CALIFORNIA healthy kids SURVEY

KEY FINDINGS

SPRING 2007

NORWALK-LA MIRADA UNIFIED

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INTRODUCTION

The Norwalk-La Mirada Unified School District administered the California Healthy Kids Survey (CHKS) in Spring 2007. We wish to thank all the school staff, teachers, parents, and students who participated in the survey for their commitment, time, and effort.

The CHKS is a service provided by the California Department of Education (CDE) to districts that want to collect information on the health risks and resilience of their students. This report provides a summary of the survey's purpose and key findings relating to substance use, violence and safety, and poor physical health. While it is essential to identify and address student problems, it is equally important that we do not lose sight of the positive behaviors and attitudes of most youth. The CHKS provides the data to do this. 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.

Why Was the Survey Conducted?

The "CHKS Goals" at the end of this document provides the reasons why the district administered the survey. The most important reason is the monitoring of progress toward promoting youth well-being and school success. Schools increasingly need—and are often required—to find out what problems their students face and to put in place programs to address them. This is an essential part of efforts to improve student academic performance and positive youth development.

More specifically, the survey meets the requirements of the federal Safe and Drug Free Schools and Communities Act (SDFSCA) and contains eleven 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 Tables 2 and 3.

How Was the Survey Conducted?

The survey was conducted using active parent consent. The CHKS targets students in grades 5, 7, 9, and 11. 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. The district administered the survey following detailed written instructions and on-call technical assistance from a CHKS Center.

Who Took the Survey?

Table 1, on the following page, presents the number of 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 (at a minimum grades 5, 7, 9, and 11) to produce representative data. The lower the percentage of participating students below 60%, the less valid and useful are the results. The results for the district at the 7th grade level appear reliable and are a good reflection of student behavior. However, there was poor participation at

the 9th and 11th grade levels. How well this information represents these students is open to question.

Table 1. Description of Participating Students

	Grade 7 Spring			Grade 9 Spring			Grade 11 Spring		
	2003	2005	2007	2003	2005	2007	2003	2005	2007
Number of Students Surveyed	1215	1128	1201	1009	1198	963	456	787	908
Percent of Students Participating	60%	62%	69%	56%	63%	56%	31%	53%	57%
Gender (%)									
Males	50	48	45	44	50	50	42	44	47
Females	50	52	55	56	50	50	58	56	53
Race/Ethnicity* (%)									
American Indian or Alaskan Native	5	3	3	2	3	2	3	4	2
Native Hawaiian or Pacific Islander	3	2	3	4	4	4	4	6	5
Asian	7	6	7	9	7	5	4	7	9
Black or African American	6	4	4	6	5	6	8	5	4
Hispanic or Latino/Latina	60	64	68	66	68	73	72	63	67
White or Caucasian (non-Hispanic)	16	13	12	16	16	13	13	22	18
Other	16	15	12	9	9	8	5	5	9
Selected more than one category	9	6	8	9	10	8	8	10	11

*Students that selected more than one category were counted in each category. Therefore, these columns may add up to more than 100%.

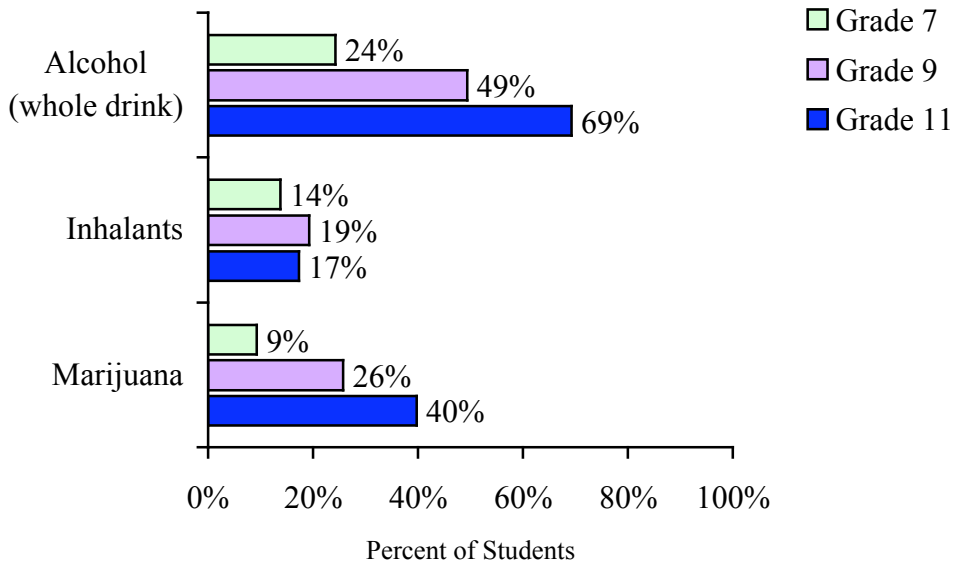
ALCOHOL, TOBACCO, AND OTHER DRUG USE

Reported in this section are the results for lifetime and current substance use, alcohol and drug use at school, high-risk behaviors such as binge drinking and drinking and driving, and perceived harm. Tables 4 and 5 on pages 19 and 20 displays state and national comparison data for CDE's Performance Indicators.

Lifetime Use of Alcohol and Other Drugs

Chart 1 illustrates the percent of students who have ever tried a full drink of alcohol (not just a sip), inhalants, or marijuana. These data provide information about the overall drug environment in the school and community. However, lifetime use rates include students who may have only experimented once.

