

2002 SCHOOL HEALTH EDUCATION PROFILE (SHEP) EXECUTIVE SUMMARY

Background, Purpose and Methodology:

- The School Health Education Profile (SHEP) includes two questionnaires, one for school principals and one for lead health education teachers. The principal's questionnaire examines health education from an administrative perspective, while the lead health teacher's questionnaire looks at health education from an instructional perspective.
 - These two questionnaires were mailed to all middle and secondary public schools containing any of grades 7-12 in Maine public schools in the spring of 2002. A total of 228 schools were included in the sample.
 - Usable questionnaires were received from 197 principals (an 86.4% response rate) and from 204 teachers (an 89.5% response rate).
 - The principals and lead health teachers who responded are representative of middle and secondary schools in Maine public schools.
 - The results of the survey are presented for the following categories: (1) overall results, (2) middle school results for schools with a high grade of 9 or less, (3) combination of junior/senior high schools for schools with a low grade of 8 or less and a high grade of 10 or higher, and (4) high school results for schools with a low grade of 9 or higher and a high grade of 10 or higher. ***It is important to note that the categories are derived from the sampling frame, not from self-reported data.***
 - Comparisons are made with results from 2000, 1998, and 1996 data, where applicable.
- These questionnaires can be used to monitor the current status of school health education, including preventing HIV infection, sexually transmitted diseases (STDs), and other important health problems, at the middle and secondary school level. In addition, the findings can be used to develop policies and programs for school health education.
- The School Health Education Profile (SHEP) principal and lead health education teacher questionnaires were developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, and Centers for Disease Control and Prevention (CDC) in collaboration with representatives from 75 state, local and territorial departments of education.

Structure of Health Education Programs:

- Health education is required in 97% of middle, junior/senior high, and high schools in Maine.
 - The percentage of Maine schools that require health education has increased since 2000 (90%) and 1998 (93%).
 - Junior/senior high schools (100%) and high schools (100%) are more likely than middle schools (92%) to require health education.
- While 47% of schools require one health education course, 49% reported they require two or more health education courses.
 - These results show an increase in the number of health courses required since 2000, when 56% of schools reported that they required one health education course and 22% required two or more health education courses.
 - High schools (78%) are more likely than junior/senior high schools (37%) and middle schools (15%) to require one health education course.
- Health education courses are primarily taught in 7th grade (83%), 8th grade (78%), and 9th grade (73%). Students in the 10th grade (56%), 11th grade (16%), and 12th grade (14%) are less likely to be required to take health education courses.
- Only a very small percentage of students were exempted or excused from any part of a required health education course by parental request in the past school year.
 - Thirty-five percent (35%) of schools indicated that students cannot be exempted or excused from required health education classes, and 60% reported that less than 1% of their students were exempted or excused in the past school year.
 - These results show an increase in the percentage of schools that reported that students cannot be exempted or excused from required health education classes since 2000 (30%) and 1998 (25%).
 - High schools (48%) and junior/senior high schools (42%) are more likely than middle schools (17%) to not allow students to be exempted or excused from required health education.
- Thirty-nine percent (39%) of schools that offer required health education courses teach required health education in a combined health education and physical

education course, and 18% teach required health education in a course mainly about another subject such as science, social studies, home economics, or English.

- Junior/senior high schools (63%) are more likely than high schools (37%) and middle schools (35%) to teach required health education in a combined health education and physical course.

Coordination of Health Education Curriculum:

- Health education teachers (45%), district health education or curriculum coordinators (24%), school administrators (11%), and school nurses (6%) are most likely to be responsible for coordinating health education in middle, junior/senior high, and high schools in Maine.
 - Health education teachers are more likely to be responsible for coordinating health education in high schools (58%) than in junior/senior high schools (47%) and middle schools (29%).
- Health education staff worked regularly with the following groups on health education activities during the past school year:

Groups worked with	
School health services staff	79%
Physical education staff	73%
School mental health or social services staff	64%
Community members	57%
Food service staff	26%

- A higher percentage of schools in the 2002 survey (79%) reported that health education staff have worked with school health services staff than in 2000 (76%), 1998 (61%), or 1996 (58%) surveys.
- Health educators in junior/senior high (55%) and high schools (56%) are less likely than those in middle school (58%) to have worked with community members on health education activities during the past year.

