

## CHAPTER 2

# Parent and Community Involvement

This chapter presents guidelines for increasing *parent and community involvement* in schools, an essential component of a school health program. Included within this chapter is information about related codes, policies, and recommendations for engaging a wide range of resources and support to enhance the health and well-being of students.

## In This Chapter

- Involving Parents and Community
- Establishing and Enhancing School Health Advisory Boards
- Involving Parent/Teacher Groups
- Developing Partnerships
- Building Support for School Health Programs

# Involving Parents and Community

**Introduction.** Involving parents and the community is essential to a successful school health program. By integrating school, parent, and community in a school health program, the health and well-being of students are enhanced. Examples of parent and community involvement in school health include school health advisory boards (SHABs), such parent teacher organizations as the PTA, and partnerships with organizations within the community. This involvement creates broadly-based constituencies for school health that build support for school health program efforts.

Please refer to “Developing a Program: Planning Process Steps” in Chapter I for detailed information on how to develop a program.

**Definitions.** Although a universally accepted definition of the term “Parent and Community Involvement” has not been adopted, *Health Is Academic: A Guide to Coordinated School Health Programs* presents the following definition:<sup>52</sup>

*Family and Community Involvement in Schools: Partnerships among schools, families, community groups, and individuals. Designed to share and maximize resource and expertise in addressing the healthy development of children, youth, and their families.*

According to the Institute of Medicine (IOM) Committee on Comprehensive School Health Programs in Grades K-12, and as described in Chapter I, a comprehensive school health program (CSHP) “**involves** and is **supportive of families** and is **determined** by the **local community** based on community **needs, resources, standards, and requirements.**”<sup>53</sup>

Each term printed in bold is further described and discussed in the IOM interim statement and final report. A brief summary of these terms is described below, as defined by the IOM Committee in its final report.<sup>54</sup>

***Involve** means to engage as a participant, to include. **Supportive of families** implies helping, assisting, or advocating, to keep families as a key foundation, with family defined in its broadest context as a unit consisting of one or more children plus parent(s), guardian, or other care provider(s). Involving the family implies that the family has*

<sup>52</sup> Marx, E., and Wooley, S.F. (1998). *Health Is Academic: A Guide to Coordinated Health Programs* (p. 4). New York, N.Y.: Teachers College Press.

<sup>53</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p. 60). Washington, D.C.: National Academy Press.

<sup>54</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p. 61-62). Washington, D.C.: National Academy Press.

*knowledge about the CSHP and participates in community deliberations to determine needs and to design program strategies, activities, and services. When properly designed and sensitive to community concerns, CSHPs provide family support by reinforcing community values and providing access to health and social services, both for students and possibly for other family members.*

**Determine** means to come to a decision by investigation, reasoning, or calculation, to settle or decide by choosing among alternatives or possibilities.

The **local community** refers to the wide range of stakeholders—parents, students, educators, health and social services personnel, insurers, business and political leaders, and so forth—at the particular site where the program will be implemented.

**Need** refers to the lack of something desirable or useful and to conditions requiring relief or remediation. **Resources** refer to the strengths and available sources of relief or recovery upon which the community can draw in meeting identified needs. **Standards and requirements** involve both professional and legal criteria and community ethics, mores, and values.

## Recommendation

**Beginning the Process.** As described in Chapter I, various models for school health programs exist, but most models have essential common elements. There is no one universally accepted “best” formula for establishing a school health program—each community must specifically tailor the program to meet its needs. Active community involvement is the key, and the integration of school programs with other community efforts appears to produce more positive results than a school or community program operating in isolation.<sup>55</sup>

**Planning Process.** The form and structure of a school health program should be determined through a deliberate planning process by a broad range of stakeholders—those who will be involved in and affected by the program.<sup>56</sup> Chapter I describes a logical planning process that can be used to develop the program.

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<sup>55</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p. 76). Washington, D.C.: National Academy Press.

<sup>56</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p. 61). Washington, D.C.: National Academy Press.

## Subsections

The following subsections describe some of the ways to involve the local community—parents, students, educators, health care and social service providers, insurers, business, policymakers, and so forth—in developing the form and structure of the school health program.

- ◆ Enhancing and Establishing School Health Advisory Boards
- ◆ Involving Parent and Teacher Groups
- ◆ Developing Partnerships

# Establishing and Enhancing School Health Advisory Boards

## Authorization

**Code of Virginia, Section 22.1-275.1, School Health Advisory Board.** The *Code of Virginia* requires that each school board shall establish a school health advisory board of no more than twenty members to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-275.1.

## **SUPTS. MEMO. No. 137, June 19, 1992, Subject: School Health Education Advisory Board.**

Excerpt:

*The 1992 General Assembly amended and reenacted § 22.1-275.1 to require each school division to have a school health advisory board. The advisory board should be organized to advise school divisions about the development and implementation of school health programs, including health instruction, the school environment and health services.*

*The school health advisory board should be organized to include no more than twenty (20) members, with a broad base of representation including parents, students, health professionals and educators. In addition, the board may be organized to include representatives from community agencies, the local school board, business and industry, child advocacy groups, volunteer health agencies, the school division staff, and institutions of higher education. Each advisory board is required to meet at least semi-annually and to provide an annual report on the status and needs of student health in the school divisions to any relevant school, the school board, the Virginia Department of Health and the Virginia Department of Education.*

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## Overview

**History.** School health advisory boards began with a Governor’s Task Force on Child Health. To accomplish the goal of Virginia’s students taking full advantage of a “world class education,” the Governor’s Task Force on Child Health recommended that the Secretaries of Education and Health and Human Resources work together to encourage local school divisions to increase the school’s role in improving the health of the children of the Commonwealth so that they are ready to learn and can concentrate on learning while they are in school. To reinforce this effort the 1992 General Assembly amended and reenacted Section 22.1-275.1 of the *Code of Virginia* to require each school division to have in place a school health advisory board (SHAB) by December 1992.

## Recommendation

**Membership.** As described in *A Guide to Establishing and Maintaining School Health Advisory Boards*,<sup>57</sup> a school health advisory board is an advisory group composed primarily of individuals selected from broad-based segments of the community, including but not limited to parents, students, health professionals, educators, and others. The group acts collectively to provide advice to the school division on aspects of the school health program. The members of a school health advisory board are specifically appointed by the school division to advise the school division.

SHABs may have up to 20 members. Each member should:

- ◆ Be interested and involved in youth-related activities.
- ◆ Have a general understanding or awareness of the community.
- ◆ Have professional abilities to contribute to the SHAB.
- ◆ Be willing to devote time to the SHAB.
- ◆ Be representative of the community’s population.
- ◆ Be respected by the community.

Potential SHAB members should include members from some of the following categories:

- ◆ Parents or parent groups.

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<sup>57</sup> Virginia Department of Education. (1995). *A Guide to Establishing and Maintaining School Health Advisory Boards*. Richmond, Va.: Author.

- ◆ Medical professionals, such as nurses, physicians, dentists, nutritionists, psychologists, speech-language pathologists, vision specialists, and audiologists.
- ◆ Social services agencies.
- ◆ Business/industry.
- ◆ Volunteer health agencies.
- ◆ Churches/synagogues.
- ◆ Hospitals/clinics.
- ◆ Public health agencies.
- ◆ Civic and service organizations.
- ◆ Community service boards.
- ◆ Colleges/universities.
- ◆ Public media.
- ◆ Attorneys and law enforcement officials.
- ◆ School personnel, such as pupil medical director, health supervisor/coordinator, guidance counselor, nutritionist, high school student, principals, teachers, school nurse, custodian bus driver, vision/hearing specialist, and speech therapist.
- ◆ Youth groups.
- ◆ Professional societies.
- ◆ Government officials.

**Functions.** The SHAB facilitates understanding and cooperation among those interested in developing and improving the local school health program. In addition to their overall purpose of advising school divisions about the development and implementation of school health programs, SHABs perform many other functions. These potential functions should be periodically reviewed by the board and the school system to determine mutually beneficial priorities. If weighting is not provided by the school system, the SHAB may annually decide which functions should receive the most emphasis, or the decision may be made according to the board plans for each major issue, project, or topic. Whatever the priorities, the SHAB meetings and other activities should reflect these

functions. The following is a summary of required and recommended functions of a SHAB.<sup>58</sup>

- ◆ **Health Policy:** Assist with the development of health policy in the school division. (Required by *Code of Virginia*, § 22.1-275.)

**Note:** Information gathered from assessment activities can be used to assist policy makers in developing policies based local priorities, needs, and resources. Policy development includes consideration of political, organizational, and community values. Good policy development includes information sharing, citizen participation, compromise, and consensus building.<sup>59</sup> Please see “Planning Process Steps” in Chapter I for information on assessing the school community health status and available resources.

- ◆ **Evaluation:** Assist with the evaluation of the status of school health, health education, the school environment, and health services. (Required by *Code of Virginia*, § 22.1-275.) Please see “Planning Process Steps” in Chapter I for information on evaluating the effectiveness of a school health program.
- ◆ **Meeting:** Hold meetings at least semi-annually. (Required by *Code of Virginia*, § 22.1-275.)
- ◆ **Student Health Report:** Report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education. (Required by *Code of Virginia*, § 22.1-275.)

