

NATIONAL PREVENTION STRATEGY
RECOMMENDATIONS RELEVANT TO SCHOOL HEALTH, NUTRITION, AND SAFETY

Vision: Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.

Overarching goal: Increase the number of Americans who are healthy at every stage of life.

4 Strategic Directions:

1. Healthy and Safe Community Environments

Key School Health Fact: Nearly 1 in 10 (app. 7 million) children under the age of 17 have asthma. Environmental factors (e.g., pests, mold and pollen, tobacco or wood smoke, indoor and outdoor pollution) exacerbate asthma.

Key Indicators: Proportion of children aged 5-17 years with asthma who missed school days in the past 12 months. Current: 58.7%; 10 year target: 48.7%

Early Learning Centers, Schools, Colleges and Universities can:

Implement policies and practices that promote healthy and safe environments (improving indoor air quality, addressing mold problems, reducing exposure to pesticides and lead, ensuring that drinking water sources are free from bacteria and other toxins, implementing and enforcing tobacco free policies).

2. Clinical and Community Preventive Services

Key School Health Fact: On average, 42,000 deaths per year are prevented among children who receive recommended childhood vaccines.

Key Indicators: Proportion of children who are vaccinated annually against seasonal influenza.*
5-12 years: Current: 26%; 10 year target: 80%
13-17 years: Current: 10%; 10 year target: 80%

* This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

Early Learning Centers, Schools, Colleges and Universities can:

Promote use of evidence based preventive services within their health services (e.g., school health program).

3. Empowered People

Key School Health Fact: A person's decisions are influenced by how choices are presented. For example, presenting fruit in a more attractive way to school children can more than double the amount of fruit they purchase.

Early Learning Centers, Schools, Colleges and Universities can:

Incorporate health education into coursework (e.g., by embedding health-related tasks, skills and examples into coursework).

4. Elimination of Health Disparities

Key School Health Fact: Adolescents who grow up in neighborhoods characterized by concentrated poverty are more likely to be a victim of violence; use tobacco, alcohol, and other substances; become obese; and engage in risky sexual behavior.

Early Learning Centers, Schools, Colleges and Universities can:

- Offer preventive services (e.g., mental health services, oral care, vision and hearing screenings) for all children, especially those at risk.
- Develop and implement local strategies to reduce health, psychosocial and environmental conditions that affect school attendance and chronic absenteeism.

6 Priorities:

1. Tobacco Free Living

Key School Health Fact: Every day, nearly 4,000 young people try their first cigarette and approximately 1,000 will become daily smokers.

Key School Health Fact: Nearly 9% of high school students report using smokeless tobacco, which can cause cancer and oral health problems and is not a safe alternative to smoking cigarettes.

Key Indicator: Proportion of adolescents who smoked cigarettes in the past 30 days.

Current: 19.5%; 10 year target: 16%

Early Learning Centers, Schools, Colleges and Universities can:

- Promote tobacco free environments.
- Restrict the marketing and promotion of tobacco products to children and youth.

2. Preventing Drug Abuse and Alcohol Use

Key School Health Fact: 90% of the alcohol consumed by youth occurs while binge drinking.

Key School Health Fact: Rates of marijuana use by youth and young adults are on the rise and fewer youth perceive great risk from smoking marijuana once or twice a week.

Key Indicator: Proportion of high school seniors who reported binge drinking in the past two weeks. Current: 25.2%; 10 year target: 22.7%

Key Indicator: Proportion of persons 12 or older who reported nonmedical use of any psychotherapeutic drug in the past year. Current: 6.1%; 10 year target: 5.5%

Key Indicator: Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days. Current: 10%; 10 year target: 9.3%

Early Learning Centers, Schools, Colleges and Universities can:

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).

3. Healthy Eating

Key School Health Fact: Fewer than 10% of adolescents eat recommended amounts of fruits and vegetables each day.

Key School Health Fact: 84% of adolescents consume at least one sugar-sweetened beverage (e.g., soda, sports drinks, fruit drinks and punches, sweetened tea) each day.

Key School Health Fact: Approximately one in five children are overweight or obese by the time they reach their sixth birthday.

Key Indicator: Proportion of children and adolescents who are obese.

