

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

School-Level Impact Measure (SLIM)		Percentage of Schools Meeting SLIM	95% Confidence Interval
HIV 9.	The percentage of schools that follow a policy or policies that address all of the following issues: <ul style="list-style-type: none">• Attendance of students with HIV infection.• Procedures to protect HIV-infected students and staff from discrimination.• Maintaining confidentiality of HIV-infected students and staff.	54.2	49.5 - 58.9

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

		Percentage of Schools Meeting SLIM	95% Confidence Interval
Coordinated School Health School-Level Impact Measure (SLIM)			
CSH 1.	Data are not available for 2012 report.		
CSH 2. (2008 version)	<p>The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 10 or more of the following:</p> <ul style="list-style-type: none"> • School administration. • Health education teachers. • Physical education teachers. • Mental health or social services staff. • Nutrition or food service staff. • Health services staff (e.g., school nurse). • Maintenance and transportation staff. • Student body. • Parents or families of students. • Community. • Local health departments, agencies, or organizations. • Faith-based organizations. • Businesses. • Local government. 	8.6	6.5 - 11.2

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

		Percentage of Schools Meeting SLIM	95% Confidence Interval
	Coordinated School Health School-Level Impact Measure (SLIM)		
CSH 2. (2010 version)	<p>The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 10 or more of the following:</p> <ul style="list-style-type: none"> • School administration. • Health education teachers. • Physical education teachers. • Mental health or social services staff. • Nutrition or food service staff. • Health services staff (e.g., school nurse). • Maintenance and transportation staff. • Technology staff. • Library/media center staff. • Student body. • Parents or families of students. • Community. • Local health departments, agencies, or organizations. • Faith-based organizations. • Businesses. • Local government. 	10.1	7.8 - 13.1

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Coordinated School Health School-Level Impact Measure (SLIM)		Percentage of Schools Meeting SLIM	95% Confidence Interval
<p>CSH 2. (2012 version)</p>	<p>The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 6 or more of the following:</p> <ul style="list-style-type: none"> • School administration. • Health education teachers. • Physical education teachers. • Classroom teachers. • Nutrition or food service staff. • Health services staff (e.g., school nurse) or mental health or social services staff (e.g., school counselor). • Parents or families of students. • Community members (e.g., local health departments, agencies, or organizations; faith-based organizations; businesses; local government). 	36.2	32.0 - 40.5
<p>CSH 3. (2008 version)</p>	<p>The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in any of the following areas:</p> <ul style="list-style-type: none"> • Physical activity. • Nutrition. • Tobacco-use prevention. 	43.6	38.9 - 48.4

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM	95% Confidence Interval
CSH 3. (2010 version) The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in all of the following areas: <ul style="list-style-type: none"> • Physical activity. • Nutrition. • Tobacco-use prevention. 	20.5	17.0 - 24.5
CSH 4. Data are not available for 2012 report.		
CSH 9. (2010 version) The percentage of schools that have a written school improvement plan that includes health-related goals and objectives on any of the following topics: <ul style="list-style-type: none"> • Health education. • Physical education and physical activity. • Nutrition services and foods and beverages available at school. • Health services. • Mental health and social services. • Healthy and safe school environment. • Family and community involvement. • Faculty and staff health promotion. 	60.1	55.7 - 64.2

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Coordinated School Health School-Level Impact Measure (SLIM)		Percentage of Schools Meeting SLIM	95% Confidence Interval
CSH 9. (2012 version)	The percentage of schools that include at least one health and safety objective in their school improvement plan and have completed a self-assessment of school health policies and practices (e.g., the School Health Index) and have reviewed health and safety data during the past year as part of their school improvement planning process.	17.7	14.5 - 21.4
CSH 10.	The percentage of schools that have a group (e.g., school health team) that performs all of the following actions to help plan and implement school health programs: <ul style="list-style-type: none">• Identify student health needs based on a review of relevant data.• Recommend new or revised health and safety policies and activities to school administrators or the school improvement team.• Seek funding or leverage resources to support school health and safety priorities for students and staff.• Communicate the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members.• Review health-related curricula or instructional materials.	18.6	15.2 - 22.4

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Physical Activity and Physical Education School-Level Impact Measure (SLIM)		Percentage of Schools Meeting SLIM	95% Confidence Interval
PE 2.	The percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years.	86.7	83.7 - 89.2
PE 3.	The percentage of schools in which those who teach physical education are provided with all of the following: <ul style="list-style-type: none"> • Goals, objectives, and expected outcomes for physical education. • A written physical education curriculum. • A chart describing the annual scope and sequence of instruction for physical education. • Plans for how to assess student performance in physical education. 	71.8	67.9 - 75.4
PE 5.	The percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities.	41.8	37.3 - 46.4
PE 8.	The percentage of schools that, either directly or through the school district, have a joint use agreement for shared use of physical activity facilities.	69.7	65.4 - 73.8
PE 9E.	The percentage of schools that offer all of the following physical activity opportunities for students at their school: <ul style="list-style-type: none"> • Physical education. • Classroom-based physical activity breaks. • Intramural sports or physical activity clubs. • Recess. 	25.5	21.8 - 29.7

