

School Wellness Policies

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.

Funding for this publication is provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under Cooperative Agreement U38/CCU424348. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. government.

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>.

School Wellness Policies

Overview

Approximately 17 percent of young people in the U.S. are overweight, a three-fold increase since 1980.¹ Congress and the federal government have recognized two key determinants in the rising rates of childhood obesity and obesity-related diseases: poor nutrition habits and increasingly sedentary lifestyles. To address these problems, Congress mandated—as part of the Child Nutrition and WIC Reauthorization Act of 2004—that every school district with schools participating in the national school lunch program develop and implement wellness policies for students and staff, starting in the fall of 2006.²

What Do Legislators Need to Know About School Wellness Policies?

PL 108–265, Section 204 supports the federal administration’s HealthierUS initiative, which encourages all Americans to be physically active every day, eat a nutritious diet, get preventive screening and make healthy choices. The law says wellness policies must include “goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness in a manner that the local educational agency determines is appropriate.” Policies must also include “nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity.”

Congress provided no funds to facilitate the creation or adoption of wellness policies and imposed no financial penalties for school districts that fail to adopt or enforce them. This means community and individual initiative and involvement are crucial.

What Can State Legislators Do to Support School Wellness Policies?

- Contact superintendents of local school districts, board of education members and members of school health councils in your constituency to learn about the extent and scope of their wellness policies.
- Demand accountability. Consider requiring the submission and enforcement of local wellness policies through state legislation.
- Support the formation of local school health councils.
- Support school districts in identifying new funding sources for school health initiatives. Encourage those involved in wellness policy planning to seek government and private grants—the USDA maintains a list of wellness-related grant sources on its Web site.³

Actions for State Legislators

Support Schools' Efforts to Establish or Elevate Standards _____

- for all food and beverages provided on campus;
- for physical activity; and
- for health education standards, which provide students with essential information about nutrition, physical activity and the use of drugs, alcohol and tobacco.

Promote Physical Activity _____

- Support daily physical education (PE) requirements that teach skills that focus on lifetime activity and are vigorous enough to produce health benefits. Provide incentives for schools to adhere to those standards, while limiting exemptions from PE.
- Encourage increased opportunities for both structured and unstructured physical activity on school grounds for students, staff and the community.
- Encourage school operating and construction plans that include setting and designing schools and school grounds in ways that make access easy by foot and by bicycle. Encourage walk- and bike-to-school programs.

Ensure Access to Healthful Foods in Schools _____

- Work with representatives of the food and beverage industries to offer healthful alternatives to the high-fat and high-sugar snack foods and soft drinks typically offered in school vending machines.
- Consider financial incentives your legislative body could offer school districts, local businesses and farmers to improve the availability of fresh produce and other high-quality foods in schools.
- Link agricultural organizations in the states with schools to promote such initiatives as school-based gardening projects.
- Consider restrictions on both the types and portion sizes of foods and beverages offered at school, as well as restricting student access to vending machines during the school day.
- Support schools' efforts to monitor how advertising targeting children affects their behaviors.

Support a Comprehensive Approach

- Encourage state and local education agencies to adopt healthy school policies, develop physical activity programs, implement strategies to improve the school nutrition environment and promote health education for students, staff and families. Policymakers can introduce and promote healthy behaviors to all residents through wellness programs, advisory councils and school-based programs.
- Encourage policies that maximize the benefits of school facilities such as gyms, auditoriums and kitchens by making them accessible to the community.
- Establish provisions for health services offered in school-based health centers.
- Champion health-promoting schools. Encourage your legislative body to recognize school districts that have established exemplary wellness policies.

