

# 2009

# 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. The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. DASH also addresses critical adolescent health behaviors 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 state, territorial, and local agencies, and tribal governments to help strengthen their ability 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).

*Note: Success stories, including background data and outcomes, reflect information as reported by participating programs.*

# Evaluating Elementary School Asthma Program Yields Valuable Lessons

## Albuquerque, NM

### Problem Overview

More than 5 million school-aged youth have asthma. Asthma is a leading cause of school absence related to chronic illness. Asthma also results in more hospitalizations than any other childhood disease. The asthma-related death rate for children under age 19 has increased by nearly 80% since 1980. Asthma disproportionately affects minority groups and families with lower socioeconomic status.

### Program/Activity Description

The Albuquerque Public Schools (APS), in collaboration with CDC's Division of Adolescent and School Health, established an asthma program in 2003. By 2006, all 84 elementary schools were participating in the program. Program components included forming an Asthma Advisory Committee, hiring an asthma nurse coordinator, standardizing the procedures for managing and documenting students with asthma, providing a six-session curriculum called *Open Airways* for students with asthma, and helping students without health insurance obtain access to health care.

In 2006, APS asked CDC to help evaluate aspects of the program. The evaluation explored how well students retained knowledge about and skills for managing their asthma from elementary into middle school. The evaluation also assessed students' confidence about managing their asthma.

### Program/Activity Outcomes

The evaluation of the APS asthma program showed that after participating in the *Open Airways* curriculum in elementary school, middle school students were more confident about how to manage their asthma and what to do after asthma symptoms had started than about how to anticipate or prevent an asthma episode.

Students reported that the elementary school asthma program had provided them with helpful information and skills. However, some middle school students continued to have asthma management difficulties such as asthma-related hospitalizations and challenges participating in physical education classes.

Recognizing that middle school students might benefit from booster sessions to help them retain key knowledge and skills, APS is developing supplementary asthma-related services for middle school students. School systems with asthma programs may benefit from assessing the needs of their middle school students and providing additional services when required.

# Working to Achieve Asthma Control

## Los Angeles, CA



### Problem Overview

More than 63,000 children in the Los Angeles Unified School District (LAUSD) have asthma. Although asthma cannot be cured, it can be controlled. However, many students with symptoms are not aware that they have asthma, and those who have been diagnosed may not have access to consistent medical services. Additionally, families may not communicate the child's symptoms or living conditions to health care providers.

### Program/Activity Description

The LAUSD Asthma Program, through funding from CDC's Division of Adolescent and School Health, supports a district nursing program to help students understand their asthma, use their medications, and avoid their environmental triggers. The LAUSD Asthma Program uses a coordinated school health approach to create "asthma friendly" schools and provides the following services:

- Educational programs for staff and parents and lessons and instructional materials for students.
- Self-management programs for students with asthma.
- Referrals for medical care and insurance.
- Education on how to improve indoor air quality in the classroom using the Environmental Protection Agency's *Tools for Schools* program.
- Case management for excessive absenteeism or specific medical needs.

### Program/Activity Outcomes

Since 2003, the LAUSD Asthma Program has

- Conducted 212 presentations with 19,800 parents, staff, and community members to increase asthma awareness.
- Implemented *Tools for Schools* in 200 schools.
- Provided case management services to 1,350 students.
- Developed medication policies and procedures for students with asthma.

One student's story underscores the value of LAUSD's Asthma Program. Through a referral from the attendance counselor, a school nurse visited the home of an 8-year-old girl with asthma who had many absences, recent urgent care visits, and hospitalizations. Noting various asthma triggers in the home, the nurse encouraged the mother to ask the landlord to fix the problems. Since the issues in the home were fixed, the child has not needed to return to the hospital.

Successful school initiatives, such as the LAUSD Asthma Program, can serve as models for other school districts nationwide to better serve students with asthma.

# Measuring the Impact of School Health Coordinators

## Maine



### Problem Overview

For high school students in Maine, the 2007 Youth Risk Behavior Survey results indicated that

- 13% were obese.
- 80% ate fruits and vegetables less than five times per day.
- 57% did not meet recommended levels of physical activity.
- 21% currently used cigarettes, or cigars, or used smokeless tobacco.

### Program/Activity Description

Maine's Coordinated School Health initiative, supported in part by CDC's Division of Adolescent and School Health, is a collaboration between the Maine Departments of Education and Health and Human Services. Healthy Maine Partnerships, a statewide network of school and community partnerships, funded 54 full- or part-time school health coordinators (SHCs) across the state. SHCs were tasked with implementing a coordinated approach to school health that organizes health-related programs, policies, and services. To measure the impact of SHCs, researchers from the Maine-Harvard Prevention Research Center evaluated possible differences in policy and behavior changes between local education agencies (LEAs) with and without funded SHCs.

