

Presentation to the ND Interim Education Committee

HCR 3046 School Health Study September 20, 2007

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Purpose of HCR 3046 ...

... to study ways in which various public and private entities can cooperate with families and communities to promote healthy lifestyles for children and create awareness about the interplay of healthy lifestyle choices and educational success.

Presentation Objectives

- Provide information about the current health issues, trends and challenges for youth in North Dakota
- Identify existing DPI / DoH programs
- Determine next steps

Anticipated Outcomes

- To increase decision-makers knowledge of national and state data and provide on-going information about the challenges and risk behaviors that face ND youth.
- Identify comprehensive approaches to engage people to make healthy and safe lifestyle choices that minimize injury, illness, disease and death.
- Create individual, school, home and community environments that support healthy and safe lifestyle choices.

The Cardinal Principles of Education - 1917

- 1) Health
- 2) Command of fundamental processes
- 3) Worthy home membership
- 4) Vocation
- 5) Civic education
- 6) Worthy use of leisure
- 7) Ethical character

(US DEPARTMENT OF THE INTERIOR
BUREAU OF EDUCATION)

Youth behaviors mirror adult behaviors

- It is necessary to understand adult behaviors and risks in order to understand and address youth behaviors.
- Healthy and safe kids come from healthy and safe adults.

North Dakota Adult Deaths 2000-2005

- 1) Cardiovascular disease
Heart Disease / Stroke
- 2) Cancer
- 3) Other causes
- 4) Alzheimer's, COPD, Accidents
- 5) Diabetes, Influenza
- 6) Suicide

NDDoH CVD Burden Report, 2005

Adult deaths are impacted by lifestyle behaviors

The top 5 causes of adult deaths in ND are primarily lifestyle related to:

- Physical inactivity
- Poor nutrition
- Alcohol
- Tobacco
- Unhealthy weight status

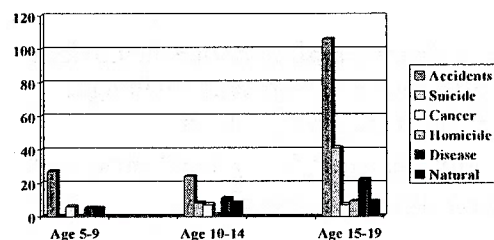
NDDoH CVD Burden Report, 2005

What is a healthy & safe lifestyle?

- Being active 5 days a week for 30 minutes
- Eating in proportion, eating fruits/veggies
- Avoiding tobacco and excessive alcohol
- Sleeping 7 hours per night
- Connection to work, family, community and faith
- Avoiding risk behaviors (sex, injury)
- Wearing seatbelts

CDC, 2007

North Dakota Child Deaths 2000-2005



NDDoH 2006

Priority youth health risk behaviors

- Tobacco use
- Dietary behaviors
- Physical activity
- Alcohol and other drug use
- Sexual behavior
- Violence/injury

CDC, 2007

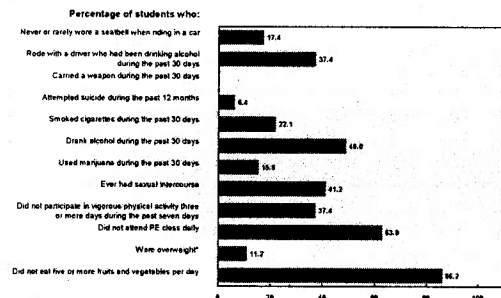
Priority youth health risk behaviors

- Tobacco use**
 - Rates have decreased 18% since 1999
- Dietary behaviors**
 - 83% of HS students and 76% of students in grades 7-8 eat fewer than five fruits and vegetables daily
- Physical activity**
 - Students in grades 9-12 are twice as likely to be physically inactive than students in grades 7-8
- Alcohol / drug use**
 - Slight decrease seen since 2005
- Sexual behavior**
 - No significant change
- Violence/injury**
 - Slight increase in both community and school

ND SET 2007
ND YRBS 2005

North Dakota High School 2005 YRBS Survey

North Dakota High School Survey Summary Graphs



The link between health & academics

Youth risk behaviors affect

- School absenteeism
- Drop out rates
- Suspensions, expulsions and disciplinary referrals
- Decreased participation in physical activity
- Social and family relationships

