



# **Vermont School Health Profiles**

## **2018 Executive Summary**



Division of Health Surveillance

[healthvermont.gov](http://healthvermont.gov)

# Executive Summary

The School Health Profiles is conducted every other year to help education and health agencies at various levels monitor and assess characteristics of and trends in school health education; physical education and physical activity; school health policies related to human immunodeficiency virus (HIV), tobacco-use prevention, and nutrition; school-based health services; family engagement; community involvement; and school health coordination. The Profiles includes two separate questionnaires, one for principals and one for the lead health educator (LHE) at each middle and high school.

The Principal Questionnaire focuses on policies and practices related to prevention, services provided, and family and community involvement, while the Lead Health Educator Questionnaire focuses on course requirements, content covered, and professional development.

## School Health Coordination

- Almost all schools (87%) have at least one person who oversees or coordinates school health safety programs and activities. Nearly eight in ten have at least one group, such as a school health council or team, that offers guidance on the development and coordination of policies and health-related activities at the school (77%). More than half (53%) have at least one person who serves as a representative on a district-wide school health team that meets at least quarterly each year.
- During the past year, 89% of schools reviewed their district's local wellness policy. Two-thirds (67%) helped revise their local policy while half assessed their school's compliance in meeting the requirements set forth in the district's wellness policy.

## Health Services

- Nearly eight in ten schools have a full-time registered nurse (78%) while nearly a third have a part-time nurse (35%) available to provide health services to students. Less than a quarter have a school-based health center (22%).
- More than 95% of schools identify and track students with chronic conditions such as asthma, diabetes, and food allergies that may require daily or emergency management. More than eight out of ten schools provide students with referrals to community-based health centers if they have been identified with these chronic conditions. However, fewer schools track or provide referrals for students with or who are at risk for activity, diet, and weight-related chronic conditions such as hypertension and obesity.
- While most schools have referral procedures for students who express concerns about or are in need of receiving mental health care (81%), just over half (51%) screen students for mental health issues.
- Just over half (56%) have a cooperative or formal agreement with an outside agency to provide services including assessments or treatment for students with suspected substance use issues.
- Few schools provide direct sexual health services on school property. These services are primarily provided through the provision of condoms (13%). However, about half of middle and high schools provide referrals for students to receive sexual health services such as HPV vaccinations, STD testing and treatment, contraceptives, and pregnancy testing.

## **Health and Physical Education**

- Nearly three-quarters of lead health educators (73%) are certified, licensed, or endorsed by the state to teach health education. Four in ten lead health educators have 15 or more years of experience in teaching health education.
- All Vermont high schools and most middle schools (86%) require at least some health education instruction, either in a required health education course or in another academic setting. Most schools require students to receive this instruction in at least one formal required course with more than half (54%) requiring students to take two or more health education courses.
- Overall, schools are more likely to require students to complete a physical education course in each grade level compared to health education course. However, with both health and physical education, once students reach high school the percent of schools who require students to complete a required course decreases significantly after 9th grade with less than four in ten schools requiring students to complete a physical or health education course during their final year.
- Most schools have identified or are in the process of identifying Proficiency-Based Graduation Requirements (PBGR) related to Health Education (82%) and physical education (85%).

## **Policies and practices related to health and wellness**

### *Tobacco, Alcohol, and Drug Use Policies*

- Nearly all schools in Vermont have tobacco, alcohol, and drug use policies.
- Seven in ten schools (69%) have policies that mandate a “tobacco-free environment” in which tobacco use is prohibited by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds and at off-site school events at all times.
- However, schools are less likely to specify electronic vapor products in their policy compared to other tobacco products. Overall about three quarters of schools prohibited the use of electronic vapor products by students (76%), faculty (77%), or visitors (73%).
- Two-thirds of schools (67%) have procedures to provide referrals for students who are self-referred or suspected to have alcohol or drug-use problems. Just over half (56%) have a cooperative or formal agreement with an outside agency to provide services including assessments or treatment for students with suspected substance use issues.

### *Physical Activity and Nutrition Policies*

- One in ten schools (12%) have a comprehensive school physical activity program (CSPAP).
- All schools provide at least some opportunities for physical activity before, during, and after the school day. Opportunities for physical activity most frequently occur after school through interscholastic (90%) or intramural sports (78%). Less than half (48%) provide opportunities for physical activity before school.
- Nearly seven in ten (67%) schools have joint use agreements for shared use of school or community facilities to use sport facilities and promote physical activity. Four in ten (41%) have agreements to share kitchen facilities and equipment.
- A supportive school nutrition environment includes multiple elements related to how schools provide students access to nutritious meals and snacks. Nearly all schools serve locally or regionally grown foods in the cafeteria (95%) and place fruits and vegetables where they are easy to access (92%). Most have a school garden (77%). Seven in ten schools prohibit advertisements for candy, fast food, and soft drinks (71%) or selling less healthy foods or beverages in fundraisers (72%).
- Few schools (12%) modify the cost of food and beverages making more healthy food and beverages available at a lower cost.
- Less than half of schools have vending machines, school stores, or snack bars available for students to purchase snack foods or beverages (44%). Availability of vending machines varies by the type of school with 81% of high schools allowing students to purchase food and beverages outside the school meal program.

### **Safe and Inclusive Environments**

- All schools have a designated staff member to whom students can confidentially report student bullying and sexual harassment.
- Most schools prohibit harassment based on a student's perceived or actual sexual orientation or gender identity (99%) and have identified "safe spaces" (84%) where LGBTQ youth can receive support from administrators, teachers, or other school staff. Only a third of all schools (33%) implemented all six strategies identified to meet the needs of LGBTQ youth.
- Most schools have opportunities for students to learn about people different from them. Two-thirds of schools have clubs that provide students with opportunities to learn about people different from them, such as students with disabilities, homeless youth, or people from different cultures (65%); half (51%) provide clubs that create safe, welcoming, and accepting environments for all youth such as GSA's (Gay Straight Alliances), 61% host special events at school.

## Family and Community Engagement

- Seven in ten schools provide students opportunities to peer tutor other students (68%) and participate in service learning projects (69%); 44% have mentoring programs involving family or community members.
- Overall, 69% of schools implement in at least four strategies to increase parent and family engagement. Implementation of family engagement strategies range from communicating with families about health services and programs (93%) to providing students enrolled in health education courses assignments to complete with their family (59%) to involving families in the delivery of health education programs and services (28%).

For more information about the School Health Profiles:

Visit:

Vermont Department of Health: School Health Profiles

<http://www.healthvermont.gov/stats/surveys>

Centers for Disease Control and Prevention (CDC):

Division of Adolescent and School Health (DASH)

<https://www.cdc.gov/healthyyouth/data/profiles/index.htm>

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