



# Addressing Safety in Schools



CDC's Division of Adolescent & School Health

## Mission

The mission of the Division of Adolescent and School Health (DASH) is to prevent the most serious health risks among children, adolescents, and young adults.

## Goal

To prevent unintentional injuries and violence by enabling the nation's schools to address safety through coordinated school health programs.

## Strategies

- 1 Data collection and analysis.
- 2 Science-based guidance.
- 3 Funding to nongovernmental organizations for program and policy development.
- 4 Technical assistance.
- 5 Integration with other federal efforts.

## 1 Data Collection and Analysis

### Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS consists of national, state, and large urban school district surveys of representative samples of high school students. Conducted every two years, these surveys monitor health-risk behaviors among young people so that health and education agencies can more effectively target and improve programs. These behaviors, often established during childhood and early adolescence, include tobacco use; unhealthy dietary choices; inadequate physical activity; alcohol and other drug use; sexual behaviors that can lead to unintended pregnancy or sexually transmitted disease, including HIV infection; and behaviors that contribute to unintentional injuries and violence.

Specific data collected on safety include the percentages of students who

- Used seat belts and bicycle helmets.
- Drove after drinking alcohol or rode with a driver who had been drinking alcohol.
- Considered, planned, or attempted suicide.
  - Carried a weapon or gun.
  - Engaged in physical fights.

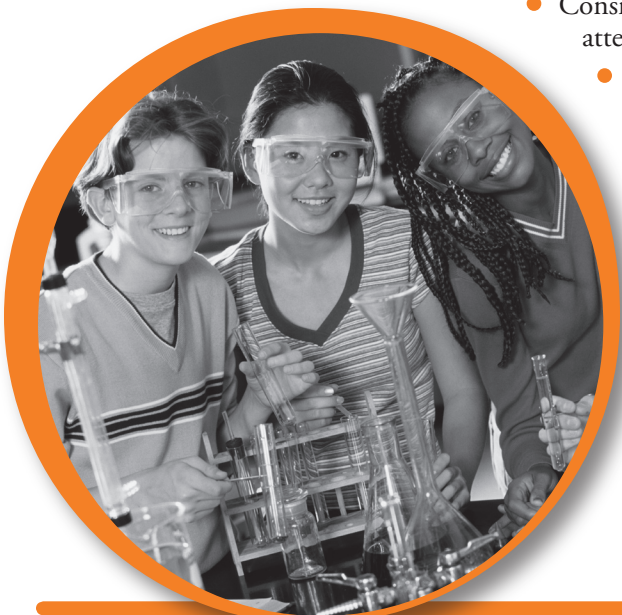
[www.cdc.gov/YRBSS](http://www.cdc.gov/YRBSS)

## Coordinated School Health Program (CSHP)

A CSHP consists of eight interrelated components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy and safe school environments; health promotion for staff members; and family and community involvement. CSHPs focus on improving the quality of each of these components and expanding collaboration among the people responsible for them. This coordination results in a planned, organized, and comprehensive set of courses, services, policies, and interventions that meet the health and safety needs of all students from kindergarten through grade 12. Effective CSHPs can increase the adoption of health-enhancing behaviors, improve student and staff health, and use resources more efficiently.

## School Health Policies and Programs Study (SHPPS)

Conducted every six years, SHPPS is the most comprehensive study of U.S. school health policies and programs. SHPPS assesses the characteristics of school health policies and programs at the state, district, school, and classroom levels nationwide across all eight school health program components: health education; physical education and activity; health services; mental health and social services; nutrition services; healthy and safe school environment; faculty and staff health promotion; and family and community involvement.



SHPPS monitors policies and practices related to safety, such as

- Education to prevent unintentional injury, violence, and suicide.
- Use of protective gear during sports, physical education, and laboratory activities.
- Specific safety and security measures, such as posting uniformed police or installing surveillance cameras.
- Specific safety-related skills taught to students, such as how to avoid interpersonal conflicts or what to do if someone is considering suicide.
- Inspection and maintenance of playground facilities, laboratories, and workshops.

[www.cdc.gov/SHPPS](http://www.cdc.gov/SHPPS)

### School Health Profiles (Profiles)

Profiles, a biennial survey conducted by state and local education and health agencies, provides data on school health policies and practices in states and large urban school districts. It monitors and assesses characteristics of, and trends in, health and physical education and activity; tobacco-use prevention policies; nutrition-related policies and practices; health services; collaboration; and family and community involvement in school health programs. States and large urban school districts use Profiles data to plan and allocate resources, guide professional development, advocate for policy improvement and resources, and describe the status of school health programs in their jurisdictions.

Profiles collects data on the percentage of schools in participating states and large urban school districts that

- Increase students' knowledge about injury prevention and safety, suicide prevention, and violence prevention.

[www.cdc.gov/HealthyYouth/Profiles](http://www.cdc.gov/HealthyYouth/Profiles)

### Healthy Passages

Healthy Passages is a multi-year study that follows a group of fifth-grade students through age 20 to improve our understanding of what factors help keep children healthy. The results will provide information that can be used to develop effective policies and programs to improve the health and development of children, adolescents, and adults. Data will be available on a variety of safety topics, including use of seatbelts and bicycle helmets; injuries that required professional medical attention; violence, observed or experienced; familiarity with weapons and weapon carrying; participation in fights, including gang fights; running away from home; and skipping school. Data available in other areas include physical activity, diet, exposure to media, mental and emotional health, and peer and family relations.

