



# Addressing Adolescent Health Disparities Through Schools

*Legislator Policy Brief*

# The Healthy States Initiative

*A partnership to promote public health*

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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## Why Public Health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

## Information Resources For State Policymakers

New information resources produced under this initiative include:

- **Healthy States Web site.** This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- **Health Policy Highlights and Healthy States e-weekly.** Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- **Healthy States Quarterly.** CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- **Forums and Web Conferences.** Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- **Healthy States Publications.** New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

## For More Information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

A variety of health behaviors, including physical inactivity, tobacco use and sexual risk behaviors, are often established during childhood and adolescence, disproportionately affecting racial and ethnic minority groups.<sup>1</sup> Since adolescents spend a great deal of time in school, culturally appropriate school programs that address risk and protective factors for at-risk youth can have a significant impact on improving unhealthy behaviors.<sup>2</sup> This policy brief identifies ways legislators can assist local schools and school districts in addressing adolescent health disparities.

## What Do State Legislators Need to Know About Adolescent Health Disparities?

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Adolescence is the healthiest period of the lifespan, but it is also the period with the highest rates of risk-taking behaviors.<sup>3</sup> Behaviors associated with unintentional injuries, homicide, suicide and heart disease are responsible for more than 70 percent of adolescent deaths and affect different subgroups of teens disproportionately.<sup>4</sup> African-American and Hispanic teens are at increased risk for obesity,<sup>5</sup> diabetes<sup>6</sup> and cardiovascular disease.<sup>7</sup> Disparities are also documented in these areas:

- **Asthma:** Low-income populations, minorities and children living in inner cities experience more emergency department visits, hospitalizations and deaths due to asthma than the general population.<sup>8</sup>
- **Physical Activity and Nutrition:** Mexican-American boys and African-American girls and adolescents are more likely to be overweight.<sup>5</sup> Overweight children and adolescents are more likely to become overweight or obese adults.<sup>9</sup> Minorities, particularly African-Americans and Hispanics, are less active.<sup>5</sup>
- **Injury and Violence:** In 2004, the homicide rate for African-American youth ages 10 to 24 was 12 times higher than for whites in the same age range.<sup>10</sup> In 2005, the prevalence of having seriously considered attempting suicide was highest among Hispanic female students.<sup>5</sup> Suicides were highest among American Indian and Native Alaskan youth.<sup>10</sup>
- **Sexual Risk Behaviors:** In 2005, 6 percent of high school students had sexual intercourse for the first time before age 13; however the rates differ by racial and ethnic groups. African-American students were more than twice as likely as Hispanic students and more than four times as likely as white students to have had sexual intercourse before age 13. More than 28 percent of African-American students reported having had sexual intercourse with four or more persons, compared with 16 percent of Hispanic students and 11 percent of whites.<sup>5</sup> In 2005, African-Americans accounted for 69 percent of HIV/AIDS diagnoses in 13- to 19-year-olds.<sup>11</sup>
- **Tobacco Use:** White high school students are more likely to smoke than their African-American and Hispanic peers.<sup>5</sup> Tobacco companies target African-American and Hispanic communities to encourage smoking by sponsoring athletic, cultural and entertainment events, as well as advertising on billboards and in magazines.<sup>12</sup>

## What Can State Legislators do to Address Adolescent Health Disparities Through Schools?

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Legislators can play a key role in helping schools address adolescent health disparities. Policy solutions can include helping schools create new guidelines, adopting curricula that address health issues and developing student leaders who can advocate for change in the school environment. Most importantly, legislators can support the principles of Coordinated School Health Programs, which are described on pages 11–12.

# Actions for State Legislators

## Help Schools Combat Adolescent Health Disparities

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Many of the following suggested actions are directed at all youth, but may reduce disparities among racial and ethnic groups.

- Provide resources for schools to build culturally competent work forces including school nurses, physical education and health teachers.
- Adopt or enhance standards for health and physical education.
- Establish or elevate standards for food and beverages served in schools.
- Provide financing for and improve access to school mental health services.
- Enact guidelines for the siting of new schools and policies to improve physical conditions in aging school buildings.
- Create incentives for schools to provide opportunities for staff to promote their own health.
- Help facilitate the dialogue between schools, parents and communities.

## Support Coordinated School Health Programs

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A Coordinated School Health Program consists of eight interactive components that improve the health and well-being of young people, ranging from school health services to health promotion for staff to family and community involvement. (See pages 11–12 for more information.)

