2008 South Carolina School Health Profiles REPORT

Issued by the South Carolina
Department of Education

Dr. Jim Rex
State Superintendent of Education

SOUTH CAROLINA
Healthy Schools
Working Together for Health and Learning

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Office of Youth Services

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2009

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More Information on the School Health Profiles is available on the Web site of the Centers for Disease Control and Prevention at
http://www.cdc.gov/HealthyYouth/profiles

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http://www.ed.sc.gov/HealthySchools

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Executive Summary

The School Health Profiles Survey (Profiles) was developed by the Centers for Disease Control and Prevention (CDC) to collect data for the assessment and monitoring of characteristics and trends related to school health. South Carolina administers the Profiles questionnaires biennially to schools that serve any of grades six through twelve. School principals are asked questions about health policies and programs from an administrative perspective, including required physical education, tobacco-use prevention, healthy eating, family and community involvement, and health services. The lead health education teachers are asked questions about health education that examine teaching methods, collaboration, professional preparation, and professional development.

Key Findings from Schools Serving Grades Six through Twelve

The South Carolina School Health Profiles were administered in spring of 2008 to 319 randomly selected regular public schools containing at least one of grades six through twelve. Responses were received from 230 principals (72 percent) and 226 lead health education teachers (71 percent). The results of the surveys provide information about coordinated school health; health education requirements and topics; physical education; policies related to competitive foods, tobacco use, and HIV/AIDS; and health services.

Coordinated School Health

- 88 percent of schools have someone assigned to oversee or coordinate school health and safety programs and activities
- 57 percent of schools have a school health council, committee, or team that offers guidance on health policies and/or coordinates activities on health topics

Health Education

- 82 percent of middle schools require health education for students in at least one of grades six through eight
- 72 percent of high schools require students to take at least one health education course
- 68 percent of schools have a lead health education teacher who is certified, licensed, or endorsed by the state to teach health education
- 66 percent of schools have a lead health education teacher who has six or more years of experience teaching health education

Health Education Topics

- 65 percent of schools teach all twelve CDC-recommended physical activity topics in a required course
- 68 percent of middle schools and 50 percent of high schools teach all fourteen CDC-recommended nutrition and dietary behavior topics in a required course

- 56 percent of middle schools and 41 percent of high schools teach all fifteen CDC-recommended tobacco-use prevention topics in a required course
- 62 percent of middle schools teach all eleven CDC-recommended middle school HIV-, STD-, and pregnancy-prevention topics in a required course, and 53 percent of high schools teach all eleven CDC-recommended high school HIV-, STD-, and pregnancy-prevention topics in a required course

Competitive Foods

- 70 percent of middle schools and 95 percent of high schools allow students to purchase snack foods or beverages from vending machines at the school or at a school store, canteen, or snack bar
- 51 percent of schools limit the package or serving size of any individual food or beverage item sold in vending machines or at the school store, canteen, or snack bar

Tobacco-Use Policies

- 57 percent of the schools have a tobacco-use prevention policy that specifically prohibits the use of all tobacco products by students, faculty/staff, and visitors at all times in school buildings, on schools grounds, on schools buses or other vehicles used to transport students, and at off-campus school-sponsored events.
- 58 percent of middle schools and 73 percent of high schools post signs marking a tobacco-free school zone
- 100 percent of schools refer students caught smoking cigarettes to a school administrator and 97 percent notify the parents or guardians
- 31 percent of schools refer students caught smoking cigarettes to legal authorities (up from 5 percent in 2006)

HIV/AIDS Policies

- 74 percent of schools have policies to protect HIV-infected students and staff from discrimination
- 84 percent of schools have policies to protect the confidentiality of HIV-infected students and staff

Health Services

- 83 percent of schools have a full-time registered nurse who provides health services to students
- 66 percent of schools have asthma action plans for all of their students known to have asthma
- 80 percent of middle schools and 90 percent of high schools have a policy allowing students to carry and self-administer asthma medications

Overview of the 2008 School Health Profiles

The School Health Profiles Survey (Profiles) was developed by the Centers for Disease Control and Prevention (CDC) to collect data for the assessment and monitoring of characteristics and trends related to school health. The CDC provides funding for state and local education and health agencies to conduct the Profiles survey biennially at schools that serve any of grades six through twelve. The survey uses two questionnaires—one for school principals and one for lead health education teachers. The principal's questionnaire examines health policies and programs from an administrative perspective, including questions about required physical education, tobacco-use prevention, healthy eating, family and community involvement, and health services. The lead health education teacher questionnaire asks about health education requirements, teaching methods, collaboration, professional preparation, and professional development.

Survey Administration

In South Carolina, the two questionnaires were mailed in the spring of 2008 to 319 randomly selected regular public schools containing at least one of grades six through twelve. Responses were received from 230 principals (72 percent) and 226 lead health education teachers (71 percent). These response rates are large enough for the data to be considered representative of all regular public schools in South Carolina that serve these grades. The results can be used to make important inferences concerning the health education and health policy attributes of South Carolina middle and high schools in general.

Report Content

Where possible, this report compares data from 2008 with data collected for the Profiles in 2006. However, the CDC revised the content of the questionnaires significantly in 2008, making it impossible to make direct comparisons with previous Profiles for all data collected.

For the purposes of the Profiles, the CDC uses the following definitions:

- *High school*—a school in which the lowest grade is nine or above and the highest grade is either ten, eleven, or twelve
- *Middle school*—a school in which the highest grade is either seven, eight, or nine or a school that serves the sixth grade only
- *Junior/senior high school*—a school in which the lowest grade is eight or under and the highest grade is either ten, eleven, or twelve

South Carolina has few junior/senior high schools, and that fact is reflected in the data: only twelve lead health education teachers and ten principals who responded to the Profiles survey were from such schools. In most cases, this report presents combined results for all schools surveyed (middle, junior/senior high, and high schools). For simplicity, these data are labeled "percentage of middle and high

schools." However, where there are differences between the results for middle schools and high schools, these differences are reported. Because the number of junior/senior high schools is very small, results for these schools are included only in the summaries for all middle and high schools.

Data on the health-related behaviors of the state's middle and high school students are available on the South Carolina Healthy Schools Web site at http://www.ed.sc.gov/HealthySchools.

Coordinated School Health Programs

In a coordinated school health approach, schools involve students' families and other community members when developing or implementing health-related policies and programs. This integrated school, parent, and community approach is important for enhancing the health and well-being of students. Opportunities for family and community involvement include school health advisory groups; assessment, planning, and implementation; and parent and family education.