CDC, 2006
US DOE, 2006

Challenge: Population Distribution

- Greater resources needed to reach rural areas (i.e., grocery stores vs. convenience stores)
- Tobacco (larger problem in rural areas due to access to services [cessation])
- Physical activity – lack of year round safe access
- Adults living in rural areas tend to be more obese, more likely to suffer a stroke and have high blood pressure
- Access to healthcare

NDDoH CVD Burden Report, 2005

Challenge: Ethnicity

American Indians: 5% of ND population, followed by Hispanic at 1.6 %

- Trend data identifies almost every risk behavior is nearly double for American Indians in proportion to ND Caucasian population

CDC 2007

Challenge: Funding

- Limited federal funds
- Federal funds directed at specific topics & populations
- Limited state level funding
- No state mandates for risk behaviors (i.e., health ed, helmets)

Challenge: Coordination

- Many partners have a vested interest, but lack of coordination and resources to do programs on a statewide scale, even in concert with others.

Challenge: Long-term State & National

- Obesity and chronic diseases will affect state and national workforce, economic growth and tax medical system
- Affect military support (recent study showed 61% of recruits did not meet physical criteria)

US News & World Report, Sept 2007

Challenge: Personal Choice

Noting the importance of individual responsibility, Vice Admiral Richard H. Carmona, U.S. Surgeon General (2001 -2007) said obesity "is almost entirely preventable through proper diet and exercise."

Government, healthcare workers and community leaders could prevent the further spread of obesity through education about the importance of physical activity, healthy eating habits, preventive screenings and making smart choices.

June 2005

Carmona urged vigilance in protecting the health of the increasing number of overweight children, "who grew up off the playground and on the PlayStation - we are at a crossroads in our nation. We are standing at the corner of health and disease. Are we going to sentence ourselves to being a society defined by obesity and disease? Or are we going to choose to be a nation of health and vitality?"

A look at Tobacco's success

Master Settlement Fund (through 2025)

10% to Community Health Trust Fund

\$ 7,000,290 / biennium

\$ 4,700,000 Community/school based

\$ 1,069,000 Quit-line

\$ 260,000 Cessation programs

\$ 100,000 Advisory Committee

\$ 160,000 Dental/Physician Loan Fund,
Colorectal Cancer Screening, Breast &
Cervical Cancer Treatment and 1 FTE

NDDoH, 2007

Tobacco's success

Comprehensive approach

- Promote regional/community partnerships
- Provide model school-based policies
- Disseminate evidence-based prevention curriculums to schools
- Provide professional development
- Support state and community-wide initiatives

Tobacco's success

1999 YRBS grades 9-12

- 40.6 % of students smoked

2005 YRBS grades 9-12

- 22.1 % of students smoked

ND YRBS 2005

Healthy schools have

- A comprehensive multi-approach
- Top down support / "champion"
- Allocated funds, resources, time
- The health - academic connection
- Community coalition
- Engaged students and parents in the process
- Worksite wellness - healthy staff as role models

Local Wellness Policies (DPI - CNFD)

- USDA requirement in 2005
- Requires all school districts which have a school meal program to implement a wellness policy and goals regarding nutrition education, physical activity and nutrition standards.
- Evaluation of policies and outcomes is pending (NDSU research project)

Coordinated School Health (DPI - School Health)

- Includes health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, staff wellness and family/community involvement.
- Coordinated school health is about keeping students healthy over a long period of time, reinforcing positive, healthy behaviors through out the school day, and making it clear that good health and learning go hand in hand.
- Not a new program, or an add on - infused into existing system.

HIV/ AIDS Prevention (DPI - School Health)

- Funds from CDC (since 1992)
- Prevention curriculums
- NDCC 23-07-16.1 requires LEAs to adopt a policy regarding children and district employees who have contracted a significant contagious disease.
- ND Administrative Code 33-06-05.6-01 requires all students and school employees be educated concerning significant contagious disease (2005 YRBS indicated 90% of students received HIV/ AIDS education).
- The ND HIV/ AIDS program has kept ND the state with the fewest HIV infections; however, the number of infections steadily increases.

Title IV - Safe & Drug Free Schools (DPI - School Health)

Focus is on risk behaviors in areas surrounding alcohol, drugs, tobacco, violence, weapons, bullying and school climate and environment.

N.D. Department of Health (NDDoH)

The Community Health Section supports families and communities working to improve the health and safety of North Dakotans by:

- providing education and services,
- advocating healthy behaviors,
- assuring quality programs,
- developing policies, and
- engaging in statewide partnerships.