**Note:** The Department of Education and Department of Health collaboratively administer the reporting process by administering an annual school health advisory board survey and publishing an annual report of survey findings. The purpose of the annual report is to provide information to state and local policy makers for improving school health programs in the Commonwealth

For further information about the school health advisory board reporting process and published reports, contact Fran Meyer, Comprehensive School Health Specialist, Office of Special Education and Student Services, Virginia Department of Education, telephone (804) 225-4543.

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<sup>58</sup> Adapted from Virginia Department of Education. (Reprinted November 1995). *A Guide to Establishing and Maintaining School Health Advisory Boards*. Richmond, Va.: Author.

<sup>59</sup> Adapted from Washington State Core Governmental Public Health Functions Task Force Members. *Core Public Health Functions* (July 1993). Washington, DC.: National Association of County Health Officials.



The 1995 – 96 report, entitled *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Year 1995 – 96*, published October 1997, is on the web at <http://www.vdh.state.va.us/fhs/child/school/publications.htm>. It is anticipated that future reports will be available at the same web site.

- ◆ **Visibility for School Health:** Provide visibility for school health within the school system and community by communicating to school personnel and community members messages of concern for the health of students and staff.
- ◆ **Parent and Community Involvement:** Promote parent, citizen, and professional involvement in the schools by providing an opportunity for participation by parents in activities and decisions influencing the lives of their children and by serving as a mechanism for involving other community members.
- ◆ **Advocacy for School Health:** Conduct or facilitate activities that bring attention to the relationship between academic achievement and health, including benefits of high-quality school health programs, such as improvement in attendance, decreased tobacco use among students and staff, decreased disciplinary problems, and delayed onset of high-risk behaviors.
- ◆ **Forum for Health Issues:** Provide a positive environment for constructive presentations and reviews of controversial health issues affecting students and school staff that need to have a specific place in the community for discussion, decision-making, and planning.
- ◆ **Recruitment of Community Health Resources:** Coordinate the participation of multiple community individuals and agencies to address a specific need in the school health program.
- ◆ **Facilitate Understanding of Schools and Community Segments:** Provide opportunities for parents and other community members to gain further insight into the life of schools and allow school personnel to learn more about varied backgrounds and views of community segments.

**Note:** The Virginia Department of Health, Office of Minority Health, is available to provide consultation and technical assistance on improving the health of African-Americans/Blacks, Asian/Pacific Islanders, Native Americans, and Hispanics/Latinos in the Commonwealth through policy development and program analysis.

For further information about minority health, contact Robert L. Bolling, Director, Office of Minority Health, Virginia Department of Health, telephone (804) 786-3561.

- ◆ **Public Relations:** Function as public relations extensions of the school division by informing the community, media, and school personnel about school health program components, goals, objectives, and success.
- ◆ **Facilitate Innovation:** Advocate for the introduction of new or enhanced school health program components by sharing with school personnel special interests or new approaches, providing financial and motivational support for change, and functioning as a sounding board for new approaches.

## **Resources**

For more information on the formation and maintenance of a school health advisory board refer to:

Virginia Department of Education. (1995). *A Guide to Establishing and Maintaining School Health Advisory Boards*. Richmond, Va.: Author.

# Involving Parent/Teacher Groups

## Overview

**Parent and Teacher Groups.** Another way to involve the community and parents is through parent and teacher groups, such as the local parent teacher organization (PTO) or local/state chapter of the National Parent Teacher Association (PTA). The PTOs are local organizations with guidelines developed by each local organization. The local PTA chapter is part of the national association and abides by the national association guidelines for Parent Teacher Associations. In Virginia, the state association is called the Virginia Congress of Parents and Teachers. Involving parents and the community through such established organizations as the PTA or local PTO can provide support for a school health program in the form of administrative support, actual personnel to staff the programs, program advocates, and financial support.

**National PTA.**<sup>60</sup> Both the mission and objectives of the National PTA are congruent with the concept of a successful school health program. The mission of the National PTA is three-fold:

- ◆ To support and speak on behalf of children and youth in the schools, in the community, and before governmental bodies and other organizations that make decisions affecting children.
- ◆ To assist parents in developing the skills they need to raise and protect their children.
- ◆ To encourage parent and public involvement in the public schools of this nation.

The objectives of the PTA are:

- ◆ To promote the welfare of the children and youth in the home, school, community, and place of worship.
- ◆ To raise the standards of home life.
- ◆ To secure adequate laws for the care and protection of children and youth.
- ◆ To bring into a closer relationship the home and the school so that parents and teachers may cooperate intelligently in the education of children and youth.

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<sup>60</sup> National PTA. (1998, August 7). Our Mission, Objective, and Promise. *Children First Web Site* [Online]. Available: <http://www.pta.org/siteMap.htm>

- ◆ To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

The National PTA <sup>61</sup> has adopted seven standards for parent/family involvement programs to promote meaningful parent and family participation in schools, to raise awareness regarding the components of an effective program, and to provide guidelines for schools that wish to improve their programs. The following standards reflect the National PTA's commitment to parent involvement in schools: <sup>62</sup>

- I. Communicating - Communication between home and school is regular, two-way, and meaningful.
- II. Parenting - Parenting skills are promoted and supported.
- III. Student Learning - Parents play an integral role in assisting student learning.
- IV. Volunteering - Parents are welcome in the school and their support and assistance are sought.
- V. School Decision Making and Advocacy - Parents are full partners in the decisions that affect children and families.
- VI. Collaborating with Community - Community resources are used to strengthen families and student learning.

## Recommendation

**Ideas for Parent Involvement in a School Health Program.** The Health Committee of the Virginia Congress of Parents and Teachers developed the following list of potential ways that parents might be involved in some of the components of a school health program.

1. Health Services
  - ◆ Parents with training in universal precautions can be volunteers for school-based health services.
  - ◆ Parents can drive/walk students to appointments.

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<sup>61</sup> National PTA. (1997, August 8). *PTA Guide to the National Standards for Parent/Family Involvement Programs* [On-line]. Available: <http://www.pta.org/programs/stnrdgd.htm>

<sup>62</sup> Ibid.

- ◆ Parents can assist staff members with non-confidential paperwork.
- ◆ A school nurse (with assistance from the local PTA) can plan and conduct many types of training sessions for parents, including first-aid, disease prevention and control, and injury prevention.

## 2. Health Education

- ◆ Parents can talk with the school administration about mailing the school board's newsletter to parents.
- ◆ Parents can volunteer to have a regular column on student and family health in the newsletter.
- ◆ Parents can ask teachers to require their students to share articles on health with their parents. (This may meet the challenge of possible parent illiteracy.)
- ◆ Parents can hold parent education workshops for other parents. In doing so, parents should be included in the planning and implementation of the workshops.
- ◆ Parents can help provide incentives to encourage attendance at the workshops (e.g., providing transportation to the workshops, child-care during the workshops, and food/refreshments for the participants).
- ◆ Parents can help with publicizing the events (e.g., school newsletters, PTA newsletters, menus, phone tree, television, radio, through homeroom/health classes, use of case workers).

## 3. Physical Education

- ◆ Parents (through the local PTA) can help sponsor awards for participation in sports that also encourage academic excellence (for males and females). Parents may want to sponsor "most improved" awards.
- ◆ Parents can work with the school's physical education department to plan and/or implement field days and "athletic" festivals, class/grade/school dance performances, or events.
- ◆ Parents can volunteer with the school's athletic department to work at track meets and swim (or other) classes.

## 4. School Nutrition Services

- ◆ Parents can work with the school personnel to establish a parent-student school nutrition committee (or subcommittee to the local school health advisory board) to help the nutrition services staff promote good nutrition practices.

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- ◆ Parents can work with the school administration to invite other parents to eat at school with their children at least twice a year.
  - ◆ Parents could help the school establish a “lunch buddy” program where parents (or other professionals, community members, or other role models) could eat lunch on a regular basis (once or twice a month) with assigned students. These role models may give support and encouragement to students on a one-on-one basis.

#### 5. Counseling and Psychological Services

- ◆ In most cases, parents should be involved in any counseling and psychological services provided their own children (unless it is determined that it is not in the best interest of the student).
- ◆ Parents may assist school staff members in non-confidential paper work.
- ◆ Parents may drive/walk students to appointments.
- ◆ Parents and school staff members may collaborate to plan and implement training sessions for other parents.

#### 6. Healthy School Environment

- ◆ The local PTA, or other parent group, can work with the school administration to conduct an evaluation of the school environment (grounds, ventilation, handicap accesses, crosswalks, safety features, and so forth).
- ◆ Parents can develop a school-sponsored project to improve some aspect of the school’s environment. However, local PTAs are discouraged from raising large sums of money for such projects. An alternative is to develop a business-PTA partnership to fund the project and/or arrange for volunteer labor. Parents can work with the local school board to fund projects to improve the school grounds and facilities. It is also important to be aware of tax laws related to these projects.

#### 7. Staff Wellness Programs

- ◆ Parents can work with school personnel to establish school staff wellness programs.
- ◆ Parents can volunteer to assist in sponsoring staff health screenings.
- ◆ Parents can work with a school committee to plan and implement parent/staff/student wellness nights.
- ◆ Parents can sponsor incentives for on going parent/staff “health improvement” programs (e.g., smoking cessation, weight control, exercise programs, and so forth).

