This report was a collaborative effort between the Environmental Health Investigations Branch of the California Department of Health Services, the American Lung Association of the East Bay, and the Office of Environmental Health Hazard Assessment of the California Environmental Protection Agency.
What is Working in California (continued)

Building Asthma-Friendly Schools

In January, the Los Angeles Unified School District (LAUSD) broke ground on the Cahuenga New Elementary School, the district’s first High Performance School. The LAUSD is 1 of 11 school districts in the state to adopt resolutions requiring that newly constructed schools and those undergoing major renovation meet the Collaborative for High Performance Schools (CHPS) criteria. CHPS’ goal is to facilitate the design of high performance school environments that are not only energy efficient, but also healthy, comfortable, well lit, and contain the amenities needed for a quality education. One of the benefits of High Performance Schools is improved indoor air quality. Studies have shown that poor indoor air quality in schools can have a negative impact on the health of students and faculty members, especially those with asthma or other respiratory illness.

Among the 11 districts requiring new schools to meet the CHPS guidelines, 5 schools have already been built and 16 are in the planning or construction phase. Adler Creek Middle school in Truckee, a CHPS demonstration school, is the most recent to celebrate its grand opening.

Truckee, a CHPS demonstration school, is the most recent to celebrate its grand opening.

Asthma in Schools: Results from the California Healthy Kids Survey, 2001-2003

Eighteen Percent of Students Report Asthma

Asthma is the most prevalent chronic disease among children. Results from the California Healthy Kids Survey (CHKS) indicate that nearly one in five students have asthma. Asthma prevalence rates were highest among Black students. Also, one-third of students experienced one or more asthma-like symptoms during the last year.

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School administrators and teachers have a unique opportunity to improve the quality of life for students with asthma. This can be accomplished by understanding the disease better, attending asthma training, providing a safe and healthy environment for children in which to learn, and allowing access to medication and appropriate care. Many California schools already have policies to help students with asthma.

For a child with asthma symptoms, learning and participating in school activities can be a challenge. Nonetheless, asthma is a disease that can be controlled through proper management and reduction of environmental triggers known to cause symptoms. Smoking can aggravate asthma and, unfortunately, the survey showed a large number of students who smoke also have asthma. Smoking cessation programs can be beneficial for reducing asthma symptoms as well as the risk for other diseases among student populations.

This report was a collaborative effort between the Environmental Health Investigations Branch of the California Department of Health Services, the American Lung Association of the East Bay, and the Office of Environmental Health Hazard Assessment of the California Environmental Protection Agency.

Helping Students Kick the Habit

The American Lung Association of Santa Clara and San Benito Counties has brought the “Quit the Hits” program to several area schools. N-O-T is a ten-session smoking cessation program developed specifically for teens. Additionally, the “Quit the Hits” program, designed for high-risk students at alternative high schools and juvenile detention programs, is being used with great success in Santa Clara and San Benito Counties. Ninety-five percent of the 300 students that participated in “Quit the Hits” in the past four years have taken steps to quit smoking.

For more information about California Asthma Facts, email Deanna Rossi at: drossi@dhs.ca.gov

What is the California Healthy Kids Survey?

All public schools in California are eligible to participate in CHKS. School districts receiving Safe and Drug Free Schools and Communities or Tobacco Use and Prevention Education funding are required to administer it.

The CHKS is sponsored by the California Department of Education and administered through a contract with WestEd, a nonprofit education research agency. Between 2001 and 2003, approximately 480,000 students participated in the survey.

CHKS is an anonymous self-administered survey completed in a two-year cycle. It is similar to the Centers for Disease Control and Prevention’s National Youth Risk Behavior Survey. CHKS is available to 5th, 7th, 9th, and 11th grade students, and assesses youth health risks and behaviors. In Fall 2001, questions to measure asthma prevalence and asthma-like symptoms were added to the survey. This report only includes results from surveys given to 5th, 9th, and 11th grade students as well as those from nontraditional settings.

Results from CHKS are useful for identifying leading health concerns in adolescents and guiding school, community, and statewide policies.

