



What School Administrators Can Do to Enhance Student Learning by Supporting a Coordinated Approach to Health

American School Health Association

Schools play a critical role in addressing the physical, emotional, social, and environmental factors related to health and well-being that can affect learning. Schools that adopt a coordinated approach to planning and problem-solving to meet students’ needs are more likely to position them for success in school and throughout their lifetimes. The following are concrete actions that district and building administrators can take to support this approach to enhance learning and health:

What framework and structures are needed?

“Interventions to address impaired vision, asthma, teen pregnancy, aggression and violence, physical inactivity, missing breakfast, and inattention and hyperactivity can improve educational as well as health outcomes, affecting motivation and ability to learn.”

Charles E. Basch, Professor of Health and Education at Teachers College, Columbia University, 2010

Vision: The district’s **vision/mission includes a statement concerning the health and well-being** of students and school personnel as a foundation for school improvement and academic success.

Integration: Administrators and the school board work together with school personnel, families and community partners to establish, communicate, and support **health promotion policies and plans that align with the district’s vision/mission;** and monitor progress toward achievement of health-related goals and objectives.

Leadership: The district has officially appointed at least one **staff person with dedicated time and authority** as designated coordinator(s) to oversee and manage a coordinated and multi-disciplinary approach for the district to support the health and well-being of students and school personnel. There is a written job description(s), a distinct position(s) identifiable on the district’s organizational chart, and an expectation of regular involvement in the district’s decision-making processes for the designated coordinator(s).

Governance for School Health: The district has established a school health advisory **council that meets regularly** and works with the superintendent, school board, and designated coordinator(s) to determine district health priorities; support the development, implementation and evaluation of policies, programs and services that comply with federal and/or state legislation and foster community partnerships that promote health as a foundation for school success.

Staffing: Administrators consider **attitudes and behaviors that promote physical, intellectual, emotional, social, and environmental health when making hiring and management decisions.**

How do health and wellness data drive decisions?

Assessment: Administrators **promote and enforce policies and practices based on the documented health needs of students and school personnel**, using local health and education data and current knowledge regarding school climate and evidence-based approaches.

Planning: Administrators promote and participate in **multi-disciplinary planning to develop health-related goals and objectives, with measurable outcomes** (e.g., changes in students' attendance and behaviors), that are included in the district's strategic plan and school improvement plan(s). Administrators recognize that effective programming requires a minimum three- to five- year commitment in order to identify and document positive outcomes and make adjustments as necessary if outcomes do not improve.

Accountability: Administrators implement an established **system for reporting progress**, at least annually, on achieving health-related goals and objectives, monitoring and revising strategies when needed, and collecting data that demonstrates links between academic achievement and health and well-being.

Staff performance: Administrators include progress toward achievement of **health-related goals and objectives in performance evaluation criteria** of school personnel, as appropriate.

Nationally, an estimated one in ten kindergarten and first grade students are chronically absent (i.e. miss nearly a month or more of school over the course of a year).

Chang & Romero, 2008

Each year an estimated 12.8 million school days are missed by students because of asthma.

Akinbami, 2006

Which resources indicate support?

Dedicated budget: The district's budget includes **dedicated line item support** for at least a portion of cost of the designated coordinator(s), rather than relying solely on grant or other temporary funding sources.

Coordination support: Administrators allocate **sufficient fiscal and human resources to support the designated coordinator(s)** in facilitating measurable academic and health outcomes, with attention to:

- data collection and analysis
- technological support
- communication systems
- collaborative planning time
- physical space
- materials and supplies, and
- professional development

Creative partnerships: The school board encourages **innovation and collaboration internally and with families and community partners** that include a willingness to blend funding and share district resources to achieve mutual goals.

“A coordinated approach to school health ensures that your students will be ready to learn when they enter your classrooms.”

Mike Wendt, Superintendent
Wilson Central School District, NY
2009 Recipient of ASHA’s
Superintendents’ School Health
Leadership Award

What messages are conveyed?

Clear messages: Administrators understand, model, and can articulate the **inextricable link between academic achievement and the health and well-being** of students and school personnel. They actively promote a coordinated approach to enhancing academic and health outcomes among school personnel, students, families, and the wider community.

