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PREFACE

This report details the findings of your *Elementary School California Healthy Kids Survey* (CHKS). It contains local data on both health-risk behaviors and resilience factors. The report is designed to be used as a comprehensive reference tool in conjunction with the summary of selected results provided in the *CHKS Elementary Key Findings*, intended more for immediate public dissemination. These results will help identify the health and prevention needs of local youth to help guide program decision making to meet those needs.

REPORT ORGANIZATION

The first part of the report discusses the purpose and significance of the survey and each question, particularly as they relate to the meaning and use of the data for program planning. The discussion is arranged by topics, as follows:

- Section 1 provides an introductory summary of the survey's purpose, content, and administration procedures, including sampling plan and final sample size.
- Section 2 presents the characteristics of the students who took the survey (the respondents).
- Sections 3-6 present the results for risk behaviors and related factors (alcohol and other drug use, tobacco use, violence and safety, and physical health).
- Sections 7-11 present the data on resilience factors (Protective Factors and Personal Resilience Strengths).

Report *Appendix A* provides definitions of terms used in this report. Because this elementary survey is new, very limited comparison data are available. When appropriate to illustrate discussion points, data are cited from the representative sample of 7th graders who participated in the most recent California Student Surveys.

Tables provide the current results for each question in the survey in percentages. In some cases, results are not provided for every response to a question in order to simplify data presentation and focus on the most meaningful and useful results. An Index cross references survey question and table numbers, and also shows the correspondence between items in the elementary and secondary versions of the CHKS.

AIDS TO UNDERSTANDING AND USING THE DATA

By necessity, this report discusses the survey questions in general terms. In practice, interpretation of the meaning of the specific findings—and what should be done in response to them—can only be effectively done by local schools and communities. Several resources are available to aid in this process.

- The *CHKS Guidebook, Part II*, describes a step-by-step process for reviewing, analyzing, and disseminating your results as part of a data-driven decision making process. School communities are encouraged to establish a Healthy Kids Planning Committee that will thoroughly examine the results, looking for major themes and youth needs to guide program decision-making and strategic action planning.
- CHKS staff conduct free *data use workshops* every month through CHKS offices via teleconference. (A charge applies for staff to conduct an individual local workshop.)

Conducting Additional Analyses

In addition to this printed report, your complete dataset is available electronically from your CHKS Service Center for a fee of \$50. As discussed in the *CHKS Guidebook*, the receipt of this report should only be the first step in the assessment of student behavior. Additional analyses of the dataset should be performed to better understand patterns of behaviors, how they are interrelated, and the characteristics of the youth who reported them. This will help you design and target programs for those in most need.

If you need support in analyzing these data, consider contacting researchers at local health agencies and colleges. These data may be of great interest to them. Moreover, involving analysts outside the school can further promote better school-community collaboration in meeting youth needs. Data analysis assistance is also available from the CHKS staff as a custom service.

School-Level Reports

CDE supports the preparation of one set of district-level reports. If the schools in your district vary significantly in demographics, programs, or other characteristics, you should consider requesting individual reports for each school. Different schools may have different problems that require different programs and strategies. (For large districts that sample schools and students, the sample may not support school-level reports.) The preparation fee is \$50 per school; additional fees apply for site-level custom module reports.

NEXT STEPS: PROMOTING YOUTH DEVELOPMENT IN THE SCHOOLS

Once the "problem" picture is clear, the challenge for school communities is, "Now what? What research-based strategies can we implement to prevent or intervene with these risk behaviors?" Years of social science research have identified that one of the most effective prevention approaches is that of youth development, or the providing of young people with the supports, opportunities, and skills—often called protective factors—that mediate their involvement in health-risk behaviors and promote positive developmental outcomes such as school success. About half the content of the CHKS elementary survey assesses student developmental supports and opportunities, providing comparison data to the secondary survey Resilience and Youth Development Module (RYDM). These results will enable you to build critical school community awareness of, and support for, youth development approaches to risk-behavior reduction. By looking at local data that reflect both the risk and protective factors of students, a planning committee can also better decide how to allocate financial and human resources.

The CHKS team, under the leadership of Bonnie Benard, a nationally-recognized youth development authority, offers the following resources, tools, workshops, and training opportunities that you can draw upon in making the transition from conducting the survey to implementing effective youth development strategies.

The RYDM Handbook: From Assessment to Practice

This Handbook, which can be downloaded from the CHKS website (www.wested.org/chks), provides a more detailed discussion of how to use your CHKS Resilience and Youth Development data. It summarizes the research supporting the importance of promoting the development of protective factors in the lives of youth and describes strategies and programs that you can implement. It includes the results of analyses of aggregated RYDM secondary student data from across the state examining the relationship between the level of selected health-risk behaviors and the level of perceived protective factors in each of the four key environments assessed by the survey. It shows that risk behaviors are inversely related to the level of protective factors that students experience. In addition, *The RYDM Handbook* contains numerous action strategies that schools and communities can initiate to build positive relationships and partnerships with youth, to promote positive peer-to-peer connections, and to

improve the quality of protective factors in general. *The RYDM Handbook* provides local prevention planners, school administrators, teachers, and School Improvement Teams with information critical to planning and implementing prevention and education interventions.

Resiliency: What We have Learned

Bonnie Benard (2004) synthesizes a decade and more of research on resilience and youth development in this new WestEd publication [www.wested.org/cs/we/view/rs/712]. She highlights the findings to support that resiliency most often prevails over risk—even in extreme situations, such as those caused by poverty, troubled families, or violent neighborhoods. Benard analyzes how best to support young people in schools, families, and communities. This is an easy-to-read discussion of what the research has found along with descriptions of what application of the research looks like in our most successful efforts to support young people.

Workshop and Training Opportunities

Several workshops have been developed to help you further understand and use your RYDM results.

Most important is Listen to Your Students! Using RYDM Data for School Community

Improvement. Workshop participants learn how to: (a) interpret and use their local RYDM data in school community planning and identify how issues should be addressed; (b) facilitate student focus groups as a process for increasing student involvement in school community improvement efforts; and (c) create a research-based action plan based on student and staff recommendations. The student focus-group process modeled in this workshop is a powerful youth development tool for transforming the school environment from risk to resilience. It can be not only informative but also a transformative youth development process. This workshop is offered for a fee each year and can be held locally for district and community members as a custom service.

WestEd’s Center for Youth Development and Resilience offers three other workshop opportunities developed by Benard and Carol Burgoa:

- **From Risk to Resilience: Principles and Strategies of Youth Development** provides an introduction to the theory and practice of youth development.
- **Using Youth Development for Comprehensive Safe Schools Planning** helps participants create a safe and caring school community by using the principles of youth development.
- **“You Matter!” Promoting Resilience and Youth Development in Your After-School Program** focuses on how to develop strengths-based approaches in after-school programs.

For information about these publications and workshops, as well as WestEd’s Center for Youth Development and Resilience, contact Bonnie Benard at bbenard@wested.org. To find out about other training opportunities, please contact the Safe and Healthy Kids Program Office at CDE at 916.319.0920 or your SHKPO regional consultant. School communities are also encouraged to consult the SHKPO’s document, *Getting Results Update, Positive Youth Development: Research, Commentary and Action*.

ACKNOWLEDGEMENTS

The CHKS is funded by the California Department of Education (CDE) as a service to help schools collect and use local health-related student data. The survey was developed under contract by WestEd in collaboration with Duerr Evaluation Resources. Assisting were Dr. Rodney Skager, special consultant, and an Advisory Committee consisting of researchers; education practitioners from county offices of education, school districts, and schools across the state; and representatives from federal and state agencies involved in assessing youth health-related behaviors.

Special thanks are due to all the school staff, teachers, parents and students who participated in the survey for their commitment, time, and effort. At WestEd, Bonnie Benard and Marycruz Diaz helped in the design and preparation of this report. For more information about the survey, call the toll-free helpline at 888.841.7536, or visit our website at www.wested.org/hks.

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1. INTRODUCTION

This report provides by topic the detailed findings from the district's administration of the California Healthy Kids Survey (CHKS) to 5th-grade students. This introduction summarizes the survey's purpose, content, administration procedures, and sample size. Also included is a discussion of the relationship between the risk and resilience factors assessed by the survey.

SURVEY PURPOSE

The California Department of Education (CDE) funded the CHKS to assist schools in preventing youth health-risk behaviors and in promoting positive youth development, resilience, and well-being. The survey provides elementary schools with the developmentally appropriate data they need to guide the implementation of health, prevention, and youth development programs. The survey data will help guide the development of prevention programs targeting specific risk behaviors, as well as the fostering of youth development and resilience factors that protect against these behaviors.

The Elementary CHKS measures many of the same health-risk and resilience factors as the Secondary CHKS, but content and item wording vary for developmental appropriateness. The Index of Item and Table Numbers shows the correspondence between the elementary and middle school versions. The survey incorporates the following seven SDFSCA indicators that CDE has identified for grade 5¹:

- lifetime use of cigarettes and marijuana;
- school safety;
- caring relationships, high expectations and opportunities for meaningful participation in the school environment; and
- school connectedness.

It also collects data on the following other factors related to health risks, recommended by the CHKS Advisory Committee and consultants:

- out-of-school safety,
- adult supervision,
- body image,
- eating habits,
- exercise, and
- television watching.

The item wording is age appropriate for fifth graders to ensure comprehension across varying levels of reading competencies. For unified school districts, the Elementary CHKS should be used in conjunction with the secondary school version of the survey to fully understand the developmental changes that occur in risk behaviors and resilience in order to develop comprehensive K-12 programs that meet student needs.

Preventing and Reducing Risk Behaviors

A thorough understanding of the scope and nature of youth behaviors and the influences on them is essential to guide decision making in developing effective prevention, health, and youth development

programs. It is also essential for raising public awareness and fostering program support. The Elementary CHKS provides critically important baseline data for understanding underlying risk prior to the general age of onset of most health-risk behaviors. It helps you identify the proportion of youth who are very early initiators, and thus at high risk of later health- and academic-related problems, as discussed below.

Accountability

Increasingly schools are required to demonstrate that they are collecting and using data to assess student needs, as well as to develop and evaluate programs that address those needs. In particular, the CHKS is designed to help schools meet the requirements of the federal Safe and Drug-Free Schools and Community Act (SDFSCA) and the state Tobacco Use Prevention Education (TUPE) program. Districts should use their survey findings in conjunction with CDE's *Getting Results* guidebook for prevention program planning. The CHKS helps identify program needs; *Getting Results* provides helpful strategies to better address those needs.

