



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



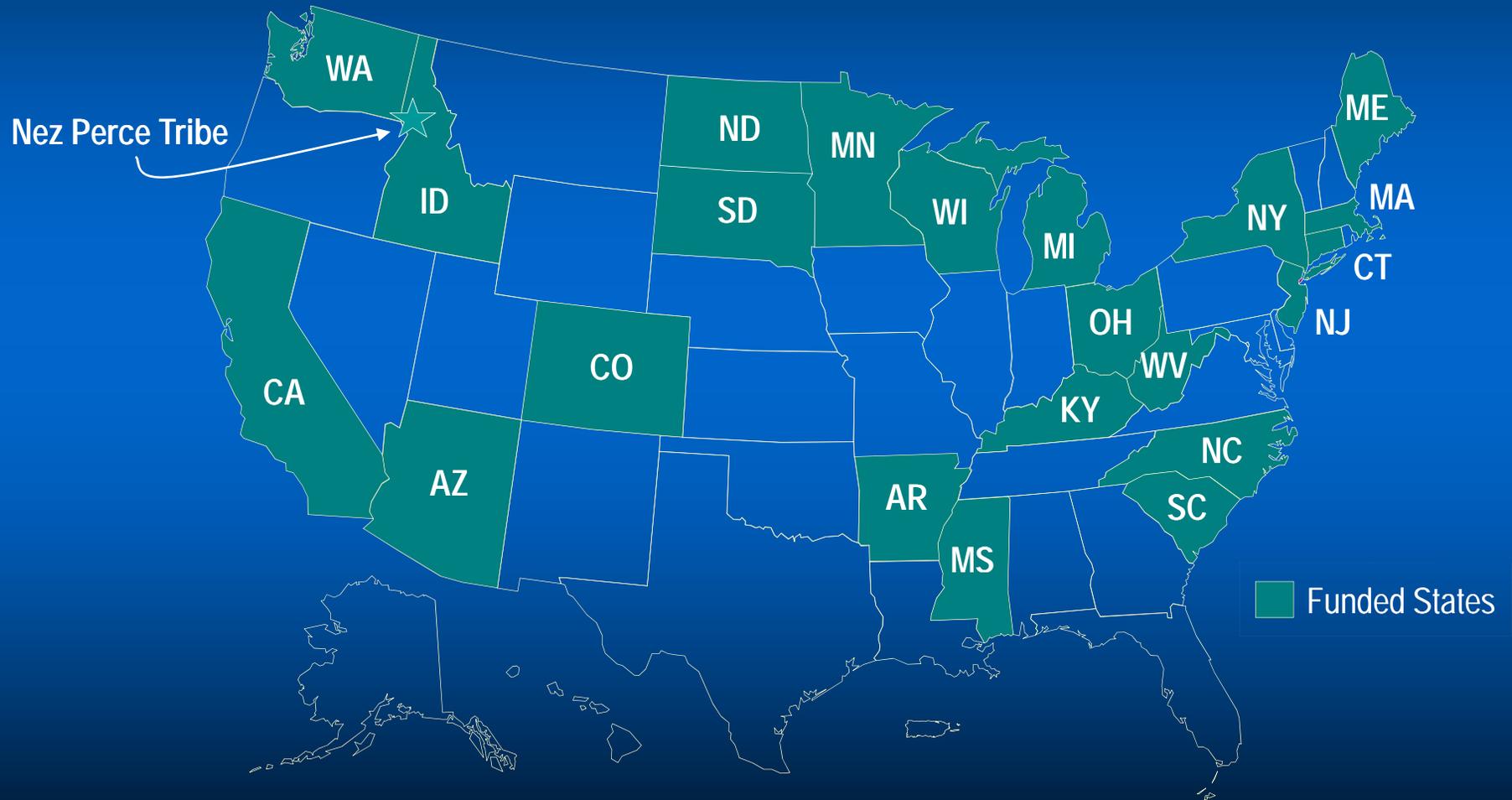
# Coordinated School Health: Promoting the Health of Young People

Division of Adolescent and School Health

# DASH Mission

- To promote the health and well being of children and adolescents so they become healthy and well-functioning adults.

# CDC-Funded State Coordinated School Health Programs



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# State CSHP Goals Include:

- Establish collaboration between SEA and SHD to coordinate, implement, and evaluate school health programs
- Collect data on youth risk behaviors and school health policies and practices
- Strengthen school health policies
- Improve curricula and instruction
- Implement professional development for school staff
- Foster collaboration at the state, district, and school levels

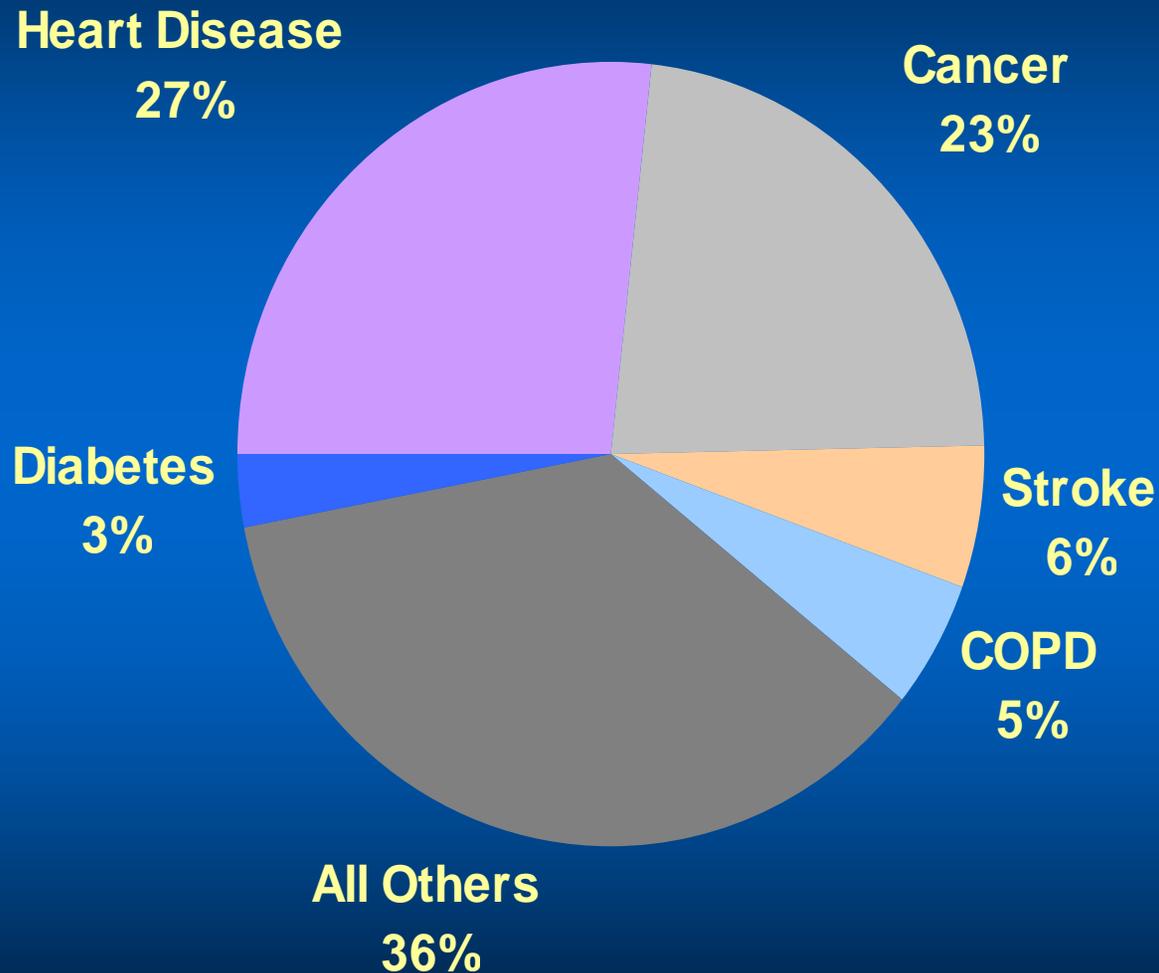
# Overview of Session

- The most critical health risks for youth
- Why health is academic
- CDC's vision for promoting the health of youth
- Top 10 strategies for schools to prevent obesity and tobacco use
- Keys to success

# Overview of Session

- **The most critical health risks for youth**
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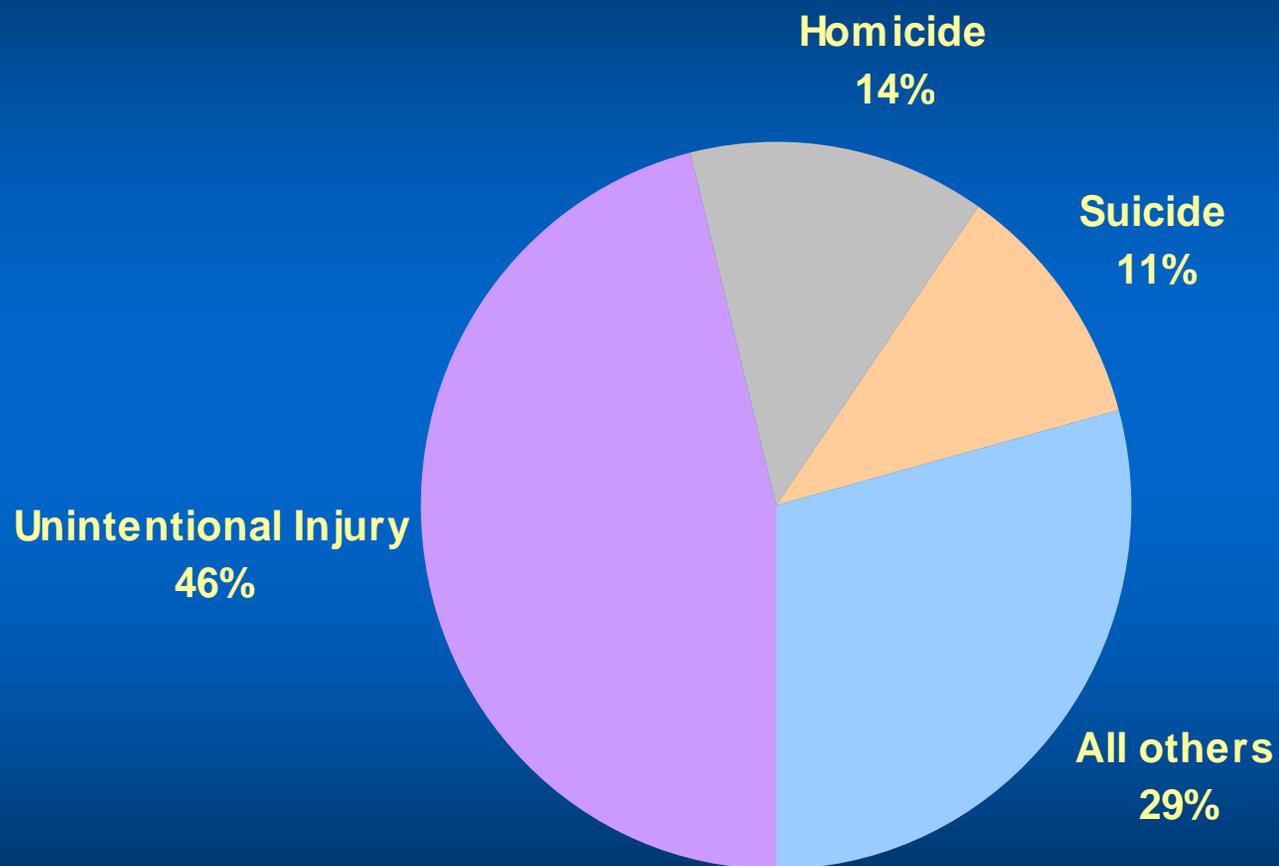
# Causes of Death in the U.S., 2005



Source: National Center for Health Statistics, National Vital Statistics System

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# Leading Causes of Death Among Persons Aged 12-19 Years in the U.S., 2005



Source: National Center for Health Statistics, National Vital Statistics System

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# Behaviors That Contribute to the Leading Causes of Death, Illness, and Social Hardship

## Sexual behaviors

- Youth ages 13 – 24 account for 15% of all new HIV/AIDS cases
- 1 in 4 adolescent females has a sexually transmitted infection
- 34% of young women become pregnant at least once before they reach age 20

## Alcohol and drug use

- Alcohol and drug use by youth are closely tied to impaired driving, violence, risky sexual behavior, and other leading health and social problems
- About 1 in 5 drivers under age 21 who die from motor vehicle crashes had been drinking alcohol

# Percentage of High School Students Who Rarely or Never Wore a Seat Belt,\* 1991 – 2007<sup>1</sup>



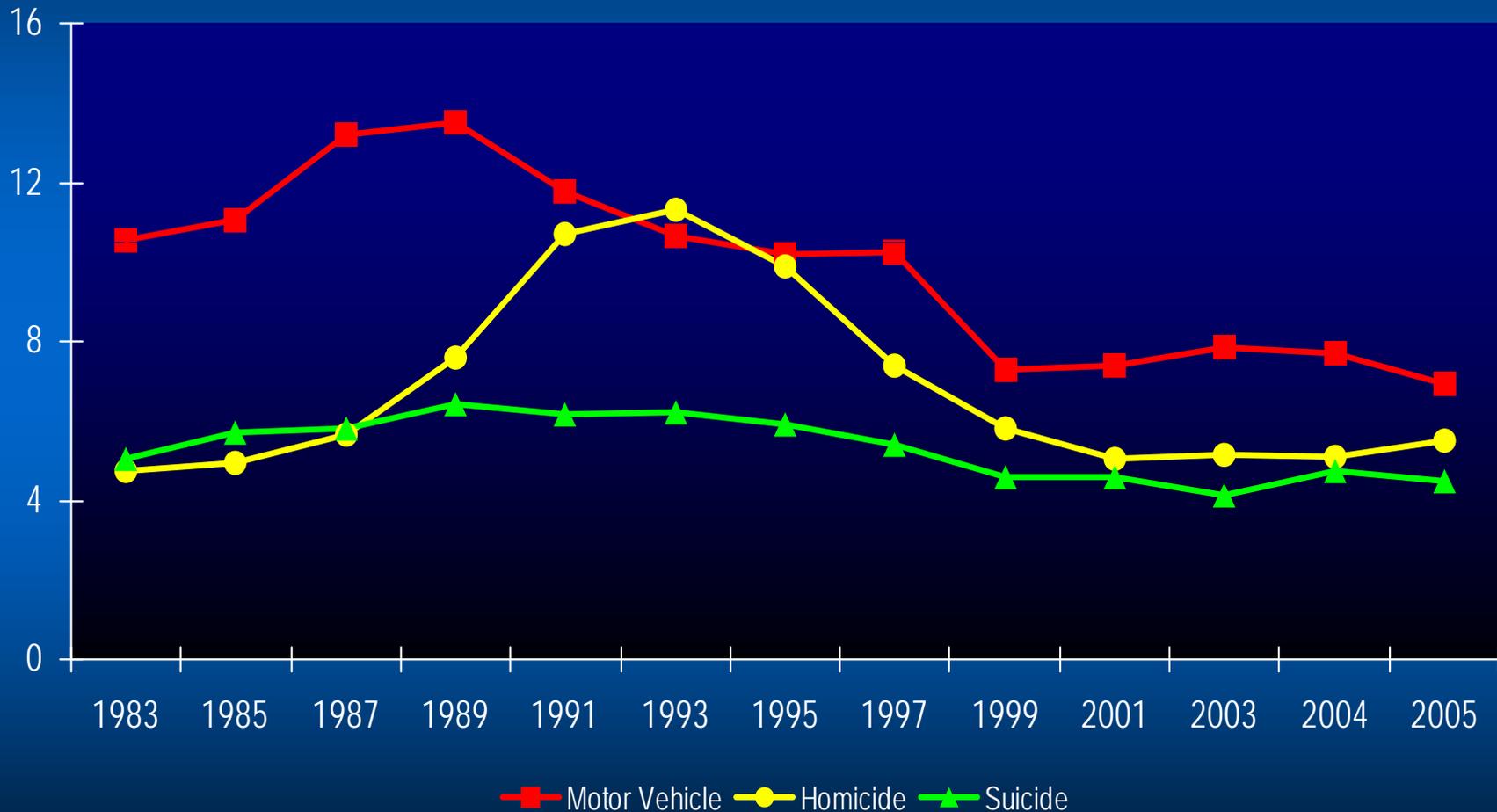
<sup>\*</sup> When riding in a car driven by someone else

<sup>1</sup> Significant linear decrease,  $P < .05$

Source: CDC, National Youth Risk Behavior Surveys, 1991 – 2005

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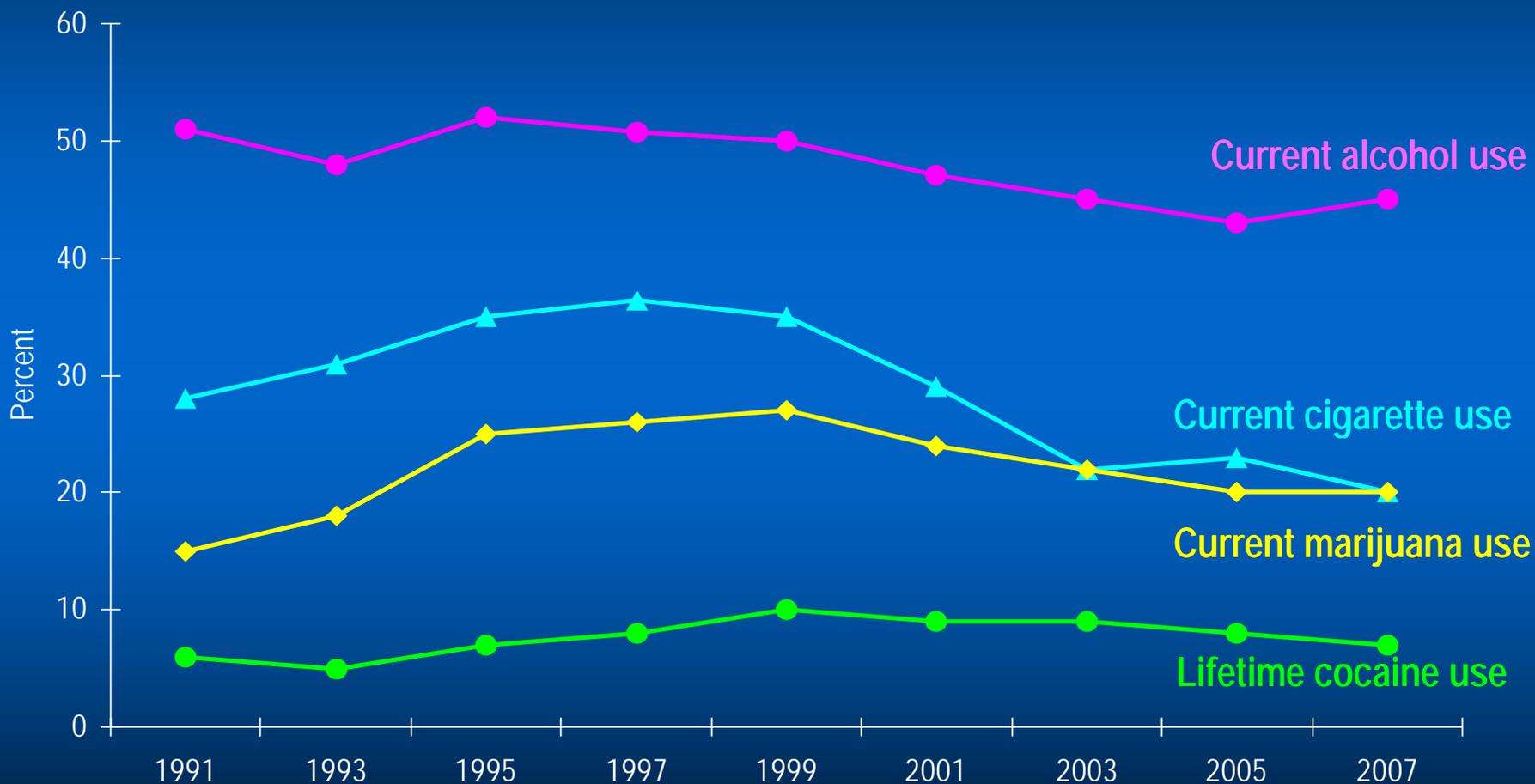
# Trends in Leading Causes of Death Among 10 to 19 year olds, Rates per 100,000, 1981-2005



Source: CDC, National Center for Injury Prevention and Control, WISQARS  
The coding of mortality data changed in 1999 from ICD-9 to ICD-10.

