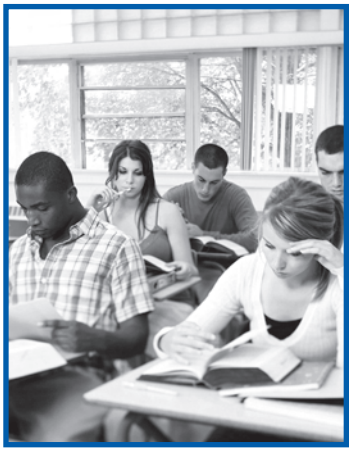
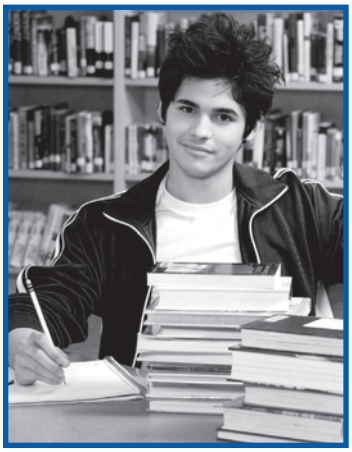
AT A GLANCE

Division of Adolescent and School Health

School Health Programs 2008





"Health is the most essential element in learning and growing."

Sarah Jerome, EdD, President, American Association of School Administrators (2007–2008)

March 2008

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns because

- Each school day is an opportunity for the nation's 55 million students to learn about health and practice the skills that promote healthy behaviors.
- The nation's 125,000 schools provide many opportunities for students to practice healthy behaviors such as eating healthy foods and participating in physical activity.

Risk Behaviors Established Early in Life

Six priority health risk behaviors contribute to the leading causes of death, disability, and social problems in the United States. These behaviors are often established during childhood and adolescence. They include tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that may result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies; and behaviors that contribute to unintentional injuries and violence.

School health programs need to focus on these priority health risk behaviors, as well as other key health issues such as asthma and mental health, that have a great impact on the overall health and well-being of students. Health programs also can make an important contribution by promoting protective factors—such as a positive relationship with a caring adult and participation in after-school activities—that foster positive health and academic outcomes.

School Health Programs Can Reduce Risk Behaviors and Improve Learning

Research has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive impact on academic performance.

The following findings demonstrate the effectiveness of school health programs:

- A tobacco use prevention program conducted in southern California reduced by about 26% the number of students who started smoking cigarettes during grades 7–9.
- Students participating in a culturally appropriate diabetes prevention program in San Antonio, Texas, showed more favorable changes in fasting glucose levels, dietary fiber intake, and fitness levels compared with students who did not participate in the program.
- Inner-city children in Baltimore, Maryland, who participated in a school breakfast program increased their nutrient intake and were more likely to improve their academic and psychosocial functioning than those who did not participate in the program.
- A comprehensive intervention in public elementary schools that serve high-crime areas in Seattle, Washington, was significantly associated with increased student commitment to school, reduced misbehavior in school, and improved academic achievement. The program involved teacher training, parent education, and social competency training for students. Students who participated in the intervention reported fewer risk-taking behaviors such as violence or heavy drinking.
- Implementation of a multicomponent, school-based physical activity and nutrition program slowed the increase in rates of obesity and overweight among low-income Hispanic elementary students in El Paso, Texas, compared with similar students not exposed to the program. The program included a classroom curriculum, a family component, and enhanced physical education and school meal programs.
- Girls enrolled in South Carolina high schools who participated in a multicomponent, school-based physical activity program increased their participation in regular vigorous physical activity compared with girls who did not receive the program. The program included tailored physical and

Health Risks Faced by Young People

- More than 1 in 5 high school students in the United States are current smokers.
- Almost 80% of high school students do not eat the recommended 5 servings of fruits and vegetables a day. Only 1 in 3 participates in daily physical education classes.
- More than 1 in 3 children and adolescents are overweight or at risk of becoming overweight.
- Every year, more than 830,000 adolescents become pregnant and more than 9 million cases of STDs occur among young people aged 15–24 years. Nearly 5,000 cases of HIV/AIDS are reported each year among this age group.
- Young people miss nearly 15 million school days a year because of asthma.
- 37% of deaths among adolescents aged 10–24 years are due to motor-vehicle crashes.
- 1 in 5 young people aged 9–17 years have symptoms of mental health problems that cause some level of impairment in a given year.

health education classes, role modeling by faculty and staff, increased communication about physical activity, promotion of physical activity by the school nurse, and family- and community-based activities.

