Mission
The mission of the Division of Adolescent and School Health (DASH) is to prevent the most serious health risks among children, adolescents, and young adults.

Goal
To increase physical activity among young people by increasing the capacity of the nation’s schools to promote lifelong physical activity through coordinated school health programs.

Strategies
1. Data collection and analysis.
3. Funding to state departments of education and health and national nongovernmental organizations for program and policy development.
4. Evaluation.
5. Integration with other federal efforts.

Data Collection and Analysis
Youth Risk Behavior Surveillance System (YRBSS)
The YRBSS consists of national, state, and large urban school district surveys of representative samples of high school students. Conducted every two years, these surveys monitor health-risk behaviors among young people so that health and education agencies can more effectively target and improve programs. These behaviors, often established during childhood and early adolescence, include tobacco use; unhealthy dietary choices; inadequate physical activity; alcohol and other drug use; sexual behaviors that can lead to unintended pregnancy or sexually transmitted disease, including HIV infection; and behaviors that contribute to unintentional injuries and violence.

Specific data collected on physical activity include:
- Participation in physical activity.
- Participation in physical education class.
- Time spent watching television and using a computer or playing video games.
- Participation on sports teams.

www.cdc.gov/YRBS

School Health Policies and Programs Study (SHPPS)
Conducted every six years, SHPPS is the most comprehensive study of U.S. school health policies and programs. SHPPS assesses the characteristics of school health policies and programs at the state, district, school, and classroom levels nationwide across all eight school health program components: health education; physical education and activity; health services; mental health and social services; nutrition services; healthy and safe school environment; faculty and staff health promotion; and family and community involvement.

SHPPS monitors physical activity policies and programs, such as:
- Following national standards for physical education curriculum development.
- Requiring student assessment in physical education.
- Providing ongoing professional development for physical education teachers.
- Making curriculum materials available to physical education teachers.
- Providing daily physical education for students in kindergarten through 12th grade.
- Providing regularly scheduled recess for students in kindergarten through 5th grade.
- Offering intramural activities, physical activity clubs, and interscholastic sports to students.

www.cdc.gov/SHPPS

School Health Profiles (Profiles)
Profiles, a biennial survey conducted by state and local education and health agencies, provides data on school health policies and practices in states and large urban school districts. It monitors and assesses characteristics of, and trends in, health and physical education and activity, tobacco-use prevention policies, nutrition-related policies and practices, health services, collaboration, and family and community involvement in school health programs. States and large urban school districts can use Profiles data to plan and allocate resources, guide professional development, advocate for policy improvement and resources, and describe the status of school health programs in their jurisdictions.

Data collected in Profiles include the percentages of schools in participating states and large urban school districts that

- Teach students in required courses about the physical, psychological, and social benefits of physical activity; the phases of a workout; and how much physical activity is enough.
- Teach students in required courses about overcoming barriers to physical activity, developing an individualized physical activity plan, and monitoring progress toward implementing the plan.
- Employ teachers who have received professional development on physical activity and fitness.
- Require students to take one or more physical education courses or allow exemptions from courses because of participation in school or community sports or other school activities.

www.cdc.gov/HealthyYouth/Profiles

Healthy Passages
Healthy Passages is a multi-year study that follows a group of fifth-grade students through age 20 to improve our understanding of what factors help keep children healthy. The results will provide information that can be used to develop effective policies and programs to improve the health and development of children, adolescents, and adults. Healthy Passages collects data on vigorous and moderate physical activity and participation on sports teams, as well as data on tobacco and substance use, diet, physical and mental health, injuries and violence, sexual behavior, family and peer relationships, and media exposure.

www.cdc.gov/HealthyYouth/HealthyPassages

Science-Based Guidance

Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People
Developed in collaboration with physical activity experts across the nation, the guidelines identify the most effective policies and practices schools can implement to help young people adopt and maintain a physically active lifestyle. According to these guidelines—which are based on an extensive review of research, theory, and current practice in physical education, exercise science, health education, and public health—physical activity programs are most likely to be effective when schools

- Emphasize enjoyable participation in physical activities that are easily done throughout life.
- Offer a diverse range of noncompetitive and competitive activities appropriate for different ages and abilities.
- Give young people the skills and confidence they need to be physically active.
- Promote physical activity through all components of a CSHP and develop links between school and community programs.