Content of Health Education Programs:

- Teachers in middle, junior/senior high, and high schools are required to use the following materials in required health education courses:

Materials for health education	
School curriculum, set of guidelines, or framework	83%
District curriculum, set of guidelines, or framework	81%
State curriculum, set of guidelines, or framework	80%
Commercially-developed student textbook	30%
The National Health Education Standards	27%
Commercially-developed teacher's guide	26%
Materials from health organizations, such as the American Red Cross or the American Cancer Society	18%

- These results show an increase over the past several years in the required use of school curriculum (78% [2000], 74% [1998], 63% [1996]), state curriculum (77% [2000], 67% [1998], 59% [1996]), and district curriculum (72% [2000], 65% [1998], 62% [1996]).
- Maine teachers have tried to improve each of the following student skills in a required health education course during the school year:

Course Skills	2002	2000	1998
Decision making	99%	97%	97%
Goal setting	96%	96%	89%
Resisting peer pressure for unhealthy behaviors	96%	96%	94%
Communication	95%	95%	93%
Stress management	95%	89%	89%
Accessing valid health information, products, services	92%	90%	84%
Analysis of media messages	91%	90%	86%
Conflict resolution	88%	81%	83%
Advocating for personal, family, and community health	79%	77%	80%

- The percentage of schools reporting that they have tried to improve student skills in *stress management* and *conflict resolution* has increased since 2000.

- Health educators in high schools (98%) were more likely than those in junior/senior high schools (94%) or in middle schools (91%) to have tried to improve students' stress management skills during the past school year.
- Maine teachers have tried to increase student knowledge of each of the following topics in a required health education course during the school year:

Course Topics*	
Tobacco use prevention	100%
Alcohol or other drug use prevention	99%
Nutrition and dietary behavior	99%
HIV (human immunodeficiency virus) prevention	98%
Physical activity and fitness	98%
Emotional and mental health	97%
STD (sexually transmitted disease) prevention	95%
Human sexuality	93%
Pregnancy prevention	90%
Growth and development	88%
Violence prevention	88%
Accident or injury prevention	88%
Consumer health	86%
Personal hygiene	78%
Suicide prevention	73%
First Aid	72%
Sun safety or skin cancer prevention	68%
Environmental health	66%
CPR (cardiopulmonary resuscitation)	58%
Immunizations and vaccinations	57%
Death and dying	47%
Dental and oral health	46%

** Represents the percentage of educators who have tried to increase student knowledge of these topics.*

- Teachers in Maine have used each of the following teaching methods in a required health education course during the school year:

Teaching Methods	
Group discussions	100%
Cooperative group activities	100%
Role play, simulations, or practice	91%
The Internet	82%
Adult guest speakers	81%
Language, performing or visual arts	67%
Peer educators	46%
Computer-assisted instruction	46%
Pledges or contracts for behavior change	39%

- Middle schools (73%) are less likely than junior/senior high schools (83%) and high schools (89%) to have used the Internet as a teaching method in a required health education course.
- Maine teachers have asked students to participate in each of the following activities in a required health education course during the school year:

Health education activities for students*	
Complete homework assignments with family members	79%
Gather information about health services that are available in the community	69%
Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors	67%
Identify potential injury sites at school, home, or in the community	51%
Advocate for a health-related issue	50%
Visit a store to compare prices of health products	25%
Participate in or attend a school or community health fair	18%
Perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues	12%

* Represents the percentage of educators who have asked students to participate in these activities.

- Middle school students (60%) were less likely than high school students (73%) or junior/senior high school students (89%) to have been asked to gather information about health services that are available in the community during the past school year.