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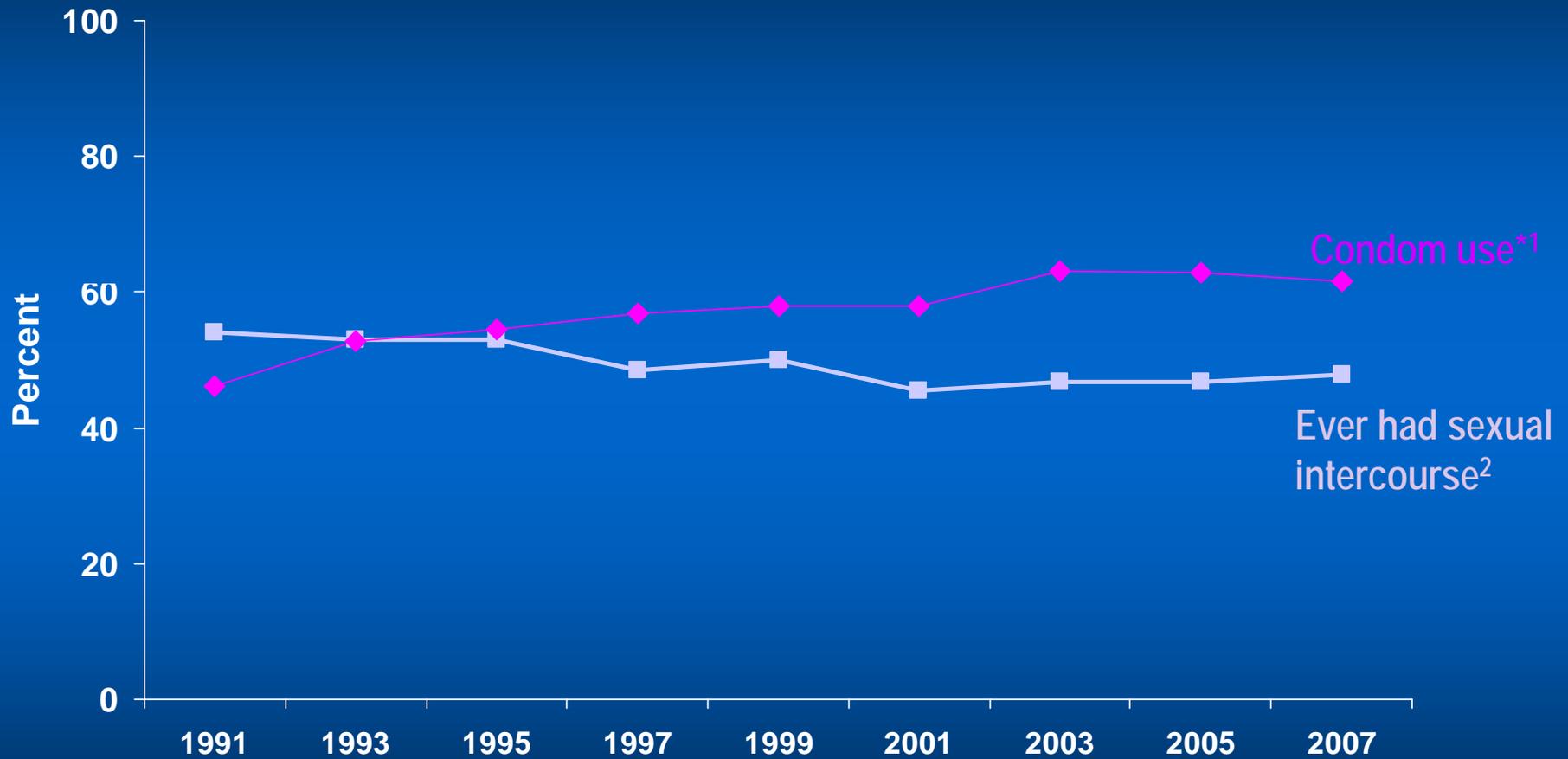
# Trends in the Prevalence of Selected Substance Use Behaviors Among U.S. High School Students, 1991-2007



Source: National Youth Risk Behavior Surveys, 1991-2007

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# Percentage of High School Students Who Reported Sexual Behaviors, 1991 – 2007



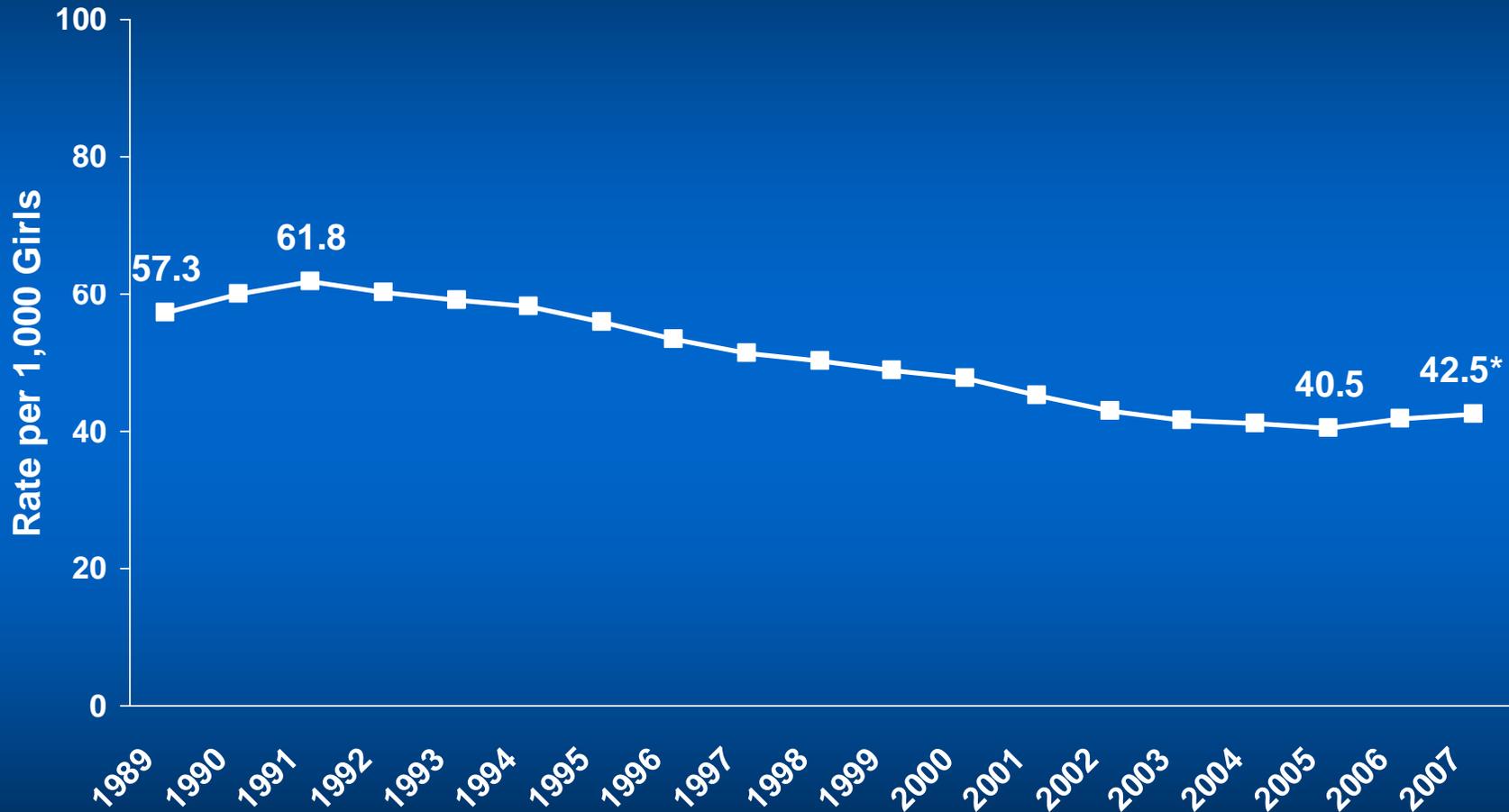
\*Among students who had sexual intercourse during the past 3 months.

<sup>1</sup>Significant linear increase 1991-2003, no change 2003-2007,  $p < .05$ ; <sup>2</sup>Significant linear decrease,  $p < .05$

National Youth Risk Behavior Surveys, 1991 – 2007

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# U.S. Birth Rates Per 1,000 Females, Ages 15-19, 1989 – 2007

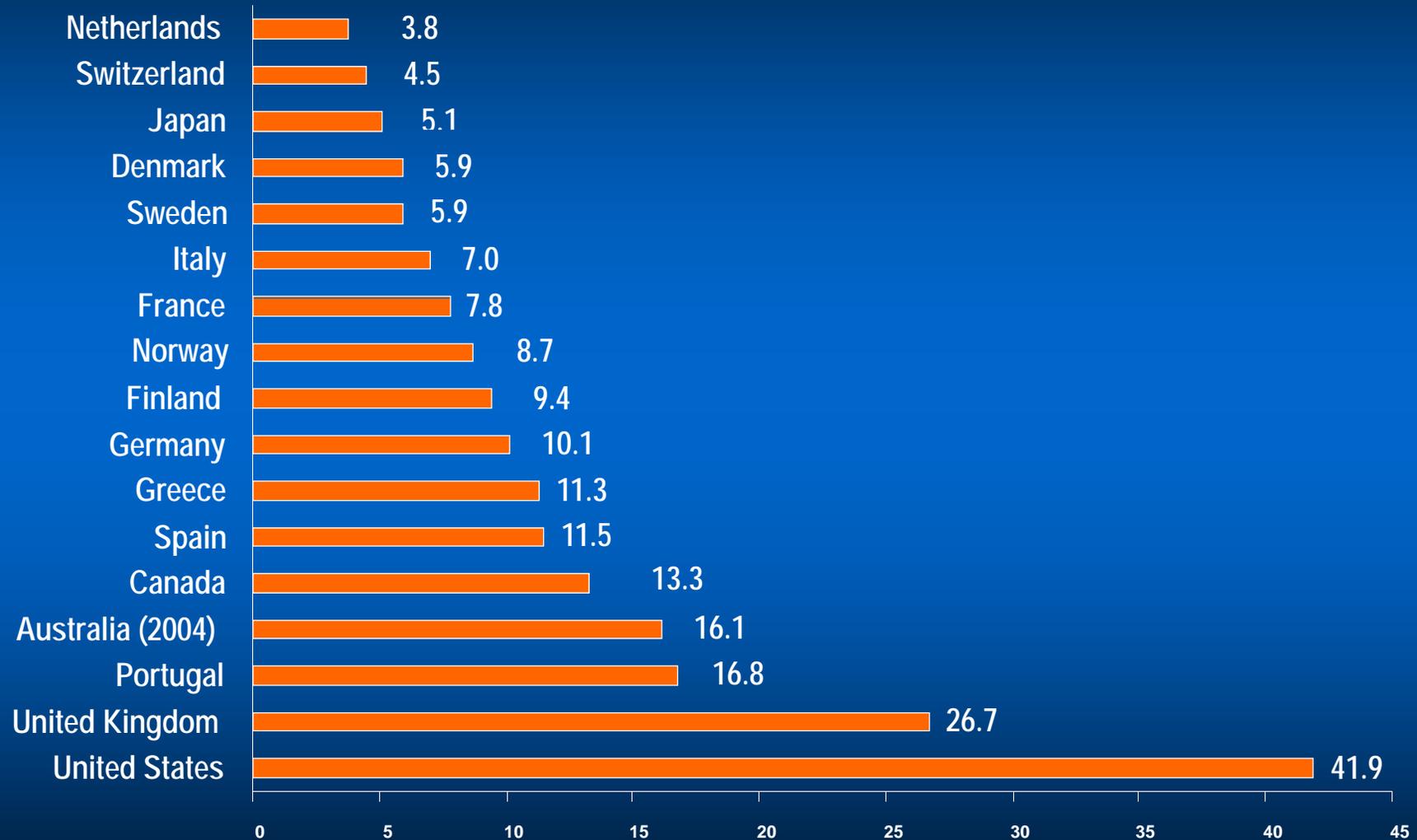


\* Data for 2007 is preliminary

Source: National Vital Statistics Reports

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# Teen Births Per 1,000 Females in U.S. and 16 Other Nations, 2006\*

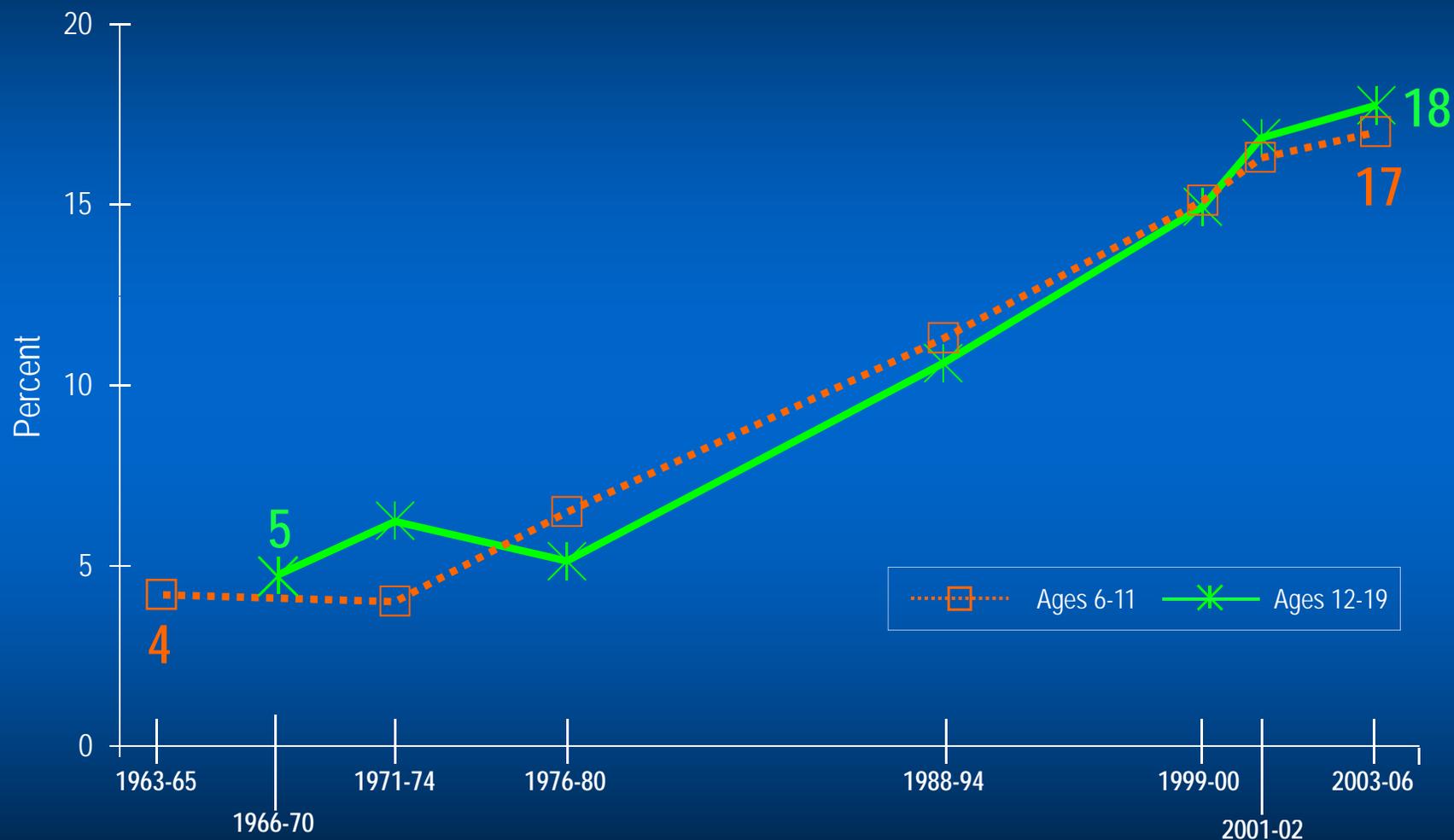


All birth rates are for 2006 unless otherwise noted.

Source: United Nations Demographic Yearbook, 2006

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# Percentage of U.S. Children and Adolescents Who Were Obese, 1963-2006



Note: Obesity is defined as BMI  $\geq$  gender- and weight-specific 95<sup>th</sup> percentile from the 2000 CDC Growth Charts.

Source: National Health Examination Surveys II (ages 6-11) and III (ages 12-17),  
National Health and Nutrition Examination Surveys I, II, III and 1999-2006, NCHS, CDC.

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# Percentage of High School Students Who Attended Physical Education Classes Daily,\* 1991 – 2007



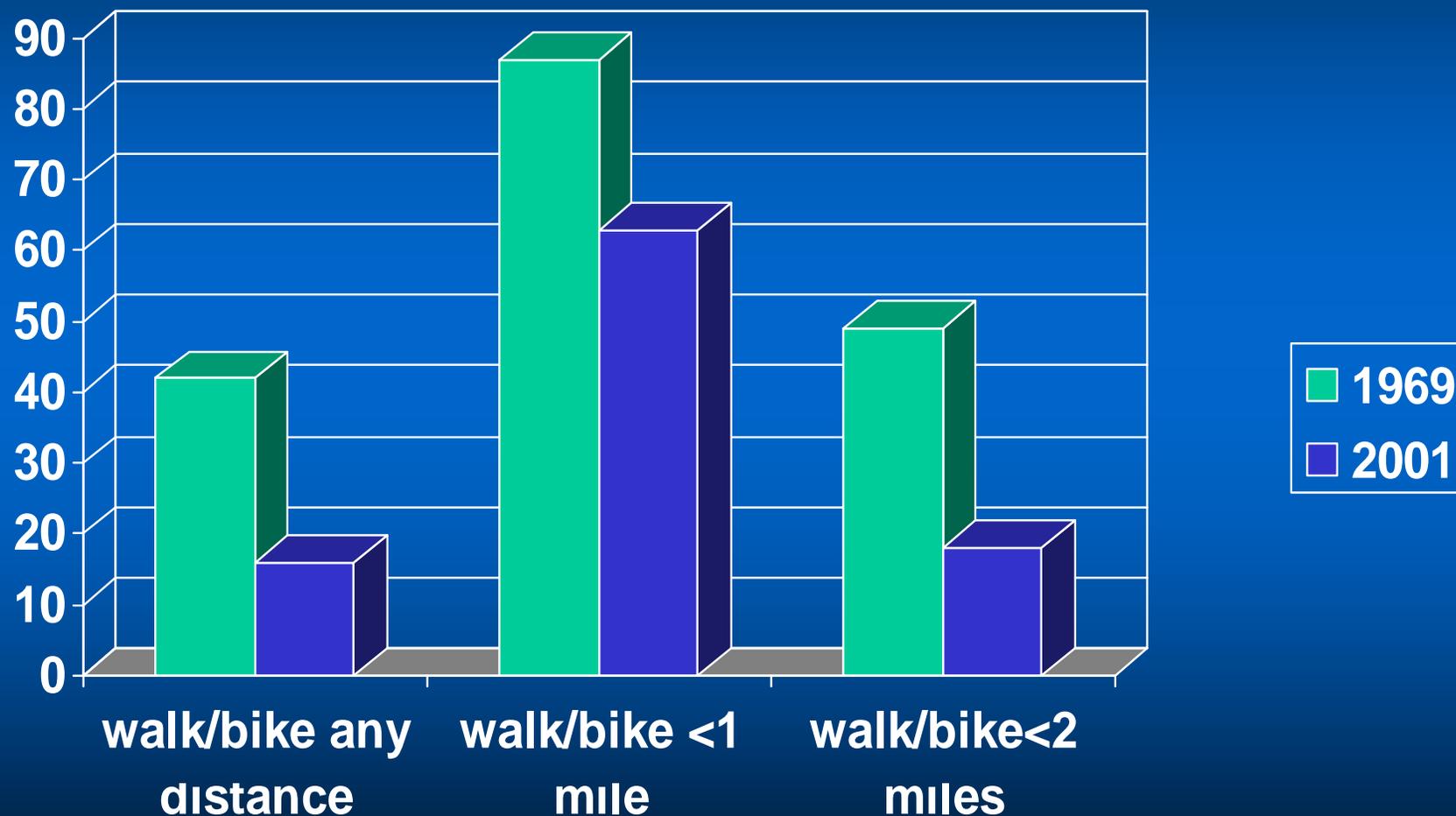
\* 5 days in an average week when they were in school.