# Developing Partnerships

## Overview

**Introduction.** Many local school divisions do not have the resources to provide the type of school health program that the community needs. The school health program team should look outside the school division to meet these needs. These outside avenues may include the development of a partnership with other community organizations.

**Potential Partnerships.** Potential partnerships that the school division might explore include nonprofit agencies, corporations, or managed care organizations. Examples of partnerships are summarized below.

- ◆ **Nonprofit Agency.** A partnership could be developed with a nonprofit agency, such as the American Cancer Society (ACS). ACS has a strong school health division that has many volunteers and educational programs which include printed materials, videos, posters, and handouts. If a school division has a need for education on the ills of tobacco or how to reduce risk factors in elementary school children, then ACS could help with that need.
- ◆ **Corporate.** A corporate partnership could be developed with a large corporation with large numbers of employees who have children in a school division. The corporation may be willing to fund specific project or provide the expertise and staff for a school health program.
- ◆ **Health Maintenance Organization.** A school division entering into a partnership with health maintenance organization to manage a school-based health center is an example of a partnership with a managed care organization.
- ◆ **Local Small Business.** Employees of a small company could read to students.
- ◆ **Local Civic Organizations.** A senior citizen group could team with students to be “lunch buddies.”
- ◆ **Individuals.** Parents with medical backgrounds (e.g., nurses) could volunteer to assist with screening programs.

## Recommendation

**Guidelines for Developing New Partnerships.** The following guidelines are key concepts when developing a new partnership.

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- ◆ **Involve All Key Players** - Involve all persons who have a stake in the proposed program to include organizational representatives, influential people in the community, and children and families who will be affected by the program.
  - ◆ **Choose a Realistic Strategy** - Choose a strategy that reflects the level of commitment by all partners. The potential partner may not be ready for a true collaborative relationship but would rather commit to a cooperative relationship. For example, a local health department may be able to provide nurses two days a week to assist with immunizations for a school health program. This level of commitment could be used to build trust and a sense of accomplishment that could lead to a more ambitious collaborative commitment.
  - ◆ **Establish a Shared Vision** - When partners share a vision of the issues and priorities concerning school health, it is much easier to establish common goals and objectives. The shared vision may occur over time through cooperative partnerships that lead to a collaborative relationship.
  - ◆ **Agree to Disagree in the Process** - Develop a communication process that provides the means to express disagreement. This conflict and its resolution may help the program to move forward rather than becoming bogged down in a process.
  - ◆ **Make Promises You Can Keep** - Create momentum and a sense of accomplishment through setting attainable goals.
  - ◆ **“Keep Your Eyes on the Prize”**- It is important to maintain momentum by focusing on the long term goal and not becoming bogged down in the daily conflicts.
  - ◆ **Build Ownership at All Levels** - Include representatives from involved agencies and keep all staff members informed of changes.
  - ◆ **Avoid “Red Herrings”** - Maintain focus on the goal and work out technical difficulties after objectives have been identified.
  - ◆ **Institutionalize Change** - Objectives developed from the partnership must be incorporated into the institution’s organization so that proposed changes can endure.
  - ◆ **Publicize Your Success** - Publicizing successful results can lead to attracting more funding and opportunities for more innovation.

**Funding Sources and Reimbursements.** When looking for partnerships, the school division is also looking for funding sources. The funding source may be in a partnership, but it may also come from other sources. Funding sources may include, but are not limited to, the following:



- ◆ Grants from state agencies.
- ◆ Grants from nonprofit organizations, such as the March of Dimes, American Cancer Society, American Heart Association.
- ◆ Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH).
- ◆ Local businesses.
- ◆ Large corporations.
- ◆ Internet (search for sponsors or partners that may be interested in a specific part of a school health program). For example: the CDC's School Health Program Finance Project database contains information on federal funding sources for school health programs. Plans are underway to add state-specific and foundation funding information. The internet address is <http://www.cdc.gov/nccdphp/dash/funding.htm>.
- ◆ Local Parent Teacher Association.
- ◆ Medicaid reimbursement.

**The Coordinator Role.** In most school divisions, the school health coordinator is a school nurse or an administrator with direct responsibilities for school health. The school health coordinator oversees the implementation of the school health services plan and coordinates school health services with the other components of the school health program. Therefore, the role of the coordinator is important in the development and implementation of partnerships. For example, the school health coordinator can provide leadership by coordinating school health services with community-based medical and mental health providers, school-based or school-linked health center staff (if one exists), and local public health officials. The coordinator can act as a liaison between the schools and public health staff and local health care providers who can provide consultation on issues involved with students with special health care needs, school wide health, and health policy. In addition, the coordinator can involve local health care providers in the planning, implementation, and evaluation of programs as well as in policies to develop them.<sup>63</sup>

**Example of a Partnership: School-Based Health Centers and Managed Care Organizations.** An example of a partnership in a school health program is between a school-based health center and a managed care organization. When developing a partnership with a managed care organization, the following principles developed by a

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<sup>63</sup> Marx, E., and Wooley, S.F. (1998) *Health Is Academic: A Guide to Coordinated Health Programs* (pp. 184-185). New York, N.Y.: Teachers College Press.

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national workgroup on structuring the relationships between school-based health centers and managed care organizations should be considered.<sup>64</sup>

- ◆ Principle 1: Common Mission - The school health program and the organization with which the partnership is formed should have a common mission. For example, a partnership between a primary care delivery service and a school-based health center may have the common mission to promote quality of care by increasing access to care and providing risk-reduction services, user satisfaction, and early intervention.
- ◆ Principle 2: Scope of and Authorization for Services - When developing the partnership, the scope of services or what services each party will provide and how those services will be authorized should be defined in writing in a contract.
- ◆ Principle 3: Linkages Between the Partners - Each partner should commit to ongoing communication and mutual assistance to ensure quality of care. A policy should be developed to define the frequency and type of communication
- ◆ Principle 4: Linkages Between Agencies Outside the Partnership - Any linkages between agencies outside the partnership (e.g., laboratories, pharmacies, or referrals) should be specified in writing.
- ◆ Principle 5: Confidentiality - Each partner should commit to ongoing collaboration to ensure that confidentiality is maintained.
- ◆ Principle 6: Quality Improvement - Both partners should commit to the development and maintenance of quality improvement. This may include a joint approach to data collection, agreed-upon standards of practice, assessments, and joint mutual utilization review.
- ◆ Principle 7: Reimbursement - A formula for reimbursement should be determined between the partners and specified in writing in a contract.

**Resources for Establishing a Partnership Between a School-Based Health Center and Managed Care Organization.** Many programs are being developed to facilitate the development of partnerships between managed care organizations and health care providers, such as a school-based health center. “Making the Grade” is a national program of the Robert Wood Johnson Foundation located in the School of Public Health at George Washington University. This national grant program supports state and local

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<sup>64</sup> *A Partnership For Quality and Access: School-Based Health Centers and Health Plans.* (1996). School Health Initiative Policy: New York, N.Y.. A Special Report on the 1995 Work Group Meetings.

partnerships to establish school-based health centers and includes information on developing partnerships with managed care organizations. Information on “Making the Grade” can be obtained by contacting:

Making the Grade  
Suite 505  
1350 Connecticut Ave., NW  
Washington, D.C.  
(202)466-3396  
(202)466-3467 fax  
<http://www.gwu.edu/~mtg>

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# Building Support for School Health Programs

## Overview

**Introduction.** One of the biggest benefits of a successful school health program can be a closer working relationship between parents and schools. Working with parents, businesses, local health officials, and other community groups, a school can form powerful coalitions to address the health needs of students.

A successful approach to school health programs may look very different in each school, district, community, town, city, or state in which it has been implemented. And while developing the elements of a school health program may seem difficult at first, the reality is that many schools and communities across the country are already utilizing some of the eight components. What's more, when parents, teachers, students, and dedicated members of the community work together and make a commitment to put these different elements in place, the results can be powerful.

**School Health Starter Kit.** To help policy makers and their staff help schools and communities build support for a coordinated approach to school health, the Council of Chief State School Officers (CCSSO) and the Association of State and Territorial Health Officials (ASTHO) have prepared a "Starter Kit," which is summarized below. The materials are based on the premise that a coordinated approach to school health will make a significant contribution not only to individual students, but also to entire communities, and that these initiatives will clearly demonstrate that *healthy kids make better students and better students make healthy communities*.

The *School Health Starter Kit* materials were developed under contract with two researchers and marketing firms. Both qualitative and quantitative research methods were used to test and refine these materials. Messages found to be effective with target audiences were integrated into the materials. Based on the initial research, a set of prototype materials was developed and reviewed by groups of state health officials, chiefs, and the target audience of parents, teachers, and administrators.

Readers may find excerpts from the *School Health Starter Kit*, which are presented on the following pages, helpful in building support for coordinated school health ensuring healthy successful outcomes for all students.

For additional information about the materials or to order the *School Health Starter Kit*, please contact either of the following persons:

Darcy Steinberg, ASTHO  
Director, Adolescent and  
School Health Policy  
Telephone: (202) 371-9090  
Email: [dsteinberg@astho.org](mailto:dsteinberg@astho.org)

Nora Howley, CCSSO  
Acting Project Director,  
HIV/School Health  
Telephone: (202) 336-7033  
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## Why Support a Coordinated Approach to School Health?

