

2008

# Wisconsin School Health Profiles

*School Health Policies  
and Practices*



# **Wisconsin School Health Profiles Report School Health Policies and Practices**

for

Wisconsin Department of Public Instruction

by

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# Introduction

## Introduction

The School Health Profiles (Profiles) assist states and local education and health agencies in monitoring and assessing characteristics of school health education; physical education; school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition; asthma management activities; and family and community involvement in school health programs. Data from Profiles can be used to improve school health programs.

The Wisconsin Department of Public Instruction has administered the School Health Profiles in 1994, 1998, 2002, 2004, and 2008. In 2008, two questionnaires were used to collect data — one for school principals and one for lead health education teachers. The two questionnaires were e-mailed to 392 regular secondary public schools containing any of grades 6 through 12 in Wisconsin during the spring of 2008. Usable questionnaires were received from 75% of principals and from 73% of teachers. The results are weighted and are representative of all regular public secondary schools in Wisconsin having at least one of grades 6 through 12. Results from the principal and lead health education surveys are presented for the following types of schools in Wisconsin:

- High schools with a low grade of 9 or higher and a high grade of 10 or higher;
- Middle schools with a high grade of 9 or lower; and
- All schools.

The Profiles questionnaires were developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of health and education.

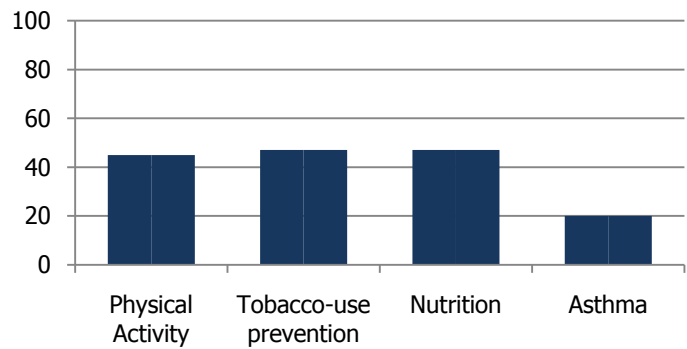
This report describes selected results from the survey of principals during the spring of 2008.

# Coordinated School Health Programs



Schools are strongly encouraged to use data to make informed decisions regarding policies. However, less than half of Wisconsin school principals reported that their schools use health-related self-assessment tools (see Figure 1).

**Figure 1.** Percentage of all schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs.



**Table 1.** Administrative practices related to health programs and policies. %

<b>Had a copy of the district's wellness policy.</b>	<b>95</b>
Had someone who oversees or coordinates health and safety programs/activities.	92
<b>Had one or more groups who offer guidance on the development of health policies or coordinates activities.</b>	<b>75</b>
Required all staff who teach health education to be certified, licensed, or endorsed by the state in health education.	92
<b>Required all staff who teach physical education to be certified, licensed, or endorsed by the state in physical education.</b>	<b>100</b>

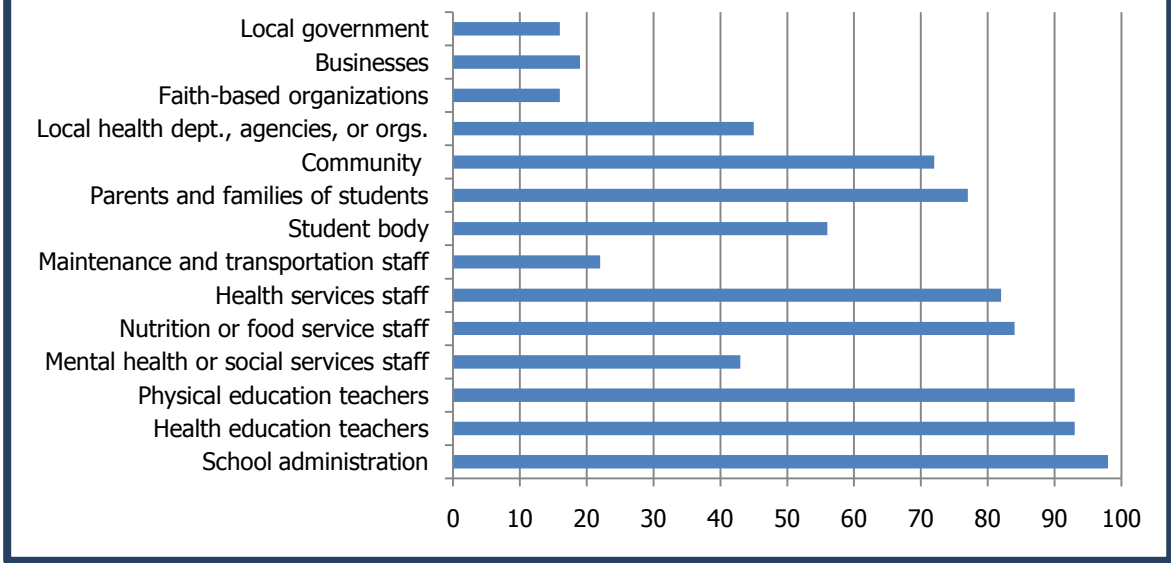
Table 1 identifies the practices that principals applied to support health programming efforts in Wisconsin schools. It should be noted that the practices identified were broad in scope; some related to wellness policies and others to curricular activities. Over 90% of principals reported that four out of the five practices are implemented in their school. Seventy-five percent of schools had groups who provide guidance in the development of health policies or about coordinating activities.