Oversight of School Health Programs

In each district, the superintendent assigns responsibility for comprehensive health education programs in the district's schools to a staff member. The South Carolina Healthy Schools program in the South Carolina Department of Education (SCDE) maintains a list of these individuals and communicates with them regularly. According to principals, 88 percent of schools have someone assigned to oversee or coordinate the school health and safety programs and activities at the school level.

The Students Health and Fitness Act of 2005 requires each school district in South Carolina to establish and maintain a school health advisory council to coordinate student health policies and programs (S.C. Code Ann. § 59-10-330). In addition to district councils, 57 percent of principals report that their schools have a school health council, committee, or team that offers guidance on health policies and/or coordinates activities on health topics. Among schools that have health advisory groups, individuals who are most commonly represented in the membership are physical education teachers, health education teachers, school administrators, health services staff, nutrition and food service staff, and parents (see table 1, below). High schools (69 percent) are more likely than middle schools (37 percent) to include students on these advisory groups. Thirteen percent of middle and high schools have school health advisory teams with representation from ten or more of the groups listed in the table.

Table 1. Representation on school health councils, committees, or teams

Advisory Group Membership	**Percentage of Middle and High Schools*** (*among schools with advisory groups*)
Physical education teachers	98%
Health education teachers	93%
School administrators	88%
Health services staff (e.g., school nurse)	81%
Nutrition or food service staff	66%
Parents or families of students	53%
Students †	50%
Community members	48%
Local health department, agency, or organization staff	46%
Mental health or social services staff	44%

Advisory Group Membership	Percentage of Middle and High Schools* (*among schools with advisory groups*)
Business representatives	26%
Faith-based organization members	24%
Local government representatives	21%
Maintenance and transportation staff	18%

** Includes junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools (data given in the main text).

Source: Profiles survey of principals

Assessment and Planning

A number of tools are available to assist schools in assessing and planning their coordinated school health policies and programs. The School Health Index (SHI) has been developed by the CDC specifically to help schools use a coordinated school health approach to physical activity, nutrition, tobacco use, and asthma (CDC 2005). In South Carolina, 53 percent of middle and high schools have used the SHI or other self-assessment tool to assess school policies, activities, and programs in physical activity (see table 2, below). A smaller percentage of schools have used such tools to assess policies, activities, and programs for nutrition (36 percent of schools), tobacco-use prevention (33 percent), and asthma (22 percent).

Table 2. Schools using the School Health Index or other self-assessment tool

Content Area	Percentage of Middle and High Schools*
Physical activity	53%
Nutrition and healthy eating	36%
Tobacco-use prevention	33%
Asthma	22%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

Parent and Community Involvement

In the two years preceding the Profiles survey, fewer than half of the middle and high schools were involving families and community members in the development and/or implementation of health-related policies and programs (see table 3, on the following page). Family and community members were most likely to be included in these activities when the topic was nutrition and healthy eating.

Table 3. Schools with family and community involvement in developing and/or implementing health-related policies and programs

	Percentage of Middle and High Schools*	
Topic	With Family Involvement	With Community Involvement
Physical activity	29%	34%
Nutrition and healthy eating	36%	42%
Tobacco-use prevention	24%	32%
Asthma	19%	18%
HIV, STD, or teen pregnancy prevention	21%	29%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

During the school year, schools have the opportunity to educate parents and families as well as students. In 2007–08, most middle and high schools (54 percent) provided information to parents and families about physical activity (see table 4, below). In addition, 45 percent of schools provided information about nutrition and healthy eating; 27 percent about tobacco-use prevention; 20 percent about asthma; and 32 percent about HIV, STD, or teen pregnancy prevention.

Table 4. Schools providing health information to parents and families

Content Area	Percentage of Middle and High Schools*
Physical activity	54%
Nutrition and healthy eating	45%
Tobacco-use prevention	27%
Asthma	20%
HIV, STD, or teen pregnancy prevention	32%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

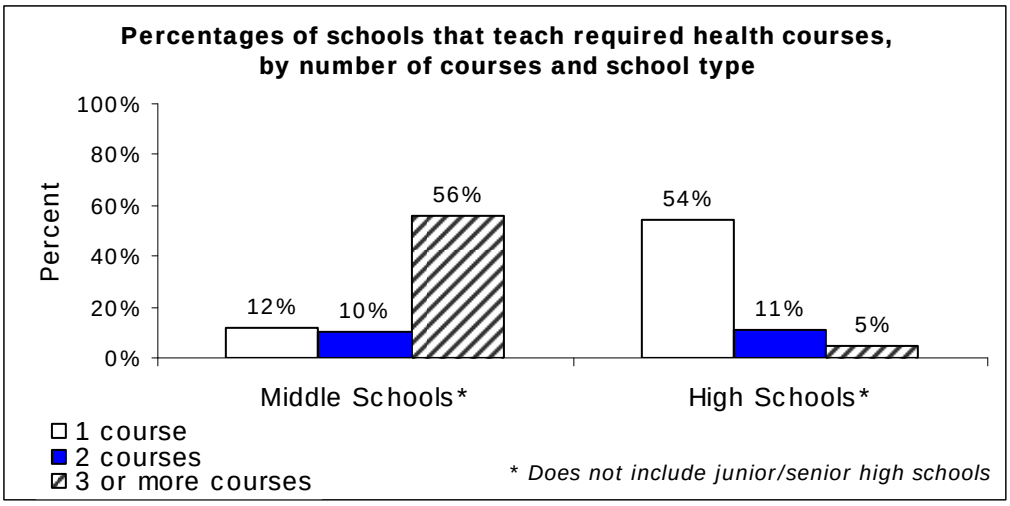
Health Education

Health education is a planned, sequential curriculum for kindergarten through the twelfth grade that addresses the physical, mental, emotional, and social dimensions of health. Health education allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. A comprehensive health education curriculum includes a variety of topics such as personal, family, and community health; sexuality education; mental and emotional health; injury prevention and safety; physical activity; nutrition; and the prevention and control of disease.

Health Education Requirements

South Carolina law requires students in kindergarten through the sixth grade to receive health education instruction for the equivalent of 75 minutes a week for 36 weeks and students in the seventh and eighth grades to receive the equivalent of 250 minutes a week for 9 weeks. Students in the ninth through the twelfth grades must receive comprehensive health education that includes 750 minutes of reproductive health and pregnancy prevention (S.C. Code Ann. § 59-32-30).