(Source: excerpted verbatim from the *School Health Starter Kit*)

### ***Healthy Kids Make Better Students. Better Students Make Healthy Communities***

#### ***Why Support School Health?***

##### **The Need**

The statistics are alarming.

(All statistics in the *Starter Kit* are cited in the Reference Section under *Data Sources*.)

- ◆ **Alcohol Abuse**  
In 1997, almost 1 in 3 12<sup>th</sup> graders, 1 in 4 10<sup>th</sup> graders, and 1 in 10 8<sup>th</sup> graders reported heavy drinking (at least 5 drinks in a row).
- ◆ **Tobacco Use**  
From 1991-1997, cigarette smoking increased 90% among black high school students, 34% among Hispanic high school students, and 28% among white high school students.
- ◆ **Poor Nutrition**  
At least 11% and possibly as many as 25% of US children and adolescents are overweight.
- ◆ **Mental Well-Being**  
Nationwide, 1 in 5 students grades 9-12 has seriously considered attempting suicide.
- ◆ **Substance Abuse**  
26% of all 12<sup>th</sup> graders, 23% of 10<sup>th</sup> graders, and 13% of 8<sup>th</sup> graders report using illicit drugs.
- ◆ **Violent Crimes**  
Youth aged 12-17 are nearly 3 times more likely than adults to be victims of serious violent crimes.
- ◆ **Suicide**  
Suicide is the #3 cause of death among 15-24 year olds.
- ◆ **Sexually Transmitted Diseases**  
Every year, 3 million adolescents become infected with an STD.
- ◆ **Unintentional Injury Deaths**  
Motor vehicle accidents are the number one cause of death among teens. Almost 50% of these are alcohol related.

Now, would you be willing to consider that a lot of these problems—perhaps even most of them—are actually health-related? What's more, issues like these affect not only our children's health, but also their ability to learn. Pretty sobering, isn't it?

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As a parent, teacher, school administrator, or health professional, you're probably already concerned about these trends. The simple fact is that for kids to succeed in school, they cannot be hungry, tired, hung over, or worried that violence may erupt at any moment. Kids need a warm place to sleep, nutritious food to eat, people who love them, and a strong sense of personal self-worth. That's only a partial list, but a pretty hard one to fill for many kids in today's complex world.

It's also the very reason to get your community involved—now!

### **The Opportunity**

*Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, live healthier, longer, more satisfying, and more productive lives.*

Carnegie Council on Adolescent Development

It's big. Every school day, approximately 46 million students attend more than 100,000 schools across the U.S. That's a fact. What's more, these schools—working closely with parents and communities—have an unparalleled opportunity to make a significant contribution to the health and education of our nation.

But it can only happen if you and those around you take the lead. Schools can play an important role in the process—after all that's where the kids are for a large part of their day. However, the primary responsibility for kids' health belongs to parents. So get those around you involved. The steps we take today will help build the community of tomorrow.

### **The Starting Point**

Coordinated School Health (CSH) is a powerful approach to recognizing and addressing the close relationship between health and learning, and provides opportunities for students to know and practice the health and learning skills they'll need throughout their lives. A coordinated approach to school health recognizes that healthy kids make better students, and better students make healthy communities.

By integrating health topics and activities throughout the curriculum and during the course of the school day, CSH aims to keep kids healthier over time and support their capacity to learn. School health is also about empowering students with the knowledge, skills, and judgment to help them make smart choices in life. Every community will have its own individualized approach to developing and implementing a coordinated approach to school health.

### **The Benefits**

Many schools across the country have already developed their own customized approach to Coordinated School Health. People in different parts of the country who have implemented a coordinated approach to school health report one powerful element in common—results! Some are big, some small.

- ◆ Reduced school absenteeism.
- ◆ Fewer behavior problems in the classroom
- ◆ Improved student performance—higher test scores, more alert students, and more positive attitudes among students
- ◆ New levels of cooperation and collaboration among parents, teachers, school and health officials, and organizations within the community
- ◆ A more positive spirit among educators and their students
- ◆ Young people who are more prepared to become productive members of their communities and who can better cope with the world around them

Because of its nature as an approach rather than one distinct program, the impact of a coordinated approach is difficult to fully evaluate. However, we do know from research that efforts involving schools and communities can reduce risky behaviors, such as smoking, drinking, and drug use. Some evaluated efforts have helped kids learn to eat well, exercise more frequently, or improve their school performance. Others have decreased fighting at school, cut down on course failure, lowered rates of teen pregnancy, and/or decreased depression and suicidal behavior.

### ***About This Kit***

#### **The Goal**

This is your official (yes, official) CSH *Starter Kit*. It is not available in stores. It is only available to those individuals who are committed to improving a school's approach to health.

It explains lots of things, such as:

- ◆ How to get started.
- ◆ How to identify changes that can be made.
- ◆ How to organize support for those changes.

This *Kit* also:

- ◆ Discusses many of the barriers to change and how to overcome those hurdles.
- ◆ Includes materials (both hard copy and on CD-ROM) to support your efforts—including fact sheets and talking points.
- ◆ Contains real world examples of how changes have been made in other schools.
- ◆ Provides additional resources to help you establish a coordinated approach to school health.

What this *Kit* does not do is tell you exactly what your coordinated approach should look like. Each school is special; each community is unique. Similarly, each school's approach to health must be customized to meet its local strengths, needs, and regulations.



Adopting a coordinated approach doesn't mean changing everything overnight. The goal of this *Starter Kit* is to help you get started. The Council of Chief State School Officers (the leaders of state departments of public education) and the Association of State and Territorial Health Officials (the leaders of state health departments) sponsored the publication under a cooperative agreement from the Centers for Disease Control and Prevention in response to requests from parents, teachers, and administrators across the country who wanted assistance in developing a more coordinated approach toward school health.

We had hoped to make this document shorter, but the topics are so rich and the approaches so diverse, we wanted to give you the benefit of having all the “tools of the trade.”

To truly succeed in bringing a Coordinated School Health approach to communities nationwide, most of us also recognize that the public must believe that both educators and public health officials are committed to addressing their concerns about children's health and education. For that very reason, we also have developed a companion piece to this *Kit*, which has been produced specifically for policy makers and opinion leaders. The booklet for Policy Makers and Opinion Leaders explains the importance of a coordinated approach and provides suggestions about what leaders can do to support it.

## **Great Ways to School Health**

A Coordinated School Health approach is designed to help young people grow into healthy and productive adults by focusing on the physical, emotional, social, and educational development of kids in kindergarten through 12<sup>th</sup> grade. It strives to provide students with the information and skills they will need to make good choices in life. An effective school health plan works in partnership with parents and extends out into the community. First and foremost, it recognizes that health and learning go hand in hand. Let's get more specific and see how it might work. A coordinated approach to school health can address many aspects of health and education. Included below are some practical examples of each component.

### **Eight Components Can Be Great...Two or Three Can Be a Super Way to Start!**

#### **1. School Environment**

To learn effectively, children must be in a school environment in which they feel comfortable and supported. It is also important that parents and other adults working with kids have high expectations about learning and provide support. In addition, the building must be safe, the heat, lighting, and water must function properly, the bathrooms must be clean and safe, and students must observe general rules of conduct—all of which, combined in a coordinated approach to school health, will minimize distractions and maximize students' learning potential. For instance:

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- ◆ Education and administration staff could coordinate with parents and school counselors to hold workshops on conflict resolution and peer pressure resistance to help make schools safer places for students.
  - ◆ School policies can be implemented and enforced to prohibit tobacco, alcohol, and drug use on school grounds.
  - ◆ Community businesses—working with parents, students, educators, and school officials—can undertake a joint effort to help repair older schools, perhaps with repainting, updating bathroom fixtures, or improving physical education equipment to help create a more suitable learning environment.

## **2. Health Education**

School staff—teachers, nurses, administrators, or counselors—can work together to develop an ongoing approach to helping students build health-related knowledge and skills starting in kindergarten and continuing through 12<sup>th</sup> grade. This effort can play an important role in helping students make healthy lifestyle choices. For example:

- ◆ A health education teacher could incorporate a mix of activities and role playing to teach conflict resolution, refusal skills, or the dangers of alcohol, drug, and tobacco use.
- ◆ The cafeteria can provide opportunities to try healthful foods (which could be discussed in class and reinforced in posters displaying a range of healthy behaviors).

## **3. School Meals and Nutrition**

Many students eat one or two meals a day at school. Thus, schools have the opportunity to examine their meal programs and revamp them to offer more nutritious food, as well as develop coordinated educational activities and projects to encourage students to make healthy eating and good nutrition a priority for life. You may want to consider these suggestions:

- ◆ Parents, students, and school staff can partner to select healthy menus for the cafeteria.
- ◆ Schools can focus on healthy food choices in vending machines.
- ◆ Schools can adopt healthy snack policies for elementary school celebrations.

## **4. Physical Education**

Unfortunately, more American children are obese than ever before. Schools can and should encourage students to lead a physically active lifestyle both in and out of school. One way to start is to emphasize the importance of regular exercise as a lifelong activity. A strong, coordinated effort by schools can have a big impact on the sedentary lifestyles of children. For instance:

- ◆ Develop a calendar of sports activities, not just to turn out star athletes and winning teams, but also to act as a catalyst to building self-esteem, motivation, and leadership skills, and to reduce stress and depression.
- ◆ Challenge parents, teachers, and students to learn the advantages and fun of physical fitness and incorporate these lessons into their daily routines.

