



PARTNERING FOR SUCCESS

How Health Departments
Work & How to Work with
Health Departments



School Health Council

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TABLE OF CONTENTS

Introduction — Health and Education: A Critical Link	1
How Health Departments Work: The U.S. Public Health Delivery System	5
The Federal Level.....	5
The State Level.....	6
The Local Level	8
How to Work with Health Departments	11
Making Contact with Health Departments	11
What Health Departments Can Offer Schools.....	12
Conclusion.....	19
Appendix A: Selected Resources	21
Appendix B: Federal Initiatives Related to Coordinated School Health	26
References	31



INTRODUCTION — HEALTH AND EDUCATION: A CRITICAL LINK

The nation's schools are striving to help all children succeed and ensure that no child is left behind. At the same time, students are coming to school with a variety of health-related problems preventing them from fully engaging in school. These health-related problems include: poor nutrition, overweight and obesity, asthma, diabetes, and psychological issues, to name just a few. Unfortunately, schools do not have the resources necessary to address the many health impediments to student success. Schools can truly benefit from the support of other public and private agencies. One valuable partner is the *public health department*.

Public health departments have specialized health knowledge and program development and data analysis expertise that can help educators address health-related barriers to learning. They are also becoming increasingly involved in funding, evaluating, or regulating specific school health initiatives such as comprehensive school health education and school-based health centers. Finally, public health departments can also mobilize their vast network of partners toward school-based prevention efforts.

Alliances between education and health agencies are mutually beneficial. Health agencies recognize schools are an important setting in which to promote a culture of wellness and to address the critical health risks faced by young people today. Schools are aware that they need help with overcoming health-related barriers to learning, and many are turning to public health departments for support. These partnerships between health and education agencies at both state and local levels allow resources to be utilized more effectively and efficiently through the decrease in the duplication of services.

A partnership between education and health can advance school health goals in a variety of ways, including:

The Critical Link between Education and Health

A growing body of research shows that health and education are inter-connected: good health improves behavior and the likelihood of academic success, and better-educated individuals are more likely to have better health status. For example:

- Children classified as “food insufficient”—meaning their families sometimes or often do not get enough food to eat — have lower arithmetic scores, are more likely to have repeated a grade, and have difficulty getting along with other children (Alaimo, 2001).
- Middle school students who participate in vigorous physical activity are more likely to have higher grades (Coe, 2006).
- School-based health services, including mental health counseling, can dramatically decrease absences, tardiness, and school discipline referrals among at-risk youth (Gall, Pagano, Desmond, Perrin and Murphy, 2000; Hall, 2001).
- Drug and tobacco use has a negative effect on standardized achievement tests scores (Jeynes, 2002).

- Promoting awareness of the link between health and learning
- Providing resources and training on health topics such as safety and injury prevention, immunization, indoor air quality, and childhood obesity prevention
- Working with schools to provide health services
- Partnering with schools to identify and apply for funding for school health initiatives for which education agencies are not eligible

- Assisting with gathering and interpreting data about the health of students, their parents, and the community (Council of Chief State School Officers, 2004)

“NSBA encourages local school boards to recognize that health and learning are integrally linked and that schools are a critical link in community-wide efforts to promote life-long health and prevent health-risk behaviors. NSBA also encourages school boards to collaborate with community partners to maximize for achieving a coordinated school health program.”

— National School Boards Association, 2007

Why Schools?

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Each school day is an opportunity for the nation’s 55 million students, in the nation’s 125,000 schools, to learn about health and practice skills that promote healthy behaviors, such as eating healthy foods and participating in physical activity.

Since 1987 the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) has been leading the way in helping schools implement policies and practices that promote health and prevent and reduce health risks among children and adolescents. Science-based school health policies, programs, and services are important because they ensure that the comprehensive, complex health and learning needs of our nation’s students in grades K-12 and school staff are addressed. CDC/DASH

supports a coordinated approach to improving health. CDC recognizes the following eight-component model as an organizing framework for school health:¹

1. Health education
2. Physical education
3. Nutrition services
4. Health services
5. Counseling, psychological, and social services
6. Healthy and safe environment
7. Family/community involvement
8. Staff wellness



Figure 1
Components of the Coordinated School Health Model

Typically, a school health coordinator, guided by a school health council or team, focuses on integrating efforts across these eight interrelated components to address health issues. Effective school health programs

1 Funding to support the coordination of school health can sometimes come from state and local governments as well as the CDC. By collaborating, schools and health departments may improve the likelihood of receiving outside funding from not-for-profit and private sector organizations.

work to improve the quality of each of these components and develop and implement activities that cut across multiple components to meet the needs of health students and staff. They feature a systematic planning process that builds on accurate data and sound science and aims to eliminate gaps and redundancies.

CDC/DASH funds state education agencies and public health departments to work together to build the capacity of schools to coordinate school health. DASH also funds national non-governmental organizations to build the capacity of states, territories, and cities to implement effective school health programs. To help states, districts, and schools improve school health programs, CDC has developed science-based guidelines, strategies, tools, and other resources (available at <http://www.cdc.gov/HealthyYouth/Publications/guidelines.htm>). CDC also has identified promising practices that states can adopt to support school health programs at the local level (available at <http://www.cdc.gov/HealthyYouth/publications/pdf/PP-Ch9.pdf>).

In support of a coordinated approach to improving health through schools, and thereby, the health and well-being of children and youth, the National Association of Chronic Disease Directors (NACDD) developed this document. The purpose of *Partnering for Success: How Health Departments Work and How to Work with Health Departments* is to promote or improve partnerships between state and local education agencies and public health departments by: (1) helping educators understand the public health system; (2) discussing how federal, state, and local public health departments can help educators address important school health issues; and (3) describing how educators can access public health department personnel and services.

Both schools and public health departments face urgent, often overlapping problems that may be best solved with a collaborative approach. Educators face education problems, such as school absenteeism, discipline issues, violence, and high dropout rates, that often have a health-related element. They also work with students with acute and communicable illnesses, chronic health conditions, and physical and learning disabilities. Public health experts must grapple with reducing serious public health risks, such as youth tobacco use and childhood obesity. Also, the public

What Educators and Health Professionals Think about Partnering for School Health

NACDD surveyed education and health department staff about the benefits, challenges, and opportunities for collaborations to support healthy school communities. Education staff felt that public health departments are important partners for schools and that they ought to market what they can really offer to schools because more can be achieved through collaboration than working alone. Education agency staff viewed public health departments as an important source for up-to-date information on the health of school-age children and their families and strategies for tackling tough problems. They described public health department staff as “good partners who get things done” and an avenue for obtaining information that they cannot easily obtain elsewhere on topics such as comprehensive health education, management of students’ chronic illnesses in school, and clinical information about asthma and immunizations. Other benefits included:

Increased capacity: Working together gave education staff access to professional development opportunities such as joint training.

Avoidance of duplication: For example, joint planning can help ensure that education and public health departments programs and resources get to the maximum number of schools with no overlap.

Access to resources: Health department staff can, at times, obtain something that education staff cannot. For example, contracting and purchasing rules vary among agencies, or a health agency may have a nonprofit partner who can accomplish a task more easily.

safety need for such partnerships is clear in the wake of catastrophic events such as September 11, 2001, or Hurricane Katrina, and in an era of continuing concerns about possible pandemics.

The authors of this publication hope that state and local public health departments and education agencies will establish strong partnerships to address the health issues they share and that this document will contribute to the development of such partnerships through improved understanding of how public health departments work.

Example: An Education and Health Department Partnership to Decrease Student Absences Due to Asthma²

Asthma is one of the leading causes of school absenteeism, affecting academic performance and students' quality of life. In Albuquerque, New Mexico, the public schools had no coordinated asthma education program for students or school staff, but an estimated 10,000 school-age children in the Albuquerque-Bernalillo County region were suffering from asthma.