- Help ensure school districts provide a full-time, registered nurse in each school building and additional nursing staff as necessary for special needs students.
- Provide financial resources for the creation of additional school-based health centers and the maintenance and expansion of program offerings in existing ones.
- Ensure that health education curricula follow National Health Education Standards.
- Encourage the development of meaningful physical education curriculum content that follows national standards.
- Support the efforts of schools to establish or elevate standards for all food and beverages available at school, and seek to ensure the varied nutritional needs of all students are met.
- Improve access to school mental health services and provide adequate financing.
- Enact policies to encourage locating new schools in areas that allow students to walk or bike to school.
- Ensure schools are free of environmental asthma triggers.
- Promote exemplary models of school-based health promotion. Develop guidelines and provide funding for schools to develop such programs. Establish mechanisms to monitor the impact of these efforts.
- Encourage families and community groups to support coordinated school health.

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## Work to Improve the Capacity of Schools to Deal With Student Health Needs

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- Encourage schools and school districts to administer needs and assets assessments regarding adolescent health resources and disparities in health outcomes.
- Increase funding for credentialed school nurses, social workers, counselors, health educators, physical education specialists, and school-based and school-linked health centers.
- Increase the number of racially and ethnically diverse professionals working with adolescents by providing funding for scholarships, mentoring programs and outreach to potential professionals.
- Provide for additional training in language and cultural skills adults need to work with young people in minority communities.
- Increase the use of schools and school-based health centers as access and referral points for health, mental health and social services.
- Encourage creation of school environments that support racial, cultural and other forms of diversity, and in which harassment, discrimination and violence toward others are not tolerated.
- Consider creating a state office of youth to work within and across departments to promote policies that support adolescent health.
- Work to increase standardization and integration of data collected by state departments of health and education, including demographic, dropout rates, academic achievement and health data.
- Work to provide young people with social and economic opportunities, including after-school career training, internships and job programs.

# State Policy Examples

## California's Asthma Guidelines for Schools

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In 2004, the California governor's office issued "Guidelines for the Management of Asthma in California Schools." The document outlines clearly defined roles in asthma care for school site administrators, school nurses, teachers and physical education instructors. The guidelines address school responsibilities to:

- Ensure that students with asthma have convenient and immediate access to their medications at all school activities; and
- Control environmental factors that can exacerbate asthma.

The guidelines recommend that school nurses partner with community and health care organizations and agencies. Teachers are reminded to recognize that students with poorly controlled asthma may have excessive school absences. Teachers should develop plans with students and parents for handling missed schoolwork to avert negative effects on their grades and future successes.<sup>15</sup>

California's five-year strategic plan for school asthma policies emphasizes disparities across all goals. It emphasizes identifying and tracking students with all chronic diseases, including asthma. Although the state asks schools to institute standard emergency protocols for students in respiratory distress, it also recommends the use of individualized asthma action plans for students with asthma.<sup>16</sup>

<http://www.caasthma.org/files/dhsASTHMAguidelinesFINAL.pdf>

## Reducing Sexual Risk Behaviors to Protect Communities

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"Be Proud! Be Responsible!" is a series of culturally and ethnically specific curricula developed to help reduce HIV-risk associated sexual behavior among low-income adolescents. Young African-American men in the inner cities of Trenton, N.J., and Philadelphia are among those who have participated in the program.

The curricula encourage participants to be proud of themselves and their community, to behave responsibly for the sake of themselves and their community, and to consider their goals for the future and how unhealthful behavior might impede their goals. Participants are educated about the risks of various sexual behaviors and how abstinence and condoms lower those risks. The curricula are considered unique because they emphasize how HIV and AIDS have affected inner-city communities. They also stress the importance of changing individual risky behaviors to protect those communities.<sup>17</sup>

<http://www.selectmedia.org/curriculum.asp?curid=4>

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## Enlisting Student Leaders to Improve Nutrition & Physical Activity in Massachusetts Schools

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Six high schools in Massachusetts were awarded \$1,000 grants in 2004 for student-led projects to assess the state of nutrition and physical activity in the schools, plan for improvement, advocate for change and implement action plans. Among the schools that received a grant from the public-private partnership Action for Healthy Kids was Boston's inner city East Boston High School, a diverse school with a 49 percent Hispanic population.

