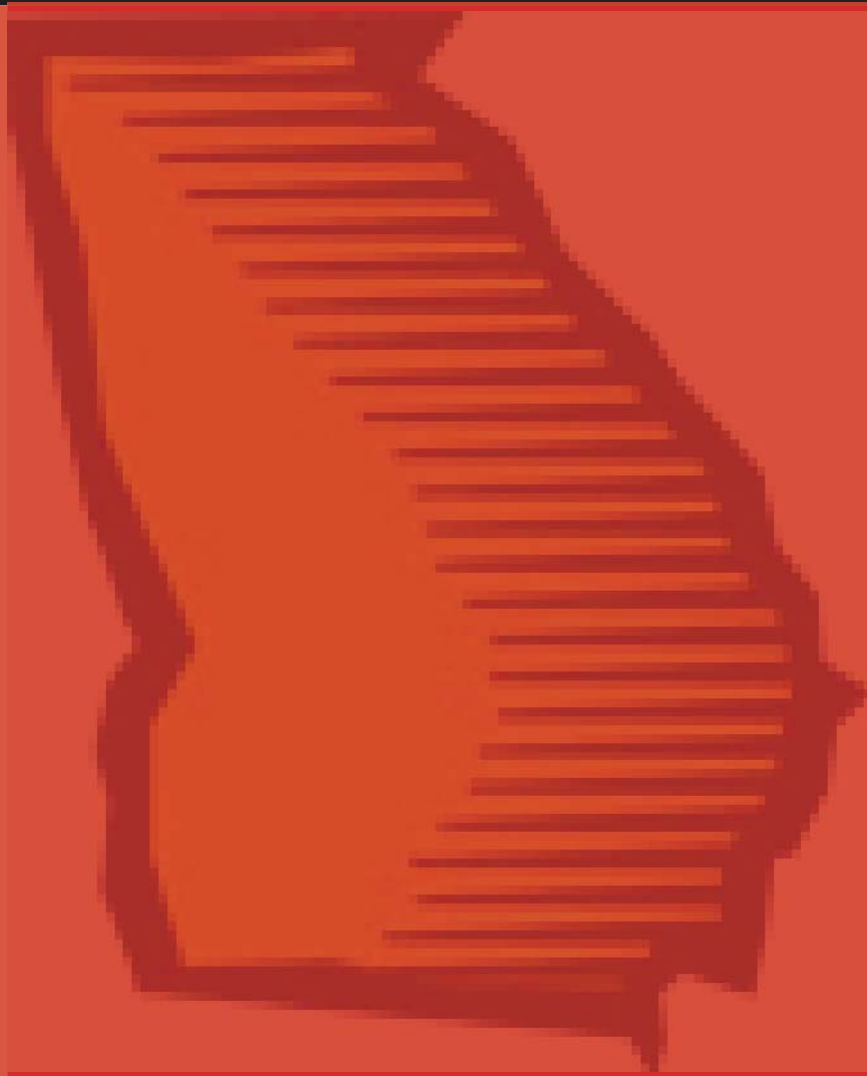




# 2006 Georgia School Health Profiles Report



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Georgia Department of Human Resources  
B.J. Walker, Commissioner

Division of Public Health  
Stuart T. Brown, M.D., Director

Epidemiology Branch  
Susan Lance, D.V.M., Ph.D., Director

Chronic Disease, Injury, and Environmental Epidemiology Section  
John M. Horan, M.D., M.P.H., Chief

Georgia Department of Education  
Kathy Cox, State Superintendent of Schools

Learning Support Division  
Phil Hulst, Director

Georgia Health Policy Center, Andrew Young School of Policy Studies,  
Georgia State University

Bernette Sherman, MPA, Research Associate II  
Mary Ann Phillips, MPH, Senior Research Associate

Graphic Design: Jimmy Clanton, Jr.

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# Table of Contents

Introduction.....	4
Health Education .....	5
Required Health Education.....	5
Standards, Curricula, Guidelines and Framework.....	5
Content.....	6
Teaching Methods .....	6
Coordination .....	6
Professional Training and Staff Development .....	7
Physical Education .....	8
Physical Activity .....	9
Tobacco Use.....	10
Nutrition .....	12
Violence.....	14
Health Services .....	15
Coordinated School Health.....	17
Worksite Health Promotion.....	17
Survey Methods.....	18
References .....	19
Appendix A – <i>Healthy People 2010</i> Tables.....	20
Appendix B – Data Tables .....	21

## Introduction

Over 1.5 million children in Georgia attend school, half of them in secondary education (middle and high schools) (1). They spend about 6 hours of class time per day, approximately 180 days per year (2). Schools present a unique opportunity to help improve the health status of students in Georgia. School policies and programs, including classroom training, can help school-aged adolescents establish behaviors that promote and maintain lifelong health and prevent health-risk behaviors among youth. School health education, policies, and programs should focus on reducing behaviors that place youth at risk for important health problems, which include sedentary lifestyles; tobacco use; improper nutrition; intentional and unintentional injuries; and sexual behaviors that increase risk for human immunodeficiency virus (HIV) infection, other sexually transmitted diseases (STDs) and unintended pregnancies (3).

In 1990, the Centers for Disease Control and Prevention (CDC) developed an operational definition of health education that identifies eight elements of school health education (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1990):

1. A documented, planned, and sequential program of health education for students in kindergarten through grade 12;
2. A curriculum that addresses and integrates education about health problems and issues;
3. Activities that help young persons develop skills to avoid risk behaviors (i.e., tobacco use; alcohol and other drug use; imprudent dietary patterns; inadequate physical activity; sexual behaviors that result in unintended pregnancy, HIV infection, or infection by other STDs; and behaviors that result in unintentional and intentional injuries;

4. Instruction provided for a prescribed amount of time at each grade level;
5. Management and coordination by an education professional trained to implement the health education program in each school;
6. Instruction from teachers trained to teach the subject;
7. Involvement of parents, health professionals, and other concerned community members;
8. Periodic evaluation, updating, and improvement of the health education program.

In 1995, the CDC, in collaboration with state and large local education agencies, developed the School Health Profiles (Profiles) (4). The Profiles was designed as a school-based survey of principals and lead health educators in middle and high schools. The purpose of the Profiles was two-fold. One purpose was to measure the current status of comprehensive health education, policies related to school health and safety, and levels of coordination in middle and high schools. The other purpose was to monitor characteristics of health education practices and some school health policies in middle and high schools over time. The Profiles has evolved to provide a more comprehensive assessment of school health policies and programs.

This report summarizes results from the 2006 Georgia Profiles. The report is organized by topics (Health Education, Physical Education, Physical Activity, Tobacco Use, Nutrition, Violence, Health Services, Coordinated School Health, and Worksite Health Promotion). Each topic describes key findings from the principal and health education teacher perspectives. A table summarizing relevant Healthy People 2010 Goals (5) and Georgia's status are presented in Appendix A, and detailed data tables are presented in Appendix B.



## Introduction

The Institute of Medicine (IOM) recommends schools to require at least one semester of health education at the secondary school level (6). Education Rule 160-4-2-.12 of the Georgia State Board of Education states that schools shall make available instruction in alcohol and drug abuse in grades K-12 and health and physical education in grades 6-12. Education Rule 160-4-2-.47 requires high school students to complete one unit of health and physical education (out of 22 units) in order to graduate (7).

The Georgia Department of Education's standards for health education aim to increase students' knowledge and skills in disease prevention, family living, growth and development, mental health, nutrition, personal health, and safety (8).

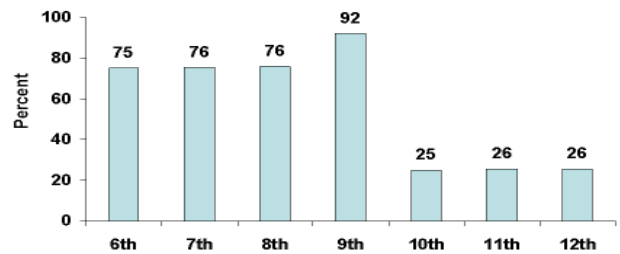
Educational programs play a key role in improving health outcomes and quality of life. Objective 7-2 of Healthy People 2010 (5) aims to increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

## Key Findings

### Required Health Education

- Most middle (83%) and all high schools in Georgia required health education to be taught in any of grades 6-12 (Table 1).
- 38% of middle schools required their students to take 3 health education courses, while 86% of high schools required their students to take only one health education course (Table 2).
- Three-fourths of middle schools required health education in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades (Figure 1, Table 3)
- Most high schools (92%) required a health education course in 9<sup>th</sup> grade; however only about one-fourth of high schools required a health education course in 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades (Figure 1, Table 3).
- 14% of middle schools and 98% of high schools required students who fail a required health education course to repeat it (Table 4).

Figure 1. Percentage of schools that required a health education course by grade, Georgia, 2006

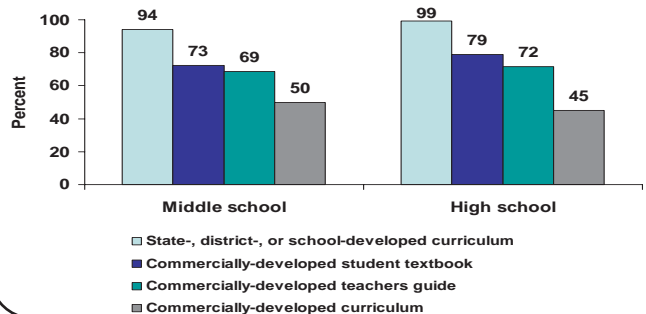


### Standards, Curricula, Guidelines and Framework

#### Materials Used in Required Health Education Courses

- Almost all middle (94%) and high (99%) schools required teachers to use state-, district- or school-developed curriculum (Figure 2, Table 5).

Figure 2. Percentage of schools that required teachers to use specific curriculum materials in a health education course, by school type, Georgia, 2006



## Content

- Alcohol or other drug use prevention, tobacco use prevention, physical activity and fitness, and nutrition and dietary behavior were the most common topics taught in health education courses in middle schools ( $\geq 93\%$ ) and in high schools ( $\geq 99\%$ ), while suicide prevention and asthma awareness were less common (Figure 3, Table 6).
- Health education teachers in most middle schools ( $\geq 85\%$ ) and high schools ( $\geq 85\%$ ) taught students skills related to accessing valid health information, media influence on health and wellness, communication, decision-making, goal setting, conflict resolution, and resisting peer pressure in health education courses (Table 7).

## Teaching methods

- The most common teaching methods used in health education courses at middle schools and high schools were group discussions (94% and 98%), audiovisual media (91% and 99%), and cooperative group activities (89% and 90%) (Figure 4, Table 8).
- The least common teaching methods in health education courses at middle schools and high schools were making pledges for behavior change (49% and 42%) (Table 8).
- Modifying teaching methods to match students' learning styles, health beliefs, or cultural values was the most common method for highlighting diversity in health education courses in middle schools (92%) and high schools (85%) (Table 9).
- Completing projects with family members, identifying advertising in the community designed to influence health behaviors, and identifying potential injury sites were the most common community-related activities students were asked to participate in as part of health education courses at middle schools (64%-82%) and high schools (70%-84%) (Table 10).

## Coordination

- 49% of middle schools and 46% of high schools had a health education teacher serving as the school's health education coordinator (Table 11).
- 62% of middle schools and 92% of high schools required health education as a combined course with physical education (Table 13).
- 17% of middle schools and 10% of high schools required health education as a combined course with another subject, such as science, social studies, or English (Table 13).
- Lead health education teachers collaborated with physical education staff on health education activities in about nine in ten middle schools and high schools, while they collaborated with nutrition or food service staff on health education activities in approximately three in ten middle schools and high schools (Figure 5, Table 14).

