NATIONAL COORDINATING COMMITTEE ON SCHOOL HEALTH ANNUAL MEETING

MAY 31-JUNE 1, 2001
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No Child Left Behind —The Power of School Health

States and communities across the United States are building coordinated school health programs that enhance children's ability to succeed academically by supporting their physical, emotional, and mental health. Although those involved in promoting coordinated school health programs face many challenges, successful programs are being developed throughout the country that can serve as models for other states and communities.

These were the key messages conveyed at the annual meeting of the National Coordinating Committee on School Health (NCCSH) in Washington, DC, on May 31 and June 1. The meeting was attended by close to 100 leaders in the promotion and implementation of school health programs from around the country.

OPENING FORUM

The meeting opened with a forum in which officials from the U.S. Departments of Agriculture, Education, Justice, and Health and Human Services responded to questions about policy issues relevant to school health. Representatives of two education and health associations also participated in the forum and responded to the Federal officials' comments.

Priorities

Initiatives aimed at improving children's health and academic success are an important priority for all of their agencies, the officials said.

U.S. Department of Agriculture Promoting Healthy School Nutrition

The U.S. Department of Agriculture (USDA) recently launched a new initiative aimed at improving the school nutrition environment, said Dawn Riley, Acting Deputy Under Secretary for Food, Nutrition, and Consumer Services at USDA.

Changing the Scene: Improving the School Nutrition Environment Guide to Local Action is a toolkit to help communities promote healthy school nutrition. It features a guide that offers practical advice on taking local action to improve school nutrition, as well as background materials explaining the importance of healthy eating to children's long-term health and well-being. The kit also includes handouts, sample materials, a video, and a PowerPoint presentation.

Other USDA initiatives include a three-year school breakfast pilot project, which was funded by Congress in 2000. Children at 140 participating schools will receive school breakfasts, regardless of income. USDA is also supporting a school nutrition and dietary assessment study and making grants to states for nutrition education and training programs, Ms. Riley said.

* Additional information about USDA school nutrition initiatives:

Food and Nutrition Service	www.fns.usda.gov/fns
Team Nutrition	www/fns.usda.gov/tn

U.S. Department of Education: Focusing on Academic Performance

The priorities of the U.S. Department of Education (DoE) will be shaped by education reform legislation currently being considered in Congress, said Bill Modzeleski, Director of the Safe and Drug-Free Schools Program www.ed.gov/offices/OESE/SDFS at DoE. The House and Senate have passed different versions of the legislation; the differences between the two versions will be reconciled in a conference committee.

Both the House and Senate versions of the reform bill call for increased accountability, primarily measured by annual testing in grades three through eight, Mr. Modzeleski said. The current emphasis on measuring academic performance through testing presents a challenge for school health and other prevention programs, he said. "Prevention programs are going to have to explain how they improve teaching and learning."

An amendment to the House bill would require all schools to obtain parental consent before conducting any survey in the classroom, he added. If included in the final version of the legislation, this provision would make it difficult for schools to participate in federally supported surveys such as the Youth Risk Behavior Survey www.cdc.gov/nccdphp/dash/yrbs and Monitoring the Future www.monitoringthefuture.org/.

Both the House and Senate versions of the bill also call for shrinkage of DoE programs, Mr. Modzeleski noted. It is not clear whether programs to fund elementary school counselors and physical fitness will be retained in the new legislation.

U.S. Department of Health and Human Services: Health Impacts Learning

The epidemic of asthma among American schoolchildren is a clear example of how health directly impacts learning, said Woodie Kessel, Assistant Surgeon General in the Office of Disease Prevention and Health Promotion www.odphp.osophs.dhhs.gov at the U.S. Department of Health and Human Services (DHHS). Asthma affects five million children and accounts for 10 million days of absence from school, he said.

His department's approach to preventive health care for children is framed by 10 broad "health indicators," Dr. Kessel said. These indicators are:

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to high-quality health care

"We are trying to translate all of these health objectives for children in terms of their impact on learning and on growth and development," he said.

Nine Federal agencies and seven White House offices are collaborating on the Presidential Task Force on Children's Environmental Health and Safety www.health.gov/environment/TaskForce/taskforce.htm, Dr. Kessel noted. A key initiative of the Task Force is a longitudinal study to identify environmental factors that are helpful, harmless, and harmful to children. This study, which will take 25 to 30 years to complete, will involve a representative sample of about 100,000 children from across the country.