To tackle this problem, the New Mexico Departments of Education and Health and the American Lung Association partnered to launch the Albuquerque Public Schools Asthma Program to improve student asthma management, using coordinated school health funding from CDC/DASH. By implementing strategies such as proven educational programs, training for school nurses and school staff, and referring students and families without health insurance to the New Mexico Department of Health Children's Medical Services, the partnership was able to significantly decrease absences due to asthma, from 39 percent the first year to 26 percent in year three. In addition, the number of schools participating in the asthma program more than doubled, and management of students' personal asthma episodes improved.

² As detailed in NACDD State Success Stories, Managing Asthma to Decrease Student Absence From School. <http://www.mihealthtools.org/hsat>

HOW HEALTH DEPARTMENTS WORK: THE U.S. PUBLIC HEALTH DELIVERY SYSTEM

Ensuring the public's health in the 21st century encompasses a broad range of responsibilities, including disease surveillance, injury control, school health, chronic disease prevention, food safety, bioterrorism preparedness, and tobacco control, to name a few. Each level of the U.S. public health system—federal, state, and local—plays a vital role in protecting and promoting the public's health and safety. The common goal is to protect and improve the health of all Americans, particularly those at greatest risk of poor health.

This section provides a brief overview of the federal, state, and local public health systems, including primary agencies, structures, and functions.

The Federal Level

The **U.S. Department of Health and Human Services (HHS)** provides leadership for public health activities at the national level. This includes setting health goals, developing policies, and promulgating standards. HHS has responsibility for most of the federal government's public health programs and initiatives, which are usually implemented at state and local levels with financial support from HHS and its agencies. HHS offers a variety of resources for the development and operation of quality school health programs, many of which are administered by the CDC.

The support provided by HHS to states, local governments, and territories includes:

- **Financial:** Support for public health programs through grants, contracts, and cooperative agreements.
- **Capacity-building:** Works through its agencies, such as the CDC, to help state and local public health departments ensure they have the human and organizational resources to carry out the responsibilities delegated to them (Institute of

Medicine, 2002), and collaborates with other federal agencies (such as the Department of Agriculture) to align policies, share strategies, and streamline funding.

- **Core public health functions:** There are essentially ten core public health functions, such as surveillance, data collection, risk assessment, and regulation (Institute of Medicine, 1988). **These critical but often-overlooked elements are the backbone of the public health system.** Public health agencies, in collaboration with the Census Bureau, Department of Labor, and other agencies, engage in constant surveillance to identify disease trends, risks, and emerging health problems. States, local governments, and schools can use this information to identify public health problems, prioritize resources, design programs, and evaluate the results. For more information on how core public health functions can help schools, see Figure 2 below.

Figure 2
Ten Essential Public Health Services...
and How They Can Help Schools

1. Monitoring health status to identify community health problems ... *can help education departments and schools understand the biggest health risks facing their students.*
 2. Diagnosing and investigating health problems and health hazards in the community ... *can help schools determine how the school environment (e.g., air quality) is impacting students' health and what to do about it.*
 3. Informing, educating, and empowering people about health issues ... *can teach and motivate students, educators, and parents to lead healthier lifestyles.*
-

4. Mobilizing community partnerships to identify and solve health problems ... *can help schools engage parents and the community in creating healthier school environments.*

5. Developing policies and plans that support individual and community health efforts ... *can help education departments and schools improve the nutritional content of school meals and vending machine offerings, increase state-level support for physical education, or create comprehensive school wellness policies.*

6. Enforcing laws and regulations that protect health and ensure safety ... *can ensure a safe food supply, a tobacco-free environment, and the safety of playground equipment.*

7. Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable ... *can provide support to school nurses and for the availability of school nurses, school-based health centers, or linkages to health services outside of schools.*

8. Assuring a competent public health and personal health care workforce ... *can help ensure that health information, programs, and services are available and of high quality when education departments and schools call upon their health partners.*

9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services ... *can help ensure that the information, guidance,*

and programs being offered are effective and of the highest quality, inside and outside of school.

10. Research for new insights and innovative solutions to health problems ... *can help deliver innovative, proven solutions to education departments and schools for addressing school health issues.*

The State Level

Describing state-level public health departments is as challenging as describing state education agencies because no two are alike. Moreover, state public health departments are in perpetual flux as they adapt to changing priorities, funding streams, legislation, and responsibilities (National Governors Association, 2004). Each state public health department has unique structures, relationships, and dynamics. Therefore, this publication provides a broad outline of state health department structure, function, governance, and funding.

Structure. Whereas most state education departments and state public health departments are independent agencies, the state public health department in about 20 states is located in a “super agency,” most typically a health and human services department (Beitsch et al, 2006a). Super agencies, also referred to as umbrella agencies, can include human services such as welfare, unemployment services, and food stamps in addition to public health programs. (See Figure 3.) Health-related programs in states may also be located in agencies other than the state public health department. For example, the Medicaid program is administered by a separate department in most states (Beitsch et al, 2006b).

Figure 3
North Carolina Department of Health and Human Services “Super Agency”

Aging and Adult Services	Services for the Blind	Child Development	Citizen Services
Services for the Deaf and Hard of Hearing	Council on Developmental Disabilities		Economic Opportunity
Education Services	Environmental Health	Health Service Regulation	Long Term Services and Support
Medical Assistance	Mental Health	Minority Health and Health Disparities	Public Health
Rural Health and Community Care	Social Services	State Center for Health Statistics	Vital Records
Vocational Rehabilitation			

No matter how a state public health department is structured, *it is always the state public health authority, has primary responsibility for public health issues*, and can guide you to health resources throughout the state, including other agencies. In some cases, this may be the local health department, which sometimes has primary responsibility for local public health issues.

Function. State public health departments perform a number of the core public health functions, such as:

- Disease tracking and investigation, including communicable diseases
- Maintenance of birth and death records
- Delivery of chronic disease prevention and control programs
- Administration and tracking of immunizations
- Conducting a wide range of laboratory services
- Delivery of maternal and child health programs
- Managing state bioterrorism preparedness

Every state differs in how it administers these functions. For more information about how these functions relate to supporting schools, please refer to the section titled *What Health Departments Can Offer Schools*.

School health and the state health department.

The organization of school health within an individual

state public health department depends upon many factors, such as state laws, funding, and overall agency structure. School health may be organized in one of the following ways in state health departments:

- *As an office of school health* with dedicated staff, often partially funded through cooperative agreements with the CDC/DASH and often working in partnership with the state education agency
- *As part of a program or division*, such as chronic disease prevention and control, maternal and child health, adolescent health, health promotion, or nutrition and health services, with responsibility assigned to a staff member, who may or may not have other responsibilities
- *As part of several programs or divisions* with responsibility for the different program areas of the coordinated school health approach, but with no staff dedicated to school health

School health programs and their associated responsibilities differ among state public health departments. In some public health departments, school health programs are extensive, including provision of prevention programs to individual schools, wellness programs for staff, and support for the delivery of comprehensive health services (often in the form of school-based health centers). Others have a more limited scope and focus on ensuring the provision of

basic screening, some health promotion, and school nursing consultation services. Many public health departments are working with their state education departments to provide trainings to facilitate and promote the development of school health programs at the school and district levels.

School Health Programs in State Public Health Departments May Be

— More comprehensive —

Providing prevention programs in partnership with the education sector for individual districts and schools, professional development, and school-based health care

— or —

— Less comprehensive —

Providing health services such as basic screening and school nursing consultation services

Governance. The State Health Official (SHO), sometimes called the Secretary of Health or State Health Commissioner, is the highest official in each state health department. The SHO may report directly to the governor, to an appointed state board of health, or to the head of a larger umbrella agency, depending on how the state constitution or legislative code determines state health department governance (Institute of Medicine, 2002).

Funding. State public health departments are typically funded by the federal government, state budgets through appropriations made by a state’s legislature, and sometimes, but less often, by private sources, such as foundations.

