



# Health and Health Care in Schools

*A report from the Center for Health and Health Care in Schools on the policies, politics and financing of health programming in schools*

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## **Tobacco Still Biggest Health Threat for Kids**

It has been overshadowed a bit by concerns about obesity, but the fact remains that one in every five American adults is a smoker, and almost all of them began to smoke as teenagers, making tobacco the number-one threat to public health and a special danger to young people, the Institute of Medicine (IOM) said in a report issued last month.

It’s tempting to believe that the downward trend in tobacco use since 1964 will continue, but don’t count on it, the IOM cautions. Current trends suggest that the rate at which adult smokers give up smoking remains fairly low, that declines in the rate at which teens initiate smoking may have slowed, and that overall adult use of tobacco may be flattening out at around 20 percent of the population. “These trends suggest that substantial and sustained efforts will be required to further reduce the prevalence of tobacco use and thereby reduce tobacco-related morbidity and mortality,” the report concludes.

One of the largest obstacles to achieving permanent long-term reduction in tobacco use is the alarmingly high rate at which teenagers take up smoking—and then continue to smoke because of the addictiveness of nicotine. “Currently, one out of every five high school seniors smokes, and most of them will become adult smokers.”

Asked by the anti-tobacco American Legacy Foundation to look at the present situation and suggest future actions, the IOM in a major report titled “Ending the Tobacco Problem: A Blueprint for the Nation” lays out a two-pronged strategy for building on past gains.

What we know from experience, the report points out, is that comprehensive state tobacco control programs can achieve substantial reductions in tobacco use,

especially if those programs include higher excise taxes. Teen smoking, in particular, seems especially sensitive to increases in the price of a pack of cigarettes. Currently, states differ widely in how steeply they tax tobacco, and there is evidence of cross-state-lines smuggling, which could be eliminated by equalizing excise taxes. There’s also room for an increase in the federal tax on tobacco, which currently stands at 39 cents a pack.

Then there are bans on smoking in specific locations, intended to protect non-smokers from the health effects of second-hand smoke—not a small factor, since it is estimated that for every eight smokers who die from smoking, one non-smoker dies from second-hand exposure. In a broad recommendation, the IOM report urges states and localities to “enact complete bans on smoking in all non-residential indoor locations, including workplaces, malls, restaurants, and bars.” As of July 2006, 305 municipalities had banned smoking in restaurants and 222 required smoke-free bars.

But the biggest way to reduce the number of people who use and become addicted to tobacco products is to keep young people from starting to smoke in the first place, the report emphasizes. That would include limiting youth access to tobacco in retail outlets and prohibiting the sale of tobacco products directly to consumers through mail order or other electronic systems. And the report recommends that school boards “require all middle schools and high school to adopt evidence-based smoking prevention programs and implement them with fidelity, coordinating those programs with public activities and/or annual mass media programming.”

Having made all of those recommendations, the report says the nation should

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be prepared to do much more over the long run. “Ultimately, for long-lasting changes in tobacco use, Congress and other policy-makers will have to change the legal structure of tobacco policy. Congress should confer upon the FDA [the Food and Drug Administration] or another regulatory agency broad regulatory authority over the manufacture, distribution, marketing, and use of tobacco products.”

As part of such broad regulation, the report suggests, tobacco manufacturers would be required to disclose all chemical compounds found in both their product and the product’s smoke, whether added or occurring naturally, by quantity; be required to disclose to the public the content and delivery of nicotine; and be required to disclose to the public research on their products, including “behavioral aspects of their use.”

### ***New Frontiers***

Going where few previous reports have gone, the Institute of Medicine suggests another long-term possibility for “substantially curtailing and eliminating the public health burden of tobacco use.”

