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Tennessee Comptroller of the Treasury, Justin P. Wilson
Legislative Brief

# Legislative Brief: Coordinated School Health

Phillip Doss, Director
(615) 401-7869/ Phillip.Doss@tn.gov

Sarah Cooper, Legislative Intern

## What is Coordinated School Health?

First endorsed by the Centers for Disease Control and Prevention (CDC) in 1987,[1] Coordinated School Health (CSH) is a comprehensive, school-based initiative designed to address the physical, social, and cognitive aspects of students' lives in partnership with their families, schools, and communities. The CSH model used in Tennessee is based on research findings from the CDC that children who are healthy perform better academically, have higher attendance rates, and have lower dropout rates.[2] Tennessee is unique in the nation in requiring and funding a Coordinated School Health initiative in all local education agencies (LEAs).

Tennessee's CSH initiative began in 2000 with a pilot study in 11 LEAs. In 2006, the General Assembly established an annual appropriation of $15 million dollars to expand the initiative to all 95 counties.[3]

This legislative brief outlines the Coordinated School Health model, traces the growth of such initiatives in Tennessee, and reviews performance outcomes for the past 10 years.

Coordinated School Health initiatives consist of eight core components:

1. **Health Education:** A K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health.

2. **Physical Education:** A K-12 curriculum centered on promoting physical activities and sports that all students can enjoy and are likely to pursue throughout their lives. The curriculum covers physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics.

*The mission of Coordinated School Health (CSH) is to support youth in preventing negative behavior choices and to promote positive outcomes, so that academic achievement can advance, long-term health care cost can be minimized, and young people may grow up to become healthy, productive citizens.*

3. **Counseling and Psychological Services:** These services include individual and group assessments, interventions, and referrals, provided by school counselors, psychologists, and social workers.

4. **Health Services:** These services are designed to ensure access or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable disease, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

5. **Nutrition Services:** School nutrition services offer students access to nutritious meals, educate students about healthy food choices, and serve as a resource for linkages with nutrition-related community services.

6. **Healthy School Environment:** This component considers the physical features of the school building and the area surrounding it. Comfortable indoor temperatures, noise

control, adequate lighting, and the absence of any biological or chemical agents that are detrimental to health are some of the factors that make up a healthy school environment. This component also considers the psychological climate and culture of the school and its impact on the well-being of students and staff.

7. **Health Promotion for Staff:** CSH initiatives also encourage school employees (including administration, teachers, and support staff) to improve their own health and serve as positive role models for students.

8. **Family/Community Involvement:** CSH initiatives provide parents and community members with opportunities to become more involved in the health and well-being of students.[4]

CSH initiatives target five critical health behaviors:

- Inadequate physical activity
- Unhealthy eating
- Tobacco, alcohol, and drug-use prevention
- Sexual behaviors that could result in sexually transmitted diseases (STDs), *human immunodeficiency virus* (*HIV)*, and unintended pregnancies
- Behaviors that contribute to unintended injuries or violence

These behaviors have been found to affect students' mental, emotional, and physical development and could possibly result in lifelong conditions. Findings from a number of health studies highlight Tennessee students' status with regard to some of these critical health behaviors:

- Tennessee ranks sixth highest in the nation for rates of pediatric obesity.[5]
- 51 percent of Tennessee high school students reported having tried smoking.
- 82 percent of Tennessee high school students reported not eating the recommended daily servings of fruits and vegetables.
- 40 percent of Tennessee high school students reported having had sex with more than one person.
- 23 percent of Tennessee high school students had consumed alcohol.