This report issues some of the findings from the California Healthy Kids Survey completed by 7th, 9th, and 11th grade students as well as those from nontraditional settings. It includes prevalence rates by gender, race/ethnicity, and county, and documents the relationship between asthma and smoking among adolescents. This report also provides recommendations and resources for schools creating asthma-friendly environments.
The CHKS Study Population

There were 404,342 students who answered, “yes,” “no,” or “don’t know” to the question, “Has a doctor ever told you or your parent/guardian that you have asthma?” The answers to this question are used to indicate lifetime asthma prevalence. The lifetime asthma prevalence rates presented are defined as the number of ‘yes’ answers (74,205) divided by the total number of responses to this question.

Thirty-eight percent of respondents were 7th graders, 31 percent were 9th graders, 26 percent were 11th graders, and about 5 percent were from nontraditional school settings. There were slightly more female than male respondents. Over one-third of the students were White and 29 percent were Hispanic (Figure 1). The race/ethnicity groups were mutually exclusive; if a student responded to more than one race/ethnicity item, they were classified as “Mixed.”

The overall lifetime adolescent asthma prevalence in California was 18.4% [95% Confidence Interval (CI): 18.2–18.5]. Lifetime asthma prevalence rates were higher among males than females. Blacks had the highest lifetime asthma prevalence rates and Hispanics had the lowest rates.

Among the Hispanic or Latino/Latina subgroups, Puerto Ricans had the highest lifetime asthma prevalence rates and Mexicans had the lowest rates. Mexicans made up most of the Hispanic population (72.4%).

ADDITIONAL RESOURCES AND INFORMATION

U.S. EPA IAQ Tools for Schools
A program of the EPA to help design a plan of action to improve indoor air environments in schools. Also contains information on mold in schools. [www.epa.gov/iaq/schools/tools4s2.html](http://www.epa.gov/iaq/schools/tools4s2.html)

U.S. EPA IAQ Design Tools For Schools
Design Tools for Schools provides both detailed guidance and links to other information resources to help design new schools as well as repair, renovate, and maintain existing facilities. [www.epa.gov/iaq/schooldesign/index.html](http://www.epa.gov/iaq/schooldesign/index.html)

Centers for Disease Control and Prevention
Strategies for Addressing Asthma within a Coordinated School Health Program. [www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf](http://www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf)

American Lung Association Asthma Friendly Toolkit
Comprehensive tool kit for programs working with schools in developing asthma-friendly policies. [www.lungusa.org](http://www.lungusa.org)

Asthma and Allergy Foundation of America
School-based education and intervention programs including Wee Wheezers, Asthma Care Training for Kids, and Power Breathing. [www.aafa.org](http://www.aafa.org)

American Academy of Allergy Asthma and Immunology, Asthma and Allergy Kit for School Nurses
Includes overview of asthma topics in relation to the school setting. [www.aaaai.org/members/allied_health/tool_kit/](http://www.aaaai.org/members/allied_health/tool_kit/)

Collaborative for High Performance Schools
The Collaborative facilitates the design of high performance schools; environments that are not only energy efficient, but also healthy, comfortable, well lit, and contain the amenities needed for a quality education. [www.chps.net](http://www.chps.net)

California Healthy Kids Survey, WestEd
Administers the California Healthy Kids Survey and provides information related to findings in the survey. [http://www.wested.org/hks](http://www.wested.org/hks)

California Asthma Partners
Partnership of organizations and programs working to address asthma in California. [www.asthmapartners.org](http://www.asthmapartners.org)

Community Action to Fight Asthma (CAFA)
Statewide coalition to address asthma including environmental triggers that affect school-aged children. [www.calasthma.org](http://www.calasthma.org)

California Smoker’s Hotline
Provides individual smoking cessation telephone counseling and information about local tobacco control programs. [www.nobutts.org](http://www.nobutts.org)

Starlight Starbright Children’s Foundation
The Starlight Starbright Children’s Foundation has created an interactive CD-ROM game for students with asthma called Quest For the Code and, in the fall, they will be releasing an easy to use asthma toolkit for schools. [www.starbright.org](http://www.starbright.org)
Since children and adolescents spend a large portion of their day at school, schools must work to provide a healthy environment in which to learn. The large number of students with asthma and asthma symptoms is a great reason to get started. There are many steps schools can take to improve the learning experience for these students. Remember that all students and staff in the school stand to benefit from interventions that improve the environment.

Policy development:
- Work with the school health team to develop systems which ensure that all students with asthma are identified, have asthma action plans, and appropriate medication at school.
- Create policies that allow students with asthma immediate access to their medications at all times.
- Establish and monitor indoor air quality and integrated pest management policies to reduce common asthma triggers.
- Establish outdoor air policies such as eliminating bus and car idling outside of schools and limiting student exposure to outdoor pollutants on poor air quality days.