HHS provides much of the federal funding for state public health departments and their projects. Federal funding can come in several forms, including:

- *Formula grants:* State public health departments receive funding to manage certain government programs such as the Maternal and Child Health Block Grant (Title V) and the Preventive Health and Health Services Block Grant.

- *Competitive grants:* State public health departments apply for additional federal funds for specific initiatives on topics such as nutrition, physical activity, asthma, etc.
- *Data collection and analysis funds:* Health departments receive funding to gather and interpret critical health information about the populations they serve.
- *Health insurance funds:* States receive funds to administer such programs as Medicaid and the Children’s Health Insurance Program.

The Local Level

Local health departments are the “front line” of public health — the place where state and local health policies and programs intersect with the health needs of the state’s residents. They provide a range of services and programs and have a unique role in assessing and ensuring the health of the communities they serve.

Structure. Similar to state health agencies, local health department structures, functions, capacity, resources, and responsibilities vary considerably. For example, small health departments often serve less than 50,000 people, while the largest might serve 500,000 or more. Los Angeles County Health Department, for example, is the second largest public health system in the nation, serving more than 10 million people (Fraser, 1998).

Three-fourths of local health departments have a local board of health. Most local boards set policy and oversee activities in their jurisdictions. In some cases, the boards are purely advisory, and the local health department reports to other local or state government agencies. Local boards of health are more common in jurisdictions serving smaller populations. They work with local health commissioners or directors to ensure that the local health department is meeting the community’s public health needs.

Functions. While state and federal public health agencies perform a mix of direct services, oversight, and planning, the local health department focuses on service delivery (Fraser, 1998). Depending on their size, local health departments may address a range of traditional local public health functions, including

communicable disease control and surveillance, community health assessment, food safety and restaurant inspection, health education, and child health services. Larger health departments may also provide programs such as school health and school-based health centers, oral health, violence prevention, and direct clinical services.

Local health departments cover a range of jurisdictions, with an entire county being the most common. Other jurisdictions covered by local health departments include city-county combinations, cities, towns/townships, and multi-county arrangements.

Local public health capacity varies greatly among states, ranging from states with little local public health infrastructure and few resources to states that serve every county and municipality through local public health. In general, multi-county or regional health departments that have access to more resources provide a more comprehensive set of services than smaller departments.

School health and the local health department.

Many local health departments are involved in school health. In a recent national survey of local health departments by the National Association of County and City Health Officials (NACCHO, 1998), 100 percent of local health departments reported having a relationship with schools, and 88 percent reported that the relationship extended beyond information exchange. Other findings included:

- Forty-one percent reported specific involvement in school health activities.
- About 25 percent are involved with school-based health centers, with the larger local departments reporting the most involvement (38 percent).
- Fourteen percent reported providing financial support to schools.

Governance. States govern local health in ways directly related to the structure and responsibilities of the state health department. The four most common are (Fraser, 1998; NACCHO, 2006; NACCHO, 1998):

- *Centralized:* The state health department operates the local health departments, and the local

department functions under the state department's authority.

- *Decentralized:* Local governments organize and operate local health departments.
- *Shared systems:* Local health departments operate under the shared authority of the state health department, the local government, and/or local boards of health.
- *Mixed systems:* Local health departments provide local public health services and are organized and operated by units of local government in some jurisdictions and the state health department in other jurisdictions.

Funding. Funding for local public health activities comes from a number of sources, including local, state, and federal government; reimbursement from Medicare, Medicaid, and other insurers; regulatory fees and fees paid for patient services; and miscellaneous sources such as private foundations (NAACHO, 2006).



HOW TO WORK WITH HEALTH DEPARTMENTS

The following section provides tips for educators on working with health departments, from defining the problem and making the initial contact to developing and evaluating solutions.

Making Contact with Health Departments

Although working with a public health department may seem complex, the following tips can help get your collaboration off to the best possible start.

Defining the problem. When approaching a public health department, consider how to define the problem you are facing and what, if any, additional information you need to know. Articulating what problem you are facing, rather than requesting a specific solution, could result in a more productive and informative partnership. For example, asking for assistance with reducing childhood obesity might be more helpful than requesting a physical education curriculum. A request for a curriculum could result in an isolated response to a specific requirement when the public health department is equipped to address the issue of obesity much more holistically. The public health department could provide assistance not only with the provision of curricula, but also with analyzing current public health data to identify the top health issues in a school or district or developing approaches to issues such as the school environment, school policies, nutrition, or opportunities for physical activity.

Finding the right person. Although it sounds like a simple task, finding the right person to contact can be somewhat challenging. It is not always easy to identify the right person based on the title or division within the public health department. Persistence may be necessary, because agencies are sometimes understaffed or, conversely, several staff members may work on the issue you are calling about and all those staff members may not be in the same division or bureau of the health department. Some contacts

“I was surprised to learn that there were several people at my public health department working in the area of child nutrition; we all met, along with the core school health team, to figure out what we could do to support a healthier food environment in our schools...”

— State Education Department respondent

can simply help you navigate the system and point you where you need to go; others might have a connection and be able to link you to the appropriate person.

Tips for finding the right person include:

- Search the agency website and explore all the programs that could address your problem. Figure 4 below provides examples of programs or divisions within health departments that often include a school or youth focus.
- Contact the office that most closely aligns with the issue about which you are calling.
- Ask if anybody else in the public health department works on this issue or might have more information.

Figure 4
Health Department Programs or Divisions with a School or Youth Focus

Asthma	Maternal and child health
Cancer prevention	Nutrition programs
Cardiovascular health	Obesity
Diabetes prevention & control	Oral health
Environmental health	Osteoporosis
HIV/STD prevention	Physical activity
Immunization	School health
AOD	Tobacco use prevention

What Health Departments Can Offer Schools

Some of the ways that public health departments can translate the core public health services into support for the coordinated approach to school health include:

Data Collection and Analysis. All three levels of the public health system — local, state and federal — are regularly involved in collecting data on the health status and risks of various populations. These data are central to the goals of public health — to decrease preventable illness, disability and death, and

to improve individuals' quality of life. Schools can use this information to identify the most pressing health problems in their student populations, as well as prioritize solutions, develop programs, and evaluate the results. Public health departments can be key partners in this effort by pointing schools to key sources of data, providing analytical assistance, and contributing their program development and evaluation expertise. Figure 5 contains examples of key sources of data that schools can use to improve student health.

Figure 5

Key Sources of Data for Schools

Youth Risk Behavior Surveillance System

CDC's Youth Risk Behavior Surveillance System (YRBSS), conducted biennially, monitors priority health-risk behaviors of students in grades nine through twelve, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. The YRBSS also monitors general health status and the prevalence of overweight and asthma. For more information, see <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

School-Associated Violent Deaths Study

In partnership with the departments of education and justice, CDC has conducted a national study of school-associated violent deaths since 1992. This ongoing study plays an important role in monitoring trends in lethal school violence, identifying risk factors, and assessing the effects of prevention efforts. For more information, see http://www.cdc.gov/ncipc/dvp/YVP/school_violence.htm.

School Health Policies and Programs Study

The School Health Policies and Programs Study (SHPPS) is a national survey conducted periodically to assess school health policies and programs at the state, district, school, and classroom levels. SHPPS provides information on health education programs, environmental strategies, and policies that schools, districts, and states use to address violence and suicide prevention. For more information, see <http://www.cdc.gov/HealthyYouth/shpps/index.htm>.

School Health Profiles

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and programs in states, large urban school districts, territories, and tribal governments. Profiles surveys are conducted biennially by state, local, territorial, and tribal education and health agencies among middle and high school principals and lead health education teachers. Profiles monitors the current status of school health education; physical education; school health policies related to HIV infection/AIDS, tobacco-use prevention, physical activity, and nutrition; asthma management activities; and family and community involvement in school health programs. For more information, see <http://www.cdc.gov/healthyouth/profiles/>.