According to the 2008 Profiles survey of lead health education teachers, 82 percent of middle schools require health education for students in at least one of grades six through eight, and 56 percent of middle schools require students to take three or more health education courses (see the chart below). By contrast, 72 percent of high schools require students to take at least one health education course, and only 5 percent require their students to take three or more courses. Only 11 percent of middle schools require students to repeat a required health education course if they fail it, while 70 percent of high schools have such a requirement.



Seventy-four percent of middle schools teach required health education courses in grades six, seven, and eight. Most high schools (63 percent) teach a required health education course in grade nine. A smaller percentage of high schools teach required health courses in other grades—36 percent in the tenth grade, 29 percent in the eleventh grade, and 29 percent in the twelfth grade.

Health Education Standards and Curricula

South Carolina's health and safety education standards (SCDE 2000) are aligned with those set forth in the 1995 *National Health Education Standards,* written by the Joint Committee on National Health Education Standards. Most of the state's middle and high schools (59 percent) provide a complete set of instructional materials (see table 5, below) to those who teach health education. It is more common for a school to provide a written health education curriculum as well as goals, objectives, and expected outcomes than to provide either a plan for student assessment or a chart describing the scope and sequence of instruction for health education.

Table 5. Schools providing materials to those who teach health education

Instructional Materials	Percentage of Middle and High Schools*
Goals, objectives, and expected outcomes for health education	89%
Chart describing the annual scope and sequence of instruction for health education	65%
Plans for conducting assessments of student performance in health education	68%
Written health education curriculum	85%
All of the above	59%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

The health education curricula in most South Carolina middle and high schools address all of the eight essential skills (see table 6, below) delineated in the 2007 *National Health Education Standards: Achieving Excellence.* The "Learning Standards" listed in the *South Carolina Health and Safety Education Curriculum Standards* (SCDE 2000, 19) correspond to these eight national standards (see http://www.cdc.gov/healthyyouth/sher/standards/).

Table 6. Skills addressed in school health education curriculum

Skills	Percentage of Middle and High Schools*
Comprehending concepts related to health promotion and disease prevention to enhance health	99%
Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	98%
Accessing valid information, products, services to enhance health	90%
Using interpersonal communication skills to enhance health and to avoid or reduce health risks	97%
Using decision-making skills to enhance health	98%
Using goal-setting skills to enhance health	97%
Practicing health-enhancing behaviors to avoid or reduce risks	97%
Advocating for personal, family, and community health	94%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

Content of Required Health Education Courses

The information that is provided in required courses to increase student knowledge on health-related topics varies by topic and grade level (see table 7, below). More than 80 percent of middle and high schools cover most of the topics shown in the table. Middle schools are slightly more likely than high schools to teach injury prevention and asthma awareness. (See other sections of this report for specific content on physical activity, nutrition, tobacco-use prevention, and HIV prevention.)

Table 7. Schools teaching health-related topics in a required course

Topics Taught to Increase Knowledge	Percentage of Middle Schools*	Percentage of High Schools*
Physical activity and fitness	98%	97%
Nutrition and dietary behavior	96%	88%
Tobacco-use prevention	94%	86%
Alcohol- or drug-use prevention	94%	86%
Injury prevention and safety †	90%	82%
Violence prevention	89%	70%
Emotional and mental health	88%	83%
HIV prevention	87%	91%
STD prevention	85%	90%
Human sexuality	85%	89%
Pregnancy prevention	83%	89%
Food-borne illness prevention	67%	60%
Suicide prevention	58%	63%
Asthma awareness †	56%	41%

* *Does not include junior/senior high schools.*

† *Percentage of middle schools is significantly different from the percentage of high schools.*

Source: Profiles survey of lead health education teachers

Collaboration with School Staff

Health education staff members at most middle and high schools work with physical education staff (79 percent of schools) and school health services staff such as nurses (72 percent) on health education activities (see table 8, on the following page). In a smaller percentage of schools, health education staff work with the mental health or social services staff such as counselors (49 percent of schools) and the nutrition or food services staff (34 percent); collaboration with these groups is more common in middle schools than in high schools.

Table 8. Staff collaboration on health education activities during the 2007–08 school year

Staff Collaborating with Health Education Teachers	Percentage of Middle Schools*	Percentage of High Schools*
Physical education staff	83%	75%
School health services staff	77%	64%
School mental health or social services staff †	56%	37%
Nutrition or food service staff †	41%	23%

***** *Does not include junior/senior high schools.*

† *Percentage of middle schools is significantly different from the percentage of high schools.*

Source: Profiles survey of lead health education teacher

Professional Preparation

The South Carolina health and safety education standards recommend that middle and high school health and safety education be taught by certified health education teachers (SCDE 2000). According to the 2008 Profiles survey of principals, 82 percent of schools require all staff who teach health education topics to be certified, licensed, or endorsed by the state to teach health education.

In South Carolina, the acceptable areas of certification for teaching health in grades six through twelve are health, physical education, combined physical education and health, and science (SCDE 2006). Sixty-eight percent of middle schools and high schools have a lead health education teacher who is certified, licensed, or endorsed by the state to teach health education. For 46 percent of the lead health education teachers, the major emphasis of their professional preparation was health and physical education combined; for 37 percent, it was physical education alone; and for 4 percent, it was health education alone (see table 9, below). There have been no significant changes in these percentages since 2000.

Table 9. Professional preparation of lead health education teachers

Major Emphasis of Professional Preparation	Percentage of Middle and High Schools*
Health and physical education combined	46%
Physical education	37%
Health education	4%
Biology or other science	4%
Other	9%

* *Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

In most of the middle and high schools (66 percent), the lead health education teacher has six or more years of experience teaching health education (see table 10, on the following page).

Table 10. Experience of lead health education teachers

Number of Years Teaching Health Education	Percentage of Middle and High Schools*
One	6%
Two to five	28%
Six to nine	15%
Ten to fourteen	11%
Fifteen or more	40%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

Professional Development

Lead health education teachers received professional development (such as workshops, conferences, and continuing education) in a number of health education topics during the two years preceding the survey (see table 11, below). In most of the middle and high schools, the lead health education teacher received professional development in physical activity and fitness (61 percent of schools) and in violence prevention (51 percent). In 40 to 47 percent of the schools, lead health education teachers received professional development in human sexuality or HIV, STD, or pregnancy prevention. The lead health education teacher in most schools would like to receive professional development in all of the topics listed in the table.

