All students should have the opportunity to be fit, healthy, and ready to learn. Healthy children make better students, and better students make healthy communities. Education must address the needs of the whole child. Students’ physical, social and emotional development requires the same level of ongoing assessment and support as their academic development.

Schools alone cannot be responsible for addressing the nation’s most serious health and social problems. Schools and communities must work collaboratively to help children become healthy, productive citizens. All stakeholders in the health and well-being of the nation’s youth—families, health care providers, the media, faith-based and community organizations, and young people themselves—must be fully committed and involved. Schools can provide the hub and the structure within which agencies and community members can work together to improve and maintain young people’s health. Recreation and community centers allow for intergenerational learning and sharing that supports the appreciation and transmission of culture and that transcends age barriers.

For more than a decade, the Centers for Disease Control and Prevention (CDC) has sought to improve the integration and impact of education and health activities by supporting the development of organizational structures and processes, such as coordinated school health programs (CDC, 2003). Most schools already have some programs and services in place to address student health, but few have integrated or coordinated these typically discrete elements into an intentionally cohesive and coherent whole. More often, their efforts look similar to the diagram at right.

The coordinated approach to school health provides a system designed to address the needs of the whole child by effectively connecting health with education. This coordinated approach provides the framework for families, communities, and schools to work together to improve students’ health and capacity to learn. Each component of the coordinated school health approach makes a unique contribution while complementing the other components, ultimately creating a whole that is greater than the sum of its parts.

Currently, 23 states are funded by the CDC to implement the coordinated approach to school health. For more information, visit: [http://www.cdc.gov/HealthyYouth/about/map_description.htm](http://www.cdc.gov/HealthyYouth/about/map_description.htm)
Chapter 1: Overview of the Coordinated Approach to School Health

The coordinated approach to school health described in this document closely emulates the national coordinated school health program model for quality school health programs and services. The national coordinated school health program model consists of the eight interrelated components defined below (Allensworth & Kolbe, 1987; Marx, Wooley & Northrop, 1998). Some component terminology commonly used in Connecticut differs slightly from that employed in the national model. These differences are indicated in the following descriptors.

- **Comprehensive school health education**: Classroom instruction that addresses the physical, mental, emotional and social dimensions of health; promotes knowledge, attitudes and skills; and is tailored to each age/developmental level. Designed to motivate and assist students in maintaining and improving their health and to reduce their risk behaviors.

- **School health services**: Preventive services, education, emergency care, referral and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure appropriate care for students.

- **Physical education**: Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social and emotional abilities.

- **School nutrition services**: Integration of nutritious, affordable and appealing meals and other foods and beverages available at school; nutrition education; and an environment that promotes healthy eating habits for all children. Designed to maximize each child’s education and health potential for a lifetime.

- **Counseling, psychological and social services**: Activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development. The term School Behavioral Health Services is most commonly used in Connecticut to define this range of programs and services and will be used in this guide.

- **Health promotion for school personnel**: Assessment, education and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff who serve as role models for the students. Staff Wellness is also a term frequently used to describe this component and will be used in this guide.

- **Healthy school environment**: The physical, emotional and social climate of the school. Designed to provide both a safe physical plant and a healthy and supportive environment that fosters learning.

- **Family and community involvement in school health**: Partnerships among schools, families, community groups and agencies, and individuals. Designed to maximize resources and expertise in addressing the healthy development of children, youth and their families. The term School-Family-Community Partnerships is most commonly used in Connecticut to define this range of programs and services and will be used in this guide.
These components encompass a school’s instruction, services, and physical and social environments. Leadership, partnerships and coordination join the components to form a comprehensive system of services. The structures supporting this system characteristically include district- and school-level teams of staff and community members representing each of the components, and a coordinator who, with the support of district and school administration, facilitates activities.

No two approaches to coordinated school health will be exactly alike. Individuals, institutions, needs, and resources differ from community to community. Each school and district will bring together its unique group of people, services and agencies representing each of the components who can identify the specific needs facing young people in their schools, assess community strengths and weaknesses, and tailor the many resources already available to support positive youth development. In addition, CDC offers an expanded framework for implementing and promoting school health programs. This framework describes a multi-layer, interconnected, coordinated system that supports the achievement of all students. The expanded framework diagram below illustrates how CSH builds on local needs and school district improvement plans that support the attainment of state health and educational objectives and the overarching goal of healthy, successful, high-achieving students.

Subsequent sections of this guide will give a more comprehensive definition of each of these eight components and include guidance and resources for implementing and strengthening them. Since the development of the coordinated school health model in 1987, some components have received considerably more efforts than others both on a national and state level due to health trends and emerging data and research. Consequently, the coverage of some components in this document is more extensive than that of others. This does not imply that components are not equally important.

An overview of the steps schools and communities can take to work together to structure an effective coordinated approach to school health can be found in Chapter 2, Fostering Collaboration and Establishing Local Practices. Chapter 3, Sections 1-8, of this guide offers a discussion of each of the eight coordinated school health components.
What others say about the coordinated approach to school health:

”Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

— National Association of State Boards of Education (NASBE), Fit, Healthy, and Ready to Learn: Part 1 – Physical Activity, Healthy Eating, and Tobacco Use Prevention, 2000

“Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced.”

— U.S. Department of Health and Human Services, Healthy People 2010

“Our district has seen first-hand what a well-rounded health program can accomplish for all children, pre-K through 12th grade. There is no question in the minds of (our) educators that a complete school health program positively affects student achievement.”

— Edward VandenBulke, Superintendent, Stow-Munroe Falls City Schools

“Coordinated school health programs can impact students’ academic achievement and increase healthy behaviors. Coordinated school health programs empower students with the knowledge, skills, and judgment to help them make smart choices in life. Healthy children make better students, and better students make healthy communities.”

— Association of State and Territorial Health Officials and the Society of State Directors of Health, Physical Education and Recreation, Making the Connection: Health and Student Achievement, 2002
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References


Wechsler, H. (2007, April), *Moving Programs from Good to Great*. Presentation conducted at the CDC-Funded Partners Meeting, Atlanta, GA.

Resources

Connecticut State Department of Education Coordinated School Health Partnerships: http://www.ct.gov/sde/healthyconneCTions

Coordinated Approach to Child Health (CATCH): http://www.sph.uth.tmc.edu/chppr/catch/

Coordinated School Health Program, Position Statement of the National Association of School Nurses, Revised June 2001: http://www.nasn.org/positions/positions.htm

Coordinating School Health Programs, Maine State Department of Education Website: http://www.mainecshp.com/


*Health is Academic*, Education Development Center Website: http://www2.edc.org/healthisacademic/


*Healthy Schools Healthy Kids*, Texas Affiliate of the American Cancer Society: http://www.schoolhealth.info

National Coordinating Committee on School Health and Safety (NCCSHS): http://www.healthy-students.org/

North Carolina Healthy Schools: http://www.nchealthyschools.org/


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The School Health Project of the Council of Chief State School Officers: http://www.ccsso.org/projects/School_Health_Project/

The Whole Child, Association for Supervision and Curriculum Development: http://www.wholechildeducation.org/

What is a Coordinated School Health Program (CSHP)? Education Development Center, Inc., 2001: http://www2.edc.org/MakingHealthAcademic/cshp.asp