

**Maine**

**Measuring the Impact of School Health Coordinators**

**Public Health Problem**

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.
- 93% did not attend physical education classes daily.
- 21% currently used cigarettes, smokeless tobacco, or cigars.

**Program Example**

Maine's Coordinated School Health initiative, supported in part by CDC's Division of Adolescent and School Health, is a joint collaboration between the Maine Department of Education and the Maine Department of Health and Human Services. Part of Maine's portion of the Master Tobacco Settlement is used to fund Healthy Maine Partnerships, a statewide network of school and community partnerships. Each partnership has funded at least one full-time school health coordinator (SHC), for a total of 54 full- and part-time coordinators across the state. SHCs were tasked with implementing a coordinated approach to school health that organizes health-related programs, policies, and services, including health and physical education classes and school meal programs. To measure the impact of school health coordinators, researchers from the Maine-Harvard Prevention Research Center evaluated possible differences between changes in policies and behaviors in local education agencies (LEAs) with and without funded SHCs.

**Implications and Impact**

During the first five 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. One in five school administrative units (SAUs) increased time for physical education.
- 100% implemented policy changes improving more than one aspect of school nutrition, such as eliminating soft drinks and other foods of minimal nutritional value from vending machines.
- 100% passed a tobacco-free school campus policy that included banning tobacco use by students, school staff, parents, and visitors on school grounds and at school functions away from school property.
- More than two-thirds of SAUs collectively leveraged additional resources for improving school health, including more than \$5 million for physical activity and nutrition programs.

In 2006, LEAs *with* SHCs were more likely than LEAs *without* SHCs to be associated with physical activity intramural offerings, improved nutritional offerings, and tobacco cessation programs. In schools with SHCs, school policies were associated with decreased inactivity, decreased soda consumption, and decreased tobacco use. 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.