“Weakening the addictiveness of tobacco products over time is another strategy for reducing tobacco use. It would likely take over 10 to 15 years, with decrements of 10 percent to 15 percent of nicotine content per step. This would reduce the level of nicotine intake and hopefully reduce dependence. It would result in a different type of product than currently available commercial low-yield cigarettes, which contain as much nicotine as high-yield cigarettes. The goal of reducing nicotine addiction would be to reduce the likelihood of progression from occasional to regular smoking by adolescents and young adults and should make it easier for addicted smokers to quit.”

Calling for “a whole new set of tools in the fight against smoking,” the report concludes that “Aggressive policy initiatives are necessary to sustain decades of progress in reducing tobacco use in the United States.”

*The full text of the report, “Ending the Tobacco Problem: A Blueprint for the Nation,” is available at the Institute of Medicine website, [www.nap.edu](http://www.nap.edu).*

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## **School Wellness Policies and the Fight on Childhood Obesity**

In a first look at the wellness policies schools were supposed to have in place by the end of the current school year, a congressional hearing May 10 was short on data about how well schools are meeting the legislative mandate, with some witnesses testifying that a number of school officials they met, including cafeteria workers and athletics coaches, seemed never to have heard of “wellness policies.”

To refresh memories, Representative Carolyn McCarthy (D-NY), who chaired a subcommittee hearing on “Using School Wellness Plans to Help Fight Childhood Obesity,” pointed out that the 2004 Child Nutrition and WIC Reauthorization Act required all local education agencies that participate in the federal school lunch or breakfast programs to establish school wellness policies by the end of the 2006-2007 school year.

The wellness policies were supposed to include goals for nutrition education, physical activity, nutrition standards for foods sold in schools that are not federally reimbursable meals, plans for measuring implementation of the local wellness policies, and a requirement for community involvement in the development of the policies, McCarthy said.

How well all of that is going is being measured by only one organization, according to testimony at the hearing. Action for Healthy Kids, which describes itself as “formed in 2002 specifically to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school,” said that starting last summer and into the beginning of the school year, it collected a non-random sample of school wellness policies and, where possible, implementing regulations, from every state and from districts of all sizes.

The good news from an analysis of those plans, Action for Healthy Kids reported, is that 80 percent of the policies addressed the required areas of nutrition education, nutrition standards, and physical activity; 77 percent addressed the issue of access to school meals and after-school snacks; and 89 percent addressed other school-based activities to promote health and fitness, including establishment of an ongoing school health council or committee to involve families and the community.

Policies were often less specific on how the changes they proposed would be implemented and monitored, with many lacking details such as who is responsible for implementation, how implementation will be tracked, or a timeline for implementation.

“We know from other areas of education research that a number of factors contribute to the successful implementation of new policies at the district and building level,” Action for Healthy Kids noted, including whether the policy is well written and comprehensive, has commitment from school leaders who are willing to “walk the walk,” and gives sufficient authority to the person who will have to oversee implementation.

There are also some predictable barriers to successful implementation, such as costs that are not offset or addressed, lack of understanding or commitment on the part of key stakeholders, logistical challenges such as lack of space or time, and “lack of clarity, so school personnel and others do not know what to expect.”

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Action for Healthy Kids also pointed out that a soon-to-be-released study by the National Association of State Boards of Education has found that at least 45 states are actively providing assistance to local school districts on the formulation of wellness policies and that many have approved legislation or state board policies that provide direction on standards for both physical activity and nutrition.

Still unclear at the end of the congressional hearing was whether wellness policies, where they are established, will aid the fight on childhood obesity, though witnesses such as James Marks of the Robert Wood Johnson Foundation noted that they are a good place to start. “Schools play a vital role in shaping children’s behaviors and life-long habits,” Marks said “We know the critical steps that can and must be taken to improve school wellness. We can start by developing policies to improve the types of foods and beverages offered, restrict access to soda and junk food, and promote more physical activity for students.”

*A Wellness Policy Tool that walks users through the stages of policy development is available from Action for Healthy Kids at [www.actionforhealthykids.org/wellnesstool/index.php](http://www.actionforhealthykids.org/wellnesstool/index.php).*

## ‘Connecting with the Younger Demographic’ Digital Food Ads Target Children, Teens

It’s under the radar for most parents, school nutritionists, and health care providers, but food and beverage companies are using the latest digital media technology to promote their products to children and adolescents, according to a report released May 17.

