



# Coordinated School Health

Coordinated school health is a system of coordination between many of the services and curricula that already exist in schools and districts. This model is being adopted by many schools in Washington and other states. The result is a seamless system of services that better meet the needs of the schools, students and their families, and staff. A school health program that truly addresses the health needs of the whole child consists of eight components.

## Eight Component Model



## The Components Defined

### *Health Education*

Classroom instruction that addresses physical, mental, emotional, and social dimensions of health and develops health knowledge attitudes and skills.

### *Physical Education*

Planned, sequential physical education instruction that promotes life-long physical activity.

### *School Health Services*

Provision of preventative services, education, emergency care, referral, and management of acute and chronic conditions supervised by a school nurse and/or in coordination with a school based clinic.

### *Nutrition Services*

Provision of nutritious, affordable, and appealing meals; nutrition education and an environment that promotes healthy eating behaviors.

### *Counseling, Psychological, and Social Services*

Focus on the cognitive, emotional, social, and behavioral needs of children and families.

### *Healthy School Environment*

A physical facility and environment as well as a social emotional climate of a school that supports health and learning.

### *Health Promotion for Staff*

Designed to promote health and wellness for school staff and modeling of healthy behavior for students.

### *Family/Community Involvement*

Partnerships with families, community groups, and individuals to maximize resources and address health.

For more information on coordinated school health, go to: <http://www.cdc.gov/HealthyYouth/CSHP>.

## Some Indicators of Coordination within Health Systems...

### *Planning and Leadership*

- Principals reported 55 percent of secondary schools have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues.

### *Health Support Resources*

- Most secondary schools do not have a full-time registered nurse available at the school every day and all the time. Principals reported 22 percent of high schools and 11 percent of middle schools have this resource.



According to a school mental health study by the Substance Abuse Mental Health Services Administration report in 2005<sup>1</sup>, school nurses spent approximately a third of their time providing mental health services. The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers.



About 77 percent of 8th graders and 69 percent of 10th graders said they knew about a counselor, intervention specialist, or other staff member at their school for students to discuss problems with alcohol, tobacco, or other drugs.

### *Effective Teaching Strategies*

Health teachers reported using an assortment of teaching methods to personalize instruction and demonstrate the values of various cultures in required health education courses, including:

- 89 percent modified teaching methods to match student learning styles, health beliefs, or cultural values.
- 72 percent used textbooks or curricular materials reflective of various cultures.
- 66 percent taught about cultural differences and similarities.
- 65 percent asked students to share own cultural experience related to health topics.

About one quarter of health teachers (24 percent) reported using health education textbooks or materials designed for students with limited English proficiency, but we do not know whether this low percentage is because the students do not need such materials or whether teachers do not have access to them.

<sup>1</sup> Foster S, Rollefson M, Doksum T, Noonan D, Robinson G. (2005). School Mental Health Services in the United States, 2002–2003. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

### *Community Linkages*

Health teachers reported trying to involve students in the following activities as part of required health education courses:

- 62 percent analyzed advertising designed to influence health behaviors or health risk behaviors.
- 46 percent gathered information about health services that are available.
- 44 percent advocated for a health-related issue.
- 36 percent identified potential injury sites at school, home, or in the community.
- 21 percent performed volunteer work at a hospital, local health department, or community organization that addresses health issues.
- 18 percent visited a store to compare prices of health products.
- 18 percent participated in or attended a school or community health fair.

### *Parent Involvement*

Health teachers involved parents/families in the following health-related activities:

- 76 percent had students complete health education homework assignments with family members.
- 73 percent provided families with information on health education programs.
- 35 percent invited family members to attend a health education class.
- 20 percent met with a parents' organization such as the PTA or PTO to discuss the health education program.

### **Coordinated School Health Resources**

Information about Coordinated School Health in Washington State is available at: <http://www.k12.wa.us/CoordinatedSchoolHealth/default.aspx>.

For information on forming a school health council, go to this helpful resource created by North Carolina's coordinated school health initiative at: <http://www.nchealthyschools.org/schoolhealthadvisorycouncil>.