

National Coordinating Committee on School Health and Safety

Minutes of the Spring Annual Meeting June 3, 2004

**Hilton Arlington and Towers
Ballston, Virginia**

The theme of the seventh annual meeting of the National Coordinating Committee on School Health and Safety (NCCSHS) held June 3, 2004, in Arlington, Virginia, was “Promoting Student Mental Health and School Connectedness.”

The agencies and organizations that were represented at the meeting included:

U.S. Government Agencies

U.S. Department of Agriculture
Food and Nutrition Service

U.S. Department of Education
Office of Safe and Drug-Free Schools
Office of Special Education and Rehabilitative Services
Office of Student Achievement and Student Accountability

U.S. Department of Health and Human Services (DHHS)
Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion
Health Resources and Services Administration
Maternal and Child Health Bureau
Indian Health Services
Office of Disease Prevention and Health Promotion
Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)

U.S. Department of Justice
Office of Juvenile Justice and Delinquency Prevention

U.S. Department of Transportation
National Highway Traffic Safety Administration

Nongovernmental Organizations, Foundations, and Other Participants

American Academy of Child and Adolescent Psychiatry
American Association for Health Education

American Association of School Administrators
American Counseling Association
American Dental Association
American Diabetes Association
American Dietetic Association
American Institute of Research
American Occupational Therapy Association
American Psychological Association
American School Counselor Association
American School Food Service Association
American School Health Association
Association for Supervision and Curriculum Development
Association of State and Territorial Health Officials
The Center for Health and Health Care in Schools
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Dental Health Project
Chronic Disease Directors
Council of Chief State School Officers
Education Daily/Federal Grants and Contracts Weekly
Education Development Center, Inc.
Harvard School of Public Health
National Assembly on School-Based Health Care
National Association of Health Education Centers
National Association of School Psychologists
National Association of Social Workers
National Governors Association
National School Boards Association
National Mental Health Association
Prince George's County Public Schools
Public Education Network
School Social Work Association of America
Society for Public Health Education
Society of State Directors of Health, Physical Education, and Recreation
University of California, San Diego
University of Maryland, School of Medicine
University of Minnesota

Participants at the conference represented many Federal agencies administering major school health programs and nongovernmental organizations on the front lines of school health. The participants discovered new avenues and partnership opportunities for enhancing their goals. Guest speakers and activities reinforced the message that promoting the mental health of the Nation's children requires collaboration, strategies addressing school climate, and techniques for improving the resilience of young people and the reduction of risk factors. Presenters reported that helping schools implement

effective, science-based programs is not enough. Programs must also be brought to scale so that more children have access to the services.

In addition to celebrating successes and sharing effective strategies, participants and speakers tackled the challenges and barriers to improving mental health in schools. The meeting provided a way to reinforce connections among Federal partners and with nongovernmental organizations—a dynamic essential to NCCSHS’s mission.

NCCSHS Chair Theresa Lewallen, director of the Health in Education Initiative, Association for Supervision and Curriculum Development, chaired the meeting.

Enhancing Resilience

Guest speaker Kevin Dwyer, past president and former assistant executive director of the National Association of School Psychologists, challenged the participants to tackle the most vexing issues related to children’s mental health. Speaking from a perspective of more than 40 years of experience in public schools, Mr. Dwyer affirmed the progress made, including reductions in murders, teen births, smoking and marijuana use; slight reductions in numbers of suicides; higher graduation rates; and higher academic achievement.

However, he noted, “Every day, we are still leaving children behind.” Strategies must include environmental approaches that go beyond focusing solely on the individual, he noted. His presentation included a graphic that aptly illustrated this approach. Representing a student and the school environment, a cartoon fish in a fishbowl included the message, “Resilience is dependent on feeding the fish, monitoring the water, the oxygen, the removal of pollution, and what we can do with the fish to better enable resilience.” Mr. Dwyer called on participants to work for needed improvements in reading programs, intervention efforts, teaching gaps, and other areas.

Introducing a theme that was repeated throughout the day, Mr. Dwyer made the point that successful programs are available that have demonstrated their effectiveness. However, the programs and resources need to be available to schools and communities. “We have a few schools doing a good job, but we need to go to scale,” he said. “We know what to do, we just don’t do it.”