Table 11. Professional development (PD) in health education received or desired by lead health education teachers

Health Education Topic	Percentage of Middle and High Schools*	
	PD Received *(in past two years)*	PD Desired
Physical activity and fitness	61%	69%
Violence prevention	51%	79%
HIV prevention	47%	66%
STD prevention	46%	65%
Human sexuality	43%	66%
Pregnancy prevention	43%	61%
Injury prevention and safety	40%	65%
Nutrition and dietary behavior	34%	74%
Alcohol- or drug-use prevention	33%	75%
Emotional and mental health	26%	65%
Tobacco-use prevention	25%	67%
Food-borne illness prevention	20%	57%
Asthma awareness	15%	63%
Suicide prevention	15%	74%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

In the two years preceding the survey, the lead health education teachers also received professional development in general education topics (see table 12, below). About half of them received training in the use of interactive teaching methods or classroom management techniques. Most lead health education teachers would like to receive training on all of the topics listed in the table.

Table 12. Professional development (PD) in general education received or desired by lead health education teachers

General Education Topic	Percentage of Middle and High Schools*	
	PD Received *(in past two years)*	PD Desired
Using interactive teaching methods such as role-playing or cooperative group activities	51%	59%
Using classroom management techniques such as social skills training, environmental modification, conflict resolution and mediation, and behavior management	50%	65%
Teaching students of various cultural backgrounds	35%	61%
Encouraging family or community involvement	33%	70%
Teaching skills for behavior change	33%	70%
Assessing or evaluating students in health education	31%	64%
Teaching students with physical, medical, or cognitive disabilities	29%	64%
Teaching students with limited English proficiency	26%	56%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

Physical Education and Physical Activity

Physical education is a planned, sequential curriculum for kindergarten through the twelfth grade that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills, physical fitness, dance, games, sports, gymnastics, and aquatics. A quality physical education program uses a variety of planned physical activities to promote each student's optimum physical, mental, emotional, and social development. It also promotes activities and sports that all students enjoy and can pursue throughout their lives.

Physical Education Requirements

By law, all public schools in South Carolina must provide "courses in physical education" (S.C. Code Ann. § 59-29-80) for all students. State Board of Education Regulations mandate physical education as a component of the "defined program" for the state's schools in grades one through five (S.C. Code Ann. Regs. 43-231) and six through eight (S.C. Code Ann. Regs. 43-232). The Students Health and Fitness Act specifies the minimum number of minutes per week that an elementary school student must spend in physical education (S.C. Code Ann. § 59-10-10); however, no specific time requirement has been mandated for a student in middle school. One Carnegie unit in physical education is required for high school graduation (S.C. Code Ann. § 59-29-80). The high school physical education course spans two semesters: a one-semester personal fitness and wellness component and a one-semester lifetime fitness component (S.C. Code Ann. § 59-29-100).

According to the 2008 Profiles survey of principals, 97 percent of middle and high schools require physical education for students in any of grades six through twelve. Almost all middle schools (94 to 95 percent) teach required physical education courses in grades six, seven, and/or eight. Almost all high schools (98 percent) teach a required physical education course in the ninth grade, and 50 to 52 percent of high schools teach a required course in the tenth, eleventh, or twelfth grade.

Physical Education Standards and Curriculum

The South Carolina academic standards for physical education are aligned with the 2004 national standards written by the National Association for Sport and Physical Education (see SCDE 2008). Most middle and high schools (85 percent) provide a complete set of instructional materials to those who teach physical education (see table 13, below).

Table 13. Schools providing materials to those who teach physical education (PE)

Instructional Materials	Percentage of Middle and High Schools*
Goals, objectives, and expected outcomes for PE	99%
Chart describing the annual scope and sequence of instruction for PE	89%
Plans for conducting assessments of student performance in PE	95%
Written PE curriculum	91%
All of the above	85%

* *Includes junior/senior high schools.*

Source: Profiles survey of principals

Professional Preparation and Development

Most middle and high school principals (98 percent) report that their schools require all staff who teach physical education to be certified, licensed, or endorsed by the state in physical education. In the two years preceding the survey, physical education teachers or specialists in 99 percent of the schools received professional development in the subject.

Physical Activity

Sixty-five percent of the middle and high schools teach all twelve CDC-recommended physical activity topics in a required course (see table 14, below).

Table 14. Schools teaching physical activity topics in a required course

Physical Activity Topic	Percentage of Middle and High Schools*
Physical, psychological, and/or social benefits of physical activity	95%
Health-related fitness (i.e., cardiorespiratory and muscular endurance, strength, flexibility, and body composition)	95%
Decreasing sedentary activities (e.g., television viewing)	93%
How much physical activity is enough (i.e., frequency, intensity, time, and type of physical activity)	93%
Preventing injury during physical activity	92%
Phases of a workout (i.e., warm-up, workout, and cool down)	92%
Opportunities for physical activity in the community	88%
Weather-related safety (i.e., avoiding heat stroke, hypothermia, and sunburn while physically active)	84%
Overcoming barriers to physical activity	83%
Developing an individualized physical activity plan	83%
Monitoring progress toward reaching goals in a physical activity plan	83%
Dangers of using performance-enhancing drugs (e.g., steroids)	79%
All of the above	65%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

In addition to physical education and health education classes, principals report that 56 percent of middle and high schools offer opportunities for all students to participate in intramural activities or physical activity clubs.

Healthy Eating

Healthy eating is impacted by knowledge, attitudes, and foods that are available in the environment. Health education plays a strong role in teaching students about food and showing them how to make healthy choices. Nutrition services provide access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. A school nutrition program reflects the U.S. Dietary Guidelines for Americans and other criteria to ensure that all foods sold or served at school include healthy choices. Food-related messages in the school environment also have an impact on the eating behaviors of students and staff.

Health Education on Nutrition and Dietary Behavior

Sixty-eight percent of middle schools and 50 percent of high schools teach all fourteen CDC-recommended nutrition and dietary behavior topics in a required course (see table 15, below). Middle schools are more likely than high schools to teach the majority of the topics listed in the table.

