

2008

SUCCESS STORIES

Local, State, and Nongovernmental Organization Examples



Table of Contents

Introduction..... ii

California – CSHP 1

Charlotte-Mecklenburg County, North Carolina – Asthma 2

Massachusetts – Tobacco 3

MICHIANA (Michigan and Indiana) – CSHP 4

National Association of State Boards of Education – NGO 5

New York City, New York – HIV 6

North Carolina – CSHP 7

Rhode Island – Nutrition 8

South Carolina – Physical Activity and Nutrition 9

Tennessee – CSHP 10



Introduction

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 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 state, territorial, and local agencies, and tribal governments 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.

Note: Success stories, including background data and outcomes, reflect information as reported by participating programs. Also, in this context, impact refers to short-term or intermediate outcomes.

California's Investment in Training for School Leaders Yields Huge Benefits for Students

California



Problem Overview

In 2006, less than 30% of California students in grades 5, 7, and 9 met the fitness standards for the state's FITNESSGRAM, an annual physical fitness test given to students in selected grades in the state's public schools. In recent years, many of California's school districts have seen substantial reductions in resources available for supporting efforts to improve student health. To address the growing concerns over student health and fitness, school health leaders in California needed to expand their knowledge and skills to build organizational capacity and promote school health programs.

Program/Activity Description

Funded by the CDC to promote coordinated school health (CSH), the California Department of Education's School Health Connections Program collaborated with the state Department of Health Services to conduct state- and local-level leadership institutes. These were modeled after the American Cancer Society's (ACS) National School Health Leadership Institutes and were conducted in partnership with the ACS, California Division, which also provided local staff and financial support. Since 2005, more than 40 district teams in California have participated in School Health Leadership Institutes, learning how to build organizational capacity for promoting school health programs and how to leverage other resources to support these programs.

Program/Activity Outcome

A significant outgrowth of the leadership institutes is the increased capacity of school leaders to leverage additional resources for improving school health programs:

- The El Dorado High School District obtained a Carol M. White Award for almost \$100,000 for 3 years to improve physical education programs.
- The Los Angeles Unified School District created a CSH District Council, launched CSH pilot programs, formally adopted a Policy and Blueprint on Wellness, and created the District's first comprehensive program to address childhood obesity and diabetes.

Through the leadership institutes, school health leaders continue to develop the skills they need to promote investment in children's health and manage new sources of revenue.

Creating an Asthma-Friendly School Environment

Charlotte-Mecklenburg County, North Carolina

Problem Overview

Asthma—a leading chronic illness among youth in the United States and a major cause of school absenteeism—cannot be cured, but it can be controlled. Many students with symptoms are not aware that they have asthma. In the urban Charlotte-Mecklenburg Schools (CMS) district in North Carolina

- About 8,500 of the approximately 136,000 students have asthma.
- Some of the students with asthma do not receive regular or follow-up health care, manage their asthma effectively, or take their medications as prescribed.

Program/Activity Description

The CMS, supported through funding from CDC's Division of Adolescent and School Health, developed and implemented the Asthma Education Program (AEP), a collaborative effort between the Mecklenburg County Health Department and CMS. The CMS established the program to provide safe and supportive learning environments, increase student participation in academic and school activities, improve attendance, and build lifelong self-management skills for children with asthma. The AEP

- Developed School Health Teams—using CDC's school health model—to focus on asthma and wellness activities.
- Involved school nurses in providing clinical support, case management, and education for students with asthma.
- Developed asthma action plans for students with asthma.
- Coordinated indoor air quality initiatives based on the Environmental Protection Agency's *Tools for Schools* program.
- Launched a school-based service providing respiratory therapists to help care for students with asthma in school.

Program/Activity Outcome

Since 2004, the CMS AEP has

- Increased the identification of students with asthma.
- Offered the American Lung Association's *Open Airways for Schools* curriculum to all students with asthma in grades 3–5, and developed asthma education curricula for grades 4–6 and 9.
- Assisted more than 700 students through the AEP respiratory care program.
- Worked with community physician practices to develop a universal asthma action plan and an asthma education program for parents of students with asthma.
- Developed district-wide asthma-friendly policies and guidelines.
- Partnered with Chris Draft, a National Football League player with asthma, to launch a local asthma awareness campaign.