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

		Percentage of Schools Meeting SLIM	95% Confidence Interval
Nutrition School-Level Impact Measure (SLIM)			
NU 1. (2008 version)	The percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program: <ul style="list-style-type: none"> • Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries). • Salty snacks that are not low in fat (e.g., regular potato chips). • Candy (i.e., chocolate or non-chocolate candy). • Soda pop or fruit drinks that are not 100% juice. 	76.1	72.4 - 79.4
NU 1. (2010 version)	The percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program: <ul style="list-style-type: none"> • Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries). • Salty snacks that are not low in fat (e.g., regular potato chips). • Candy (i.e., chocolate or non-chocolate candy). • Soda pop or fruit drinks that are not 100% juice. • Sports drinks (e.g., Gatorade). 	72.7	69.0 - 76.2

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

		Percentage of Schools Meeting SLIM	95% Confidence Interval
	Nutrition School-Level Impact Measure (SLIM)		
NU 2.	The percentage of schools that always offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered.	2.2	1.2 - 3.9
NU 3.	The percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating: <ul style="list-style-type: none">• Price nutritious food and beverage choices at a lower cost while increasing the price of less nutritious foods and beverages.• Collect suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating.• Provide information on the nutrition and caloric content of foods available.• Conduct taste tests to determine food preferences for nutritious items.• Provide opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics.	21.9	18.2 - 26.0
NU 6.	The percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property.	47.4	42.8 - 52.1
NU 7.	The percentage of schools that allow students to have a water bottle with them during the school day and offer free drinking water in the cafeteria during meal times.	89.3	86.1 - 91.9

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Tobacco-Use Prevention School-Level Impact Measure (SLIM)		Percentage of Schools Meeting SLIM	95% Confidence Interval
TOB 1.	The percentage of schools that prohibit tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week.	42.6	38.1 - 47.3
TOB 2.	The percentage of schools that implement a tobacco-use prevention policy in all of the following ways: <ul style="list-style-type: none">• Provide visible signage.• Communicate the policy to students, staff, and visitors.• Designate an individual responsible for enforcement.• Have a process in place for addressing violations.• Use remedial rather than punitive sanctions for violators.• Tailor consequences to the severity and frequency of the violation.• Communicate student violations to their parents and families.	15.3	12.1 - 19.2

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part III: Asthma Management SLIMs

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM	95% Confidence Interval
AS 1.	The percentage of schools that have ever assessed their asthma policies, activities, and programs by using the School Health Index or similar self-assessment tool.	24.5	20.8 - 28.6
AS 3.	The percentage of schools that have on file an asthma action plan for all students with known asthma.	68.8	64.3 - 72.9
AS 4.	The percentage of schools that implement a policy permitting students to carry and self administer asthma medications in both of the following ways: <ul style="list-style-type: none">• Communicate the policy to students, parents, and families.• Designate an individual responsible for implementing the policy.	39.7	35.6 - 43.9
AS 5.	The percentage of schools requiring that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action, as a part of annual staff development.	74.2	70.2 - 77.9
AS 6.	The percentage of schools that have a full-time registered school nurse on-site during school hours.	20.5	17.2 - 24.2

NEBRASKA

2012 School-Level Impact Measures (SLIMs) Weighted Elementary School Principal Survey Results

Part III: Asthma Management SLIMs

School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM	95% Confidence Interval
<p>AS 9. The percentage of schools that identify students with poorly controlled asthma by keeping track of them in at least three of the following ways:</p> <ul style="list-style-type: none"> • Frequent absences from school. • Frequent visits to the school health office due to asthma. • Frequent asthma symptoms at school. • Frequent non-participation in physical education class due to asthma. • Students sent home early due to asthma. • Calls from school to 911, or other local emergency numbers, due to asthma. 	54.7	50.0 - 59.3
<p>AS 10. The percentage of schools that provide intensive case management for students with poorly controlled asthma at school. These intensive services should include all of the following:</p> <ul style="list-style-type: none"> • Providing referrals to primary healthcare clinicians or child health insurance programs. • Ensuring an appropriate written asthma action plan is obtained. • Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school. • Offering asthma education for the student with asthma. • Minimizing asthma triggers in the school environment. • Addressing social and emotional issues related to asthma. • Providing additional psychosocial counseling or support services as needed. • Ensuring access to safe, enjoyable physical education and activity. • Ensuring access to preventive medications before physical activity. 	30.3	26.4 - 34.5