

Coordinated School Health Guidebook



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DesLacs/Burlington Public Schools

Ellendale Public School

Fargo Public Schools

Fort Yates Public Schools

Hettinger Public Schools

Killdeer Public Schools

Lewis & Clark Elementary School (Minot)

Roughrider Education Services Program

Valley City Public Schools

Williston Public Schools

INTRODUCTION

In 1992, the Centers for Disease Control and Prevention (CDC) began offering competitive funds to states to develop an infrastructure that supported implementation of the coordinated school health model. North Dakota's coordinated school health model is designed to help all students become healthy and productive adults by focusing on their physical, emotional, social and educational development.

Research demonstrates that good health is critical for school success. When youth are involved in their families and school, they are likely to be healthier and better adjusted. Parent involvement in their children's health and in the schools can positively impact learning, behavior and attitudes. When school and community resources are linked to address children's health, better learning and life outcomes occur.

The health challenges that face today's youth are much different than those of the past. While medical advances have addressed many illness, disease and disability issues, new health issues have emerged. Youth behaviors that threaten adult health include tobacco use, unhealthy eating habits, physical inactivity, drug and alcohol use, and risky sexual behavior.

While academic instruction and student performance are important, an equally important mission is to promote healthy and safe student behaviors. Schools must ensure that students have the knowledge and skills needed to become healthy and successful adults. Healthy students are better prepared to learn and less likely to miss school. Students perform better and achieve positive academic outcomes when they stay in class, pay attention to their work and are in the proper physical and mental shape.

Coordinated school health is a systematic approach that links families, communities and schools with a health-focused lifestyle. Existing resources and practices are connected to new emphasis areas where traditional academics are reinforced by health promotion activities. Rather than adding new tasks to the academic arena, coordinated school health proponents suggest doing established tasks in new, healthier ways.



PURPOSE

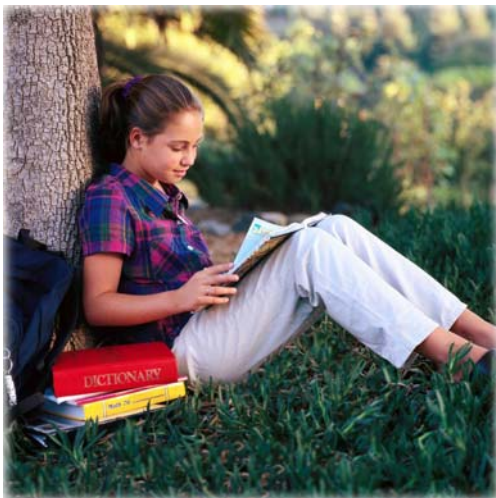
The purpose of this guidebook is to provide a manual for school personnel to develop successful coordinated school health (CSH) approaches. The CSH model serves as a planning tool to help develop and implement the programs, policies, activities and services that are central to academic, personal and physical health. Research and practice provide excellent models for developing these initiatives.

HOW TO USE THE GUIDEBOOK

Effective school health approaches have four common features. These are teamwork, a customized plan, family and community involvement and a commitment to continued improvement. This guidebook is designed around these four features. First, the team development process is described. Next, a needs assessment and prioritization focus is detailed. This leads to the design and implementation of a plan. Finally, the guidebook presents techniques for evaluating work and designing a continuous improvement process.¹

This guidebook is intended for school staff and community members. All potential members of the school and community team who are interested in coordinated school health should receive and review the guidebook. Next, team members should progress through the guidebook step by step. A member of the team should assume a leadership role and lead the other members in reviewing the relevant aspects of the guidebook.

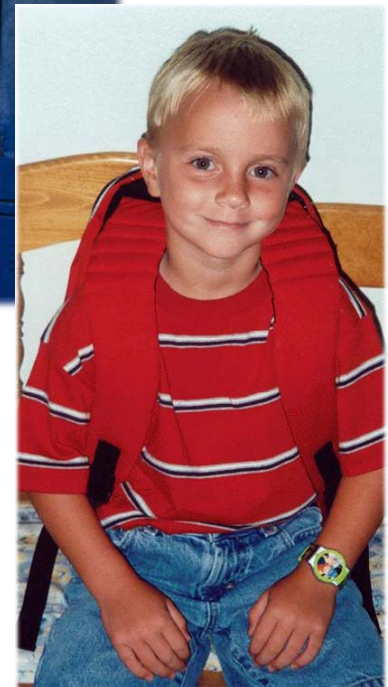
Many schools already have several aspects of coordinated school health in place. For example, schools are required to have local wellness policies. In these cases, teams may want to incorporate existing group members, policies, practices and activities into this coordinated school health process. One key to success is to integrate existing health and academic activities into the larger coordinated school health initiative.



