

2008 “Must Read” Papers for School Health Physicians

Lani Wheeler, MD, FAAP, FASHA

Most of us find it difficult to find the time to read as much school health literature as we'd like. Members of the Physician Section of the American School Health Association (ASHA) and the American Academy of Pediatrics (AAP) Council on School Health have worked together to develop a list of important school health papers published in 2008.

Members nominated research and review papers they found to be important for school health physicians and then voted on their top choices. Many key new or updated policy statements were also nominated. We are publishing a summary of the top 13 research and review papers and listing all new key policy statements.

The top papers for 2008 address school health laws, policies, surveillance and address 3 components of coordinated school health: health services, mental health and nutrition. Surveillance indicates improvements in increased seat belt and helmet use and decreased drunk driving, weapon carrying, and physical fighting. The good news is that school health programs are improving the health and quality of life for students with chronic conditions and those who receive services from school-based health centers or via telehealth services. The bad news is that child and adolescent mental health related to insomnia, bullying and violence remains a serious concern for school health physicians.

School Health Laws, Policies and Surveillance

Legal and policy framework for school health programs

Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention; Public Health Law Program, Office of Chief of Public Health Practice, Centers for Disease Control and Prevention.

A CDC Review of School Laws and Policies Concerning Child and Adolescent Health.
J Sch Health 2008; 78(2) i-128.

Contact: Sherry Everett Jones, PhD, MPH, JD, FASHA, sce2@cdc.gov

Purpose: To help practitioners and policymakers in public health and education by providing access to information on laws and policies concerning the health of children and adolescents in schools.

Summary: The CDC Review describes the legal and policy framework within which school health programs must operate. It is not an exhaustive encyclopedia of school health law and policy. It organizes the material into two major sections: an Overview of the Role of Law in Schools, and the Law and the Coordinated School Health Program. The former considers the role of federal, state and local governments, and the ways in which religious influence, the Constitution, and the privacy rights of students limit the ability of individual states to control education. This section also discusses the legal limitation of school-based

discrimination, and civil liability and immunity. The second deals with the 8 components of a coordinated school health and their legal ramifications.

The CDC Review reaches four conclusions concerning ways in which sound legal policy concerning school health could best be achieved: A) Integrate public health and education services; B) Divide responsibilities among stakeholders, and expect accountability; C) Give federal law primacy over state and local regulation of school health; and D) encourage local and state innovation to address local school health issues.

Comment: The CDC Review is an excellent and accessible resource for those finding themselves having to deal with the complex and changing arena of school health law.

Abstractor: Jeffrey Lamont MD, FAAP, lamont.jeffrey@marshfieldclinic.org

U.S. Youth Risk Behavior Survey

Eaton DK, Kann L, Kinchen S, Shanklin S, Ross J, et. al.

Youth Risk Behavior Surveillance-US 2007. *MMWR*. 2008;57(SS04);1-131.

Contact: Danice K Eaton, dhe0@cdc.gov

Purpose: The Youth Risk Behavior Surveillance Survey (YRBSS) monitors behaviors that increase adolescents immediate and lifetime risk for morbidity and mortality. The six major categories include injury and violence, tobacco use, alcohol and other drug use, sexual behaviors, dietary behaviors and physical activity. Obesity and asthma are also included.

Summary: This study sampled public and private school students from 9th thru 12th grades in 2007 including national and weighted state and local data. Students anonymously and voluntarily completed the self-administered questionnaire with 87 core questions. The survey may be limited by self reported data and lack of inclusion of higher risk teens who were not in school.

In the 30 days prior to the survey, 85% of youth who had ridden bikes rarely or never wore a helmet, and 29% had ridden in a car driven by a driver that had been drinking alcohol. 25.7% reported current cigarette use, smokeless tobacco or cigar use, while 44% had at least one alcoholic beverage. 35% of teens had sexual intercourse in the last 3 months. Only 21.4% reported eating 5 or more fruits or veggies on 5 of the last 7 days. 29% of respondents described themselves as slightly or very overweight. Trends from 1991-2007 include increased seat belt and helmet use and decreased drunk driving, weapon carrying, and physical fighting .

