

COORDINATED SCHOOL HEALTH PROGRAMS

A MODEL FOR PROGRESS

A coordinated school health program (CSHP) consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools provide a central facility in which many agencies might work together to maintain the well-being of young people.

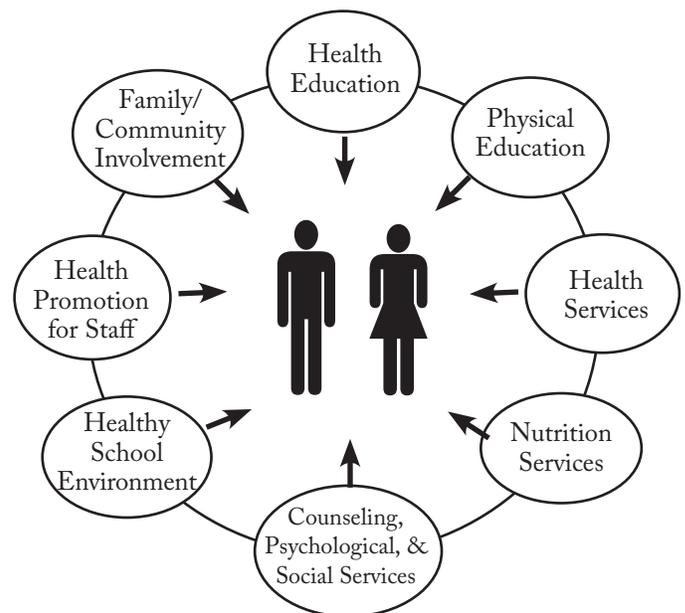
Schools have opportunities to promote students health in eight areas. Each of these eight areas makes a significant contribution to the health and the educational success of students.

1. **Health Education** provides students with the knowledge, attitudes and skills they need to avoid or modify behaviors that increase the risks of disability and premature death.
2. **Physical Education** provides students with knowledge, attitudes, skills, behaviors and confidence to maintain a physically active lifestyle.
3. **Health Services** provide care and preventive medical assistance to students who might otherwise not have access to care or preventive services.
4. **Nutrition Services** promote healthy dietary behavior, ensuring appropriate nutritional intake to promote optimal health, growth, and intellectual development.
5. **Counseling, Psychological and Social Services** help young people cope with the challenges of physical, psychological and social development overcoming uncertainties and developing realistic goals for the future.
6. **Healthy School Environment** creates a safe and positive physical and psychological environment reducing the risks of injury, academic failure,

substance abuse, and violence. At the same time, the school environment promotes health-enhancing activities and supports classroom teaching activities. For example, instruction about alcohol and drugs is supported by the schools designation as a drug-free zone and nutrition education is reflected in the choices in the school's cafeteria and vending machines.

7. **Health Promotion for Staff** insures that everyone in the school has the opportunity for good health. If faculty and school staff have access to health screenings, employee assistance programs, and health promotion programs, they model good health to their students and can perform at optimal levels.
8. **Family and Community Involvement** provides family members with an opportunity to become more knowledgeable about health issues and enables them to be positive role models for their children and reinforce the school's teachings.

The components of the Coordinated School Health Program and their impact on students and staff is illustrated in this diagram.



Source: www.cdc.gov/HealthyYouth/CSHP

HEALTH IS A PRIORITY FOR EDUCATIONAL SUCCESS

It is clearly recognized that poor health interferes with learning—it increases absenteeism and reduces the ability to concentrate in the classroom.

At the same time, it is also recognized that education is the best predictor of good health and longevity.

Therefore, it is clear that schools that value and promote education need to attend to the health promotion of their students. Research supports this conclusion.

- Schools with higher percentages of students who did not routinely engage in healthy eating and physical activity showed smaller subsequent gains in test scores than schools with a higher percentage of students who were physically active and engaged in healthy eating.
- Schools with higher percentages of students who reported alcohol use and the use of other drugs exhibited smaller gains in test scores than other schools. This conclusion was noted in both high performing and low performing schools.
- Schools that reported higher levels of theft and vandalism and lower proportions of students who felt safe at school showed smaller gains in test scores than other schools.
- Schools whose students reported their school environment reflected a caring attitude, high academic expectations, and an opportunity to be involved in meaningful activities showed greater gains in test scores than other schools.

COORDINATION IS THE KEY

- Curriculum coordination highlighting health topics in all subject areas contributes to the effectiveness of health education.
- School policies that support and reflect the principles taught in classes increases the effectiveness of the instructional programs.
- Coordinating school health promotion activities with community health promotion activities increases their effectiveness.
- Expanding the role of the school nurse and coordinating health service activities and mental health and social services with the academic programs of the school increases the success of each.

WHAT CAN WE DO?

- Encourage schools to form community-school health advisory councils.
- Encourage schools to use the School Health Index to assess the health practices and health barriers in their schools.
<http://apps.nccd.cdc.gov/shi/default.aspx>
- Encourage schools to participate in state/national Action for Healthy Kids.
www.actionforhealthykids.org

FOR MORE INFORMATION . . .

- NDHHS - School and Child Health (402) 471-0160
www.dhhs.ne.gov/ash/ashindex.htm
www.cdc.gov/HealthyYouth/CSHP
- NDE - Health/Physical Education/HIV Prevention (402) 471-4352; (402) 471-2109
www.nde.state.ne.us/pehealth/index.html