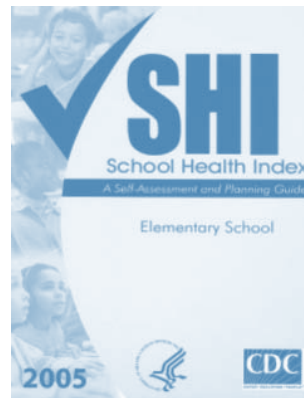
Data obtained with the assistance of public health departments or available from public health departments can help schools to:

- Identify priority health concerns, including health conditions, health risk behaviors, and community health hazards. *For example, schools might ask: What percentage of students in our district have diabetes? How does this compare with other districts in the state or nationally? What percentage of our students use tobacco? How does this compare with other districts in the state and nationally?*
- Track trends to align or realign school health program priorities. *For example, schools might ask: Has there been a change in the proportion of our students who are overweight? What environmental conditions contribute to childhood obesity? How can we determine what environmental conditions we might address in our district to reduce childhood obesity?*
- Make the case for coordinated school health or its components. *For example, schools might ask: How have other districts successfully used the coordinated school health model to address crucial health problems in their schools?*
- Target scarce resources. *For example, schools might ask: How can we demonstrate the cost effectiveness of coordinated school health efforts or any of its components?*
- Demonstrate the impact of a school health program in a critical academic area. *For example, schools might ask: Have absenteeism, graduation and drop-out rates, or the needs for special education changed since we initiated our school health program?*
- Develop successful grant applications. *For example, schools might ask: What's the best way to present our data? How can we illustrate the need for this program? What is the best way to monitor and evaluate our work with regard to this proposal?*

Assessment tools. Public health departments can provide schools with assessment and monitoring tools to gather their own data. The health department can provide technical assistance for using these tools, help schools analyze and interpret data after they have been gathered, and translate findings for presentation to general audiences.

For example, school staff might like to start tracking the impact of chronic health conditions, such as asthma or diabetes, on student participation in physical education class.

One popular tool is the School Health Index (SHI), a school-level assessment tool. The SHI can be used by teams representing the eight components of a coordinated approach to school health. Teams gather data about the status of each component, analyze those data, and use the findings as the basis for plans to strengthen the components in the context of a coordinated approach to school health. Some states have adapted the SHI content and philosophy to make it state specific. In Michigan, the departments of health and education have partnered to promote and implement the Healthy School Action Tool, an online assessment, resource guide, and action planning tool.³ Other tools might include examples of logs for tracking visits to the school nurse or incidents of violence, injury, and illness.



One new tool for developing and evaluating goals and programs to improve physical activity and nutrition in school districts is the Wellness Policy Tool developed by the non-profit group Action for Healthy Kids. The Wellness Policy Tool incorporates existing school health assessments such as the School Health Index into a step-by-step guide to help districts create a school wellness policy.

³ See www.mihealthtools.org.

Governor’s Nutrition and Physical Activity Scorecard: A Statewide School Assessment Strategy

In Virginia, then-governor Mark Warner initiated the Governor’s Nutrition and Physical Activity Scorecard to “recognize and reward schools for implementing best practices that support proper nutrition and increased physical activity to promote student health and improved academic performance.” Under the program, all public elementary, middle, and secondary schools can receive points for implementing research-based “best practices” that promote nutrition and physical activity for K-12 students. Schools across the state can use a web-based scorecard to assess the current status of physical activity and nutrition programs and to measure progress toward their goals.

— Virginia Department of Education, 2008

Strategic planning. Public health departments can assist education departments with developing plans to address emerging and long-standing health issues in the school community. The work of public health agencies is grounded upon carefully crafted strategic plans that have clearly defined priorities based on community-based data and input from the populations that will be affected by the plans. Strategic planning involves assessment, monitoring, research, and evaluation — all of which are public health functions.

Questions related to strategic planning that public health agencies might help to answer are:

- How can we determine our school community’s health priorities?
- What strategies have other communities used to address these health priorities?
- What action steps can be taken to address the community health priorities?

- What evaluation questions do we need to ask to determine how well we are addressing our goals and objectives?

Strategic Planning for Improved School Health⁴

The local wellness policies required by the federal Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004 present an ideal opportunity to build strategic collaborations between education and public health agencies. For example, the North Carolina School Health Leadership Assembly was created by the Department of Public Instruction and Division of Public Health, with support from CDC/DASH. The two departments jointly sponsor periodic School Health Leadership Assemblies to:

- Enhance partnerships between public health and public education
- Identify strategies for enhancing academic outcomes by improving health
- Acquire resources to support student health policy and school health assessment
- Create a group of superintendents and health directors who champion student health as a strategy for improving academic performance.

Among other positive results, local superintendents and health directors have supported the Healthy Active Children Policy, resulting in the creation of a School Health Advisory Council in every school district. They have also led the way in the adoption of 100 percent tobacco-free schools policies in more than forty Local Education Agencies (LEAs), strongly supported state legislation requiring these policies in all schools, and advocated for the successful School Nurse Funding Initiative that created 145 new, permanent school nurse positions and assured that all LEAs in the state have at least two school nurses.

⁴ As detailed in NACDD State Success Stories, Building Support for Coordinated School Health among School Superintendents and Health Officials. http://www.chronicdisease.org/files/public/SSS_NC_coordinatedschoolhealth.pdf

Strategies that work. The public health department can provide a wealth of information that can help schools implement and evaluate strategies that improve their students' health. Public health department staff members can complement education department knowledge through their access to the latest public health research, which can provide new insights and innovative solutions to health problems. They can also provide a "big picture" perspective on key state and local health issues and relevant legislation, including mandates and funding.

Public health agencies can help schools find answers to questions on the best strategies for addressing health issues, such as:

- What is the best strategy for reducing smoking among middle school students?
- What does the latest research say about the impact of health on learning?
- What are examples of legislation that address managing students' chronic health conditions?
- How do we ensure that environmental hazards such as lawn chemicals or mold do not cause or aggravate chronic diseases among our students?
- What procedures should be in place to respond to anaphylactic reactions (potentially fatal allergic reactions)?

Professional development and conferences. Teachers need training to deliver health education that helps students develop skills for lifelong healthy living. School nurses need to keep up with new medical developments. School administrators need guidance on implementing new health-related guidelines or policies. Public health agencies inform, educate, and empower people about health issues and have the knowledge base to be able to ensure accuracy of content on key health issues. Health departments can collaborate with education agencies in the organization and presentation of regional and statewide conferences or

local professional development workshops for teachers, school health professionals, and administrators, sharing program models, materials, and health information based on the latest research.

Joining Forces to Implement Strategies That Work⁵

Gadsden County, Florida, suffers disproportionately from health and academic disparities, ranking in the lower half of Florida school districts in the percentage of students meeting standards in reading, math, and writing. To tackle these issues, the Florida Coordinated School Health Program, a partnership between the state departments of health and education, provided funding, training, and intensive technical assistance to Gadsden County to implement coordinated school health district-wide. The Gadsden County school district formed a planning and advisory committee, Gadsden County Wellness Approach to Community Health, and used the results of participating schools' School Health Index assessments to develop a coordinated school health strategic plan. The following strategies were implemented to improve student health and academic achievement.

- Required daily fifteen-minute recess for all students up to grade six and for some sixth grades
- Adopted a policy that encourages physical fitness for students and discourages the use of physical activity as punishment
- Prohibited sales of carbonated beverages during meal periods
- Required compliance with the Florida state guideline of a 20-minute seated eating time
- Required each school to include a wellness goal in its School Improvement Plan
- Partnered with the Coordinated School Health Program to provide professional development to promote lifelong healthy nutrition, tobacco avoidance, and physical activity

5 As detailed in NACDD State Success Stories, Improving Health Habits through Coordinated School Health. http://www.chronicdisease.org/files/public/SSS_FL_GadsdenCounty_WEB.pdf

Questions related to professional development and conferences that public health agencies can help to answer include:

- What trainings are available pertaining to a coordinated approach to school health?
- How can we train our teachers to deliver the most up-to-date curriculum on critical health topics?
- What training is available to help our school nurses respond to pressing health problems in our district?
- Where can we find a schedule of upcoming health-related conferences that can strengthen our school health activities?