Mr. Dwyer presented building blocks essential for improving social and emotional skills, behavior, and mental wellness among children. These building blocks differentiated among school-wide interventions for all children, early interventions for some children, and intensive interventions for a few children. Effective, managed, monitored, integrated, and doable interventions must occur in all categories, he said.

Unfortunately, Mr. Dwyer noted, intervention for children with emotional problems is “too frequently, too little too late.” Mr. Dwyer identified ineffective strategies as those that:

- Use scare tactics.
- Focus exclusively on factual information.
- Focus exclusively on self-esteem.
- Rely on adults to provide testimonials.
- Group high-risk youth.
- Use punitive and reactive approaches.
- Use “boot camp” techniques.
- Employ loose, unevaluated therapies.
- Fail to monitor medications.
- Involve “magical” thinking or denial.

The goals of effective interventions are to reduce risk factors and build protective factors and to create a caring, safe, and supportive school community. Effective programs achieve those results with strategies that:

- Connect with every child.
- Support family/school collaboration.
- Teach social-emotional and problem-solving skills.
- Provide positive behavioral support.
- Provide engaging and appropriate instruction.

In response to the argument that schools do not have the money to conduct effective prevention and intervention, Mr. Dwyer commented that we are “already spending the money—on detention centers, on alternative schools, on appeals for suspensions and expulsions.”

Guest speaker Dr. Michael Resnick, director of the Prevention Research Center at the University of Minnesota, echoed the theme of resilience. He defined protective factors as “experiences, events, and opportunities that young people need to buffer them from stupid, risky behaviors.” Resilience is “the capacity to bounce back in the face of adversity.”

A pioneer in the research of risk and protective factors in the lives of young people, Dr. Resnick emphasized that the concept of resilience originated not with child development experts, but with physicists who discovered that the internal strength of building materials reinforced with external supports resulted in bridges resilient to stress.

The analogy applies to children, Dr. Resnick noted. He highlighted the importance of care by parents or families and school connectedness in creating resilience among youth. Dr. Resnick noted that effective school programs promoting well-being target school climate and foster relationships between students and adults analogous to effective parenting, including the establishment of:

- Clear boundaries
- High expectations
- Clear rules
- High levels of nurturance
- Supportiveness

Fostering school connectedness is a challenge, given the large, impersonal school model of secondary education, Dr. Resnick said. One avenue involves service learning projects, now standard requirements in most schools, which allow diverse groups of students to work together, break down barriers, and establish trust and friendships.

Other ingredients needed to foster school connectedness, he said, are a positive classroom management climate, fewer children who are acting out, fewer children who are having trouble getting along with teachers and students, and fewer children having trouble paying attention or completing their homework. Safety, whether in the schools or in the community, is also essential, he said.

Dr. Resnick credited the work of Dr. Gisela Konopka, at the University of Minnesota, for ground-breaking research in the area of adolescent healthy development. Dr. Konopka identified the essential elements for healthy adolescent development. Young adults need opportunities to:

- Participate in a community.
- Gain experience with decision making.
- Interact with a peer group and acquire a sense of belonging.
- Learn skills of self-reflection.
- Talk about conflicting value systems and formulate their own.
- Experiment with relationships and roles.
- Develop a sense of accountability to other people.
- Cultivate the capacity to enjoy life.
- Participate in the creative arts.

Dr. Resnick likened the effort toward improving conditions and mental health of children to the drive in the last century for eliminating child labor and instituting public education. Just as the steady bombardment of images of child exploitation swung public opinion toward reform, “patience, persistence and good humor” will enable educators to make similar inroads toward meeting today’s needs, he remarked.

A question-and-answer session that followed featured a discussion of strategies for increasing support for resources. Dr. Resnick noted “It is possible to make huge and enduring changes that benefit young people during times of war and economic duress,” citing as evidence the creation of the Social Security Act, the Americans with Disabilities Act, and other initiatives.

In response to a discussion about involving parents in schools, participant Stephanie Bryn, director, Injury and Violence Prevention at HRSA's Maternal and Child Health Bureau, suggested that groups examine the efforts of Head Start, which has been effectively reaching out to parents for 35 years.

Federal Panel

The NCCSHS annual meeting featured commentary and discussion from Federal agency representatives who updated participants on Federal initiatives related to promoting mental health and school connectedness.