Ten students actively worked on the project, and the entire 30-member student council also was consulted throughout the process. Group members surveyed 350 fellow students and discovered that though many programs existed at the school to keep students healthy, students were unaware of their availability. They also identified the absence of a system to communicate to students their nutritional and physical activity needs.

To improve matters, the group recommended:

- Implementing a student council-run section of the school Web site;
- Revising the health education curriculum to include lectures on nutrition and physical activity topics that would be open to the entire student body;
- Establishing peer support groups to address issues related to physical health and nutrition; and
- Holding a walk-a-thon where nutrition and physical activity information would be disseminated.

At the end of the process, student leaders at all the pilot schools were invited to testify before the Massachusetts state legislature and present their solutions.<sup>18</sup>

*[http://www.actionforhealthykids.org/pdf/Students\\_FR\\_91FINAL.pdf](http://www.actionforhealthykids.org/pdf/Students_FR_91FINAL.pdf)*

# School Health Policies to Reduce Disparities

## Controlling Asthma

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- Increase the number of school personnel qualified to meet the needs of students with asthma; each school needs at least one full-time registered nurse and a ratio of school nurses to students of at least 1-to-750.
- Develop written policies and procedures for managing asthma episodes at school that include ensuring immediate access to emergency medications at all times and permitting authorized students to carry and self-administer emergency medications.
- Refer students without a primary care provider to state child health insurance programs and providers.
- Prohibit all tobacco use in schools, at school-sponsored events and in school vehicles. Exposure to tobacco smoke can trigger asthma symptoms.<sup>13</sup>
- Reduce or eliminate allergens and irritants in the schools.
- Obtain an action plan for all students with asthma from their asthma care clinicians.
- Encourage full participation in physical activities when students are well and provide modified activities in accordance with a student's asthma action plan.

## Improving Physical Activity and Nutrition

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- Improve the skill level of health education teachers, physical education teachers and nutrition services staff through certification and professional development.
- Establish strong local school wellness policies.
- Promote age-appropriate student assessment in physical education and health education.
- Support opportunities for students to engage in physical activity and consume fruits and vegetables throughout the school day and after school.
- Support such programs as Safe Routes to School, which promote walking or biking to school and address the community safety concerns, including traffic and crime, which can hinder these activities.
- Develop criteria regarding the siting of new schools that take into account encouraging children to walk or bike.
- Ensure all students have access to playgrounds and appropriate facilities for health and physical education.
- Support student participation in high quality school meal programs.
- Consider policies to replace foods and drinks in school vending machines with healthier options and to restrict student access to the machines, school stores and snack bars during the school day.
- Consider restrictions on both the types and portions of foods and beverages offered at school.

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## Preventing Injury and Violence

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- Establish a safe physical environment and a supportive climate that promotes safety and doesn't tolerate harassment or bullying.
- Fund injury prevention programs consistent with national and state standards for health education and provide adequate staffing and resources to implement these programs.
- Incorporate prevention strategies into school activities and classes.
- Ensure weapon-free school environments.
- Hire physical education staff trained in injury prevention, first aid and CPR, and provide ongoing staff development, particularly in cultural competency.
- Provide health, counseling, psychological and social services to meet students' physical, mental, emotional and social health needs.
- Provide regular staff development opportunities focusing on safety promotion and injury prevention for all school personnel.
- Involve family members in all aspects of school life and educate them in health prevention strategies.<sup>14</sup>

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## Preventing and Reducing Tobacco Use

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- Develop and enforce school policies to prohibit tobacco use at all times, on all school property and at all school events.
- Prohibit tobacco advertising on school property, at school functions and in school publications.
- Provide access and referral to culturally and linguistically appropriate prevention and cessation programs for students and staff.
- Provide information for students and staff about the physical and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills.

## School Health Policies to Reduce Disparities (cont.)

### Preventing Sexual Risk Behaviors

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- Develop HIV/AIDS and sexually transmitted disease (STD) education that is culturally, linguistically and developmentally appropriate as well as science-based and medically accurate.
- Ensure educational programs are consistent with parental and community values and incorporated into a comprehensive school health education program that emphasizes abstinence as the only 100 percent effective way to prevent HIV or STD infection and pregnancy.
- Ensure educational programs emphasize the importance of limiting sexual partners and using condoms consistently and correctly if young people engage in sexual intercourse.
- Provide priority funding and program resources to communities with the highest reported incidence of HIV/AIDS, STDs and teen pregnancy. Use state data on HIV/AIDS cases by gender, mode of exposure, race and ethnicity to target specific actions for communities.
- Provide professional development for school staff on effective implementation of curricula, and policies and laws regarding nondiscrimination and confidentiality related to HIV.
- Support programs that seek to improve the social and emotional environment for lesbian, gay, bisexual, transgender and HIV-infected or affected students at school and that seek involvement of parents and family in the lives of these students.
- Make confidential STD screening and treatment services easily accessible to teenagers, along with culturally sensitive counseling and education regarding the use of available protective measures.
- Create policies on referring students for family planning and reproductive health services that involve both the participants and their parents.