Table 15. Schools teaching nutrition and dietary behavior topics in a required course

Nutrition or Dietary Behavior Topic	Percentage of Middle Schools*	Percentage of High Schools*
Benefits of healthy eating †	94%	81%
Balancing food intake and physical activity †	93%	78%
Eating more fruits, vegetables, and grain products †	92%	76%
Food guidance using MyPyramid †	91%	73%
Choosing foods that are low in fat, saturated fat, and cholesterol †	88%	70%
Using food labels †	87%	71%
Using sugars in moderation †	87%	68%
Using salt and sodium in moderation †	85%	68%
Accepting body-size difference †	85%	66%
Preparing healthy meals and snacks †	84%	63%
Risks of unhealthy weight-control practices	84%	75%
Eating more calcium-rich foods †	81%	69%
Food safety †	81%	64%
Signs, symptoms, and treatments for eating disorders	76%	75%
All of the above †	68%	50%

** Includes junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools.

Source: Profiles survey of lead health education teachers

Wellness Policies

In South Carolina, each school district is required by law to have a wellness policy that focuses on improving nutrition services, nutrition education, physical activity, and other wellness activities. Wellness policies were to be developed by the district's Coordinated School Health Advisory Council for implementation in the 2006–07 school year (S.C. Code Ann. § 59-10-330). In addition, Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 (Pub. L. No. 108-265) required school districts to establish school wellness policies by the 2006–07 school year if they participated in the federal school meal programs authorized by the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.). At the time of this survey, 80 percent of principals indicated that their schools had received a copy of their district's wellness policy.

Competitive Foods

Competitive foods are those foods sold or served at schools that fall outside of the meals and snacks served through the federally reimbursed school lunch, breakfast, and after-school snack programs. Competitive foods include food and beverage items sold through à la carte lines, snack bars, student stores, vending machines, and school fundraisers. School wellness policies must establish nutritional guidelines for all foods available at schools during the school day with the objectives of promoting student health and reducing childhood obesity (Pub. L. No. 108-265). These guidelines should maximize nutritional value by decreasing fat and added sugars, increasing nutrition density, and moderating portion size of each individual food or beverage sold within the school environment.

According to the 2008 Profiles survey of principals, 70 percent of middle schools and 95 percent of high schools in South Carolina allow students to purchase snack foods or beverages from vending machines at the school or at a school store, canteen, or snack bar. These rates are significantly lower than they were in 2006, when 89 percent of middle schools and 100 percent of high schools allowed students to purchase foods from these sources. In 2008, 51 percent of middle and high schools limited the package or serving size of any individual food or beverage item sold in vending machines or at the school store, canteen, or snack bar.

Table 16, on the following page, provides more details about foods that students can purchase at middle and high schools in South Carolina. High schools are more likely than middle schools to offer the foods listed in the table, with the exception of ice cream or frozen yogurt and water ices or frozen slushes. Between 2006 and 2008, a significantly smaller percentage of middle and high schools allowed students to purchase sports drinks; soda pop or fruit drinks that are not 100% juice; and salty snacks that are not low in fat.

Table 16. Schools in which students can purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar

Snack and Beverage Choices	2006*		2008*	
	Percentage of Middle Schools	Percentage of High Schools	Percentage of Middle Schools	Percentage of High Schools
Recommended Choices				
Fruits (not fruit juice) †	NA	NA	24%	42%
Non-fried vegetables (not vegetable juice) †	NA	NA	17%	31%
Other Choices				
Sports drinks, such as Gatorade †‡	78%	99%	54%	84%
2% or whole milk (plain or flavored) †	44%	56%	39%	53%
Soda pop or fruit drinks that are not 100% juice †‡	66%	89%	36%	71%
Chocolate candy †	39%	77%	24%	61%
Candy other than chocolate †	53%	83%	34%	69%
Salty snacks that are not low in fat, such as regular potato chips †‡	58%	85%	31%	59%
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat †	NA	NA	31%	55%
Foods or beverages containing caffeine †	NA	NA	32%	69%
Ice cream or frozen yogurt that is not low in fat	NA	NA	17%	22%
Water ices or frozen slushes that do not contain juice	NA	NA	13%	22%

** Does not include junior/senior high schools.*

† *Percentage of middle schools is significantly different from the percentage of high schools.*

‡ *Percentages in 2008 are significantly different from the corresponding percentages in 2006.*

NA = *not asked in 2006.*

Source: Profiles survey of principals

In addition to policies on food sales, 37 percent of middle and high schools always or almost always offer fruit or non-fried vegetables at school celebrations when food or beverages are offered.

Promoting Healthy Eating

During the 2007–08 school year, 45 percent of middle and high schools collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating. Forty-four percent of schools provided information to students or families on the nutrition and caloric content of foods available. Twenty-two percent of schools conducted three or more of the activities listed in table 17, on the following page, to encourage healthy eating.

Table 17. Schools promoting healthy eating during the 2007–08 school year

Promotional Activity	Percentage of Middle and High Schools*
Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	45%
Provided information to students or families on the nutrition and caloric content of foods available	44%
Conducted taste tests to determine food preferences for nutritious items	21%
Provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics	18%
Reduced the price of nutritious foods and beverages in the cafeteria while increasing the price of less nutritious foods and beverages	12%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

Most middle and high schools prohibit advertisements for candy, fast food restaurants, or soft drinks (see table 18, below). A greater percentage of middle schools than high schools prohibit such advertising on school grounds (64 percent of middle schools, 46 percent of high schools) and in school publications (67 percent of middle schools, 43 percent of high schools). Only 3 percent of schools promote the sale of candy, meals from fast food restaurants, or soft drinks to students through the distribution of products such as T-shirts, hats, and book covers.

Table 18. Schools prohibiting advertisements for candy, fast food restaurants, or soft drinks

Location	Percentage of Middle Schools*	Percentage of High Schools*
On school buses or in other vehicles used to transport students	74%	70%
Inside the school building	66%	64%
On school grounds (e.g., the outside of the school building, playing fields, other areas of the campus) †	64%	46%
In school publications (e.g., newsletters, newspapers, Web sites) †	67%	43%

** Does not include junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools.

Source: Profiles survey of principals

Tobacco-Use Prevention

Tobacco use is the most preventable contributor to mortality in the United States. Thus, it is important that the use of and exposure to tobacco be restricted for children and adolescents. Since most smokers begin the habit when they are under the age of eighteen, it is important that health education programs teach facts and skills that prevent the onset of tobacco use. Tobacco-free school policies send a clear message to students, staff, and visitors that tobacco use is socially unacceptable. However, because some students and staff do use tobacco, policies should also focus on helping smokers both to understand the consequences of tobacco use and to access tobacco-cessation services.

Health Education on Tobacco-Use Prevention

Fifty-six percent of middle schools and 41 percent of high schools teach all fifteen CDC-recommended tobacco-use prevention topics (see table 19, below) in a required course. Middle schools are more likely than high schools to teach students to identify the health consequences of tobacco use, identify the effects of secondhand smoke, identify the effects of tobacco use on athletic performance, understand the addictive nature of nicotine, use goal-setting and decision-making skills, and make accurate assessments of how many of their peers use tobacco.