What is Working in California
Asthma-Friendly Schools in Action

Students Helping to Identify Problems
Visalia schools have found an innovative way of using the U.S. Environmental Protection Agency’s (EPA) Indoor Air Quality Tools for Schools program (IAQ TFS). High school students who are part of an environmental health club perform school walk-throughs to identify sources contributing to poor indoor air quality. Some of these high school students were able to attend a national IAQ TFS conference and have now trained staff in their schools to implement the program. Visalia Unified School District has passed a resolution requiring that all schools use the IAQ TFS program.

Focusi ng Policy at the District Level
The San Francisco Unified School District, with input from the San Francisco Asthma Task Force, developed a district-wide asthma team to better identify students with asthma and track which students have asthma action plans on site. This District Asthma Team was created after the San Francisco Board of Education passed a resolution requiring asthma action plans for all students with asthma in grades K-12. The Merced/Mariposa Asthma Coalition has helped Merced County schools implement an Asthma-Friendly Flag Program in 50 of its schools to help teachers and staff plan activities based on outdoor air quality. Each day the school fly either a green, yellow, orange, or red flag. Each color reflects an Air Quality Index (AQI) level and suggested activities for that day. On green days, the air quality is safe for everyone and outdoor activity is recommended. On yellow days, it is recommended that students who are highly sensitive to outdoor air pollutants remain indoors for physical activity. On orange days, students who are sensitive to outdoor pollutants including those with asthma, should remain indoors or have modified outdoor activity, and on red days, when the AQI is highest, it is recommended that all students remain indoors for physical activity.

Educational
- Incorporate asthma education and smoking cessation into student health education.
- Incorporate asthma education into faculty and staff professional development so that all adults in the school know how to reduce environmental triggers and respond to asthma emergencies.
- Encourage student environmental health classes or clubs to take an active role in addressing environmental exposures to asthma triggers.

Community Involvement:
- Involves PTA, local governmental, and nongovernmental organizations in implementing school asthma interventions.
- Collaborate with other schools in the community to coordinate asthma-related activities.

Students can take an active role in coordinating projects to improve the environment.

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California Asthma Facts
What can schools do to help students with asthma breathe better?

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Asthma and Smoking

Tobacco smoke is a known trigger of asthma symptoms. Ten percent or 39,749 of adolescents reported smoking regularly, defined as one or more cigarettes per day for the last 30 days. This estimate is similar to the national rate of 9.7 percent of students who reported smoking cigarettes frequently, defined as smoking on 20 or more of the last 30 days. This national estimate is based on results from the Youth Risk Behavior Surveillance System survey conducted in 2003.

Overall lifetime asthma prevalence was higher among adolescents who reported smoking cigarettes in the past 30 days (22.4 percent) than those who did not (17.9 percent). Among nonsmokers, males had higher lifetime asthma prevalence rates than females. Among smokers, however, gender roles were reversed, with female smokers having higher lifetime asthma prevalence rates than male smokers. Among the race/ethnicity groups, Black smokers have the highest lifetime asthma prevalence rates and Hispanic smokers, the lowest lifetime asthma prevalence rate. (Figure 5).

Lifetime asthma prevalence rates increased with the number of days smoked in the past 30 days. The results of the CHKS are consistent with other cross-sectional studies showing an association between cigarette smoking and asthma prevalence. However, with this type of study design it is not possible to infer that smoking causes asthma. It is possible that smokers experience more asthma-like symptoms and, therefore, are more likely to be diagnosed with asthma.

Current Asthma-like Symptoms

The four asthma-like symptom questions in the optional Physical Health Module were asked as follows:

1. In the past 12 months, when you are not exercising have you ever had wheezing, chest tightness, or trouble breathing?
2. In the past 12 months, when you do exercise, have you ever had wheezing, chest tightness, or trouble breathing?
3. In the past 12 months, have you ever had a dry cough at night, even when you did not have a cold or flu?
4. In the past 12 months, have you been to the doctor or hospital for wheezing or trouble breathing?