In a 98-page report, the Center for Digital Democracy and the Berkeley Media Studies Group urge the Federal Trade Commission (FTC) to investigate digital marketing to children, including such examples as:

- Young cell phone users in California are urged to text-message to a special phone number to receive an instant electronic coupon for a free McFlurry dessert;
- A Coca-Cola program offers special codes in its products enabling young people to access a website where they can earn rewards such as downloadable ring tones and “amazing sports and entertainment experiences”;
- Wendy’s places videos on YouTube, including one in which a young girl is shown ordering “her first 99-cent Junior Bacon Cheeseburger and Frosty”;
- The Mars Candy Company enlists the musical group Black Eyed Peas to make a series of “webisodes” to promote Snickers bars to teens;
- Food marketers move into MySpace and other social networking sites, inviting children and teens to become friends with popular spokescharacters such as “Burger King.”

The people who analyze what is termed “interactive marketing”

have words for all those techniques—they are called “behavioral profiling,” “commercializing online communities,” “commercials masking as videos,” and “brand-saturated environments.” The important thing about them is that they push foods and drinks that parents and schools may be trying to discourage kids from consuming, the media groups say, at a time of heightened concern about obesity and type 2 diabetes.

The report notes that the audience for interactive marketing is large and growing. In “generation digital,” the report claims,

- Approximately 70 percent of children 8-11 go online from home, and of those, 37 percent use instant messaging and 35 percent play games;
- Ninety-three percent of 12-to-17-year-olds use the Internet and more than half of online teens use social networks;
- Of the more than 25 million 12-17-year-olds in the United States, 20 million are gamers;
- A majority of 13-to-17-year-olds (57 percent) have cell phones, and teens are more likely than other mobile users to use their phones to access shopping guides and to get movie and restaurant information;
- Fifty-seven percent of teenagers post their own “user-generated content” on the Web, including photos, stories, artwork, audio, and video.

In response to public pressure, a number of food manufacturers and media companies have recently launched high-profile initiatives to improve their image, including campaigns to increase health and fitness in children. Kraft Foods, for example, has announced that it will cease advertising some of its most popular brands—including Kool-Aid, Oreos, Chips Ahoy, and Lunchables—to children between the ages of 6 and 11 on television, in radio, and in print media.

But “while these efforts are commendable, they must be viewed within the broader context of the changing nature of advertising and marketing,” the report charges. In fact, the report alleges, as food and beverage companies announce changes in their TV advertising, they have already begun to shift their marketing into the broad new array of new media efforts. “The eyeballs have moved,” a Burger King executive told a 2006 national conference of advertisers.

“The rapid growth of the Internet and proliferation of digital media are fundamentally changing how corporations do business with young people. The quintessential ‘early adopters’ of new technology, children and teens, are eagerly embracing cell phones, iPods, and a host of other new digital tools and quickly assimilating them into their daily lives. The expansion of digital media has created a new marketing ecosystem that encompasses all cell phones, mobile music devices, broadband video, instant messaging, videogames, and virtual three-dimensional worlds.”

How to deal with all of this is a problem, the report concedes, but it makes some suggestions. Federal government agencies, includ-

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ing the Federal Trade Commission, the Federal Communications Commission (FCC) and the Department of Health and Human Services (HHS) should work with Congress to require food and beverage companies to report the full extent of their digital marketing targeted at children and adolescents, including the targeting of specific populations such as Hispanic/Latino and African American. Financial investors in the digital media should develop policies for ensuring that the companies they fund do not engage in deceptive or unfair marketing of food products to children and adolescents. And avenues should be created to help young people understand the new marketing practices being beamed at them and their relationship to health.