The guidelines also include recommendations for ensuring quality physical activity programs through physical education policies, curriculum, and instruction. These recommendations provide guidance on policy, environment, physical education, health education, extracurricular activities, family involvement, training, health services, community programs, and evaluation.

An updated version of the guidelines is scheduled for release in 2008.

www.cdc.gov/HealthyYouth/physicalactivity/guidelines

School Health Index (SHI): A Self-Assessment and Planning Guide
The SHI helps schools implement evidence-based policies and practices that promote physical activity and other healthy behaviors. SHI provides the tools and resources needed to assist stakeholders (e.g., teachers, parents, students, and community members) in assessing health policies and programs and developing an improvement plan based on assessment results. Both print and interactive online versions of the SHI are available.

www.cdc.gov/HealthyYouth/SHI

Physical Education Curriculum Analysis Tool (PECAT)
The PECAT helps school districts conduct a clear, complete, and consistent analysis of physical education curricula, based upon national physical education standards. The results from the analysis can help school districts enhance existing curricula, develop their own curricula, or select a published

www.cdc.gov/HealthyYouth/SHI
Funding to State Departments of Education and Health and National Nongovernmental Organizations for Program and Policy Development

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State Programs to Promote Physical Activity and Physical Education

DASH supports efforts to increase physical activity through Coordinated School Health Programs (CSHPs) by providing technical assistance and financial support to state education and health agencies in 23 states. As a result of this assistance, states are able to:

- Implement effective physical activity and physical education policies, programs, curricula, and standards.
- Provide professional development, consultation, and technical assistance to schools and school districts.
- Implement strategies to reduce health disparities.
- Collaborate with local health and education departments, community planning groups, parents, students, and other groups or coalitions.

National Nongovernmental Organization (NGO) Programs to Promote Physical Activity

National NGOs support state and local health and education agencies in addressing physical activity and physical education. NGOs can effectively reach target audiences with resources, guidance, training, and technical assistance to develop, implement, and promote physical education and physical activity programs, policies, and practices. Through extensive coordination and collaboration, NGOs promote better health for all students and put research findings into action to support healthier youth.

DASH funds national NGOs to:

- Assess needs for training, technical assistance, materials, and other resources.
- Build capacity of other funded partners and constituents through training and technical assistance efforts.
- Identify, develop, and disseminate model strategies, guidelines, program materials, and other resources.
- Assist constituents and other funded partners in developing partnerships.
- Encourage constituents and other funded partners to collaborate with state departments of education and health and community-based organizations.

For example, the National Association for Sport and Physical Education (NASPE) provides technical assistance and professional development to the 23 funded CSHP states for the implementation of quality physical education. NASPE integrates both NASPE and CDC tools and resources into the technical assistance and trainings they provide directly to school districts and schools. NASPE also provides content expertise and support for the CDC-sponsored PECAT workshops being held in numerous states and regions of the country during 2007.

www.aahperd.org/naspe

The National Association of State Boards of Education developed Fit, Healthy and Ready to Learn: A School Health Policy Guide to provide science-based information to help state, local, and territorial education agencies develop and implement the policies needed to ensure support for school health. The physical activity chapter provides guidance on developing a comprehensive, integrated policy aimed at promoting lifelong physical activity among students and school staff. An updated version is scheduled for release in 2008.

www.nasbe.org/HealthySchools/fithealthy.html

The Directors of Health Promotion and Education (DHPE) developed School Employee Wellness: A Guide for Protecting the Assets of our Nation’s Schools, a comprehensive guide that provides information, practical tools, and resources for school employee wellness programs.