Successful school initiatives, such as the CMS AEP, can serve as models for other school districts nationwide to better serve students with asthma and help decrease asthma-related absenteeism.

Massachusetts' Mini-grants: Empowering Students to Inspire Peers to Stop Smoking

Massachusetts



Problem Overview

Since the passage of the Massachusetts Educational Reform Act in 1993, use of tobacco anywhere on school grounds is illegal. Many schools, however, report that students, faculty, staff, and visitors still smoke on school property. According to the 2005 Massachusetts Youth Risk Behavior Survey:

- 43% of current student smokers reported smoking on school property in the past month.
- 20.7% of Massachusetts high school students are current cigarette smokers.

Program/Activity Description

The Youth Action Initiative—known as Mass Youth Against Tobacco—is a program designed to engage Massachusetts youth ages 12–18 in the statewide movement against tobacco. As a part of this initiative, the Massachusetts Department of Public Health Tobacco Control Program and the Massachusetts Department of Elementary and Secondary Education (MDESE) Coordinated School Health Program, supported by CDC's Division of Adolescent and School Health, sponsored 17 "Smoke-Free Schools" mini-grant projects during the 2006–2007 school year. These grants funded youth-led groups formed to address smoking on school property and tobacco use reduction among young people.

Program/Activity Outcome

The Mass Youth Against Tobacco mini-grant projects enhanced collective efforts across the state to eliminate smoking and the effects of secondhand smoke on school campuses. More than 80 student leaders in 17 schools were involved in planning and implementing their mini-grant projects.

- The projects documented the influence of tobacco in schools and raised awareness and visibility of tobacco as an issue to students and teachers. Student efforts resulted in increased postage of signs about smoke-free areas and provided data to support a proposal for a smoke-free buffer zone to one city council.
- At English High School in Boston, students initiated a "Shout Out Against Smoking" project. This group researched the school's smoking policies, designed an antismoking protest wall highlighting smoking facts and smoking ads, and created a wall mural of 1,200 handprints to raise awareness that 1,200 people die every day from smoking-related causes.

Strong youth involvement can send a powerful message to peers that "not everyone is smoking." Changing the perception of the social norm is a huge step towards making schools truly smoke-free.

Expanding Coordinated School Health Programs Across Michigan and Indiana

MICHIANA (Michigan and Indiana)

Problem Overview

According to results from the 2005 Youth Risk Behavior Survey, high school students in Indiana and Michigan continue to engage in high rates of risk behaviors:

- 15% of Indiana students and 12% of Michigan students were overweight.
- Only 15% of students in Indiana and 17% in Michigan ate fruits and vegetables at least five times per day.
- 60% of students in Indiana and 52% in Michigan had ever tried a cigarette.

Coordinated School Health Programs (CSHPs) provide schools with a framework to help encourage and support students in adopting healthy behaviors. To ensure that school districts receive the training and support needed to develop, implement, and sustain CSHPs, the Great Lakes American Cancer Society (ACS), Indiana's Departments of Education and Health, and Michigan's Departments of Education and Health worked together to develop the *MICHIANA School Health Leadership Institute*.

Program/Activity Description

Started in 2004 with support from CDC and ACS, *MICHIANA* is a 5-year initiative designed to replicate the success of earlier ACS National School Health Leadership Institutes in developing sustainable local CSHPs. Ten districts from Indiana and eight from Michigan were selected to participate in *MICHIANA*. During the first 3 years of *MICHIANA*, district teams participated in bi-annual trainings to provide team members with the knowledge and skills needed to successfully implement and sustain a CSHP. In the last 2 years, district teams focused on implementing CSHPs.