Enlist Communities

The law requires parents, students, representatives of the school food authority, school boards, school administrators and the public to be involved in the ongoing process of developing and modifying wellness policies. The more community members who participate—and the greater the diversity of participants—the greater the chance to develop widespread support for wellness policies. Be sure to involve school health councils where relevant; they can be powerful forces in helping to institutionalize health promotion as part of the fundamental mission of the school or school district.⁴

Note That, as a Community Leader, You May Face Opposition

- Some school officials and food and beverage vendors fear that wellness policies may jeopardize important revenue from vending contracts. While the perception is common that replacing unhealthy foods with healthier food options will cause a decline in revenues, research indicates that this may not be the case.^{5,6}
- Food service operators may feel constrained by budgetary considerations from enhancing the nutritional quality or range of the foods they provide. They may feel unable to improve food offerings without increasing costs.
- Some school system employees may resist efforts to institute wellness policies because they feel obesity prevention is not the school's responsibility.

Be prepared to discuss these and other concerns in an open setting, and to encourage participants to seek solutions.

State Policy Examples

Getting a Jump on School Wellness in Arkansas

Even before Congress instructed school districts around the country to develop wellness policies, Arkansas had taken a bold—and somewhat controversial—step. Driven by CDC findings that Arkansans were generally among the least healthy in the U.S., and that Arkansas’ children were at increasing risk for obesity, type 2 diabetes and other obesity-related diseases, the state passed legislation to set nutrition standards for all foods available in schools. The legislation also encouraged communities and parents to take roles in advocating for more physical activity and physical education in schools.

A controversial component of the legislation—in addition to its complete ban on vending machines in elementary schools—was its call for schools to measure the body mass index (BMI) of all students and to report these measurements to parents. Students expressed concerns that they were going to be “graded” based on how much they weighed. Parents worried report cards discussing their children’s weight could cause embarrassment. But as proponents pointed out, BMI screening is recommended by the American Academy of Pediatrics because it is a reliable indicator of overweight and its associated potential health problems. The Arkansas Center for Health Improvement (ACHI) worked with parents to allay their concerns and to assure them student BMI readings would remain confidential. A recent ACHI publication concluded, based on analysis of the first three years of data on public school students’ BMI assessments, that “Arkansas has halted the increase in rates of childhood obesity.”

<http://cnn.k12.ar.us/Healthy%20Schools%20Initiative/Healthy%20Schools%20Initiative.htm>

Focusing on Early Grades in South Carolina

Two years before the congressional deadline for school wellness policies, the South Carolina Department of Education developed a student wellness task force and issued a detailed report on child obesity and related health concerns in the state, along with guidelines for school districts to follow in writing wellness policies. The department’s early and detailed work helped pave the way for state legislation in 2005 that established physical education and nutrition standards in elementary schools, required nutrition education for students from kindergarten through grade five, and launched a Coordinated School Health Program that includes, among many other provisions, \$28 million for school nurses in each public elementary school. Teachers and other staff are offered professional development opportunities addressing nutrition’s role in health and educational achievement, and decreasing the ratio of students to physical education teachers in elementary schools from 800:1 to 500:1 over the course of three years. The legislation also provided for inclusion of federal school wellness policy provisions.

<http://ed.sc.gov/topics/educationsupportsvcs/healthyschools>

Model Schools Help Gauge Wellness Plans in Arizona

Eight pilot schools, including four elementary schools and four middle/high schools, have been selected to implement the Arizona Healthy School Environment Model Policy as part of USDA Team Nutrition mini-grants. Schools primarily use the mini-grant funds to help integrate nutrition education into the general curriculum, increase physical activity opportunities and establish healthy guidelines in cafeterias. The model policy serves as a guide to establishing standards for a healthy school environment. The Department of Education has endorsed the model policy, which recommends 30 minutes of physical education, recess before lunch in elementary schools and 45 minutes of physical education per day in middle and high schools. The model policy encourages schools to offer breakfast and lunch options consistent with USDA dietary guidelines, as well as provide adequate space and time for school meals. Pilot schools will submit monthly data—which will be evaluated to gauge the effectiveness of the model policy’s implementation—to the Arizona Department of Education.