### Program/Activity Outcomes

During the first 5 years of the Healthy Maine Partnerships initiative (2001–2006), among districts with SHCs:

- 75% increased time for regular physical activity for K–8 students and offered walking and fitness programs for school staff and community members.
- 100% implemented policy changes improving more than one aspect of school nutrition.
- 100% passed a tobacco-free school campus policy that included banning tobacco use on school grounds and at school functions away from school property.

In 2006, LEAs *with* SHCs were more likely than LEAs *without* SHCs to offer more intramural physical activity opportunities, improved nutritional options, and tobacco cessation programs. These successes in establishing new and stronger health-related policies and improving student health behaviors underscore the added value that SHCs provide for districts implementing coordinated school health and for the students they serve.

# Expanding the Knowledge Base for Using Effective Physical Education Curricula

## Michigan

### Problem Overview

Overweight and physical inactivity are common among youth in Michigan. According to the 2007 Youth Risk Behavior Survey, among high school students in the state

- 12% were obese and 16% were overweight.
- 56% did not meet recommended levels of physical activity.
- 15% did not participate in 60 minutes or more of physical activity any day during the past week.

Increasingly, researchers are learning that regular physical activity is critical to sustained good health.

### Program/Activity Description

To address these problems, the Michigan Departments of Education and Health have supported development of the Exemplary Physical Education Curriculum (EPEC) as part of the state's coordinated school health program. EPEC is a K–12 program designed to enhance physical activity knowledge, personal and social skills, motor skills, and physical activity and fitness levels to equip students to be active for life. Over time, increased competence in these skills may lead to improved confidence and fitness levels.

The Michigan Department of Education, with the support of CDC's Division of Adolescent and School Health, participated in an evaluation of EPEC to measure its effectiveness in improving motor skills, physical activity levels, fitness, and attitudes toward and confidence in one's ability to engage in physical activity among fourth and fifth grade students. The evaluation followed 1,464 students who received EPEC and who received physical education curricula other than EPEC in 16 Michigan schools from fall 2004 through spring 2006.

### Program/Activity Outcomes

Compared with same-grade students receiving alternate physical education curricula, among students exposed to EPEC:

- Fourth-grade students reported more total minutes of physical activity and more energy during physical activity.
- Fourth-grade students had greater levels of confidence in their ability to perform motor skills.
- Fifth-grade students had greater levels of physical activity knowledge.

Evaluation of EPEC provided valuable data to inform decision makers' ongoing efforts to increase healthy behaviors among Michigan students. EPEC represents a new generation of curricula focused on learning and performing motor skills through individual and team physical activities. In addition to being used by teachers for grades K–5 in more than 80% of Michigan's school districts, 42 schools in other states are using EPEC.

# Building from the Ground Up – Collaborating to Create Healthy Kids

## Mississippi

### Problem Overview

In recent years, obesity rates have brought Mississippi unwanted recognition as the “fattest state.” According to the 2007 Youth Risk Behavior Survey, among Mississippi high school students,

- 18% were obese.
- 81% ate fruits and vegetables less than five times per day.
- 64% did not meet recommended levels of daily physical activity.

### Program/Activity Description

Recognizing the health challenges facing the state’s youth, the Mississippi Department of Education (MDE) requested assistance from CDC in 2003 to start a coordinated school health (CSH) program. CDC provided technical assistance and a variety of resources, including:

- The *School Health Index* assessment.
- School health guidelines for improving nutrition and increasing physical activity.
- An eight-component model for implementing CSH.

MDE received funding from the John D. Bower, MD, Foundation to support CSH-building initiatives and to hire a Special Assistant for Healthy Schools. In 2008, CDC funded the MDE to further build on its healthy schools program.

### Program/Activity Outcomes

The partnership between the Bower Foundation and the MDE has led to the following accomplishments:

- 20 school districts received funding to establish school health councils and coordinators, improve health instruction, reconfigure the use of existing school resources, and nurture school and community support for CSH.
- Many schools removed the deep fat fryers from the kitchens and replaced them with combination oven steamers. Numerous schools without any outside funding also replaced their fryers. As a result, 41 school districts purchased 104 combination oven steamers—substantially decreasing the amount of high-calorie, fatty foods eaten by approximately 65,000 students.
- Child nutrition staff from 80 schools received equipment and training in techniques to make fruits and vegetables more appealing for students.
- 25 schools received new physical education equipment and their staff were trained to conduct biannual fitness assessments of students.

Further bolstering these efforts, the state legislature passed the Mississippi Healthy Students Act, requiring that students in kindergarten through eighth grade participate in a minimum of 150 minutes each week of activity-based instruction and at least 45 minutes each week of health education.

