

North Dakota School Health Profiles

2008 and 2010

The following synopsis is a reflection of the 2008 and 2010 North Dakota School Health Profile results emphasizing North Dakota's Coordinated School Health focus areas. While the 2008 and 2010 School Health Profiles contain more questions and data than those results reflected below, the information contained in this executive summary focuses primarily on the key focus areas of the North Dakota Coordinated School Health Plan. For more information please contact:

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What is the Coordinated School Health?

Healthy kids make good students, and good students make healthy communities. The North Dakota Department of Public Instruction (DPI) and Department of Health (DoH) are work together with other partners to improve the health and well being of K-12 students in North Dakota, therefore improving academic performance.

For more information on North Dakota Coordinated School Health, go to <http://www.dpi.state.nd.us/health/CSH/index.shtm>.

North Dakota School Health Profiles

What is the School Health Profiles Survey?

School Health Profiles is a biennial survey conducted in even years by state education agencies among middle/junior high and senior high school principals and lead health education teachers. The survey monitors the current status of:

- Health education requirements and content;
- Physical education requirements;
- Asthma management activities;
- Food service;
- Competitive food practices and policies;
- Family and community involvement in school health programs; and
- School health policies related to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) prevention, tobacco-use prevention, violence prevention, and physical activity.

Why is the Profiles Survey Important?

The Profiles Survey provides information on current school health policies and activities. Thus state partners and school districts can use survey data to plan and allocate resources, guide professional development, advocate for policy improvement and resources, and describe the status of school health programs in North Dakota. The data can be used to monitor the impact of school-level measures in the future.

How is the Profiles Survey Conducted?

The Profiles Survey is conducted among a sample of secondary schools across North Dakota and selected from a list of all middle/junior high and senior high schools. Profiles Survey data are collected from the school principal and the lead health education teacher at each sampled school using self-administered questionnaires. Completion of the survey is voluntary and confidential. North Dakota began administering the Profiles Survey in 2002. The fifth biennial Profiles Survey was conducted during the spring of 2010 and weighted data results were obtained.

How is Profile Survey Data Used?

State partners and local education officials use Profiles Survey data to:

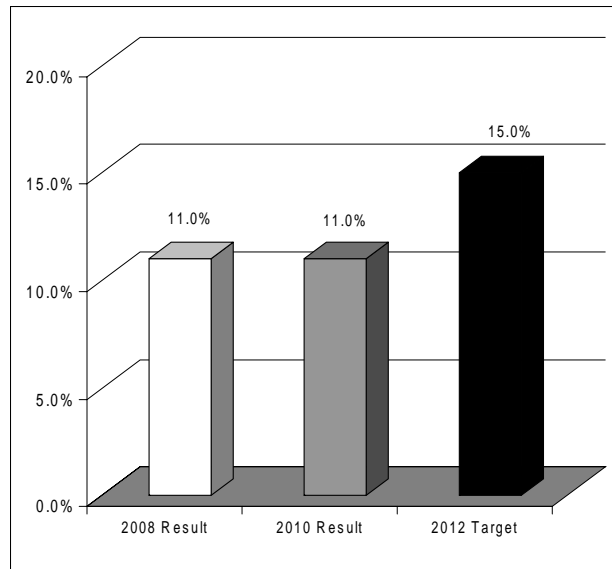
- Advocate for required health education;
- Identify health education topics and skills that are taught;
- Identify parent and community involvement;
- Identify topics for staff development;
- Improve school health programs and policies; and
- Determine how well schools address the health and safety needs of students.

North Dakota School Health Profiles

Profiles Results CSHP 2 – School Health Teams

North Dakota is seeking to increase the percentage of schools that have a group (e.g., school health council) that helps plan and implement school health programs, with representation from the following:

- School administrators.
- Health education teachers.
- Physical education teachers.
- Mental health or social services staff.
- Nutrition or food service staff.
- Health services staff (e.g., school nurse).
- Maintenance and transportation staff.
- Student body.
- Parents or families of students.
- Community.
- Local health departments, agencies, or organizations.
- Faith-based organizations.
- Businesses.
- Local government agencies.



The following Profiles Survey results represent North Dakota current data...

