

Healthy Kids ~ Healthy Schools

**Recommendations To Promote
Health & Advance Learning In
West Virginia**



**A Report of the School Health
Partnership**

October 2006

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School Health Partnership

Members and Supporters

Linda Anderson

West Virginia School Health Technical Assistance & Evaluation Office
Marshall University

Eileen Barker

West Virginia School-Based Health Assembly

Johnna Beane

West Virginia University Institute for Health Policy Research

Sharon L. Carte

West Virginia Children's Health Insurance Program

Charles Chandler, Jr.

West Virginia Association of School Administrators
Superintendent, Upshur County Schools

Don Chapman

West Virginia Department of Education
Office of Healthy Schools

Jim Cook

West Virginia Department of Health and Human Resources
Bureau for Public Health, Healthy Schools Program

Phil Edwards

West Virginia Department of Health and Human Resources
Bureau for Public Health, Office of Maternal, Child and Family Health

Joan Faris

Nurse Consultant

Teri Harlan

New River Health Association
West Virginia School-Based Health Assembly

Brenda Isaacs

West Virginia Association of School Nurses
School Nurse, Kanawha County Schools

Terri Jarvis

West Virginia Department of Health and Human Resources
Bureau for Public Health, Office of Community Health Systems
Division of Primary Care

Patricia J. Kelly

West Virginia Chapter of the American Academy of Pediatrics
Marshall University Department of Pediatrics

Keri Kennedy

West Virginia Department of Health and Human Resources
Bureau for Public Health, Office of Epidemiology & Health Promotion

Becky King

West Virginia School-Based Health Assembly

Rebecca J. King

West Virginia Department of Education
Office of Healthy Schools

David Majic

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health, Office of Behavioral Health Services, Division of Children's Mental Health

Melissa McCormick

West Virginia University Institute for Health Policy Research

Renate Pore

Healthy Kids and Families Coalition

Melanie Purkey

West Virginia Department of Education
Office of Healthy Schools

Sally K. Richardson

West Virginia University Institute for Health Policy Research

Phil Schenk

West Virginia Primary Care Association

Nancy J. Tolliver

West Virginia Community Voices, Inc.

Betty Tyler

West Virginia Department of Health and Human Resources
Bureau for Public Health, Office of Maternal, Child and Family Health

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Preface

The School Health Partners met for almost two years to understand the current school based health system and develop recommendations for change. The Partners believe, that while there are many good programs, the current system does not support the coordination and collaboration required in order to meet the expectations for a school health system that promotes the health and well-being of school-age children including their emotional health. Nor can it meet the needs of children with increasingly complex medical problems.

The Partners believe the current system should be redesigned so that school health is more comprehensive, integrated and coordinated with community health resources. Sections §18-5-17 and §18-5-22 of WV Code should be revised to reflect current realities and provide a basis in law for development of a system that can meet the diverse and complex health and mental health needs of children in the 21st Century. New resources that become available should be dedicated to implementing the policy recommendations in this report.

Implementing the recommendations is the responsibility of all state and community programs and practitioners with an interest in the health and well-being of school age children. Study of West Virginia's current system of school health and informed dialogue among partners from a variety of agencies and professions has already moved some of the recommendations forward. We are optimistic that with sustained collaboration over time, we can create the best and most efficient system to support and promote the health and well-being of children in school.

We are grateful to the Claude Worthington Benedum Foundation and the Sisters of Saint Joseph Health and Wellness Foundation for their vision in supporting and promoting the health of school age children and for their generous support in funding school health and mental health services over the past 15 years. We are also grateful to them for the support for the work of the School Health Partnership.

Renate E Pore
Chair, School Health Partnership

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Introduction

The Purpose of this Report is to:

- Focus attention on improving the health and well-being of West Virginia children.
- Create consensus on the important role of schools in supporting and improving child health.
- Promote collaboration and integration of school and community health services.
- Recommend a framework for systematically identifying and addressing the needs and gaps in the State’s current system of providing health care for children in school.
- Present county-level data to identify disparities across the state.
- Identify policies and strategies to improve the efficiency and coordination of health care for children in school.

“Many things we need can wait. Children cannot. Now is the time their bones are being formed, their blood is being made, their mind is being developed. To them we cannot say tomorrow, their name is today.”

Gabriela Mistral

Health and Learning

It is in West Virginia’s interest to have healthy children. Healthy children are more ready and able to learn and, in the longer term, are more likely to become healthy adults who will contribute as productive members of society. Children’s health is not just about preventing disease; it is about considering the developmental characteristics of children, their dependence on adults, and the patterns of health-related behavior that form the basis of lifelong habits.

Children are not just small adults whose health needs can be met by a system designed for grown-ups or by healthcare practitioners trained to treat adults. Children require a system and professionals that are able to address their particular needs. Experts in child health recommend that a health care system for children should provide for:

- Preventive care, health education, and care of acute and chronic illness
- Personnel who are knowledgeable about the nature of childhood behavior, development and physiology
- Coordination of health care services with social welfare and educational services
- An environment that protects and promotes health and healthy behaviors

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“Schools could do more than perhaps any other single institution in society to help young people and the adults they will become, live healthier, longer, more satisfying and more productive lives.”

Carnegie Council
on Adolescent Development

Schools and Child Health

Schools are in a unique position to protect and promote child health. In 2004-05, 279,457 West Virginia children were enrolled in public schools. While the primary mission of the school is learning, schools have an interest in the health of children they serve. They have an important role in:

- Providing or assuring basic, standardized, preventive and developmental screening services
- Assuring a healthy physical and emotional environment within the school
- Providing and supporting good nutrition
- Promoting a healthy lifestyle and assuring a healthy and productive citizenry
- Providing leadership in their communities to protect and promote child health
- Creating linkages to community health and social services
- Assuring access to services by coordinating, collaborating and supporting access within the community and through health agencies while making referrals and assisting students in identifying resources



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A Coordinated Approach to School Health

A coordinated approach to school health brings families, schools and communities together to promote the health and learning of children in school. The coordinated school health program model has been defined and recommended by national health care organizations, including the Centers for Disease Control and Prevention.

About a decade ago, several West Virginia school districts were pilot sites for the development of the comprehensive model of school health with funding from the Claude Worthington Benedum Foundation. With the end of funding for the pilots, further development ceased. West Virginia should renew its commitment to this approach to protect and promote the health of our children.

The eight components of a coordinated model of school health are:

- 1. School Environment.** To learn effectively, children must be in a school environment where they feel comfortable and supported.
- 2. Health Education.** Students should know what they must do to protect and promote their own health.
- 3. School Meals and Nutrition.** Many West Virginia children eat two or more meals in schools. Thus, schools have a unique opportunity to offer more nutritious food and help students learn how make good choices about what they eat and drink.
- 4. Physical Education.** Schools can and should encourage students to lead a physically active lifestyle both in and out of school. Physical education and physical activity should be a part of every day.
- 5. Health Services.** Schools should provide health maintenance of acute and chronic conditions under the direction of a provider's order, health education, health screenings and emergency services to students in the school setting.

Growing kids require regularly scheduled health check-ups, including immunizations, dental checkups, physicals, eye exams and other types of screenings, including screening for developmental delays. Schools should work with the community to ensure students have recommended screenings, access to services, assistance in locating resources, and coordination and collaboration of services to ensure student health and educational achievement.

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- 6. Counseling, Psychological, and Mental Health Services.** Many West Virginia students suffer from stress, depression, and anxiety. Divorce, domestic violence, and drug and alcohol abuse in the home will impede a child's ability to be successful in school. Schools should offer counseling and support for students and make referrals to mental health professionals in the community.
- 7. Staff Wellness.** Students are not the only ones who need good health. Educators and school staff are important role models for students.
- 8. Parent/Community Partnerships.** Teachers and school administrators cannot succeed in supporting the health of students without support and involvement of parents and other members of the community.

Current Status – Coordinated Approach to School Health

Some West Virginia counties already have in place many components of a coordinated approach to school health. Others have some components, and still others have little or nothing. The WV Department of Education, Office of Healthy Schools and the Bureau for Public Health have promoted a coordinated approach to school health for many years. From 1992 to 1996, money from the Centers for Disease Control and Prevention and the Claude Worthington Benedum Foundation provided funding to establish the Office of Healthy Schools and to develop expertise and fund development of a coordinated approach to school health in 10 pilot counties. A qualitative study completed by West Virginia University indicated that when dollars dried up for pilot counties, so did progress for a coordinated approach to school health (O'Hara Tompkins, 1999).

The School Health Index (SHI)

One mechanism that is available for schools to assess current progress in the eight components of a coordinated school health program is the School Health Index (SHI). The SHI is a self-assessment and planning guide developed by the CDC that enables school systems to: (1) identify the strengths and weaknesses of the school's policies and programs for promoting health and safety; (2) develop an action plan for improving student health and safety, and (3) involve teachers, parents, students and the community in improving school policies, programs and services. The SHI is structured around the coordinated school health program and highlights the importance of involving and coordinating the efforts of all eight interactive components to maintain the well being of children and youth. School systems can access the SHI online free from the Centers for Disease Control and Prevention at <http://www.cdc.gov/HealthyYouth/SHI>.

To support local partnerships, the Department of Education, particularly the Office of Healthy Schools and the Office of Child Nutrition, along with other state agency and private sector partners, should take the lead in providing

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guidance and technical assistance so that every county implements a coordinated approach to school health as recommended by the CDC. Elements of a coordinated school health program should include:

- Planning and assessment that uses the School Health Index (SHI) to assess current progress in the eight components
- Community involvement – formation of a local advisory committee to provide resources and expertise in developing a strategy, setting priorities, etc.
- Technical assistance for counties to address their health education needs through the coordinated school health program by reviewing results of the county/school health education assessment

A new opportunity has been created to move towards the coordinated approach to school health as a result of the *Child Nutrition and WIC Reauthorization Act of 2004*. The federal law mandates that counties develop wellness policies in order to receive federal nutrition dollars. This provides an avenue for counties to establish coordinated school health programs.

School systems can access the SHI online free from the Centers for Disease Control and Prevention at www.cdc.gov/HealthyYouth/SHI.



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CHAPTER 2

Health Screening

GOAL: Every child entering school should have received the preventive, developmental, and behavioral screenings recommended by the American Academy of Pediatrics (AAP) and the WV HealthCheck Program.

A growing body of research links early childhood experiences with later cognitive, social, emotional and physical health. Therefore, addressing early childhood development by improving the quality of screening and preventive health takes on a new significance and importance.

