

Resources

- *National Health Education Standards: Achieving Health Literacy.* Joint Committee on National Health Education Standards. Atlanta: American Cancer Society, 1995. Available at www.aahperd.org/aahe/natl_health_education_standards.html.
- *Moving into the Future: National Standards for Physical Education.* National Association for Sports and Physical Education. Washington, DC : NASPE, 1995. Available at www.aahperd.org/naspe/publications-nationalstandards.html.

Resources

- *School Health: Findings from Evaluated Programs. 2nd ed.* U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Washington, DC: DHHS, 1998.
- *Safe and Drug-Free Schools Program. Principles of Effectiveness.* U.S. Department of Education. Federal Register. Vol. 63, No. 104, 1998:29902–6. June 1, 1998. Available at www.ed.gov/legislation/FedRegister/announcements/1998-2.
- *Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs.* U.S. Department of Education, Office of Special Educational Research and Improvement and Office of Reform Assistance and Dissemination. Washington, DC: DoE, 2001.
- *Health Framework for California Public Schools Kindergarten Through Grade Twelve.* California Department of Education. Sacramento: Calif. DoE, 1994.

Student and staff performance standards.

State boards of education, state school boards associations, and public health boards can set learning standards for health education and physical

education. These standards can serve as the basis for local school health education and physical education programs and the development of performance standards for teachers. Many states have developed student performance standards that are either based on or aligned with national health- and physical-education standards.

Specifications for a healthy school nutrition environment.

State boards of education can adopt policies that limit the number of times that students have access to food and beverages in vending machines at school or that set specific nutritional quality standards for the types of food and beverages available on campus, including those in vending machines. In West Virginia, the state board of education adopted a nutrition policy for the types of foods available in school vending machines that is one of the strongest in the nation.

Tobacco-free schools.

A tobacco-free environment, as defined by CDC, means tobacco use is prohibited on school property, including buildings, grounds, and vehicles, and at school-sponsored events on and off school property. This rule applies to students, staff members, and visitors. Policies that ensure a tobacco-free environment can be adopted at the school, district, or state level. At the state level, these policies are generally enacted as law by the state legislature, but some states have empowered their state boards of education with the authority to mandate policies that affect districts and schools. States with tobacco-free school policies include Alabama, Arizona, Arkansas, California, Colorado, Hawaii, Mississippi, New Mexico, New York, Ohio, Texas, Utah, Washington, and West Virginia.

Procedures for monitoring and enforcing tobacco-free schools policy can also be established at the local or state level. For example, a state department of education may require districts to report tobacco-use violations; a local school board might require a progressive discipline plan for student policy violations that begins with an educational

Resources

- *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*. National Association of State Boards of Education. Washington, DC: NASBE, 1999. Available at www.nasbe.org/HealthySchools/fithealthy.mgi.
- *Creating and Maintaining a Tobacco-Free School Policy*. Partnership for a Tobacco-Free Maine, Department of Human Services. Augusta, ME: 2000. Available at www.tobaccofreemaine.org.
- *Tobacco-Free School Policy Guide*. Available from the Office of Public Instruction, P.O. Box 202501, Helena, MT 59620-2501.
- *Guidelines for Implementation of West Virginia Board of Education Policy 2422.5A: Tobacco Control*. Available from the West Virginia Department of Education, 1900 Kanawaha Blvd. East, Charleston, WV 25305-0330.

intervention. The National Association of State Boards of Education and a number of state and local education and health agencies have produced guidelines for implementing tobacco-free school policies.

Quality professional development of school health staff.

State boards of education can set professional development requirements for school health program staff and other personnel who implement health programs in schools. For example, Maine decided to focus on middle school students as part of its efforts to reduce tobacco addiction rates among teens and young adults. All of the state's middle school teachers were offered professional development in Life Skills Training, a program to help teens develop healthy personal and social skills. Since the program began in 1997, smoking among Maine high school students has dropped more than 20%. Increases in the state excise tax and new community-based programs also contributed to this decrease. (For more information about the importance of professional development, see Priority 7.)

Appropriations to fund school health programs.

