



# The Healthy Approach

Coordinated school programs show that proper nutrition, exercise, and learning go hand-in-hand

Amy Joyner

**T**wenty years ago, Lloyd Kolbe and Diane Allensworth introduced the theory of coordinated school health, the idea that schools can improve students' academic performance and overall physical well being by promoting health in a systemic way.

Their theory, now being put into practice in thousands of schools nationwide, outlines eight essential components that schools must address to tend to students' holistic health needs: health education; physical education; health services; nutrition services; counseling and psychological services; healthy school environment; health promotion for staff; and family and community involvement.

"At its very core, coordinated school health is about keeping students healthy over a long period of time, reinforcing positive, healthy behaviors throughout the school day, and making it clear that good health and learning go hand-in-hand," according to the National Center for Health Education, a nonprofit organization that works to implement lifelong comprehensive health education.

Coordinated school health, or CSH, isn't

necessarily about creating new programs or initiatives. Rather, it requires schools to deliver a consistent message about health and to marshal their existing resources to accomplish a common goal—healthier students. It requires the cooperation, communication, and collaboration of various district staff, including the board, administrators, school nurses, school health assistants, teachers, counselors, and food services employees, as well as buy-in from parents and community members.

"We believe that the pronged approach sets students up for a lifetime of healthy choices by giving them the education that they need so that they can make [good] decisions," says Cheryl Tilles, marketing director for nutrition education at ARAMARK Education. "Schools are a great place to start the awareness and start the dialogue."

## FROM THEORY TO PRACTICE

Though the idea of coordinated school health has existed for two decades, schools and districts have been slow to put the theory into practice. But that is changing, for many reasons.

Over the past decade, the Centers for Disease Control and Prevention (CDC), through its Division of Adolescent and School Health, has provided grants to 23 states to fund coordinated school health programs. In addition, the increase in childhood obesity and related diseases, such as Type 2 diabetes, asthma, and hypertension, has forced many school districts to take action.

There's also growing evidence indicating that students' academic performance is directly influenced by their health and physical fitness levels. Finally, a new mandate requires schools that receive federal funding for their nutrition programs to adopt and implement wellness policies.

Faced with proof that healthier students miss fewer days of school, are more mentally alert and perform better on tests, school administrators are realizing that coordinated



school health ultimately may be as important as reading, writing, and math. But getting to that point can be difficult.

One of the biggest challenges is getting people to understand what CSH is, in practice as well as in theory.

“We’re calling it a systems approach [for] addressing health issues,” says Brenda Z. Greene, director of School Health Programs for the National School Boards Association. “It’s really making sure all the school district systems are coordinated and integrated and focused on addressing these issues so there aren’t gaps.”

## WHY COORDINATE THE APPROACH?

In schools where CSH is working, there’s cohesion in the messages that are delivered to students.

Staff wellness programs help teachers become better health role models. Everyday classroom lessons focus on the importance of healthy behaviors, and they often incorporate physical activity. School cafeterias serve well-balanced, low-fat meals that are rich in nutrients. Clubs no longer hawk cookies, candy, doughnuts, and other fattening foods as fundraisers. Newsletters and other parental outreach focuses on the importance of healthy habits and physical activity as well as academics.

Still, getting parents, students, and even school officials to understand what the coordinated approach truly entails can be difficult.

For example, in the mid-1990s, New Mexico formed a coalition to focus on coordinated school health and soon after received a CDC grant to fund its program. Initially, many administrators, board members, and school-level officials struggled in their understanding of CSH. Because it was characterized as a “program,” many expected a definitive blueprint and a checklist to follow.

“People would ask, ‘Do you have the manual?’” says Kristine M. Meurer, director of the School and Family Support Bureau of the New Mexico Public Education Department.

But coordinated school health is more of an overarching approach than a step-by-step blueprint, Meurer says. And even in places such as New Mexico, Tennessee, and Texas, where the state education departments require districts to have coordinated school health programs, there is no one-size-fits-all plan. Districts and schools have wide latitude to tailor the programs to fit their unique needs and to address their most pressing health concerns.

To help illustrate the concept, New Mexico uses the yucca plant, which also is the state flower, to help explain how the eight components of CSH combine and work interactively to create healthier students.

Family, business, the educational system, the community, public services, and cultural tradition form the yucca plant’s roots. The leaves represent the eight components of coordinated school health—daily opportunities schools have to interact with students on health-related issues—to help the “flower,” or

students, bloom.

“If we don’t deal with these issues that kids are bringing into our classrooms, even though that’s not our mission, then we’re not going to be able to move forward academically,” Meurer says.

## LOCAL CONCERNS TAKE PRECEDENCE

New Mexico’s education department has issued some mandates regarding coordinated school health programs. For instance, district wellness policies must address the eight components, schools must provide opportunities for physical activity for all students and abide by state-issued nutrition standards, and districts must offer employee assistance programs.