Addressing the health and developmental needs of young children is especially important in West Virginia where, according to the KIDS COUNT Data Book, almost 30 percent of young children under age five grow up in poverty. Schools can play an important role in assuring that children entering kindergarten or pre-K public pre-school programs have their health and developmental needs met.

Requirements of West Virginia State Law

In 2005, several state agencies collaborated to conduct a survey on pre-kindergarten health screening mandated under West Virginia state law. The agencies involved in this endeavor included the WV Department of Education, Office of Healthy Schools, the WV Children's Health Insurance Program (CHIP), and the Division of Infant and Child Health, Office of Maternal, Child and Family Health. Child health advocates and researchers also participated in the design process through the School Health Partnership.

The purpose of the survey was to determine:

1. How West Virginia's 55 counties are meeting requirements for health screening prior to kindergarten entry as mandated in school law (WV Code §18-5-17, WV Code §18-5-22 & WV Code §16 -3- 4);

“When it comes to improving children’s performance in school, pediatricians have a great deal to offer schools. When it comes to addressing the health-care needs of the school-age child, schools have a lot to offer pediatricians. Schools and pediatricians can be powerful partners who promote children’s health and academic success.”

Elisabeth Schanker, MD
Linda Grant, MD, MPH

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2. How the current quality of screening instruments and methods in the school setting could be improved;
3. The relationship of school health screenings to comprehensive well-child exams as currently recommended by national physician groups such as the American Academy of Pediatrics and by public health programs; and
4. How a more collaborative effort between the educational system and the health care delivery system could improve the quality and efficiency of pre-kindergarten screenings, and how it could create new opportunities to improve the health of West Virginia's children.

WV Code §18-5-17 provides that “all children entering public school for the first time shall be given, prior to their enrollment, screening tests to determine if they have vision or hearing impairments or speech or language disabilities.” It also states that developmental screens must be given to children entering public school, if requested by their parents, and to all children with previously identified disabilities. Developmental screening is defined as “the process of measuring the progress of children to determine if there are problems or potential problems or advanced disabilities in the areas of development and hand-eye coordination, health, and psycho-social or physical development.”

WV Code §16-3-4 also provides for immunizations so that “all children entering school for the first time shall have been immunized against diphtheria, polio, rubeola, rubella, tetanus, and whooping cough” in order to protect children from serious diseases common in childhood.

Standards of the American Academy of Pediatrics (AAP)

AAP guidelines call for comprehensive wellness visits that include age and gender appropriate history and physical examinations, counseling and anticipatory guidance, risk factor reduction interventions, the appropriate immunizations, as well as laboratory tests and/or diagnostic procedures as necessary. Such preventive health screens are recommended throughout the life span at set intervals or “periods.” This periodic screening takes on heightened importance in childhood when the greatest preventive benefit may be realized by intervening at the earliest possible stage. Early detection allows for optimal remedial benefit, including total restoration in some cases.

The AAP publishes guidelines detailing the elements and periods of health screens and immunizations for each year of childhood. Due to the comprehensive nature of these screens and the time that they take, it is a challenge for most physicians to assure that all of their patients receive all elements at the recommended ages and intervals. For example, in 2000 the National Survey of Early Childhood Health indicated that only 57 percent of parents reported their child's development ever being assessed as part of a pediatric visit.

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Early Periodic Screening, Diagnosis and Treatment (EPSDT) under Medicaid

Children living in poverty are known to be at higher risk for preventable conditions. Within a few years of its creation in the 1960s, the Medicaid Program adopted a specialized program to assure that the lowest income children would receive health screenings that met physician-recommended guidelines and treatment needed to remediate adverse health conditions that are detected. This program was named Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and has become known as the “gold standard” for preventive child health. In West Virginia the program responsible for EPSDT is known as HealthCheck. The Office of Maternal, Child and Family Health administers the program with Medicaid providing payment for the services.

Currently, about one-half of West Virginia’s children are covered by Medicaid and eligible for HealthCheck screens. Because HealthCheck is the standard for preventive screens, it is in the interest of the State that children not covered by Medicaid should also receive HealthCheck-type screenings. Consistent use of the HealthCheck protocol for all well-child screenings would assure that all children receive comprehensive screens in accordance with AAP guidelines.

There is no systematic process for documenting, collecting, tracking and analyzing health screenings or referrals on a statewide basis.

Screening, Assessment and Diagnosis

A continuing source of confusion is the exact meaning of the word “screening.” “By screening we mean the application of a quick, simple, but reasonably accurate test to an asymptomatic population to find those individuals who are likely to have the problem in question. A positive screen leads to a more thorough evaluation at the secondary stage of assessment” (Carey, 2002).

“There are simple yet significant differences between screening and assessment. **Screening** [emphasis added] quickly captures a glimpse of a child’s health and developmental status via the use of standardized screening instruments. Screening consists of a brief process using standardized health screening and developmental screening instruments. Screening is used to make judgment(s) about children in order to determine if a referral for further evaluation is necessary.”

“Screening does not lead to a conclusion about whether a child has a developmental or health condition; however, the results of the assessment or evaluation done after the referral may lead to a diagnosis. It is the first opportunity to work together with the parents to learn more about the child and support the parent-child relationship” (Head Start Tip Sheet No. 6, 2003).

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Current Status - Screening Practices in WV

The 2005 survey discussed in this report was completed to determine pre-kindergarten screening practices in all 55 counties. The survey, which was completed in full or in part by school nurses in 49 counties (89 percent of all counties), identified the following issues:

- There is no systematic process for documenting, collecting, tracking and analyzing health screenings or referrals on a statewide basis or to compare performance across counties.
- Screening is not standardized across the state and there is no one person or data system with access to information about types of screens performed or numbers of children screened. Schools and counties need a point of coordination for screening performed by school nurses, school administrators, special education staff, teachers, school aides and others. Coordination and collaboration among staff and the community would enhance the overall health of all students in West Virginia public schools.
- A standard developmental screening tool does not exist in WV schools.
- Dental screens are not universally conducted. Although dental screens are not required by law, 28 counties reported conducting dental screens.
- Counties use a variety of screening tools making county comparisons extremely difficult without standardized procedures. For example, five different tools are used for vision screening, three different tools for hearing screens, and two tools for speech and language screening.
- Knowledge about, or participation in, EPSDT (HealthCheck) is limited.
- Collaboration with health care providers in the community to provide physical exams is generally not included in the screening process. Only five counties reported physical exam screenings.
- Better notification of parents or guardians would improve the screening process and foster better communication for the screens and referrals.



School Health Services

GOAL: School health services should provide for a comprehensive approach to quality care in coordination with community resources and meet the identified needs of children and adolescents.

Comprehensive School Health Services

About 280,000 students are enrolled in 765 public schools in West Virginia. About 23 percent of students in West Virginia’s public schools require regular and ongoing health care and/or medical services during the school day. Comprehensive health services offered in (or in coordination with) the school have, therefore, become increasingly more important in the last decades.

In 2004-05, about 23 percent of students in West Virginia’s public schools required regular and ongoing health care and/or medical services during the school day.

A comprehensive school-based health service is a set of basic health services needed by children and adolescents – physical, behavioral and social. It includes coordination of care for students with appropriate use of consultants and community resources.

Basic core health services that should be available in every school include:

- Screening, diagnostic, treatment, and health counseling services
- Referrals and linkages with other community providers
- Health promotion and injury and disease prevention education

The range of services that could contribute to comprehensive school-based health care involves a variety of professionals such as doctors, dentists, certified school nurses, nurse practitioners, behavioral health providers, physician assistants, dental hygienists, health educators, psychologists, social workers, occupational therapists, speech pathologists, dieticians, health prevention and promotion specialists and others.

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Certified School Nurses

Traditionally, school health services have been delivered by, or under the supervision of, a school nurse. During the 2004-05 school year, a total of 210 school nurses served West Virginia's public schools.¹ Most school nurses are employed by the boards of education although eight school nurses are contractors through local health departments.

In the 2004-05 school year, certified school nurses provided the following services:

- Case managing, planning, monitoring, delegating and/or providing care and training for approximately 17,545 specialized procedures for students as ordered by physicians or mid-level providers.
- Performing 333,210 health screenings such as vision, hearing, immunizations, body mass index (BMI) and dental.
- Referring 36,938 students for further evaluation and follow-up to medical providers.
- Developing 14,838 individualized health care plans.
- Providing school health support to educational staff by participating in approximately 6,356 student assistance plans/teams (SAP/SAT), Individualized Educational Program (IEP) meetings, Section 504 Plans and other student-related meetings.
- Performing 964 home visits regarding student health.
- Performing 35,216 health screenings on school employees and referring 5,010 for evaluation and follow-up.



W.Va. Code requires one school nurse for every 1500 students in grades K-7. National recommendations are one nurse for every 750 students.

W.Va. Code §18-5-22 requires one school nurse for every 1500 students in grades K-7. Pre-K, grades 8-12, and special needs children do not have a mandated school nurse ratio. All counties meet the ratio mandated by law and 43 of 55 exceed the ratio. National recommendations of the Association of School Nurses as well as Healthy People 2010 recommend a ratio of one nurse for every 750 students.

The work of school nurses has expanded dramatically with the mainstreaming of children with disabilities, the increase in chronic disease, new medical technologies, and the emphasis on keeping children in school. School nurses today are expected to meet complex health needs of children with diabetes, asthma, tracheostomies, life-threatening allergies, colostomies, seizure disorders

¹In 2006, the Legislature provided funding for an additional 26 school nurses.

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and other conditions that did not exist in previous eras or were treated only in hospitals and at home.

The School-Based Health Center Model (SBHC)

To meet the increasingly complex physical and emotional health needs of children, school-based health centers (SBHCs) were established in a number of West Virginia schools beginning in the early 1990s. They have proven to be an effective and efficient model in West Virginia and nationally.

In 2005-2006, School-Based Health Centers served 54 schools in 23 counties.

In West Virginia, SBHCs are usually sponsored by a community health center. Minimum staffing includes a nurse practitioner or physician's assistant, nurse, and receptionist. Many of the SBHCs include master's-level counselors and some offer nutritionists and dental services. They provide medical services including screenings, diagnosis, treatment and preventive services. SBHCs complement the work of the school nurse.