## 5. Health Services

Growing kids require a regularly scheduled health “maintenance” program—including immunizations, dental checkups, physicals, eye exams, other types of screenings, and, in certain instances, daily medication for students with specific medical problems. With the help of health professionals and the local health department, schools can encourage the provision of preventive services that enable students to take proactive measures to stay healthy and get more out of school. Plus, a coordinated approach can benefit busy parents. In some communities, school-based health centers are the only place for kids to access health services. In other communities, kids may have access to regular medical care but it may make sense to provide certain screening and preventive services at school.

- ◆ Parents, schools, health care personnel, and Medicaid can work together to provide critical preventive care.
- ◆ Health departments and communities can be encouraged to sponsor immunization campaigns for students and teachers.
- ◆ Nurses can work with students who have chronic health problems, such as asthma, to help manage symptoms and reduce time lost from school.

## 6. Counseling, Psychological, and Mental Health Services

In addition to a student’s physical well-being, his or her mental health can be effectively addressed through a coordinated approach to school health. Today, many students have the added stress of coping with emotional challenges stemming from problems such as parental divorce, alcoholism, abuse, and drug addiction. By offering counseling and other mental health services to students, as well as referrals to community mental health professionals, schools can help parents take a big step toward making an even greater difference in a student’s total performance, healthy development, and well-being. Consider:

- ◆ School counselors, social workers, psychologists, and other professionals help develop positive learning environments and positive behaviors by consulting and problem solving with students, families, and teachers.
- ◆ Schools can provide counseling, other mental health services, and referrals to community professionals to support students and their families. Students will get much-needed help, and parents and teachers will benefit because students can focus on learning.
- ◆ Staff can offer parents the opportunity to attend counseling sessions and support groups along with their children and can develop a local community network so that referral services can be made as soon as a problem is identified.

## **7. Staff Wellness**

Students aren't the only ones who need to stay in good health. Educators and school staff are important role models for students. Successful schools have healthy, highly motivated staff with low rates of employee absenteeism. Schools can consider enacting a number of activities to make sure that teachers and staff feel their best and perform at peak levels. Such efforts can include:

- ◆ Seminars, established by the administration and health department staff, on topics such as stress reduction, smoking cessation, physical fitness, and more.
- ◆ Simple health screenings, such as blood pressure, so that staff can identify early symptoms of disease.

## **8. Parent/Community Partnerships**

One of the biggest benefits to a coordinated approach to school health can be a closer working relationship between parents and schools. Working with parents, businesses, local health officials, and other community groups, schools can form powerful coalitions to address the health needs of students. For example:

- ◆ Parents should be encouraged to participate in coordinated school health planning and oversight committees.
- ◆ Community members with special skills can be asked to teach certain health units—such as dietitians focusing on food choices.
- ◆ School facilities can be opened to the public during non-school hours for physical activity and fitness sessions, as well as family health seminars and social and recreational functions.
- ◆ School facilities can also be used as satellite clinics and social service offices during non-school hours.

At first, developing and implementing a coordinated approach to school health may seem difficult. But in reality, many schools and communities are already utilizing some of the eight elements of CSH today. These first steps can form the building blocks to more actively include parents, teachers, administrators, and others in creating additional momentum and ultimately making a difference in the lives of kids all around us! When people work together to put these different elements in place, it adds up to results. Helping kids succeed in school and make smart choices for life is a challenge, but bringing together the resources of parents, the community, and the schools gives us a fighting chance to make sure all kids succeed.

### **Make It Happen!**

You see, there really are no set rules on the topic of a coordinated approach to school health. The options are virtually limitless, and so are the possibilities. So consider what might work best in your local environment and get started-soon! Plus, a coordinated approach to school health can take place without spending additional dollars. “Sweat equity” works just fine.

*The school principal or chief administrator is a key player. In schools where family partnerships flourish, the principal has usually taken the first steps towards better communication and collaboration*

Don Davies  
Center on Families, Communities  
Schools and Children’s Learning  
Northeastern University

### **Your School Today**

Now that you’re concerned about school health and wondering how to make a difference...here is how you can start.

Most schools and communities are already implementing some form of the eight great components of a coordinated approach to school health. To get your school started, you really need to get a snapshot of what’s already happening in your school and community as well as to identify those resources—human, physical, and capital—you can utilize. In other words, it’s a good time to ask a lot of questions.

### **What’s Happening?**

Here are some good questions, for starters...

- ◆ What types of health programs exist?
- ◆ Are there connections among different health program efforts?

- ◆ What's working and what's not working?
- ◆ What's missing?
- ◆ What would truly make your approach to school health a coordinated one?

**Step One: Assess**

As a first step, it is important to assess the strengths you have to build on around you. Study your local, community, city, and state policies and public health mandates to determine what the law says is necessary in terms of school health. Assessments sometimes involve interviews with key people, written questionnaires distributed to others (including parents, principals, teachers, and staff), and a review of current curriculum, materials, and existing school/community efforts. School districts and local health and education departments collect lots of data on the education and health status of children.

These data can be helpful in assessing community and school health needs. Collect available local data by talking to local officials to determine the health status of children in your community. You may also want to review files of local media articles on the subject through the local library, or conduct a search on the Internet. Take a look at what parts of school health have been publicized and note the names of local or state reporters who write on education, school, and health issues.

**Step Two: Identify**

Second, you will want to identify those components of a coordinated approach that already exist. At the same time, you may want to determine the level of community support for school health from such sectors as:

- ◆ Parents
- ◆ Religious organizations
- ◆ Public health departments
- ◆ Social service agencies
- ◆ Business
- ◆ Government
- ◆ Mass media/reporters
- ◆ Youth organizations
- ◆ Community groups
- ◆ Health care providers and health organizations

Keep in mind that your state and local departments of education and health can be super resources and key allies in this mission. Check with them to see what they are already doing with mental health departments or offices that administer substance abuse programs. Plus, it is a very good idea to talk to parents, teachers, business leaders, nurses, social workers, psychologists, drug and alcohol prevention coordinators, and others to see how they could be active in, and supportive of, a coordinated approach to school health.

You're probably wondering how to make sure you don't miss anyone important. Short of calling everyone in the phone book, consider the "snowball" method. Conduct interviews with people who represent organizations or constituencies that are respected in the community. Explain what a coordinated approach to school health means for students and

the community, and explore those individuals' views on what role their organization might play in supporting necessary changes. At the end of the interview, ask subjects for names of other organizations or individuals that could potentially contribute to improving school health.

The results? One, you'll really spread the word about CSH. Two, you will begin to hear the same types of groups mentioned repeatedly. Three, you'll realize that you've probably identified and familiarized yourself with the key players who can help make a difference on school health. This represents a large chunk of important work that you've already accomplished!

### **Step Three: Build School Support**

CSH will certainly look different in each school. The needs, issues, and concerns of elementary school students and their families differ dramatically from those of older students and their families. Middle and high school students may be grappling with depression, substance abuse, anger, STDs, HIV, unintended pregnancy, and other pressing health issues. The goal is to identify the most pressing child and adolescent health problems in the local community.

Further, health issues in urban areas often differ greatly from those in suburban and rural areas. Plus, certain health and safety issues—such as floods, earthquakes, tornadoes, lead poisoning, hazardous dump sites, and more—depend on geographic location.

Regardless of the issues, regardless of the location, one element is essential to a coordinated approach to school health: a school principal or assistant who recognizes the importance and value of such an effort. The principal is a key opinion leader and his or her words and actions set the tone for the entire school.

Other opinion leaders to include in building a consensus for school health are:

- ◆ Parents
- ◆ Teachers
- ◆ Counselors
- ◆ School board members
- ◆ Social workers
- ◆ Psychologists
- ◆ Nurses
- ◆ Food service directors
- ◆ School volunteers
- ◆ Drug and alcohol prevention coordinators
- ◆ Physicians
- ◆ Health department administrators and staff
- ◆ State or local voluntary health organization executives



### Step Four: Overcome Objections

As you move forward in this process, you may run into some people who are opposed to CSH. To help prepare yourself to persuade those who may be opposed to a coordinated approach to school health, think about the following questions:

- ◆ What are some of the common misconceptions people have about a coordinated approach to school health?
- ◆ What problems do they have with the concept of a coordinated approach?
- ◆ What are the differing views about how these programs will affect children, parents, and the community?
- ◆ Which parts of the coordinated approach present a problem?
- ◆ What needs do those who object to school health have that a coordinated approach might fill?

### Step Five: Put It All Together

Once you've covered Steps 1 through 4—which isn't an overnight process by any means—you should have:

- ◆ An assessment of what is and is not happening in school health in your area.
- ◆ Knowledge of community support groups, organizations, and influential individuals, including officials from the departments of health and education.
- ◆ A more detailed view of what constitutes a coordinated approach to school health.
- ◆ A list of media contacts who may be interested in covering the topic (and hopefully building support).
- ◆ An awareness regarding who may be opposed to CSH and how you may address their concerns

*Schools offer the most systematic and efficient means available to improve the health of your and enable young people to avoid health risks...*

Healthy People 2000  
U.S. Public Health Service

## ***Your Community Tomorrow***

### Start Slow, Build the Base

Now that you have a good read of who in the community is doing what in terms of school health and which issues are on the top of the priority list, it's time to:

- ◆ Identify where to start.
- ◆ Select those individuals, groups, or organizations that are most supportive of the coordinated approach and would be most receptive to working with you.