Comment: YRBSS provides bi-annual updates regarding national trends in risky youth behaviors that contribute to preventable health problems. Clinicians in practice may use this information to help choose appropriate, preventive health messages for the most common behaviors of specific age, sex and racial subgroups.

Abstractor: Wendy K. Anderson, MD, FAAP,
wendy.anderson@nationwidechildrens.org

School Health Services

Telemedicine Access to Schools for Expert Asthma Assessment

Bergman DA, Sharek P, Eckegren K , Thyne S, Mayer M, Saunders M.

The Use of Telemedicine Access to Schools to Facilitate Expert Assessment of Children with Asthma.

Internalt J of Telemedicine and Applications. 2008; Article ID 159276, 7 pages.

Contact: David Bergman, david.bergman@stanford.edu

Purpose: To determine the feasibility and acceptance of using telemedicine to link asthma specialist to an elementary school setting to carry out clinical assessment, write an Asthma Action Plan (AAP) and send management recommendations to the student's primary care provider (PCP).

Summary: 83 elementary school children agreed to participate after being identified by their health cards or by an ISAAC survey. Using a telemedicine link and a school nurse, these children were evaluated by an asthma specialist. A history, nurse exam and spirometry data were recorded and an AAP and recommendations were generated for the PCP. Parents were instructed to make follow up appointments with the PCP. At 8 and 32 weeks, the students showed significant improvement in 2 of 5 domains (child physical and social) on the Child Health Survey of Asthma (CHSA). Both children and parents improved their asthma knowledge. There was a trend toward decrease in asthma attack (p .07) on the CHSA. However, there were no improvements in spirometry, nor reductions in unscheduled office visits, ER visits or hospitalizations. The specialists evaluated 3.5 children/hour compared to 2/hour in their office. 98% of PCPs participated. 100% of the students completed the study and 94% of the parents (92% of whom were Medicaid eligible) rated the program good to excellent on a scale of 0-5.

Comment: Telemedicine in schools can increase access to specialists. This study demonstrated implementation. Unfortunately, they have not shown a health, social or economic effect due to the lack of a control group. School nurse assessments could provide more direct and frequent measurements of indicators and report on whether PCP's implemented specialist's recommendations.

Abstractor: Stephen Barnett, MD, FAAP, FASHA

School-Based Telehealth

Burke B, Bynum A, Hall-Barrow J, Ott R, Albright M.

Rural school-based telehealth: how to make it happen.

Clin Pediatr (Phila). 2008; 47(9):926-9.

Contact: Bryant Burke, BurkeBryantL@uams.edu

Purpose: To demonstrate how careful planning can lead to successful development of a telehealth clinic in rural schools.

Summary: Many rural and indigent areas lack quick or easy access to the most up-to-date health care and subspecialty care. This project, funded by an American Academy of Pediatrics' CATCH (Community Access to Child Health) Planning Grant, examined the steps to establishing the first school-based telehealth clinic in Arkansas. The 2 schools chosen were a rural elementary and high school, where 88% of the students were African American, and 98% qualified for free or reduced lunch. The ultimate success of the telehealth clinic relied on 7 steps to ease transition to this new technology within the school community: assess local and regional needs; secure community support and establish related goals; evaluate resources; configure logistics; train staff; inform parents; and finally launch the clinic.

Comment: Telehealth holds great promise for extending access to care to students, but must be presented in the correct way if it is to be accepted by a community and be sustainable within that community. The guideline presented in this paper could easily be

followed and lead to greater success for others wishing to establish telehealth clinics in their school communities.

Abstractor: Barbara Frankowski, MD, MPH, barbara.frankowski@vtmednet.org

School-based influenza vaccination impact on children's absenteeism

Davis, MM, King, JC, Moag, L, Cummings, G, Magder, LS.

Countywide School-Based Influenza Immunization: Direct and Indirect Impact on Student Absenteeism. *Pediatrics*.2008;122(1):e260-e265.

Contact: Mollie M. Davis, MD, MPH, mdavis93@jhm.edu

Purpose : To determine the impact of a school community-based intervention with live attenuated influenza vaccine (LAIV) on countywide school absenteeism during subsequent influenza outbreak.