Figure 3. Percentage of schools in which the lead health education teacher tried to increase student knowledge on selected health topics, by school type, Georgia, 2006

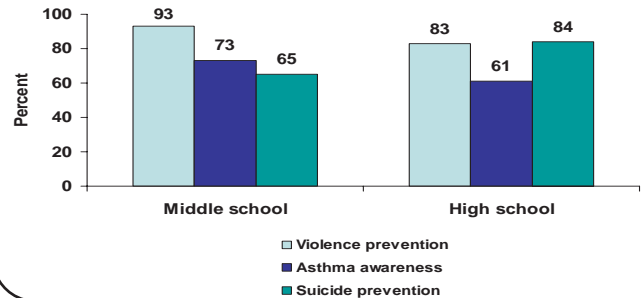


Figure 4. Percentage of schools in which the lead health education teacher used specific teaching methods in a required health education course, by school type, Georgia, 2006

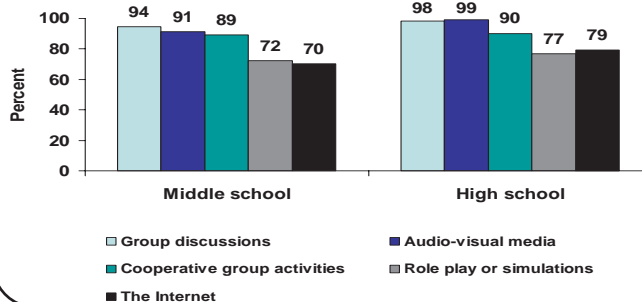
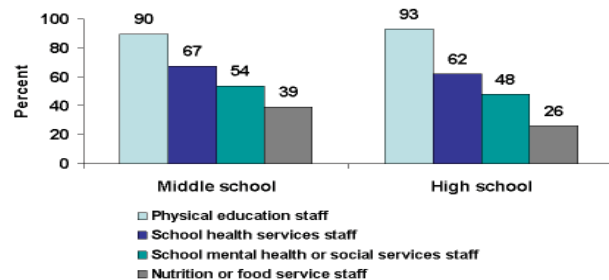


Figure 5. Percentage of schools in which the lead health education teacher collaborated with other school staff on health education activities, by school type, Georgia, 2006

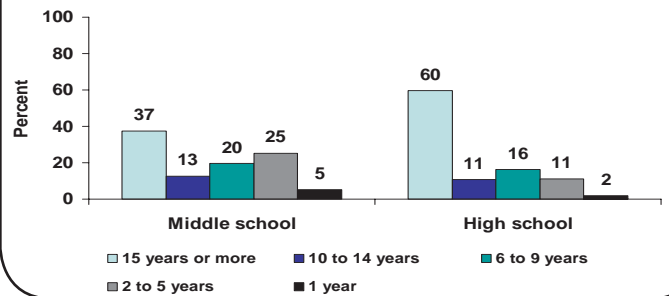


# Health Education

## Professional training and staff development

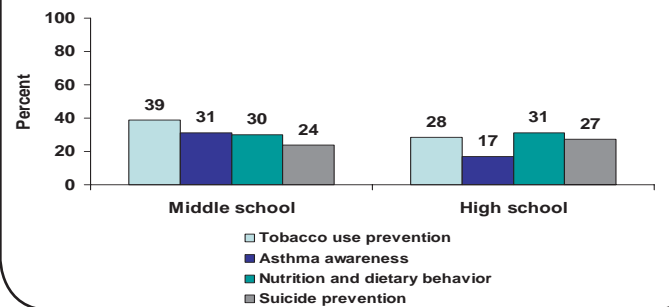
- Most (97%) middle schools and high schools had lead health education teachers licensed or certified to teach health education (Table 16).
- 37% of middle schools and 60% of high schools had lead health education teachers with at least 15 years of experience teaching health education (Figure 6, Table 16).
- Most middle schools (82%) and high schools (85%) had lead health education teachers with a professional preparation in health education or a combined health and physical education (Table 17).

Figure 6. Percentage of schools in which the lead health education teacher had taught health education for a specific number of years, by school type, Georgia, 2006



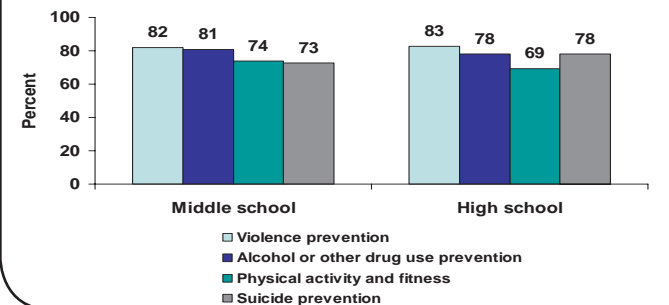
- Lead health education teachers at middle schools and high schools were more likely to have received staff development during the previous two years on physical activity and fitness, violence prevention, and alcohol or other drug use prevention and less likely to have received staff development in the previous two years on suicide prevention, nutrition and dietary behaviors, and asthma awareness (Figure 7, Table 18).

Figure 7. Percentage of schools in which the lead health education teacher received staff development on selected health topics, by school type, Georgia, 2006



- Lead health education teachers at middle schools and high schools were more likely to indicate wanting to receive staff development on violence prevention, and alcohol or other drug use prevention (Figure 8), and were less likely to indicate wanting to receive staff development on asthma awareness (Table 19).

Figure 8. Percentage of schools in which the lead health education teacher would like to receive staff development on selected health topics, by school type, Georgia, 2006



# Physical Education

## Introduction

Physical activity is an integral component in the development and maintenance of good health. Schools are an opportune setting for promoting physical activity through instruction and programs because they reach most children and adolescents. School physical education can play an important role in helping students acquire knowledge and develop skills necessary for physically active lifestyles throughout their lifetime (3).

Education Rule 160-4-2-.12 of the Georgia State Board of Education states that each school with grades 6-12 shall make available instruction in health and physical education (7).

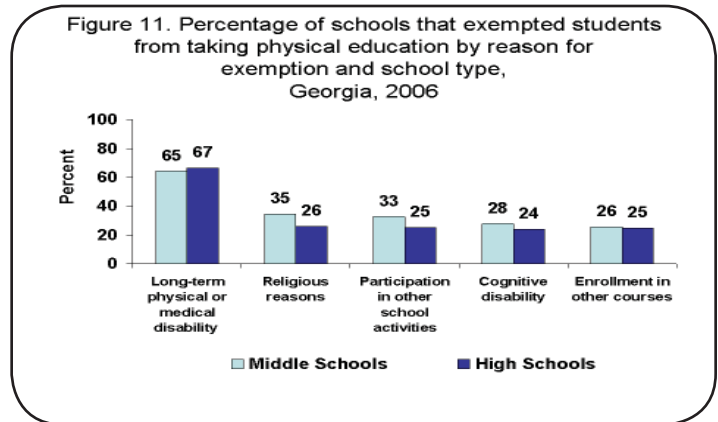
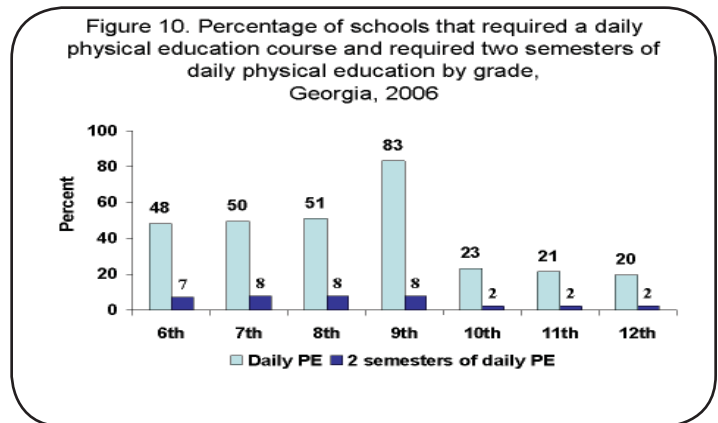
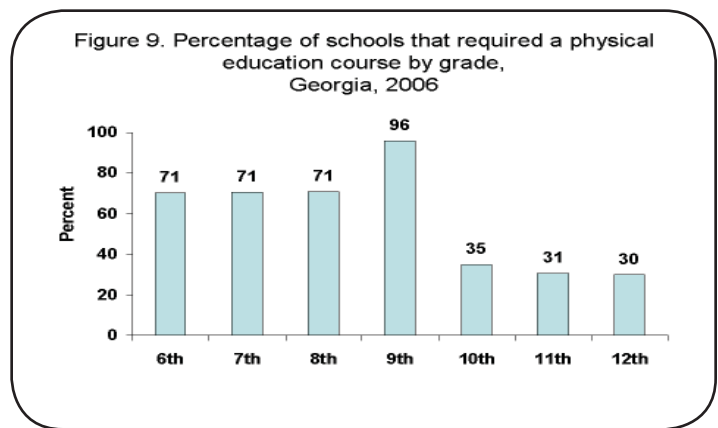
The Georgia Department of Education's standards for quality physical education curriculum aim to increase students' knowledge, skills, and participation in physical fitness, movement competencies, and a variety of activities (8).

In 2005, 65% of middle school students and 42% of high school students in Georgia attended a physical education course on one or more days during the week. However, only 35% of middle school students and 36% of high school students attended a daily physical education course (9).

## Key Findings

### Policies

- 76% of middle schools and 99% of high schools required students to take at least one course in physical education (Table 20).
- 43% of middle schools required students to attend 2 or 3 courses of physical education, while 75% of high schools required only one course of physical education (Table 21).
- The percentage of middle schools requiring physical education was consistent by grade (71%), while the percentage of high schools requiring physical education significantly decreased between grade 9 (96%) and grades 10 (35%), 11 (31%), and 12 (30%) (Figure 9, Table 22).
- Half of middle schools required daily physical education in grades 6, 7, or 8 (48%-51%), while the percentage of high schools requiring daily physical education significantly decreased between grade 9 (83%) and grades 10 (23%), 11 (21%), and 12 (20%) (Figure 10, Table 23).
- Few middle schools (7%-8%) and high schools (2%-8%) required 2 semesters of daily physical education for any grades 6-12 (Figure 10, Table 24).
- Long-term physical or mental disabilities, religious reasons, participation in other school activities, cognitive disabilities, and enrollment in other courses were the most common exemptions from physical activity requirements in middle schools and high schools (Figure 11, Table 25).
- 96% of high schools required students to repeat physical education if they failed the course, while only 16% of middle schools required students to repeat physical education if they failed the course (Table 26).



# Physical Activity

## Introduction

In addition to physical education, schools can encourage students to adopt and maintain active lifestyles through policies and programs providing opportunities for students to be physically active at school (3). Policies can include offering intramural activities or physical activity clubs, providing transportation home from after-school activities, and allowing use of the school's athletic facilities outside of school hours. Examples of programs can include supporting/encouraging walking or biking to and from school through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets.

Regular physical activity prevents excess weight gain and reduces the risk for cardiovascular disease, high blood pressure, stroke, colon cancer, and type 2 diabetes (10). The physical activity recommendations for children and adolescents are 60 minutes or more of age- and developmentally appropriate physical activity from a variety of physical activities on all or most days of the week (11). In 2005, only 34% of high school students in Georgia met the physical activity recommendations (9).

## Key Findings

### Policies

- 66% of middle schools and 54% of high schools offered intramural activities or physical activity clubs (Table 27).
- 17% of middle schools and 12% of high schools provided transportation home for students who participated in after-school intramural activities or physical activity clubs (Table 28).
- 86% of middle schools and 78% of high schools allowed use of physical activity or athletic facilities for community-sponsored sports teams, classes, or lessons (Table 29).
- 8% of middle schools and 3% of high schools had a policy to prevent students from walking or biking to and from school (Figure 12, Table 30).

### Programs

- 36% of middle schools and 16% of high schools supported or promoted walking or biking to and from school (Figure 13, Table 31).
- Traffic, no sidewalks or poorly maintained sidewalks, and lack of adult supervision were the most frequently reported barriers for students to walk or bike to and from school by middle school and high school principals (Figure 14, Table 32).

### Education

- Most middle schools ( $\geq 74\%$ ) and high schools ( $\geq 85\%$ ) taught students about fitness, psychosocial benefits, self-efficacy, injury prevention, and performance enhancing drug use topics related to physical activity in health education courses (Table 33).