Program/Activity Outcome

MICHIANA successes include:

INDIANA	MICHIGAN
<ul style="list-style-type: none">• Received more than \$10 million in grant funding.	<ul style="list-style-type: none">• Received more than \$1.6 million in grant funding.
<ul style="list-style-type: none">• Implemented policies limiting the sale of unhealthy foods in cafeterias and vending machines in 10 districts.	<ul style="list-style-type: none">• Implemented policies offering healthy vending choices and improved cafeteria options in five districts.
<ul style="list-style-type: none">• Passed tobacco-free campus policies in 10 districts.	<ul style="list-style-type: none">• Passed 24/7 tobacco-free campus policies in eight districts.
<ul style="list-style-type: none">• Required integration of physical activity throughout every school day in grades K-5 in 10 districts.	<ul style="list-style-type: none">• Implemented <i>Michigan Model for Health</i>[®] comprehensive school health education curriculum in eight districts.

Because of the success of the initial *MICHIANA Institute*, the Great Lakes ACS has committed to supporting a second 5-year *Institute* that will reach approximately 20 new school districts. By pooling their resources, *MICHIANA* partners had a greater impact in each state than any one partner could have accomplished alone.

NASBE Issue Brief: State Strategies to Support Local Wellness Policies



Problem Overview

Leading health officials and organizations have identified obesity—especially the increase in the number of overweight children—as a critical health threat facing the United States. Overweight young people are more likely than children of normal weight to become overweight or obese adults. Federal and state governments are addressing this growing health problem through various measures, including policy mandates.

In 2004, the U.S. Congress passed the Child Nutrition and Women, Infants, and Children Reauthorization Act, which includes a requirement for all local education agencies (LEAs) that participate in programs authorized by the National School Lunch Program or the Child Nutrition Act to establish local wellness policies. These policies need to address nutrition education, physical activity, and nutrition standards for foods and beverages offered at school.

Program/Activity Description

Through CDC funding to support and promote healthy eating in schools, the National Association of State Boards of Education (NASBE) collected and analyzed information about the various ways that states are helping to implement the mandated wellness policies. NASBE's Center for Safe and Healthy Schools has developed a special issue brief, *State Strategies to Support Local Wellness Policies*, that is the first document to

- Describe new laws, regulations, policies, or guidance materials developed to address wellness policies in 48 states.
- Categorize how specific states are providing assistance and support to LEAs.
- Highlight promising strategies that may help strengthen the impact of local school wellness policies.

In addition, information about states' laws, policies, or resources related to wellness policies can be found at www.nasbe.org under NASBE's school health policy database.

Program/Activity Outcome

The Child Nutrition and Women, Infants, and Children Reauthorization Act has given states an opportunity to harness the power of local policymaking and take on a leadership role in promoting school health. NASBE's issue brief and online database are rich resources for state and local education agencies as they continue to evaluate, enhance, or revise their local wellness policies.

New York City: Bringing HIV/AIDS Prevention Education into the Spotlight

New York City, New York

Problem Overview

New York City remains the epicenter of the U.S. HIV/AIDS epidemic, with almost 200,000 cases diagnosed as of December 2005. Each year, young people in New York City engage in high rates of sexual risk behaviors, putting themselves at risk for becoming infected with HIV and other sexually transmitted diseases. For example, according to the 2005 Youth Risk Behavior Survey,

- 48% of New York City public school students ever had sex.
- 31% of students who were sexually active during the last 3 months did not use a condom during the last sexual intercourse.
- 18% reported having sex with four or more people in their lifetime.

Program/Activity Description

To ensure that New York City students receive the most accurate, up-to-date HIV prevention education, the city's Department of Education's Office of Health and Family Living (OHEFL) updated its HIV/AIDS curriculum in December 2005. The updated curriculum is science-based, skills-driven, standards-based, and integrated into the overall educational program.

Then, in 2006–2007 with support from CDC, OHEFL began providing professional development to teachers, administrators, and parent groups to ensure that the curriculum was effectively delivered to students. To provide professional development to staff in more than 1,400 schools, OHEFL implemented activities aimed at reaching the greatest number of staff, such as

- Providing training on curriculum implementation to more than 340 elementary, middle, and high school teachers.
- Establishing a cadre of trainers to provide curriculum implementation trainings to their peers.
- Securing funds to hire Planned Parenthood of New York City to train 900 school-based parent coordinators on how to discuss the curriculum with parents.
- Developing a presentation and support materials for schools to use when communicating with parents about the curriculum.