Summary: This study used prior existing anonymous information from census data and school attendance records, as well as community laboratory influenza surveillance tests to target peak influenza periods in two adjacent counties as a control in this study. They then offered all public elementary schools the 2005 LAIV, with an acceptance of 44% of elementary aged children. This countywide school-based influenza vaccination program of elementary students was associated not only with a direct impact on reduced absenteeism in that age group, but also in an indirect reduction in school absenteeism on older students who were not participants in the vaccination program.

Comment: This study supports the effectiveness of using schools as a Point of Distribution (POD) for wide-scale influenza vaccination programs to increase school attendance rates during flu season and to decrease exposure to others in the population who may be at high risk for disease complications. What is lacking in this study is information on how the program was implemented in terms of signed parental informed consent and sources for funding for an actual public health mass immunization program. However, the authors noted that further study is needed to study cost-effectiveness and morbidity and mortality benefits of a mass public health influenza vaccination effort. This study shows promising potential for both planned and emergency mass school-based vaccination programs in the future.

Abstractor: Cindy Devore, MD, FAAP, cindydevore@gmail.com

Asthma and absenteeism

Millard MW, Johnson PT, Hilton A, Hart M.

Children with Asthma Miss More School: Fact or Fiction? *CHEST* 2009; 135:303–306.

Contact: Mark Millard MD, FCCP, markmi@BaylorHealth.edu

Purpose: This study investigated school absence rates in 4th-6th grade students with and without asthma in 19 inner city schools in Dallas, TX. (22/50)

Summary: Researches identified students with asthma, provided asthma education and facilitated or provided primary care. An asthma symptom survey (modified Brief Pediatric Screen) identified students as possibly having asthma. Clinical assessment with spirometry and/or exercise testing confirmed the diagnosis of asthma in 157 of the 379 students tested (41%). School nurses referred students with known asthma. Extensive measures were used to ensure that students with asthma received appropriate and affordable asthma treatment. Weekly asthma education and treatment resources were provided to school staff and all students and their parents/caregivers. Evaluation included weekly peak flow, FEV1, and

student reports of asthma symptoms in those students enrolled in the treatment phase of the study.

Absence data was provided by the school. Absence rates for students with asthma were compared across categories, with all 4-6th graders in the 19 study schools, and with all 4-6th graders in the district. Absence rates were 2.12-2.86% (students with asthma), 2.85% (all 4-sixth graders in study schools), and 2.95% (all 4-sixth graders in DISD). On average students with asthma missed no more school than classmates. (176/180)

Comment: DISD has full-time school nurses in over 90% of schools. Every school nurse and school district should assess the percent absence for students with asthma and compare with the overall absence rate for students in the same schools and district. Full-time school nurses can improve attendance among students with asthma. (50/50)

Abstractor: Lani Wheeler, MD, FAAP, FASHA, lswheeler@aap.net

Asthma and academic outcomes

Moonie S, Sterling DA, Figgs LW, Castro M.

The relationship between school absence, academic performance, and asthma status.

J Sch Health. 2008;78:140-148.

Contact: Sheniz Moonie, PhD, Sheniz.moonie@unlv.edu

Purpose: This project assessed the impact of asthma on educational performance of urban, African American students. Factors of interest included presence of asthma, absenteeism, asthma severity, and performance on standardized tests.

Summary: A cross-sectional analysis of 3812 students in the St. Louis, MO was performed. Asthma status was determined by parent report, school medication orders, or asthma action plan. Asthma severity was determined by the school nurse based on caregiver/child symptomatology report. Absenteeism, demographics, and achievement on the Missouri Assessment Program (MAP) standardized test were determined for all students in the sample. Of the 397 students identified with asthma, 175 had a severity assessment with 34% (59) mild intermittent, 20% (35) mild persistent, 13% (23) moderate persistent, and 33% (58) severe persistent. Students with asthma performed equally well on the MAP as those without ($p=.12$). Students with asthma were absent 1.5 days more than those without ($p<.007$), with absenteeism greater for those with severe persistent asthma as compared to those with intermittent asthma (11.6 ± 9.4 days vs. 8.5 ± 9.5 days; $p<.02$). MAP scores decreased as absenteeism increased independent of asthma status ($p<.001$). Students with persistent asthma had both higher absenteeism and worse performance on the MAP. Academic performance is related to absenteeism with asthma severity a major determinant of absenteeism.