- Can you help us develop a training program to promote school employee wellness?

Support for health services. In keeping with public health's essential service of linking people to needed health services and ensuring the provision of health care when otherwise unavailable, health departments can provide support for school nurses and physicians who manage students' illnesses in school. In some states health departments themselves employ and supervise school nurses who work in the school setting. Other health departments support school-based health centers. The public health department in Delaware operates school wellness clinics. In Arkansas, community health nurse specialists are paid by the state health department,

Promoting Professional Development to Support Coordinated School Health

CDC/DASH provides the following two examples of how educators and health departments have collaborated on professional development programs to promote coordinated school health.

Michigan + Indiana = "MICHIANA"

To ensure that school districts receive the intensive training and support needed to develop, implement, and sustain coordinated school health, the American Cancer Society, the departments of health and education in Indiana and Michigan, and other partners worked together to develop the MICHIANA School Health Leadership Institute. Eight school districts in Michigan and ten in Indiana have participated in the five-year institute. Since the institute began in 2003, participating school districts have raised more than \$11 million in grant funding to support and sustain school health efforts. In Indiana, all ten districts passed policies creating tobacco-free campuses and limiting the sale of unhealthy foods in cafeterias and vending machines, initiated a school breakfast program, and mandated physical activity every day for students in kindergarten through fifth grade. Four districts also created dedicated staff positions in support of coordinated school health. In Michigan, all eight districts passed 100 percent tobacco-free campus policies and formed district-wide coordinated school health councils. Five districts implemented policies to offer healthy vending machine choices, and three school-based health centers opened.

North Carolina

Since 2001, the North Carolina departments of public instruction and health have jointly sponsored three School Health Leadership Assemblies to help school superintendents and local health directors identify ways to improve academic outcomes by improving student health. These training sessions have reached 43 percent of the state's school superintendents and 59 percent of local health directors, who collectively represent 860,000 students. As a result of participating in these assemblies, superintendents and health directors have supported the creation of a school health advisory council in every school district, led more than 40 of their LEAs in adopting 100 percent tobacco-free schools policies, and encouraged local participation in both the Youth Risk Behavior Survey and School Health Profiles. In addition, participants supported the state's School Nurse Funding Initiative, which has enabled all LEAs in the state to have at least two school nurses.

but are housed in educational co-ops throughout the state; they provide training, services, supplies, and staff development for schools in their area. In many districts, public health departments assist with immunizations and health screenings for students and staff. Health departments know about community health resources and can facilitate education agency access to the health care system and services.

Questions related to support for school health services that public health agencies can help answer include:

- Who in your agency can help our nurses develop diabetes and asthma care plans?
- What are the certification requirements for school health personnel?
- What guidance can the health department provide related to the administration of medication to students at school?
- How can we establish a school-based health center?
- How can we make sure that our students have the necessary immunizations?
- How can we make sure that our students are linked to community healthcare providers?

Resources. Public health departments have access to funding to address health issues, some of which can be best addressed in a school setting. Some applications for funding require partnerships between health and education agencies, and even when not required, joint applications might strengthen the likelihood that a proposal will receive an award. At times health agencies are eligible for funding, for which education agencies are not, that can support health efforts in an education setting.

Education and public health agencies can also collaborate to develop resources. In Vermont the departments of education and health worked together to develop a video about coordinated school health, nutrition, and physical activity. A health department

staff person identified private funding for the project and secured someone to produce the video.

Training School Nurses to Prevent Diabetes Complications⁶

Delaware, like the rest of the nation, has seen a rise in type 2 diabetes in school children. Keeping the child with diabetes healthy improves the child's learning environment and helps prevent long-term complications.

Delaware is unique among states in having school nurses in all public and vocational and many private schools. School nurses are responsible for overall wellness and provide oversight for administering insulin, medications, and timely blood glucose testing. In 2002, the Delaware Division of Public Health's Diabetes Prevention and Control Program (DPCP) partnered with the Delaware Department of Education to create annual in-service sessions for school nurses throughout the state to provide current and necessary information about diabetes in children, including management of type 1 diabetes in the school setting.

As a result, school nurses learned new information about diabetes, and the Delaware DPCP anticipates that some cost reduction will be achieved as a result of a reduction in emergency room visits by children with poorly controlled diabetes. In addition, school nurses will refer more high risk youth to medical providers for diabetes screening and use more primary prevention strategies at their schools.

Public health agencies can help answer resource-related questions such as:

- Where can we find education and counseling for the families of students who are frequently absent because of asthma-related illness?
- Can you recommend a speaker on nutritious cooking techniques for our next parent-teacher organization meeting?

6 Ad detailed in NACDD State Success Stories, Training School Nurses to Prevent Diabetes Complications. http://www.chronicdisease.org/files/public/SSS_DE_Diabetes_WEB.pdf

- Do you have age-appropriate materials for our middle school injury prevention program?
- Would someone in your department meet with our school staff to discuss the resources you might provide to advance our school health program?
- We are applying for obesity prevention grant funding; how can we partner with the health department to strengthen our work?

Credibility on health issues. Public health departments are states' chief health authorities. Engaging in initiatives in partnership with a health department and its numerous contacts can increase the visibility and perceived importance of a health problem or initiative.

Public health agencies can serve as a credible source to help answer questions such as:

- What are the public health implications of competitive foods and beverages in vending machines?
- What evidence can you provide to support the establishment of school-based health centers in our district?

Community linkages. Mobilizing community partnerships to identify and solve health problems is one of public health's essential functions—and a critical component of coordinated school health. Health departments can help education agencies make new connections with other health resources in the community. Health department staff members often work with hospitals and other health service providers, professional associations, and community agencies. They are skilled at developing interagency councils, collaborations, and partnerships. Partnerships not only contribute to a more effective use of resources, but also help to ensure consistency of health messages. Health departments can facilitate interactions among agencies and community members, serving as bridge builders, translators, and interpreters.

Many state health and education agencies are already engaged in these partnerships at the state level. In many communities, health department representatives serve as significant contributors to coordinated school health teams. Health departments are often instrumental in assisting education agencies with organizing health fairs that bring together many members of the health community.

Questions related to community linkages that public health agencies can help to answer include:

- What partners do you recommend for our school health advisory council? Can you help us recruit them?
- What coalitions or collaborations already exist in our community that might become allies for our school health efforts?

Examples of Health Departments Linking Schools with the Medical Community

- The state health department in Maine works to educate physicians on how to work more closely with schools to reach students.
- In South Carolina the health and education departments bring together superintendents and physicians to clarify how the education and medical cultures function and develop mutual understanding of how to improve students' health.
- The New Hampshire Department of Health and Human Services developed *KidPower!*, a program to increase physical activity for children and their families. The program includes a *KidPower! Newsletter*, which provides children and families seasonal ideas for being more physically active and reducing sedentary time, plus simple healthy recipes. Use of the *KidPower! Newsletter* by pediatric practices and community health agencies provides patient education and outreach that extends the program beyond the original school-based audience.⁷

⁷ As detailed in NACDD State Success Stories, New Hampshire Students Walk, Bike to Increase Physical Activity. http://www.chronicdisease.org/files/public/SSS_NH_kidpower_STATE_final.pdf

Policy and environmental change. The public health approach to health promotion and disease prevention often focuses on policy and environmental change as opposed to individual and personal responsibility. Most major public health accomplishments are the result of policy interventions and environmental changes, such as community walking trails or indoor smoking bans, which affect the health of entire populations.

Health and education agencies can partner to develop and provide policy recommendations for school health program implementation. For example, the State of Maine has policy action packets that address healthy food choices at events, public use of school facilities, and vending machine contents.