Program/Activity Outcome

Over the course of a year, OHEFL provided more than 2,000 teachers, administrators, and parents with the skills and resources needed to effectively deliver the HIV/AIDS curriculum. As a result of its efforts, OHEFL secured additional funding from New York State for its HIV prevention programs, and from the New York City Department of Health and Mental Hygiene to design and implement an HIV prevention peer leadership pilot program.

North Carolina's School Health Leadership Assemblies: Building Support for Coordinated School Health Programs Among Local Superintendents and Health Directors

North Carolina



Problem Overview

The North Carolina Department of Public Instruction Healthy Schools Program strives to reduce the high prevalence of physical inactivity, unhealthy eating, and tobacco use among 1.4 million students in 2,000 schools. Support from the state's 115 local superintendents and 85 local health directors is critical for implementing successful coordinated school health programs (CSHPs).

Program/Activity Description

North Carolina's Department of Public Instruction and Division of Public Health, with support from CDC, established School Health Leadership Assemblies to assist superintendents and health directors in developing and implementing CSHPs by promoting student health as a strategy for improving academic performance. The purposes of the Assemblies are to

- Promote partnerships between public health and public education.
- Identify strategies and resources to improve student health and enhance academic outcomes.

The Assemblies required joint registration and joint travel, providing an opportunity for local officials to become better acquainted, discover common concerns, and develop strategies for improving the health and academic achievement of youth in their jurisdictions. Since 2003, three Assemblies have reached 43% of the superintendents and 59% of the health directors.

Program/Activity Outcome

As a result of participating in these Assemblies, superintendents and health directors have been instrumental in championing school health. Their successes include

- Creating a School Health Advisory Council (SHAC) in every school district.
- Encouraging development of local wellness policies through SHAC leadership.
- Leading approximately 40 local education agencies (LEAs) to adopt 100% tobacco-free school policies.
- Encouraging participation in the Youth Risk Behavior Survey and the School Health Profiles.
- Advocating for school nurses—all LEAs in North Carolina now have at least two school nurses, and 145 new permanent school nurse positions have been created.

Future Leadership Assemblies will target superintendents and health directors not yet reached.

Helping Rhode Island Students Thrive: Moving from State Law to Local Action

Rhode Island



Problem Overview

In Rhode Island, from 2001 to 2005 the percentage of overweight high school students increased from 9% to 13%. In 2005, among the state's high school students,

- 68% did not meet currently recommended levels of physical activity.
- 75% reported eating less than five servings of fruits and vegetables daily.
- 80% did not attend physical education class daily.

That same year, the state passed legislation requiring all school districts to establish a school health and wellness subcommittee to develop policies, strategies, and implementation plans to meet the requirements of the federal Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004. In addition, the law required that all district strategic plans include ways to decrease obesity and improve the health and wellness of students and employees.

Program/Activity Description

Rhode Island's *thrive* program—supported in part through CDC funding for the state's Department of Education's Coordinated School Health Program and in partnership with the state's Department of Health—has helped school districts implement the new law and establish district-level health and wellness subcommittees. The *thrive* program has developed a toolkit containing guidance, model policies, data, and other resources to help schools implement the mandate. The program also has recruited parents, registered dietitians, and other health professionals to work on health and wellness subcommittees and provide their expertise. Local successes include

- Cranston Public Schools' "Farm to Schools" program, which features a partnership with a local orchard owner, a community farmer, and parent volunteers, who periodically supplement the fresh fruits and vegetables provided in the district's lunch options.
- Westerly Middle School, which now requires either water or drinks containing at least 50% fruit juice to be sold in school vending machines.