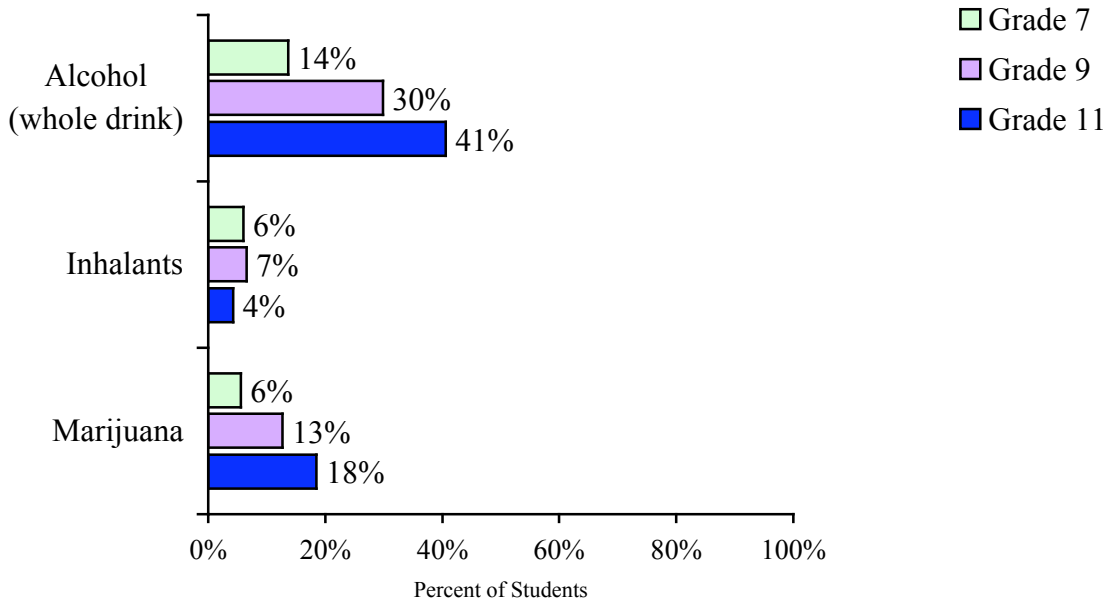
Chart 1. Percent of Students Who Used Alcohol and Other Drugs at Least Once in Their Life



Current Use (Past 30 Days) Of Alcohol and Other Drugs

Chart 2 shows the percent of students who are current users of the same three substances displayed in Chart 1, having consumed them in the thirty days before the survey. These students, particularly in high school, may be regular users and not just students who experiment.

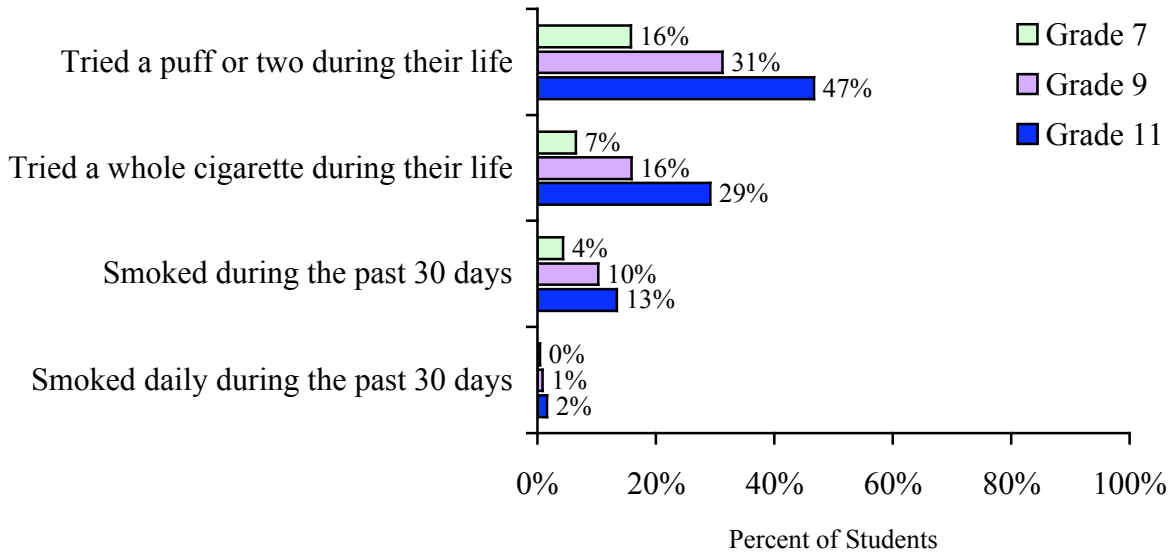
Chart 2. Percent of Students Who Used Alcohol or Other Drugs During the Past 30 Days (Current Use)



Tobacco Use, Lifetime and Current Use

Chart 3 shows the percent of students who experimented with tobacco at least once in their lives, either smoking one or two puffs or a whole cigarette. In addition, the chart displays the percent of students who in the 30 days before taking the survey smoked at least one cigarette as well as smoked daily (at least 20 days).

Chart 3. Percent of Students Who Participated in Various Levels of Tobacco Use



High Risk Behaviors

The CHKS asks students several questions that help determine the level and risk of substance use as a guide for programs targeting serious involvement. Chart 4, on the following page, shows the percent of students who drank alcohol or smoked marijuana on school property, had been sick after drinking, had been high in their lifetime, and drank excessively in the past month.

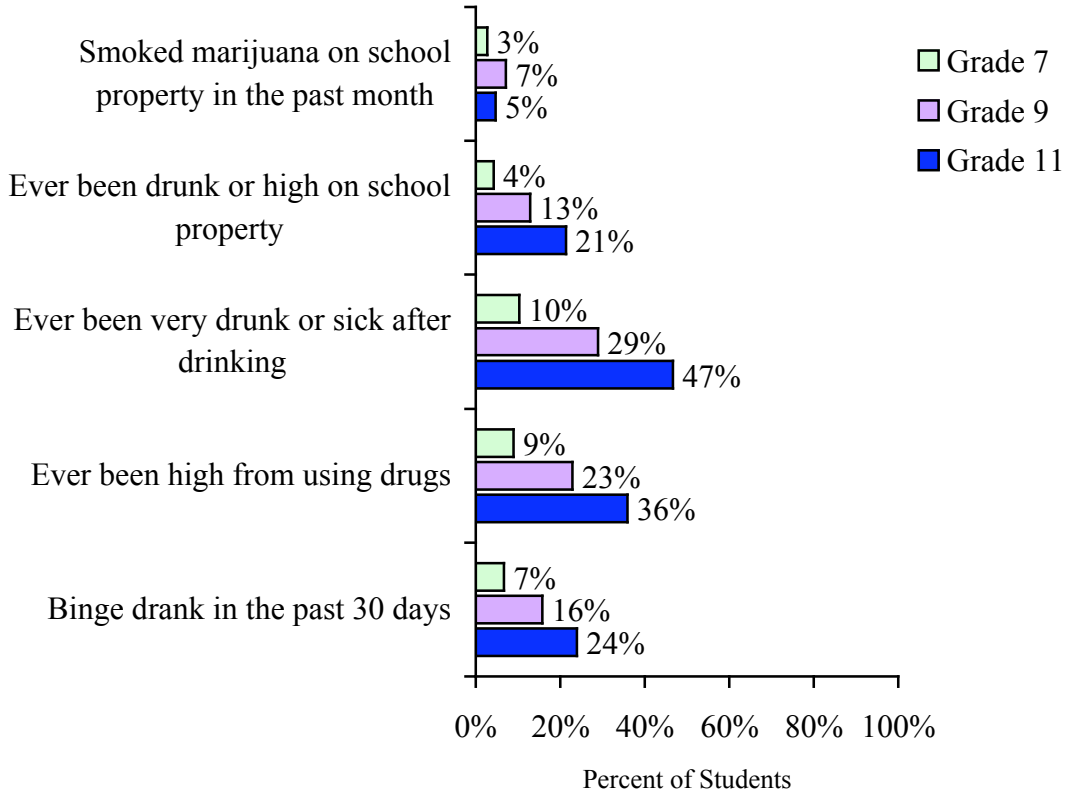
Use at School. Special attention should be paid to alcohol and other drug use at school, as this is a key indicator of serious involvement, as well as a lack of attachment or sense of belonging to the school. These behaviors interfere with students' educational development. Because marijuana is long lasting, can be easily concealed, and is consumed quickly, its use has been particularly associated with attending school "high."

