



Healthy Youth: An Investment in Our Nation's Future 2004



“Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives.”

Carnegie Council on Adolescent Development

Schools: The Right Place for a Healthy Start

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

- Each school day is an opportunity to teach healthy behaviors to America's 53 million students.
- America's 119,000 schools provide many opportunities for students to practice healthy behaviors such as healthy eating and participating in physical activity.

Risk Behaviors Established Early in Life

Six priority health risk behaviors contribute to the leading causes of death, disability, and social problems in the United States. These behaviors, often established during childhood and early adolescence, are

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection.
- Behaviors that contribute to unintentional injuries and violence.

Schools can most effectively and efficiently meet the health needs of young people by focusing their efforts on these six priority health risk behaviors, in addition to addressing important health problems such as asthma and foodborne illness.

The Documented Effectiveness of School Health Programs

Studies have shown that school health programs can effectively reduce the prevalence of health risk behaviors among young people — and have a positive impact on students' academic performance. The following findings demonstrate the effectiveness of select school health programs:

- A tobacco-use prevention program reduced by about 26% the number of students who started smoking cigarettes between the seventh and ninth grades.

Health Challenges Faced by Young People

- Nearly a third of our nation's children and adolescents are overweight or at risk of becoming overweight.
- Only 32% of U.S. high school students participate in daily physical education classes.
- Almost 80% of high school students do not eat the recommended five servings of fruits and vegetables each day.
- More than a quarter of high school students are current smokers.
- Every year, more than 870,000 adolescents become pregnant and over 3 million become infected with a sexually transmitted disease.
- People aged 13–24 accounted for 13% of HIV cases reported in areas with confidential HIV reporting.
- Two thirds of all deaths among children and adolescents aged 5–19 years result from injury-related causes.
- Young people in the United States miss 14 million school days a year due to asthma.

- A curriculum delivered in Massachusetts classrooms and physical education classes increased fruit and vegetable consumption and reduced the prevalence of obesity among middle-school girls.
- Inner-city children who participated in a school breakfast program increased their nutrient intake and were more likely to improve their academic and psychosocial functioning than their counterparts who did not participate in the program.
- A comprehensive program in Seattle, Washington, involving teacher training, parent education, and social competency training for children was associated with increasing students' commitment to school, reducing misbehavior in school, and improving academic achievement.

CDC: Advancing and Supporting School Health Programs

Schools can have the greatest impact on student health and make the most efficient use of scarce resources by developing coordinated school health programs (CSHPs) that bring together the people responsible for all of a school's health-related activities.

The Eight Components of a Coordinated School Health Program



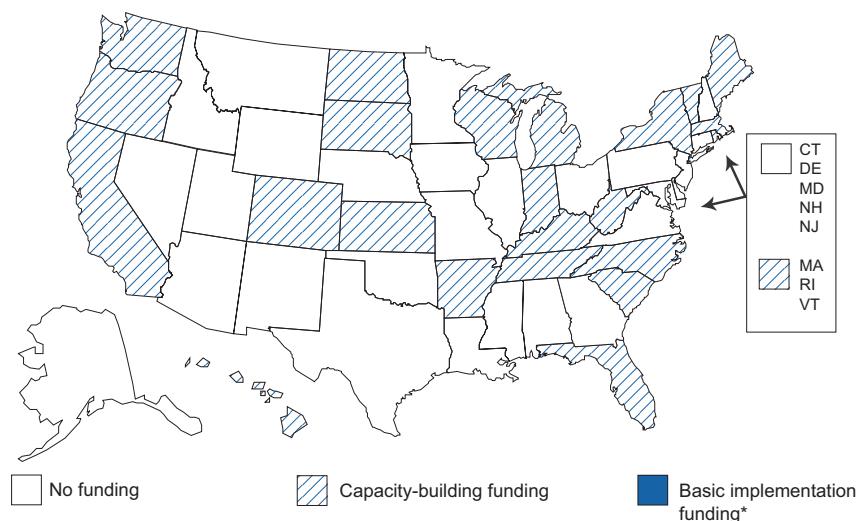
Staff responsible for CSHP activities can work with parents, students, and community members to reinforce health messages, tap into new ideas for improving activities, ensure that problems in program delivery are addressed, and avoid duplication of services. Schools typically develop a school health council or team to implement their CSHP.