Training and Staff Development:

- During the past two years, lead health teachers responding to the survey indicated that they have received staff development in each of the following areas:

Have received staff development	
Violence prevention	54%
HIV (human immunodeficiency virus prevention	49%
CPR (cardiopulmonary resuscitation)	48%
Alcohol or other drug use prevention	41%
Physical activity and fitness	41%
First aid	37%
STD (sexually transmitted disease) prevention	37%
Suicide prevention	37%
Emotional and mental health	34%
Tobacco use prevention	34%
Human sexuality	33%
Pregnancy prevention	31%
Accident or injury prevention	28%
Nutrition and other dietary behavior	25%
Growth and development	21%
Immunization and vaccinations	16%
Environmental health	11%
Consumer health	10%
Death and dying	10%
Personal hygiene	8%
Dental and oral health	7%
Sun safety or skin cancer prevention	6%

- Lead health teachers responding to the survey indicated that they would like to receive staff development in each of the following areas:

Would like to receive staff development	
Violence prevention	69%
Suicide prevention	66%
Emotional and mental health	63%
Alcohol or other drug use prevention	62%
Nutrition and other dietary behavior	58%
Human sexuality	57%
Tobacco use prevention	55%
STD (sexually transmitted disease) prevention	54%
HIV (human immunodeficiency virus prevention	53%
CPR (cardiopulmonary resuscitation)	52%
Death and dying	52%
Environmental health	51%
Consumer health	50%
First aid	50%
Pregnancy prevention	50%
Physical activity and fitness	49%
Sun safety or skin cancer prevention	41%
Growth and development	40%
Accident or injury prevention	34%
Immunization and vaccinations	34%
Personal hygiene	25%
Dental and oral health	22%

- During the past two years, ‘lead health teachers’ responding to the survey have received staff development related to each of the following teaching methods:

Have received staff development	
Using interactive teaching methods such as role plays or cooperative group activities	45%
Teaching skills for behavior change	39%
Teaching students with physical or cognitive disabilities	38%
Encouraging family or community involvement	25%
Teaching students of various cultural backgrounds	16%
Teaching students with limited English proficiency	7%

- ‘Lead health teachers’ responding to the survey indicated that they would like to receive staff development in each of the following teaching methods:

Would like staff development	
Teaching skills for behavior change	77%
Encouraging family or community involvement	69%
Using interactive teaching methods such as role plays or cooperative group activities	59%
Teaching students with physical or cognitive disabilities	50%
Teaching students of various cultural backgrounds	40%
Teaching students with limited English proficiency	34%

Profile of Lead Health Education Teachers:

- Most ‘lead health teachers’, or those primarily responsible for teaching required health education, have a background in health and physical education combined (38%), health education (19%), home economics or family and consumer science (12%), physical education (9%), or science (9%).
 - Health educators in middle schools (31%) are less likely than those in high schools (42%) or junior/senior high schools (47%) to have a background in both health and physical education combined.
- Forty-eight percent (48%) of lead health teachers surveyed have been teaching health education for ten or more years. Twenty-six percent (26%) have been teaching health education for two to five years, and 15% have been teaching health

education for six to nine years. Eleven percent (11%) have been teaching health education for only one year.

Parental/Community Participation and Impact of Health Education

- Fifty-eight percent (58%) of schools or school districts have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues.
- Nearly three-fourths of Maine middle, junior/senior high, and high schools (74%) have provided families with information on the health education program. Thirty-four percent (34%) have invited family members to attend a health education class, and 16% have met with a parents' organization such as the PTA or PTO to discuss the health education program.
 - High schools (23%) less likely than middle schools (40%) and junior/senior high schools (55%) to have invited family members to attend a health education class during the past school year.

Physical Activity Policies:

- Overall, 100% of responding schools indicated that physical education is a required course.
 - A very small percentage of schools allow students to be exempted from taking required physical education for the following reasons: enrollment in other courses (3%), participation in school sports (3%), participation in community sports activities (2%), and participation in other school activities (1%).
 - Sixty percent (60%) of schools reported that if students fail required physical education, they are required to repeat it. While 100% of high schools and junior/senior high schools indicated that this is their policy, this is true for only 8% of middle schools.
 - Six percent (6%) of responding schools reported that faculty and staff are allowed to use physical activity (such as laps or push-ups) to punish students for bad behavior in physical education.
 - Only 2% of schools indicated that faculty and staff are allowed to make students miss all or part of physical education as punishment for bad behavior in another class.
 - Nearly all schools (98%) require that newly hired physical education teachers or specialists be certified, licensed, or endorsed by the state in physical education.

