rebelling against family rules.
- Switching friends along with a reluctance to have you get to know the new friends.
- A "nothing matters" attitude: sloppy appearance, a lack of involvement in former interests and general low energy.
- Finding alcohol in your child's room or backpack, or smelling alcohol on his or her breath.
- Physical or mental problems: memory lapses, poor concentration, bloodshot eyes, lack of coordination or slurred speech.

Leadership to Keep Children Alcohol Free Foundation http://www.alcoholfreechildren.org/info/educators

haviors, poor school performance, and increased risk of suicide and homicide. [54, 55, 56]
http://www.cdc.gov/alcohol/faqs.htm

What is the statewide policy for dealing with students under the influence?

Each school district has a published Discipline Code of Conduct that includes their own district policy for dealing with offenses involving substance abuse, and the consequences for violations. The Kentucky Department of Education provides guidance in the development of codes of conduct, but the ultimate responsibility rests with the local school district. Codes of conduct are published and distributed every school year to parents and students and can be found on local school district websites. The KDE website to find a school district's website:
http://www.education.ky.gov/KDE/About+Schools+and+Districts/Kentuckys+Schools+and+Districts/School+District+Web+Sites.htm

What is a zero tolerance policy?

Zero tolerance policies usually call for immediate expulsion of a student who violates a drug policy. They may alleviate the problem for the school, but not necessarily for the student. If students are uninformed about the risks of drug use and are not assessed for possible abuse/dependency and referred to an intervention or treatment program as needed, there is a high probability that the problem will persist and worsen. Effective school policies must allow for discretion and flexibility; incorporate a range of sanctions that appropriately reflect incident severity, including referrals to intervention and treatment services; clearly define drugs and inappropriate acts; involve the collaboration of stakeholders; build on lessons from early programs; integrate health-education programs; tailor policies to local needs; implement regular program reviews; and be developed as part of broader policies for school safety.

Muir, M.Zero Tolerance Policies: Research Brief, Principals' Partnership. 2004.
http://www.principalpartnership.com/zerotolerance.pdf

Reference: Student Drug Testing: A Component to Kentucky's Approach to Youth Substance Abuse White Paper – April 2006 Office of Drug Control Policy in conjunction with The Student Drug Testing Advisory Council. http://www.kycss.org/clear/pdfs-docs/DrugTestin%20WhitePaper.pdf

Do school districts receive any money to fund prevention efforts?

Every school district in Kentucky currently receives money to fund prevention efforts. The General Assembly allocates state general funds to the Kentucky

Center for School Safety; those funds are then distributed to districts based on their enrollment.

Are there other resources in Kentucky that can help schools with prevention efforts?

Kentucky's Regional Prevention Centers (RPCs) The RPCs assist individuals and groups develop prevention programs that encourage healthy choices about alcohol, tobacco and other drugs. Fifteen centers are set up to serve all counties of the state. Prevention Specialists provide the following services:

- Community Development
- Consultation and Technical Assistance
- Early Intervention Services
- Public Information
- Resource Center
- Training and education

http://dbhdid.ky.gov/dbh/sa_rpc.asp

Kentucky Agency for Substance Abuse Policy (KY-ASAP) KY-ASAP was created by the General Assembly in 2000 to promote the reduction of alcohol, tobacco and other drug use in Kentucky by working with communities to help them identify existing needs and resources. Currently there are 75 local KY-ASAP boards that cover 113 of 120 counties in the Commonwealth. The local boards consist of stakeholders in each county or multi-county jurisdiction. http://odcp.ky.gov/kyasap.htm

C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
A	Do you ever use alcohol/drugs while you are by yourself, ALONE?
F	Do you ever FORGET things you did while using alcohol or drugs?
F	Does your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T	Have you gotten into TROUBLE while you were using alcohol or drugs?

Is there a simple screening instrument to identify drug use?

The CRAFFT (acronym defined below) is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted. http://www.ceasar-boston.org/CRAFFT/selfCRAFFT.php

Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking them the three following opening questions.

During the past 12 months, did you:

- Drink any alcohol (more than a few sips)?
- Smoke any marijuana or hashish?
- Use anything else to get high? "Anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff.

If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question. If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions. The questions should be asked exactly as written.

A score of 2 or more positive items indicates the need for further assessment.

What program is offered by Kentucky's Regional Prevention Centers as an alternative to expulsion or suspension?

Early Intervention Program This program is an alternative to immediate expulsion or any out-of-school suspension for adolescents 12-18 years of age. EIP is designed to change attitudes and future behavior toward alcohol and other drugs. When a student is referred to the program, parents are also requested to attend a 2-3 hour Impact Intervention Class. Information gathered during the program is used to place each

youth into education or to refer him/her for further assessment. Youth referred for education must complete a 12 hour education program. EIP is administered by local Regional Prevention Centers. http://mhmr.ky.gov/providerdirectory/onlineproviderdirectory.aspx

Do Kentucky schools track drug and alcohol incidents?

Local districts report behavior data by law annually to KDE and the Kentucky Center for School Safety collaborates with KDE to create the annual Kentucky Safe School Report. This report publishes an analysis of the safe school incidents in Kentucky schools that result in out-of-school suspension or expulsion. These incidents are reported in the Student Information System and to make this reporting more uniform, a list of law violation definitions was created in 2005 to describe the codes used for any drug or alcohol charge in a school. With two categories, "possession and use", and "distribution", the following substances are tracked: alcohol, marijuana/hashish, hallucinogenics, amphetamines, barbiturates, heroin, cocaine/crack, prescription drugs, inhalants, and other drugs (those not listed above). This report can be accessed on the KCSS website at: http://www.kysafeschools.org/data09.html

Resources

National Registry of Evidence-based Programs & Practices (NREPP) a searchable database of interventions for the prevention and treatment of mental and substance use disorders. http://www.nrepp.samhsa.gov

National Institute on Drug Abuse (NIDA) contains information for parents and teachers, researchers, students and young adults and medical and health professionals concerning drug abuse. The website has K-12 fact sheets and modules. http://www.nida.nih.gov/

National Clearinghouse for Alcohol and Drug Information free drug and alcohol pamphlets mailed to you. http://ncadi.samhsa.gov/

National Institute of Mental Health the largest scientific organization in the world dedicated to research focused on the understanding and treatment of mental illness. NIMH provides free, high-quality brochures. http://www.nimh.nih.gov/index.shtml

Substance Abuse and Mental Health Services Administration helps create prevention prepared communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. http://www.samhsa.gov/prevention

National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides leadership in the national effort to reduce alcohol-related problems. http://www.niaaa.nih.gov/Pages/default.aspx

Office of National Drug Control Policy (ONDCP) ONDCP establishes policies, priorities, and objectives for the Nation's drug control program. http://www.whitehouse.gov/ondcp

Enforcing the Underage Drinking Laws (EUDL) Program EUDL encourages partnerships between law enforcement agencies and underage drinking prevention advocates in all 50 States and the District of Columbia for the purpose of reducing access to and consumption of alcohol by minors. National training and technical assistance is offered to guide States and communities in their efforts. Details about EUDL efforts may be found at the program website, www.udetc.org

Drug-Free Communities (DFC) Grant Program DFC provides the funding necessary for communities to identify and respond to local substance use problems. www.ondcp.gov/dfc

AboveTheInfluence.com this website is a place for teenagers to get facts about drugs and alcohol, to speak out about their experiences, have fun, locate treatment, and learn what to do when a friend or parent uses. http://www.abovetheinfluence.com

Centers for Disease Control and Prevention, Excessive Alcohol Use (CDC) resource for fact sheets, online tools and frequently asked questions. http://www.cdc.gov/alcohol/

PANTA Plus

Dental Health

For the latest
Kentucky Youth Risk Behavior Survey data:

Dental Health

Data

The Surgeon General's report in 2000 describes oral health in the United States as a "silent epidemic of dental and oral diseases." The epidemic of tooth decay is the most common childhood disease affecting children in the United States - occurring five times more often than asthma and seven times more often than hay fever. Oral diseases in children can cause serious health problems and pain.[57]

- More than 51 million school hours are lost each year to dental-related illness.[58]
- An estimated 5 percent of children under 18 have untreated dental problems, but that percentage rises to 39 percent for African American children and 60 percent for Mexican American children.[57]
- Children in poor families have five times more untreated cavities than children in families with higher incomes.[57]
- Approximately 25 percent of children living in poverty enter kindergarten without ever having seen a dentist.[57]
- Dental caries affects over 50 percent of youths ages 5-17. [57]

Lack of dental coverage, access and transportation are three of the primary barriers for Kentucky children not receiving oral health care. Some 23 million children in the U.S. have no dental coverage.[57]

Dental disease and inadequate receipt of dental care remain significant problems for children in Medicaid. Nationally representative survey data from 1999 through 2004 indicate that about one in three children aged 2 through 18 in Medicaid had untreated tooth decay, and one in nine had untreated decay in three or more teeth. Projecting the survey results to the 2005 average monthly Medicaid enrollment of 20.1 million children, we estimate that 6.5 million children aged 2 through 18 in Medicaid had untreated tooth decay. Children in Medicaid remain at higher risk of dental disease compared to children who have private health insurance; children in Medicaid were almost twice as likely to have untreated tooth decay.[59]

Kentucky Data

- About 23% of the high school children and 25% of the middle school children in Kentucky responded that they did not brush their teeth on all seven days of the past week.[60]
- 85% of the high school and 75% of the middle school children in Kentucky reported that they did not floss on all seven days in the past week.[60]
- Close to 30% of high school and 36% of middle school children have not visited the dentist in the past 12 months.[60]
- According to the Kentucky KIDS SMILE program, there are about 4500 three year old children who have experienced toothache.
- From the 2001 oral health survey results:[61]
  - 56.1% had past history of dental caries.
  - 28.5% needed early dental care (within weeks).
  - 3.9 % were in need of urgent dental care (within 24 hours).
  - 28.7 % had an untreated decayed tooth.