U.S. Department of Justice: Preventing Delinquency

Delinquency prevention became a high priority at the U.S. Department of Justice (DoJ) during the tenure of former Attorney General Janet Reno, said Betty Chemers, Deputy Administrator for Discretionary Programs in the Office of Juvenile Justice and Delinquency Prevention www.ojjdp.ncjrs.org.

Every day, about 2,000 children have some contact with the juvenile justice system, noted Ms. Chemers. Early intervention for children at risk of delinquency has been a major priority of her office over the past six years, she said. Schools are important partners in these delinquency prevention efforts, she added.

The Department of Health and Human Services, Department of Education, and DoJ recently collaborated to fund the Safe Schools, Healthy Students www.mentalhealth.org/safeschools program, which supports initiatives to deliver high-quality mental health services to children in schools and increase school safety and security, Ms. Chemers said. Her office is also involved in programs to reduce truancy and increase children's bonds with school.

Association for Supervision and Curriculum Development: Children Learn Best When They Are At Their Best

Most educators now recognize that learning takes place best when children are at their best: well-fed, well-rested, healthy, and feeling secure at school, said Gene Carter,

Executive Director of the Association for Supervision and Curriculum Development www/ascd.org (ASCD). Those same conditions also enable teachers to function at their best, he added.

One of his association's goals is to ensure that all children have a successful learning experience, said Mr. Carter. "We believe that quality and equity are compatible educational goals," he said.

ASCD's priorities include offering professional development opportunities that help educators translate research into best practice and fostering better alignment of curriculum, instructional programs, assessment methods, and technologies, Mr. Carter said.

ASCD is a member of the Learning First Alliance www.learningfirst.org coalition of the 12 largest educational organizations in the United States, which on September 20 will release a "white paper" on safe and supportive schools, Mr. Carter noted.

National Mental Health Association: Addressing Children's Mental Health Needs

The recent report of the Surgeon General's Conference on Children's Mental Health www.surgeongeneral.gov/cmh revealed that one in every five children has a mental health problem that could be helped by appropriate intervention, while one in 10 children has a mental health problem that impairs their ability to function, said Cynthia Folcarelli, Executive Vice President of the National Mental Health Association www.nmha.org (NMHA).

"Often these are the same children who are struggling in school and who end up in the juvenile justice system," she said. NMHA operates a program that offers early intervention to address children's mental health problems in an effort to prevent such delinquency, she added.

Encouraging schools to engage in activities that advance children's mental health is one of NMHA's priorities, Ms. Folcarelli said. The association provides technical assistance to sites funded under the Safe Schools, Healthy Students program www.mentalhealth.org/safeschools. NMHA also advocates for coordination among all child-centered services, including primary care and education, Ms. Folcarelli said.

Strengthening Collaboration

Continuous dialogue and better use of technology to facilitate two-way communication are crucial to strengthening collaboration between Federal agencies and the organizations represented on the NCCSH, the Federal officials said. They offered examples of ongoing efforts to improve communication and collaboration as well as suggestions for broadening the dialogue.

Bill Modzeleski said the NCCSH could improve its effectiveness as a coordinating body by finding ways to enhance communication among member organizations, circulate information in a timely manner, meet more frequently, and strengthen two-way communication with Federal agencies.

The Coordinating Council on Juvenile Justice and Delinquency Prevention www.ojjdp.ncjrs.org/council, which includes representatives of most Federal agencies involved in serving children, is a mechanism for facilitating communication among those agencies, said Betty Chemers. The council meets quarterly and is currently updating its action plan.

Reaching out to juvenile court judges is a strategy that the NCCSH could consider, Ms. Chemers suggested. Judges are concerned about the health and mental health challenges facing the children who appear in their courtrooms, she said. They want to find ways of avoiding out-of-home placement and ensuring that children are well-served in school.

Communication about public health issues needs to address issues that matter to people in their communities, said Woodie Kessel. Scientific evidence alone is often insufficient to change people's minds and behavior, he said. For example, although the benefits of immunization to children in general are indisputable, in rare but tragic instances immunization can harm a child. For this reason, public health officials must be sensitive to the concerns some individuals have about childhood immunizations.