Comment: This study supports school-based asthma programs focusing on asthma control. By reducing absenteeism the academic achievement of students with asthma can equal that of those without asthma. To improve academic performance of students with persistent asthma, targeted interventions within a coordinated school health program are necessary to reduce absenteeism.

Abstractor: Cheryl De Pinto, MD, MPH, FAAP, cdepinto@dhmh.state.md.us

Effects of School Violence

Janosz M, Archambault I, Pagani LS, Pascal S, Morin AJS, Bowen F.

Are there detrimental effects of witnessing school violence in early adolescence?

J Adolesc Health 2008;43:600-608.

Contact: Michel Janosz, PhD, michel.janosz@umontreal.ca

Purpose: To test the extent to which witnessing school violence predicts students' psychosocial and school adjustment and to explore how feelings of insecurity may explain this relationship.

Summary: Canadian and American rates of bullying (47%) and victimization (40%) are higher than those of Northern Europe. Much has been written about the effects of victimization, but very little about the effects of witnessing others being bullied.

Questionnaires were administered to 1104 students (52% boys) from five Montreal area high schools at the beginning, middle, and end of seventh grade. The questionnaires elicited self-reported victimization, witnessing of violence, behavior problems, achievement, and truancy. Results demonstrated that witnessing very violent acts was limited to a few times during a year. But witnessing verbal abuse was very common, with about 90% having witnessed it. Witnessing school violence was an excellent predictor of students who subsequently *externalize* problems (i.e., they generate property violence or exhibit physical aggression). In contrast, being victimized did not predict subsequent externalizing problems. Conversely, victimization reliably predicted students who would later *internalize* problems (i.e., report symptoms of anxiety or depression). Feelings of insecurity by students who witness violence partially explain subsequent development of poorer grades and truancy.

Comment. This prospective study adds just one more reason for schools to have well-written and frequently reviewed bullying prevention programs. All staff members must be trained and feel comfortable to act on, not ignore, verbal taunts and other forms of violence.

Abstractor: Howard Taras, MD, FAAP, htaras@ucsd.edu

Physician School Health Consultant Role in Chronic Disease Management

Taras H and Brennan JJ.

Students with chronic diseases: nature of school physician support. *J Sch Health.* 2008; 78(7):389-396

Contact: Howard Taras, MD, htaras@ucsd.edu

Purpose: To categorize the nature of the chronic health conditions for which school physician consultation is sought at a school and district level.

Summary: This 10 year retrospective record view characterized the nature of 250 school physician consultations across 8 California school districts (N= 262,000 students). The review examined: health needs, physician consult intervention, grade level, enrollment in special education and health-related absenteeism. The highest proportions of referrals were for elementary students. No single health condition predominated. Excessive absenteeism was listed as a referral issue for 14.4% of the referrals. Almost two thirds of the students were in or being referred to special education. The physician intervention fell into six categories: direct communication with primary care physicians, dispute resolution, assistance with individual health plan development, school staff education, family guidance, development of communication systems. The majority of referrals (81%) required 2 or more of these activities. The overall nature of the interventions involved mediating contentious and complex problems concerning educational placement, expected academic achievement and optimal health management during school hours. The author concludes that systems that support bidirectional health communication between the community clinician and k-12 staff, promote shared responsibility of the health management and encourage cross discipline appreciation of the medical and educational cultures, would diminish the need for direct school consultant intervention and mediation.

Comment: Physicians who consult to school districts must have a heightened understanding of the K-12 culture and be able to interpret, guide and educate community clinicians and families. The more the medical home understands the educational home, and vice versa, the more school physician consultants can move towards school health system development such as: administration and planning, policy consultation, health education, public relations, advocacy and broader systems development consultation.

