



**North Dakota
Department of Public Instruction
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***2014
NORTH DAKOTA
SCHOOL HEALTH PROFILES***

October 2015

Table of Contents

| | |
|---|----|
| Introduction | 1 |
| School Health Profiles | 2 |
| Youth Risk Behavior Survey | 3 |
| Whole School, Whole Community, Whole Child (WSCC) | 4 |
| School Improvement Plans | 5 |
| Staff Development | 6 |
| Teacher Preparation and Teacher Workforce | 7 |
| Health Topics Taught | 8 |
| Skills Based Learning | 9 |
| Grade Level Health Education is Taught | 9 |
| Community and Family Involvement | 10 |
| Nutrition | 11 |
| Physical Activity | 12 |
| Physical Education | 13 |
| Tobacco Policy and Prevention Education | 14 |
| HIV Prevention | 15 |
| Nurse and Health Services | 16 |
| Violence Prevention | 16 |
| Next Steps | 17 |

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INTRODUCTION

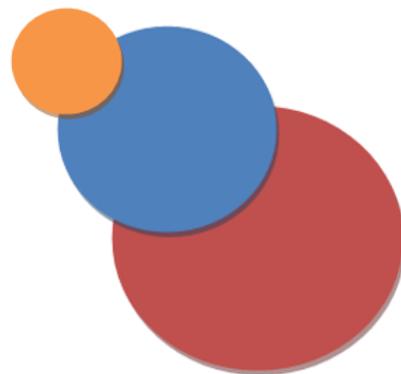
The school environment is a key setting in which students' behaviors and ideas are shaped. Research has shown that school health policies and practices can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. Schools are critical not only in preparing students academically and socially, they are also vital partners in helping young people take responsibility for their health and adopt health-enhancing attitudes and behaviors that can last a lifetime. It is easier and more effective to develop healthy behaviors during childhood than trying to change unhealthy behaviors during adulthood.

The School Health Profiles (Profiles) is a set of surveys completed by school district principals and health education teachers providing details on policies and practices within schools. The Youth Risk Behavior Survey (YRBS) is a survey completed by middle school and high school students providing insight into the at-risk behaviors of youth nationally and statewide. By analyzing youth at-risk behaviors using the YRBS and comparing them with the policies and practices within schools using the Profiles, school districts, communities, and state organizations can collaborate to promote a more comprehensive approach to addressing adolescent health in planning future policies and practices.

Both the Profiles and the YRBS are conducted by the Centers for Disease Control and Prevention (CDC). The CDC, one of the major operating components of the US Department of Health and Human Services, works to protect and increase health and safety in our nation.

This report includes highlights of the North Dakota School Health Profiles. For complete data reports on the Profiles go to <https://www.nd.gov/dpi/Administrators/SafeHealthy/Profiles/>. Additional information on the YRBS can be found at <https://www.nd.gov/dpi/Administrators/SafeHealthy/YRBS/>.

North Dakota School Health Profiles



What is the School Health Profiles?

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices and monitors the current status of:

- ◆ School health education requirements and content,
- ◆ Physical education and physical activity,
- ◆ School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition,
- ◆ Asthma management activities,
- ◆ Family and community involvement in school health programs, and
- ◆ School health coordination.

Why is the Profiles Survey Important?

By obtaining information on current school health policies and practices through the Profiles, state partners and school districts can use data results 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?

Profiles is conducted every other even year, opposite the YRBS, among a sample of secondary schools across North Dakota randomly selected by the Centers for Disease Control and Prevention from a list of all middle/junior high and senior high schools. North Dakota began administering the Profiles Survey in 2002. The seventh biennial Profiles was conducted during the spring of 2014. Two questionnaires are used to collect data – one for school principals and one for lead health education teachers. The two questionnaires were mailed to 185 public schools containing any of grades 6 through 12 in North Dakota. One or both of the questionnaires were completed and returned from 84% of the eligible sampled schools. Weighted data was obtained, which generates results that are highly representative of all school policies and practices throughout North Dakota.

How is Profile Survey Data Used?

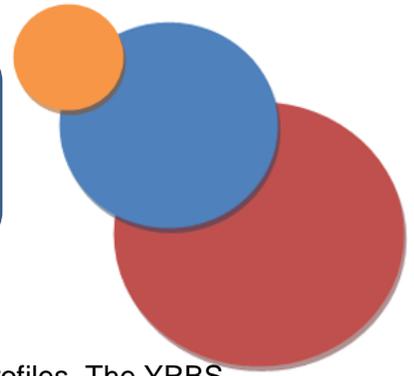
State partners and local education agencies use Profiles data to:

- ◆ Describe school health policies and practices and compare them across the state,
- ◆ Identify health education topics and skills that are taught,
- ◆ Identify parent and community involvement,
- ◆ Plan professional development based on needs,
- ◆ Advocate for additional health education,
- ◆ Improve school health programs and policies, and
- ◆ Determine how well schools address the health and safety needs of students.

Who Developed Profiles?

The Profiles questionnaires were developed by the Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of health and education.

North Dakota Youth Risk Behavior Survey



What is the Youth Risk Behavior Survey?

The Youth Risk Behavior Survey (YRBS) complements the School Health Profiles. The YRBS monitors the prevalence of priority health-risk behaviors among samples of middle/junior and senior high school students that contribute to the leading causes of death, disability and social problems. These health-risk behaviors are often established during the childhood and adolescence and extend into adulthood. The YRBS is designed to answer the following questions:

- ◆ What is the prevalence of specific health-risk behaviors, such as unintentional injuries and violence; tobacco-use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity, general health status, and the prevalence of obesity and asthma?
- ◆ To what extent have these health-risk behaviors among youth and young adults changed over time?
- ◆ What is the prevalence of multiple health-risk behaviors?

Why is the YRBS Important?