Promoting Positive Development, Well-Being, and School Success

Above all else, the CHKS grew out of CDE's commitment to promoting academic achievement and the successful development of all of the state's youth. The Department views the survey as an integral part of efforts to reform schools and improve student performance. Research has consistently demonstrated that many of the health risks assessed by the CHKS are fundamental barriers to learning. The CHKS data on School Protective Factors further provide a measure of student connectedness to schools, which is a critical condition for school success. Two factsheets are available that summarize the links between health-related behaviors as measured by the CHKS and educational achievement.²

As its name reflects, the CHKS is intended to send a positive message to students, schools, families, and communities about the importance of healthy behaviors and environments that foster well-being. It is designed to promote understanding of not only the problems youth face that must be addressed, but also their positive traits; encouraging school communities to seek ways to help students in need become more competent and ensuring that all youth grow up in protective, supportive and engaging environments that promote positive youth development and success.

RISK ASSESSMENT

Levels of substance use, violence and other problems are low at this grade level, but are still of great interest, especially for two reasons. First, the results provide a baseline from which to monitor and understand the onset of health-risk behaviors as youth age. This is important developmentally for implementing effective and appropriate programs. The major transition from elementary to middle school predicts increases in risk behavior because of the stresses that occur and the exposure of these very susceptible youth to older peer influences. School transitions are vulnerable times of risk, when a student's school schedule, social/peer worlds, and physical development are in constant flux. Being aware of students' attitudes and behaviors before this significant transition period is key to preventing future risky behaviors and to promoting supports and opportunities for academic success and overall healthy lifestyles.³ Generally, prevention programs are considered most effective when conducted just before such crucial transition periods.

Second, youth who are already engaging in risk behaviors at this age should be of special concern. As discussed later in this report, research demonstrates they are especially at risk of school failure and for escalating their behaviors into severely disabling lifestyles involving more serious drug use, violence,

and health problems. CHKS data will aid in targeting group-specific needs, alerting the school community to newly emerging problem areas, and providing an indicator of program success.

RESILIENCE ASSESSMENT

While we strive to identify and address student problems, we must not lose sight of the positive behaviors and attitudes of youth. Too often, surveys of youth health and behavior only gather data on risky behaviors. This presents only a partial picture of youth as deviant individuals that need to be changed. About half of this survey is devoted to assessing youth development, protective factors, and supports that have been found to promote resilience and success, and to help prevent the onset of problem behaviors even in the presence of high-risk environments.

Using shorter versions of the scales developed for the Secondary CHKS Resilience and Youth Development Module B, the Elementary CHKS provides data on essential external (environmental) and internal (individual) factors that research has shown help students overcome adverse situations in light of difficult circumstances. This allows youth to be viewed as rich resources. Understanding the supports that enable healthy development in the face of adversity will help school communities develop strategies to ensure that *all* youth are provided supports for success. This is especially important at this formative age for unlocking academic potential and fostering well-being.

Theoretical Framework: How Does Youth Development Promote School Success and Other Positive Outcomes?

As Figure 1.1 illustrates, the Elementary CHKS assesses 7 Protective Factors and 3 Personal Resilience Strengths:

- The **Protective Factors**, also known as developmental supports or protective factors, are grouped into the three principles that research has shown to be essential for promoting resilience and youth development—**Caring Relationships, High Expectations, and Opportunities for Meaningful Participation**. Each of these three factors—The Resilience Triad—are assessed as they exist in three environments: **School, Home, and Peers**. (The Secondary CHKS also assesses these Protective Factors in the Community Environment.)

The **Personal Resilience Strengths**, also known as developmental outcomes or resilience traits, that the Elementary CHKS assesses are: **Empathy, Problem Solving, and Goals and Aspirations**.

This report provides results indicating whether students are *High, Moderate, or Low* in each of these areas, as well as a total Protective Factor Score. (See Section 7 for a description of how these scores are calculated.)

Youth development is defined as the process of promoting the growth of the whole child—cognitive, social, emotional, physical, moral, and spiritual—through meeting their fundamental needs for safety, love, belonging, respect, identity, power, challenge, mastery, and meaning. Resilience refers to the ability of youth to develop successfully and avoid negative health behaviors, even when exposed to environmental threats, stresses, and risks.

A major tenet of the youth development approach is that when young people experience school, community, home, and peer environments rich in the developmental supports and opportunities of caring relationships, high expectations, and opportunities for meaningful participation, their basic needs are met. In turn, youth with these Protective Factors naturally develop the Personal Resilience Strengths

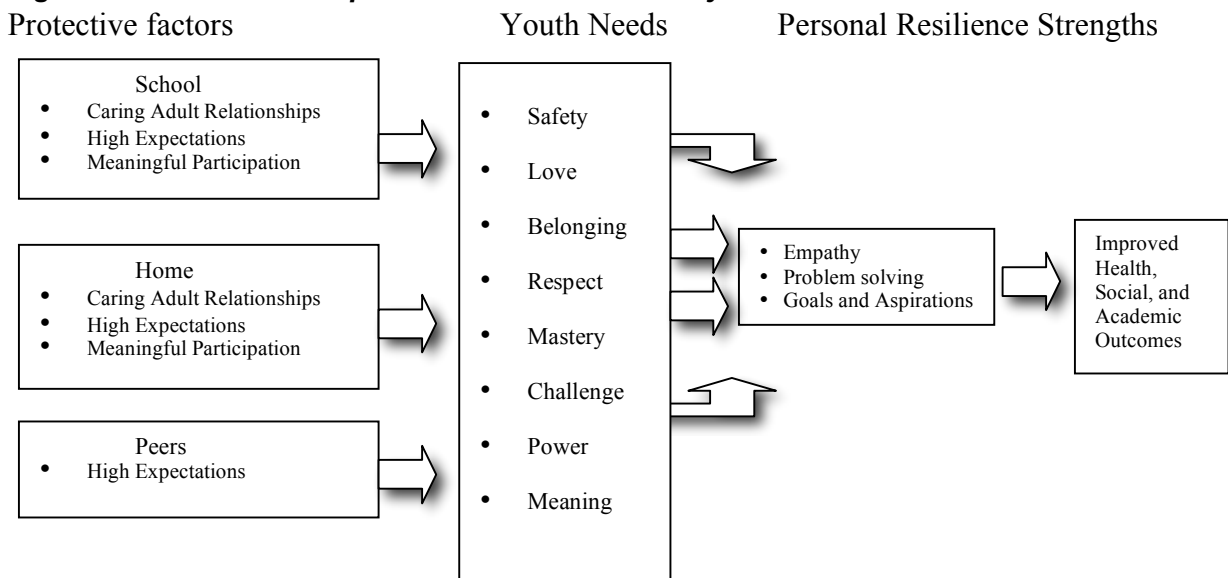
(individual characteristics) that define healthy development and successful learning—and protect against involvement in health-risk behaviors such as alcohol, tobacco, and other drug abuse and violence.

In particular, years of research have shown a strong relationship between healthy behaviors and academic success.⁴ Schools can promote both by creating climates and teaching practices that honor and meet the basic developmental needs of youth. The implication for schools is that a narrow focus on only cognitive development ignores other critical areas of youth development that promote achievement.

Promoting Youth Development in Schools

It is the responsibility of adults in families, schools, and communities to provide these developmental supports and opportunities. When schools review and interpret the findings, they should reflect on what they are doing to promote developmental supports among students. What strategies and actions might be taken to better promote youth development in the home, community, peer, and school environments? In addition to summarizing the results of the survey, this report outlines strategies that schools can take to improve the quality of the protective factors in all environments. The *RYDM Handbook* (www.wested.org/chks) describes these strategies in more detail. Schools should also consult CDE’s *Getting Results* update on positive youth development. In addition, the CHKS staff conduct workshops on understanding the resilience data and next steps to take in implementing school-based strategies (call the CHKS Helpline for more information).

Figure 1.1. Youth Development Process: Resiliency in Action



THE RELATIONSHIP OF RISK AND RESILIENCE

In most school communities, when students report low levels of Protective Factors, they also report higher levels of health-risk behaviors. Similarly, higher levels of Protective factors are associated with lower levels of risk involvement. Moreover, when students report higher levels of these developmental supports and opportunities in their schools and communities, they usually also perceive their schools and communities as safe places. The implication is that implementing strategies that create resilience-enhancing environments for elementary-age youth—prior to the period when health-risk behaviors

typically begin—will help prevent the onset of these behaviors and create a safe, supportive environment in which youth can flourish.

Charts 1.1-1.4 illustrate the relationship between the level of Protective Factors and involvement in selected health-risk indicators for substance use and weapons possession in the 30 days prior to the survey. The data are derived from the administration of the Secondary CHKS to seventh graders in districts throughout California in Fall 1999 through Spring 2002. The charts use aggregated data from 7th graders because of the low prevalence of most risk behaviors among 5th graders. The bars in the charts represent the percentage of students who scored *High*, *Moderate*, and *Low* in total Protective Factors in each of the three environmental domains assessed by the Elementary CHKS.⁵

Chart 1.1. Binge Drinking in the Past 30 days, 7th Grade, by Level of Protective Factors*

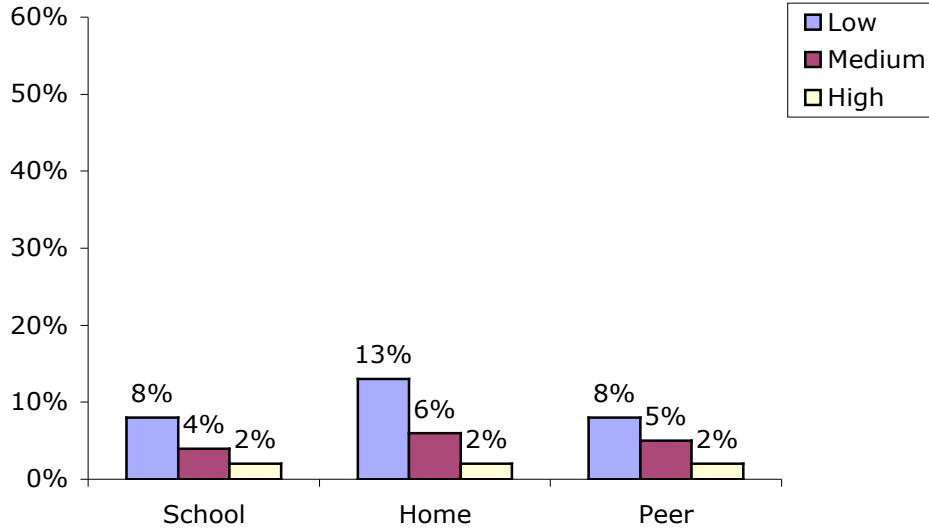
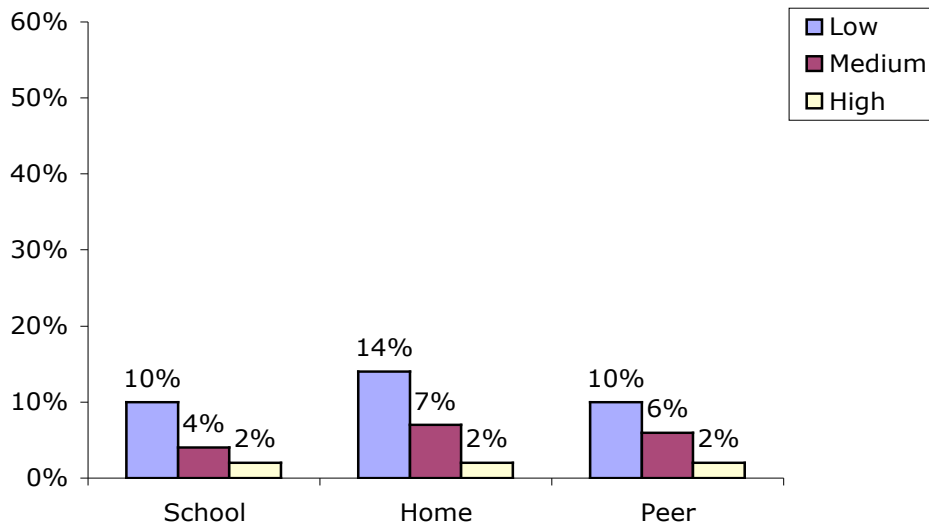