WHAT IS COORDINATED SCHOOL HEALTH?

Coordinated school health (CSH) is a process by which eight interactive components work together to promote lifelong positive health of youth, to limit social risk behaviors and to increase and maintain academic success and healthy habits.² This coordinated approach to school health improves students' health and their capacity to learn through the support of families, communities and schools. Coordinated school health approaches are process-based change initiatives that are designed for positive health and academic outcomes.¹

Schools by themselves cannot, and should not, be expected to address 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.² However, schools can provide a critical infrastructure around which many agencies work together to maintain the well-being of young people.



EIGHT COMPONENTS FOR HEALTHY SCHOOLS

The CDC has designated eight critical components for coordinated school health. These components form a holistic approach to the general health and wellness of all students, staff and citizens associated with a school community.



The following are working descriptions of the eight components of coordinated school health.

Health Education: Healthy schools require planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. A health education curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills and practices. A comprehensive health education curriculum includes a variety of topics, such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

Physical Education: A planned, sequential K-12 physical education curriculum can provide cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythms and dance; games; team, dual and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical education.



Health Services: School health services should be provided for students to appraise, protect and promote health. These services are designed to ensure access or referral to primary health-care services, foster appropriate use of primary health-care services, prevent and control communicable disease 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: Quality nutrition services provide 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. 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 and Psychological Services: Students receive counseling and psychological services to improve their 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.

Healthy School Environment: This component focuses on 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 psychological environment includes the physical, emotional and social conditions that affect the well-being of students and staff.

Health Promotion for Staff: Healthy schools have 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.

Family/Community Involvement: An integrated school, parent and community approach is essential 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.

TEAM DEVELOPMENT

A TEAM APPROACH

Coordinated School Health (CSH) must utilize a team approach to assess, design, implement and evaluate school health initiatives. While each school has unique membership opportunities, several common characteristics are evident:

- Schools are the central focus of the health initiative.
- Parents, students, staff and community members have representation on the teams.
- Teams meet regularly to ensure ongoing success.
- There is an individual who is a champion of the school health initiative.

TEAM STRUCTURES

Team membership may vary depending on the availability of individuals in a particular school district. Smaller schools and communities may have few members; larger school districts may have a larger team and subcommittees. For example, a large school system could have individual site teams at each school building with one representative from each site team serving on a larger school district CSH steering committee.

The composition of the CSH team should represent all grade levels, special programs, staff positions and demographic features of the school. Teams should be dynamic groups eager to make changes toward a more healthy school and should secure the support of the superintendent and school board to ensure ongoing success.

Suggested Members

School Administration
Health Education Teachers
Physical Education Teachers
Mental Health or Social Services Staff
Nutrition/Food Service Staff
Health Services Staff (i.e., School Nurse)
Maintenance and Transportation Staff
Student Body
Parents or Families of Students
Community
Local Health Departments/Agencies
Faith-Based Organizations
Businesses
Local Government

Other Possible Members

Regular Classroom Teacher
Public Health Representative
Local Physician
Local Dentist
Local Mental Health Specialist
County Extension Representative
Juvenile Justice Representative
School Counselor
Life Skills Instructor
Home Economics Teacher
School Board Member
Safe & Drug-Free Coordinator
Local Hospital Representative

TEAM RESPONSIBILITIES

The CSH team assumes responsibility for strategic guidance and the overall implementation of the activities. CSH teams will support education programs that provide students with information and skills to make healthy decisions. CSH teams may address risks associated with acute and chronic health problems by supporting prevention and screening of disease such as asthma and diabetes. CSH team members can advocate student participation when health problems are identified and mobilize family and community support. Finally, CSH teams can change or remove health-related barriers to education. Individual members will have varying roles dependent upon their positions, expertise and available time.



ASSESSMENT AND PRIORITY IDENTIFICATION

Once the CSH team is established, the next step is to determine the existing health needs of the school. Usually, this is best done by a needs assessment process. A needs assessment is a process of gathering, analyzing and reporting information about the health needs of your school and community's children.³ The needs assessment will help the CSH team identify strengths and challenges in a school's health profile. Issues that are critical for a healthy school should be easily identified by the assessment and should be prioritized for a school action plan.