Program/Activity Outcome

Building on the increased awareness about school health and wellness issues, state legislators passed additional laws in 2006 and 2007 requiring all schools to offer only healthier beverages and snacks. State legislation supporting school health and wellness activities helps combat the epidemic of obesity, and adds strategic institutional support to enhance long-term, sustainable efforts to build stronger minds, stronger bodies, and stronger schools.

Fighting the Obesity Epidemic: New Partnerships Underscore South Carolina's Focus on Improving Youth Health

South Carolina

Problem Overview

South Carolina's youth experience health challenges related to overweight and obesity. Among South Carolina's high school students, in 2005

- 26% were overweight or at risk for becoming overweight.
- 70% did not meet the currently recommended levels of physical activity.
- 78% did not attend physical education classes daily.

To help address the overweight problem among school children, South Carolina Healthy Schools (SCHS)—the state's coordinated school health program funded through CDC—provides technical support and professional development to build district capacity to promote healthy behaviors among youth. As part of this ongoing assistance, SCHS conducts special training institutes and supports local mini-grants for school health improvement.

Program/Activity Description

The Anderson County School Health Improvement Partnership (SHIP) exemplifies the success of the SCHS program's continued efforts to promote healthy behaviors among students. From 2002 to 2006, the SCHS worked with a local community organization, Anderson Partners for a Healthy Community (Partners), and a local hospital, Anderson Medical Center (AnMed), to establish coordinated school health teams in every school in Anderson County. SCHS, AnMed, and the Duke Endowment Foundation provided pilot funding for the SHIP initiative. SCHS provided technical support and professional development for Partners' staff and to the school health teams. Teams used the CDC's *School Health Index* to assess and plan for school health improvement and used a portfolio system to document and track their efforts to promote healthy practices.

Program/Activity Outcome

As a result of the Anderson County SHIP, 47 school health teams were established, 44 teams have been trained, and schools have adopted a variety of health-promoting policies and practices, including

- Adopting healthy vending policies.
- Improving physical activity opportunities available to students.
- Implementing aerobics, yoga, running, and walking programs for students, faculty, and staff.
- Providing breakfast in the classroom, eliminating fried foods, and offering more fruits and vegetables.

In addition, across the Anderson County School District, the number of school nurses increased from 31 before the SHIP to 43 after its initiation.

Tennessee: Blazing the Trail Toward Statewide Coordinated School Health

Tennessee

Problem Overview

Inadequate physical activity, unhealthy eating behaviors, and other health risk behaviors can affect the physical and social well-being of young people, as well as their academic achievement. Risk behavior levels are high among Tennessee's high school students:

- 66% did not meet currently recommended levels of physical activity.
- Only 18% ate fruits and vegetables at least 5 times per day.
- 33% were overweight or at risk for becoming overweight.

To improve students' health and strengthen their academic achievement, Tennessee has embraced a coordinated approach to school health.

Program/Activity Description

Tennessee has steadily strengthened efforts to support a coordinated system for improving the health of its students. Early efforts focused on increasing support and awareness of the Coordinated School Health Program (CSHP) model and its importance to adolescent health and educational achievement. As a result, in 2000, Tennessee's State Legislature authorized a 5-year pilot program that implemented CDC's coordinated school health approach in 10 counties. Evaluations found that the pilot programs reduced absenteeism and increased

- The number of health education staff and school nurses.
- The availability of social services.
- Health screenings for students.
- Student opportunities to participate in physical education and activity programs.

Based on these successes, school health advocates convinced state legislators to appropriate \$15 million in 2006 to expand CSHP statewide. Every school in Tennessee will be required to conduct the CDC-developed *School Health Index* to assess current school health efforts and direct planning activities for implementing a coordinated approach to school health.

The collaboration between Tennessee's Departments of Education and Health has made this expansion possible, along with support from nongovernmental partners such as Tennessee's Action for Healthy Kids and the Tennessee School Health Coalition. In addition, CDC continues to provide technical assistance and CSHP-related materials.

Program/Activity Outcome

Tennessee is the first state in the nation to mandate and fund a coordinated approach to improving students' health in every school district in the state. This huge undertaking holds great promise for improving the health and academic achievement of the youth of Tennessee.

**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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