Coordinated School Health Programs

A coordinated school health program (CSHP) brings together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health program activities. A CSHP typically is led by a school health coordinator, guided by a school health council or team, and focused on integrating efforts across eight interrelated components that already exist to some extent in most schools. These components are

- Health Education.
- Health Services.
- Nutrition Services.
- Health Promotion for School Staff.
- Physical Education.
- Mental Health and Social Services.
- Healthy and Safe School Environments.
- Family/Community Involvement.

A CSHP works to improve the quality of each of these components and develop and implement activities that cut across multiple components to meet the needs of students and staff. It features a systematic planning process that builds on accurate data and sound science, and aims to eliminate gaps and redundancies.

To help states, districts, and schools improve school health programs, CDC has developed science-based guidelines, strategies, tools, and other resources (available at http://www.cdc.gov/HealthyYouth). CDC also has identified priority actions that states can take to support CSHPs at local levels (available at http://www.cdc.gov/HealthyYouth/publications/pdf/PP-Ch9.pdf).

CDC's Leadership Role

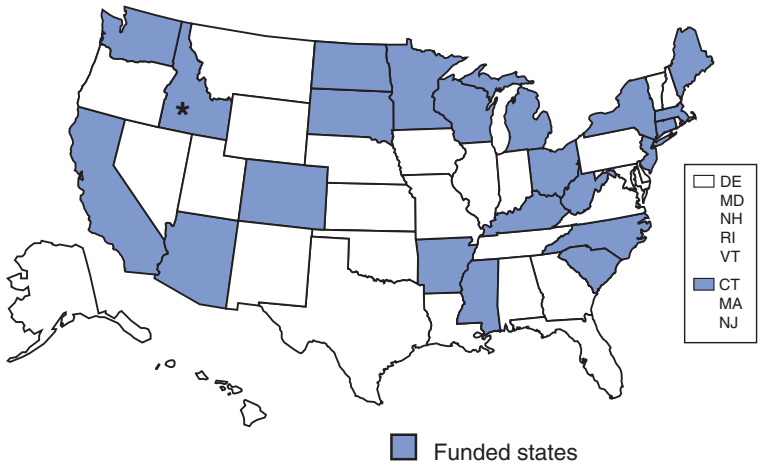
CDC is committed to ensuring that all people, especially those at greater risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. With agency-wide health protection goals that support healthy people in healthy places across all life stages, CDC is setting the agenda to enable people to enjoy a healthy life by delaying death and the onset of illness and disability by accelerating improvements in public health.

With fiscal year 2008 funding of $13.6 million for CSHP, $41 million for school-based HIV prevention programs, and $3 million for school-based asthma management programs, CDC's Division of Adolescent and School Health (DASH) is leading the way in helping schools implement policies and practices that prevent health risks among children and adolescents. DASH currently funds education and health agencies in 22 states and 1 tribal government to work together to help schools in their states implement CSHPs, with a particular focus on promoting physical activity, healthy eating, and a tobacco-free lifestyle. DASH also funds 50 state education agencies (including the District of Columbia), 1 tribal government, 5 territorial education agencies, and 16 large urban school districts for school-based HIV prevention, and 10 large urban school districts for school-based asthma management.

DASH supports the efforts of funded state, territorial, and local agencies to implement science-based, cost-effective programs by

- Monitoring priority health risk behaviors and school health policies and programs through the Youth Risk Behavior Surveillance System, the School Health Policies and Programs Study, and School Health Profiles.
- Analyzing research findings to develop guidelines for addressing priority health risk behaviors among students and developing tools, such as the *School Health Index: A Self-Assessment and Planning Guide*, to help schools implement these guidelines.