States can enact legislation that establishes appropriations to support

- Hiring school health coordinators, physical education teachers, health education teachers, school counselors, or school nurses in all school districts.
- Assessing local school health standards, policies, and programs.
- Providing professional development for school staff responsible for delivering school health programs and implementing school health guidelines.
- Ensuring that young people have access to facilities that promote physical activity.

Funding Estimate: Although the cost of developing and enacting state-level policies will be minimal, the implementation of these policies may require additional appropriations for materials and resource development or professional development specific to a new program priority. In these cases, funds can be included in program costs. Some policies might require additional funding to ensure local-level implementation. For example, state appropriations are necessary to support school health programs at the local level. State agencies need to consider these costs in addition to specific state program costs. CDC recommends that states allocate sufficient funds to support a school health council and school health coordinator and to implement a school health program in all school districts.

Priority 5. Establish a Technical-Assistance and Resource Plan that Will Provide Local School Districts with the Help They Need to Effectively Implement School Health Guidelines.

To advance state policies and support the local implementation of priority school health policies and programs that are consistent with the school health guidelines, state agencies can develop and implement a plan for providing technical assistance and resources to school districts and schools. State education and health agencies must develop the capacity to help schools improve their school health programs and provide school personnel with the tools they need to help reduce tobacco use, increase physical activity, and support healthy eating patterns among students. State health and education agency leaders can

- Establish criteria to help local schools develop, assess, and select effective curricula; institute

processes for identifying and reviewing potential programs based on these established criteria; and develop strategies for disseminating information about selected programs to teachers and community members.

- Develop and disseminate guidelines and resources to assist school districts in establishing school health councils.
- Identify and promote the use of resources for developing school health policy and for planning and assessing school health programs (e.g., CDC's *School Health Index*; NASBE's *Fit, Healthy, and Ready to Learn*; and USDA's *Changing the Scene*) and make these resources available to local school districts. For example, in Georgia, the DeKalb County Board of Education and Board of Health have collaborated to promote the use of the *School Health Index* in DeKalb's elementary schools. In the 2001-2002 school year, 17 schools completed the index, including the action plans, and 8 schools received funding from a variety of Board of Health programs. Funded activities include the following:
 - Hiring certified physical education teachers for the first time.
 - Developing walking clubs.
 - Establishing wellness programs for school staff members.
 - Purchasing exercise equipment for students to use.
 - Developing fitness stations on the school campus for use by students, staff members, and the community.
 - Providing professional development for teachers.
 - Offering healthier choices in the school vending machines.
- Identify community-resource personnel and programs that complement school health policies and make these available to local school districts to foster community-school partnerships.

Resources

- *Moving into the Future: National Standards for Physical Education*. National Association for Sports and Physical Education. Washington, DC: NASPE, 1995. Available at www.aahperd.org/naspe/publications-nationalstandards.html.
- *National Health Education Standards: Achieving Health Literacy*. Joint Committee on National Health Education Standards. Atlanta: American Cancer Society, 1995. Available at www.aahperlth_education_standards.htm.
- *Keys to Excellence: Standards of Practice for Nutrition Integrity*. American School Food Service Association. Alexandria, VA: ASFSA, 1995. Available at www.asfsa.org. (Search "Keys to Excellence.")
- *Scope and Standards for Professional School Nursing Practice*. National Association of School Nurses, Inc. and American Nurses Association. American Nurses Publishing. Washington, DC, 2001. Available at www.nasn.org and at www/ana.org.

Resources

- *State of Maine Guidelines for Coordinating School Health Programs*. Maine Department of Education. Available at www.maineeshp.com.
- Identify national standards and guidelines for health education, physical education, school nutrition programs, and school health services and convey this information to local school districts to facilitate effective policy and program implementation.
- Establish technical-assistance communication networks (e.g., e-mail networks) or refer school health staff to existing national technical-assistance communication networks. For example, the Maine Department of Education, through its

Maine's Learning Results, has developed a technical-assistance plan to strengthen state and local efforts to improve student learning, define professional development needs, update local curricula and instructional practices, and assess student achievement. It also provided additional resources to improve school health programs through its publications, communications networks, and technical assistance.