Figure 12. Percentage of schools that had a policy to prevent students from walking or biking to school by school type, Georgia, 2006

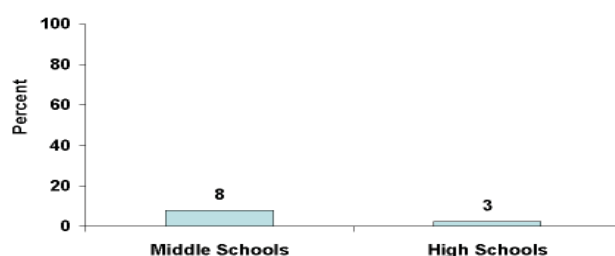


Figure 13. Percentage of schools that supported or promoted walking or biking to and from school by school type, Georgia, 2006

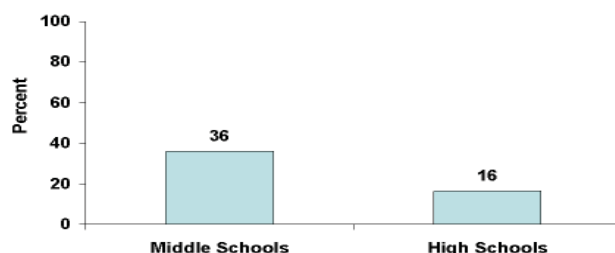
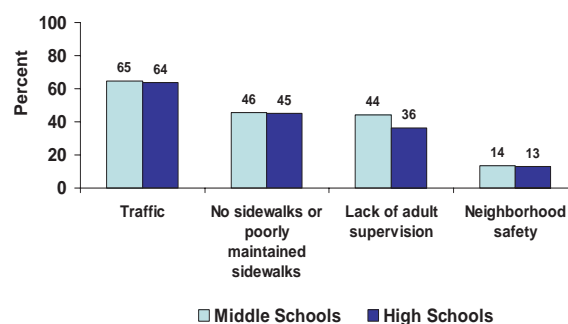


Figure 14. Barriers to students walking or biking to school by type of barrier and school type, Georgia, 2006



## Introduction

The *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, developed by the Centers for Disease Control and Prevention (CDC), were created to help school personnel plan, implement and assess educational programs and school policies to prevent tobacco use, encourage cessation of tobacco use, and reduce exposure to secondhand smoke (12).

The Georgia Department of Education's standards for **policies and laws** related to the use of tobacco products, alcohol and other drugs examine school rules, system policies, and local, state, and federal laws regulating purchase, sale, use, and possession of alcohol, tobacco products, and other drugs (8).

Tobacco use remains a leading preventable cause of illness and death in this country. In Georgia, tobacco kills over 10,000 residents each year and costs \$1.8 billion in health care expenditures (13). About 25,000 (7%) middle school students and 73,000 (17%) high school students in Georgia are smokers (9). Approximately 11,000 (3%) middle school students and 34,000 (8%) high school students smoked cigarettes on school property (14). By adopting policies and procedures to create safe and drug-free learning environments, schools play a key role in creating healthier communities and improving health and learning. *Healthy People 2010* (5) identifies several objectives to help reduce illness, disability and death related to tobacco use and exposure to secondhand smoke.

## Key Findings

### Policies

- Almost all middle schools (99%) and high schools (99%) had a policy prohibiting tobacco use (Table 34).
- Most ( $\geq 95\%$ ) of middle schools and high schools had a policy prohibiting students, faculty, and staff from smoking cigarettes, cigars, or pipes or using smokeless tobacco during school hours and in school buildings, grounds, and property (Table 35).
- Middle schools (Figure 15a) and high schools (Figure 15b) were more likely to have a policy prohibiting tobacco use by students, faculty, staff, and visitors during school hours than non-school hours (Table 36).
- Middle schools (72%) and high schools (67%) were less likely to have a policy prohibiting visitors from using tobacco at off-campus events than to have a policy prohibiting students and staff and faculty from using tobacco in school buildings, outside of school grounds, on school buses, and at off-campus events ( $>91\%$ ) (Table 37).
- Most middle schools ( $\geq 80\%$ ) and high schools ( $\geq 87\%$ ) had procedures to inform students, parents, school faculty and staff, and visitors about the policy prohibiting tobacco use at school (Table 38).
- Most middle schools and high schools had procedures to inform students ( $\geq 98\%$ ) and school faculty and staff (88% and 93%) what happens if they do not comply with the school's policy on tobacco; however, only two-thirds of middle schools and high schools have procedures to inform visitors about non-compliance (Table 39).

Figure 15a. Percentage of middle schools that had a policy prohibiting tobacco use by group and time, Georgia, 2006

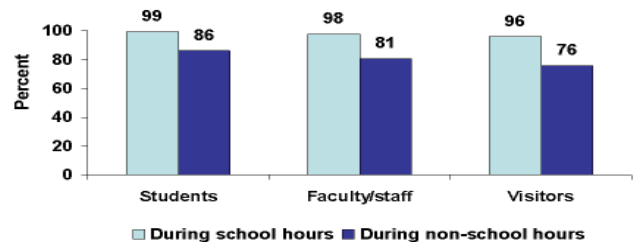
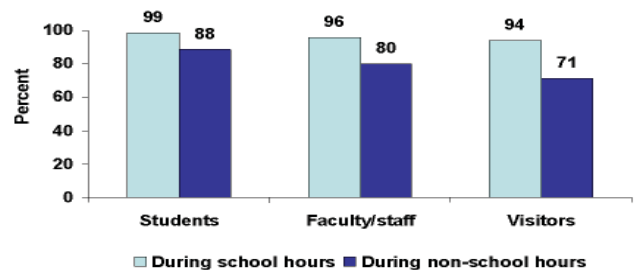


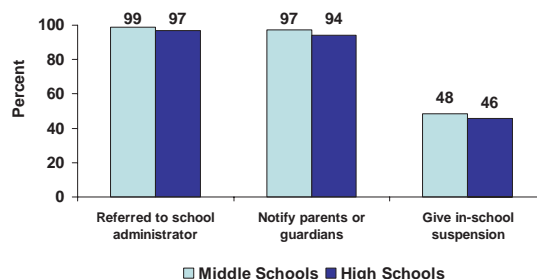
Figure 15b. Percentage of high schools that had a policy prohibiting tobacco use by group and time, Georgia, 2006



## Policies, cont.

- The majority of middle schools (99%) and high schools (97%) always referred students who were caught smoking cigarettes to the school administrator (Figure 16, Table 40).
- Most middle schools (97%) and high schools (94%) always notified parents when students were caught smoking cigarettes (Figure 16, Table 40).
- Nearly a half of middle schools (48%) and high schools (46%) always gave in-school suspension to students who were caught smoking cigarettes (Figure 16, Table 40).
- Few middle schools and high schools always encouraged (<13%) or required (<5%) students caught smoking to participate in a cessation program (Table 40).
- One-fourth of middle schools and one-fifth of high schools provided referrals to tobacco cessation programs to faculty and staff (Table 41).
- One-fifth of middle schools and one-fourth of high schools provided referrals to tobacco cessation programs to students (Table 41).
- 65% of middle and high schools posted signs indicating that the school is a tobacco-free zone (Table 42).

Figure 16. Percentage of schools that always took action when students were caught smoking cigarettes by most frequent actions taken and school type, Georgia, 2006



The Georgia Department of Education's standards for **health education** on tobacco use aim to analyze, recognize, and assess the effects, consequences and risk factors associated with the use of tobacco products, alcohol, and other drugs (8).

The *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, recommend tobacco use prevention be taught to all students in grades Kindergarten through 12. The guidelines also recommend instruction focusing on the short- and long-term consequences of tobacco use, social influences on use, peer norms regarding use, and refusal skills (12).

## Education

- Almost all middle schools (99%) and all high schools taught tobacco use prevention as a health education curriculum topic (Table 6).
- Most middle schools (≥84%) and high schools (≥81%) taught students about the health consequences of tobacco use, the social and cultural influences on tobacco use, and tobacco use cessation in health education courses (Table 43).
- Almost all middle schools (99%) and high schools (99%) taught students about the health effects of exposure to environmental tobacco smoke, or secondhand smoke, in health education courses (Table 43).

## Introduction

According to the Centers for Disease Control and Prevention’s Guidelines for School Health Programs to Promote Lifelong Healthy Eating, healthy and appealing foods should be readily available in school meals, a la carte items, snack bars, and vending machines. Schools can increase access to healthy and appealing foods by adopting a coordinated school nutrition policy that promotes healthy eating through classroom lessons and a supportive school environment (15).

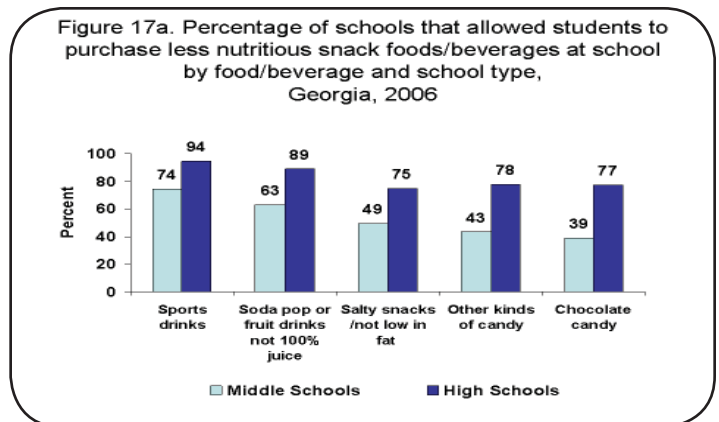
The Georgia Department of Education’s standards for nutrition education aim to help students understand the role of nutrition in disease prevention, identify reliable sources of food and nutrition information, follow the dietary guidelines, and analyze marketing and advertising methods for influencing food choices (8).

Energy excess caused by an imbalance between energy intake (nutrition) and energy expenditure (physical activity) increases the risk for chronic conditions such as obesity, type 2 diabetes, cardiovascular disease, and high blood pressure. Diets rich in fruits and vegetables can reduce the risk for cardiovascular disease and prevent excess weight gain (16,17). Despite these health benefits, few high school students (18%) in Georgia ate the recommended five servings of fruit and vegetables per day in 2005 (9).

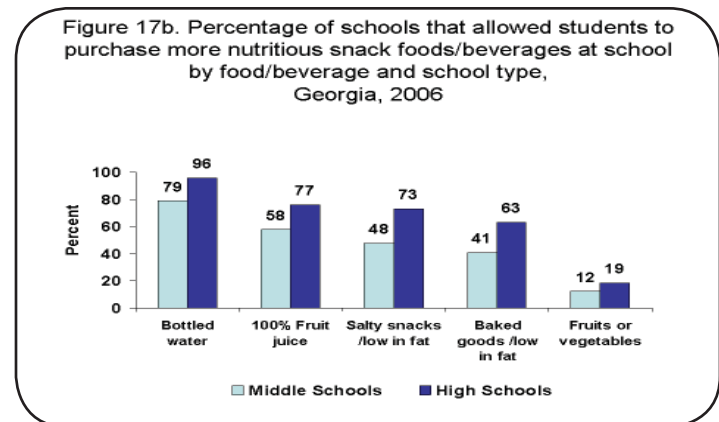
## Key Findings

### Policies

- 13% of middle schools and 19% of high schools allowed less than 20 minutes for students to eat lunch once they were seated (Table 44).
- Only 12% of middle schools and 10% of high schools had a policy to offer fruits and vegetables at school events (Table 45).
- 81% of middle schools and 96% of high schools allowed students to purchase snack foods or beverages from school vending machines, school stores, canteens, or snack bars (Table 46).
- Less nutritious snack food and beverages were readily available in middle schools and high schools (Figure 17a, Table 47).



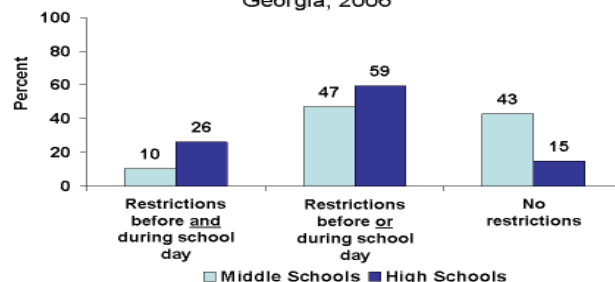
- More nutritious snack food and beverages were readily available in middle schools and high schools, except for fruits and vegetables (Figure 17b, Table 48).