USDA has a history of communication and collaboration with other Federal agencies as well as with the NCCSH member organizations, said Dawn Riley. The agency appreciates being kept informed of issues that organizations promoting school health feel are important, she said.

A joint statement reaffirming the importance of school health by the Secretaries of Agriculture, Education, Justice, and Health and Human Services in the current Bush administration would be a valuable step toward strengthening communication and collaboration between Federal agencies and the NCCSH member organizations, said Gene Carter.

Such a joint statement was issued by the Secretaries of Education and Health and Human Services in the previous administration, Mr. Carter noted. That statement built on the 1992 charter of the Federal Interagency Committee on School Health, which called for close coordination of its activities with those of the NCCSH. The charter was signed by the Assistant Secretaries of Education and Health and Human Services during the first Bush administration.

Participating in national education conferences would be a valuable way for health organizations to share information with the education community, Mr. Carter added.

Federal agencies could use grant programs and the regulatory process to encourage integration among child-serving systems, said Cynthia Folcarelli. Involvement of

community organizations in decision-making could also help to break down the traditional "silos" within which many service organizations tend to function.

Standards and Goals

The Federal government is a key participant in the process of setting standards and goals for health and academic achievement, panelists agreed. However, a rigid focus on goals should not detract attention from other important work that is being accomplished, Bill Modzeleski cautioned.

On the question of whether optimizing the health and mental health of children is a goal in its own right or a contributor to the achievement of academic goals, panelists expressed a range of views. To encourage educators to be supportive of the intersection of health and academic success, standards for the health and mental health of children should focus on helping teachers and students to be successful, said Gene Carter.

Optimizing children's health and mental health is both a goal in itself and a contributor to academic achievement, said Cynthia Folcarelli. Children who are depressed tend to perform less well academically than other children, she noted. Depression and learning disabilities are often linked, and both problems must be addressed to improve a child's academic performance.

Promoting the nutrition, health, and well-being of children not only helps children maximize learning experiences but also helps them develop healthy eating behaviors that hopefully will last a lifetime, said Dawn Riley.

The DHHS Healthy People 2010 www.health.gov/healthypeople/ program is an example of the value of setting clear goals and specific objectives, said Woodie Kessel. Agencies within HHS are establishing strategic partnerships to address important public health issues, he added. For example, three components of the National Institutes of Health (NIH) — the National Institute of Environmental Health Sciences, the National Heart, Lung, and Blood Institute, and the National Institute of Allergy and Infectious Diseases – are working together to support research on childhood asthma.

Standards can be imposed, as in many accreditation programs, or developed by institutions themselves, said Betty Chemers. The Office of Juvenile Justice and Delinquency Prevention encourages institutions for juvenile offenders to develop their own standards and monitor their progress toward achieving them, she said. In the area of health and mental health services for children, these standards address the importance of early intervention, access to services while in custody, and continuity of care following release.

*Additional information on childhood asthma research:

National Institute of Environmental Health Sciences www.niehs.nih.gov/airborne/
National Heart, Lung, and Blood Institute www.nhlbi.nih.gov/search/index.htm
(enter search term "asthma")

National Institute of Allergy and Infectious Diseases
www.niaid.nih.gov/information/search.htm (enter search term "asthma")

Overcoming Barriers to the Promotion of Comprehensive Prevention Strategies

Programmatic segmentation too often inhibits the ability to consider the needs of children and youth comprehensively, panelists acknowledged. Insufficient resources are devoted to prevention efforts, said Gene Carter, and categorical funding streams make it difficult for schools to pool resources to meet children's needs holistically.

The creation of funding streams that not only require but also support interagency collaboration would help to overcome these barriers, said Cynthia Folcarelli. Child-serving systems also need to consider outcomes more holistically, she said. "Every system has its own set of outcomes that it's accountable for. That needs to change."

A new paradigm needs to be adopted that focuses on prevention rather than risk reduction, said Woodie Kessel. "Instead of preventing children from getting into the water, we should be teaching them to swim," he said.

The Safe Schools, Healthy Students www.mentalhealth.org/safeschools program is an example of what can be done when Federal agencies collaborate and pool resources, said Bill Modzeleski. The program is a collaboration between the Safe and Drug-Free Schools Program www.ed.gov/offices/OESE/SDFS in the Office of Elementary and Secondary Education, Department of Education; the Office of Juvenile Justice and Delinquency Prevention, Department of Justice; www.ojjdp.ncjrs.org and the Substance Abuse and Mental Health Services Administration, www.samhsa.gov Department of Health and Human Services.