CDC Funding for Coordinated School Health Programs, Fiscal Year 2008



* Nez Perce reservation.

- Expanding knowledge of how to address youth health risks through research studies on determinants of health risk behaviors and evaluations of innovative school-based approaches to health promotion.
- Supporting the efforts of more than 25 national nongovernmental organizations to build the capacity of states, territories, and cities to implement effective school health programs. Some of these groups also are funded to build the capacity of community-based organizations to implement effective, science-based programs to help youth in high-risk situations (e.g., those in juvenile justice facilities or not enrolled in school) avoid critical health risks such as HIV infection.

Success Stories

Michigan + Indiana = "MICHIANA"

To ensure that school districts receive the intensive training and support needed to develop, implement, and sustain CSHPs, the American Cancer Society, the departments of health and education in Indiana and Michigan, and other partners worked together to develop the MICHIANA School Health Leadership Institute. Eight school districts in Michigan and 10 in Indiana have participated in the 5-year institute. Participants learned how to build organizational capacity to promote school health programs. Since the institute began in 2003, participating school districts have raised more than $11 million in grant funding to support and sustain school health efforts. In Indiana, all 10 districts passed policies creating tobacco-free campuses and limiting the sale of unhealthy foods in cafeterias and vending machines, initiated a school breakfast program, and mandated physical activity every day for students in kindergarten through fifth grade. Four districts also created dedicated staff positions to support the CSHP. In Michigan, all eight districts passed 100% tobacco-free campus policies and formed district-wide coordinated school health councils. Five districts implemented policies to offer healthy vending machine choices, and three school-based health centers opened.

North Carolina

Since 2001, the North Carolina Departments of Public Instruction and Health have jointly sponsored three School Health Leadership Assemblies to help school superintendents and local health directors identify ways to improve academic outcomes by improving student health. These training sessions have reached 43% of the state's school superintendents and 59% of local health directors, who collectively represent 860,000 students. As a result of participating in these assemblies, superintendents and health directors have supported the creation of a school health advisory council in every school district; led more than 40 of their local education agencies (LEAs) in adopting 100% tobacco-free schools policies; and encouraged local participation in both the Youth Risk Behavior Survey and the School Health Profiles. In addition, participants supported the state's School Nurse Funding Initiative, which has enabled all LEAs in the state to have at least two school nurses.

New York City

In an effort to deliver a high-quality and up-to-date HIV/AIDS prevention education program, the New York City Department of Education spearheaded a major initiative to update its *HIV/AIDS Curriculum*, originally published in the mid-1990s. The revised curriculum is science-based, skills-driven, standards-based, and integrated into the overall educational program. During 2006–2007, the department's Office of Health and Family Living trained more than 2,000 teachers, administrators, and parents how to deliver the revised curriculum to students in more than 1,400 schools. The curriculum also was adapted for students with special needs, and 77 special education teachers were trained.

Rhode Island

Rhode Island's "thrive" program—supported in part by CDC funding and the state department of health—has helped school districts establish health and wellness subcommittees mandated by new state law. The program provides schools with information and resources, including a tool kit with guidelines, model policies, and data, to help them implement the requirements of the federal Child Nutrition and WIC Reauthorization Act of 2004. Building on the increased awareness of school health and wellness issues, state legislators also passed laws in 2006 and 2007 requiring all schools to offer healthier beverages and snacks.

Future Directions

Because every child needs preparation for a healthy future, CDC recommends that all states establish coordinated school health programs. CDC will maintain its commitment to supporting school health programs and HIV prevention education nationwide and plans to improve the quality and expand the reach of these programs. As part of this commitment, CDC will continue to provide key leadership, resources, and experienced staff to help states, cities, and national organizations create and maintain the most effective school health programs possible.

For more information, please contact the Centers for Disease Control and Prevention
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