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In terms of a starting point, carefully consider which issues and programs are important, but also identify those which may require the least amount of resources—both human and financial—to implement fully and successfully. It’s important to register a few “wins” early to really get the team and “fans” psyched for a strong season.

### **Ask Questions to Help Set Priorities**

Only you and your colleagues can determine where to begin. Keep in mind that most of us are somewhat resistant to change. It is often a jolting experience. The following group of questions is designed to help you analyze how easy or difficult change will be to implement.

- ◆ How much time and commitment—money, personnel, and materials—will making the change require?
- ◆ Is the change “better”—faster, cheaper, and more beneficial—than the existing way of doing things?
- ◆ To what degree is the change consistent with existing practices, values, and political realities?
- ◆ How complex is the change and how many people (e.g., one department or multiple departments) will be involved in the process?
- ◆ How easy is it to describe the change you envision?
- ◆ Do the benefits—tangible and intangible—outweigh the costs?
- ◆ How much risk and uncertainty does the change involve?
- ◆ Can parts of the change be made over time? Can it be modified to fit the individual school or classroom?
- ◆ Can the elements be modified or “undone” if the desired results are not achieved?

In short, build community confidence. This strategy will help you and your colleagues build a critical mass of support that will carry you through the larger and potentially more controversial issues that need to be undertaken at a later date.

Building support for a coordinated approach will require a multifaceted effort. The following section is designed to provide guidance on how to set up an appropriate structure and how to begin once it is in place.

### **Step 1: Design a Structure**

Successful school-community partnerships can exist on many levels, including the school, district, or state. They can be configured as task forces, coalitions, advisory

committees, or subcommittees to existing groups. Carefully consider the organizations in your community and where they stand on school health to determine if you can work through an existing group, or if you need to establish a new group to address school health.

Regardless of whether you approach school health by working within an existing group, or by forming a new entity, when you recruit members be certain to:

- ◆ Identify the skills and expertise group members will need.
- ◆ Target individuals and/or organizations that have some of the following attributes:
  - Interest in and commitment to the issue.
  - Familiarity and experience with the political system.
  - Credibility in the community.
  - Financial or in-kind resources or fundraising ability.
  - Contacts with other potential allies.
- ◆ Take time to get to know potential members; make certain there is a good match between skills and needs.
- ◆ When you invite people to participate, make sure that they understand how much involvement you expect.
- ◆ Build support in the community through media relations, using the CSH posters developed for this effort, the PowerPoint presentation, and the media tips, all of which are part of the Resource Section of this *Kit*.
- ◆ Develop a leadership structure and set of operating procedures—once the group is established. You’ll need:
  - A chair to lead the group and an agenda for the group.
  - A mission statement with goals and objectives.
  - Rules of operation (such as how often the group will meet, how decisions are made, how the work will get done, rules of attendance, who has authority to speak on behalf of the group, and more...).
  - Recognition procedures (coalition versus individual credit).

In short, you’ll need a formal structure, which will enable you to accomplish more and extend your power base.

## **Step 2: Determine Priorities**

Once you have formed your group, your next major activity is to determine priorities. Again, the worksheet found in the back pocket of this *Kit* entitled, Questions to Help Set Priorities, may prove helpful in terms of focusing on what changes you want to enact and in what order. Activities that will bring you “small wins” are often a good way to prioritize issues, especially when you may be challenging the way business is normally conducted in your community or school.



Examples of things you can do to gain support initially include:

- ◆ Convene a meeting of representatives of organizations that are concerned with child nutrition (e.g., maternal and child health office in the health department, local PTA/PTO, local dairy council affiliate) and engage them on the issue of nutrition in schools in relation to USDA dietary guidelines.
- ◆ Conduct presentations for local service organizations in your community regarding the health status of children and adolescents using local data you have collected.
- ◆ Access national reports, such as the Carnegie Foundation report on middle schools called “Turning Points,” and use information in presentations to show the importance of school health to education reform.
- ◆ Enlist the help of local pediatricians and/or family practice physicians who can attest to the kinds of health problems they confront in children and adolescents and how school health can help address these problems.

For a longer list of activities, review the information following each chapter of the book *Health Is Academic*.

### **Step 3: Start to Make It Happen**

Now that you have selected key changes to make in school health, approach those groups you have previously identified for participation and/or support. The goal is twofold:

- ◆ Educate them about the advantages of a coordinated approach to school health.
- ◆ Present concrete steps they can take to support the approach and get involved.

Don't forget to celebrate your successes. Over time, as different parts of your community begin to see the tangible benefits of a coordinated approach to school health, you can build on your initial wins and work toward more.

As in any effort of persuasion, carefully consider the benefits of school health to each group you approach. For example:

#### Parent Organizations

A coordinated approach to school health also reinforces the role of parents in teaching their children to make smart choices for life. Further, it makes certain that parents fully understand how important it is for schools to provide a safe, healthy, and supportive environment conducive to learning.

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- ◆ Ask the local PTA to request school health literature from the national PTA and set up a committee to generate recommendations for implementing coordinated school health locally
  - ◆ Invite the local PTA/PTO to sponsor parent education forums on child/family health issues and include a message on the role of the school in child health

#### Business Leaders

A strong coordinated approach to health in local schools will help prepare today's students for entering the workplace tomorrow. It also will support working parents by reducing demands on them caused by student absenteeism resulting from illnesses and health care needs.

- ◆ Ask a local hospital or health insurance company to sponsor a health event such as a health fair in the schools.
- ◆ Contact organizations of businesspersons such as the Optimists or Lions Clubs who have national campaigns on adolescent health issues (i.e., drug abuse prevention, mental health) and ask them to support local school health efforts.

#### Voluntary Health Organizations

A coordinated approach to school health is consistent with and supportive of the mission of these organizations because it emphasizes the importance of students learning to reduce risk factors associated with poor health and mortality.

- ◆ Ask the local American Lung Association affiliate to co-sponsor a family asthma program with schools and local health care providers.
- ◆ Invite the local affiliate of the American Cancer Society to implement a local version of their national campaign to promote a coordinated approach to school health education.

#### School Administration and School Boards

School health efforts can improve classroom behavior and attendance, as well as teacher and staff morale, while reducing student absenteeism.

- ◆ Invite the school board to appoint a representative to a community task force studying child and adolescent health problems and solutions.
- ◆ Identify superintendents, principals, or other school administrators (e.g., curriculum directors, human resource directors, and food service directors) who are positive health role models and ask them to implement health-related initiatives through their schools or departments.

- ◆ Ask school boards to pass local school district versions of state or federal health regulations, such as smoke-free facilities policies.

### Health Departments, Departments of Mental Health and Substance Abuse

School health activities can help state and local health departments and departments of mental health and substance abuse achieve health promotion and improvement plans, such as Healthy People 2000/2010.

Healthy People 2000/2010 is the prevention agenda for the nation. It is a statement of national opportunities—a tool that identifies the most significant preventable threats to health and focuses public and private sector efforts to address those threats.

Health and education agencies share the common goal of improving and protecting the health and well being of young people, so collaboration should be encouraged at all levels.

- ◆ Invite representatives from your health department to serve on your school health committee or coalition.
- ◆ Ask your state health agency to help you implement or evaluate your school health efforts. Ask your health and education departments to create joint efforts that support your community's health and education objectives.

For today's kids to succeed, they need to learn to read, write, and understand math. But they can't learn effectively if they're hungry or tired. They can't study if they're using alcohol, marijuana, or other drugs. They can't concentrate if they're suffering from stress, depression, or concerns about violence.

A coordinated approach to school health is a powerful way of reinforcing positive, healthy behaviors throughout the school day to make it clear that good health and learning go hand in hand. In fact, most people agree that healthy kids make better students and better students make healthy communities.

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**Every 4 hours a child in America commits suicide.**

Children's Defense Fund. (1998). *The State of America's Children Yearbook 1998*. Washington, D.C.

**Alcohol Abuse: In 1997, almost 1 in 3 12<sup>th</sup> graders, 1 in 4 10<sup>th</sup> graders, and 1 in 10 8<sup>th</sup> graders reported heavy drinking (at least 5 drinks in a row).**

Federal Interagency Forum on Child and Family Statistics. (1998). *America's Children: Key National Indicators of Well-Being, 1998*. U.S. Government Printing Office, Washington, D.C.

**Tobacco Use: From 1991-1997, cigarette smoking increased 80% among black high school students, 34% among Hispanic high school students, and 28% among white high school students.**

Centers for Disease Control and Prevention. (1998). *Tobacco Use Among High School Students-United States, 1997*. MMWR 1998, 47 (No. 12), 229-233.

**Poor Nutrition: At least 11% and possibly as many as 25% of U.S. children and adolescents are overweight.**

Hill J.O., Trowbridge, F.L. (1998). *Childhood Obesity: Future Directions and Research Priorities*. The Causes and Health Consequences of Obesity in Children and Adolescents, supplement to Pediatrics, 101, 570-574.

**Mental Well-Being: Nationwide, 1 in 5 students grades 9-12 has seriously considered attempting suicide.**

Centers for Disease Control and Prevention. (1998). *CDC Surveillance Summaries*. August 14, 1998. MMWR 1998, 47 (No. SS-3).