<sup>1</sup> Decreased 1991-1995, no change 1995-2007,  $p < .05$

National Youth Risk Behavior Surveys, 1991 – 2007

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# Percentage of U.S. Students, K-12, Who Actively Commuted to School, 1969 and 2001



1969 and 2001 National Household Transportation Surveys

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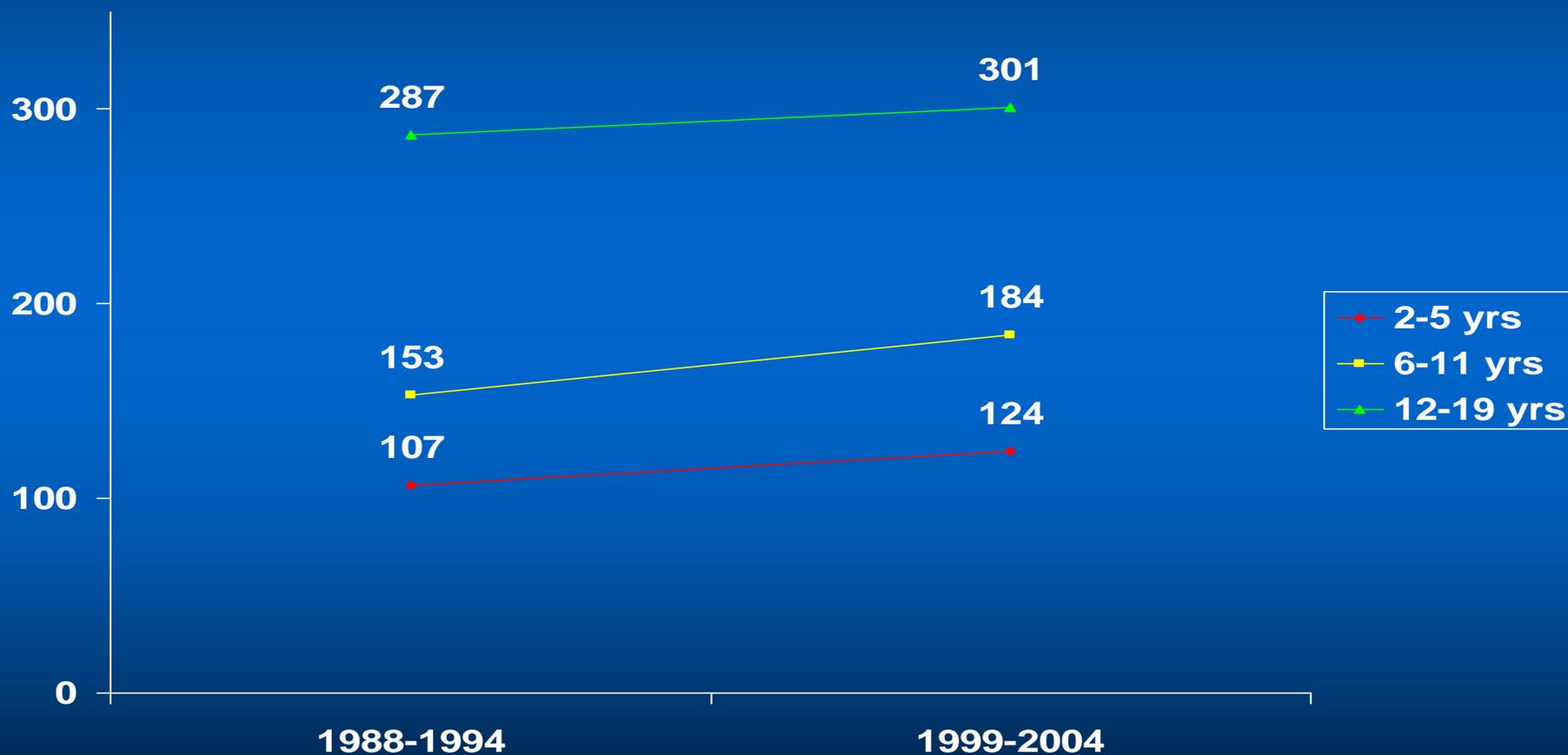
# Television in the Home, 1970 and 2004

	1970*	2004**
% of children living in homes with 3 or more TVs	6%	70%
% of children whose bedroom contain a TV	6%	68%

\*Kaiser Family Foundation. Kids and Media at the New Millennium: Fact Sheet. 1999

\*\*Kaiser Family Foundation. Generation M: Media in the Lives of 8-18 Year olds. 2005

# Average Daily Caloric Consumption of Sugar Sweetened Beverages Among Children & Adolescents, 1988-2004



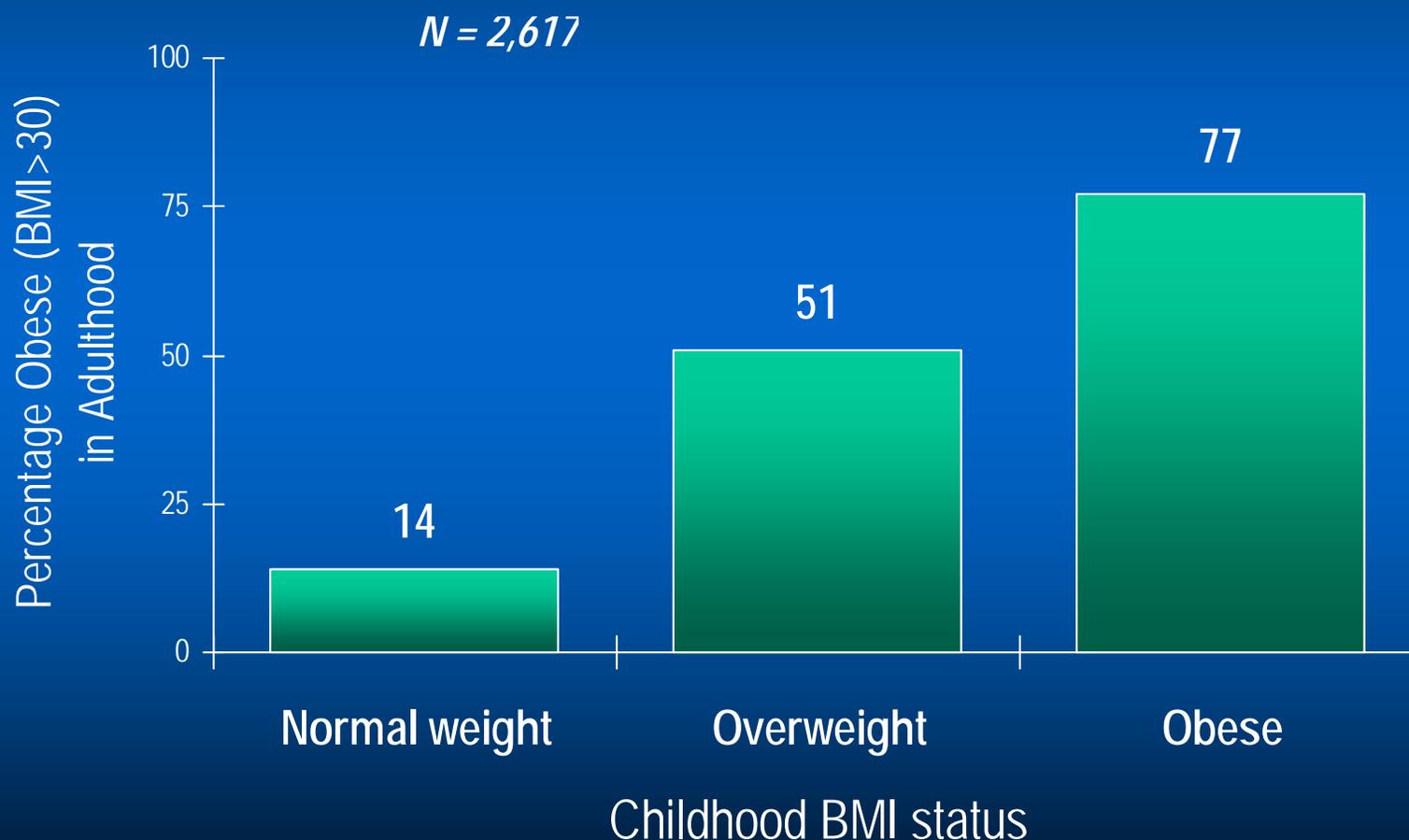
Source: Wang YC et al, *Pediatrics* 2008;121:e1604-e1614

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# Facts About Youth Tobacco Use, Health, and Addiction

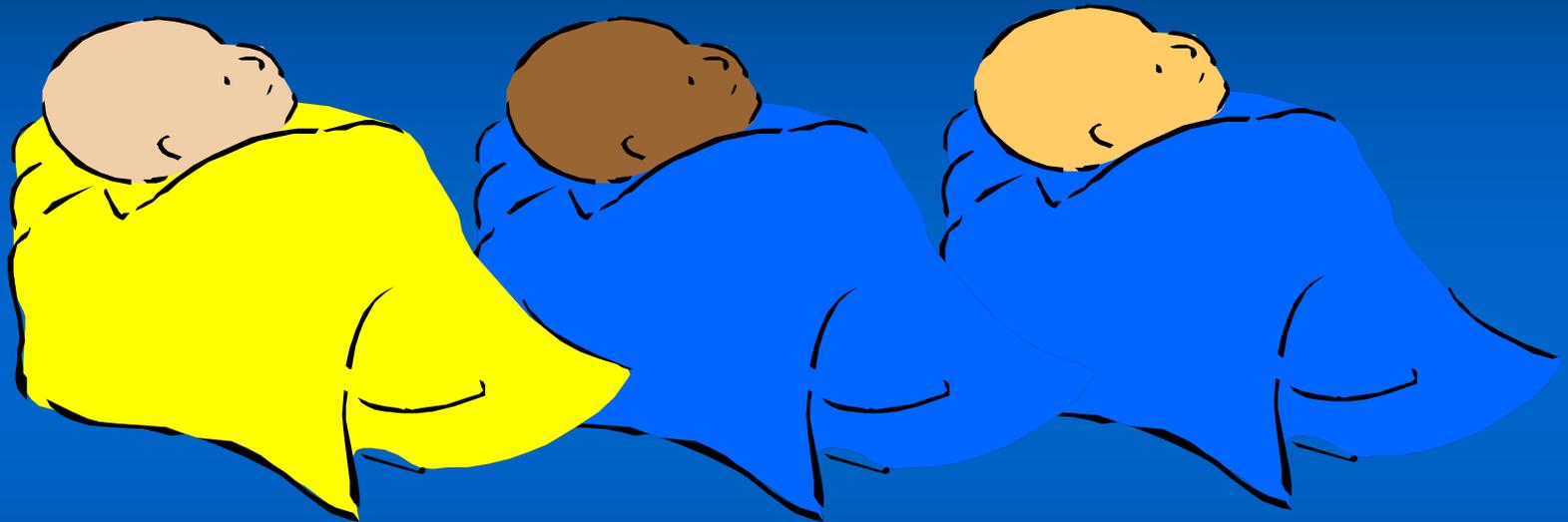
- 80% of adults who smoke started before age 18
- The younger people are when they start using tobacco, the more likely they are to become strongly addicted to tobacco
- Each day in the United States, approximately 3,600 young people between the ages of 12 and 17 years initiate cigarette smoking, and an estimated 1,100 young people become daily cigarette smokers

# Association Between Body Mass Index (BMI) in Childhood and Adult Obesity



Source: Freedman, D. S., et al., *Pediatrics*, 2001; 108: 712-718.

# U. S. Children Born in 2000



1 in 3

will develop Diabetes during lifetime

*Narayan KMV et al. Lifetime risk for diabetes mellitus in the United States. JAMA. 2003;290(14):1884*

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# Economic Costs Associated with Obesity are High

Direct health care costs:

- **\$98 billion** in 2004<sup>1,2</sup>
- ½ of costs publicly financed by Medicare or Medicaid<sup>1</sup>

For obese vs. normal-weight adults:

- Healthcare costs **36%** higher<sup>3</sup>
- Medication costs **77%** higher<sup>3</sup>

Obesity accounted for over 25% of the increase in per capita health care costs between 1987 and 2001<sup>4</sup>

1. Finkelstein EA, Fiebelkorn IC, Wang G. National medical spending attributable to overweight and obesity: How much, and who's paying? *Health Affairs* 2003;W3:219

2. Institute of Medicine. Preventing Childhood Obesity: Health in the balance. Washington, DC: The National Academies Press; 2005

3. Sturm R. The effects of obesity, smoking, and drinking on medical problems and costs. *Health Affairs*. 2002;21(2):245.

4. Thorpe KE et al. The impact of obesity on risking medical spending. *Health Affairs*. 2004;W4:480.

# Weight Issues Plague the Military

*"[Obesity] is clearly a problem for the United State military. We have a declining pool of eligible and qualified young people in America today who want to serve."* - Dr. Curtis Gilroy, Director, Accessions Policy Office, US Dept. of Defense

- In 2008, nearly 12,000 recruits failed the military physical, because they weighed too much
- The Department of Defense estimates as many as 1/3 of military-age youth are ineligible for service because of their weight

Source: Interview on NPR's All Things Considered, March 16, 2009



## 2008 Physical Activity Guidelines for Americans



*Be Active, Healthy, and Happy!*

[www.health.gov/paguidelines](http://www.health.gov/paguidelines)



[www.health.gov/paguidelines](http://www.health.gov/paguidelines)

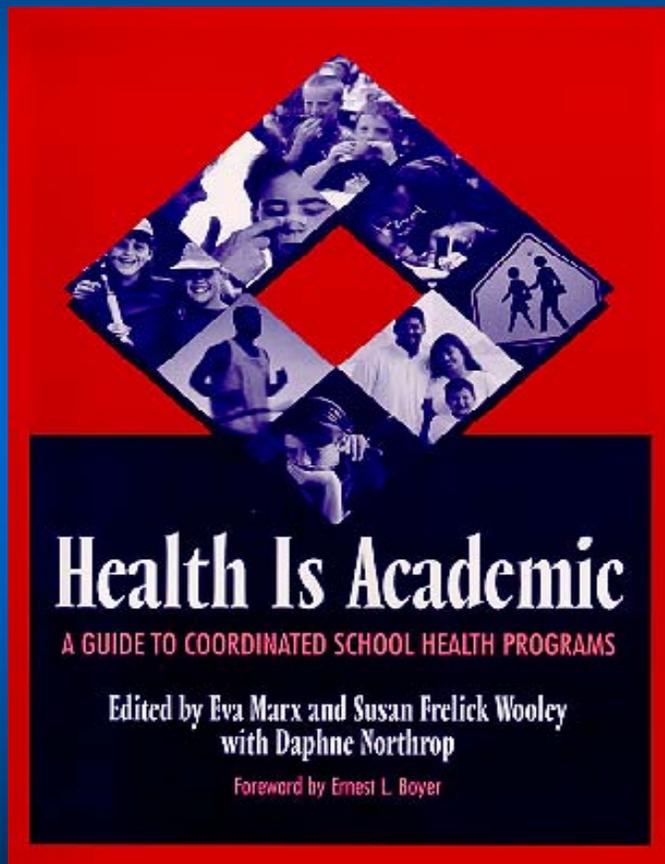
# Guidelines for Youth

- 60 or more minutes of physical activity daily, most of which should be aerobic
- At least 3 days per week of:
  - Vigorous-intensity physical activity
  - Muscle-strengthening physical activity
  - Bone-strengthening physical activity
- Physical activities should be age appropriate, be enjoyable, and offer variety

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# Health is Academic Because...



- School health programs can help improve students' educational outcomes
- Helping young people stay healthy is a fundamental part of the mission of our schools

## Key Health Risks

- Physical inactivity
- Poor eating habits
- Injuries
- Alcohol/drug use
- Tobacco use
- Sexual risk behaviors
- Asthma
- Mental health issues



## Key Educational Risks

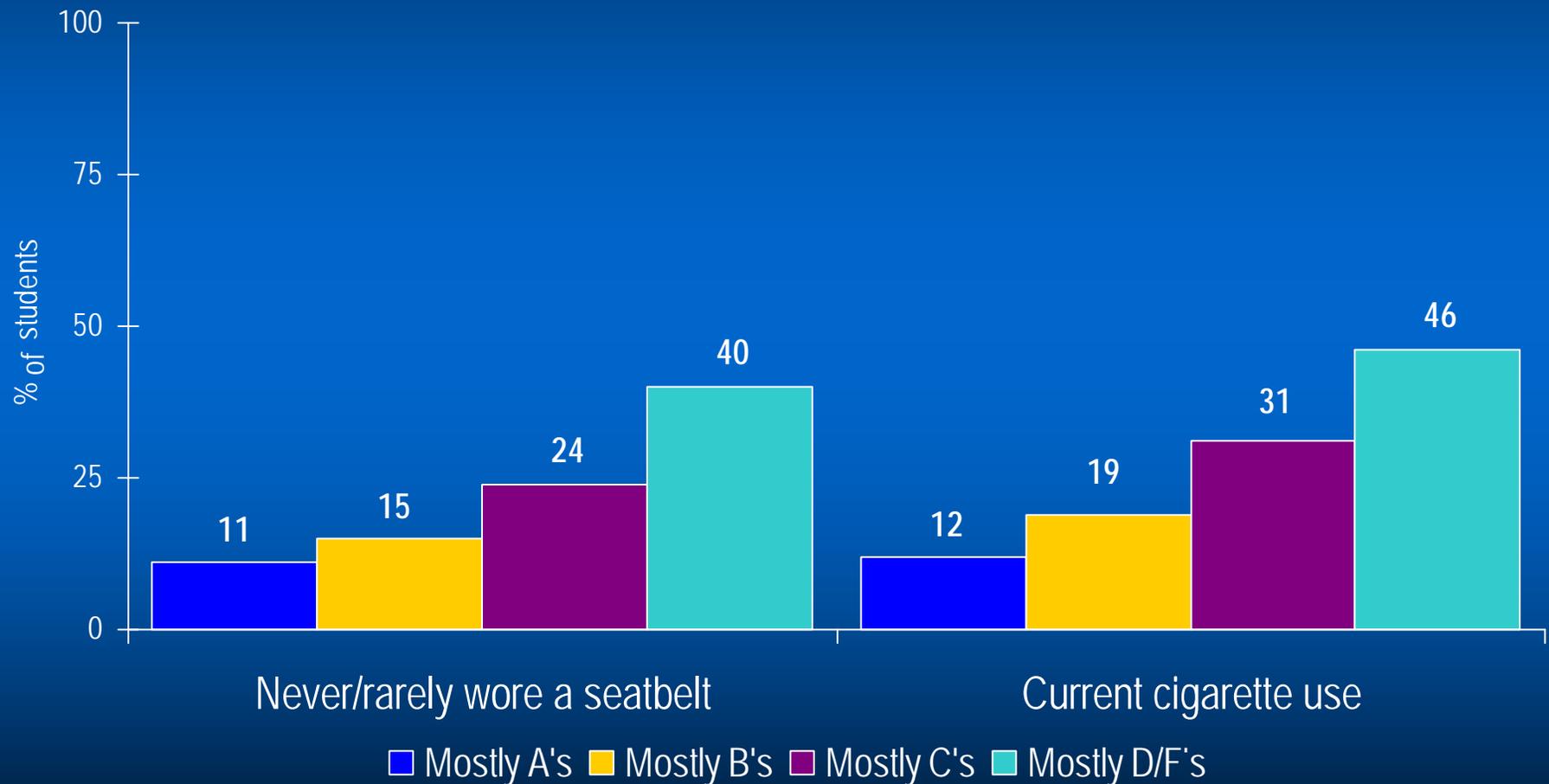
- Behavioral problems
- Short-term ↓ in intellectual functioning
- Lack of motivation
- Lack of connectedness/engagement
- Absenteeism



## Poor Educational Outcomes

- Low academic grades
- Low standardized test scores
- Grade level retention
- Dropout

# Percentage of U.S. High School Students Getting Mostly A's, Mostly B's, Mostly C's, or Mostly D/F's\* Who Engage in Selected Health Risk Behaviors

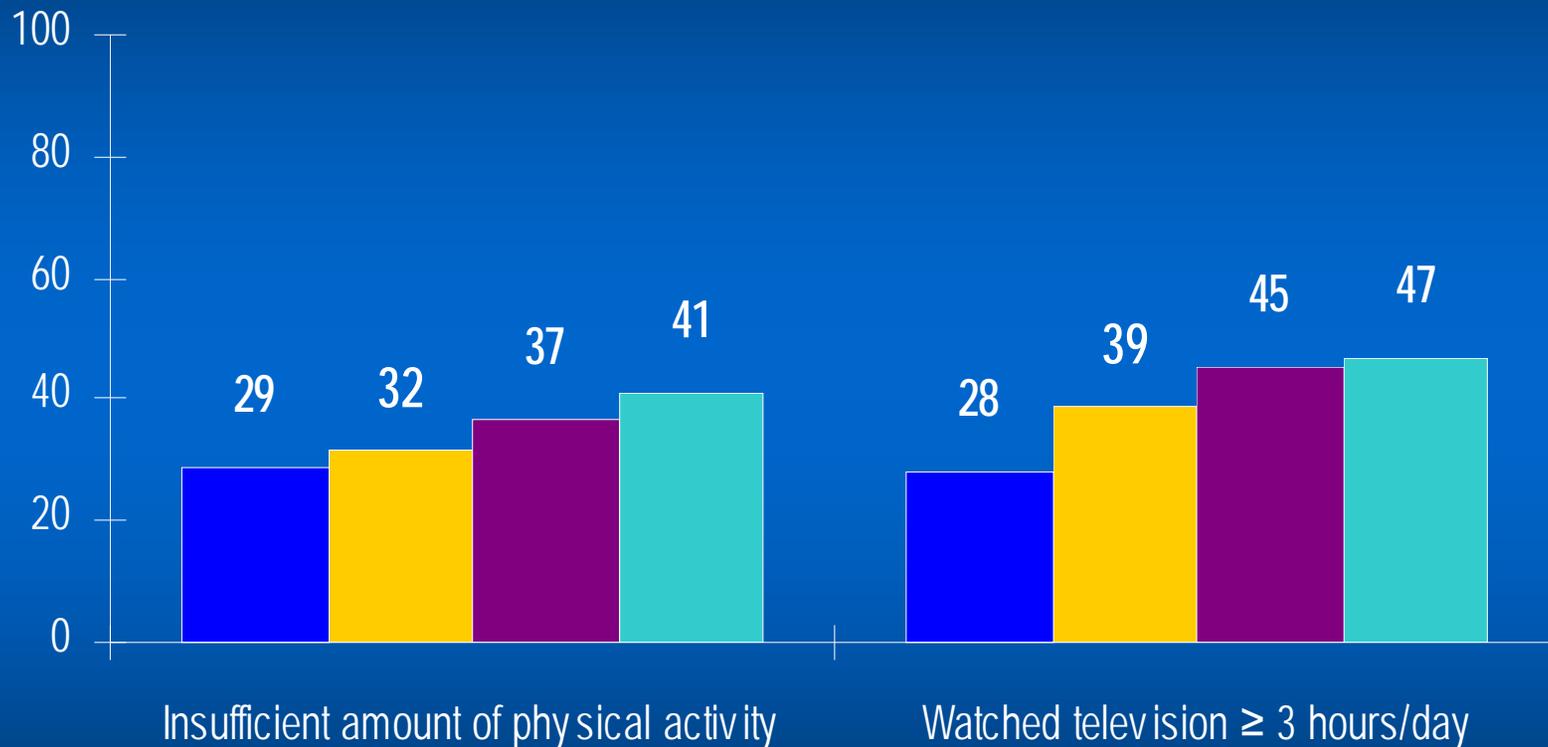


*\*As reported by students*

*Source: Analyses of CDC, National Youth Risk Behavior Survey, 2003*

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# Percentage of U.S. High School Students Getting Mostly A's, Mostly B's, Mostly C's and Mostly D's and F's\* Who Engage in Selected Health Risk Behaviors



