
2011 School Health Profile

Santa Cruz County, AZ

Conducted by the Santa Cruz County
Adolescent Wellness Network

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The Santa Cruz County Adolescent Wellness Network (SCCAWN) is a group of service providers that has been working to promote and improve adolescent wellness services through collaboration, education, and advocacy since 2007. The SCCAWN is supported by a Health Resources & Services Administration Rural Health Network Development Grant and current member organizations are Mariposa Community Health Center, Southeast Arizona Area Health Education Center, Santa Cruz County Superintendent of Schools, Santa Cruz Cooperative Extension, and UA Mel and Enid Zuckerman College of Public Health. The network's strategic goals include providing training and continuing education for school and community organizations, serving as an information clearinghouse for adolescent wellness topics, collaborating with schools to support health service delivery, promoting policy change for adolescent wellness, and supporting development of youth leadership opportunities.



Contents

Introduction & Methods.....page 1

Results

Physical Education and Physical Activity.....page 2

Healthy and Safe School Environment.....page 5

Health Services.....page 10

School Health Coordination.....page 12

Family and Community Involvement.....page 15

Health Education.....page 16

Discussion, Limitations, Recommendations..... page 19

Introduction to School Health Profiles

Because young people attend school approximately six hours a day, nearly 180 days per year, schools are in a unique position to help improve the health status of children and adolescents. The Centers for Disease Control and Prevention (CDC) developed the School Health Profiles to measure school health policies and practices. Profiles have been conducted in secondary schools, grades 6-12, biennially since 1996. Profiles help health and education agencies assess policies and practices related to health and physical education, HIV/AIDS prevention, tobacco use prevention, nutrition, asthma management and family and community involvement.

The state of Arizona has participated in Profiles since 2002; however county-level data is unavailable. In an effort to conduct an inventory of the local school health system, the Santa Cruz County Adolescent Wellness Network (SCCAWN) collaborated directly with schools in the fall of 2011 to complete Profiles.

This report is modeled after the CDC report “Profiles 2010 School Health Profiles: Characteristics of Health Programs among Secondary Schools,” which summarizes nationwide results. 2010 Profiles data for Arizona and the US are used throughout this report to highlight Santa Cruz County, state and national comparisons. It should be noted that state and national data were collected in the spring of 2010, while Santa Cruz County data were collected in the fall of 2011, using the 2010 surveys. The next state and national administration of Profiles was spring of 2012; at the time this report was written 2012 Profiles data were not yet available.

For more information on Profiles, including fact sheets, slides, questionnaires, and the 2010 CDC report, visit: <http://www.cdc.gov/healthyyouth/profiles/index.htm>.

The broad focus of Profiles is designed to provide information on 5 of the 8 components of Coordinated School Health:

- ✓ **Health Education**
- ✓ **Physical Education**
- ✓ **Health Services**
- ✓ **Healthy and Safe Environment**
- ✓ **Family and Community Involvement**

Methods and Response Rates

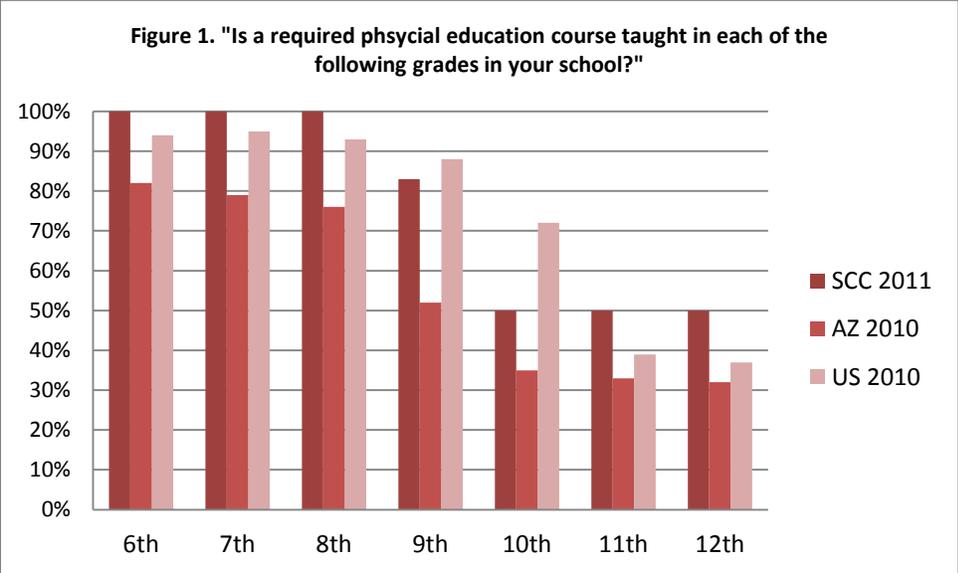
The SCCAWN sought to obtain a census sample of schools. Principal and Lead Health Education Teacher surveys were distributed to all 19 secondary schools serving grades 6-12. Sixteen schools completed the Principal survey, yielding an 84% response rate. The sample included 9 (56%) traditional, 3 (19%) charter, and 4 (25%) parochial, vocational and alternative schools. Together these schools serve approximately 96% of the student population grades 6-12. For K-8 or schools spanning elementary through high school age, the person completing the survey is asked to respond in reference to its grades 6 and higher.

Ten schools completed the Lead Health Education Teacher survey, yielding a 53% response rate. A 70% is recommended per jurisdiction to be considered representative, and are not compared to state and national data in this report. However, these data do reflect the policies and practices of schools serving 88% of the student population grades 6-12 in Santa Cruz County. Of the 9 schools not participating in the Lead Health Education Teacher survey, 4 indicated that the school did not have a lead health education teacher. This report only includes the responses to survey that that all 10 schools completed.

Results: Physical Education and Physical Activity

Required Physical Education

Physical Education (PE) is defined on the Profiles questionnaire as instruction that helps students develop the knowledge, attitudes, skills, and confidences needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from schools. Eighty-one percent (81%) of Santa Cruz County secondary schools required PE for students in any of grades 6 -12. All schools have PE requirements for grades 6-8; 83% for 9th grade, and 50% for grades 10-12; rates are higher than state and US medians for most grade levels (Figure 1).



Schools allow exemptions from taking PE primarily for long term physical or medical disability (84%), cognitive disability (54%), and for religious reasons (54%). Santa Cruz County is more comparable to the US averages, where on average Arizona schools allow more exemptions for participation in other classes and activities (Figure 2).