“While the growth and expansion of the interactive marketing system will continue unabated, there is still time to create interventions that can help the twenty-first century media culture serve the health of our children rather than undermine it,” the report concludes.

A website with the full report, “Interactive Food & Beverage Marketing: Targeting Children and Youth in the Digital Age,” is available at [www.digitalads.org/home.php](http://www.digitalads.org/home.php).

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## It’s Effective, But Is It Safe? Debating FDA’s Rules on Drugs

The Food, Drug, and Cosmetic Act was passed in 1938, and the idea that a federal agency should assure the safety and efficacy of prescription drugs has been part of the American healthcare system for almost 70 years.

But recent recalls of highly publicized new drugs that had been approved as safe and effective by the government’s regulatory agency, the Food and Drug Administration (FDA), but which proved disastrous when taken by patients over a period of time, is sparking debate about whether the FDA’s mission is too limited and whether it needs new authority in an era of proliferating drugs and influential pharmaceutical companies.

“FDA has a strong safety record and remains the world’s gold standard for drug approval and safety,” says Steven Galson, the FDA’s director for drug evaluation and research. When the FDA talks about drug safety, Galson points out, it is really talking about finding a reasonable balance between benefits and risks for a specific drug, for a specific illness, when used by patients and healthcare providers who have access to up-to-date information about the disease and the drug.

Recent reports from the Institute of Medicine (IOM) and the Government Accountability Office (GAO) have made recommendations for improving drug safety, chief among them being “post-marketing” surveillance for possible adverse reactions. The problem, the reports point out, is that even the best clinical trials

of new drugs are limited, in time and in the number of patients they enroll, and the real test of a drug may come only when it is taken by many people over a long period of time.

Galson cited some actions the FDA is taking to try to address reports of “post-marketing adverse effects,” which have ballooned from fewer than 200,000 in 1996 to more than 470,000 in 2006. Congress is currently considering reauthorization of the Prescription Drug User Fee Act (PDUFA), which allows the FDA to collect fees from drug companies to finance its operations, and Galson said the agency is pledged to use a recommended \$87.4 million increase in drug user fees for fiscal year 2008 to support post-marketing drug safety activities “at any time in the drug’s life cycle.”

That the post-market problem may not be easy to solve was indicated in the most recent GAO report. Currently, the GAO said, the FDA “lacks specific authority to require drug sponsors to conduct post-market studies” and has relied on the sponsors voluntarily agreeing to conduct such studies. But those voluntary studies are often not completed, the GAO found, or when they are, the results may not be communicated to doctors and patients. A recent meta-analysis published in the *New England Journal of Medicine* found, for example, that the maker of a popular type 2 diabetes medication failed to publicize unfavorable information about the drug that had emerged in a number of studies.

Speculating on how safe consumers really require their drugs to be, if the drugs are the only medication available to treat intractable illnesses, researchers writing in the journal *Health Affairs* suggest the FDA needs better tools to weigh risks and benefits. “As Congress and the FDA move to improve the existing process, we urge them to be attentive to all recommendations and to consider risk and benefit information in a systematic, quantifiable, and explicit manner.”

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## WORTH NOTING

### Most School Districts Lack Plans for Closures in Epidemics

A survey of public school districts by the Government Accountability Office (GAO) has found that an estimated 56 percent of all districts have made no provision for continuing student education in the event of an extended school closure, though federal health officials have warned that the first precautionary step to be taken if an influenza epidemic is suspected will be to close schools. The GAO also found that while many or most districts have made some plans for coping with emergencies such as school shootings, very few have involved community partners in developing or updating those plans, and most are not training with first responders in how to implement the plans. Challenges school district officials say they experience in planning for

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emergencies include the difficulty of communicating and coordinating with parents and first responders, though not with students; lack of equipment and training for staff; and lack of personnel in the school system who have expertise in the area of emergency planning.