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that have a group (e.g., school health council) that helps plan and implement school health programs with representation from the above listed entities.	11%	11%	15%

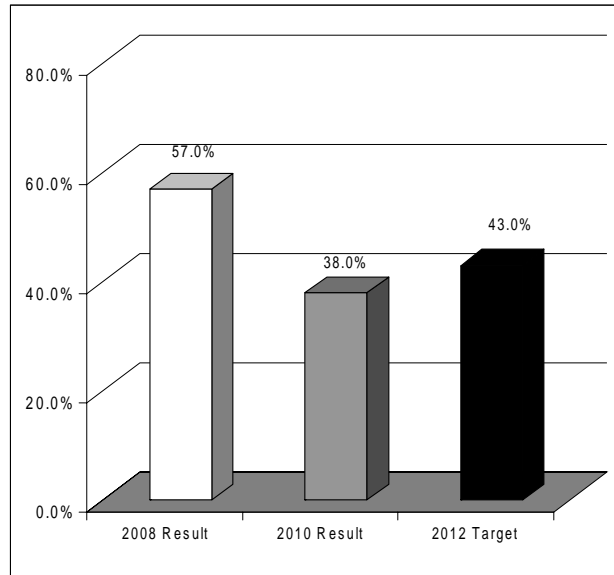
The school health committees or teams are essential in assuring a healthy school culture. The committees or teams should represent a coalition of representatives from within and outside of the school community interested in improving the health of youth in schools. Participation on such committees or teams can empower others through increased awareness and knowledge of the school health program, increase the chance of ownership and commitment, activate channels of communication, and increase involvement in decision making. This includes educators, students, parents, and community members. Parent leaders help other parents understand and contribute ideas to issues and policies that affect the design and quality of school programs and opportunities for all children.

North Dakota School Health Profiles

Profiles Results CSHP 3 – Assessment of Policy, Activities, and Programs

North Dakota is seeking to increase the percentage of schools that have ever assessed their policies, activities, and programs by using the *School Health Index* or a similar self-assessment tool in any of the following areas:

- Physical activity.
- Nutrition.
- Tobacco-use prevention.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that have ever assessed their policies, activities, and programs by using the <i>School Health Index</i> or a similar self-assessment tool in all of the above listed areas.	57%	38%	43%

Studies confirm that the School Health Index (SHI) helps bring health issues to the school's attention, builds school commitment, identifies changes that do not require resources, encourages development of policy and action, raises awareness of federal policies, and helps schools set policies and standards that meet national health objectives.

The SHI should be administered, at a minimum, every other year to demonstrate progress and should be part of the school education improvement plan self-assessment. The SHI can be found, free of charge and with explicit directions, at www.cdc.gov/healthyouth/shi/index.htm.

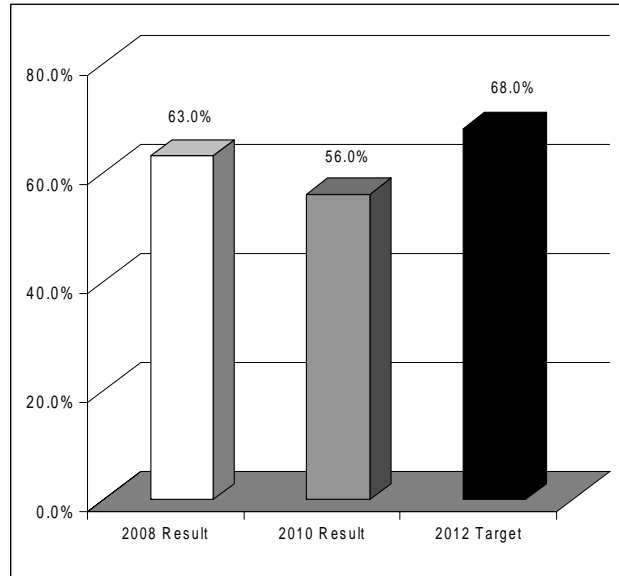
Note: A significant decrease is noted on this profile from 2008 to 2010. This drop is due to a change of wording in the question. In the past (2008), the question read "The percentage of schools that have ever assessed their policies ... in **any** of the above listed areas." It now reads (2010) "The percentage of schools that have assessed their policies...in **all** the above listed areas."