Drunk or High. Youth were asked whether they had *ever* been drunk or sick after drinking alcohol, or been high from using drugs. When considering this information, keep in mind that youth may feel that they are drunk when an adult would not, and that, because of their lower body weight, it also takes less alcohol for them to get drunk.

Binge Drinking. One of the most widely used definitions of heavy drinking is the consumption of five drinks in a row in a single setting or occasion. This is frequently called "binge drinking" or "episodic" heavy drinking. Adolescent binge drinkers open themselves up to many alcohol-related problems, such as losing control over their actions, making poor choices, and taking part in high-risk activities such as unprotected sex or driving while intoxicated.

Involvement in Drinking and Driving. Driving under the influence is one of the main causes of traffic accidents and death among youth. To gauge the overall risk to students from drinking and driving, high school students were asked how often they had ever driven after drinking or been driven by a friend under the influence. 25% of 9th graders and 37% of 11th graders indicated they had either driven a car after drinking or been a passenger in a car driven by a friend who had been drinking. 19% of 7th graders reported riding in a car with a driver who had been drinking. At the middle school level, these drivers are mainly parents and guardians.

Chart 4. Percent of Students Who Participated in High Risk Behaviors Associated with Alcohol, Tobacco, or Other Drugs



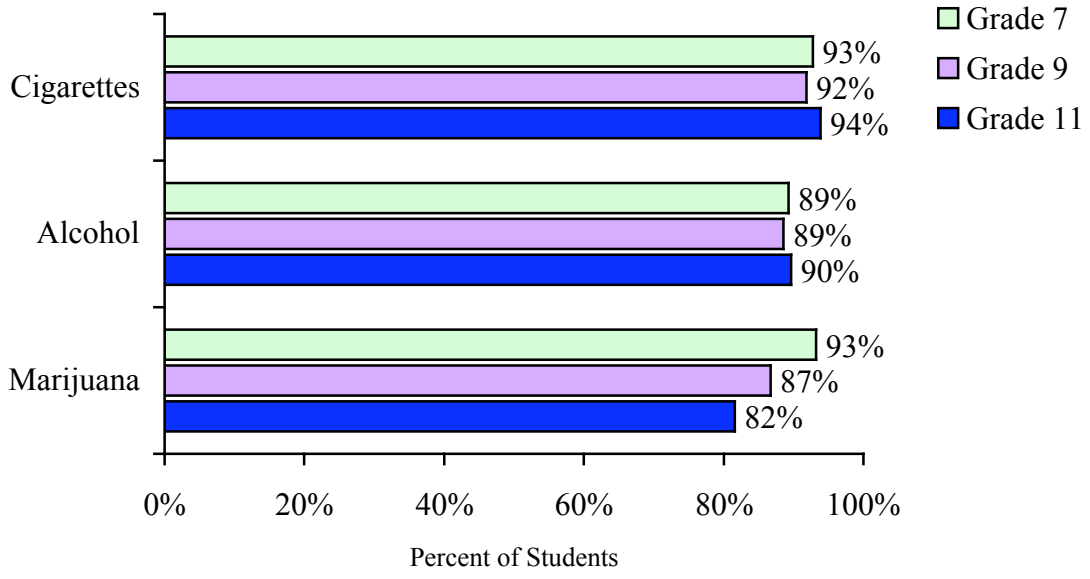
Perceived Harm

As a way to measure attitudes toward substance use, the CHKS asks students how they feel about frequent use (at least once a day) of cigarettes, alcohol, and marijuana. Chart 5 provides the results for students who think it is harmful.

The relationship of knowledge, attitudes, and behavior is complex. Only providing information about the dangers of alcohol, tobacco, and other drug use has had little impact on behavior. However, state and national data indicate that if students think using alcohol, tobacco and other drugs is extremely harmful or risky they will be less likely to use them. This means that talking to students about the use dangers is an important part of a total prevention program.

Research has consistently shown that the great majority of students believe that frequent use of cigarettes, alcohol, and marijuana is harmful. However, it seems students usually think alcohol is less dangerous than tobacco, and that tobacco is less harmful then marijuana.

Chart 5. Percent of Students Who Feel Frequent Use of Alcohol, Tobacco, and Other Drugs is Harmful