During the 2005-2006 school year, 17 community health centers and one hospital sponsored SBHCs in 54 schools in 23 counties. Eighty one percent of students were registered by their parents to receive services, if needed, in the SBHC. Over 68,000 visits were recorded, 9,000 of which were to the SBHC counselors. An additional 4,350 visits were by students from area schools, school staff, and community members. Students visit SBHCs for the full range of health needs. The most common services were for preventive care, including HealthCheck exams and immunizations, and acute care, such as respiratory illnesses. Among students using their SBHC for mental health services, the most frequent visits were for anxiety, depression, and behavior disorders

School-based health centers are not intended to replace the child's physician, but rather to work in concert with the primary care provider and school nurse. In numerous cases, the SBHC also serves as the student's medical home.

According to State Code §16-2J-2 the definition of a medical home is a "team approach to providing health care and care management. Whether involving a primary care provider, specialist or sub-specialist, care management includes the development of a plan of care, the determination of the outcomes desired, facilitation and navigation of the health care system, provision of follow-up and support for achieving the identified outcomes. The medical home maintains a centralized, comprehensive record of all health related services to provide continuity of care."

Effectiveness of the SBHC Model

School-based health centers are a proven model for increasing access to health care for school-age children in West Virginia as well as nationally because they:

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- Enable children to avoid missing school to receive medical care.
- Enable working parents to avoid missing work to take their children to a doctor, which in many cases might be many miles away.
- Provide savings to parents' employers since productivity is not hampered due to unplanned time off the job due to their children's medical needs.
- Reduce use of emergency rooms for health care needs.
- Provide the only medical care some children receive by serving as their medical home.
- Are well utilized - 81% of students in schools with SBHCs had parental consent to use the SBHC.
- Are viewed favorably by students' parents as evidenced by satisfaction surveys that show parents value the services and convenience of having a SBHC.

In 2003, the Health Foundation of Greater Cincinnati commissioned studies of eight schools in Ohio and Kentucky with and without school-based health centers. These studies found that school-based health centers:

- Improve children's health status.
- Generate about \$2 in social benefit for each \$1 spent on operating costs.
- Increase access to services at no significant additional cost to the health care system.
- Save money on care for children in rural areas.
- Save money on hospitalizations and emergency room visits for children with asthma.
- Provide care for children who have no health insurance.

While SBHCs are a desirable and proven model for providing effective and efficient services, for many school districts it is not financially feasible to have a school-based health center in every school. Expansion of SBHCs in West Virginia should be based on need, financial feasibility and consideration of other resources in the community. Multi-site SBHCs serving several schools within a county, and even across counties, are a possible approach.

CHAPTER 4

Promotion Of Child Health and Well-Being

GOAL: All West Virginia children will be physically fit and within normal range of recommended weight.

Childhood obesity is a major problem among West Virginia children leading to poor health, poor self-esteem, and life-long problems of chronic disease. Solving the problem will require the attention of many sectors of West Virginia society. Schools have an especially important role to play in the food they provide, the general physical environment, the soft drinks and snacks they sell through vending machines, the support for physical activity, and the curriculum that is taught.

Defining physically fit

Being fit is not defined only by what kind of activity you do, how long you do it, or at what level of intensity. According to the US Department of Health and Human Services, physical fitness is defined as “a set of attributes that people have or achieve that relates to the ability to perform physical activity.” In other words, it is more than being able to run a long distance or lift a lot of weight at the gym.

The Body Mass Index (BMI)

An individual child’s Body Mass Index or “BMI-for-age” is referenced in terms of a percentile, or where the individual’s BMI falls on standardized growth charts drawn from a large sample of other children of that sex and age. BMI does not measure fatness directly, as an individual’s weight can be influenced by dense muscle or bone mass in addition to fat. BMI is a screening tool only.

“I think we’re looking at a first generation of children who may live less long than their parents as a result of the consequences of overweight and type 2 diabetes.”

Francine Ratner Kaufman, MD
Head, Division of Endocrinology &
Metabolism
Children’s Hospital Los Angeles

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According to the CDC, BMI ranges for children are specified as follows:

- “Normal” is a BMI ranging from the 5th percentile to the 84th percentile.
- Children falling in the 85th to 94th percentile are termed “at risk of overweight”
- Children falling in the 95th percentile and above are referred to as “overweight”

Current Status – Physically Fit and Within Recommended Weight

Up until 2005, the Department of Education collected the school name and the number of students who took the President’s Physical Fitness test each year. Beginning with the 2006-07 school year, the West Virginia Department of Education will be utilizing the Fitnessgram, which was developed by the Cooper Institute for Aerobics Research. This program assesses six major health-related areas of physical fitness including aerobic capacity (cardiovascular endurance), body composition (percentage of body fat), abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility.

In 2005, 30.5 percent of West Virginia high school students were overweight (14.5%) or at risk of becoming overweight (16.0%).

Currently there is no complete or representative sampling of data for BMI for West Virginia school children. The West Virginia University Coronary Artery

Risk Detection in Appalachian Communities (CARDIAC) Project has weighed and measured a large number of 5th graders for several years. Parents must give permission for their children to participate in CARDIAC, and about half of all 5th graders have done so. According to the CARDIAC project, about 46 percent of 5th graders screened have a BMI measure above the 85th percentile making them overweight or at risk for overweight.

The Marshall University School Health Center Technical Assistance and Evaluation office has collected data from the school based health centers. In 2005-2006, the SBHCs reported BMI for 7,298 students ranging from elementary through high school in 19 counties. Forty eight percent of those students were at risk or overweight (i.e., above the 85th percentile).

Other smaller projects for different age groups have collected data but there is no central depository for this information or data on the entire school population.

As a proxy estimate, the bi-annual Youth Risk Behavior Survey (YRBS) administered nationally by the Center for Disease Control and Prevention asks high-school aged students to report their own height and weight. The weakness of this data is that it is self-reported and the information is not verified.

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Additionally, due to sample size limitations, estimates are valid only at the state level. A strength of the YRBS data is that it is a nationally administered survey, and gives states a way to compare results to other states or to the national average.

According to 2005 YRBS data, 30.5 percent of West Virginia high school students are overweight (14.5%) or at risk of becoming overweight (16.0%). National results show 28.8 percent of youth overweight (13.1%) or at risk of becoming overweight (15.7%).

An amendment to the 2005 Healthy Lifestyles Act (SB 785 – 2006) mandates that the Department of Education conduct a scientific sampling of students' BMI measurement. Although the details are still being crafted, data from the CARDIAC project and SBHCs will most likely be used for the sample. Comprehensive identification of overweight issues facing our children is a good first step in developing effective strategies to combat this complex issue.

GOAL: West Virginia children will be knowledgeable about healthy behaviors.

Health Education Standards

To support physical fitness and health education, the West Virginia public school system employs 900 physical education teachers and 600 health education teachers.

Health literacy for all students is the fundamental goal of a comprehensive school health education curriculum. West Virginia's Health Education Content Standards and Objectives (CSOs) are an organized, sequential list of learning standards and objectives closely aligned with the National Standards for Health Education. A major focus has been given to what the Center for Disease Control and Prevention recognizes as adolescent risk behaviors (tobacco use, dietary patterns contributing to disease, sedentary lifestyle, sexual behaviors that result in HIV infection/other STDs and unintended pregnancy, alcohol and other drug use, and behaviors that result in intentional and unintentional injury).

In addition to the CSO's for older children, there is also an Early Learning Standards Framework that identifies the content standards and learning criteria for pre-kindergarten children. The standards are organized under the following domain headings: Social and Emotional; The Arts; Physical Health and Development; Language and Literacy; and Mathematics and Science. Each domain has a set of standards that acts as learning guidelines for all children aged three through five. There are performance indicators under each standard that serve as levels of development for that area.



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The purpose of the standards is to provide a consistent target for both educators and students in West Virginia. They are intended to show what students should know and be able to do at certain grade levels. Teachers and policy-makers can use the standards to design curricula, to allocate instructional resources, and to provide a basis for assessing student achievement and progress.

Current Status – Knowledge of Healthy Behaviors

The best information available on knowledge about healthy behaviors is from the 2002-03 Health Education Assessment Project (HEAP). The HEAP was the first statewide assessment of health education. It was completed with over 17,000 students in grades six, eight and high school in 51 counties in the spring of 2003. Scores indicate whether a student met, exceeded, almost achieved, or did not meet the health education standards. Statewide results across all content areas and grade levels indicate that students did not meet the standards in the following areas:

- Identifying short and long term consequences of tobacco and drugs
- Identifying risks associated with sexual activities (8th grade)
- Analyzing the effectiveness of various birth control methods for both pregnancy prevention and protection against STDs (high school)
- Identifying accurate sources of health information
- Understanding a food label
- Linking a particular physical activity to a specific fitness outcome
- Identifying recommended physical activity goals
- Analyzing media/advertisements
- Identifying effective ways to deal with stress

35 % of West Virginia high school students reported using tobacco products on one or more of the past 30 days.

Mean scores for female students were significantly higher than the male students' scores. High school students scored the lowest on the mental health questions and did best on the nutrition questions.

The eighth graders scored the lowest on alcohol and other drug questions and did their best with questions related to physical activity. The 6th grade students scored the lowest in the growth and development area and exceeded the standards on questions about injury prevention. This was the only subtest area for any of the grades where the standards were met or, in this case, were exceeded. County-level data for the 2002-03 HEAP are available upon request to each county school system.

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GOAL: West Virginia schools will provide for a healthy environment in which children can learn, grow and prosper.

The health and well-being of children depends on the safety and quality of their physical (or built) environment, natural environment, and social/emotional environment — at home, school and in the community.

Physical (Built) Environment

The physical environment has a major impact on the health and development of children. This environment includes the buildings, parks, businesses, schools, road systems, and other infrastructures that children encounter in their daily lives. Children need protection and a safe physical environment. Protection from physical injuries and illnesses is a key aspect. Having well-designed homes, streets, schools, transportation systems and playgrounds will promote the safety and health of children and youth.

In recent years, schools have focused attention and resources to ensure that the built environment is monitored and problems are addressed and corrected. However challenges still exist – there are still older schools with issues pertaining to ventilation systems, schools that are located in flood prone areas, schools where there is no stand-alone gymnasium, schools with outdated or unsafe playgrounds – just to name a few.

Social/Emotional Environment

In addition to the physical space or environment, schools have the responsibility to make sure a child has the best possible emotional and social environment in the school setting – a responsibility to create a positive school climate.

The impact that social and emotional issues have on a child’s mental health makes it extremely important for schools to devote adequate time and resources to these issues. Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills.

Mental health disorders in children and adolescents are caused by a variety of biological and environmental factors. Examples of biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system, such as a head injury. Many environmental factors also put young people at risk for developing mental health disorders. These factors include exposure to environmental toxins; exposure to violence, such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings, or other disasters; stress related to chronic poverty, violence, discrimination, natural

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disasters, or other serious hardships; and the loss of important people through death, divorce, or broken relationships.

