Michigan and Indiana

Expanding Coordinated School Health Programs (CSHPs)

Public Health Problem
High school students in Indiana and Michigan continue to engage in high rates of risk behaviors that contribute to the leading causes of death and disability in the United States:

- 15% of Indiana students and 12% of Michigan students were overweight.
- Only 15% of students in Indiana and 17% in Michigan ate fruits and vegetables at least five times per day.
- 11% of students in both Indiana and Michigan failed to participate in any form of vigorous or moderate physical activity.
- 60% of students in Indiana and 52% in Michigan had ever tried a cigarette.

CSHPs provide schools with a framework to help encourage and support students in adopting healthy behaviors. To ensure that school districts receive the intensive training and support needed to develop, implement, and sustain CSHPs, the Great Lakes American Cancer Society (ACS), Indiana Departments of Education and Health, and Michigan Departments of Education and Health worked together to develop the *MICHIANA School Health Leadership Institute*.

Program Example
Started in 2004 with support from CDC and ACS, *MICHIANA* is a five-year initiative designed to replicate the success of earlier ACS National School Health Leadership Institutes in developing sustainable local CSHPs. Eighteen districts, representing 98,000 students from 190 schools in Indiana and 49,000 students from 107 schools in Michigan, were selected to participate in *MICHIANA*. During the first three years of *MICHIANA*, district teams of two to seven staff each participated in six, bi-annual trainings designed to provide team members with the knowledge and skills needed to successfully implement and sustain a CSHP. In the previous two years, district teams focused on implementing CSHPs while continuing to receive support and technical assistance from the ACS and the Indiana and Michigan Departments of Education and Health.

Implications and Impact
Now in their 4th year of *MICHIANA*, the 18 initial districts have experienced substantial successes:

INDIANA	MICHIGAN
• Receipt of over $10 million in grant funding. • Implementation of policies limiting the sale of unhealthy foods in cafeterias and vending machines in 10 districts. • Passage of tobacco-free campus policies in 10 districts. • Creation of staff positions dedicated to CSHP in four districts. • Initiation of a school breakfast program in 10 districts. • Requiring the integration of physical activity throughout every school day in kindergarten through fifth grades in 10 districts.	• Receipt of over $1.6 million in grant funding. • Implementation of 5 district policies offering healthy vending choices and improving options in the cafeteria. • Passage of 24/7 tobacco-free campus policies in 8 districts. • Formation of 8 district-wide CSH councils and 26 CSH building level teams. • Opening of three School-Based Health Centers. • Implementation of *Michigan Model for Health*® comprehensive school health education curriculum in eight districts.

Michigan and Indiana (continued)

As a result of the success of the initial *MICHIANA Institute*, the Great Lakes ACS has committed to supporting a second five-year *Institute* that will reach approximately 20 new school districts. The success of *MICHIANA* has been due to the support and commitment of the partners involved. By pooling their financial and human resources, *MICHIANA* partners were able to have a greater impact in each state than any one partner could have accomplished alone.

New York

Bringing HIV/AIDS Prevention Education into the Spotlight

Public Health Problem
New York City (NYC) remains the epicenter of the U.S. HIV/AIDS epidemic, with almost 200,000 cases diagnosed as of December 2005. Each year, young people in NYC engage in high rates of sexual risk behaviors, putting themselves at risk for becoming infected with HIV and other STDs, which supports the need to continue to develop and enhance HIV prevention programs for youth. For example, in 2005

- 48% of NYC public school students ever had sex.
- 31% of students who were sexually active during the previous three months did not use a condom during the last sexual intercourse.
- 18% report having sex with four or more persons in their lifetime.
- More than 24,000 teenage girls became pregnant.

Program Example
To ensure that NYC students receive the most accurate, up-to-date HIV prevention education, the NYC Department of Education's Office of Health and Family Living (OHEFL) updated its *HIV/AIDS Curriculum* in December 2005. The updated curriculum is science-based, skills-driven, standards-based, and integrated into the overall educational program.