Abstractor: Linda M. Grant MD, FAAP, lgrant@boston.k12.ma.us

School-Based Health Centers and QOL

Wade TJ, Mansour ME, Line K, Huentelman T, and Keller KN.

Improvements in Health-Related Quality of Life Among School-Based Health Centers Users in Elementary and Middle School. *Ambulatory Pediatrics*. 2008; 8(4): 241-249.

Contact: TJ Wade, twade@brocku.ca

Purpose: To examine the role of school-based health centers (SBHCs) on changes in student health-related quality of life (HRQOL) over 3-year period among elementary and middle school students.

Summary: SBHCs improve health in adolescents who use them; however, it is unclear if the same effect exists in elementary and middle schools. This is a 3-year longitudinal prospective study. Four elementary schools with newly established SBHCs were matched with 4 elementary comparison schools for rural/urban and state, race and poverty. The primary outcome was overall student HRQOL perceived by parents and students as measured by the 23-item PedsQOL 4.0, an age-standardized tool designed specifically for use in school populations. After yearly attrition, 579 randomly selected student-parent dyads responded in all 3 years to the PedsQOL 4.0. Students in intervention schools were further divided into SBHC users and nonusers. After adjusting for school and individual-level covariates (e.g. age, gender, race, health insurance, chronic health conditions, family income, and parental marital status), SBHC users showed a significant improvement in student-reported HRQOL (particularly psychosocial) over the 3 years as compared with comparison school group. There was no difference across groups using parent proxy reports of HRQOL. This study suffered from high attrition rate; however, there were no differences in attrition analyses for baseline HRQOL.

Comment: SBHCs in elementary and middle schools have a positive impact on student-reported HRQOL measures particularly psychosocial health. Children with impeded access to care benefit the most. The psychosocial health effect could be due to increased sense of connectedness. Psychosocial health could result in long-term benefits in learning, cognitive development, and mental health.

Abstractor : Rani Gereige MD, FAAP, rgereige@health.usf.edu

Mental Health

Bullying in Public School and School Safety

Glew, GM, Fan M-Y, Katon W. **Bullying and school safety.** *J.Pediatrics* 2008;152(1):123-128;

Contact: GM Glew, glew@u.washington.edu

Purpose: This study is designed to identify the risk of antisocial and self harmful attitudes and behaviors among those students identified as bullies, victims, or bully-victims when compared to peer *'bystanders'*. **Summary:** Questions about bullying were answered by 4689 seventh, 9th, 11th graders in a Northwest Coast US urban school district. Fifteen percent (15%) of student responders were *victims*, 7% *bullies*, 4% *bully-victims* (those who report both experiences). Bullying is not uncommon in the surveyed groups. The responses of the identified groups support concern about school safety. Similar risks of feeling depressed and unsafe at school are identified in *victims, bullies, and bully-victims*. A high risk for depressive disorders among these groups is suggested by 'a feeling of sadness' which they share. *Bullies* feel justified in aggressive behaviors towards peers. *Bully-Victims* endorse *bringing a gun to school'*. A year 2000 US Secret Service report declared that the *'attacker'* of recent school shootings felt *'bullied, attacked, threatened, or persecuted prior to the incident*. The authors comment on several limitations. A single school district was subject of the survey. Students were required to sign their survey and self report determined the classification of the student as victim, bully, or bully-victim. 21% of the students did not participate and no data was provided to describe the non-participant group.

Comment: Attitudes and behaviors increasing risk for poor academic performance, causing harm to others and self are described. *Carefully assess youth with depressive or psychosomatic complaints for bullying or victimization*. Be mindful of the particular risks to school safety associated with youth who belong to the bully/victim groups.

Abstractor: George Monteverdi, MD, FAAP, gigi4george@yahoo.com

Effects of School Violence

Janosz M, Archambault I, Pagani LS, Pascal S, Morin AJS, Bowen F.

Are there detrimental effects of witnessing school violence in early adolescence?

J Adolesc Health 2008;43:600-608.