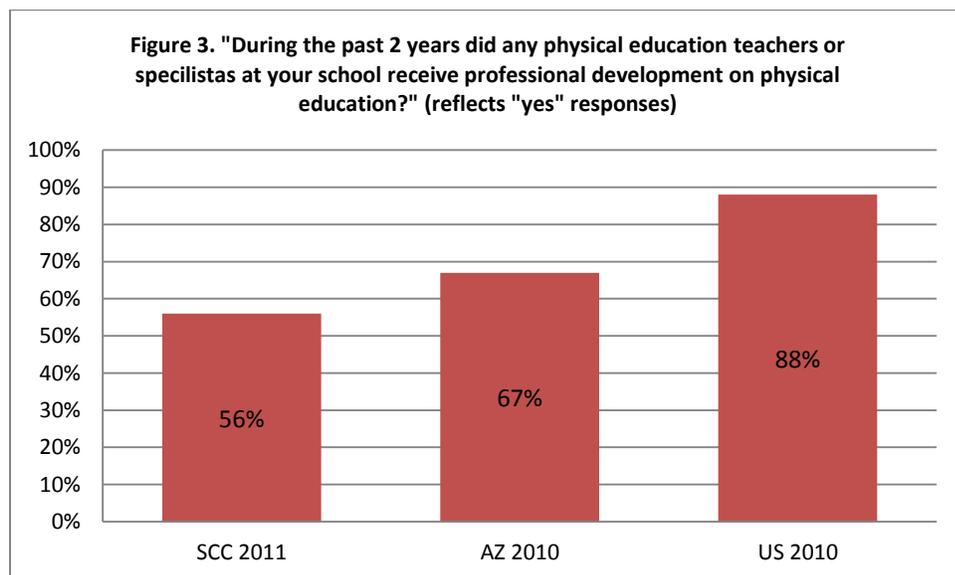
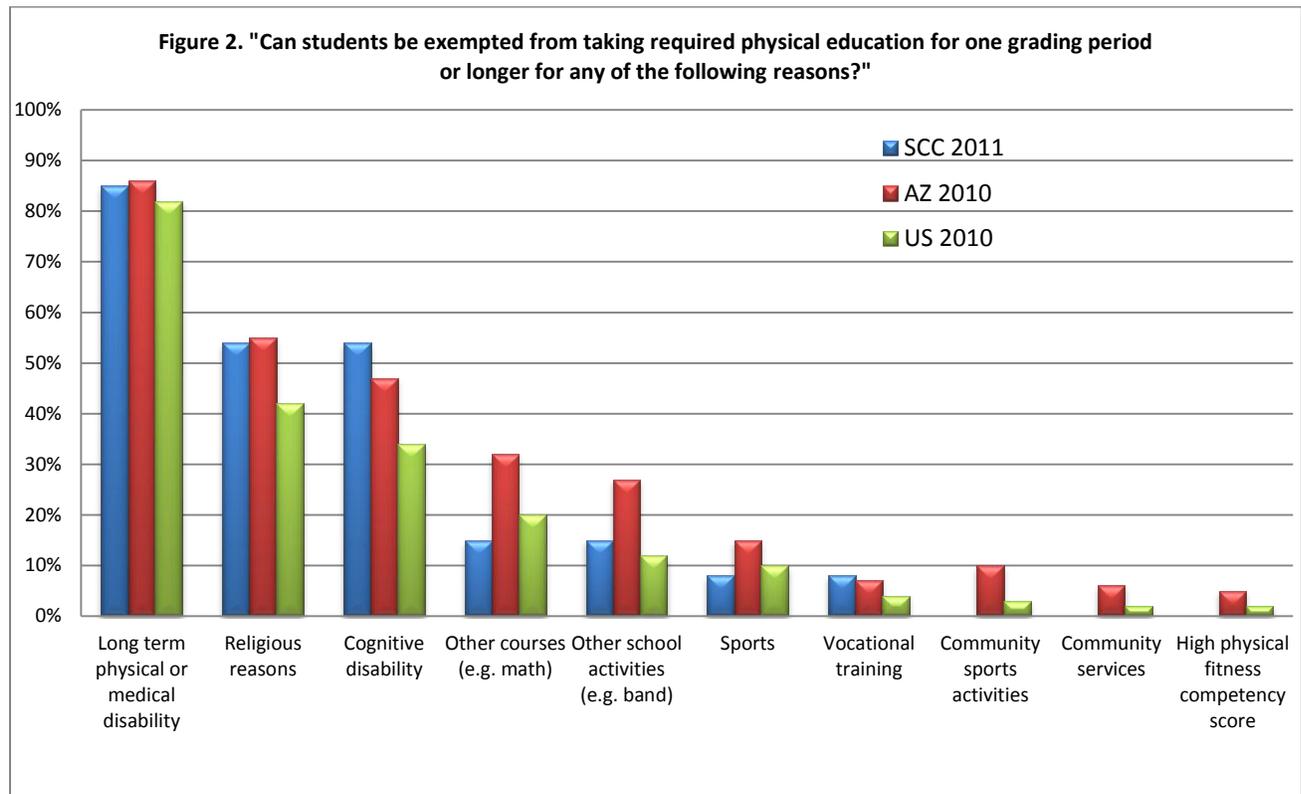
Professional Development

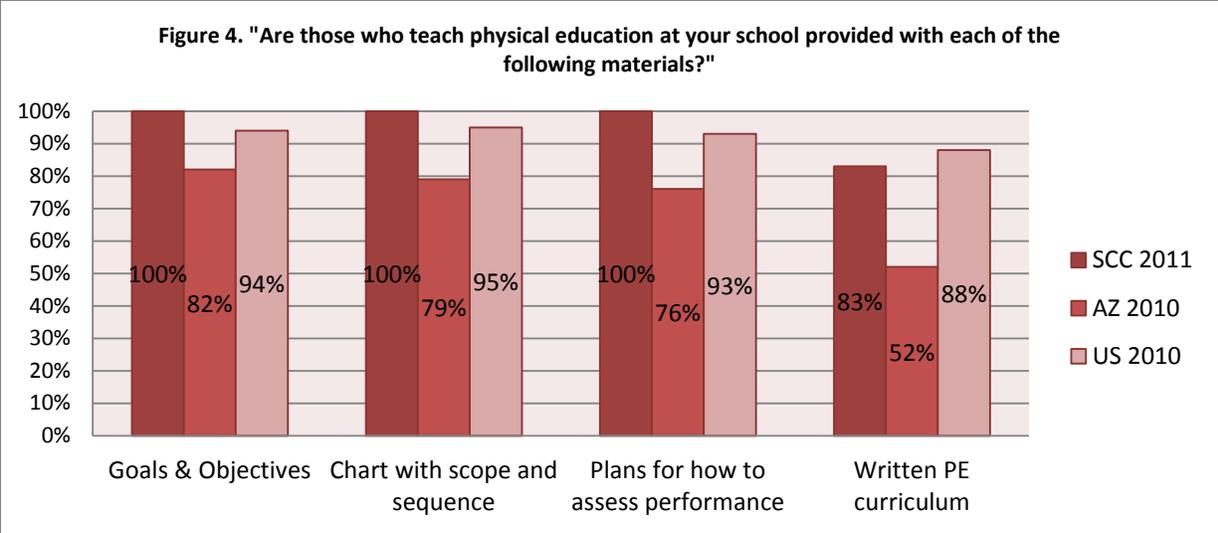
Professional development for physical education teachers is an important component of a quality physical education program. Fifty-six percent (56%) of Santa Cruz County secondary schools had at least one teacher or specialist receives professional development on physical education in the past 2 years. Arizona and US medians are 67% and 88% respectively (Figure 3).