Critical health behaviors are correlated to public spending. For example, one study calculates that Tennessee spends $1.8 billion on obesity-related problems.[6]

## History of Coordinated School Health in Tennessee

The General Assembly passed the Coordinated School Health Improvement Act in 2000.[7] This act required the Commissioner of Education to establish a competitive CSH pilot program, which was funded through an annual appropriation of $1 million. The Department ultimately awarded CSH pilot grants to 11 LEAs:

- Gibson County Special School District
- Henry County
- Loudon County
- Macon County
- Monroe County
- Putnam County
- Tipton County
- Trenton Special School District
- Stewart County
- Warren County
- Washington County

Within the original pilot sites, 47 percent of all 4$^{th}$ graders were classified as overweight or obese.[8]

The Tennessee Board of Education created the Coordinated School Health Advisory Board. Board members include representatives from the Tennessee Departments of Agriculture, Education and Health, and the General Assembly's Select Committee on Children and Youth. Health and education organizations, hospitals, postsecondary institutions, and the business community are also represented. (See Appendix A for a complete list of organizations represented on the board.) CSH advisory board partners also assist in the creation and development of CSH-related policies and initiatives.

CSH was expanded to all LEAs when the General Assembly passed the Coordinated School Health and Physical Activity law in 2006.[9]

## State Administration

The state Office of Coordinated School Health (OCSH) is housed within the Tennessee Department of Education.[10] OCSH has five staff: an executive director, a state coordinator, a fiscal and contract specialist, an HIV/pregnancy prevention consultant, and a physical education/physical activity specialist. Duties of the state office include providing professional development to the CSH coordinators within each LEA, providing LEAs with CSH grant management, reporting to the statewide CSH Advisory Board (see Appendix A), and developing and overseeing health services guidelines. OCSH also helps school district staff update student health-related policies to comply with various federal and state mandates, and interpret and observe federal and state nutritional guidelines.

## Local Administration

Each LEA has a CSH Coordinator who identifies the specific needs of their school system through evaluating student health trend data.

The policies and practices recommended in the School Health Index are derived from CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors.[11]

Local CSH coordinators oversee the development and regular update of a CSH plan tailored to fit the unique health needs of students within each district. For example, Gibson County Special School District partnered with area organizations to design customized youth development programs targeting students' critical health risk behaviors. The CDC selected Gibson County Special School District as one of three CSH initiatives in the nation to receive technical assistance to enhance and assist its data collection and evaluation process.[12]

Local CSH coordinators also partner with community groups to raise funds and provide resources and community support for CSH programming. LEAs had an average of 21 community partnerships in 2008-09. CSH initiatives have raised over $31 million in grant and in-kind funds statewide since 2006-07[13] and have used them to establish school-based health clinics, construct walking tracks, purchase exercise equipment, and purchase health-related curriculum. (See Appendix A for a partial list of partners.)

***What is the School Health Index?***

**One of the sources of student health trend data used by local CSH coordinators is the School Health Index.** The School Health Index is a self-assessment and planning guide developed by the CDC that enables schools to:

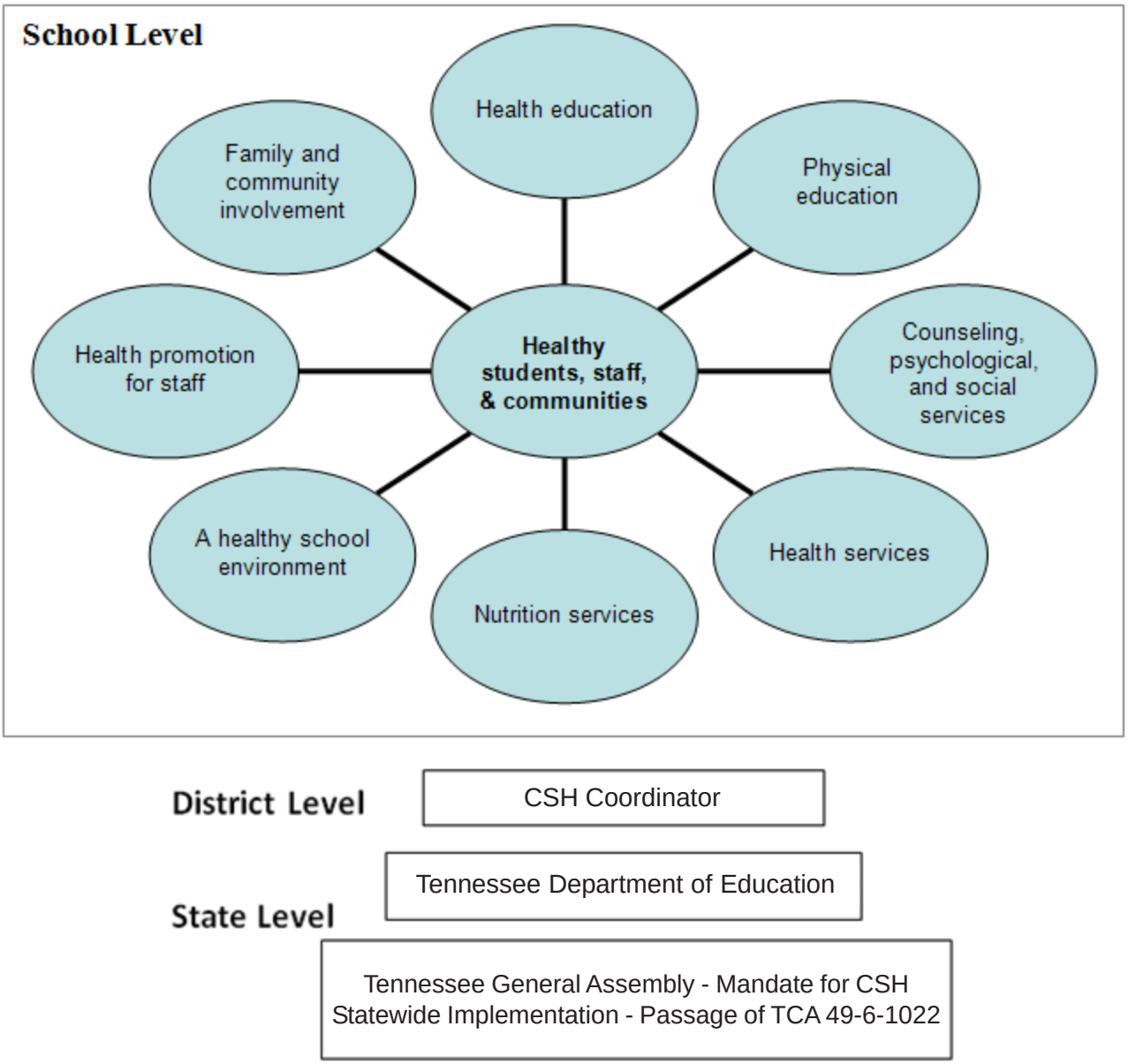
1. Identify the strengths and weaknesses of their school health promotion policies and programs.
2. Develop an action plan for improving student health.
3. Involve teachers, parents, students, and the community in improving school policies, programs, and services.

## 2006 Expansion

In 2006 the Tennessee General Assembly passed Public Chapter 1001 requiring all LEAs to implement a Coordinated School Health program by the 2007-08 school year.[14] The General Assembly established an annual appropriation of $15 million to fund the expansion to all LEAs.[15] CSH has been funded with non-recurring dollars since 2009-10.

The 2006 act also required LEAs to incorporate a minimum of 90 minutes of physical activity per week into the instructional day for elementary and secondary school students. The law created two positions (school health coordinator and physical education specialist) in the Department of Education to assist with the expansion, implementation, and support of coordinated school health initiatives statewide.

**Exhibit 1: Diagram of the core components of Coordinated School Health**




Source: Tennessee Department of Education, Office of Coordinated School Health, *Tennessee Coordinated School Health 2008-2009, Executive Summary*, p. 11, http://www.state.tn.us/education (accessed June 6, 2011).

**Eight Core Components of CSH**

Exhibit 1 identifies the eight core components of Coordinated School Health initiatives. A full description of each component can be found in Appendix B.

**Evaluation and Outcomes**

Serving as Tennessee's CSH evaluator, East Tennessee State University has published outcome data on all pilot sites from 2006 through 2009. Pilot sites provided data on core component activities, such as training, screenings, hirings, policy review and outreach to parents, as well as related outcomes, such as obesity trends and dropout and graduation rates (See Exhibits 2 and 3).