- Maine teachers have taught the following physical activity topics in a required health education course to middle school students, junior/senior high school students, and high school students during the school year:

Physical activity topics	
The physical, psychological, or social benefits of physical activity	90%
Health-related fitness	82%
Decreasing sedentary activities such as television watching	79%
Dangers of using performance-enhancing drugs, such as steroids	79%
Phases of a workout	76%
Preventing injury during physical activity	76%
How much physical activity is enough	74%
Opportunities for physical activity in the community	68%
Overcoming barriers to physical activity	64%
Weather-related safety	64%
Developing an individualized physical activity plan	62%
Monitoring progress toward reaching goals in an individualized physical activity plan	56%

- Junior/senior high school students (100%) are more likely than middle school students (88%) and high school students (74%) to have been taught about health-related fitness.
- 92% of schools offer students opportunities to participate in intramural activities or physical activity clubs.
 - 47% of schools provide transportation home for students who participate in after-school intramural activities or physical activity clubs. Middle schools (61%) are more likely than junior/senior high schools (32%) and high schools (39%) to provide transportation in these instances.
- Outside of school hours or when school is not in session, 97% of principals report that children or adolescents use their school's activity or athletic facilities for community-sponsored sports teams or physical activity programs.

HIV Education and Policies:

- Maine teachers taught the following HIV prevention topics in a required health education course during the school year:

HIV Prevention Topics	
How HIV is transmitted	98%
Abstinence as the most effective method to avoid HIV infection	97%
How HIV affects the human body	96%
Influence of alcohol and other drugs on HIV-related risk behaviors	94%
The number of young people who get HIV	88%
Condom efficacy, that is, how well condoms work and do not work	88%
How to find valid information or services related to HIV or HIV testing	85%
Compassion for persons living with HIV or AIDS	84%
Social or cultural influences on HIV-related risk behaviors	83%
How to correctly use a condom	65%

- Health educators in high schools (84%) are more likely than those in junior/senior high (50%) and middle schools (46%) to have taught students how to correctly use a condom during the past school year.
- Required HIV prevention units or lessons are taught in each of the following courses in Maine middle, junior/senior high and high schools:

Courses with HIV Prevention Units/Lessons	
Family life education or life skills	32%
Science	22%
Home economics or family and consumer education	17%
Special education	13%
Physical education	9%

- Required HIV prevention units or lessons are more likely to be taught in a science course in middle school (29%) and in junior/senior high schools (28%) than in high schools (15%).

- Seventy-seven percent (77%) of schools have adopted a written policy that protects the rights of students and/or staff with HIV infection/AIDS.
 - This is an increase since 2000, when 70% of schools reported that their school or school district had a written policy protecting the rights of students and/or staff with HIV infection/AIDS.
 - Junior/senior high schools (63%) are less likely than high schools (77%) or middle schools (80%) to have adopted written policies that protect the rights of students and/or staff with HIV infection/AIDS.
- These written HIV/AIDS policies address each of the following issues:

HIV/AIDS Policies	2002	2000	1998
Maintaining confidentiality of HIV–infected students and staff	99%	99%	96%
Procedures to protect HIV–infected students and staff from discrimination	97%	98%	90%
Attendance of students with HIV infection or AIDS	92%	97%	92%
Worksite safety (i.e., universal precautions for all school staff)	97%	97%	97%
Procedures for implementing the policy	92%	90%	81%
Adequate training about HIV–infection for school staff	91%	89%	82%
Communication of the policy to students, school staff, and parents	83%	84%	73%
Confidential counseling for HIV–infected students	81%	75%	64%

- Since 1998, there has been a steady increase in the percentage of Maine schools addressing procedures for implementing HIV/AIDS policies, providing adequate training about HIV-infection for school staff, and confidential counseling for HIV-infected students. A decrease has occurred in policies addressing attendance of students with HIV infection or AIDS. This may be due to the coverage of this issue in the Americans For Disabilities Act.

