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Nebraska State Board of Education Policy for Coordinated School Health


The Nebraska State Board of Education believes that education and health are intertwined. Healthy children learn better; children must be healthy mentally, physically, and socially. To achieve maximum success schools, families and communities must work together. A coordinated school health approach within the Whole School, Whole Community, Whole Child Model is designed to coordinate services, emphasize partnerships, and promote the physical, social, and cognitive development of children leading to improved student learning.

Preventable health risk behaviors formed in childhood persist into adulthood and are frequently interrelated. The Nebraska State Board of Education believes that the education system, in partnership with families and communities, should work together to address these health risk behaviors which, if left unattended, can lead to serious health problems and disabilities that are costly on families and the entire state of Nebraska.

The Board believes coordinated school health positively impacts student academic achievement and empowers students with knowledge, skills, and judgment essential to help them make healthy and responsible choices in life. The Board, therefore, encourages each Nebraska school district/building to adopt its own vision for student health and to plan, adopt, implement, evaluate, and periodically re-examine the effectiveness of coordinated school health within their district/school.

The Board encourages the following:

- I. **Each school district/school develop, adopt, and implement a comprehensive plan for coordinated school health based on the “Whole School, Whole Community, Whole Child Model” developed by the Association for Supervision and Curriculum Development (ASCD) and the U.S. Centers for Disease Control (CDC). Components of coordinated school health should include, but not be limited to, health education; physical education and physical activity; nutrition services and environment; health services; physical environment; school counseling, psychological, and social services; social and emotional climate, employee wellness; and family and community engagement.**
- II. **Each school district establish a School Health Council and each school building establish a School Healthy Team that meets four times a year. In the alternative, a district may assign these activities to existing councils, committees or teams.**
- III. **Each district/school designate a School Health Coordinator to assist with implementing and evaluating coordinated school health.**

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Board Action History

- Policy statement adopted 3/2/2010
- Policy statement reaffirmed 4/9/2013
- Policy revised to include reference to ASCD and CDC “Whole School, Whole Community, Whole Child Model” 5/5/2017

Cross-References

- 92 NAC 10
- 79-712 R.R.S.