

# 2007

# SUCCESS STORIES

Local, State, and Nongovernmental Organization Examples



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## Introduction

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Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. CDC's Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents, and young adults. DASH also addresses critical types of adolescent health behavior that research shows contribute to the leading causes of death and disability among adults and youth. In addition to causing serious health problems, these behaviors

also contribute to many educational and social problems that confront the nation, including failure to complete high school, unemployment, and crime.



DASH supports local, state, and territorial education agencies to help strengthen their capacity to improve child and adolescent health. Through coordinated school health programs and other activities, DASH addresses critical health behaviors and other important topics, including alcohol and drug use, injury and violence, tobacco

use, nutrition, physical activity, sexual risk behaviors, and asthma. DASH also supports a number of nongovernmental organizations to develop policies, guidelines, and trainings to assist schools and other youth-serving agencies in implementing high-quality programs.

Collectively, the programs DASH supports are making a difference in the lives of our nation's youth. The stories in this brochure illustrate the types of activities supported by DASH and highlight some of the exemplary work its partners undertake.

For more information about DASH, its partners, and its programs, visit [www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth).

# Fighting the Obesity Epidemic: Collaborations to Improve the Health of Youth Through Physical Activity

## West Virginia

### Problem Overview

Overweight and obesity influenced by physical inactivity and poor diet are associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, and arthritis. Overweight among U.S. children aged 6 to 11 has more than doubled in the past 20 years. Children and adolescents who are overweight are more likely to be overweight or obese as adults. About 30% of West Virginia's population is overweight, putting the state among the top three in the United States coping with this major health risk.



### Program Description

To address West Virginia's high rate of overweight among children, the state Coordinated School Health Program, supported by the CDC and Mountain State Blue Cross Blue Shield (BCBS), partnered to leverage funding to improve the health of children in the state. BCBS helped support a competitive grants process to fund physical activity and nutrition activities in elementary schools between 2004 and

2007. The project aimed to establish a solid foundation for good health habits that would extend into adolescence and adulthood. The program, "Challenge for Healthier Schools," required schools to submit a plan for programs on physical activity or nutrition education.

### Program Impact\*

Annual grants of up to \$5,000 were awarded to 13 elementary schools during the 3-year period, leveraging more than \$140,000. Accomplishments include:

- Building a trail to connect the school grounds to the Rails-to-Trails system, resulting in students using the Rails-to-Trails system during the school day for physical education, recess, and class outings.
- Purchasing in-line skates and safety equipment for physical education class.

Overall, more than 2,200 students were exposed to physical activity and nutrition education events during the project period. Process evaluation indicated that the events were successful and well received by both parents and youth.

Positive experiences with physical activity at a young age help lay the foundation for regular physical activity throughout life. Joint public and private efforts underscore the collective benefits that can be attained through innovative collaborations.

\* Note: For the purposes of this booklet, impact refers to short-term or intermediate outcomes.

# Public Smoking Policies—Youth Can Make a Difference

## Pike County, Kentucky

### Problem Overview

Tobacco use, which causes nearly 440,000 deaths in the United States each year, remains the leading preventable cause of death in our nation. Medical science has shown that nonsmokers suffer from many of the diseases associated with active smoking when they breathe environmental tobacco smoke, or secondhand smoke. In Kentucky, 25% of high school students were current smokers in 2006. Although the health risks associated with tobacco use and secondhand smoke are well documented, in states

like Kentucky, where tobacco is a major cash crop, opposition to smoke-free policies can be strong.



### Program Description

Youth from Kentucky's 4-H Team Leadership Councils participated in a local Help Overcome Tobacco (H.O.T.) Youth Conference in 2006. The Coordinated School Health Program and Tobacco Prevention and Cessation Program—both funded through the CDC—jointly conducted regional H.O.T. conferences through Kentucky's

Alcohol, Tobacco, and Other Drug Lifestyle Education and Resource Team Regional Prevention Center. The H.O.T. conferences were organized to raise awareness of tobacco-related issues and increase capacity for youth advocacy efforts in tobacco use prevention.

