CALIFORNIA healthy kids SURVEY

# Los Altos

Elementary
2009-2010
Key Findings

CALIFORNIA Safe and Healthy Kids PROGRAM OFFICE

DUERR EVALUATION RESOURCES

WestEd

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# INTRODUCTION

The Los Altos Elementary School District administered the Elementary School California Healthy Kids Survey (CHKS) in 2009-2010 to fifth-grade students. The CHKS is a comprehensive youth health-risk and resilience data collection service, sponsored by the California Department of Education (CDE). The elementary survey was designed to measure behaviors and, particularly, the factors that influence them. The survey items were selected with the assistance of an advisory committee of experts based on their value to schools and committees for monitoring and understanding behavior and for program planning. This report summarizes the results for key indicators of risk and well-being. The complete survey results are available in the district's Technical Report. Table 1 summarizes the characteristics of the sample and students that completed the survey.

Although this report provides information on the percent of students that are involved in risk behaviors, equally important is the percent of students who did not engage in them. While it is essential to identify and address student problems, we should not lose sight of the positive behaviors and attitudes of most youth. About half the CHKS is devoted to assessing youth assets or resilience traits that have been found to promote success and help prevent the onset of health-risk behaviors even in the presence of high-risk environments.

## Why Was the Survey Conducted?

The district conducted the CHKS in order to assess and reduce student violence, substance use, and other health-risk behaviors, and to monitor its progress in promoting youth well-being and school success. The CHKS is an integral part of efforts to improve student academic performance, enhance youth assets, and promote positive youth development.

It provides critically important information to guide the development of programs targeting specific risk behaviors, as well as the fostering of youth assets and resilience that protect against these behaviors. It helps schools and communities understand when and how risk behaviors develop by assessing youth prior to the ages at which they usually occur, as well as identifying early initiators. Research demonstrates that delaying the onset of risk behaviors reduces the level of involvement and related problems. Used in conjunction with the middle and high school CHKS, the results can guide and support the implementation of comprehensive K-12 prevention and health programs.

More specifically, the survey meets the requirements of the federal Safe and Drug Free Schools and Communities Act (SDFSCA) and contains seven performance indicators that the California Department of Education has identified for schools to monitor in meeting the Act's goals of reducing substance use and violence by youth, as required by the No Child Left Behind Act of 2001. The results for these Performance Indicators are summarized in Table 2.

## How Was the Survey Conducted?

To have uniform results across schools, the state requires that all participants survey a representative number of fifth-grade students following standard administration guidelines. The district conducted the survey using strict guidelines to preserve student privacy, data

confidentiality, and all other student and parent rights. Each student's participation was completely voluntary and anonymous, and required the written consent of a parent or guardian.

### Who Took the Survey?

Table 1 presents the number of fifth-grade students that participated in the CHKS. According to CHKS standards, the district must collect completed answer sheets from a minimum of 60% of students at each surveyed grade level to produce representative data. The lower the percentage of participating students below 60%, the less representative and useful are the results. The student participation rate was high enough to meet the survey's minimum goal. Therefore, the information collected appears to be a good reflection of student behavior.

The biggest challenge for the district in meeting the survey requirements was ensuring that the parents/guardians filled out and returned the consent forms. Research shows only a small proportion of parents will not approve participation, but no student could take the survey without their approval in writing.

***Table 1. Description of Participating Students***

| | Grade 5 |
|---|---|
| **Number of Students Surveyed** | 322 |
| **Percent of Students Participating (%)** | 71% |
| **Gender** | |
| Males | 54% |
| Females | 46% |