During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Six critical types of adolescent health behavior contribute to the leading causes of death and disability: alcohol and drug use; injury and violence; tobacco use; nutrition; physical activity; and sexual risk behaviors.<sup>1</sup> It has been recognized that coordinated approaches are important to successfully address these critical health issues. The Department of Public Instruction (DPI), Department of Health Services, and CDC have promoted the use of a collaborative and coordinated approach to address youth health issues within schools.<sup>2</sup>

The various groups listed below were represented on either school health councils, committees, or teams (see Figure 2). Principals reported that school administrators, as well as health and physical educators were most frequently (over 90%) members of these groups. Food service staff, health services staff, as well as family and community members were represented on a majority of these groups. Only 43% of schools include mental health or social services staff on school health councils, committees, or teams. Based on the Wisconsin's Coordinated School Health Programs (CSHP) Model, which stresses relationships both in and out of schools, Wisconsin schools should encourage more representation that includes mental health, social services staff, maintenance and transportation staff, and the broader community.

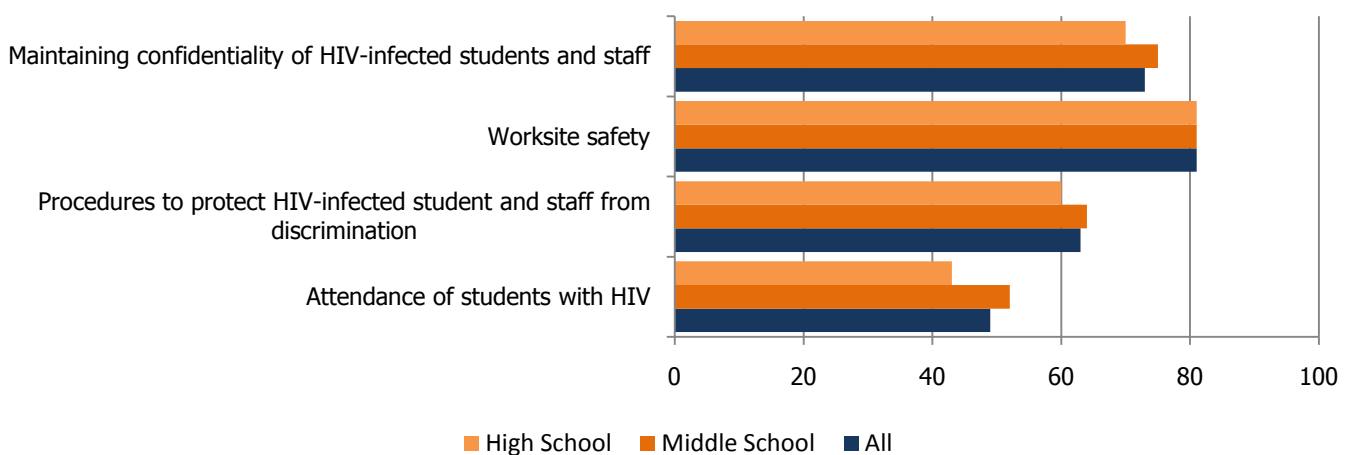
**Figure 2.** Percentage of all schools that have the following groups represented on any school health council, committee, or team.