Tobacco Education and Policies:

- Maine teachers taught each of the following tobacco use prevention topics in a required health education course during the school year:

Tobacco Use Prevention	
Short- and long-term health consequences of cigarette smoking	100%
Benefits of not smoking cigarettes	98%
Addictive effects of nicotine in tobacco products	97%
Influence of the media on tobacco use	96%
The health effects of environmental tobacco smoke or second-hand smoke	96%
Short- and long term health consequences of using smokeless tobacco	96%
The number of illnesses and deaths related to tobacco use	92%
Benefits of not using smokeless tobacco	91%
How to say no to tobacco use	89%
How many young people use tobacco	88%
Influence of families on tobacco use	88%
Social or cultural influences on tobacco use	86%
How students can influence or support others to prevent tobacco use	82%
Risks of cigar or pipe smoking	81%
How students can influence or support others in efforts to quit using tobacco	81%
How to find valid information or services related to tobacco use cessation	74%
Making a personal commitment not to use tobacco	66%

- High school students (69%) were less likely than middle school students (77%) and junior/senior high school students (89%) to have been taught how to find valid information or services related to tobacco use prevention or cessation during the past school year.

- Required tobacco use prevention units or lessons are taught in each of the following courses in Maine middle, junior/senior high, and high schools:

Classes with Tobacco Use Prevention Units/Lessons	
Family life education or life skills	30%
Home economics or family and consumer education	18%
Physical education	16%
Special education	14%
Science	13%

- Ninth graders were provided with the most information on tobacco use prevention (80%), followed by 7th graders (79%) and 8th graders (76%). Students in the 10th grade (56%), 11th grade (27%), and 12th grade (26%) were the least likely to receive information on tobacco use prevention.
- 100% of middle school, junior/senior high school, and high schools in Maine have adopted a policy prohibiting tobacco use. These tobacco policies address the use of tobacco as follows:

	Percent of Policies Which Address these Issues		
	Students	Faculty/Staff	Visitors
Use of cigarettes	97%	95%	96%
Use of smokeless tobacco	97%	92%	91%
Use of cigars	96%	94%	94%
Use of pipes	95%	93%	94%
During school hours			
During school hours	99%	97%	97%
During non-school hours			
During non-school hours	95%	88%	89%
In school buildings			
In school buildings	100%	99%	99%
On school grounds			
On school grounds	100%	98%	96%
In school buses or other vehicles used to transport students			
In school buses or other vehicles used to transport students	99%	99%	97%
At off-campus, school-sponsored events			
At off-campus, school-sponsored events	94%	78%	63%
Procedures to inform parents about tobacco prevention policy			
Procedures to inform parents about tobacco prevention policy	100%	97%	80%

- Ninety-seven percent (97%) of schools have procedures to inform parents about the policy that prohibits tobacco use by students.
- Approximately six in ten Maine schools surveyed (59%) designate an individual who has primary responsibility for seeing that the tobacco use prevention policy is enforced.
- When students are caught smoking cigarettes, the following actions are “always or almost always” taken by middle, junior/senior high, and high schools in Maine:

Consequences for Students Smoking Cigarettes	Always or almost always
Referred to a school administrator	98%
Parents or guardians are informed	97%
Suspended from school	65%
Referred to a school counselor	50%
Referred to legal authorities	47%
Encouraged, but not required to participate in an assistance, education, or cessation program	40%
Required to participate in an assistance, education, or cessation program	17%
Placed in detention	16%
Given in-school suspension	15%

- Seventy percent (70%) of Maine schools surveyed provide referrals to tobacco cessation programs for students, and 37% provide referrals for faculty and staff.
- Tobacco advertising is prohibited in each of the following areas in middle, junior/senior high, and high schools in Maine:

Areas where tobacco advertising is prohibited	
In the school building	95%
On the school grounds including the outside of the building, on playing fields, or other areas of the campus	95%
On school buses or other vehicles used to transport students	94%
In school publications	94%

- Tobacco advertising through sponsorship of school events is prohibited in 94% of the schools surveyed.
- Ninety-two percent (92%) of schools prohibit students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it.
 - Students in Maine high schools (86%) are less likely than those in junior/senior high schools (95%) and middle schools (98%) to be prohibited from wearing tobacco brand-name apparel or carrying tobacco-related merchandise.
- Sixty-two percent (62%) of schools post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use by students, faculty, and staff are not allowed.

Safety Education and Policies:

- The most common safety and security measures taken by Maine schools are requiring visitors to report to the main office or reception area upon arrival (98%) and maintaining a ‘closed campus’ where students are not allowed to leave school during the day, including during lunch time (85%).