- Identify a contact or lead person in every school to receive regular school health communications and resources.
- Identify appropriate media campaign materials and resources that can help local health agencies and school districts promote positive health messages and programs for youth.

Resources

- CDC's *Youth Media Campaign*. Available at www.verbnow.com.

- Respond to requests for technical assistance and information from local school health staff or strengthen regional technical-assistance systems to support local needs.
- Communicate school health-related findings from the *Community Guide to Preventive Services*, which features systematic reviews of published studies conducted by the Task Force on Community Preventive Services in coordination with a broad team of experts, including those from CDC. In one such review, the Task Force found that physical education classes are effective in improving both physical activity levels and physical fitness among school-age children. On the basis of these findings, the Task Force issued a strong recommendation to implement programs that increase the amount of time that students spend in school-based physical education classes.

Resources

- *Community Guide to Preventive Services*. Available at www.thecommunityguide.org.

State health and education agencies can establish frameworks for allocating funds to support local school health policies and programs that are consistent with the intent of state policies and appropriations. For example, in response to legislation that appropriated health protection funds to the Massachusetts Department of Education, the agency developed specific assurance documents that established school health councils and coordinators in the districts that received these funds. The education agency also provided technical assistance to help local coordinators implement a comprehensive, interdisciplinary Pre-K–12 health education and human services program.

Resources

- *Health Protection Fund*. Massachusetts Department of Education. Available at www.doe.mass.edu. (Search “Health Protection Fund.”)

Funding Estimate: Funding for this priority provides materials and tools necessary to accomplish program priorities. Depending on the program, costs can vary. CDC recommends that approximately \$120,000 per year be allocated to support personnel, technical-assistance delivery, and resource development to implement school health guidelines.

Priority 6. Implement Health Communications Strategies to Inform Decision Makers and the Public About the Role of School Health Programs in Promoting Health and Academic Success Among Young People.

State agencies need to build support at both the state and local levels for school-based programs to reduce tobacco use, increase physical activity, and improve eating behaviors among students. As an important part of this effort, state health and education agencies can develop and implement a school health communications plan to promote the value of school health programs among legislative leaders, state government policy makers (including health and education leaders), local school leaders, business leaders, parents, students, and other community members. Such a plan should foster communication among state-level partners working to improve

school health programs and increase the flow of information and resources between the state and local levels.

Resources

- *Building Business Support for School Health Programs.* National Association of State Boards of Education, 1999. Available at www.nasbe.org/Educational_Issues/Safe_Healthy.html.
- *School Health Starter Kit: For Motivated People Who Want to Get Others Involved.* Washington, DC: Council of Chief State School Officers, 1999. Available at www.publications.ccsso.org.

For example, the Oregon Department of Education formed an external communications work group to develop and implement an awareness campaign to promote coordinated school health programs among local decision makers and gatekeepers (e.g., school board members, school administrators, county commissioners). The campaign has stressed the links between students' educational outcomes and their physical, social, and emotional health and the critical role that school health programs can play in improving these outcomes. This work group includes representatives from a wide variety of state partners interested in school health, including the Oregon Association for Health, Physical Education, Recreation and Dance; the Oregon School Health Education Coalition; the Oregon Dairy Council; the Oregon Partnership (alcohol-use prevention); the Northwest affiliate of the American Cancer Society; the Oregon School Nurses Association; and Children First for Oregon (a Kids Count affiliate). As a result of the work group's efforts, in many districts, school health councils have been formed to plan the implementation of school health programs.

Funding Estimate: State communications planning and implementation costs vary greatly, depending on personnel costs and the communications activities planned each year. CDC recommends that approximately \$25,000 per year be allocated to support communications personnel and the implementation of a school health communications plan.

Priority 7. Develop a Professional Development Plan for School Officials and Others Responsible for Establishing Coordinated School Health Programs and Implementing CDC's School Health Guidelines.