### FDA Approves 'Continuous' Contraceptive

The federal Food and Drug Administration (FDA) announced May 22 that it has approved the first "continuous use" drug for prevention of pregnancy. The new contraceptive, Lybrel, comes in a 28 day-pill pack with low-dose combination tablets that continue ingredients found in other approved oral contraceptives, and the new product is said to work the same way as the "21 days on, 7 days off" cycle of the older contraceptive pills. Women taking the new product will no longer have a menstrual period, which may make it harder for them to know if they are pregnant. Lybrel is manufactured by Wyeth of Philadelphia, Pennsylvania.

### May News Alerts

The following information appeared during the month of May 2007 in the News Alerts section of the website of the Center for Health and Health Care in Schools, at [www.healthinschools.org](http://www.healthinschools.org).

#### May 9, 2007

##### Senate Bills Address Child Mental Health

Two bills introduced in the United States Senate May 8 call attention to the need for school-based and other mental health services to children. The Mental Health in Schools Act, S. 1332, notes that of the 95,000 public schools in the United States, only half report having formal partnerships with community mental health providers to deliver mental health services, though recent studies indicate one in five children has a diagnosable mental disorder and one in ten children has an emotional or behavioral disorders that is severe enough to cause substantial impairment in functioning at school or in the community. "Our schools are important settings for recognizing and addressing children's mental disorders. In fact, schools often function as the de facto mental health system for children and adolescents," said bill sponsor Senator Edward Kennedy (D-MA), who said the Mental Health in Schools Act is intended to "assist local communities in developing comprehensive school mental health programs that provide a continuum of services for students." A second bill introduced May 8, S. 3337, would amend the State Children's Health Insurance Program (SCHIP) to prohibit limits on mental health care in SCHIP plans by directing that mental health or substance abuse services must be no more restrictive than the financial requirements or treatment limits that apply to other medical services. "America's kids who are covered through SCHIP should be guaranteed that the mental health benefits they receive are just as comprehensive as those for medical and surgical care," said bill sponsor Senator

John Kerry (D-MA). The bills can be read and tracked at website <http://thomas.loc.gov>.

#### May 16, 2007

##### Bills Could Fund Health Care in Community Schools

Bills introduced in the U.S. House and Senate yesterday would amend the Elementary and Secondary Education Act to authorize federal funds for "full-service community schools," which are defined as schools that provide services, which could include health care, at school sites, in cooperation with community agencies. Introduced in the Senate by Nebraska Senator Ben Nelson (D) and in the House by Majority Leader Steny Hoyer (D-MD), the bills list services that could be funded in community schools as including early childhood programs; literacy and reading programs for youths and families; parenting education activities; community service; job training and career counseling; nutrition services; primary health and dental care; and preventive mental health and treatment services. Bill sponsor Senator Nelson said the bills would "establish an important grant program" with resources directed to community needs such as public health. Priority for funds would go to grantees that serve at least two schools in which at least 40 percent of the children are from low-income families. The Full-Service Community Schools Act of 2007 is S. 1391 in the Senate and H.R. 2323 in the House. The bills can be read and tracked at <http://thomas.loc.gov>.

#### May 17, 2007

##### Scientists Report on Search for HIV Vaccine

Vaccines typically work by mimicking the effects of natural exposure to a specific microbe, which stimulates the immune system to recognize that microbe and protect the human body from it if it reappears. But current HIV vaccine candidates are not working that way, said top scientists at the National Institutes of Health. Instead, it appears now that the HIV vaccine candidates developed so far simply reduce HIV levels in the body, thereby delaying the progression to AIDS and the need to start antiretroviral drugs, but not completely protecting against the virus. In a review article in the May 17 issue of the *New England Journal of Medicine*, Anthony Fauci and Margaret Johnston, who head HIV/AIDS research in the National Institutes of Health, noted that scientists have been thwarted in their efforts to develop a fully protective vaccine against HIV by the fact that the virus "is unusually well equipped to elude immune defenses." They explain that when HIV enters the body, it infects the crucial T-cells that would normally mediate an immune response, and from them spreads throughout the body, establishing HIV reservoirs in lymphatic tissue. Currently, several vaccines that induce primarily T-cell responses are in human clinical trials, but researchers are continuing to search for a vaccine that would actually produce antibodies and thereby prevent the establishment of HIV infection. "Clearing the virus before cells become latently infected remains the goal," Fauci and Johnston said. They noted, however, that there