Kentucky Smile, developed by University of Kentucky College of Dentistry, is an oral health education manual for use for Cooperative Extension Service Agents in Kentucky. The primary goal of SMILE is to assist Kentucky youth in developing awareness, knowledge, and attitudes that will result in responsible behavior with respect to their dental health. This goal is approached by providing the extension agent with suggested learning activities and relating each activity to a specific program topic and objective.

The overall purpose of this manual is to provide, in a single source, accurate dental health education material for those who do not teach dental health on a regular basis. Extension agents are encouraged to work closely with their community partners such as school teachers, public health departments, libraries, and Homemaker Organizations to help them adapt these activities freely to meet particular needs. http://chfs.ky.gov/NR/rdonlyres/4AF5A991-D6B6-486F-98D6-FDF707E38319/0/smilecurriculum.pdf

Emerging, Promising and Best Practices

Smile Kentucky!, a program through the University of Louisville School of Dentistry, works with school districts to select the schools. The program is two-fold: dental education and treatment. The program runs from August through February at elementary schools in Louisville Metro and surrounding counties.

During the first phase, Smile Kentucky! volunteers visit each school, providing a dental education program to every classroom. On the same day, children in grades three, four and five receive a free dental screening. Local dentists and hygienists provide the screenings. Every child at the school receives a Colgate toothbrush and toothpaste and a Pure Tap water bottle. Teachers receive a dental curriculum, aligned to Program of Studies.

During the second phase, Smile Kentucky! provides free, comprehensive treatment to medically underserved children at the selected schools. From the screenings, the program identifies children who need dental treatment and have no insurance or federal assistance. Those children come to the University of Louisville School of Dentistry on a selected date. Local dentists, hygienists and dental assistants provide the free treatment. http://www.smilekentucky.com/

Smile Smarts! is an oral health curriculum for preschool through grade eight students offering flexible, modular lesson plans, support materials, hands-on classroom demonstrations, student activity sheets, and suggestions for further oral health activities. http://www.ada.org/390.aspx

- Shining Smiles! Grades Preschool–1 (Ages 4–7)
- A Lifetime of Healthy Smiles! Grades 2 & 3 (Ages 7–9)
- Teeth to Treasure! Grades 4–6 (Ages 9–12)
- Watch Your Mouth! Grades 7 & 8 (Ages 12–14)
- **Smile Smarts!** Curriculum |

Open Wide and Trek Inside has several objectives. The first is to help students understand major concepts related to oral health. By focusing on the science of the oral environment, the module goes beyond the traditional "brushing and flossing" curriculum and presents to students the ways science has helped people understand how to take proper care of their mouths and the structures within.

The second objective of the module is to engage students in the nature of science through inquiry. As students ask and answer questions about their mouths, they model the process scientists use to find out more about the natural world.

An additional objective of this module is to encourage students to think in terms of these relationships now and as they grow older, and to use their knowledge of the oral environment to affect positive behaviors that enhance their oral health. http://science-education.nih.gov/supplements/nih2/oral-health/default.htm

Oral Health Modules. The Division of Dental Health, Virginia Department of Health, has developed oral health curriculums for middle, and high school students. The Health Education Standards of Learning (SOLs) for the Virginia Public Schools provide the framework for instruction of the knowledge and skills needed for students to lead healthy lives. The goal of these oral health curriculums is to

educate students about the impact of health behaviors on oral and overall health. http://www.vahealth.org/dental/oralhealtheducation/training.htm

These modules include:

- Keep Your Teeth and Gums Fit for Life
- Diet, Oral Health and Wellness
- Oral Health and Tobacco Use
- Sports/Injury Prevention
- Mouth Jewelry-It's Not as Simple as You Think

Tobacco-Free Together. Master of Public Health students in a health communications course for the second year produced video public service announcements on various tobacco-related topics, including social smoking, cigars, hookahs and chewing tobacco. The PSAs were funded by the University of Florida Area Health Education Centers Program. They were screened on campus and are posted on YouTube. Visit the channel at www.youtube.com/ufahec#play/uploads.

Head Start Dental Curriculum is a teaching guide prepared to assist teachers in conducting dental health lessons that can help Head Start children develop an understanding of the importance of their teeth and of ways to keep a healthy mouth.

The guide contains lesson plans for the following areas:

- Introduction to the Dental Health Program
- Visiting the Dentist
- Awareness of the Mouth
- The Important Functions of the Mouth
- The Importance of Keeping Teeth and Gums Clean
- Tooth brushing
- The Importance of Fluoride and Sealants
- Wise Food Choices for a Healthy Mouth
- Keeping Teeth Safe
- Reinforcement Activities for Dental Health

http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=ED395680&ERICExtSearch_SearchType_0=no&accno=ED395680

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

The Dental Health Foundation created a guidebook to address oral health in schools. This guide is a comprehensive approach to oral health education policy in schools. It is a helpful tool for school board members and superintendents to develop local polices to address oral health in their schools. Worksheets provide a tool for assisting in developing oral health policies. http://www.dentalhealthfoundation.org/advocacy/school-policy-framework

School-based oral health services can help make preventive services such as fluoride and dental sealants accessible to children from families with low incomes. Services should include screening, referral, and case management to ensure the timely receipt of dental care from community practitioners.[62] Good oral health is essential for students to learn and oral health affects the overall health of students. Oral health also impacts schools with a high number of students reporting oral health problems or missing school for oral-related illnesses. Oral health policies and programs can assist Kentucky's children by developing a comprehensive approach to addressing oral health issues in schools.

- Nationally more than 1.6 million days of school time are lost every year because of oral-related illnesses such as tooth decay or injury to the mouth.[63]

- School absences for oral illness or treatment cost school districts approximately $28.8 million per year.[64]
- Children with severe untreated dental decay often are in pain, can't sleep at night, can't concentrate and get poor grades. [65]
- Children who have a toothache when they take tests are unlikely to score as well as children who are not distracted by pain.[66]
- When children's acute oral health problems are treated and they are not experiencing pain, their learning and school attendance records improve.[67]

Beginning in the 2010-11 school year, Kentucky law, KRS 156.160 (i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant no later than January 1 of that year.

In addition, the American Academy of Pediatric Dentistry provides guidance for policies on prevention programs, sweetened beverages, nutrition, vending policies, tobacco, mouthguards and the practice of intraoral/perioral piercing and tongue splitting. These policies are outlined in the following section.

Policy Statements by the American Academy of Pediatric Dentistry

The following policies are supported by the American Academy of Pediatric Dentistry (AAPD).

1. Advocates interaction with early prevention programs, schools, early childhood education and child care programs, members of the medical and dental communities, and other public and private community agencies to ensure awareness of age-specific oral health issues.[68]
2. Encourages collaboration with other dental and medical organizations, governmental agencies, education officials, parent and consumer groups, and corporations to increase public awareness of the negative effects of frequent and/or inappropriate intake of sweetened drinks (carbonated and noncarbonated) and low nutrient dense snack foods on infant, child and adolescent oral health, nutrition and general health.[69]
3. Opposes any arrangements that may decrease access to healthy nutritional choices for children and adolescents; [769]
4. Encourages school officials and parent groups to consider the importance of maintaining health choices in vending machines in schools and encourages the promotion of food and beverages of high nutritional value; bottled water and other more healthy choices should be available instead of soft drinks; [69]
5. Promotes educating and informing the public about the importance of good oral hygiene and nutritional habits as they pertain to consumption of items available in vending machines.[69]
6. Educating the public about other health risks associated with excess consumption of simple carbohydrates, fat, saturated fat and sodium.[70]
7. Opposes the use of all forms of tobacco including cigarettes, pipes, cigars, and smokeless tobacco and alternative nicotine delivery systems (ANDS), such as tobacco lozenges, nicotine water, nicotine lollipops, or "heated tobacco" cigarette substitutes.[71]
8. Continuation of preventive practices instituted in youth, high school and college football, lacrosse and ice hockey.[72]
9. For youth participating in organized baseball and softball activities, an American Society for Testing and Materials-certified face protector be required (according to the playing rules of the sport).[72]

10. Mandating the use of properly-fitted mouthguards in other organized sporting activities with risk of orofacial injury.[72]
11. Prior to initiating practices for a sporting season, coaches/administrators of organized sports consult a dentist with expertise in orofacial injuries for recommendations for immediate management of sport-related injuries.[72]
12. Because of its potential for numerous negative sequelae, the American Dental Association opposes the practice of intraoral/perioral piercing and tongue splitting.[72]

Furthermore, the AAPD encourages:

- School health education programs and food services to promote nutrition programs that provide well-balanced and nutrient-dense foods of low caries-rich, in conjunction with encouraging increased levels of physical activity.[70]
- Its members to work with school boards to increase tobacco-free environments for all school facilities, property, vehicles and school events.[71]
- Enact and enforce policies that require school facilities, grounds, and events to be tobacco free.[71]
- Communicate tobacco-use prevention policies to staff, students, parents, and the community.[71]
- Require tobacco-use prevention education for students in grades K–12.[71]

State and Federal Laws

State Laws

KRS 156.160 (i) Beginning 2010-2011 school year, Kentucky law, KRS 156.160 (i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

KRS 211.190 In 1977, the legislature of the Commonwealth of Kentucky passed KRS 211.190, which mandated that all public water supplies that served more than 1500 individuals be fluoridated. From 1977 to 1994, the provisions of the statute were enforced by the Kentucky Cabinet for Natural Resources. In 1994, the Dental Program Administrator began the fluoridation surveillance and enforcement program. KRS 211.190 also establishes surveillance and enforcement provisions as well as penalties for non-compliance.