YRBS data are used to measure progress toward achieving national health objectives for Healthy People 2020, assess trends in priority health-risk behaviors among high school students, and evaluate the impact of broad school and community interventions at the national, state and local levels. By reviewing the YRBS data, effective school health programs and other policy and programmatic interventions can be identified to reduce risk and improve health outcomes among youth.

How is the YRBS conducted?

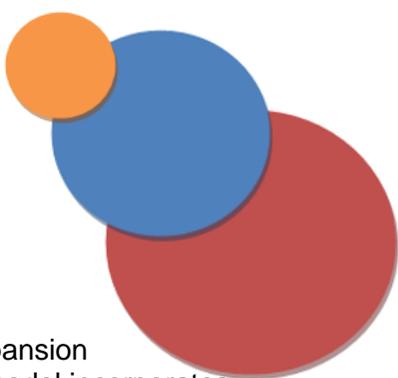
School-level data are collected via self-administered paper-and-pencil questionnaires conducted in classrooms and completed by middle/junior high and senior high school students. The YRBS is conducted every odd numbered year (2013, 2015, etc.). Completion of the survey is voluntary and confidential.

How are YRBS data used?

State and local education and health agencies use the YRBS data to:

- ◆ Describe health-risk behaviors;
- ◆ Create awareness among legislators, boards of education, school administrators, parents, community members, school staff, students and media;
- ◆ Set program goals for school health strategic plans, Healthy People 2010 objectives, and the Center for Disease Control and Prevention's (CDC) Performance Plan;
- ◆ Develop school health programs and policies, programs and policies for youth in high-risk situations, instructional guides and materials, and professional development programs for teachers;
- ◆ Support health-related legislation; and
- ◆ Support funding requests to federal, state and private agencies and foundations.

Whole School, Whole Community, Whole Child



What is Whole School, Whole Community, Whole Child?

The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC model incorporates the components of CSH and the tenets of the ASCD's* whole child approach to strengthen a unified and collaborative approach to learning and health. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

Why is the WSCC model important?

Research shows that academic achievement is directly impacted by the physical and emotional health of students. Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of youth. By working together, the various sectors can ensure that every young person in every school in every community is healthy, safe, engaged, supported, and challenged.

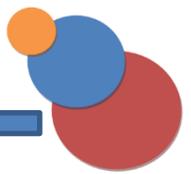
Reports and studies indicate that working together using this model contributes to improved attendance, fewer dropouts and suspensions, improved academics, decreased tobacco-use among students and staff, fewer teenage pregnancies, increased participation in physical activity, healthier eating habits, fewer discipline problems, and delayed onset of risky behaviors such as sexual intercourse and alcohol/drug use.

More information can be found at <http://www.cdc.gov/healthyschools/wsc/index.htm>.



* Formerly known as the Association for Supervision and Curriculum Development

SCHOOL IMPROVEMENT PLANS

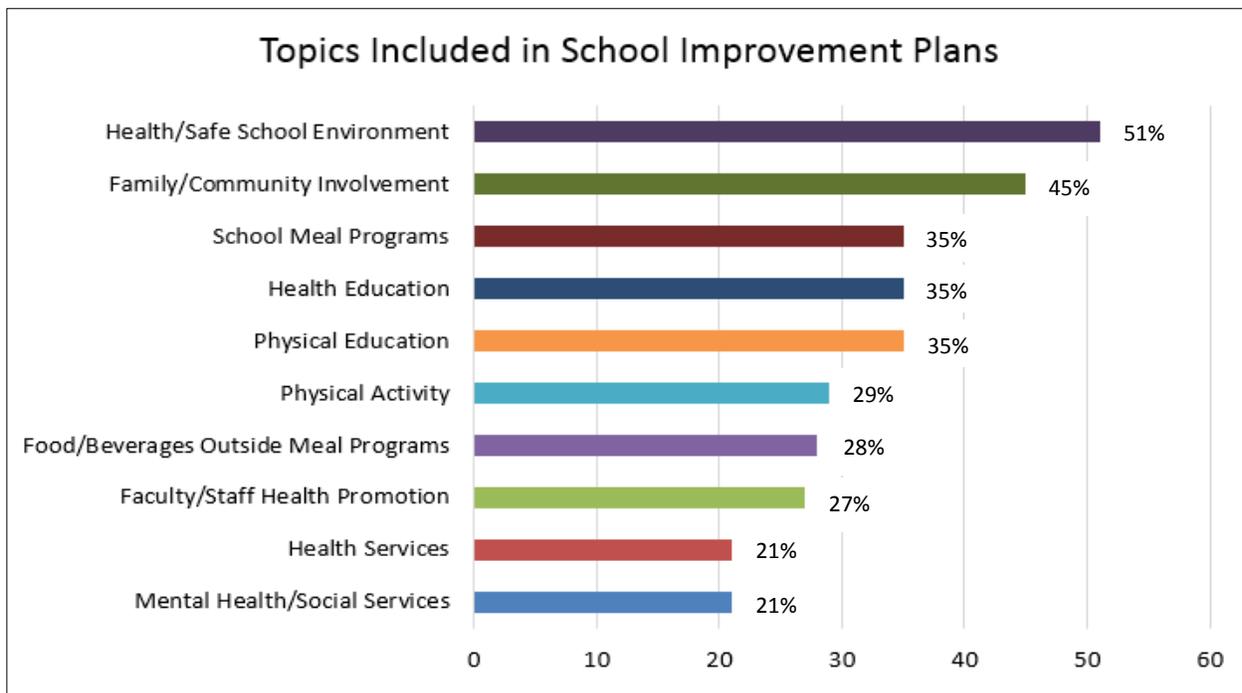


Results

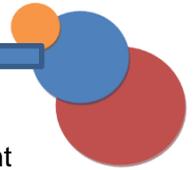
- ◆ 63% of middle and high schools reviewed health and safety data as part of the schools improvement planning process.
- ◆ More than 50% of schools used the School Health Index or other self-assessment tool to assess school policies, activities and programs in the following areas:
 - Physical activity
 - Nutrition
 - Tobacco-use prevention
 - Asthma
 - Injury and violence prevention
 - HIV, STD, and teen pregnancy prevention

Implications

- ❖ Research shows a link between the health outcomes of young people and their academic success.
- ❖ Health-related factors such as hunger, physical and emotional abuse, chronic illness, violence, and physical inactivity can lead to poor school performance, and lower educational attainment.
- ❖ School health programs can have a positive effect on educational outcomes, as well as health-risk behaviors and health outcomes.