Table 19. Schools teaching tobacco-use prevention topics in a required course

Tobacco-Use Prevention Topic	Percentage of Middle Schools*	Percentage of High Schools*
Identifying short- and long-term health consequences of tobacco use †	87%	75%
Identifying the effects of secondhand smoke and benefits of a smoke-free environment †	87%	75%
Identifying tobacco products and the harmful substances they contain	86%	72%
Identifying the effects of tobacco use on athletic performance †	84%	71%
Understanding the addictive nature of nicotine †	84%	70%
Using goal-setting and decision-making skills related to not using tobacco †	83%	66%
Identifying reasons why students do and do not use tobacco	82%	72%
Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	81%	69%
Identifying legal, social, economic, and cosmetic consequences of tobacco use	79%	71%
Understanding the social influences on tobacco use, including media, family, peers, and culture	79%	68%
Identifying harmful effects of tobacco use on fetal development	79%	70%
Finding valid information and services related to tobacco-use prevention and cessation	75%	65%

Tobacco-Use Prevention Topic	Percentage of Middle Schools*	Percentage of High Schools*
Supporting others who abstain from or want to quit using tobacco	74%	67%
Supporting school and community action to support a tobacco-free environment	70%	60%
Making accurate assessments of how many peers use tobacco †	67%	54%
All of the above	56%	41%

** Does not include junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools.

Source: Profiles survey of lead health education teachers

Tobacco-Use Prevention Policies

South Carolina is making a concerted effort to reduce tobacco use among school-age youths by encouraging districts to adopt a 100 percent tobacco-free school policy (i.e., one that prohibits the use of all tobacco products by students, faculty, staff, and visitors at all times on school property, including school buses, and at off-campus school-sponsored events). According to the 2008 Profiles survey of principals, 99 percent of schools have adopted some type of policy prohibiting tobacco use, and 57 percent of the schools have a 100 percent tobacco-free school policy. The percentage of high schools with 100 percent tobacco-free school policies has increased from 44 percent in 2006 to 60 percent in 2008.

Schools are more likely to have policies that prohibit tobacco use during school hours than they are to have policies prohibiting use during nonschool hours (see table 20, below). They are also more likely to prohibit students, faculty, and staff from using tobacco products outdoors on school grounds and at off-campus school-sponsored events than they are to establish such restrictions for visitors. In 2008, a greater percentage of schools had policies prohibiting faculty, staff, and visitors from using tobacco at off-campus school-sponsored events than in 2006.

Table 20. Schools prohibiting tobacco use, by user, product, time, and location

	Percentage of Middle and High Schools with Policies Prohibiting Tobacco Use*		
	Use by Students	Use by Faculty and Staff	Use by Visitors
Tobacco Product Prohibited			
Cigarettes	99%	94%	92%
Smokeless tobacco (i.e., dip, chewing tobacco, or snuff)	99%	94%	87%
Cigars	99%	94%	92%
Pipes	99%	94%	92%
Time Prohibited			
During school hours	99%	93%	93%
During nonschool hours	90%	82%	81%

	Percentage of Middle and High Schools with Policies Prohibiting Tobacco Use*		
	Use by Students	Use by Faculty and Staff	Use by Visitors
Location Prohibited			
In school buildings	99%	99%	97%
Outdoors on school grounds, including parking lots and playing fields	98%	90%	82%
On school buses or other vehicles used to transport students	99%	98%	96%
At off-campus school-sponsored events	95%	90%	72%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

Among middle and high schools that have policies banning tobacco use, almost all have procedures to inform the various groups about the policies that prohibit them from using tobacco: 100 percent have procedures to inform students, 99 percent to inform faculty and staff, and 93 percent to inform visitors.

In 51 percent of middle and high schools with tobacco-use prevention policies, no single individual is responsible for enforcing those policies. In 34 percent of the schools, the principal is responsible; in 15 percent of the schools, an assistant principal is responsible.

To further promote a tobacco-free environment, 58 percent of middle schools and 73 percent of high schools post signs marking a tobacco-free school zone (i.e., a specified distance from school grounds where tobacco use is not allowed). These percentages are up from 2006, when only 45 percent of middle schools and 52 percent of high schools had such signs.

Consequences for Students Caught Smoking Cigarettes

Most middle and high schools (99 percent) have guidelines for what actions the school should take when a student is caught smoking a cigarette. Such actions are determined by a variety of considerations (see table 21, below). Most schools (82 percent) have a zero-tolerance policy. A greater percentage of middle schools (24 percent) than high schools (11 percent) consider the effect or severity of the violation. Likewise, more middle schools (12 percent) than high schools (4 percent) take into consideration the grade level of the student.

Table 21. Considerations used by schools when students are caught smoking cigarettes

Consideration Used to Determine Action Taken	Percentage of Middle and High Schools*
Zero-tolerance policy	82%
Repeat offender status	35%
Effect or severity of the violation †	18%

Consideration Used to Determine Action Taken	Percentage of Middle and High Schools*
Grade level of the student †	8%
None of the above	2%

** Includes junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools (data given in the main text).

Source: Profiles survey of principals

When a student is caught smoking cigarettes, 100 percent of middle and high schools always or almost always refer him or her to a school administrator, and 97 percent notify a parent or guardian. Other actions that schools always or almost always take are reported in table 22, below. A greater percentage of middle schools (39 percent) than high schools (16 percent) refer the student to a school counselor.

Table 22. Actions taken when students are caught smoking cigarettes

Action Taken (*always or almost always*)	Percentage of Middle and High Schools*
Referred to a school administrator	100%
Parents or guardians notified	97%
Suspended from school	39%
Referred to legal authorities ‡	31%
Referred to a school counselor †	29%
Placed in detention	26%
Given in-school suspension	24%
Encouraged, but not required, to participate in an assistance, education, or cessation program	21%
Not allowed to participate in extracurricular activities or interscholastic sports	14%
Required to participate in an assistance, education, or cessation program	13%
Expelled from school	2%
Reassigned to an alternative school	1%

** Includes junior/senior high schools.*

† Percentage of middle schools is significantly different from the percentage of high schools (data given in the main text).

‡ Percentages in 2008 are significantly different from the corresponding percentages in 2006 (data given in the main text).