## Policies, cont.

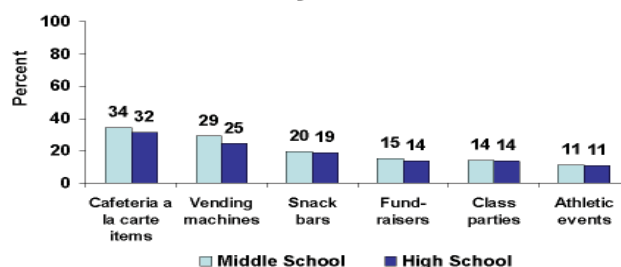
- 10% of middle schools and 26% of high schools restricted snack food and beverage purchases from vending machines, school stores, canteens, or snack bars before and during the school day (Figure 18, Table 49).
- 47% of middle schools and 59% of high schools restricted snack food and beverage purchases from vending machines, school stores, canteens, or snack bars before or during the school day (Figure 18, Table 49).
- 43% of middle schools and 15% of high schools did not have restrictions on snack food and beverage purchases from vending machines, school stores, canteens, or snack bars before or during the school day (Figure 18, Table 49).
- 40% of middle schools and 34% of high schools had nutrition standards for foods sold at school (Table 50).

Figure 18. Percentage of schools that restricted the purchase of snack foods/beverages in vending machines, school stores, canteens, or snack bars by time of restriction and school type, Georgia, 2006



- Middle schools (34%) and high schools (32%) were most likely to have nutrition standards for foods sold in the cafeteria and least likely to have standards for foods sold at athletic events (11%) (Figure 19, Table 51).
- 10% of middle schools and 11% of high schools had a policy to prohibit foods low in nutritional value being offered at school settings (Table 52).

Figure 19. Percentage of schools that had nutrition standards for foods sold at schools by area and school type, Georgia, 2006



## Education

- Most middle schools ( $\geq 85\%$ ) and high schools ( $\geq 89\%$ ) taught students a wide range topics related to healthy eating and nutrition in health education courses (Table 53).

# Violence

## Introduction

In 2004, unintentional injuries, suicide, and homicide accounted for 53% (68 deaths) of all deaths among children aged 10 to 14 years and 75% (312 deaths) of all deaths among adolescents aged 15 to 19 years in Georgia (18). The No Child Left Behind Act of 2001 authorizes federal funds for school programs to prevent violence in and around schools (19). The CDC's School Health Guidelines to Prevent Unintentional Injury and Violence (20) identifies the following strategies for school health efforts to prevent unintentional injury, violence, and suicide:

- Establish social and physical environment that promote safety and prevent unintentional injuries, violence, and suicide.
- Implement health and safety education to help students adopt and maintain safe lifestyle.
- Establish mechanisms for short- and long-term response to crises, disasters, and injuries.

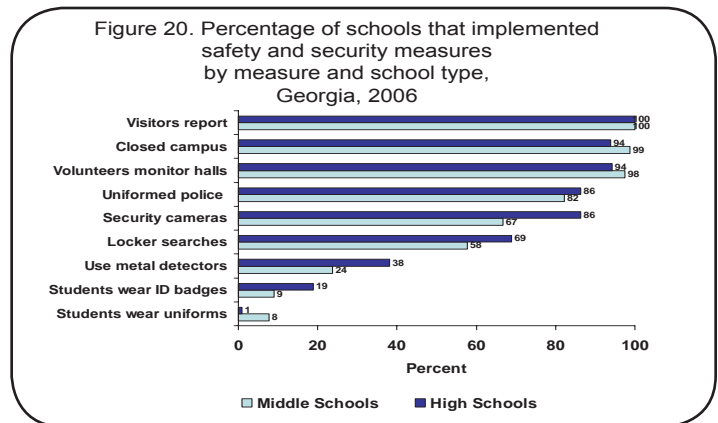
*Healthy People 2010* (5) Objective 15-39 calls for the reduction of weapon carrying by adolescents on school property. About 126,000 (35%) Georgia middle school students ever carried a weapon, such as a gun, knife, or club, in their lifetime. About 94,000 (22%) Georgia high school students carried a weapon, such as a gun, knife, or club, one or more times during the past month (9).

The Georgia Department of Education's standards for health education on violence prevention aim to identify threats to personal safety, such as child abuse, sexual and physical abuse, neglect and emotional abuse (in Grades 6 and 7), as well as incest, rape and date rape (from Grade 8 through high school) (8).

## Key Findings

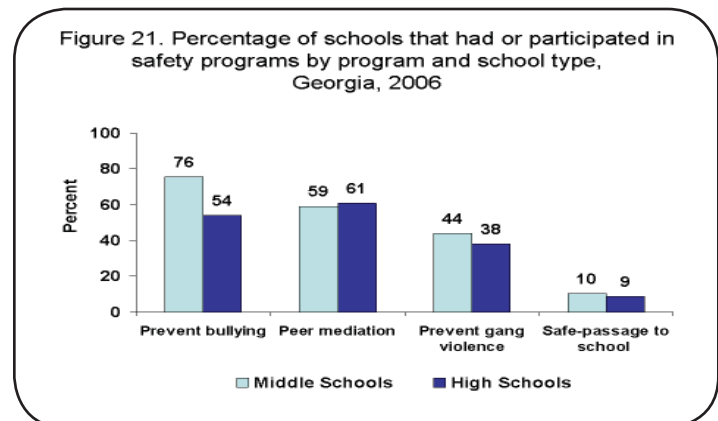
### Policies

- All middle schools and high schools required visitors to report to the main office upon arrival to the school (Figure 20, Table 54).
- Nearly all middle schools and high schools maintained a "closed campus" where students were not allowed to leave school during the school day and had staff or adult volunteers to monitor hallways between and during classes (Figure 20, Table 54).
- 24% of middle schools and 38% of high schools used metal detectors as a safety measure (Figure 20, Table 54).



### Programs

- Bully prevention programs were the most common safety programs implemented by middle schools (76%), while peer mediation programs were the most common safety programs implemented by high schools (61%) (Figure 21, Table 55).
- Safe-passage to school programs were the least common safety programs implemented by middle schools (10%) and high schools (9%) (Figure 21, Table 55).



### Plans

- Nearly all middle schools (99%) and high schools (98%) had a written plan to address crisis preparedness, response, and recovery (Table 56).

### Education

- Most middle schools (93%) and high schools (84%) taught violence prevention as a health education curriculum topic (Table 6).

## Introduction: General

**Health Services** at school provide care to students who otherwise may not have access to care. The scope of services can include providing immunization, diagnosing and treating acute illness and injury, managing and monitoring chronic diseases, dispensing medications, and offering preventive and primary dental care (21).

School nurses can assess student health and development, help families determine when medical services are needed, and serve as a professional link with physicians and community resources. A licensed practical nurse or registered nurse is an essential component of a healthy school. *Healthy People 2010* (5) Objective 7-4 aims to increase the proportion of the nation's elementary, middle, and high schools with a nurse-to-student ratio of at least 1 to 750. Georgia has a ratio of one school nurse to 1,680 students.

The Georgia A+ Education Reform Act of 2000 (O.C.G.A § 20-2-281) mandates the School Health Nurse Program, part of the School Health Services Program. Each local board of education is responsible for establishing the program's policies and procedures. The Georgia Department of Education recognizes the Georgia Association of School Nurses and Children's Healthcare of Atlanta as two resources for the provision of School Health Services (22).

According to the Georgia Association of School Nurses, approximately 13% of school age children in Georgia do not have healthcare insurance coverage, and approximately 30% have chronic health conditions, such as asthma, diabetes, and epilepsy, which affect their ability to learn. About 5 million doses of prescription medication are given annually at schools and about 15 million annual visits are made to the school's office or health room for illness, medication and injury in Georgia. The majority of schools in Georgia have a licensed school nurse on site during at least part of the school day (23).

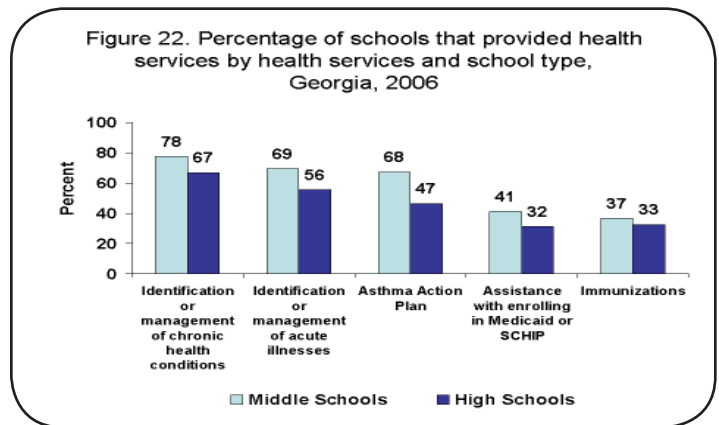
## Key Findings

### School Nurse

- 91% of middle schools and 82% of high schools had a school nurse to provide standard health services (Table 57).

### Health Services

- 78% of middle schools and 67% of high schools provided identification or school-based management of chronic health conditions, such as asthma or diabetes (Figure 22, Table 58).
- 69% of middle schools and 56% of high schools provided identification or school-based management of acute illnesses (Figure 22, Table 58).
- 68% of middle schools and 47% of high schools provided an Asthma Action Plan for all students with asthma (Figure 22, Table 58).
- 41% of middle schools and 32% of high schools provided assistance with enrolling in Medicaid or SCHIP (State Children's Health Insurance Program) (Figure 22, Table 58).
- 37% of middle schools and 33% of high schools provided immunizations (Figure 22, Table 58).



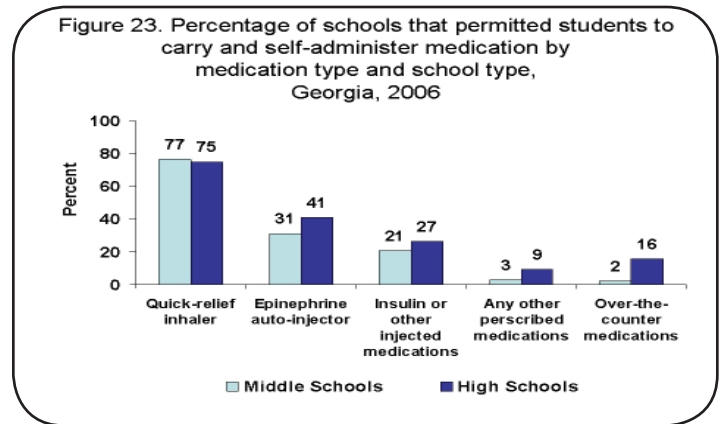
## Introduction: Asthma

**Asthma** is a chronic illness that has increased in prevalence since 1980 (24). In Georgia, approximately 56,000 (15%) middle school students and approximately 70,000 (16%) high school students have asthma (25). Although asthma cannot be cured, it can be controlled with proper diagnosis and appropriate care and management activities. Schools can help students manage their asthma by adopting policies and procedures to create safe and supportive learning environments for students with asthma. The CDC, in *Strategies for addressing Asthma Within a Coordinated School Health Program* (26), recommends obtaining a written action plan for all students with asthma and ensuring that students have immediate access to medications, including allowing students to self-carry and self-administer medications.

## Key Findings

### Illness Self-Management Policy

- 77% of middle schools and 75% of high schools permitted students to carry and self-administer a prescription quick relief inhaler (Figure 23, Table 59).
- 31% of middle schools and 41% of high schools permitted students to carry and self-administer an epinephrine auto-injector (e.g., EpiPen®) (Figure 23, Table 59).
- 21% of middle schools and 27% of high schools permitted students to carry and self-administer insulin or other injected medications (Figure 23, Table 59).
- Few middle schools and high schools permitted students to carry and self-administer any other prescribed medications (3% and 9%) or any over-the-counter medications (2% and 16%) (Figure 23, Table 59).



### Education

- 73% of middle schools and 61% of high schools included asthma awareness as a health education curriculum topic (Table 6).
- 73% of middle schools and 69% of high schools included immunizations as a health education curriculum topic (Table 6).

