

# Professional Development

## Coordinated School Health Program

The health of our nation's children and youth should be of great concern to parents and guardians, schools, health caregivers, and the community at large. In the United States approximately three-fourths of all deaths among young people result from motor vehicle crashes, other unintentional injuries (fires, drowning, falls, and so on), and intentional injuries, such as homicide and suicide. Two-thirds of all deaths among adults result from only two causes—cardiovascular disease and cancer. The majority of risk behaviors associated with these two causes of death are initiated during childhood or adolescence and include smoking cigarettes, poor eating habits, being overweight, and not being physically active. Unintended pregnancies, sexually transmitted diseases (STDs), and HIV/AIDS among teens also cause significant morbidity and social problems.<sup>1</sup> These health-related risk behaviors are dooming our children to serious problems now and in the future.

Health education in schools can reduce the prevalence of risk behaviors among young people. For example, health education resulted in a significant reduction of initiation of smoking among seventh graders, obese girls lost weight through a middle school program, and students who attended a school-based life skills training program were less likely than others to smoke or use alcohol or marijuana.<sup>2</sup> Moreover, research has shown that students' test scores rose when students reported exercising and eating nutritiously, refraining from engaging in risky behaviors such as substance use and violence, and having caring relationships and high expectations at school.<sup>3</sup>

Nationally, educators are setting goals for students to be able to think critically, solve complex problems, and communicate effectively. Physical, mental, emotional, and social health are critical components of a student's ability to learn, achieve and succeed.<sup>4</sup> The *National Health Education Standards* describe what students in grades K through 12 should know and be able to do as a result of school health

education.<sup>5</sup> Effective comprehensive school health education in the context of a *Coordinated School Health Program* furthers the goals of education and of a productive society, protects and promotes the health and well-being of students, and helps make health a school priority.<sup>6</sup>

The *Coordinated School Health Program* consists of eight interactive, mutually supportive components. Families, youth, community agencies and organizations, health-care workers, and school personnel and board members, among others, must work together to build and sustain a coordinated approach to prevent student health problems and maintain students' well-being. Ideally, schools and districts should have all eight components in place and functioning; in reality, some have the resources for only a critical mass. The following are working descriptions of the components.

- **Health Education** is a planned, sequential K–12 curriculum designed to help students develop knowledge, attitudes, and skills needed to maintain and improve health, prevent disease, and avoid or modify health risk behaviors.
- **Physical Education** is a planned, sequential K–12 curriculum designed to provide students with the knowledge, attitudes, skills, behaviors, and confidence to adopt and maintain lifelong physical activity.
- **Health Services** provide health screenings, ensure access and/or referral to health care services, prevent and control communicable diseases and other health problems, and provide emergency care for illness or injury.
- **Nutrition Services** provide students with access to a variety of nutritious meals and snacks that accommodate the health and nutrition needs of all students and meet U.S. dietary guidelines.

<sup>1</sup> Grunbaum, J.A., Kann, L., Kinchen, S.A., Williams, B., Ross, J.G., Lowry, R., Kolbe, L. (2002). Youth Risk Behavior Surveillance—United States, 2001. *Surveillance Summaries*, June 28, 2002. MMWR 2002; 51(No. SS-4).

<sup>2</sup> Fisher, C., Hunt, P., Kann, L., Kolbe, L., Patterson, B., & Wechsler, H. (2003). *Building a healthier future through school health programs*. In, Centers for Disease Control and Prevention. (2003). *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action*. Atlanta, GA: Department of Health and Human Services.

<sup>3</sup> Hanson, T.L. and Austin, G.A. (2003). *Are Student Health Risks and Low Resilience Assets an Impediment to the Academic Progress of Schools?* (California Healthy Kids Survey Factsheet 3). Los Alamitos, CA: WestEd.

<sup>4</sup> Council of Chief State School Officers. (1999). *Assessing health literacy: Assessment tools for middle school teachers*. Soquel, CA: ToucanEd Publications: 4.

<sup>5</sup> Joint Committee on National Health Education Standards. (1995). *National health education standards*. Atlanta, GA: American Cancer Society.

<sup>6</sup> Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent & School Health. (2003). *About the Program: School Health Defined*. Retrieved on 1/23/04 from [http://www.cdc.gov/nccdphp/dash/about/school\\_health.htm](http://www.cdc.gov/nccdphp/dash/about/school_health.htm)

- **Health Promotion for Staff** are programs that encourage and support school staff to improve their health status and morale, thereby developing greater personal commitment to the school's coordinated health program.
- **Counseling, Psychological, & Social Services** are the individual and group assessments, interventions, and referrals intended to improve students' mental, emotional, and social health.
- **Healthy School Environment** is the physical and aesthetic surroundings, psychosocial climate, and policies that support learning and ensure that students and staff are physically safe.
- **Family/Community Involvement** is an integrated parent/guardian, community, and school approach to

respond to students' health-related needs and enhance students' health and well-being. Parent involvement in health education increases both student achievement and self-esteem.

A coordinated approach is a more efficient and effective way to use existing resources to meet the health needs of students and staff. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Good school health programs play a crucial, supporting role in excellence in education. A *coordinated school health program*, with effective and adequate health education, can help ensure that students are fit, healthy, and ready to learn every day. Source: CDC [http://www.cdc.gov/nccdphp/dash/about/school\\_health.htm](http://www.cdc.gov/nccdphp/dash/about/school_health.htm)