Participating students learned how to organize a public awareness campaign and how best to contact elected officials. Working together, these 4-H youth spearheaded a petition campaign, ultimately gathering 4,000 signatures in support of a smoke-free ordinance for the Pike County Fiscal Court and the Hall of Justice Building. Consequently, at its May 2006 meeting, the Fiscal Court passed an ordinance prohibiting smoking in all enclosed areas in these two public buildings and within 15 feet of the building exteriors.

### Program Impact

The successful petition campaign, organized by trained and committed students, underscores the growing awareness among youth about the dangers of tobacco use and secondhand smoke and the potential impact students can have in effecting environmental change. This achievement, accomplished through student advocacy, serves as a positive model for other students and communities throughout Kentucky.

# Interventions and Strategies to Improve Health and Increase Academic Performance Among Groups Experiencing Health Disparities

## Gadsden County, Florida

### Problem Overview

In the United States, some racial and ethnic populations suffer disproportionately from preventable diseases, many of which result from health-related behaviors established during childhood and adolescence. School programs that address risk behaviors among youth can help improve the health of populations at risk for these health disparities. Coordinated School Health Programs (CSHPs) are an effective way of accomplishing this goal. CSHPs focus on improving quality and increasing coordination, resulting in a planned, organized, and comprehensive set of courses, services, policies, and interventions that meet the health and safety needs of students in grades K–12.

### Program Description

Beginning in 2005, the CDC-funded state CSHP provided resources and technical assistance to Gadsden County, Florida, to implement a districtwide CSHP. Gadsden County suffers disproportionately from health disparities and academic challenges.

To begin the project, the school district formed a planning and advisory committee, Gadsden County Wellness Approach to Community Health (G-WATCH). Next, every participating school was required to complete CDC's *School Health Index (SHI)* to identify its individual needs. G-WATCH used the results of the *SHI* assessments to develop a coordinated school health strategic plan that included 45 goals and emphasized nutrition education and physical activity. The state CSHP gave each of the participating schools \$2,000 yearly to maintain a Healthy School Team to implement activities consistent with the district strategic plan.

### Program Impact

After 2 years of implementation, G-WATCH accomplishments include:

- Adopting a district policy that encourages physical fitness and discourages employing or withholding physical activity as punishment.
- Passing a district policy for a daily 15-minute recess for students in grades pre-K–5.
- Prohibiting sales of carbonated beverages during meal periods.
- Implementing meal schedules that comply with the Florida guideline of a 20-minute seated eating time.

Effective CSHPs can increase adoption of health-enhancing behaviors, improve student and staff health, and use resources more efficiently. In addition, research demonstrates that improving health increases academic performance. Therefore, widespread adoption of the CSHP model should help improve the health and academic performance of our nation's youth.

# Creating Asthma-Friendly Schools: Lessons Learned for Managing Asthma and Decreasing Student Absenteeism

*Albuquerque, New Mexico*

## Problem Overview

In 2003, five million school-aged children and youth nationwide were reported to have asthma, and 3.1 million had experienced an asthma episode or attack within the previous year. Asthma is one of the leading causes of school absenteeism, which can negatively affect students' academic performance. In the Albuquerque/Bernalillo County area of New Mexico, an estimated 10,000 school-aged children have asthma.

## Program Description

Albuquerque receives funds from CDC to develop and implement policies and programs to reduce asthma episodes and related school absences. In 2003, the New Mexico Departments of Health and Education launched the Albuquerque Public Schools (APS) Asthma Program. Program goals include (1) improving in-school asthma management, (2) establishing "asthma-friendly" school policies and procedures, (3) increasing access to health care and health insurance, and (4) reducing absenteeism. To accomplish these goals, the APS Asthma Program hired staff, created a community advisory board, and contracted with community organizations.

Specific strategies include the following:

- Program school nurses provide asthma education to school staff and students in grades 3–5.
- The APS Nursing Administration updates asthma education and management procedures to reflect best practices.
- Students and families unable to access state-funded or private health insurance are referred to the New Mexico Department of Health's Children's Medical Services.
- All APS health rooms are equipped with asthma-control devices.

## Program Impact

The number of schools participating in the APS Asthma Program grew from 20 in year one to 85 by year four. During the first 4 years of the project:

- Individual health plans, orders for medication, and asthma action plans increased, indicating better management of student asthma.
- Overall absences due to asthma decreased from 39% to 26%.