The mental health problems of children in schools are an enormous, neglected and growing problem, which is not being adequately addressed through the current resources available.

Schools need to make sure that all personnel are aware of the number of children that face social/emotional and physical/environmental issues daily and the affect these challenges have on a child's academic achievement, relationships, behavior and ability to cope and succeed in school and in life.

The school should be free from bullying and violence. Counselors and social workers should be available to students either in the school or by referral. These are important social and emotional components that schools can, and should, provide to the children entrusted to their care.

Current Status – Healthy Environment

Persistently Dangerous Schools:

West Virginia defines a school as persistently dangerous if a school has two consecutive years of the following offenses that exceed more than five percent of the total students enrolled in the school. These offenses include a) battery on a school employee; b) commission of an act or conduct that would constitute a felony under state law; c) possession of a firearm or deadly; or d) the sale of a narcotic drug on the premises of an educational facility, at a school sponsored event or on a school bus.

No West Virginia schools were identified as persistently dangerous in 2004-05.

Mental and Emotional Health:

The mental health of school-age children is an enormous and neglected problem. Anecdotal evidence from school personnel, health care providers, parents, and students indicate that social/emotional issues in schools are a serious and growing issue.

It is estimated that 13% of WV children have a serious emotional disorder.

The West Virginia Bureau for Behavioral Health estimates the prevalence of serious emotional disorders among WV children at 13 percent. Only 17.5 percent of that number are being served by community mental health centers. According to the 2004 National Survey on Drug Use and Health, West Virginia recently became first among states for the percentage of persons defined as having serious psychological distress (SPD). Almost 13 percent of the total population age 18 and older met the criteria for SPD. The survey also reported that among youth in West Virginia, over 11 percent have used illicit drugs in the past month.

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A 2001 survey of children with special health care needs reported that 4.7 percent have special needs compared to a national average of 3.7 percent. On a national survey on children's health, 9.4 percent of West Virginia parents of children age 3-17 reported that their children have moderate to severe difficulties with emotions, behavior and getting along with others.

School-based health center data, representing over 13,000 student users, show that 1,300 students sought mental health services for a range of acute to chronic mental health problems, with the most frequent diagnoses being anxiety disorders (36%), depressive disorders (17%) and behavior disorders (11%) in the 2005-06 school year.

The availability of school counselors is not a good reflection of the professional mental and emotional support available to students because school counselors fill a wide variety of roles from academic guidance, career guidance to mental health counseling. Many schools contract with private providers for psychological testing but there is little if any counseling available to children beyond what is legally required through special education. Most school systems have no social workers and, among those that do, the numbers are insignificant.

Out-of-state placement for youth needing residential treatment has been a constantly debated issue in the West Virginia Legislature. As the state works to move forward to bring youth home, it will be essential to have better support systems in place. Schools that are prepared to meet the need will be critical to the success of bringing children home.

The School Health Index (SHI) Assessment is a good tool to assess the school environment. No information is available to know how many schools have completed the SHI Assessment.



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Policy Recommendations

Addressing the recommendations is the responsibility of education, public health, behavioral health, communities and private practitioners.

The Partners recommend the development of legislation to create in law the foundation of a school health system for the 21st century.

Chapter 1: A Coordinated Approach to School Health

1. West Virginia schools should identify the needs and gaps of school health by using the School Health Index Assessment and pursue a coordinated approach to school health as described in this report.
2. The development of wellness policies in all school districts, as required by Section 204 of Child Nutrition Reauthorization Act of 2004 federal law, should be based on assessments of the current status using the School Health Index.
3. The Office of Healthy Schools in the Department of Education should provide technical assistance and support to help schools conduct the assessment and achieve a coordinated school health system.

Chapter 2: Health Screening

1. The EPSDT (HealthCheck) screening protocol should be adopted as the standard tool to screen all children to assure high quality and comprehensive screening process. In addition, this will ensure consistency between the school system and the medical care system and help avoid duplication, thereby saving health care and education dollars. This recommendation is in alignment with the recommendations of the American Academy of Pediatrics.

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2. A point of coordination and accountability should be established for all types of screens at both the county and state level. The WV Education Information System should be used to provide a central electronic database enabling policymakers and school administrators to answer key questions such as (a) number of children screened, (b) what types of screens were performed, and (c) children who needed referrals and further services.
3. The Department of Education and Bureau for Public Health should provide assistance and support to local school districts to implement standardized instruments, processes, and data collection.
4. The Office of Healthy Schools should establish standard protocols for (a) referrals resulting from findings of health screenings, (b) notification of parents/guardians, and (c) linking children to a medical home.
5. The school nurse(s) should be the point of accountability in each county to coordinate screening, document results, and track children with identified problems.
6. The school nurse(s) should identify children without health care coverage and make referrals to Medicaid and WV Children's Health Insurance Program (CHIP).

Chapter 3: School Health Services

1. Each county school system should seek to establish a school health system which includes coordination between school health nurses, school-based health centers, local medical, dental and mental health services and public health resources.
2. The principles of prevention, medical home, and chronic disease management should be a part of every school health system.
3. The role of the school nurse(s) should include health management, coordination and assurance as well as the delivery of direct services. The school nurse(s) will need adequate support staff to fulfill the necessary management functions.
4. Each county school health system should support quality care including (a) an infrastructure to audit and monitor the policies and practices of school-based health services to meet professional, state, national and local standards for provision of health care, and (b) using evidence-based medical practices.
5. The West Virginia School-Based Health Assembly and the West Virginia Association of School Nurses should continue to plan and develop policies and processes for a comprehensive and coordinated school health system in each school district.
6. The School Based Health Center should be adopted as a model approach for delivering comprehensive primary care services to children in school. Expan-

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sion of SBHCs in West Virginia should be based on need, financial feasibility and should always be sponsored by a community health provider.

7. Each county school health system should adopt practices that emphasize the sharing of health information among schools and local / regional health providers, with permission of parents/guardians, so each child has a seamless health record. Data systems of the schools and other providers should be coordinated and have the capability for multiple providers to add information to the student's electronic health record. They should be coordinated with a future statewide health information network.

Chapter 4: Promotion of Child Health and Well - Being

1. All schools should adhere to the WV Board of Education Position Statement on Local Wellness Policies and the sections related to school nutrition, physical activity and health education.
2. The WV Department of Education should assist school districts in supporting and promoting physical education including:
 - Continuing collection of data on physical fitness of school children and providing training on Fitnessgram.
 - Increasing the number of educators who participate in the Health and Physical Education Academy.
 - Increasing the number of physical education teachers that are nationally certified.
 - Collaborating with the Bureau for Public Health to provide schools with more resources for physical education equipment.
 - Increasing the number of schools that provide both more physical education and physical activity opportunities during the school day.
 - Encouraging schools to align themselves with the Healthy Lifestyles Initiatives in H.B 2816.
 - Encouraging each family to schedule a well child visit with their medical home annually.
3. The WV Department of Education should use a standardized health assessment (HEAP: Health Education Assessment Project) to assess students' health literacy and program effectiveness. Students in grades six, eight and high school health education classes will participate (approximately 65,000 students).
4. The WV Department of Education, Office of Healthy Schools, school systems and educators should utilize HEAP data to create projects and programs for students in the identified weakness areas.

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5. Each school should be responsible for ensuring that their health, nutrition and physical education educators participate in Health and Physical Education Academy offered by or in coordination with the WV Department of Education, Office of Healthy Schools no less than every two years.
6. The WV Department of Education and local county Boards of Education should provide, at least every two years, professional development and training to all school personnel on the aspects of providing an environment that fosters a positive school climate, which includes safe and drug free schools, character education, etc.
7. The WV Department of Education, the Bureau for Public Health, the Bureau for Behavioral Health and the Healthy Lifestyles Coalition should work together to assess the physical, social and emotional environment of schools.
8. The WV Department of Education, Bureau for Public Health, Bureau for Behavioral Health and School-Based Health Centers should collaborate to develop models for expanding delivery of mental health services in the school setting.
9. The WV Department of Education, Bureau for Public Health, and the Healthy Lifestyles Coalition should collaborate to assess the built environment in schools.
10. All county boards of education should promote staff wellness programs that encourage health-promoting behaviors among staff in order to improve productivity and model healthy behaviors.

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Statewide and County Data on School Health

Information on data sources and definitions are located in the definition section at the end of this report. All data sources are from 2004-2005 unless otherwise noted.

Healthy Kids ~ Healthy Schools

Statewide

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	123,015	44.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	66,360	23.7%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	82,102	29.4%
Number & Percent of Children in Pre-K Public Education	7980	2.9%
Number & Percent of Children Receiving Free or Reduced Lunch	150,069	52.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.4%	
Number & Percent of Minority Children Enrolled in Public Education	17,074	6.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	18,122	50.5%
Number of County School Systems who Meet Required School Nurse Ratio for K-7 Students (1:1500)	55 County School Systems -100% of counties in 2004-05	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 25,954	9.3%
	Utilized: 12,398	4.4%
	Registered: 20,917	7.5%
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	DTaP	97.9%
	Polio	97.1%
	MMR	97.3%
Number of County School Systems Completing the School Health Index Assessment	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	17,545	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 46.8% of eligible children were screened in 2004-05 school year	54.8%	
Number of School Counselors	615.26 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	65%	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	732 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	1299 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.5 Cases	
Number of Homeless Youth	444 Students	