North Dakota School Health Profiles

Profiles Results CSHP 7 – Written Health Education Curriculum

North Dakota is seeking to increase the percentage of schools that follow a written health education curriculum that addresses all the following:

- Comprehending concepts related to health promotion and disease prevention to enhance health.
- Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Accessing valid information and products and services to enhance health.
- Using interpersonal communication skills to enhance health and avoid or reduce health risks.
- Using decision-making skills to enhance health.
- Using goal-setting skills to enhance health.
- Practicing health-enhancing behaviors to avoid or reduce risks.
- Advocating for personal, family, and community health.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that follow a written health education curriculum that addresses all the above listed areas.	63%	56%	68%

The health of young people is strongly linked to their academic success and the academic success of youth is strongly linked with their health. School health programs and policies may be one of the most efficient means to prevent or reduce risk behaviors and prevent serious health problems. Establishing healthy behaviors during childhood and maintaining them is easier and more effective than trying to change unhealthy behaviors during adulthood. Each school day is an opportunity for our students to learn about health and practice the skills that promote healthy behaviors, such as eating healthy foods and participating in physical activity.

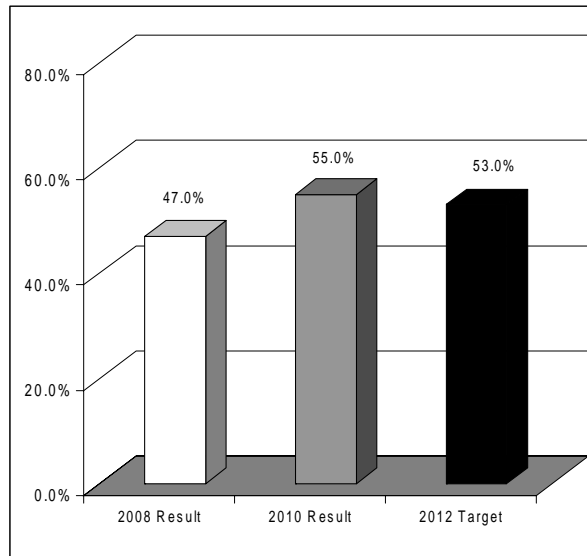
More information on health curriculum and assessment can be found at <http://apps.nccd.cdc.gov/sher/>.

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Profiles Results PE 6 – Physical Education and Activity Instruction

North Dakota is seeking to increase the percentage of schools in which those who teach physical education are provided with all of the following:

- Goals, objectives, and expected outcomes for physical education.
- A written physical education curriculum.
- A chart describing the annual scope and sequence of instruction for physical education.
- Plans for how to assess student performance in physical education.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools in which those who teach physical education are provided with all of the above listed areas.	47%	55%	53%

According to *Physical Activity Guidelines Advisory Committee Report* published in 2008 by the U.S. Department of Health and Human Services, regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, and increases self-esteem. Positive experiences with physical activity at a young age help lay the basis for being regularly active throughout life.

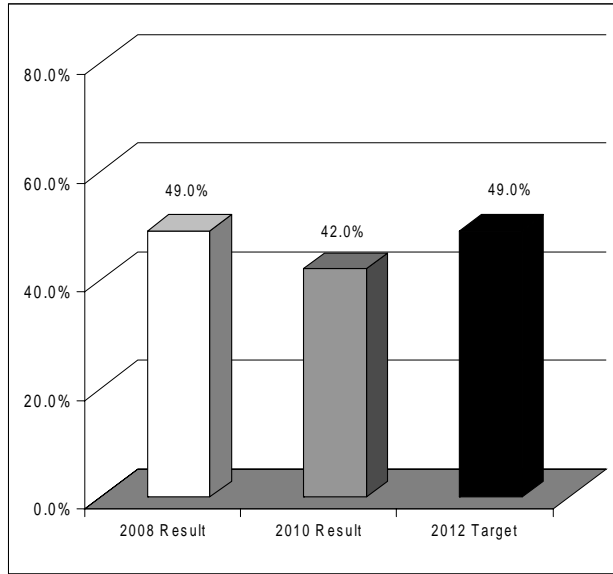
More information on physical education and physical activity can be found on the Centers for Disease Control and Prevention's website at www.cdc.gov/HealthyYouth/physicalactivity/.