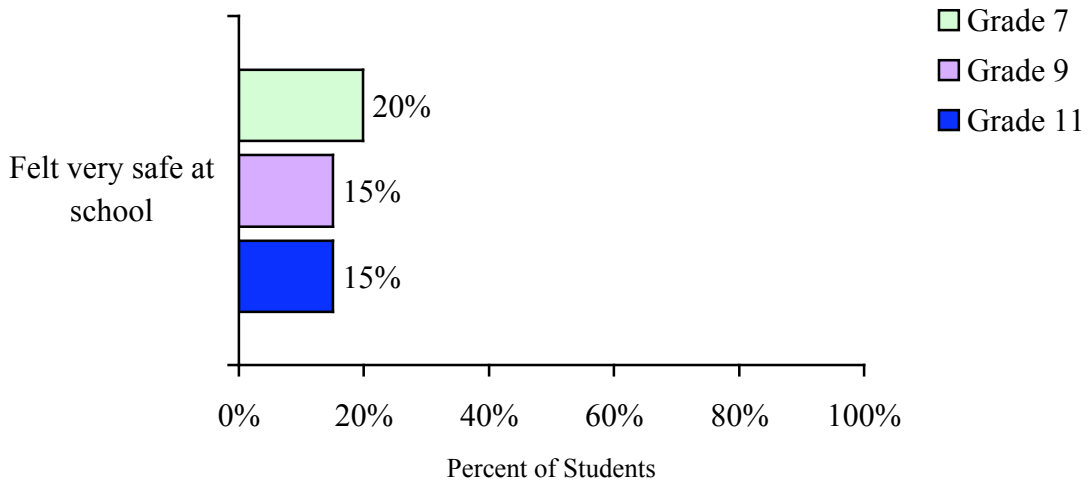
VIOLENCE AND SAFETY

The American public's highest concerns about youth are currently related to violence. Chart 6 shows students' answers to the question about how safe they feel at school. Chart 7 includes indicators of harassment, violence perpetration, and weapons possession at school. A safe school environment is necessary in order for students to succeed academically. Students who feel they belong to their school are also less likely to be involved in violent behavior at school.

Perceived Safety

The CHKS asks students how safe they felt in school. The need for safe schools does not mean just "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.

Chart 6. Percent of Students Who Feel Very Safe at School



Harassment

Harassment is a form of violent and abusive behavior that makes the person being harassed feel vulnerable, isolated, and afraid. This can lead to taking part in risk behaviors such as drug use. The CHKS asks students if they have been harassed at school in the past year because of race, ethnicity, religion, gender, sexual orientation, or disability.

Physical Fights

Fighting often comes before deadly violence among young people. The CHKS asks students about their frequency of involvement in physical fights at school in the past year. This is a measure of the overall scope of fighting behavior and does not differentiate between aggression and victimization. In practice, fighting is often mutual.

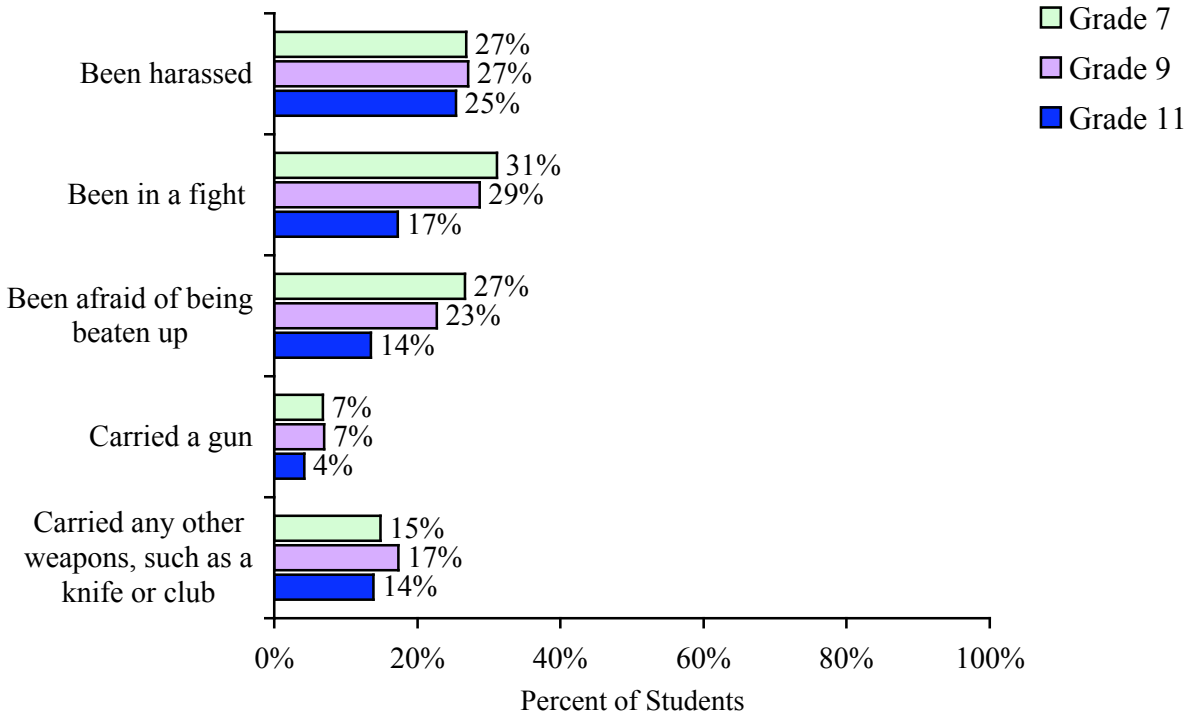
Fear of Physical Violence

To help measure physical victimization, students were asked about the frequency they had "been afraid of being beaten up." This provides insight into the psychological dimension of fear of being physically harmed. (Students were also asked if they had been "pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around").

Carrying Weapons

Much of the public concern over school safety is focused on guns and other weapons. The immediate availability of a firearm or other lethal weapon often is part of what turns a violent fight into a deadly incident. Chart 7 shows the percent of students who carried weapons to school at least one day in the past 12 months.

Chart 7. Percent of Students Who Experienced Safety-Related Incidents on School Property During the Past 12 Months



Gang Membership

Gang members typically are proud of their gang membership and do not feel the need to hide the fact when answering questions on a survey. It is very important to find out how much school violence is due to gang-related activity, which has been found to be a factor. These types of incidents require special attention because they are different than violent behaviors seen in the general student population. District-wide results revealed that 9% of 7th graders, 7% of 9th graders, and 7% of 11th graders currently belong to a gang.

PHYSICAL HEALTH

The CHKS assesses what students eat and how active they are. Promoting good eating and activity are also important for school success and positive development.