Healthy Kids ~ Healthy Schools

Barbour County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1091	42.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	623	24.0%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	762	29.3%
Number & Percent of Children in Pre-K Public Education	123	4.7%
Number & Percent of Children Receiving Free or Reduced Lunch	1774	67.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	30.4%	
Number & Percent of Minority Children Enrolled in Public Education	65	2.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	166	46.1%
Number of Schools Served by a School-Based Health Center	1	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	<p style="text-align: right;">Access To: 736 28.3%</p> <p style="text-align: right;">Utilized: 412 15.8%</p> <p style="text-align: right;">Registered: 627 24.1%</p>	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.8%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 63.9% of eligible children were screened in 2004-05 school year	51.7%	
Number of School Counselors	4.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	4 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Berkeley County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	6851	45.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	3614	24.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	4250	28.4%
Number & Percent of Children in Pre-K Public Education	268	1.8%
Number & Percent of Children Receiving Free or Reduced Lunch	6187	40.2%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	17.3%	
Number & Percent of Minority Children Enrolled in Public Education	1945	13.0%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	589	39.7%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 50.5% of eligible children were screened in 2004-05 school year	56.6%	
Number of School Counselors	35.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	47 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	118 Cases	
Child Abuse and Neglect Rate per 1,000 Children	10.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Boone County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2151	44.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1061	23.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1239	27.1%
Number & Percent of Children in Pre-K Public Education	221	4.8%
Number & Percent of Children Receiving Free or Reduced Lunch	2770	58.8%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	27.9%	
Number & Percent of Minority Children Enrolled in Public Education	66	1.4%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	313	52.8%
Number of Schools Served by a School-Based Health Center	3	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 1191 26.0% Utilized: 248 5.4% Registered: 720 15.7%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	98.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 40.2% of eligible children were screened in 2004-05 school year	49.6%	
Number of School Counselors	8.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	12 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	22 Cases	
Child Abuse and Neglect Rate per 1,000 Children	17.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Braxton County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	957	38.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	594	24.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	770	31.3%
Number & Percent of Children in Pre-K Public Education	136	5.5%
Number & Percent of Children Receiving Free or Reduced Lunch	1525	59.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	30.3%	
Number & Percent of Minority Children Enrolled in Public Education	27	1.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	144	43.8%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 21.6% of eligible children were screened in 2004-05 school year	57.2%	
Number of School Counselors	6.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	7 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	8 Cases	
Child Abuse and Neglect Rate per 1,000 Children	39.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Brooke County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	5059	42.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	876	24.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1108	30.5%
Number & Percent of Children in Pre-K Public Education	95	2.6%
Number & Percent of Children Receiving Free or Reduced Lunch	1484	40.1%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	17.2%	
Number & Percent of Minority Children Enrolled in Public Education	74	2.0%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	207	59.0%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	98.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 76.1% of eligible children were screened in 2004-05 school year	55.2%	
Number of School Counselors	7.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	5 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	21 Cases	
Child Abuse and Neglect Rate per 1,000 Children	7.0 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Cabell County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	5619	45.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2913	23.8%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	3491	28.5%
Number & Percent of Children in Pre-K Public Education	226	1.8%
Number & Percent of Children Receiving Free or Reduced Lunch	6871	54.3%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	25.7%	
Number & Percent of Minority Children Enrolled in Public Education	1135	9.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	883	47.7%
Number of Schools Served by a School-Based Health Center	2	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	<p style="text-align: right;">Access To: 3480 28.4%</p> <p style="text-align: right;">Utilized: 1424 11.6%</p> <p style="text-align: right;">Registered: 2892 23.6%</p>	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	91.1%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 30.1% of eligible children were screened in 2004-05 school year	64.6%	
Number of School Counselors	29.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	41 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	120 Cases	
Child Abuse and Neglect Rate per 1,000 Children	29.0 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Calhoun County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	488	41.1%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	272	22.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	354	29.8%
Number & Percent of Children in Pre-K Public Education	73	6.1%
Number & Percent of Children Receiving Free or Reduced Lunch	833	68.1%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	32.1%	
Number & Percent of Minority Children Enrolled in Public Education	9	0.8%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	20	11.1%
Number of Schools Served by a School-Based Health Center	3	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 955 80.5% Utilized: 669 56.4% Registered: 889 74.9%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	87.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 34.6% of eligible children were screened in 2004-05 school year	66.7%	
Number of School Counselors	3.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	1 Birth	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	2 Cases	
Child Abuse and Neglect Rate per 1,000 Children	21.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Clay County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	888	42.1%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	493	23.4%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	606	28.7%
Number & Percent of Children in Pre-K Public Education	124	5.9%
Number & Percent of Children Receiving Free or Reduced Lunch	1530	74.4%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	34.9%	
Number & Percent of Minority Children Enrolled in Public Education	16	0.8%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	151	51.0%
Number of Schools Served by a School-Based Health Center	3	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 1614 76.5% Utilized: 671 31.8% Registered: 1364 64.6%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.8%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 40.5% of eligible children were screened in 2004-05 school year	58.8%	
Number of School Counselors	3.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	3 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	48.8 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Doddridge County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	529	41.2%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	321	25.0%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	385	30.0%
Number & Percent of Children in Pre-K Public Education	49	3.8%
Number & Percent of Children Receiving Free or Reduced Lunch	742	57.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	28.7%	
Number & Percent of Minority Children Enrolled in Public Education	16	1.2%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	81	51.9%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 56.8% of eligible children were screened in 2004-05 school year	62.0%	
Number of School Counselors	3.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	9 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	3 Cases	
Child Abuse and Neglect Rate per 1,000 Children	13.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Fayette County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	3025	43.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1706	24.7%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2099	30.3%
Number & Percent of Children in Pre-K Public Education	89	1.3%
Number & Percent of Children Receiving Free or Reduced Lunch	4459	63.4%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	31.4%	
Number & Percent of Minority Children Enrolled in Public Education	513	7.4%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	634	57.4%
Number of Schools Served by a School-Based Health Center	6	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 2661 38.5% Utilized: 1551 22.4% Registered: 2134 30.8%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 61.8% of eligible children were screened in 2004-05 school year	59.7%	
Number of School Counselors	14.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	16 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	23 Cases	
Child Abuse and Neglect Rate per 1,000 Children	18.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Gilmer County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	397	39.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	211	20.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	341	33.8%
Number & Percent of Children in Pre-K Public Education	60	5.9%
Number & Percent of Children Receiving Free or Reduced Lunch	607	60.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	30.6%	
Number & Percent of Minority Children Enrolled in Public Education	21	2.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	41	32.3%
Number of Schools Served by a School-Based Health Center	1	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 520 51.5% Utilized: 216 21.4% Registered: 418 41.4%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.8%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 50.0% of eligible children were screened in 2004-05 school year	46.7%	
Number of School Counselors	1.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	3 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	15 Cases	
Child Abuse and Neglect Rate per 1,000 Children	49.1 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Grant County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	893	44.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	467	23.4%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	585	29.3%
Number & Percent of Children in Pre-K Public Education	50	2.5%
Number & Percent of Children Receiving Free or Reduced Lunch	1160	56.3%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.2%	
Number & Percent of Minority Children Enrolled in Public Education	38	1.9%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	114	53.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	95.9%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 46.3% of eligible children were screened in 2004-05 school year	56.0%	
Number of School Counselors	5.25 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	7 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	3 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Greenbrier County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2296	43.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1226	23.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1591	30.0%
Number & Percent of Children in Pre-K Public Education	184	3.5%
Number & Percent of Children Receiving Free or Reduced Lunch	3105	57.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.5%	
Number & Percent of Minority Children Enrolled in Public Education	244	4.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	393	60.5%
Number of Schools Served by a School-Based Health Center	2	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 602 11.4% Utilized: 238 4.5% Registered: 479 9.0%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 55.9% of eligible children were screened in 2004-05 school year	56.1%	
Number of School Counselors	14.12 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	16 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	19 Cases	
Child Abuse and Neglect Rate per 1,000 Children	32.3 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Hampshire County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1662	45.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	849	23.5%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1066	29.5%
Number & Percent of Children in Pre-K Public Education	41	1.1%
Number & Percent of Children Receiving Free or Reduced Lunch	2000	54.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	21.4%	
Number & Percent of Minority Children Enrolled in Public Education	79	2.2%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	153	35.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.1%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 29.8% of eligible children were screened in 2004-05 school year	59.8%	
Number of School Counselors	8.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	8 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	7 Cases	
Child Abuse and Neglect Rate per 1,000 Children	19.1 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Hancock County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1889	44.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1043	24.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1323	30.8%
Number & Percent of Children in Pre-K Public Education	41	1.0%
Number & Percent of Children Receiving Free or Reduced Lunch	1640	38.1%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	16.2%	
Number & Percent of Minority Children Enrolled in Public Education	225	5.2%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	282	56.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 39.6% of eligible children were screened in 2004-05 school year	53.6%	
Number of School Counselors	9.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	15 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	5 Cases	
Child Abuse and Neglect Rate per 1,000 Children	11.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Hardy County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1071	46.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	527	22.6%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	670	28.8%
Number & Percent of Children in Pre-K Public Education	62	2.7%
Number & Percent of Children Receiving Free or Reduced Lunch	1382	57.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	18.6%	
Number & Percent of Minority Children Enrolled in Public Education	96	4.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	101	40.7%
Number of Schools Served by a School-Based Health Center	5	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 2346 100% Utilized: 1265 54.3% Registered: 2160 92.7%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 48.9% of eligible children were screened in 2004-05 school year	49.5%	
Number of School Counselors	5.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	5 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	7 Cases	
Child Abuse and Neglect Rate per 1,000 Children	43.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Harrison County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	4845	42.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2630	23.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	3396	29.9%
Number & Percent of Children in Pre-K Public Education	485	4.3%
Number & Percent of Children Receiving Free or Reduced Lunch	5911	50.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	25.4%	
Number & Percent of Minority Children Enrolled in Public Education	431	3.8%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	738	54.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	100%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 33.8% of eligible children were screened in 2004-05 school year	51.9%	
Number of School Counselors	22.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	40 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	49 Cases	
Child Abuse and Neglect Rate per 1,000 Children	16.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Jackson County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2238	44.6%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1120	22.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1468	29.2%
Number & Percent of Children in Pre-K Public Education	196	3.9%
Number & Percent of Children Receiving Free or Reduced Lunch	2356	46.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.7%	
Number & Percent of Minority Children Enrolled in Public Education	70	1.4%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	341	60.4%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 61.2% of eligible children were screened in 2004-05 school year	58.2%	
Number of School Counselors	12.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	12 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	18.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Jefferson County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	3557	46.4%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1822	23.7%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2181	28.4%
Number & Percent of Children in Pre-K Public Education	112	1.5%
Number & Percent of Children Receiving Free or Reduced Lunch	2654	33.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	12.2%	
Number & Percent of Minority Children Enrolled in Public Education	1100	14.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	216	40.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 45.8% of eligible children were screened in 2004-05 school year	57.8%	
Number of School Counselors	17.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	16 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	57 Cases	
Child Abuse and Neglect Rate per 1,000 Children	5.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Kanawha County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	12,874	46.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	6560	23.4%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	7938	28.4%
Number & Percent of Children in Pre-K Public Education	607	2.2%
Number & Percent of Children Receiving Free or Reduced Lunch	14,935	53.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	23.3%	
Number & Percent of Minority Children Enrolled in Public Education	3838	13.7%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	2099	56.5%
Number of Schools Served by a School-Based Health Center	1	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 1175 4.2% Utilized: 402 1.4% Registered: 604 2.2%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 60.0% of eligible children were screened in 2004-05 school year	43.3%	
Number of School Counselors	51.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	89 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	273 Cases	
Child Abuse and Neglect Rate per 1,000 Children	17.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Lewis County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1130	40.5%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	694	24.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	820	29.4%
Number & Percent of Children in Pre-K Public Education	145	5.2%
Number & Percent of Children Receiving Free or Reduced Lunch	1636	57.6%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	26.5%	
Number & Percent of Minority Children Enrolled in Public Education	35	1.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	219	63.8%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	88.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 9.6% of eligible children were screened in 2004-05 school year	42.9%	
Number of School Counselors	6.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	4 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	11 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Lincoln County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1702	45.2%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	900	23.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1064	28.3%
Number & Percent of Children in Pre-K Public Education	98	2.6%
Number & Percent of Children Receiving Free or Reduced Lunch	2344	62.3%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	31.6%	
Number & Percent of Minority Children Enrolled in Public Education	16	0.4%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	325	55.7%
Number of Schools Served by a School-Based Health Center	1	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 550 14.6% Utilized: 276 7.3% Registered: 420 11.2%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 61.9% of eligible children were screened in 2004-05 school year	47.3%	
Number of School Counselors	6.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	14 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	10 Cases	
Child Abuse and Neglect Rate per 1,000 Children	23.0 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Logan County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2763	45.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1438	23.8%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1627	26.9%
Number & Percent of Children in Pre-K Public Education	222	3.7%
Number & Percent of Children Receiving Free or Reduced Lunch	3511	56.3%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	33.7%	
Number & Percent of Minority Children Enrolled in Public Education	218	3.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	441	46.0%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 41.7% of eligible children were screened in 2004-05 school year	48.7%	
Number of School Counselors	11.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	22 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	20 Cases	
Child Abuse and Neglect Rate per 1,000 Children	24.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