Questions related to policy and environmental change that public health agencies can help answer include:

- What environmental changes would make the schools more conducive to learning?
- What types of environmental changes would make our schools safer for students, staff, and visitors?
- Can you provide examples of policies that address daily physical activity?
- How can we strengthen the wellness policies that we developed in response to the requirements of the Child Nutrition and WIC Reauthorization Act of 2004?
- Can you suggest strategies for introducing a tobacco ban policy to our school board?

Promoting healthy school policies. Like education departments, health departments keep up to date on legislation that affects the health of a state's school population and can provide data, policy support, and strategic actions to support the school health policy agenda. In South Carolina the departments of health and education joined together to support the state's Student Health and Fitness Act, which required every elementary school to have a school nurse.

Questions related to promoting healthy school policies that public health agencies can help answer include:

- Where can we find model legislation for physical activity requirements?
- How can we work together to support legislation in support of a coordinated approach to school health in every district in our state?

Conclusion

Contact your state or local public health agency now. Partnering with health departments can help you:

- Strengthen the implementation of wellness policies mandated by the Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004
- Make your school safer in terms of air quality, injury prevention, or violence prevention
- Prepare you and your school to respond in emergency situations such as epidemics or natural disasters
- Select effective programs to reduce teen pregnancy or STDs, prevent substance abuse, or increase opportunities for physical activity
- Implement staff wellness programs
- Involve the broader community in addressing school health-related issues
- Establish links to other available local, state, or national resources
- Gain credibility through submitting grant proposals to potential funding agents when done in partnership with your state or local health department.

Few people deny the connection between health and learning or fail to recognize that health-related issues can interfere with student achievement. At the same time, addressing the health of students clearly cannot be the primary responsibility of our educational system. When it comes to addressing the health of our nation's young people, the public health system is an underutilized resource. Whether a school is looking for health-related training, resources, or new partnerships, the health department is the place to go.



APPENDIX A

SELECTED RESOURCES

Local, State and Territorial Health Departments

Association of State and Territorial Health Officials (ASTHO).

National Association of County and City Health Officials (NACCHO).

Selected School Health Resources

Assessment, Data and Surveillance

Annie E. Casey Foundation.

CDC. National Youth Tobacco Survey.

CDC. Obesity Trends.

CDC. School Health Index.

CDC. School Health Policies and Program Study (SHPPS).

CDC. School Health Profiles.

CDC. Youth Risk Behavior Surveillance System (YRBSS).

ChildTrends Databank.

Harvard University – School of Public Health.

Monitoring the Future.

Coordinated School Health

ASTHO and CCSSO. School Health Starter Kit PowerPoint Presentations.

CDC/DASH. Building a Healthier Future through School Health Programs.

CDC/DASH. Stories from the Field: Lessons Learned About Building Coordinated School Health Programs.

CDC. Healthy Youth website.

CDC. CDC's School Health Guidelines & Strategies.

CDC. Health Education Curriculum Analysis Tool (HECAT).

CDC. Physical Education Curriculum Analysis Tool (PECAT).

CDC. School Health Index.

CDC. Building a Healthier Future Through School Health Programs. Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action. Atlanta: CDC. 2003.

Council of State Governments. Healthy Learners: Promising Practices in Coordinated School Health Programs.

Education Development Center (Teacher's College Press). Health Is Academic: A Guide to Coordinated School Health Programs.

Institute of Medicine. Schools and Health: Our Nation's Investment.

Joyce Fetro. Step by Step to Health Promoting Schools. Santa Cruz, CA: ETR Associates.

National Association of Chronic Disease Directors. State Health Agency Involvement in School Health.

Funding

Center for Health and Health Care in Schools. Grant Alerts.

Robert Wood Johnson Foundation.

Free Listservs

CDC. Division of Nutrition and Physical Activity. Physical Activity Listserv. <http://www.cdc.gov/nccdphp/dnpa/> To subscribe: Send a blank email to PA-LIST@LISTSERV.CDC.GOV.

CDC. Division of Nutrition and Physical Activity. Chronic Disease Network. To subscribe: Send an email to CDN-LIST@LISTSERV.CDC.GOV. In the text (not subject) of email, write "SUBSCRIBE CDN-LIST."

National Association of County and City Health Officials. Chronic Disease Network. To subscribe: Send a blank email to CHRONICDISEASE-SUB@LISTS.NACCHO.ORG.

Health and Academic Achievement

Association of State and Territorial Health Officials/ Society of State Directors of Health, Physical Education and Recreation. [*Making the Connection: Health and Student Achievement*](#).

CDC. [*Student Health and Academic Achievement*](#).

Newsletters

Center for Health and Health Care in Schools. [*E-journal*](#).

National Coalition for Promoting Physical Activity. [*Monthly Newsletter*](#).

USC Prevention Research Center News. [*Email newsletter about physical activity*](#).

Policy/Legislation Databases

[*Campaign for Tobacco Free Kids*](#).

CDC. [*A CDC Review of School Laws and Policies Concerning Child and Adolescent Health*](#).

CDC/DNPA. [*Database of State Nutrition, Physical Activity and Obesity Legislation*](#).

National Association of State Boards of Education. [*School Health Policy Database*](#).

National Council of State Legislatures. [*2007 Update of Legislative Policy Options*](#).

National School Board Association. [*School Health Resource Database*](#).

School Nutrition Association. [*State Policy Index for Issues in Child Nutrition*](#).

Prevention Institute. [*ENACT Local Policy Database for Nutrition and Physical Activity*](#).

Programmatic

American Dietetic Association. [*Evidence Analysis Library for School-Based Interventions*](#).

Department of Education. [*Exemplary and Promising: Safe, Disciplined and Drug-Free Schools Programs*](#).

National Cancer Institute. [*Database of Research-Tested Intervention Programs*](#).

SAMHSA. [*National Registry of Evidence-Based Programs and Practices*](#).

Selected Publications/Websites by Health Issue

Asthma

American Academy of Pediatrics. [*Asthma*](#).

American Association of School Administrators. [*Asthma Wellness: Keeping Children with Asthma in School and Learning*](#).

American Association of School Administrators. [*Powerful Practices: An Checklist for School Districts Addressing the Needs of Students with Asthma*](#).

[*American Lung Association*](#).

American Lung Association. [*Asthma Friendly Schools Toolkit*](#).

American Lung Association. [*Open Airways for Schools*](#).

[*American School Health Association*](#).

CDC.
Division of Adolescent and School Health. Asthma.

CDC. National Center for Chronic Disease Prevention and Health Promotion.
Strategies for Addressing Asthma within a Coordinated School Health Program.

CDC. National Center for Environmental Health.
Asthma Control Program.

Environmental Protection Agency.
Indoor Air Quality and Student Performance.

Environmental Protection Agency.
Indoor Air Quality IAQ Tools for Schools.

Environmental Protection Agency.
Healthy School Environments.

Maternal and Child Health Library.
Asthma Knowledge Path.

National Heart, Lung, and Blood Institute.
Managing Asthma: A Guide for Schools.

National School Boards Association.
Asthma in School 101.

Cancer

American Academy of Dermatology.
Sunsmart Kids Cool School Program.

American Cancer Society.

California Department of Health.
Skin Cancer Prevention.

CDC. Division of Cancer Prevention and Control.
Sun Safety at Schools — What You Can Do.

CDC. National Center for Chronic Disease Prevention and Health Promotion and Coordinating Center for Health Promotion. *Shade Planning for America's Schools.*

CDC. *Guidelines for School Programs to Prevent Skin Cancer.*

Environmental Protection Agency. *Sunwise School Program.*

National Association of State Boards of Education.
Fit, Healthy and Ready to Learn — Policies to Promote Sun Safety and Prevent Skin Cancer.
National Council on Skin Cancer Prevention.

Cardiovascular Disease

American Heart Association.
Cardiovascular Health Promotion in the Schools.