A small subset of students (13 percent or approximately 55,000) completed the asthma-like symptom questions in the Physical Health Module. About 22 percent of these students reported asthma symptoms when not exercising and 31 percent reported asthma symptoms during or after exercising. Over one-third of the students self-reported dry cough at night and about one-tenth reported they had been to the doctor or hospital for wheezing or trouble breathing (Figure 6). Since these estimates include both students who answered either “yes” or “no” to the lifetime asthma question, some students may have undiagnosed asthma.

Figure 5. Lifetime Asthma Prevalence by Current Smoking Status, California Healthy Kids Survey, 2001-2003

Figure 6. Current Asthma-like Symptoms, California Healthy Kids Survey, 2001-2003

Limitations and Strengths of CHKS

As with any survey, there are some limitations to CHKS. There may be differences in the sample size from year to year based on response rates, parental consent, and demographic differences. There also may be variability in responses due to different methodologies in administering the survey from school to school. Nevertheless, CHKS has many outstanding strengths. The sample size is large and represents a substantial portion of the school aged population drawn from districts throughout the state. The results are comparable to national and state data. CHKS offers an opportunity to evaluate trends over time.

How Can I Find Out More About CHKS?
The survey for nontraditional, 5th, 7th, 9th, and 11th grade students is composed of a core module of about 80 questions, plus six supplementary modules.

For more information on the survey or to add custom questions for your school or district, please contact:

CHKS Regional Center
Phone: (888) 841-7536
Website: http://www.wested.org/hko
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Common asthma symptoms include chest tightness, wheezing, coughing, and shortness of breath all of which make learning a challenge for a child with asthma.

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Continued on page 8

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Continued on page 8

Figure 4. Lifetime Asthma Prevalence by Asian/Pacific Islander Subgroups, California Healthy Kids Survey, 2001-2003

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<th>(95% CI)</th>
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<td>Marin</td>
<td>573</td>
<td>15.9</td>
<td>(14.7 — 17.1)</td>
<td>Stanislaus</td>
<td>1205</td>
</tr>
<tr>
<td>Mariposa</td>
<td>30</td>
<td>22.1</td>
<td>(15.1 — 29.6)</td>
<td>Sutter</td>
<td>363</td>
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<tr>
<td>Mendocino</td>
<td>202</td>
<td>19.2</td>
<td>(15.0 — 19.3)</td>
<td>Tehama</td>
<td>249</td>
</tr>
<tr>
<td>Merced</td>
<td>256</td>
<td>17.3</td>
<td>(15.4 — 19.2)</td>
<td>Trinity</td>
<td>53</td>
</tr>
<tr>
<td>Mono</td>
<td>44</td>
<td>16.2</td>
<td>(11.8 — 20.6)</td>
<td>Tulare</td>
<td>1206</td>
</tr>
<tr>
<td>Monterey</td>
<td>950</td>
<td>15.3</td>
<td>(14.4 — 16.1)</td>
<td>Tuolumne</td>
<td>197</td>
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<tr>
<td>Napa</td>
<td>422</td>
<td>20.6</td>
<td>(18.9 — 22.4)</td>
<td>Ventura</td>
<td>2702</td>
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<tr>
<td>Nevada</td>
<td>377</td>
<td>19.5</td>
<td>(17.7 — 21.3)</td>
<td>Yolo</td>
<td>876</td>
</tr>
<tr>
<td>Orange</td>
<td>6825</td>
<td>17.1</td>
<td>(16.7 — 17.5)</td>
<td>Yuba</td>
<td>353</td>
</tr>
<tr>
<td>Placer</td>
<td>1706</td>
<td>22.1</td>
<td>(21.1 — 23.0)</td>
<td>STATEWIDE</td>
<td>74205</td>
</tr>
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</table>

N = Number of adolescents who self-reported lifetime asthma. CI = Confidence Interval; a measure of statistical uncertainty. Counties not included: Alpine, Del Norte and Modoc. Totals may not add up due to missing values. ** Rate not presented if the denominator was less than a hundred.

California Asthma Facts

The CHKS Study Population

There were 404,342 students who answered, “yes,” “no,” or “don’t know” to the question, “Has a doctor ever told you or your parent/guardian that you have asthma?” The answers to this question are used to indicate lifetime asthma prevalence. The lifetime asthma prevalence rates presented are defined as the number of “yes” answers (74,205) divided by the total number of responses to this question.