The introduction of reward systems that consider the larger society can encourage holistic, comprehensive approach to the needs of children and adolescents. One example of such an approach might be to reward principals for reducing the number of students who end up in the juvenile justice system as well as for increasing the number of students who score well on tests. However, this particular strategy could have unintended consequences, said Betty Chemers. "One of the ways you could improve your outcomes is to send those 'problem' children to be educated elsewhere," she said.

The development of truly comprehensive services for children involves broad coalition-building with community organizations, panelists agreed. "At the community level we have to encourage all the significant partners to identify their communities' greatest needs, coalesce around those needs, and provide the appropriate services," said Mr. Carter.

BUILDING BRIDGES IN THE STATES

Officials from Maryland and Tennessee described the progress that their states are making toward the implementation of coordinated school health programs.

Maryland

Maryland has had legislation since the 1950s requiring state and local agencies to collaborate in the delivery of school health programs, said Eric Fine, M.D., President of the Maryland State School Health Council www.mdpublichealth.org/och/html/schhlth.html (MSSHC) and Director of Child, Adolescent, and Maternal Health for Baltimore County in Maryland. The MSSHC, a voluntary body consisting of two representatives from every local school system and health department in the state, was established in the 1960s.

In 1999, Maryland took "a major step forward" when it implemented regulations mandating health education at every grade level from kindergarten to 12th grade and set specific curricular goals, said Dr. Fine.

Key state partners in Maryland's collaborative efforts on school health are the Department of Health and Mental Hygiene http://dhmh.state.md.us, the Department of Education www.msde.state.md.us, and the Governor's Office for Children, Youth, and Families www.ocyf.state.md.us/, said Cheryl Duncan DePinto, M.D., School and Adolescent Health Coordinator with the Department of Health and Mental Hygiene. The MSSHC is an advisor to the three state agencies.

Each school in Maryland is mandated to have a pupil services team, said Vicki Taliaferro, Health Services Specialist with the state Department of Education. Services provided by the team include but are not limited to school health, guidance, and psychological services. School districts provide school health services using one of two staffing models: a registered nurse (RN) in every school or a paraprofessional in every school supervised by an RN who may be responsible for up to four schools.

Funding for school health services may come from either the school district or the local health department or from both agencies, said Ms. Taliaferro. Local health departments employ most school health staff. School districts and local health departments are equally involved in managing school health services.

Maintenance of the many partnerships that have developed in Maryland requires "enthusiastic but careful dancing," said Dr. DePinto. Continual dialogue is required to resolve conflicting philosophies, priorities, and funding streams. Maintaining interest and involvement in local school health councils is an ongoing challenge, said Dr. Fine. Collaboration at the top by state agency secretaries who are committed to the interrelationship of health and education provides a model that encourages such collaboration at the local level, said Ms. Taliaferro.

Tennessee

In 1996, Tennessee passed legislation requiring that licensed professionals perform health procedures and administer medications, said Lynn Jackson, Director of the Healthy and

Safe Communities www.state.tn.us/health/healthpromotion program and school health consultant for the Tennessee Department of Health www.state.tn.us/health/. Since then, more than 500 school nurses have been appointed and school health councils have been established in all 95 of the state's counties.

The impetus for coordinated school health services in Tennessee grew out of a survey that found schools often were unaware that many of their students had severe medical conditions, including heart conditions and seizure disorders, said Judith Womack, Section Chief for Community Education in the state Department of Health. Lack of communication between therapists involved in a child's care was another problem, she said. These issues highlighted the need for better service coordination.

In 2000, the Tennessee legislature passed the Coordinated School Health Improvement Act www.legislature.state.tn.us, which mandated the state Departments of Education and Health to develop guidelines for the implementation of a coordinated school health program based on the federal Centers for Disease Control and Prevention (CDC) model. The Tennessee School Health Coalition, an advocacy organization, provided technical assistance in the drafting of this legislation and lobbied for its enactment, said Jerry Swaim, Director of Comprehensive Health Education www.k-12.state.tn.us/00HlthProf/ for the state Department of Education www.state.tn.us/education and treasurer of the coalition.