## Advice From A Legislator

### **Luz Z. Arce Ferrer**, *Puerto Rico Senate*

Sen. Luz Z. Arce Ferrer is the chair of the National Hispanic Caucus of State Legislators' Health Policy Task Force. A senator since 1996, she previously worked as a teacher in the Head Start program in Puerto Rico and as a public housing administrator. She also served as a member of an advisory group to the governor on juvenile justice.

#### Her Advice to State Legislators:

- **Puerto Rico is taking key steps to address adolescent health problems and disparities:** "I'm very concerned with the problem of child obesity. Also, we have asthma in our schools. ... We have too many children with diabetes in our schools and that's [due to] nutrition habits. When I was in my first term, we had a nutrition commission and now we are working with the commission to help prepare the menus for the schools, to teach parents of children with diabetes [about diet], to improve quality of life, and to prevent the [rest of the] family from getting diabetes. ... We have regulated the trans fats in restaurants. We've also had one year of Puerto Rico being a nonsmoking island."
- **Schools play an important role in the health and development of children:** "They have the children there so they can model [for] them. ... They can improve the quality of their lives, changing their lifestyles by example."
- **School collaboration with community groups is also important:** "In Puerto Rico we have many groups inside the school that involve parents, teachers, all the school team. ... They have the collaboration of the community. ... For example, we have the Alliance for Puerto Rico Without Drugs and Alcohol. ... Also, they are working with recreational groups looking after the interests of children. Now we are working with other groups on teen pregnancy."
- **Legislators need to take an active role in improving students' lives:** "Bills and laws do not work alone. We, as legislators, should be involved. ... As a legislator I participate [in a program that takes kids] in the summer to the Senate and another group goes to the House. ... One program is Congress of Values. We have 300 children from public schools on the island and they [create] a plan and they present how they improve and what they need to maintain the values in the schools. In this way we are changing the way that [kids] see legislators. We're not just there in the Capitol. We should be involved in the communities."



# Key Facts and Terms

## What Racial and Ethnic Health Disparities Impact Adolescents?

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- **Risk Behaviors:** African-American high school students are more likely than white or Hispanic students to engage in risk behaviors, such as having sexual intercourse for the first time at an early age, fighting and not participating in vigorous or moderate physical activity. Hispanic students are more likely to have attempted suicide, to have used cocaine or heroin and to have had sex without using a condom.<sup>5</sup>
- **Health Status:** Parents report only 2 percent of white adolescents are in fair or poor health, while twice as many African-American adolescents and four times as many Hispanics are reported to be in fair or poor health.<sup>19</sup>
- **Access and Use:** Hispanic youth are more than twice as likely as both white and African-American adolescents to lack a primary health care provider. They are almost twice as likely as whites to use clinics and hospital outpatient departments as their source of care. They also may be less likely to have a trusted relationship with a health professional who knows their medical history. Hispanic adolescents are more likely to delay seeking medical care and significantly more Hispanic and African-American adolescents than whites go a year or more without visiting a health provider.<sup>20</sup>

## What Is the Impact of These Disparities?

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- Risky behaviors started in adolescence—such as substance abuse, unsafe sexual behavior, violence, tobacco use, inadequate physical activity and poor nutritional habits—have important consequences for adult morbidity, mortality and productivity.<sup>21</sup>
- Problems associated with these behaviors cost an estimated \$700 billion in one 1998 study, or the equivalent of \$950 billion in today’s dollars.<sup>22</sup> Those numbers don’t take into account the costs to the education, welfare and juvenile justice systems that can be attributed to physical, emotional and behavioral adolescent health problems that go unaddressed.<sup>21</sup>
- The consequences of missing regular preventive health care visits for adolescents may include: delays in immunizations, undetected health and developmental problems, and missed opportunities for counseling to encourage healthy lifestyles and help prevent risky behaviors. A lack of preventive care is also associated with more visits to hospital emergency rooms and avoidable hospitalizations.<sup>23</sup>