Chart 1.2. Cigarette Use in the Past 30 days, 7th Grade by Level of Protective Factors*



*Aggregated 1999-2002 CHKS Data

Chart 1.3. Marijuana Use in the Past 30 days, 7th Grade by Level of Protective Factors*

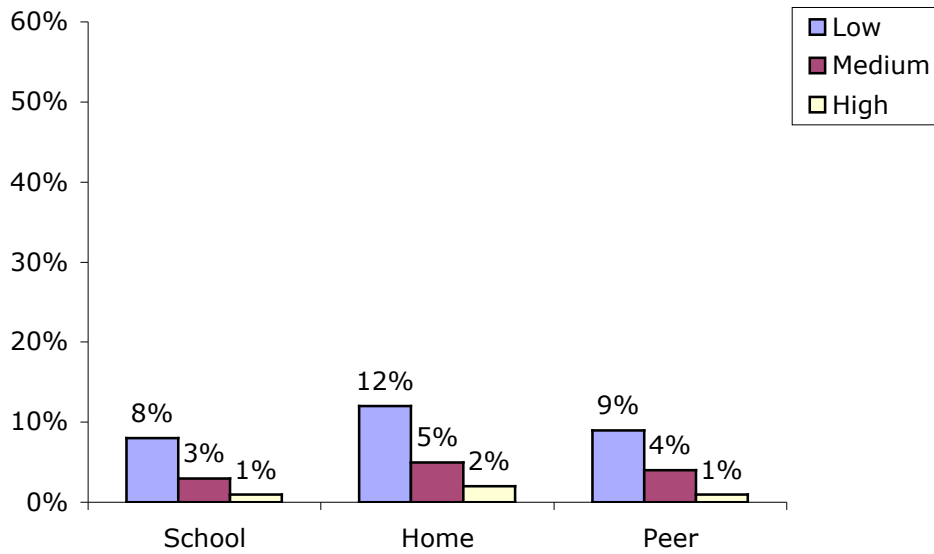
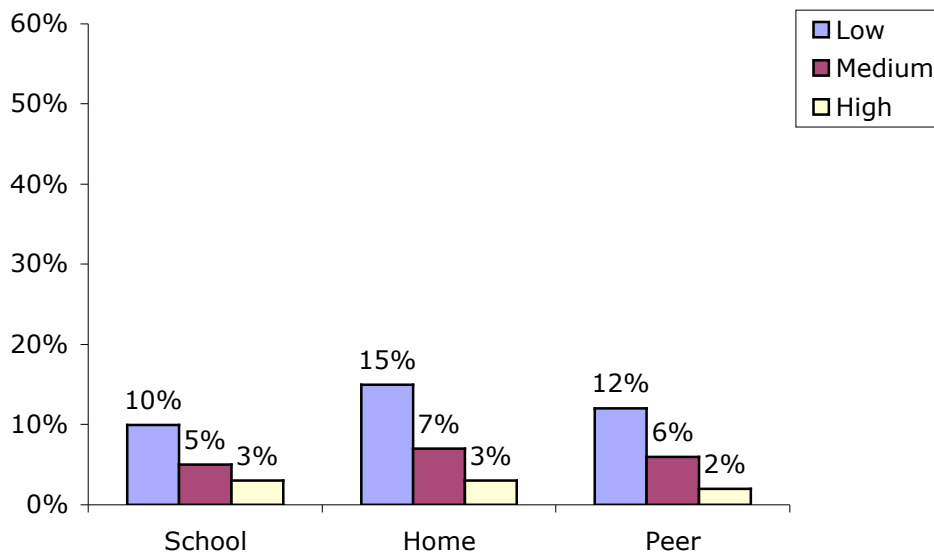


Chart 1.4. Current Weapons Possession at School in 7th Grade by Level of Protective Factors*



*Aggregated 1999-2002 CHKS Data

SURVEY REQUIREMENTS AND PROCEDURES

To ensure uniform data collection across the state, CDE requires that the Elementary CHKS must be administered in its entirety to a representative district sample of fifth graders. CHKS staff selected the sample and provided on-call technical assistance and detailed written instructions in planning, organizing, and conducting the survey. School staff administered the survey following these instructions. The survey guidelines are designed to assure the protection of all student and parental rights to privacy.

- Students were surveyed only with the *written consent of parents or guardians*.
- Each student's participation was voluntary, anonymous, and confidential.

SAMPLING PLAN

The sampling plan, as described in the CHKS *Guidebook*, calls for districts with enrollments of less than 900 students per grade to survey the full enrollment. If there are over 900 students, classrooms may be randomly selected to reach the target of 900. A random sample of schools may also be selected for districts with more than 10 schools. These cutoff numbers were selected by the CHKS sampling panel to balance logistical efficiency with adequate precision of results, with the expectation that a minimum of 60% of the sample will complete the survey.⁶ **Table 1.1** lists:

- The final numbers of respondents who completed valid survey forms, and
- the student response rate (the percentage of the target sample that completed the survey).

DETERMINING THE VALIDITY OF THE RESULTS

Several controls are built into the survey to insure the quality of the results. For example, the final sample excludes the students who took the survey but whose answer forms were eliminated from the database because their responses indicated they did not take the survey seriously, or answered untruthfully or carelessly. If survey methods and sample characteristics vary significantly from CHKS guidelines, district results may not meet survey standards set by the state.

The Importance of a Representative Sample to Survey Results. Among the most important factors affecting the quality of your survey results is your success in meeting the sampling plan. The lower the response rate, the less representative and useful are the results. The results may be particularly biased if there are marked differences in enrollment, school characteristics, and student demographics between high- and low-responding schools.

The Role of Parent Consent. If the student response rate is low, or highly variable across schools, one likely reason is inadequate attention to the consent monitoring process. Research shows most parents or guardians approve of participation. The challenge is encouraging and monitoring the return of the consent forms to the school. *The importance of this cannot be overemphasized.* No student can take the survey without parental consent. Low consent form return rates can lead to a biased sample. The CHKS *Guidebook* provides strategies to help schools increase the return of consent forms.

Endnotes

¹ All the Title IV performance indicators are identified in the Technical Report tables.

² Hanson & Austin (2002).
WestEd. (2002).

- ³ The CHKS was originally developed for assessing only middle and high school students (grades 7, 9, and 11). The survey questions were derived primarily from the Biennial California Student Survey and the Youth Risk Behavior Survey. However, in response to growing interest for a survey at the elementary level and the need for data in order for elementary districts to monitor progress in meeting Title IV performance indicators, CDE funded the development of this survey for fifth graders.
- ⁴ Jessor & Jessor, (1977); Austin, (1991).
- ⁵ See Section 7 for an explanation of how these scores were derived.
- ⁶ If 900 students per grade are selected, the minimum recommended sample size of approximately 625 students can be expected to actually participate after eliminating those students without returned signed consent forms, those with returned negative consent forms, those who individually decline to participate, and those absent on the survey day.

2. SAMPLE CHARACTERISTICS

This section discusses issues related to age, gender, and mobility of the students (or respondents) who completed the CHKS. Based on recommendations of the CHKS Advisory Committee, elementary students were not asked to identify their ethnic/racial background. You should compare the data on the characteristics of the survey respondents with the demographics of 5th graders in general to help determine how representative the results are of all students.

AGE AND GENDER

Question 2: How old are you?

Question 3: Are you female or male?

Question 4: What grade are you in?

Tables 2.1 and 2.2 summarize the size of the final sample by age and gender. While males and females are generally enrolled in schools in equal proportions, surveys that have used written parent-consent procedures, such as the CHKS, have found higher proportions (over-representation) of females. Apparently young girls are more likely to follow through in returning signed consent forms than young boys. Because of the low prevalence of risk behaviors at this age, an under-representation of males should not have a significant effect on the survey results. However, to help you gauge whether significant differences do exist between males and females, gender differences are provided for several key findings in Tables 3.1-5.3. If they do exist, and the gender breakdown of your sample does not reflect enrollment, you should consider weighting the data by gender.

TRANSIENCE

Question 5: During the past year, how many times have you moved (changed where you live)?

Because several questions in the CHKS assess the school environment, the survey asks students how many times they have moved in the last year. **Table 2.3** indicates what proportion of fifth graders come from highly mobile families. Many youth lack the skills to deal with the effects of frequent moves and to make connections in new communities. They are, therefore, more likely to engage in risk behaviors like substance use.

PERCEIVED ABILITY WITH SCHOOLWORK

Question 16: How well do you do in your schoolwork?

Table 2.4 summarizes the proportion of students who reported each of four options: I'm one of the best students; I do better than most students; I do about the same as others; I don't do as well as most others. Although more concrete information is readily available in school records, this item was included in the survey because it allows examination of the students' self-reported behaviors. This gives you one way to evaluate and demonstrate to school and community leaders how local risk behaviors are related to achievement. With this information you will be able to discuss how reducing these barriers to achievement need to be part of school improvement efforts.

3. ALCOHOL AND OTHER DRUG USE

The Elementary CHKS assesses use of alcohol, marijuana, and inhalants over the students' lifetime (ever use) and in the month prior to the survey (past 30 day use). (See Section 4 for a discussion of the tobacco questions.) Use of other drugs is too rare at this age to warrant assessment. Students are also asked about their use of alcohol or any other illegal drug before or at school. In addition, data is provided on one important risk factor: perceived harm from using alcohol or marijuana.

LIFETIME USE

Question 32: Have you ever drunk beer, wine, or other alcohol?

Question 33: Have you ever sniffed something through your nose to get "high?"

Question 34: Have you ever smoked any marijuana (pot, grass, weed)?

Table 3.1 provides the overall rates for ever using (any use) alcohol, inhalants, and marijuana. Surveys have shown that alcohol is by far the most popular substance (discounting tobacco) among elementary youth. Inhalants (glue, paint fumes) are often the most widely used illicit drug among lower grades because of their ready availability and low cost.