Community Health Section Divisions

- Cancer Prevention and Control
- Chronic Disease
- Family Health
- Injury Prevention and Control
- Nutrition and Physical Activity
- Tobacco Prevention and Control

Opportunities

- Comprehensive: working on one problem in isolation of the others doesn't work;
- In concert with partners: maximize results and resources;
- Data driven: measurable results; and
- Long term: positive changes could take up to 12 years, maintenance efforts also necessary.

Opportunities: Statewide Partnerships

- REAs
- ND Park & Recreation
- ND Game & Fish
- ND Dept of Agriculture
- NDSU Extension
- NDHSAA
- DOT - Safe Routes to Schools
- NDCEL, NDSBA, NDEA

What will it take?

Schools could do more than perhaps any other single institution in society to help young people and the adults they will become, to live healthier, longer, more productive lives.

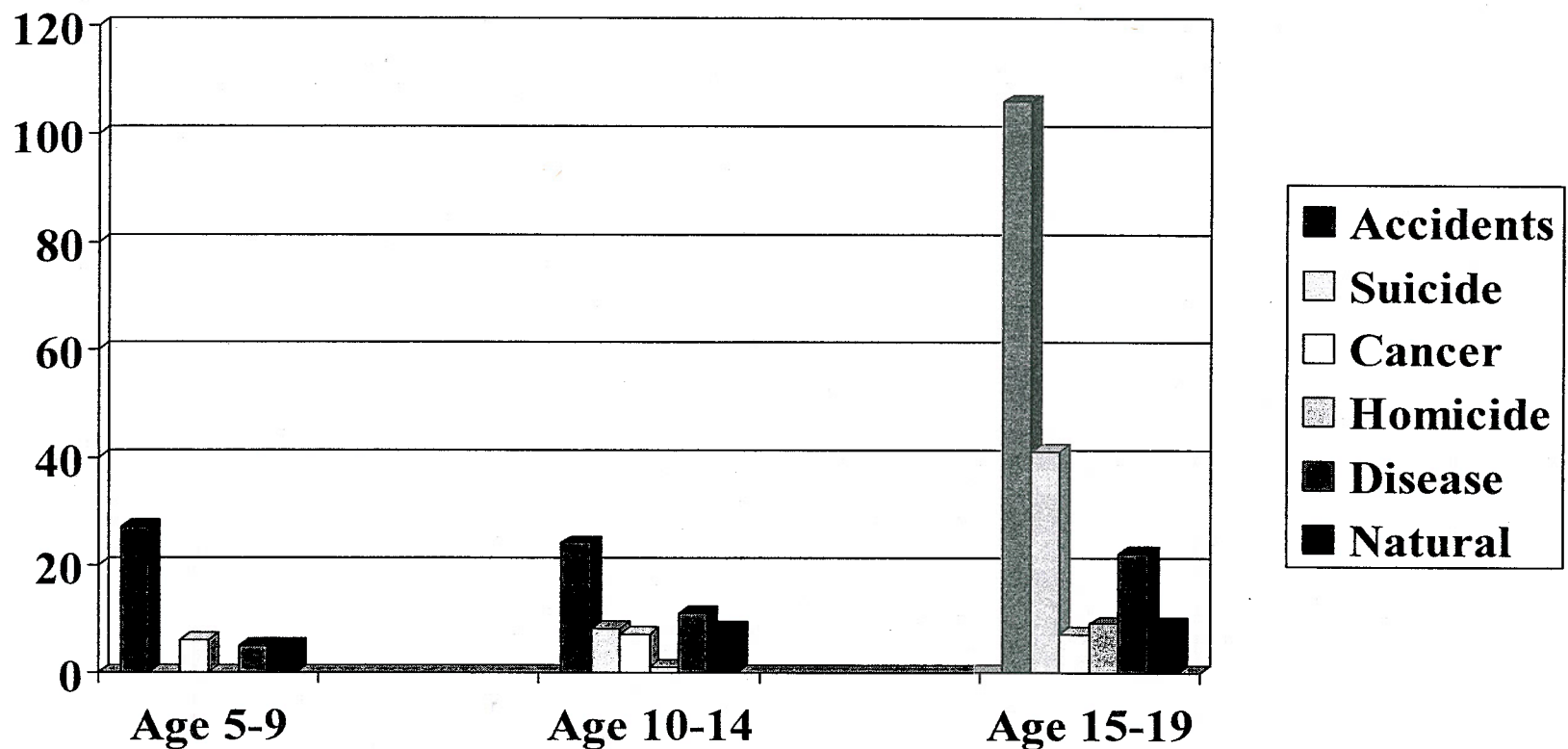
American Cancer Society, 2007



**North
Dakota
Coordinated
School Health**

Building Lifelong, Healthy Behaviors

North Dakota Child Deaths 2000-2005

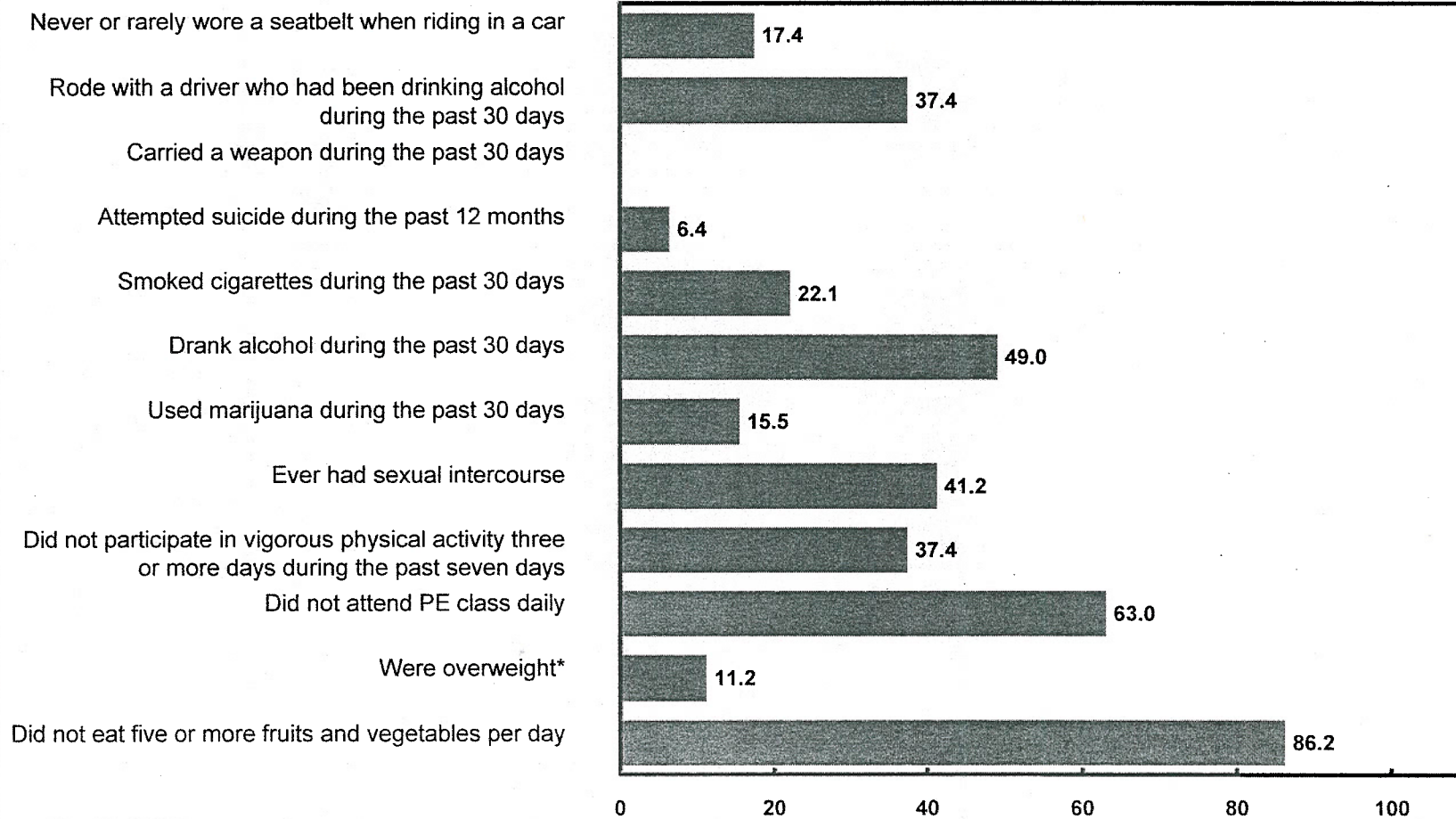


North Dakota High School 2005 YRBS Survey

North Dakota High School Survey

Summary Graphs

Percentage of students who:



Weighted Data

*See the corresponding summary table for detailed explanation of data.