**Health Education:**

- OCSH has provided comprehensive health education professional development and materials to all 136 LEAs.
- Provided Comprehensive Health Education trainings and materials to more than 6,000 teachers. Health education operates on the principle that an education program is more likely to impact behavior if it includes knowledge, skills, self-efficacy, and environmental support.

**Physical Education/Physical Activity:**

- OCSH provided professional development to physical education teachers and classroom teachers statewide.

- The Physical Education Specialist provided *TAKE10!* materials to over 10,000 Tennessee teachers.[16] *TAKE 10!* is a physical activity curriculum for classroom teachers who integrate physical activity into K-5 core academic subject.
- As of 2010-11, 87 percent of all schools were in compliance with the state's physical activity law.

**Health Services:**

- Screened more than one million students in grades kindergarten, 2, 4, 6, 8, and one high school grade for Body Mass Index, vision, hearing, and blood pressure in 2008-09.
- The state's rate of overweight and obese children dropped from 40.9 percent in 2007-08 to 39 percent in 2008-09.
- Increased the number of nurses, which may be linked to improved student attendance.
- School-based clinics have been developed and were in place to assist with the H1N1 ("Swine Flu") outbreak.

**Nutrition Services:**

- 99 percent of all schools systems have updated, or are updating, their policies to comply with the USDA's Wellness Policy.
- The percentage of schools that stopped selling empty calorie sugar drinks rose from 26.7 percent to 74 percent. This placed Tennessee second in the nation for these efforts.
- 65 percent of secondary schools sold only foods that met the minimum nutrition guidelines.
- Several Tennessee schools were recently nationally recognized by the USDA for their use of best practices in association with quality of nutrition initiatives.
- 116 registered dietitians have been employed by participating LEAs.

**Healthy School Environment:**

- 951 schools have provided bullying prevention training for staff. 825 schools have established bullying prevention programs.
- 50 percent of LEAs have used the Environmental Protection Agency's Indoor Air Quality Tools for School Kit.

**Family/Community Involvement:**

- 95 percent of LEAs have in place a School Health Advisory Council and 95 percent have Healthy School Teams in their schools.
- Parents have been educated on a variety of topics including healthy food choices and food preparation.

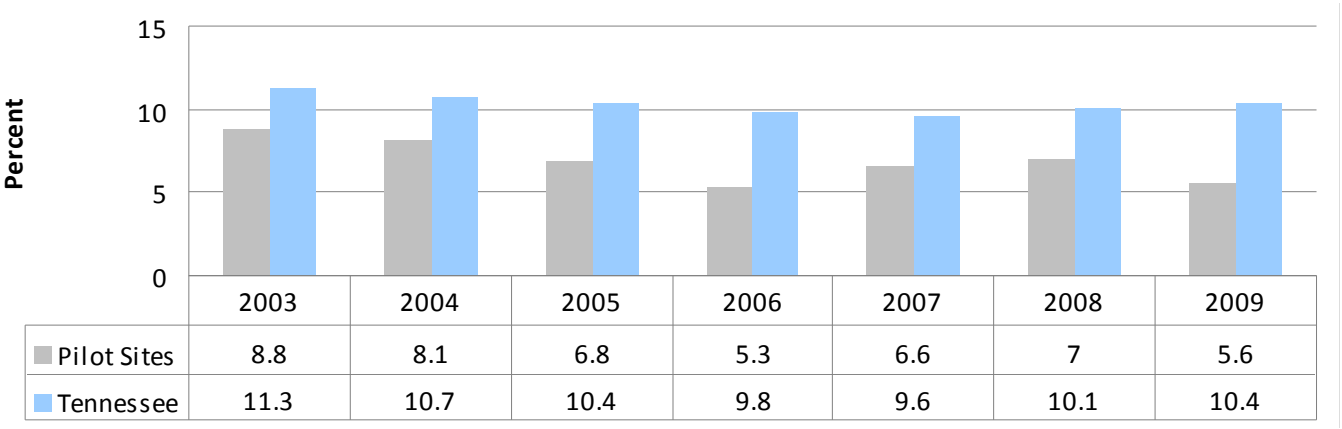
**Staff Wellness:**

- 87 percent of all LEAs have implemented a staff wellness program.