ASSESSMENT INSTRUMENTS

A variety of instruments and methods can be used to conduct a needs assessment. These include surveys, epidemiological data, community forums, health-care records and focus groups. One of the more popular and useful assessment tools is the *School Health Index* (SHI). This tool allows teams to assess the extent to which a school implements the types of policies and practices recommended by CDC in

its research-based guidelines for school health and safety policies and programs. The

For more information about the *School Health Index*, visit CDC's website at apps.nccd.cdc.gov/shi/default.aspx.

companion document, *School Health Index (SHI) Self-Assessment and Planning Guide*, was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies for the purposes of:

- Enabling schools to identify strengths and challenges of health and safety policies and programs.
- Enabling schools to develop an action plan for improving student health.
- Engaging teachers, parents, students and the community in promoting health-enhancing behaviors and better health.

There is growing recognition of the relationship between health and academic performance, and a school's SHI results can facilitate inclusion of health promotion activities in the school improvement process. The SHI has two activities that are to be completed by school teams: the eight self-assessment modules and the planning for improvement process. The self-assessment process involves members of a school community coming together to discuss what the school is already doing to promote good health and to identify strengths and challenges. Completing the SHI is an important first step toward improving a school's health promotion policies and practices.

SCHOOL HEALTH INDEX MODULES

The categories in the SHI are based on CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors. The SHI is structured around CDC's eight components of coordinated school health. Utilizing all eight components can have a powerful impact on student health behaviors.

- School Health and Safety Policies and Environment
- Health Education
- Physical Education and Other Physical Activity Programs
- Nutrition Services
- Health Services
- Counseling, Psychological and Social Services
- Health Promotion for Staff
- Family and Community Involvement



The *School Health Index* will provide structure to your school's efforts to improve health and safety policies and programs. First released in 2000, the SHI is designed for use at the local level. However, with appropriate adaptation, it could be used at the district level as well, especially if the district has only a few schools. Teams should use the scores to understand a school's strengths and challenges in similar policies and programs. The SHI is available at no cost and can be completed in as little as two to five hours. The SHI is an individual school's self assessment tool and should not be used to compare schools or evaluate staff. There is no such thing as a passing grade on the SHI. Teams should use the SHI scores only to help understand a school's strengths and weaknesses and to develop an action plan for improving promotion and management of health and safety.

PRIORITIZING NEEDS

Once the needs assessment process is completed, the CSH team must prioritize its needs. The team may want to consider those items viewed as most in need of improvement from the SHI ranking results. The team should also carefully consider those items of high priority to stakeholders, especially the school and the local community, by asking and answering the following questions³:

- How many people will be affected?
- How big an issue is it in the community?
- Is the school ready to take on this issue?
- Is the community ready to support it?
- Is the community aware of this need?
- Are there potential strategies that can affect it?
- Are these strategies easy to implement?
- How much will it add to the staff workload?
- Do we have, or can we get, the resources to address it?



IMPLEMENTATION

DEVELOPING AN IMPLEMENTATION PLAN

The school health needs assessment process will provide the team with a large amount of information. The CSH team should carefully review the information and identify priorities. It is important that all team members participate in the plan development. The varied and multiple perspectives of the team members add to the depth and richness of the plan.

Once the needs are prioritized, the team must develop a written implementation plan, which will serve as the roadmap for short-term and long-term activities at the school and in the community. As a starting point, the team should link the prioritized needs with the school mission, community priorities and other ongoing school and community initiatives. In many cases, there may be existing initiatives and goals to support the work of the CSH team.

Components of the Written Plan: The specific structure of the CSH implementation plan may vary dependent on factors such as size of the school district, team structures and the complexity of the needs and goals of the school. By necessity, however, the written plan should have the following common features⁴:

Goals: *Goals are broad statements that give focus to the objectives and outcomes.*

Objectives: *Objectives are specific, measurable results of the work that illustrates how much of what will be accomplished by when.*

Strategies: *A strategy describes the way(s) in which the objectives will be addressed.*

Action Steps: *Action steps describe the specifics of who will do what by when at what costs.*

Evaluation: *The evaluation describes the desired outcome data that determines whether the goal has been met.*



MAKE THE PLAN COMPREHENSIVE

One key to a successful CSH implementation plan is to ensure that the activities are interconnected and comprehensive. A frequent mistake is to simply target a small piece of a larger health issue. For example, a school's action plan may identify that removing the beverage vending machine – or limiting its contents to only water, milk and juice – is appropriate. But if the team does not also advocate that the teacher's lounge vending machine be removed or ingredients changed, as well as address the use of vending products at home sporting events, the plan becomes fragmented. Planned activities need to connect practice with policy.

SOME CAUTIONS

Educators are known to be effective problem solvers. To avoid the tendency to prioritize many and varied needs and then develop rather complex implementation plans, suggestions for keeping activities manageable include:

- Be sure to link goals to the school and team missions and visions.
- Initially prioritize a few, large needs rather than all needs in the eight component areas.
- Develop implementation plans that have action steps with staggered implementation and completion dates and multiple partners on each activity.
- Clearly identify the team members responsible for implementing the action steps and ensure they understand the intent of the goals and anticipated outcomes.
- Work on activities that produce a large, visible result.

