

Healthy Youth



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Using Innovative Approaches to Improve the Health of Students and School Staff

Public Health Problem

In Maine, an estimated one of every four high school students is a current cigarette smoker, a fourth are either overweight or at risk of becoming overweight, and three-fourths do not eat at least five servings of fruits and vegetables each day, according to the 2001 Youth Risk Behavior Survey.

Program Example

Funded largely by the tobacco Master Settlement Agreement, Healthy Maine Partnerships is an innovative community-school initiative launched in early 2001 to support community-based efforts to reduce tobacco use and increase physical activity and healthy eating. Schools play an integral role in Healthy Maine Partnerships, thanks to the impressive work of the state coordinated school health program, jointly managed by the Maine Department of Education and the Department of Human Services. Healthy Maine Partnerships supports a school health coordinator and school health advisory councils in all of the state's 54 School Administrative Units. As a result, CDC's model of coordinated school health and guidelines for tobacco use prevention, physical activity, and healthy eating are being followed statewide.

Implications and Impact

In just 3 years since Healthy Maine Partnerships was launched, the state has seen profound environmental and policy changes such as a tightening of tobacco-free school regulations and bans on the sale of soda and candy during the school day in all Maine schools. In addition, the state has observed dramatic increases in the number of schools engaging staff and students in walking programs, opening their buildings for after-school physical activity, developing fitness facilities, leveraging grants and local funds to support physical education and other programs, conducting evidence-based health education and smoking cessation programs, providing health promotion services for school staff, adding health teachers, and increasing time for nursing and guidance services. The state's coordinated school health program has provided training and technical assistance to local school health coordinators and generated support for their work among key decision makers, such as school superintendents. Maine's extraordinary success with its coordinated school health program illustrates how schools and communities can come together to improve the health of young people.

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Promoting Good Health Through Curricular and Policy Changes

Public Health Problem

Nearly a fourth of Michigan's high school students are overweight or at risk for becoming overweight, while only a little more than a fifth of students eat at least five servings of fruits and vegetables each day and nearly a third do not get enough physical activity, according to the 2001 Youth Risk Behavior Survey.

Program Example

Michigan's Coordinated School Health Program, managed by the Michigan Departments of Education and Community Health, has been nationally recognized as a leader in promoting the health of young people through innovative curricula and strong state and local policies. Michigan has developed state-of-the-art, research-based curricula in health education and physical education as well as a sophisticated regional dissemination, training, and technical assistance system. In addition, Michigan's Coordinated School Health Program has led efforts to develop *The Role of Michigan Schools in Promoting Healthy Weight: A Consensus Paper*, which has guided school health policy changes in the state and influenced similar efforts throughout the nation. The consensus paper and a supporting initiative have actively promoted policy changes at the local level by supporting the use of CDC's School Health Index in 50 pilot schools, delivering a comprehensive training workshop for School Health Index facilitators, and developing an innovative, online version of the School Health Index.

Implications and Impact

Michigan's regional dissemination, training, and technical assistance system has led to widespread use of the health education and physical education curricula not just across the state but nationwide as well. For example, the health education curriculum is now used in 94% of Michigan's school districts and in school districts in 42 states; moreover, use of the School Health Index in Michigan schools has resulted in many changes in physical activity and nutrition policies including establishment of daily salad bars, taste testing to identify healthier choices that students will like, limitations on the days that fried potatoes are offered in school cafeterias, daily fitness activities in the classroom, and staff health promotion programs. The Michigan Coordinated School Health Program has strong support from the state Board of Education, which in 2003 recommended that every Michigan school district adopt its own coordinated school health program with a school health council to guide it and school health teams in each school to carry out the program. The board also passed a policy recommending that physical education programs in every Michigan school offer at least 150 minutes per week of physical education for elementary school students and 225 minutes per week for middle and high school students.

North Carolina

Taking Coordinated School Health Programs Statewide

Public Health Problem

An estimated 27% of North Carolina's high school students are overweight or at risk for becoming overweight, less than 20% eat the recommended five or more servings of fruits and vegetables each day, and less than 50% attend physical education classes at least once a week, according to 2003 state data.

Program Example

The North Carolina Healthy Schools Initiative was formed by the Department of Public Instruction and the Department of Health and Human Services to improve the health of all North Carolina young people by addressing overweight, obesity, cardiovascular disease, and diabetes through school health programs. Working closely with the state Board of Education, the initiative has enacted the Healthy Active Children policy, requiring every school district in the state to establish and maintain a school health advisory council and to carry out action plans that incorporate CDC's model of coordinated school health. The policy, passed by the state Board of Education in 2003, also ensures that appropriate amounts of physical activity and recess will be provided for all students and that recess cannot be taken away from students as a punishment. North Carolina Healthy Schools has also played a key role in developing and launching individual diabetes care plans for all students with diabetes enrolled in state schools. The initiative is now developing nutrition standards for all school foods, including food served in school cafeterias and at school fundraisers. In addition, the state Board of Education recently renamed one of its strategic priorities to "Healthy Students in Safe, Orderly, and Caring Schools." This change represents a shift in the board's attention and renewed recognition that North Carolina students need schools to support their efforts to be healthier.

Implications and Impact

The passage of the Healthy Active Children policy in North Carolina underscores the importance of coordinated school health programs in addressing and reducing the prevalence of health risk behaviors among young people. North Carolina can now serve as a model for other states that want to launch statewide school health programs.

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