Also in 2000, Tennessee was one of five additional states to receive CDC infrastructure grants www.cdc.gov/nccdphp/dash/coordinated.htm to build support for coordinated school health programs and strengthen school health programs to reduce tobacco use and improve physical activity and healthy eating patterns among youth. The 2000 awards brought the total number of CDC "infrastructure states" to 20.

REPORTS AND DEMONSTRATIONS

Defining Health Education Terminology

The Report of the 2000 Joint Committee on Health Education and Promotion Terminology is published in the March/April 2001 edition of the *American Journal of Health Education*, said Becky Smith, Ph.D., Executive Director of the American Association for Health Education www.cdc.gov/nccdphp/dash/coordinated.htm. The report represents the most recent effort by health education professionals to revise the definitions of health education terms commonly used within the profession as well as by other health professionals and the general public.

For the first time, the term "health promotion" is both defined and used in the report title, said Dr. Smith. Also for the first time, representatives from Federal agencies interested in health education and promotion participated in the terminology committee. More than 500 professionals in health education and promotion from around the country reviewed the report before its publication. Due to differences in the way some terms are defined

and used internationally, the terminology recommended in the report applies only to the United States, Dr. Smith said.

Health, Mental Health, and Safety in Schools Guidelines

The Health, Mental Health, and Safety in Schools Guidelines Project (HMHSS) is developing the first comprehensive health and safety guidelines targeted at students and staff in schools. The draft guidelines are available for public review and comments during August and September 2001, said Howard Taras, M.D., NCCSH co-chair and joint project chair.

"Anyone who has a personal or professional interest in health, mental health, and safety in schools is invited to review the guidelines and submit their comments," said Dr. Taras. To review the draft guidelines online, go to www.nationalguidelines.org between August 15 and September 20.

The goal of the guidelines project is to provide practical guidelines that help school administrators, teachers, school nurses, social workers, local policy makers, and others improve the health and educational success of America's youth, Dr. Taras said.

The guidelines are organized into 14 categories that address the major causes of morbidity and mortality among young people and the eight components of a coordinated school health program. There is an additional category for overarching guidelines that apply to all policies and practices. All reviewers are asked to comment on these overarching guidelines. Otherwise, reviewers may choose which category or categories of guidelines they want to comment on; they can also suggest additional guidelines. Each guideline may be viewed alone or with accompanying rationale, commentary, and references.

Reviewers may submit their comments online or print out the relevant guideline, write their comments on the printout, and mail their comments to an address that is provided, said Dr. Taras. Reviewers' comments will not appear on the Web site.

The guidelines are being developed under a cooperative agreement with the American Academy of Pediatrics www.aap.org and the National Association of School Nurses www.nasn.org, with funding from the Maternal and Child Health Bureau http://mchb.hrsa.gov Health Resources and Services Administration www.hrsa.gov. More than 300 school health and safety professionals as well as parents and other supporters participated in the development of the draft guidelines. More than 30 national educational and health agencies and organizations are represented on the HMHSS central steering committee, which guides the project, said Stephanie Bryn, program officer for the Maternal and Child Bureau. The final guidelines are expected to be completed and published, both online and in print, in 2002.

MAPPING NEEDS, RESOURCES, AND GAPS: THE SERVICES UTILIZATION MONITORING SYSTEM

Powerful new technologies now exist that can help child-serving agencies analyze data, assess needs, identify gaps, analyze trends, and measure outcomes on a geographic basis. NCCSH members heard a presentation about one such system—an Internet-based mapping and data analysis tool—developed by the University of Pennsylvania and now being used by health, education, and human services agencies in the city of Philadelphia.

The Services Utilization Monitoring System (SUMS) is built on data that the city is already collecting about its residents, said Dennis P. Culhane, Ph.D., Associate Professor of Social Welfare Policy at the University of Pennsylvania's School of Social Work and principal investigator for the SUMS project.

This data includes records of births and child mortality; school attendance and achievement; and child health, poverty, maltreatment, and welfare services. A software tool developed by the university aggregates this data into a block-level data file. Client confidentiality is protected because the aggregated data file contains no information that can identify individuals, said Dr. Culhane.

After aggregation of the data, users can employ a second software tool to analyze the block-level data and produce customized maps, charts, and tables to answer specific questions about the health, social, and educational needs of Philadelphia children. Data can be sorted and displayed by elementary school feeder area, school district cluster, city council district, public health district, or census tract or block group. To guard against any possibility that individuals might be identified (even though the aggregated file contains no personal identifiers), block-level data cannot be displayed.

