Healthy Learners: Promising Practices in Coordinated School Health Programs

Today’s school systems are faced with a much more daunting task than just teaching the three Rs. Many students deal with a large number of serious social and health issues, including alcohol and substance abuse, depression, smoking, risky sexual behavior, obesity, and school violence which can distract from their learning. School personnel alone cannot meet all of these all of these serious issues. However, the unique opportunity schools have to oversee the health and well-being of children cannot be ignored. Coordinated School Health Programs (CSHP) help students, their families, and school staff by coordinating the typical programs and services provided by schools to promote health and safety. They also act as a central hub to help essential agencies work together to provide the programs and services students need. Program results have increased students’ commitment to school, reduced misbehavior in school, improved academic achievement, reduced the number of students who started smoking cigarettes in middle school, and reduced obesity among middle-school girls.

In an effort to support these promising results, the Council of State Governments (CSG) recently launched its Healthy States Initiative, a partnership between CSG and the Centers for Disease Control and Prevention. It’s designed to help state leaders access the information they need to make sound decisions about public health issues. Through the Healthy States initiative, CSG hosted a Web conference in February 2005 on Coordinated School Health Programs to help state leaders find out more about the program (CSHP). The conference features speakers from several states who are already realizing the benefits of these programs. Speakers included:

- Ken Gore, Tennessee Agriculture Commissioner and former state legislator
- Carolyn Fisher, Centers for Disease Control and Prevention
- Richard Lyons, Superintendent, Maine School District #2

To view an archive of this event, please visit www.healthystates.csg.org (keyword: web conference). During the web conference, experts discussed the role that Coordinated School Health Programs can play in improving the health and well-being of students.

Healthy Students, Ready Learners: Coordinated School Health Programs (CSHP) act as an organizational framework to help parents, students, school personnel, and community leaders address the health needs of students. For school health programs to be effective, many components must work together through a coordinated approach. The Centers for Disease Control and Prevention (CDC) has identified eight interrelated components for CSHP (see side bar). These components represent the typical programs and services provided by schools to promote the health and safety of students; their families, and school staff. A coordinated approach fosters collec-
Eight Components of Coordinated School Health Programs

**Health Education** teaches students knowledge, skills and attitudes to make healthy choices, prevent disease and adopt and maintain healthy behaviors.

**Physical Education** teaches students physical and behavioral skills, and the confidence to be physically active for a lifetime.

**Health Services** provides prevention and early intervention for students' health problems that can interfere with their education. In some cases students also receive community/school-linked primary health care services.

**Nutrition Services** designs nutritious and appetizing school meal programs (breakfast, lunch and after-school snacks) which follow US. Dietary Guidelines, and provides education on healthy food choices.

**Health Promotion for Staff** supplies programs and services to enable school staff to serve as good role models for students, improve productivity and reduce health insurance costs. Wellness, injury prevention, and fitness programs are offered as well as health screenings, treatment, referral and employee assistance services.

**Counseling and Psychological Services** certified social workers, school counselors and psychologists offer counseling for students to promote social-emotional development, prevent mental health and social problems, and reduce barriers to learning. In some cases, expanded community-linked services are also provided to students and their families.

**Healthy School Environment** furnishes a physical environment for students and staff that is appropriate, safe, appealing, and free of environmental contaminants detrimental to health, as well as a learning environment for students that supports respectful positive interactions through school and classroom policies.

**Parent/Community Involvement** engages parents in school health councils, coalitions, and other programs and services that enhance the health and well-being of their children. Their participation and cooperation are essential in building support for CSHP efforts to improve students’ health and school success.

State Action

Many states have started to see improvements in both students’ health and their grades because of CSHP. State-level policy and program decision-makers should recognize their important role in supporting school health programs at the local level and the important actions they can take to improve the coordination at the state level. Several states, such as Tennessee, Maine, and South Carolina have proposed legislation in 2005 that would implement or enhance Coordinated School Health Programs (see Figure 1).

In 1999, Ken Givens, current Agriculture Commissioner and former member of the Tennessee House of Representatives, introduced the Coordinated School Health Improvement Act, which passed through the Tennessee General Assembly in 2000. It created ten pilot Coordinated School Health Programs across Tennessee. The highly successful pilot programs supplement health programs that were already available in Tennessee. Overall, the pilots have increased the numbers of health education staff and school nurses, improved the availability of social services and increased health screenings for students.

“IT IS JUST common sense that the healthier the child, the greater the academic achievement. That’s our challenge to convince the lawmakers that vote on these issues that it’s all about well-being and it’s about academic achievement,” explained Commissioner Ken Givens during the CSG’s recent web conference.