Assessment and Planning

The Association of State and Territorial Dental Directors (ASTDD) adopted a resolution in 2007 to facilitate integration of oral health into Coordinated School Health Programs. The resolution also provided the impetus for the compilation of existing products and development of new products that will support

efforts of State Dental Directors and local oral health programs, school health and education professionals in promoting the integration of oral health curriculum into the Coordinated School Health Model.
http://www.astdd.org/index.php?template=saoh.html

ASTDD Seven-Step Model The seven-step model includes a core set of information (data) items that all oral health programs should include and a selection of optional information items from which program managers can choose to expand the scope of their needs assessments.
http://www.astdd.org/index.php?template=seven_steps.html

ASTDD Basic Screening Survey for Children Planning and Implementation Packet This packet, which consists of a CD and DVD, includes all the information you will need to plan and conduct a Basic Screening Survey of preschool or school age children. The CD contains the BSS Manual, an examiner training presentation with clinical slides, Epi Info files for data entry and basic analysis, a reference guide for screeners, along with information on the impact of HIPPA and IRB review on oral health surveys.
http://www.astdd.org/basic-screening-survey-tool/#children

Open Wide: Oral Health Training for Health Professionals A series of four self- contained online modules designed to help health and early childhood professionals working in community settings:
http://www.mchoralhealth.org/openwide/index.htm

School-Based Dental Sealant Programs provide sealants to children unlikely to receive them otherwise. Sealants are thin plastic coatings applied to the tiny grooves on the chewing surfaces of the back teeth. This is where most tooth decay in children and teens occurs. Sealants protect the chewing surfaces from decay by keeping germs and pieces of food out. School-based sealant programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by using the percentage of children eligible for federal free or reduced-cost lunch programs. Tooth decay may result in pain and other problems that affect learning in school-age children.
http://jada.ada.org/cgi/content/abstract/140/11/1356

Seal America offers an online manual designed to assist health professionals initiate and implement a school-based dental sealant program to help prevent dental caries in children.
http://www.mchoralhealth.org/Seal/index.html

Bright Futures in Practice: Oral Health—Pocket Guide is designed to help health professionals implement specific oral health guidelines during pregnancy and postpartum, infancy, early childhood, middle childhood, and adolescence. It addresses risk assessment for dental caries, periodontal disease, malocclusion, and injury.
http://www.mchoralhealth.org/pocket.html

Frequently Asked Questions

What should we do for dental emergencies and injuries?

There are a number of simple precautions you can take to avoid accident and injury to your teeth. One way to reduce the chances of damage to your teeth, lips, cheek and tongue is to wear a mouthguard when participating in sports or recreational activities that may pose a risk. Avoid chewing ice, popcorn kernels and hard candy, all of which can crack a tooth. Cut tape using scissors rather than your teeth. Accidents do happen, and knowing what to do when one occurs can mean the difference between saving and losing a tooth.

Bitten Lip or Tongue: Clean the area gently with a cloth and apply cold compresses to reduce any swelling. If the bleeding doesn't stop, go to a hospital emergency room immediately.

Broken Tooth: Rinse your mouth with warm water to clean the area. Use cold compresses on the area to keep any swelling down. Call your dentist immediately.

Jaw-Possibly Broken: Apply cold compresses to control swelling. Go to your dentist or a hospital emergency department immediately.

Knocked Out Tooth: Hold the tooth by the crown and rinse off the root of the tooth in water if it's dirty. Do not scrub it or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn't possible, put the tooth in a cup of milk and get to the dentist as quickly as possible. Remember to take the tooth with you!

Toothache: Rinse your mouth with warm water to clean it out. Gently use dental floss or an interdental cleaner to ensure that there is no food or other debris caught between the teeth. Never put aspirin or any other painkiller against the gums near the aching tooth because it may burn the gum tissue. If the pain persists, contact your dentist.

Should athletes wear mouthguards?

Use a mouthguard during any activity that could result in a blow to the face or mouth. A properly fitted mouthguard can help prevent broken teeth and injuries to the lips, tongue, face or jaw. It will stay in place while you are wearing it, making it easy for you to talk and breath. http://www.ada.org/sections/scienceAndResearch/pdfs/patient_69.pdf

How can oral piercing be bad for your health?

Because your mouth contains millions of bacteria, infection is a common complication of oral piercing. Pain and swelling are other side effects of piercing. Your tongue—a popular piercing site in the mouth—could swell large enough to close off your airway. Piercing also can cause uncontrollable bleeding or nerve damage. The jewelry itself also presents some hazards. You can choke on any studs, barbells or hoops that come loose in your mouth, and contact with the jewelry can chip or crack your teeth.

What are dental sealants?

Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.

What diet is healthy for teeth?

Make sure you eat a balanced diet, including one serving each of: fruits and vegetables, breads and cereals, milk and dairy products, and meat fish and eggs. Limiting the servings of sugars and starches will also aid in protecting your child's teeth from decay. You can also ask your pediatric dentist to help you select foods that protect your children's teeth.

Resources

The National Maternal Health and Child Oral Health Resource Center has numerous publications on oral health. Some publications are free of charge for US orders. http://www.mchoralhealth.org/publications.html

Promoting Oral Health in Schools: A Resource Guide, National Maternal Health and Child Oral Health Resource Center http://www.mchoralhealth.org/PDFs/ResGuideSchoolOH.pdf

Tools developed to assist integration of Oral Health into the CSHP model, ASTDD
http://www.astdd.org/index.php?from_db=1&content_id=206

School-Based Dental Health, The Center for Health and Health Care in Schools
http://www.healthinschools.org/Health-in-Schools/Health-Services/School-Based-Dental-Health.aspx

American Dental Association Classroom Ideas and Resources
http://www.ada.org/387.aspx

Colgate Bright Smiles, Bright Futures
http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp

Make Your Own Toothpaste and Toothpowder
http://mizar5.com/toothpst.htm

Teacher's Dental Health Page
http://www.teachingheart.net/teeth.html

American Dental Association Games and Puzzles
http://www.ada.org/353.aspx and http://www.ada.org/2934.aspx#sheets

My Last Dip Web-Based Smokeless Tobacco Cessation Program
http://mylastdip.com/

Campaign for Tobacco-Free Kids
http://www.tobaccofreekids.org/index.php

PANTA Plus

Injury and Violence Prevention

For the latest
Kentucky Youth Risk Behavior Survey data:

2009 Kentucky Youth Risk Behavior Survey (YRBS)

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

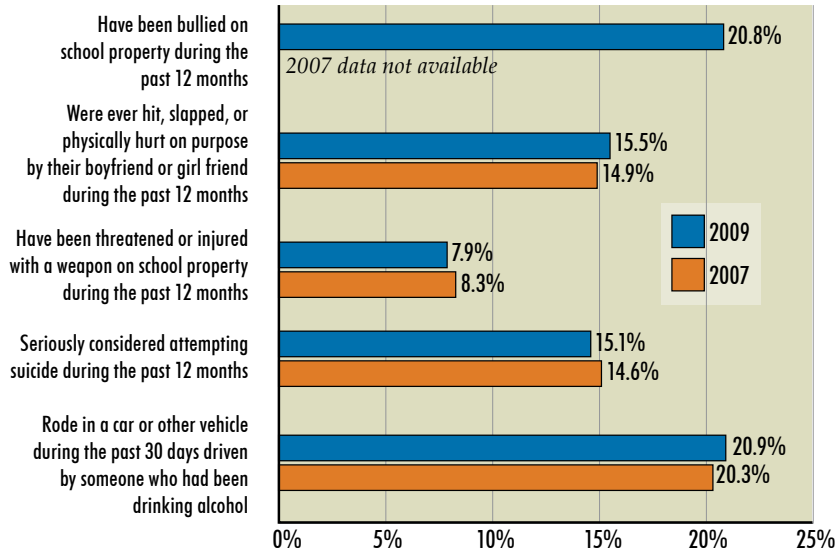
High School Fact Sheet

In the United States, injuries are the leading cause of death and disability for people aged 1 to 44 years. Approximately 72% of all deaths among adolescents aged 10-24 years are attributed to injuries from only four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%). Highly associated with these injuries are adolescent behaviors such as physical fights, carrying weapons, making a suicide plan, and not using seatbelts.[1] The rates of some of these risk behaviors among Kentucky students are fairly high or have even been steadily increasing. Many students rarely or never wear a seatbelt (13.4%), and many students were in a physical fight one or more times during the past 12 months (28.7%). Also, the risk of suicide could become more common with 26.7% of students feeling so sad or hopeless almost everyday for two weeks or more in a row during the past 12 months, that they stopped doing some usual activities.