# Coordinated School Health

## Introduction

The Coordinated School Health Program (CSHP) model aims to promote health and wellness through eight interactive components. Components of the CSHP include health education; physical education; nutrition services; health services; counseling, psychological and social services; healthy school environment; health promotion for staff; and family/community involvement. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Alternatively, this model identifies schools as a critical setting in which many stakeholders might work together to improve and maintain the well-being of young people (27).

## Key Findings

- 65% of middle schools and 62% of high schools had implemented at least one component of the Coordinated School Health Program (Table 60).

# Worksite Health Promotion

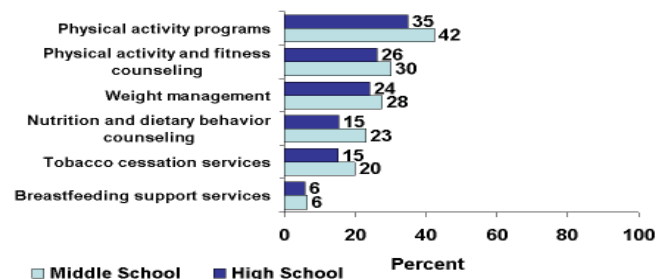
## Introduction

Providing health promotion opportunities for school staff can encourage them to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs (29).

## Key Findings

- Physical activity programs, physical activity and fitness counseling, and weight management programs were the most common types of worksite health promotion programs offered by middle schools and high schools (Figure 24, Table 61).
- Nutrition and dietary behavior counseling, tobacco cessation, and breastfeeding support services were the least common types of worksite health promotion programs offered by middle schools and high schools (Figure 24, Table 61).
- Most middle schools (86%) and high schools (87%) allowed faculty and staff to use the school's athletic facilities and equipment (Table 62).

Figure 24. Percent of schools that offered health promotion programs to staff by topic and school type, Georgia, 2006



## Survey Methods

The 2006 Georgia School Health Profiles was conducted by the Georgia Department of Education and the Georgia Department of Human Resources.

### Questionnaire Development

The 2006 Profiles consisted of two questionnaires developed by the CDC; one for principals (part I) and one for lead health education teachers. The principals' questionnaire examined health education requirements, physical education and physical activity programs, tobacco use prevention policies, nutrition-related policies and practices, violence prevention and school safety, health services, and HIV infection policies from an administrative perspective. The lead health education teachers' survey examined health education from an instructional viewpoint. The 2006 Profiles instruments consisted of 45 questions related to administration of health education, policies, and programs and 21 questions related to instruction.

In addition to the standard questionnaires, the 2006 Profiles included a second questionnaire for principals (part II) with 18 additional questions on overall health promotion, physical education, physical activity, tobacco, nutrition, and worksite health promotion. Copies of the questionnaires can be obtained at <http://www.health.state.ga.us/epi/cdiee/policy.asp#schools>.

### Sampling and Response Rates

All public middle and high schools in Georgia having at least one of grades 6 through 12 (n=797) were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level before sampling. Systematic equal probability sampling with a random start was used to select a sample of schools for the survey.

Three hundred ninety-two public middle and high schools in Georgia were randomly selected to participate in the survey. Two schools were subsequently deemed ineligible for the principal sample and four schools were deemed ineligible for the lead health education teacher sample. Of the 390 sampled principals, 279 completed questionnaire part I (72% response rate) and 275 completed questionnaires part II (71% response rate). Of the 388 sampled teachers, 271 completed the health education teacher questionnaire (70% response rate).

### Data Collection

Data were collected during the spring semester of 2006. The principal's questionnaires (part I and II) and the lead health education teacher's questionnaire were mailed to the principal of each sampled school. The principal then determined who the lead health education teacher was and distributed the questionnaire accordingly. Participation in the surveys was confidential and voluntary. Responses were recorded on the questionnaire booklet by the principal or teacher, and then returned. Follow-up telephone calls and written reminders were used to encourage school participation.

### Weighting

A weight has been assigned to each questionnaire to reflect the likelihood of a principal or a lead health education teacher being selected, to reduce bias by compensating for differing patterns of non-response, and to improve precision by making school sample distributions conform to known population distributions.

### Data Analysis

The weighted survey results in this report can be used to make inferences about health education in all Georgia public middle and high schools. Point estimates and 95 percent confidence intervals were calculated in *SUDAAN v9*.

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## Appendix A -- Healthy People 2010 Tables

National Health Objectives and Leading Health Indicators from Healthy People 2010 measured by the Georgia School Health Profiles Survey, 2006

Objective No.	Objective	Healthy People 2010 Target (%)	Data from 2006 Georgia School Health Profiles (%)
7-2a	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.	70	Middle Schools: 88 High Schools: 87
7-2b	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent unintentional injuries.	90	Middle Schools: 93 High Schools: 92
7-2c	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent violence.	80	Middle Schools: 93 High Schools: 84
7-2d	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent suicide.	80	Middle Schools: 65 High Schools: 84
7-2e	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent tobacco use and addiction.	95	Middle Schools: 99 High Schools: 100
7-2f	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent alcohol and other drug use.	95	Middle Schools: 99 High Schools: 100
7-2g	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent unintended pregnancy, HIV/AIDS, and STD infection.	90	Middle Schools: 92 High Schools: 100
7-2h	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent unhealthy dietary patterns.	95	Middle Schools: 97 High Schools: 100
7-2i	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent inadequate physical activity.	90	Middle Schools: 99 High Schools: 99
7-2j	Increase the proportion of middle, junior high, and senior high schools that provide school health education on environmental health.	80	Middle Schools: 70 High Schools: 83
22-8a	Increase the proportion of the public and private middle schools that require daily physical education for all students.	25	7*
22-8b	Increase the proportion of the public and private high schools that require daily physical education for all students.	5	2*
22-12	Increase the proportion of the public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.	50	Middle Schools: 85 <sup>†</sup> High Schools: 78 <sup>†</sup>
27-11	Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.	100	Middle Schools: 53 <sup>‡</sup> High Schools: 51 <sup>‡</sup>

\* Proportion of schools that require students to take 2 semesters of daily physical education in every grade.

† Proportion of schools that allow use of physical activity and athletic facilities for community-sponsored sports teams outside of school hours.

‡ Proportion of schools that have a policy prohibiting students, faculty/staff, and visitors from using all types of tobacco during school hours and during non-school hours on school property, vehicles, and at school events.

## Appendix B -- Data Tables

**Table 1. Percentage of schools that required health education in any of grades 6-12, by school type, Georgia, 2006**

	Middle School		High School	
	%	95% CI	%	95% CI
Required health education	82.9	(76.2-88.0)	100.0	-

**Table 2. Percentage of schools that required health education in any of grades 6-12, by number of courses and school type, Georgia, 2006**

Number of courses	Middle School		High School	
	%	95% CI	%	95% CI
0 courses	17.6	(11.7-23.5)	0.0	-
1 course	27.0	(20.0-34.0)	86.3	(80.6-92.0)
2 courses	9.3	(4.8-13.9)	9.6	(4.7-14.6)
3 courses	38.3	(30.3-46.2)	0.0	-
4 or more courses	7.8	(3.5-12.1)	4.1	(0.5-7.7)

**Table 3. Percentage of schools that required a health education course, by grade, Georgia, 2006**

Grade	Middle School		High School	
	%	95% CI	%	95% CI
6th	75.0	(68.2-81.7)		
7th	75.5	(69.1-81.9)		
8th	76.0	(69.9-82.2)		
9th			92.1	(87.6-96.6)
10th			24.9	(17.1-32.7)
11th			25.6	(18.2-33.0)
12th			25.5	(17.3-33.7)

**Table 4. Percentage of schools that required students who fail a required health education course to repeat it, by school type, Georgia, 2006**

	Middle School		High School	
	%	95% CI	%	95% CI
Required students who fail a required health education course to repeat it	13.9	(8.9-18.9)	97.5	(94.6-100.0)

**Table 5. Percentage of schools that required teachers to use specific curriculum materials in a required health education course, by school type, Georgia, 2006**

Curriculum materials	Middle school		High school	
	%	95% CI	%	95% CI
State-, district-, or school-developed curriculum	94.1	(87.9-97.2)	99.2	(94.3-99.9)
Commercially-developed student textbook	72.5	(64.0-79.6)	79.0	(70.7-85.4)
Commercially-developed teachers guide	68.5	(59.5-76.3)	71.7	(63.4-78.7)
Commercially-developed curriculum	49.9	(40.1-59.7)	45.1	(36.4-54.1)
Health education performance assessment materials	47.2	(38.2-56.4)	57.1	(47.2-66.5)
Any materials from health organizations, e.g., AHA, ACS	43.8	(35.4-52.5)	50.6	(41.1-60.1)
The National Health Education Standards	38.5	(30.5-47.2)	50.1	(40.2-60.0)
Health Education Curriculum Analysis Tool (CDC)	8.6	(4.8-14.9)	14.4	(8.7-23.1)

**Table 6. Percentage of schools in which the lead health education teacher tried to increase student knowledge on a specific health-related topic in a required health education course, by school type, Georgia, 2006**

Health education topics	Middle school		High school	
	%	95% CI	%	95% CI
Alcohol or other drug use prevention	99.1	(93.9-99.9)	100.0	-
Tobacco use prevention	99.1	(93.9-99.9)	100.0	-
Physical activity and fitness	99.1	(93.8-99.9)	99.2	(94.2-99.9)
Nutrition and dietary behavior	97.4	(95.1-98.7)	100.0	-
Growth and development	96.4	(91.4-98.6)	94.3	(88.1-97.4)
Violence prevention	92.5	(86.3-96.1)	83.5	(74.9-89.5)
Injury prevention and safety	93.0	(86.8-96.4)	91.7	(85.6-95.3)
Human immunodeficiency virus (HIV) prevention	93.5	(87.2-96.8)	100.0	-
Emotional and mental health	91.7	(85.2-95.4)	97.2	(91.4-99.1)
Sexually-transmitted disease (STD) prevention	88.9	(81.9-93.4)	99.3	(95.0-99.9)
Consumer health	86.1	(79.0-91.1)	93.5	(87.2-96.8)
Pregnancy prevention	88.2	(81.2-92.8)	99.3	(94.9-99.9)
Human sexuality	83.2	(75.7-88.8)	93.4	(86.9-96.8)
Dental and oral health	83.9	(76.7-89.2)	70.8	(61.1-79.0)
First aid	80.4	(73.1-86.1)	88.1	(80.9-92.8)
Sun safety or skin cancer prevention	78.1	(70.2-84.4)	86.7	(79.2-91.8)
Immunizations	72.7	(63.6-80.3)	68.5	(58.2-77.2)
Asthma awareness	73.0	(65.5-79.4)	61.3	(51.6-70.2)
Environmental health	69.7	(61.5-76.8)	83.0	(75.1-88.8)
Foodborne illness prevention	66.7	(59.1-73.5)	75.4	(65.9-83.0)
Cardiopulmonary resuscitation (CPR)	65.3	(56.4-73.3)	84.7	(76.5-90.4)
Suicide prevention	65.3	(56.0-73.6)	83.5	(75.9-89.1)

**Table 7. Percentage of schools in which the lead health education teacher tried to improve specific student skills in a required health education course, by school type, Georgia, 2006**

Student skills	Middle school		High school	
	%	95% CI	%	95% CI
Resisting peer pressure	98.4	(93.5-99.6)	100.0	-
Goal setting	97.6	(92.6-99.3)	98.3	(93.3-99.6)
Conflict resolution	92.2	(85.7-95.9)	89.1	(82.4-93.5)
Media influence on health and wellness	90.2	(84.7-93.9)	92.8	(86.0-96.5)
Accessing valid health information or services related to health and wellness	89.1	(82.8-93.3)	96.7	(91.3-98.8)
Decision making	85.2	(77.9-90.4)	96.0	(90.5-98.4)
Communication	84.7	(77.0-90.1)	94.0	(88.9-96.8)

**Table 8. Percentage of schools in which the lead health education teacher used specific teaching methods in a required health education course, by school type, Georgia, 2006**