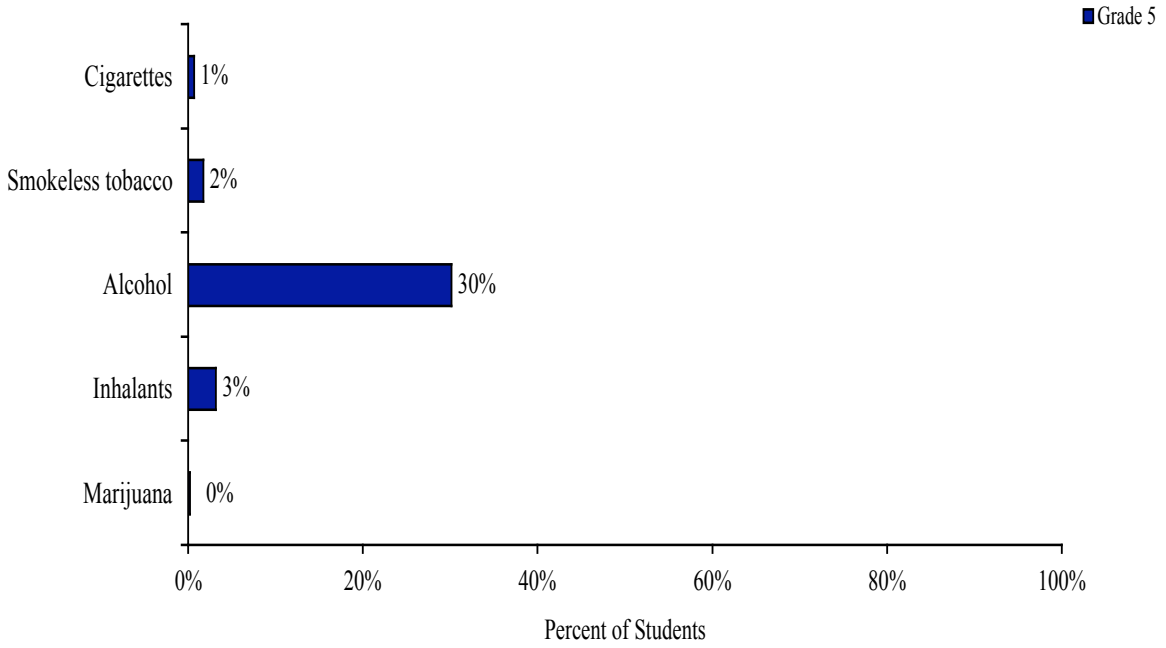
# ALCOHOL, TOBACCO, AND OTHER DRUG USE

## Overall Prevalence

Chart 1 shows the overall lifetime prevalence (have ever used) of the four most popular psychoactive substances among preadolescents: tobacco (cigarettes and smokeless tobacco), alcohol, inhalants, and, to a lesser extent, marijuana. This provides a gauge of the overall drug environment in the school and community and when use onset begins. Although many students may have only experimented with substance use one time with a small amount, those that do at such a young age are especially at risk of later involvement. As indicated in Table 2, the results for cigarettes and marijuana are the performance indicators CDE has recommended for monitoring progress in reducing substance use.

- **Alcohol** is by far the most widely used substance across grades.
- **Cigarette** smoking is normally experimented with in preadolescent years. In the U.S., tobacco use is considered the main preventable cause of death.
- **Inhalants** (glue, paint fumes, etc.) are the most widely used illicit drug among youth because of their ready availability.
- **Marijuana** use is much less common.

