











Gap between enrollment and – attendance	6.6%	5.4%	5.2%	5.1%	5%	4.8%	4.7%
2006-07	SAISD	Edgewood	Judson	Northside	Harlandale	North East	South San
Enrollment*	55,322	11,801	19,903	80,526	13,899	60,178	9,602
Attendance**	51,698	11,165	18,873	76,413	13,199	57,308	9,154
Difference	3,624	636	1,030	4,113	700	2,870	448
1 percent increase in	\$2.4 million	\$514,640	\$917,784	\$3.9 million	\$602,712	\$3.1 million	\$424,304
attendance						*Represents da	ly average for y

The State of Texas Assessments of Academic Readiness (STAAR) will replace the Texas Assessment of Knowledge and Skills (TAKS) starting in the 2011-2012 echool year • STAAR tests will be more rigorous than the TAKS test • STAAR covers grades 3 - 101 STAAR Will include the following elementary school assessments: 3 of grade Mathematics and Reading 4th grade Mathematics, Reading and Writing	kills "Death by one cell" – Dr. Richard Middleton
5th grade Mathematics, Reading and Science	Environmental threats
STAAR *** will include the following middle school	Inducquate access to nealth care
assessments:	Individual and benavioral factors
7th grade Mathematics and Reading	Educational inequalities
8th grade Mathematics, Reading Social	
Studies and Science	
· STAAR includes 12 end-of-course assessments	
at high school	
Math: Algebra I, Geometry, Algebra II (was	
one test 10 <sup>th</sup> grade)	
Science: Biology, Chemistry, Physics (was	
English Language Arts: English I. English II.	
English III (was Reading 9, LA 10)	
Social Studies: World Geography, World	
History, U.S. History (was one test 10 <sup>th</sup> grade)	
English Language Learners	
Completion Rates (DropOut)	Indoor Air Quality (IAQ)







ontrol of As	stnma defined a	s .						
<ul> <li>No a</li> </ul>	bsences from so	chool						
<ul> <li>No ii</li> </ul>	nterruptions of cl	lass time due	to symptoms					
• Nou	use of inhaler m	ore than 2 ti	mes per wee	ek				
• No c	oughing during	g the night						
<ul> <li>Parti</li> </ul>	Participation in all physical activities							
• No e	mergency or uro	ent care visit	s					
		5						
tional Asthma E	ducation Prevention Pr	rogram						
. In the pase (Albutero treatmen	st 30 days, how bl) that was pres t of his/her asth	v often did yc scribed or gi hma symptor	our child use ven to you b ms?	asthma medi y your doctor	cation for			
<ol> <li>In the pase (Albutero treatmen</li> </ol>	st 30 days, how bl) that was pres t of his/her asth <u>&gt;2 times/day</u>	v often did yc scribed or gi hma symptor <u>1 /day</u>	our child use ven to you k ms? <u>2 /week</u>	asthma medi y your doctor <u>1-2 /month</u>	cation for <u>Never</u>			
3. In the past (Albutero treatmen Diagnosed	st 30 days, how ol) that was pres t of his/her asth <u>&gt;2 times/day</u> 45.1%	r often did yc scribed or gi hma symptor <u>1 /day</u> 5.3%	our child use iven to you b ms? <u>2 /week</u> 9.7%	asthma medi y your doctor <u>1-2 /month</u> 24.2%	for <u>Never</u> 15.6%			
In the past (Albutero treatmen Diagnosed Lee	st 30 days, how bi) that was pres t of his/her astl >2 times/day 45.1% 56.3%	often did yo scribed or gi hma symptor <u>1 /day</u> 5.3% 25.0%	our child use ven to you k ms? <u>2 /week</u> 9.7% 10.4%	asthma medi y your doctor <u>1-2 /month</u> 24.2% 8.3%.	cation for <u>Never</u> 15.6% <i>0%</i>			
<ol> <li>In the pa: (Albutero treatmen</li> <li>Diagnosed Lee</li> <li>In the pa: interrupt</li> </ol>	st 30 days, how b) that was pre- t of his/her asth <u>&gt;2 times/day</u> 45.1% 56.3% st 12 months, h ed by wheezing	r often did yc scribed or gi hma symptol <u>1/dav</u> 5.3% 25.0% row many tin g or coughing (R) 1.2 (C)	our child use ven to you b ms? <u>2 /week</u> 9.7% 10.4% mes has your g?	asthma medi y your doctor <u>1-2 /month</u> 24.2% 8.3%. • child's sleep	Never 15.6% 0% been			
<ul> <li>In the part (Albutero treatment)</li> <li>Diagnosed Lee</li> <li>In the part interrupt</li> </ul>	st 30 days, how b) that was pre- t of his/her asth >2 times/day 45.1% 56.3% st 12 months, h ed by wheezing (A) 0 24.9%	r often did yc scribed or gi hma symptol <u>1 /day</u> 5.3% 25.0% ow many tim or coughing (B) 1-3 (C	2 /week 9.7% 10.4% es has your 9? ) 4-6 (D) 7.	asthma medi y your doctor <u>1-2 /month</u> 24.2% 8.3%. child's sleep -9 (E) 10	Never 15.6% 0%			
3. In the par (Albutero treatmen Diagnosed <i>Lee</i> I. In the par interrupt	st 30 days, how b) that was pre- t of his/her astf <u>&gt;2 times/day</u> 45.1% 56.3% st 12 months, h ed by wheezing (A) 0 24.8%	r often did yc scribed or gi hma symptol <u>1/dav</u> 5.3% 25.0% ww many tin g or coughing (B) 1-3 (C 40.9% 15.	2 /week 9.7% 10.4% hes has your g? ) 4-6 (D) 7. 6% 7.0%	asthma medi y your doctor <u>1-2 /month</u> 24.2% 8.3%. • child's sleep •9 (E) 10 11.7%	cation for <u>Never</u> 15.6% <i>0%</i> been			