Program Implications. The percentages of elementary-age students who have ever tried alcohol or other drugs (AOD) are inevitably of interest because prevention policy is focused on stopping initiation of any use. These results provide a guide for the timing of prevention efforts, which are likely to be most effective if administered just before the ages of peak initiation.

The Importance of Delaying Use Onset. Early initiators of any substance should be of particular concern. Research has demonstrated that the earlier a child initiates AOD use (regardless of substance), the greater the later drug involvement, the frequency of use, the likelihood to continue use (to not try to stop), and the involvement in other deviant activities, including selling drugs. Young people who initiate drug use before the age of 15 appear to be at twice the risk of having drug problems as those who wait until after the age of 19. A recent survey found that approximately half of students enrolled in alternative schools nationwide had first drunk alcohol before the age of 13.¹ This is why delaying use onset is so important.

Data Limitations. Despite their value, lifetime prevalence rates must also be treated with some caution. They may mask widely divergent ranges in substance use experience, even at this young age. Lifetime rates need to be compared with measures of more recent use (e.g., past 30 days) and frequency and level of use.

This is particularly true in regard to any use of *alcohol*, which could involve only ritual use and/or only the drinking of a sip or two. For this reason, the CHKS asks students if they at least had consumed a "full glass," as opposed to drinking "one or two sips." In comparing drinking data from the CHKS to other surveys, pay careful attention to differences in how the other surveys measure lifetime drinking.

CURRENT USE (PAST MONTH)

Question 39: In the past month, did you drink any beer, wine, or other alcohol?

Any substance use in the past 30 days prior to the survey is a standard indicator of current use. **Table 3.2** shows any alcohol use in the past month. The Elementary CHKS only asks about current use of alcohol and tobacco, because current use rates for other drugs are normally very low in fifth grade. Current use

helps differentiate between youth who may have just experimented once or twice and those who already may be more regular users.

Data Interpretation Issues. A limitation of current use rates is that they may be exaggerated by recent, unique short-term behavior and they are vulnerable to seasonal variations. If a survey is administered after a holiday period or major social event (such as a school dance) when AOD use may increase, the results may be higher than if administered at another time. For this reason, we recommend that the secondary surveys be administered in the fall, early winter (before the December holidays) or between February and April. To have accurate trend data, surveys should be conducted during the same period each year.

AOD USE AT SCHOOL

Question 35: Have you ever used alcohol or an illegal drug like marijuana before school or at school?

The CHKS asks whether students have ever used alcohol or drugs before or at school. The results are provided in **Table 3.3**. This behavior indicates:

- a particularly strong affiliation with the substance-using peer culture; and
- a high degree of estrangement from school, manifested by disregard for the potential repercussions for violation of school rules and effects on their education.

As an indicator of lack of school attachment (or belonging), evidence of AOD use at school sends a powerful message to school staff, administration, and parents that efforts to enhance academic achievement must include substance-use prevention. This behavior threatens school efforts to educate all youth. These findings also are indirect indicators of drug availability on the campus. If some students are using drugs at school, other students may have access to them.²

PERCEIVED HARM

Question 37: Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health?

Question 38: Do you think using marijuana (pot, grass, weed) is bad for a person's health?

Table 3.4 reports on students' perception of the health risks of alcohol and marijuana use. This is a risk factor that has been frequently associated with variations in AOD use. This question provides a sense of attitudes relating to the most widely-used substance throughout society (alcohol) and the most common illicit drug among youth (marijuana). California Student Survey (CSS) data for seventh graders has consistently shown that the great majority of students believe that frequent use of either substance is harmful, but alcohol less so than marijuana.

The relationship of attitudes to behavior is complex. Scare tactics have been shown not to work, as the message loses credibility with youth. Some risk-taking youth may even use a drug because it is dangerous. The risk is part of the appeal. This has prompted concerns that, for these youth, drug education might produce a "boomerang effect" and encourage use. Moreover, as students age, the degree to which they might attempt to discourage drug use among their friends declines, even if they personally believe drugs are harmful. Thus, levels of perceived harm may remain high even as use increases.

However, research has shown that as perceived risk or harm from drug use has changed over time, so has use.³ In the 1980s, when marijuana use and its perceived harm declined, reports about health consequences were generally balanced, received good media coverage, were based on extensive research, and were consonant with students' observations. In contrast, in the 1990s, use rose as the

balance of messages to kids changed appreciably due to a phenomenon of “generational forgetting” rooted in four related developments among the younger generation: fewer first-hand experiences with adverse effects, fewer anti-drug media messages, more pro-drug messages, and the reluctance of parents who used drugs in their youth to talk about it to their children.

Program Implications. Overall research suggests that over time the harm young people attach to using drugs does shape their decisions about use. The more alcohol and/or drugs are legitimately seen as a health threat in society through educational campaigns, media messages, and social disapproval, the less likely it is that youth will want to drink alcohol and smoke marijuana. Realistic information about risks and consequences of drug use, communicated by a credible source, can be persuasive and play an important role in reducing demand.

But information alone is not enough. Reflecting the complex relationship between attitudes and behavior, prevention programs that rely only on teaching information about the dangers of drug use have not been effective. This is especially true when they employ scare tactics. Information dissemination needs to be imbedded in a comprehensive program that addresses multiple risk factors with multiple strategies. Programs that focus only on the dangers of drugs are not as effective as programs that educate students about other aspects of drug use as well, such as peer influence interactions.

Endnotes

¹ The Youth Risk Behavior Surveillance – National Alternative High School Youth Risk Behavior Survey, United States, 1998.

² Among older youth, there tends to be an association between using marijuana at school and attending school high, because marijuana is long lasting and can be easily concealed and consumed quickly.

³ According to Monitoring the Future survey data, nationally perceived risk from marijuana rose in the later 1980s when marijuana use declined, and perceived risk declined in the early 1990s when use began rising. Similarly, the rise in marijuana use among California students between 1989 and 1993 was accompanied by a decline in the proportion of upper graders who perceived daily marijuana use to be *extremely harmful*.

4. TOBACCO USE

Tobacco smoking has been determined to be “the most important public health issue of our time” and the chief preventable cause of death in the United States.¹ Youthful use is critical to the establishment of this difficult-to-break habit. Survey research has repeatedly shown that the great majority of people who smoke began in adolescence.² Most youth start this health-threatening habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol.³

The Elementary CHKS assesses both cigarette smoking and smokeless tobacco use. The two types of tobacco differ in their patterns of use and their health consequences. Cigarettes are the most common form of tobacco used by youth with over one million youth beginning to smoke each year. Cigarette smoking has been associated with an increased risk of heart disease and many cancers, especially lung cancer.⁴ It is often related to poor academic performance and the use of alcohol and other drugs.

Use of smokeless tobacco is less common and varies markedly among groups and regions. Smokeless tobacco is most common among younger adolescent males and youth living in rural areas. It is associated with an increased risk of mouth and gum cancers because it is kept in the mouth for long periods of time. Oral cancer may be 50 times as frequent among long-term snuff users than nonusers. Smokeless tobacco can also lead to the development of oral leukoplakia and gingival recession.

LIFETIME USE

Question 30: Have you ever smoked a cigarette?

Question 31: Have you ever chewed tobacco or snuff (dip)?

Table 4.1 provides the overall proportion of fifth graders that have ever tried cigarettes and smokeless tobacco. The younger a respondent first tries tobacco, the more likely he/she is to become addicted to it, whether through cigarettes or smokeless tobacco. The California DATE Evaluation Survey revealed around 11-13% of fifth graders had smoked a cigarette in the early 1990s.

The lifetime smoking and chewing rate can help determine the appropriate time to implement tobacco prevention programs. Ideally, tobacco prevention should start before students begin to experiment with it. There are ethnic and regional differences in tobacco initiation. It may occur at younger or older ages in different communities or among different groups, warranting program implementation at different times or targeting different groups. CDC recommends introducing tobacco-use prevention education in elementary school and then intensifying the curriculum in middle school.

CURRENT USE (PAST MONTH)

Question 40: In the past month, did you smoke a cigarette?

Table 4.1 also provides the percent of fifth graders who reported current smoking of at least one cigarette in the month prior to the survey. This gives an idea of how many students may be on their way to becoming regular smokers.

PERCEIVED HARM

Question 36: Do you think smoking cigarettes is bad for a person's health?

As with alcohol and marijuana, respondents reported if they viewed smoking cigarettes as bad for a person's health (shown on **Table 4.2**). Many youth believe that smoking is a health problem only if they become addicted or smoke for many years. Some may believe that they can smoke once in a while (e.g.,

weekends or at parties) without having any health consequences. However, occasional smokers soon find that they can't quit. Advising youth of the effects of smoking at an early age can help them make informed decisions on tobacco use. Thus, the more tobacco is seen as a health threat in society through educational campaigns, media messages, and social disapproval, the less likely it is that youth will want to smoke. Recent CSS data show that more 7th graders attached harm to cigarettes than alcohol.

Endnotes

- ¹ For example, smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.
- ² In one study, four out of every five adult smokers between the ages of 30 and 39 began to smoke before they reached adulthood.
- ³ Center for Disease Control (June, 1997).
- ⁴ If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of a smoking-related disease.

5. VIOLENCE AND SAFETY

Youth violence, discipline and safety are among the American public's largest concerns, especially in regard to schools. To assess the school environment, the CHKS asks 5th graders if they feel safe in school, were harassed, or carried weapons. To assess safety outside of the school, students reported seat belt and helmet use, and the frequency of being home alone after school.

This survey is primarily focused on the school environment. Students cannot learn if they don't feel safe. A school in conflict cannot be productive and cannot help students reach their academic and developmental potentials. However, this problem transcends the school, for the school environment reflects the community environment. Schools, families, and communities must all work together to create secure environments that promote positive youth development and well being.

Patterns of violence vary by age. Violence at the elementary level is often expressed through teasing, bullying, and rough play that gets out of hand. Other forms of aggressive behavior (e.g., fighting) are higher among junior high school students, while high school sees an increase in events such as weapon possessions. If measures aren't taken to correct bullying behaviors early on, they may well be antecedents to the more serious forms of violence in later years.

Educators are usually aware of most serious physical fights and incidents of violence and crime on campus, monitoring them through disciplinary records. However, such incident data have their limitations because they only reflect behavior that schools have "caught" and recorded. The Elementary CHKS provides important additional information because it is based on student self-report, and it provides data on undetected behavior, student experiences as victims of violence and/or harassment, and student perceptions, attitudes, and concerns over school safety. It sheds light on the important psychological component of harassment and safety among youth. If students don't feel safe they do not learn. Student perceptions of the school environment constitute a reality that must be considered when assessing overall school climate. This information establishes a much broader perspective on the school environment and its effect on students.