■ Mostly As ■ Mostly Bs ■ Mostly Cs ■ Mostly Ds & Fs

*\*As reported by students*

*Source: Analyses of CDC, National Youth Risk Behavior Survey, 2003*

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# Making the Connection: Health and Student Achievement

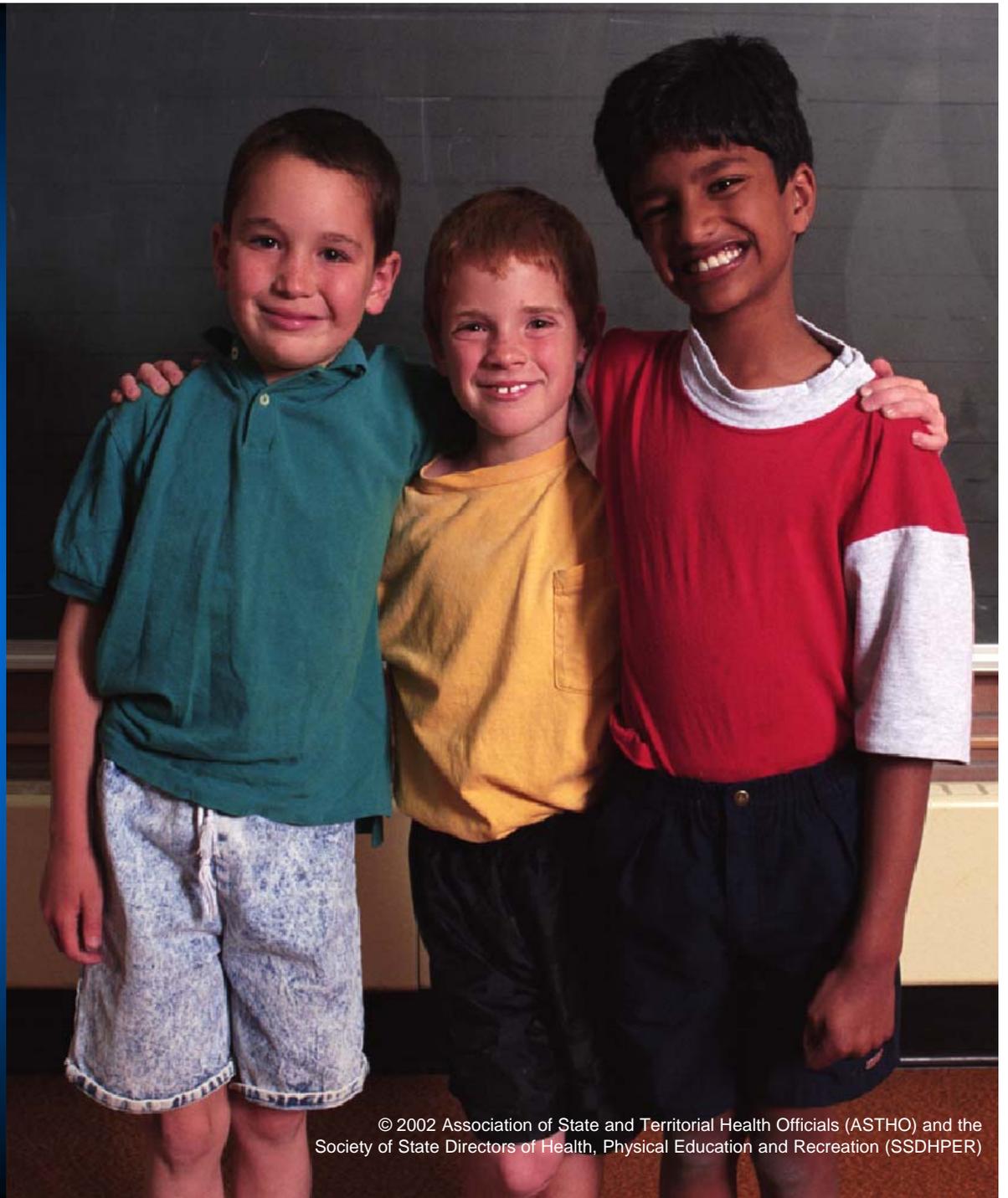
[www.thesociety.org](http://www.thesociety.org)



Society of State Directors of Health,  
Physical Education and Recreation (SSDHPER)

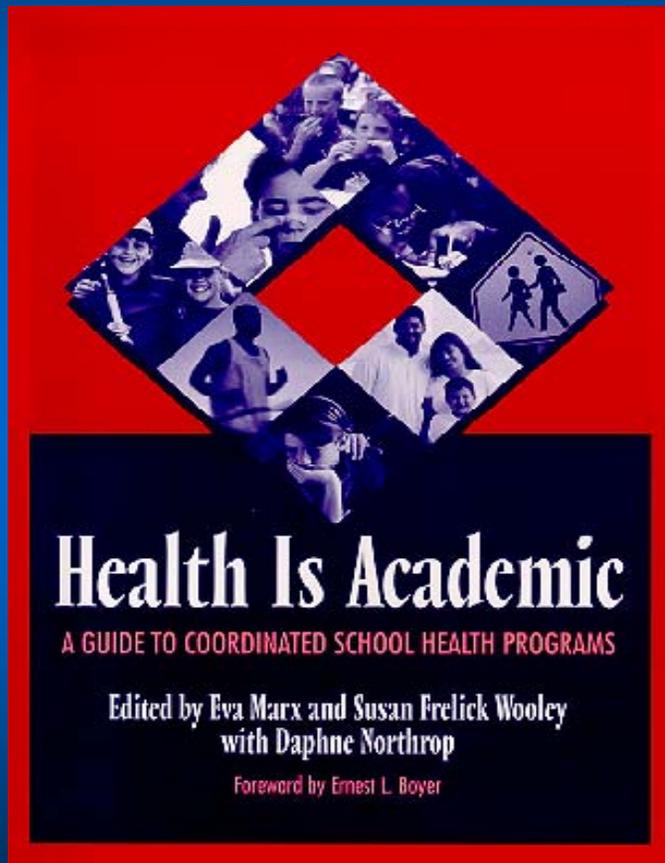


Association of State and  
Territorial Health Officials (ASTHO)



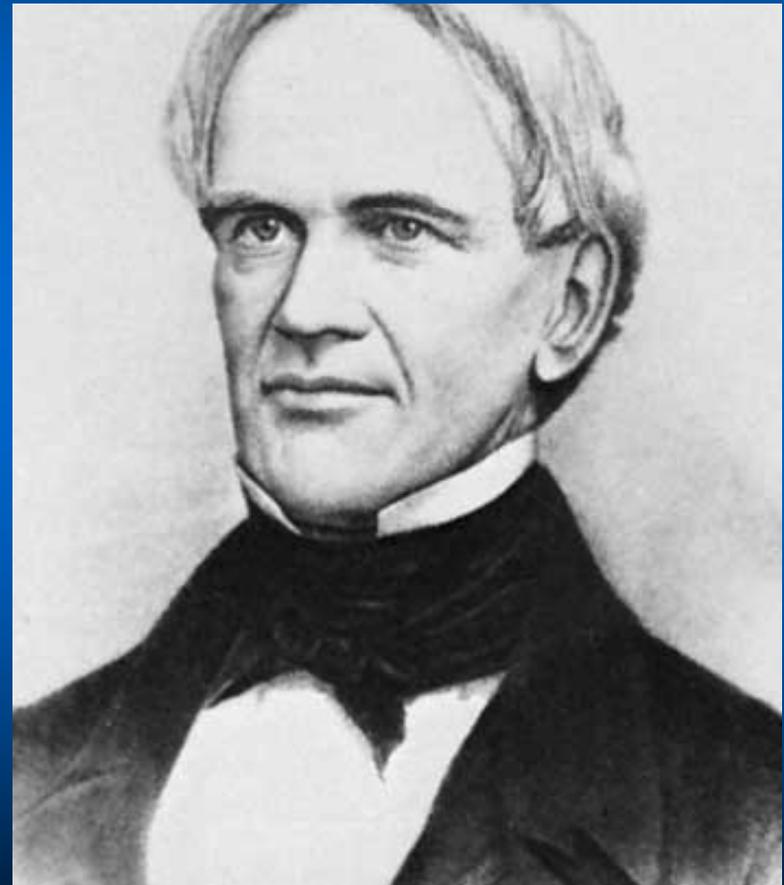
© 2002 Association of State and Territorial Health Officials (ASTHO) and the  
Society of State Directors of Health, Physical Education and Recreation (SSDHPER)

# Health is Academic Because...



- School health programs can help improve students' educational outcomes
- Helping young people stay healthy is a fundamental part of the mission of our schools

"In the great work of education, our physical condition, if not the first step in point of importance, is the first in order of time. On the broad and firm foundation of health alone can the loftiest and most enduring structures of the intellect be reared."



"We know what the Greeks knew: that intelligence and skill can only function at the peak of their capacity when the body is healthy and strong, and that hardy spirits and tough minds usually inhabit sound bodies."



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"So the only way that we can initiate true health care reform is if we control costs. And one of the most important ways for us to control costs is to deal with the issue of prevention. Which means making sure that we have proper nutrition programs in our schools, making sure that we've got effective physical education programs for our children."



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"The more we instill in our children early in life these [physical activity] habits that will last them a lifetime, the better they're going to do. And so we'll try to do what we can to expand those opportunities before school, during the school day, after school....this is going to help a lot academically... This doesn't take away from our core mission. This is central to that core mission."

Arne Duncan  
U.S. Secretary of Education



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# Opinions of U.S. Adults About School Health Programs

- 81% of parents of children in K-12 want their kids to receive daily physical education<sup>1</sup>
- 74% of parents of adolescents said schools should spend more time or the same amount of time teaching health education as they do teaching other subjects<sup>2</sup>

1. Survey by Opinion Research Corp. based on interviews with a nationally representative sample of 1,017 adults, February 2000 (margin of error =  $\pm 6\%$ )

2. Gallup Organization for the American Cancer Society, national telephone survey of 1,003 parents of adolescents enrolled in U.S. public schools, 1993

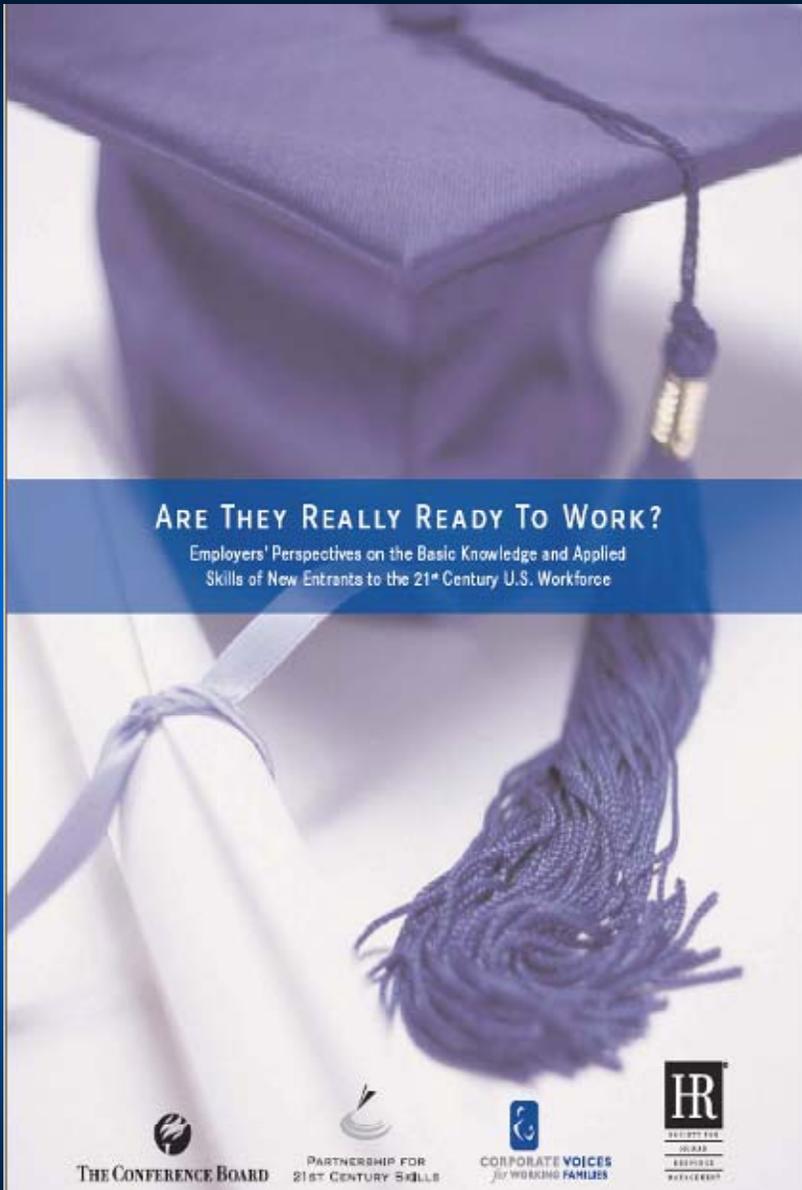
# A Survey of >400 Employers

- # 1 factor that will have the largest impact on the workplace over the next five years:

**Rising Health Care Costs**

- #1 emerging content area in terms of its importance for future graduates entering the U.S. workforce in the next five years:

**Making Appropriate Choices Concerning Health and Wellness (76% of employer respondents rated it as "most critical")**



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# Relationship Between Health and Education

*"No educational tool is more essential than good health."*

Council of Chief State School Officers

*"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially."*

National Association of State Boards of Education

# Assoc. for Supervision and Curriculum Development *A New Compact to Educate the Whole Child*



Each student:

- Enters school healthy and learns about and practices a healthy lifestyle.
- Learns in an intellectually challenging environment that is physically and emotionally safe for students and adults.
- Is actively engaged in learning and is connected to the school and broader community.
- Has access to personalized learning and to qualified, caring adults.
- Is prepared for success in college or further study and for employment in a global environment.

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# Overview of Session

- The most critical health risks for youth
- Why health is academic
- **CDC's vision for promoting the health of youth**
- Top 10 strategies for schools to prevent obesity
- Keys to success

# CDC's Vision for Promoting the Health of Youth

- Focus on the most critical health risks
- Influence multiple sectors of society



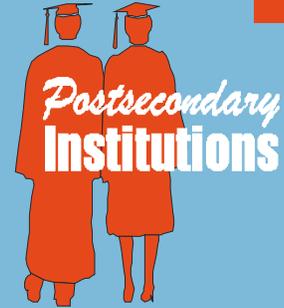
**Media**



**Government Agencies**

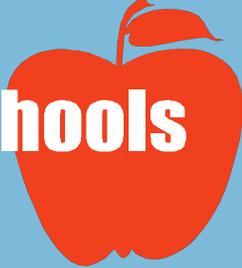


**Employers**



*Postsecondary  
Institutions*

**Schools**



**Community agencies  
*that serve youth***



**Family**

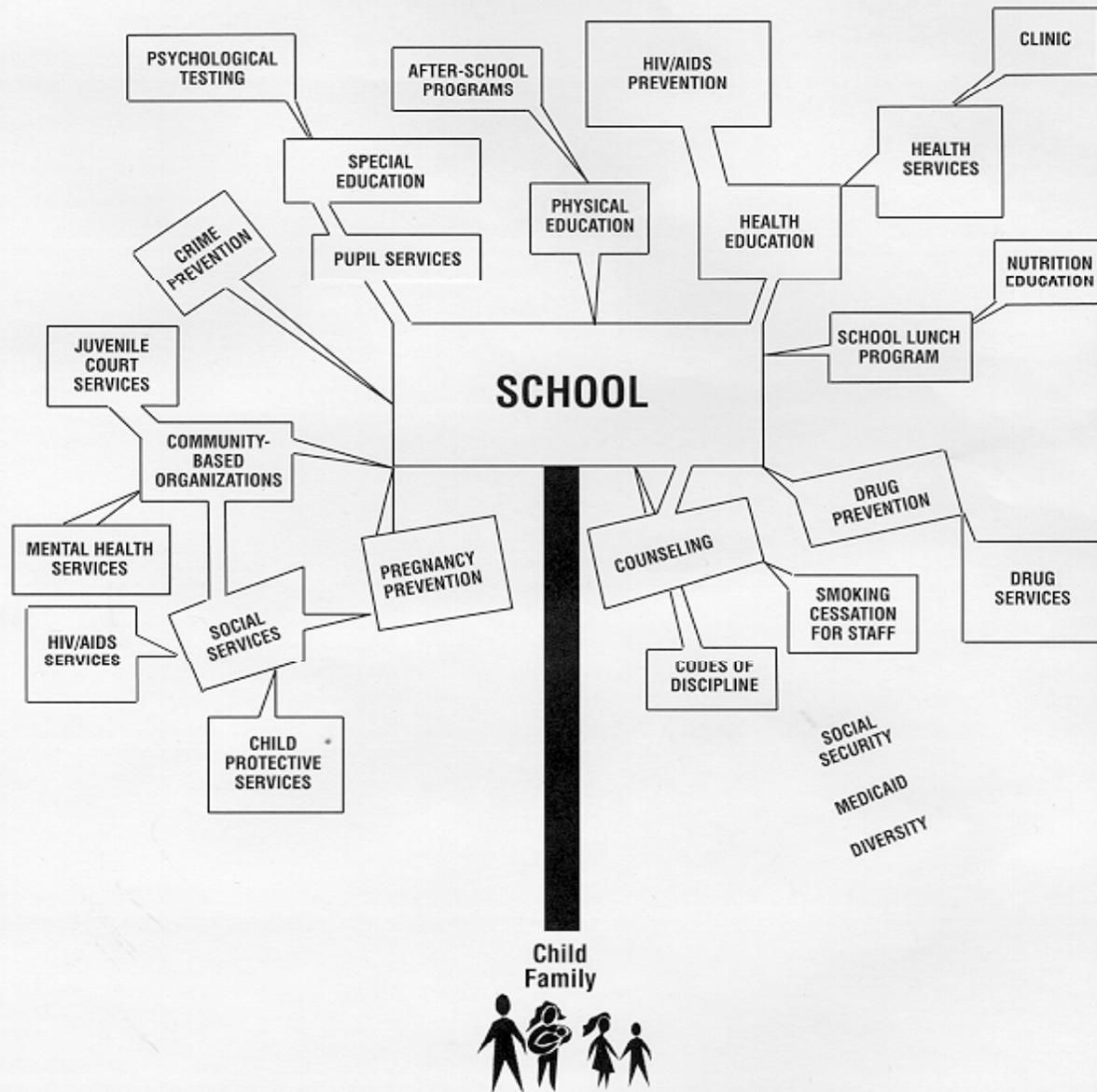
**YOUTH**

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# CDC's Vision for Promoting the Health of Youth

- Focus on the most critical health risks
- Influence multiple sectors of society
- Emphasize a systematic, collaborative, community-driven approach

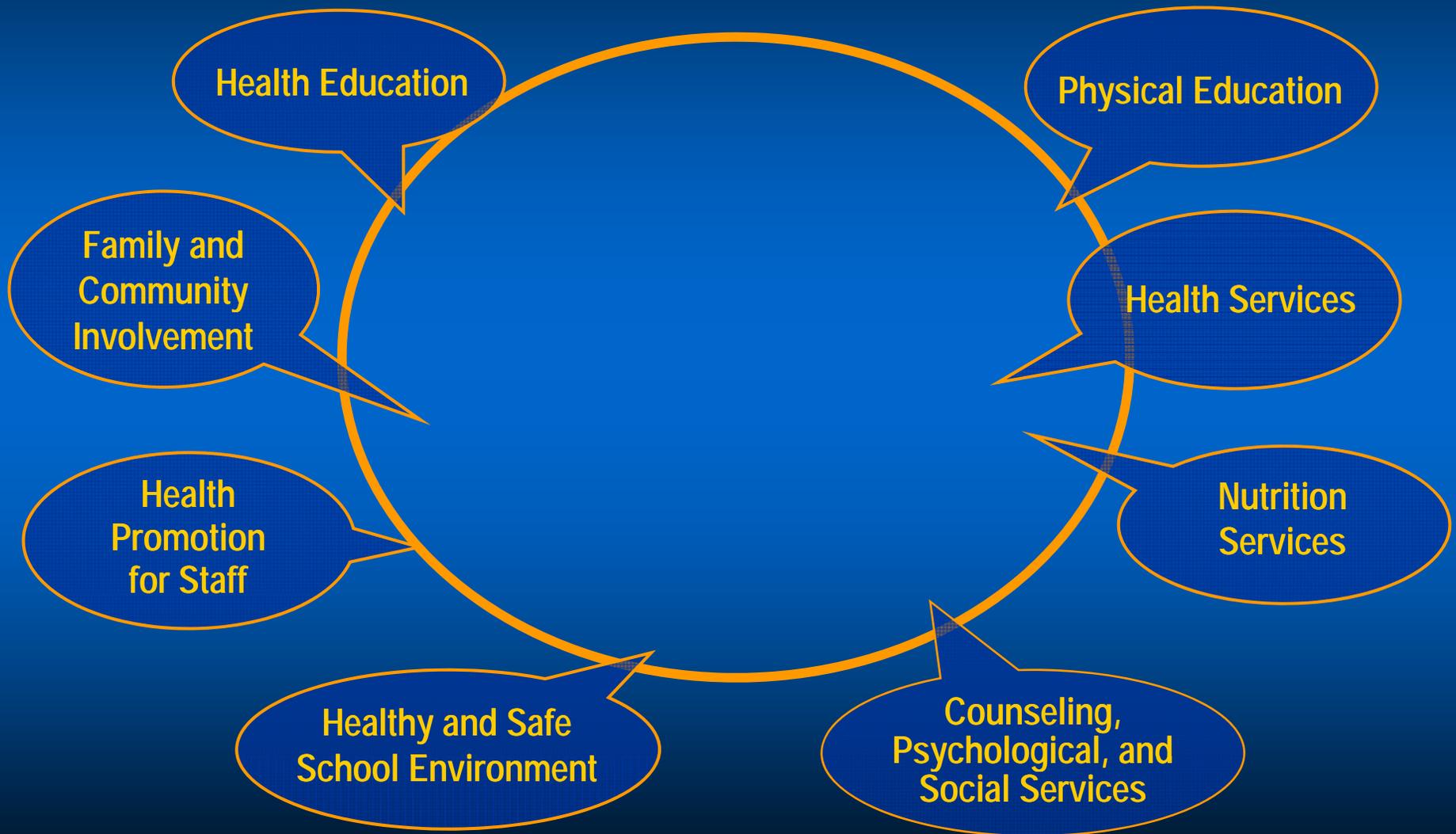
## An Example of an Uncoordinated System