Eating Habits and Nutrition

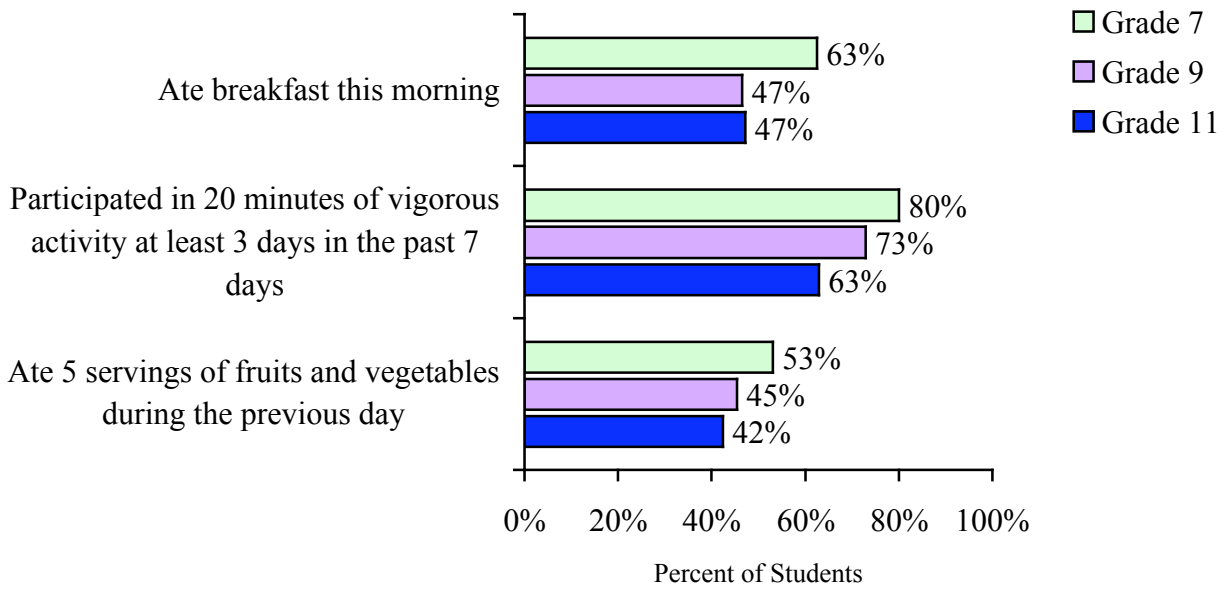
Eating habits are established during youth. Too many youth eat food high in fat, which can lead to increased risk of obesity, heart disease, some types of cancer, and other chronic conditions. Chart 8 reports the percent of students that met the U.S. Department of Agriculture recommendation of five or more servings each day of fruits and vegetables.

Also displayed is the proportion of youth that ate breakfast the day of the survey. Students who eat breakfast have been found to learn better, perform higher on standardized test scores, have better attendance rates at school, and are less apathetic and lethargic.

Physical Activity

Regular physical activity can help prevent diseases, lower the number of unhealthy behaviors, improve how well students do in school, and decrease the risk of mental health problems. The physical education programs in public schools can have a great impact on students' physical fitness. Chart 8 includes the percent of youth that met the American Medical Association's recommendations of at least 20 minutes of physical activity at least three times per week.

Chart 8. Percent of Students Who Took Part in Healthy Behaviors



PROTECTIVE FACTORS: SCHOOL ASSETS

Youth development researchers emphasize the importance of providing environmental supports and opportunities (external assets) in the form of Caring Relationships, High Expectations, and opportunities for Meaningful Participation, as measured by the CHKS Resilience and Youth Development Module. The presence of high levels of these three external assets will help meet the fundamental developmental needs of youth for love, belonging, security, respect, identity, power, mastery, and meaning. This, in turn, engages students' innate resilience, promotes positive individual outcomes such as improved health and academic achievement, and protects against involvement in risk behaviors such as substance abuse and violence.

Chart 9 illustrates the proportion of students scoring ***High*** for each of these three protective factors in the school environment, as well as total perceived school assets. Resilience research clearly documents the power of teachers and schools to tip the scale from risk to resilience for children and youth. Even among children growing up in overwhelmingly negative conditions, researchers have found that 70-80% of them have demonstrated healthy adjustment and achievement when schools are sensitive to them and their burdens and provide supportive activities.[1] Youth development and successful learning are not competing goals but rather complementary or even synergistic processes. As Nel Noddings has observed:

> *It is clear that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally. It is obvious that children will work harder and do things…for people they love and trust.*[2]

The total perceived assets in Chart 9 are currently used by CDE as the Performance Indicator for school connectedness for Local Education Agency Plans. (The full CHKS report also provides results from the Resilience and Youth Development Module for the new School Connectedness Scale derived from the Add Health Survey, as well as data on perceived external assets in the community, home, and peer group, and internal assets such as social skills.)

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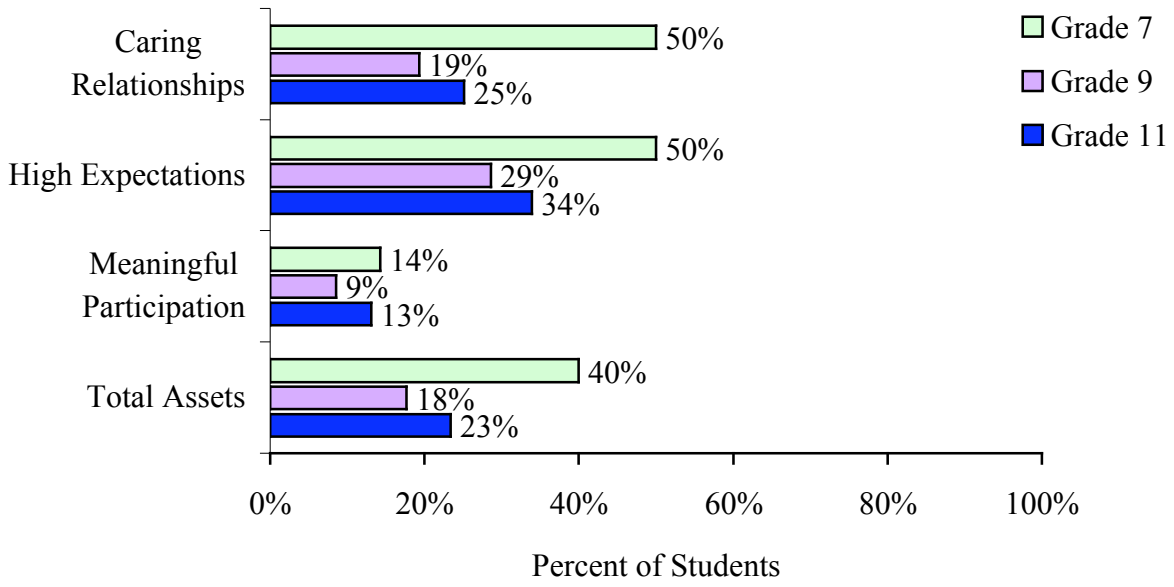
[1] Garbarino, J., Dubrow, N., Kostelny, K., and Pardo, C. (1992). *Children in Danger: Coping with the Consequences of Community Violence*. San Francisco, CA: Jossey-Bass, p. 121.
[2] Noddings, N. (December 7, 1988). Schools face crisis in caring. *Education Week*, p. 32.