North Dakota School Health Profiles

Profiles Results NU 1 – Sale of Non-Nutritious Food

North Dakota is seeking to increase the percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program:

- Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries).
- Salty snacks that are not low in fat (e.g., regular potato chips).
- Candy (i.e., chocolate or non-chocolate candy).
- Soda pop or fruit drinks that are not 100% juice.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that do not sell the above listed foods and beverages anywhere at school outside the school food service program.	49%	42%	49%

Most schools have a vending machine or a school store, canteen, or snack bar where students can purchase foods and beverages. To help improve dietary behavior and reduce overweight among youths, schools should offer appealing and nutritious foods throughout the school, even outside the cafeteria. Schools should also discourage sale of foods high in fat, sodium, and added sugars, and beverages and foods containing caffeine.

Findings suggest that restricting the availability of high-calorie, energy dense foods in schools and increasing the availability of healthful foods might be an effective strategy for promoting more healthful choices among students at school.

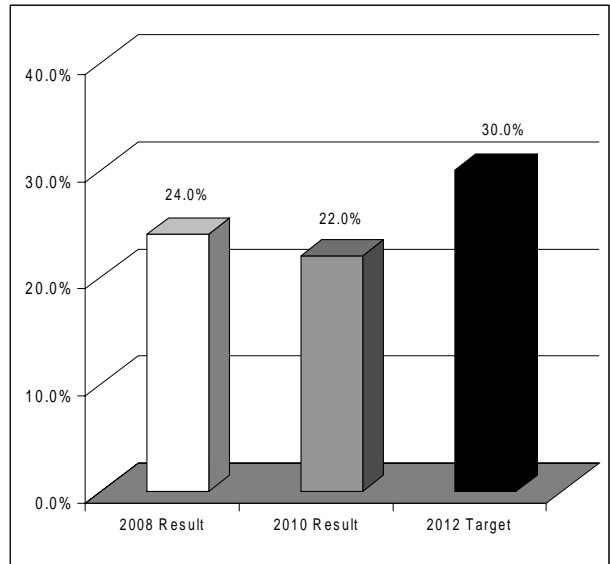
More information on providing nutritious choices to students can be found at www.cdc.gov/HealthyYouth/nutrition/index.htm.

North Dakota School Health Profiles

Profiles Results NU 3 – School Promotion of Healthy Eating

North Dakota is seeking to increase the percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating:

- Price nutritious food and beverage choices at a lower cost while increasing the price of less nutritious foods and beverages.
- Collect suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.
- Provide information on the nutrition and caloric content of foods available.
- Conduct taste tests to determine food preferences for nutritious items.
- Provide opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating.	24%	22%	30%

There are a variety of methods schools can use to promote healthy eating. Schools should employ effective or promising strategies in the school setting to promote healthy eating, such as pricing strategies, input from stakeholders, provision of nutrition information, taste tests, and using the cafeteria as a learning laboratory.

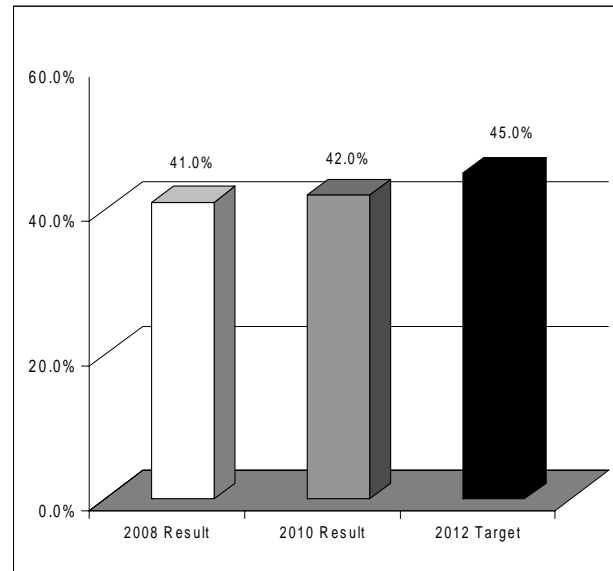
The school health council should help plan and implement strategies such as those listed above to offer numerous and diverse opportunities for young people to develop nutritional awareness and make thoughtful choices about healthful eating.