RESOURCES FOR DEVELOPING IMPLEMENTATION PLANS

State CSH staff have several resources to help support teams in developing and activating implementation plans. CSH staff can train team members in the goal, objective, strategy, action step and evaluation development process. The annual Roughrider Health Promotion Conference includes professional development in how to develop and implement plans. CSH staff can connect new teams with veteran teams who can describe their process for developing plans.



EVALUATION

CSH teams need to evaluate their plans on an ongoing basis. Effective evaluation can guide schools in justifying their plan and activities, adjusting activities as priorities change and celebrating accomplishments. Each evaluation must be an explicit, planned set of activities.

EVALUATION METHODS

There are a variety of methods to evaluate CSH. These include examination of district and state outcome data, the use of “success stories,” evaluation of participant satisfaction, an economic evaluation and external evaluators.

Existing Outcome Data: Schools often are required to gather and report data about staff and student outcomes in education and health. For example, all students are required to participate in district and state assessment of academic achievement. When CSH goals are linked to increasing academic performance, these data may be useful measures of progress. Other sources of the health-related outcome data include the Youth Risk Behavior Survey (YRBS) and the School Health Profile Survey (Profiles). These data can be used to measure social, emotional and behavioral health issues (from the YRBS) and school health practice and policy issues (from the Profiles).

CSH teams can find other sources of existing data, such as absenteeism reports, behavior reports or even physical and health education measurement results to link to goal outcomes. However, teams must be careful in making casual determinations between their actions and existing data sets. Unless there is a clear link between the action steps and the collected data, making a cause-effect conclusion is difficult.



Case Studies: An excellent qualitative evaluation method is to write “success stories.” These stories describe the process and events that led to health successes for individuals or groups of individuals. For example, a success story could be written about a school’s use of a noon walking program used by students, faculty and community members. Descriptions of the walking and their related health benefits can illustrate the positive impacts of specific action steps at the school.

Using a narrative form, these case studies provide understandable and personal evidence of the impact of the team’s work. Many community members find these case studies good descriptions of the school’s work and its health impact. Also, they are best used in conjunction with other more quantitative (numerical) data to give a larger picture of the team’s activities.

Evaluation of Participant Satisfaction: Participants can provide feedback on whether or not the action plan is meeting their needs. When the team surveys participant satisfaction, they can assess the relevance of the activities and the method of delivery.

Economic Evaluation: An economic evaluation assesses the costs in relation to the benefits obtained. Teams can use this type of evaluation at various times in the process, measuring the ongoing benefit of CSH.

External Evaluators: When funds and expertise are available, a CSH team may want to use an external evaluator. These individuals can provide a less-biased picture of the team’s work and its impact on the school, students and community. However, they may require significant resources in terms of consulting fees and time spent getting them up to speed on the team’s work.

TEAM MONITORING

The CSH team can contribute to the overall evaluation by monitoring the plan progress. Team meetings should be held frequently to review the timelines and progress of each action step.



Brief progress reports can be distributed to school staff, school board members, students, parents and the community. When teams keep constituents informed, clear communication channels are established and there is greater community involvement.

RESOURCES

U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

www.cdc.gov/healthyyouth/index.htm

CDC's Healthy Youth! website provides substantial materials to support coordinated school health initiatives. Materials include school health resources, links to other state CSH programs, and health topic information on asthma, obesity, emergency preparedness, suicide, physical activity, sexual risk behavior and tobacco.

North Dakota Department of Health

www.ndhealth.gov/csh

North Dakota Department of Public Instruction (NDDPI), Coordinated School Health

www.dpi.state.nd.us/health/index.shtm

NDDPI's website provides many excellent resources for coordinated school health, including a school health overview, CSH success stories, PANT (physical activity, nutrition and tobacco) logic models and workgroup team member lists. Further, the website has links to related materials, such as Youth Risk Behavior Survey results, character education materials, HIV/AIDS resources, positive behavior support materials, and safe and drug-free schools resources.

Roughrider Health Promotion Conference

www.dpi.state.nd.us/health/roughrider/index.shtm

This website describes an annual professional development conference held in Medora. Resources include technical assistance for conference participants in a variety of health promotion areas.

Coordinated School Health Fact Sheets

www.dpi.state.nd.us/health/CSH/overview.shtm

These fact sheets present potential activities in the eight CSH component areas and cover the topics of physical activity and nutrition, tobacco, asthma, injury/safety and significant contagious diseases/HIV.

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