Professional development is critical to the effective implementation of the school health guidelines and coordinated school health programs.¹³ Any state plan for reducing the risk for chronic disease among young people should include a comprehensive plan for teaching the skills that state and local decision makers, school staff, parents, and community members will need to support and implement a coordinated school health program. This development plan should address the specific training needs of the various target groups and should be informed by literature from the field of professional development and training. States can provide or support professional development training in a variety of ways:

- Through a cadre of trainers who can provide and model interactive professional development and who are themselves provided with ongoing support, training, and feedback.
- Through multiple delivery systems, such as scheduled workshops, materials centers, interactive Web sites, and district mentoring programs.
- By providing funds for professional-development events and materials.
- By providing support staff to manage the logistics of training.
- Through marketing strategies to create awareness of and encourage participation in professional development and training.

Resources

- *Strategies for Professional Development in Cooperative Agreements with State Education Agencies, Local Education Agencies, and National Non-Governmental Organizations.* Available at www.cdc.gov/nccdphp/dash.
- Assumptions about staff development based on research and best practice. Wood FH, Thompson SR. *Journal of Staff Development* 1993;14(4):52-57.

Plans should specify the target audience for each professional-development event and should include learning and performance objectives. Insofar as possible, participants in these events should develop action plans that describe how they will incorporate their newly acquired knowledge and skills into their professional responsibilities. Professional-development events should be evaluated by the quality of those plans and how well they are implemented.

Professional-development events may be needed for school personnel, such as health and physical education teachers, nurses, school counselors, food service directors, and administrators. Others who require professional development may include school board members; parents; health educators in state health departments; health department staff who work with youth-focused, community-based organizations; parks and recreation staff; business leaders; clergy; and social services and juvenile justice staff. Depending upon the work plan and desired outcomes, professional development could include awareness sessions, skill-building training, topical events, or customized offerings for teachers and school health coordinators.

Opportunities for professional development to support school health programs are available through a variety of venues, including national and state-level conferences and other continuing education opportunities offered by professional organizations.

National health organizations also offer specialized opportunities for professional development, such as those offered at the American Cancer Society's School Health Coordinator Leadership Institute. Several states have replicated the institute or are planning to do so. For more information, contact

Resources

- *Training Tracker: A Computer-Based Training Tool.* (E-mail request for information to nccddashtracker@cdc.gov.)

Education Resources

- *American School Food Service Association (ASFSA):* www.asfsa.org
- *Association for Supervision and Curriculum Development (ASCD):* www.ascd.org
- *American Association for Health Education (AAHE):* www.aahperd.org/aahe
- *National Association for Sport and Physical Education (NASPE):* www.aahperd.org/naspe
- *American School Counselor Association (ASCA):* www.schoolcounselor.org
- *National Association of School Nurses (NASN):* www.nasn.org
- *National Association of School Psychologists (NASP):* www.nasponline.org
- Society of State Directors of Health, Physical Education and Recreation (SSDHPER): www.thesociety.org

Public Health Resources

- American Public Health Association (APHA): www.apha.org
- Association of State and Territorial Chronic Disease Program Directors (ASTCDPD): www.chronicdisease.org
- Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE): www.astdhpphe.org
- Society of Public Health Educators (SOPHE): www.sophe.org

Federal Resources

- U.S. Department of Agriculture (USDA): www.usda.gov
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): www.cdc.gov/tobacco
- The President's Council on Physical Fitness and Sports: www.fitness.gov

the American Cancer Society, Children and Youth Initiatives, at 404-982-3672.

Other venues for professional development include professional-preparation programs offered by institutions of higher education, professional journals, online courses, and listservs. States should develop systems to provide follow-up support to participants after the professional-development events have concluded. Such support could be provided through booster sessions, peer counseling, networking groups, or ongoing sequential training. CDC has developed *Training Tracker*, a database program that enables agencies and organizations to track their various training and professional-development activities over time. *Training Tracker* will store data useful for planning and evaluating professional development events.

State health and education agencies should support policies and identify funding that will advance the development of a statewide, comprehensive professional-development plan. In general, state agencies should designate staff to both develop this plan and ensure its implementation at the state and school-district level. However, if professional-development events are typically delivered at the regional level, it might be more appropriate for regional, county, or local education agency staff to develop their own plans.