U.S. Department of Agriculture

Stanley Garnett, director of the U.S. Department of Agriculture (USDA) Food and Nutrition Services (FNS) Child Nutrition Division, updated participants on the National School Lunch Program and School Breakfast Program, which operate in more than 99,800 public and nonprofit private schools and institutions, the Summer Food Service Program, and After-School Snack Program. In recent years, FNS has focused on increasing fruits and vegetables in school meals programs.

The USDA has partnered with other Federal agencies, private industry, and health organizations to increase the amounts of fruits and vegetables consumed by the average American up to five a day by 2010. USDA's School Meals Initiative, which includes assessment and training, requires schools participating in USDA's school meals programs to offer meals that meet certain nutritional standards and other measures. Mr. Garnett noted that USDA studies indicate that schools are making progress in meeting nutrition standards. Reports show that school meals serve foods with significantly lower levels of fat than 1991–92 levels.

The Federal Government is looking more closely at the issue of "competitive foods," generally foods high in fat, sodium, and sugar sold separately from school meals programs, Mr. Garnett noted. CDC's School Health Policies and Programs Study for 2000 found almost half of elementary schools, three-fourths of middle schools, and almost all senior high schools have either a vending machine or a school store that sells food, Mr. Garnett stated.

U.S. Department of Education

Troy Justesen, acting deputy assistant secretary, Office of Special Education and Rehabilitation Services, U.S. Department of Education (ED), discussed the department's goals relating to the President's New Freedom Commission on Mental Health. The commission studied the mental health service delivery system and made recommendations to transform mental health services to facilitate recovery and build resilience among adults and children. ED is largely focusing its efforts on the following goals identified by the commission:

- Promote mental health of young children.
- Promote mental health programs that serve children and youth.

Dr. Justesen highlighted recent educational achievements among children with emotional disturbances. Studies show a 13 percent increase in children with emotional disturbances taking math and science courses and an 11 percent increase in these young people taking foreign languages—courses that help put students on track for postsecondary education, Dr. Justesen said. These promising improvements are noteworthy because young people with disabilities have lower rates of postsecondary college experiences than any other group of people, he said.

Dr. Justesen noted that the current administration has increased spending for special education and related services by 75 percent. He reviewed challenges to helping children with disabilities achieve academically and socially. Many children who undergo disciplinary procedures may end up in the juvenile justice system. He noted that research shows that children generally need intensive services for at least six months after leaving secure facilities to integrate back into the community and school. ED is investing in evidence-based practices and positive behavioral interventions for young people with challenging behaviors and early childhood outcomes centers, Dr. Justesen said. He recognized that these challenges require still greater attention and investment to achieve the goal of helping all youth to be “happy, integrated individuals in society.”

U.S. Department of Health and Human Services

Anne Mathews-Younes, director of the Division of Prevention, Traumatic Stress, and Special Programs at SAMHSA CMHS, elaborated on how SAMHSA is helping to reach the goal of transforming mental health care. She highlighted SAMHSA’s Safe Schools/Healthy Students initiative (<http://www.mentalhealth.samhsa.gov/safeschools/>), which was designed to develop and implement comprehensive plans with the goals of promoting the healthy development of children and youth, fostering their resilience, and preventing violence. The initiative exemplifies the Federal partnership model, she stated, and is a collaboration of DHHS, ED, and the Department of Justice (DOJ).

Currently, there is about a 15–20 year gap between science and service in the area of mental and behavioral health, a gap “that would be unacceptable in the area of cancer prevention” and other health areas, she said. As a result, CMHS is eager to get the Safe Schools/Healthy Students initiative implemented on a broader scale to close the gap between research findings and practices and programs.

She noted that the marriage of “safe schools” and “healthy students” in CMHS’s program embeds numerous messages, such as, “A mentally healthy child is not going to be a violent child.” The program has provided close to 200 grants and the Federal government invested close to \$1 billion, she said. CMHS is working with its grantees to use social marketing techniques to communicate their programs and successes.

She also highlighted the CMHS campaign on school bullying. One in seven children is bullied in school, Dr. Mathews-Younes said. To address this problem, CMHS is collaborating with the Health Resources and Services Administration (HRSA) on anti-bullying school campaigns. (CMHS's campaign is featured at <http://www.mentalhealth.samhsa.gov/15plus/aboutbullying.asp>. HRSA's campaign is featured at <http://www.stopbullyingnow.hrsa.gov/main/index.asp?Area=whatbullyingis>.)