Source: *Talking About Health is Academic*, 1999

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# Coordinated School Health: The Components



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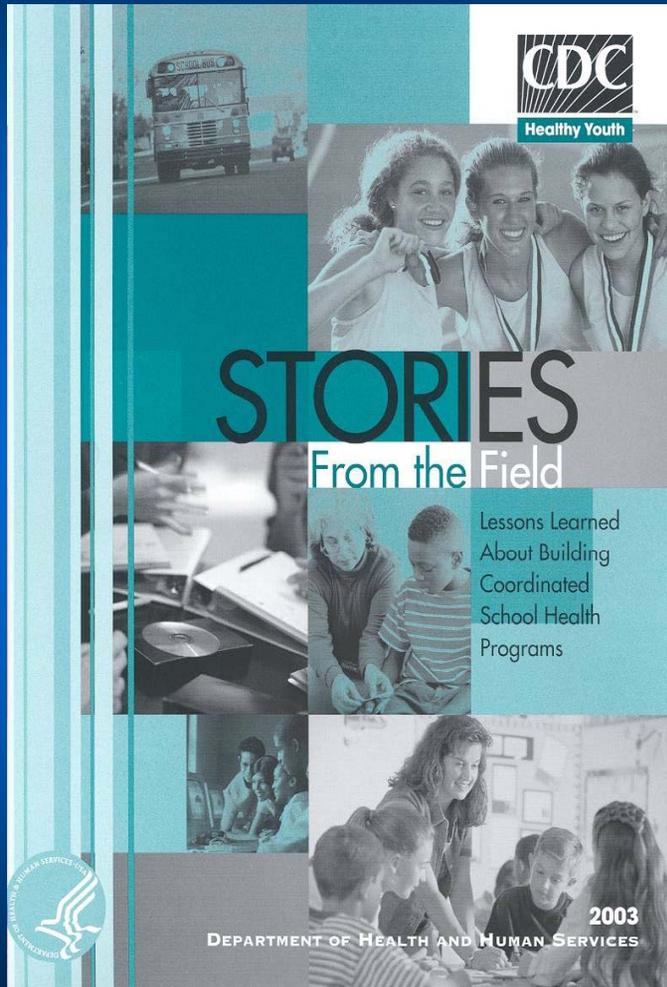
# Coordinated School Health: The Process

- School health coordinators and school health councils/teams, with the active support of school administrators, provide leadership to enable school districts and schools to:
  - foster collaboration across CSHP components and between the school and the community
  - systematically assess health needs and develop, implement, and monitor sustainable plans for improvement
  - integrate health-related goals and objectives into school improvement plans

# Benefits of Coordinated School Health

- Increased effectiveness of each component
- Synergy from collective effort
- Enhances capacity to address multiple risk behaviors that often have common antecedents
- Reduced duplication and fragmentation
- Links with community resources
- Opportunities for family and student involvement
- Fosters sustainability

# Lessons Learned About CSH



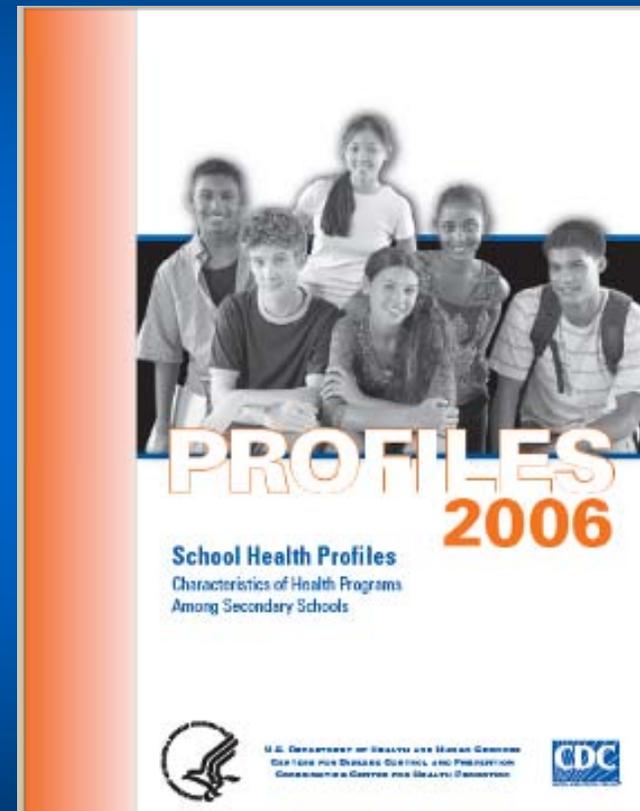
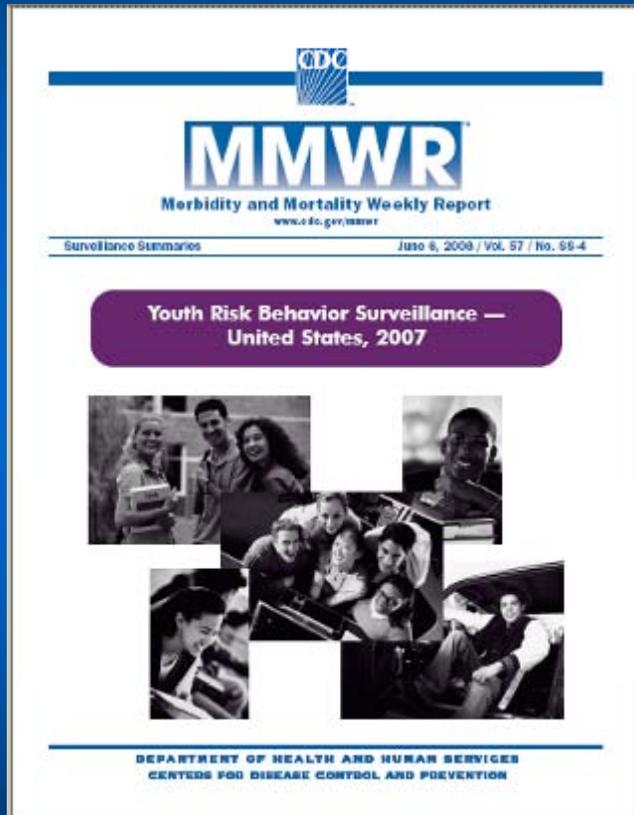
- Every school does it differently. CSH is a framework, not a recipe.
- Changing a system takes time. Implementing CSH is a process, not an event.

# CDC's Vision for Promoting the Health of Youth

- Focus on the most critical health risks
- Influence multiple sectors of society
- Emphasize a systematic, collaborative, community-driven approach
- Use data to guide planning and evaluation

# YRBS

# PROFILES



[www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)

[www.cdc.gov/HealthyYouth/profiles](http://www.cdc.gov/HealthyYouth/profiles)

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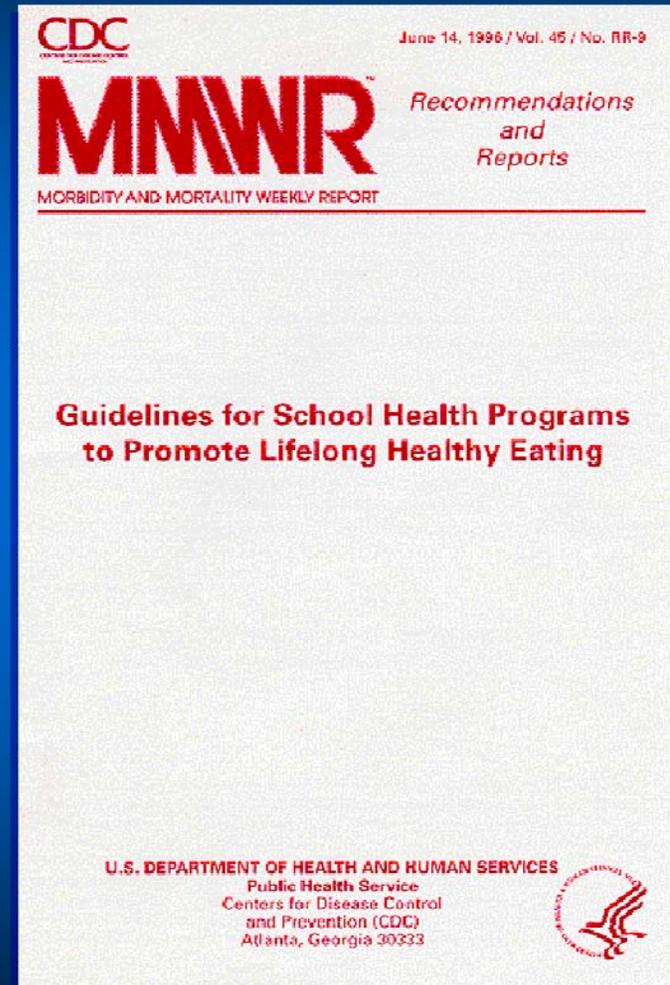
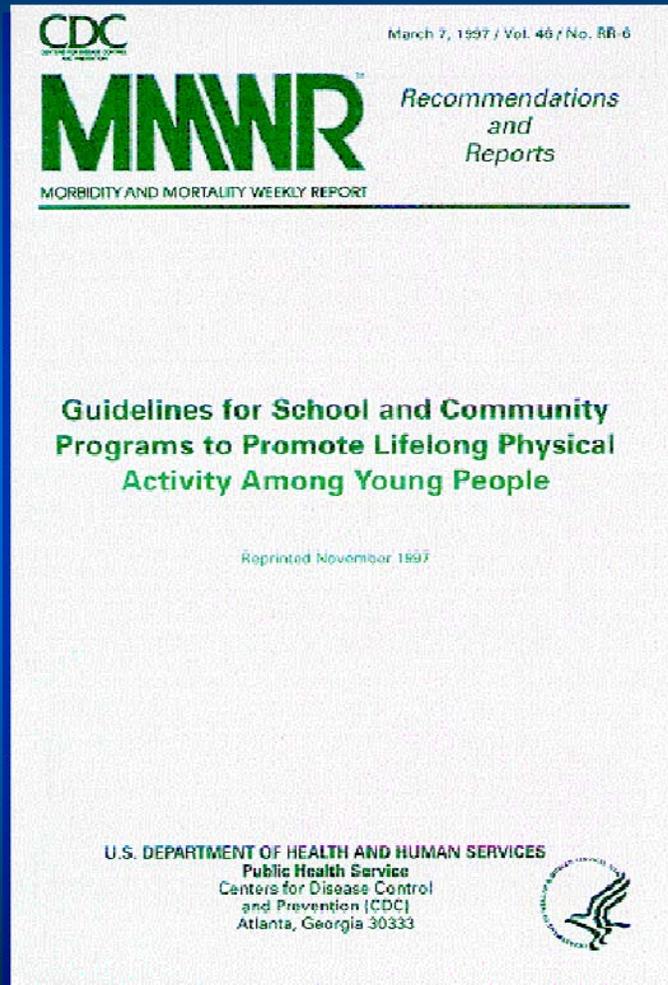
# Policy and Program Applications for Data

- Create awareness
- Set program goals
- Develop programs and policies
- Support health-related legislation
- Seek funding

# CDC's Vision for Promoting the Health of Youth

- Focus on the most critical health risks
- Influence multiple sectors of society
- Emphasize a systematic, collaborative, community-driven approach
- Use data to guide planning and evaluation
- Promote evidence-based, effective policies and practices

# What Can Schools Do?



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# A Policy-Based School Intervention to Prevent Overweight and Obesity

Gary D. Foster, PhD<sup>a</sup>, Sandy Sherman, EdD<sup>b</sup>, Kelley E. Borradaile, PhD<sup>a</sup>, Karen M. Grundy, MA, MEd<sup>c</sup>, Stephanie S. Vander Veur, MPH<sup>a</sup>, Joan Nachmani, MS, CNS, SFNS<sup>d</sup>, Allison Karpyn, PhD<sup>b</sup>, Shiriki Kumanyika, PhD, MPH<sup>e</sup>, Justine Shults, PhD<sup>e</sup>

<sup>a</sup>Center for Obesity Research and Education, Temple University, Philadelphia, Pennsylvania; <sup>b</sup>The Food Trust, Philadelphia, Pennsylvania; <sup>c</sup>Department of Clinical Developmental Psychology, Bryn Mawr College, Bryn Mawr, Pennsylvania; <sup>d</sup>Department of Health, Physical Education, Safety and Sports Administration, School District of Philadelphia, Philadelphia, Pennsylvania; <sup>e</sup>Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, Pennsylvania

The authors have indicated they have no financial relationships relevant to this article to disclose.

## What's Known on This Subject

The increasing prevalence and consequences of childhood obesity have prompted calls for broad public health solutions that reach beyond clinic settings. Schools are ideal settings for population-based interventions. Despite their intuitive appeal, the results for school-based interventions are mixed.

## What This Study Adds

This study has several distinctive features: (1) it is a school-based intervention that is community originated, (2) the population is composed of fourth- to sixth-graders from a low socioeconomic status, and (3) the program is effective and particularly so for blacks.

## ABSTRACT

**BACKGROUND.** The prevalence and seriousness of childhood obesity has prompted calls for broad public health solutions that reach beyond clinic settings. Schools are ideal settings for population-based interventions to address obesity.

**OBJECTIVE.** The purpose of this work was to examine the effects of a multicomponent, School Nutrition Policy Initiative on the prevention of overweight (85.0th to 94.9th percentile) and obesity (>95.0th percentile) among children in grades 4 through 6 over a 2-year period.

**METHODS.** Participants were 1349 students in grades 4 through 6 from 10 schools in a US city in the Mid-Atlantic region with  $\geq 50\%$  of students eligible for free or reduced-price meals. Schools were matched on school size and type of food service

[www.pediatrics.org/cgi/doi/10.1542/peds.2007-1365](http://www.pediatrics.org/cgi/doi/10.1542/peds.2007-1365)

doi:10.1542/peds.2007-1365

### Key Words

children and adolescents, community pediatrics, obesity, population-based studies, school-based program

### Abbreviations

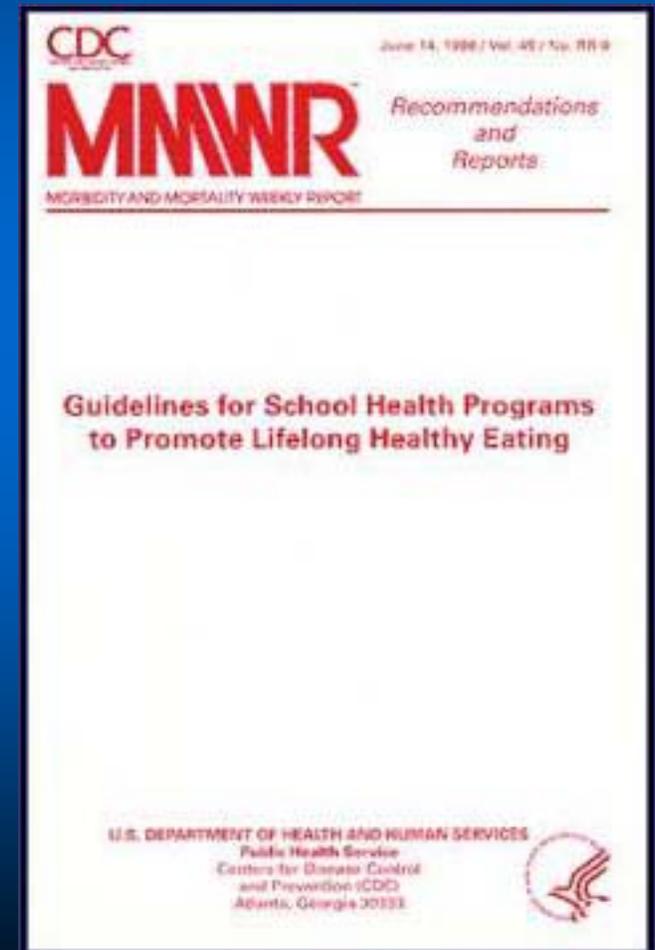
SNPI—School Nutrition Policy Initiative  
CDC—Centers for Disease Control and Prevention

Foster G et al. *Pediatrics* 2008;121:e794-e802

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# Components of the School Nutrition Policy Initiative

- Nutrition Advisory Group
- Self-assessment (CDC's *School Health Index*)
- Nutrition education (with staff training)
- Nutrition standards
- Marketing techniques
- Family outreach



Foster G et al. Pediatrics 2008;121:e794-e802

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# Results of the School Nutrition Policy Initiative After 2 Years

	Intervention Schools	Control Schools
% of students who became overweight	7.5%	15%
% students overweight	10%	26%
Hours of inactivity	about 9%	about 3%
Hours of weekday television watching	about 1%	about 7.5%

Foster G et al. Pediatrics 2008;121:e794-e802

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# Strategies to Prevent Obesity and Tobacco Use

## Make a Difference at Your School!

CDC Resources Can Help You Implement Strategies to  
Prevent Obesity Among Children and Adolescents



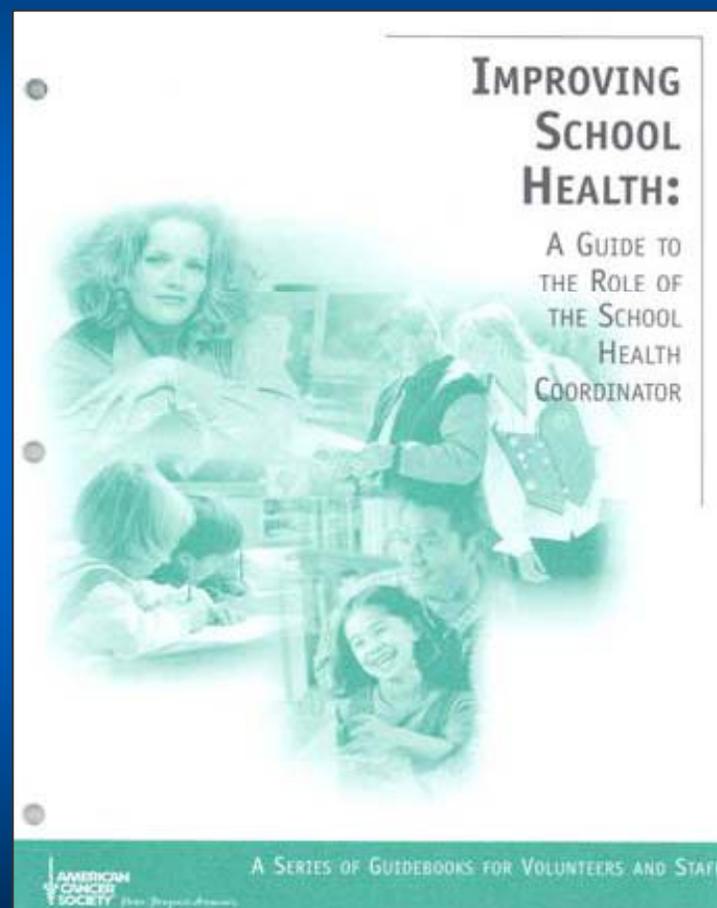
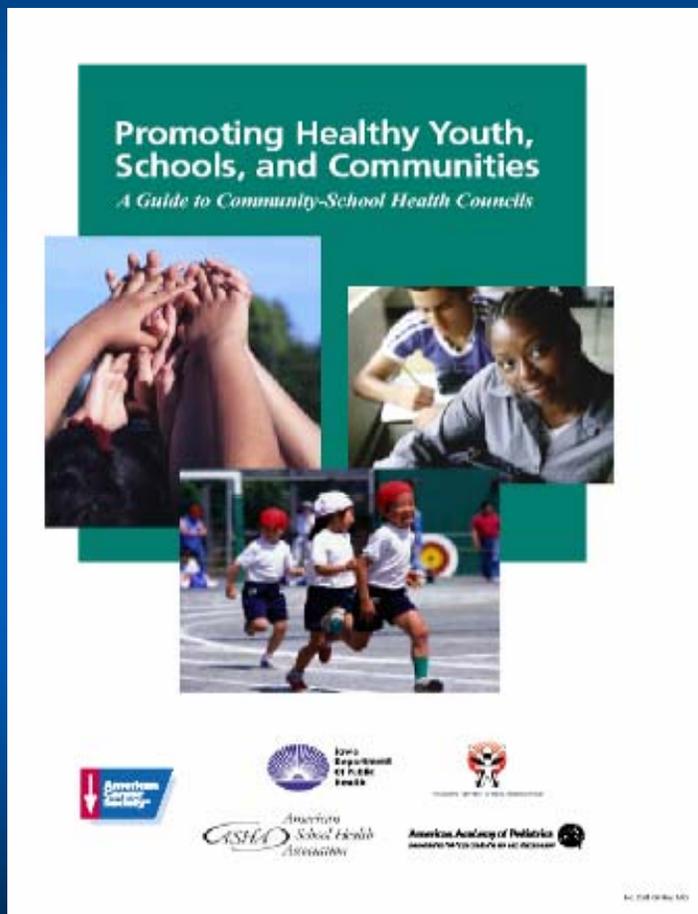
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/HealthyYouth/keystrategies](http://www.cdc.gov/HealthyYouth/keystrategies)