STAFF DEVELOPMENT



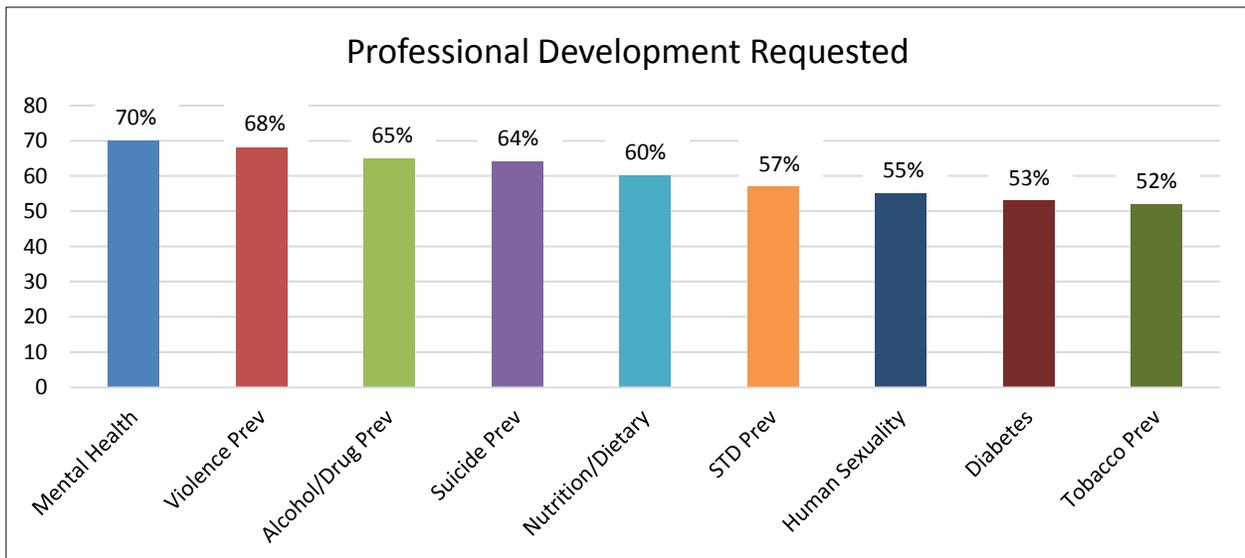
Results

- ◆ 70% of lead health teachers report they would like professional development related to emotional and mental health.
- ◆ 68% of lead health teachers report they would like professional development related to violence prevention (e.g., bullying, fighting, or dating violence prevention).
- ◆ 65% of lead health teachers report they would like professional development related to alcohol or other drug-use prevention.
- ◆ 64% of lead health teachers report they would like professional development related to suicide prevention.

Implications

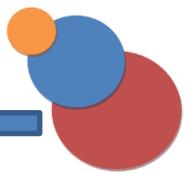
- ❖ Both the North Dakota Department of Health and the North Dakota Department of Public Instruction provide technical assistance in developing a district professional development plan.
- ❖ North Dakota Century Code (NDCC) 15.1-07-34 requires youth mental health training be provided to all teachers and administrators. NDCC 15.1-19-24 requires youth suicide prevention training be provided to all middle and high school instruction staff, teachers, and administrators.
- ❖ Fact Sheets with more information on youth mental health, suicide prevention, and bullying can be found on the NDDPI website at <https://www.nd.gov/dpi/Administrators/SafeHealthy/FactSheets/>.

To be effective, professional development should be based on data review, be significant and on-going, provide support during implementation, and include evaluation and accountability to assure an increase in implementation of strategies and student learning.



Other professional development included physical activity and fitness, pregnancy prevention, infectious disease prevention, HIV prevention, injury prevention and safety, epilepsy or seizure disorder, food allergies, asthma, and foodborne illness prevention.

TEACHER PREPARATION

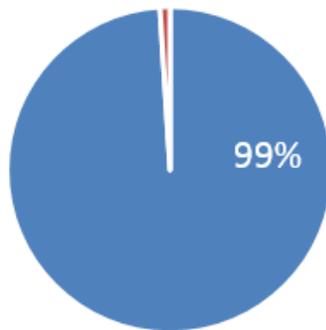


Results

- ◆ 53% of lead health teacher's professional preparation included health education or health and physical education combined.
- ◆ 17% of lead health teacher's professional preparation included home economics or family and consumer science.

Implications

- ❖ North Dakota middle and high school health teachers must hold a major and/or minor in health, science, physical education, or family and consumer science. For more information, go to <https://www.nd.gov/dpi/uploads/13/HealthPERequirements.pdf>.
- ❖ According to the federal No Child Left Behind Act, health is not yet addressed as a core content area.



In 99% of schools, the lead health teacher is certified, licensed or endorsed in North Dakota to teach health education in middle or high school.