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/injury/index.htm. Retrieved 7/09/09.*

Injuries & Violence in Kentucky

The following graph represents the injuries and violence of high school students in 2007 and 2009. *Please note that none of the data represent statistically significant changes.*



Youth Disproportionately at Risk

- Males (18.6%) were more likely than females (7.8%) to have never or rarely wore a seat belt when riding in a car driven by someone else
- Males (33.8%) were more likely than females (9.3%) to have carried a weapon such as a gun, knife, or club on one or more of the past 30 days
- Whites (22.5%) were more likely than blacks (10.8%) to have carried a weapon such as a gun, knife, or club on one or more of the past 30 days
- Males (10.3%) were more likely than females (2.5%) to have carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days
- Males (35.6%) were more likely than females (21.7%) to have been in a physical fight one or more times during the past 12 months
- Males (13.8%) were more likely than females (5.1%) to have been in a physical fight on school property one or more times during the past 12 months
- Females (32.1%) were more likely than males (21.7%) to have felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

2009 Kentucky Youth Risk Behavior Survey (YRBS)

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

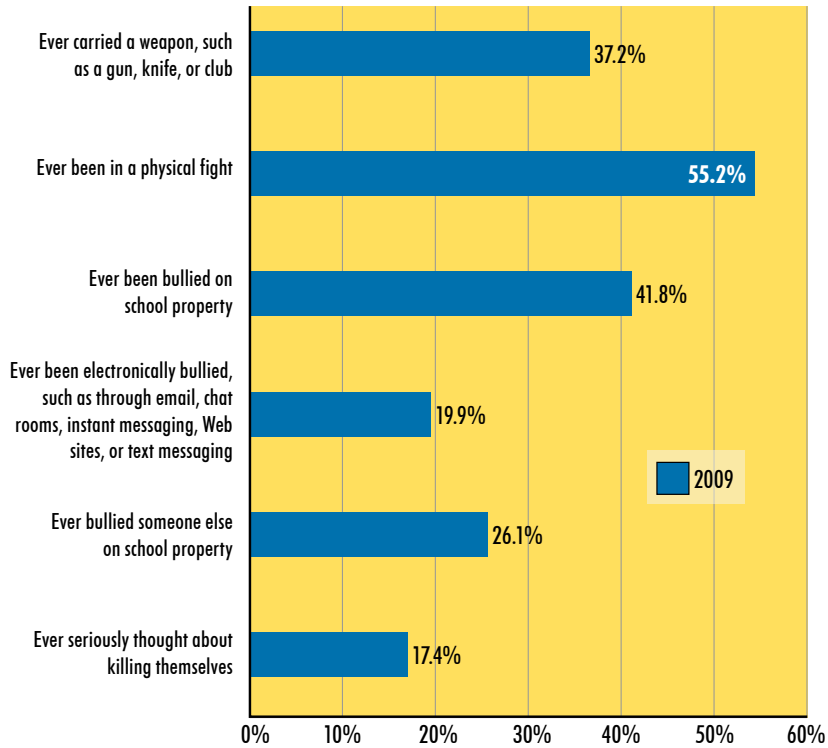
Middle School Fact Sheet

In the United States, injuries are the leading cause of death and disability for people aged 1 to 44 years. Approximately 72% of all deaths among adolescents aged 10-24 years are attributed to injuries from only four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%). Highly associated with these injuries are adolescent behaviors such as physical fights, carrying weapons, making a suicide plan, and not using seatbelts.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/injury/index.htm. Retrieved 7/09/09.*

Injuries & Violence in Kentucky

The following graph represents the injuries and violence of middle school students in 2009. No comparison data is available.



Youth Disproportionately at Risk

- Males (56.5%) were more likely than females (16.3%) to have ever carried a weapon, such as a gun, knife, or club
- Males (70.4%) were more likely than females (38.8%) to have ever been in a physical fight
- Blacks (73.1%) were more likely than whites (53.5%) to have ever been in a physical fight
- Females (28.9%) were more likely than males (11.6%) to have ever been electronically bullied, such as through email, chat rooms, instant messaging, Web sites, or text messaging
- Whites (21.5%) were more likely than blacks (10.4%) to have ever been electronically bullied, such as through email, chat rooms, instant messaging, Web sites, or text messaging
- Females (20.6%) were more likely than males (14.4%) to have ever seriously thought about killing themselves

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+HealthYouth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Injury and Violence Prevention

Data

Though injury and violence are the leading causes of death for Kentucky adolescents, they are also considered to be the most preventable deaths, through programs to increase driving safety, implementing suicide prevention training for middle and high school students and staff, and focus on reducing bullying on school property and online.

- Injuries and violence (including suicide) are the leading causes of death for all Kentucky adolescents. The top three causes of death for Kentucky adolescents ages 10-24 years are attributed to unintentional injuries (57%), suicide (12%) and homicide (8%).[73]
- Motor vehicle crashes accounted for 43.7% of all injury related deaths among 5-17 year old Kentuckians in 2008.[74]
- Between 2004 and 2008, the rate of completed suicide in Kentucky among children and adolescents ages 5 to 17 doubled. [74]
- Nearly 21% of Kentucky high school students reported being bullied on school property during the past 12 months, according to the 2009 Kentucky Youth Risk Behavior Survey (YRBS).[75]

Emerging, Promising and Best Practices

Teen Driving

Alive at 25 Teen Driving Program. Alive at 25 is a 4-hour defensive driving course that focuses on the driving behaviors of teen drivers that put them at risk. In addition, parents can get involved by taking Alive at 25 Parent Program Online. It provides parents with the unique risks and hazards teens face. It's media rich and includes other resources, state links and teen driving laws. http://aliveat25.us

Suicide Prevention

SOS Signs of Suicide® Prevention. SOS is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). Through the use of modeling, youth are taught to recognize the signs of distress, in either themselves or a friend, and to respond effectively. www.mentalhealthscreening.org.

QPR Suicide Prevention Gatekeeping Course. QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Trained gatekeepers learn: to recognize the warning signs of suicide; how to offer hope; how to get help and save a life. For information about suicide prevention trainings or programs, contact the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services at 502.564.4456 or visit the website at http://dbhdid.ky.gov/dbh/kspg.asp.

Columbia University TeenScreen Program. TeenScreen identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. Each teen who chooses to participate completes a 10-minute paper-and-pencil or computerized questionnaire covering anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior. Teens whose responses indicate risk for suicide or other mental health needs participate in a brief clinical interview with an on-site mental health professional. www.teenscreen.org

Coping and Support Training (CAST). CAST is a 6-week skills training prevention program that decreases emotional distress, suicidal behaviors, drug involvement and school problems; and increases personal control and problem-solving coping. www.reconnectingyouth.com

Reconnecting Youth (RY). RY is a peer group approach to building life skills. It is a high-school semester course that helps high-risk youth improve school achievement, mood management/suicidal behaviors, drug use control and more. www.reconnectingyouth.com

For information about suicide prevention trainings or programs, contact the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services at 502.564.4456 or visit the website at http://dbhdid.ky.gov/dbh/kspg.asp.

Bullying/Violence Prevention

Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence (AVB). AVB is a curriculum designed to prevent violence and inappropriate aggression among middle school youth, particularly those living in environments with high rates of exposure to violence. Based on research demonstrating the role of cognitive patterns in mediating aggressive behavior, AVB addresses the differing roles that individuals typically play in promoting or preventing violence. www.thtm.org/special.htm

Al's Pals: Kids Making Healthy Choices. Al's Pals is a school-based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decision-making in children ages 3-8 in preschool, kindergarten, and first grade. http://www.dontletminorsdrink.com/downloads/AlsPals.pdf

Building Assets--Reducing Risks (BARR). BARR is a multifaceted school-based prevention program designed to decrease the incidence of substance abuse (tobacco, alcohol, and other drugs), academic failure, truancy, and disciplinary incidents among 9th-grade youth. http://www.search-institute.org/BARR

CASASTART (Striving Together to Achieve Rewarding Tomorrows). CASASTART is a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old who have a minimum of four identified risk factors. Youth participants may remain in the program up to 2 years. Specific program objectives of CASASTART include reducing drug and alcohol use, reducing involvement in drug trafficking, decreasing associations with delinquent peers, improving school performance, and reducing violent offenses. www.casacolumbia.org

LifeSkills Training (LST). LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence

enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. www.lifeskillstraining.com

Olweus Bullying Prevention Program. The Olweus Bullying Prevention Program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. Program targets are students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. www.olweus.org

Stop Bullying Now! This website from the U.S. Department of Health and Human Services has valuable resources for students, parents, and educators with activities and ideas for individualized campaigns for schools. www.stopbullyingnow.hrsa.gov

Too Good for Violence (TGFV). TGFV is a school-based violence prevention and character education program for students in kindergarten through 12th grade. It is designed to enhance pro-social behaviors and skills and improve protective factors related to conflict and violence.
http://www.mendezfoundation.org/home.php

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

School Safety

Teen Driving

- Discourage use of traditional driver education programs that do not provide adequate behind-the-wheel training
- Encourage use of safety belts
- Discourage use of alcohol
- Discourage distractions when driving (eating, drinking, music, cellular phones)
- Discourage students from driving off campus for lunch

Suicide Prevention

- Develop a comprehensive school crisis plan for working with a student at risk of suicide or suicide attempt
- Train all faculty members in suicide prevention gatekeeping
- Implement an evidence-based suicide prevention program for students
- Be prepared to engage in "postvention"; have a school crisis plan in place for dealing with the suicide death of a student or faculty member
- Discourage alcohol and drug use
- Encourage behavioral health screening as part of routine health maintenance for all age groups
- Advocate for adequate community and private behavioral health resources

Violence/Bullying Prevention

- Implement bullying, cyberbullying and dating violence awareness/prevention programs for teachers, educational administrators, parents and children coupled with adoption of evidence-based prevention programs.