In 2006–2007, with support from CDC, OHEFL began providing professional development to teachers, administrators, and parent groups to ensure that the curriculum was being effectively delivered to students. To begin to address the challenge of providing professional development to staff in more than 1,400 schools, OHEFL implemented a variety of activities aimed at reaching the greatest number of staff in the most efficient manner. Activities included the following:

- Providing a series of full-day trainings on curriculum implementation to more than 340 elementary, middle, and high school teachers.
- Establishing a cadre of trainers with the knowledge and skills to provide curriculum implementation trainings to their peers — 825 participants were reached during 18
- two-day trainings delivered by cadre members.
- Securing funds to hire Planned Parenthood of NYC to train 900 school-based Parent Coordinators on how to discuss the curriculum with parents.
- Developing a presentation and support materials for schools to use when communicating with parents about the curriculum.
- Partnering with teachers to adapt the curriculum for students with special needs.

Implications and Impact
Over the course of a year, OHEFL was able to provide more than 2,000 teachers, administrators, and parents with the skills and resources needed to effectively deliver the *HIV/AIDS Curriculum*. OHEFL also expanded its capacity to provide future professional development by creating an HIV/AIDS cadre of trainers.

As a result of these efforts, OHEFL secured additional funding from New York State to further support its HIV prevention programs, and from the NYC Department of Health and Mental Hygiene to design and implement an HIV prevention peer leadership pilot program.

Rhode Island

Helping Students Thrive: Moving from State Law to Local Action

Public Health Problem
In Rhode Island (RI), from 2001 to 2005, the percentage of overweight high school students increased from 9% to 13%. In 2005, among the state's high school students,

- 68% did not meet currently recommended levels of physical activity.
- 75% reported eating less than five servings of fruits and vegetables daily.
- 80% did not attend physical education class daily.

That same year, RI passed legislation requiring all 36 school districts to establish a school health and wellness subcommittee to develop policies, strategies, and implementation plans to meet the requirements of the federal Child Nutrition and WIC Reauthorization Act of 2004. In addition, the law required that all district strategic plans include strategies to decrease obesity and improve the health and wellness of students and employees through nutrition, physical activity, health education, and physical education.

Program Example
Rhode Island's **thrive** program — supported in part through CDC funding for the RI Department of Education's Coordinated School Health Program and in partnership with the RI Department of Health — has helped school districts implement the new law and establish district-level health and wellness subcommittees. The **thrive** program has developed a toolkit containing guidance, model policies, data, and other resources to help schools meet the requirements of the mandate; and has recruited parents, registered dieticians, and other health professionals to work on health and wellness subcommittees and provide their special expertise. Local successes include

- Cranston Public Schools' Farm to Schools program, which features a partnership with a local orchard owner, a community farmer, and parent volunteers, who periodically supplement the fresh fruits and vegetables provided as part of the district's lunch options.
- Westerly Middle School, which now requires that either water, or drinks containing at least 50% fruit juice, to be sold in school vending machines — a policy developed by the District Health and Wellness Subcommittee.

Implications and Impact
Building on the increased awareness about school health and wellness issues, the state legislators passed additional laws in 2006 and 2007 requiring all schools — elementary through high school — to offer only healthier beverages and healthier snacks. The motto of Rhode Island's Coordinated School Health Program is "Strong minds, Strong bodies, and Strong schools." Having state legislation that supports school health and wellness activities not only helps combat the epidemic of obesity, but also adds strategic institutional muscle to support and enhance long-term, sustainable efforts to build stronger minds, stronger bodies, and stronger schools.

South Carolina

Fighting the Obesity Epidemic: New Partnerships Underscore South Carolina's Focus on Improving Youth Health

Public Health Problem
South Carolina's youth experience health challenges related to overweight and obesity. Among South Carolina's high school students, in 2005,

- 26% were overweight or at risk for becoming overweight.
- 70% did not meet the currently recommended levels of physical activity.
- Only 16% ate fruits and vegetables at least five times a day.
- 78% did not attend physical education classes daily.

