SCHOOL HEALTH PROGRAMS

IMPROVING THE HEALTH OF OUR NATION'S YOUTH

AT A GLANCE

2010

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

IMPROVING HEALTH AND QUALITY OF LIFE FOR ALL PEOPLE

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

Schools: The Right Place for a Healthy Start

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

Each day, the nation's 132,000 schools provide

- An opportunity for 56 million students to learn about health and practice the skills that promote healthy behaviors.
- A place for students to practice healthy behaviors such as eating healthy foods and participating in physical activity.

Risk Behaviors Are Established Early in Life

Six types of health risk behaviors contribute to the leading causes of death, disability, and social problems in the United States—(1) tobacco use; (2) unhealthy eating; (3) inadequate physical activity; (4) alcohol and other drug use; (5) sexual behaviors that may result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy; and (6) behaviors that contribute to unintentional injury and violence. These behaviors are often established during childhood or adolescence, persist into adulthood, and are preventable.

School health programs should focus on those health risk behaviors and other key health issues, such as asthma and mental health, that most affect the overall health and well-being of students.

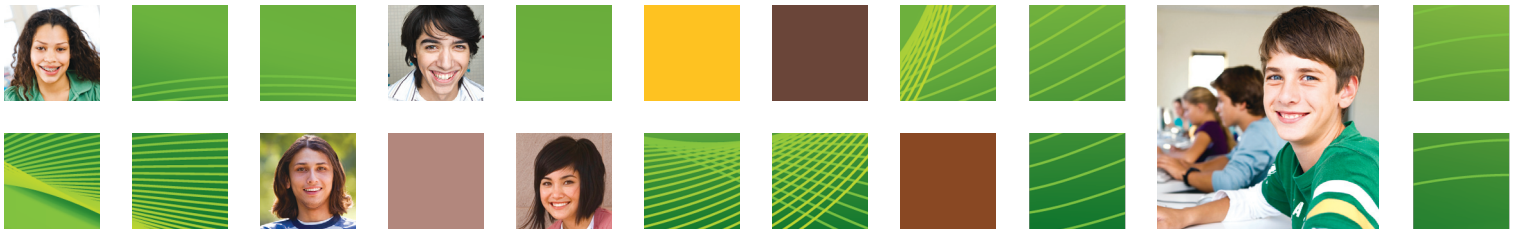
Effective School Health Programs Reduce Risk Behaviors and Improve Learning

Research has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. The following findings demonstrate the effectiveness of school health programs:

- A youth antismoking campaign in North Carolina increased the percentage of school districts in the state that adopted 100% tobacco-free school (TFS) policies from 5% in 2000 to 75% in 2007. Building on that momentum, the state legislature bolstered the campaign by passing legislation in 2007 mandating statewide TFS compliance. By July 2008, all of North Carolina's 115 school districts were 100% tobacco free.
- Students participating in a culturally appropriate, school-based diabetes prevention program in San Antonio, Texas, significantly decreased fasting glucose levels, increased fitness scores, and increased dietary fiber intake 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.

Health Risks Faced by Young People

- 1 in 5 high school students in the United States is a current smoker.
- 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.
- 1 in 3 children and adolescents is overweight or obese.
- About one-third of girls in the United States get pregnant before age 20.
- Each year, about 19 million new STD cases are diagnosed in the United States—and nearly half of these cases are among young people aged 15–24 years.
- In 2006, an estimated 34% (19,200) of all new HIV infections occurred among young people aged 13–29 years.
- Young people miss nearly 13 million school days a year because of asthma.
- Each year, 30% of deaths among young people aged 10–24 years are due to motor-vehicle crashes.
- 1 in 5 young people aged 9–17 years has symptoms of mental health problems that cause some level of impairment in a given year.



Schools: The Right Place for a Healthy Start (continued)

- 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. Specifically, the increase in rates of obesity and overweight for students in schools with the program (girls [2%], boys [1%]) was less than that of students in schools without the program (girls [13%], boys [9%]).
- 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 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.
- An evaluation of a school-based HIV, STD, and unintended pregnancy prevention intervention for high school students found that for every dollar invested in the program, about $2.65 in total medical and social costs were saved. These costs were determined on the basis of the estimated cases of HIV, chlamydia, gonorrhea, and pelvic inflammatory disease and the number of pregnancies prevented by positive behaviors adopted by students as a result of the program.