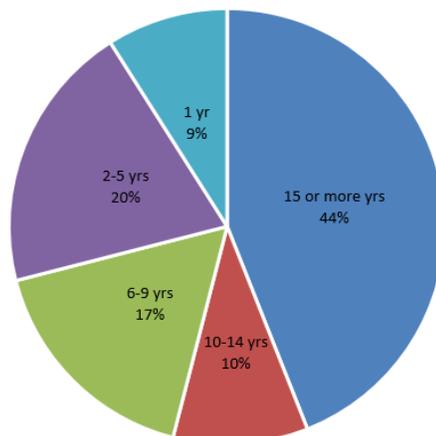
TEACHER WORKFORCE

Results

- ◆ 44% of teachers who teach health education classes have been teaching for 15 years or more.

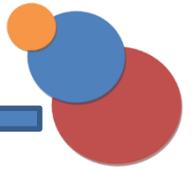
Implications

- ❖ Much of North Dakota's teacher workforce is nearing retirement.



Years of Experience Teaching Health Education

HEALTH TOPICS TAUGHT



Results

- ◆ 77% of schools report requiring students to take two or more required health education courses in grades 6-12.

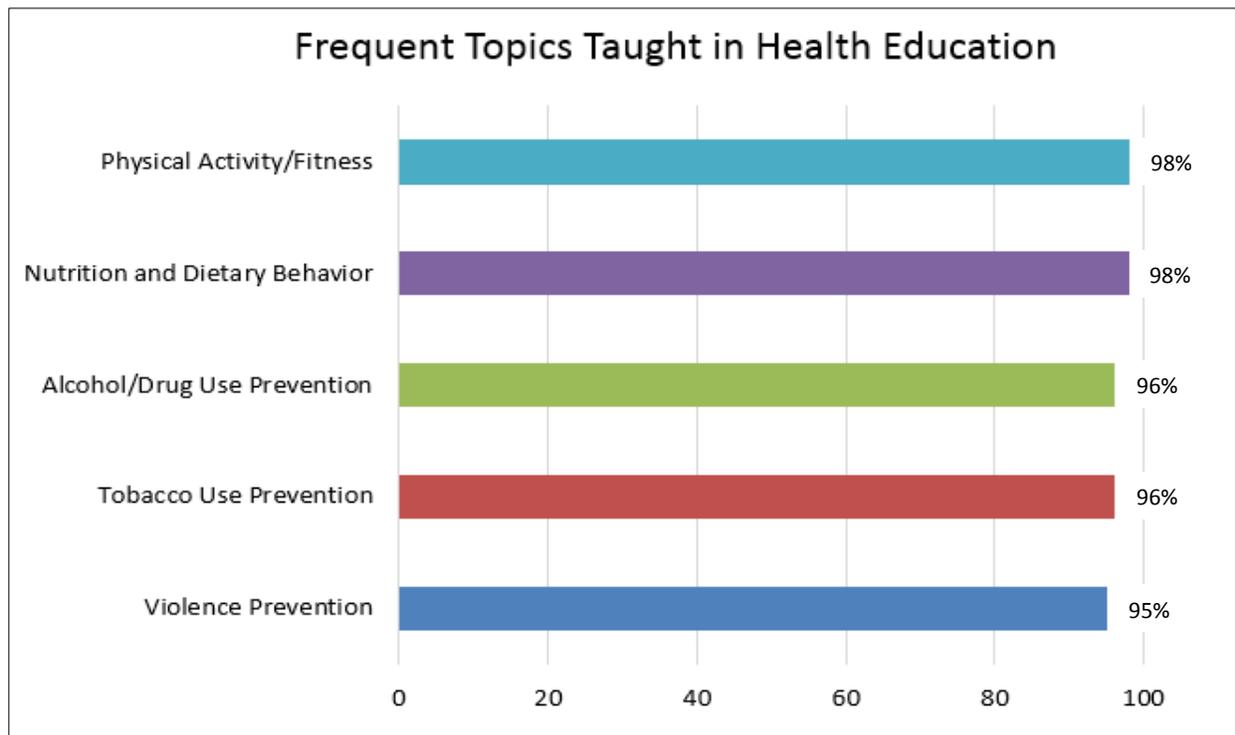
Implications

- ❖ North Dakota's comprehensive health education and physical education standards include a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse.

NDCC 15.1-21-01 and 02:

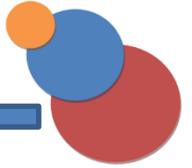
Elementary and middle schools must provide physical education and health education classes, including physiology, hygiene, disease control, and the nature and effects of alcohol, tobacco, and narcotics.

High schools must make available one-half unit of health.



Other topics included in health education included asthma, diabetes, epilepsy or seizure disorder, food allergies, foodborne illness prevention, human sexuality, infectious disease prevention, injury prevention and safety, pregnancy prevention, and sexually transmitted disease (STD) prevention.

SKILLS BASED LEARNING



Results

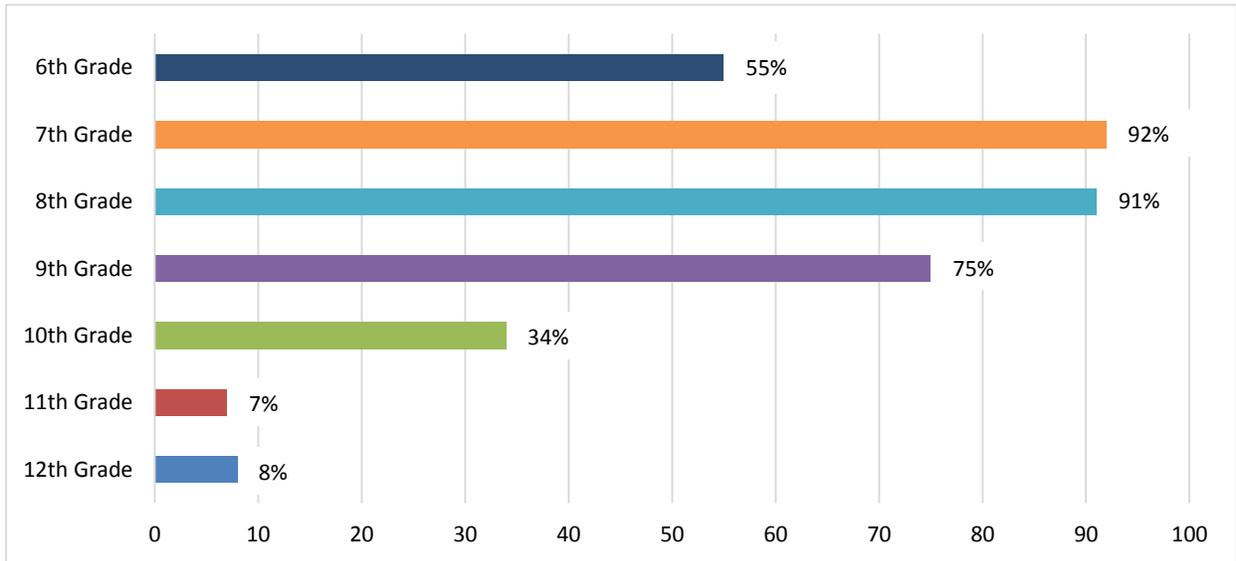
Within health education curriculum:

- ◆ 96% addressed comprehensive concepts related to health promotion and disease prevention to enhance health.
- ◆ 95% addressed analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- ◆ 90% addressed skills to validate information and products and services to enhance health.
- ◆ 94% addressed using interpersonal communication skills to enhance health and avoid or reduce health risks.

Implications

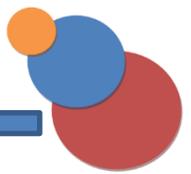
- ❖ Health education is more than providing information to students. It includes skills development for life-long learning.
- ❖ Assisting students in analyzing media messages helps them resist pressure.
- ❖ Health education can be integrated into other subjects such as science, social studies, home economics and English.

GRADE LEVEL HEALTH EDUCATION IS TAUGHT



*** Student's exposure to health messages and health education is declining at a time when risk behaviors are increasing.**

COMMUNITY AND FAMILY INVOLVEMENT

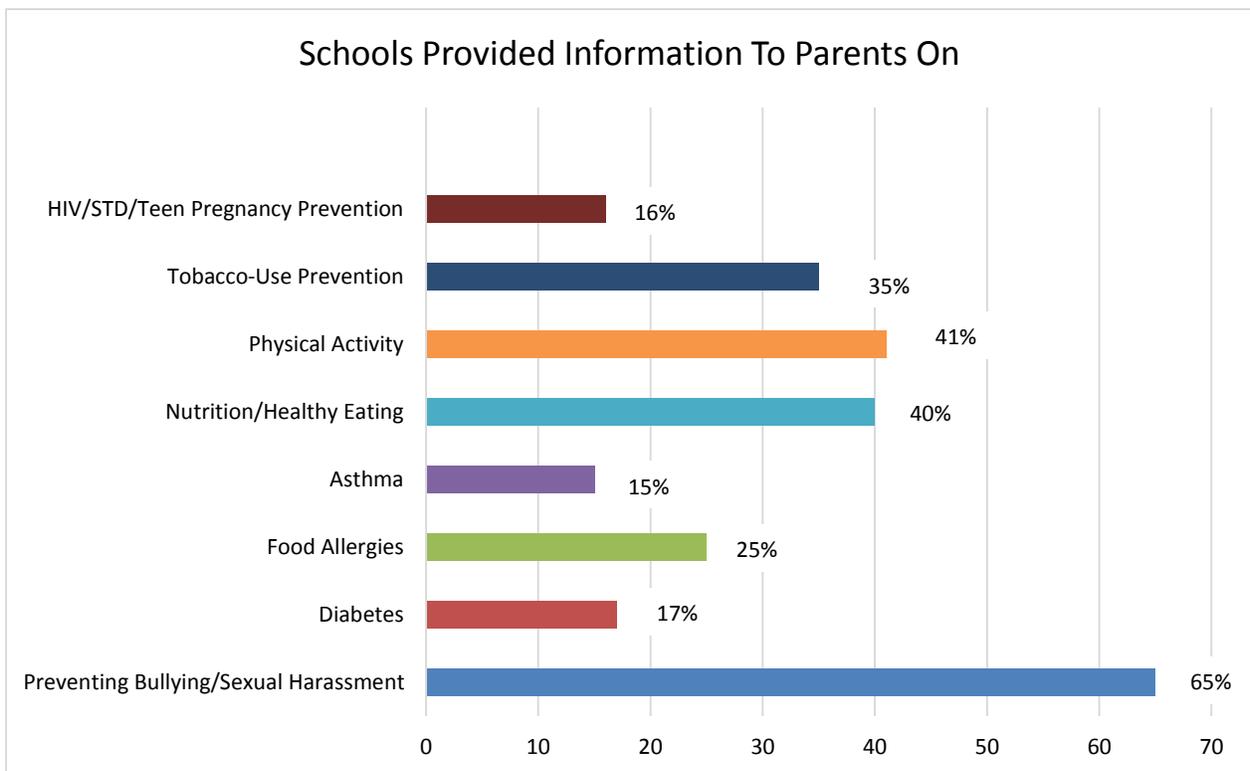


Results

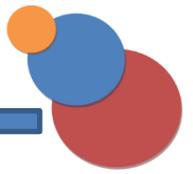
- ◆ 92% of health education teachers taught curriculum which addresses advocating for personal, family and community health.
- ◆ 15% of schools involved parents as school volunteers in the delivery of health education activities and services.
- ◆ 50% of schools linked parents and families to health services and programs in the community.

Implications

- ❖ Community and family are integral parts of effective health education.
- ❖ Best practice reflects the growing body of research that emphasizes teaching functional health information; shaping personal values that support health behavior; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice and maintain health enhancing behaviors.
- ❖ Parents LEAD (Listen, Educate, Ask, Discuss) helps parents converse with children about underage drinking and other difficult subjects. For more information, go to <http://www.parentslead.org/>.