Contact: Michel Janosz, PhD, michel.janosz@umontreal.ca

Purpose: To test the extent to which witnessing school violence predicts students' psychosocial and school adjustment and to explore how feelings of insecurity may explain this relationship.

Summary: Canadian and American rates of bullying (47%) and victimization (40%) are higher than those of Northern Europe. Much has been written about the effects of victimization, but very little about the effects of witnessing others being bullied. Questionnaires were administered to 1104 students (52% boys) from five Montreal area high schools at the beginning, middle, and end of seventh grade. The questionnaires elicited self-reported victimization, witnessing of violence, behavior problems, achievement, and truancy. Results demonstrated that witnessing very violent acts was limited to a few times during a year. But witnessing verbal abuse was very common, with about 90% having witnessed it. Witnessing school violence was an excellent predictor of students who subsequently *externalize* problems (i.e., they generate property violence or exhibit physical aggression). In contrast, being victimized did not predict subsequent externalizing problems. Conversely, victimization reliably predicted students who would later *internalize* problems (i.e., report symptoms of anxiety or depression). Feelings of insecurity by students who witness violence partially explain subsequent development of poorer grades and truancy.

Comment. This prospective study adds just one more reason for schools to have well-written and frequently reviewed bullying prevention programs. All staff members must be trained and feel comfortable to act on, not ignore, verbal taunts and other forms of violence.
Abstractor: Howard Taras, MD, FAAP, htaras@ucsd.edu

Chronic Insomnia in adolescents

Roberts RE, Roberts CR, Duong HT

Chronic insomnia and its negative consequences for health functioning of adolescents: A 12-month prospective study. *J Adolesc Health.* 2008;42(3):294-302.

Contact: RE Roberts, Roberts.E.Roberts@uth.tmc.edu

Purpose: To estimate prevalence and chronicity of insomnia and the impact of chronic insomnia on health and functioning adolescents.

Summary: There have been almost no studies on insomnia using DSM-IV diagnostic criteria for adolescents. Data were collected on adolescents enrolled in local health maintenance organizations at baseline and followed up approximately 12 months later. At baseline over one-fourth reported one or more symptoms of insomnia and about 5% met diagnostic criteria for insomnia. At baseline 46% of those who reported one or more symptoms of insomnia continued to be cases a year later and 24% met DSM-IV symptom criteria for chronic insomnia. Chronic insomnia increased subsequent risk for somatic health problems, interpersonal problems, and psychological problems. The burden is comparable to other psychiatric disorders and severely impacts future health and functioning of youths. Parents reported that nearly half of the youth had two or more medical contacts in the previous year for somatic health problems. About 6% received mental health services in a school setting and 12% received outpatient mental health services. These results are the first reported on chronic insomnia among youths, and corroborate, using prospective data, previous findings on correlates of disturbed sleep based on cross-sectional studies.

Comment: Insomnia a major public health problem and a common chronic disease among adolescents. Screening and intervention for chronic insomnia may reduce the impact on functioning and, in the longer term, reduce the burden on the health care system. Pediatric and adolescent medical care settings may provide one venue for such screening.

Abstractor: Mary Vernon-Smiley MD, MPH, FAAP, Mary.Vernon-Smiley@cdc.gov

Nutrition

School-Based Obesity Prevention

Foster GD, Sherman S, Borradaile KE, Grundy KM, Vander Veur SS, Nachamani J, Karpyn A, Kumanyika S, Shults J.

A Policy-Based School Intervention to Prevent Overweight and Obesity *Pediatrics* 2008; 121:e794-e802.

Gary D Foster, PhD, gfoster@temple.edu

Purpose: This study examined the effect of a multicomponent school-based intervention on the incidence and prevalence of overweight and obesity among urban children.

