Coordinated School Health is a dynamic, systematic approach to promoting student health, achievement, and life success. Kentuckian’s share a vision that all Kentucky children and adolescents will develop into physically, socially, and emotionally healthy adults, educationally prepared to become contributing members of society. A Coordinated School Health Program can help schools deliver evidence-based comprehensive health education, develop and implement health-related policies, and provide health-promoting school environments. The practical living portion of the Program Review that all Kentucky schools will be completing has multiple references to the Coordinated School Health model. Fully functioning characteristics in both the curriculum and instruction standard and the administrative leadership support and monitoring standard specifically identify Coordinated School Health committees as a part of the school culture. A model Coordinated School Health Program (CSHP) consists of eight interactive components which follow:

Health Education: Health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) 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,

Characteristics of an Effective Health Education Curriculum

- Focuses on clear health goals and related behavioral outcomes.
- Is research–based and theory-driven.
- Addresses individual values and group norms that support health–enhancing behaviors.
- Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors and reinforcing protective factors.
- Addresses social pressures and influences.
- Builds personal competence, social competence, and self efficacy by addressing skills.
- Provides functional health knowledge that is basic, accurate, and directly contributes to health–promoting decisions and behaviors.
- Uses strategies designed to personalize information and engage students.
- Provides age–appropriate and developmentally–appropriate information, learning strategies, teaching methods, and materials.
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
- Provides adequate time for instruction and learning.
- Provides opportunities to reinforce skills and positive health behaviors.
- Provides opportunities to make positive connections with influential others.
- Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

~ http://www.cdc.gov/HealthyYouth/SHER/characteristics/index.htm
physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula should address the National Health Education Standards and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

Physical Education: Physical education is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. Physical education is characterized by a planned, sequential K-12 curriculum (course of study) that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education programs assist students in achieving the national standards for K-12 physical education. The outcome of a quality physical education program is a physically educated person who has the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Qualified, trained teachers teach physical education.

Health Services: Services provided for students to appraise, protect, and promote health. These services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable diseases and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

Counseling, Psychological & Social Services: Services provided to improve students’ mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

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### National Standards for Physical Education

The physical education national standards are to be used to develop physically-educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. The purpose of the National Standards document is to provide the framework for a quality physical education.

- **Standard 1:** Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities.
- **Standard 2:** Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.
- **Standard 3:** Participates regularly in physical activity.
- **Standard 4:** Achieves and maintains a health-enhancing level of physical fitness.
- **Standard 5:** Exhibits responsible personal and social behavior that respects self and others in physical activity settings.
- **Standard 6:** Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.
Healthy & Safe School Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school’s overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

School Wellness Guide: A Guide for Protecting the Assets of Our Nation’s Schools is a comprehensive guide that provides information, practical tools and resources for school employee wellness programs. http://www.schoolempwell.org/

Family/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Research and reports of best practice are showing that coordinated school health can make a positive difference for students. A nurturing school climate; health-promoting environments; attention to removing barriers to learning; supportive actions of teachers, parents, and peers; access to health information and services, active concern for the healthy growth and development of every child results in more positive attitudes, healthier behaviors, better attendance, more effective teaching and learning, better grades and test scores, and clearer visions of future health and life success.18

How Schools Can Implement Their Own Coordinated School Health Program

A Coordinated School Health Program (CSHP) coordinates multiple programs within schools and communities and fosters the development of supportive families and communities to improve school health policies and programs. To implement a successful CSHP, schools should:19

(For more information on CSH and professional development opportunities, contact the Kentucky Department of Education CSH 502-564-2706 or Department of Public Health CSH 502-564-2154 ext. 3588)

- Obtain and maintain support from key decision makers in school administration. The superintendent’s support at the district level and the principal’s support at the school level are essential for implementing and maintaining a coordinated and systematic approach to school health. School administrators can support a coordinated approach to school health by:
  - Incorporating health in the district’s or school’s vision and mission statements, including health goals in the school’s improvement plan
  - Appointing someone to oversee school health
  - Allocating resources
  - Modeling healthy behaviors
  - Regularly communicating the importance of wellness to students, staff, and parents
Create a coordinated school health (CSH) or wellness team. Include on this team school faculty and staff, community members, parents and families, youth, businesses, faith-based organizations, local health departments, mental health and social services organizations, etc. Ideally, a CSH team would include at least one representative from each of the eight components. (To develop a strong CSH Team consider using Promoting Healthy youth, Schools, and Communities: A Guide to Community-School Health Councils at http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf)

Identify a school health coordinator. The school health coordinator plays a critical role for the successful implementation of a coordinated approach to school health. Ideally this coordinator should be full-time or part-time in this capacity. The school health coordinator helps maintain active school health councils and facilitates health programming in the district and school and between the school and community. The coordinator organizes the eight components of school health and facilitates actions to achieve a successful, coordinated school health system, including policies, programs, activities, and resources.

Assess school health policies and programs. CDC has developed an assessment and planning resource, the School Health Index, to help schools analyze the strengths and weaknesses of their school health policies, programs, and services, and plan for improvement. http://apps.nccd.cdc.gov/shi/default.aspx

Develop a plan. A coordinated school health or wellness team should use a program planning process to improve school health policies and programs. The process, which should involve all stakeholders, includes:

- Defining priorities based on the students’ unique health needs
- Determining what resources are available
- Developing an action plan based on realistic goals and measurable objectives
- Establishing a timeline for implementation
- Evaluating whether the goals and objectives are met

Integrate school health goals and objectives into the comprehensive school/district improvement plans (CSIP/CDIP)

Implement multiple strategies through multiple components. Each coordinated school health component employs a unique set of strategies. These strategies include classroom instruction, policies and procedures, environmental change, health, counseling and nutrition services, parent and community involvement, and social support. However, no single strategy or single component will achieve all the desired health outcomes for all students. Therefore, it is necessary to implement all of the components so the full range of strategies becomes available to systematically address health behaviors and improve student learning.

Focus on students. The focus of coordinated school health should be on meeting the education and health needs of students as well as providing opportunities for students to be meaningfully involved in the school and the community. School health efforts should give young people the chance to exercise...
leadership, build skills, form relationships with caring adults, and contribute to their school and community. Students can promote a healthy and safe school and community through peer education, peer advocacy, cross-age mentoring, service learning, and participation on coordinated school health or wellness teams, advisory committees, councils, and boards that address health, education, and youth issues.

- Provide professional development for staff. Continuing education is essential for teachers, administrators, and other school employees committed to improving the health, academic success, and well-being of students. All school employees need to stay current in their skills and knowledge. Professional development provides opportunities for school employees to identify areas for improvement, learn about and use proven practices, solve problems, develop skills, and reflect on and practice new strategies. In districts and schools promoting a coordinated school health approach, professional development should focus on the development of leadership, communication, and collaboration skills.

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.