NUTRITION EDUCATION



Results

- ◆ 98% of health education teachers taught nutrition and dietary behavior in a required health education course.
- ◆ The 2013 Youth Risk Behavior Survey results indicate that only 17% of the students in grades 9-12 ate fruits and vegetables five or more times per day over a 7 day period.

Implications

- ❖ Teaching nutrition information alone is not sufficient.
- ❖ Providing healthy choices and modeling good nutrition behavior at home, at school and in the community provides strong environmental support.

NUTRITION PRACTICES AND POLICIES

Results

- ◆ 55% of schools involve families in developing or implementing policies and programs related to nutrition and healthy eating.
- ◆ Schools with vending machines where students can purchase:
 - Chocolate candy, 23%.
 - Other kinds of candy, 26%.
 - Fruits (not fruit juice), 18%.
 - Non-fried vegetables, 10%.

Implications

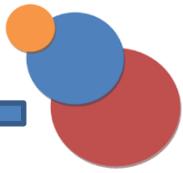
- ❖ Nutrition is an important emphasis in schools. Now more than ever, parents have the opportunity to get involved on school wellness councils and school policy development.
- ❖ Having convenient offerings of nutritious foods, including fruits and vegetables, in vending machines, school stores, snack bars, and ala carte foods lines will allow students to make better choices for themselves.

To improve the nutrition environment and encourage healthy eating, schools have implemented the following activities:

- Collected suggestions from students, families and school staff on nutritious food preferences and strategies to promote healthy eating, 39%.
- Provided information to students or families on the nutrition and caloric content, 46%.
- Conducted taste tests to determine food preferences for nutritious items, 18%.
- Served locally grown foods, 62%.
- Placed fruits and vegetables near the cashier for easy access, 64%.
- Used attractive displays for fruits and vegetables, 59%.
- Offered a self-serve salad bar, 90%.
- Labeled healthful foods with appealing names, 17%.
- Prohibited using food as a reward, 23%.
- Prohibited less nutritious foods and beverages sold for fundraisers, 26%.

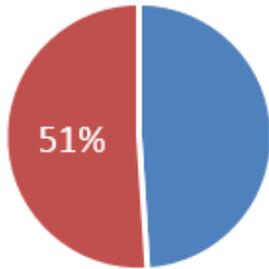


PHYSICAL ACTIVITY



Results

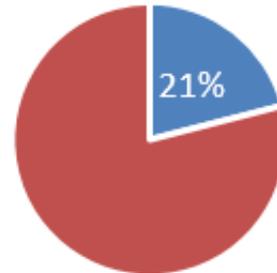
- ◆ The 2013 North Dakota Youth Risk Behavior Survey (ND YRBS) results indicate that 51% of high school students (grades 9-12) were physically active for a total of at least 60 minutes per day on five or more of the past 7 days.
- ◆ According to the 2013 ND YRBS, 21% of high school students (grades 9-12) and 27% of middle school students (grades 7-8) watched three or more hours of television on an average school day.



51% of High Schoolers Are Physically Active

Implications

- ❖ Physical activities throughout the day, with physical education as the foundation, will promote each student's optimum physical, mental, emotional and social development. It also promotes both individual and group activities/sports that all students enjoy and pursue throughout their lives.



21% of High Schoolers Watch 3 or More Hours of TV Daily

RECOMMENDATIONS AND DEFINITIONS

Physical activity is an essential component of a healthy lifestyle. Children and adolescents need 60 minutes or more of moderate to vigorous activity every day. Only half of our children in North Dakota get enough physical activity. (Centers for Disease Control and Prevention, Let's Move, 2015)

Several studies have linked high media consumption with poor health outcomes. The American Academy of Pediatrics discourages media use by children younger than age 2 and recommends limiting older children's and screen time to no more than one to two hours a day. Another recommendation is to keep Internet and TVs out of children's bedrooms. (Mayo Clinic, 2013)

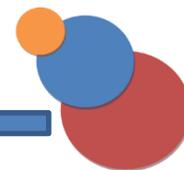
Moderate Physical Activity refers to a level of effort in which a person should experience:

- some increase in breathing or heart rate
- the effort a healthy individual might expend while walking briskly, mowing the lawn, dancing, swimming, or bicycling on the level terrain.

Vigorous Physical Activity may be intense enough to represent a substantial challenge to an individual and refers to a level of effort in which a person should experience:

- large increase in breathing or heart rate (conversation is difficult or "broken")
- the effort a healthy individual might expend while jogging, mowing the lawn with a non-motorized push mower, participating in high-impact aerobic dancing, swimming continuous laps or bicycling uphill, carrying more than 25 lbs up a flight of stairs, standing or walking with more than 50 lbs.

PHYSICAL EDUCATION TOPICS TAUGHT



Results

93% of all health education teachers reported they taught

- ◆ Short-term and long-term benefits of physical activity, including the risks for chronic disease.
- ◆ Health-related fitness (i.e., cardiorespiratory endurance, muscular, endurance, muscular strength, flexibility and body composition).
- ◆ Benefits of drinking water before, during and after physical activity.
- ◆ Mental and social benefits of physical activity.

Implications

- ❖ North Dakota's schools provide cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team dual and individual sports; tumbling and gymnastics; and aquatics.



WHEN PHYSICAL EDUCATION IS TAUGHT

Results

One-half credit of physical education is required to be offered in grades nine through 12 each year.