Funding Estimate: Professional development costs can vary greatly depending on length of events, content, and participant costs. CDC recommends that states allocate approximately \$120,000 of their annual budget for professional development.

Priority 8. Establish a System for Evaluating and Continuously Improving State and Local School Health Programs.

Program evaluation is an essential ongoing organizational practice in public health and education. The results of such evaluations not only measure a program's success in meeting its goals but also provide information for planning future program activities. Agencies need to develop clear plans, inclusive partnerships, and feedback systems that

foster learning and ongoing improvement. Routine, practical evaluations that provide information for management and improve program effectiveness should be a part of education and public health programs at both the state and local levels.

Program evaluation helps program officials to better understand their programs' needs and assets, to establish priorities, and to use their resources more effectively.

As an agency develops its program goals, objectives, and implementation plans, it should also develop procedures for measuring its success in meeting these goals and objectives. Evaluations can be used to assess the following four aspects of program activities:

1. The development and implementation of health-related education policies.
2. The provision of professional development activities for decision makers and education and public health agency staff.
3. The development and implementation of effective curricula and programs for students.
4. The establishment of sufficient capacity to develop and implement program activities and collaborate with other organizations.

Agencies can perform two kinds of evaluations: *process evaluations* and *outcome evaluations*. *Process evaluations* require accurate and organized records of program activities and are central to the ability of program staff to effectively monitor and report on their activities. By delineating the *who*, *what*, *when*, and *where* of program activities, process evaluations allow agency staff to assess whether these activities met their goals and objectives. Agency staff can also use process evaluations to chart and report on activities across time in a very systematic and cost-effective manner. Because a basic understanding of the process of program activities is critical to evaluating their outcomes, education and public health agencies should conduct process evaluations annually. *Outcome evaluations* are used to assess the impact of program activities on their participants, including

Resources

- Framework for program evaluation in public health. *MMWR* 1999;48(RR-11). Available at www.cdc.gov/eval/framework.htm.
- Evaluating a national program of school-based HIV prevention. Collins J, Rugg D, Kann L, Pateman B, Banspach S, Kolbe L. *Evaluation and Program Planning* 1996;19(3): 209–18.
- *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*. MacDonald G, Starr G, Schooley M, Yee SL, Klimowski K, Turner K. Atlanta: CDC, 2001.
- *Handbook for Evaluating HIV Education*. Atlanta: CDC, 1992. Available at www.cdc.gov/nccdphp/dash/publications/index.htm.
- *Coordinated School Health Program Infrastructure Development Process Evaluation Manual*. Atlanta: CDC, 1997. Available at www.cdc.gov/nccdphp/dash/publications/index.htm.
- *Physical Activity Evaluation Handbook*. Atlanta: CDC, 2002. Available at www.cdc.gov/nccdphp/dnpa/physical/handbook/index.htm.

changes in their knowledge, attitudes, skills, and behaviors both immediately following program activities and over the long term.

Objectives measured by process evaluations may be defined by the four key concepts and eight priority actions described in this chapter and by performance measures identified by CDC program announcements. Objectives measured by outcome evaluations also may be defined by performance measures identified in CDC program announcements as well as by *Healthy People 2010* objectives.

National data can help place program data in a more useful context for understanding program outcomes. For example, the School Health Policies and Programs Study (SHPPS)¹⁶ may help administrators understand the outcomes of policies, professional-

development activities, and curricula implementation. Similarly, national Youth Risk Behavior Survey (YRBS) data may help education and public health agencies understand long-term trends in student health-risk behaviors. Although process evaluations are generally easier to conduct, agencies should conduct outcome evaluations for at least one major program activity annually. They should also conduct an overall program outcome evaluation at the end of a program's 5-year funding cycle.

Evaluation results are only valuable when they are used to develop and improve program activities. Evaluation results may be communicated to national, state, and local education and public health agencies; to school districts and individual schools; to community-based organizations; and to community members.

