INTRODUCTION

This publication offers guidelines to assist local education agencies in response to Section 10-203a of the Connecticut General Statutes, *Guidelines Regarding Physical Health Needs of Students, Optional Adoption of Plans by Local and Regional Boards of Education* (see "Connecticut General Statutes Section 10-203a" on Page 55). This statute directs the Connecticut State Department of Education to develop guidelines for addressing the physical health needs of students in a comprehensive manner that coordinates services, including services provided by municipal parks and recreation departments. In addition, the statute recommends that each local and regional board of education establish a comprehensive and coordinated plan to address the physical health needs of students based on the guidelines. These guidelines are intended to assist local and regional boards of education with developing plans to (1) engage students in physical activities; (2) formulate strategies to coordinate health education, programs, and services; and (3) establish procedures for assessing the need for related community-based services. Most schools and districts already have many recommended actions in place. This information is designed to help local communities strengthen practices, activities and curriculum that promote the health of students and reduce the negative impact of health problems on academic performance.

Health and the Impact on Learning

Research confirms what common sense tells us. Physical and mental health affects school readiness and academic achievement. Numerous conditions can interfere with students' well-being and ability to reach the education standards set for them. Examples include the following:

- Chronically undernourished children, including children with inadequate protein in their diets, are likely to score lower on standardized achievement tests (American School Food Service Association, 1989; Brown & Pollitt, 1996). Nutritional deficiencies can also affect classroom management, including behavioral and emotional problems (Kleinman et al., 1998).
- The number of young people who are overweight has increased at an alarming rate—more than doubling among elementary-age children and more than tripling among adolescents in the past 20 years—putting them at risk for conditions such as Type 2 diabetes, sleep apnea, and bone and joint problems (Centers for Disease Control and Prevention, 2006).
- More than 5 million school-age children in the United States have asthma and miss nearly 15 million days of school each year. This compromises not only their academic performance but also limits their participation in sports and other school activities (Kiley, Collins, Frumkin, & Price, 2006).
- According to a report from the Surgeon General's 2000 Conference on Children's Mental Health, 1 child in 10 suffers mental illness severe enough to cause some level of impairment (U.S. Public Health Service, 2000). Suicide is the third leading cause of death for young people ages 15-24 (Anderson & Smith, 2003).
- In 2005, 43 percent of high school students reported drinking alcohol within the past 30 days; 25 percent reported heavy or binge drinking during that period. Twenty-three percent reported recent cigarette smoking, 38 percent reported using marijuana, and more than 12 percent reported using inhalants (Division of Adolescent and School Health, 2006).

- ✧ Students who do not feel connected to school are more likely to use alcohol and illegal drugs, engage in violent or deviant behavior, become pregnant, experience emotional distress, and be less successful academically (Blum, McNeely, & Rinehart, 2002).
- ✧ About 750,000 teenage women in the U.S. become pregnant each year. While the rate of teen pregnancy has decreased over the past decade, it still remains the highest among industrialized nations (The Guttmacher Institute, 2006). About 1 in 4 sexually active young adults (ages 15-24) contracts a sexually transmitted disease each year. The Centers for Disease Control and Prevention estimates that 35 percent of 13- to 19-year-olds are infected with human papilloma virus (HPV) (Kaiser Family Foundation, 2006).
- ✧ More than half of students with chronic health conditions routinely miss school and 1 in 10 of those students misses more than 25 percent (Lynch, Lewis, and Murphy, 1992; Sexson & Madan-Swain, 1993).

The coordinated school health approach can reduce the negative impact of acute and chronic health conditions on student attendance and performance.

- ✧ Schools with comprehensive physical activity programs observed that students involved in organized physical activities did better in their academic studies, despite devoting some curricular class time to such activities (Shepard, 1996). Students in schools with physical activity programs have experienced improved mathematics, reading and writing scores, and reduced disruptive behaviors (Dwyer et al., 2001; Sallis et al., 1999).
- ✧ A school district that instituted an asthma intervention program in five of its schools saw a 17 percent decrease in the need for rescue treatments (Lwebuga-Mukasa & Dunn-Georgiou, 2002).
- ✧ At least one school has reported that regularly scheduled hand washing four times a day resulted in a 50 percent reduction in gastrointestinal and other illnesses. (Master, Long, & Dickson, 1997).

Additional documentation of the growing body of evidence linking health status, health behavior and academic achievement is found in *Making the Connection: Health and Student Achievement*, a PowerPoint presentation developed by the Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) available at: http://www.thesociety.org/pdf/makingtheconnection.ppt. This resource makes a compelling case for the coordinated approach to school health that is the foundation of the guidelines contained in this document (see Chapter 1, Overview of the Coordinated Approach to School Health).

Link to Other Schoolwide Initiatives

Addressing the physical, social and emotional health needs of students by applying this coordinated approach to school health must not be viewed as a new, separate, standalone initiative but rather as an essential strategy that supports existing schoolwide endeavors that address the health and well-being of students and staff. Some of these endeavors may include wellness initiatives to enhance physical activity and nutrition in the schools, Healthy People 2010 efforts, programs aiming to educate the whole child, family involvement initiatives, and school improvement initiatives directed at closing the achievement gap. The premise of the coordinated approach is that a model that involves all aspects of health programming and is integrated into education goals will eliminate program gaps and duplications, provide more effective use of resources, and improve a school's ability to enhance the health and

achievement of students. With this in mind, districts and schools need to consider existing school teams that can serve as the lead for coordinated school health programs, such as the school wellness team, the indoor air quality team, or the preventive team. (For more information about school teams , see Chapter 2, Fostering Collaboration and Establishing Local Practices.)

How to Use This Guide

The *Guidelines for a Coordinated Approach to School Health* is designed to help communities develop and strengthen practices, activities and curriculum that promote the health of students and reduce the negative impact of health problems on academic performance. This guide is organized into the following sections:

- Introduction
- Chapter 1: Overview of the Coordinated Approach to School Health
- Chapter 2: Fostering Collaboration and Establishing Local Practices
- Chapter 3: Eight Components of the Coordinated Approach to School Health
  - Section 1: Comprehensive School Health Education
  - Section 2: School Health Services
  - Section 3: Physical Education
  - Section 4: School Nutrition Services
  - Section 5: School Behavioral Health Services
  - Section 6: Staff Wellness
  - Section 7: Healthy School Environment
  - Section 8: School-Family-Community Partnerships

The introduction and Chapter 1, Overview of the Coordinated Approach to School Health, will assist districts in understanding the background of the components of coordinated school health. They also provide a brief rationale for each component and for taking a coordinated approach to providing these programs and services to students. Chapter 2, Fostering Collaboration and Establishing Local Practices, provides guidance and steps to follow in developing policies and coordinating programs and services. This includes how to work with existing teams, addressing sustainability and identifying funding sources.

Chapter 3, Sections 1-8, provides in-depth definitions, rationale, policy recommendations and implementation strategies for each component, as well as resources and relevant federal and state legislation. These sections do not need to be read all at once or in sequential order. After identifying and prioritizing local needs, the coordinated school health committee or team can coordinate the components to address the identified priority needs of the district.

Each component section contains recommendations and, when appropriate, requirements, for local policies. This language models best practice for the development of school health policies. School districts may choose to use the policy recommendations as written or adapt them to address local needs and reflect community priorities. When developing policies, districts will need to consider their unique circumstances, challenges, opportunities, and available resources. These considerations include the health concerns, preferences, and practices of the diverse ethnic and cultural populations in every community.

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