Research also has documented the potential protective role that schools can play in helping young people realize their potential. Students who are well connected with their schools are less likely to engage in high-risk behaviors, including AOD use and aggressive/violent behavior. To this end, creating safe, supportive learning environments is essential.

PERCEIVED SCHOOL SAFETY

Question 28: Do you feel safe at school?

Question 29: Do you feel safe outside of school?

Table 5.1 provides the percentage of students who reported that they felt safe at school. The concept of safety is more than the antithesis of violence. The threat to safety through physical harm carries with it the psychological harm of the presence of anxiety and apprehension. In this sense, school safety is *psychological* as well as physical. Safety is a basic need that must be met for children to succeed in school and life. Safe environments enhance creativity, cooperative behavior, affiliative behavior, exploration, and positive risk-taking. Thus, safety is related to a broad set of needs that have not traditionally received attention from educators.

Determining Why Students Feel Unsafe. When students report feeling unsafe at school, it is important to gather additional information to identify the reasons for these feelings. A natural reaction to such

information is to conclude that students are being victimized by violence at school. Feelings of insecurity, however, can have multiple sources, not all of which correctly reflect the level of danger on a school campus. Schools need to explore the reasons behind such fears and ways to alleviate them. Focus-group discussions with young children may be especially useful. You can also analyze your CHKS dataset to determine how perceptions of safety are related to the other violence-related questions on the survey. For example, compare the proportion of students who felt unsafe and those who also had been harassed, or had seen weapons at school.

VICTIMIZATION AND HARASSMENT AT SCHOOL

Question 23: Do other kids hit or push you at school when they are not just playing around?

Question 24: Do other kids at school spread mean rumors or lies about you?

Question 21: During the past year, how many times have you hit or pushed other kids at school when you were not playing around?

Question 22: During the past year, how many times have you spread mean rumors or lies about other kids at school?

Table 5.2 presents the results for two CHKS items relating to harassment or victimization *at school* in the past year: (a) whether students were hit or pushed on purpose; and (b) whether others had spread mean rumors or lies about them. **Table 5.3** shows students' self-report of perpetrating these behaviors in the past year at school. Hard data about the frequency of bullying and harassment incidents are limited and difficult to interpret, but a growing body of research demonstrates their adverse developmental effects. Harassment is a form of violent and abusive behavior that instills a sense of vulnerability, isolation, and fear among its victims. Bullying, threats, intimidation, rumor, and ostracism can cause youth to experience depression, engage in risk behaviors (such as alcohol and drug use) or avoidance behaviors (such as missing school and social isolation).

Research and recent events of violence in schools has demonstrated that the more isolated students become as a result of bullying, teasing, and social ostracism by peers and the school community, the more marginalized they will become in school and later in society. For whatever reason (e.g., academic competence, physical appearance, social status, race/ethnicity, gender, or language abilities), peer alienation at such a young age is detrimental to meeting students' need to belong, feel respect and safety, and have a sense of purpose and meaning—attributes important for healthy youth development.

Gender Differences. Physical aggression (such as pushing, shoving, hitting, and rough play) is often more the consequence of young male conflict. Indirect social aggression (such as ostracism, spreading rumors or telling lies to intentionally hurt someone) is often the result of female conflict at the elementary school level.

Data Interpretation. These data are particularly sensitive to student awareness of harassment as unacceptable behavior. As a result, in the short-term an antiharassment program at school may increase reports of harassment. This should be taken into consideration in examining results across time or comparing results across schools or districts.

Program Implications. Understanding the extent of such events can help schools implement curricula or workshops that address these issues to raise awareness. When students are exposed to information about bullying, harassment, and other aggressive behaviors and their consequences, they become more inclusive and more tolerant in accepting differences, and more helpful in promoting a safe and nurturing school environment.

WEAPONS AT SCHOOL

Question 25: During the past year, did you ever bring a gun or knife to school?

Question 26: During the past year, have you ever seen another kid with a gun or knife at school?

Table 5.4 reports whether guns and/or knives were carried to school in the past year. Eliminating weapons reduces the potential that conflicts will result in injury or even death. Not a lot is known about why students specifically bring weapons to schools or the circumstances surrounding incidents involving them.

Why are Weapons Taken to School? If high rates of weapons possession are reported, it is important to ascertain the reasons. In many instances, students may bring weapons to school because of fears over personal safety or security. Some insight into these dynamics can be gained by analyzing what proportion of youth who carried weapons at school also reported that they felt unsafe at school (Table 5.1).

Program Implications. If weapons possession and security concerns are related, the ultimate objective should be not solely to punish for possession, but rather to understand the source of student insecurity and correct it.

ADULT SUPERVISION

Question 27: Are you home alone after school?

Students were asked how often they were unsupervised by an adult after school (all of the time, most of the time, some of the time, never). **Table 5.5** shows the results. This is a risk factor for multiple health-related problems. All too often, youth spend much of their free, out-of-school time unsupervised, watching television and engaging in risky, health-threatening behavior. Experts estimate that nearly 5 million school-age children spend time after school without adult supervision. More and more frequently, even children who come from two-parent households have two working parents. Unsupervised children are at significantly greater risk of truancy from school, stress, receiving poor grades, substance use, and crime and violence during the after-school hours. The U.S. Department of Justice reports that one out of every 10 violent crimes known to law enforcement agencies are committed against juveniles between 3 and 4 p.m. This number may actually be higher since crimes taking place in and around school are likely to be reported only to school officials. In addition, violent crime triples between the hours of 3 p.m. and 8 p.m.

HELMET AND SEAT BELT USE

Question 7: When you ride in a car do you wear a seat belt?

Question 8: When you ride a bicycle do you wear a helmet?

Table 5.6 provides the frequency that students used a helmet when riding a bike and a seat belt when riding in a car. Unintended physical injuries are the main cause of childhood mortality. Most causes of injuries are preventable. Helmet use is associated with significantly reducing the risk of head injury and death from bicycle accidents. Despite the helmet use law in California, many youth still do not wear helmets—putting themselves at risk of unintended injury. Seatbelt use is also strongly associated with a reduction in fatalities and serious injuries. Motor vehicle crash injuries are a leading cause of death and serious injury among youth.

6. PHYSICAL HEALTH

This section discusses results relevant to physical health, including exercise, television watching (nonactivity), body image, asthma, and eating habits. Young people begin to establish health behaviors in childhood and adolescence. They need to see the relationship between a healthy body and a healthy mind. Diet and physical activity are closely linked to positive behavior and to school and life success. Moreover, research indicates that prevention messages targeting drug use and violence are more effective when delivered in the context of an overall healthy-lifestyle approach. It is this comprehensive approach, targeting the whole child, that is the goal of health-promotion programs.

Schools and youth-serving organizations are in a unique position to not only convey information about health but also to provide opportunities for students to practice health-promoting skills and routines. CHKS information can be used to assist program developers in creating comprehensive health-promotion programs aimed at the specific needs of their populations. Equally important, it can be used to educate adults in the school and community about the importance of both encouraging and modeling positive health habits. As behavioral learning theories indicate, we learn from what we observe around us.

BREAKFAST CONSUMPTION AND NUTRITION CHOICES

Question 6: Did you eat breakfast this morning?

To shed light on dietary habits, **Table 6.1** reports the percentage of students who ate breakfast on the day of the survey. Students who have breakfast learn better, perform higher on standardized test scores, are less apathetic and lethargic, and have better attendance rates at school. Recent analyses of the relationship between API scores and CHKS health indicators revealed a significant correlation between the proportion of youth reporting having breakfast the day before the survey and the level of school-level API scores.¹

Program Implications. It is crucial that schools take the lead in improving youth dietary behaviors to increase their potential for learning and good health. Nutrition and learning are linked. Poor dietary patterns have been shown to significantly affect student achievement by reducing cognitive development and school performance. Many youth have unhealthy eating habits. They often skip meals, particularly breakfast. When given a choice, they select foods that are fried, high in fat and sugar, and low in other nutrients. Because lifetime dietary patterns are established during youth, youth should be encouraged to choose nutritious foods and to develop healthy eating habits.

PHYSICAL ACTIVITY

Question 50: How many days each week do you exercise, dance, or play sports?

Table 6.2 shows how many days each week students engaged in physical exercise. The American Medical Association recommends that adolescents “engage in physical activity (preferably aerobic exercise) that requires movement of the large muscle groups at least three times a week for 20-30 minutes.” The American Heart Association and U.S. Surgeon General recommend at least 30 minutes of moderately intense physical activity every day. Regular physical activity among young people increases life expectancy, reduces disease and disability in later life, and is associated with good mental and emotional health and self-esteem, lower rates of risk behavior, and positive academic outcomes. A healthy body supports a healthy mind. The YRBS reports that low physical activity is associated with cigarette smoking, marijuana use, lower fruit and vegetable consumption, greater television watching,

failure to wear a seatbelt, and low perception of academic performance. Schools should be a laboratory for physical education and fitness.

TELEVISION WATCHING

Question 53: Yesterday, how much time did you spend watching TV or playing video games?

Table 6.3 reports on the number of hours youth watched TV or played video games on the day before the survey was conducted. Passive television watching and playing video games contributes to poor physical condition, offers children no new skills, and does not develop their social abilities. Social abilities help youth make friends, express their thoughts and feelings, and create supportive relationships that promote a sense of belonging, love, and meaning in their lives. High levels of television watching and playing video games indicate the need for engagement in enriched activities. This is especially true if students also report low levels of physical activity.

After-school hours particularly represent an opportunity to engage students in other activities that will help them grow and develop social, emotional, physical, and cognitive skills in a safe setting for an overall healthy development. With the increase of families who have two parents working, as well as increased single-parent households, after-school programs provide a resource to families and communities. Participation in after-school activities provides youth with opportunities to contribute to a group, develop relationships with adults and other youth, and feel like they belong, all while being supervised by a caring adult.

Data Analysis Suggestion. The link between television watching and exercise can be demonstrated by analyzing how physical activity (Question 50; “How many days each week do you exercise, dance, or play sports?”) varies in relationship to the amount of television watching students report. The association between lack of after-school supervision and television/video use can be illustrated by analyzing the correlation between these results and those of Question 27 (“Are you home alone after school?”).

BODY IMAGE

Question 47: Do you think you are too skinny, about right, or too fat?

Question 48: Are you doing anything to try to lose weight?

Question 49: Have other kids at school ever teased you about what your body looks like?

The CHKS includes three questions about body weight and image, presented in **Table 6.4**. These assess what students thought about their weight, whether they were ever teased about their body, and whether they were trying to lose weight. Poor self-perception of body type/image and efforts to modify weight can negatively influence self-esteem and school performance. Overemphasis on thinness has negative mental and physical health consequences that can lead to a distorted body image and thus distorted and unhealthy eating habits. Students who are teased about their body (typically because they are obese) can become isolated from friends, family, and school; depressed; and vulnerable to engaging in risk behaviors.

