



Vermont School Health Profiles 2020

Executive Summary



Division of Health Surveillance

healthvermont.gov

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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.

Of the 145 public schools invited to participate, one or both questionnaires were received from 94% of schools (126 principals and 119 lead health educators). Among the lead health educators completing the survey, nearly eight in ten LHEs are certified, licensed, or endorsed by the state to teach health education (77%). About half of LHEs have professional preparation in health education, with or without training in physical education (45%).

School Health Coordination

- Almost all schools (87%) have at least one person who oversees or coordinates school health safety programs and activities. About three-quarters 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 (73%). About half (46%) have at least one person who serves as a representative on a district-wide school health team that meets at least quarterly each year; 9% of SU's do not have a Whole School, Whole Community, Whole Child (WSCC) team.
- During the past year, nearly nine in ten schools communicated the importance of health and safety policies and activities (87%) and reviewed their district's local wellness policy (86%). More than three-quarters sought funding or resources to support health and safety priorities (77%) and recommended new or revised health and safety policies and activities (77%).

Health Services

- Nearly eight in ten schools have a full-time registered nurse (77%); three in ten have a part-time nurse (30%) available to provide health services to students. About a quarter have a school-based health center (26%).
- The majority of schools provide daily medication administration for students with chronic health conditions such as asthma and diabetes (96%), stock rescue or "as needed" medication for students experiencing a health emergency such as a severe allergic reaction (91%) and provide case management for students with chronic health conditions (89%).
- About half provide assessments for alcohol or other drug use, abuse, or dependency (49%).

- Seven in ten schools provide referrals to outside organizations or health care professionals for students needing alcohol or other drug abuse treatment (71%); about half have cooperative or formal agreements with an outside agency to provide assessments and treatment for alcohol or drug use issues (47%).
- Seven in ten schools (71%) have cooperative or formal agreements with community partners for mental health assessments and treatment.
- More than half of all schools (56%) provide referrals for sexual health services to an organization or health care professional not on school property. About a quarter of schools provide direct sexual health services on school property (27%). These services are primarily provided through the provision of condoms (24%).

Health and Physical Education

- Most schools require students to take at least one required health education course (91%). Two thirds require students to take two or more health education courses (67%).
- Compared to health education, schools are more likely to require physical education courses, with at least 95% requiring students take a physical education course annually through ninth grade.
- Required courses decrease among older students. About half of all schools require physical education in grades 11 (50%) and 12 (46%); a third required health education in grades 11 (32%) and 12 (36%).

Policies and practices related to health and wellness

Tobacco, Alcohol, and Other Drug Use Policies and Practices

- All schools in Vermont have a policy prohibiting tobacco use. Nearly all schools address alcohol and other drug-use prevention in a required health course (95%).
- Nearly eight in ten schools 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 (77%).
- Policies specifically addressing electronic vapor products significantly increased between 2018 and 2020. In 2018, about three quarters of schools prohibited the use of electronic vapor products (EVP) by students (76%), faculty (77%), or visitors (73%). By 2020 nearly all prohibited EVP use by students (96%), faculty (95%), or visitors (95%).
- Nine out of ten lead health educators specifically taught about electronic vapor products (EVPs such as e-cigarettes, vapes, vape pens, e-hookahs, mods, including JUUL). More than 85% of teachers also taught about the health consequences of tobacco product use, the addictive nature of nicotine, different tobacco products and harmful substances, reasons people use tobacco products, consequences of tobacco product use, and the effects of nicotine on adolescent brains.

- More than 85% of lead health educators taught students about the harmful effects of alcohol and other drugs, situations that lead to substance use, using interpersonal skills to avoid use, identifying reasons why individuals choose to use alcohol and other drugs, and understanding the social influences of alcohol and other drug use.

Physical Activity and Nutrition Policies and Practices

- More than eight in ten schools offer opportunities for students to be physically active during the school day through recess, lunchtime intermural activities or physical activity clubs (85%) or in other classes outside of physical education (88%). About nine in ten schools offer opportunities for students to be physically active after the school day through organized physical activities or access to facilities and equipment (91%) or interscholastic sports (88%). Just over half offer opportunities for students to be active before the school day (53%).
- Most schools have a concussion management plan (88%) and track concussions among students (83%). About half provide professional development or written information about concussions for all teachers (56%); 90% require coaches to complete a concussion education training program at least once every two years.
- Nearly all lead health educators teach physical activity and fitness in a required course (97%). More than nine in ten cover topics such as mental and social benefits of physical activity, health related fitness, short- and long-term benefits of physical activity, and increasing daily physical activity.
- A supportive school nutrition environment includes multiple elements related to how schools provide students access to nutritious meals and snacks. More than nine in ten schools serve locally or regionally grown foods in the cafeteria (91%) and place fruits and vegetables where they are easy to access (92%).
- Seven in ten have a school garden (70%). Nearly three in ten have a joint use agreement for shared access to a community garden (29%).
- Relatively few schools modify the cost of food and beverages making more healthy food and beverages available at a lower cost (14%). About four in ten prohibit less nutritious foods and beverages such as candy and baked goods, from being sold for fundraising purposes (38%) and prohibit staff from giving students food or coupons for food for good behavior or athletic performances (41%).
- Less than half of schools have vending machines, school stores, or snack bars available for students to purchase snack foods or beverages (42%).

Sexual Health Policies and Practices

- More than nine in ten LHEs (93%) taught about human sexuality in a health education course. At least seven in ten provide students with opportunities to practice skills related to sexual health.

Creating Safe and Inclusive Environments

- Nearly all schools have a designated staff member to whom students can confidentially report student bullying and sexual harassment (98%) and use electronic, paper, or oral communication to publicize and disseminate policies, rules, or regulations on bullying and sexual harassment, including electronic aggression (98%).
- All schools prohibit harassment based on a student’s perceived or actual sexual orientation or gender identity. Most have identified “safe spaces” where LGBTQ youth can receive support from administrators, teachers, or other school staff (93%). About half of all schools provide clubs that create safe, welcoming, and accepting environments for all youth such as GSA’s (Gay Straight Alliances) (56%).
- Roughly three-quarters of LHEs encourage the use of gender-neutral pronouns such as “they/them” to recognize gender diversity among students (73%), provide positive examples of LGBTQ people and same-sex relationships (77%), and provide students with information about LGBTQ resources (77%) and within the community (67%).

Engaging Families and Communities

- More than eight in ten schools participate in service-learning and mentoring programs (84%). About half partnered with community-based organizations (e.g., Boys & Girls Clubs, YMCA, 4H Clubs) to provide students with before-or after-school programming (46%).
- Nearly two-thirds of schools have joint use agreements for shared use of school or community sport or physical activity facilities (64%). About one-third have joint use agreements for shared use of kitchen facilities and equipment (33%) and for shared use of school or community gardens (29%).
- The percent of school in which families help develop or implement policies and programs related to school health during the previous two years significantly decreased from 48% in 2018 to 29% in 2020. During that same period, the percent of schools who involved parents as school volunteers in the delivery of health education activities and services also significantly decreased from 28% to 18%.
- About half of all LHEs gave students in health education homework assignments or activities to do at home with their parents during the past year (52%). Just over half provided parents and families with information related to bullying and sexual harassment (54%) and tobacco-use prevention (51%).