McDowell County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1758	42.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	942	22.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1251	30.4%
Number & Percent of Children in Pre-K Public Education	161	3.9%
Number & Percent of Children Receiving Free or Reduced Lunch	3546	84.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	48.9%	
Number & Percent of Minority Children Enrolled in Public Education	501	12.2%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	456	53.5%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 61.8% of eligible children were screened in 2004-05 school year	39.3%	
Number of School Counselors	9.99 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	12 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	21 Cases	
Child Abuse and Neglect Rate per 1,000 Children	59.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Marion County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	3461	42.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1968	24.0%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2606	31.8%
Number & Percent of Children in Pre-K Public Education	148	1.8%
Number & Percent of Children Receiving Free or Reduced Lunch	4191	49.8%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.0%	
Number & Percent of Minority Children Enrolled in Public Education	551	6.7%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	575	54.7%
Number of Schools Served by a School-Based Health Center	2	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	<p style="text-align: right;">Access To: 1802 22.0%</p> <p style="text-align: right;">Utilized: 662 8.1%</p> <p style="text-align: right;">Registered: 1322 16.2%</p>	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 38.1% of eligible children were screened in 2004-05 school year	62.5%	
Number of School Counselors	20.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	14 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	40 Cases	
Child Abuse and Neglect Rate per 1,000 Children	24.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Marshall County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2235	42.6%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1268	24.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1662	31.7%
Number & Percent of Children in Pre-K Public Education	76	1.5%
Number & Percent of Children Receiving Free or Reduced Lunch	2798	52.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.9%	
Number & Percent of Minority Children Enrolled in Public Education	80	1.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	371	62.7%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	97.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 41.2% of eligible children were screened in 2004-05 school year	59.5%	
Number of School Counselors	14.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	4 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	8 Cases	
Child Abuse and Neglect Rate per 1,000 Children	18.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Mason County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1870	44.4%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	965	22.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1207	28.7%
Number & Percent of Children in Pre-K Public Education	167	4.0%
Number & Percent of Children Receiving Free or Reduced Lunch	2377	54.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	27.0%	
Number & Percent of Minority Children Enrolled in Public Education	89	2.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	248	44.9%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	95.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 39.7% of eligible children were screened in 2004-05 school year	53.6%	
Number of School Counselors	12.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	17 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	44.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Mercer County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	4322	46.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2173	23.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2529	27.1%
Number & Percent of Children in Pre-K Public Education	312	3.3%
Number & Percent of Children Receiving Free or Reduced Lunch	5877	61.2%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	30.6%	
Number & Percent of Minority Children Enrolled in Public Education	929	10.0%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	701	44.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 42.2% of eligible children were screened in 2004-05 school year	49.5%	
Number of School Counselors	22.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	28 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	38 Cases	
Child Abuse and Neglect Rate per 1,000 Children	15.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Mineral County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1798	39.2%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1124	24.5%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1428	31.2%
Number & Percent of Children in Pre-K Public Education	233	5.1%
Number & Percent of Children Receiving Free or Reduced Lunch	2244	47.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	21.0%	
Number & Percent of Minority Children Enrolled in Public Education	198	4.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	262	53.5%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	91.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 42.7% of eligible children were screened in 2004-05 school year	53.3%	
Number of School Counselors	11.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	7 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	14 Cases	
Child Abuse and Neglect Rate per 1,000 Children	20.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Mingo County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2099	44.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1153	24.6%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1309	27.9%
Number & Percent of Children in Pre-K Public Education	125	2.7%
Number & Percent of Children Receiving Free or Reduced Lunch	3180	65.6%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	35.3%	
Number & Percent of Minority Children Enrolled in Public Education	141	3.0%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	367	44.5%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	88.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 57.9% of eligible children were screened in 2004-05 school year	39.7%	
Number of School Counselors	10.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	15 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	14 Cases	
Child Abuse and Neglect Rate per 1,000 Children	36.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Monongalia County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	4283	43.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2280	22.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	3172	31.8%
Number & Percent of Children in Pre-K Public Education	225	2.3%
Number & Percent of Children Receiving Free or Reduced Lunch	3776	37.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	17.4%	
Number & Percent of Minority Children Enrolled in Public Education	925	9.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	559	55.7%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.6%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 37.4% of eligible children were screened in 2004-05 school year	57.0%	
Number of School Counselors	22.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	12 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	62 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Monroe County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	852	41.2%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	484	23.4%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	634	30.7%
Number & Percent of Children in Pre-K Public Education	98	4.7%
Number & Percent of Children Receiving Free or Reduced Lunch	1249	57.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.2%	
Number & Percent of Minority Children Enrolled in Public Education	33	1.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	99	44.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.0%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 94.0% of eligible children were screened in 2004-05 school year	51.9%	
Number of School Counselors	4.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	1 Birth	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	6 Cases	
Child Abuse and Neglect Rate per 1,000 Children	16.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Morgan County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1156	44.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	618	24.0%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	711	27.6%
Number & Percent of Children in Pre-K Public Education	89	3.5%
Number & Percent of Children Receiving Free or Reduced Lunch	1262	48.5%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	17.0%	
Number & Percent of Minority Children Enrolled in Public Education	59	2.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	91	36.5%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	88.9%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 45.8% of eligible children were screened in 2004-05 school year	62.1%	
Number of School Counselors	7.8 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	9 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	2 Cases	
Child Abuse and Neglect Rate per 1,000 Children	6.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Nicholas County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1763	41.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1016	24.0%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1292	30.6%
Number & Percent of Children in Pre-K Public Education	154	3.6%
Number & Percent of Children Receiving Free or Reduced Lunch	2793	64.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	29.9%	
Number & Percent of Minority Children Enrolled in Public Education	38	0.9%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	370	66.4%
Number of Schools Served by a School-Based Health Center	4	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	<p style="text-align: right;">Access To: 2015 47.7%</p> <p style="text-align: right;">Utilized: 1329 31.5%</p> <p style="text-align: right;">Registered: 1882 44.5%</p>	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 73.6% of eligible children were screened in 2004-05 school year	52.8%	
Number of School Counselors	9.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	10 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	25.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Ohio County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2231	41.6%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1302	24.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1787	33.3%
Number & Percent of Children in Pre-K Public Education	39	0.7%
Number & Percent of Children Receiving Free or Reduced Lunch	2656	46.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	20.1%	
Number & Percent of Minority Children Enrolled in Public Education	513	9.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	377	57.4%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	95.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 67.1% of eligible children were screened in 2004-05 school year	56.3%	
Number of School Counselors	14.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	19 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	29 Cases	
Child Abuse and Neglect Rate per 1,000 Children	13.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Pendleton County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	502	41.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	277	23.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	357	29.7%
Number & Percent of Children in Pre-K Public Education	65	5.4%
Number & Percent of Children Receiving Free or Reduced Lunch	618	51.1%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	18.4%	
Number & Percent of Minority Children Enrolled in Public Education	50	4.2%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	64	58.2%
Number of Schools Served by a School-Based Health Center	2	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 666	55.5%
	Utilized: 242	20.1%
	Registered: 531	44.2%
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	98.9%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 66.3% of eligible children were screened in 2004-05 school year	66.1%	
Number of School Counselors	3.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	2 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	17.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Pleasants County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	571	42.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	307	22.6%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	370	27.2%
Number & Percent of Children in Pre-K Public Education	112	8.2%
Number & Percent of Children Receiving Free or Reduced Lunch	631	45.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	17.2%	
Number & Percent of Minority Children Enrolled in Public Education	17	1.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	47	38.5%
Number of Schools Served by a School-Based Health Center	4	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 1346 99.0% Utilized: 466 34.3% Registered: 956 70.3%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.8%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 64.5% of eligible children were screened in 2004-05 school year	58.0%	
Number of School Counselors	3.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	2 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	16.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Pocahontas County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	552	40.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	287	21.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	437	32.3%
Number & Percent of Children in Pre-K Public Education	77	5.7%
Number & Percent of Children Receiving Free or Reduced Lunch	756	55.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	23.2%	
Number & Percent of Minority Children Enrolled in Public Education	8	0.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	89	58.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	87.4%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 89.4% of eligible children were screened in 2004-05 school year	71.5%	
Number of School Counselors	2.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	1 Birth	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	0 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Preston County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	2054	43.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1079	22.9%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1434	30.5%
Number & Percent of Children in Pre-K Public Education	135	2.9%
Number & Percent of Children Receiving Free or Reduced Lunch	2746	57.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.0%	
Number & Percent of Minority Children Enrolled in Public Education	43	0.9%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	274	50.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 42.7% of eligible children were screened in 2004-05 school year	58.5%	
Number of School Counselors	10.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	11 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	8 Cases	
Child Abuse and Neglect Rate per 1,000 Children	12.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Putnam County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	4035	45.2%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2169	24.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2621	29.4%
Number & Percent of Children in Pre-K Public Education	105	1.2%
Number & Percent of Children Receiving Free or Reduced Lunch	3551	40.1%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	12.8%	
Number & Percent of Minority Children Enrolled in Public Education	273	3.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	373	50.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 45.8% of eligible children were screened in 2004-05 school year	58.2%	
Number of School Counselors	20.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	14 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	22 Cases	
Child Abuse and Neglect Rate per 1,000 Children	12.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Raleigh County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	5248	44.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	2827	24.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	3321	28.4%
Number & Percent of Children in Pre-K Public Education	288	2.5%
Number & Percent of Children Receiving Free or Reduced Lunch	6325	53.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	27.3%	
Number & Percent of Minority Children Enrolled in Public Education	1406	12.0%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	942	53.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	91.6%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 61.6% of eligible children were screened in 2004-05 school year	54.6%	
Number of School Counselors	32.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	34 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	59 Cases	
Child Abuse and Neglect Rate per 1,000 Children	26.0 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Randolph County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1899	42.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1109	25.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1313	29.7%
Number & Percent of Children in Pre-K Public Education	104	2.4%
Number & Percent of Children Receiving Free or Reduced Lunch	2596	58.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	26.2%	
Number & Percent of Minority Children Enrolled in Public Education	66	1.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	333	60.0%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	88.9%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 75.2% of eligible children were screened in 2004-05 school year	61.2%	
Number of School Counselors	12.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	14 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	13 Cases	
Child Abuse and Neglect Rate per 1,000 Children	36.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Ritchie County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	636	40.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	387	24.8%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	464	29.7%
Number & Percent of Children in Pre-K Public Education	74	4.7%
Number & Percent of Children Receiving Free or Reduced Lunch	906	56.2%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.5%	
Number & Percent of Minority Children Enrolled in Public Education	26	1.7%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	60	33.1%
Number of Schools Served by a School-Based Health Center	2	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 866 55.5% Utilized: 692 44.3% Registered: 830 53.2%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 62.4% of eligible children were screened in 2004-05 school year	57.0%	
Number of School Counselors	2.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	5 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	2 Cases	
Child Abuse and Neglect Rate per 1,000 Children	16.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Roane County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1112	43.1%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	602	23.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	725	28.1%
Number & Percent of Children in Pre-K Public Education	142	5.5%
Number & Percent of Children Receiving Free or Reduced Lunch	1625	63.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	31.5%	
Number & Percent of Minority Children Enrolled in Public Education	39	1.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	94	25.8%
Number of Schools Served by a School-Based Health Center	3	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Access To: 1193 42.6% Utilized: 291 11.3% Registered: 613 23.8%	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	91.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 33.5% of eligible children were screened in 2004-05 school year	64.1%	
Number of School Counselors	5.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	5 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	2 Cases	
Child Abuse and Neglect Rate per 1,000 Children	31.6 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Summers County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	662	41.0%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	392	24.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	488	30.2%
Number & Percent of Children in Pre-K Public Education	74	4.6%
Number & Percent of Children Receiving Free or Reduced Lunch	1062	65.3%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	33.5%	
Number & Percent of Minority Children Enrolled in Public Education	76	4.7%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	141	59.2%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 45.3% of eligible children were screened in 2004-05 school year	56.9%	
Number of School Counselors	5.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	5 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	1 Case	
Child Abuse and Neglect Rate per 1,000 Children	33.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Taylor County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1027	42.5%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	587	24.2%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	695	28.8%
Number & Percent of Children in Pre-K Public Education	109	4.5%
Number & Percent of Children Receiving Free or Reduced Lunch	1396	54.0%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	25.4%	
Number & Percent of Minority Children Enrolled in Public Education	37	1.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	165	53.7%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 33.1% of eligible children were screened in 2004-05 school year	53.7%	
Number of School Counselors	5.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	3 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	9 Cases	
Child Abuse and Neglect Rate per 1,000 Children	22.3 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Tucker County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	480	40.1%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	303	25.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	337	28.2%
Number & Percent of Children in Pre-K Public Education	77	6.4%
Number & Percent of Children Receiving Free or Reduced Lunch	688	56.2%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.2%	
Number & Percent of Minority Children Enrolled in Public Education	15	1.3%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	49	39.2%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	93.8%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 35.2% of eligible children were screened in 2004-05 school year	32.3%	
Number of School Counselors	2.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	0 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	7 Cases	
Child Abuse and Neglect Rate per 1,000 Children	24.7 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Tyler County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	667	42.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	379	24.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	508	32.5%
Number & Percent of Children in Pre-K Public Education	7	0.4%
Number & Percent of Children Receiving Free or Reduced Lunch	889	56.4%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.5%	
Number & Percent of Minority Children Enrolled in Public Education	14	0.9%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	124	62.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.6%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 65.6% of eligible children were screened in 2004-05 school year	55.0%	
Number of School Counselors	4.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	0 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	3 Cases	
Child Abuse and Neglect Rate per 1,000 Children	23.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Upshur County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1677	44.5%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	944	25.1%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1103	29.3%
Number & Percent of Children in Pre-K Public Education	41	1.1%
Number & Percent of Children Receiving Free or Reduced Lunch	2269	59.7%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	28.0%	
Number & Percent of Minority Children Enrolled in Public Education	59	1.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	247	48.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	90.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 54.0% of eligible children were screened in 2004-05 school year	60.0%	
Number of School Counselors	9.6 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	8 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	7 Cases	
Child Abuse and Neglect Rate per 1,000 Children	29.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Wayne County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	3339	44.1%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	1939	25.6%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	2135	28.2%
Number & Percent of Children in Pre-K Public Education	162	2.1%
Number & Percent of Children Receiving Free or Reduced Lunch	4602	58.8%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	26.7%	
Number & Percent of Minority Children Enrolled in Public Education	81	1.1%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	450	46.5%
Number of Schools Served by a School-Based Health Center	3	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	<p style="text-align: right;">Access To: 2236 29.5%</p> <p style="text-align: right;">Utilized: 1344 17.7%</p> <p style="text-align: right;">Registered: 2776 27.4%</p>	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	88.2%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 37.8% of eligible children were screened in 2004-05 school year	55.0%	
Number of School Counselors	13.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	10 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	19 Cases	
Child Abuse and Neglect Rate per 1,000 Children	14.2 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Webster County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	671	41.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	381	23.5%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	485	29.9%
Number & Percent of Children in Pre-K Public Education	87	5.4%
Number & Percent of Children Receiving Free or Reduced Lunch	1271	74.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	38.0%	
Number & Percent of Minority Children Enrolled in Public Education	8	0.5%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	136	52.1%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	95.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 58.8% of eligible children were screened in 2004-05 school year	56.7%	
Number of School Counselors	4.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	1 Birth	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	4 Cases	
Child Abuse and Neglect Rate per 1,000 Children	30.5 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Wetzel County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1318	40.7%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	724	22.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	993	30.6%
Number & Percent of Children in Pre-K Public Education	205	6.3%
Number & Percent of Children Receiving Free or Reduced Lunch	1709	50.4%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	24.9%	
Number & Percent of Minority Children Enrolled in Public Education	45	1.4%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	252	64.8%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	92.3%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 56.0% of eligible children were screened in 2004-05 school year	56.0%	
Number of School Counselors	8.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	12 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	11 Cases	
Child Abuse and Neglect Rate per 1,000 Children	28.9 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Wirt County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	410	40.3%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	267	26.3%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	299	29.4%
Number & Percent of Children in Pre-K Public Education	41	4.0%
Number & Percent of Children Receiving Free or Reduced Lunch	583	56.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	26.9%	
Number & Percent of Minority Children Enrolled in Public Education	6	0.6%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	61	49.6%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	96.1%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 48.6% of eligible children were screened in 2004-05 school year	50.0%	
Number of School Counselors	2.5 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	2 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	6 Cases	
Child Abuse and Neglect Rate per 1,000 Children	14.8 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Wood County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	6034	43.9%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	3252	23.7%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	4080	29.7%
Number & Percent of Children in Pre-K Public Education	380	2.8%
Number & Percent of Children Receiving Free or Reduced Lunch	5747	41.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	22.1%	
Number & Percent of Minority Children Enrolled in Public Education	400	2.9%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	790	45.8%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	89.5%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 37.9% of eligible children were screened in 2004-05 school year	60.5%	
Number of School Counselors	27.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	46 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	59 Cases	
Child Abuse and Neglect Rate per 1,000 Children	32.4 Cases	
Number of Homeless Youth	Not Available	