Thirty-eight percent of respondents were 7th graders, 26 percent were 11th graders, and about 5 percent were from nontraditional school settings. There were slightly more female than male respondents. Over one-third of the students were White and 29 percent were Hispanic (Figure 1). The race/ethnicity groups were mutually exclusive; if a student responded to more than one race/ethnicity item, they were classified as “Mixed.”

The race/ethnicity groups were mutually exclusive; if a student responded to more than one race/ethnicity item, they were classified as “Mixed.”

Figure 1. Race/Ethnicity of Respondents, California Healthy Kids Survey, 2001-2003 (n=404,342)

- **White**: 34%
- **Mixed**: 10%
- **Black**: 4%
- **Hispanic**: 29%
- **Other**: 9%
- **Asian/Pacific Islander (API)**: 12%
- **Native American**: 2%
- **American Indian/Alaska Native**: 1%
- **Mixed races/ethnicities**: 1%
- **Not identified**: 1%
- **Of unknown race/ethnicity**: 4%

**Note:** The overall lifetime adolescent asthma prevalence in California was 18.4% [95% Confidence Interval (CI): 18.2–18.5]. Lifetime asthma prevalence rates were higher among males than females. Blacks had the highest lifetime asthma prevalence rates and Hispanics had the lowest rates.

**Figure 2. Lifetime Asthma Prevalence by Sex and Race/Ethnicity, California Healthy Kids Survey, 2001-2003**

- **Overall**: 20.7%
- **Male**: 21.2%
- **Female**: 20.2%
- **Black**: 19.4%
- **White**: 20.2%
- **Native American**: 16.5%
- **API**: 14.5%
- **Hispanic**: 11.0%

**Note:** The confidence interval (C.I.) is a range that contains the true population prevalence estimate.

**Figure 3. Lifetime Asthma Prevalence by Hispanic Subgroups, California Healthy Kids Survey, 2001-2003**

- **Mexican**: 23.8%
- **Central American**: 16.7%
- **South American**: 18.2%
- **Cuban**: 23.8%
- **Puerto Rican**: 25.5%

**Note:** Among the Hispanic or Latino/Latina subgroups, Puerto Ricans had the highest lifetime asthma prevalence rates and Mexicans had the lowest rates. Mexicans made up most of the Hispanic population (72.4%).

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**ADDITIONAL RESOURCES AND INFORMATION**

- **U.S. EPA IAQ Tools for Schools**
  - A program of the EPA to help design a plan of action to improve indoor air environments in schools. Also contains information on mold in schools. [www.epa.gov/iaq/schools/tools4s2.html](http://www.epa.gov/iaq/schools/tools4s2.html)
- **U.S. EPA IAQ Design Tools For Schools**
  - Design Tools for Schools provides both detailed guidance and links to other information resources to help design new schools as well as repair, renovate, and maintain existing facilities. [www.epa.gov/iaq/schooldesign/index.html](http://www.epa.gov/iaq/schooldesign/index.html)
- **Centers for Disease Control and Prevention**
  - Strategies for Addressing Asthma within a Coordinated School Health Program. [www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf](http://www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf)
- **American Lung Association: Asthma Friendly Toolkit**
  - Comprehensive tool kit for programs working with schools in developing asthma-friendly policies. [www.lungusa.org](http://www.lungusa.org)
- **American Academy of Allergy Asthma and Immunology, Asthma and Allergy Kit for School Nurses**
  - Includes overview of asthma topics in relation to the school setting. [www.aaaai.org/members/alleged_health/tool_kit/](http://www.aaaai.org/members/alleged_health/tool_kit/)
- **Collaborative for High Performance Schools**
  - The Collaborative facilitates the design of high performance schools; environments that are not only energy efficient, but also healthy, comfortable, well lit, and contain the amenities needed for a quality education. [www.chps.net](http://www.chps.net)
- **California Healthy Kids Survey, WestEd**
  - Administers the California Healthy Kids Survey and provides information related to findings in the survey. [http://www.wested.org/hks](http://www.wested.org/hks)
- **California Asthma Partners**
  - Partnership of organizations and programs working to address asthma in California. [www.asthmapartners.org](http://www.asthmapartners.org)
- **Community Action to Fight Asthma (CAFA)**
  - Statewide coalition to address asthma including environmental triggers that affect school-aged children. [www.calasthma.org](http://www.calasthma.org)
- **California Smoker’s Hotline**
  - Provides individual smoking cessation telephone counseling and information about local tobacco control programs. [www.nobuts.org](http://www.nobuts.org)
- **Starlight Starbright Children’s Foundation**
  - The Starlight Starbright Children’s Foundation has created an interactive CD-ROM game for students with asthma called Quest For the Code and, in the fall, they will be releasing an easy to use asthma toolkit for schools. [www.starbright.org](http://www.starbright.org)
What is Working in California (continued)