The results on these items should be viewed in the context of the results in **Table 6.2** on physical activity. If a high proportion of students who reported being too heavy, being teased about their weight, and/or trying to lose weight, are not being physically active, the school may want to consider ways to promote exercise and better nutritional choices.

ASTHMA

Question 51: When not exercising, do you ever have trouble breathing (for example, shortness-of-breath, wheezing, or a sense of tightness in your chest)?

Question 52: Has a parent or some other adult ever told you that you have asthma?

Table 6.5 presents the percentage of students who had ever been told by a parent or other adult that they had asthma. It provides an estimate of the proportion of students with the disease, assuming the adult was basing their information on a doctor's diagnosis. An additional item, reported in **Table 6.6**, asks, "When not exercising, do you ever have trouble breathing?" This question can provide an estimate of the percentage of students who might have undiagnosed asthma.

Asthma is a chronic condition causing obstruction of the airways, often accompanied by symptoms of difficulty breathing, wheezing, chest "tightness," and chronic coughing. These can result in activity limitation, difficulty concentrating, school absenteeism, and occasionally death. It can also affect academic performance. There is no cure, although the disease can be effectively controlled through proper diagnosis and management.

Asthma is considered the most widespread chronic illness in children and teens in the U.S. and the leading cause of school absences attributed to a chronic illness. Several national estimates indicate that the prevalence of asthma has more than doubled in the past 20 years. Estimates of asthma prevalence among teen populations range from 5–10%.

Although the cause of asthma is not completely understood, it is known that certain factors may 'trigger' or exacerbate symptoms. These include dust mites, cold weather, mold/mildew, poor indoor air quality, outdoor air pollution, tobacco smoke, pets, and aerobic exercise. Asthma symptoms can be prevented by avoiding or removing known triggers and by management with appropriate medications. A recent report by the U.S. Surgeon General suggests that obesity is associated with the prevalence of asthma in adolescents.

Program Implications. Strategies that schools can implement to reduce the impact of asthma among students include: (a) reduction of asthma triggers and (b) training of students and staff, including physical education teachers, on proper asthma management. For general information on asthma or for information on school-based asthma programs, contact your local American Lung Association office.

Endnotes

¹ Hanson & Austin (2002).

7. PROTECTIVE FACTORS (OVERALL)

According to the youth development framework discussed in the Introduction, providing environmental or external supports and opportunities in the form of **Caring Relationships**, **High Expectations**, and opportunities for **Meaningful Participation** engages students' innate resilience. This Resilience Triad of Protective Factors promotes positive individual outcomes that include improved health and academic outcomes. Reported in **Table 7.1** are the percentages of students that were classified as being *High*, *Moderate*, and *Low* for the existence of these three Protective Factors in each of the three environments assessed by the survey (school, home, and peer). It also provides an overall measure of the strength of all Protective Factors across all scales. This section explains the meaning of each of these scales. Sections 8 through 11 discuss each of these developmental supports and opportunities in the context of the three individual environments assessed by the survey. These same areas are assessed by the secondary school version of the CHKS, but the elementary scales contain fewer items. The Secondary CHKS also assesses the community environment, plus four additional Personal Resilience Strengths.

SCALE DESCRIPTIONS

Caring Relationships

Caring relationships are defined as supportive connections to others in the student's life who model and support healthy development and well-being. Recent studies such as the National Longitudinal Study of Adolescent Health (not to mention peoples' personal stories!) consistently have identified caring relationships as the most critical factor protecting healthy and successful child and youth development even in the face of much environmental stress, challenge, and risk. These relationships convey that someone is "there" for a youth. This is demonstrated by an adult or peer having an interest in who the young person is and actively listening to and talking with the youth.

The Elementary CHKS asks students how they perceive caring relationships (assessed by the following activities: taking interest in, talking with, listening to, helping, and trusting). Resilience research has documented that these transformative caring relationships can be with a family or extended family member, a teacher, a neighbor, a clergy member, or a friend. No matter which environment is examined, however, the characteristics of caring relationships remain fairly consistent. Therefore, the items in each environment are similar with only slight contextual adaptations.

High Expectations

High expectation messages are the consistent communication of direct and indirect messages that the student can and *will* succeed responsibly. To measure this, the Elementary CHKS asks youth their perceptions of the messages they receive from adults about their ability to follow rules, be a success, do their best, and try to do what is right. High expectation messages are at the core of caring relationships and reflect the adult's and friend's belief in the youth's innate resilience and ability to learn. The message is "*You can make it; you have everything it takes to achieve your dreams; I'll be there to support you.*" Research has shown this to be a pivotal protective factor in the home, school, and community environments of youth who have overcome the odds.

In addition to this "challenge + support" message, a high-expectation approach conveys firm guidance—clear boundaries and the structure necessary for creating a sense of safety and predictability—not to enforce compliance and control but to allow for the freedom and exploration necessary to develop autonomy, identity, and self-control. A high-expectation approach is also individually-based and strengths-focused. This means identifying each youth's unique strengths and gifts and nurturing them as

well as using them to work on needs or concerns. Having high expectations assumes that one size *never* fits all.

Meaningful Participation

Meaningful participation refers to the involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution. The Elementary CHKS asks youth about their opportunities to make decisions in their families and schools and to participate in a way that makes a difference in their families, schools, and communities. Providing young people with opportunities for meaningful participation is a natural outcome of environments that convey high expectations.

Participation, like caring and support, meets a fundamental human need—to have some control and ownership over one’s life. Resilience research has documented the positive developmental outcomes—including reductions in health-risk behaviors and increases in academic factors—that result when youth are given valued responsibilities, planning and decision-making opportunities, and chances to contribute and help others in their home, school, and community environments.

CALCULATING SCORES

Students had a choice of indicating how much each item applied to them, as follows:

- 4: Yes, all of the time
- 3: Yes, most of the time
- 2: Yes, some of the time
- 1: No, never

The values (4, 3, 2, 1) attached to each response option were averaged for all items in each scale, and then the following score categories were derived.

- High** percent of students with average item response above 3;
- Moderate** percent of students with average item response of at least 2 and no more than 3; and
- Low** percent of students with average item response below 2.

The wording of each item that made up the Protective Factor scale is given in each report section.

8. SCHOOL PROTECTIVE FACTORS

Table 7.1 includes the percentage of students who felt they received Caring Relationships, High Expectations, and opportunities for Meaningful Participation in the school environment. This provides a measure of school connectedness, a critical factor in promoting academic achievement and preventing risk behaviors.

Resilience research clearly documents the power of teachers and schools to tip the scale from risk to resilience for children and youth. Even for children growing up in “war zones” in the United States and elsewhere, international resilience researchers, James Garbarino and his colleagues found that, *“Despite the overwhelming pressures in the environment, 75-80 percent of the children can use school activities as a support for healthy adjustment and achievement when schools are sensitive to them and their burdens.”*

Emmy Werner and Ruth Smith’s classic longitudinal study of resilience has the following to say about turnaround teachers:

Among the most frequently encountered positive role model in the lives of the children ...outside of the family circle, was a favorite teacher. For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification.

Repeatedly, these turnaround teachers are described as providing, in their own personal styles and ways, the three protective factors. Most importantly, these teachers *“looked beyond [students’] outward experience and behavior and saw the promise.”*

Similarly, another resilience researcher, Michael Rutter, found that when he studied effective schools in high poverty communities, turnaround schools created a climate, an “ethos,” grounded in the three protective factors measured by the Elementary CHKS. Such a positive school climate was the critical variable differentiating between schools with high and low rates of delinquency, behavioral disturbance, attendance, and academic attainment. According to Rutter, schools that, *“Provide students with opportunities for participation and with responsibilities provide one of the most effective protective factors for children under stress: a sense of success at a meaningful task.”* These positive people and places created an inviting, supportive, caring and engaging environment that met students’ developmental needs for love and belonging, respect, accomplishment, challenge, identity, power, and meaning.

CARING ADULT RELATIONSHIPS IN SCHOOL

Question 14: Do the teachers and other grown-ups at school care about you?

Question 17: Do the teachers and other grown-ups at school listen when you have something to say?

A caring relationship with a teacher is perhaps the most powerful motivator for academic success. Meeting academic standards, therefore, requires that schools put relationships at the heart of schooling. As Nel Noddings, premier researcher into caring, articulates below:

At a time when the traditional structures of caring have deteriorated, schools must be places where teachers and students live together, talk with each other, take delight in each other’s company. My guess is that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally..It is obvious that children will work harder and do things—even odd things like

adding fractions—for people they love and trust.

In longitudinal and ethnographic studies, youth of all ages continually state that what they want is a teacher who cares. Stanford University Researchers concluded that, “*The number of student references to wanting caring teachers is so great that we believe it speaks to the quiet desperation and loneliness of many adolescents in today’s society.*”¹

Positive health and academic outcomes resulting from caring relationships have been identified in the Big Brothers/Big Sisters mentoring evaluation.² In addition, the National Longitudinal Study of Adolescent Health found that students who felt cared for by their teachers and connected to their school were far less likely to be involved in all health risk behaviors, including alcohol, tobacco, drug use, and violence. Compelled by these results, former U.S. Secretary of Education Richard Riley stated that, “The number one priority of schools should be making sure that every student is connected to a caring adult in the school.”

If a small percentage of students scored *High* in perceived caring from adults in their school, then schools need to take a deeper look at their culture and climate. A *High* score on caring adults in the school may mean that teachers and other adults in the school may be receiving great care and support themselves. School staff naturally care for others when they feel cared for themselves. Supporting teachers and school personnel who have frequent contact with students is instrumental in fostering caring teacher-student relationships.

HIGH EXPECTATIONS IN THE SCHOOL

Question 15: Do the teachers and other grown-ups at school tell you when you do a good job?

Question 18: Do the teachers and other grown-ups at school believe that you can do a good job?

Perhaps more than any other variable, low expectations on the part of school staff have been correlated with poor student academic outcomes. Vice versa, high expectations—with the support necessary to meet them—directly relate to positive academic outcomes. Research also has indicated that schools that establish and support high expectations for all youth not only have high rates of academic success but also lower rates of problem behaviors, such as harassment and delinquency, than other schools.

Conveying positive and high expectations in a classroom and school environment occurs at several levels. The most obvious and powerful is at the *belief* level, where the teacher and other school staff communicate the message that the student has everything he or she needs to be successful. Through relationships that convey this deep belief, students learn to believe in themselves and in their futures. They develop goals and aspirations, a critical resilience trait.