***Chart 1. Ever Used Alcohol, Tobacco, or Drugs***



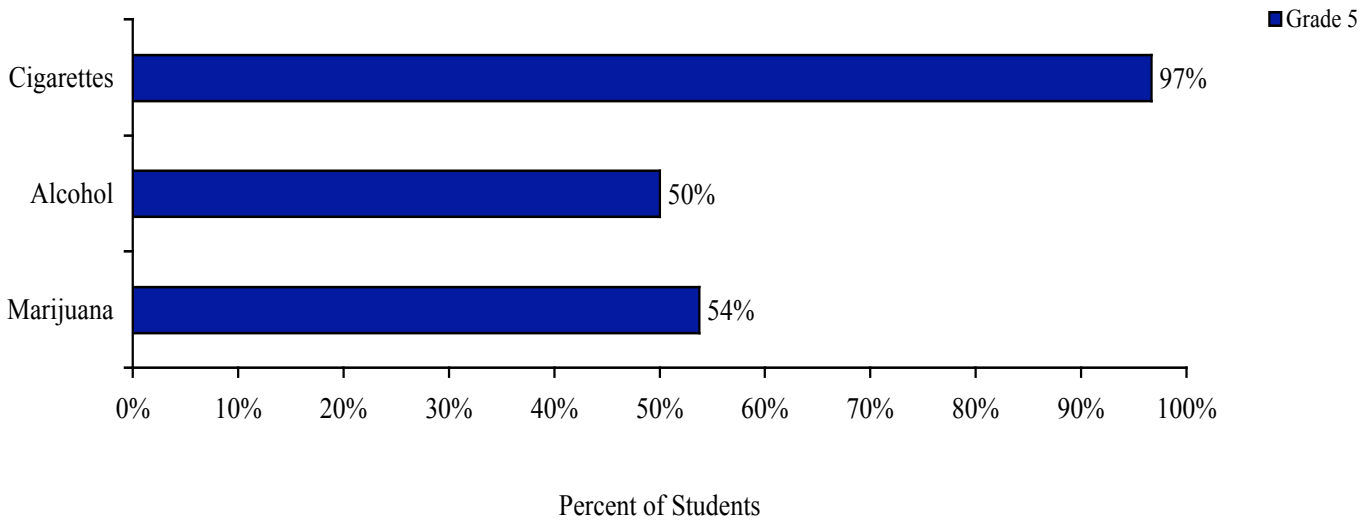
## Alcohol and Drug Use at School

Special attention should be paid to the proportion of students who use alcohol or other drugs at school. (See Table 3.3 in the Technical Report.) This not only indicates a high degree of early drug involvement but also of estrangement from school. This behavior threatens the students' education and positive development.

## Perceived Harm

Chart 2 provides the results for students who viewed using cigarettes, alcohol, and marijuana as bad for a person's health. The relationship of knowledge, attitudes, and behavior is complex. Attitudes toward drug use among elementary-age youth are generally very negative. Among secondary school students, state and national trend data indicate that perceptions of high harm or risk are associated with lower use rates over time. This indicates that realistically communicating drug hazards is an important strategy of a comprehensive prevention program, particularly if youth do not see regular drug use as harmful.

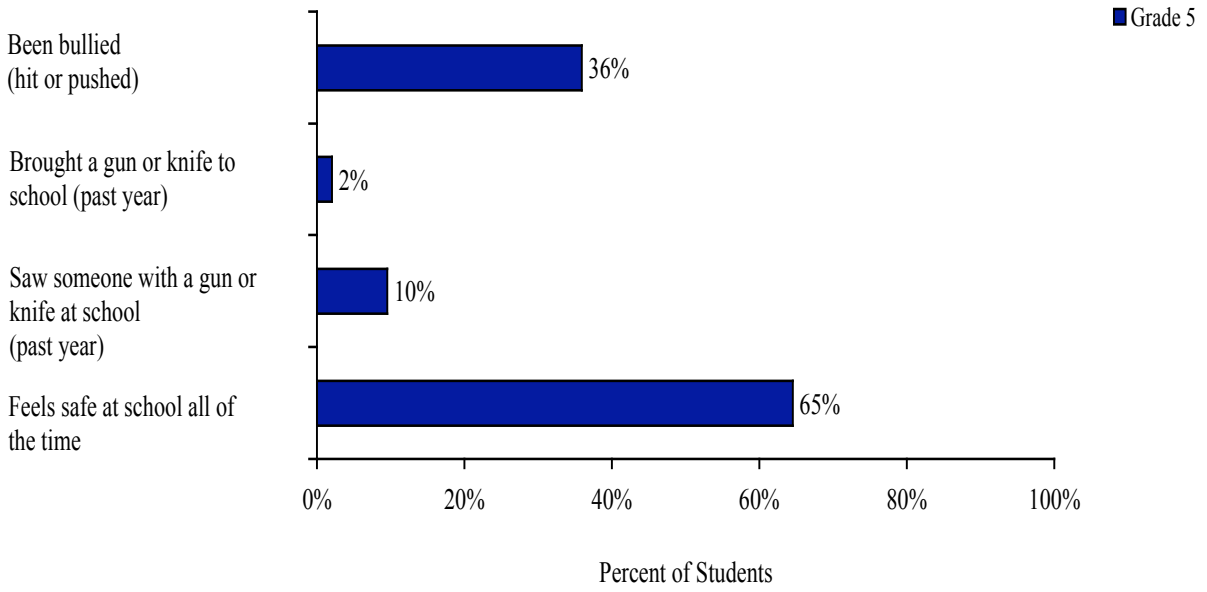
***Chart 2. Perception that Use of Cigarettes, Alcohol, or Marijuana is Very Bad for a Person's Health***