To help address the overweight problem among school children, South Carolina Healthy Schools (SCHS) — the state's coordinated school health program funded through CDC provides technical support and professional development to build district capacity to promote healthy behaviors among youth. As part of this ongoing assistance, SCHS conducts special training institutes and supports local mini-grants for school health improvement.

Program Example
The Anderson County School Health Improvement Partnership (SHIP) exemplifies the success of the SCHS program's continued efforts to promote healthy behaviors among students. During 2002–2006, the SCHS worked with a local community organization, Anderson Partners for a Healthy Community (Partners), and a local hospital, Anderson Medical Center (AnMed), to establish coordinated school health teams in every elementary, middle, and high school in Anderson County, a system serving about 30,000 students. Pilot funding for the SHIP initiative was provided by grants from SCHS, AnMed, and the Duke Endowment Foundation. The SCHS provided technical support and professional development for Partners' staff and to the school health teams through SCHS and SHIP Summer Institutes. Teams used the CDC's *School Health Index* (*SHI*) to assess and plan for school health improvement and used a portfolio system to document and track their efforts to promote healthy practices, including physical activity and positive eating behaviors.

Implications and Impact
As a result of the Anderson County SHIP, 47 school health teams were established, 44 teams have been trained, and schools have adopted a variety of health-promoting policies and practices, including the following:

- Adopting healthy vending policies.
- Improving physical activity opportunities available to students.
- Implementing aerobics, yoga, running, and walking programs for students, and faculty.
- Adopting evidence-based health education curriculum.
- Providing breakfast in the classroom, eliminating fried foods, and offering more fruits and vegetables.
- Changing student reward systems to healthy options or other types of rewards.

In addition, across the Anderson County School District, the number of school nurses increased from 31 before the SHIP to 43 after its initiation. These additional 12 nurse positions were at first supported with SHIP funding but now are sustained 100% with district funds.

Tennessee

Blazing the Trail Toward Statewide Coordinated School Health

Public Health Problem
Inadequate physical activity, unhealthy eating behaviors, tobacco use, and other health risk behaviors can affect the physical and social well-being of young people, as well as their academic achievement. Risk behavior levels are high among Tennessee's high school students:

- 66% did not meet currently recommended levels of physical activity.
- Only 18% ate fruits and vegetables at least five times per day.
- 33% were overweight or at risk for becoming overweight.
- 26% smoked cigarettes during the previous month.

To improve students' health and strengthen their academic achievement, Tennessee has embraced a statewide coordinated approach to school health.

Program Example
Tennessee has steadily enhanced and strengthened efforts to support a coordinated system for improving the health of its students. Early efforts focused on increasing support and awareness of the Coordinated School Health Program model and its importance to adolescent health and educational achievement. As a result of this work, Tennessee's State Legislature authorized in 2000 a five-year pilot program that implemented CDC's coordinated school health approach in 10 counties. Evaluations determined that the pilot programs reduced absenteeism and increased

- The number of health education staff and school nurses.
- The availability of social services.
- Health screenings for students.
- Student opportunities to participate in physical education and physical activity programs.

Based on these successes, school health advocates were able to convince state legislators to appropriate $15 million in 2006 to expand CSHP statewide. Currently, 133 of the 136 local school districts in Tennessee are implementing CSHP. Every school in Tennessee will be required to conduct the CDC-developed *SHI* to assess current school health efforts and direct planning activities for implementing a coordinated approach to school health.

The collaboration between the Tennessee Department of Education and Department of Health has made this expansion possible, along with the support provided by NGO partners, such as Tennessee's Action for Healthy Kids and the Tennessee School Health Coalition. In addition, CDC continues to provide technical assistance and CSHP-related materials to support the launch of Tennessee's statewide program.

Implications and Impact
Tennessee has become the first state in the nation to mandate and fund a coordinated approach to improving students' health in every school district in the state. This improvement from 10 pilot counties to a statewide endeavor is a huge undertaking that holds great promise for improving the health and academic achievement of the young people of Tennessee.