[www.cdc.gov/HealthyYouth/HealthyPassages](http://www.cdc.gov/HealthyYouth/HealthyPassages)

### Legal Liability: A Study Examining the Costs of School Injuries

Based on lawsuits brought against U.S. schools from July 1996 through May 2002, the Legal Liability study examined the nature of injuries that resulted in lawsuits against schools or school districts, the lawsuit-related costs to schools resulting from injuries, and differences between cases brought for injuries to students versus injuries to adults. The article is available from the *Journal of School Health*, May, 2007.

## 2 Science-Based Guidance

### School Health Guidelines to Prevent Unintentional Injuries and Violence

Developed in collaboration with injury prevention experts across the nation, the guidelines identify the most effective policies and practices schools can implement to help young people adopt and maintain a healthy and safe lifestyle. According to these guidelines—which are based on an extensive review of research, theory, and current practice in health education, public health, unintentional injury, violence, and suicide—injury prevention efforts are most likely to be effective when they address the environment, individual behavior, products, social norms, and legislation and policy.



Thus, the guidelines provide an outline of how schools can

- Establish a safe social and physical environment.
- Implement health and safety curricula and work with families and communities to change individual behavior and social norms.
- Work to change organizational policy and practice to ensure that health and social services are available to all students, that mechanisms exist to permit schools to effectively respond to crises, and that staff members receive the training they need to promote safety and prevent injury.

The guidelines also include recommendations for assuring the quality of safety programs. These recommendations provide guidance on unintentional injury, violence, and suicide prevention for students in pre-kindergarten through 12th grade through school instructional programs, school psychosocial and physical environments, and health services. Because the health and safety of children and adolescents is affected by factors beyond the school setting, these guidelines also address family and community involvement.

[www.cdc.gov/HealthyYouth/injury/guidelines](http://www.cdc.gov/HealthyYouth/injury/guidelines)

### **The School Health Index (SHI): A Self-Assessment and Planning Guide**

The *SHI* helps schools implement evidence-based policies and practices that promote a safe school environment, and other safe and healthy behaviors. *SHI* provides tools and resources to assist stakeholders (e.g., teachers, parents, students, community members) in assessing health policies and programs and developing an improvement plan based on assessment results. Both print and interactive online versions of *SHI* are available.

[www.cdc.gov/HealthyYouth/SHI](http://www.cdc.gov/HealthyYouth/SHI)

## **3** *Funding to National Nongovernmental Organizations for Program and Policy Development*

### **Fit, Healthy, and Ready to Learn: A School Health Policy Guide**

CDC funded the National Association of State Boards of Education to develop *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*. This guide provides science-based information to help state, local, and territorial education agencies develop and implement the policies needed to ensure support for school health and safety. The safety chapter includes policy guidance on creating a safe physical and social environment, providing services for at-risk students, and developing emergency planning policies and procedures. An updated version is scheduled for release in 2008.

[www.nasbe.org/HealthySchools/fithealthy.html](http://www.nasbe.org/HealthySchools/fithealthy.html)





## 4 Technical Assistance

DASH staff help local, state, and federal health and education agencies achieve their safety goals. For example, staff

- Provide day-to-day technical assistance to federal, state, and local education and health agencies and to national and international nongovernmental organizations.
- Participate in advisory boards and planning groups of national nongovernmental organizations and federal agencies with an interest in school safety.
- Disseminate school safety information through scientific publications and presentations at scientific conferences.

## 5 Integration with Other Federal Efforts

DASH collaborates closely with CDC's National Center for Injury Prevention and Control (NCIPC), other CDC partners, and other federal agencies to address issues related to safety and to prevent unintentional injury and violence in schools.

- DASH is represented on the Safe and Drug Free Schools and Communities Advisory Committee.
- DASH collaborates with NCIPC's Division of Violence Prevention on a variety of projects, including the Academic Centers of Excellence in Youth Violence Prevention, the Choose Respect campaign, and participates on expert panels. In addition, DASH supports implementation of the School-Associated Violent Death Study.
- DASH collaborates with the NCIPC's Division of Unintentional

Injury Prevention on an ongoing basis to provide expertise about how to prevent unintentional injuries in schools and in the development of *School Health Guidelines to Prevent Unintentional Injuries and Violence* and in the selection of injury items in the *School Health Index*.

- DASH staff members participate in the *Guide to Community Preventive Services* reviews on school-related unintentional injury and violence prevention.
- DASH participates in the development of a CDC plan to address mental health needs as they relate to both terrorism preparedness and response.

### School Preparedness

In collaboration with the U.S. Department of Education, FEMA, the FBI, other CDC centers, and national NGO partners, DASH developed a videotape, *CDC and U.S. Department of Education Collaborate to Help Schools Prepare for Possible Terrorism*. This program helps schools prepare, respond, and recover in the event of terrorism or other threats to school safety. The videotape can be ordered at the DASH Website.

[www.cdc.gov/HealthyYouth/crisis/publications.htm](http://www.cdc.gov/HealthyYouth/crisis/publications.htm)

### Schools and Terrorism

DASH staff provided expertise on the school component of the National Advisory Committee on Children and Terrorism (NACCT). In June 2003, as requested by Congress, the NACCT sent to HHS Secretary Thompson recommendations for improving agency efforts to address the special needs of children in its terrorism preparedness and response activities. A supplement to the report, *Schools and Terrorism*, described in greater detail current federal activities and gaps as they relate to schools. It made recommendations to the Secretary on mechanisms to assist schools with the four key components of emergency preparedness: preparation, response, recovery, and mitigation.

[www.cdc.gov/HealthyYouth/crisis/index.htm](http://www.cdc.gov/HealthyYouth/crisis/index.htm)

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