SUMS can provide information about, for example, teen births, child abuse and neglect, and truancy rates in different city neighborhoods and different years. Such information can help to assess needs, identify gaps in services, plan future service provision, analyze trends over time, and assess outcomes, said Dr. Culhane. Because the system is Internet-based, users do not need to acquire or learn any specialized mapping, database, or statistical software. The SUMS Web site is password-protected and accessible only to authorized users.

To Dr. Culhane's knowledge, Philadelphia is currently the only city in the United States in which health, education, and human services agencies are using a geographic information system as a service-planning and outcome-assessment tool. The SUMS software can be licensed to other jurisdictions provided that each jurisdiction has a partnership arrangement that enables them to run the project locally, he said.

* Click http://cml.upenn.edu to view a slide presentation about SUMS. To test the application, contact Dennis Culhane dennis@cmhpsr.upenn.edu to obtain a temporary password.

USING PREVENTIVE SCIENCE TO GUIDE PREVENTIVE ACTION IN COMMUNITIES

Prevention science now rests on a solid scientific foundation, J. David Hawkins, Ph.D., director of the decade-old Seattle Social Development Project, told NCCSH members. Numerous well-controlled studies have identified both risk factors that predict violence and other problem behaviors and protective factors that reduce risk for problem behaviors. More than 90 preventive interventions have been tested and shown to enhance protection and reduce risk for adolescent health and behavior problems including substance abuse, delinquency, violence, teen pregnancy, and dropping out of school.

Factors that increase risk for problem behaviors may be divided into four domains, Dr. Hawkins said.

- Community (e.g., low neighborhood attachment and community disorganization; community norms favorable toward drug abuse, firearms, and crime)
- Family (e.g., family conflict, failure of parents to set clear expectations for children's behavior, failure to monitor children in developmentally appropriate ways, inconsistent and excessively severe discipline)
- School (e.g., academic failure beginning in late elementary school, lack of commitment to school)
- Individual/peer (e.g., early initiation to the problem behavior, head injuries in early childhood, exposure to lead paint)

Factors that appear to be protective, even in environments in which children are exposed to high levels of risk, include having opportunities to develop competencies and skills and bonding to an individual or group with healthy beliefs and clear standards for behavior. Three conditions have been shown to be necessary to promote bonding: having opportunities for active involvement, both at school and at home; developing impulse-control and social-bonding skills; and receiving consistent recognition for effort and skillful performance.

The presence of more risk factors increases the likelihood of problem behaviors, whereas the presence of more protective factors reduces the likelihood of such behaviors, Dr. Hawkins said. The presence of more risk factors also reduces the likelihood of success in school. "These findings suggest that to be effective in reducing problem behaviors, we have to address multiple risk factors in our schools and communities," he said.

The Social Development Research Group http://depts.washington.edu/sdrg which Dr. Hawkins directs, has identified a range of preventive strategies — from prenatal and infancy programs to community policing — that have been tested and shown to be effective. These programs are described more fully in *Communities That Care–Prevention Strategies: A Research Guide to What Works* (Development Research and Programs, Inc. www.drp.org; 1-800-736-2630; Seattle, WA; 2nd edition, 2000).

The right strategy or combination of strategies for any given community will depend on its profile of risk and protective factors, Dr. Hawkins said. *Communities That Care* offers a system for assessing community levels of risk and protection, identifying and implementing appropriate interventions based on that assessment, monitoring changes in targeted behaviors or risk factors, and modifying interventions as indicated by monitoring data, he said.

"Communities no longer need to ask themselves, 'What do you think we should do?' There are programs that have been tested and shown to be effective, from which a community can choose one that best suits the needs of its population," said Dr. Hawkins. Communities can also monitor changes in levels of risk that result from an intervention, thus assuring accountability for outcomes.

In communities where young people are exposed to multiple risk factors, it is important that all community organizations be involved in implementing preventive strategies targeted at those risk factors, said Dr. Hawkins. For example, a community's risk factors might include low neighborhood attachment and academic failure beginning in late elementary school. Community policing has been shown to effectively address low neighborhood attachment and several classroom organization, management, and instructional strategies have been shown to effectively address academic failure.