**Substance Abuse: 26% of all 12<sup>th</sup> graders, 23% of 10<sup>th</sup> graders, and 13% of 8<sup>th</sup> graders report using illicit drugs.**

Federal Interagency Forum on Child and Family Statistics. (1998). *America's Children: Key National Indicators of Well-Being, 1998*. U.S. Government Printing Office, Washington, D.C.

**Violent Crimes: Youth aged 12-17 are nearly 3 times more likely than adults to be victims of serious violent crimes.**

Office of Juvenile Justice and Delinquency Prevention. (1998). *Juvenile Offenders and Victims: 1997 Update on Violence*. U.S. Department of Justice, Washington, D.C.

**Suicide: Suicide is the #3 cause of death among 15-24-year-olds.**

Centers for Disease Control and Prevention/National Center for Health Statistics. (1997). Monthly Vital Statistics Report, 45 (No. 10(S)2).

**Sexually Transmitted Diseases: Every year, 3 million adolescents become infected with an STD.**

Centers for Disease Control and Prevention. (1998). *Trends in Sexual Risk Behaviors Among High School Students-United States, 1991-1997*, MMWR 1998: 47 (No. 36), 749-752.

**Unintentional Deaths: Motor vehicle accidents are the number one cause of death among teens. Almost 50% of these are alcohol-related.**

Kann, L., Collins, J., Collins Pateman, B., Leavy Small, M., Ross, J., and Kolbe, L. (1995). *The School Health Policies and Programs Study (SHPPS): Rationale for a Nationwide Status Report on School Health Programs*, Journal of School Health, 65 (No. 8), 291-294.

### Quote Sources

**Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, live healthier, longer, more satisfying, and more productive lives.**

Centers for Disease Control and Prevention, quoting the Carnegie Council on Adolescent Development. (1998). *School Health Programs: An Investment in Our Nation's Future. At-A-Glance 1998*. Centers for Disease Control and Prevention.

**The school principal or chief administrator is a key player. In schools where family partnerships flourish, the principal has usually taken the first steps towards better communication and collaboration.**

Davies, D. (1996). *The 10<sup>th</sup> School: Where School-Family-Community Partnerships Flourish*. Education Week, 15(40), 44, 47. As cited in Health is Academic: A Guide to Coordinated School Health Programs, Teachers College Press, New York.

All quotes not reference above were obtained through verbal interviews.

## **Research on School-Linked Efforts**

### **Smoking**

A meta-analysis of 90 school-based tobacco programs from 1974-1989 showed that social influence programs that were most effective at 1-year follow-up had the following components: They were delivered to sixth-grade students, used booster sessions, concentrated the program in a short time period, and used an untrained peer to present the program. Under these conditions, long-term smoking prevalence was about 25% lower. (Rooney (1992), as cited in Lynch, B.S. & Bonnie, R.J. (eds.) (1994). Growing up Tobacco Free: Preventing Nicotine Addiction in Children and Youths. National Academy Press, Washington D.C.)

### **Alcohol**

Project STAR is a universal drug abuse prevention program that reaches the entire community population with a comprehensive school program, mass media efforts, a parent program, community organization, and health policy change. Research results on this project have shown positive long-term effects: Students who began the program in junior high, and whose results were measured in their senior year of high school, showed significantly less use of marijuana (approximately 30% less), cigarettes (about 25% less), and alcohol (about 20% less) than children in schools that did not offer the program. The most important factor found to have affected drug use among students was increased perceptions of their friends' intolerance of drug use. (Pentz, et al. (1989); Pentz (1995), as cited in Preventing Drug Use Among Children and Adolescents: A Research Based Guide. (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.)

### **Obesity/Nutrition**

The 5-a-Day Power Plus program increased lunchtime fruit consumption and combined fruit and vegetable consumption among all children, lunchtime vegetable consumption among girls, and daily fruit consumption and the proportion of total daily calories attributable to fruits and vegetables. (Perry, C.L., et al., (1998). *Changing Fruit and Vegetable Consumption Among Children: The 5-a-Day Power Plus Program in St Paul, Minnesota.*) American Journal of Public Health, 88 (No.4), 603-609.

The SPARK program, a health-related physical education program for fourth and fifth-grade students, was designed to increase physical activity during physical education classes and outside of school. Students spent more minutes per week being physically active in specialist-lead and teacher-led physical education classes than in control classes. After 2 years, girls in the specialist-led condition were superior to girls in the control condition on abdominal strength and endurance and cardio-respiratory endurance. (Sallis, J.F., et al. (1997). *The Effects of a 2-Year Physical Education Program (SPARK) on Physical Activity and Fitness in Elementary School Students.* American Journal of Public Health, 87 (8): 1328-1334.)

### **School Fights/Violence**

Peacebuilders is a K-5 program of Heartsprings, Inc. in Tucson, AZ. The program emphasizes praising others, avoiding negative comments, being aware of injustices, righting wrongs and seeking out “wise people.” The program offers excellent classroom management suggestions, particularly for handling discipline and “unruly” kids. The program also contains many extras including an intensive peace building program for especially disruptive students, a family program, playground program, planning guides for teachers, a leadership guide for administrators, manuals for school staff, bus drivers, cafeteria workers, etc.

Preliminary post-test results of rigorous ongoing CDC evaluation shows significant reductions in fighting-related injury visits to school nurse by students. (Safe Schools, Safe Students: A Guide to Violence Prevention Strategies. (1998). Drug Strategies, Washington, D.C.)

### **Teen Pregnancy and STDs**

The Teen Outreach Program, a nationally replicated and evaluated program sponsored by the Junior League, which includes health education and exploration of life options, was found to have a positive impact on suspension rates, course failure, and female students becoming pregnant.

Suspension rates: Control group at entry 23.8%  
Intervention group at entry 17%; at exit, CG-28.7% and IG-13%  
Failing: At entry CG-37.8%, IG – 30.3%; at exit CG-48.8%, IG-25.6%  
Pregnancy-Entry CG-10%; IG-6.1 %; at exit, CG-9.8%, IG, 4.2%

(Allen J., Philber S., Herrling S., and Kupermic G. (1997). *Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach*. Child Development, 64 (4), 729-742.)

### **Suicide**

Reconnecting Youth Program (grades 9-12) is a school-based prevention program. Research shows that this program improves school performance; reduces drug involvement; increases self-esteem, personal control, school bonding, and social support; and decreases depression, anger and aggression, hopelessness, stress, and suicidal behaviors. (Eggert, et al. (1994, 1995) as cited in (Preventing Drug Use Among Children and Adolescents: A Research Based Guide. (1997). National Institute on Drug Abuse, National Institutes of Health, U.S. Dept. of Health and Human Services.)

### **Additional Sources of Helpful Print and Electronic Information**

**Health Is Academic: A Guide to Coordinated School Health Programs** details the importance of incorporating students’ health into school programs and policies as a prerequisite for learning. The volume discusses how the eight components of a

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coordinated school health program can work together to support students and help them acquire the knowledge and skills to become healthy, productive adults. The publication emphasizes that school more than any other single institution can improve the competence and well-being of youth and provides action steps for schools, districts, state and national organizations, and colleges and universities. It was developed by Education Development Center, Inc. in collaboration with more than 70 national organizations with support from the Centers for Disease Control and Prevention. *Health Is Academic* (ISBN 0-8077-3713-5) is available for \$24.95 plus shipping and handling from:

Teachers College Press  
P.O. Box 20  
Williston, VT 05495-0020  
Phone: (800) 575-6566  
Web site: <http://tc-press.tc.columbia.edu/>

**The Health Is Academic: Creating Coordinated School Health Programs web site** (<http://www.edc.org/HealthIsAcademic>) offers information, ideas, and contacts for anyone interested in building schools' abilities to boost the health—and thus the school performance—of their students. Expanding on the 1998 publication *Health Is Academic: A Guide to Coordinated School Health Programs* (Teachers College Press), the web site provides highlights from the book; action steps for local, state, and national organizations and colleges and universities; and access to a variety of resources. The web site also offers links to numerous national government and nongovernment health and education organizations that are working to improve student health and academic success. The Health Is Academic web site is maintained by Education Development Center, Inc., through a cooperative agreement with the Division of Adolescent and School Health, Centers for Disease Control and Prevention.

**School Health Program News**, a newsletter published three times a year by Education Development Center, Inc., with support from the Centers for Disease Control and Prevention, reports on state, national, and international school health-related activities, resources, and opportunities. For information contact:

Editor  
School Health Program News  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060  
Phone: (617) 969-7100 or (800) 225-4276  
Web site: <http://www.edc.org/>

**The School Health Program Finance Project** database, a joint project of the Centers for Disease Control and Prevention's Division of Adolescent and School Health and the National Conference of State Legislatures contains information on federal, state, appropriation, and foundation funding sources for school health programs. A coordinated approach to school health has the potential to be one of the most efficient means available to improve the health and education of our nation's students. One of the most

critical resources required to develop school health programs is funding. Sources of funds to support a coordinated approach are numerous. These sources and the procedures required to access funds vary from state to state and from block grant to block grant. The data collected through this joint effort helps to identify those procedures and sources in each state and within the federal government.