# VIOLENCE AND SAFETY

Violence and safety have emerged as some of the American public's biggest concerns about schools. Chart 3 illustrates different aspects of the school environment relating to violent behavior (carrying weapons), victimization (being bullied), and perceived safety.

***Chart 3. Violence and Safety-Related Behavior and Experiences***




## Bullying

Pushing behavior is a form of harassment or bullying commonly used among elementary level youth. It is a form of abusive behavior that instills a sense of vulnerability, isolation, and fear in its victims. If pushing behavior is confronted with conflict, it can lead to physical fights, possibly with weapons. If not confronted, it can lead to isolation from friends, family and school, depression, and engagement in risk behaviors such as drug use.

## Carrying Weapons at School

Much of the public concern over school safety is focused on guns and other weapons. The immediate accessibility of a weapon often is the factor that turns a violent altercation into a lethal event. Chart 3 includes the percentages of students who carried weapons to school and who saw someone with a weapon there. The former is likely lower than the latter because many students might see a weapon brought by only one student. The observation rate provides a sense of the effect of carrying weapons on the school environment.

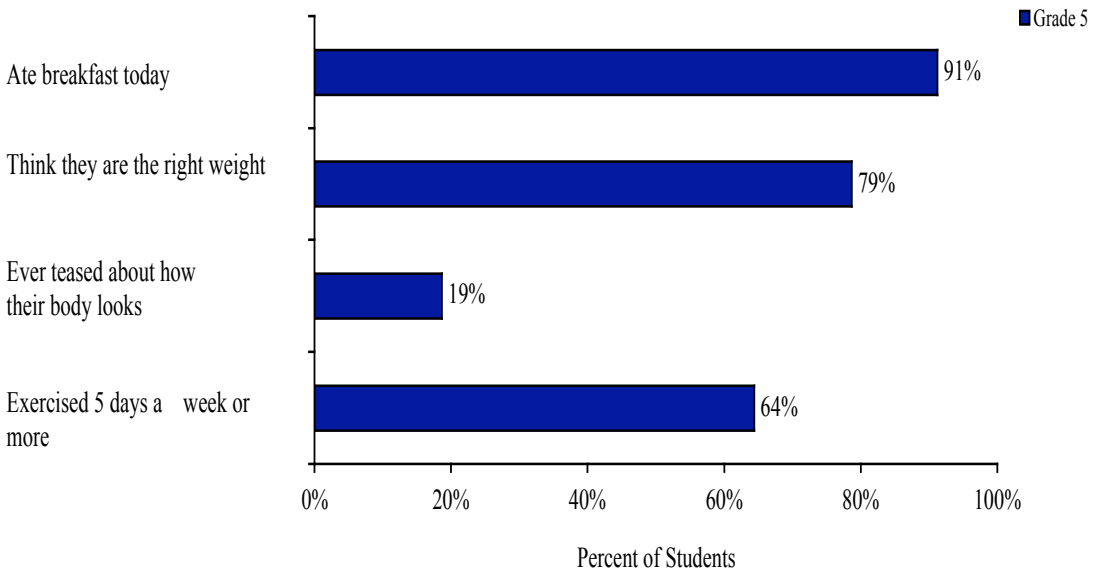
## Perceived Safety

The CHKS asks students how safe they felt in school. The mandate for safe schools does not mean merely "violence-free," but safe, secure, and peaceful. Safety—both psychological and physical—is a basic need that must be met in order for students to succeed in school and in life.