<http://www.ade.state.az.us/health-safety/cnp/nslp/NutritionPolicy-StateBoardMeeting.pdf>

<http://www.ade.az.gov/health-safety>

Legislature Embraces Coordinated School Health in Kansas

After acknowledging that “poor nutrition and physical inactivity are responsible for 28 percent of preventable deaths, second only to tobacco,” the Kansas Legislature charged the state Department of Education in 2005 to develop guidelines for “healthful foods and beverages, physical activities and wellness education” in all public schools (Kansas Senate Bill 154, and Concurrent Resolution 1604). Since then, the department has closely followed the CDC’s Coordinated School Health model, providing for student and faculty wellness in addition to food and physical activity guidelines. This gave Kansas a head start on the school wellness policies mandated by Congress, especially since the state legislation called for school districts to approach their wellness programs in ways similar to those suggested in PL 108-265, Section 204 which encourages broad public involvement and consultation with public and private suppliers of nutrition services to schools.

<http://www.kshealthykids.org>

<http://www3.ksde.org/kneat/HomePage/kneathome.htm>

Advice from a State Legislator

Want to Improve the Health of Young People in Your State?



*Dr. Jim Barnett
Kansas Senate*

Dr. Jim Barnett, a physician, has been a state senator since 2001. He represents District 17, which includes the city of Emporia, and serves as chair of the Senate's Health Policy Oversight Committee and as joint chair of the Public Health and Welfare Committee. He introduced Senate Bill 154, which authorized the state's department of education to set nutrition and physical education guidelines for public schools, with the goal of "preventing and reducing childhood obesity."

His Advice to State Legislators:

- **Understand the opportunity the congressional legislation offers.** Dr. Barnett said he came to the state Senate with a desire to do something about poor health and the state's climbing rates of obesity and obesity-related illnesses, which were affecting nearly a quarter of all Kansas adults. But his legislative proposals only "got legs" after his colleagues saw the Congressional school wellness policy legislation passed in 2004. "That's when they seemed to realize this was a big problem we needed to solve for the sake of our kids—and that it should start with kids." He said PL 108-265, Section 204, was a plan for addressing the problem, and his senate bill augmented it.
- **Don't let the effort be limited only to the school community.** The strongest component of the congressional school wellness legislation is the guidelines it provides for including as many people as possible in deciding what wellness policies should be, Dr. Barnett said. You have to allow opportunities for everyone in state and local governments, and in individual communities, to "buy into" the process.
- **Effect change with leadership.** State legislation can certainly complement and strengthen the school wellness policies outlined in PL 108-265, Dr. Barnett said. But he said wellness policies in his state and elsewhere involve such changes in ways of thinking and operating for so many people—from students to teachers, faculties to parents, administrations to school boards—that steady encouragement will be more valuable than what's in the letter of legislation.
- **Require reporting.** "I'm a doctor, so it only makes sense to me that better nutrition, more physical activity and more education about both those subjects will help make students healthier and more academically prepared, and that these benefits will stay with them as they become adults," Barnett said. "But the more practical information we get as these policies progress, the better."

Advice from a State Legislator

Strengthen Your Efforts through Collaboration

*Bobby Harrell, Speaker
South Carolina House of Representatives*



At the time he helped write and pass South Carolina's ambitious Student Health and Fitness Act in 2005, Bobby Harrell was chair of the House Ways and Means Committee. He was elected to the House in 1992, representing Charleston and Dorchester counties.

His Advice to State Legislators:

- **You'll be surprised how interested the public is in attacking this problem.** At first, you'll get resistance from people in institutions who don't want to change the way they do things, but if you make it known you're trying to change the insane prospects that this generation of children may not live as long as their parents because of preventable problems like obesity, the public will be on your side and they'll help you past any resistance.
- **Bring in people who know more about this problem than you do.** You need people who understand what you should do, even if you're sure you know a lot about the legislative process. Harrell said he brought public health advocates, physical education experts, school board members and parents into the same room when he started and consulted with them throughout. "That guarantees you'll have a lot of allies during the hearing process, too," he noted.