Chart 9. School Environment: Percentage of Students Scoring High in Each External Asset and Total Assets



MULTIPLE-YEAR COMPARISON OF DISTRICT DATA

Table 2. Multiple-Year Comparison of District Data – Alcohol, Tobacco and Drug Use

	7th Grade %			9th Grade %			11th Grade %		
	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07
Lifetime and Current ATOD Use									
During your life did you ever…									
smoke a cigarette? (PI)	8	6	7	20	22	16	31	25	29
chew tobacco or snuff?	5	3	3	5	7	6	5	5	9
drink alcohol (glass)?	30	25	24	54	56	49	71	69	69
use inhalants?	16	14	14	15	19	19	10	17	17
smoke marijuana? (PI)	10	9	9	28	29	26	40	37	40
During the past 30 days, did you…									
smoke a cigarette? (PI)	5	5	4	10	11	10	12	13	13
chew tobacco or snuff?	3	2	2	2	2	4	2	2	4
drink alcohol (glass)? (PI)	18	14	14	32	34	30	40	40	41
use inhalants?	5	6	6	5	7	7	2	4	4
smoke marijuana? (PI)	5	5	6	14	16	13	18	16	18
Level of Involvement (High Risk Patterns)									
During your life have you ever…									
been very drunk or sick after drinking?	12	10	10	29	34	29	44	45	47
been high from using drugs?	10	9	9	25	28	23	35	34	36
During the past 30 days, did you drink 5 drinks in a couple of hours?	7	5	7	15	17	16	22	23	24

(PI) = SDFSCA/TUPE performance indicator required by CDE for Local Education Agency Plans.

Table 2. Multiple-Year Comparison of District Data – Alcohol, Tobacco and Drug Use (continued)

	7th Grade %			9th Grade %			11th Grade %		
	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07
ATOD Use on School Property									
During your life, have you ever been drunk/high?	5	5	4	15	16	13	19	20	21
During the past 30 days, did you smoke cigarettes?	2	2	2	4	4	5	3	4	3
Perceived Harm									
Frequent (daily or almost daily) use of… is harmful.									
cigarettes	92	93	93	93	93	92	96	94	94
alcohol	88	90	89	88	87	89	90	90	90
marijuana	91	94	93	87	87	87	86	88	82

(PI) = SDFSCA/TUPE performance indicator required by CDE for Local Education Agency Plans.

Table 3. Multiple-Year Comparison of District Data—Violence-Related Behaviors and Experiences, and Protective Factors

	7th Grade %			9th Grade %			11th Grade %		
	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07	Spring 03	Spring 05	Spring 07
Violence-Related Behaviors and Experiences									
During the past 12 months at school, have you….									
been harassed because of race, ethnicity, gender, sexual orientation, or disability?	27	27	27	27	30	27	26	22	25
been in a physical fight?	31	31	31	29	29	29	20	18	17
been afraid of being beaten up? (PI)	27	29	27	23	23	23	16	14	14
During the past 12 months on school property, did you carry any weapon (gun, knife, or club)?	15	16	16	18	21	19	14	14	14
How safe do you feel when you are at school? Very safe. (PI)	20	19	20	12	10	15	12	10	15
Do you consider yourself a member of a gang?*	~	~	9	~	~	7	~	~	7
Protective Factors - High Level of External Assets at School									
Caring relationships with teacher or other adult (PI)	34	29	50	27	18	19	25	29	25
High expectations from teacher or other adult (PI)	48	44	50	44	28	29	42	37	34
Opportunities for meaningful participation at their school (PI)	15	13	14	27	9	9	16	13	13
Total School Assets (school connectedness) (PI)	33	30	40	32	16	18	22	26	23

*(PI) = SDFSCA/TUPE performance indicator required by CDE for Local Education Agency Plans. * Not directly comparable with previous versions of survey, so not reported for earlier years.*

Chart 10. Multiple-Year Comparison of District Data—Percent of Students Who Used Tobacco, Alcohol, or Other Drugs During the Past 30 Days (Current Use)