Current: 16.2%; 10 year target: 14.6%

Early Learning Centers, Schools, Colleges and Universities can:

- Implement and enforce policies that increase the availability of healthy foods, including a la carte lines, school stores, vending machines and fundraisers.
- Update cafeteria equipment (e.g., remove deep fryers, add salad bars) to support provision of healthier foods.
- Eliminate high calorie, low nutrition drinks from vending machines, cafeterias and school stores and provide greater access to water
- Implement policies restricting the marketing of unhealthy foods
- Provide nutrition education.

4. Active Living

Key School Health Fact: 80% of adolescents do not meet the Physical Activity Guidelines for Americans.

Key School Health Fact: Less than 4% of elementary schools, 8% of middle schools and 2% of high schools offer opportunities for daily physical education.

Key School Health Fact: The average 8 to 18 year old is exposed to nearly 7.5 hours of passive screen time (e.g., television, videos, computers, smart phones, video games) every day.

Key Indicator: Proportion of adolescents who meet physical activity guidelines for aerobic physical activity. Current: 18.4%; 10 year target: 20.2%

Key Indicator: Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.

Current: 28.8%; 10 year target: 31.7%

Early Learning Centers, Schools, Colleges and Universities can:

- Provide daily physical education and recess that focuses on maximizing time physically active.
- Participate in fitness testing (e.g., the President's Challenge) and support individualized self-improvement plans.
- Support walk and bike to schools programs (e.g., Safe Routes to School) and work with local governments to make decisions about selecting school sites that can promote physical activity.
- Make physical activity facilities available to the local community.

5. Injury and Violence Free Living

Key School Health Fact: A history of exposure to adverse experiences in childhood, including exposure to violence and maltreatment, is associated with health risk behaviors such as smoking, alcohol and drug use, and risky sexual behavior as well as health problems such as obesity, diabetes, ischemic heart disease, sexually transmitted diseases and attempted suicide.

Early Learning Centers, Schools, Colleges and Universities can:

- Encourage youth to use helmets, seat belts and not drive while distracted or under the influence of alcohol or drugs.

- Collect and report statistics on crimes that occur and result in injuries on or around campuses and issue timely warnings to campus communities about crimes that may threaten health and safety.
- Implement policies, practices, and environmental design features to reduce school violence and crime (e.g., classroom management practices, cooperative learning techniques, student monitoring and supervision, limiting and monitoring access to buildings and grounds, performing timely maintenance).

6. Reproductive and Sexual Health

Key School Health Fact: Black, Hispanic and American Indian/Alaska Native youth experience the highest rates of teen childbearing.

Key School Health Fact: Of the approximately 19 million new cases of STI's in the United States each year, almost half of these are in young people ages 15-24.

Key Indicators: Pregnancy rates among adolescent females aged 15 to 19 years.

Current: 15-17 – 40.2 per 1,000 females; 10-year Target: 36.2

Current: 18-19 – 117.7 per 1,000 females; 10-year Target: 105.9

Schools, Colleges and Universities can:

- Support medically accurate, developmentally appropriate, and evidence based sexual health education.
- Support teen parenting programs and assist parents in completing high school, which can promote health for teen parents and children.
- Provide students with confidential, affordable reproductive and sexual health information and services consistent with Federal, state and local regulations and laws.
- Implement mentoring or skills-based activities that promote healthy relationships and change social norms about teen dating violence.

7. Mental and Emotional Well-being

Key School Health Fact: A child experiencing mental health issues is more likely to have problems in school and is at greater risk of entering the criminal justice system.

Key School Health Fact: Family and community rejection of LGBT youth, including bullying, can have profound and long-term impacts (e.g., depression, use of illegal drugs and suicidal behavior).

Key Indicator: Proportion of primary care physician office visits that screen children and youth for depression. Current: 2.1%; 10-year target: 2.3

Key Indicator: Rate of suicide attempts by adolescents. Current: 1.9 attempts per 100; 10-year Target: 1.7 attempts per 100

Early Learning Centers, Schools, Colleges, and Universities can:

- Implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health.
- Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services.
- Ensure students have access to comprehensive health services, including mental health and counseling services.