Public Health Reports. *Enabling the Nation's Schools to Prevent Heart Disease, Stroke, Cancer, COPD, Diabetes and Other Serious Health Problems.*

Statement from the American Heart Association.
"School Nurses Play Key Role in Preventing Heart Disease in Children."

Diabetes

American Diabetes Association.
Resources for Schools.

National Diabetes Education Program.
School Personnel Resources.

Flu

Department of Education.
Pandemic Flu: A Planning Guide for Educators.

Healthy Eating

Action for Healthy Kids. *Helping Students Make Better Food Choices at School.*

California Project LEAN and the California School Boards Association. *Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide.*

Center for Science in the Public Interest.
School Lunch Program: Efforts Needed to Improve Nutrition and Encourage Healthy Eating.

Robert Wood Johnson Foundation.

A Report on State Action to Promote Nutrition, Increase Physical Activity and Prevent Obesity.

Center for Science in the Public Interest.

Dispensing Junk: How School Vending Undermines Efforts to Feed Children Well.

CDC. Division of Adolescent and School Health.

Making it Happen: School Nutrition Success Stories.

CDC. *Division of Adolescent and School Health. Nutrition.*

CDC. *MMWR. Guidelines for School Health Programs to Promote Healthy Eating.*

Food Research Action Center.

School Wellness Policy and Practice: Meeting the Needs of Low-Income Students.

Institute of Medicine. *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth.*

National Association of State Boards of Education.

Fit, Healthy and Ready to Learn — Policies to Encourage Healthy Eating.

Robert Wood Johnson Foundation.

Healthy Schools for Healthy Kids.

Shaping America's Youth.

Obesity

Action for Healthy Kids.

Giving Kids the Voice of Authority: Engaging Students in the Fight Against Childhood Obesity.

CDC. Division of Adolescent and School Health.

Make a Difference at your School: Key Strategies to Prevent Obesity.

The Council of State Governments.

Childhood Obesity Tool Kit.

Institute of Medicine. *Progress in Preventing Childhood Obesity—Chapter on Schools.*

National Association of State Boards of Education.

The Role of Schools in Preventing Childhood Obesity.

National Conference of State Legislatures.

Childhood Obesity: 2007 Update and Overview of Policy Options.

Robert Wood Johnson Foundation.

A Report on State Action to Promote Nutrition, Increase Physical Activity and Prevent Obesity.

Osteoporosis

CDC. *National Bone Health Campaign.*

National Dairy Council. *Tools For Schools.*

National Dairy Council.

Preventing Osteoporosis: Starting in Childhood.

Physical Activity

Action for Healthy Kids. *From the Top Down: Engaging School Leaders in Creating a Healthier, More Physically Active School Environment.*

Action for Healthy Kids.

The Learning Connection: The Value of Increasing Nutrition and Physical Activity in Our Schools.

American Alliance for Health, Physical Education, Recreation and Dance.

California Project LEAN and the California School Boards Association. *Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide.*

CDC. Division of Nutrition and Physical Activity.

Kids Walk to School.

CDC. *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People.*

National Association for Sport and Physical Education.

Shape of the Nation Report.

National Association of State Boards of Education.

Fit, Healthy and Ready to Learn — Policies to Encourage Physical Activity.

PE4Life.

Robert Wood Johnson Foundation.
Healthy Schools for Healthy Kids.

Robert Wood Johnson Foundation.
A Report on State Action to Promote Nutrition,
Increase Physical Activity and Prevent Obesity.

Shaping America's Youth.

Tobacco

American Legacy Foundation.
Cigarette Smoking Among Youth.

Campaign for Tobacco-Free Kids.
How Schools Can Help Students Stay Tobacco-Free.

Campaign for Tobacco-Free Kids.
School-Based Programs Reduce Tobacco.

CDC. Division of Adolescent and School Health.
Tobacco Use.

CDC. MMWR. Cigarette Use among High School
Students—United States, 1991-2003.

CDC. MMWR. Guidelines for School Health Programs
to Prevent Tobacco Use and Addiction.

CDC. National Center for Chronic Disease Prevention
and Health Promotion. Advancing Tobacco Control
through Evidence-Based Programs.

National Association of State Boards of Education.
Fit, Healthy and Ready to Learn—Policies to
Discourage Tobacco Use.

National Institute on Drug Abuse.
Preventing Drug Abuse Among Children and
Adolescents: A Research-Based Guide for Parents,
Educators and Community Leaders.

U.S. Department of Education.
Exemplary and Promising: Safe, Disciplined and
Drug-Free Schools Programs.

Wellness

Action for Healthy Kids.
Ideas, Commitment, Action, Results: Model Projects
Advancing the Cause of School Wellness.

California Project LEAN.
School Wellness Policy Tools.

California Project LEAN and the California School
Boards Association. Student Wellness: A Healthy Food
and Physical Activity Policy Resource Guide.

Directors of Health Promotion and Education.
School Employee Wellness: A Guide for Protecting
the Assets of Our Nations' Schools.

Food Research Action Center.
School Wellness Policy and Practice: Meeting the
Needs of Low-Income Students.

National Alliance for Nutrition and Activity.
Model School Wellness Policies.

School Nutrition Association. A Foundation for the
Future II: Analysis of Local Wellness Policies from
140 School Districts in 49 States.

USDA Food and Nutrition Services.
Healthy Schools—Local Wellness Policy.

APPENDIX B

SELECTED FEDERAL INITIATIVES RELATED TO COORDINATED SCHOOL HEALTH

Federal agencies support many of the public health initiatives that benefit students and their families and are coordinated at the state and local levels. Although quite a few are initiatives of HHS and its respective agencies, HHS is not the only federal agency involved in protecting the public's health. Other federal agencies addressing public health issues include, but are not limited to, the Centers for Disease Control and Prevention (CDC), Department of Education (DOE), Environmental Protection Agency (EPA), Department of Agriculture (USDA), Department of Transportation (DOT), Department of Justice (DOJ), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA).

The agencies and programs described below are a mere sampling of the multiple federal initiatives related to coordinated school health.

Centers For Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is one of 11 major agencies of the U.S. Health and Human Services Agency. CDC has six Coordinating Centers and 12 national Centers or programs. Centers closely involved in issues relevant to coordinated school health include the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which houses the Division of Adolescent and School Health (DASH); the National Center for Injury Prevention and Control (NCIPC); and the National Center for Environmental Health.

National Center for Chronic Disease Prevention and Health Promotion

Within the NCCDPHP, the Division of Adolescent and School Health (DASH), and the Division of Nutrition, Physical Activity and Obesity (DNPAO) have many initiatives related to school health, with DASH being the lead Division for adolescent and school health in the Center.

Division of Adolescent and School Health

CDC's DASH seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. To accomplish this mission, DASH implements four strategies.

1. Identify and Monitor Health Risks

DASH conducts surveillance activities to monitor six categories of priority health risk behaviors, including sexual behaviors and school health policies and programs among all 50 states. These activities are primarily conducted through CDC's Youth Risk Behavior Surveillance System (YRBSS), the School Health Profiles, and School Health Policies and Programs Study (SHPPS).

2. Synthesize and Apply Research

DASH synthesizes research findings to identify policies and practices that are most likely to be effective in promoting healthy behaviors among young people. CDC has developed research-based recommendations and guidelines for school health programs. To date, there are guidelines for such issues as school health, mental health, and safety, tobacco-use prevention, promotion of healthy eating and physical activity, prevention of skin cancer and AIDS education.

3. Enable Constituents

DASH funds several programs to enable its constituents to implement comprehensive adolescent and school health programs. In order to build capacity to support coordinated school health, DASH funds state and local education agencies and tribal governments to establish and implement coordinated school health. These programs address a range of health issues, including tobacco use, inactivity, nutrition, HIV/AIDS, asthma, etc.

4. Evaluate

DASH also provides technical assistance to state and local education agencies and tribal governments to help them evaluate the quality and effectiveness of their school health policies, teacher training, and curricula. DASH also conducts evaluation research to test effectiveness of school-based interventions designed to prevent HIV/STD infection and other serious health issues.