- Advocate for protection of children from exposure to firearms

American Academy of Pediatrics Policy Statements

The Teen Driver[76]

Because motor vehicle crashes pose a major, continuing threat to the health of teenagers, the American Academy of Pediatrics makes several recommendations on teen drivers which include the following:

- Support for strong graduated driver licensing systems
- Work with schools to encourage safety belt use and discourage alcohol use
- Discourage school policies that allow students to drive off campus for lunch
- Support community efforts that encourage safe teenaged driving

Role of the Pediatrician in Youth Violence Prevention[77]

Youth violence continues to be a serious threat to the health of children and adolescents in the United States. In a policy statement issued in July 2009, pediatricians are encouraged to clearly define their role and develop the appropriate skills to address this threat effectively. Pediatricians are encouraged to become familiar with Connected Kids: Safe, Strong, Secure, the American Academy of Pediatrics' primary care violence prevention protocol. As advocates, pediatricians may bring newly developed information regarding key risk factors such as exposure to firearms, teen dating violence, and bullying to the attention of local and national policy makers.

This policy statement asks that practices incorporate:

- preventive education
- screening for risk
- linkages to community-based counseling and treatment resources

Suicide and Suicide Attempts in Adolescents[78]

American Academy of Pediatrics (AAP) issued a clinical report in September 2007, Suicide and Suicide Attempts in Adolescents. Suicide is the third-leading cause of death for adolescents 15 to 19 years old (second in Kentucky). Pediatricians can take steps to help reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic, and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis.

This report encourages health care professionals to utilize suicide-risk screening during acute and routine visits and work closely with families and other health care professionals to ensure good communication, continuity and follow care for at risk youth.

The report stresses the importance of knowledge regarding:

- risk factors,
- appropriate interviewing techniques,
- mood disorders and appropriate treatments
- risks and benefits of antidepressant medication.

State and Federal Laws

State Laws

Teen Driving

KRS 186.450 Kentucky's Graduated Licensing Law: Introduces new drivers to risks and hazards they face behind the wheel gradually, significantly reducing their chance of getting into a motor vehicle crash.

Suicide Prevention

KRS 158.070 Requires principals, guidance counselors, and teachers to complete a minimum of two hours of instruction in suicide prevention each school year.

KRS 156.095 Requires every public middle and high school administrator to disseminate suicide prevention awareness information to all middle and high school students by September 1 of each year.

Bullying/Violence Prevention

KRS 158.156 Requires school staff to report to law enforcement, any violation of a Chapter 508 felony this includes the victim and the offender.

KRS 158.148 Student discipline guidelines and model policy; local code of acceptable behavior and disci-

pline; required contents of code.

KRS 158.150 School Safety and Violence Prevention; Suspension, Expulsion of Pupils.

KRS 158.444 Relating to the safety, learning, and well-being of students; identifies Golden Rule as the model for improving attitude and the rule for conduct for all public school students; require school districts to have plans, policies, and procedures dealing with measures for assisting students who are engaging in disruptive and disorderly behavior.

KRS 510.155 Regarding unlawful use of electronic means originating or received within the Commonwealth to induce a minor to engage in sexual or other prohibited activities.

Federal Laws

Persistently Dangerous Schools: The Unsafe School Choice Option (USCO) (section 9532 of the Elementary and Secondary Education Act (ESEA) of 1965, as amended by the No Child Left Behind Act of 2001) requires that each State receiving funds under the ESEA establish and implement a statewide policy requiring that students attending a persistently dangerous public elementary or secondary school, or students who become victims of a violent criminal offense while in or on the grounds of a public school that they attend, be allowed to attend a safe public school.

Assessment and Planning

KCSS (Safe School Assessments) The Kentucky Center for School Safety (KCSS), Kentucky Department of Education (KDE), and Kentucky School Boards Association (KSBA) are collaborating to provide safe school assessments to any school in Kentucky. The safe school assessment provides the school with an independent look at the school's climate and culture as it relates to enhancing the learning environment. The safe school assessment process involves many aspects, including an examination of the school and recommendations. This also provides the school with a needs assessment that can be used in developing a school safety component of the school's Comprehensive School Improvement Plan. A Safe School Assessment is a service provided by the Kentucky Center for School Safety at no cost to the school or district. http://www.kysafeschools.org/clear/assessment.htm

School Connectedness: Strategies for Increasing Protective Factors Among Youth Students who feel connected to school believe that adults and peers in the school care about their learning as well as about them as individuals. When students feel connected to school, they are less likely to engage in a variety of risk behaviors, including violence and gang involvement. Connected students are also more likely to have higher grades and test scores, have better school attendance, and stay in school longer. This document provides school administrators and teachers with strategies they can use to enhance school connectedness among students. http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. Easy-to-use self-assessment and planning tool that enables school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: http://www.cdc.gov/healthyyouth/shi/index.htm. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

Health Education Curriculum Analysis Tool (HECAT) - Centers for Disease Control and Prevention – Division of Adolescent School Health. This tool can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

http://www.cdc.gov/HealthyYouth/HECAT/index.htm

Frequently Asked Questions

What is a *Persistently Dangerous School?

If a school reports a qualifying number of these incidents of the following violations for three consecutive years, a school is considered "Persistently Dangerous":

The following 2 violations qualify with one or more incidents per year:

- Forcible Rape
- Criminal Homicide

The following 4 violations qualify based on enrollment (a) for a school with fewer than 500 students, five or more incidents in the school year; (b) for a school with 500 or more students, the total number of incidents in the school year represents one percent or more:

- Robbery
- Firearms Violations
- Assault in the first degree
- Assault in the second degree

*Students attending a Persistently Dangerous School have the right to transfer to a safer school; victims of violent crimes have the right to transfer to another school also.

Won't talking about suicide give someone the idea?

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true. Bringing up the subject of suicide and discussing it in an open, sensitive, educational manner is one of the most helpful things you can do. There is no evidence that screening youth for suicide induces suicidal thinking or behavior.

If a person is determined to kill themselves, aren't they going to do it even if someone tries to stop them?

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

People who talk about suicide won't really do it; they just want attention, right?

Almost everyone who dies by suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," or "I can't see any way out" – no matter how casually or jokingly said, may indicate serious suicidal feelings.

Resources

Highway Safety

Kentucky Office of Highway Safety
http://highwaysafety.ky.gov

National Highway Traffic Safety Administration
www.nhtsa.gov

AAA Teen Driving and Safety
http://discover.aaa.com/PGA/TeenDriving

Mothers Against Drunk Driving (MADD)
www.madd.org

Students Against Drunk Driving (SADD)
www.sadd.org

Suicide Prevention

Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities Services
http://dbhdid.ky.gov/dbh/sped.asp

Kentucky Suicide Prevention Group
www.kentuckysuicideprevention.org

American Association of Suicidology
www.suicidology.org

American Foundation for Suicide Prevention
www.afsp.org

Suicide Prevention Resource Center
www.sprc.org

Suicide Prevention Action Network
www.spanusa.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)
www.nrepp.samhsa.gov

Kentucky Community Crisis Response Board
http://kccrb.ky.gov/

Bullying/Violence Prevention

Youth Violence Prevention: Centers for Disease Control and Prevention
www.cdc.gov/ViolencePrevention/index.html

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)
www.nrepp.samhsa.gov

Kentucky Center for Instructional Discipline
www.kycid.org

UCLA School Mental Health Project
http://smhp.psych.ucla.edu/

KY Family Violence Prevention Resources Branch
http://chfs.ky.gov/dcbs/dpp/violenceprevention.htm

KY Domestic Violence Association
www.kdva.org

KY Association of Sexual Assault Programs
http://kyasap.brinkster.net/

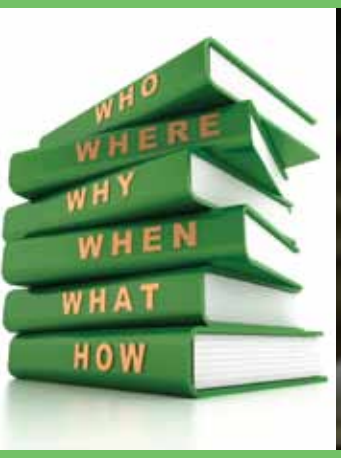
Prevent Child Abuse KY (1-800-CHILDREN)
www.pcaky.org

Kentucky Center for School Safety
www.kysafeschools.org

Make a Difference for Kids, Inc.
http://www.makeadifferenceforkids.org/

PANTA Plus

Sexual Risk Behaviors



For the latest
Kentucky Youth Risk Behavior Survey data:

COORDINATED SCHOOL HEALTH

2009 Kentucky Youth Risk Behavior Survey (YRBS)

The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. The data is collected from students in 9th through 12th grades every two years.