# HIV, STD & Pregnancy Prevention

Figure 3 identifies the percentage of schools that have adopted a policy that addresses important issues for students or staff with HIV infection or AIDS. Forty-three percent of high schools and 52% of middle schools reported they have adopted a policy related to attendance of students with HIV infection. Worksite safety was reported as the most common area where schools adopted a policy (81% of all schools) and maintaining confidentiality of HIV-infected students and staff was the second most common (73% of all schools).

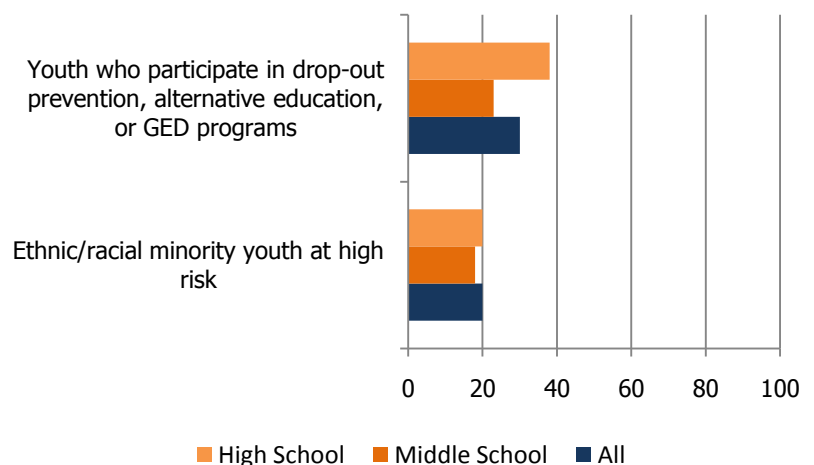
**Figure 3.** Percentage of schools that have adopted a policy that addresses each of the following issues for students or staff with HIV infection or AIDS.



*Did you know?*

40% of high schools and 10% of middle schools have a student-led club that aims to create a welcoming and accepting school environment for all youth, regardless of sexual orientation or gender identity.

**Figure 4.** Percentage of schools that require any school staff to receive training on HIV, STD, or pregnancy prevention related to high risk populations.

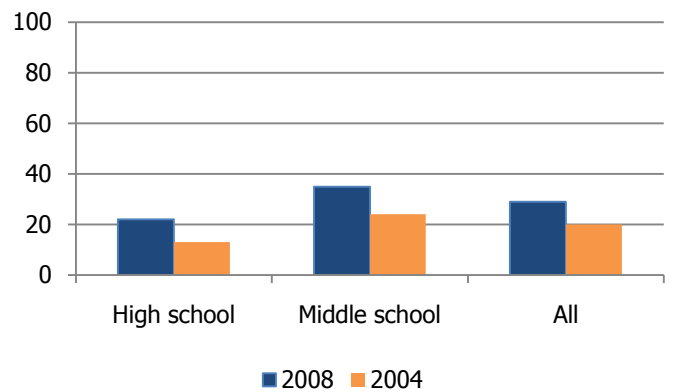


# Tobacco Use

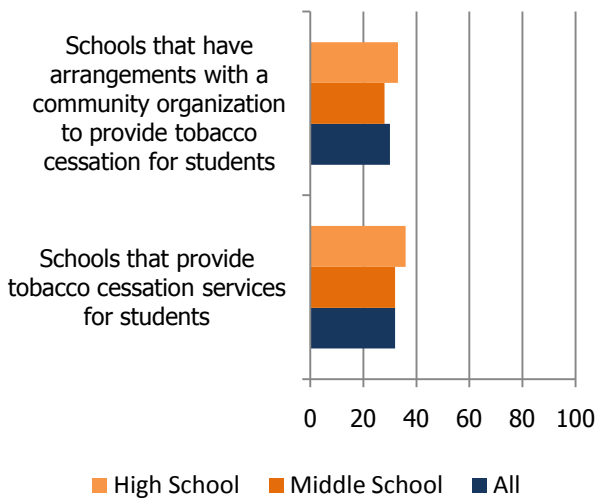
Use of cigarettes and other tobacco products has decreased significantly among Wisconsin high school students. In 2009, less than half of all high school students (43.6%) reported trying a cigarette at least one time in their life, compared to two-thirds in 2001. The prevalence of students who reported smoking a cigarette during the past 30 days decreased from 32% in 1993 to 16.9% in 2009<sup>3</sup>. Similarly, cigarette use among middle school students is decreasing. In 2008, 16.4% of Wisconsin middle school students reported trying a cigarette at least one time in their life and 4.3% reported smoking a cigarette in the past 30 days.<sup>4</sup>

Since 2004, the proportion of schools that encouraged students, who are caught smoking, to participate in smoking cessation programs (see Figure 5) increased. Thirty-two percent of schools are now providing tobacco cessation services and 30% have arrangements to provide these services at a community organization (see Figure 6). These programs provide a valuable service by providing students who smoke with the necessary skills to quit.