# PHYSICAL HEALTH

Good nutrition and physical health are among the most overlooked contributors to school success and positive youth development. They enable youth to make the most of the opportunities that are offered to them.

***Chart 4. Physical Health***




## Eating Habits

Lifetime dietary patterns are established during youth. To assess nutritional habits, the CHKS asks elementary students if they had breakfast the day of the survey. Students who attend school hungry or malnourished may experience compromised health, well-being, and school performance.

## Body Weight and Image

The CHKS asks students how they felt about their body weight and whether other kids tease them about their body. A poor body type or image can negatively influence self-esteem and school performance. Both obesity and overemphasis on thinness have negative mental and physical health consequences that can lead to perceptions of a distorted body image and thus distorted and unhealthy eating habits. Students who are teased about their body can become isolated from friends, family and school, depressed and vulnerable to risk behaviors.

## Physical Activity

Students were asked how many times they exercised. Regular physical activity is associated with the prevention of disease, lower risk behavior rates, better school performance, and less mental health problems. The fitness of children can be significantly affected by the physical education programs in public schools.

# RESILIENCE INDICATORS

Too often, surveys gauging youth health and behavior only gather data on risky behaviors. This presents a picture of youth as deviant individuals that need to be changed. The CHKS balances the picture by providing data on essential external (environmental) protective factors and internal (innate) strengths that research has shown to promote resilience and help students overcome adverse situations and difficult circumstances. Understanding the factors that make some students seem invincible to negative social influences will help schools and communities develop strategies to ensure that *all* youth are provided the needed supports for academic success and positive youth development. This is especially important at this formative age.

The CHKS assesses two types of resilience indicators:

- For each of three environments in a youth's life (school, home, and peer), the CHKS asks about the existence of the three principle *Protective Factors* that research has shown to be essential for promoting resilience and positive youth development. Also known as developmental supports or environmental assets, these three resilience principles are: (a) Caring Relationships, (b) High Expectations, and (c) Opportunities for Meaningful Participation. These are the supports and opportunities that meet the basic development needs of youth and are associated with both healthy development—lack of involvement in health-risk behaviors—and academic success.
- In addition, three *Internal Strengths*, also known as developmental outcomes or resilience traits, are assessed: Empathy, Problem Solving, and Goals and Aspirations. These internal strengths are those found to protect a young person from involvement in health-risk behaviors. They are the natural developmental outcomes for youth that experience homes, schools, communities, and peer groups rich in the external assets or developmental supports and opportunities.

Chart 5 provides the percentage of students that were categorized as *High* in Total External assets in the school, home, and peer environments. The total asset score is derived by averaging the scale scores for each of the three resilience principles. The individual scores for the school environment are performance indicators and are provided in Table 2. This provides a measure of how asset-rich or asset-poor the youth are in your community. The goal is for all youth to score high in all categories.

When students report low levels of environmental protective factors, they report higher levels of health-risk behaviors. Similarly, when they report higher levels of these protective factors, they report lower rates of involvement in these risky behaviors. This pattern is illustrated in Chart 6 using the results collected statewide from seventh graders for marijuana use and total assets; similar results were found for each of the three assessed environments and across various risk behaviors.