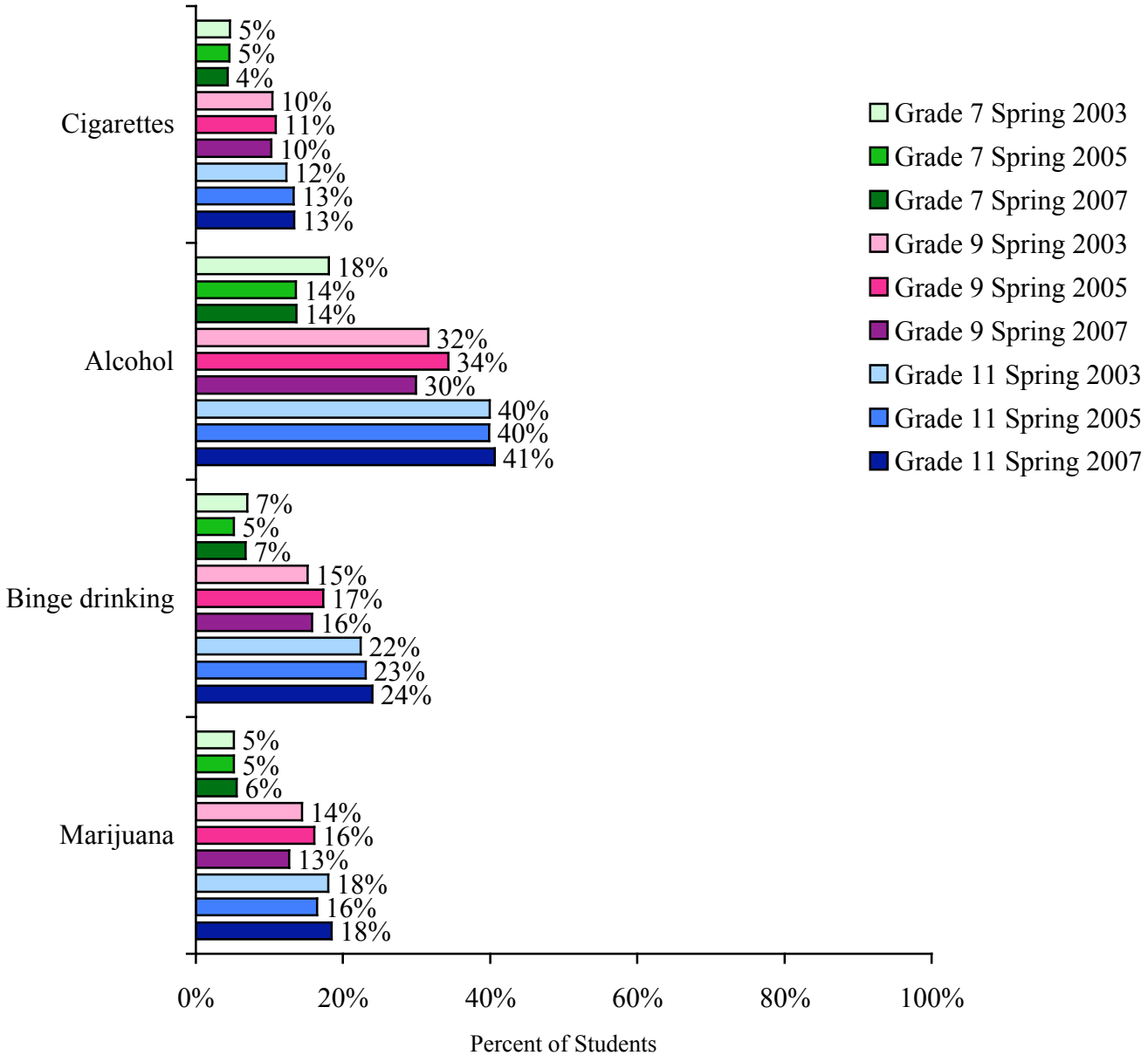
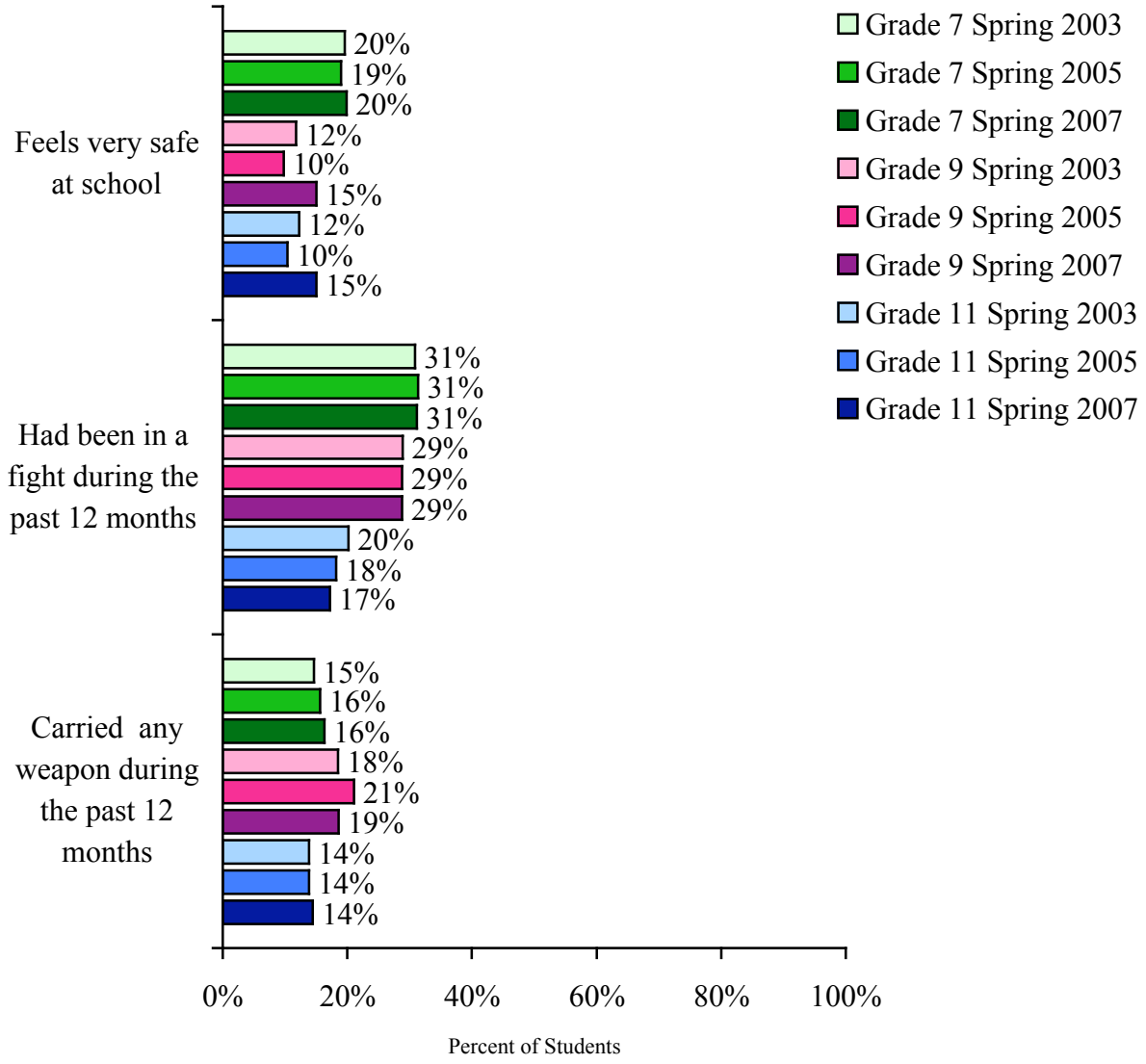


Chart 11. Multiple-Year Comparison of District Data—Percent of Students Who Experienced Safety-Related Incidents on School Property



STATE AND NATIONAL STUDENT DATA

One way to understand the data collected for the schools and district is to compare them to state and national data collected using the same questions. Tables 4 and 5 on the following pages display state and national student data for a select number of questions. The comparison information in the tables comes from the 2005 statewide California Student Survey and the 2005 national Youth Risk Behavior Survey results. The California Student Survey includes 9th and 11th graders in Continuation/Alternative schools with the data from Comprehensive/Traditional high school students. These include Performance Indicators CDE has identified for monitoring progress in reducing drug use and violence, as required in the Local Education Agency Plan. The indicators are identified by the symbol: (PI).