**Figure 5.** Percentage of schools that ALWAYS or ALMOST ALWAYS encourage, but not require, students to participate in an assistance, education, or cessation program.



**Figure 6.** Percentage of schools that offer tobacco cessation services for students.



Additionally, Table 2 shows that schools have been collaborating with families and local community agencies/organizations. Communication with families about mass-media messages or community-based tobacco prevention efforts has occurred in 54% of schools. Nearly 60% of schools reported working with local agencies when implementing tobacco prevention programs, a CDC best practice strategy.<sup>5</sup>

**Table 2.** Percentage of schools that did the following activities during the past two years.

Activity	%
Gathered and shared information with students and families about mass-media messages or community-based tobacco prevention efforts.	54

Worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use.	59
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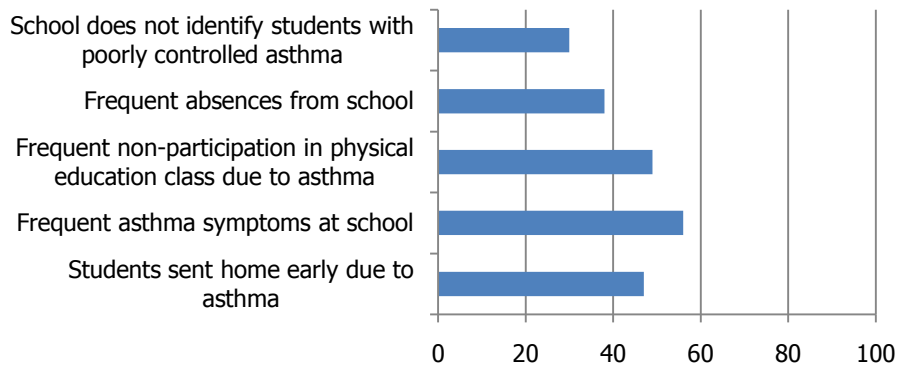
# Asthma

Based on the 2008 Wisconsin Youth Tobacco Survey, 17.9% of middle school students and 19.9% of high school students reported that they had been told by a doctor or nurse that they had asthma. When asked if they had an episode of asthma or an asthma attack during the past 12 months, 4.3% of middle school and 4.6% of high school students reported they did.<sup>4</sup> Asthma is recognized as a serious adolescent health concern. The cost in school days and missed educational opportunities is estimated at 14 million dollars per year.<sup>6</sup> Figure 7 shows the variety of information schools used to identify students with poorly controlled asthma.

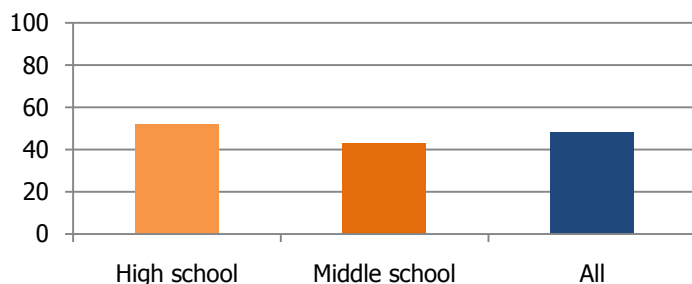
It appears that Wisconsin schools are trying to provide services for students with poorly controlled asthma. Eighty-six percent of all school districts report that they ensure access to preventive medications before physical activity. Additionally, 91% ensure access to safe (i.e., free from asthma triggers), enjoyable physical education and activity.

Wisconsin Statute 118.291 allows students to carry and self-administer selected medications (i.e., asthma-related medication and equipment). Yet, only 72% of schools have adopted a policy stating that students are permitted to carry and self-administer such medications and equipment.

**Figure 7.** Percentage of schools that use each of the following types of information to identify students with poorly controlled asthma.