Source: Profiles survey of principals

Most of the percentages given in table 22 are consistent with the rates found in the 2006 Profiles. One notable exception, however, is that in 2008, more schools (31 percent) referred the student to legal authorities than they did in 2006 (5 percent). This increase is likely the result of South Carolina's Youth Access to Tobacco Prevention Act of 2006, which makes it an offense for a minor to purchase, attempt to purchase, possess, or attempt to possess a tobacco product. Under this new law, minors found in possession of tobacco products will, at the discretion of the court, be required either to pay a fine or to complete an approved prevention or cessation program (S.C. Code Ann. § 16-17-500(E)(1–3)).

Tobacco-Use Cessation Services

Thirty-one percent of middle and high schools provide tobacco-use cessation services to faculty, staff, and students through direct service at the school or through arrangements with providers not located on school property. Tobacco cessation services are provided through direct services for faculty and staff in 21 percent of the schools and for students in 25 percent of the schools. Off-site providers deliver services to faculty and staff at 34 percent of the schools and to students at 39 percent of the schools.

Community Involvement

In the two years preceding the 2008 Profiles survey, many middle and high schools connected their tobacco-use prevention activities to those in the community: 42 percent of schools gathered and shared information with students and families about mass-media messages or community-based tobacco-use prevention efforts, and 45 percent worked with local agencies or organizations to plan and implement events or programs intended to reduce tobacco use.

HIV, STD, and Teen Pregnancy Prevention

Health education and sex education programs can increase a student's knowledge about how to avoid HIV, other STDs and unintended pregnancy. Targeted programs give schools increased opportunities to reach students who may be at higher risk. In addition, school policies should protect the rights of students and staff who may be infected with HIV or AIDS.

Health Education on Sexual Risk Behaviors

In South Carolina, the Comprehensive Health Education Act requires students in grades six through twelve to receive education in the prevention of HIV and STDs. It also requires that students in grades nine through twelve receive education in pregnancy prevention (S.C. Code Ann. § 59-32-30). The local school board has the option of including pregnancy-prevention education and reproductive health in grades six, seven, and eight. According to the 2008 Profiles survey of lead health education teachers, 62 percent of middle schools teach all eleven CDC-recommended middle school HIV-, STD-, and pregnancy-prevention topics (see table 23, below) in a required course in grade six, seven, or eight; and 53 percent of high schools teach all eleven CDC-recommended high school HIV-, STD-, and pregnancy-prevention topics in a required course in grade nine, ten, eleven, or twelve.

Table 23. Schools teaching HIV-, STD-, or pregnancy-prevention topics in a required course

HIV-, STD-, or Pregnancy-Prevention Topic	Percentage of Middle Schools*	Percentage of High Schools*
Differences between HIV and AIDS	91%	NT
Ways that HIV and other STDs are transmitted	89%	NT
Ways that HIV and other STDs are diagnosed and treated	83%	NT
Health consequences of HIV, other STDs, and pregnancy	89%	NT
Compassion for persons living with HIV or AIDS	70%	NT
Benefits of being sexually abstinent	89%	94%
Ways to prevent HIV, other STDs, and pregnancy	87%	94%
Ways to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy †	73%	89%
Influences of media, family, and social and cultural norms on sexual behavior	80%	86%
Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	83%	88%
Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	84%	88%
Relationships among HIV, other STDs, and pregnancy	NT	93%

HIV-, STD-, or Pregnancy-Prevention Topic	Percentage of Middle Schools*	Percentage of High Schools*
Relationship between alcohol and other drug use and risk of HIV, other STDs, and pregnancy	NT	93%
Efficacy of condoms (i.e., how well condoms work and do not work)	NT	78%
Importance of using condoms consistently and correctly	NT	73%
Ways to obtain condoms	NT	56%
All of the above, appropriate to the grade level	62%	53%

** Does not include junior/senior high schools.*

† *Percentage of middle schools is significantly different from the percentage of high schools.*

NT = *topic not typically taught at the particular grade level.*

Source: Profiles survey of lead health education teachers

Reaching Students at High Risk

The CDC encourages schools to provide HIV-, STD-, and pregnancy-prevention programs for ethnic/racial minority youths who are at high risk (e.g., black, Hispanic, American Indian). These services can be offered through after-school or supplementary programs. In South Carolina, less than one third of middle and high schools made such activities available to students (see table 24, below).

Table 24. Schools with HIV-, STD-, or pregnancy-prevention programs for ethnic/racial minority youths at high risk

Program Components	Percentage of Middle and High Schools*
Provided curricula or supplementary materials (e.g., pictures, information) that reflect the life experiences of high-risk youths in their communities	30%
Provided curricula or supplementary materials in the primary languages of high-risk youths and their families	29%
Facilitated access to direct health services or made arrangements with providers not on school property who have experience in serving high-risk youths in the community	25%
Facilitated access to direct social services and psychological services or made arrangements with providers not on school property who have experience in serving high-risk youths in the community	24%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

Professional Development

In the two years preceding the survey, less than 41 percent of lead health education teachers received professional development on the topics specifically related to teaching HIV and STD listed in table 25, on the following page.

Table 25. Schools where the lead health education teacher received professional development in HIV and other STD prevention

HIV and Other STD Prevention Topic	Percentage of Middle and High Schools*
Understanding the modes of transmission and effective prevention strategies for HIV and other STDs	41%
Describing how widespread HIV and other STDs are and what the consequences of these infections are	40%
Implementing health education strategies using prevention messages that are likely to be effective in reaching youths	38%
Identifying populations of youths who are at high risk of being infected with HIV and other STDs	37%
Using interactive teaching methods such as role-playing or cooperative group activities for HIV-prevention education	33%
Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	32%
Teaching about health-promoting social norms and beliefs related to HIV prevention	30%
Teaching HIV prevention to students of various cultural backgrounds	28%
Implementing a standards-based HIV-prevention education curriculum and student assessment	26%
Using strategies for involving parents, families, and others in HIV-prevention education	24%
Assessing students' performance in HIV-prevention education	23%
Using technology to improve HIV-prevention education	23%
Teaching HIV prevention to students with physical, medical, or cognitive disabilities	22%
Addressing community concerns and challenges related to HIV-prevention education	19%
Teaching HIV prevention to students with limited English proficiency	15%

** Includes junior/senior high schools.*

Source: Profiles survey of lead health education teachers

Middle and high schools may require some staff members to receive professional development on HIV-, STD-, or pregnancy-prevention issues and resources for youths at high risk. According to the 2008 Profiles survey of principals, 41 percent of schools require professional development on such issues and resources for ethnic/racial minority youths (e.g., black, Hispanic, American Indian), and 40 percent of the schools require professional development on such issues and resources for youths who participate in dropout prevention, alternative education, or GED programs.