LEADING BY RESULTS: MAINE MARKS FOR CHILDREN, FAMILIES, AND COMMUNITIES

The Maine *Marks* www.mainemarks.org/ are a set of 80 social indicators to track the well-being of Maine's children, families, and communities, explained Bill Primmerman, Director for Coordinating School Health Programs www.maine.cshp.com/ Maine Department of Education. The *Marks* are used to track progress toward goals and provide a common accountability framework across state agencies.

The *Marks* are established and tracked by the Governor's Children's Cabinet http://janus.state.me.us/cabinet/homepage.htm, whose members are the commissioners of Maine's five state agencies that serve children and families. Representatives of non-governmental organizations concerned with school health sit on an advisory council www.state.me.us/education/sh to the Children's Cabinet.

The *Marks* do not measure the performance of any one state agency or program, Mr. Primmerman said. Rather, they are indicators that can be used to measure progress toward 12 outcomes identified by the Children's Cabinet. These outcomes include:

- Children and youth respected, safe, and nurtured in their communities.
- Children ready to enter school and schools ready for children.
- Children and youth succeeding in school.
- Youth prepared to enter the work force.
- Families recognizing the rewards and responsibilities of raising children.
- Families living safe and healthy lives.

- Communities promoting and modeling clear standards of behavior.

"One of our concerns was to keep the language of the *Marks* simple so people would understand them," said Mr. Primmerman. Among other concerns were that the *Marks* be outcome-oriented and relevant to diverse audiences and that they include indicators of protection as well as traditional indicators of risk.

Obtaining the data to measure the *Marks* continues to be a major challenge, Mr. Primmerman added. The state is striving to develop efficient data-collection methods that impose a minimal burden on schools and communities. Currently the indicators are of three types.

- **Fully Developed** indicators are those for which at least four years of outcome-related data are available.
- **Partially Developed** indicators are those for which at least one year of data is available and for which consistent data are likely to be available in future years.
- **To Be Developed** indicators are those for which no data are yet available to report.

The indicators are not all-inclusive, Mr. Primmerman noted, and they remain a work in progress. Indicators may be added, dropped, or refined over time. The *Marks* have already heightened interagency collaboration at the state level, he said, and they are providing the basis for targeted state assistance to schools and communities in which shortfalls are identified. The *Marks* are now being promoted statewide to maximize their incorporation into policy decisions.

TWO CONGRESSIONAL BRIEFINGS FOCUS ON SCHOOL HEALTH

School Health in the New Millennium was the theme of two Congressional briefings held in June 2001 in Washington, DC. The briefings were sponsored by Friends of School Health, a coalition of leading national, non-governmental health and education organizations, and the bipartisan Congressional School Health and Safety Caucus

At the first briefing, entitled *Focus on Mental Health for Children and Adolescents*, the speakers were U.S. Surgeon General David Satcher, Kevin Dwyer of the National Mental Health Association, and Mark Weist of the University of Maryland at Baltimore.

The second briefing, *Preventing Chronic Disease, Improving Academic Achievement*, featured Lloyd Kolbe, Director of the Division of Adolescent and School Health, U.S. Centers for Disease Control and Prevention; Cynthia Wolford Symons, President-elect of the American School Health Association; and Russell Henke, Coordinator of Health Education for Montgomery County Public Schools in Maryland. This briefing was followed by a field trip to coordinated school health programs in Montgomery County.

The purpose of the briefings is to educate decision makers about the value of coordinated school health programs to the children and youth of America. Friends of School Health has sponsored two previous Congressional briefings on coordinated school health and physical education.

The chairs of the bipartisan Congressional School Health and Safety Caucus are Representative Lois Capps (D – California) and Representative Connie Morella (R – Maryland).

* Additional information about Friends of School Health:

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OTHER RESOURCES

National Center for Educational Statistics http://nces.ed.gov
A component of the U.S. Department of Education. Its Web site provides access to a variety of national educational statistics. Online data access tools allow users to find information from many NCES data sources.

During FY 2001, the National Coordinating Committee on School Health received support from the following Federal agencies:

- Department of Agriculture/Food and Nutrition Service
- Department of Education/Office of Special Education and Rehabilitative Services
- Department of Health and Human Services
- Centers for Disease Control and Prevention/Division of Adolescent
- and School Health
- Health Resources and Services Administration/Maternal and Child Health/Office of Adolescent Health