

Components of Coordinated School Health (CSH): Whole School, Whole Community, Whole Child (WSCC)

Health and education affect individuals, society, and the economy and, as such, must work together whenever possible. Schools are a perfect setting for this collaboration as schools are one of the most efficient systems for reaching children and youth to provide health prevention programs, as approximately 95 percent of all U.S. children and youth attend school. At the same time, integrating health prevention programs more deeply into the day-to-day life of schools and students represents an untapped tool for raising academic achievement and improving learning. A coordinated school health approach consists interactive components which are already in place in most schools. Schools by themselves cannot—and should not be expected to—solve 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 could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

The following are working descriptions* of the components of a coordinated school health program.

± Health Education

Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula and instruction should address the [National Health Education Standards \(NHES\)](#) and incorporate the [characteristics of an effective health education curriculum](#). Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs. Students might also acquire health information through education that occurs as part of a patient visit with a school nurse, through posters or public service announcements, or through conversations with family and peers.

± Nutrition Environment and Services

The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. Students may have access to foods and beverages in a variety of venues at school including the cafeteria, vending machines, grab ‘n’ go kiosks, schools stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers.

School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the school meal programs (i.e., competitive foods) meet Smart Snacks in School nutrition standards. School nutrition professionals should meet minimum education requirements and receive annual professional development and training to ensure that they have the knowledge and skills to provide these services. All individuals in the school community support a healthy school nutrition environment by marketing and promoting healthier foods and beverages, encouraging participation in the school meal programs, role-modeling healthy eating behaviors, and ensuring that students have access to free drinking water throughout the school day.

Healthy eating has been linked in studies to improved learning outcomes and helps ensure that students are able to reach their potential.

± Employee Wellness

Schools are not only places of learning, but they are also worksites. Fostering school employees’ physical and mental health protects school staff, and by doing so, helps to support students’ health and academic success. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students’ health. Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (e.g., mold, asbestos). A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments and flu vaccinations. Employee wellness programs and healthy work environments can improve a district’s bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes.

± Social and Emotional School Climate

Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

± Physical Environment

A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents).

± Health Services

School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services and staff, student and parent education complement the provision of care coordination services. These services are also designed to ensure access and/or referrals to the medical home or private healthcare provider. Health services connect school staff, students, families, community and healthcare providers to promote the health care of students and a healthy and safe school environment. School health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services.

± Counseling, Psychological, and Social Services

These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed.

Additionally, systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment. These can be done through resource identification and needs assessments, school-community-family collaboration, and ongoing participation in school safety and crisis response efforts. Additionally, school-employed

professionals can provide skilled consultation with other school staff and community resources and community providers. School-employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers with the school environment. Professionals such as certified school counselors, school psychologists, and school social workers provide these services.

± Community Involvement

Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. The school, its students, and their families benefit when leaders and staff at the district or school solicits and coordinates information, resources, and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups. Schools, students, and their families can contribute to the community through service-learning opportunities and by sharing school facilities with community members (e.g., school-based community health centers and fitness facilities)

± Family Engagement

Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.

± Physical Education and Physical Activity

Schools can create an environment that offers many opportunities for students to be physically active throughout the school day. A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. Physical education serves as the foundation of a CSPAP and is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence and into adulthood. Teachers should be certified or licensed, and endorsed by the state to teach physical education.

To be effective, CSHP must be directed toward the needs of students and staff, be responsive to the needs of families, and reflective of community values. All components must be linked to and supportive of one another. For coordinated school health programs to be effective, it is recommended that a committee of representatives from each component be developed. The committee meets to assess school health programs and to develop school health priorities and programs to address student needs. In addition, it is recommended that a coordinator be designated to optimize the connections between the eight separate component areas to prevent duplication of services and to seek additional resources.

The following criteria are recommended to ensure the sustainability of a CSHP:

I. Each school district develop, adopt, and implement, a comprehensive plan for a Coordinated School Health Program that is inclusive of all components and that:

- Responds to the needs, preferences, and values of families and the community;
- Emphasizes a positive youth development approach;
- Is based on models that demonstrate evidence of effectiveness; and
- Makes efficient use of school and community resources.

II. Each school district establishes a School Health Council and each school building establishes a School Health Team. Each Council/Team should include a diverse representation of school staff, families, students, and members of the community to oversee and evaluate the Coordinated School Health Program and make recommendations to the school board.

The School Health Council (SHC) focuses on district-level policies and programs and should work in conjunction with district-level school health committees that may already be in place. The SHC provides a sensible process to integrate decision-making and collaboration of educational leadership to support healthy children and youth, foster cooperation by building consensus and trust between teachers, staff, family, and community members in an innovative way, and link the school improvement and academic achievement efforts that result in improved student health and healthy schools. The School Health Team (SHT) focuses on building-level implementation and collaboration process to integrate decision making. Professional development for SHC and SHT members is strongly encouraged.

III. Each school building and district designate a School Health Program Coordinator to assist with implementing and evaluating the Coordinated School Health Program. The School Health Program Coordinators are best designated at the building and district levels to efficiently plan, implement, coordinate, and evaluate the Coordinated School Health Program components.

The Coordinated School Health model builds on the Child Nutrition and WIC Reauthorization Act of 2004, Sec. 204 Local Wellness Policy.

* The above descriptions were adapted from multiple sources including:

Allensworth DD, Kolbe LJ. The comprehensive school health program: exploring an expanded concept. *Journal of School Health* 1987;57(10): 409–12.

Institute of Medicine. *Schools and Health: Our Nation's Investment*. Washington, DC: National Academy Press. 1997.

Marx E, Wooley SF, Northrop D. "Health Is Academic: A Guide To Coordinated School Health Programs." Teachers College Press, 1998.

Centers For Disease Control and Prevention: Adolescent and School Health
ASCD: Learn, Teach, Lead: Whole School, Whole Community, Whole Child