

Coordinated School Health

Tennessee Coordinated School Health connects physical, emotional and social health with education through eight inter-related components. This coordinated approach improves students' health and their capacity to learn through the support of families, communities and schools working together. Coordinated School Health works with many partners to address school health priorities.

CSH Highlights

Control and Prevention (CDC) designed to promote healthy school environments so children arrive at school ready to learn and work Coordinated School Health (CSH) is an evidenced-based model developed by the Centers for Disease towards reducing the obesity rate statewide. Below are some of CSH's achievements.

- Tennessee student BMI rates for overweight and obese are declining. BMI rates declined from 41.2 percent in 2007-08 to 38.5 percent in 2012-13.
- Percent of school districts with active School Health Advisory Committees (SHAC's) increased from 87 percent of all school districts during the 2011-12 school year to 92 percent of all school districts during the 2013-14 school year.
- Parent and student partnerships are emphasized in all aspects of CSH. CSH Coordinators expanded the average number of partners from 21 community partnerships per school district in 2008-09 to 41 community partners in 2013-14. CSH District Coordinators worked with 5,391 different community partners and coalitions during the 2013-14 school year. Also, CSH statewide partnered with 83,939 students and 18,029 parents to address school health priorities during the 2013-14 school year.
- From 2007-08 to the 2013-14, CSH Coordinators secured an additional \$142 million in health grants and in-kind resources/gifts for Tennessee schools.
- According to CDC's Youth Risk Behavior Surveillance survey for high school students, the percentage of Tennessee students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days increased from 33.7 percent in 2005 to 41.4 percent in 2013.
- During the 2013-14 school year, 158 new school district policies/guidelines were approved statewide to address school health concerns. Also, an additional 212 school district policies/guidelines were strengthened.
- Seventy-one percent (71 percent) of all school districts reported they incorporated health-related goals into their School Improvement Planning (SIP) and/or their Tennessee Comprehensive System-wide Planning Process (TCSPP) district planning agendas.

- Over 1.3 million student health screenings occurred in Tennessee public schools during the 2013-14 school year. Of those screened, 126,723 students were referred to a health care provider for additional medical attention through parental notification.
- In 2013-14 there were 3,337,488 student visits to a school nurse with 2,956,744 students returned to class for a return to class rate of 89 percent.
- At the end of the 2013-14 school year, school districts reported an 85 percent compliance rate for schools meeting the 90 Minute per Week student physical activity law.
- CSH Coordinators worked with community partners to establish school-based health clinics. The number of school systems with school-based clinics increased from 12 in 2008-09 to 37 school districts in 2013-14. The number of schools with school-based clinics increased from 54 in 2008-09 to 186 in 2013-14. There have been 726,613 students served in school clinics during the 2008-2009 through 2013-14 school years.
- The number of schools providing bullying prevention programs to students increased from 744 schools in 2011-12 to 1,452 schools in 2013-14. Also, 1,636 schools provided bullying prevention training for teachers and staff.
- Seventy-eight percent (78 percent) of all school systems provided staff health screenings during the 2013-14 school year.
- Since the inception of Coordinated School Health, CSH District Coordinators have worked with community partners to develop walking tracks/trails in 467 schools, developed in-school fitness rooms for students in 289 schools, provided 331 schools with new or updated playgrounds and 324 schools with gardens.

CSH Components

Although these components are listed separately, it is their composite which allows CSH to have significant impact. Click on each component below for additional information and resources.

Health Education

Health education is a planned, sequential, pre K-12 curriculum and program that addresses the physical, mental and emotional, and social dimensions of health. The activities of the curriculum and program are integrated into the daily life of the students and 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. The curriculum and program include a variety of topics such as personal health, family health, community health, consumer health, environmental health, family living, mental and emotional health, injury prevention and safety, CPR, nutrition, prevention and control of disease and substance use

and abuse. Qualified professionals such as health educators, teachers, school counselors, school health nurses, registered dietitians, and community health care professionals provide health education.