Schools also communicate expectations in the way they are structured and organized. A *curriculum* that supports resilience respects the way humans learn. It should be thematic, experiential, challenging, comprehensive, and inclusive of multiple intelligences and perspectives—especially those of silenced groups. *Instruction* that supports resilience focuses on a broad range of learning styles; builds from perceptions of student strengths, interests, and experience; and is participatory and facilitative. It should create ongoing opportunities for self-reflection, critical inquiry, problem solving, and dialogue. *Grouping practices* that support resilience promote heterogeneity and inclusion, cooperation, shared responsibility, and belonging. Lastly, *assessment* that supports resilience focuses on multiple intelligences, utilizes authentic assessments, and fosters self-reflection. Through these organizational structures and practices, students learn the critical resilience traits of empathy and problem solving.

MEANINGFUL PARTICIPATION IN THE SCHOOL

Question 13: Do you help make class rules or choose things to do at school?

Question 19: Do you do things to be helpful at school?

Perhaps the most challenging area for schools is increasing the opportunities students have to be contributing members of the school community. Michael Rutter's seminal school effectiveness research identified that in schools with low levels of delinquency and school failure, "*Students were given a lot of responsibility. They participated very actively in all sorts of things that went on in the school; they were treated as responsible people and they reacted accordingly.*" Similarly, student-driven learning (having the power to plan your activities)—even at age 3 and 4—was identified as the critical factor discriminating 20 years later between adults who had avoided poverty, teen pregnancy, and drug abuse; had graduated from high school; were more likely to own their home; and were more likely to volunteer.³

In order to engage students' intrinsic motivation and innate ability to learn, youth must be given opportunities to participate in meaningful activities and roles. This does not require yet another program. It does require teachers to relinquish their role as "sage on the stage" and become a "guide on the side." Teachers and school staff must willingly share power with students and base their activities on reciprocity and collaboration instead of control and competition. In other words, the school must become a democratic community. Ignoring students' needs to have some power, control, and a sense of belonging usually results in students disconnecting from the school—a disconnection that, the National Longitudinal Study of Adolescent Health has found, plays a significant role in students' involvement in problem behaviors.

Increasingly, research is revealing the critical importance of strong school connectedness as a factor in promoting academic achievement and in mitigating involvement in risk behaviors such as substance abuse, delinquency, and dropping out of school.⁴ Despite this, there is no consensus on how to define "school connectedness" and related constructs such as school bonding, attachment, and engagement. The lists of items or measurements that are used to measure it vary considerably. However, in most surveys the measures that are used to gauge school connectedness include one or more of the three dimensions of caring relationships, high expectations, and meaningful participation. They incorporate the degree of closeness or attachment to teachers, trust in them, and commitment to conventional school goals, as well as involvement in extracurricular activities. Other dimensions are their perceptions of teachers' respect and interest in them as individuals, competence and self-efficacy, which are captured by the RYDM high expectations and meaningful participation scales.⁵

One of the most important recent studies in this regard is the Congressionally-mandated National Longitudinal Study on Adolescent Health (Add Health).⁶ The most critical finding of the study for those concerned with adolescent health is that students who felt "connected" to either their family or school were less involved in health-risk behaviors across the board. School connectedness, "influenced in good measure by perceived caring from teachers and high expectations for student performance" (two measures included in the RYDM scale), was found to make a critical difference.

The Add Health personal school connectedness scale consists of four items:

Question 9: Do you feel close to people at school?

Question 10: Are you happy to be at this school?

Question 11: Do you feel like you are part of this school?

Question 12: Do teachers treat students fairly at school?

We added this four-item scale to the elementary survey in 2005 in order to compare the results with those obtained from the upper grade survey. Several of the items in the scale are similar to those in the RYDM, but they ask students directly about how they feel about the school rather than ascertain their perceptions of the school environment. Comparison of the data from the two scales suggests they are measuring different factors, but also that they are strongly related. This scale both supports the RYDM Protective Factor Score scores as a surrogate measure for school connectedness and provides a confirmatory measure based on individual psychological dimensions rather than environmental supports. As would be expected, the higher the perceived School Protective Factor Score in the RYDM, the higher the score on the Add Health school connectedness scale.

Endnotes

¹ Phelan et al. (1992).

² Tierney et al. (1995).

³ Weikart, et al. (1997).

⁴ Dornbusch et al. (2001); Ryan (1999); Wentzel (1999); Goodenow (1993).

⁵ Ryan & Patrick (2001); Roeser, Midgley, & Urdan. (1996).

⁶ Resnick et al. (1997).

9. HOME PROTECTIVE FACTORS

Resilience research has identified that feeling connected to one's family and having positive family experiences is the most powerful protective factor in the lives of young people. **Table 7.1** presents the results for perceived Protective Factors in the home environment. While positive school experiences and feeling connected to school can overcome much adversity in children's lives—including coming from a troubled home environment—schools that help support families can further weave a safety net of connection for students. Furthermore, educational research has repeatedly documented that family involvement in the school is a major contributor to student achievement, regardless of family income. Thus, schools that both support and work in partnership with families create a powerful fabric of protection and achievement motivation.

The aim of family support and involvement programs in educational settings is to build on family strengths, not focus on family deficits. Just as successful schools relate to their students with caring relationships, high expectation messages, and opportunities to participate, they also reach out to students' families with care and respect and invite them in as partners in educating all their children. Adults, like young people, are attracted to places that provide them the supports and opportunities for meeting their basic needs for belonging, respect, self-efficacy, and meaning. As James Comer's nearly 30-year effort, the School Development Project, has demonstrated, using parents to just make cookies, go on field trips, etc., is wasting valuable resources and gifts each family or community member possesses. The Comer Model employed low-income parents in the active management and decision-making of the school—resulting in profound improvements in academic and social behavior among the students. The Families and Schools Together (FAST) program, also a strengths-based approach, uses the school to reach out to entire families and organizes multifamily groups for mutual support in promoting positive behaviors and academic success in their children.

CARING RELATIONSHIPS: ADULTS IN THE HOME

Question 56: Does a parent or some other grown-up at home care about your schoolwork?

Question 59: Does a parent or some other grown-up at home listen when you have something to say?

Werner and Smith's longitudinal resilience research found the most powerful protective factor in the lives of their children was the presence of a primary caregiver, especially during the first year of a child's life. School-based family support programs—such as California's Healthy Start and other states' Parents As Teachers programs—try to support families in their roles as primary caregivers. They provide parenting resources, support groups, referrals, and access to other social service providers. Other resilience research has identified that when single parents—including teen moms—receive this support, the life outcomes for their children are positive.

If a small percentage of students score in the *High* range in perceived caring from adults in their home, it becomes critically important that schools provide more supports and opportunities for families to increase their positive caregiving. It also signifies that the school will need to create prevention/early intervention support services for students so that youth get this very critical need for love and trust met.

HIGH EXPECTATIONS: ADULTS IN THE HOME*Question 57: Does a parent or some other grown-up at home believe that you can do a good job?**Question 58: Does a parent or some other grown-up at home want you to do your best?*

High parental expectations, backed up with family support and love, are repeatedly associated with academic and life success. The most commonly cited message promoting resilience is the caregiver's belief in a child's capacities—believing in her when she doesn't even believe in herself. Part of these expectations include other family characteristics such as structure, fair and clear rules and expectations, empowering discipline, guidance, rituals, encouraging a youth's unique strengths and interests, and providing the freedom, within the context of safety, for a child to develop and grow. Especially critical is the parent's respect for the child's autonomy and encouragement of independence. The presence of this deep belief and structure in the home helps the young person meet his needs for safety, love, belonging, respect, and meaning.

MEANINGFUL PARTICIPATION: IN THE HOME*Question 60: Do you help at home?**Question 61: Do you get to make rules or choose things to do at home?*

A natural outgrowth of having high expectations for children is that they are acknowledged as valued participants in the life and work of their families. Research has borne out that the family background of resilient children and youth is usually characterized by many opportunities for the youth to participate in and contribute to the life of the family. For example, resilience researchers Emmy Werner and Ruth Smith found that assigned chores, domestic responsibilities (including care of siblings), and even part-time work to help support the family proved to be sources of strength and competence in children.¹ Furthermore, when children and youth grow up in families where they have some decision-making power and responsibility, they learn that critical predictor of healthy outcomes: self-management and control.

An obvious but important strategy for encouraging meaningful participation in the home is advocating for family members to hold regular family meetings. Family meetings provide an opportunity for shared decision making and responsibility. Schools themselves can create several different family involvement programs that model for families ways to make decisions and have fun together.

Endnotes

¹ Werner & Smith. (1992).

10. PEER PROTECTIVE FACTORS

Peer influence is a powerful developmental force. It is most often interpreted negatively, such as in peer pressure to engage in health-risk behaviors. However, resilience research has documented the positive power of peers as well. This is seen through supportive friendships and positive peer role models—critical protective factors in the lives of children and youth. The challenge for schools is to engage this influence as a support and opportunity essential to healthy adolescent development. Recent school shootings serve as a painful reminder of the dangerous combination of a society and community in which lethal weapons are readily available and of schools that don't build a sense of community among their students across differences.

Schools and youth-serving community organizations must create a sense of community rich in opportunities for caring, pro-social peer relationships. These two Protective Factors enhance peer relations between children and youth in and outside of school and meet their developmental needs for love and belonging, respect, accomplishment, identity, power, and meaning in positive ways. The Elementary CHKS asks students about their pro-social peer relationships (see **Table 7.1**).

PRO-SOCIAL PEERS

Question 54: Do your best friends get into trouble?

Question 55: Do your best friends try to do the right thing?

This category of the peer environment examines what students do together. This is the only area that separates pro-social peers from their antisocial counterparts (i.e., gangs). Creating small groupings of students who share common interests, subjects, goals, activities, and social or personal concerns creates the safe and facilitative environment for the development of caring peer relationships focused on pro-social activities.

If a small percentage of students score *High* in perceived expectations from their peers, this signifies that youth need many opportunities to form positive, healthy peer relationships both during school hours as well as in after-school programs. Studies of effective youth-serving programs and organizations that achieved these outcomes found them to be safe places where students can socialize with peers, develop personal life skills, belong to a valued group, contribute to their community, and feel competent.¹ They used activities, such as those provided in the *RYDM Handbook* (available at www.wested.org/hks), that engaged young people with diverse positive role models; built confidence and self-esteem; taught communication skills in the context of relationships and activities; supported and showed genuine concern for the young people; helped youth realize their educational objectives; and allowed youth to be of service to the larger community.

Endnotes

¹ McLaughlin et al. (1994).

11. PERSONAL RESILIENCE STRENGTHS

Table 7.1 also provides the results for three individual traits that have been associated with resilience: Empathy; Problem Solving; and Goals and Aspirations. Many social or life skills training programs aim to promote these internal strengths. The resilience or youth development approach focuses on environmental change, on providing the “protective” developmental supports and opportunities that, in turn, engage students’ innate resilience and develop their capacities for positive developmental outcomes or Personal Resilience Strengths.