Table 4. Alcohol, Tobacco and Drug Use, 2005 State CSS and 2005 National YRBS

	7th Grade %	9th Grade %		11th Grade %	
	CSS	CSS	YRBS	CSS	YRBS
Lifetime and Current ATOD Use					
During your life did you ever…					
smoke a cigarette? (PI)	8	16	49[a]	28	58[a]
chew tobacco or snuff?	3	5	~	8	~
drink alcohol (glass)?	18	41	67	62	76
use inhalants?	8	10	14	10	11
smoke marijuana? (PI)	8	22	29	38	42
During the past 30 days, did you…					
smoke a cigarette? (PI)	5	10	20	15	24
chew tobacco or snuff?	2	3	8	3	8
drink alcohol (glass)? (PI)	12	24	36	36	46
use inhalants?	5	5	5	4	3
smoke marijuana? (PI)	5	13	17	19	21
Level of Involvement (High Risk Patterns)					
During your life have you ever…					
been very drunk or sick after drinking?	8	21	~	40	~
been high from using drugs?	7	20	~	36	~
During the past 30 days, did you…					
drink 5 drinks in a couple of hours?	5	12	19	21	28
ATOD Use at School					
During your life, have you ever been drunk/high on school property?	5	13	~	23	~
During the past 30 days, did you smoke cigarettes on school property?	2	5	6	6	7
Perceived Harm					
Frequent (daily or almost daily) use of… is harmful.					
cigarettes	95	95	~	96	~
alcohol	94	92	~	93	~
marijuana	96	92	~	89	~

(PI) = SDFSCA/TUPE performance indicator required by CDE for Local Education Agency Plans.

[a]YRBS asks about smoking even a puff or two.

Table 5. Violence-Related Behavior and Experiences, and Protective Factors, 2005 State CSS and 2005 National YRBS

	7th Grade %	9th Grade %		11th Grade %	
	CSS	CSS	YRBS	CSS	YRBS
Violence-Related					
During the past 12 months at school, have you…					
been harassed because of race, ethnicity, gender, sexual orientation, or disability?	28	25	~	25	~
been in a physical fight?	32	25	19	20	10
been afraid of being beaten up? (PI)	28	19	~	14	~
During the past 12 months on school property, did you carry any weapon (gun, knife, or club)?	9	13	~	13	~
How safe do you feel when you are at school? Very Safe. (PI)	19	16	~	13	~
Do you consider yourself a member of a gang?	10	10	~	9	~
Protective Factors - High Level of External Assets at School					
Caring relationships with teacher or other adult (PI)	30	24	~	33	~
High expectations from teacher or other adult (PI)	44	34	~	40	~
Opportunities for meaningful participation at their school (PI)	14	12	~	13	~
Total School Assets (school connectedness) (PI)	29	23	~	29	~

(PI) = SDFSCA/TUPE performance indicator required by CDE for Local Education Agency Plans.

ABOUT THE CHKS

SPONSOR	California Department of Education
SURVEY TYPE	Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version
GRADE LEVELS	Grades 5, 7, 9, 11, and continuation schools, minimum
SAMPLING	Representative district sample by contractor School-level surveys optional
MODULES (SECONDARY)	A. Core B. Resilience and Youth Development C. AOD Use & Safety (Violence & Suicide) D. Tobacco E. Physical Health F. Sexual Behavior (Pregnancy and HIV/AIDS risk) G. Custom module H. After School
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 Modules A and B (school & community asset scales) Active consent from parent/guardian for grade 5 Active or passive consent for grade 7 and up Representative district samples
ADMINISTRATION	By school, following detailed instructions
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
DATABASE	For spring 1998-spring 2003, contains over 1,300,000 student records from 77% of school districts representing 94% of state enrollment
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 since fall 2004)
CONTRACTOR	WestEd —Gregory Austin, PhD, Project Director
INFORMATION	California Department of Education: 916.319.0920 Website: http://www.wested.org/hks 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 may be randomly selected. If a district has over 10 schools per grade, schools may be 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 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? 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. 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. To these ends, the CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as ***important barriers to learning*** among students, particularly those related to school climate. The CHKS also assesses ***school assets and connectedness***, which research has consistently identified as promoting positive youth development and school success. The full CHKS report lists all the school-related questions. The numbers refer to the high school module. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey, required as of fall 2004. Call your CHKS Service Center for further information.

ABBREVIATIONS AND DEFINITIONS

Agencies

CDC	U.S. Centers for Disease Control and Prevention.
CDE	The California Department of Education.
CBEDS	California Basic Education Data System compiled by the California Department of Education.
LEA	Local Education Agency, such as a school district or county office of education.
Title IV	The federal Safe and Drug-Free Schools and Communities Act, part of the No Child Left Behind Act.
TUPE	California's Tobacco Use Prevention Education program.

Surveys

CSS	The biennial California Student Survey (also known as the Biennial Statewide Survey of Drug and Alcohol Use Among California Students or the Attorney General's survey). Last conducted in the fall/winter of 2005-2006.
CSSA	The California Safe Schools Assessment, a state-mandated program that requires all LEAs and school sites to collect and report the incidence of specified crimes to the California Department of Education.
MTF	The national Monitoring the Future Survey, sponsored by the National Institute of Drug Abuse. The foremost and oldest national survey of student drug use; conducted annually.
NCVS	The National Crime and Violence Survey.
YRBS	The biennial Youth Risk Behavior Survey, sponsored by the federal Centers for Disease Control and Prevention. Last conducted in 2005

Drugs and Drug-Related Behaviors

AOD (ATOD)	Alcohol (tobacco) and other drugs.
Alcoholic Drink	One can/bottle of beer or wine cooler, glass of wine, mixed drink, or shot glass of distilled spirits (liquor).
Binge Drinking	Refers to consuming five drinks or more in a row on the same occasion. The CHKS and YRBS measure this behavior over the past 30 days; the CSS and MTF, over the past two weeks. Also referred to as episodic or occasional heavy drinking.
Illicit Drugs	Drugs other than alcohol or tobacco, such as marijuana.
Inhalants	Drugs that you "sniff" or "huff" to get high, such as glue, gas, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas.
Methamphetamines	Refers to crystal meth, speed, ice, crank, or any amphetamine.
Polydrug Use	Use of two or more different drugs on the same occasion. Measured for the past six months.
Smokeless Tobacco	Chew or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen.
Tobacco	Includes both smoked and smokeless tobacco.