**Figure 8.** Percentage of schools where staff are not required to receive training on recognizing and responding to asthma symptoms.



Nearly half of schools (48%) do not require staff to receive training on recognizing and responding to severe asthma symptoms (see Figure 8). Training would help ensure that staff would be prepared to assist students with asthma needs.



# Physical Education and Activity

One out of four Wisconsin high school students reported watching TV for three or more hours on a school day. A similar number of male students reported using a computer for non-school work three or more hours per day on a school day.<sup>3</sup> Research has indicated that a lack of physical activity is a risk factor for obesity.<sup>7</sup>

*Did you know?*

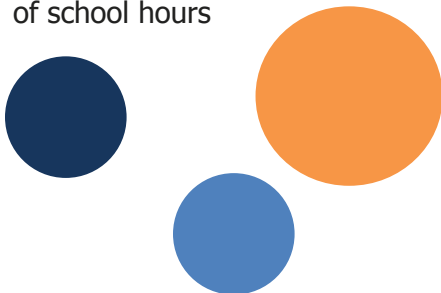
Only 48% of Wisconsin adolescents report participating in physical activity for 60 minutes on at least 5 out of 7 days.<sup>3</sup>



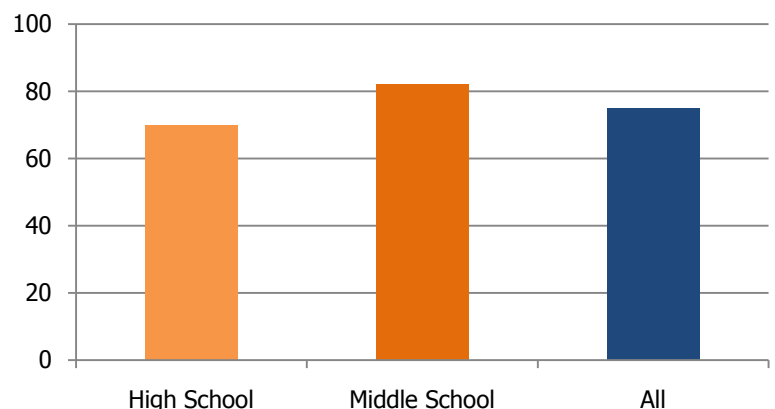
As our nation continues to battle the obesity epidemic, Wisconsin's historical commitment to requiring physical education (PE) for youth in grades K-12 should be commended. However, currently only half of high school principals reported that there is a requirement for students in 12<sup>th</sup> grade. Further, Figure 9 shows that only 70% of high schools reported that they offer opportunities for all students to participate in intramural activities or physical activity clubs. When students are not provided with opportunities to engage in physical activity, their level of physical activity drops. Therefore, school districts are encouraged to consider providing a variety of programming opportunities for all students in order to support the value of lifelong movement.

Wisconsin's Governor's School Health Award<sup>8</sup> recommends that school districts provide the following strategies for physical activity:

- 90 minutes/week of PE for grades K-8 and 175 minutes/wk of PE for Grades 9-12
- Physical activity opportunities before and after school
- 60% or more of PE class time students are physically active
- Use of school facilities outside of school hours



**Figure 9.** Percentage of schools that offer opportunities for ALL students to participate in intramural activities or physical activity clubs



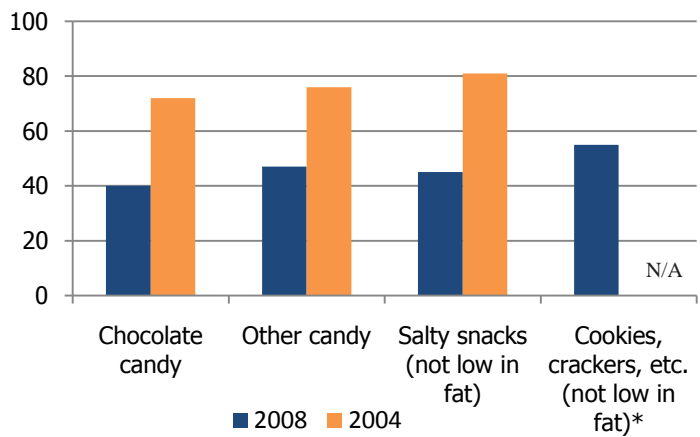
# Nutrition

Since 2004, there has been a dramatic decline in the reported unhealthy snack food options available in schools (see Figures 10 and 11). Both high schools and middle schools reduced unhealthy snack food options for purchase by at least 40%.