**Capacity-building funding**

**No Funding**

Source: Centers for Disease Control and Prevention
http://www.cdc.gov/nccdphp/dnpa/health/CSHP/advocacy/cfs.htm

**Figure 1.**

**CDC Funding for Coordinated School Health Programs, Fiscal Year 2004**
Figure 1: Coordinated School Health Proposed Legislation

<table>
<thead>
<tr>
<th>State</th>
<th>Statute or Bill</th>
<th>Description</th>
<th>Year enacted or introduced</th>
</tr>
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<tbody>
<tr>
<td>Massachusetts</td>
<td>Title II Chapter 15 Section 1G</td>
<td>Requires the establishment of an advisory council to the state board of education to focus on various areas, including violence prevention, comprehensive interdisciplinary health education and human services programs.</td>
<td>2005</td>
</tr>
<tr>
<td>Virginia</td>
<td>Code of Virginia 22.1-275.1</td>
<td>Requires each local school board to establish a school health advisory board consisting of parents, students, health professionals, educators, and others to assist with the development and evaluation of health policies in the school division.</td>
<td>1999</td>
</tr>
<tr>
<td>Delaware</td>
<td>Administrative Code 14503</td>
<td>Requires high school students to complete 10 credits in health education coursework in order to graduate. In addition, Administrative Code 14503 specifies that students receive 15 hours of instruction in drug/alcohol education during each grade of high school.</td>
<td>2004</td>
</tr>
<tr>
<td>West Virginia</td>
<td>126-86-4</td>
<td>Requires that school lunches meet the 1994-95 USDA meal pattern requirements. Also makes specific requirements regarding nutrient content, fat content, sodium and fiber content. There are also other nutrition standards for other foods sold or served during the school day such as the availability of water, fruit, juice and milk. Furthermore, it prohibits candy, soft drinks, gum or flavored ice bars to be sold or served during the school day with limited exceptions.</td>
<td>2004</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>HB 191</td>
<td>Requires district superintendents to help plan, develop and implement a health and wellness plan. Requires the advisory health council to include the following additional constituents: physical education, health education, school counseling, school psychological and social</td>
<td>2005 Amendment</td>
</tr>
<tr>
<td>South Carolina</td>
<td>HB 3499</td>
<td>Requires district superintendents to help plan, develop and implement a health and wellness plan. Requires the advisory health council to include the following additional constituents: physical education, health education, school counseling, school psychological and social</td>
<td>2005 Amendment</td>
</tr>
<tr>
<td>California</td>
<td>51222</td>
<td>Provides for 400 minutes of physical education every 10 school days for students in grades seven through twelve.</td>
<td>2003</td>
</tr>
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2001. As a result of these programs, major policy efforts have been underway. Changes like stronger regulations on tobacco sales and restrictions on access to soda and candy during the school day have come into place since the widespread implementation of the CSHP model.

To say that Maine educators are pleased with their Coordinated School Health Program would be an understatement. “I would say in my 29 years of experience in public education this is without question the most rewarding program | I think we have,” said Rick Lyons, Superintendent of Maine School District #22.

Funding

Funding for Coordinated School Health Programs can come from a variety of different sources. Many states have used partnerships and grants from the private sector or tobacco settlement funds for Coordinated School Health Programs. Additionally, the CDC have funded numerous programs. In 2004, 23 states were provided about $15 million in funding for CSHP. More information is listed in the Federal Register (see Resources). “We have the vehicles [of Coordinated School Health Programs] in place, but it’s just a matter of getting additional funding. The vehicles we have just need a bit more fuel,” said Commissioner Givens.

Conclusion

CSHP are an essential tool in bringing together the organizations, agencies and leaders who can improve the health and education of all youth. Policymakers play an important role in bringing Coordinated School Health Programs to local school systems. Championing this cause, working across party lines, and ensuring funding for the programs are vital to the success of these programs. With help from state leaders, Coordinated School Health Programs can become reality for communities.

—This publication was prepared by Sarah Daniels-Katz, health policy research associate for The Council of State Governments.
healthy states brief: coordinated school health programs

Volume I, Number 1

Healthy States Briefs highlight trends and promising practices in state public health policy.

The Healthy States Initiative is a partnership among the Council of State Governments (CSG), the National Black Caucus of State Legislators (NBCSL), and the National Hispanic Caucus of State Legislators (NHCSL). The initiative is supported by the Centers for Disease Control and Prevention.

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healthy states resources for state policy-makers

New information resources produced under this initiative include:

- Healthy States Web Site. This unique Web site offers resources on many public health issues. Visit www.healthystates.csg.org for information, to sign up for publications, and to view the calendar and other information on the initiative.

- Healthy States Publications. Periodic publications address state legislatures interested in public health topics such as cancer and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

- Healthy States e-weekly. This free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.

- Healthy States Quarterly. CSG's free quarterly newsletter covers public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research, and information on Healthy States activities.

- Forums and Web Conferences. Web conferences on a variety of topics allow public health experts, legislators and legislative staff to discuss priority public health issues. Forums include educational sessions on public health issues, new legislator training, and roundtable discussions with peers and public health experts.

www.healthystates.com

resources

- Coordinated School Health Program
  www.cdp.gov/HealthyYouth/CHS
- CHSP funding resources
  http://www.cdp.gov/HealthyYouth/CHS/CHSfunding.html
- Building a Healthier Future Through School Health Programs
  www.cdp.gov/HealthyYouth/CHS/BuildingaHealthierFutureThroughSchoolHealthPrograms.html
- Maine’s Coordinated School Health Program
  www.maine.gov/cdp/health/chs.html
- Maine School District #22
  www.sd22.us
- Federal Register
  http://www.gpoaccess.gov/fr/index.html
- Society of State Directors of Health, Physical Education and Recreation
  http://www.thissociety.org

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