Want to Know More?

We'll help you find experts to talk to about this topic

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with...

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

Key Facts and Terms

The Coordinated School Health model helps parents, students, school personnel and community leaders address students' health needs through a coordinated approach. Coordinated School Health Programs (CSHP) are recommended by the CDC as a key strategy that schools can use to prevent youth obesity.⁴ While every program is unique to local community needs, CSHP typically consists of eight essential components:

Health Education

Teaches students to make healthy choices, prevent disease and adopt and maintain healthy behaviors.

Physical Education

Teaches students physical and behavioral skills, and the confidence to be physically active for a lifetime.

Health Services

Provides prevention and early intervention for students' health problems, which can interfere with their education.

Nutrition Services

Designs nutritious and appetizing school meals based on U.S. Dietary Guidelines and provides nutrition education.

Health Promotion for Staff

Implements wellness programs and policies to enable staff to serve as role models and increase productivity.

Counseling and Psychological Services

Offers counseling to students to promote social-emotional development and reduce barriers to learning.

Healthy School Environment

Furnishes a physical environment for students and staff that is appropriate, safe and appealing.

Parent/ Community Involvement

Engages parents and community members in school issues or councils that enhance the well-being of children and potentially the community at large. A recommended approach for accomplishing this is the establishment of a school health council (SHC) to provide guidance on school health activities and rally support for school health programs. SHC members may include parents, teachers, students, school administrators, health care providers, social service professionals and religious and civic leaders.

One requirement of the federal guidelines is the establishment of a plan for measuring implementation of the local wellness policy, including designation of one or more person(s) within the local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy. CDC recommends the designation of a school health coordinator, who is responsible for managing and coordinating all school health policies, programs, activities and resources.

What Scientific Research Says

It is estimated that only 1 percent of children eat diets consistent with federal guidelines for health,⁸ while about 64 percent of high school students do not meet currently recommended levels of physical activity.⁹

Health Impacts of Overweight, Poor Nutrition and Inactivity for Children _____

- Poor nutrition choices and sedentary lifestyles are contributing factors in four of the nation's six leading causes of premature deaths (heart disease, cancer, stroke and diabetes).¹⁰ Sixty-one percent of overweight children age 5 to 10 exhibit at least one heart disease and stroke risk factor, such as elevated cholesterol levels, high levels of triglycerides, elevated blood insulin and high blood pressure. About 26 percent exhibit two or more of these risk factors.¹¹
- Obesity in children may be associated with depression, anxiety and more frequent absences from school. Moreover, one study found that obese children and adolescents were four times more likely than their peers to experience "impaired school function."¹²
- Obesity and overweight among children are more prevalent in minority populations,¹³ as is obesity-related type 2 diabetes.¹⁴

Wellness Measures Improve Participation, Performance, Health Behavior and Health Status among Students and Staff _____

- A California Department of Education study demonstrated that physical education courses that get students physically active and improve fitness also boost academic performance.¹⁵
- The American Dietetic Association cites studies that demonstrate links between improved academic performance and participation in nutritious school-based meal services, as well as improved nutrition choices outside school.¹⁶
- The National Conference of State Legislatures cites studies that demonstrate school-based health centers help decrease absenteeism and tardiness.¹⁷
- One study, which offered "rare clinical-trial evidence on behavioral adaptations made by children who were following a reduced-fat diet," demonstrated that nutritional training helped preadolescents with high cholesterol counts change their diets and maintain those changes.¹⁸
- Worksite health promotion measures aimed at school staff may help reduce absenteeism, enhance morale and produce significant changes in safety, nutrition, exercise and substance use behaviors among staff.¹⁹