Division of Nutrition, Physical Activity, and Obesity

The Division of Nutrition, Physical Activity, and Obesity (DNPAO) addresses the role of nutrition and physical activity in improving the public's health and preventing and controlling obesity and chronic diseases by:

- Providing funding for nutrition and physical activity to enable states to better address nutrition, healthy eating, overweight, and obesity in the school setting. Projects have included the development of resource kits for healthy eating at school, provision of mini-grants to local school health councils, development of school-based nutrition curricula, and school-wide weight screening programs for students.
- Supporting other initiatives focused on the school-aged population, such as KidsWalk-to-School (encouraging children to walk to school), and Powerful Bones. Powerful Girls™ (promoting healthy habits for bone health).

National Center for Injury Prevention and Control

The National Center for Injury Prevention and Control (NCIPC) works to reduce morbidity, disability, mortality, and costs associated with injuries. NCIPC's scope includes school health issues that address youth violence, suicide, playground injuries, and sexual violence.

National Youth Violence Prevention Center

The National Youth Violence Prevention Center was developed by NCIPC in partnership with ten other federal agencies. The center has numerous resources available for educators, including a funding database, guidance documents for addressing violence in the schools, and curriculum resources for violence prevention and conflict resolution.

National Center for Environmental Health

The National Center for Environmental Health (NCEH) plans, directs, and coordinates a national program to maintain and improve the health of the American people by promoting a healthy environment and by preventing premature death and avoidable illness and disability caused by non-infectious, non-occupational environmental and related factors.

National Asthma Control Program

The National Asthma Control Program was developed by NCEH and aims to reduce the number of deaths, hospitalizations, emergency department visits, school- or workdays missed, and limitations on activity due to asthma. The program funds a number of state and local health departments. For more information about specific states and communities, go to <http://www.cdc.gov/asthma/contacts/default.htm>

CDC Preventive Health and Health Services Block Grant

The Preventive Health and Health Services Block Grant is a CDC-administered federal formula grant to the states to support prevention programs. State health departments have a great deal of flexibility in the way they spend Block Grant dollars. In the area of school health, states have used this funding in a variety of creative ways, including: (1) implementing after-school programs to reduce tobacco and other drug use; (2) launching a school-based oral health project; (3) assisting individual school districts with building a coordinated approach to school health; and (4) training teachers and cafeteria staff to promote 5-a-Day principles (Association of State and Territorial Health Officials, 2001).

Department of Education

The Department of Education has several initiatives that support school and student health issues. A few are described below.

Carol M. White Physical Education Program

The Carol M. White Physical Education Program provides grants to Local Educational Agencies to initiate, expand, or enhance physical education programs, including after-school programs, for students in kindergarten through 12th grade. Funds may be used to provide equipment and support to enable students to participate actively in physical education activities, and/or support staff and teacher training and education.

Character Education

Character education teaches the habits of thought and deed that help people live and work together as families, friends, neighbors, communities, and nations. Character education is a learning process that enables students and adults in a community to understand, care about, and act on core ethical values such as respect, justice, civic virtue and citizenship, and responsibility for self and others. The DPE provides grants to state and local education agencies to support the development of character education, and has several character education materials for parents and teachers.

Office of Safe and Drug-Free Schools

The Office of Safe and Drug-Free Schools (OSDFS) administers, coordinates, and recommends policy for improving quality and excellence of programs and activities that are designed to provide financial assistance for drug and violence prevention activities and activities that promote the health and well-being of students in elementary and secondary schools and institutions of higher education. Activities may be carried out by state and local educational agencies and by other public and private nonprofit organizations.

Environmental Protection Agency

The mission of the Environmental Protection Agency (EPA) is to protect human health and the environment. The EPA provides grants to state and local health and education agencies to address issues related to environmental health and has a number of key programs that address school health issues such as indoor air quality, sun exposure, asthma management, and pest and mold control.

Clean School Bus USA is an initiative to reduce children's exposure to exhaust and air pollution created by diesel school buses. The program helps school districts to replace older diesel school buses with new, less-polluting models or retrofit buses with emissions control technology and cleaner fuels.

U.S. Department of Agriculture

The U.S. Department of Agriculture (USDA) provides leadership on food, agriculture, natural resources, and related issues.

Food and Nutrition Service

The Food and Nutrition Service (FNS) administers the nutrition assistance programs of the USDA and provides children and needy families' better access to food and a more healthful diet through its food assistance programs and comprehensive nutrition education efforts. FNS administers the following initiatives.

- *The School Breakfast Program* and the *National School Lunch Program*: More than 94,000 schools participate in the school lunch program, and over 74,000 participate in the breakfast program. Both programs provide free and reduced-price meals to students based on family income. USDA reimburses the food service departments of participating schools for the meals served.
- *Eat Smart. Play Hard™*: This campaign to improve children's health provides materials such as interactive behavior-focused lesson plans for use in schools and other settings.
- *The Fresh Fruit and Vegetable Program*: provides free fresh and dried fruits and fresh vegetables to participating schools in eight states and three tribal organizations.
- A clearinghouse of information on Local Wellness Policies, such as sample policies and other reference materials that can help school districts as they develop their own wellness policy. Local Wellness Policies should address nutrition education, physical activity, campus food provisions, and other school-based activities designed to promote student wellness.

Department of Transportation

The Department of Transportation (DOT) works to ensure a fast, safe, efficient, accessible, and convenient transportation system. DOT's Federal Highway Administration administers the *Safe Routes to School* program, a federal aid program that funds states to improve the ability of primary and middle school students to walk and bicycle to school safely. State departments of transportation receive funds that are distributed to state, local, and regional agencies and nonprofit organizations.

Department of Justice

The Department of Justice and the Department of Education have issued a guide to help schools and communities prevent school violence. The guide is called *Safeguarding Our Children: An Action Guide*. Another resource available from the Department of Justice helps educators identify early signs of troubling and potentially dangerous behavior. This resource is called *Early Warning, Timely Response: A Guide to Safe Schools*. Additional resources are available on their website at: <http://www.udsoj.gov>

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA), an agency of HHS, is the primary federal agency for improving access to health care services for uninsured, isolated, or medically vulnerable people. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, pregnant women, mothers, and children.

Maternal and Child Health Bureau

The Maternal and Child Health Bureau (MCHB), a bureau of HRSA, administers the *Title V Maternal and Child Health Services Block Grant*, which provides formula matching grants to all state health departments to improve the health of women and children. States use the funds to provide grants to community-based organizations, local school districts and health departments, faith-based organizations, universities, and others. Funds have been used to support school-based health centers and school-based adolescent health programs that address issues such as teen pregnancy prevention and substance abuse.

Substance Abuse And Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

Center for Mental Health Services

The Center for Mental Health Services (CMHS) within SAMSHA leads national efforts to improve prevention and mental health treatment services for all Americans. School health-related activities include:

- The *Safe Schools/Healthy Students (SS/HS) Initiative* aims to prevent violence and substance abuse among youth, schools, and communities. Since 1999, more than 240 local school districts, in collaboration with local mental health and juvenile justice providers, have implemented programs

that address: (1) a safe school environment; (2) alcohol, drugs, and violence prevention and early intervention programs; (3) school and community mental health preventive and treatment intervention services; (4) early childhood psychosocial and emotional development programs; (5) educational reform; and (6) safe school policies.

- *Eliminating Barriers for Learning: Social and Emotional Factors That Enhance Secondary Education* is a key CMHS resource for schools seeking to address mental health issues in the classroom. This in-service training guide on adolescent mental health is designed to increase knowledge and address instructional techniques that promote a healthy learning environment.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for administering Medicare, Medicaid, and SCHIP (State Children's Health Insurance Program). States administer CMS's programs. Each state has its own guidelines for qualification and coverage. In some states, school-based or school-linked health centers are allowed to bill Medicaid/SCHIP for reimbursement of medical services provided to eligible students.

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