Materials for Physical Education Teachers

Schools can provide materials to physical education teacher to help them teach. The majority of Santa Cruz County secondary schools provide their teachers with goals, objectives, expected outcomes; a chart

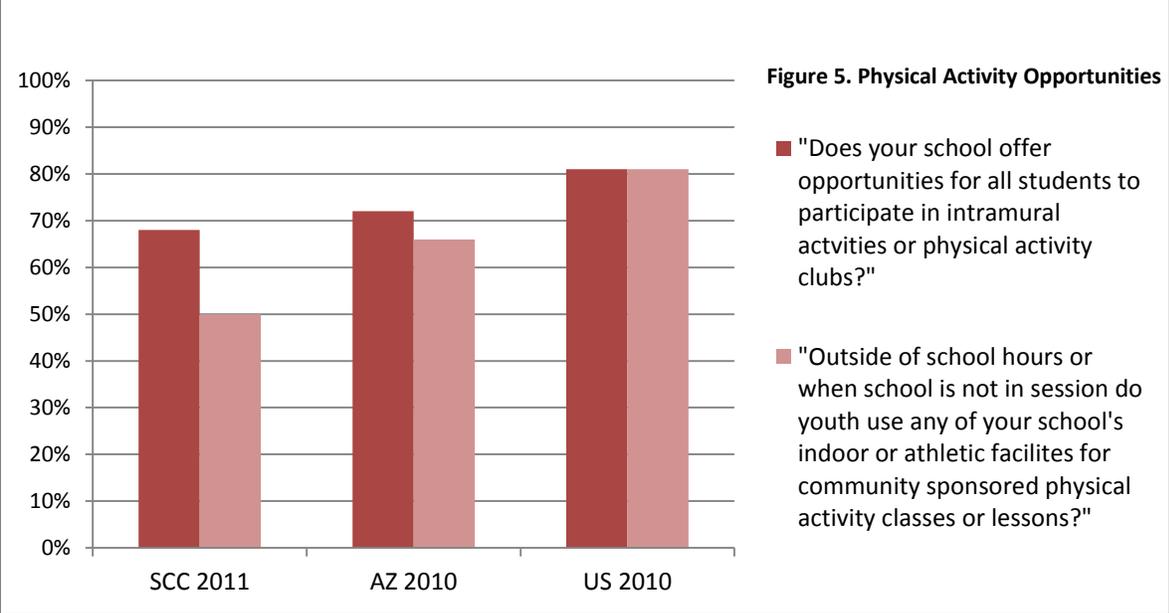
describing annual scope or sequence of instruction; plans for how to assess student performance; and a written physical education curriculum (Figure 4).





Physical Activity

To promote physical activity, schools may offer students the opportunity to participate in intramural sports or physical activity clubs or allow the use of schools facilities outside of school hours for community-sponsored classes or lessons. Intramural activities or activity clubs were defined on the questionnaire as any physical activity programs that are voluntary for students, in which students are given an equal opportunity to participate regardless of physical ability. Sixty-eight percent (68%) of Santa Cruz County secondary schools offer opportunities for all students to participate in intramural or physical activity clubs. Fifty percent (50%) of Santa Cruz County secondary schools use their indoor athletic facilities for community sponsored physical activities or lessons. US rates for supporting physical activity are slightly higher than Arizona or Santa Cruz County (Figure 5).



Results: Healthy and Safe School Environment

Nutrition-Related Policies and Practices

The school nutrition environment includes not only the federal school meal programs, but also foods and beverages sold at school separately from these programs. Twenty-five percent (25%) of Santa Cruz County secondary schools allow students to purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar. Sixty-three percent (63%) of schools always or almost always offer fruits or non-fried vegetables when foods and beverages are offered at school celebrations.

The percentage of Santa Cruz County secondary schools that implement strategies to promote healthy eating are as follows:

Strategies to Promote Healthy Eating	SCC 2011	AZ 2010	US 2010
Collected suggestions from students/faculty/families on nutritious food preferences/strategies to promote healthy eating	63%	42%	46%
Provided information to students/families on nutrition and caloric content of foods available	50%	39%	46%
Provided opportunities for students to visit the cafeteria to learn about food safety/nutrition topics	31%	24%	19%
Priced nutritious foods/beverages at lower cost while raising price of less nutritious foods	6%	8%	10%
Conducted taste tests to determine preferences for nutritious items	6%	22%	21%

A detrimental aspect of the school nutrition environment is advertisements for and promotion of candy, fast-food restaurants, and soft drinks. No Santa Cruz County secondary schools (0%) promoted candy, fast-food, or soft drinks through the distribution of products such as t-shirts, hats, and book covers to student. The majority of schools prohibit advertising for candy, soft drinks, and fast foods in the following areas:

- ✓ In the school building (81%)
- ✓ In vehicles (e.g. school buses) used to transport students (81%)
- ✓ In school publications (75%)
- ✓ On school grounds (63%)

Tobacco Use Prevention

Policies prohibiting tobacco use at school can help prevent tobacco use among students. All (100%) Santa Cruz County secondary schools have adopted a policy prohibiting tobacco use. All (100%) schools' policies specify prohibition of cigarettes by students, faculty, and visitors; and 94% specify prohibition of smokeless tobacco, cigars, and pipes for students, faculty, and visitors during any school related activity. Eighty-one percent (81%) to 88% of school's policies prohibit tobacco use for students, faculty and staff,

and visitors at all times, i.e. during school hours and non-school hours, and all locations, i.e. in school buildings, outside on school grounds, on school buses or in school vehicles, and off campus at school sponsored events. Schools have informed students (88%), faculty and staff (88%), and visitors (79%) of their policies.