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may be public health benefits from current vaccine candidates that appear to reduce viral levels in the body of someone infected with HIV, which may hold off progression to AIDS and make it less likely that an infected person will pass HIV on to others. The article, "An HIV Vaccine—Evolving Concepts," appears in the May 17, 2007, issue of the *New England Journal of Medicine*.

**May 21, 2007**

### **Parents Need Not Have Lawyers in IDEA Cases**

The United States Supreme Court ruled today that parents may prosecute an IDEA claim in federal court on their own behalf and without hiring a lawyer, in cases involving disputes between parents and a school system on what constitutes free, appropriate public education for a child with disabilities. The Supreme Court thereby overruled a lower federal court that had denied an IDEA (Individuals with Disabilities Education Act) complaint brought by parents of a child with autism spectrum disorder. The U.S. Court of Appeals for the Sixth Circuit had held that the IDEA does not abrogate a common law rule prohibiting non-lawyer parents from representing minor children, but the Supreme Court found that the IDEA protects both parents and children, thereby giving parents "independent, enforceable rights," including the right to prosecute IDEA claims on their own behalf." The case was *Winkelman v. Parma City School District*.

**May 22, 2007**

### **Grant Aims at 'Medical Accuracy' for Abstinence Education**

The Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) announced today that it is awarding a \$207,000 grant to an Austin, Texas organization, the Medical Institute for Sexual Health, to develop an online program that will train abstinence education providers in "methods to access medically accurate sexual health information via the internet." Today's notice indicates that "Participants will learn to identify credible internet sources for sexual health information, efficiently and effectively search the internet, and answer most questions on sexual health topics." The notice points out that the single-source grant to the Medical Institute for Sexual Health is within the congressional directive that 5 percent of funds appropriated for abstinence education should be used for "technical assistance and capacity building." The announcement comes as Congress is expected to debate whether to continue federal funding for abstinence education in the coming 2008 appropriations bill. The grant announcement appeared in the May 22, 2007, issue of the *Federal Register* online, at [wais.access.gpo.gov](http://wais.access.gpo.gov).

**May 24, 2007**

### **More Attention Urged to Substance Abuse by Teen Girls**

The Substance Abuse and Mental Health Services Administration (SAMHSA) said today that judging by the number of adolescents admitted for treatment of substance abuse disorders, girls are increasingly using drugs, including alcohol and inhalants, and are more likely than boys to have co-occurring psychiatric disorders. "As we continue to work on reducing youth drug use overall, we must pay special attention to the needs of teen girls," said SAMHSA Administrator Terry Cline. "Because research shows that girls use alcohol and drugs to boost their confidence, reduce tension, and cope with problems, our prevention efforts must address those needs." Marijuana was listed as the primary substance of abuse for 51 percent of female admissions for treatment and 72 percent of male admissions, and while alcohol and inhalants ranked second and third, respectively, for both boys and girls, these substances were more likely to be the primary substances of abuse for girls. Cocaine, opiates, and other drugs accounted for about 14 percent of admissions for girls and 8 percent for boys. Psychiatric problems in addition to substance abuse problems were reported in 23 percent of the female admissions, compared with 18 percent of male admissions. The commonest referral for treatment for both sexes was the juvenile justice system, but admissions in which the client was referred by an individual such as a family member were more common for girls than for boys. The SAMHSA data are from the 2005 Adolescent Treatment Admissions by Gender, an annual compilation of data on demographic characteristics and substance abuse problems of persons admitted for treatment at facilities that receive public funding. The report is available on the web at <http://oas.samhsa.gov/2k7/youthTX/youthTX.cfm>.

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