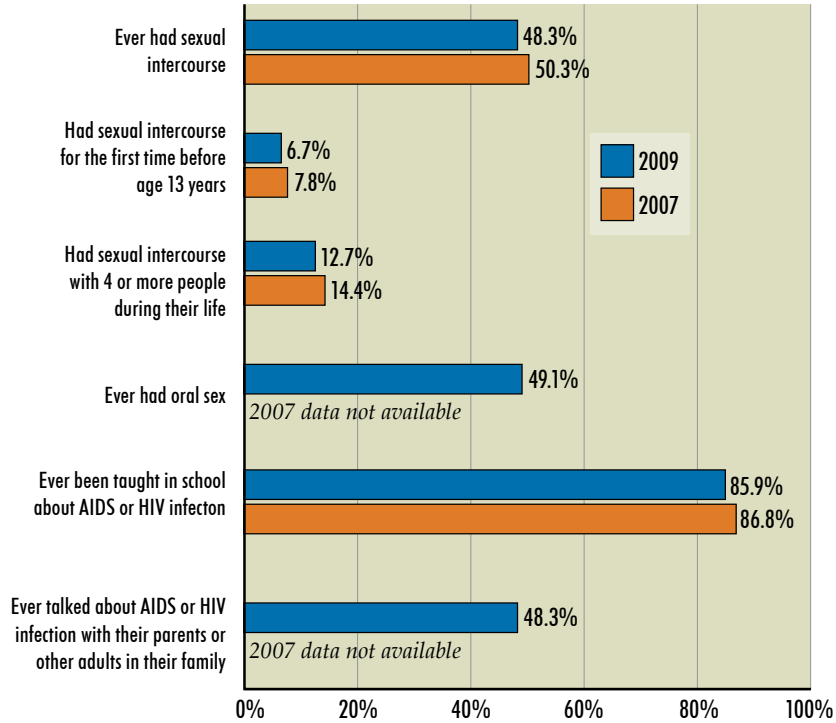
High School Fact Sheet

Sexual intercourse and other sexual risk behaviors place young people at risk for HIV infection and other sexually transmitted infections (STIs). Sexual intercourse carries the additional risk of pregnancy. Abstinence from sexual intercourse is the only 100% effective way to prevent HIV, other STIs, and pregnancy.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm. Retrieved 7/28/08.*

Sexual Risk Behavior in Kentucky

The following graph represents the sexual risk behaviors of high school students in 2007 and 2009. *Please note that none of the data represent statistically significant changes.*



Youth Disproportionately at Risk

- Blacks (59.1%) were more likely than whites (46.6%) to have ever had sexual intercourse
- Males (9.3%) were more likely than females (4.0%) to have had sexual intercourse for the first time before age 13
- Females (14.8%) were more likely than males (7.9%) to have had a partner who was three or more years older the first time they had sexual intercourse
- Females (53.7%) were more likely than males (43.4%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family
- Blacks (66.9%) were more likely than whites (46.3%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

EVERY CHILD PROFICIENT & PREPARED FOR SUCCESS KENTUCKY DEPARTMENT OF EDUCATION

Kentucky UNBRIDLED SPIRIT

SEXUAL RISK BEHAVIORS

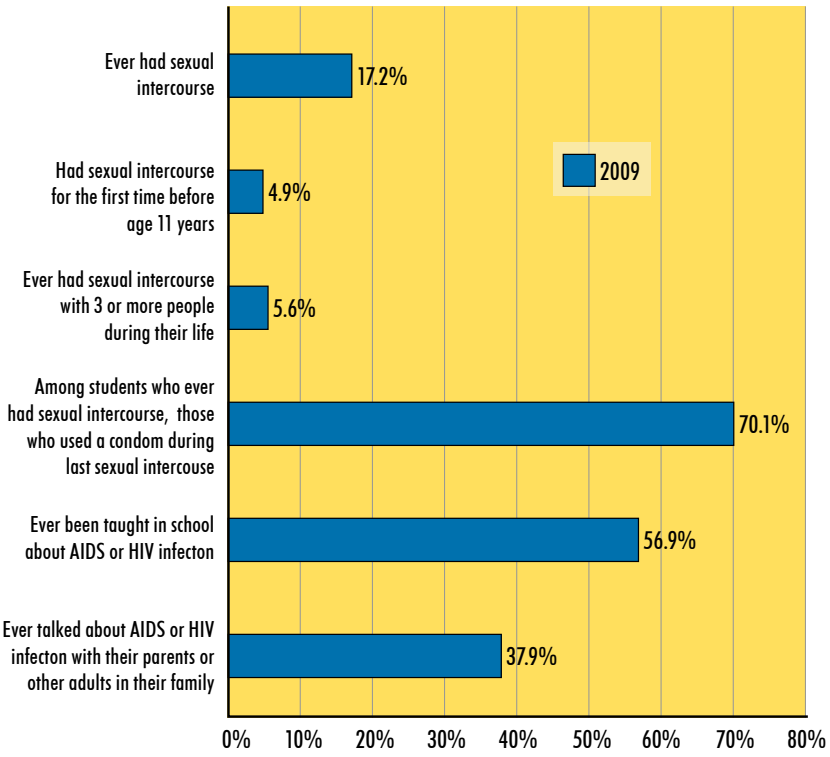
Middle School Fact Sheet

Sexual intercourse and other sexual risk behaviors place young people at risk for HIV infection and other sexually transmitted infections (STIs). Sexual intercourse carries the additional risk of pregnancy. Abstinence from sexual intercourse is the only 100% effective way to prevent HIV, other STIs, and pregnancy.[1]

[1] *Centers for Disease Control and Prevention. http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm. Retrieved 7/9/09.*

Sexual Risk Behavior in Kentucky

The following graph represents the sexual risk behaviors of middle school students in 2009. No comparison data is available.



The YRBS is a nationwide survey produced by the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) to monitor the six priority health-risk behaviors of adolescents: alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors. In 2009, Kentucky was one of 14 states who administered a middle school YRBS to students in grades 6th through 8th.

Youth Disproportionately at Risk

- Males (21.4%) were more likely than females (12.8%) to have ever had sexual intercourse
- Males (6.7%) were more likely than females (3.2%) to have had sexual intercourse for the first time before age 11 years
- Blacks (11.6%) were more likely than whites (3.9%) to have had sexual intercourse for the first time before age 11 years
- Blacks (12.2%) were more likely than whites (4.6%) to have ever had sexual intercourse with three or more people
- Females (42.4%) were more likely than males (33.7%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family
- Blacks (54.2%) were more likely than whites (36.3%) to have ever talked about AIDS or HIV infection with their parents or other adults in their family

For More Information

For additional KY YRBS data and other YRBS fact sheets, visit the KDE website at: http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Youth+Risk+Behavior+Survey.htm

For national data or more information on the YRBS, visit the CDC website at: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Sexual Risk Behaviors

Data

Teen Sexual Behavior

- The 2003 National Campaign Report states that most sexually active teens state that they wish they had waited longer to have sex, which suggests that sex is occurring before youth are prepared for the consequences.79
- "Three quarters of teens (75%) say that the message [don't have sex but use contraception if you do] does not encourage sexual activity. Twenty one percent reported that the message does encourage teens to be sexually active."80

Sexually Transmitted Infections (STI) and HIV/AIDS Data

- Each year, there are approximately 19 million new STIs, and almost half of them are among youth aged 15 to 24.[81]
- In 2006, an estimated 5,259 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 14% of the persons diagnosed that year.[82]

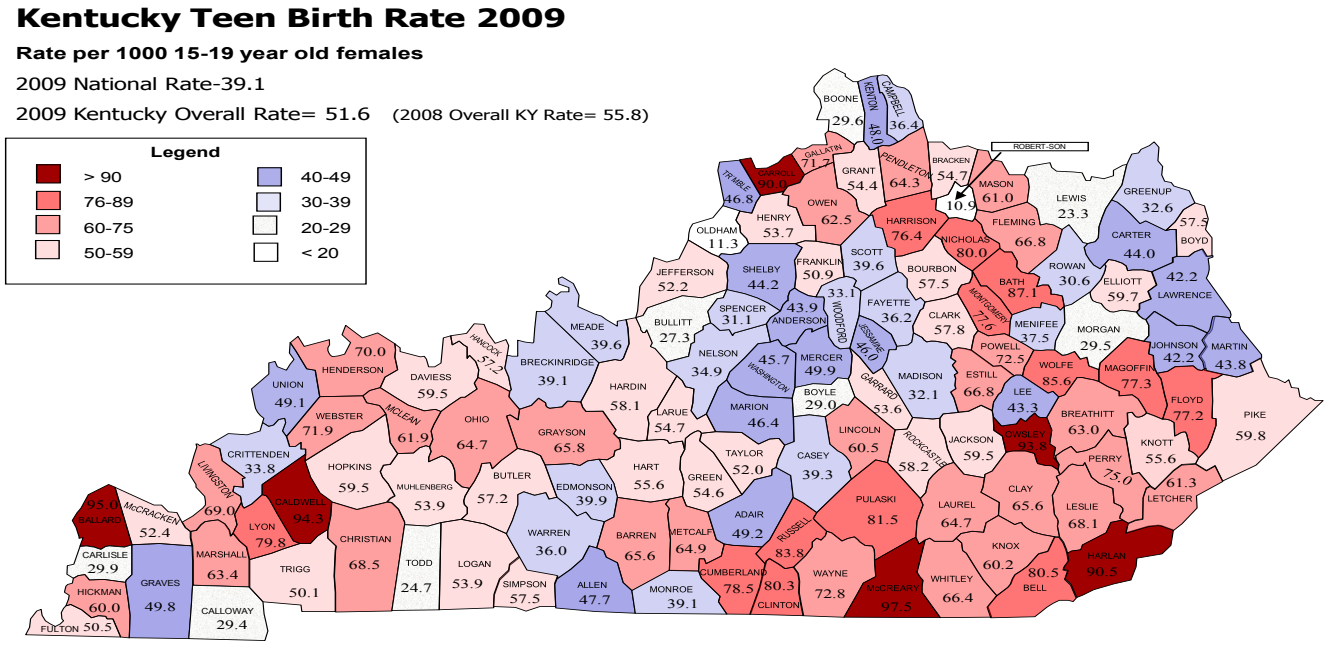
Dating Violence

- One in three teens experiences some kind of abuse in their romantic relationships, including verbal and emotional abuse.[83]
- Nearly 80% of girls who have been physically abused in their intimate relationships continue to date their abuser. [84]
- Cell phones are a great way to keep in touch with friends and family. However, they also can play a role in teen dating abuse. Because phone calls, texting and messaging allow you to be in constant communication, cell phones can be a powerful tool for abusers to monitor and control their girlfriends or boyfriends day and night.[85]

Teen Birth Data

- KY 2008- 85% of teen births (ages 15-19) were to unwed teens[86]
- KY 2008-26% of teen births (ages 15-19) were repeat births-2nd, 3rd or 4th child[87]
- Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger, are more likely to drop out of high school[88]

2009 KY Birth Rates Map



Source: KY Vital Statistics

Color coding indicates the county's teen births compared to the 2009 national teen birth rate. Counties in white are below the national birth rate, blue counties are aligned with the national birth rates and pink – red counties are higher than the national birth rate.

