Healthy People 2000 identifies the up-and-coming generation as a major target for health initiatives, and identifies eight components within a multi-dimensional school health programme, as follows:

- School health education
- Healthy school food services
- School physical education
- Healthy school environment
- School health services
- Counseling and school psychology
- Integrated school and community health promotion efforts
- School-site health promotion for faculty and staff

Some selected objectives, which will be of particular interest to teachers and health education professionals in the UK, are presented here.

1. Increase to at least 75% the proportion of the nation's schools that provide nutrition education from pre-school through 12th grade.
   Comment: Nutrition coursework should be included in the core curriculum for the professional preparation of teachers at all grades and emphasized in continuing education activities for teachers.

2. Establish tobacco-free environments and include tobacco use prevention in the curriculum of all elementary, middle, and secondary schools.
   Comment: A 1988 survey of randomly selected school districts in a small sample of States found that although about 70% of the districts addressed these topics in 7th-9th grade, they were most often addressed in the 10th grade (74%), and were covered in 5th and 6th grade in only half the districts.

3. Increase the proportion of high-school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:
   Behaviour: 1989 2000
   Heavy use of alcohol: 56.4% 70%
   Occasional use of marijuana: 71.1% 85%
   Trying cocaine once or twice: 88.9% 95%
   'Heavy drinking' means having five or more drinks once or twice each weekend.

4. Increase the proportion of high-school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:
   Behaviour: 1989 2000
   Heavy use of alcohol: 44% 70%
   Occasional use of marijuana: 77.5% 90%
   Trying cocaine once or twice: 54.9% 80%
   'Heavy drinking' means having five or more drinks once or twice each weekend.

5. Provide to children in all school districts and private schools primary and secondary education programmes on alcohol and other drugs.
   Comment: In 1987, 63% provided some instruction, 39% provided counseling, and 23% referred pupils for clinical assessment.

6. Increase to at least 85% the proportion of pupils aged 10-18 who have discussed human sexuality, including values surrounding sexuality, with their parents, or have received information through another parentally-endorsed source, such as youth, school or religious programmes.
   Comment: 66% of pupils aged 13-18 had discussed sexuality with their parents, as reported in 1986.

7. Increase to at least 59% the proportion of elementary and secondary schools that teach non-violent conflict resolution skills.
   Comment: A programme has been developed to show educators how to teach children social and cognitive skills that enable them to resolve conflicts non-violently.

8. Increase to at least 75% the proportion of the nation's elementary and secondary schools that provide planned and sequential kindergarten-12th grade quality school health education.
   Comment: To ensure the implementation of high-quality school health education programmes, States should require health literacy, the health equivalent of basic literacy, as a requirement for graduation.

9. Increase to at least 95% the proportion of schools that have age-appropriate HIV education curricula for pupils in 4th-12th grade.
   Comment: In 1989, 66% of school districts required HIV education, but only 5% required HIV education in each year for 7th-12th grade pupils.

10. Include instruction in sexually transmitted disease prevention in the curricula of all middle and secondary schools.
    Comment: Because of emphasis derived from the HIV epidemic, pupils are relatively well informed about prevention of HIV transmission, but are less knowledgeable about other sexually transmitted diseases.

11. Include to at least 90% the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the Dietary Guidelines for Americans.
    Comment: Schools should provide pupils with pre-school-12th grade nutrition education and point-of-choice nutrition information in the school cafeteria.

12. Include to at least 50% the proportion of children and adolescents in 1st-12th grade who participate in daily school physical education.
    Comment: In 1974-75, it was estimated that roughly one-third of pupils in 5th-12th grade received physical education daily. As of 1984 the situation had changed little, at 36%.

13. Increase to at least 50% the proportion of school physical education class time that pupils spend being physically active, preferably engaged in lifetime physical activities.
    Comment: "Lifetime" activities are activities which may readily be carried into adulthood because they generally need not take part in one or two people. Studies indicate that only 27% of class time is spent in actual physical activity; 26% of time is spent in instruction; 22% is spent in administrative tasks, and 25% is spent waiting. The target of 50% is attainable if waiting time is trimmed to less than 3% of class time.

References
1. DHHS Pub. No. (PHS) 91-50212. The authors are J. M. McGinnis & C. DeGroT.