

SHELBY COUNTY SCHOOLS

**2016 School
Health Profiles**

**2017 Youth Risk
Behavior Survey**

**Sexual Health Education & Services
Safe and Supportive Environments
Parent and Family Engagement**

What is the School Health Profiles?

The School Health Profiles is a system of surveys developed by the Centers for Disease Control and Prevention (CDC) to obtain information about school health and health education. The school health profiles are completed by states and large urban school districts with students in grades 6-12 in order to assess the following school health policies and practices:

- School health education requirements and content
- Physical education and activity
- Practices related to bullying and sexual harassment
- School health policies related to tobacco-use prevention and nutrition
- School-based health services
- Family engagement and community involvement
- School health coordination¹



In 2013, the CDC awarded the unified Shelby County School district the Promoting Adolescent Health Through School-Based HIV/STD Prevention & School-Based Surveillance Grant. This grant supports the collection of local health data through the administration of the School Health Profiles Survey and the Youth Risk Behavior Survey (YRBS).

The focus of this grant is to improve the sexual health of middle and high school students by utilizing approaches such as implementing exemplary sexual health education, creating safe and supportive environments for students and staff and improving access to key sexual health services. These approaches enable schools to improve the academic outcomes of their students because reduced risky sexual behavior is associated with better grades, aspirations to complete high school and attend college, and a reduced probability of dropping out of school.² Comparing the Profiles results on school health policy and practices and the YRBS results on student health behaviors helps determine what types of interventions and protective factors schools need to provide for students.

How are the health surveys conducted?

Profiles surveys are administered biennially to principals and a designated lead health educator in middle and high schools. In SCS, 7 out of 8 alternative school sites, and 67 out of 67 eligible regular public schools returned one or both of the questionnaires in 2016. Due to these high response rates, the District has weighted data for each of those school categories. The data represented here highlight the 6th – 12th grade regular school results.

In 2017, students in grades 6 to 12 at all SCS regular and alternative middle and high schools were eligible to take part in the YRBS. Depending on school size, one to ten class sections of students at each school were randomly selected to complete surveys. Participation was voluntary, and parents had the option not to allow their children to take the survey. Highlighted in this report are the 2017 weighted data from regular middle schools (1,258 students at 35 of 36 middle schools) and regular high schools (1,991 students at 26 of the 27 schools).

How does SCS use the School Health Profiles?

School Health Profiles data are used by districts to seek funding, support grants related to school health, develop and implement school programs, and identify professional development needs. In Shelby County Schools:

- The School Health Advisory Council uses this data to assess their efforts in increasing physical and health education and activities in schools.
- The HIV Materials Review Panel Committee uses this data in reviewing new curriculum and training materials.
- Curriculum & Instruction staff and community partners who provide supplemental instruction in schools, such as Be Proud! Be Responsible!, use this data to determine gaps and needs in instruction.
- Our CDC funded special project coordinators use this data to support our priority schools and district in several ways.
 - Determine professional development data needs and provide group and individual training to priority schools on sexual health education
 - Support bringing the Genders and Sexualities Alliance Network to SCS to train district and school staff on LGBT student experiences and needs
 - Develop a sexual health referral process and train district staff on implementation in schools



2016 Sexual Health Education and Services School Profiles

In a required course in any of grades 6-12:

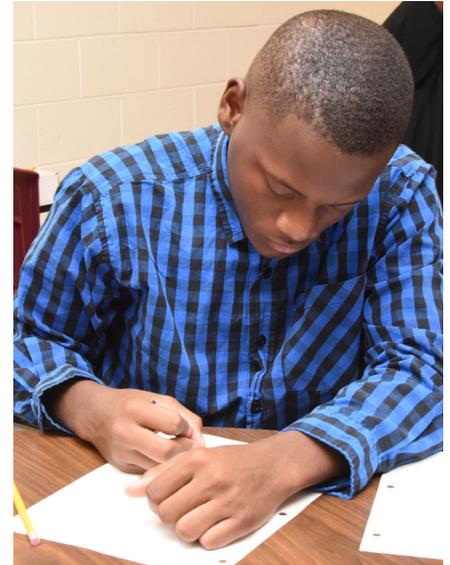
- 87% of schools taught HIV prevention.
- 72% of schools taught pregnancy prevention.
- 85% of schools taught STD prevention.