Safety and security measures	
Require visitors to report to the main office or reception area upon arrival	98%
Maintain a ‘closed campus’ where students are not allowed to leave during the day, including during lunch	85%
Use staff or adult volunteers to monitor school halls during and between classes	76%
Prohibit students from carrying backpacks or book bags at school	30%
Have uniformed police, undercover police, or security guards during the regular school day	25%
Routinely conduct bag, desk, or locker checks	20%
Require students to wear identification badges	1%
Use metal detectors	1%
Require students to wear school uniforms	0%

- Junior/senior high schools (69%) are less likely than high schools (77%) and middle schools (98%) to maintain a ‘closed campus’.

- Approximately one-half of middle, junior/senior high and high schools in Maine have peer mediation programs (48%), and have programs to prevent bullying (47%). Only 10% have a program to prevent gang violence, and 2% have a safe-passage to school program.
 - Junior/senior high schools in Maine (26%) are less likely than senior high schools (49%) and middle schools (53%) to have peer mediation programs.
- The majority of schools (92%) have a written plan for responding to violence at the school.

Nutrition and Dietary Policies:

- Maine teachers taught each of the following nutrition and dietary topics in a required health education course during the school year:

Nutrition and Dietary Topics Taught	
The benefits of healthy eating	97%
Eating disorders	94%
Risks of unhealthy weight control practices	93%
Choosing a diet low in saturated fat and cholesterol and moderate in total fat	93%
Aiming for a healthy weight	93%
Choosing a variety of fruits and vegetables daily	92%
The Food Guide Pyramid	92%
Moderating intake of sugars	91%
Using food labels	89%
Choosing a variety of grains daily, especially whole grains	88%
Accepting body size differences	88%
Eating more calcium-rich foods	82%
Choosing and preparing foods with less salt	81%
Preparing healthy meals and snacks	80%
The Dietary Guidelines for Americans	79%
Keeping food safe to eat	73%

- Junior/senior high schools (100%) and high schools (98%) are more likely than middle schools (88%) to have taught students about eating disorders.

- Students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar in 93% of schools responding to the survey. The majority of schools allow students to purchase snack foods or beverages before classes begin in the morning (72%) or during school lunch periods (63%). A smaller percentage (43%) can purchase snack foods during any school hours when meals are not being served.
- Students are able to purchase the following snack food or beverages from vending machines or at the school store, canteen, or snack bar:

Snack food and beverages available to students	
Bottled water	98%
100% fruit juice	91%
Soft drinks, sport drinks, or fruit drinks that are not 100% juice	89%
Salty snacks that are low in fat, such as pretzels, baked chips, or other low fat chips	78%
Salty snacks that are not low in fat, such as regular potato chips	71%
Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	61%
Candy other than chocolate	56%
Chocolate candy	50%
Fruits or vegetables	42%

- High schools (50%) are more likely than middle schools (37%) and junior/senior high schools (27%) to have fruits and/or vegetables available at the school snack bar, canteen or school store.
 - High schools (80%) are more likely than junior/senior high schools (67%) and middle schools (63%) to have salty snacks that are not low in fat, such as regular potato chips available at the school snack bar, canteen or school store.
- Four percent (4%) of schools reported that their school or school district has a policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands.
- More than half of students (61%) have 20 minutes or more to eat lunch once they are seated, and 39% have less than 20 minutes to eat lunch once they are seated.

- Middle school students (50%) are more likely than high school students (30%), and junior/senior high school students (32%) to have less than 20 minutes to eat lunch once they are seated.

Asthma Management

- Maine schools have implemented the following asthma management activities:

Asthma Management Activities*	
Encourage full participation in physical education and physical activity when students with asthma are doing well	98%
Identify and track all students with asthma	90%
Assure immediate access to medications as prescribed by a physician and approved by parents	90%
Provide modified physical education and physical activities as indicated by the student's Asthma Action Plan	82%
Educate students with asthma about asthma management	64%
Obtain and use an Asthma Action Plan for all students with asthma	58%
Educate school staff about asthma	54%
Provide a full-time registered nurse, all day every day	45%
Provide intensive case management for students with asthma who are absent 10 days or more per year	40%
Teach asthma awareness to all students in at least one grade	25%

* Represents the percentage of schools that have implemented these policies.