- **School health council and coordinator**
- Self-assessment and planning for improvement
- Strong wellness policies
- Health promotion for staff
- High-quality health education
- High quality physical education
- Increased physical activity opportunities
- Quality school meal program
- Appealing, healthy food and beverage choices outside of school meals
- Tobacco-free schools

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# Coordinated School Health Resources from the American Cancer Society



[www.cancer.org/schoolhealth](http://www.cancer.org/schoolhealth)

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# Strategies to Prevent Obesity and Tobacco Use

## Make a Difference at Your School!

CDC Resources Can Help You Implement Strategies to  
Prevent Obesity Among Children and Adolescents



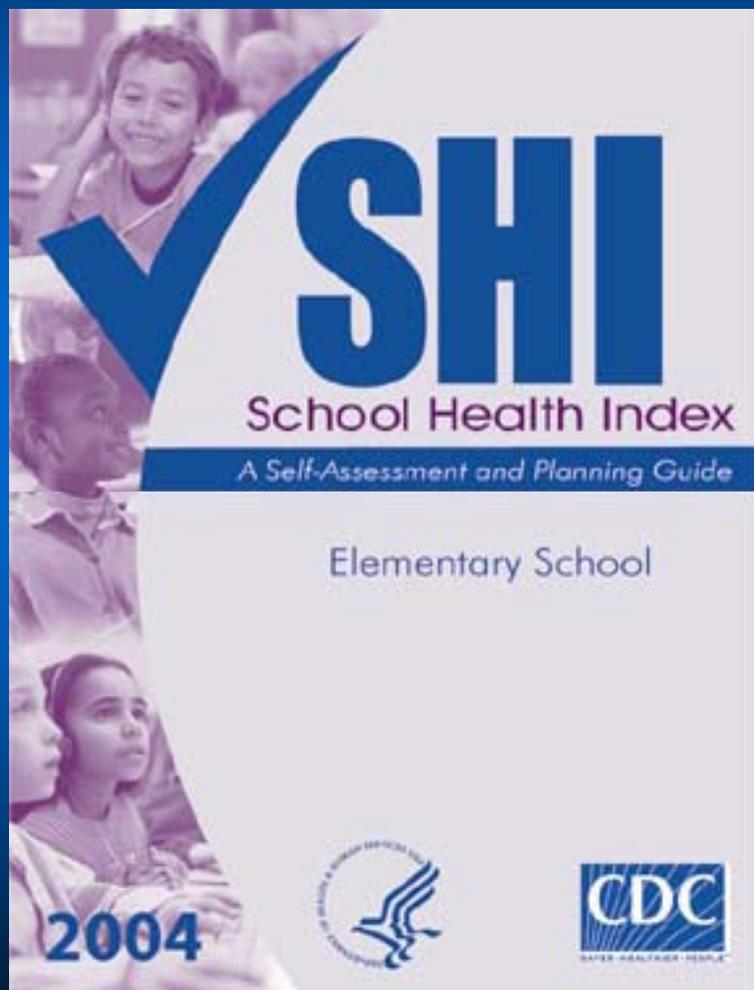
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/HealthyYouth/keystrategies](http://www.cdc.gov/HealthyYouth/keystrategies)

- School health council and coordinator
- **Self-assessment and planning for improvement**
- Strong wellness policies
- Health promotion for staff
- High-quality health education
- High quality physical education
- Increased physical activity opportunities
- Quality school meal program
- Appealing, healthy food and beverage choices outside of school meals
- Tobacco-free schools

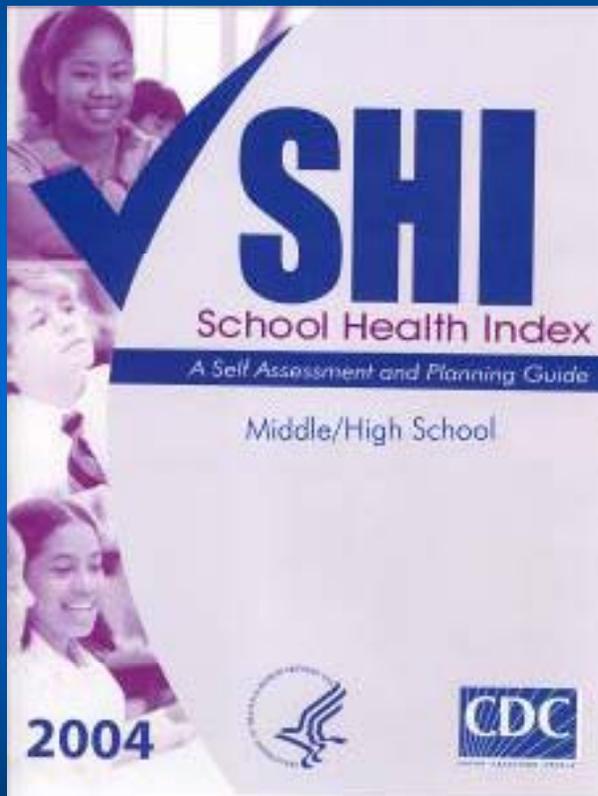
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# Self-Assessment and Planning for Improvement



- Identify strengths and weaknesses of health promotion policies and programs
- Develop an action plan for improving student health
- Engage teachers, parents, students, and the community in promoting health enhancing behaviors and better health

# Sample Changes Made As A Result of Using SHI



- Hired a PE teacher for the first time
- Increased time spent in PE
- Built walking trails on campus
- Developed a walking club and other wellness programs for school staff
- Added healthy choices to vending machines
- Added another lunch line and moved healthy choices to the front of the line

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# Resources for Helping School Districts Develop Wellness Policies



USDA United States Department of Agriculture  
Food and Nutrition Service

TEAM NUTRITION

Home About Team Nutrition FNS Newsroom Help Contact Us

You are here: Home > Healthy Schools > Local Wellness Policy

### Healthy Schools

#### Local Wellness Policy

Congress recognizes that schools play a critical role in promoting student health, preventing childhood obesity, and combating problems associated with poor nutrition and physical inactivity. To formalize and encourage this role, Congress passed a law (P.L. 109 - 265), requiring each school district participating in the National School Lunch and/or Breakfast Program to establish a

- Local Wellness Policy Requirements
- Local Process: How to Create, Implement, and Evaluate a Wellness Policy

[www.fns.usda.gov/tn/healthy/wellnesspolicy.html](http://www.fns.usda.gov/tn/healthy/wellnesspolicy.html)



[http://www.actionforhealthykids.org/resources\\_wp.php](http://www.actionforhealthykids.org/resources_wp.php)

Home

Resources to Improve Schools / Wellness Policy Tool

Action for Healthy Kids®

### Wellness Policy Tool

In June 2004, the [Child Nutrition and WIC Reauthorization Act](#) was signed into law, making it mandatory for all local education agencies participating in the National School Lunch Program to create a local wellness policy by June 2006.

This Wellness Policy Tool has been developed with input from our partner organizations and many Action for Healthy Kids State Team members. This tool has been designed to help your team create a local wellness policy that meets your district's goals for nutrition and physical activity.

- About Us
- State-by-State Action
- Resources to Improve Schools
- Events, Programs & Reports
- Tools for Teams
- Newsroom

[www.actionforhealthykids.org](http://www.actionforhealthykids.org)



[www.schoolwellnesspolicies.org](http://www.schoolwellnesspolicies.org)

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# Health Promotion for Staff

## SCHOOL EMPLOYEE

A Guide for Protecting **WELLNESS**  
the Assets of Our Nation's Schools



[www.dhpe.org](http://www.dhpe.org)

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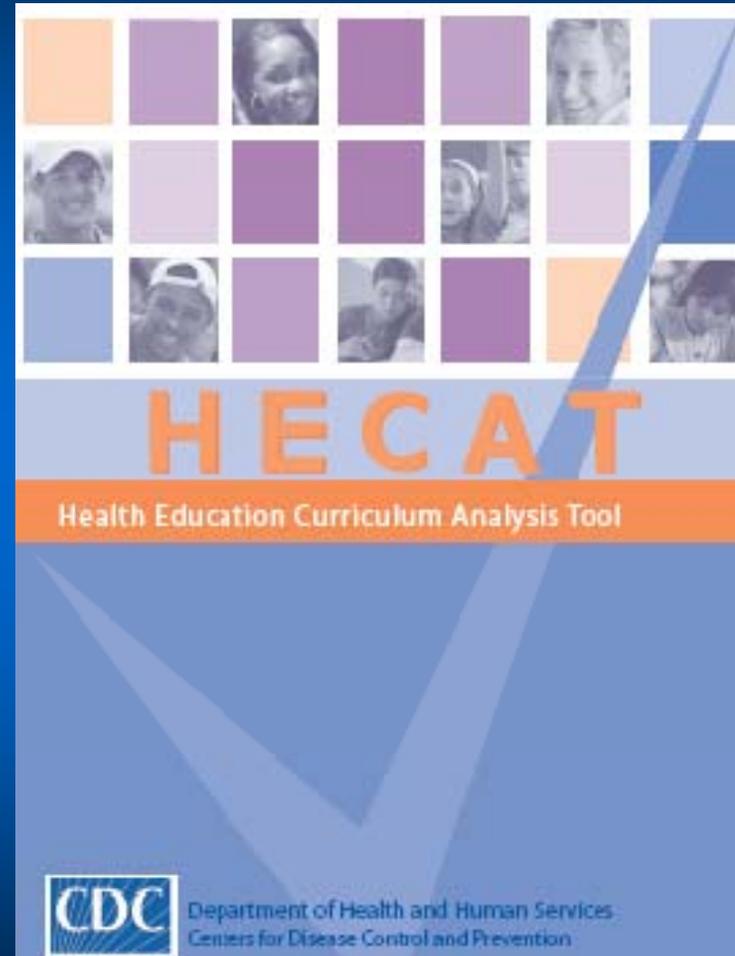
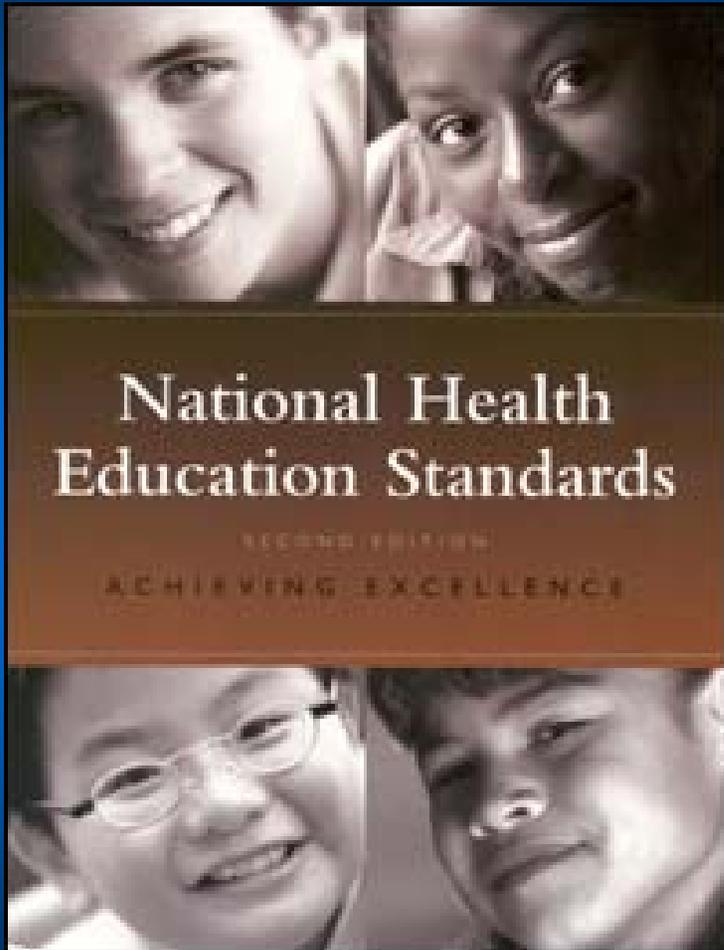
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[www.cdc.gov/HealthyYouth/keystrategies](http://www.cdc.gov/HealthyYouth/keystrategies)

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# Health Education



[www.cancer.org/schoolhealth](http://www.cancer.org/schoolhealth)

[www.cdc.gov/healthyyouth/HECAT](http://www.cdc.gov/healthyyouth/HECAT)

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Health Topics A-Z

National Center for Chronic Disease Prevention and Health Promotion

# Healthy Youth!

## CDC's School Health Education Resources (SHER)

[Healthy Youth](#)

[School Health Education Resources \(SHER\)](#)

[National Health Education Standards](#)

[Characteristics of Effective Curricula](#)

[Frequently Asked Questions](#)

[Contact Us](#)



CDC's School Health Education Resources (SHER)\* provides user-friendly access to the myriad school health education offerings available from the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC). Included with the SHER materials are the related [National Health Education Standards](#) and CDC's [Characteristics of Effective Health Education Curricula](#).

Keywords:

Search

Filter

### Topics:

- All Topics
- Alcohol & Other Drugs
- Community & Environmental Health
- Diseases & Disorders
- Family Health
- Injury & Violence
- Mental Health
- Nutrition
- Personal & Consumer Health

### Grade Levels:

- All Grades
- Pre-K - 2
- 3-5
- 6-8
- 9-12

### Resource Types:

- All Resource Types
- Curriculum & Lessons
- Fact Sheets

[www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth)

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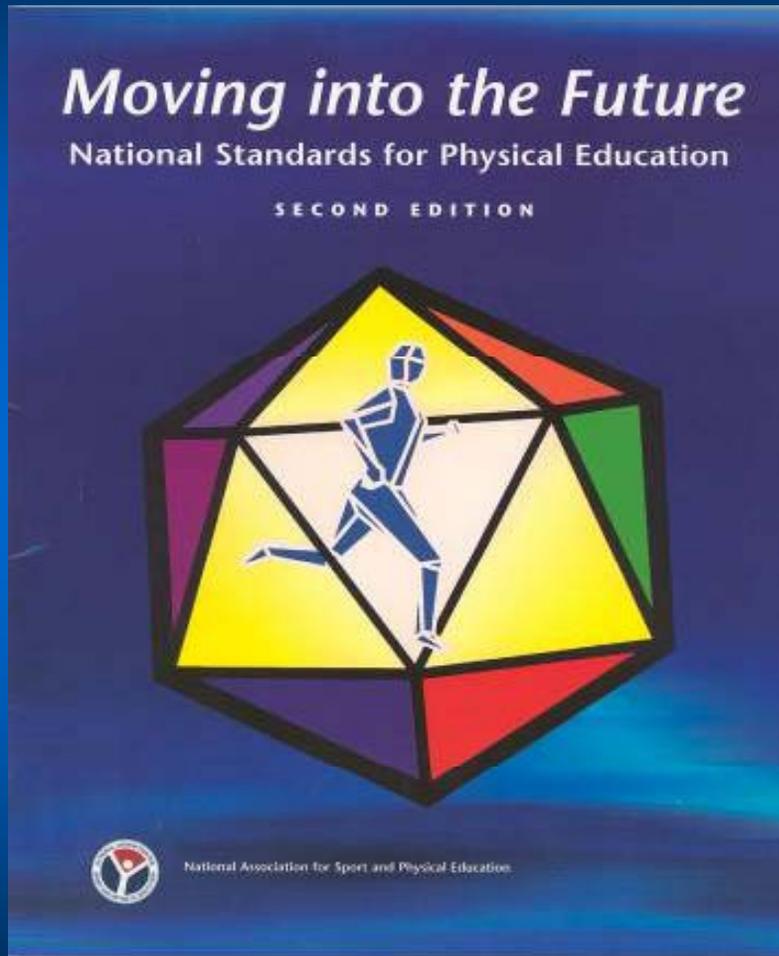
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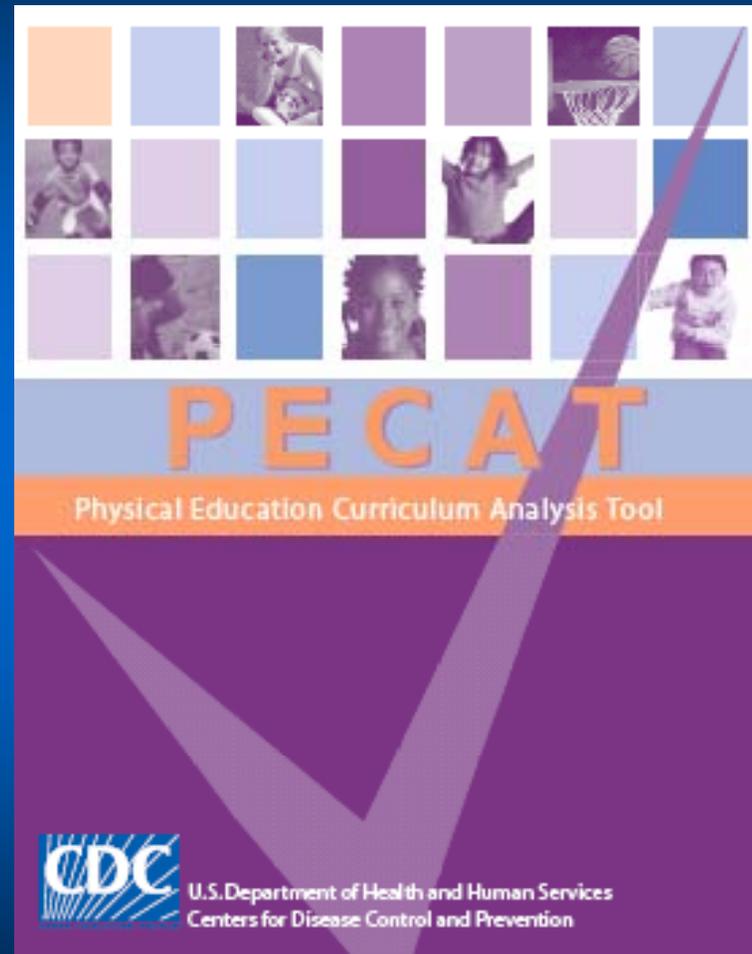
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# Physical Education



[www.aahperd.org/naspe](http://www.aahperd.org/naspe)



[www.cdc.gov/healthyyouth/PECAT](http://www.cdc.gov/healthyyouth/PECAT)

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# Quality Physical Education Requires

- Adequate time (150 min/week for elementary; 225 min/week for secondary)
- Highly qualified teachers
- A written curriculum
- Student assessment
- Adequate facilities and supplies
- Reasonable class sizes

# South Carolina: Rigorous Physical Education Student Assessment

- Established state physical education standards
- Developed materials to assess student proficiency in physical education
- Implemented staff development activities on assessment
- Piloted collection of data to determine school PE program effectiveness based on aggregated student data; included results in school report cards
- May 2005 legislation funded the assessment program and required implementation in all districts (with inclusion on school report cards)

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# A Comprehensive School Physical Activity Program Includes:

- Elementary school: daily recess period
- Physical activity throughout the school day
- Extra-curricular physical activity programs
  - Inclusive, intramural programs and physical activity clubs
  - High school: Interscholastic athletics
- Walk/bike to school program ("safe routes")
- Staff wellness program

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# Quality School Meal Program



[www.fns.usda.gov/fns](http://www.fns.usda.gov/fns)



**S**CHOOL  
**N**UTRITION  
**A**SSOCIATION

[www.schoolnutrition.org](http://www.schoolnutrition.org)



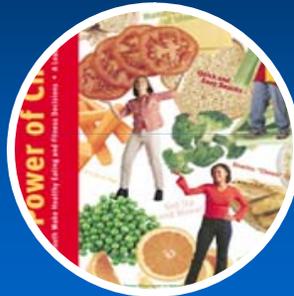
[www.nfsmi.org](http://www.nfsmi.org)

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# Balancing Priorities in School Nutrition Programs



Nutritional Standards



Appealing Choices



Affordable Meals



Food Safety



Health Related Concerns



Cultural Diversity



Perceptions



Commercial Influences



Student Preferences



*Slide developed by Dr. Katie Wilson, President, School Nutrition Association, 2009*

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# Percentage of States That Require Certification, Licensure, or Endorsement in Field for Newly Hired Staff

- Health education teachers:
  - Elementary schools: 27%
  - Middle/junior high schools: 69%
  - High schools: 74%
- Physical education teachers:
  - Elementary schools: 65%
  - Middle/junior high schools: 88%
  - High schools: 92%
- Guidance counselors: 98%
- School psychologists: 96%
- School nurses: 41%
- **District food service coordinators: 6%**

Source: CDC, School Health Policies and Programs Study, 2000

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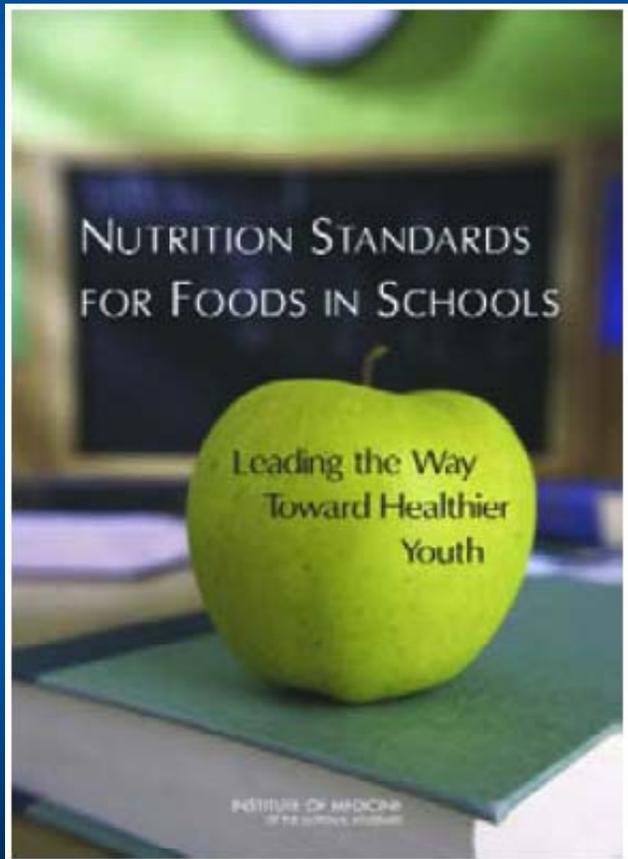
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# IOM's *Nutrition Standards for Foods in Schools*



- Federally reimbursable school nutrition programs should be the main source of nutrition in schools
- Opportunities for competitive foods should be limited
- If competitive foods are available, they should consist primarily of nutritious fruits, vegetables, whole grains, and nonfat or low-fat dairy products.