The Finance Project shares practical information about how states acquire funds for developing and improving school health programs. With guidance from a panel of independent experts, the School Health Finance Project (1) compiles and organizes information about funding sources; (2) tracks and updates changes in funding availability, legislation, and administrative regulations; (3) makes information accessible through electronic online information channels; (4) works with relevant organizations to help national, state, and local staff learn how to use the information; and (5) publishes reports about the evolving availability and nature of the diverse funding sources. The panel of independent experts includes representatives from other federal agencies, state and local health and education professionals, national and non-governmental organizations, and experts in fiscal policy.

In addition to the School Health Finance Project database, the **Division of Adolescent and School Health** web site contains a wealth of information about coordinated school health. Available resources include: selected data from the Youth Risk Behavior Surveillance System; school health program guidelines for preventing tobacco use, promoting physical activity, preventing the spread of HIV and AIDS, and promoting healthy eating; and a description of school health programs.

For more information visit the CDC/DASH web site at: <http://www.cdc.gov/needphp/dash/funding.htm> and the National Conference of State Legislatures Web site at: <http://www.ncsl.org/programs/health/pp/schlfund.htm>

**Healthy Nutrition: An Essential Element of a Health-Promoting School** makes a strong case for increased support of and attention to health nutrition in schools. It also provides information to help people understand the nature of a health-promoting school and to plan, implement, and evaluate efforts to promote health and healthy nutrition as part of the development of a health-promoting school.

**Violence Prevention: An Important Element of a Health-Promoting School** addresses three kinds of violence: self-inflicted violence, such as suicide or self-mutilation; interpersonal violence, which is characterized by violent behavior between individuals; and organized violence, or violent behavior of social or political groups motivated by political, economic, or social objectives such as war, racial or religious conflicts, or gang violence. The structure of the document is similar to that of the nutrition publication. It provides advocacy arguments for violence prevention in schools, steps for planning, ways to integrate efforts into various components of a health-promoting school, an overview of evaluation, and recommendations for ensuring continuity in the school and community.

The preceding two documents were published jointly by the World Health Organization (WHO) and Education International, which is working with WHO to promote health in schools worldwide. To learn more about these documents, visit WHO's web site at <http://www.who.org>.

### **Federal School Health-Related Clearinghouses**

#### **CDC, Division of Adolescent and School Health**

<http://www.cdc.gov/nccdphp/dash>  
(Internet)

#### **CDC National AIDS Clearinghouse**

(800) 458-5231  
(800) 342-AIDS (English hotline)  
(800) 344-SIDA (Spanish hotline)  
(800) 243-7012 (TTY/TDD)  
(301) 783-6616 (Fax)  
(301) 217-0023 (International Line)  
<http://www.cdenac.org> (Internet)

#### **CDC, National Center for Chronic Disease Prevention and Health Promotion**

(404) 488-5080  
<http://www.cdc.gov> (Internet)

#### **Clearinghouse for Occupational Safety and Health Information**

(800) 35-NIOSH  
(513) 533-8326  
(513) 533-8573 (Fax)  
<http://www.cdc.gov/niosh/homepage.html>  
(Internet)

#### **Combined Health Information Database (CHID)**

(800) 955-0906  
<http://www.ovid.com/dochome/flguide/chiddb.htm> (Internet)

#### **CSAP's National Clearinghouse for Alcohol and Drug Information**

(800) 729-6686  
(301) 468-2600  
(800) 487-4889 (TTY/TDD)  
(301) 230-2867 (TTY/TDD)  
(301) 468-6433 (Fax)  
<http://www.health.org> (Internet)

#### **ERIC Clearinghouse on Teaching and Teaching Education**

(202) 293-2450  
(202) 457-8095 (Fax)  
<http://www.aacte.org> (Internet)

#### **Family Life Information Exchange**

(301) 585-6636  
(301) 588-3408 (Fax)

#### **Food and Drug Administration, Office of Consumer Affairs**

(301) 443-3170  
(301) 443-9767 (Fax)  
<http://www.fda.gov> (Internet)

#### **Food and Nutrition Information Center, U.S. Department of Agriculture**

(301) 504-5719  
(301) 504-6409 (Fax)  
<http://www.nal.usda.gov/fnic>  
(Internet)

**Indoor Air Quality Information Clearinghouse**

(800) 438-4318  
(202) 484-1307  
(202) 484-1510 (Fax)  
<http://www.epa.gov/iaq> (Internet)

**National Center for Education in Maternal and Child Health**

(703) 524-7802  
(703) 524-9335 (Fax)  
<http://www.ncemch.org> (Internet)

**National Clearinghouse on Child Abuse and Neglect Information**

(800) FYI-3366  
(703) 385-7565  
(703) 385-3206 (Fax)  
<http://www.calib.com/nccanch> (Internet)

**National Clearinghouse on Family Support and Children's Mental Health, Portland State University**

(800) 628-1696  
(503) 725-4040  
(503) 725-4165 (TTD)  
(503) 725-4180 (Fax)  
<http://www.rtc.pdx.edu> (Internet)

**National Health Information Center**

(800) 336-4797  
(301) 565-4167  
(301) 984-4256 (Fax)  
<http://nhic-nt.health.org> (Internet)

**National Highway Traffic Safety Administration, U.S. Department of Transportation**

(800) 424-9393 (Hotline)  
(202) 366-0123 (Hotline)  
(202) 366-5962 (Fax)  
<http://www.nhtsa.dot.gov> (Internet)

**National Information Center for Children and Youth with Disabilities**

(800) 695-0285 (Voice/ITT)  
(202) 884-8200 (Voice/ITT)  
(202) 884-8441 (Fax)  
<http://www.nichcy.org> (Internet)

**National Injury Information Clearinghouse**

(301) 504-0424  
(301) 504-0124 (Fax)  
<http://www.cpsc.gov> (Internet)

**National Maternal and Child Health Clearinghouse**

(703) 821-8955, ext. 254 or 265  
(703) 821-2098 (Fax)  
<http://www.circsol.com/mch> (Internet)

**National Oral Health Information Clearinghouse**

(800) 402-7364  
<http://www.nidr.nih.gov> (Internet)

**Office of Minority Health Resource Center**

(800) 444-6472  
(301) 565-6112 (Fax)  
<http://www.omhrc.gov> (Internet)

**Office on Smoking and Health, Centers for Disease Control and Prevention**

(404) 488-5705  
(404) 488-5939 (Fax)  
<http://www.cdc.gov/tobacco> (Internet)

**President's Council on Physical Fitness and Sports**

(202) 272-3430  
(202) 504-2064 (Fax)

**US Consumer Product Safety Commission Hotline**

(800) 638-2772  
(800) 638-8270 (TT)  
(301) 504-0580  
(301) 504-0399 (Fax)  
<http://www.cpsc.gov> (Internet)

**Pull Quotes**

“Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, live healthier, longer, more satisfying, and more productive lives.”

Carnegie Council on Adolescent Development

“Our school’s approach not only educates kids for themselves but shows them how to care about others in the community. For example, Students Shopping for Seniors shows them they have knowledge (about making healthy food choices) and can share it when they take an elderly person grocery shopping.”

Parent of High School Student, Wheeling, West Virginia

“It costs nothing to measure your buildings for a walking course. We measured the school buildings and posted markers so staff and students can walk the course either before or after school. It was cheap and easy and has served as an excellent opportunity for staff to get to know one another and get some good exercise.”

High School Teacher, South Carolina

“Training in interpersonal, decision-making, and coping skills can help students increase their self-control, help reduce stress and anxiety, and teach them ways to make friends if they are isolated and to assert themselves without resorting to violence.”

Carnegie Council on Adolescent Development

“The school principal or chief administrator is a key player. In schools where family partnerships flourish, the principal has usually taken the first steps towards better communication and collaboration.”

Don Davies, Center on Families, Communities, Schools and Children’s Learning, Northeastern University

“Schools offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks...”

Healthy People 2000, U.S. Public Health Service

“Our state (South Dakota) doesn’t have any mandates when it comes to school health education or programs. We found that we needed some effective survey tools to know what is being done already and where schools would like and need assistance.”

Pat Stewart, Coordinated School Health Director, SD Department of Education, Cultural Affairs

“We have established a great relationship with our State Board of Education. We have time on their agenda every month for a CSH update. This sends a loud message to communities and school staff that CSH efforts are important, valued, and being monitored.”

Mary Thissen-Milder, MN Department of Children, Families, and Learning, MN



“Start small. Identify representatives who should be working on the team and get the “turf” and ownership issues on the table right away. Then find a common mission and goal and begin to discuss elimination of duplication and how to increase efficiency in areas that are already developed.”

Kathy Wilbur, Maine School Site Health Promotion Coordinator

“The greatest resistance we’ve encountered has been due to misconceptions. Some people think that CSH programs must include a school-based clinic with the connotation that the main purpose of the clinic is to dispense birth control pills and condoms. That’s just not true. You need to educate the public about what you want to do and why. There are 101 ways to weave CSH into your school system without hitting some of the hot buttons that might stall the entire initiative.”

Joyce Brannan, Health Education Consultant, Ohio

“There are many people who think implementing school health means you must have a clinic on-site within the school—that’s just not true. School clinics can be great, but that’s not what every community needs. You should use research and data to decide how to best meet the needs of the community and the students. If you communicate effectively, people will realize the needs of the students and the community are one and the same.”

Casi Favre, Coordinator of Magnet Middle Schools, Florida

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(End of excerpt from the *School Health Kit*.)