Healthy Kids ~ Healthy Schools

Wyoming County

Number & Percent of Children Enrolled in Public Elementary Schools (Grades K-5)	1918	45.8%
Number & Percent of Children Enrolled in Public Middle Schools (Grades 6-8)	896	21.4%
Number & Percent of Children Enrolled in Public Secondary Schools (Grades 9-12)	1215	29.0%
Number & Percent of Children in Pre-K Public Education	161	3.8%
Number & Percent of Children Receiving Free or Reduced Lunch	2734	64.9%
Percent of Children 0-18 yrs old Living in Poverty (2003 data)	34.3%	
Number & Percent of Minority Children Enrolled in Public Education	71	1.7%
Number & Percent of Medicaid Children Aged 3-5 who Received at Least One Initial or Periodic Screening through the HealthCheck Program (2003 data)	222	35.5%
Number of Schools Served by a School-Based Health Center	0	
Number & Percent of Students in the County who Have Access to, Have Utilized and Are Registered in a School-Based Health Center	Not Applicable	
Percent of Children 0-18 yrs With Health Insurance On Any Given Day (2001 data)	94.7%	
Percent of Children who are Immunized Prior to Entering Kindergarten	Not Available	
Has the County School Systems Completed the School Health Index Assessment?	Unknown	
Number of Children Receiving a Specialized Medical Procedure during the School Day	Not Available	
Percent of 5 th Grade Children Screened who Were NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85 th Percentile) - 79.7% of eligible children were screened in 2004-05 school year	54.0%	
Number of School Counselors	7.0 FTE	
Percent of High School Aged Children Reporting NO Tobacco Use during the Past 30 days	Not Available	
Number of Schools Classified as Persistently Dangerous	0	
Number of Adolescent Births (Ages 10-17)	15 Births	
Sexually Transmitted Disease Cases (Ages 10-19 yrs)	8 Cases	
Child Abuse and Neglect Rate per 1,000 Children	67.1 Cases	
Number of Homeless Youth	Not Available	

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Definitions

Abuse and Neglect Rate: The number of children found to be victims of abuse or neglect per 1,000 children under age 18. Source - 2003 data from WV Kids Count Data Book, 2005.