***Chart 5. Percentage of Students Scoring High in Protective Factors in their Home, School, and Peer Environments***

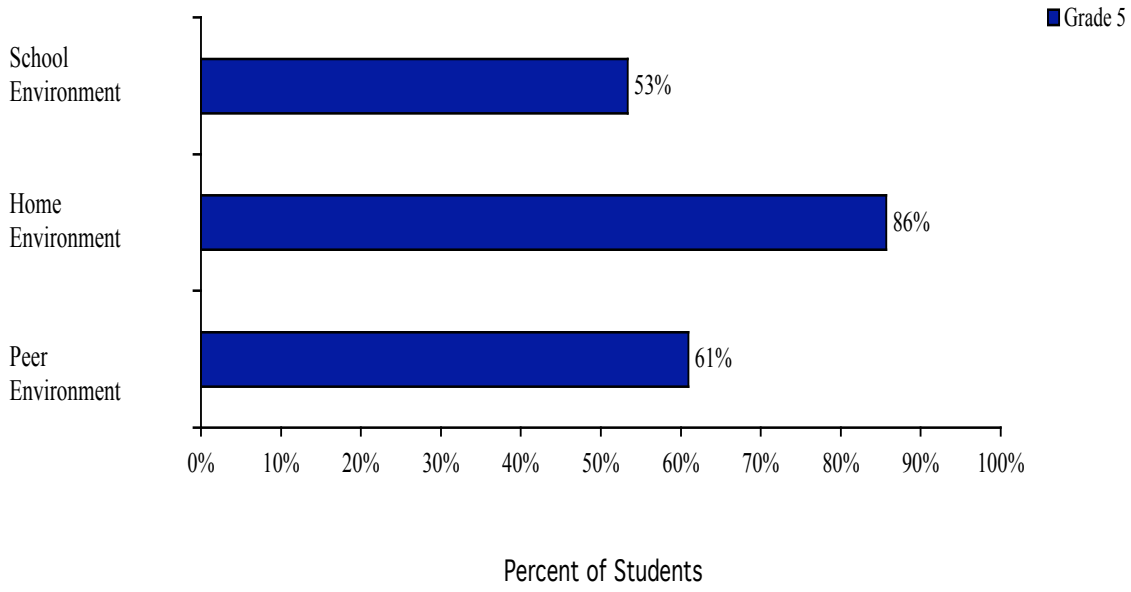
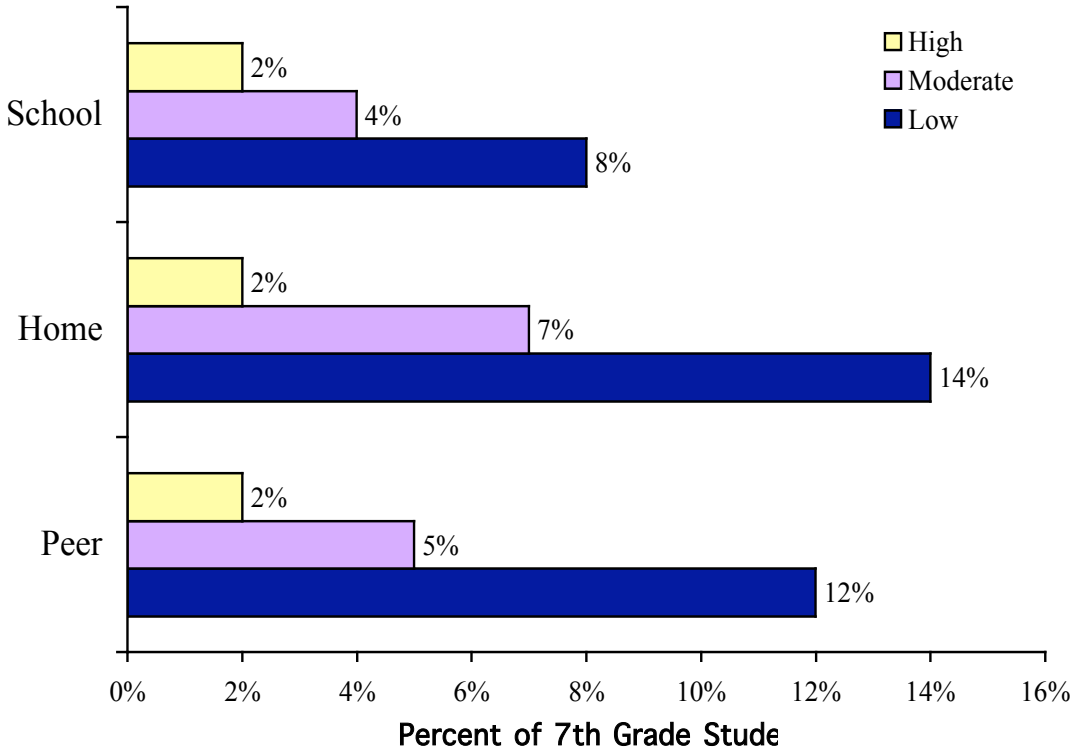