Summary: 844 urban 4-6th graders, over 50% free- and reduced-price eligible, completed a 2 year multicomponent School Nutrition Policy Initiative (SNPI). Schools were paired into

2008 Must Read Papers for School Physicians

Physician Section of the American School Health Association

www.ashaweb.org

test and control conditions. SNPI contained a school assessment (CDC School Health Index) by a wellness council, nutrition education (10 hours staff, 50 hours student), nutrition policy (limitations on beverages, vended and a la carte food items), social marketing (raffles, focus groups and messaging) and family outreach (parent education nights, workshops, and alterations in fund-raisers and in-class treats). Primary outcome measure at baseline and 2 years was the incidence of overweight (>85th percentile) or obese (>95th percentile). Secondary outcomes included prevalence and remission of overweight and obesity, BMI z score, total energy and fat intake, fruit and vegetable consumption, body image, hours of activity and inactivity. SNPI effected a significant (50%) reduction in the incidence of overweight. Obesity prevalence after SNPI decreased by 10.3% compared with a 25.9% increase in control schools. Black students were 41% less likely to become overweight relative to non-treatment peers. Of concern, in control schools overweight rose 15% in 2 years and even in SNPI schools, overweight rates rose 7.5%.

Comment: A rare win --a prospective obesity intervention that demonstrates highly significant effectiveness among high-risk urban pre-teens in school. But to accomplish it, a broad multicomponent endeavor was required, targeting diet and activity behaviors in several ways throughout the school. The complexity and tenacity of obesity was well-demonstrated by this important study.

Abstractor: Robert Murray MD, FAAP, Robert.Murray@NationwideChildrens.org

2008 Policy Statements and Resolutions

- AAP Council on School Health **Disaster Planning for Schools.** *Pediatrics* 122(4):895-901.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/4/895>
- AAP Council on School Health **Medical Emergencies Occurring at School** *Pediatrics* 122(4):887-894. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;122/4/887>
- AAP Council on School Health **Role of the School Nurse in Providing School Health Services** *Pediatrics* 121(5):1052-1056.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;121/5/1052>
- AAP Committee on Sports Medicine **Strength Training by Children and Adolescents.** *Pediatrics*, 121(4):835-840.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1470>
- Rice SG and the Council on sports Medicine and Fitness. **Medical Conditions Affecting Sports Participation.** *Pediatrics*, Vol. 121, Number 4 April 2008 pages 841-848. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;121/4/841>
- ASHA Administrative Support for School Health.
http://www.ashaweb.org/files/public/Resolutions/Administrative_Support_for_School_Health_2008.pdf

- ASHA Comprehensive Food Allergy and Anaphylaxis Management Plans for Schools.
<http://www.ashaweb.org/files/public/Resolutions/Food Allergy and Anaphylaxis Management Plans for Schools.pdf>.
- ASHA Hepatitis B Awareness and Immunization.
<http://www.ashaweb.org/files/public/Resolutions/Hepatitis B Awareness and Immunization 2008.pdf>
- ASHA Indigenous Culture and Language Affect on Health of Indigenous Youth.
<http://www.ashaweb.org/files/public/Resolutions/Indigenous Culture and Language Affect 2008.pdf>
- ASHA Marketing Alcohol and Tobacco to Underage Youth.
<http://www.ashaweb.org/files/public/Resolutions/Marketing A & T to underage Youth rev 060408.pdf>
- ASHA No Child Left Behind Law and School Health.
<http://www.ashaweb.org/files/public/Resolutions/No Child Left Behind and School Health.pdf>
- ASHA Preventing Inhalant Abuse.
<http://www.ashaweb.org/files/public/Resolutions/Preventing Inhalant Abuse 2.pdf>
- ASHA Reducing Youth Access to Alcohol.
<http://www.ashaweb.org/files/public/Resolutions/Reducing Youth Access to Alcohol 2008.pdf>
- ASHA Restricting Distribution and Promotion of Tobacco Products.
<http://www.ashaweb.org/files/public/Resolutions/Restricting Distribution & Promotion of Tobacco Products.pdf>
- ASHA Tobacco Advertising.
<http://www.ashaweb.org/files/public/Resolutions/Restricting Distribution & Promotion of Tobacco Products.pdf>
- ASHA Tobacco-Free Schools.
<http://www.ashaweb.org/files/public/Resolutions/Tobacco free Schools rev070208.pdf>

This feature is intended to be an annual publication. Nominations are being accepted for papers published in 2009. Send your nominations to Lani Wheeler at lswheeler@aap.net.