State agencies should develop evaluation resources, tools, and a technical assistance process to help local agencies evaluate their program activities. Agencies may want to consider enlisting the help of post-secondary institutions or of independent evaluators or evaluation firms. However, the respective roles and duties of agency staff and hired evaluators must be clearly outlined, and evaluators and agency staff must agree on the purpose, methods, and procedures of evaluations.

There are four commonly accepted standards for evaluation: *utility*, *feasibility*, *propriety*, and *accuracy*. *Utility* refers to the usefulness of evaluation results. Evaluations with good utility specify the amount and type of information collected, make clear the values used in interpreting collected data, and present findings in a clear and timely way. *Feasibility* refers to the extent that evaluations employ practical, non-disruptive procedures, take into account the differing political interests of those involved, and use resources prudently. *Propriety* is a measure of how well the rights of those affected by the evaluation are respected. Evaluations with good propriety have protocols and other agreements to ensure that the welfare of human subjects is protected, that the findings are disclosed in a complete and balanced

fashion that reflects multiple perspectives, and that conflicts of interest are addressed in an open and fair manner. *Accuracy* is a measure of how well evaluation results reflect reality. Accurate evaluations describe the program activities and their contexts, articulate the purpose and methods of the evaluation, employ systematic procedures to gather valid and reliable information, apply appropriate methods of analysis and synthesis, and produce impartial reports containing justified conclusions.

One example of an evaluation performed by a state education agency is the Kentucky Department of Education's assessment of training on an HIV prevention curriculum that was provided to 113 school teachers. For this evaluation, the teachers answered questions immediately before, immediately after, and 6 months after their training about their comfort in discussing or teaching topics related to HIV and pregnancy prevention, their comfort with various instructional methods, and their attitudes toward people with HIV. Evaluation results indicated that teachers' comfort with teaching HIV and pregnancy prevention topics, their comfort with instructional methods, and their attitudes about people with HIV significantly improved immediately after their training. The evaluators recommended that current training practices should be continued but that additional evaluation should be performed to determine the fidelity with which teachers implemented programs in the classroom.

Funding Estimate: States need to build their capacity to evaluate school health policies and programs and provide technical assistance in evaluation to local school districts. CDC recommends that states allocate approximately \$24,000 to support evaluation efforts.

National Leadership

Leadership in these efforts can come from various sources, including federal agencies and partnerships among governmental and nongovernmental organizations at both the national and state levels.

Since 1987, the Division of Adolescent and School Health (DASH) within CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has provided fiscal and technical

support to state education agencies, large urban school districts, and national nongovernmental organizations to improve school health programs and the health of young people. DASH has also developed numerous tools and resources to assist organizations, agencies, and schools in achieving many of the priorities identified in this chapter. (These tools and resources are available at www.cdc.gov/nccdpdp/dash/publications/index.html.) In addition, DASH sponsors the National School Health Leadership Conference every 2 years to promote promising practices in school health and to build national and state partnerships to improve school health policies and programs.

DASH continues to work closely with NCCDPHP's Office on Smoking and Health and its divisions of Adult and Community Health, Cancer Prevention and Control, Diabetes Translation, Nutrition and Physical Activity, Oral Health, and Reproductive Health to achieve national health objectives for preventing risks that contribute to chronic disease.

Collaborative strategies are necessary to promote healthy communities, healthy schools, and healthy children within our nation. In recognition of the need for sustained and coordinated federal efforts to strengthen and improve the education and health of school-age children and youth, the U.S. Departments of Education, Health and Human Services, and Agriculture established the Interagency Committee on School Health in 1994. The committee, which meets twice each year, is co-chaired by the Assistant Secretary for Health in the Department of Health and Human Services, the Assistant Secretary for Elementary and Secondary Education in the Department of Education, and the Under Secretary of Food, Nutrition and Consumer Affairs in the Department of Agriculture. Committee members represent the Department of Defense, the Department of Justice, the Environmental Protection Agency, the Indian Health Service, the Bureau of Indian Affairs, and the Consumer Product Safety Commission, as well as the Departments of Education, Agriculture, and Health and Human Services.