Emerging, Promising and Best Practices

Curricula listed in this section were selected on the basis of favorable evaluation in regard to potential for replication. These curricula have been demonstrated to be effective with their target population (School Aged Youth) and reproducible in various settings. They all contain Skills Building Components which have been shown to be most effective in helping youth increase awareness of risk associated with behavior and use the skills learned to decrease risk.

Approaches relying on life skills have been effective in educating youth on health-related issues. Life skills education can also be effective in preventing dropout and violence, while laying a foundation for skills demanded in today's job market. http://www.advocatesforyouth.org/storage/advfy/documents/lifeskills.pdf

Another important aspect is positive youth development. Common goals of these programs are promoting positive relationships with peers, emphasizing youths' strengths, providing opportunities to learn healthy behaviors, and connecting youth with caring adults. (http://www.ncsl.org/IssuesResearch/HumanServices/WhatisPositiveYouthDevelopment/tabid/16375/Default.aspx)

Reducing the Risk (RTR): Building Skills to Prevent Pregnancy, STD and HIV* This curriculum is for grades 9-12 and was named as an evidence-based HIV prevention intervention by CDC. A student workbook is available in English and Spanish. The goal of RTR is to encourage adolescents to avoid unprotected sex, either by not having sex or by using contraception consistently and effectively. The curriculum consists of 17 sessions, which can be combined if necessary due to time factors. RTR focuses on building skills and is available through ETR at www.etr.org.

Get Real about AIDS The program is based on the cognitive and reasoned action theories of human behavior. These theories view actions as based on thinking style and intention. Thus, the program aims to change the sexual behavior of teens by providing information and by helping to develop and change the participants' understandings and beliefs. Get Real About Aids is available through AGC Educational Media at agcmedia@starnetinc.com

Safer Choices*: Preventing HIV, Other STD and Pregnancy - This curriculum is for grades 9-12 and includes 10 modules on HIV transmission, refusal skills, communication skills, and communicating with parents. This curriculum is available through ETR www.etr.org

Teen Outreach Project™ (TOP™) TOP™ is an after-school program designed to promote positive youth development and prevent teen pregnancy, violent behavior and school dropout for both males and females. TOP™ Clubs meet one-two days after school. Meetings include both educational/discussion sessions and time to plan and implement community service projects. Twenty hours of community service is required and encouraged for each TOP™ Club each school year. Fundamental elements of the program include learning life skills, understanding social and emotional issues important to teens, discussing feelings and attitudes about a variety of subjects, and participating in volunteer opportunities in the community. These elements are implemented through the help of program facilitators, who teach classes, and organization facilitators, who help organize the volunteer experiences. For more information contact the Wyman Center at http://www.wymancenter.org/wyman_top.php.

Making Proud Choices* This curriculum is available from Select Media www.selectmedia.org and is targeted for adolescents ages 11-13 in schools and community based programs. It includes an activity set and video clips. It contains 8 hours of content in 8 modules.

Making A Difference This is an abstinence based approach to HIV, STIs, and teen pregnancy that includes an activity set and video clips. It contains 8 hours of content in 8 modules. It is also targeted to adolescents ages 11-13 in middle schools and community based programs. This curriculum is available www.selectmedia.org

Becoming a Responsible Teen* This curriculum is for adolescents between the ages of 14 and 18 in a community based setting. It was designed primarily for African American students and is available from ETR www.etr.org. It consists of 8 sessions, each last-

ing approximately 90 minutes. Topics include decision making, assertiveness, and risk taking.

Draw the Line, Respect the Line: Setting Limits to Prevent HIV, STD, and Pregnancy** This curriculum is for grades 6-8 and is available from ETR www.etr.org . It features English and Spanish worksheets and a Latino-sensitive approach. Social pressures, communication, and refusal skills are addressed.

Focus on Youth: Focus on Youth (FOY) is a community-based, eight session group intervention that provides youth with the skills and knowledge they need to protect themselves from HIV and other STIs. The curriculum, founded on the Protection Motivation Theory, uses fun, interactive activities such as games, role plays and discussions to convey prevention knowledge and skills. This curriculum is available at www.etr.org .

***Listed in Science and Success** as an effective program and evaluation results are included in this report http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf AND

****Listed in Emerging Answers** as a program with strong evidence of a positive impact http://www.thenationalcampaign.org/ea2007/postitive_impact.pdf. The full report of "Emerging Answers" can be found at http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf

Policy and Environmental Change

Policy and environmental change interventions are population-based approaches that complement and strengthen other public health programs and activities that traditionally have focused on individual behavior change.

Policies include laws, regulations, and formal and informal rules. Examples include all schools offering physical education during school hours; laws and regulations for what should be included in vending machines at schools; laws and regulations to restrict smoking on school campuses; or regulations permitting students to carry and administer their own asthma medications.

Environmental changes are implemented to improve the economic, social, or physical environments of the school. Examples include incorporating walking paths or recreation areas into school campuses; offering low-fat foods in school cafeterias; removing designated smoking areas from school campuses; or reducing exposure to asthma triggers, such as secondhand smoke in schools.

Model Policies:

- Set demanding standards in all subjects, including reading, math, social studies, science, health education and the fine arts and adopt policies that clearly articulate goals and high expectations for students. http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Academic instruction should be linked to students' future goals and career plans in a concrete way http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Involve parents and youth http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Teachers and counselors should be adequately prepared http://www.thenationalcampaign.org/resources/pdf/pubs/PartnersProgress_FINAL.pdf
- Comprehensive sex education should be taught to students. Comprehensive sex education "includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention" and provides students with opportunities for developing skills as well as learning. Comprehensive programs worked for all youth populations, as evaluated in "Emerging Answers" and none of the programs hastened the initiation of sex or increased the frequency of sex. http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1193

Resources are also available for school policy language. For example, sexual health model policies are included in the Kentucky School Board Association's policy data base. School districts must subscribe to

their policy data base. For more information, please visit www.ksba.org. The National Association of State Boards of Education has developed a resource entitled "Someone at School has AIDS" with model policy language specific to HIV-related policies. The Wisconsin Department of Public Instruction has developed the HIV Policy Toolkit. For more information, please see http://dpi.wi.gov/sspw/pdf/hivtoolkit.pdf.

American Academy of Pediatrics Policy Statements

The AAP has issued several policy statements surrounding the subject of sexual activity, sexually transmitted diseases (STD) and the human and the human immunodeficiency virus (HIV). These include:

Sexuality Education for Children and Adolescents[89]

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults. Early, exploitative, or risky sexual activity may lead to health and social problems, such as unintended pregnancy and sexually transmitted diseases, including (HIV) and

(AIDS). (Clinicians) must be aware of their own attitudes, beliefs, and values so their effectiveness in the clinical setting is not limited.

Contraception and Adolescents[90]

As advocates for the health and well-being of all young people, the American Academy of Pediatrics strongly supports the recommendation that adolescents postpone consensual sexual activity until they are fully ready for the emotional, physical, and financial consequences of sex. The academy recognizes, however, that some young people will choose not to postpone sexual activity, and as health care providers, the responsibility of (clinicians) includes helping teens reduce the risks and negative consequences associated with adolescent sexual behaviors, including (UTP) and (STIs).

Condom Use by Adolescents[91]

Rates of acquisition of STDs and (HIV) among adolescents remain unacceptably high, highlighting the need for continued prevention efforts and reflecting the fact that improved condom use can decrease, but never eliminate, the risk of acquisition of STDs and HIV as well as unintended pregnancies. While many condom education and availability programs have been shown to have modest effects on condom use, there is no evidence that these programs contribute to increased sexual activity among adolescents. These trends highlight the progress that has been made and the large amount that still needs to be accomplished.

Adolescents and (HIV) Infection: The Role of the Pediatrician in Prevention and Intervention[92]

Half of all new (HIV) infections in the United States occur among young people between the ages of 13 and 24. Sexual transmissions accounts for most cases of HIV during adolescence. Pediatricians can play an important role in educating adolescents about HIV prevention, transmission and testing, with an emphasis on risk reduction, and in advocating for the special needs of adolescents for access to information about HIV.