***Chart 6. Percent of 7th graders using marijuana at school by level of Protective Factors.***



# PERFORMANCE INDICATORS

Table 2 lists the results for all the seven Performance Indicators selected by CDE to monitor progress in reducing drug use and promoting protective factors, as required by the No Child Left Behind Act of 2001. In some cases, the wording of the elementary questions differ from the wording of the Performance Indicators, as shown in the Table.

***Table 2. Fifth Grade Results for SDFSCA/TUPE Performance Indicators Recommended by CDE***

| Performance Indicator | 5th Grade % |
|---|---|
| **Tobacco Use** | |
| The Percentage of students that have ever used cigarettes* | 1% |
| **Drug Use** | |
| The percentage of students that have ever used marijuana** | 0% |
| **Safe Schools and Violence** | |
| The percentage of students that feel very safe at school*** | 65% |
| **Protective Factors** | |
| The percentage of students that report high levels of caring relationships with a teacher or other adult at their school | 61% |
| The percentage of students that report high levels of high expectations from a teacher or other adult at their school | 61% |
| The percentage of students that report high levels of opportunities for meaningful participation at their school | 13% |
| The percentage of students that report high levels of school connectedness | 69% |

**Includes students who smoked part of a cigarette and those who smoked a whole cigarette.*
***Excludes students who answered "I don't know what marijuana is"*

****Elementary students are asked how often they feel safe at school rather than how safe they felt, as in the secondary survey. This table reports those students who responded, "Yes, all of the time."*

# ABOUT THE CHKS

| | |
|---|---|
| **SPONSOR** | California Department of Education |
| **SURVEY TYPE** | Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey<br>Modular secondary school instrument; single elementary version |
| **GRADE LEVELS** | Grades 5, 7, 9, 11, and continuation schools, minimum |
| **SAMPLING** | Representative district sample by contractor |
| **MODULES (SECONDARY)** | A. Core (required)<br>B. Resilience and Youth Development (school and community scales required)<br>C. AOD Use & Safety (Violence & Suicide)<br>D. Tobacco (required by state TUPE grantees)<br>E. Physical Health<br>F. Sexual Behavior (Pregnancy and HIV/AIDS risk)<br>G. Custom questions |
| **SOURCES** | Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey |
| **REQUIREMENTS** | Biennial administration starting 2003-04<br>Modules A and B (school & community asset scales)<br>Module D by state TUPE grantees<br>Active consent from parent/guardian for grade 5<br>Active or passive consent for grade 7 and up<br>Representative district samples |
| **ADMINISTRATION** | By school, following detailed instructions, every two years |
| **PRODUCT** | Local reports and aggregated state database |
| **ADVISORS** | Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and California School Boards Association |
| **STAFF SURVEY** | Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required starting fall 2004) |
| **CONTRACTOR** | WestEd —Gregory Austin, PhD, Project Director |
| **INFORMATION** | California Department of Education: 916.319.0920<br>Website: http://www.wested.org/hks<br>Regional center helpline: 888.841.7536 |

## *Background*

**Development**

The CHKS was developed under contract from CDE by WestEd in collaboration with Duerr Evaluation Resources, assisted by an Advisory Committee of researchers, teachers, school prevention and health program practitioners, and public agency representatives. It is designed to provide a common set of comprehensive health risk and resilience data across the state to guide local program decision-making and also determine

geographic and demographic variations. Its flexible structure enables it to be easily customized (including the addition of questions) and integrated into program evaluation efforts to meet local needs and interests.