Dr. Mathews-Younes also discussed the National Registry of Effective Prevention Programs, created by SAMHSA to identify, promote, and implement model programs.

U.S. Department of Justice

Kathi Grasso, a senior juvenile justice policy and legal advisor to the administrator of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of DOJ, noted the effect of mental health problems on youth in the juvenile justice system. "The prevalence of mental health disorders is high" in this population, she stated, and added that one study of youth in temporary detention in Cook County, Illinois, found more than 64 percent of males and 70 percent of females met the diagnostic criteria for one or more psychiatric disorders.

Ms. Grasso recognized that the constituency of the NCCSHS is "instrumental" in helping DOJ "prevent juvenile crime and address the mental health and other needs of children and youth involved in the child welfare and juvenile justice systems and in supporting the reentry of those detained or committed youth into schools, families, and neighborhoods."

During the last 10 years, experts "have expressed concerns about the ability of the juvenile justice system to adequately address the mental and substance abuse needs of children in the system," she said. Professionals generally agree that:

- There are increasing numbers of youth with mental health and co-occurring substance use disorders entering the juvenile justice system.
- All too often, conditions go unrecognized and untreated.
- A number of promising programs have emerged, but these efforts are often fragmented and disconnected.

Ms. Grasso discussed OJJDP programs addressing the needs of youth. Among others, she highlighted the National Center for Mental Health and Juvenile Justice, which has been identifying exemplary programs for addressing health and substance abuse treatment needs at the State and local levels. (Information about current programs and publications is available at the OJJDP Web site, <http://ojjdp.ncjrs.org/>.) Ms. Grasso highlighted the OJJDP program to collect and analyze data to create performance standards for juvenile corrections. The Performance-based Standards for Juvenile Corrections (PbS) and Detention Facilities project (<http://www.pbstandards.org/>) involves a secure nationwide

data collection and reporting system to help facilities develop improvement plans. The project is a finalist for the prestigious Innovation in American Government Award.

A question-and-answer session followed the Federal panel. Susan Wooley, executive director of the American School Health Association, shared the anecdote that one of the value-added benefits to the program for at least one school was a decrease in the number of colds reported among students, possibly because children's hands and desk surfaces were being kept cleaner!

Roundtable Discussions

The lunch period featured roundtable discussions to provide an informal opportunity to interact with Federal staff and other meeting participants. The following topics were covered:

- An Enhanced Model of School Health Services
- Competitive Foods in Schools
- National Bullying Prevention Campaign
- President's New Freedom Commission on Mental Health
- National Center for Mental Health Promotion and Youth Violence Prevention
- Steps to a HealthierUS
- Suicide Prevention
- Underage Drinking

School Health Council Activity

The afternoon session gave participants a hands-on opportunity to put the school health council model to work. The activity was a repeat of a highly successful exercise conducted at last year's annual meeting.

Participants were divided into groups, given a scenario of a health-related issue that schools may face, and asked to respond with a plan as a coordinated health council. The activity was moderated by William (Bill) Potts-Datema, director of Partnerships for Children's Health at the Harvard School of Public Health and consultant to the NCCSHS. Group members accepted roles such as "parent," "school administrator," "building supervisor," "student," and other individuals representing a typical school health council. Working through characters, participants were able to identify challenges and opportunities inherent in the process of improving school health initiatives.

Topics addressed by the groups included suicide prevention; issues related to gay, lesbian, or transgender youth; identifying students with mental health issues; underage drinking and driving; and students taking psychotropic medications. Participants reassembled after the small group exercise for reports, analysis, and questions.

Discussion benefited from the input of expert respondents assigned to individual groups who critiqued the process and the group responses.

The group working on the issue of identifying students with mental health issues discussed suggestions for helping schools better identify and serve students who might have mental health programs. The group's report pointed out the need for a coordinated plan of action to work with school personnel and community mental health agencies. Identified goals included working to overcome the stigma of mental health problems; surveying students and teachers to assess the problem; taking inventory of school resources; and improving the referral process to the community mental health agencies. The group listed concrete steps to achieve these goals, such as making a presentation to political authorities to obtain a public commitment to the importance of mental health and including other teachers on the school health council.

The group working on issues related to gay, lesbian, or transgender youth discussed the scenario of an increase of bullying directed toward a few students. The group's mission was to offer the district and schools recommendations for stopping the bullying, improving the school social and emotional climate, and ensuring the safety of the targeted students. The group report highlighted discussion of the need for standards for all students and teachers that included consequences for violations. The group recommended sensitivity training for teachers and all school personnel and convening students to present a global anti-bullying message and what students can do to stop bullying. The group recommended using the student council and other mechanisms already in place for the anti-bullying effort. Discussion focused on accountability measures and the need for a district-wide anti-bullying policy. Feedback from the expert responder included the suggestion that the school health council assess efforts among Government and nonprofit sectors as another resource. Another participant mentioned materials created by the National Mental Health Association related to this population (<http://www.nmha.org/pbedu/backtoschool/bullyingGayYouth.cfm>).

The group working on the issue of students taking psychotropic medications discussed a scenario involving parental concern over policies for dispensing medications during school hours. The group's recommendation to the Deputy Superintendent included:

- In-service for teachers and the instigation of protocols for recording and dispensing medications and parent-nurse conferences
- Review of national standards and best practices regarding this issue
- The development of a subcommittee to discuss storage and other issues related to medication and school safety

The group addressed privacy concerns, the destigmatizing of mental health issues, and the possibility of obtaining legal counsel to ensure compliance with regulations.

A participant mentioned the Center for Health and Health Care in Schools (<http://www.healthinschools.org/sh/medmgmt.asp>) as another resource on this topic. The

National Institute for Mental Health

(<http://www.nimh.nih.gov/press/stmntantidepressants.cfm>) has information for parents and caregivers regarding the use of antidepressants in children.

The school health council group reviewing underage drinking and driving discussed the scenario of an alcohol-related fatal crash involving a teen from the school. The group noted the need for 1) dealing with the current grief at the school; and 2) making long-term plans to prevent future similar accidents.

The group reflected on the need for tapping into community resources, such as community health services and the faith community, to encourage and support expressions of grief. To involve students in long-term solutions, the group suggested involving the students in developing a recreational center and a campaign to change the social norms that accept underage drinking. Stressing the importance of evidence-based programs, the group recommended cross-training between school health educators and community health agencies, and a review of local policies, business practices, and regulations regarding serving alcohol to minors. One brainstorming idea was to apply for a Safe Schools/Healthy Students grant.

The expert responder suggested that additional resources may be found on the National Organization for Youth Safety Web site (www.NOYS.org), which includes a youth project, Making a U-Turn: Turning Tragedy Into a Teachable Moment, to help students and communities harness grief and other negative outcomes from a tragic event for effective solutions. The expert observer mentioned other resources, including the initiative to prevent the use of alcohol by children ages 9 to 15. The initiative, The Leadership to Keep Children Alcohol-Free, is a coalition of Governors' spouses, Federal agencies, and public and private organizations, and is sponsored by the National Institute on Alcohol Abuse and Alcoholism, the Robert Wood Johnson Foundation, and additional sponsors (<http://www.alcoholfreechildren.org/>). Another resource is an upcoming documentary, *Smashed: Toxic Tales of Teens and Alcohol*, developed by a private/public partnership and several youth-related organizations, including Students Against Destructive Decisions (SADD). The documentary will appear on the HBO Family channel (http://www.hbofamily.com/programs/parent_handbook/smashed.html). The documentary is being packaged with a panel discussion that took place at the premier and will include a discussion guide to encourage schools, youth groups, and religious institutions to create a dialogue around the issue of underage drinking. The expert respondent also mentioned other resources from the industry, retail distributors, and other advocacy groups directly involved in schools, in particular the National Liquor Law Enforcement Association.

The group working on suicide prevention addressed a scenario of a school district losing three young people to suicide during the past two years. In this scenario, the district administration and several district parents asked the coordinated school health council to prepare a comprehensive suicide prevention plan within 20 days. The report from the group indicated it was unrealistic to expect a coordinated school health committee to

draft a comprehensive plan in such a short time. However, the group reported that it could have a group begin to create a long-term plan. The plan would address issues such as training and education of school staff and students, policies, youth involvement, assessment of students and services, and effective models and reports.

Mark Weist, director of the Center for School Mental Health Assistance at the University of Maryland, served as expert observer for the group. Dr. Weist said the role-playing of the members of the group was a “microcosm of what happens in the community;” namely, the tendency among individuals to assume that the problem is not their responsibility, the minimizing of mental health problems, tension over turf, the lack of community awareness and involvement, the view of mental health as specialized, vague, and ambiguous, and the difficulty moving from discussion to planning. He noted the challenge to identifying youth who are at risk of suicide—a key component of suicide prevention—which requires screening. He commented on the importance of mobilizing the community before screening takes place to make sure there are resources available to help teens who are identified as being at risk.

In addition, school health professionals need to work to create a sense of urgency around the topic to build support for teen suicide prevention.

Bill Potts-Datema brought the exercise to a conclusion, reflecting on the fact that school health committee work involves not just discussion of a particular topic area but also “trust building.”

CDC DASH

The NCCSHS closing speaker was Howell Wechsler, acting director of the Division of Adolescent and School Health (DASH) at CDC. DASH plays an integral part in promoting NCCSHS’s mission of increasing collaboration on school health efforts. Dr. Wechsler gave an overview of DASH programs that address the obesity epidemic and other health problems among children (<http://www.cdc.gov/HealthyYouth/index.htm>).

CDC funds State efforts to help schools implement coordinated school health programs and prevent chronic diseases through numerous programs, Dr. Wechsler stated. DASH’s focus is to protect and promote the health, safety, and well-being of children and adolescents through the following tasks:

- Enable partners to plan and implement effective policies and programs.
- Identify and monitor health-risk behaviors and school health policies and programs.
- Synthesize and apply research.
- Evaluate the effectiveness of policies and programs.

Dr. Wechsler's presentation focused on DASH initiatives related to the above-mentioned four areas.

Enabling Partners

DASH has funded State education agencies (SEAs) to help schools implement coordinated school health programs. These school health programs have a particular emphasis on preventing chronic diseases and risks, though they are not limited to exclusively chronic disease risks. DASH currently does not have resources to fund coordinated school health programs in every State, Dr. Wechsler noted. He expressed support for making the program comparable to large-scale national efforts to address diabetes, screen for cancer, and prevent tobacco use.

However, he noted, DASH does fund all States that request funds for HIV prevention. Dr. Wechsler's shared his personal commitment to eradicating the AIDS epidemic—a commitment that stems in part from the epidemic's impact on his immediate family as well as his tenure as a health educator in Zaire when awareness of AIDS was in the embryonic stages.

DASH is providing additional funding for States to work on asthma, food safety, and skin cancer, Dr. Wechsler noted. DASH also funds work by nongovernmental organizations (NGOs) in HIV prevention, abstinence partnership and collaboration, prevention of chronic disease risks, prevention of food-borne illnesses, and asthma management.

DASH is now responsible for CDC's successful program, VERB. [Editor's note: This is not an acronym; VERB is the actual name of the program.] This is CDC's outreach campaign to increase physical activity among "tweens." VERB provides materials on the Internet and offers promotions, contests, and other opportunities for schools.

The first year's evaluation reported a saturation of awareness that is "unprecedented for a Government-funded ad campaign," Dr. Wechsler said. VERB has reached 92 percent of all tweens, he said. Not only are tweens aware of VERB, but the campaign is producing healthy behavior changes. Using conservative methodology, evaluation results show "dramatic increases in physical activity participation among young people." Dr. Wechsler reported.

Steps to a HealthierUS provides support for communities to prevent obesity, diabetes, and asthma. For FY 2005, the president has requested \$125 million for Steps, compared to Steps' funding level of \$15.4 million for FY 2003. DASH supports 23 Steps' communities in tribal, rural, and urban areas.

Identifying and Monitoring Youth Health Risk Behaviors

Dr. Wechsler highlighted the 2003 *Youth Risk Behavior Surveillance* (YRBS) report, which included high school data. Middle school data will be released in the fall

(<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>). He also commented on the *School Health Policies and Programs Study* (SHPPS), a national survey conducted every 6 years to assess school health programs at the State, district, school, and classroom levels (<http://www.cdc.gov/HealthyYouth/shpps/index.htm>). Data from SHPPS is “changing the landscape,” Dr. Wechsler noted. He said CDC was currently designing the questionnaire for SHPPS 2006 and encouraged NCCSHS members to provide input. He suggested participants look at the SHPPS questionnaire for 2000, which is available online, and send recommendations for enhancing the process.

He highlighted the *School Health Profiles* report that includes data on health education, HIV/AIDS prevention, tobacco use prevention, violence prevention, health services, family/community involvement, physical education, and food service. *Profiles*, which is produced every two years, provides data at the State level to help communities assess efforts compared to other State initiatives.

He discussed Healthy Passages, a community-based longitudinal study of adolescent health, that “has the potential to really revolutionize our field,” Dr. Wechsler said. The study will look at biological factors, personal factors, and environmental factors as well as health behaviors and health and education outcomes.

Synthesizing and Applying Research

DASH’s *School Health Index* (SHI), a self-assessment and planning guide, is used in 46 U.S. States plus Canada, Dr. Wechsler said. The most recent SHI features new questions on injury and safety in addition to standard questions on physical activity, nutrition, and tobacco. An interactive, online version is available at <http://apps.nccd.cdc.gov/shi/>. SHI receives more than 3,000 online hits each month. Changes schools have made as a result of using the tool include creating school health teams, increasing time for physical education, installing fitness stations on campus, and adding healthy food choices to vending machines.

At DASH’s request, the National Association of State Boards of Education developed *Fit, Healthy, and Ready to Learn*, which complements DASH’s efforts by providing direction to help States, districts, and schools develop policies that would help prevent long-term chronic diseases (<http://www.nasbe.org/HealthySchools/fithealthy.mgi>).

Approaches to Promoting Use of Effective Programs

Dr. Wechsler touched on a multipronged approach that will be unveiled early in 2005. The approach will include a health education curriculum analysis tool (HE-CAT) and physical education curriculum analysis tool (PE-CAT). Another report, the *Consumer Guide to Health Education Curricula*, will be in a Consumer Reports-style format and will enable professionals to make curriculum choices based on objective information.

School Nutrition Improvement Strategies, which includes 32 case studies, is another resource to help schools address the issue of competitive foods. CDC's *Promising Practices in Chronic Disease Prevention and Control for State Agencies* provides information on monitoring, technical assistance, professional development, evaluation, and other areas to help create a public health framework for action. A *Healthy People 2010* companion document will be released in 2004 and provide a guide for States and communities.

Evaluating Effectiveness

CDC DASH is currently evaluating the following projects:

- All 4 U (HIV prevention in alternative schools)
- Linking Lives (parent component added to tobacco and sexual-risk behavior curricula)
- Abstinence only vs. abstinence plus
- Exemplary physical education curriculum
- Fruit and vegetable distribution
- School vending machine policies

CDC's Futures Initiatives

Dr. Wechsler updated the group on CDC's ongoing organizational review. Among the health challenges since the last time CDC conducted a review are the threat of global terrorism, the increase in older population groups, the obesity epidemic, the globalization of health issues, and challenges related to our health care system. CDC is attempting to become a more "customer-centric organization," Dr. Wechsler said—the customers being members of the public; specifically, "those people whose health we can improve."

Without diminishing CDC's role in supporting State, local, and national agencies, CDC will have an added emphasis on communicating with the public, Dr. Wechsler said. He announced that CDC is developing a new Coordinating Center for Health Information and Services.

"We are at a turning point in school health," Dr. Wechsler stated, stressing the importance of showing the impact of health programs on the lives of young people. Putting a human face on the issue is one way, he remarked, by celebrating and publicizing the success stories from the field.

Editorial Review Subcommittee Report

Bill Potts-Datema updated participants on the NCCSHS Editorial Review Subcommittee. He noted that authors have submitted 16 articles to the subcommittee this year. These

articles are either under subcommittee review or with HRSA. Mr. Potts-Datema solicited volunteers for the position of subcommittee chair.

NCCSHS Resources

In keeping with the tradition of past meetings, the annual meeting featured a display of NCCSHS reports, brochures, and other resources—evidence of the wealth of expertise and knowledge within NCCSHS. The display area also included an item of art work submitted by the Magazine School in Magazine, Arkansas, which was an excellent example of school health theories translated into practice. The Paris-Magazine School Districts had been highlighted as an exemplary, coordinated school health program at the 1999 NCCSHS annual meeting.

The art project featured a miniature set of stairs decorated with photographs of students, teachers, parents, grandparents, and other community members, illustrating the heading, “Magazine School is taking steps toward a healthier lifestyle.” From a picture of the cafeteria ladies in blond wigs (“Eating healthy and exercising keeps the cafeteria ladies looking beautiful”) to snapshots of students (“Students voted for pizza as their favorite”), the model demonstrated that promoting health and school connectedness *can* be accomplished, one step at a time.