Teaching methods	Middle school		High school	
	%	95% CI	%	95% CI
Group discussions	94.4	(88.6-97.4)	98.2	(92.8-99.6)
Audio-visual media	91.1	(85.0-94.9)	99.1	(93.8-99.9)
Cooperative group activities	89.1	(82.6-93.3)	90.1	(83.2-94.4)
Role play, simulations, or practice	72.4	(64.2-79.4)	76.8	(69.7-82.7)
The Internet	70.4	(61.6-77.9)	79.5	(72.0-85.4)
Peer teaching	61.1	(52.5-69.0)	63.2	(53.8-71.8)
Language, performing, or visual arts	56.1	(47.6-64.4)	53.6	(44.9-62.2)
Guest speakers	55.9	(47.9-63.7)	64.5	(54.9-73.1)
Computer-assisted instruction	53.8	(44.9-62.5)	58.5	(49.2-67.3)
Pledges or contracts for behavior change	48.6	(41.3-56.1)	42.3	(33.4-51.7)
Videoconferencing or other distance learning methods	13.5	(8.7-20.4)	13.5	(8.1-21.6)

**Table 9. Percentage of schools in which the lead health education teacher used teaching methods to highlight diversity or the values of various cultures in a required health education course, by school type, Georgia, 2006**

Teaching methods	Middle school		High school	
	%	95% CI	%	95% CI
Modifying methods to match students' learning styles, health beliefs, or cultural values	92.0	(85.5-95.7)	85.4	(77.3-91.0)
Teaching about cultural differences and similarities	82.1	(73.9-88.2)	79.4	(70.2-86.3)
Sharing cultural experiences related to health topics	66.3	(57.8-73.9)	76.1	(66.7-83.5)
Using curricular materials reflective of various cultures	62.8	(54.8-70.2)	62.7	(53.3-71.2)
Using curricular materials designed for students with limited English proficiency	35.7	(28.0-44.3)	31.5	(23.0-41.4)

**Table 10. Percentage of schools in which the lead health education teacher asked students to participate in health-related community activities as part of a required health education course, by school type, Georgia, 2006**

Activities	Middle school		High school	
	%	95% CI	%	95% CI
Complete homework or projects that involve family members	81.8	(75.0-87.0)	83.8	(76.2-89.3)
Identify advertising in the community designed to influence health behaviors	74.1	(66.1-80.8)	81.1	(72.9-87.2)
Identify potential injury sites at school, home, or in the community	63.8	(55.3-71.5)	70.0	(22.0-39.5)
Gather information about health services available in the community	45.6	(36.9-54.6)	67.1	(57.9-75.2)
Advocate for a health-related issue	44.9	(36.8-53.3)	53.3	(44.5-61.8)
Visit a store to compare prices of health products	26.4	(19.6-34.7)	36.6	(27.8-46.3)
Participate in or attend a community health fair	25.8	(18.7-34.3)	31.1	(23.3-40.2)
Perform volunteer work at a hospital, local health department, or community organization that addresses health	12.0	(7.7-18.3)	29.6	(22.0-38.6)

**Table 11. Percentage of schools with a health education coordinator, by person who coordinates health education and school type, Georgia, 2006**

Coordinates health education	Middle school		High school	
	%	95% CI	%	95% CI
Health education teacher	48.9	(40.7-57.1)	46.4	(37.9-54.8)
School Administrator	23.6	(16.9-30.3)	24.7	(16.6-32.9)
District health education or curriculum coordinator	17.7	(16.9-30.3)	23.3	(16.5-30.0)
Someone else coordinates health education	4.0	(0.8-7.2)	0.7	(0.0-2.0)
District administrator	3.3	(12.3-23.1)	3.2	(0.0-6.4)
No one	2.5	(0-6.2)	0.8	(0.0-2.5)
School nurse	0.0	-	0.9	(0.0-2.8)

**Table 12. Percentage of schools with a group to offer guidance on the development of policies or coordinates activities on health topics, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
A group offers guidance on the development of policies or coordinates activities on health topics	52.1	(43.8-60.4)	49.2	(40.5-57.9)

**Table 13. Percentage of schools that required health education as a combined course or in another course, by school type, Georgia, 2006**

Combined courses	Middle school		High school	
	%	95% CI	%	95% CI
Health education taught as a combined course with physical education	61.6	(53.9-69.3)	91.7	(86.5-96.8)
Health education taught as a combined course such as science, social studies, or English	16.7	(10.6-22.8)	10.0	(4.6-15.5)

**Table 14. Percentage of schools in which health education staff worked on health education activities with other school staff, by school type, Georgia, 2006**

School staff	Middle school		High school	
	%	95% CI	%	95% CI
Physical education staff	89.7	(83.9-93.6)	93.2	(87.0-96.6)
School health services staff	67.3	(59.5-74.3)	62.1	(52.8-70.5)
School mental health or social services staff	53.9	(45.7-61.8)	47.9	(38.9-57.0)
Nutrition or food service staff	39.1	(32.4-46.3)	26.0	(18.6-35.1)

**Table 15. Percentage of schools that engaged parents and families in specific health education activities, by school type, Georgia, 2006**

Activities	Middle school		High school	
	%	95% CI	%	95% CI
Provided families with information on school health education	68.9	(61.4-75.5)	63.1	(54.2-71.3)
Invited family members to attend health education classes	46.4	(39.4-53.6)	36.1	(27.8-45.4)
Met with a parent's organization such as the PTA to discuss school health education	29.6	(22.9-37.2)	22.9	(16.4-31.2)

**Table 16. Percentage of schools in which the lead health education teacher is licensed or certified to teach health education and the number of years of experience teaching health education, by school type, Georgia, 2006**

Teacher preparation	Middle school		High school	
	%	95% CI	%	95% CI
Licensed or certified	96.6	(91.9-98.6)	97.3	(91.8-99.2)
<b>Years of experience teaching health education</b>				
15 years or more	37.4	(30.2-45.3)	59.8	(52.0-67.1)
10 to 14 years	12.7	(8.7-18.2)	10.7	(6.7-16.6)
6 to 9 years	19.6	(14.2-26.5)	16.5	(10.9-24.0)
2 to 5 years	25.1	(19.1-32.2)	11.2	(7.0-17.5)
1 year	5.1	(2.8-9.3)	1.9	(0.5-7.3)

**Table 17. Percentage of schools in which the lead health education teacher had professional preparation in each specific discipline, by school type, Georgia, 2006**

Discipline	Middle school		High school	
	%	95% CI	%	95% CI
Health and physical education combined	81.9	(74.6-87.4)	84.5	(76.2-90.2)
Physical education or kinesiology, exercise science or exercise physiology	5.4	(2.7-10.7)	9.3	(4.9-17.1)
Biology or science	5.1	(2.4-10.5)	1.1	(0.1-7.3)
Public health	2.0	(0.6-6.2)	1.7	(0.4-6.7)
Nursing	1.4	(0.4-5.7)	2.5	(0.8-7.4)

**Table 18. Percentage of schools in which the lead health education teacher received staff development on specific health education topics, by school type, Georgia, 2006**

Topic	Middle school		High school	
	%	95% CI	%	95% CI
Cardiopulmonary resuscitation (CPR)	70.1	(62.2-77.0)	74.4	(66.6-80.9)
First aid	60.3	(52.0-68.1)	59.0	50.0-67.5)
Physical activity and fitness	50.4	(42.5-58.4)	50.4	(41.0-59.8)
Sexually-transmitted disease (STD) prevention	47.8	(40.1-55.5)	49.5	(40.2-58.8)
Violence prevention	48.2	(40.7-55.8)	42.2	(33.1-51.9)
Human immunodeficiency virus (HIV) prevention	47.3	(39.7-54.9)	53.7	(45.0-62.1)
Alcohol or other drug use prevention	46.8	(39.4-54.4)	52.3	(44.1-60.4)
Injury prevention and safety	41.3	(34.0-49.0)	44.4	(36.2-52.8)
Pregnancy prevention	40.7	(33.3-48.6)	37.5	(29.0-46.8)
Human sexuality	38.4	(30.6-46.7)	37.6	(30.1-45.7)
Tobacco use prevention	39.0	(31.5-47.2)	28.5	(21.1-37.3)
Growth and development	34.4	(27.6-42.0)	27.4	(20.3-36.0)
Emotional and mental health	32.1	(25.0-40.1)	31.9	(24.7-40.1)
Asthma awareness	30.7	(23.9-38.4)	17.1	(11.6-24.5)
Nutrition and dietary behavior	30.1	(22.7-38.7)	31.0	(23.2-40.1)
Suicide prevention	23.7	(18.0-30.6)	27.2	(20.1-35.7)
Consumer health	20.5	(14.9-27.6)	22.9	(16.4-31.0)
Dental and oral health	17.7	(12.3-24.8)	12.1	(7.5-19.1)
Immunizations	15.4	(10.7-21.6)	17.3	(12.2-24.1)
Foodborne illness prevention	15.3	(10.3-22.2)	15.3	(9.8-23.1)
Environmental health	15.3	(10.3-22.2)	15.0	(9.5-22.8)
Sun safety or skin cancer prevention	13.7	(9.4-19.6)	15.3	(10.1-22.5)

**Table 19. Percentage of schools in which the lead health education teacher wanted to receive staff development on specific health education topics, by school type, Georgia, 2006**

Topic	Middle school		High school	
	%	95% CI	%	95% CI
Violence prevention	81.9	(74.5-87.5)	82.6	(74.7-88.4)
Alcohol or other drug use prevention	80.6	(73.2-86.4)	78.0	(68.8-85.0)
First aid	75.5	(68.0-81.7)	78.6	(69.6-85.5)
Physical activity and fitness	74.0	(67.8-79.3)	69.4	(60.4-77.1)
Suicide prevention	72.7	(64.8-79.3)	78.3	(69.0-85.3)
Nutrition and dietary behavior	73.0	(66.0-79.1)	75.8	(66.8-83.1)
Cardiopulmonary resuscitation (CPR)	71.9	(64.4-78.4)	71.3	(61.8-79.3)
Tobacco use prevention	71.8	(64.9-77.8)	69.8	(60.8-77.4)
Human immunodeficiency virus (HIV) prevention	71.3	(63.2-78.2)	71.1	(62.1-78.8)
Injury prevention and safety	71.5	(63.6-78.2)	70.1	(60.9-77.9)
Sexually-transmitted disease (STD) prevention	66.0	(57.4-73.7)	72.4	(63.4-79.9)
Emotional and mental health	65.7	(57.4-73.1)	69.6	(61.8-76.3)
Growth and development	65.0	(56.9-72.2)	55.9	(47.3-64.2)
Asthma awareness	61.4	(53.2-69.0)	68.9	(60.0-76.7)
Human sexuality	61.4	(53.9-68.5)	62.8	(54.6-70.4)
Sun safety or skin cancer prevention	59.8	(52.1-67.0)	62.8	(53.6-71.1)
Pregnancy prevention	57.8	(49.4-65.8)	68.2	(59.4-75.8)
Foodborne illness prevention	56.5	(49.3-63.4)	61.4	(51.6-70.3)
Environmental health	53.1	(45.5-60.7)	59.1	(49.5-68.0)
Dental and oral health	49.8	(42.9-56.6)	48.5	(40.5-56.6)
Consumer health	48.8	(40.8-56.8)	52.5	(43.9-60.9)
Immunizations	43.9	(36.7-51.3)	49.5	(40.5-58.5)

**Table 20. Percentage of schools that required physical education in any of grades 6-12, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Required physical education	76.3	(69.6-83.1)	99.3	(98.0-100.0)

**Table 21. Percentage of schools that required physical education in any of grades 6-12, by number of courses and school type, Georgia, 2006**

Number of courses	Middle school		High school	
	%	95% CI	%	95% CI
0 courses	24.6	(17.9-31.3)	0.7	(0-2.1)
1 course	18.2	(11.9-24.5)	74.6	(67.3-81.9)
2 or 3 courses	43.2	(35.2-51.1)	19.9	(13.5-26.4)
4 or 5 courses	8.9	(4.2-13.5)	4.8	(0.9-8.6)
6 or 7 courses	4.6	(1.7-7.5)	0.0	-
8 or more courses	0.6	(0-1.7)	0.0	-