**Sampling and Analytic Plans**
For districts with 900 or fewer students per grade, all students are surveyed; otherwise 900 students are randomly selected. If a district has over 10 schools per grade, schools are randomly sampled. For results to be representative, a minimum of 60% of the students must complete useable surveys in each grade and school. Results are discarded for students who grossly exaggerated their substance use or had inconsistent response patterns.

## *Goals*

**Reduce Risk Behaviors and Promote Well-being and Positive Development**
The behaviors assessed by the CHKS are those that contribute directly to the leading causes of death, injury, and social and personal problems among youth. Schools need a thorough understanding of the scope and nature of student risk behavior and assets (resilience) to develop effective prevention and health programs. Without data, districts will struggle to make sound decisions about allocation of resources, programming, and the effectiveness of their efforts.

**Promote Learning**
Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. (See the discussion below on *Using the CHKS to Help Improve Schools and Achievement.*)

**Demonstrate Accountability**
The CHKS is an important component of California's school accountability system, which requires that schools objectively assess students and then set measurable goals for making improvement. The CHKS gathers credible information to identify the health and safety needs of the students, establish district goals, and monitor progress in achieving the goals.

**Meet Funding Requirements**
For these reasons, state, federal, and private agencies increasingly require schools to collect, disseminate, and use health-related data as a requirement for obtaining and maintaining funding. The CHKS is specifically designed to help meet such requirements. For example, the federal *No Child Left Behind Act* requires LEAs to regularly conduct a drug use and violence needs assessment and report the results to the community. Districts that have state competitive high school grants for *Tobacco Use Prevention Education (TUPE)* programs also must administer the CHKS.

**Promote Health Programs and Community Support**
The CHKS is designed to send a positive message of the importance of a healthy lifestyle and to promote the development of comprehensive school health programs. It aims to foster school and community collaboration that is essential to tackling these critically important issues.

## *Using the CHKS to Help Improve Schools and Student Achievement*

How do schools engage, motivate, and support students so that they can achieve? Research studies and reviews over the past decade have consistently concluded that student health status and academic achievement are inextricably intertwined. Incorporating health and prevention programs into school improvement efforts produces positive achievement gains. The CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as ***important barriers to learning***, particularly those related to school climate. The CHKS also assesses perceived ***school assets***, an indicator of school connectedness which research has consistently identified as promoting school success. The school asset data can be interpreted as an

indicator of school connectedness. The full CHKS report lists all the school-related questions. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey. Call your CHKS Service Center for further information.

# ABBREVIATIONS AND DEFINITIONS

## Agencies

| | |
|---|---|
| TUPE | Tobacco Use Prevention Education. |
| SDFSCA | Safe and Drug Free Schools and Communities. |
| NCLB | No Child Left Behind Act of 2001 which requires schools assess student substance use and violence and identify indicators for monitoring their progress in reducing them. |
| CDE | California Department of Education. |

## Surveys

### Drugs and Drug-Related Behaviors

| | |
|---|---|
| AOD (ATOD) | Alcohol (tobacco) and other drugs. |
| Inhalant | Drugs that you "sniff" or "huff" to get high, such as glue, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas. |
| Prevalence | The overall rate (percentage) that a behavior is reported. |
| Lifetime Use | Any use that ever occurred in a respondent's lifetime. |
| Current Use | Any use 30 days prior to the survey. |
| Participation Rate | The percent of students who participated in the survey divided by the number of eligible students. |
| Caring Relationships | Supportive connections to others in the student's life who model and support healthy development and well-being. |
| High Expectations | Consistent communication of direct and indirect messages that the student can and *will* succeed responsibly. |
| Meaningful Participation | Involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. |
| External Assets | Supports and opportunities to youth in the School, Home, Community and Peer Environments. |
| Internal Assets | Factors in the School, Home, Community and Peer Environments which foster self-esteem. |
| Resilience | Fostering young people's emotional, spiritual, and social well-being, in addition to their academic success. |
| Youth Development | External and internal assets associated with positive youth development and resilience. |