## What Impact Do Schools Have on the Health of Adolescents?

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- School health programs can reduce health-risk behaviors among young people and positively impact the academic performance of students.<sup>24</sup>
- Schools with Coordinated School Health Programs report better attendance, less smoking, lower rates of teen pregnancy, increased participation in physical activity and greater interest in healthier diets.<sup>25</sup>

# Promising Policy Solution

## Coordinated School Health Programs

A Coordinated School Health Program consists of eight interactive components that together can make the school a critical facility in improving the health and well-being of young people. While the components generally address the entire student population, each component can reduce adolescent health disparities.



### How Health Services Can Reduce Disparities

- Full-time school nurses can assess student health status, identify health problems that have an impact on health and learning, deliver emergency care, administer medications, perform health care procedures, provide wellness programs, advocate for children and families, and provide health counseling and health education. Within a coordinated school health program, they also develop and manage the health care services available to children in the school setting and work with families and the community.<sup>26</sup> The National Association of School Nurses recommends a ratio of 1-to-750 for students in the general population, 1-to-225 for students with chronic diseases and disabilities, and 1-to-125 for students with complex health care needs.<sup>42</sup>
- School-based health centers offer students primary care, including diagnostic and treatment services. The number of centers has grown from 200 in 1990 to about 1,500 today. Sixty-one percent of these centers are in urban settings and more than half of the students in schools with centers are African-American or Hispanic.<sup>27</sup> The centers provide health services to children not getting care, especially those with working parents, and to teens who might be afraid or embarrassed to confide in their parents.<sup>27</sup>

## Promising Policy Solution (cont.)

### **How Health Education Can Reduce Disparities**

The National Health Education Standards recommend that high school health students learn to analyze how cultural diversity enriches and challenges health behaviors, how the media affect personal, family and community health and how information from the community influences health.<sup>28</sup>

### **How Physical Education Can Reduce Disparities**

The Centers for Disease Control and Prevention's Physical Education Curriculum Analysis Tool helps school districts analyze physical education curricula.<sup>29</sup> Changing PE curricula to make classes longer and to make students more active can be very effective across diverse racial, ethnic and socioeconomic groups.<sup>30</sup>

### **How Nutrition Services Can Reduce Disparities**

Children who are hungry or malnourished have a harder time focusing on their studies. Those who participate in a school breakfast program often improve academic, behavioral and emotional functioning and are absent or tardy less often.<sup>31</sup> The growing number of young people who are overweight and the rise in type 2 diabetes point to the importance of improving the diets of school-age children. The CDC recommends school meal programs not only offer a variety of healthy food options including fresh fruit and vegetables, but also reflect the ethnic and cultural food preferences of students by encouraging student and family involvement in menu planning and taste testing.<sup>32</sup>

### **How Counseling & Psychological Services Can Reduce Disparities**

One out of five children has a diagnosable mental, emotional or behavioral disorder,<sup>33</sup> yet 70 percent of children with a diagnosable disorder do not receive mental health services.<sup>34</sup> Those at greatest risk of problems, including youth living in poverty and those belonging to racial minorities, are even less likely to get help. When young people do receive mental health services, 70 percent to 80 percent receive that care in school.<sup>35</sup>

### **How a Healthy School Environment Can Reduce Disparities**

Environment includes the physical and aesthetic surroundings as well as the climate and culture of the school.<sup>32</sup> Poor physical conditions in the aging school buildings of inner cities may be one reason the number of students with asthma has increased.<sup>36</sup> Also, the location and design of schools can influence the health of young people. If schools are built close to where families live, students can walk or bike to school and increase their level of physical activity.<sup>37</sup>

### **How Health Promotion for Staff Can Reduce Disparities**

Providing opportunities for school staff to improve their own health through activities such as health assessments, education and fitness programs can improve staff morale and personal commitment to the school's coordinated health program. These opportunities often transfer into greater commitment to student health and allow school staff to serve as role models for their students.<sup>38</sup> An absence of influential role models can be a barrier to physical activity for minority adolescents.<sup>39</sup>

### **How Family & Community Involvement Can Reduce Disparities**

Although schools can do much to improve student health and work to eliminate disparities, they cannot be entirely successful without the involvement of families and communities.<sup>40</sup> Schools can enlist parents of all races and ethnicities to volunteer at school functions, to consult in the development of curricula and school policy, and to advocate for additional funding and standards of improvement before local school boards and state officials. When parents are involved in schools, student achievement increases regardless of socioeconomic status, ethnic or racial background or parents' education levels.<sup>41</sup>