www.schoolempwell.org

Wellness Policy Development Tool

To support the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act of 2004, which requires school districts to develop and implement a local wellness policy, CDC has partnered with the U.S. Department of Agriculture and Action for Healthy Kids to provide an online searchable database of existing or model wellness policies. The database is designed to help local teams develop their own policies by using language from existing or model policies that have been compiled from states and districts around the country.

www.actionforhealthykids.org/resources_wp.php

Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action

This publication provides a framework to help public health officials establish comprehensive chronic disease prevention and control programs that target limited resources where they are most needed and can be most effective. The chapter on school health programs describes promising practices that states should consider when planning school-based policies and programs to help young people avoid behaviors that increase their risk for obesity and chronic disease, including inadequate physical activity. In addition, the nutrition and physical activity chapter describes proven, effective interventions that state and local public health officials and their partners can implement to address the problems of poor nutrition and physical inactivity at a state or community level.


Curriculum for the delivery of quality physical education in schools.

PECAT, which can be customized to include local standards, was developed by collaborating with nationally recognized experts in the field of physical education.

www.cdc.gov/HealthyYouth/PECAT

www.schoolempwell.org
Evaluation

Technical Assistance
DASH provides evaluation support to its funded partners through individual technical assistance and professional development. Technical assistance increases the capacity of funded partners to evaluate and improve their programs by describing their programs using a logic model, developing SMART objectives, and documenting what happened in their programs by maintaining accurate and organized records on program activities and designating a person responsible for process evaluation data.

Program Evaluation
To help identify effective new approaches for promoting the health of young people, DASH provides technical assistance to state and local agencies to evaluate innovative policies and programs. For example, DASH helped the Michigan Department of Education to evaluate whether the Exemplary Physical Education Curriculum (EPEC) increases motor skills and physical fitness among 4th and 5th grade students. EPEC is a standards-based K–12 physical education curriculum that teaches physical skills to students using a step-by-step approach.

Evaluation Research
CDC conducted an economic analysis of an obesity prevention intervention called Planet Health, which was developed by the Harvard Prevention Research Center. Students in schools that implemented Planet Health demonstrated improved physical activity and nutrition behaviors, reduced television watching, and lower obesity prevalence among girls. CDC’s economic analysis determined that Planet Health was both cost-effective and cost-saving. The results of the study were published in the journal Obesity Research.

www.obesityresearch.org/cgi/content/abstract/11/11/1313

Integration with Other Federal Efforts
DASH collaborates closely with CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO), other CDC partners, and other federal agencies to address issues related to physical activity and physical education.

- DASH and DNPAO staff work collaboratively to establish science-based guidance addressing physical activity, healthy eating, and overweight among children and adolescents.
- DASH and Steps to a HealthierUS staff collaborate to provide technical assistance and guidance to 40 communities that receive Steps funding to support evidence-based school interventions addressing nutrition, physical activity, obesity, diabetes, asthma, and tobacco use.
- DASH collaborates with the President’s Council on Physical Fitness and Sports to promote lifelong physical activity among young people and quality physical education in schools through participation in the Council’s 50th Anniversary “Get America Moving” initiative and through promotion of the PECAT.
- DASH works collaboratively with the U.S. Department of Education to support the Carol M. White Physical Education for Progress (PEP) grant program. DASH provides science-based resources, such as surveillance summaries and fact sheets on physical activity, PECAT, and SHI, for PEP-funded schools and community organizations to use in enhancing physical education programs for youth.

Together with the U.S. Department of Agriculture and the U.S. Department of Education, DASH provides technical assistance and guidance on the development of local wellness policies.

For additional information, contact DASH
4770 Buford Highway, NE, MS-K29
Atlanta, GA 30341-3717
1-800-CDC-INFO
E-mail: cdcinfo@cdc.gov