CDC's Leadership Role

CDC is leading the way in preventing health risks among children, adolescents, and young adults through schools. With fiscal year 2004 funding of about \$15 million for coordinated school health programs and another \$47 million to support HIV prevention education, CDC works with other federal agencies; national nongovernmental organizations; and state and local departments of education, health, and social services to plan and implement these programs. CDC activities that support these programs include

- Identifying and monitoring priority health risk behaviors and school health programs and policies through systems such as the Youth Risk Behavior Surveillance System and the School Health Policies and Programs Study.
- Analyzing research findings to develop guidelines for addressing priority health risk behaviors among students and developing tools such as the *School Health Index: A Self-Assessment and Planning Guide* to help schools implement these guidelines.
- Enabling states, cities, and national organizations to develop, implement, and evaluate their own coordinated school health and HIV prevention education programs.
- Supporting the Youth Media Campaign (VERB™ It's what you do.) to encourage physical activity and displace unhealthy behaviors among tweens (children aged 9–13). Through advertising, marketing events, the Internet, and communications activities, the VERB campaign motivates tweens to make physical activity part of their daily lives.

CDC Funding for Coordinated School Health Programs, Fiscal Year 2004



* No states are currently funded at this level.

Making a Difference in the Health of Young People

CDC currently funds 23 states for coordinated school health, 48 states and 18 cities for HIV prevention education, 6 cities and 1 state for the establishment of asthma-friendly schools, 1 state for food safety, and over 50 national nongovernmental organizations to assist HIV prevention education and coordinated school health programs. The following are examples of some of these programs.

Success Stories

In **Maine**, the state CSHP has helped put in place a school health coordinator and school health advisory council in all 54 school administrative units. As a result, CDC's coordinated school health program model and guidelines for tobacco use prevention, physical activity, and healthy eating are being implemented statewide. This widespread use of the model and guidelines has led to profound policy changes such as tighter tobacco-free school regulations and prohibitions on the sale of soda and candy during the school day in all Maine schools.

Michigan has developed state-of-the-art, research-based health education and physical education curricula consistent with CDC's guidelines. A sophisticated regional dissemination, training, and technical assistance system has led to widespread use of these curricula in Michigan and other states. For example, the health education curriculum is now used in 94% of Michigan's 555 school districts. In addition, with assistance from CDC, the Michigan State Board of Education also adopted the Policy to Promote Health and Prevent Disease and Pregnancy to encourage schools to use HIV prevention education that is based on sound science and proven principles of instruction. Michigan's Youth Risk Behavior Survey data have documented significant improvements in more than 20 different risk behaviors among the state's high school students since 1995.

Wisconsin's state CSHP has developed major initiatives to reduce tobacco use and increase physical activity among its students. The tobacco initiative focuses on increasing the use of CDC's school tobacco guidelines in Wisconsin schools, establishing evidence-based educational programs, and increasing family involvement in tobacco control

programs. An independent evaluation showed that 1 year after the initiative was implemented, 243,000 students were receiving significantly improved school tobacco programs and 90% of the targeted schools had increased their use of the CDC guidelines. Cigarette use among high school students in Wisconsin has declined by 26% since 1991. In the first year of the Wisconsin program's physical activity campaign, entitled "Movin' Schools," more than 10,000 students reported increases in physical activity.

Florida's CSHP provides annual training, technical assistance, and small grants to schools that implement the CDC school health model. Coordinated school health has become central to the vision statements and improvement plans of these schools. For example, at McIntosh Middle School in Sarasota, staff have been trained in CSHP; research-based health education curricula are being used; interagency agreements have been established to deliver needed health services to students and family members; staff have participated in workshops on stress management and nutrition; and the entire school community has received consistent, reinforcing health messages through signs, Web site information, and public address announcements. Since McIntosh Middle School implemented a CSHP, school attendance has improved, the number of students with a grade point average of at least 3.0 and no disciplinary referrals has increased, math scores have risen, and overall the number of disciplinary actions has decreased.

Future Directions

Because every child needs sound preparation for a healthy future, CDC recommends that all states establish coordinated school health programs. CDC maintains its commitment to supporting school health programs and HIV prevention education nationwide and plans to expand the quality and reach of these programs. As part of this commitment, CDC will continue to provide key leadership and resources and experienced staff to assist states, cities, and national organizations in creating and maintaining the most effective school health programs possible.

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