Adolescent Birth: Number of births in 2004 to females ages 10-17. Source - 2004 preliminary data, WV Health Statistics Center.

Assessment: Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify: (i) The child's unique strengths and needs and the services appropriate to meet those needs; and (ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. Source - Performance Standards, Title 45, Code of Federal Regulations: 1304.3(a)(1)(i) & (ii) & 1303.3(a)(1)

BMI: Four variables are needed to calculate a child's BMI: their height, their weight, their age, and their sex. Although it is possible to use these variables to calculate a BMI by hand, it is easier and less error prone to automate the calculation. There are no-cost calculators available (Centers for Disease Control, <http://www.cdc.gov/growthcharts/>). Exact precision in measuring height and weight is not required. BMI is a screening tool, not a diagnostic test. According to HRSA, Maternal and Child Health Bureau's on-line procedural training module for obtaining heights and weights (Maternal and Child Health Bureau procedural training module, <http://depts.washington.edu/growth/>), weights should be accurate to a ¼ pound, and height accurate to a ¼ inch. Children should be weighed and measured in light indoor clothing, without shoes. A suitable scale is a quality beam balance or electronic scale that can be easily calibrated. Bathroom-type spring scales are not appropriate. Height is measured using a stadiometer, an inexpensive vertical measuring board. Both scales and stadiometers are available in portable models.

Certified school nurse: a registered professional nurse, who is licensed by the West Virginia Board of Examiners for Registered Professional Nurses (W.Va. Code § 30-7-1, et seq.), who has completed a West Virginia Department of Education approved program as defined in the West Virginia Board of Education Policy 5100: Approval of Educational Personnel Preparation Programs (W.Va.126CSR114), and meets the requirements for certification contained in West Virginia Board of Education Policy 5202: Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (W.Va. 126CSR136) (hereinafter Policy 5202). The certified school nurse must be employed by the county board of education or the county health department as specified in W.Va. Code §18-5-22.

Children Enrolled in Public Elementary School: Number of children in grades K through 5. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

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Children Enrolled in Public Middle School: Number of children in grades 6 through 8. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

Children Enrolled in Public High School: Number of children in grades 9 through 12. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

Children in Pre-K Public Education: 4-year old children or 3- year old children with identified special needs enrolled in a public pre-kindergarten program. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

Children Living in Poverty: Total number of children under age 18 who live in families with incomes at or below the federal poverty level divided by the total number of children under age 18. Source - 2003 data from 2005 WV Kids Count Data Book.

Children Receiving Free or Reduced Lunch: Eligibility for free lunch is defined as an annual household income of less than 130% of the Federal Poverty Level (Example – in 2004, \$24,505 for a family of 4); for reduced lunch it is defined as a household income under 185% of the Federal Poverty Level (Example – in 2004, between \$24,506 and \$34,873 for a family of 4). Source - WV Department of Education Office of Child Nutrition, Oct 2004 Report. For completed FPL information, please see table below.

Children Receiving HealthCheck Screening: Number & percent of Medicaid children ages 3-5 who received at least one initial or periodic screening through the HealthCheck program. Source - Federal FY 2003 HealthCheck Annual Report.

Children Receiving a Specialized Medical Procedure: Number of students requiring the provision of specialized healthcare procedures during the school day. Procedures include administration of an oral medication, inhalation therapy, blood glucose monitoring, tracheostomy suctioning. In some cases, more than one procedure was provided for an individual student. Source - School nurse needs assessment data 2004-05.

Children NOT Overweight or At-Risk for Being Overweight (i.e., BMI less than 85th Percentile): 100 minus the percent of 5th grade students who had BMIs \geq 85th percentile. Source - Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) project data 2004-05 Year 7.

Children with Health Insurance: Percent of children ages 0-18 with health insurance at the time of the survey. Source - West Virginia Healthcare Survey, 2001.

Community Health Center: Health care organizations which are founded and operated by rural communities in West Virginia; funded, in part, by State and Federal grants administered by the Division of Primary Care. Source - <http://www.wvochs.org/dpc/primarycarecenters.aspx>.

County School Systems Meeting Required School Nurse Ratio: Number of county school systems who meet required ratio of one school nurse per 1500 students for K-7 students. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

Disease management: Disease management is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant. Disease management supports the physician or practitioner/patient relationship and plan of care; emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies; and evaluates clinical, humanistic, and economic outcomes on an on-going basis with the goal of improving overall health. Source - <http://www.dmaa.org/definition.html>

Electronic health record: The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. Source - http://www.himss.org/ASP/topics_ehr.asp

Federal Poverty Level (2004-2005) <http://aspe.hhs.gov/05poverty.shtml>

PERCENT OF POVERTY

Size of Family	100%	133%	150%	185%	200%	250%	300%
1	\$9,310	\$12,382	\$13,965	\$17,224	\$18,620	\$23,275	\$27,930
2	\$12,490	\$16,612	\$18,735	\$23,107	\$24,980	\$31,225	\$37,470
3	\$15,670	\$20,841	\$23,505	\$28,990	\$31,340	\$39,175	\$47,010
4	\$18,850	\$25,071	\$28,275	\$34,873	\$37,700	\$47,125	\$56,550
5	\$22,030	\$29,300	\$33,045	\$40,756	\$44,060	\$55,075	\$66,090
6	\$25,210	\$33,529	\$37,815	\$46,639	\$50,420	\$63,025	\$75,630
7	\$28,390	\$37,759	\$42,585	\$52,522	\$56,780	\$70,975	\$85,170
8	\$31,570	\$41,988	\$47,355	\$58,405	\$63,140	\$78,925	\$94,710

Homeless Youth: The term “homeless children and youths” (a) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and (b) includes— (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar

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settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii). Source - WV Department of Education.

Immunized Children: Percent of children who are immunized prior to entering kindergarten for 2004-05 school year. Source - Immunization Survey of New School Enterers and Validation Audits, WV Immunization Program.

Minority Children: Number and percentage of non-white students enrolled in each county. Source -2004-05 Public School Headcount Enrollment by Grade (as of the second school month), WV Department of Education.

Persistently Dangerous School: A West Virginia public school will be classified as a persistently dangerous school on or before July 1, beginning in 2003, and in each subsequent year, if the school has, for two consecutive years, substantiated violations of the following offenses that exceed five percent (5%) of the total number of students enrolled in the school based on the school's second month enrollment:

- a. Battery on a school employee [W.Va. Code §61-2-15(b)].
- b. Commission of an act or conduct that would constitute a felony under the laws of the state.
- c. Possession of a firearm or deadly weapon as defined in W.Va. Code §61-7-2 on any school bus as defined in W.Va. Code §17A-1-1, or in any public or private primary or secondary education building, structure, facility or grounds thereof, or at any school-sponsored function as defined in W.Va. Code §61-7-11a.
- d. Sale of a narcotic drug as defined in W.Va. Code §60A-1-101 on the premises of an educational facility, at a school sponsored function or on a school bus.

Source - WV Department of Education.

Medical home: According to WV State Code §16-2J-2 the definition of a medical home is a "team approach to providing health care and care management. Whether involving a primary care provider, specialist or sub-specialist, care management includes the development of a plan of care, the determination of the outcomes desired, facilitation and navigation of the health care system, provision of follow-up and support for achieving the identified outcomes. The medical home maintains a centralized, comprehensive record of all health related services to provide continuity of care."

Number of School Counselors: The county total of the number of Full Time Equivalent (FTE) positions for each school in that county for 2004-05. Source - WV Department of Education, Counselors by School Report, dated 07/20/05.

Prevention: Prevention means creating conditions that promote good health. It is achieved by reducing those factors that are known to cause illness and problem behaviors and encouraging those factors that buffer individuals and promote good health. Prevention promises a reduction in the incidence of new cases of illness and problem behavior. When properly done, a good preventive intervention is long lasting and focused on reducing vulnerability and enhancing wellness.

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Primary care provider: A primary care provider (PCP) is a practitioner who sees people for common medical problems. This person is usually a doctor, but may be a physician assistant or a nurse practitioner. <http://www.nlm.nih.gov/medlineplus/ency/article/001939.htm>

School-based health centers: clinics located in schools that: 1) are sponsored and operated by community based health organizations 2) provide primary health care services (including but not limited to diagnosis and treatment of acute illness, management of chronic illness, physical exams, immunizations and other preventive services) to students who are enrolled in the health center; and 3) follow state and federal laws, policies, procedures and professional standards for provision of medical care (<http://wvde.state.wv.us/osshp/section6/HealthServices.htm>)

School Health Index (SHI): a self-assessment and planning guide developed by the CDC that enables school systems to: (1) identify the strengths and weaknesses of the school's policies and programs for promoting health and safety; (2) develop an action plan for improving student health and safety, and (3) involve teachers, parents, students and the community in improving school policies, programs and services.

School Systems Completing School Health Index (SHI): Number of county school systems that have completed the School Health Index assessment.

Screening: the application of a quick, simple, but reasonably accurate test to an asymptomatic population to find those individuals who are likely to have the problem in question; a positive screen leads to a more thorough evaluation at the secondary stage of assessment (Carey, 2002, p.316)

Sexually Transmitted Disease Rate: Statewide data is number of reported cases of Syphilis, Chlamydia and Gonorrhea for youth ages 10-19. County data is number of reported cases of Chlamydia and Gonorrhea for youth ages 10-19. Source - 2004 Bureau for Public Health data for 01/01/04 through 12/31/04.

School-Based Health Center Students: Percent of public school students who have access to, have utilized and are registered in a school-based health center. Source – WV Technical Assistance & Evaluation Office, Activity Summary Reports 2004-05.

Youth Not Using Tobacco: 100 minus the percent of 9th-12th grade students who reported smoking cigarettes or cigars or using chewing tobacco, snuff, or dip on one or more of the past 30 days. Source - 2005 Youth Risk Behavior Surveillance System – YRBSS.



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This report is available at the following websites:

West Virginia University Institute for Health Policy Research
www.wvhealthpolicy.org

West Virginia Primary Care Association
www.wvpca.org

WV Healthy Kids and Families Coalition
www.wvhealthykids.org

WV School-Based Health Assembly
www.wvsbha.org

WV Office of Maternal, Child and Family Health
www.wvdhhr.org/echp/

WV Department of Education, Office of Healthy Schools
<http://wvde.state.wv.us/osshp/main/>

