

Public Health's Interest in Schools

Coordinating School Health

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Since public education has existed, parents and educators have been concerned about protecting the health of children in schools. Throughout the history of school health, public health concerns have affected the services schools provide. From “sanitary inspections” to provision of school lunches and immunizations to prevent communicable disease, public health has worked with schools to ensure that children at school were healthy and ready to learn.

The past almost 200 years of school health have resulted in a legacy of programs that many have come to expect will be provided in schools, including immunization requirements for school attendance, school meals, school nurses, and medical care for children with disabilities. Gains in programming and support for health in schools have been made, but too often health-related programs are subject to budget cuts, community controversy, and the shifts in priorities within public education.

Accountability and funding clash

Education's focus on accountability is driven by the federal No Child Left Behind (NCLB) act. This law requires schools to show yearly progress in test scores on reading, writing, math, and science. In addition, schools must demonstrate a reduction in drop-out rates and educational gains for all students. Schools now must disaggregate their attendance, drop-out, and testing data to demonstrate that gaps in academic achievement are closing. Many in and out of education have criticized NCLB for its governmental interference, lack of adequate funding, and standardized test focus, but accountability in public education is here to stay.

In too many school districts across the country, academic accountability and budget shortfalls are forcing difficult choices between funding school health or more academics, leaving school leaders challenged to justify, for example, a school nurse when district math scores are lower than the federal requirements dictate. Students, however, clearly need both health and academics.



Public health campaigns of the late nineteenth century brought resources to schools to prevent communicable diseases and combat hunger. In the twenty-first century, there seems to be less room for the collaboration between these two systems, which both struggle for adequate funding, a struggle that often pits the two sectors against each other.

Health and education must recognize that the very students who are affected by the achievement gap are the same children who experience health disparities. A clear link exists between education level and health status. The Healthy People 2010 report calls for increasing graduation rates in recognition of this link. Early twentieth century progressive reformers understood the link between health, education, and national economic vitality. The twenty-first century poses the challenge of making the link again, amidst the new political context of academic accountability in public education. The necessity of meeting the basic physical and social-emotional needs of students to keep them engaged and successful in school needs to be restated and understood in direct relation to meeting the academic needs of each child.

What is coordinated school health?

In 1987, the concept of coordinated school health was introduced in an article by Allensworth and Kolbe in a special issue of the *Journal of School Health*. This new vision of school health included a variety of structures, systems, programs, and activities that many schools provided. The eight-component coordinated school health model went beyond health education, P.E., and school nursing to include food services, counseling and social support services, healthy school environments, parent and community involvement, and even school employee wellness. (See box for descriptions of the components.)

These components, taken as a whole, create a system to address the identified national health concerns for youth: sedentary lifestyles, poor nutrition, injury and violence, tobacco use,

substance use, and sexual risk taking. In addition, these components are also able to manage many of the chronic conditions that affect a student's ability to attend and learn in school, such as asthma, diabetes, food allergies, mental health issues, and dental caries.

The broad scope and content included in these eight areas requires input from schools, district offices, and their community members and organizations. Thus schools and communities can and should work together to avoid both gaps in services and duplication of efforts and create a system that is truly coordinated and collaborative.

Putting the system to work

Through a joint research project titled "Making the Connection," the Society of State Directors of Health, Physical Education, and Recreation and the Association of State and Territorial Health Officers (ASTHO) found ample proof that the components of the coordinated school health system demonstrate a positive effect on student academic performance. However implementing such a comprehensive approach takes intention and effort.

In the Northwest, schools and districts in Oregon and Washington have participated in school health leadership training to implement the coordinated school health approach. Eisenhower Middle School, a participating middle school north of Seattle, focused, for example, on the components of coordinated school health, prioritizing health along with school improvement efforts. The school's principal, Dr. David Jones, points to fewer incidents of harassment, intimidation, and bullying, three times as many students eating the school lunch, and improving scores on the Washington Assessment of Student Learning after the school implemented a coordinated school health program. Dr. Jones believes that "promoting a safe, healthy environment increases every student's opportunities for academic success."

Lawmakers often include schools in their attempts to increase access to health care and other social supports that children and families may receive. School, they argue, is where children spend most of their time. A number of school health policy solutions are easily connected and contained within the coordinated school health framework. These include anti-bullying and safety policies, implementation of school-based or school-linked clinics, establishment of common school nutrition standards, graduation requirements that include health and physical education, and support for capital resources and funds for schools to address indoor air quality and other health-related facilities issues.

Twenty-two states have mandated through either law or rule that schools adopt a coordinated

Coordinated School Health Program Components

Health Education: Sequential, comprehensive, age-appropriate classroom instruction that includes the physical, mental, and social aspects of health and develops health knowledge and skills.

Physical Education: Planned and sequential instruction to promote lifelong physical activity and fitness.

Nutrition Services: The provision of nutritious, affordable meals served in a pleasant environment that encourages healthy eating behaviors.

Health Services: Management and treatment of acute and chronic conditions of students through the provision of preventive services, education, emergency care, and documentation of individual student health needs.

Counseling and Social Support Services: Activities that focus on the psychological, social, and emotional supports for students, their families, and school staff. Also includes prevention and intervention specialists working on substance abuse prevention and other factors that put students at risk.

Healthy School Environment: The physical and social-emotional climate in a school, including facilities as well as policies on student and employee safety.

Family and Community Involvement: Partnerships with parents and community members to address student health and learning.

School Employee Wellness: Focused health assessments, activities, and benefits provided to staff for the purpose of maintaining their health and well-being, enabling them to be role models for students.

approach to school health through the formation of either state or local school district health advisory councils. Many of these policies include forming a multi-agency, interdisciplinary health advisory council to monitor school health education, health services, nutrition and physical activities, and other school health-related programs. School health advisory councils provide the infrastructure to link the variety of health issues that affect school performance, while giving lawmakers a point of contact with districts on the status of implementation of key school health policies.

As NCLB continues to hold schools and districts accountable for academic achievement, many of the early gains made in test scores are beginning to level off. School health advocates point to this plateau in test scores as evidence that a myopic focus on academic and cognitive outcomes, ignoring students' physical and mental health needs, is resulting in stalled academic progress. Coordinated school health provides a framework to bring public health and education together, through comprehensive policies and programs, to give all children the chance to be healthy and successful learners. ■

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Resource

Healthy Schools-Successful Student; Coordinated School Health in Washington. www.healthyschoolswa.org.