State and Federal Laws

State Laws

Program of Studies represents the minimum required content standards students shall be taught to meet the high school graduation requirements.
http://www.education.ky.gov/KDE/Instructional+Resources/Curriculum+Documents+and+Resources/Program+of+Studies/default.htm

KRS 214.185 (1) Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for venereal disease, pregnancy, alcohol or other drug abuse or addiction and may advise, prescribe for, and treat such minor regarding venereal disease, alcohol and other drug abuse or addiction, contraception, pregnancy, or childbirth, all without the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient. Treatment under this section does not include inducing of an abortion or performance of a sterilization operation. In any such case, the physician shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions.

KRS 214.625, section 5c - exception 9- Consent for medical procedures and tests including HIV infection -- Physician's responsibility -- Confidentiality of results -- Exceptions -- Disclosure -- Network of voluntary HIV testing programs. No person who has obtained or has knowledge of a test result pursuant to this section shall disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to the following persons: (9) A parent, foster parent, or legal guardian of a minor; a crime victim; or a person specified in KRS 438.250.

KRS214.625, section 6c- Anonymous Testing. Each public health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on an anonymous or confidential basis, dependent on the patient's desire. If the testing is performed on an anonymous basis, only the statistical information relating to a positive test for human immunodeficiency virus infection shall be reported to the cabinet. If the testing is performed on a confidential basis, the name and other information specified in KRS 214.645 shall be reported to the cabinet. The cabinet shall continue to provide for anonymous testing and counseling

Federal Laws

At this time there are no federal laws mandating sexuality education in the schools. STD and HIV legislation and regulations is the responsibility of an individual state.

Assessment and Planning

Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC's Characteristics of Effective Health Education Curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district. http://www.cdc.gov/HealthyYouth/HECAT/index.htm

The following HECAT health topic modules are currently available:

- Alcohol and Other Drugs
- Healthy Eating
- Mental and Emotional Health
- Personal Health and Wellness
- Physical Activity
- Safety
- Sexual Health
- Tobacco
- Violence Prevention

School Health Index Centers for Disease Control and Prevention – Division of Adolescent School Health. Easy-to-use self-assessment and planning tool that enable school health councils and others to analyze the strengths and weaknesses of their school health policies, curricula and services. It is available free to download or request a hard copy. An interactive web version is also available at: http://www.cdc.gov/healthyyouth/shi/index.htm. Schools may request technical assistance on the School Health Index by the Department of Education's Coordinated School Health Program by calling 502-564-2706.

Guidelines for Effective School Health Education to Prevent the Spread of AIDS were developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent HIV infection. http://www.cdc.gov/healthyyouth/sexualbehaviors/guidelines/index.htm

School Connectedness Students who are connected to school have higher academic achievement, stay in school longer, and have better attendance. http://www.cdc.gov/healthyyouth/AdolescentHealth/connectedness.htm

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils http://www.cancer.org/Healthy/MoreWaysACSHelpsYouStayWell/SchoolHealth/SchoolHealthCouncils/a-guide-to-community-school-health-councils

Morbidity and Mortality Weekly Report The Centers for Disease Control and Prevention has released a new MMWR Surveillance Summary, "Sexual and Reproductive Health of Persons Aged 10-24 Years -- United States, 2002-2007." This MMWR Surveillance Summary is now available online at www.cdc.gov/mmwr.

Compendium of HIV Prevention Interventions with Evidence of Effectiveness CDC's HIV/AIDS Prevention Research Synthesis Project. http://www.cdc.gov/hiv/resources/reports/hiv_compendium/pdf/HIVcompendium.pdf

Diffusion of Effective Behavioral Interventions (DEBI) National level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV and STD prevention interventions. http://www.effectiveinterventions.org/

Frequently Asked Questions

How do I reach parents?

Engaging parents can be a very difficult task, especially with the subject of sex. Parents often do not know how to address the subject with their children and tend to delay "the talk." Yet, teens report that parents influence their decision making more than peers, TV, or any other influence. Communication and education is essential. Ideas to reach parents would include:

- Programs that address how to talk with children about sex. Incentives to attend are a great way to encourage attendance and get the community involved (e.g. tee shirts, electronics items, free car washes, etc.)
- Activities that involve both students and parents (example: dinner) that includes a speaker to educate parents and activities for youth that promote positive youth development.
- Use of social media- facebook page, twitter messages to parents, information emailed to parents, etc.

How do we address same-sex relationships and sexual identity issues?

Personal belief and value systems are just that- personal. Every person will develop these systems differently. Youth dealing with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) identity issues are under extreme stress in most cases. Judgment from teachers and school staff will only add more stress. It is extremely important not to impose one's personal belief and values system on youth identifying as LGBTQ. Don't assume that all LGBTQ students are alike or have similar concerns. Focus on facts about risks associated with sexual activity, such as modes of disease transmission, regardless of the gender of partners. For more information see the following publication http://www.uwec.edu/asc/Tutors/Awarepts/LGBTQStu.pdf or the book, *Working with Lesbian, Gay, Bisexual, and Transgender College Students: A Handbook for Faculty and Administrators* (The Greenwood Educators' Reference Collection.)

How do I know if a curriculum is science-based?

Science based refers to using evaluation findings, social science research, survey data, and empirical findings to establish effective strategies and to reject ineffective ones. http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=486&Itemid=177

How do I handle opposition to topics being taught?

Program of Studies is what is required by law that be taught. HIV, STD, and teen pregnancy prevention is included in Program of Studies. For more information contact KDE at 502-564-2706.

How do I get buy in from school administration?

School administrations and boards need to know the facts. Present the facts such as national statistics listed in this guide, the YRBS results, birth rates for your county, etc. Engage concerned parents and involve your students. Encourage your students to present the need for sexuality education to the administration.

Where do students go to get reproductive health services?

Any student over the age of 12 can receive free confidential reproductive services from their local city/county health departments. The services will normally include: screening for STDs, such as Chlamydia, gonorrhea and syphilis and HIV testing. The service also

may include treatment of certain STDs. The services are usually walk-in based and free condoms are also available (brown bag) at the facilities.

How do I recognize when teen dating violence is occurring and what should I do?

Recognizing abuse in a relationship is difficult, but especially for teens. There are many types of abuse that teens often believe are not abusive or are normal in a relationship. Even though teen relationships may be different from adult relationships in many ways, teens do experience the same types of physical, sexual, verbal and emotional abuse that adults do.

Teens also face unique obstacles if they decide to get help. Unlike many adults, teens may not have money, transportation, or safe places to go. They may have concerns about lack of confidentiality, reports to police and child protective services, and parental notification. But teens do have rights to a safe and healthy relationship. In Kentucky, teens under age 18, who want a protection order against someone in their family, will need an adult family member to file for them. But, if they want an order against someone they have had a relationship with, the law does not say who can file for them. It will be up to the individual courts and judges whether they can get an order without parental permission.

Where can students get tested for HIV?

HIV testing is provided on a confidential or anonymous basis at any local health department in Kentucky. Information about additional testing sites supported by the Kentucky Department for Public Health can be found at: http://chfs.ky.gov/dph/epi/hivaids.htm

If someone you know is experiencing teen dating violence, consider these steps:

- Learn about dating and domestic violence and what the Kentucky state laws say about teen victims of domestic violence.
- Share information you learn with teachers, administration and students.
- Support your students and encourage them to stay safe in their relationships.
- Speak out in your community to end teen dating violence.

Resources

ETR Associates
http://www.etr.org/

Advocates for Youth
http://www.advocatesforyouth.org/

Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV, and Sexually Transmitted Infections full report
http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf

SIECUS http://www.siecus.org/

National Campaign to Prevent Teen and Unplanned Pregnancy
http://www.thenationalcampaign.org/

Kentucky Youth Risk Behavior Survey results
http://www.education.ky.gov/kde/administrative+resources/coordinated+school+health/youth+risk+behavior+survey.htm

Kentucky Teen Pregnancy Coalition
http://www.kytpc.org/

Healthy Teen Network
http://www.healthyteennetwork.org/

National PTA
http://www.pta.org/

Kentucky PTA
http://www.kypta.org/

Kentucky Department for Public Health
http://www.chfs.ky.gov/dph/

HIV Branch at KDPH
http://chfs.ky.gov/dph/epi/hivaids/

Kentucky State Data Center
http://www.ksdc.louisville.edu/

CDC Division of Adolescent and School Health http://www.cdc.gov/healthyyouth/
http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm (see 3 links to the right)

Guttmacher Institute http://www.guttmacher.org/

Annie E. Casey Foundation http://www.aecf.org/

National School Boards Association www.nsba.org

National Association of State Boards of Education
www.nasbe.org

HIV Testing Among Adolescents
http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf

Avert
www.avert.org

Promoting Sexual Responsibility by NEA
http://store.nea.org/NEABookstore/ (product number 3299300)

Outrageous Teaching Techniques
by Deborah Tackmann
dtackmann@ecasd.k12.wi.us

STD Division at CDC
http://www.cdc.gov/std/

National Coalition of STD Directors
http://www.ncsddc.org/

Break the Cycle: Empowering Youth the End Domestic Violence
http://www.breakthecycle.org

Stay Alert Stay Safe. A message from the American College of Obstetrics and Gynecologists.
http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=295

Note: *For the purpose of this document, the terms STD and STI are interchangeable.*

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Department for Public Health
Department for Behavioral Health,
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