For more information on implementing healthy eating strategies, go to www.cdc.gov/HealthyYouth/nutrition/index.htm.

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Profiles Results TOB 1 – Tobacco Policy

North Dakota is seeking to increase the percentage of schools that follow a policy that mandates a “tobacco-free environment.” “A tobacco-free environment” is one that prohibits tobacco use by students, 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 and 7 days a week.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that follow a policy that mandates a “tobacco-free environment.” “A tobacco-free environment” is one that prohibits tobacco use by students, 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 and 7 days a week.	41%	42%	45%

Although the prevalence of smoking in North Dakota has steadily decreased over time, 22 percent of North Dakota high school students currently smoke, according to the 2009 Youth Risk Behavior Survey. Tobacco use remains the leading preventable cause of death and disability in our state.

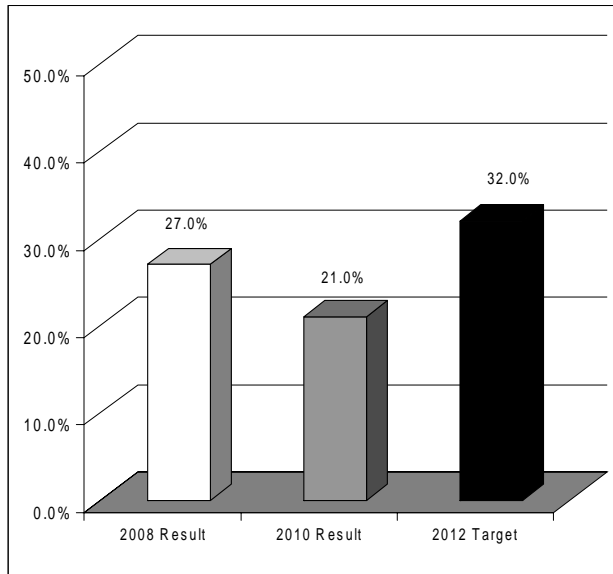
With a written policy in place and actively enforced, the prevalence of a behavior, such as youth using tobacco products on school grounds, decreases. In the past year, Coordinated School Health has worked with ND School Board Association to create a model tobacco policy for schools. For more information on tobacco use prevention, go to www.cdc.gov/HealthyYouth/tobacco/.

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Profiles Results HIV 7 – HIV Professional Development

North Dakota is seeking to increase the percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following:

- Describing how widespread HIV and other STD infections are and the consequences of these infections.
- Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.
- Identifying populations of youth who are at high risk of being infected with HIV and other STDs.
- Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools in which the lead health education teacher received professional development during the past 2 years on all of the above listed areas.	27%	21%	32%

This profile assesses professional development requirements for school staff on HIV, STD, and pregnancy prevention, specifically for youth at risk. Youth at high risk include racial/ethnic minorities and those who participate in drop-out prevention, alternative education, or GED programs. As a result of differences in sexual behavior, high risk groups have different HIV, STD and pregnancy prevention needs and health education and resources should be tailored to the specific population. Effective programs are appropriate for the age, sexual experience, gender, and culture of the youth.

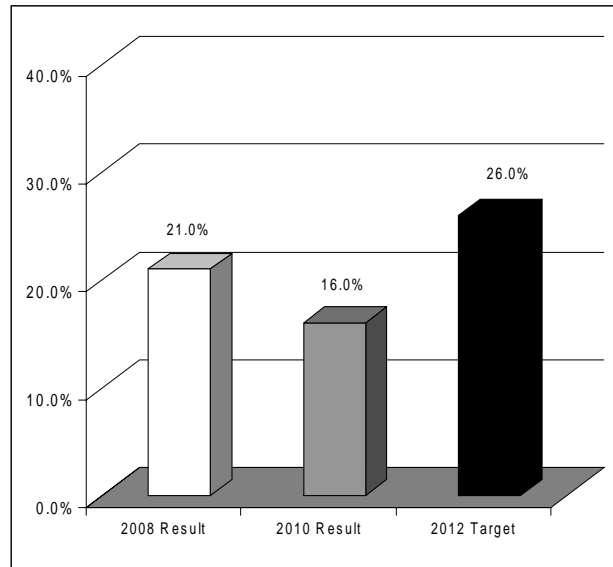
In order for such programs to be effective, educators must be trained to implement these programs with fidelity. Professional development provides opportunities for educators to learn about new developments in the field and innovative teaching techniques, and to exchange ideas with colleagues. Educators, who have received professional development in health education, report increases in the number of health lessons taught and their confidence in teaching.