# Promoting School Health Achievement Through Partnership

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## National Organizations

### Problem Overview

Results from the 2007 Youth Risk Behavior Survey reveal that among high school-age youth,

- 79% ate fruits and vegetables less than five times per day.
- 13% are obese.
- 26% currently smoke cigarettes or cigars or use smokeless tobacco.

These risk behaviors can lead to diseases such as cardiovascular disease and cancer, which account for more than half of all deaths among people over age 25. 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.

### Program/Activity Description

The National Association of Chronic Disease Directors; the Directors of Health Promotion and Education; and the Society of State Directors of Health, Physical Education and Recreation formed a unique partnership to support school health efforts. With funding and support from CDC's Division of Adolescent and School Health, these organizations held workshops with 15 state teams to enhance state-level collaboration between health and education agencies. The workshops provided a forum for open dialogue on challenges of, and best practices for, implementation of state and local school health programs. The coordinating organizations conducted the workshops and provided guidance and technical assistance to the teams for up to a year afterward.

### Program/Activity Outcomes

Evaluation results indicated substantial benefits to states participating in the workshops. The workshops stimulated interagency planning and strengthened relationships. Nearly all participating states achieved one or more of three outcomes—joint planning, coordinated school health (CSH) policies, and resources to support CSH-related activities. Specific examples include

- Developing a memorandum that outlines each agency's role in CSH.
- Encouraging leaders in health and education agencies to support school nutrition guidelines.
- Partnering to disseminate information to community stakeholders to educate legislators.
- Obtaining funding to conduct a statewide workshop on school wellness policies.
- Sharing funds to provide mini-grants to local schools for CSH.

# Stepping Up to Promote Healthy Students

## New York



### Problem Overview

In the United States, the prevalence of obesity among school children aged 6–11 more than doubled from 1980 to 2006, and the rate among adolescents aged 12–19 more than tripled over the same period. The 2007 Youth Risk Behavior Survey results indicated that among high school students in New York,

- 11% were obese.
- 87% did not attend daily physical education classes.
- 62% did not meet recommended levels of physical activity.

### Program/Activity Description

To promote healthy practices and supportive learning environments, the New York State Education Department (NYSED), with funding from CDC's Division of Adolescent and School Health, initiated the *Healthy Steps* program.

Part of the NYSED's Healthy Schools Physical Activity and Nutrition Initiative, *Healthy Steps* is designed to get students in grades K–5 moving. The “steps” concept builds on the premise that making a positive difference in children's lives can occur, literally, “step-by-step.” Twice during the school year, *Healthy Steps* challenges engage students in a variety of activities and measure their progress in “steps” and “miles” through school competitions. An online tracking system helps students and staff to monitor their “steps” in miles walked via a virtual hike and to compare themselves with students and staff in other schools statewide. *Healthy Steps* activities can also be integrated into art, math, health, geography and language arts studies.

### Program/Activity Outcomes

In six *Healthy Steps* challenges that have occurred since 2006, students in 240 schools have logged more than 1 million miles. Successful school health initiatives, such as *Healthy Steps*, can serve as models for other school districts nationwide.

# Making Tobacco-Free Schools a Reality in a Tobacco-Growing State

## North Carolina



### Problem Overview

Each year, cigarette smoking accounts for approximately one of every five deaths in the United States. For high school students in North Carolina, the 2007 Youth Risk Behavior Survey results indicated that

- 22% currently smoked cigarettes.
- Among students who currently smoked cigarettes, 55% tried to quit smoking cigarettes during the 12 months before the survey.

Tackling the smoking problem among youth, in a state that grows half of all the tobacco produced in the United States, has long presented a significant challenge for the public health and education sectors.

### Program/Activity Description

Community efforts, such as those supported through the North Carolina Department of Health and Human Services' Tobacco Prevention and Control Branch, the Health and Wellness Trust Fund, and the state's Tobacco-Free Schools (TFS) Initiative, have made significant strides in addressing this major health concern. Partnerships and cross-agency activities have been vital to North Carolina's progress in preventing smoking among its youth. In supporting the 100% TFS campaign, officials in the Department of Public Instruction gained state superintendent endorsement of TFS and worked to obtain a State School Board Resolution on TFS.

In addition, the North Carolina Healthy Schools Initiative, partly funded through CDC's Division of Adolescent and School Health, supported development and implementation of school policies to advance the state's youth anti-smoking campaign. Individuals and teams working with the initiative

- Provided access for the state health department's Tobacco Control Program to engage school administrators and decision makers in promoting TFS policies.
- Conducted workshops to train principals, other administrators, school nurses, and Safe and Drug-Free Schools staff in ways to comply with TFS policies.
- Hosted forums with superintendents, principals, and school board members, encouraging them to endorse TFS policies and lead TFS efforts.