Policy support: Administrators become familiar with federal and/or state legislative requirements pertaining to health and well-being of students (e.g., local wellness policy), and **support policy and practice adherence to fully meet these legislative requirements.**

How is the health of school personnel promoted?

Administrators provide opportunities for school personnel to practice and model healthy behaviors. Commitment to a healthy worksite might include:

- Access to school fitness facilities and/or equipment
- Time for physical activity, health education, or other health-related service during staff development days
- Recognition for participation in individual health risk assessment and health promotion activities
- Consideration of including a personal health objective as part of professional development plans

*School Employee
Wellness: A Guide
for Protecting the
Assets of Our
Nation’s Schools*

*Directors of Health
Promotion and Education*

Definition of Terms

Administrator is intended to include Superintendents, Assistant Superintendents, Principals, and/or other mid-level administrators, including designated health coordinators, directors of departments/division/component areas, depending on the size and governance structure of the school system.

Coordinated approach addresses health issues applying systemic processes in collaboration with school, family and community partners. Components that support healthy development and academic achievement – health education; physical education; health services; nutrition services; counseling, psychological and social services; healthy school environment; health promotion for school personnel, and family/community involvement – provide a foundation for a coordinated approach. For more information on Coordinated School Health, visit www.cdc.gov/HealthyYouth/CSHP/.

District is intended to mean the local education agency (LEA), which might vary in size and governance by the state. It represents a geographic entity of public schools in which primary and/or secondary schools are administered as a unit. In most localities, a district has a school board as the governing body and a superintendent as the chief administrator.

School board is intended to include the governing authority of the school district that has responsibility for policy adoption and budget approval.

Coordinator refers to an individual’s role, not necessarily their title, that includes dedicated time and authority to oversee and manage a district-wide multi-disciplinary approach to support the health and well-being of students and school personnel. Ideally, this person has training and recognition as administrator.

School health advisory council is intended to include any coordinating body (by any name), at the school district level that includes personnel from all levels, students, parents, community agencies and organizations, school board members, and private businesses with a vested interest in supporting the health, safety, and well-being of school-age children and youth. Council members are engaged to contribute expertise, personal passion, time, and other kinds of support to the decision-making process and related activities. There could be several working committees (by any name) dedicated to specific focus areas that report regularly and guide the council’s work. Ideally, a collaborative relationship allows this group to inform and respond to the decisions of the school board.

References

- Akinbami, L. (2006). *Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05*. National Center for Health Statistics. Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/hestat/asthma03-05/asthma03-05.htm#missed_days. Accessed on 6/4/2010
- Basch, CE. (2010). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. New York, NY: Teachers College, Columbia University. http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf. Accessed on 4/28/2010.
- Bogden, J. (2000). *Fit, healthy, and ready to learn*. Alexandria, VA: National Association of State Boards of Education.
- Center for Social and Emotional Education. (2009). *School climate research summary*. http://nscc.csee.net/effective/school_climate_research_summary.pdf. Accessed on 4/27/2010.
- Chang, H., & Romero, M. (2008). *Present, Engaged & Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades*. New York, NY: National Center for Children in Poverty. <http://www.attendancecounts.org/research/>. Accessed on 9/28/2010.
- Directors of Health Promotion and Education. (2007). *School employee wellness: A guide for protecting the assets of our nation's schools*. <http://www.schoolempwell.org>. Accessed on 4/27/2010.
- Marx, E., Wooley, S.F., & Northrop, D. (Eds.). (1998). *Health is academic: A guide to coordinated school health programs*. New York, NY: Teachers College Press.
- Shirer, K., & Miller, P.P. (2003). *Promoting healthy youth, schools & communities: A guide to school health councils*. Atlanta, GA: American Cancer Society. http://www.cancer.org/downloads/PED/Guide_to_Community_School_Health_Councils.pdf Accessed on 4/28/2010.
- U.S. Department of Education. (2003). *Identifying and implementing educational practices supported by rigorous evidence: A user friendly guide*. [Brochure]. Washington, DC. <http://www.ed.gov/rschstat/research/pubs/rigorousvid/rigorousvid.pdf>. Accessed on 1/7/2010.