Schools that can reduce absenteeism—a common challenge facing students with asthma—also can help remove a barrier to learning and academic achievement. Successful school demonstration programs are models for other school systems to modify and implement.

# Project BEAT—Collaborating to Address HIV Education and Attitudes in Teens

## Broward County, Florida

### Problem Overview

In 2004, an estimated 4,883 young people aged 13–24 in the 33 states reporting to the CDC were diagnosed with HIV/AIDS. Through 2003, CDC estimates that 5,492 children under the age of 13 in the United States died as a result of AIDS-related illnesses. Statistics from 2005 show that Broward County, Florida, leads the nation in new AIDS infections.

### Program Description

Although Broward County Public Schools (BCPS) had a well-structured HIV/AIDS curriculum for grades 2–12, data revealed a need for enhanced secondary school education. To improve existing programming and maximize CDC funds for preventing HIV/AIDS infections, sexually transmitted disease transmissions, and unplanned pregnancies, BCPS partnered with the Broward County chapter of the American Red Cross to develop and implement an HIV/AIDS education program for secondary students—Project BEAT (Bridging Education and Attitudes in Teens).

Project BEAT blends existing BCPS HIV/AIDS curricula with Red Cross standards and objectives, including peer and parental education components. Specifically, the program provides instructors to teach a supplemental HIV curriculum and trains teachers to facilitate peer education clubs in districts at higher risk for HIV transmission.

### Program Impact

Highlights of the program's successes include the following:

- By the end of the third year, Project BEAT reached nearly 54,000 middle and high school youth and approximately 2,200 parents and community members.
- During the 2006–2007 academic year, assessments given to randomly selected secondary school students indicated a 97.3% post-test score in knowledge of HIV/AIDS and related decision making skills, an increase of 28% overall.
- By the close of the 2006–2007 academic year, more than 150 BCPS high school students were certified as Red Cross HIV/AIDS instructors to provide their peers with science-based information under the auspices of Red Cross staff.

Effective risk reduction strategies offer hope for decreasing the spread of HIV/AIDS. In times of shrinking budgets, partnerships between the public and private sectors are essential for implementing health promotion and disease prevention activities to improve the health of our nation's youth. Addressing a common goal through combined efforts can yield dynamic partnerships, pooled resources, shared expertise, and new insights into better ways to address the health challenges facing our youth.

# Investing in School Staff Health: Protecting the Workforce of Today to Nurture Our Youth for Tomorrow

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## Directors of Health Promotion and Education

### Problem Overview

School systems employ more than 4% of the U.S. workforce, totaling more than 6.7 million people. Although addressing the well-being of schoolchildren is a major concern among health and education agencies, the nation historically underemphasizes efforts to maintain and improve the health of those caring for schoolchildren. Many private companies have instituted worksite health promotion programs to improve the health and productivity of their workers and reduce healthcare costs. Few school systems across the country, however, have established employee wellness programs.

### Program Description

In May 2007, the Directors of Health Promotion and Education (DHPE), with support from CDC, released *School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools*. This publication is the first comprehensive guide to provide information, practical tools, and resources for school employee wellness programs. It is designed to help schools, school districts, and states develop and support implementation of programs that promote employee health, improve workforce productivity, and reduce the costs of employee absenteeism and healthcare. DHPE, an organization representing 66 directors of U.S. state and territorial health departments and Indian Health Service health education units, conducts programs and promotes policy development in numerous public health areas.

### Program Impact

The *School Employee Wellness Guide*, developed in collaboration with many national health and education groups, is a significant new resource for addressing the health of school employees. Opportunities for school staff to improve their health status through health education, good nutrition, and physical fitness activities can encourage staff commitment to a healthy lifestyle and foster support for the school's overall coordinated health program. As staff improve their own physical activity and dietary behaviors, they also serve as positive role models for students.

DHPE's *School Employee Wellness Guide* is an important tool for the educational environment. The guide is being disseminated through a Web site ([www.schoolempwell.org](http://www.schoolempwell.org)) and promoted through national organizations, presentations, and meetings. In addition to providing downloadable copies of the guide, the Web site features fact sheets, PowerPoint presentations, and other resources. In the first 3 months following the guide's release, more than 2,000 Web site visitors registered to access the materials. DHPE will conduct a 6-month evaluation to determine the initial impact and overall use of the guide.

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