

Examples of Best Practices in Rhode Island

» The Student Assistance Program (SAP) is a statewide school-based program that addresses risk factors for injury and violence such as alcohol and drug abuse, poor academic performance, deviant school behavior, and poor parent-child relationships. The program uses on-site Masters-level counselors to provide a wide range of prevention and early intervention services. SAP is available in 32 junior high/middle schools and 24 high schools representing 20 districts. SAP is funded by the Rhode Island Student Assistance Services (RISAS). For more information, visit www.risas.org.



» Westerly's Integrated Social Services Program is a Child Opportunity Zone program designed to help children and families overcome obstacles that may affect their chances for success. The program assists in creating a safe and nurturing environment conducive to learning. It provides students and families with health, education, and community services by bringing regional resources into the school.

*More information
on injury is available on the
Safe Rhode Island website:
www.health.ri.gov/disease/saferil/index.php.
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¹U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention Control, WISQARS Database (1989-1998).

²U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention Control, WISQARS Database, 1989-1998; and Hospital Discharge Database, Office of Health Statistics, RI Department of Health, 1991-2002; and Economic and Insurance Resource Center Children's Safety Network.

³Rhode Island Youth Risk Behavior Survey, 2003, Office of Health Statistics, RI Department of Health.



INJURY

Injuries result in time lost from school that can affect academic performance.

Defining the Challenge

Injuries kill at least one Rhode Islander every day.¹ Injury is the leading cause of death in the United States and in Rhode Island among individuals aged 1-44.¹ Youth, particularly males, are vulnerable to risk-taking behaviors that place them at increased risk for death or disability resulting from injury. The leading causes of injury, death, and hospitalization among Rhode Islanders aged 0-20 are motor vehicle crashes, suicide and suicide attempts, homicide and assaults, and falls.² Injuries result in time lost from school that can affect academic performance and cause disabilities and on-going health problems.

Injuries are predictable and preventable. Data from the Youth Risk Behavior Survey (YRBS) provide insight into the risk-taking behaviors of students and this information can be used to inform prevention programs both inside and outside of our schools.³



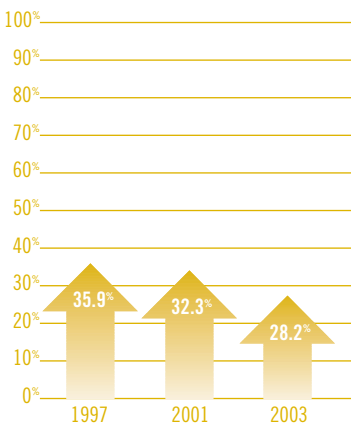


How Rhode Island Students Are Doing

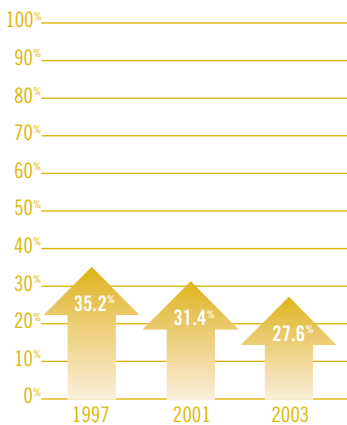
Although 1997–2003 YRBS data indicate that we are making progress in certain areas of injury prevention, much work needs to be done.³ Promising trends in the area of motor vehicle safety include a decrease in the percent of students who reported never or rarely wearing a seatbelt. The percent of students who reported riding in a car with a driver who had been drinking also decreased in the same period, but this proportion still remains high at 28% of students (see Graph 1).

YRBS data also show a decrease in the percent of students who had been in a physical fight one or more times over the past twelve months (see Graph 2). The percent of students who seriously considered attempting suicide during the past twelve months dropped between 1997 and 2003 (see Graph 3), and the percent of students who made a suicide plan decreased as well. While these trends are promising, the percent of students attempting suicide in the last year (8.3% in 2003) is still alarmingly high.

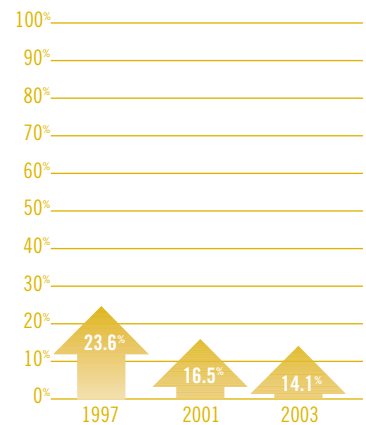
In addition, almost one-quarter of students answering the YRBS in 2003 reported feeling so sad or hopeless for two or more weeks in a row that they stopped doing some of their usual daily activities, which is often a sign of depression. These data indicate a need for coordination and intentional planning to address the mental/behavioral health needs of students.



GRAPH 1: Percent of students in the past 30 days who rode in a car with a driver who had been drinking, 1997 – 2003.³



GRAPH 2: Percent of students who were in a physical fight during the past 12 months, 1997–2003.³



GRAPH 3: Percent of students who seriously considered attempting suicide in the past 12 months, 1997–2003.³

Schools play a key role in promoting life-long injury, violence, and suicide prevention skills.

What Schools and Districts Can Do To Reduce and Prevent Injuries, Violence, and Suicide

Schools play a key role in promoting life-long injury, violence, and suicide prevention skills.

Students who feel connected to their schools are less likely to experience emotional distress and suicidal thoughts; less likely to drink alcohol, carry weapons, or engage in other delinquent

behaviors; and more likely to wear seat belts and bicycle helmets. Establishing physical and social environments where students feel connected to their schools is a critical first step in preventing many types of injuries.

Schools and districts are encouraged to look at their School Accountability for Learning and Teaching (SALT) survey responses in the areas of student reports of daily pressures, dealing with gangs, being teased or bothered by other students, fighting or having problems with friends, prejudice from students and teachers, hours of sleep, and transitional stress issues. These data may further inform district responses to intentional and unintentional injury risks within the school population.

The Centers for Disease Control and Prevention (CDC) created a tool to help schools use the best approaches to preventing injuries, violence, and suicide in schools. The tool, called the “School Health Index: A Self-Assessment and Planning Guide” (SHI), is available through the CDC’s Division of Adolescent and School Health (<http://apps.nccd.cdc.gov/shi>).



Specific recommendations from the SHI include:

- » Creating and enforcing written school health and safety policies
- » Communicating school health and safety policies to students, parents, staff, and visitors
- » Creating and maintaining a safe physical environment
- » Promoting an environment of no tolerance for harassment or bullying
- » Providing active supervision to promote safety
- » Creating a written crisis response plan
- » Providing staff development on unintentional injuries, violence, and suicide
- » Encouraging physical education safety practices
- » Doing health and safety promotion for students and families
- » Identifying and referring students who are victims or perpetrators of violence
- » Assessing the extent of injuries on school property
- » Providing training for staff on conflict resolution
- » Providing training for staff on first aid and CPR
- » Providing behavioral health services to students