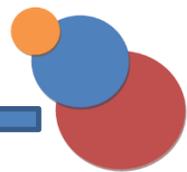
- ◆ 91% offered a physical education course in the ninth grade.
- ◆ 55% offered a physical education course in the tenth grade.
- ◆ 26% offered a physical education course in the eleventh grade. (The 2012 National Profiles indicate 41% of schools required a course be taught in the eleventh grade)
- ◆ 23% offered a physical education course the twelfth grade. (The 2012 National Profiles indicate 40% of schools required a course be taught in the twelfth grade)

Implications

- ❖ Children and adolescents should participate in at least 60 minutes of physical activity daily.
- ❖ In a well-planned Comprehensive School Physical Activity Program (CSPAP), physical education is the foundation with other components incorporated. More information can be found at <http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>.



TOBACCO POLICY



Results

Implications

All schools in North Dakota (100%) have adopted some type of policy prohibiting tobacco-use.

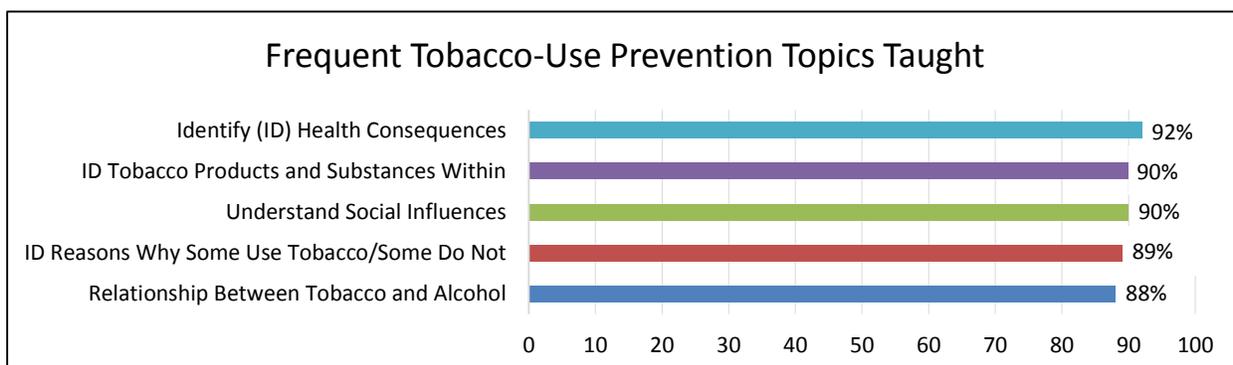
- ◆ 56% have a “tobacco-free environment” policy prohibiting tobacco-use by students, staff, and visitors in school building, school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week.
 - ◆ Policies specifically include prohibiting tobacco-use outside on school grounds, including parking lots and playing fields
 - For students, 99%
 - For faculty/staff, 96%
 - For visitors, 95%
 - ◆ Policies specifically include prohibiting tobacco-use at off-campus, school-sponsored events –
 - For students, 95%
 - For faculty/staff, 86%
 - For visitors, 72%
 - ◆ 86% of schools post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco-use is not allowed.
- ❖ Comprehensive tobacco-free school policies that prohibit tobacco-use by students, staff and visitors on all school grounds and at all school-sponsored events provide a supportive environment that encourages tobacco-free lifestyles.
 - ❖ Communication and enforcement of a tobacco-free school policy presents a firm stand on the part of school administration, teachers, parents, and community members regarding youth tobacco-use.
 - ❖ According to the 2013 Youth Risk Behavior Survey, 81% of ND high school youth are NOT smoking.
 - ❖ According to the 2013 Youth Risk Behavior Survey, 14% of ND high school youth are using smokeless tobacco, which is higher than the national rate of 9%.

TOBACCO PREVENTION EDUCATION

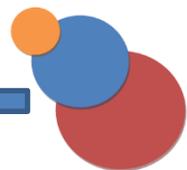
Results

Implications

- ◆ 96% of teachers taught tobacco-use prevention in a required health education course in any of the grades six through twelve.
- ❖ Research-based programs such as Life Skills and Project Towards No Tobacco (TNT) provide effective teaching methods to prevent tobacco-use.



HIV, STD, OR PREGNANCY PREVENTION



Results

ND middle and high schools:

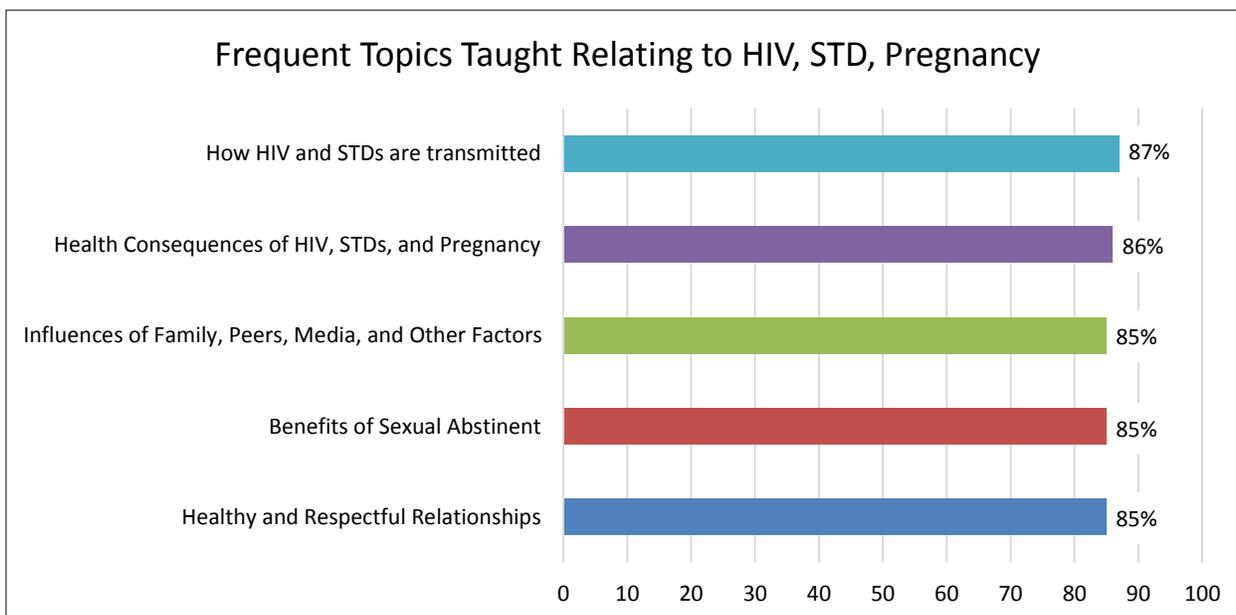
- ◆ 53% have a policy that addresses attendance of students with HIV infection.
- ◆ 58% have a policy that addresses procedures to protect HIV-infected students and staff from discrimination.
- ◆ 63% have a policy that addresses maintaining confidentiality of HIV-infected students and staff.