# Connecticut's Comprehensive Approach to Promoting Healthy Eating

## ■ BEVERAGE STATUTE

- Schools can only offer for sale to students milk, 100% juice, or water at all times at all locations (e.g., cafeterias, vending machines, stores, fundraisers)

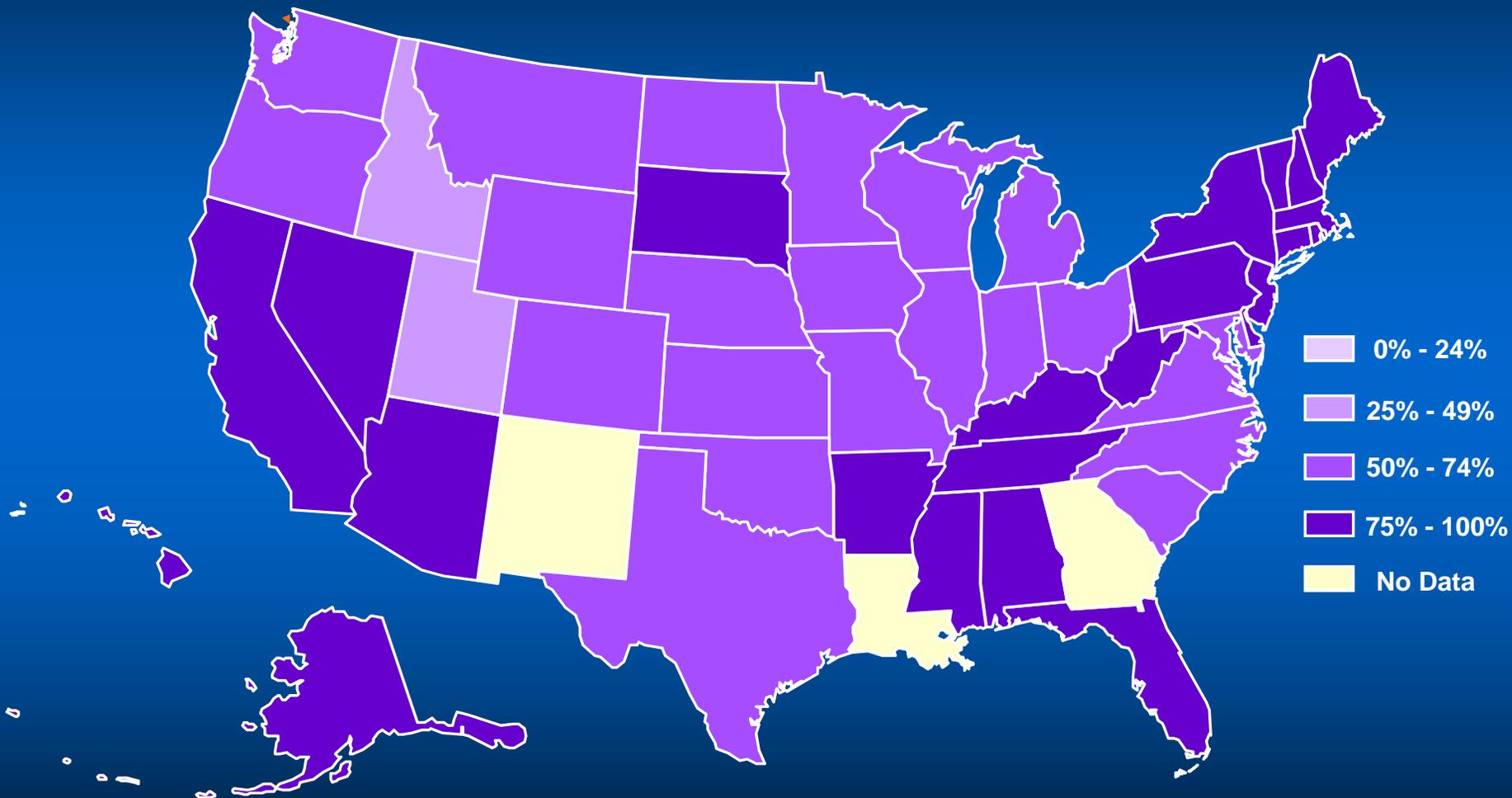
## ■ HEALTHY FOOD CERTIFICATION

- Districts that document that their schools comply with the CT Nutrition Standards receive 10 cents extra per lunch reimbursement

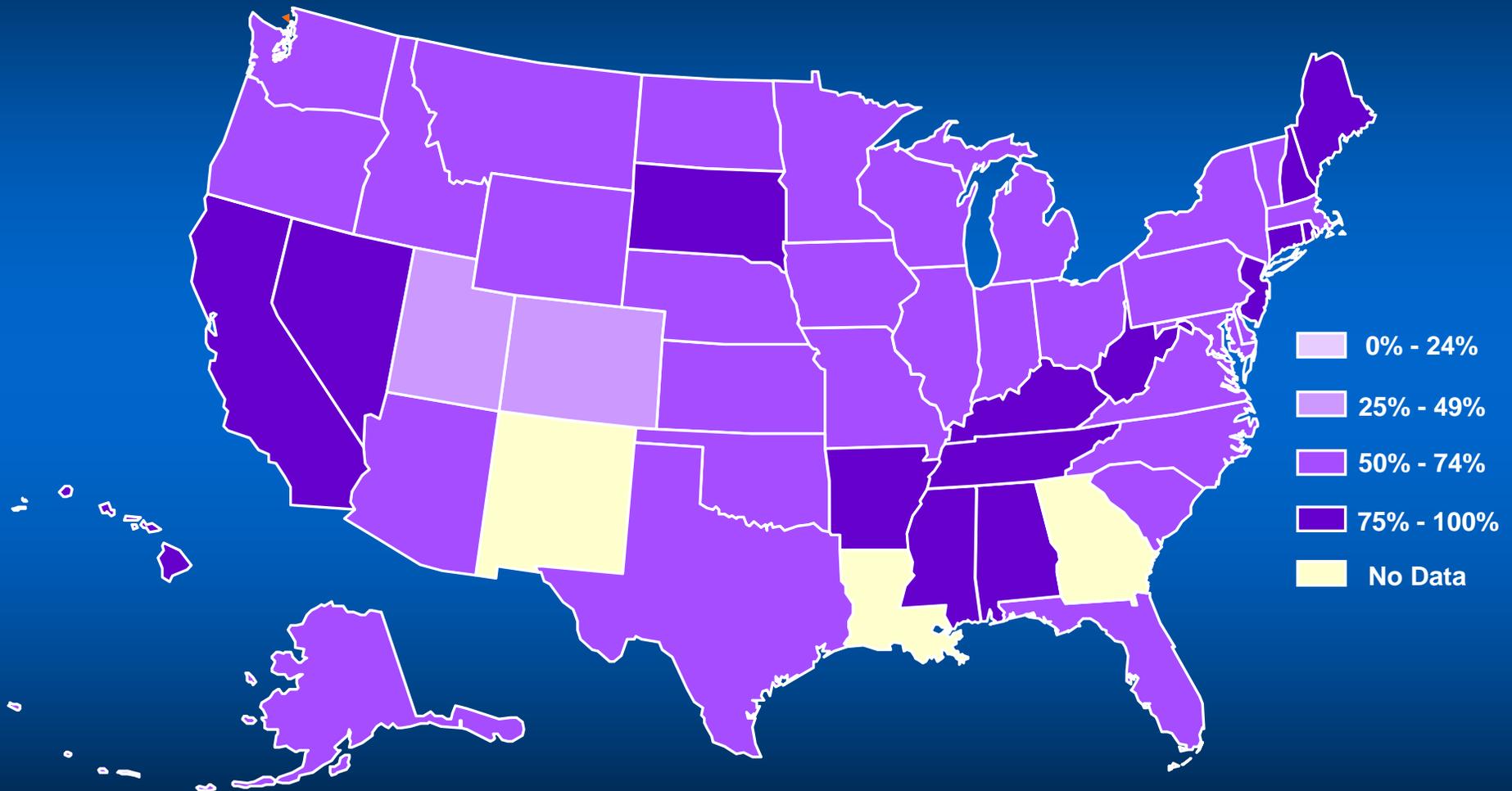
## ■ WELLNESS POLICY ANALYSES

- Assessed 166 district wellness policies on comprehensiveness and strength
- Mailed analyses to each district's superintendent, board of education chair, and child nutrition director; also posted online

# Percentage of schools in which students could not purchase chocolate candy from vending machines or at the school store, canteen, or snack bar

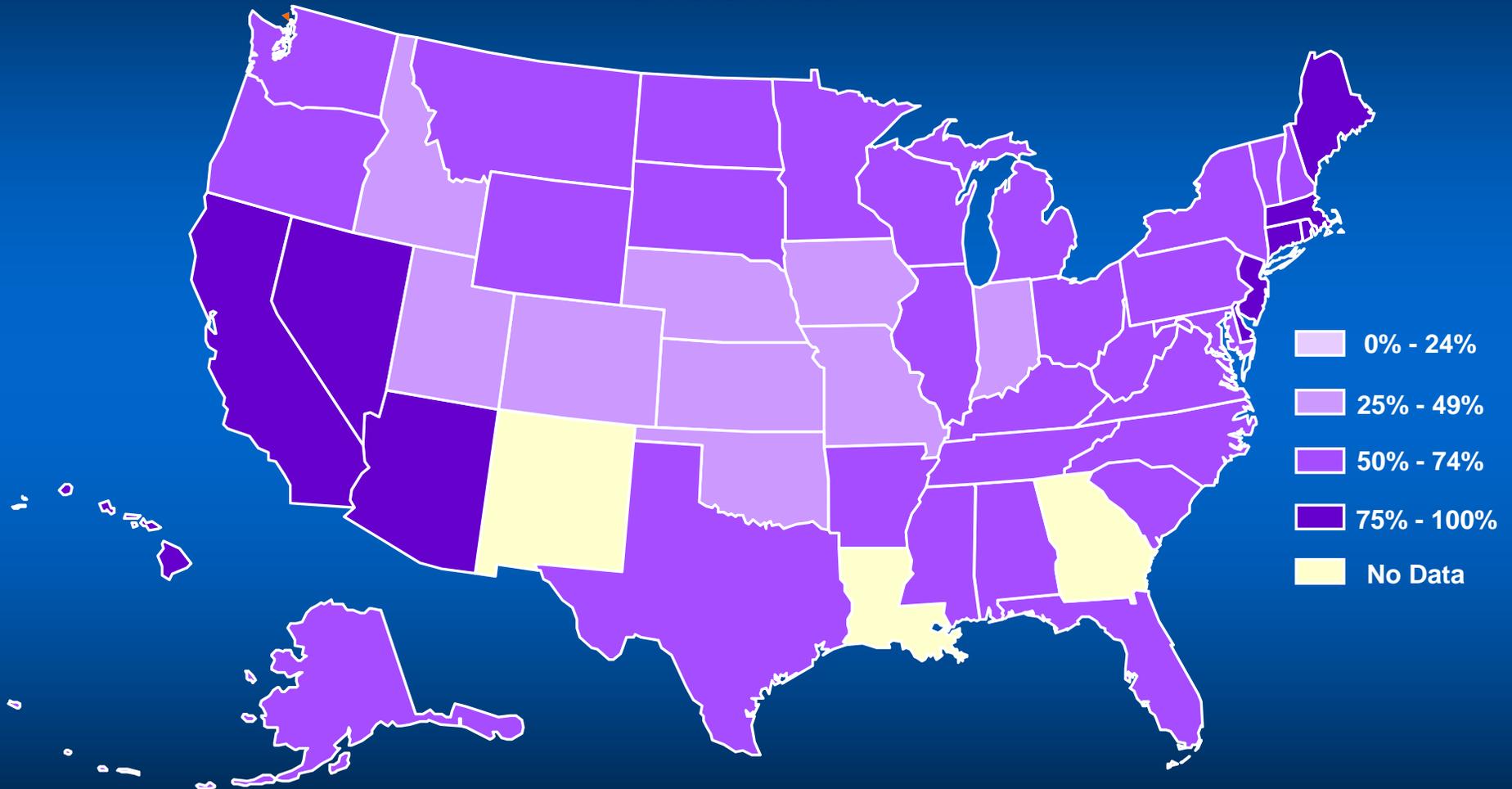


# Percentage of schools in which students could not purchase salty snacks that are not low in fat\* from vending machines or at the school store, canteen, or snack bar



\*Such as regular potato chips.

# Percentage of schools in which students could not purchase soda pop or fruit drinks that are not 100% juice from vending machines or at the school store, canteen, or snack bar





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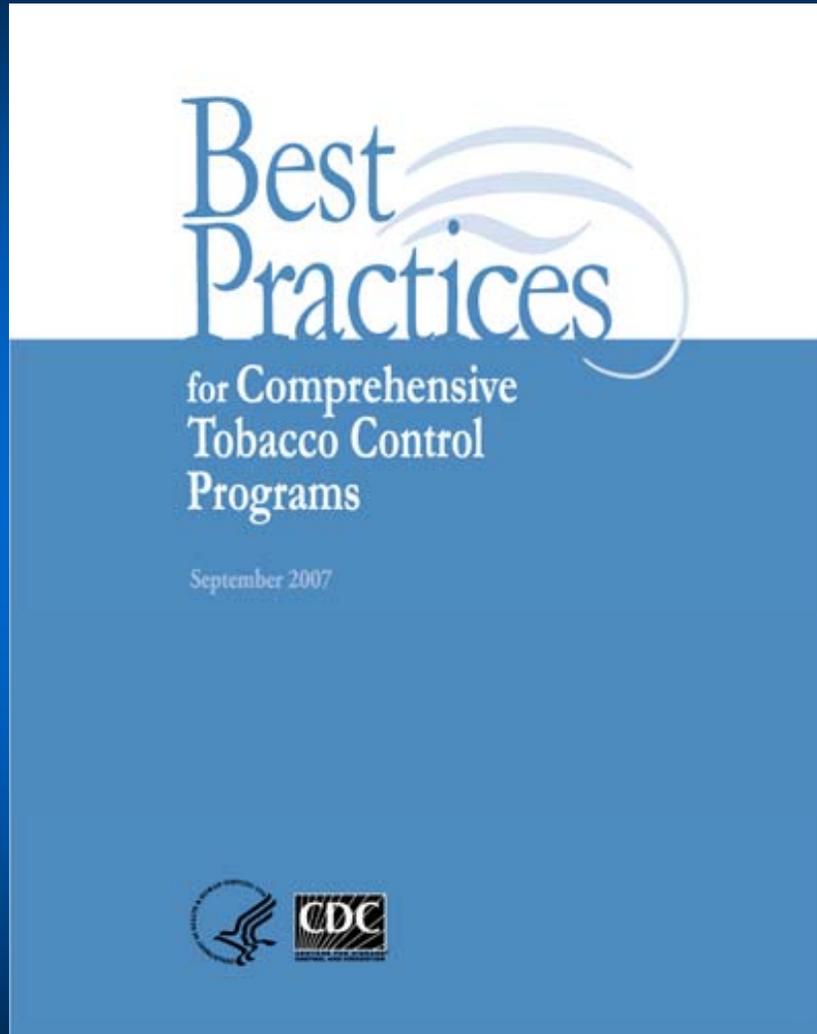
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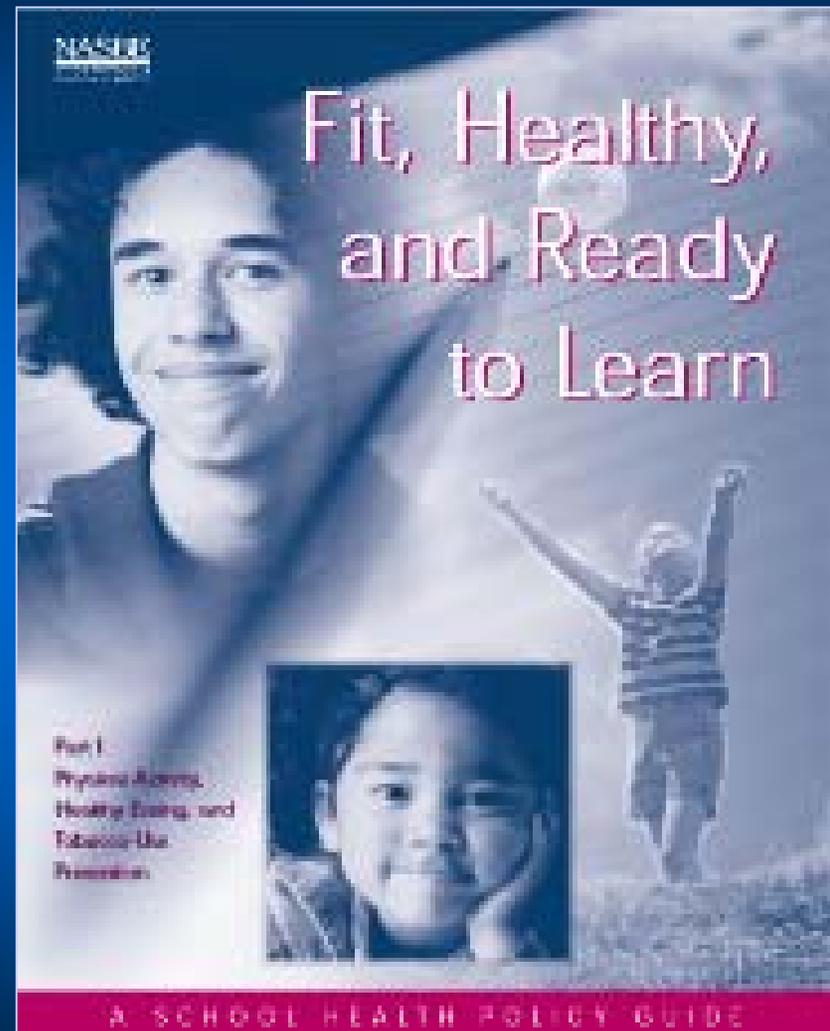
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# Tobacco Free Schools



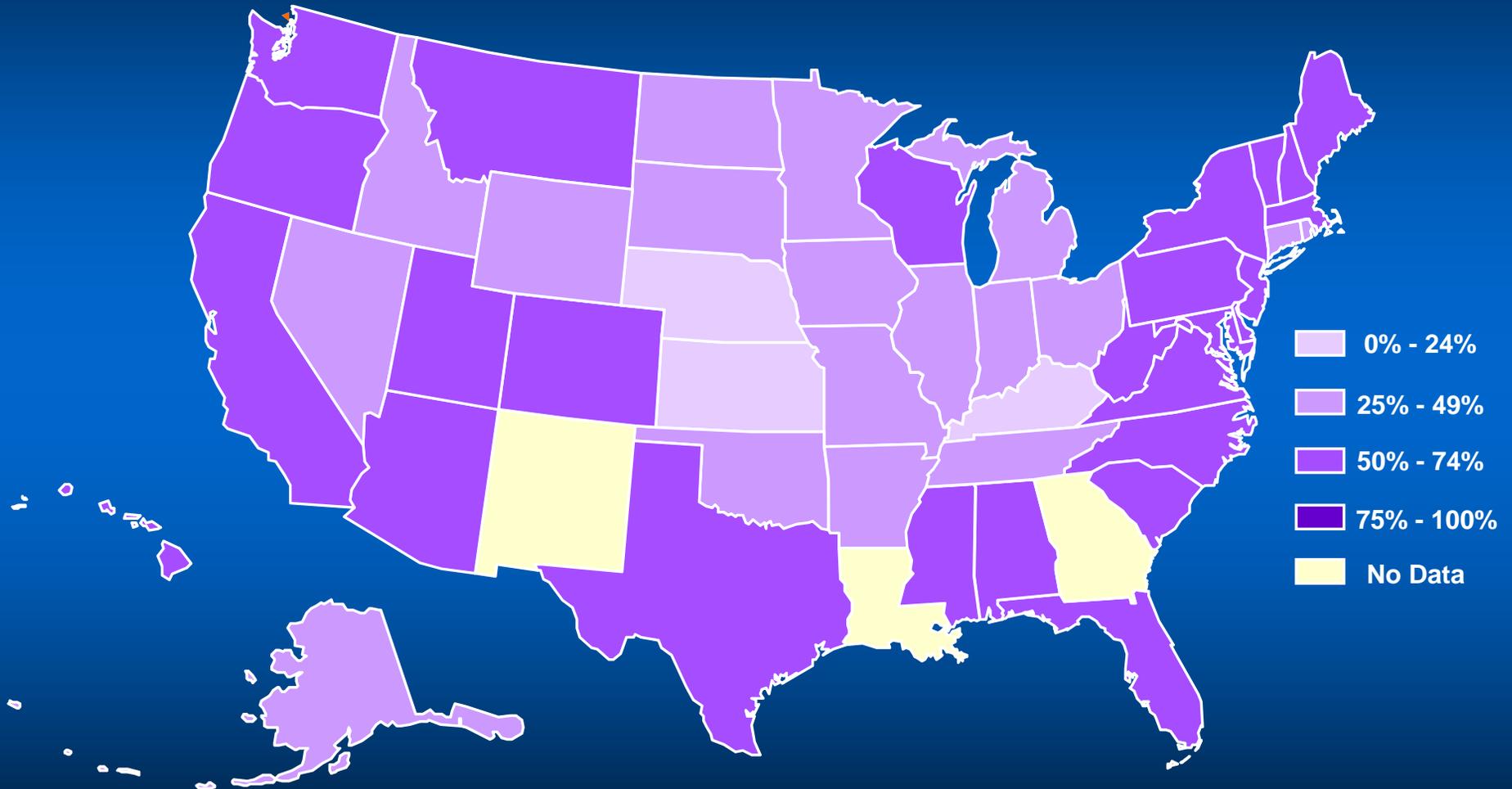
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)



[www.nasbe.org](http://www.nasbe.org)

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# Percentage of schools that prohibited all tobacco use at all times in all locations\*



\*Prohibited the use of all tobacco, including cigarettes, smokeless tobacco, cigars, and pipes; by students, faculty and school staff, and visitors; in school buildings; outside on school grounds; on school buses or other vehicles used to transport students; and at off-campus, school-sponsored events; during school hours and non-school hours.





