

04-14

STATEMENT OF POLICY

Coordinated School Health

Policy

The National Association of County and City Health Officials (NACCHO) supports Coordinated School Health Programs (CSHPs) to facilitate collaboration among local health departments (LHDs), local education agencies, and communities to improve their school health programs and address the health education and health service needs of children in school settings.

NACCHO encourages the following:

- The development of state and local infrastructure to help create safe, healthy, and nurturing schools that reduce barriers to learning;¹
- Increased communication among LHDs, local education agencies, and the community regarding the health of children and adolescents;
- Leveraging existing and identifying new resources for LHDs, local education agencies, and communities to support CSHPs;
- The availability of grants to promote collaboration among LHDs, local education agencies, and communities to implement CSHPs; and
- Ongoing research to identify best practices and ensure the efficacy of CSHPs.

Justification

An Institute of Medicine report acknowledges the complexity of the health problems experienced by adolescents.³ Childhood obesity, injury and violence, sexual risk behaviors, and tobacco use are just a few of the health problems children and adolescents face today. These health problems are likely to compromise their health and contribute significantly to decreased academic performance, truancy, and school dropout rates.² The complex nature of these health issues makes it difficult for schools to provide solutions without the cooperation and support of families, community institutions, the healthcare enterprise, and the political system.⁴

Partnerships among LHDs, local education agencies, and community members are essential to addressing the myriad health issues experienced by children and adolescents. CSHPs provide an appropriate framework for enabling these partnerships. The overarching goals of CSHPs are to enable all students to achieve and maintain an optimal state of health, reach their full academic potential, and develop into healthy, productive adults who take personal responsibility for their own health.⁵

The Centers for Disease Control and Prevention (CDC) has identified an eight-component model for CSHPs to reach these goals. The eight components include health and physical education; the provision of health services;



health promotion for staff; counseling and psychological services; healthy school environments; and parental and community involvement.⁶ Schools with these components report better attendance, less smoking, lower rates of teen pregnancy, increased participation in physical fitness activities, and great interest in healthier diets.
7

CHSPs' goals, components, and demonstrated impact on the health of participating youth address the cross-cutting missions of LHDs, local education agencies, and communities to ensure and promote the health and well-being of all adolescents.

References

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2. Gordon, D. (2010, October). National Clearinghouse for Educational Facilities: School Health Centers. Retrieved January 20, 2012, from <http://www.edfacilities.org/pubs/health.pdf>.
3. Institute of Medicine (1997). *Schools and Health: Our Nation's Investment*. Retrieved July 24, 2008, from <http://www.nap.edu/openbook/0309054354/html/50.html>.
4. Ibid
5. Ibid
6. Centers for Disease Control and Prevention (2011). Healthy Youth! Coordinated School Health Program. Retrieved January 20, 2012, from <http://www.cdc.gov/HealthyYouth/CSHP/>.
7. Centers for Disease Control and Prevention (2011). School Health Programs: Improving the Health of Our Nation's Youth. Retrieved January 20, 2012, from <http://www.cdc.gov/chronicdisease/resources/publications/aag/dash.htm>

Record of Action

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