Schools should take action when students are caught smoking cigarettes. The percentage of schools that *sometimes, almost always, or always* took specific actions when students are caught smoking cigarettes ranged as follows:

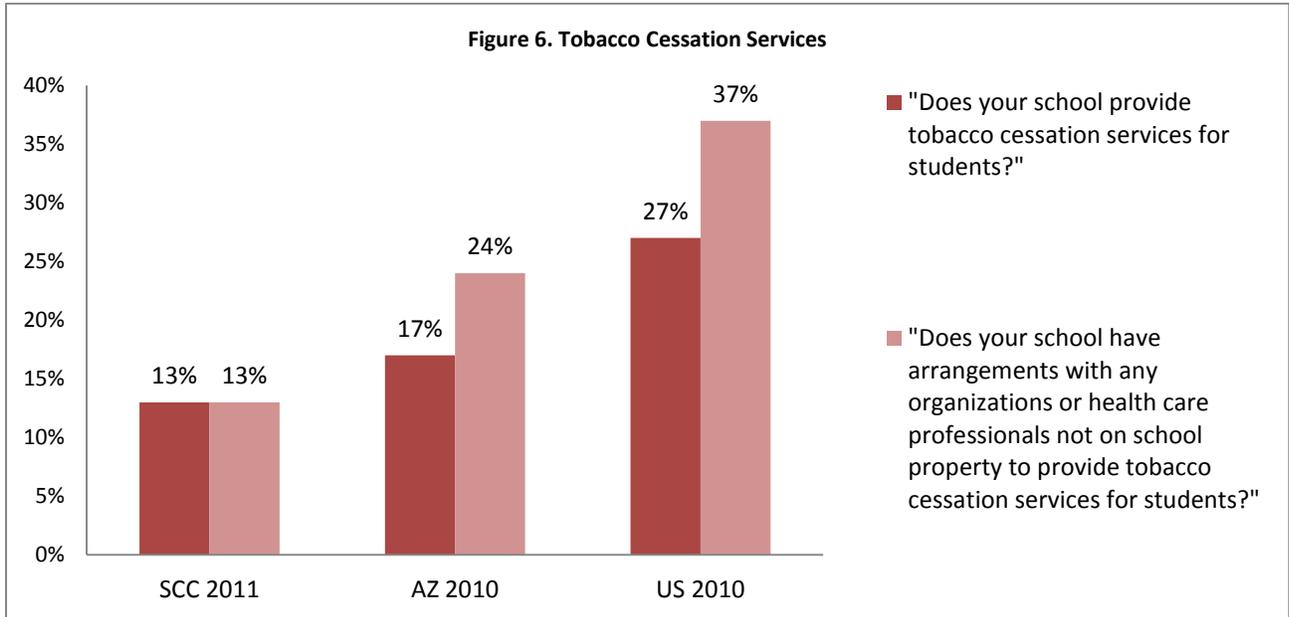
Action Taken By School When Student Found Smoking <i>*indicates remedial approach, vs. punitive</i>	SCC 2011	AZ 2010	US 2010
Notified parents or guardians	100%	100%	100%
Referred to a school counselor*	85%	68%	78%
Referred to school administrator	100%	100%	99%
Encouraged, but no required to participate in an assistance, education or cessation program*	46%	55%	67%
Required to participate in an assistance, education, or cessation program*	8%	34%	42%
Referred to legal authorities	46%	51%	60%
Placed in detention	62%	64%	64%
Not allowed to participate in extracurricular activities	69%	72%	76%
Given in-school suspension	77%	70%	72%
Suspended from school	92%	85%	77%
Expelled from school	23%	19%	10%
Reassigned to an alternative school	15%	17%	13%

Among schools with a policy prohibiting tobacco use, 93% had procedures to inform students and faculty/staff about the tobacco-use prevention policy that prohibits their use of tobacco, and 92% had procedures to inform visitors.

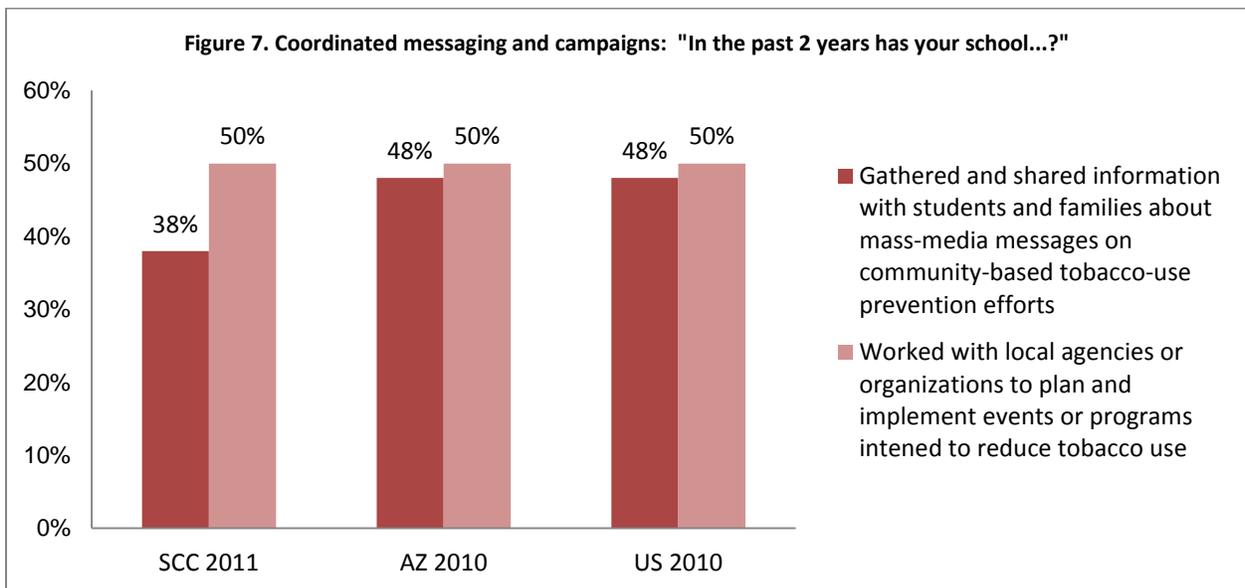
In addition to informing students, faculty and staff, and visitors about the policy, schools can take specific actions to support such a policy. The percentage of schools that took these actions ranged as follows:

Specific Actions to Support a Tobacco-Free Environment Policy	SCC 2011	AZ 2010	US 2010
Included guidelines on what actions should be taken when students get caught smoking	88%	96%	97%
Always or almost always notified parents or guardians when student are caught smoking	100%	97%	97%
Used the effect or severity of the violation or repeat offender status to determine actions to take when students are caught smoking	77%	85%	84%
Posted signs marking a tobacco free school zone	75%	88%	80%
Used remedial rather than punitive sanctions when students are caught smoking (i.e. always or almost always took at least one remedial sanction)	46%	43%	49%
Had an individual responsible for enforcing policy	64%	56%	55%
Posted signs marking a tobacco-free school zone, specified distance from school grounds where tobacco use is not allowed	75%	88%	80%

Tobacco cessation efforts are an important component of creating a tobacco free environment at school; 13% of Santa Cruz County secondary schools provide tobacco cessation services to students, and 6% provide services to faculty and staff. Thirteen percent (13%) of schools have arrangements with health care professionals not on school property to provide tobacco cessation services to students and faculty and staff.



To enhance tobacco-use prevention efforts, schools should coordinate their messages and programs with community mass-media efforts. Thirty-eight percent (38%) of Santa Cruz County secondary schools gathered and shared information with students and families about mass media efforts, and 50% worked with local agencies to plan and implement events or programs to reduce tobacco use, during the two years before the survey.



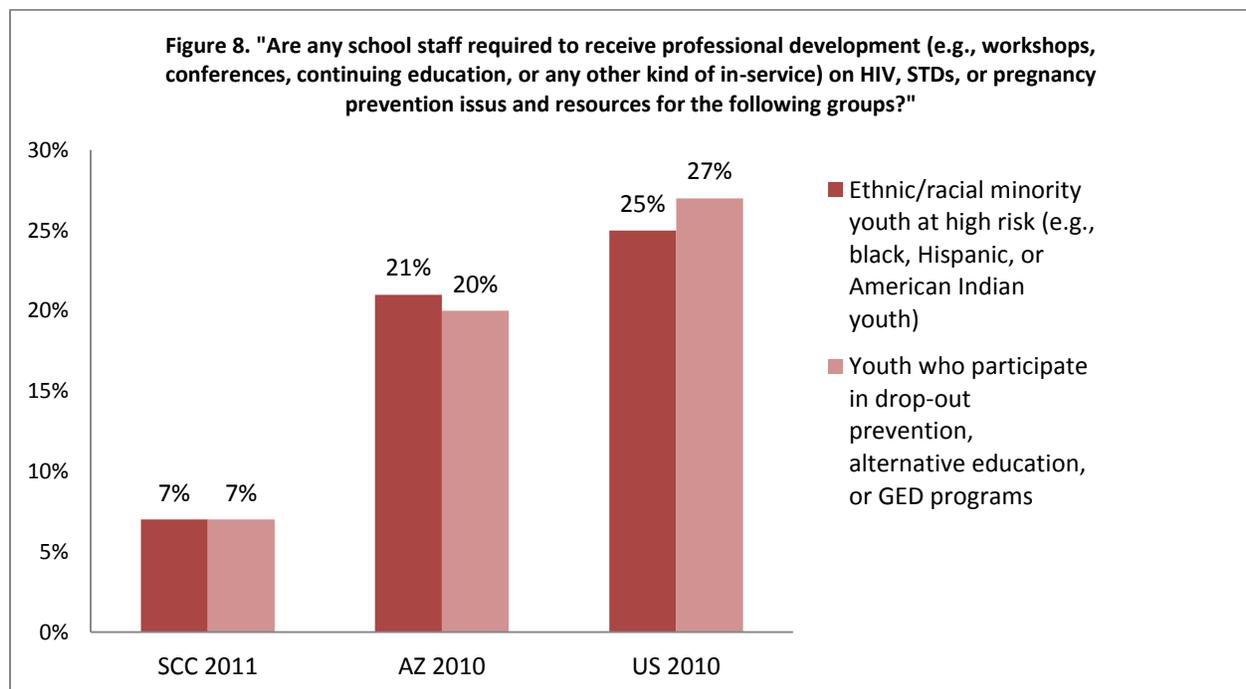
HIV Infection and AIDS Prevention

School policies can provide critical support for HIV-infected students and staff. Twenty-five percent (25%) to 63% of Santa Cruz County secondary schools have a policy that addresses 8 specific issues identified on the survey for students or staff with HIV infection or AIDS. Training for staff about HIV was notably low (25%), while 63% of school policies address worksite safety and maintaining confidentiality.

Policy Addresses:	SCC 2011	AZ 2010	US 2010
Maintaining confidentiality of HIV infected students and staff	63%	72%	78%
Worksite safety (i.e., universal precautions for all school staff)	63%	80%	83%
Attendance of students with HIV infection	56%	58%	59%
Procedures to protect HIV-infected staff and students from discrimination	56%	66%	67%
Communication of policy to students, staff, parents	47%	57%	61%
Procedures for implementing the policy	44%	61%	64%
Confidential counseling for HIV infected students	40%	53%	64%
Adequate training about HIV infection for school staff	25%	63%	64%

HIV, STD, or Pregnancy Prevention Programs for Youth at High Risk

Some schools gear HIV prevention efforts toward specific high-risk groups. Seven percent (7%) of Santa Cruz County secondary schools require professional development for school staff on HIV, STD, or pregnancy prevention issues and resources for youth who participate in drop-out prevention, alternative education, or GED programs, and for ethnic/racial minority youth at high risk. Although higher than the county percentage, median state and US rates remain relatively low.



Safe and Supportive School Environments for All Students

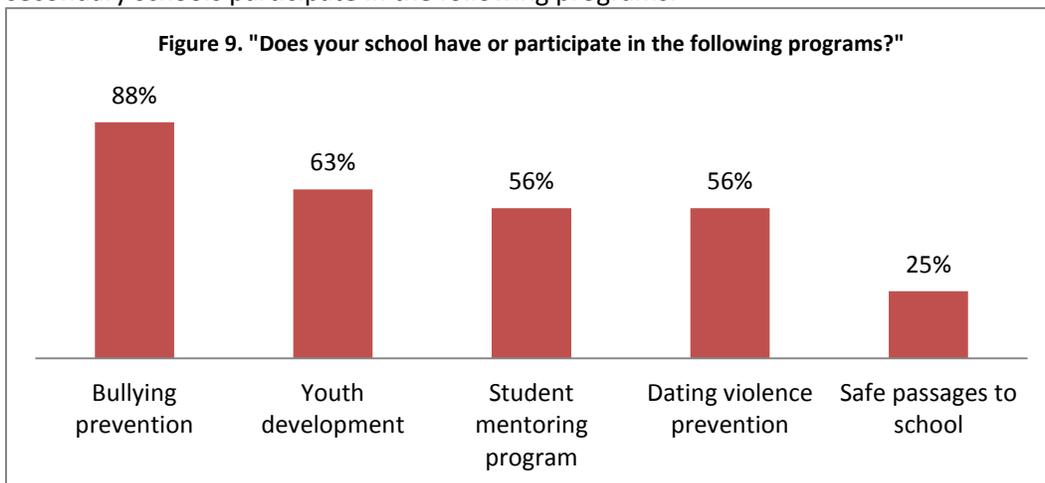
Schools can implement multiple policies and practices that help create a safe and supportive environment for all students, including lesbian, gay, bisexual, transgender, or question (LGBTQ) youth. Forty-four to eighty-one percent (44% - 81%) of schools engage in the following practices related to LGBTQ youth:

Practices to Support LGBTQ Students	SCC 2011	AZ 2010	US 2010
Prohibit harassment based on student’s perceived or actual sexual orientation or gender identity	81%	82%	88%
Facilitate access to providers not on school property who have experience in providing health services, including HIV/STD testing and counseling to LGBTQ youth	63%	38%	44%
Facilitate access to providers not on school property who have experience providing social and psychological services to LGBTQ youth	63%	40%	45%
Identify “safe spaces” (e.g., a counselor’s office, designated classroom, or student organization) where LGBT can receive support from school administrators, teachers, or other school staff	44%	48%	52%
Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity	44%	45%	54%

Twenty-five percent (25%) of Santa Cruz County secondary schools have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth regardless of sexual orientation or gender identity (sometimes called gay/straight alliances); this is similar to state (24%) and national (26%) medians

Injury and Violence Prevention Programs

To create a safe, positive physical and psychosocial environment, some schools participate in injury and violence prevention programs or youth development programs; 25% to 88% of Santa Cruz County secondary schools participate in the following programs:

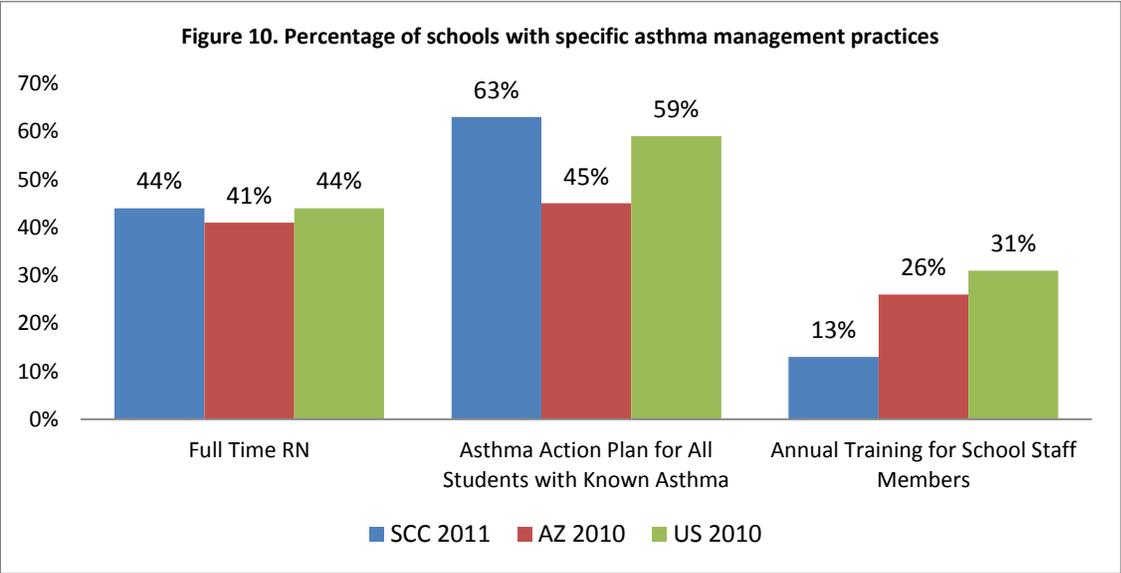


Results: Health Services

Schools can support student success by providing health services to students. School nurses play a critical role in providing these services. A full time nurse was defined on the questionnaire as one who is at the school during all school hours, 5 days per week. Forty-four percent (44%) of Santa Cruz County secondary schools report having a full-time registered nurse who provided health services to students. This percentage is similar to state and national medians of 41% and 44% respectively.

Asthma

Students with known asthma are those identified by the school to have a current diagnosis of asthma as reported on the student emergency cards, medications records, health room visit records, emergency care plans, physical exams forms, parent notes, and other forms of healthcare clinician notification. Sixty-three percent (63%) of Santa Cruz County secondary schools had an asthma action plan on file for all students with known asthma, and 13% of schools require staff members to receive training at least once per year on recognizing and responding to serve asthma symptoms.



The percentage of Santa Cruz County secondary schools that used the following events to identify students with poorly controlled asthma in descending order is as follows:

- Frequent visits to school health office for asthma (69%)
- Frequent absences from school (44%)
- Frequent asthma symptoms at school (38%)
- Frequent non-participation in physical education class due to asthma (19%)
- Students sent home early due to asthma (19%)
- Calls from school to 911 due to asthma (6%)

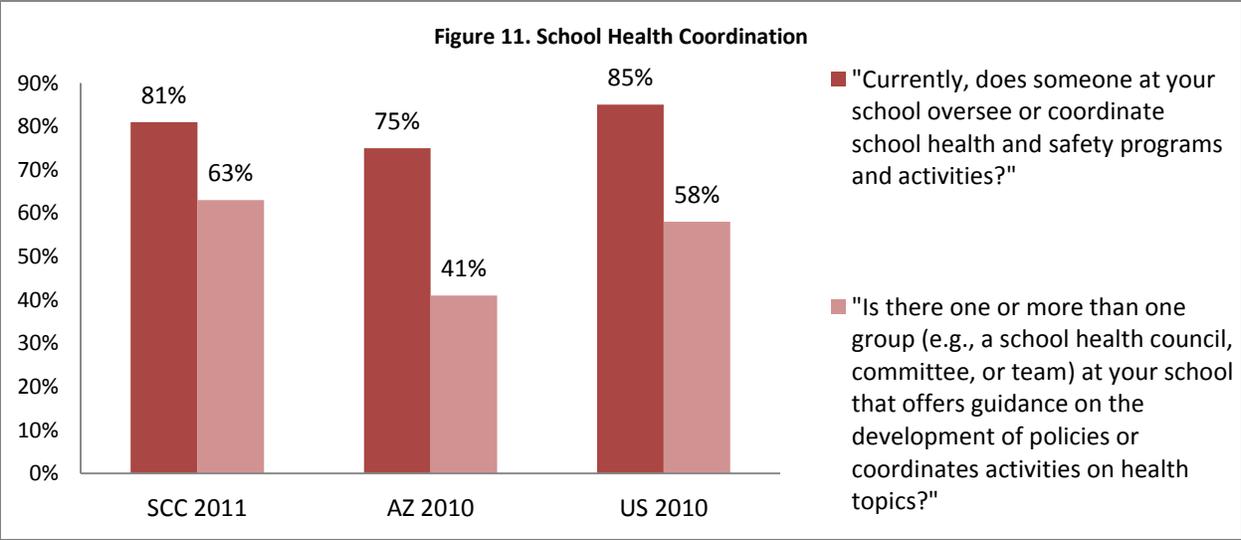
The percentage of Santa Cruz County secondary schools offering services for students with poorly controlled asthma in descending order is as follows:

- Ensuring access to safe, enjoyable physical education and activity opportunities (88%)
- Ensuring access to preventive medications before physical activity (88%)
- Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school (88%)
- Ensuring an appropriate written asthma action plan is provided (79%)
- Minimizing asthma triggers in the school environment (56%)
- Providing referrals to primary healthcare clinicians/child health insurance programs (43%)
- Providing additional psychosocial counseling or support services as needed (38%)
- Offering asthma education for students with asthma (31%)
- Addressing social and emotional issues related to asthma (31%)

Fifty percent (50%) of Santa Cruz County secondary schools have adopted a policy stating that students are permitted to carry and self-administer asthma medication, which is comparable to state percentage (57%) but notably lower than US (74%) median. Of schools that have a policy, 88% have procedures to inform students and 75% have procedures to inform parents/families. Seventy-five percent (75%) of schools have a designated person who is responsible for implementing the policy.