Lead health education teachers received instructional professional development in:

- 75% of schools on HIV prevention.
- 47% of schools on pregnancy prevention.
- 58% of schools on STD prevention.

Schools referred students to healthcare professionals in:

- 30% of schools for HIV testing.
- 32% of schools for STD testing.
- 28% of schools for pregnancy testing.
- 24% of schools for condoms or contraceptives other than condoms.



2017 Sexual Health Education and Services YRBS Student Results

- 44% of high school students have had sexual intercourse.
- 16% of middle school students have had sexual intercourse.
- 72% of high school students have been taught in school about sexually transmitted diseases (STDs).
- 41% of middle school students have been taught in school about sexually transmitted diseases (STDs).
- 63% of high school students have ever been taught in school about where they could get sexual health services (such as birth control, condoms, or HIV or other STD testing or treatment).

Why does this matter?

- In 2015, Shelby County's pregnancy rate for females age 15 to 17 was 24.4 per 1000; this means SCS is required by the state to implement a comprehensive family life education program.⁹
- Sexual risk behaviors among students are significantly reduced by well-designed and well-implemented school-based HIV/STD prevention programs.³
- Studies show that sexual health education programs result in a delay in first sexual intercourse, fewer sexual partners, and an increase in condom or contraceptive use. None of the programs studied increased the likelihood of having sex.⁴
- School are critical in helping students take responsibility for their health and adopt life-long, health-enhancing attitudes and behaviors.⁴

2016 Safe and Supportive Environments School Profiles

- In 83% of schools, the lead health education teacher received professional development on violence and bullying prevention.
- 27% of schools have a student-led club that aims to create a safe, welcoming, and accepting environment for all, regardless of sexual orientation or gender identity.
- 60% of schools have an identified “safe space” where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- 92% of school principals report prohibiting harassment based on a student’s perceived or actual sexual orientation or gender identity.

2017 Safe and Supportive Environments YRBS Student Results

- 12% of high school students did not go to school at least once in the past month because they felt unsafe at school or on their way to or from school.
- 15% of high school students were bullied on school property in the past year.
- 34% of middle school students have been bullied on school property.
- 17% of Lesbian, Gay, and Bisexual (LGB) high school students did not go to school at least once in the past month because they felt unsafe at school or on their way to or from school compared to 9% of their heterosexual peers.

Why does this matter?

- A safe physical and psychosocial school environment helps to prevent school failure, substance use, and violence.⁵
- Students feel more connected to their school when they believe that the adults and other students at school care about them as individuals. Young people who feel connected to school are more likely to succeed academically and make healthy choices.⁶
- Safe and supportive school environments are associated with improved education, health, and sexual health outcomes, and are especially important for LGBTQ students who are at disproportionate risk of HIV and STDs.⁵
- Bullying prevention programs and policies are critical given that bullies and victims of bullying and sexual harassment may be more likely to have casual sex and sex under the influence of drugs and/or alcohol.⁸



2016 Parent and Family Engagement School Profiles

- 22% of schools provided parents and families with information about how to communicate with their child about sex.
- 36% of schools involved parents as school volunteers in the delivery of health education activities and services.
- 70% of schools linked parents and families to health services and programs in the community.
- Parents and families were provided information in:
 - 63% of schools on HIV prevention, STD prevention or teen pregnancy prevention.
 - 84% of schools on preventing school bullying and sexual harassment, including electronic aggression.

2017 Parent and Family Engagement YRBS Student Results

- 67% of high school students reported that their parents or other adults in their family talked with them about what they expect them to do or not to do when it comes to sex.
- 59% of middle school students reported that their parents or other adults in their family talked with them about what they expect them to do or not to do when it comes to sex.

Why does this matter?

- Teens who report talking with their parents about sex are more likely to delay having sex and to use condoms when they do have sex.⁸
- Parent engagement in schools is associated with better academic achievement, school behavior, and social skills.⁵
- School health activities are more successful when parents volunteer at their children's school.⁷
- When students see their parents engaged in their school lives, they are less likely to become involved in substance abuse, violence, and other behaviors that are associated with HIV and STD risk.⁵





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