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Profiles Results HIV 8 – HIV Instruction and Assessment

North Dakota is seeking to increase the percentage of schools in which the lead health education teacher received professional development on at least six of the following during the past 2 years:

- Teaching HIV prevention to students with physical, medical, or cognitive disabilities.
- Teaching HIV prevention to students of various cultural backgrounds.
- Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities.
- Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.
- Teaching about health-promoting social norms and beliefs related to HIV prevention.
- Strategies for involving parents, families, and others in student learning of HIV prevention education.
- Assessing students' performance in HIV prevention education.
- Implementing standards-based HIV prevention education curricula and student assessment.
- Using technology to improve HIV prevention education instruction.
- Teaching HIV prevention to students with limited English proficiency.
- Addressing community concerns and challenges related to HIV prevention education.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools in which the lead health education teacher received professional development on at least six of the above listed areas during the past 2 years.	21%	16%	26%

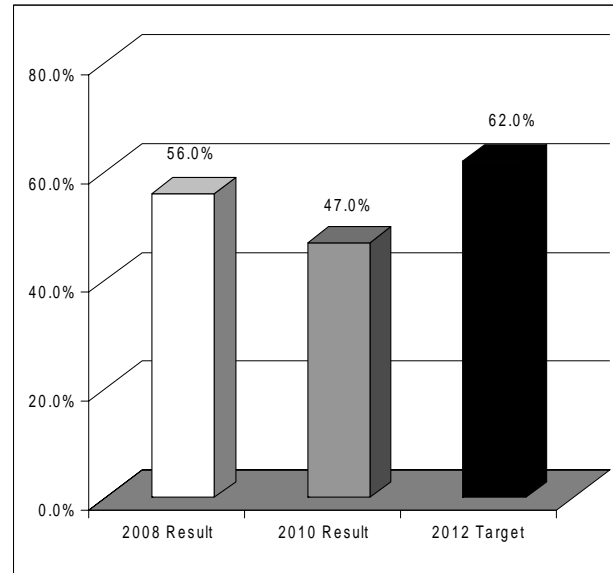
Effective implementation of school health education is linked directly to adequate teacher training programs. School health education designed to decrease students' participation in risk behaviors requires that teachers have appropriate updated training to develop and implement school health education curricula. More information on sexual risk behaviors can be found at www.cdc.gov/HealthyYouth/index.htm.

North Dakota School Health Profiles

Profiles Results HIV 9 – School HIV Policy and Procedures

North Dakota is seeking to increase the percentage of schools that have a policy or policies that address all of the following issues:

- Attendance of students with HIV infection.
- Procedures to protect HIV-infected students and staff from discrimination.
- Maintaining confidentiality of HIV-infected students and staff.



The following Profiles Survey results represent North Dakota current data:

Area	2008 Result	2010 Result	2012 Target
The percentage of schools that have a policy or policies that address all of the above listed areas.	56%	47%	62%

Every state and school district needs policies that address serious issues raised by HIV infection. Students and staff infected with HIV or AIDS need policies protecting their rights. Important components of school policies must be in place to address students and staff infected with HIV or AIDS. Sound policies provide essential guidance to educators; reassurance to families, students, and school staff members; legal protection for schools; and support for people with the virus. Well drafted and administered, they can also help to prevent or contain controversy.

Policymakers and educators should be aware that even if a policy is in place regarding HIV infection, the challenge is not over. Policies adopted just a few years ago might not be adequate to deal with today's issues. Policies need to be reviewed regularly.

For more information on policy, go to www.cdc.gov/HealthyYouth/policy/.