Results: School Health Coordination

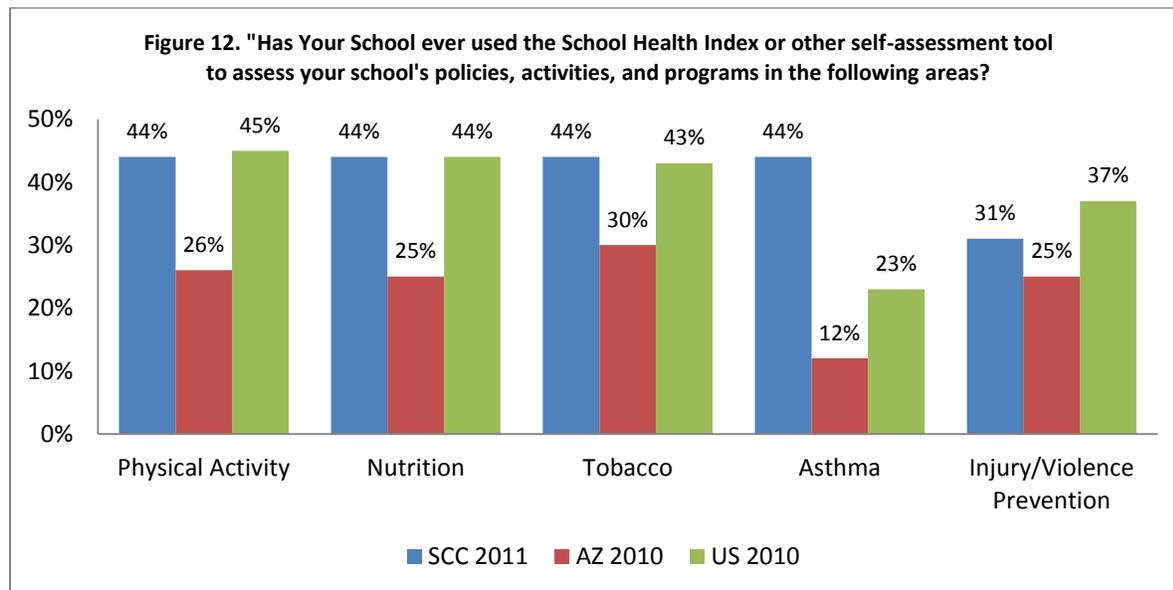
To help with coordination of school health, schools may have an individual who oversees school health and safety programs and activities. Schools may also have a health council, committee, or team. Eighty-one percent (81%) of Santa Cruz County secondary schools have a designated person who oversees school health and safety, and 63% have one or more groups (e.g. school health advisory council) that offer guidance on the development of policies or coordinates activities on health topics.



Among schools with a school health council (N=10), the percentage in which specific groups were represented is as follows:

School Health Group Representation	SCC 2011
School administrators	90%
Health education teachers	90%
Health services staff	90%
Student body	90%
Parents/families of students	90%
Nutrition/food service staff	80%
Physical education teachers	78%
Local health departments/agencies, etc.	50%
Community members	40%
Technology staff	30%
Library/media center staff	30%
Mental health or social service staff	20%
Maintenance/transportation staff	20%
Faith-based organizations	20%
Businesses	20%
Local government agencies	20%

Schools can use the School Health Index or other self-assessment tools to assess their health and safety policies around each of the components or coordinated school health and plan for improvement. Schools that are required to have a School Improvement Plan (SIP) may incorporate health and safety goals into their written plan for improvement. Thirty-one percent (31%) of Santa Cruz County secondary schools have used the School Health Index or other self-assessment tool to assess injury and violence prevention programs, activities, and policies. Forty-four percent (44%) have assessed physical activity, nutrition services, tobacco-use prevention, and asthma programs and policies.

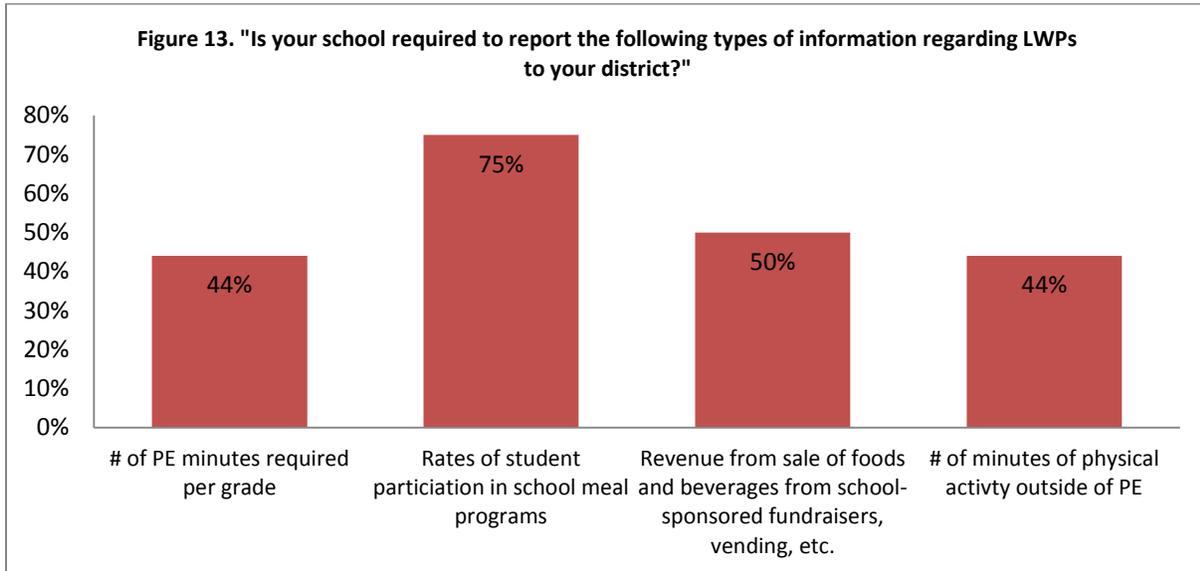


The Elementary and Secondary Education Act requires certain schools to have a written School Improvement Plan (SIP). Many states and school districts also require schools to have a written SIP. Five of the 16 Santa Cruz County secondary schools reported having no written SIP. Of the 11 schools with a SIP, the percentage of schools with health related goals and objectives for specific topics are as follows:

Topic Addressed in SIP (N=11)	SCC 2011	AZ 2010	US 2010
Healthy and safe school environment	50%	46%	61%
Health Education	31%	17%	35%
Family and community involvement	31%	54%	61%
Physical Education and Activity	25%	18%	36%
Nutrition Services	25%	15%	30%
Faculty and staff health promotion	25%	14%	28%
Health Services	19%	14%	28%
Mental Health and Social Services	6%	16%	29%