ND middle and high school health education courses:

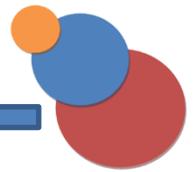
- ◆ 92% of health teachers taught information on human immunodeficiency virus (HIV) prevention.
- ◆ 82% of health teachers taught information on human sexuality.
- ◆ 90% of health teachers taught information on sexually transmitted disease (STD) prevention.

Implications

- ❖ North Dakota Century Code (NDCC) 23-07-16.1 and North Dakota Administrative Code Rules 33-06-05.6-01 require all schools to have policies regarding significant contagious diseases and to educate about them.
- ❖ The North Dakota School Boards Association provides a model school policy for significant contagious disease at <https://www.nd.gov/dpi/Administrators/SafeHealthy/HIVAIDS/>.
- ❖ Additional information on significant disease control and universal precautions can be provided by the North Dakota Department of Health Division of Disease Control (<https://www.ndhealth.gov/disease/>) and local public health units.



NURSES AND HEALTH SERVICES



Results

- ◆ Only 5% of schools have a full-time registered school nurse who provides health services to students.
- ◆ Percent of schools that routinely use school records to identify and track students with a current diagnosis of the following chronic conditions:
 - 89% Asthma
 - 92% Food Allergies
 - 90% Diabetes
 - 88% Epilepsy or Seizure Disorder
 - 16% Obesity
 - 43% Hypertension/High Blood Pressure



Implications

- ❖ A school nurse provides many benefits, including helping to increase attendance, enhance academic growth, improve school climate and support the establishment of lifelong healthy behaviors.
- ❖ The North Dakota Legislature passed a law that allows diagnosed asthma and anaphylaxis students to possess and self-administer emergency medication during the school day (NDCC 15.1-19-16). Parents must assure proper paperwork is on file at the school.
- ❖ According to NDCC 15.1-19-23 school boards may establish a program for providing medication to students that includes authorizing individuals to provide medication administration once the school receives written consent from the student's parent or guardian.

VIOLENCE PREVENTION

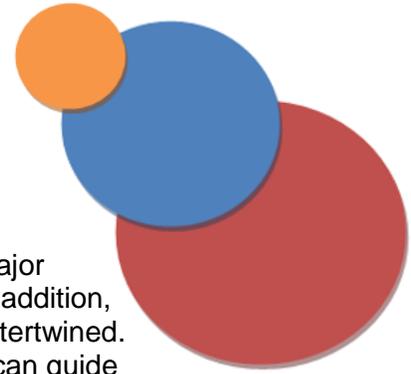
Results

- ◆ 98% of schools have a bullying policy in place.
- ◆ 83% of schools provided professional development to staff on preventing, identifying and responding to student bullying and sexual harassment, including electronic aggression.
- ◆ 95% of health education teachers taught violence prevention (e.g., bullying fighting, or dating violence prevention).

Implications

- ❖ The definition of bullying can be found in North Dakota Century Code 15.1-19-17.
- ❖ Each school district must provide professional development activities related to bullying prevention.
- ❖ According to the 2013 North Dakota Youth Risk Behavior Survey, 9% of students in grades nine through 12 and 10% of students in grade six through eight were in a physical fight on school property one or more times during the past 12 months.

NEXT STEPS



School health programs are one of the most effective strategies to prevent major health and social problems and provide youth with life-long healthy habits. In addition, there is overwhelming research showing health and academic success are intertwined. Healthy students are better learners. The Profiles along with the YRBS data can guide policies and inform practices that support healthy lives for all North Dakota youth.

Below are strategies for schools and communities to implement to help our youth build healthy, life-long habits.

- ✓ Ask about the school health team at your local school and consider becoming involved. School health teams plan and implement school health programs and should have diverse representation.
- ✓ Identify the lead health coordinator within your local school. The health coordinator can provide information on health policies and initiatives within the school.
- ✓ Review local health data to determine the strengths and gaps in your local school's health policies and practices.
 - Analyze your local school districts health policies and practices.
 - Find out if your local middle or high school participated in the Youth Risk Behavior Survey and if school level results are available.
 - Use the School Health Index (SHI) to assess your school's policies, activities, and programs. This is generally done within school health team meetings (www.cdc.gov/healthyschools/shi).
- ✓ Learn more about the Whole School, Whole Community, Whole Child (WSCC) model (page 4). A coordinated school health program with a whole child approach provides a greater alignment and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development.
- ✓ The school health team creates a school action plan that focuses on keeping students healthy. Ask about this plan and consider becoming involved.
- ✓ Participate in school related activities, meetings, and clubs to assure healthy policies and practices are always considered.

Working together, we can increase healthy behaviors and promote safety and health among our youth. Reinforcing positive messages through policies and practices about health and safety can result in better academics and grades and increase life-long healthy behaviors. Our right and responsibility to promote college and career ready citizens will only be as effective as we are by working together!

For more information contact:

