

National Coordinating Committee on School Health and Safety

Minutes of the Fall Issues Meeting September 29, 2004

Hilton Crystal City
Arlington, Virginia

Participants

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Sweena Aulakh	<i>Maternal and Child Health Bureau, HRSA</i>
Christine Bachrach	<i>National Institute of Child Health and Human Development (NICHD) National Institutes of Health (NIH)</i>
Renee Barrett	<i>School Health USA</i>
Martin Blank	<i>Institute for Educational Leadership</i>
James Bogden	<i>National Association of State Boards of Education</i>
Stephanie Bryn	<i>Maternal and Child Health Bureau, HRSA</i>
Larry Clark	<i>Comprehensive Health Education Foundation</i>
Michelle Edwards	<i>Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)</i>
Nancy Eichner	<i>Center for Health and Health Care in Schools</i>
Laurie Emmer	<i>National Association of Social Workers</i>
Anna Falkenstern	<i>Maternal and Child Health Bureau, HRSA</i>
Ted Feinberg	<i>National Association of School Psychologists</i>
Evelyn Frankford	<i>Center for School and Community Health Education Development Center, Inc.</i>
Seeta Gowda	<i>Maternal and Child Health Bureau, HRSA</i>
Joanne Guthrie	<i>Economic Research Service U.S. Department of Agriculture (USDA)</i>
Angela Hailemariam	<i>National School Boards Association</i>

Mary Haley	<i>Action for Healthy Kids</i>
David Hoover	<i>National Education Association Health Information Network</i>
Nora Howley	<i>Council of Chief State School Officers</i>
Jennifer Joseph	<i>National Association of County and City Health Officials</i>
Laura Kann	<i>Centers for Disease Control and Prevention (CDC)</i>
Pamela Karwasinski	<i>Association for Supervision and Curriculum Development</i>
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Debra Little	<i>Office of Student Achievement and Student Accountability U.S. Department of Education (ED)</i>
Eva Marx	<i>School Health Consultant</i>
David Midland	<i>National Association of Health Education Centers</i>
Jamisa Murray	<i>American Psychological Association</i>
Rosemary N. Ndubuizu	<i>Coalition for Community Schools</i>
Libby Nealis	<i>National Association of School Psychologists</i>
Rebecca Nelson	<i>American Association of School Administrators</i>
Cheryl Neverman	<i>National Highway Traffic Safety Administration (NHTSA) U.S. Department of Transportation</i>
Mary Overpeck	<i>Maternal and Child Health Bureau, HRSA</i>
Ron Palomares	<i>American Psychological Association</i>
Christopher Porter	<i>American Diabetes Association</i>
William (Bill) Potts-Datema	<i>Partnerships for Children's Health Harvard School of Public Health</i>
Benita Sakin	<i>New York University Child Study Center</i>
Lauren Schenker	<i>Maternal and Child Health Bureau, HRSA</i>

Christine Spain	<i>President's Council on Physical Fitness and Sports U.S. Department of Health and Human Services (HHS)</i>
Sharon H. Stephan	<i>Center for School Mental Health Assistance University of Maryland, Baltimore</i>
Lori Stern	<i>Comprehensive Health Education Foundation</i>
Howard Taras	<i>University of California, San Diego; and American Academy of Pediatrics</i>
Yibo Wood	<i>Food and Nutrition Service, USDA</i>
Susan Wooley	<i>American School Health Association</i>

Welcome and Introductions

Theresa Lewallen, Director of the Health in Education Initiative at the Association for Supervision and Curriculum Development and NCCSHS Chair, opened the 2004 Fall Issues Meeting. She welcomed the participants, who represented a broad range of government agencies and nongovernmental organizations (NGOs) in the fields of health, education, and safety. The full-day meeting featured presentations on major longitudinal studies of adolescent health, an update on national initiatives related to Healthy People 2010, and reports on other activities by the NCCSHS Federal sponsors and NGO members. The Fall Issues Meeting also featured briefings on other NCCSHS activities over the past several months and concluded with the annual Business Meeting and discussion on the topic of “Moving NCCSHS Forward.”

U.S. Teens in Our World

Mary Overpeck, an epidemiologist with the Maternal and Child Health Bureau at HRSA with extensive experience in international and national research, discussed “Adolescent Health in the School Context: Lessons from International Comparisons.”

Dr. Overpeck’s presentation was based on the HRSA publication, “U.S. Teens in Our World: Understanding the Health of U.S. Youth in Comparison to Youth in Other Countries.”

The report was based on findings from a 1997–98 “Health Behavior in School Aged Children” (HBSC) report, a World Health Organization (WHO) collaborative cross-national survey of teenagers that is conducted every four years. The 1997–98 survey addressed physical, social, and emotional well-being of children ages 11, 13, and 15 years of age in 28 countries. (The 2001–02 report has been completed and features 35 countries.)

The 1997–98 survey is the first time the United States participated in the WHO project. The overarching goal of the HBSC study is to understand adolescent health and health-related

behavior in the context of family, school, and peers, using international comparisons to demonstrate common factors and highlight differences associated with cultural influences.

The HRSA report on U.S. teens focuses on the findings related to children aged 15, where the most differences were noted between U.S. children and comparison countries.

Dr. Overpeck focused on international comparisons that showed health-related concerns most relevant to schools, described current research findings based on HBSC data, and identified research directions for the future. Dr. Overpeck noted that her presentation would only cover a few of the health trends covered in the full report.

Dr. Overpeck's presentation addressed the question, "Are Teens Healthy and Ready to Start the School Day?" According to data from the HBSC report, the answer is "maybe not."

Health and Well-Being

Some of the most dramatic findings from the study address the issue of sleep habits and levels of sleepiness among adolescents, Dr. Overpeck reported. For example, an analysis of HBSC data shows:

- The United States is among the top three countries whose students start most school days feeling tired.
- U.S. students rank second for difficulty sleeping at night.

Dr. Overpeck noted that although there is extensive research on teen biological sleep patterns and requirements, there is little research on why U.S. teens rank comparatively high on being tired in the morning or have difficulty sleeping. She noted researchers are examining whether American teenagers' high consumption of caffeinated soft drinks may affect degrees of sleepiness.

Psychosomatic Symptoms

Compared to teens in other countries, U.S. teens also were more likely to:

- Report headache, backache, or stomachache (United States rated first, girls were highest) and higher use of related medications.
- Rank in the top four countries for feeling "low" at least once a week, a barometer of depression.

She noted there is very little research on why U.S. teens rank high on health and depressive symptoms and medication use, but researchers are examining the: 1) role of gender, 2) impact of material deprivation at the family or community level, 3) parental communication, and 4) family structure.

Fitness

U.S. teens rank from high to low among countries in levels of nutrition, dieting, exercise, and sedentary activities, Dr. Overpeck noted. Some findings are:

- Approximately 25 percent of American youth eat French fries every day (on average).
- U.S. teens tied with top three countries in drinking soft drinks on a daily basis.
- The U.S. is low in the middle range regarding the level of exercise.
- U.S. students are significantly more overweight than other students.
- U.S. students rank high on moderate to vigorous physical activity, but low on time in physical activities as part of daily living.

School Environment

The cross-national data from HBSC found:

- Across countries, girls liked school more than boys and felt that school rules were fairer.
- Few students, including those in the United States, really liked school.
- Feelings of school connectedness are affected by student involvement in rulemaking, teacher and parental support, and relationships to other students.

U.S. students ranked third from the bottom in feeling that their fellow students were kind and helpful. Compared to their global counterparts, U.S. students do not agree that they have a say in the making of school rules (fifth from the bottom).

Several other studies have shown that connectedness at school is important for the health and well-being among students, Dr. Overpeck commented. Research shows peer relations at school affect student motivation, achievement, and behavior.

Youth Violence

The United States falls in the bottom ten countries of the percentage of students who “sometimes, rarely, or never” feel safe at school, a significant finding that creates “a very strong psychological issue” for students. The findings related to bullying show U.S. students ranked in the top third among countries for students who are bullied at least once a week or more often. The proportion of U.S. students who report bullying others once a week or more is similar.

Dr. Overpeck highlighted other data from a United Nations report on youth mortality. Across all the countries included in the report, unintentional deaths are generally the leading cause of death. In the United States and Russia, intentional deaths, including suicide and homicide, are almost comparable to the rate of unintentional deaths. In almost all the countries studied except the United States, suicide is the leading cause of intentional death for teens. Of the countries included in the report, homicide exceeds suicide in the United States only.

The research on bullying found that bullying, both at school and out of school, is associated with different psychosocial effects for bullies, victims, or those who are both. Research also shows that bullying behavior increases risk for weapons carrying and fighting. Not surprisingly, research also shows that carrying weapons is more frequent in the United States than in other countries.

Dr. Overpeck directed participants to HRSA's "Stop Bullying Now" campaign, (www.StopBullyingNow.hrsa.gov), which features extensive resources for schools and communities. She mentioned an antibullying, school-wide intervention developed by Dan Olweus, which reduced bullying behaviors by half in Norway. Clemson University researcher Sue Limber developed a similar intervention that reduced bullying in South Carolina by approximately 30 percent.

Family, School, and Community

In family relationships, the HBSC data found that U.S. youth are least likely to live with both biological parents, and communication with either parent—particularly with fathers—is generally more difficult for U.S. students, Dr. Overpeck noted.

Research demonstrated that difficulty communicating with parents is associated with increased difficulty with making or talking to friends, happiness, and risky behaviors, she reported.

Across the environment that the child lives in—which includes the family, the school, and the community—U.S. researchers have explored issues related specifically to the U.S. culture, such as the role of race/ethnicity, and the impact of immigration and acculturation. Research shows that students whose parents do not speak English or speak English as a second language are: (1) more likely to be unconnected to school, (2) feel unsupported by other students, and (3) more likely to be bullied. These findings highlight the need to “integrate those parents into the school environment,” help them communicate with teachers, and feel comfortable about coming to school, she said.

U.S. Teen 2001–02 Study

Dr. Overpeck reported the study for the 2001–02 school year included new questions for school administrators and health educators related to programs and policies around nutrition and physical activity. In addition, the U.S. teen study database has been linked to other databases describing school and neighborhood characteristics.

In summary, Dr. Overpeck noted overall student health outcomes are influenced by individual, family, peers, school, and community factors. Multilevel research is needed to factor and coordinate multiple influences to help nurture the development of healthy students who are ready to learn.

More information about HBSC and accessing the international data is available at: www.hbsc.org. The U.S. data from the 1997–98 survey is available at: www.icpsr.umich.edu.

Questions for Dr. Overpeck

In response to a question about whether feelings of being safe at school were related to students' actual safety or to perceptions, Dr. Overpeck noted it was likely "the perception is worse than the actual risk." However, this may not be the case for students who are bullied.

Conference participants articulated the importance of considering the nuances related to perceptions versus reality and the media's role, the level of neighborhood safety, and other factors when interpreting the data.

"Add Health": The National Longitudinal Study of Adolescence Health

Christine Bachrach, Chief of the Demographic and Behavioral Sciences Branch, at NICHD, discussed findings from the Add Health comprehensive, longitudinal study of adolescent health and health behaviors among adolescents.

Dr. Bachrach discussed the study as "a resource for school health research." She included a partial list of the publications generated based on Add Health research (a list of publications, code books, frequently asked questions, and other information is available at: www.cpc.unc.edu/addhealth).

She reported that Add Health is a costly study with a complex design. In addition to NICHD, about 17 other organizations and offices help provide the necessary funding to maintain it. The study's scope includes a nationally representative sample of 90,000 adolescents in grades 7–12 and it has a longitudinal design to measure the adolescent's social context throughout the development process.

Waves I and II

The first two phases of the study (Waves I and II) collected information on schools, such as the size of schools, average daily attendance, dropout rates, school policies, health-related services, and other factors. Wave I featured interviews with parents about attitudes toward schools, whether they belonged to the PTA or talked to the child about school work, and other questions. Waves I and II collected data on student bodies such as demographics, peer networks, physical/mental health, substance use, and risky/delinquent behaviors.

Dr. Bachrach noted one of the most important aspects of canvassing the student bodies during Waves I and II involved asking each student to identify his or her five "best friends" (male or female). This information was used to create a "map" of individual schools, whereby points (representing each student) were linked together based on reported relationships. These data provide a measure of the social networks within the schools (such as the popularity and isolation

of various students). However, Dr. Bachrach reported the social networking map also allows researchers to overlay other characteristics to analyze the peers' impact on health behaviors.

Dr. Bachrach presented a social networking map for one school that included a racial overlap. When the social network in this school was examined based on race, it indicated high levels of racial segregation. Large clusters of black students were linked together on one side of the map, and large clusters of white students on the other. The social networking model can provide a context for examining variables other than race, such as the impact of relationships on tobacco use, weapons carrying, and other risky behaviors.

The Add Health survey asked teens about: 1) the health-related content in schools; 2) their experiences in schools, such as grades, suspensions, and attachment to schools; and 3) other questions.

Key Findings from Waves I and II

Dr. Bachrach presented key findings based on the Add Health survey data. Data from the study is available to researchers. Approximately 2,000 people are working with the data. About 300 articles have been published based on Add Health data, and more are coming.

Findings based on the Add Health survey data include:

- **Weapons at Schools:** Nearly 1 in 10 students (77 percent male) carried weapons at school.
- **School Attachment:** School attachment was lower in urban schools and schools with busing, and it was higher for students who are similar to other students or embedded in the schools' social structure.
- **School Diversity and Friendship:** Friendship segregation increases as schools become more diverse; observed friendship segregation in schools is a function of how schools organize classes and activities.
- **School Level Effects on Behavior:** In most schools, making a virginity pledge delays sex the most, if many other students also pledge. In schools where many students smoke, smoking was positively associated with popularity, and peer relations are more likely to be homogeneous with regard to smoking.
- **School Mental Health Services:** Onsite counseling is most likely in urban, large Northeastern/Western schools; rural areas have few school-based mental health services. School access to counseling increases use of services, and school-based counseling does not displace use of other counseling services.

Wave III

Wave III was conducted in 2001–02, when students from Wave I were aged 18 to 25. Wave III also interviewed partners of original participants. Questions in Wave III included those regarding sexual experiences and STDs, pregnancies and births, civic participation, and involvement with

the criminal justice system. Wave III also featured a subsample of 700 college students for an in-depth study of binge drinking in college and the High School Transcript Study.

The High School Transcript Study, conducted by Chandra Muller at the University of Texas at Austin, collected and coded Add Health respondents' school transcripts and school and curriculum data from schools. The study allows researchers to collect a longitudinal record of high school course work, grades and school transfers, and uniform measures of achievement within schools and across schools, districts, and States.

Dr. Bachrach reported that the High School Transcript Study data is collected, and coding is completed. More information about the study can be found at: www.prc.utexas.edu/ahaa.

Questions for Dr. Bachrach

Participants asked whether the High School Transcript Study data would be available to other researchers. Dr. Bachrach noted researchers could obtain information by adhering to confidentiality requirements. She directed people to the University of Texas Web site for more information.

In response to comments about how questions were framed, Dr. Bachrach directed participants to the Add Health Web site. The code books on the site include all survey questions.

One participant asked about trainings in using the data. Dr. Bachrach said the office had provided training in the past, but she is uncertain about future training plans.

In response to a question about whether the government had plans to conduct additional Add Health studies, Dr. Bachrach said the study's cost made it unlikely. She hopes researchers "really mine this study for all its worth." Researchers had more to learn from analyzing these data.

Dr. Trina Anglin, chief of the Office of Adolescent Health at HRSA's Maternal and Child Health Bureau, asked how the Add Health information is being disseminated to professional audiences and the public at large. She also asked about whether the science-based findings are being translated into programs and policies. Dr. Bachrach said researchers across disciplines had been applying these data, including those in the fields of economics, education, and pediatrics. She noted some researchers have translated the materials to policy audiences.

One of Add Health's central messages, Dr. Bachrach noted, is that "family matters." Children's engagement with their families and schools "seems to make a difference." This message has had an effect on policymakers, but "it's hard to translate that into an intervention that works," she explained.

National Initiative to Improve Adolescent Health by the Year 2010

Dr. Anglin presented and discussed "The National Initiative to Improve Adolescent Health by the Year 2010." The National Initiative is a collaborative effort to improve the health, safety, and

well-being of adolescents and young adults ages 10–24. The initiative is led by the HRSA’s Maternal and Child Health Bureau, Office of Adolescent Health, and the CDC’s Division of Adolescent and School Health (DASH).

Dr. Anglin discussed the initiative within the context of Healthy People 2010, which consists of 467 objectives, including more than 100 that pertain to adolescents and young adults. The two overarching goals of Healthy People 2010 are to increase the quality and longevity of human life and to eliminate health disparities.

The National Initiative identified 21 Critical Health Objectives using input from a national expert consensus panel based on the following:

- Objectives were either a critical health outcome or a contributing behavior.
- The availability of State-level data.

The Critical Health Objectives are organized in the following categories:

- Mortality (reduce deaths).
- Unintentional injury (e.g., reduce deaths caused by motor vehicle accidents).
- Violence (e.g., reduce homicide and weapon carrying on school property).
- Mental Health and Substance Abuse (e.g., reduce the suicide rate and the proportion engaging in binge drinking of alcohol beverages).
- Reproductive Health (e.g., reduce pregnancies and incidence of new HIV diagnoses).
- Chronic Diseases (reduce tobacco use and the proportion that are overweight or obese).

Dr. Anglin reported the partners in the National Initiative used strategic planning to achieve outcomes at a State-by-State level during the past year. She thanked the young scholars and professionals who provided their input and who have been involved in the process. She also especially thanked Sweena Aulakh, a HRSA scholar who recently joined the staff, and Lauren Schenker, a student at the Johns Hopkins School of Public Health and HRSA intern.

The goals of the National Initiative are to:

- Elevate national, State, and community focus and commitment to the health, safety, and well-being of adolescents, young adults, and their families.
- Increase access to quality health care, including comprehensive general health, oral health, mental health, and substance abuse prevention and treatment services.
- Improve health and safety outcomes in areas defined by the 21 Critical Health Objectives.
- Reduce health disparities among adolescents and young adults.

Dr. Anglin noted one problem with focusing on the 21 Critical Health Objectives is that it does not address access to health care. Both the Office of Adolescent Health at HRSA and DASH are part of the public health service, and “part of what we do is make sure kids have access to excellent health service,” she said.

The National Initiative's philosophy is to "put the lives of kids into a very positive context," Dr. Anglin reported. Focusing on behaviors and sending the message that teenagers and young adults need to be responsible for their behaviors must be supported with adults' efforts to ensure kids can be successful, she said. She also stressed the need for involvement among diverse organizations and institutions.

The National Initiative Active Partners include the following:

- State Adolescent Health Coordinators Network.
- National membership associations.
- Federally funded technical assistance centers.
- Secondary learning institutions.

The National Initiative divided volunteers into work groups to: 1) examine which efforts were already underway; 2) define and evaluate a "road map"; 3) provide internal and external communications; and 4) find potential partners among professional associations, governmental agencies, and philanthropy.

The National Initiative is releasing "Improving the Health of Adolescents and Young Adults," a user-friendly guide for communities and States and a companion document to Healthy People 2010.

The National Initiative's message is to develop multistrategic programs and interventions that:

- Involve diverse institutions and organizations.
- Incorporate a youth development philosophy.
- Respond to both the observable health behaviors and underlying causes.
- Incorporate community planning, quality assurance, and evaluation.

Questions for Dr. Anglin

Dr. Anglin solicited input from participants and encouraged feedback. She asked participants to consider, "How can we do even more, or do even better?"

Larry Clark, President and Chief Executive Officer of the Comprehensive Health Education Foundation, offered to encourage regional associations of grantmakers to become involved and to educate them about the national efforts to effectively coordinate with their locally funded projects.

David Hoover, Senior Project Coordinator of the National Education Association Health Information Network, mentioned a comparable project at the CDC for involving business and labor groups in fighting AIDS that might be a model for other efforts. (The CDC contact for this

is George Roberts, CDC Behavioral Scientist, phone: 404-639-5252,
george.roberts@cdc.hhs.gov.)

Cheryl Neverman, Senior Program Manager of the Impaired Driving Division at NHTSA, commented that the initiative supports other Federal efforts, such as the Federal Interagency Coordinating Committee on the Prevention of Underage Drinking. The agencies include SAMHSA, the National Institute on Alcohol Abuse and Alcoholism, CDC, the Occupational Safety and Health Administration, the Office of National Drug Control Policy, the Surgeon General, the Office of Safe and Drug Free Schools, the Office of Juvenile Justice and Delinquency Prevention, and the Indian Health Service. SAMHSA is designated as the coordinating agency.

Nora Howley, Director of the School Health Project, Council of Chief State School Officers, asked what specific steps NGOs could take to support the initiative. Dr. Anglin noted that the Council of Chief State School Officers deserved recognition for recently approving a policy statement related to the School Health Guidelines, and the next step should be to assist with its dissemination.

Michelle Edwards, Public Health Advisor with the Center for Mental Health Services at SAMHSA, reinforced the need for aligning efforts across agencies. Among the potential opportunities include collaborating with SAMHSA's effort to transform the existing mental health care system (more information is available at: http://www.samhsa.gov/Matrix/matrix_mh.aspx).

The National Initiative to Improve Adolescent Health by the Year 2010 will be available at: <http://www.cdc.gov/HealthyYouthInitiative>. The Federal partners also are developing a searchable database of core partners, resources, and activities.

HealthierUS School Challenge

Yibo Wood, a nutritionist with the Child Nutrition Division, Food and Nutrition Service, USDA, gave a preliminary overview of the USDA's HealthierUS School Challenge to recognize nutrition excellence in schools. The USDA is fine-tuning the process and requirements for the program, but is expecting to announce the program during National School Lunch Week in October.

"The USDA believes that schools should be taking a leadership role in helping students learn to make healthy eating and active lifestyle choices," she said, and the initiative recognizes efforts by schools to achieve these goals.

Elementary schools meeting criteria demonstrating a commitment to the health and well-being of its students are eligible for receiving "Silver" or "Gold" Certification. All schools must be enrolled as a Team Nutrition school, a USDA program designed to facilitate implementation of the School Meals Initiative.

The criteria for Silver Certification include the following:

- Provide nutrition education to students.
- Provide opportunities for physical activity.
- Offer reimbursable lunches that meet the USDA nutrition standards.
- Maintain a student average daily participation in the reimbursable lunch program of 70 percent or higher.
- Sell/serve no other foods/beverages or limit sales/services of food/beverages during meal services in the food service area.

The criteria for Gold Certification include the following:

- All requirements for the Silver certification.
- Adhere to USDA nutrition standards for foods and beverages served/sold in competitions with school meals throughout the day anywhere on the school campus.
- Offer reimbursable school lunches that also contain a fresh fruit or raw vegetable and whole grain food each day.

Schools will receive a renewable recognition plaque and will be recognized on the Team Nutrition Web site at: <http://www.fns.usda.gov/tn/>.

Questions for Dr. Wood

One participant questioned whether the application process is too cumbersome for schools. Dr. Wood noted that they tried to keep the process as “simple as possible.” Another participant commented that although the process may involve extra work, the tradeoffs were worth it. The benefits include “a chance for schools to be recognized for the good work they are already doing” and an opportunity to provide the media with more than just the “bad news” about schools that appear on a regular basis, she said.

Nancy Eichner, Senior Program Manager with the Center for Health and Health Care in Schools, inquired about marketing plans for the program. The program will be announced on the USDA Web sites, and letters about the program will be sent to chief State school officers and all State agencies, such as child nutrition program State directors, Dr. Wood said. USDA planned several national events during National School Lunch Week and also had other outreach activities planned.

Christine Spain, Director of Research, Planning, and Special Projects with the President’s Council on Physical Fitness and Sports, HHS, volunteered to share her experience working with recognition programs at the local, State, and national level with USDA staff. Ms. Spain reported that the council’s awards program reaches more than 30 million people. She recommended the Team Nutrition group meet with the President’s Council to discuss lessons learned and to find ways to collaborate.

Another participant suggested the Team Nutrition staff talk with ED about the possibility of having the criteria for Silver or Gold nutrition programs be added into the ED's "blue ribbon schools" initiative (more information is available at: <http://www.ed.gov/programs/nclbbrs/awards.html>).

Updates from National Organizations

During a working lunch, representatives of national organizations briefed participants on activities related to school health policies and programs.

James Bogden, Project Director with the National Association of State Boards of Education, updated participants on the Friends of School Health, a coalition of education, health, and safety NGOs who periodically meet with public policymakers for educational purposes. Friends of School Health recently provided a two-hour briefing for Capitol Hill staff on school health issues, which included presentations by Federal agencies and academic institutions.

Ms. Howley discussed the "Wingspread Declaration on School Connectedness," which was based on a detailed review of research and in-depth discussions among an interdisciplinary group of health and education leaders that convened on June 13, 2003, at the Wingspread Conference Center in Racine, Wisconsin.

As the Declaration states, "Students are more likely to succeed when they feel connected to school." School connection is defined as "the belief by students that adults in the school care about their learning as well as about them as individuals." Health and education leaders developed critical requirements for helping students feel connected to schools. These requirements include:

- High academic expectations and rigor coupled with support for learning.
- Positive adult-student relationships.
- Physical and emotional safety.

Ms. Howley encouraged the participants to examine the declaration for ways to "marry those twin goals of academic success and healthy outcomes for kids."

Martin Blank, Director of the Coalition for Community Schools, an alliance of more than 160 national, State, and local organizations, gave an overview of legislation related to the movement for creating community schools. A community school features strong partnerships between the school and other community resources and has an integrated focus on academics, services, supports, and opportunities that can lead to improved student learning, stronger families, and healthier communities. Mr. Blank highlighted the Full Services Community Schools Act, which would provide incentives and financial support for community school development.

CDC/DASH Research Initiatives

Laura Kann, chief of the CDC Surveillance and Evaluation Research Branch, gave an overview of CDC research projects and studies related to adolescence school health. DASH research activities include the following CDC program strategies:

- Identifying and monitoring health risk behaviors and school health policies and programs.
- Synthesizing and applying research.
- Evaluating the effectiveness of policies and programs.

These activities are categorized in the following areas: 1) surveillance, 2) evaluation research, 3) longitudinal research, and 4) research translation. Dr. Kann's presentation included examples of CDC research projects and reports in each of these areas.

Surveillance

The Youth Risk Behavior Surveillance System (YRBSS) helps the nation focus on behaviors among youth that are causing the most important health problems and assesses how risk behaviors change over time (more information is available at: www.cdc.gov/yrbs). YRBSS includes a biennial survey involving students in 9th–12th grades and asks questions on topics such as tobacco use, unhealthy dietary behaviors, alcohol and other drug use, sexual behaviors, and behaviors that may result in unintentional injuries and violence.

Data from the YRBSS can be applied to:

- Describing risky behaviors.
- Creating awareness.
- Setting program goals.
- Developing programs and policies.
- Supporting health-related legislation.
- Seeking funding.

CDC's surveillance activities also include the School Health Policies and Programs Study (SHPPS) (www.cdc.gov/shpps), a national survey that assesses school health policies and programs at the State, district, school, and classroom level.

CDC is designing SHPPS 2006 and will feature new content areas of crisis preparedness and response, physical school environment, and school climate, Dr. Kann reported.

School Health Profiles (www.cdc.gov/healthyyouth/profiles) are conducted in alternating years from the YRBSS and give States information at the school level regarding health education or school health policies and programs. School Health Profiles is "the only source of State-level data on school level policies and programs across these school health topics," Dr. Kann noted. Some of the topics addressed in School Health Profiles 2004 included: 1) health education

topics, 2) health-related skills, 3) HIV prevention education and policies, 4) nutrition-related education and policies, and 5) violence prevention activities and programs. In addition to the use of School Health Profile data among States, CDC has produced several School Health Profiles reports and fact sheets.

Evaluation Research

“All 4 U” is a completed evaluation research study designed to develop and evaluate a sexual risk-reduction program for alternative school students. The project focused on alternative school students in court and county alternative schools in Northern California. The intervention being evaluated featured:

- Classroom-based sessions using curricula shown to be effective (*Safe Choices* and *Be Proud! Be Responsible!*) and skills-based prevention of HIV, STD, and unintended pregnancy.
- Service-learning visits to community-based organizations and reflections by participants on the service visits.

Regarding the results of All 4 U, Dr. Kann reported they “unfortunately, were fairly modest.” Behavioral outcomes at six-month follow-ups showed decreases in unprotected sex, increases in condom use, and other changes. However, the outcomes at 12- and 18-month followups were not significant. The study shows increases in HIV and condom-related knowledge at both six and 18 months. “We learned a lot from this study,” Dr. Kann said. Publications discussing the study are coming. The reports will feature possible recommendations to the program design, such as the addition of booster sessions and follow-up learning.

“Linking Lives” is an evaluation research project designed to develop and evaluate a parent-based intervention as a supplement to existing school-based programs for reducing adolescent sexual risk taking and tobacco use. The study focused on nearly 5,000 students in 6th and 7th grades from South Bronx and Harlem. The intervention being evaluated featured student and parent components. “What’s new about this study is the parent component,” Dr. Kann said. She also noted that “these two interventions work with kids,” but by adding the parent component, she is hopeful that “the results will be even greater.”

The student component uses two four-hour after school or weekend sessions featuring:

- *Making a Difference!*: an effective abstinence-based school curriculum.
- *Toward No Tobacco Use*: an effective tobacco use prevention curricula.

The parent component features:

- A manual containing nine modules.
- Latino and African-American versions.
- Homework assignments for students and parents.

- Two face-to-face sessions and two booster phone calls.

The research design includes data collection at baseline, immediate posttest, and 12-month follow-up. The outcomes being measured include:

- Initiation of tobacco use and sexual intercourse.
- Attitudes and intentions.
- Frequency of behaviors.
- Communication with parents.

Dr. Kann discussed another new evaluation study, currently unnamed—“Special Interest Project (SIP) 4-04”—which is designed to develop and evaluate abstinence-only and abstinence-plus programs to prevent HIV, STD, and pregnancy among middle school students. The population included middle school students in communities disproportionately affected by HIV, STD, or unintended pregnancy.

This is the first study that includes effective abstinence-only curricula, Dr. Kann noted. The abstinence-only intervention evaluated features an emphasis on sexual abstinence and addresses the HRSA Title V Block Grant criteria. The abstinence-plus intervention focuses on information and skills related to abstinence, condom use, and other contraceptive use.

The abstinence-only and the abstinence-plus evaluations will include comparable effective, theory-based interventions and multiple booster sessions, parent and/or family involvement, youth asset development, community service learning, and mentoring by youth or adults.

Data collection will occur at baseline, immediate posttest, and 12- and 24-month followups to examine outcomes such as sexual risk behaviors, biological markers for STD, and psychological outcomes.

Longitudinal Study

“Healthy Passages” is a longitudinal study conducted by the CDC to help families, schools, and communities understand how children grow to be healthy, educated, and productive members of society. “While the YRBSS tells us what kids do, hopefully Healthy Passages will tell us why they do it,” Dr. Kann noted, adding that “that’s the big unanswered question that YRBSS wasn’t designed to answer.”

The study will include 5th grade students and their primary caregiver from three cities and equal socioeconomic representation. The study will include measurements taken in the home, school, and neighborhood and is designed to follow students up to age 20. The study will measure children’s media usage, mental health, relationships with neighbors, quality of life, dating behaviors, violence and injury, substance use, and other factors.

Research Application Activities

Dr. Kann discussed CDC DASH's efforts related to Guidance to Promote the Use of Effective, Research-Based Programs (GEP). GEP is divided into two parts:

- **Health Education Curriculum Analysis Tool (HE-CAT)**—a checklist assessment tool that allows educators to assess the extent to which health education curricula feature key elements common to effective programs. HE-CAT is designed to help educators select packaged curricula or to develop their own curricula.
- **Consumer Guide to Health Education Curricula (Guide)**—an online tool featuring expert analyses of the quality of health education curricula in a *Consumer Reports*-style format.

“Both of these documents will help educators, school boards, and others making decisions about curricula make better decisions,” Dr. Kann said.

Questions for Dr. Kann

Dr. Wooley inquired as to how the Healthy Passages study compares to Add Health. “These are complementary studies,” Dr. Kann said. Because Healthy Passages will be measuring children over a long period of time, she expects this study to “see more evolutionary behavior and changes over time than Add Health.” Healthy Passages also is surveying younger children than Add Health, allowing the opportunity to track trends related to the onset of behaviors, Dr. Kann said.

One participant asked when HE-CAT would be released. Dr. Kann said it was expected to be released in 2005.

Ms. Howley noted the Health Education Standards were now under review. She asked whether there would be revisions to the research application models. Dr. Kann said it would be incorporated into the tools.

One participant asked for an update on Federal, State, and local efforts to obtain data on student height and weight as a way to measure student health. Dr. Kann said although interest in collecting this information is high—particularly regarding the obesity epidemic—researchers are increasingly aware of the need to address privacy and other issues related to student measurement.

Dr. Wooley asked about an update on the evaluation component of the VERB campaign, which is now housed with DASH. Dr. Kann assumed the evaluation component would continue for VERB, but it would be contingent on funding.

Another participant asked how many States are involved in YRBSS. Dr. Kann thanked the NCCSHS members who may have helped increase participation among States and cities. She

reported that the 2003 survey “was the best ever” for participation rates, with the percentage of States with weighted data up to 74% in 2003, compared to 60% in 2001.

One participant inquired as to how to help promote YRBSS, and Dr. Kann suggested communicating the study’s value to the various constituencies. She noted the YRBSS has numerous materials on its Web site for promoting the study and educating the public. According to Dr. Kann, the YRBSS study is working “because people are increasingly recognizing what it can do for them.”

Dr. Kann mentioned the CDC was “very interested in doing a national fitness study” and is hoping to conduct a K–12 study. A fitness study also would include an examination of academic achievement and nutrition-related issues, Dr. Kann said. Dr. Wooley reported that similar studies have examined parents’ fitness levels as a possible factor in the level of fitness in children.

Federal Research Initiatives

Following formal presentations, Drs. Anglin, Kann, and Overpeck participated in a Federal panel and group discussion to explore topics such as how Federal agencies collaborate to synthesize and coordinate efforts and NCCSHS’s role in these initiatives.

Dr. Wooley commented that the day’s meeting focused on HHS initiatives and asked whether there were coordination efforts with research and effective programs at ED. Dr. Kann said most of CDC DASH’s links with ED were with the National Center for Educational Statistics, where most of the research is being conducted.

Dr. Anglin asked whether CDC DASH is coordinating with USDA to evaluate USDA food and nutrition programs. Joanne Guthrie, with the USDA Economic Research Service, Food Assistance and Nutrition Research Program, said her program has helped leverage resources by contributing to the Early Childhood Longitudinal Study, which is surveying children from Kindergarten to 8th grade. The USDA component to the study includes measurements of height and weight and other questions related to nutrition and academic outcomes. In addition, Dr. Guthrie discussed an upcoming study of school meal costs and outcomes.

Dr. Wooley addressed the need for new research tools to use a “multitude of data connections.” Rather than evaluate on a program-by-program basis, she urged the creation of research to include “the complex systems that we are trying to impact.”

Dr. Anglin asked if there is a better way to provide “a contextual analysis of what goes on in schools—perhaps a super-super school functioning index?” By learning how to research these areas, it will “open up a whole new generation of studies on how we can make schools better places for kids, faculty, and staff.”

Dr. Guthrie stressed the need for common core measures across data sets and ways to measure them and link data. For example, agencies may measure health discrepancies differently, making it difficult to synthesize or link findings. Dr. Overpeck noted her exposure to international

research methods alerted her to the benefits of the European model of measuring socioeconomic measures that transcend race and income.

The group discussed the need for “creating a demand for health,” considering that good health is associated with better academic outcomes. Dr. Wooley and Mr. Clark elaborated on the advantages of showing the relationship between health and costs to schools and society and measuring the impact of health education courses on these costs.

Dr. Anglin discussed the issue of finding a role for the NCCSHS. One possibility is NCCSHS hosting a high-profile meeting similar to the Wingspread Conference. “Would it be possible for a foundation or a group of foundations to fund such a conference?”, Dr. Anglin asked. Dr. Overpeck suggested it would be useful to have a benchmark of programs, policies, and systems to see “where we are and where we were five years ago.”

During the Federal initiative session, Stephanie Bryn updated the group on the Health, Mental Health, and Safety Guidelines for Schools. Ms. Bryn served as Project Officer for the development of the guidelines, which were created by more than 300 health, education, and safety professionals from more than 30 different national organizations and by parents and other supporters. The guidelines were made public in October and are available at: www.nationalguidelines.org. The guidelines address health, mental health, and safety issues to help schools improve student academic performance and contribute to student longevity and productivity into adulthood.

Ms. Bryn also updated the group on HRSA’s Stop Bullying Now campaign (www.stopbullyingnow.hrsa.gov). The campaign is entering phase two, which involves collaborations with organizations and translating materials into Spanish.

Updates on NCCSHS Initiatives

Ms. Lewallen discussed a suggestion made at the 2003 NCCSHS Issues Meeting after presentations by ED on its What Works Clearinghouse and the Educational Resources Information Center (ERIC), the world’s largest bibliographic database of educational literature. The What Works Clearinghouse was established under the No Child Left Behind Act to provide information on research-based programs. The presentation at the 2003 Issues Meeting featured a report on major changes planned for ERIC, which include revising the current structure of 16 databases into one. Some NGO representatives who are also members of the Friends of School Health expressed interest in meeting with ED representatives about providing input into these ED products and discuss the changes to ERIC.

Ms. Lewallen, Dr. Wooley and Mr. Potts-Datema discussed a meeting with Grover Whitehurst, Director of the Institute of Education Services, at ED. Dr. Wooley reported that under the new contract consolidating the ERIC clearinghouses, health and physical education were subsets in the category of “teacher education.” The NCCSHS group was concerned that the newly consolidated ERIC continue to gather materials on this subset topic. At the meeting, Dr. Whitehurst reported that the Friends of School Health group was the fourth group of concerned

individuals who commented on the need to maintain information on health education and physical education in the ERIC databases. Dr. Whitehurst informed the group that ED planned to include the *Journal of School Health* in the ERIC database. He reported that ED is determining criteria for inclusion in the ERIC database.

With regard to the What Works program selection process, Dr. Wooley noted that ED selected 8 or 10 initial outcomes, including violence prevention and graduation rates, which would be used to determine program effectiveness. The group asked about “intervening variables,” such as the effect of teen pregnancy or substance abuse on dropout rates, and whether programs that showed outcomes affecting these variables might be included in What Works. However, Dr. Whitehurst said additional outcomes would not be included in What Works at this time, but might be included in the future.

Ms. Lewallen reported that the Friends of School Health sent a letter to the chairman of the What Works Clearinghouse Expert Group outlining their concerns.

Mr. Potts-Datema briefed the group on a NCCSHS project involving literature searches and review of peer-reviewed, published research that attempts to clarify and quantify the relationship between health and educational outcomes, such as school attendance, school achievement, and cognitive ability. Those working on the project include Mr. Potts-Datema, Dr. Anglin, Howard Taras, and Pat Theiler of Z-Tech Corporation. Dr. Taras has been reviewing the findings from extensive literature searches, which were conducted by Mr. Potts-Datema and Z-Tech Corporation. Health areas covered in the project include:

- Obesity
- Asthma
- Other Chronic Conditions (Diabetes, Epilepsy, Sickle Cell Anemia)
- Physical Activity
- Sleep
- School Environment
- Nutrition

Dr. Taras said his review of current research findings revealed both “gaps” and “surprises” in the research areas. For example, despite the growing interest in obesity, there were only eight published studies — and only three from the United States — on the association between obesity and school performance. However, Dr. Taras reported all studies showed that overweight older children were more likely to have lower grade point averages, and younger children were more likely to be enrolled in special education.

Dr. Taras reported the “sleep” category provided the strongest record of research demonstrating a link to academic outcomes. Studies show “poor sleep is much more prevalent and affects achievement far more than any of us think.” Dr. Taras suggested sleep was probably “the single most underrecognized cause of poor behavior and poor school performance and is certainly underaddressed.”

Dr. Taras will be submitting his articles highlighting the review results by health topic and will include a table of the articles he reviewed, the design of the studies, and outcomes related to school performance to a peer-reviewed journal in the next few months.

Mr. Potts-Datema provided an update on the Editorial Review Subcommittee articles. The Editorial Review Subcommittee identified health topics and commissioned articles from researchers and other professionals, including NCCSHS members. As of 2004, 26 commissioned articles were completed. Following the HRSA clearance process, the articles will be posted on the NCCSHS Web site or submitted for publication in professional journals. A sample of the topic areas covered include “A Coordinated Approach to School Health is Making a Difference in Maine,” “A Top Ten List for Successful School Health Partnerships,” “Making the Grade with Diet and Exercise,” and “Promoting Healthy and Nutritious Options in Schools: The Montgomery County, Maryland Experience.”

Mr. Potts-Datema briefed the group on the NCCSHS Web site, www.healthy-students.org. Among the recent enhancements to the Web site are short descriptions of the Web links in the resources section and the addition of meeting reports from past NCCSHS meetings.

Moving NCCSHS Forward

Ms. Lewallen led a discussion on moving NCCSHS forward and provided historical information about the organization. She directed participants to a handout titled “Prioritized Answers to Questions from Small Group Sessions,” a summary of a nominal group process held during the 2002 Annual Meeting. Ms. Lewallen noted that during the past two years NCCSHS had addressed all of the priority suggestions from this process, including convening an annual Issues Meeting.

As Federal funding decreases and NCCSHS looks to the future, Ms. Lewallen asked participants to provide feedback on how the group has contributed to their own organizational efforts and goals. She asked participants to complete a questionnaire evaluating NCCSHS contributions in areas such as “identifying potential partnerships and collaborations,” “learning about new school health and safety programs, policies, and research,” and “networking with Federal agency staff.” (NCCSHS members not in attendance will receive a copy electronically.) Ms. Lewallen indicated it is essential for NCCSHS supporters to address sustainability questions regarding reduced Federal support. Among the issues to consider are questions about how the organization could continue if Federal money dropped significantly.

Mr. Potts-Datema stated the nominal group process results of two years ago were a useful tool to guide Steering Subcommittee decisions in shaping the meeting agendas and other NCCSHS activities. He asked whether the same process could be applied this year to provide direction for NCCSHS’s future.

Mr. Clark commented, “I think the organization is very needed.” He supported Mr. Potts-Datema suggestion of going through the nominal process to examine priorities for the next few years.

Dr. Taras commented (from a pediatric standpoint) that the NCCSHS partnership activities are invaluable, fostering relationships with a group that was often underrepresented in other school health organizations.

Ms. Bryn cited the day's discussions and presentations as proof of NCCSHS contributions. "The dialogue we had together was phenomenal," she said. She recommended offering the same substantial discussion in the future.

Ms. Neverman noted that Federal agencies are interested in outcomes so that it becomes more important to show how NCCSHS can help accomplish the various agency missions.

Ms. Lewallen led the group in discussion to brainstorm and develop specific ideas for the future. One participant noted that the reauthorization of the Child Nutrition Act includes a new provision for every school to establish a "wellness policy." By the beginning of the 2006-07 school year, every school must have a wellness policy that:

- Includes goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness in a manner that the local educational agency determines appropriate;
- Includes nutrition guidelines for all food available on the school campus during the school day;
- Provides an assurance that guidelines for school meals are not less restrictive than those set by the Secretary;
- Establishes a plan for measuring implementation of the local wellness policy; and
- Involves parents, students, and representatives of the school food authority, the school board, school administrators, and the public in development of the local wellness policy.

The wellness policy provision offers "a wonderful vehicle" for addressing all of school health issues, the participant noted, suggested the NCCSHS engage with USDA in planning for implementing this provision of the law.

The wellness policy provision has the potential to "become a spark plug for broader endeavors," Joanne Guthrie added. The summer 2006 deadline for wellness policy development will coincide with a new CDC SHPPS survey, she said. NCCSHS unites people to "have back-and-forth thinking" about common issues and themes.

Dr. Anglin encouraged exploring opportunities with USDA regarding its wellness policy provisions and how the NCCSHS could help in implementation.

Mr. Clark commented that NCCSHS can "provide a communication vehicle" to disseminate information to its constituencies. Participants discussed the possibility of creating a listserv to help promote the message to populations that are not receiving the information elsewhere.

Ms. Howley suggested that rather than asking Federal agencies to create another listserv, another option is to use those already in existence, including the CHEN network managed by CCSSO.

Ms. Lewallen suggested that NCCSHS discuss how the adolescent health data and the school-aged health data intersect and explore other ways of integrating the data into schools and school health activities. She asked participants to consider NCCSHS's future and to contact her with other ideas.

Dr. Anglin reiterated the need for the NCCSHS members to explore new opportunities for funding because of uncertainty about funding at the end of the fiscal year 2005. Mr. Clark suggested individual letters of support from NCCSHS participants as a first start.

Ms. Lewallen thanked participants for attending and contributing to the discussion.