**Table 22. Percentage of schools that required a physical education course, by grade, Georgia, 2006**

Grade	Middle school		High school	
	%	95% CI	%	95% CI
6th	70.5	(63.0-78.0)		
7th	70.8	(63.4-78.2)		
8th	71.1	(63.5-78.7)		
9th			95.8	(92.1-99.5)
10th			35.1	(26.7-43.6)
11th			30.7	(22.2-39.2)
12th			30.0	(21.5-38.5)

**Table 23. Percentage of schools that required a daily physical education course, by grade, Georgia, 2006**

Grade	Middle school		High school	
	%	95% CI	%	95% CI
6th	48.3	(40.5-56.0)		
7th	49.6	(41.8-57.4)		
8th	51.2	(43.1-59.3)		
9th			83.2	(76.7-89.6)
10th			23.2	(15.2-31.2)
11th			21.4	(14.2-28.5)
12th			19.7	(12.5-26.9)

**Table 24. Percentage of schools that required 2 semesters of physical education courses, by grade, Georgia, 2006**

Grade	Middle school		High school	
	%	95% CI	%	95% CI
6th	7.3	(4.1-12.8)		
7th	8.0	(4.8-13.0)		
8th	8.0	(4.8-13.1)		
9th			8.0	(4.2-14.7)
10th			2.4	(0.8-7.6)
11th			2.4	(0.8-7.6)
12th			1.5	(0.4-6.1)

**Table 25. Percentage of schools that allowed students to be exempted from taking a required physical education course, by exemption and school type, Georgia, 2006**

Exemption	Middle school		High school	
	%	95% CI	%	95% CI
Long-term physical or medical disability	64.5	(57.0-72.1)	66.6	(57.6-75.5)
Religious reasons	34.7	(27.0-42.4)	26.1	(18.2-34.0)
Participation in other school activities	32.7	(25.2-40.2)	25.2	(17.8-32.5)
Cognitive disability	28.1	(20.7-35.4)	24.0	(16.6-31.5)
Enrollment in other courses	25.8	(18.6-32.9)	25.1	(17.0-33.3)
Participation in vocational training	4.1	(0.8-7.3)	4.3	(0.5-8.0)
Participation in community service activities	2.2	(0-4.7)	1.7	(0-4.1)
Participation in school sports teams	1.7	(0-3.7)	5.7	(1.5-10.0)
High physical fitness competency test score	1.3	(0-3.2)	0.0	-
Participation in community sports teams	0.6	(0-1.8)	0.8	(0.0-2.4)

**Table 26. Percentage of schools that require students who fail a required physical education course to repeat it, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Required students who fail a required physical education course to repeat it	15.8	(10.4-21.1)	96.0	(92.5-99.5)

**Table 27. Percentage of schools that offered intramural activities or physical activity clubs, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Offered intramural activities or physical activity clubs	65.6	(58.8-72.4)	54.2	(44.7-63.7)

**Table 28. Percentage of schools that provided transportation home for students who participated in intramural activities or physical activity clubs, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Provided transportation home	17.1	(11.3-22.8)	12.3	(6.5-18.0)

**Table 29. Percentage of schools that allowed use of activity or athletic facilities, by school type, Georgia 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Allowed use of activity or athletic facility	85.5	(79.9-91.1)	77.6	(70.2-84.9)

**Table 30. Percentage of schools that had a policy to prohibit students from walking or biking to and from school, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Policy to prohibit walking or biking	8.0	(3.5-12.5)	2.5	(0-5.4)

**Table 31. Percentage of schools that promoted walking or biking to and from school, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Promoted walking or biking	35.9	(28.3-43.4)	16.3	(10.3-22.2)

**Table 32. Barriers to students walking or biking to and from school, by barrier and school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Traffic	64.7	(56.5-73.0)	63.5	(54.5-72.4)
Something else	51.9	(43.3-60.4)	57.6	(49.2-65.9)
No sidewalks or poorly maintained sidewalks	45.5	(36.8-54.1)	45.0	(36.0-53.9)
Lack of adult supervisions	44.2	(35.5-52.9)	36.1	(26.7-45.4)
Concerns about neighborhood safety	13.5	(7.4-19.5)	13.2	(6.7-19.7)

**Table 33. Percentage of schools in which the lead health education teacher taught about physical activity topics in a required health education course, by school type, Georgia, 2006**

Physical activity topics	Middle school		High school	
	%	95% CI	%	95% CI
The physical, psychological, or social benefits of physical activity	96.0	(90.7-98.4)	96.9	(91.8-98.9)
Health-related fitness	95.0	(89.2-97.8)	94.3	(88.6-97.3)
Dangers of using performance-enhancing drugs, such as steroids	94.3	(89.5-97.0)	96.5	(92.8-98.4)
Preventing injury during physical activity	94.5	(88.5-97.4)	94.3	(88.5-97.2)
Decreasing sedentary activities such as television watching	89.6	(82.4-94.1)	94.2	(89.6-96.8)
Weather-related safety	91.2	(85.4-94.8)	94.9	(90.2-97.4)
How much physical activity is enough	88.0	(80.6-92.8)	92.8	(86.6-96.3)
The difference between physical activity, exercise, and fitness	88.3	(80.9-93.0)	91.6	(85.9-95.2)
Phases of a workout	86.4	(78.7-91.6)	92.7	(86.4-96.2)
Opportunities for physical activity in the community	86.5	(80.0-91.2)	85.4	(78.5-90.4)
Overcoming barriers to physical activity	82.5	(75.1-88.1)	87.7	(79.7-92.9)
Developing an individualized physical activity plan	75.2	(67.1-81.8)	86.2	(78.7-91.4)
Monitoring progress toward reaching goals in an individualized physical activity plan	74.3	(65.7-81.3)	88.4	(81.5-92.9)

**Table 34. Percentage of schools that had a policy prohibiting tobacco use, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had a policy prohibiting tobacco use	99.4	(98.2-100.0)	99.2	(97.6-100.0)

**Table 35. Percentage of schools that had a policy prohibiting tobacco use, by tobacco product, group, and school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
<b>Had a policy prohibiting cigarettes</b>				
Students	98.2	(96.2-100.0)	97.7	(95.1-100.0)
Faculty/staff	98.2	(96.1-100.0)	94.8	(90.9-98.7)
Visitors	93.9	(90.4-97.3)	90.1	(85.2-95.1)
<b>Had a policy prohibiting smokeless tobacco</b>				
Students	97.6	(95.2-99.9)	96.9	(93.8-100.0)
Faculty/staff	96.3	(93.4-99.2)	94.8	(90.8-98.7)
Visitors	88.9	(84.4-93.3)	87.0	(81.1-92.8)
<b>Had a policy prohibiting cigars</b>				
Students	98.2	(96.2-100.0)	97.7	(95.1-100.0)
Faculty/staff	98.2	(96.1-100.0)	95.6	(92.1-99.2)
Visitors	94.5	(91.2-97.7)	90.1	(85.2-95.1)
<b>Had a policy prohibiting pipes</b>				
Students	98.2	(96.2-100.0)	97.7	(95.1-100.0)
Faculty/staff	98.2	(96.1-100.0)	95.6	(92.1-99.2)
Visitors	94.5	(91.2-97.7)	89.4	(84.2-94.5)

**Table 36. Percentage of schools that had a policy prohibiting tobacco use, by time, group, and school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
<b>Had a policy prohibiting tobacco use during school hours</b>				
Students	99.4	(98.2-100.0)	98.5	(96.4-100.0)
Faculty/staff	98.0	(95.8-100.0)	95.6	(92.0-99.1)
Visitors	96.2	(94.3-98.0)	93.9	(90.4-97.5)
<b>Had a policy prohibiting tobacco use during non-school hours</b>				
Students	86.1	(80.5-91.6)	88.4	(82.3-94.5)
Faculty/staff	81.0	(74.9-87.1)	79.9	(72.4-87.5)
Visitors	76.2	(69.5-82.9)	71.3	(62.3-80.2)

**Table 37. Percentage of schools that had a policy prohibiting tobacco use, by location, group, and school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
<b>Had a policy prohibiting tobacco use in school buildings</b>				
Students	98.8	(97.2-100.0)	98.3	(96.0-100.0)
Faculty/staff	98.8	(97.2-100.0)	97.6	(94.9-100.0)
Visitors	96.3	(93.4-99.3)	96.0	(92.5-99.5)
<b>Had a policy prohibiting tobacco use outside of school grounds</b>				
Students	98.8	(97.2-100.0)	98.3	(96.0-100.0)
Faculty/staff	95.6	(92.3-98.9)	93.9	(89.7-98.2)
Visitors	86.3	(80.8-91.8)	87.7	(82.0-93.3)
<b>Had a policy prohibiting tobacco use on school buses</b>				
Students	98.8	(97.2-100.0)	98.3	(96.0-100.0)
Faculty/staff	98.8	(97.2-100.0)	97.6	(94.9-100.0)
Visitors	95.0	(91.5-98.5)	94.6	(90.5-98.6)
<b>Had a policy prohibiting tobacco use at off campus events</b>				
Students	98.8	(97.2-100.0)	98.3	(96.0-100.0)
Faculty/staff	91.3	(86.8-95.9)	91.5	(86.5-96.6)
Visitors	71.8	(64.6-78.9)	67.3	(58.9-75.8)

**Table 38. Percentage of schools that had procedures to inform specific groups about tobacco prevention policy that prohibits their use, by group and school type, Georgia, 2006**

Group	Middle school		High school	
	%	95% CI	%	95% CI
Had procedures to inform students	99.4	(98.2-100.0)	98.4	(96.3-100.0)
Had procedures to inform faculty/staff	97.6	(95.2-100.0)	96.3	(93.0-99.6)
Had procedures to inform visitors	80.4	(74.0-86.9)	86.7	(80.6-92.7)
Had procedures to inform parents	97.4	(94.9-99.9)	96.2	(92.8-99.5)

**Table 39. Percentage of schools that had procedures to inform specific groups if they do not comply with tobacco use prevention policy, by group and school type, Georgia, 2006**

Group	Middle school		High school	
	%	95% CI	%	95% CI
Had procedures to inform students	98.7	(96.8-100.0)	100.0	-
Had procedures to inform faculty/staff	87.9	(83.3-92.5)	93.2	(88.7-97.7)
Had procedures to inform visitors	69.3	(62.4-76.2)	64.9	(56.6-73.2)

**Table 40. Percentage of schools that always took action when students were caught smoking cigarettes, by action taken and school type, Georgia, 2006**

Action taken	Middle school		High school	
	%	95% CI	%	95% CI
Students were always referred to school administrator	98.7	(97.0-100.0)	96.9	(93.8-100.0)
Parents or guardians were always notified	97.4	(94.8-100.0)	94.3	(90.0-98.6)
Students were always given in-school suspension	48.3	(42.0-54.7)	45.6	(37.9-53.3)
Students were always suspended from school	26.1	(19.0-33.3)	21.7	(14.2-29.2)
Students were always referred to school counselor	25.3	(18.9-31.8)	11.2	(5.3-17.1)
Students were always allowed to participate in extra-curricular activities	23.9	(16.6-31.3)	21.6	(15.3-28.0)
Students were always placed in detention	20.7	(15.3-26.1)	31.4	(23.3-39.5)
Students were always encouraged to participate in cessation program	12.8	(8.2-17.4)	9.1	(3.9-14.3)
Students were always referred to legal authorities	5.3	(2.2-8.4)	2.4	(0-5.2)
Students were always required to participate in cessation program	4.5	(1.7-7.2)	1.5	(0-3.7)
Students were always reassigned to alternative school	1.9	(0-4.0)	0.9	(0-2.6)
Students were always expelled from school	0.6	(0-1.9)	1.6	(0-3.8)

**Table 41. Percentage of schools that provided referrals to tobacco cessation programs, by group and school type, Georgia, 2006**

Group	Middle school		High school	
	%	95% CI	%	95% CI
Provided referrals to faculty/staff	24.6	(18.4-30.7)	21.1	(13.9-28.2)
Provided referrals to students	21.9	(16.1-27.8)	25.9	(18.6-33.2)