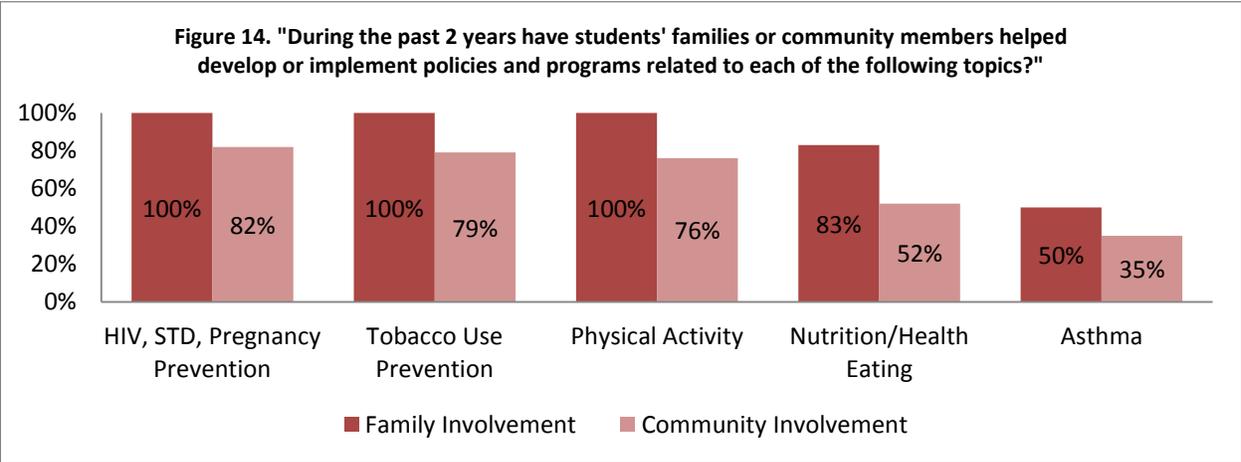
Wellness policies also play a role in coordinating school health. The Child Nutrition and WIC Reauthorization Act of 2004 requires school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program or School Breakfast Program) to establish a local school wellness policy (LWP). LWPs must include: goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness; nutrition guideline for all foods available on campus; and a plan for measuring the implementation of the local wellness policy. The percentage of

Santa Cruz County secondary schools that were required to report to their district each of the following types of information regarding the implementation of the LWP ranged as follows:



Results: Family and Community Involvement

Partnerships between schools, families, and community members are important elements of coordinated school health. Nineteen to thirty-one percent (19% - 31%) of Santa Cruz County secondary schools had help from students' families to develop or implement policies and programs in the past two years, and 19%-50% had help from community members.



Results: Health Education

Note: only 10 of 19 schools (53%) completed the Health Education Teacher Survey. Only responses to questions answered by all 10 schools are described in this report (see methods on page 1).

Required Health Education Courses

A *required health education course* is defined as a course that students must take for graduation or promotion from school and includes instruction about health topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity. Six (of 10) Santa Cruz County secondary schools reported requiring 1 to 3 *health education courses*, while 4 schools required none. None of these schools required a student to repeat the course if they failed.

Required Health Education

Required health education is defined on the Profiles questionnaire as any classroom instruction on health topics, including instruction that occurs outside of health education courses that students must receive for graduation or promotion from school (for example, when a health topic is taught in a required English class). Six of ten responding Santa Cruz County secondary schools required health education instruction for students in any of grades 6-12.

Materials for Health Education

Schools can provide materials to health education teachers to help them teach. On the Profiles questionnaire, items addressing materials and curriculum applied to any instruction on health topics as defined in *required health course* (above) including instruction that occurs outside of health education courses, and instruction that is not required. Seven to nine (of 10) Santa Cruz County secondary schools provide the following key materials at their school:

Materials Provided to Teachers for Required Health Education Courses	# of schools
Goals, objectives, and expected outcomes for health education	9
A written health education curriculum	7
A chart describing the annual scope and sequence for instruction for health education	7
Plans for how to assess student performance in health education	5

Content of Required Health Education

Health education curricula should address student skills that correspond to the *National Health Education Standards*. Six to eight (of 10) Santa Cruz County secondary schools reported using a curriculum that addresses the following specific skills:

Skills Addressed in Health Education Curriculum	# of schools
Comprehending concepts related to health promotion and disease prevention	8
Using interpersonal communication skills to enhance health and avoid/reduce health risks	8
Using decision making skills to enhance health	8
Using interpersonal communication skills to enhance health and avoid/reduce health risks	8
Accessing valid information and products and services to enhance health	7
Using goal-setting skills to enhance health	7
Advocating for personal, family, and community health	6

Collaboration

During the previous school year, health education staff from 4 to 7 (of 10) Santa Cruz County secondary schools worked with each of the following groups:

“During this school year, have any health education staff worked with each of the following groups on health education activities?” (reflects “yes” responses)	# of schools
Physical Education staff	7
Health services staff (e.g., nurses)	5
Nutrition or food service staff	5
School health council, committee or team	5
Mental health or social services staff (e.g., psychologists, counselors, and social workers)	4

Health Information to Increase Parent and Family Knowledge

During the previous school year, very few Santa Cruz County secondary schools provided parents and families with health information designed to increase parent and family knowledge:

“During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics?” (reflects “yes” responses)	# of schools
Nutrition and healthy eating	4
HIV, STD, or teen pregnancy prevention	1
Physical activity	1
Asthma	1
Tobacco use prevention	0

Professional Preparation and Professional Development

Four of the health education teachers who completed the survey were currently certified, licensed, or endorsed by the state to teach health education in middle or high school. Three teachers had 1-5 years of experience teaching health education courses or topics, three teachers had 6-9 years of experience, three teachers had taught health education for over 15 years. Physical Education or Health and Physical Education were the major emphasis of professional preparation for 6 teachers of the teachers completing the survey.

Discussion, Limitations, Recommendations

The Santa Cruz County 2011 School Health Profile was conducted through the efforts of the Santa Cruz County Adolescent Wellness Network (SCCAWN). The survey used is the same as the 2010 survey used state and nation-wide, and this report is an abbreviated replica of the 2010 School Health Profiles developed by the Centers for Disease Control and Prevention (CDC). The 84% Santa Cruz County response rate for the Principal Survey lent itself to state and national comparison. The 53% response rate for the Lead Health Teacher survey made it more challenging to make representative statements about the County, much less compare to state and national data. However both surveys were completed by schools serving a majority of Santa Cruz County students.

Results of the Profile demonstrate needs as well as strengths of schools in Santa Cruz County. The information collected can help guide community partners as well as school administrators and staff in thinking through priorities in order to address school health.

The success of survey administration lies in the individual attention to schools and collaboration lead by the SCCAWN. The Network may consider implementing the survey again to continue to raise attention of local school health programs and policies. Schools may need some individualized assistance in interpreting survey questions, especially with the Lead Health Education Survey as many schools may not view the survey as applicable to their situation. Finally, it is a great convenience that the CDC revises and conducts the Profiles survey every two years, and if SCCAWN partners wish to continue conducting the survey, additional questions pertinent to the local and state community could possibly be added to the questionnaire.