Key Elements of a Comprehensive Health Education Program*

Lifetime Wellness is a holistic approach to health and physical education in Tennessee high schools. The course addresses Nutrition, Substance Use and Abuse, Mental Health, Human Growth and Development, First Aid and Safety, and Personal Fitness and Related Skills. Each content area is addressed in a classroom setting while allowing opportunity to explore how one content area affects and is affected by other content areas. Students participate in cooperative learning instructional methods and physical activities that can be practiced throughout a person's lifespan. Instruction emphasizes prevention as well as intervention with regard to the health practices of students.

The following are key elements of comprehensive health education, which itself are part of an overall coordinated school health program:

1. A documented, planned, and sequential program of health instruction for students in grades kindergarten through twelve.
2. A curriculum that addresses and integrates education about a range of categorical health problems and issues at developmentally appropriate ages.
3. Activities that help young people develop the skills they need to avoid: tobacco use; dietary patterns that contribute to disease; sedentary lifestyle; sexual behaviors that result in HIV infection, other STDs and unintended pregnancy; alcohol and other drug use; and behaviors that result in unintentional and intentional injuries.
4. Instruction provided for a prescribed amount of time at each grade level.
5. Management and coordination by an education professional trained to implement the program.
6. Instruction from teachers who are trained to teach the subject.
7. Involvement of parents, health professionals, and other concerned community members.
8. Periodic evaluation, updating, and improvement.

*Source: CDC, Coordinated School Health Program, www.cdc.gov/HealthyYouth/about/

Health Services

Health services are provided and/or supervised by school health nurses to appraise, protect, and promote the health of students. These services include assessment, planning, coordination of services and direct care for all children, including those with special health care needs. Health services are designed and coordinated with community health care professionals to ensure early intervention, access and 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 student and staff illness or injury; provide daily and continuous services for children with special health care needs; 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 school health nurses, physicians, psychiatrists, psychologists, dentists, health educators, registered dietitians, school counselors, and allied health personnel including speech therapists and occupational or physical therapists provide these services.

New Student Immunization Requirements

The Tennessee Department of Health has new immunization requirements for children attending schools. Learn more by visiting the department's web site at: tn.gov/health/article/required-immunizations.

Nutrition

Nutrition services assure access to a variety of nutritious, affordable and appealing meals in school 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 meet the complete nutrition needs of students.

Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods, and serves as a resource and link with nutrition-related community services and educational programs. Qualified professionals such as experienced, knowledgeable school food supervisors and registered dietitians provide these services.

For more information about the department's nutrition program, visit the [School Nutrition page](#).

Physical Education

Physical education is a planned, sequential pre-k -12 curriculum program that follows national standards in providing developmentally appropriate, cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education promotes, through a variety of planned individual and cooperative physical activities and fitness assessments, each student's optimum physical, mental, emotional and social development; and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives. Qualified professionals such as physical education teachers and physical activity specialists provide physical education and related fitness activities.

Healthy School Environment

The Healthy School Environment component relates to the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment.

Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality and potential health and safety hazards.

The quality of the psychological environment includes the physical, emotional and social conditions that affect the safety and well being of students and staff. Qualified staff such as facilities and transportation supervisors, principals, school and community counselors, social workers, psychologists, school health nurses, health educators, and school safety officers assess and plan for these factors and conditions in the school environment.

See the School Climate page for related information.

Related Resources & Links

School Counseling, Psychological, and Social Services

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. All students receive these services, including developmental classroom guidance activities and preventative educational programs, in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through the administration and interpretation of psychometric and psychoeducational tests, observational assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school health nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social health of students, their families and the school environment. Qualified professionals such as school and community counselors, school and community psychologists, school health nurses, social workers, and qualified staff from community agencies provide these services.

Student, Family, and Community Involvement

Involvement of students, parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families. Qualified professionals such as principals, teachers, and school health staff, along with students, parents and volunteers, provide leadership in this area.