Policies Related to HIV or AIDS

Most schools have adopted policies that address issues for students or staff with HIV infection or AIDS. The most commonly enacted policies concern worksite safety and maintaining confidentiality (see table 26, on the following page). The percentages of schools addressing each of the issues listed in the table have increased since 2006.

Table 26. Schools with policies addressing HIV-infected students or staff

Issue Addressed	Percentage of Middle and High Schools*	Percentage of Middle and High Schools*
	2006	2008
Worksite safety (i.e., universal precautions for all staff) †	57%	87%
Confidentiality of HIV-infected students and staff †	57%	84%
Adequate training about HIV infection for school staff †	55%	78%
Procedures to protect HIV-infected students and staff from discrimination †	55%	74%
Procedures for implementing policies †	54%	72%
Confidential counseling for HIV-infected students †	51%	70%
Attendance of students with HIV infection †	53%	69%
Communication of policies to students, school staff, and parents †	49%	68%

** Includes junior/senior high schools.*

† Percentages in 2008 are significantly different from the corresponding percentages in 2006.

Source: Profiles survey of principals

Health Services

School health services, offered in cooperation with professionals in the community, provide appraisal, detection, prevention, intervention, and management of health problems that affect a student's ability to learn. These services may include access or referral to primary health care services, detection of diseases and other health problems, monitoring of students with special health needs, emergency care for illness or injury, promoting sanitary conditions for a safe school facility and school environment, and providing educational and counseling opportunities for promotion and maintenance of individual, family, and community health. Qualified professionals such as nurses, health educators, dentists, physicians, teachers, social workers, and other allied health professionals provide these services.

School Nurses

In South Carolina, the title "school nurse" refers both to registered nurses and to licensed practical nurses practicing in school settings. Most school health services in the state are provided by nurses who are employed by the school districts. According to the Profiles survey of principals, 83 percent of middle and high schools have a full-time registered nurse who provides health services to students—an increase from 2004, when 60 percent of schools had full-time registered nurses (SCDE 2005, 13). Currently, state law does not require a nurse in every school; however, the Students Health and Fitness Act of 2005 required the General Assembly to appropriate funds annually for nurses in *elementary* schools, beginning in the 2007–08 school year (S.C. Code Ann. §§ 59-10-210 and 59-10-370).

Students with Special Health Care Needs

South Carolina law requires that students with special health care needs have an individual health care plan (S.C. Code Ann. § 59-63-80). The SCDE has written guidelines for developing this plan. Before the care plans can be developed, however, the students who need them must be identified: over 80 percent of schools identify students who have chronic health conditions, such as asthma, from information they receive in parents' notes, student emergency cards, medication records, and health room visits (see table 27, below). Almost all of the middle and high schools (96 percent) use two or more of the methods listed in the table.

Table 27. Sources used by schools to identify students diagnosed with chronic health conditions, such as asthma

Source of Information	Percentage of Middle and High Schools*
Notes from parents	88%
Student emergency cards	84%
Medication records	84%
Health-room visit information	80%
Emergency care plans	66%
Physical exam records	41%
Other	17%

* *Includes junior/senior high schools.*

Source: Profiles survey of principals

Students with Asthma

Students known to have asthma should have an asthma action plan. According to the 2008 Profiles survey of principals, 66 percent of schools have asthma action plans for all of their students known to have asthma—a rate that is consistent with data collected in the 2006 Profiles survey (see SCDE 2006, 20). An additional 21 percent of schools have asthma action plans for most of their students known to have asthma.

In addition to identifying students who have asthma, 90 percent of middle and high schools use one or more sources of information (see table 28, below) to identify those students whose asthma is poorly controlled. A greater percentage of middle schools (46 percent) than high schools (28 percent) use frequent absences from school to identify these students. Most schools (59 percent) use three or more of the information sources listed in the table.

Table 28. Information used by schools to identify students with poorly controlled asthma

Type of Information	Percentage of Middle and High Schools*
Frequent visits to the school health office due to asthma	80%
Frequent asthma symptoms at school	65%
Students sent home early due to asthma	49%
Frequent absences from school †	37%
Frequent nonparticipation in physical education class due to asthma	35%
Calls from school to 911 or other local emergency numbers due to asthma	23%

* *Includes junior/senior high schools.*

† *Percentage of middle schools is significantly different from the percentage of high schools (data given in the main text).*

Source: Profiles survey of principals

For students with poorly controlled asthma, most middle and high schools provide at least one of the services listed in table 29, below. Only 27 percent of schools provide all of them.

Table 29. Services offered for students with poorly controlled asthma

Service Offered	Percentage of Middle and High Schools*
Ensuring access to safe, enjoyable physical education and activity opportunities	91%
Ensuring an appropriate written asthma action plan for each student	87%
Ensuring access to preventive medications before physical activity	87%
Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school	86%
Minimizing asthma triggers in the school environment	79%

Service Offered	Percentage of Middle and High Schools*
Providing referrals to primary health care clinicians or child health insurance programs	67%
Offering asthma education for the student and his or her family	61%
Addressing social and emotional issues related to asthma	58%
Providing additional psychosocial counseling or support services as needed	53%
All of the above	27%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

Staff Training on Asthma

Fifty-five percent of middle and high schools require their staff members to receive training in recognizing and responding to severe asthma symptoms at least once a year (see table 30, below). Thirty-seven percent have no training requirement.

Table 30. Staff training required in recognizing and responding to severe asthma symptoms

Training Requirement	Percentage of Middle and High Schools*
More than once a year	5%
Once a year	50%
Less than once a year	8%
No requirement	37%

** Includes junior/senior high schools.*

Source: Profiles survey of principals

Medications

By state law, school districts must establish policies that provide for the authorization of a student to self-monitor and self-administer medications that have been prescribed by the student's health care practitioner unless there is sufficient evidence that unsupervised self-monitoring or self-medicating would seriously jeopardize the safety of the student or others (S.C. Code Ann. § 59-63-80). According to the 2008 Profiles survey of principals, 80 percent of middle schools and 90 percent of high schools have a policy allowing students to carry and self-administer asthma medications. Among these schools, 96 percent have procedures to inform students, parents, and families about the policy. In 75 percent of the schools with these policies, the school nurse is responsible for implementing the policy; in 11 percent, the principal is responsible; and in 12 percent, no single person is responsible for implementing the policy.

All middle and high schools report having a dedicated and secure storage location for medications, including quick-relief asthma medications, that is accessible at all times by the school nurse or a designee.

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