But there is broad autonomy in meeting these requirements, the idea being that individual districts and schools need freedom to tailor health programs to their own particular needs. The autonomy is one of the underlying principles of coordinated school health.

“This is tailor-made for local school governance,” Greene says.

Because coordinated school health is at its core a local initiative, the first thing districts must do is evaluate their students’ needs. Proponents recommend using the CDC’s School Health Index, a self-assessment tool that helps districts pinpoint the strengths and weaknesses of their health and safety policies and programs. Youth risk behavior surveys also are helpful because they highlight the most press-

ing local health concerns.

In New Mexico, for example, childhood obesity and diabetes are problems throughout the state. Yet some school districts, depending on their socioeconomic demographics and whether they're urban or rural, also struggle with high teen pregnancy and suicide rates, drug problems, and a high incidence of sun-related cancers, Meurer says. As part of coordinated school health, schools are encouraged to develop programs around those issues that are of highest local concern so that they can reverse those trends.

Ideally, every school needs a champion to promote the cause, says Barbara Donica, who works as the CSH team leader for the Kentucky Division of Nutrition and Health. Some states and some districts have created an official position—school health coordinator. But in many places, the job falls to the school nurse, the physical education teacher, a counselor, or a classroom teacher who is particularly passionate about health promotion.

Though the “champion” is charged with overseeing a school’s health initiatives, that person is not solely responsible for the program. CSH is a whole-school effort, with major involvement by people whose decisions directly impact the well-being of students.

In Austin, Texas, every school has a team that is focused on coordinated school health. The team comprises the school principal, a classroom teacher, the P.E. teacher, the food service director, and a parent support specialist or a parent.

“I think the best thing that the coordinated school health program [in Texas] has done is it has brought to the table all [those people and those] areas that impact students’ academic and daily health and wellness,” says Tracy Diggs Lunoff, coordinator of school health for the Austin Independent School District. “On campus, it has brought together people who look at the holistic child and not just their brain.”

## HOW IT WORKS

Consider how the coordinated school health approach could help in dealing with students

with asthma. The school’s “champion” and other decision makers might decide that students should be allowed to carry their inhalers with them at all times, rather than leaving the decision for teachers or the nurse to make on a case-by-case basis, Donica says.

In addition, the team would probably examine the prevalence of asthma in the school and search for its root causes. Such an examination would probably force the school to look at the “health” of its own buildings, local air quality, and the children’s obesity and fitness levels. Ultimately, the coordinated school health team would work on eliminating those asthma triggers and improving students’ health through internal initiatives, parent education, and partnerships with the local medical community.

Texas is mandating school districts to implement coordinated school health programs by fall 2007. To prepare schools for the new approach, Austin began training campus champions and other key people a year in advance of the mandate. The district also created an implementation timeline with monthly tasks to keep schools focused.

For example, schools are required to hold a family fitness fun night of their own design. Teachers must integrate a certain number of health lessons into the curriculum. These requirements aren’t meant to create additional work for teachers and other school staff, Diggs Lunoff says. In fact, it is quite the opposite.

“We didn’t ask them to [plan] something brand new,” she says. “We just said, ‘If you have an already existing event, add a fitness and nutrition component.’”

The same idea applies in the classroom. Teachers receive guidance for incorporating health information into regular lesson plans. For example, students can use food nutrition labels to learn about fractions, Diggs Lunoff says, or they can graph their heart rate before and after exercise to learn math concepts.

Other efforts are districtwide. In preparation for mandatory CSH, Austin revamped its school lunch menus, which are distributed to

40,000 households in English and Spanish. Every month, the district highlights a different fruit or vegetable and provides information about its health benefits. Schools serve the fruit or vegetable of the month at least once every week, underscoring the coordinated effort. Take-home menus also include a weekly family fitness activity to get kids and their parents moving.

## SMALL GESTURES, LARGE GOAL

Coordinated school health is really a series of small gestures to accomplish a larger, very important goal. And that’s something school board members and administrators should remember as they create their own programs.

In reality, coordinated school health is achieved through a series of baby steps, says Donica. Districts don’t have to spend huge amounts of money to get their programs started or keep them running. If resources are limited, districts can limit their program’s scope to just two or three components with the goal of building up to all eight.

Every day, educators see the consequences that sedentary, unhealthy lifestyles have on students and their academic performance. But many people believe that coordinated school health can change that and brighten the outlook for individuals and for entire communities.

“I think the long-term impact is going to be a change in the health of the community,” says Diggs Lunoff. “If you can just get families to make better decisions at the grocery store, that’s going to have a huge impact on their health long term. Something as simple as getting up and moving 30 minutes a day is going to have a huge impact on all of our lifestyle-related diseases long term.” ■

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