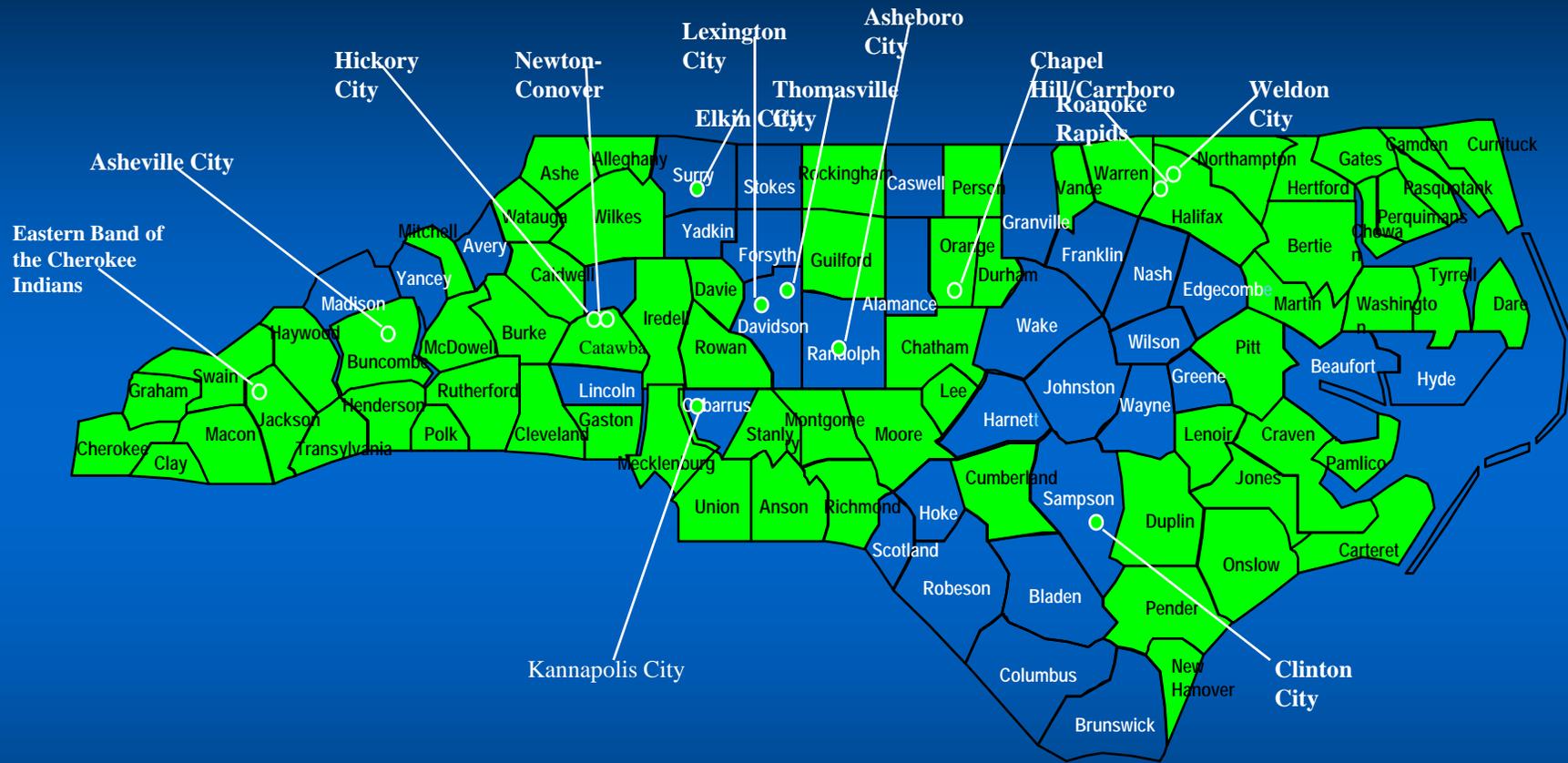








# N.C. School Districts that Have Adopted a 100% Tobacco-Free School Policy

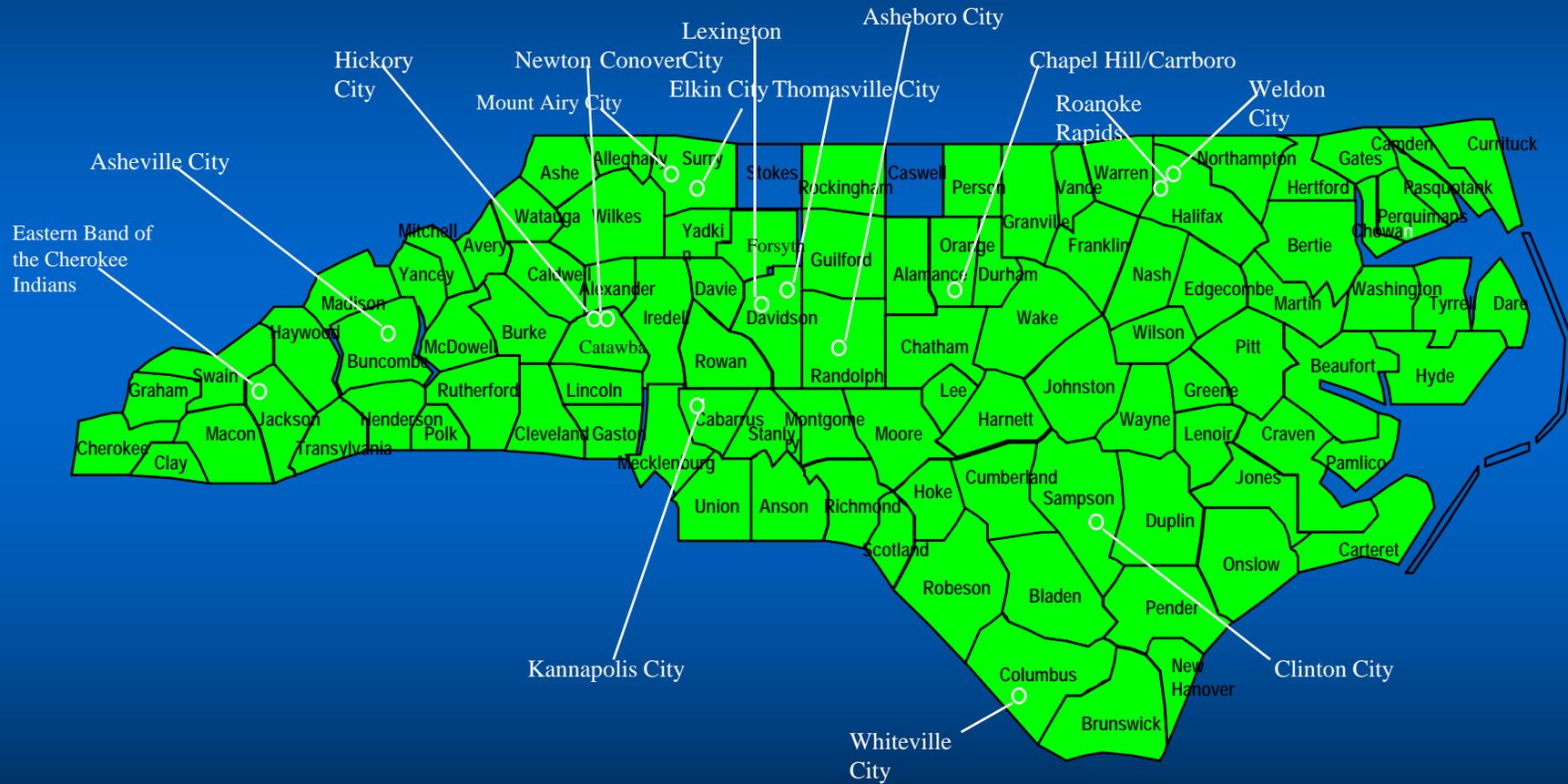


2006

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# N.C. School Districts that Have Adopted a 100% Tobacco-Free School Policy



**August 2008**

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# North Carolina: 100% Tobacco-Free Schools

- Strong leadership from Governors Hunt, Easley, and Perdue
- Statewide Tobacco-Free Task Force established
- Grass roots efforts to educate, advocate, and market tobacco-free school policies and efforts across the state
- Endorsed by state superintendent and school board
- School Health Leadership Assemblies
- 2007 legislation mandated that all school districts adopt and enforce the policy by August 2008

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National Center for Chronic Disease Prevention and Health Promotion

# Healthy Schools Healthy Youth!



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## School Health

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Coordinated School Health Program

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## Our Funded Partners

### [Funding Assistance](#)

### [Funding Opportunity Announcement \(FOA\) 801](#)

## SPOTLIGHT ON...



[School Connectedness](#)



[HIV Testing Among Adolescents](#)



[Addressing Health Disparities](#)

**Every 9½ minutes**  
someone in the US  
is infected  
with HIV

**ACT against AIDS**

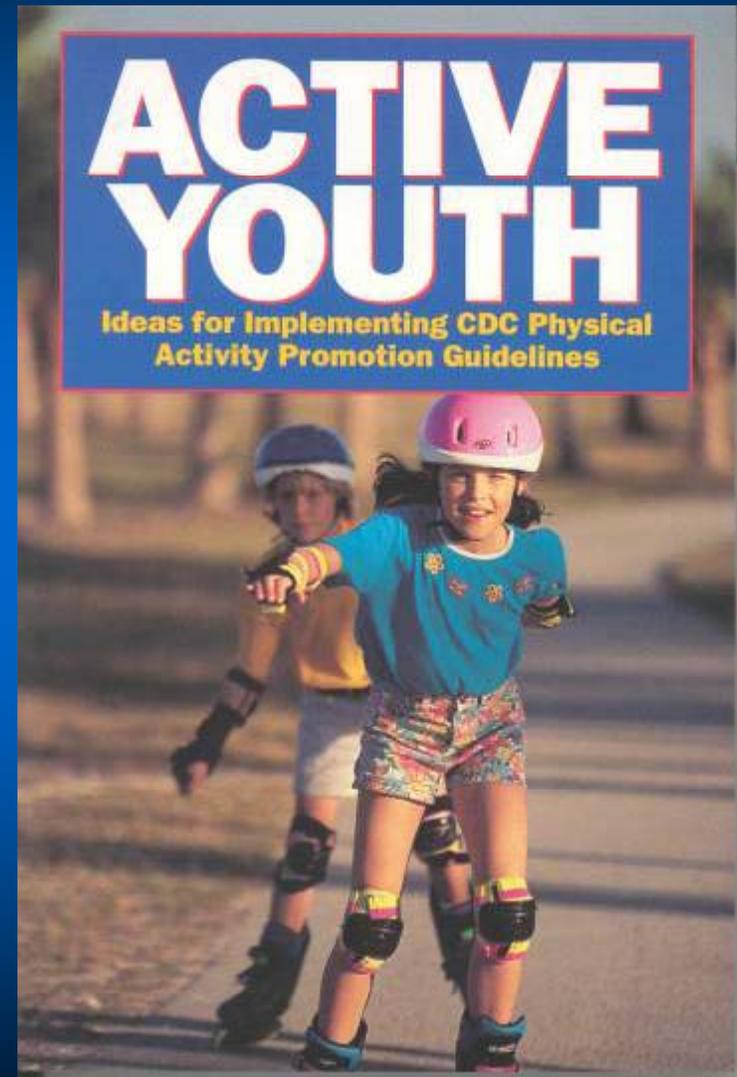
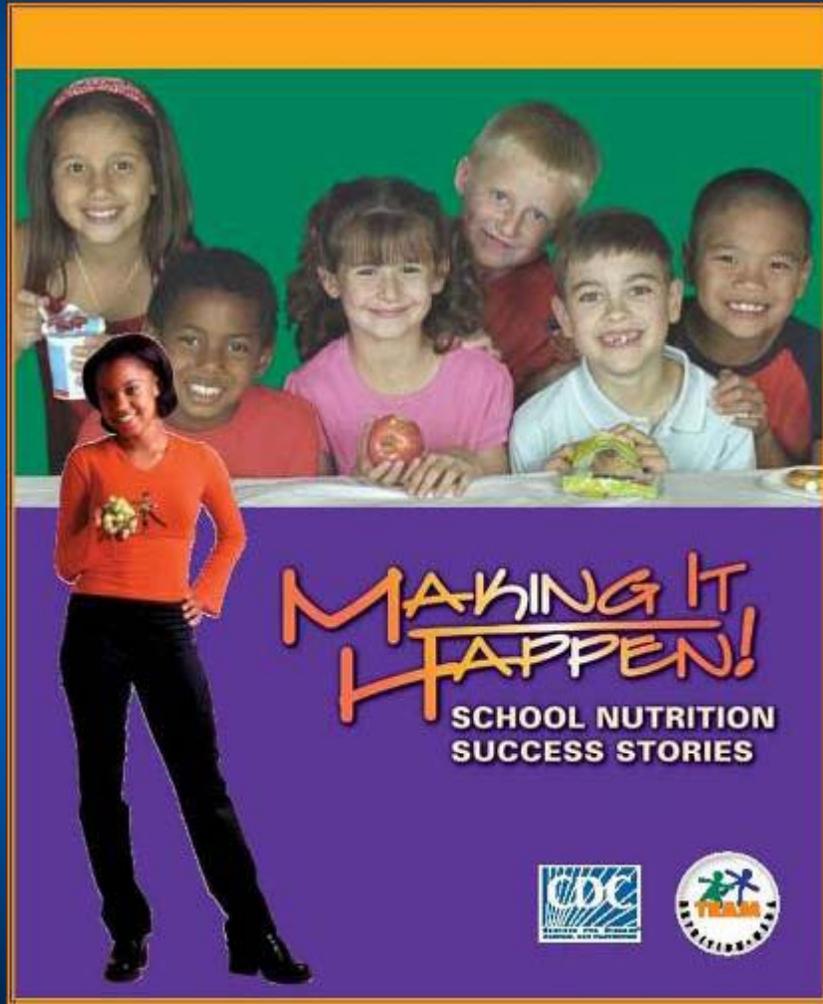
# www.cdc.gov/healthyyouth

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# Overview of Session

- The most critical health risks for youth
- Why health is academic
- CDC's vision for promoting the health of youth
- Top 10 strategies for schools to prevent obesity and tobacco use
- **Keys to success**

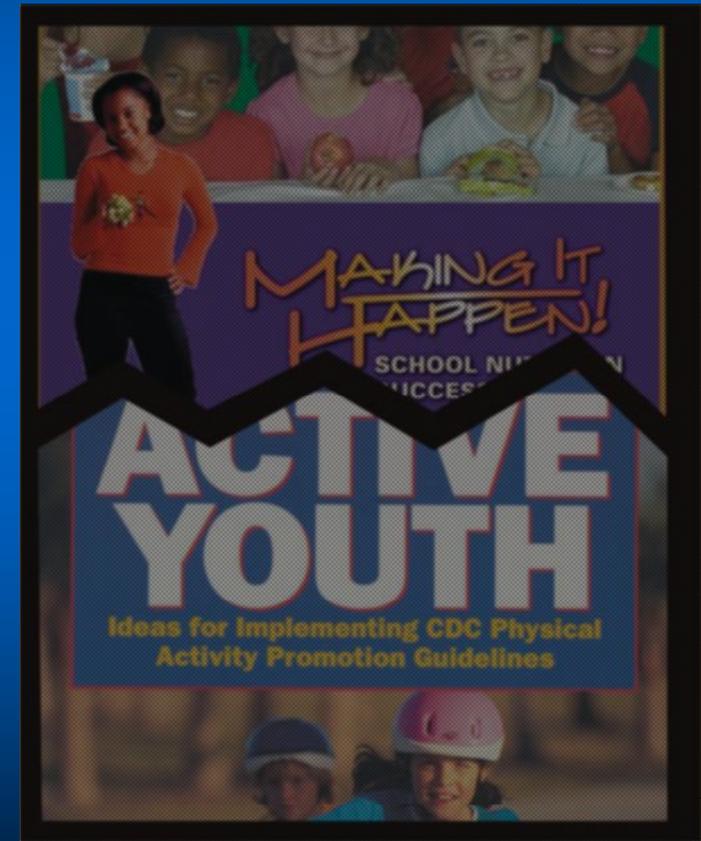
# Keys to Success



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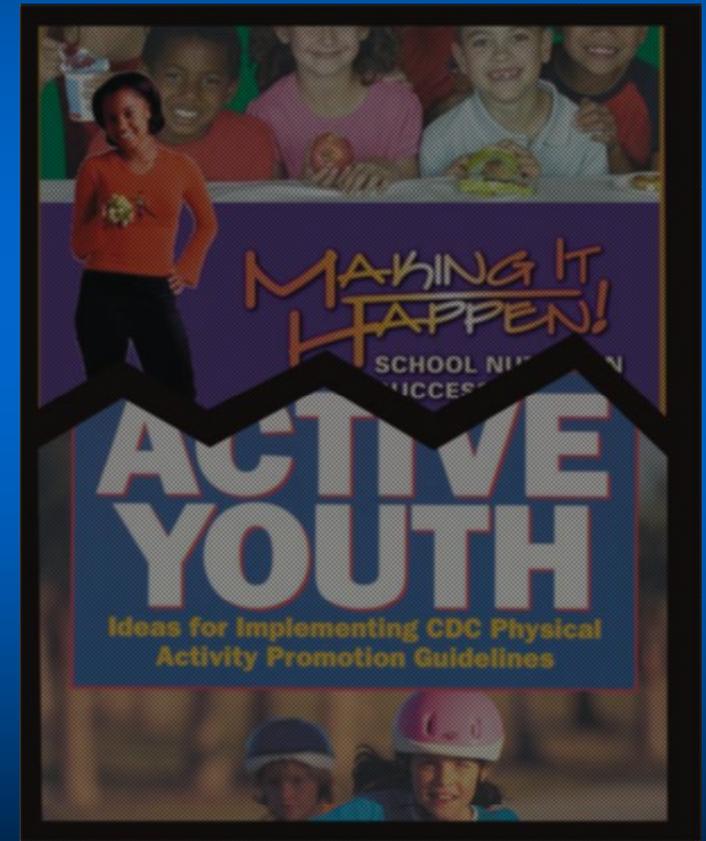
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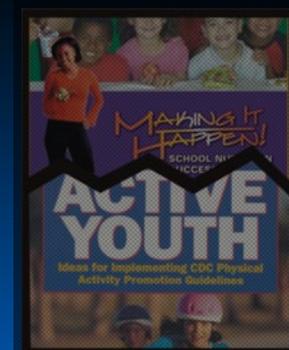
- Laws and regulations
- Reference materials
- Collaboration / team approach
- Involving students and families
- Persistence / gradual approach
- Attention to the process / intensive follow-up



# Keys to Success

- Marketing techniques / customer focus
- Positive attitude / enthusiasm
- Data collection
- Developing quality first





**The Single Most Consistent  
and Important Key to Success:**

*The Local Change Agent*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# Coordinated School Health: Promoting the Health of Young People

Division of Adolescent and School Health