Asthma Management	ssing Le	evel of C	ontrol
	Well Controlled	Not Well Controlled	Very Poorly Controlled
Symptoms Interference of activity Use of SABA Nighttime awakenings ACT	<u>≤ 2 days/week</u> none ≤ 2 days/week ≤ 1x/month ≥ 19	≥ 2 days/week some ≥ 2 days/ week ≥ 2x/month 15-19	throughout the day extremely limited several times per day ≥2 x / week ≤ 15
Recommended Action for Treatment	•Regular follow-up every 1-6 months •Maintain current step •Consider step down if well controlled for at least 3 months	<ul> <li>Step up at least 1 step and reevaluate in 2–6 weeks</li> <li>For side effects: consider alternative treatment options</li> </ul>	Consider short course of systemic oral corticosteroids Step up 1-2 steps and reevaluate in 2 weeks For side effects: consider alternative treatment options
		I	ndoor Air Quality (IAQ)





	Scheduled Inhalers	PRN Inhalers	School wheel Webu lizers	PRN Nebulizers	Emergency Albuterol			Lung Congustion		Burning Eyes	Itchy Eyes	None Congustion	Nose Running	Scratchy Throat
			Asthma											
CAMELOT E.S. studen	t popula	tion 576	5 – 15%	asthm	a preva	lence ra	ate							
November Entire Month	268	62	0	0	0	41	22	1	14	0	4	9	5	0
Week 1 - (01 Nov 2010 - 06 Nov 2010)	77	15	0	0	0	14	8	1	4	0	2	5	3	0
Week 2 - (07 Nov 2010 - 13 Nov 2010)	81	15	0	0	0	11	3	0	4	0	2	2	1	0
Week 3 - (14 Nov 2010 - 20 Nov 2010)	89	24	0	0	0	9	7	0	5	0	0	1	1	0
Week 5 - (28 Nov 2010 - 30 Nov 2010)	21	8	0	0	0	7	4	0	1	0	0	1	0	0
TUSCANY HEIGHTS E	.S. stud	ent pop	ulation	875 – 1	0% ast	hma pre	evalenc	e rate						
November Entire Month	78	23	0	2	0	76	18	1	9	0	1	0	0	0
Week 1 - (01 Nov 2010 - 06 Nov 2010)	15	6	0	0	0	13	10	0	2	0	0	0	0	0
Week 2 - (07 Nov 2010 - 13 Nov 2010)	22	7	0	0	٥	27	3	0	2	0	1	0	0	0
Week 3 - (14 Nov 2010 - 20 Nov 2010)	29	9	0	2	0	25	5	1	4	0	0	0	0	0
Week 5 - (28 Nov 2010 - 30 Nov 2010)	12	1	0	0	0	11	0	0	1	0	0	0	0	0











# **Transitional Research**

- Evidence of the impact of the environment on asthma incidence and morbidity ---especially allergens and irritants has been mounting<sup>9</sup>
- Evidence strengthens recommendations that reducing exposure to inhalant indoor allergens can improve asthma control and that a *multifaceted* approach is required; single steps to reduce exposure are generally ineffective<sup>10</sup>
- Exposure of patients who have asthma to irritants or allergens is which they are sensitive has been shown to increase symptoms and precipitate exacerbations.<sup>10</sup>
- <sup>9</sup> The state of Childhood Asthma, US 1980-2005 <sup>10</sup> NHLBI New Guidelines, NAEPP, 2007 update