Building Asthma-Friendly Schools

In January, the Los Angeles Unified School District (LAUSD) broke ground on the Cahuenga New Elementary School, the district’s first High Performance School. The LAUSD is 1 of 11 school districts in the state to adopt resolutions requiring that newly constructed schools and those undergoing major renovation meet the Collaborative for High Performance Schools (CHPS) criteria. CHPS’ goal is to facilitate the design of high performance schools that are not only energy efficient, but also healthy, comfortable, well lit, and contain the amenities needed for a quality education.

One of the benefits of High Performance Schools is improved indoor air quality. Studies have shown that poor indoor air quality in schools can have a negative impact on the health of students and faculty members, especially those with asthma or other respiratory illness.

Among the 11 districts requiring new schools to meet the CHPS guidelines, 5 schools have already been built and 16 are in the planning or construction phase. Adler Creek Middle school in Truckee, a CHPS demonstration school, is the most recent to celebrate its grand opening.

Helping Students Kick the Habit

The American Lung Association of Santa Clara and San Benito Counties has brought the N-O-T (Not on Tobacco) program to several area schools. N-O-T is a ten-session smoking cessation program developed specifically for teens. Additionally, the “Quit the Hits” program, designed for high-risk students at alternative high schools and juvenile detention programs, is being used with great success in Santa Clara and San Benito Counties. Ninety-five percent of the 300 students that participated in “Quit the Hits” in the past four years have taken steps to quit smoking.

This report was a collaborative effort between the Environmental Health Investigations Branch of the California Department of Health Services, the American Lung Association of the East Bay, and the Office of Environmental Health Hazard Assessment of the California Environmental Protection Agency.

Asthma in Schools: Results from the California Healthy Kids Survey, 2001-2003

Eighteen Percent of Students Report Asthma

Asthma is the most prevalent chronic disease among children. Results from the California Healthy Kids Survey (CHKS) indicate that nearly one in five students have asthma. Asthma prevalence rates were highest among Black students. Also, one-third of students experienced one or more asthma-like symptoms during the last year.

School administrators and teachers have a unique opportunity to improve the quality of life for students with asthma. This can be accomplished by understanding the disease better, attending asthma training, providing a safe and healthy environment for children in which to learn, and allowing access to medication and appropriate care. Many California schools already have policies to help students with asthma.

For a child with asthma symptoms, learning and participating in school activities can be a challenge. Nonetheless, asthma is a disease that can be controlled through proper management and reduction of environmental triggers known to cause symptoms. Smoking can aggravate asthma and, unfortunately, the survey showed a large number of students who smoke also have asthma. Smoking cessation programs can be beneficial for reducing asthma symptoms as well as the risk for other diseases among student populations.

This report details some of the findings from the California Healthy Kids Survey completed by 7th, 9th, and 11th grade students as well as those from nontraditional settings. It includes prevalence rates by gender, race/ethnicity, and county, and documents the relationship between asthma and smoking among adolescents. This report also provides recommendations and resources for schools creating asthma-friendly environments.

What is the California Healthy Kids Survey?

All public schools in California are eligible to participate in CHKS. School districts receiving Safe and Drug Free Schools and Communities or Tobacco Use and Prevention Education funding are required to administer it.

The CHKS is sponsored by the California Department of Education and administered through a contract with WestEd, a nonprofit education research agency. Between 2001 and 2003, approximately 480,000 students participated in the survey.

CHKS is an anonymous self-administered survey completed in a two-year cycle. It is similar to the Centers for Disease Control and Prevention’s National Youth Risk Behavior Survey. CHKS is available to 5th, 7th, 9th, and 11th grade students, and assesses youth health risks and behaviors. In Fall 2001, questions to measure asthma prevalence and asthma-like symptoms were added to the survey. This report only includes results from surveys given to 7th, 9th, and 11th grade students as well as those from nontraditional settings.

Results from CHKS are useful for identifying leading health concerns in adolescents and guiding school, community, and statewide policies.