CDC's Response: Advance and Support School Health Programs

Coordinated School Health

Schools by themselves cannot solve the nation's most serious health and social problems. However, schools have a critical role to play in partnership with community agencies and organizations to improve the health and well-being of young people. One approach recommended by CDC is coordinated school health (CSH). CSH 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 activities.

CSH typically integrates health promotion efforts across eight interrelated components that already exist to some extent in most schools. These components include the following:

- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Counseling, Social, and Psychological Services
- Healthy and Safe School Environments
- Staff Wellness
- Family/Community Involvement

CDC has consistently used an eight-component CSH model as an organizing framework for its school health guidelines, surveillance systems, recommendations for promising practices, and research application tools. Many states and cities have embraced this model to guide their school health efforts.

CDC's Leadership

CDC provides $13.6 million in 2010 funding for education and health agencies in 22 states and 1 tribal government to help schools implement CSH programs that emphasize promotion of physical activity, healthy eating, and a tobacco-free lifestyle. CDC also allocates $40 million in funding to 50 state education agencies (including the District of Columbia), 1 tribal government, 6 territorial education agencies, and 16 large urban school districts for school-based HIV prevention. Ten large urban school districts receive CDC support for school-based asthma management programs. To help states, districts, and schools improve school health programs, CDC has developed science-based guidelines, strategies, and tools and identified priority actions that states can take to support CSH locally. Specifically, CDC supports the efforts of state, territorial, and local agencies to implement science-based, cost-effective programs by undertaking the following:

- Monitoring health risk behaviors and school health policies and programs through the Youth Risk Behavior Surveillance System (YRBSS), the School Health Policies and Programs Study (SHPPS), and the School Health Profiles.

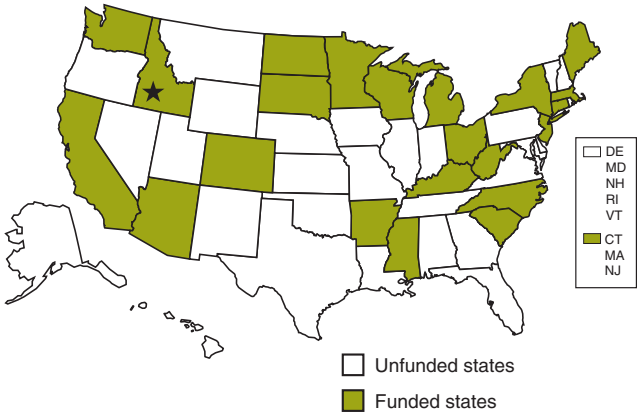
CDC's Response (continued)

- **YRBSS** consists of national, state, and large urban school district surveys of representative samples of high school students. Conducted every 2 years, these surveys monitor health risk behaviors among young people so that health and education agencies can more effectively tailor and improve programs.
- Conducted every 6 years, **SHPPS** is the most comprehensive study of U.S. school health policies and programs. SHPPS assesses the characteristics of school health policies and programs at the state, district, school, and classroom levels nationwide across all eight CSH components.
- **School Health Profiles**, a biennial survey conducted by state and local education and health agencies, provides data on school health policies and practices in states and large urban school districts.

• Analyzing research findings to develop guidelines for addressing priority health risk behaviors among students and creating tools to help schools implement these guidelines. Examples include the following:

- ***Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*** was developed in collaboration with tobacco-use prevention experts across the nation and identifies the most effective policies and practices schools can implement to prevent tobacco use and addiction among young people and create a tobacco-free environment in which students can learn.
- ***School Health Index (SHI): A Self-Assessment and Planning Guide*** helps schools implement evidence-based policies and practices that promote safe and healthy behaviors. SHI provides stakeholders (e.g., teachers, parents, students, and community members) with the tools and resources needed to assess health policies and programs and develop improvement plans based on assessment results.

CDC Funding for Coordinated School Health, Fiscal Year 2010



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- ***Physical Education Curriculum Analysis Tool (PECAT)*** helps school districts conduct a clear, complete, and consistent analysis of their physical education curricula, to see how closely they align with national standards. Results from the analysis can help school districts provide quality physical education in schools.

• Expanding knowledge of how to address youth health risks through research on determinants of health risk behaviors and evaluations of innovative school-based approaches to promoting health.

• Supporting the efforts of 23 national nongovernmental organizations to build the capacity of states, territories, tribal governments, and cities to implement effective school health programs. Some of these organizations also are funded to help community-based organizations implement science-based programs to help youth in high-risk situations—such as those in juvenile justice facilities or not enrolled in school—avoid critical health risks such as HIV infection.

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