National Partnerships

The National Coordinating Committee on School Health (NCCSH) was established in 1994 by the Secretaries of the Departments of Education and Health and Human Services. Shortly after NCCSH was created, the Department of Agriculture added its support. The NCCSH was formed to link federal departments with national nongovernmental organizations to support quality, coordinated school health programs in our nation's schools. Its responsibilities include providing national leadership for the promotion of quality school health programs; improving communications, collaboration, and information sharing among national organizations; identifying local, state, and federal barriers to the development and implementation of effective school health programs; and collecting and disseminating information that can help to improve the effectiveness of these programs. Membership has grown to approximately 75 national organizations.

DASH has established formal partnerships with more than 40 national nongovernmental health and education organizations, which work with DASH to develop model policies, guidelines, and professional development opportunities to help states establish high-quality school health programs. In addition, the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD), the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE), and the Society of State Directors of Health, Physical Education, and Recreation (SSDHPER) have established the Coordinated School Health Program Collaborative to help reduce chronic disease risks and promote healthy behaviors among students. ASTCDPD and ASTDHPPHE also collaborated on the development of the School Business Resource Kit, which provides convenient access to valuable resources for learning more about coordinated school health programs, effective strategies for implementing them at the state and local levels, and ways to strengthen partnerships between health and education agencies.

Many national education groups have worked together to gain and sustain support for implementing school health programs. These groups have developed several tools to help build support for a coordinated approach to school health. One such tool, the School Health Starter Kit, developed by the Association of State and Territorial Health Officials and the Council of Chief State School Officers, is a powerful package of research-based materials specifically designed to help communities build support for school health programs.

State Partnerships

Funding for Coordinated School Health Programs

DASH supports coordinated school health programs to discourage unhealthy behaviors such as poor eating habits, physical inactivity, and tobacco use and to promote healthy behaviors. These programs aim to reduce young people's risk for chronic disease later in life. The eight components of a school health program systematically address these risk behaviors. DASH's funding and support enable state departments of education and health to work together efficiently, respond to changing health priorities, and effectively use limited resources to meet a wide range of health needs among the state's school-age population. With this support, state and local departments of education and health are able to 1) provide high-level staff members to coordinate, support, and evaluate local school health programs; 2) build a training and development system for health and education professionals at the state and local levels; and 3) bring together various organizations to develop and coordinate strategies for reducing risk behaviors among young people.

Professional Development Consortium

DASH also supports the national Professional Development Consortium, which helps DASH-funded state and local education agencies and national nongovernmental organizations strengthen their ability to implement professional-development activities that will improve the quality of comprehensive school health education and coordinated school health programs, including HIV prevention

education. One example of such a professional-development opportunity is the National Professional Development Workshop on School-Based Tobacco Prevention and Control, sponsored by DASH, CDC's Office on Smoking and Health, and the Professional Development Consortium. Three of these national workshops, attended by teams of representatives from the education and health agencies in 32 states, have been held to improve the capacity of states to implement effective school-based tobacco-use prevention and control programs and to develop strategies for ensuring and reporting progress.

Progress to Date and Challenges Ahead

In 1987, CDC established the Division of Adolescent and School Health to help the nation's schools implement coordinated school health programs. Through this division, CDC

- Monitors the prevalence of health risks among students and the prevalence of school policies and programs to reduce those risks.
- Applies research to identify effective policies and programs.
- Evaluates the effectiveness of implemented policies and programs.
- Provides funds for state and large city departments of education and health to help schools in their jurisdictions implement coordinated school health programs.
- Provides funds for national education and health and national nongovernmental organizations, including the National Association of State Boards of Education and the National School Boards Association, to help the nation's schools implement such programs.

Because every child needs sound preparation for a healthy future, school health programs should be established in all U.S. schools. Convincing children and adolescents to adopt behaviors that reduce their risk for chronic diseases is a continual challenge and should be a goal of all public health programs. Achieving this goal requires that state leaders in public health and education accept the opportunity

and responsibility to effectively implement and improve school health programs. CDC maintains its commitment to work with these state leaders and with national organizations to make coordinated school health programs available in every state.

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