References

- ¹ Ogden, Cynthia L. et al. "Prevalence of Overweight and Obesity in the United States, 1999-2004." *Journal of the American Medical Association* 295 (2006) 1549-1555.
- ² "Section 204 of Public Law 108-265, June 30, 2004." Accessed from <http://www.fns.usda.gov/TN/Healthy/108-265.pdf> January 24, 2007.
- ³ USDA Food and Nutrition Service. "Funding a Local Wellness Policy." Accessed from http://www.fns.usda.gov/tn/Healthy/wellnesspolicy_funding.html January 24, 2007.
- ⁴ Wechsler, Howard et al. "The Role of Schools in Preventing Childhood Obesity." *The State Education Standard*. 5 no. 2 (2004) 4-12.
- ⁵ Center for Weight and Health, University of California, Berkeley. "Linking Education, Activity and Food (LEAF) SB-19 Evaluation: Fiscal Impact Report." Accessed at: http://www.cnr.berkeley.edu/cwh/PDFs/LEAF_Fiscal_Executive_Summary.pdf, November 29, 2006.
- ⁶ USDA Food and Nutrition Service, Centers for Disease Control and Prevention, and U.S. Department of Education. "Making It Happen! School Nutrition Success Stories: Executive Summary." (2005). Accessed from http://teammnutrition.usda.gov/Healthy/ExecSummary_ReviewInfo.pdf January 24, 2007.
- ⁷ Arkansas Center for Health Improvement. "Tracking Progress: The Third Annual Arkansas Assessment of Childhood and Adolescent Obesity, August 2006." Accessed from http://www.achi.net/BMI_Info/Docs/2006/Results06/ACHI_2006_BMI_National_rpt.pdf January 19, 2007.
- ⁸ Munoz, Kathryn A. et al. "Food Intakes of U.S. Children and Adolescents Compared with Recommendations." *Pediatrics* 100 (1997) 323-329.
- ⁹ Centers for Disease Control and Prevention. "National Youth Risk Behavior Survey, 2005." Accessed from <http://www.cdc.gov/search.do?action=search&queryText=youth+behavior+risk+physical+activity&x=0&y=0> January 26, 2007.
- ¹⁰ U.S. Department of Health and Human Services. "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001." Accessed from <http://www.surgeongeneral.gov/topics/obesity> January 24, 2007.
- ¹¹ Freedman, David S et al. "The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: The Bogalusa Heart Study." *Pediatrics* 103 (1999) 1175-1182.
- ¹² Schwimmer, Jeffrey B.; Burwinkle, Tasha M.; Varni, James W. "Health-related Quality of Life of Severely Obese Children and Adolescents." *Journal of the American Medical Association* 289 (2003) 1813-1819.
- ¹³ Hedley, Allison A. et al. "Prevalence of Overweight and Obesity among U.S. Children, Adolescents, and Adults, 1999-2002." *Journal of the American Medical Association* 291 (2004) 2847-2850.
- ¹⁴ Fagot-Campagna, Anne et al. "Type 2 Diabetes among North American Children and Adolescents: An Epidemiologic Review and a Public Health Perspective." *Journal of Pediatrics* 136 no. 5 (2000) 664-72.
- ¹⁵ National Association for Sports and Physical Education. "New Study Supports Physically Fit Kids Perform Better Academically." (2001) Accessed from http://www.aahperd.org/naspe/template.cfm?template=pr_121002.htm January 14, 2007.
- ¹⁶ American Dietetic Association, Society for Nutrition Education, and American School Food Service Association. "Nutrition Services: An Essential Component of Comprehensive School Health Programs." *Journal of the American Dietetic Association* 103 no. 4 (2003) 505-514.
- ¹⁷ National Conference of State Legislatures. "Benefits of School-Based Health Centers." Accessed from <http://www.ncsl.org/programs/health/schlithandout.htm> January 19, 2007.
- ¹⁸ Van Horn, Linda et al. "Children's Adaptations to a Fat-Reduced Diet: the Dietary Intervention Study in Children (DISC)." *Pediatrics* 115 no. 6 (2005) 1723-33.
- ¹⁹ Allegrante, John P. "School-Site Health Promotion for Faculty and Staff: A Key Component of the Coordinated School Health Program." *Journal of School Health* 68 no. 5 (1998): 190-196.

CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health Web Page

<http://www.cdc.gov/healthyyouth/index.htm>

CDC's Overweight and Obesity Trends Web Page

<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/index.htm>

CDC's State-Level Estimated Costs of Obesity

http://www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm

Healthy States Initiative's State Official's Guide to Wellness

<http://www.healthystates.csg.org/NR/rdonlyres/D48FC4CD-1F7A-4CB6-A5B5-8DBF4ED500CC/0/WellnessSOG2006.pdf>

Healthy States Initiative's TrendsAlert: Costs of Chronic Diseases: What Are States Facing?

<http://www.healthystates.csg.org/Public+Health+Issues/Chronic+Diseases/>

Action for Healthy Kids Web Page

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

American Diabetes Association Statistics Web Page

<http://www.diabetes.org/diabetes-statistics.jsp>

American Heart Association

<http://www.americanheart.org>

Model School Wellness Policies

<http://www.schoolwellnesspolicies.org>

National Alliance for Nutrition and Activity's School Wellness Policies Web Page

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

National Association of State Boards of Education – “Fit, Healthy, and Ready to Learn: A School Health Policy Guide”

<http://www.nasbe.org/HealthySchools/fithealthy.mgi>

Robert Wood Johnson Foundation's Childhood Obesity Research and Trends Web Page

<http://www.rwjf.org/research/researchlist.jsp?ia=138>

School Nutrition Association

<http://www.schoolnutrition.org>

USDA's Food and Nutrition Service Team Nutrition Web Page

<http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html>

Preventing Diseases:

Policies that work based on the research evidence

1) Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

2) Get people moving.

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

3) Discourage smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

4) Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

5) Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

6) Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

7) Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8) Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

9) Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10) Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

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.

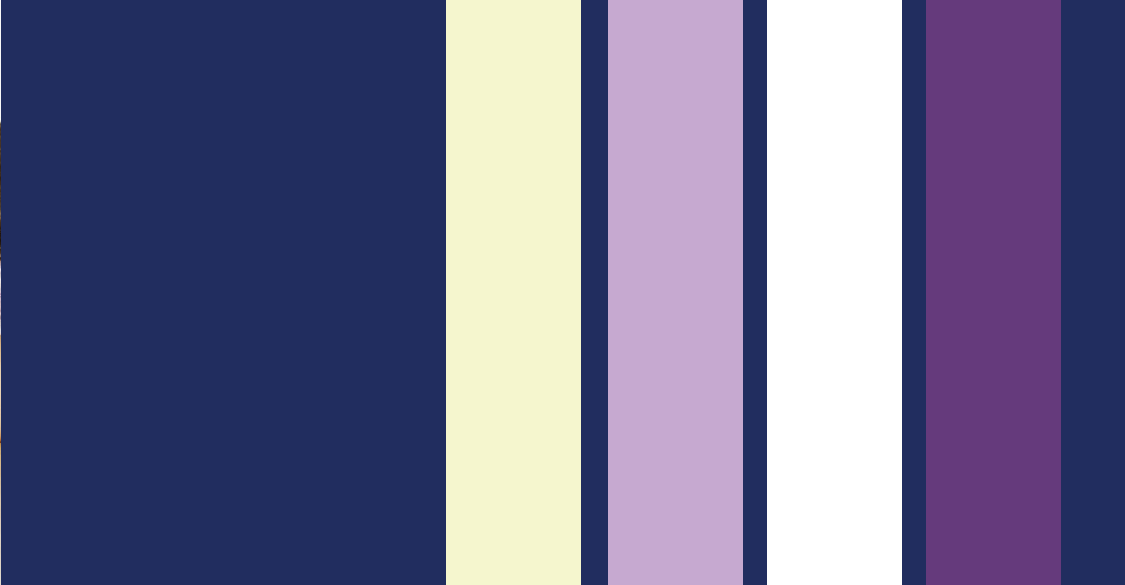
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance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