Indoor Air Quality (IAQ)

Tiny particles float in our indoor environment. Our nose normally traps the particles you see here. It's the particles you don't see that are the problem. If you were to look what is in these particles microscopically you would find... **ALLERGENS** - dust, dust mites, mold spores, rodent dander/droppings, pet dander, cockroach by- products, and even the pollens from outside can enter into the home environment.

**IRRITANTS** - volatile organic compounds (VOC) and other ultra fine particles.

INFECTIOUS MICROBES (germs, viruses, bacteria).













# Dust Mite

The dust mite is one of the most significant sort implicated in allergic asthma, rhinitis, conjunctivitis and dermatitis. If you are allergic to dust, you are allergic to the feces/carcasses of the dust mite. As many as 10 % of the general population and 45 - 90 % of allergic asthmatics are sensitive to dust mites. Many experts suggest that more than 50% of asthma attacks are triggered by the allergenic proteins contained in the fecal matter of dust mites.

Indoor Exposures and A 1. Oppose to destroit starger and dates the behavior sphere of

C. The Indiana and

The dust mite thrives in the modern environment of fully-carpeted, double-glazed, draft-proof homes/schools, and is comfortable at **77** degrees Fahrenheit) and 70% relative humidity.

The dust mite does not bite or sting. The mite generally lives on shed human/animal skin cells An average person sheds about 1.5 grams of skin a day (approximately 0.3-0.45 kg per year), which is enough to feed roughly a million dust mites. People become allergic to proteins in mite body parts and mite feces. These fecal pellets are as tiny as some pollen grains and can float easily into the air and get carried into the nose and lungs.

Indoor Air Quality (IAQ)



### Measures to control dust mites:



- Reduce ambient humidity below 60% to inhibit growth
- Cut clutter. If it collects dust, it also collects dust mites. Remove knickknacks, tabletop ornaments, books, magazines and newspapers
- Remove carpeting and other dust mite habitats. Carpeting provides a comfortable habitat for dust mites. This is especially true if carpeting is over concrete, which holds moisture easily and provides a humid environment for mites. If possible, replace carpeting with tile, wood, linoleum or vinyl flooring.
- Consider replacing other dust-collecting furnishings, such upholstered furniture. nonwashable curtains and horizontal blinds.
- Vacuuming carpeted areas regularly, preferably with a HEPA filter-equipped vacuum cleaner
- Regular damp dusting of surfaces

Wash sheets, pillows, curtains, stuffed toys and clothing at least every week over 140° F hot water



















### Technical Solutions can be impacted by occupant behavior

- Impedes Custodial cleaning practices
- Increases dust collection
- Increases microscopic particle counts
- Reservoirs for pests
- Impedes effective ventilation





### Best Practices: Reduced Classroom Clutter and Furnishings

- Walk through
   Assessments
- Healthy Tips for Classrooms
- Asthma Friendly Campus Award program







## **Environmental Assessment**

#### Objective:

To ensure a healthy environment for NEISD students, staff, and visitors by providing a healthy environment. By using best known practices in environmental health we will effectively best utilize district funds, staffing, and training processes to achieve healthy environments for all.

#### Purpose:

To improve the capacity of student / staff attendance and student/staff performance while reducing absenteeism of students/staff and reduce district health care costs

Indoor Air Quality (IAQ)























































S S S	Texas Accountability Ratings										
BOTAT SCHOOL	* Texas Rating	2007	2008	2009	2010	2011***					
	Exemplary	9	19	28	24	16					
	Recognized	28	28	25	30	24					
	Acceptable	23	15	11	8	25					
	Unacceptable	1	0	0	0	0					
NEISD row.	NEISD achieved the "Recognized" District Rating for the FOURTH year in a row.										
***Among I For examp • All teste • Commer • Standard	the notable changes in this year's rating system v le, d special education students are now factored int oded and English Language Learners (ELL) perfor- district ratings. (Parcentage floor of achieves for the academically acceptable rating increase	vas the syster o the formula: rmances are a / passing mu of for math an	n rated mor s, which was also new fac st be reache d science b	e students th s not the cas tors used in ad) y five points	e in years p determinin Aggh Qua	ous years. prior. g campus and litty (IAQ)					