## Resources

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### Centers for Disease Control & Prevention

- **Division of Adolescent & School Health**  
*<http://www.cdc.gov/HealthyYouth/>*
- **Healthy Youth! Addressing Health Disparities**  
*<http://www.cdc.gov/healthyouth/healthtopics/disparities.htm>*
- **Healthy Youth! An Investment in Our Nation's Future, 2007**  
*<http://www.cdc.gov/HealthyYouth/about/healthyouth.htm>*
- **Components of a Coordinated School Health Program**  
*<http://www.cdc.gov/healthyouth/CSHP>*
- **Youth Risk Behavior Surveillance System (YRBSS)**  
*<http://www.cdc.gov/yrbs>*
- **School Health Policies & Programs Study (SHPPS)**  
*<http://www.cdc.gov/shpps>*
- **Guide to Community Preventive Services**  
*<http://www.thecommunityguide.org/>*
- **Physical Education Curriculum Analysis Tool**  
*<http://www.cdc.gov/HealthyYouth/PECAT>*
- **School Health Index – Self-Assessment & Planning Guide**  
*<http://www.cdc.gov/HealthyYouth/SHI>*

### Healthy States Initiative

- **Health Disparities Page:**  
*<http://www.healthystates.csg.org/Public+Health+Issues/Health+Disparities/>*
- **School Health Page:**  
*<http://www.healthystates.csg.org/Public+Health+Issues/School+Health/>*
- **Web Conference on Promising Practices in Coordinated School Health Programs:**  
*<http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/DASH+Web+Conference.htm>*
- **Impact of Asthma on Vulnerable Populations:**  
*[http://www.healthystates.csg.org/NR/ronlyres/7D4B9229-771B-421D-AAD7-62A280B1E58F/0/Ecos\\_Spring\\_06\\_Reprint.pdf](http://www.healthystates.csg.org/NR/ronlyres/7D4B9229-771B-421D-AAD7-62A280B1E58F/0/Ecos_Spring_06_Reprint.pdf)*
- **Childhood Obesity Toolkit:**  
*<http://www.healthystates.csg.org/NR/ronlyres/36F21685-38E8-44BC-9C06-1458515BE93E/0/RWJtoolkitwhole.pdf>*
- **Legislator Policy Brief on Local Solutions to Racial & Ethnic Health Disparities:**  
*<http://www.healthystates.csg.org/NR/ronlyres/5C7AF40A-2106-4134-8151-600FE-F5A0F4A/0/disparities.pdf>*
- **Talking Points on Racial & Ethnic Health Disparities:**  
*<http://www.healthystates.csg.org/NR/ronlyres/BEF17D76-746E-403C-80EF-C4614272AD60/0/DisparitiesSources.pdf>*

## Resources (cont.)

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**Action for Healthy Kids**

<http://www.actionforhealthykids.org/>

**American Cancer Society – Healthy Schools for Healthy Kids**

<http://www.schoolhealth.info/index.php>

**The Center for Health & Health Care in Schools**

<http://www.healthinschools.org/home.asp>

**Council of Chief State School Officers**

- **Links to State Education Agency School Health Program Descriptions**

[http://www.ccsso.org/projects/school\\_health\\_project/6457.cfm](http://www.ccsso.org/projects/school_health_project/6457.cfm)

**Incenter Strategies for the Advancement of Adolescent Health**

<http://www.incenterstrategies.org/>

**National Association of State Boards of Education**

- **State-Level School Health Policies Database**

[http://www.nasbe.org/healthy\\_schools/state\\_policy.htm](http://www.nasbe.org/healthy_schools/state_policy.htm)

**National School Boards Association—School Health Programs Database**

[http://www.nsba.org/site/page\\_schoolhealth\\_search.asp?TRACKID=&CID=1116&DID=12022&fpid=5&target=searchresults](http://www.nsba.org/site/page_schoolhealth_search.asp?TRACKID=&CID=1116&DID=12022&fpid=5&target=searchresults)

**Promising Practices Network**

<http://www.promisingpractices.net/default.asp>

**University of California, San Francisco –  
National Adolescent Health Information Center**

<http://nahic.ucsf.edu/>

## References

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# What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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