*Did you know?*

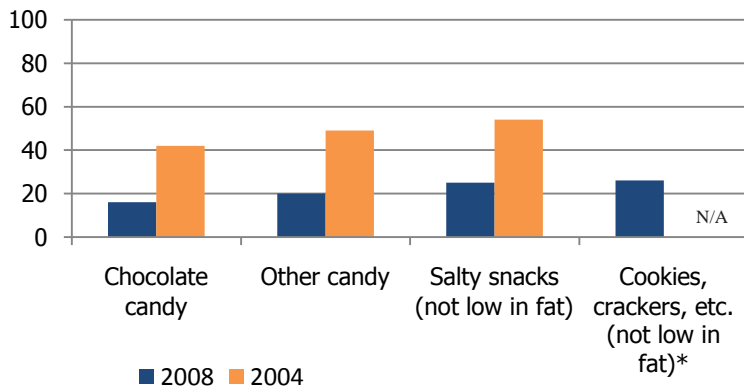
93% of high schools and 70% of middle schools allow students to purchase snack foods or beverages at school.

**Figure 10.** Snack foods allowed to be purchased from vending machines, school store, canteen, or snack bar in HIGH SCHOOLS.



*\*data unavailable for 2004*

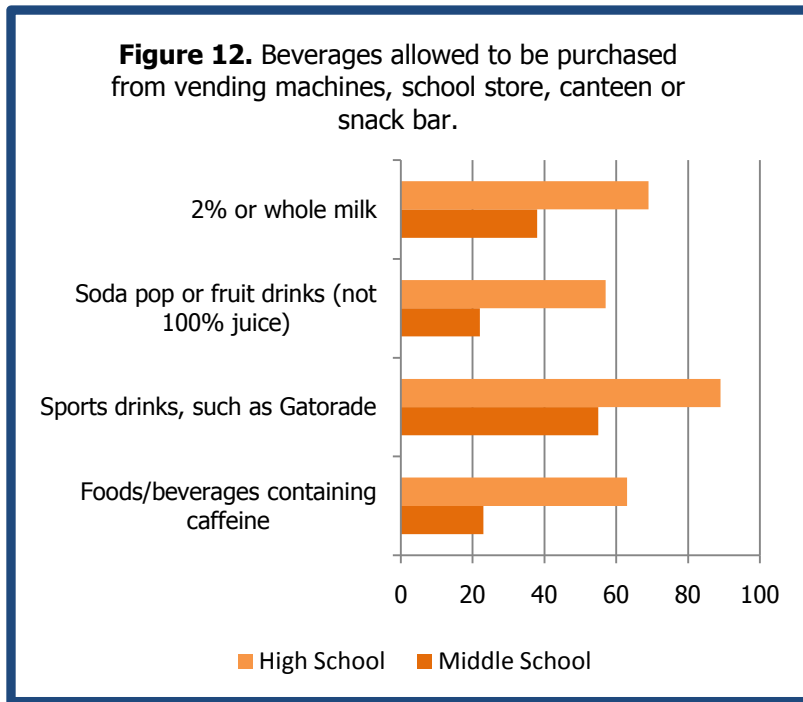
**Figure 11.** Snack foods allowed to be purchased from vending machines, school store, canteen, or snack bar in MIDDLE SCHOOLS.



*\*data unavailable for 2004*

It has been identified that serving size contributes to obesity.<sup>9</sup> According to 2008 Profiles data, high schools have started moving in the right direction with 63% of them limiting the package or serving size of food items purchased at school. Only 36% of middle schools reported doing so.

Although there has been a significant decline in the unhealthy types of snack food options for students (6-12) to purchase, there is reason for concern when it comes to the beverage options available. Figure 12 indicates that the majority of high schools still allow students to purchase unhealthy beverage options. Reducing or eliminating the sale of sugar sweetened beverages, such as soft drinks, sport drinks, iced teas, or fruit-based drinks (less than 50% real fruit juice) is a recommended strategy to reduce caloric intake for students.<sup>7,9</sup> Schools can also switch from providing 2% or whole milk to only low-fat or fat-free milk to reduce student caloric intake.<sup>9</sup>



*Did you know?*

Two-thirds of schools prohibit the advertisement of candy, fast food, and soft drinks in the building.