### Program/Activity Outcomes

The percentage of school districts in North Carolina adopting 100% TFS policies increased from 5% in 2000 to 75% in 2007. The state legislature further bolstered the campaign by passing a law in 2007 mandating statewide TFS compliance. By July 2008, all 115 of the state's school districts were 100% tobacco free.

# Raising the Bar for High-Quality Prevention Education

## Washington

### Problem Overview

Risky sexual behaviors put youth at risk for sexually transmitted infections (STIs), including HIV, and unintended pregnancies. According to Washington's Department of Health (DOH),

- In 2007, statewide rates of Chlamydia, the most commonly reported STI, were second highest among youth aged 15–17 years.
- Unintended pregnancies among females aged 15–17 resulted in more than 2,000 births during 2006.

### Program/Activity Description

Washington state legislators learned that educational messages delivered through schools regarding HIV/STIs and teen pregnancy prevention were incomplete and inconsistent. In response, a bipartisan group of 41 legislators requested that the DOH and the Office of Superintendent of Public Instruction (OSPI) jointly develop guidelines for sexual health and disease prevention as a framework for providing medically and scientifically accurate sexuality education. Additionally, the legislature passed the Healthy Youth Act in 2007, requiring schools that provide sexuality education ensure that the content

- Is medically and scientifically accurate and provides information on abstinence and contraception or protection methods.
- Reflects the DOH/OSPI guidelines.
- Is appropriate for all youth, regardless of age, gender, race, sexual orientation, cultural, or disability status.

As a result of the Healthy Youth Act, Washington's HIV Prevention Education program, supported in part through CDC's Division of Adolescent and School Health,

- Collaborated with the DOH, CDC-funded national nongovernmental organizations, and other groups in Washington's Healthy Youth Alliance coalition to examine the potential impact of the Healthy Youth Act on schools, estimate the cost of implementing the mandate, and identify school-level steps needed to implement the guidelines and the legislation.
- Conducted four 2-day regional training sessions with the DOH and Center for Health Training for more than 240 key school personnel on ways to implement the Healthy Youth Act.

### Program/Activity Outcomes

Providing youth with scientifically and medically accurate information, such as that required through Washington's Healthy Youth Act, constitutes a major step toward ensuring that young people will have the knowledge and skills needed to build healthy relationships and avoid or prevent STIs, including HIV, and unintended pregnancy.

# Building Healthier Schools to Cultivate Healthier Students

## Wisconsin

### Problem Overview

The nation's major chronic disease killers—heart disease and stroke, cancer, and diabetes—are often caused by risk behaviors such as physical inactivity, unhealthy eating, and tobacco use. Results of the 2007 Youth Risk Behavior Survey indicated that among Wisconsin's high school students,

- 49% have ever smoked and 20% were current smokers.
- 11% were obese.
- 62% did not meet the currently recommended levels of physical activity.
- 82% ate fruits and vegetables less than five times per day.

### Program/Activity Description

Wisconsin's Coordinated School Health Program, supported in part through CDC's Division of Adolescent and School Health, has developed major initiatives to reduce tobacco use and increase physical activity and healthy eating among students, their families, and school staff. Efforts include

- The School Tobacco Prevention Program—increasing the use of CDC's tobacco-use prevention guidelines in Wisconsin schools, implementing evidence-based educational programs, improving availability of cessation services to youth, and addressing tobacco control issues among disproportionately affected youth populations.
- The *Movin' and Munchin' Schools* campaign—helping Wisconsin's young people, families, and school staff develop lifetime skills and habits of physical activity and healthy nutritional choices.
- The Governor's School Health Award—recognizing schools with policies, programs, and the organizational capacity and parental and community involvement to support and promote healthy lifestyles.

### Program/Activity Outcomes

Major accomplishments underscore the contributions of Wisconsin's exemplary coordinated school health efforts. They include:

- The percentage of high school students who reported current cigarette use decreased significantly from 38% in 1999 to 20% in 2007.
- During the 2003–2008 *Movin' and Munchin' Schools* campaign, 101,641 students, 39,143 parents, and 9,265 staff reported increases in physical activity and fruit and vegetable consumption.
- Wisconsin received grant funding, along with the University of Wisconsin Medical School, to increase the use of evidence-based fitness testing in 250 middle schools to improve physical education programs.
- The number of schools recognized by the Wisconsin Governor's School Health Award program increased from 14 in 2006 to 27 in 2008.

**U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Division of Adolescent and School Health  
4770 Buford Highway, NE  
MS K-29  
Atlanta, GA 30341-3717  
1-800-CDC-INFO (1-800-232-4636)  
or 1-888-232-6348 (TTY)  
cdcinfo@cdc.gov  
www.cdc.gov/HealthyYouth**

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