These Personal Resilience Strengths should be seen as *outcomes* of the youth development process and as *indicators* of whether the environmental supports and opportunities (protective factors) that are necessary for healthy youth development are in place. As such, they are a second source of data for determining whether a student’s home, school, community, and peer environments are providing these important Protective Factors. In other words, these strengths are the individual traits that research has associated with environments that are rich in caring relationships, high expectations, and opportunities for meaningful participation. Consequently, strategies that build the three CHKS Protective Factors should also build these Personal Resilience Strengths. First and foremost is the modeling and mirroring of these internal strengths by adults in the home, school, and community. Adults must exhibit the desired behavior, intentionally discuss, and reflect back the desired behaviors to young people.

EMPATHY

Question 41: Do you try to understand how other people feel?

Question 42: Do you feel bad when someone else gets their feelings hurt?

Empathy, the understanding and caring about another’s experiences and feelings, is considered essential to healthy development and the root of morality and mutual respect. It is a commonly identified individual attribute in resilience and emotional intelligence research. Daniel Goleman, in his classic book, *Emotional Intelligence*, claims that, “Empathy is the single human quality that leads individuals to override self-interest and act with compassion and altruism.”¹ Infancy researchers have identified that children as early as the age of two can realize that someone else’s feelings differ from their own. The lack of empathy is associated with many of the behaviors plaguing schools—bullying, harassment, teasing, and other forms of violence.

PROBLEM SOLVING

Question 43: Do you know where to go for help with a problem?

Question 44: Do you try to work out your problems by talking or writing about them?

Problem solving includes the ability to plan, to be resourceful, to think critically and reflectively, and to creatively examine multiple perspectives before making a decision or taking action. Resilience research and other research on successful adults have consistently identified the presence of these skills. Students should be given the opportunity to directly plan, make decisions, and problem-solve in an ongoing and authentic capacity through the research-based strategies listed earlier in this report (see also *RYDM Handbook*, online).

GOALS AND ASPIRATIONS

Question 45: Do you try to do your best?

Question 46: Do you have goals and plans for the future?

Question 20: Do you plan to go to college or some other school after high school?

Having goals and aspirations refers to using one's dreams, visions, and plans to focus on the future; in other words, to have high expectations and hope for one's self. Goals and aspirations are an expression of the intrinsic motivation that guides human development. They reflect the search for meaning at the heart of every human life. Ultimately, young people who have goals and aspirations develop a sense of deep connectedness. Resilience research, including the recent National Longitudinal Study of Adolescent Health, has identified a sense of deep connectedness as the most powerful individual asset protecting against negative developmental outcomes. These negative outcomes include teen pregnancy and school failure, emotional distress and suicide, violence, and involvement with alcohol and other drug abuse.

Endnotes

¹ Daniel Goleman. (1995).

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- The Youth Risk Behavior Surveillance – National Alternative High School Youth Risk Behavior Survey, United States, 1998.

APPENDIX A. ABBREVIATIONS & DEFINITIONS

AGENCIES AND PROGRAMS

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

Surveys

CSS	The biennial California Student Survey (also known as the Biennial Statewide Survey of Drug and Alcohol Use Among California Students or the Attorney General's survey). Most recent administration: 2005-2006.
YRBS	The biennial Youth Risk Behavior Survey, sponsored by the federal Centers for Disease Control and Prevention. Most recent administration: 2005.

DRUGS AND DRUG-USE BEHAVIORS

AOD (ATOD)	Alcohol (tobacco) and other drugs.
Illicit Drugs	Drugs other than alcohol or tobacco, such as marijuana.
Inhalants	Drugs that you "sniff" or "huff" to get high, such as glue, gas, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas.
Smokeless Tobacco	Chew or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits, or Copenhagen.
Tobacco	Includes both smoked and smokeless tobacco.

MEASURES

Prevalence	The overall rate (percentage) that a behavior is reported.
Lifetime	Any occurrence within a respondent's lifetime. For example, the proportion of students who ever used a drug.
Current	Any occurrence 30 days prior to the survey.

APPENDIX B. ABOUT THE CHKS

SPONSOR	California Department of Education
SURVEY TYPE	Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version
GRADE LEVELS	Grades 5, 7, 9, 11, and non-traditional schools, minimum
SAMPLING	Representative district sample by contractor School-level surveys optional
MODULES (SECONDARY)	A. Core B. Resilience and Youth Development C. AOD Use & Safety (Violence & Suicide) D. Tobacco E. Physical Health F. Sexual Behavior (Pregnancy and HIV/AIDS risk) G. Custom module
SOURCES	Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey
REQUIREMENTS	Biennial administration starting 2003-04 Secondary Modules A and B (school & community scales) Elementary survey Active consent from parent/guardian for grades below seven; active or passive consent for grades seven and above Representative district samples
ADMINISTRATION	By school, following detailed instructions
PRODUCT	Local reports and aggregated state database
ADVISORS	Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and California School Boards Association
DATABASE	Through fall 2004, contains over 1,800,000 student records from over 900 school districts
STAFF SURVEY	Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required since fall 2004)
CONTRACTOR	WestEd —Gregory Austin, PhD, Project Director
INFORMATION	California Department of Education: 916.319.0920 Website: http://www.wested.org/hks Regional center helpline: 888.841.7536

Background

Development

The CHKS was developed under contract from CDE by WestEd in collaboration with Duerr Evaluation Resources, assisted by an Advisory Committee of researchers, teachers, school prevention and health program practitioners, and public agency representatives. It is designed to provide a common set of comprehensive health risk and resilience data across the state to guide local program decision-making and also determine geographic and demographic variations. Its flexible structure enables it to be easily customized (including the addition of questions) and integrated into program evaluation efforts to meet local needs and interests.

Sampling and Analytic Plans

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

Goals

Reduce Risk Behaviors and Promote Well-being and Positive Development

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

Promote Learning

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

Demonstrate Accountability

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

Meet Funding Requirements

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

Promote Health Programs and Community Support

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

Using the CHKS to Help Improve Schools and Student Achievement

How do schools engage, motivate, and support students so that they can achieve? Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. Research studies and reviews over the past decade have consistently concluded that student health

status and academic achievement are inextricably intertwined. Incorporating health and prevention programs into school improvement efforts produces positive achievement gains. To these ends, the CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as *important barriers to learning* among students, particularly those related to school climate. The CHKS also assesses *school protective factors and connectedness*, which research has consistently identified as promoting positive youth development and school success. The following table lists all the topics assessed by the Secondary CHKS that specifically relate to the school. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey, required as of fall 2004. Call your CHKS Service Center for further information.

SCHOOL-RELATED CHKS QUESTIONS, ELEMENTARY

Question	School Variable
Substance Use	
35	Ever use alcohol or other drug before or at school
Victimization, Violence, and Safety	
21	Hit or pushed other kids
23	Was hit or pushed
22	Spread rumor or lies about other kids
24	Experienced rumors or lies being spread about him/her
49	Teased about way body looks
25	Carried weapon
26	Saw a weapon
28	Perceived safety
Achievement	
16	Perceived ability with schoolwork
20	Plans to go to college or other post-secondary school
45	Achievement motivation (Do you try to do your best?)
School Protective Factors	
14-19	Caring relationships, high expectations, opportunities for meaningful participation, and School Protective Factor Score
9-12	Personal school connectedness

TABLES

The following index enables you to identify a table of findings in this report based on item number. For convenience, the corresponding CHKS middle school survey item has also been provided.

INDEX OF ITEM AND TABLE NUMBERS—ELEMENTARY

Elem School Item	Report Table	Variable	Related Middle School Item
2, 4	2.1	Sample by grade, age	A3, A5
3	2.2	Sample by gender	A4
5	2.3	Transience (past year)	A9
6	6.1	Breakfast consumption, day of survey	A19
7	5.6	Frequency wear seat belt	E10
8	5.6	Frequency wear bicycle helmet	E11
9	7.1	Feel close to people at school	B1
10	7.1	Happy to be at this school	B2
11	7.1	Feel part of this school	B3
12	7.1	Treated fairly by teachers	B4
13	7.1	School, help decide things like class rules or choose things to do	B13
14	7.1	School, teacher or adult really cares	B6
15	7.1	School, teacher or adult tells me when I do a good job	B7
16	2.4	Ability with school work	A88
17	7.1	School, teacher or adult listens when I have something to say	B10
18	7.1	School, teacher or adult believes that I can do a good job	B11
19	7.1	School, do things that are helpful	B14
20	7.1	I plan to go to college or some other school after high school	B26
21	5.3	Last year, frequency hit or pushed other kids at school	—
22	5.3	Last year, spread mean rumors about other kids at school	—
23	5.2	Frequency hit or pushed at school	A63
24	5.2	Frequency other kids spread mean rumors about you	A66
25	5.4	Last year, brought a gun or knife to school	A72-73
26	5.4	Last year, seen someone at school with a gun or knife	A75
27	5.5	Frequency of being home alone after school	A84
28	5.1	Perceived safety at school	A83
29	5.1	Perceived safety outside of school	C12
30-31	4.1	Ever tried smoking a cigarette or using smokeless tobacco	A21-23
32	3.1	Lifetime, used alcohol	A24
33	3.1	Lifetime, used inhalants	A26
34	3.1	Lifetime, used marijuana	A25
35	3.3	Lifetime, used alcohol or drugs before or at school	A47-49
36	4.2	Perceived health risk of cigarette smoking	A51
37	3.4	Perceived health risk of alcohol use	A52
38	3.4	Perceived health risk of marijuana use	A53
39	3.2	Current alcohol drinking (had at least one drink in the past month)	A40
40	4.1	Current tobacco use, cigarettes (smoked a cigarette in the past month)	A38

Elem School Item	Report Table	Variable	Related Middle School Item
41	7.1	I try to understand how other people feel	B38
42	7.1	I feel bad when someone gets their feelings hurt	B33
43	7.1	I know where to go for help with a problem	B27
44	7.1	I try to work out problems by talking or writing about them	B28
45	7.1	I try my best	—
46	7.1	I have goals and plans for the future	B24
47	6.4	Weight; too skinny, about right, or too fat	E7
48	6.4	Doing anything to lose weight	E1
49	6.4	Been teased by kids at school about body	A68
50	6.2	Days exercise, dance, or play sports	—
51	6.6	Asthma symptoms – when not exercising	—
52	6.5	Parents or other adult told you that you have asthma (asthma diagnosis)	A20
53	6.3	Frequency TV/video games, yesterday	E8
54	7.1	My friends get into a lot of trouble	B45
55	7.1	My friends try to do what is right	B46
56	7.1	At home, parent or grown-up cares about my school work	B49
57	7.1	At home, parent or grown-up believes you can do a good job	B50
58	7.1	At home, parent or grown-up wants me to do my best	B52
59	7.1	At home, parent or grown-up listens when I have something to say	B53
60	7.1	I help out at home	B55
61	7.1	I get to make rules or choose things to do at home	B56
62	—	I understood the questions on this survey	—
63	—	I answered the questions on this survey honestly and truthfully	A90
64	—	Language spoke at home	—