Table 3 identifies the types of activities that schools have done to increase healthful eating. A strategy to help students discover their food preferences is offering taste testing and 22% of schools reported completing this activity. About one in seven schools priced nutritious foods and beverages lower while increasing the prices of unhealthy options. This approach supports students accessing healthier options when they purchase foods and beverages at school.

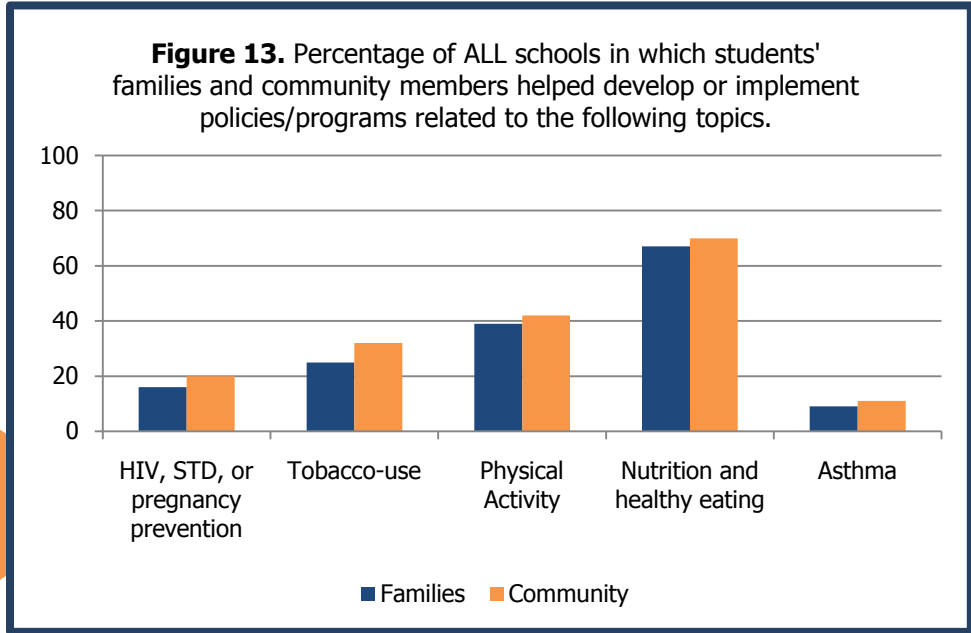
**Table 3.** Percentage of schools that have done the following activities over the last school year.

Activity	%
<b>Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages.</b>	<b>14</b>
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.	64
<b>Provided information to students or families on their nutrition or caloric content on food available.</b>	<b>56</b>
Conducted taste tests to determine food preferences for nutritious items.	22

# Collaboration

School nutrition serves as an example for collaborative efforts among schools, families, and community members. Over 60% of schools have included students' families and community members in the process of developing or implementing nutrition and healthy eating programs and policies. Collaborative efforts are more likely to influence students' lives by reinforcing similar healthy messages from individuals in different facets of their lives.<sup>10, 11</sup>

There is a low level of collaboration between families and community members when developing and implementing policies related to HIV, STD, or pregnancy prevention; tobacco-use prevention; physical activity; and asthma (see Figure 13).



*Family*

*Schools*



*Community*



## RECOMMENDATIONS

- 1) Use data driven self-assessment tools, such as the School Health Index and the Governor's School Health Award, to make informed decisions regarding health policies and programs.
- 2) Encourage more involvement of mental health staff, social services staff, non-traditional school staff and community members on school health councils, committees, or teams.
- 3) Develop and enforce comprehensive policies related to HIV prevention and infection.
- 4) Provide cessation services to support students who are trying to quit smoking.
- 5) Increase the opportunities for students to participate in intramural activities or physical activity clubs.
- 6) Evaluate beverage options that are available to students and reduce or eliminate the sale of sugar sweetened beverages, such as soft drinks, sport drinks, iced teas, or fruit-based drinks (less than 50% real fruit juice) to reduce overall caloric intake for students.
- 7) Replace whole and 2% milk with low-fat or fat-free options.
- 8) Include nutrition-related activities that help students explore a variety of healthy food and beverage choices.
- 9) Involve parents and community members in policy and program development or implementation, specifically in areas such as HIV, tobacco, physical activity, and asthma.

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