**Table 42. Percentage of schools that posted signs marking a tobacco-free school zone, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Posted signs marking a tobacco-free school zone	65.1	(57.4-72.7)	65.1	(56.7-73.6)

**Table 43. Percentage of schools in which the lead health education teacher taught about tobacco use prevention topics in a required health education course, by school type, Georgia, 2006**

Tobacco use prevention topics	Middle school		High school	
	%	95% CI	%	95% CI
Short- and long-term health consequences of cigarette smoking	99.1	(93.9-99.9)	100.0	-
Benefits of not smoking cigarettes	99.1	(93.9-99.9)	100.0	-
Addictive effects of nicotine in tobacco products	99.1	(93.9-99.9)	100.0	-
The health effects of environmental tobacco smoke (ETS) or secondhand smoke	99.1	(93.9-99.9)	99.1	(93.9-99.9)
Resisting peer pressure to use tobacco	97.5	(92.4-99.2)	100.0	-
Short- and long-term health consequences of using smokeless tobacco	97.6	(92.7-99.2)	99.2	(94.4-99.9)
Influence of the media on tobacco use	97.7	(92.8-99.3)	99.2	(94.2-99.9)
Benefits of not using smokeless tobacco	98.4	(93.5-99.6)	98.2	(92.9-99.6)
Influence of families on tobacco use	97.7	(92.9-99.3)	98.2	(92.9-99.6)
How students can influence or support others in efforts to quit using tobacco	95.9	(90.3-98.4)	100.0	-
How many young people use tobacco	96.7	(91.3-98.8)	98.0	(92.4-99.5)
How students can influence or support others to prevent tobacco use	94.4	(88.5-97.4)	99.2	(94.2-99.9)
Social or cultural influences on tobacco use	91.4	(84.6-95.3)	97.6	(92.5-99.2)
Short- and long-term health consequences of cigar smoking	89.7	(82.5-94.1)	95.7	(89.7-98.2)
How to find valid information or services related to tobacco use prevention or cessation	86.3	(78.9-91.4)	87.1	(79.9-92.0)
Making a personal commitment not to use tobacco	84.2	(76.1-89.9)	81.8	(73.6-87.9)

**Table 44. Percentage of schools in which students usually had less than 20 minutes to eat lunch once they were seated, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Students had less than 20 minutes to eat lunch	12.8	(8.2-17.4)	18.7	(11.9-25.5)

**Table 45. Percentage of schools that had a policy to offer fruits and vegetables at school settings, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had a policy to offer fruit and vegetables at school events	11.8	(6.5-17.2)	9.8	(4.3-15.3)

**Table 46. Percentage of schools that allowed students to purchase snack foods or beverages from vending machines, school store, canteen, or snack bar, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Allowed students to purchase snack foods or beverages	81.3	(75.3-87.2)	96.2	(92.9-99.5)

**Table 47. Percentage of schools that allowed students to purchase less nutritious snack foods or beverages from vending machines, school store, canteen, or snack bar, by food or beverage and school type, Georgia, 2006**

Food and beverages	Middle school		High school	
	%	95% CI	%	95% CI
Sports drinks	74.2	(67.3-81.0)	94.4	(90.3-98.5)
Soda pop or fruit drinks not 100% juice	63.0	(55.3-70.7)	88.9	(83.2-94.6)
Salty snacks not low in fat	49.3	(40.7-57.9)	74.7	(66.9-82.5)
Other kinds of candy	43.1	(35.0-51.3)	77.8	(70.5-85.2)
Chocolate candy	39.2	(31.3-47.2)	77.2	(69.6-84.7)

**Table 48. Percentage of schools that allowed students to purchase more nutritious snack foods or beverages from vending machines, school store, canteen, or snack bar, by food or beverage and school type, Georgia, 2006**

Food and beverages	Middle school		High school	
	%	95% CI	%	95% CI
Bottled water	79.1	(72.7-85.5)	96.2	(92.9-99.5)
100% fruit juice	57.8	(50.1-65.5)	76.5	(69.6-83.3)
Salty snacks low in fat	47.9	(39.5-56.2)	73.2	(65.7-80.7)
Baked goods low in fat	40.8	(32.3-49.2)	63.0	(54.3-71.6)
Fruit or vegetables	12.3	(7.1-17.5)	18.5	(11.7-25.3)

**Table 49. Percentage of schools that restricted students to purchase snack food or beverages from the vending machines, school store, canteen, or snack bar at specific times, by time and school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Restricted purchases before <u>and</u> during the school day	10.4	(5.4-15.4)	25.9	(18.1-33.6)
Restricted purchases before <u>or</u> during the school day	46.9	(38.8-55.0)	59.4	(51.7-67.1)
No restrictions on purchases	42.7	(35.0-50.4)	14.7	(8.3-21.2)

**Table 50. Percentage of schools that had nutrition standards for foods sold at school, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had nutrition standards for foods sold at school	39.7	(32.1-47.3)	34.1	(25.8-42.5)

**Table 51. Percentage of schools that had nutrition standards for foods sold at school, by location and school type, Georgia, 2006**

Location	Middle school		High school	
	%	95% CI	%	95% CI
Cafeteria a la carte items	34.2	(27.0-41.4)	31.6	(23.6-39.5)
Vending machines	29.2	(21.9-36.5)	24.5	(17.3-31.6)
Snack bars	19.8	(13.3-26.2)	19.1	(12.5-25.7)
Fund-raisers	15.3	(9.6-20.9)	14.0	(7.6-20.4)
Class parties	14.4	(9.0-19.7)	13.9	(7.4-20.4)
Athletic events	11.3	(6.2-16.3)	11.1	(5.3-16.9)

**Table 52. Percentage of schools that had a policy to prohibit foods low in nutritional value from being offered at school settings, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had a policy to prohibit foods low in nutritional value from being offered at school	9.8	(4.7-14.9)	10.6	(5.2-16.1)

**Table 53. Percentage of schools in which the lead health education teacher taught about nutrition and dietary topics in a required health education course, by school type, Georgia, 2006**

Nutrition and dietary topics	Middle school		High school	
	%	95% CI	%	95% CI
The benefits of healthy eating	97.5	(95.2-98.7)	99.2	(94.4-99.9)
Balancing food intake and physical activity	96.0	(92.3-98.0)	98.4	(93.6-99.6)
Eating more fruits, vegetables, and grain products	96.0	(92.2-97.9)	97.5	(92.2-99.2)
Choosing foods that are low in fat, saturated fat, and cholesterol	94.4	(89.7-97.0)	98.5	(93.9-99.6)
Risks of unhealthy weight control practices	95.1	(90.8-97.4)	96.7	(91.2-98.8)
Accepting body size differences	94.2	(89.3-96.9)	93.5	(86.7-97.0)
Eating disorders	94.1	(89.0-96.9)	97.2	(91.3-99.1)
Using sugars in moderation	92.7	(87.2-95.9)	95.7	(89.7-98.3)
Using food labels	93.6	(89.7-96.1)	95.1	(89.2-97.9)
Using salt and sodium in moderation	91.3	(85.5-94.9)	98.5	(93.9-99.6)
Food guidance using MyPyramid	89.5	(83.0-93.8)	93.8	(87.2-97.1)
Preparing healthy meals and snacks	87.6	(81.3-91.9)	91.0	(83.9-95.1)
Food safety	85.8	(81.6-89.2)	89.4	(82.6-93.8)
Eating more calcium-rich foods	85.5	(78.5-90.5)	90.3	(82.8-94.7)

**Table 54. Percentage of schools that implemented safety and security measures, by school type, Georgia, 2006**

Safety and security measures	Middle school		High school	
	%	95% CI	%	95% CI
Required visitors to report to main office or reception area	100.0	-	100.0	-
Maintained closed campus	98.7	(96.9-100.0)	93.9	(89.6-98.1)
Used staff or adult volunteers to monitor school halls	97.5	(95.0-100.0)	94.3	(90.1-98.6)
Used police, school resources, or security guards during school day	82.2	(76.5-87.8)	86.3	(80.7-91.9)
Used security or surveillance cameras	66.8	(59.9-73.7)	86.3	(80.8-91.9)
Routinely conducted locker searches	57.7	(50.6-64.7)	68.9	(61.3-76.4)
Used metal detectors including wands	23.8	(16.6-31.0)	38.1	(29.1-47.1)
Required students to wear id badges	9.0	(5.0-12.9)	18.8	(13.0-24.5)
Required students to wear school uniforms	7.7	(3.8-11.5)	0.9	(0-2.8)

**Table 55. Percentage of schools that had or participated in specific violence prevention programs, by program and school type, Georgia, 2006**

Violence prevention programs	Middle school		High school	
	%	95% CI	%	95% CI
Had program to prevent bullying	75.5	(69.1-81.8)	53.7	(44.0-63.4)
Had peer mediation program	59.0	(51.2-66.7)	60.8	(52.1-69.4)
Had program to prevent gang violence	43.8	(36.7-50.9)	37.9	(29.1-46.7)
Had safe passages to school program	10.2	(5.4-14.9)	8.5	(4.4-12.5)

**Table 56. Percentage of schools that had a plan to address crisis preparedness, response, and recovery, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had plan to address crisis preparedness, response, and recovery	98.7	(96.8-100.0)	98.3	(96.0-100.0)

**Table 57. Percentage of schools that had a school nurse to provide standard health services, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Had a school nurse to provide standard health services	90.5	(85.8-95.3)	82.1	(76.2-88.0)

**Table 58. Percentage of schools that provided health services, by service provided and school type, Georgia, 2006**

Health services	Middle school		High school	
	%	95% CI	%	95% CI
Provided identification or school-based management of chronic conditions	77.5	(71.4-83.7)	67.0	(58.0-76.0)
Provided identification or school-based management of acute illnesses	69.2	(61.7-76.8)	55.7	(46.5-64.8)
Provided Asthma Action Plan	67.5	(60.4-74.5)	46.7	(37.9-55.5)
Provided assistance with enrolling in Medicaid or SCHIP	41.2	(33.2-49.3)	31.6	(23.6-39.6)
Provided immunizations	36.9	(29.6-44.2)	32.5	(23.8-41.2)

**Table 59. Percentage of schools that permitted students to carry and self-administer medication, by medication and school type, Georgia, 2006**

Medication	Middle school		High school	
	%	95% CI	%	95% CI
Permitted prescription quick-relief inhaler	76.7	(70.1-83.2)	75.1	(67.6-82.5)
Permitted epinephrine auto-injector	31.3	(23.7-38.8)	41.2	(33.2-49.2)
Permitted insulin or other injected medications	20.8	(14.6-27.0)	26.6	(19.6-33.5)
Permitted any other prescribed medications	3.2	(0.0-5.9)	9.3	(4.5-14.0)
Permitted any over-the-counter medications	2.4	(0.0-4.8)	15.8	(9.6-21.9)

**Table 60. Percentage of schools that implemented at least one component of the Coordinated School Health Program, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Implemented some of the Coordinated School Health Program	65.0	(57.4-72.6)	61.9	(53.1-70.7)

**Table 61. Percentage of schools that offered health promotion programs to faculty/staff, by program and school type, Georgia, 2006**

Health promotin programs	Middle school		High school	
	%	95% CI	%	95% CI
Offered physical activity programs	42.1	(34.4-49.9)	34.8	(26.5-43.0)
Offered physical activity counseling	30.1	(21.9-38.3)	26.0	(18.3-33.7)
Offered weight managment program	27.6	(20.2-35.0)	24.1	(16.8-31.3)
Offered nutrition and dietary behavior counseling	23.0	(15.8-30.2)	15.3	(9.6-21.0)
Offered tobacco cessation program	19.9	(13.4-26.5)	15.2	(9.1-21.3)
Offered breastfeeding support services	6.4	(2.4-10.3)	5.8	(1.5-10.1)

**Table 62. Percentage of schools that allowed faculty/staff to use recreation facilities, by school type, Georgia, 2006**

	Middle school		High school	
	%	95% CI	%	95% CI
Allowed faculty/staff to use recreation facilities	86.4	(80.8-92.0)	86.9	(80.6-93.2)



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