**Counseling/Mental Health:**

- USDOE awarded OCSH a $301,100 grant that enabled LEAs to create behavioral health policies, form community partnerships, and provide staff awareness training.

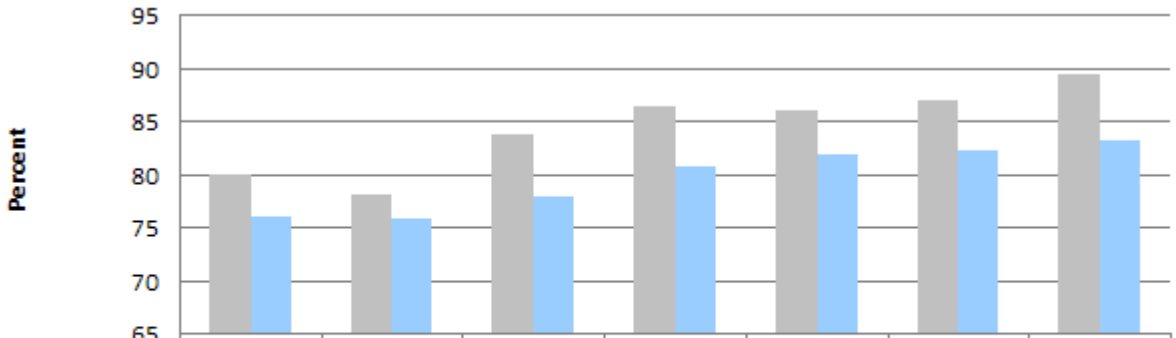
**Exhibit 2: Cohort Dropout Percentages, Tennessee Coordinated School Health Pilot Sites and Tennessee, 2003 through 2009**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|
| Pilot Sites | 8.8 | 8.1 | 6.8 | 5.3 | 6.6 | 7 | 5.6 |
| Tennessee | 11.3 | 10.7 | 10.4 | 9.8 | 9.6 | 10.1 | 10.4 |

Source: Tennessee Department of Education, Office of Coordinated School Health, *Tennessee Coordinated School Health 2008-2009, Executive Summary*, p. 28, http://www.state.tn.us/education (accessed June 6, 2011).

**Exhibit 3: Graduation Percentages, Tennessee Coordinated School Health Pilot Programs and Tennessee, 2003 through 2005**




| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|
| Pilot Sites | 79.9 | 78.1 | 83.7 | 86.3 | 86 | 86.9 | 89.3 |
| Tennessee | 76 | 75.7 | 77.9 | 80.7 | 81.8 | 82.2 | 83.2 |

Source: Tennessee Department of Education, Office of Coordinated School Health, *Tennessee Coordinated School Health 2008-2009, Executive Summary*, p. 28, http://www.state.tn.us/education (accessed June 6, 2011).

## Endnotes

[1] Unless otherwise noted, data and performance indicators are extracted from Tennessee Department of Education, Office of Coordinated School Health, Tennessee Coordinated School Health Reports, Executive Summaries for 2007 and 2008-2009, http://www.state.tn.us/education (accessed May-June 2011).

[2] Centers for Disease Control and Prevention, "Healthy Youth—Coordinated School Health," http://www.cdc.gov (accessed June 6, 2011).

[3] Tennessee Department of Education, "About CSH: The Coordinated School Health Approach," http://www.tn.gov/education (accessed May 10, 2011).

[4] Centers for Disease Control and Prevention, "Components of Coordinated School Health," http://www.cdc.gov (accessed May 5, 2011).

[5] Trust for America's Health, *F as in Fat: How Obesity Threatens America's Future 2010*, June 2010, p. 11, http://healthyamericans.org (accessed May 5, 2011).

[6] E. Finkelstein, I. Fiebelkorn, and G. Wang, "State-level estimates of annual medical expenditures attributable to obesity," *Obesity Research*, Vol. 12, Issue 1, Jan. 2004, pp. 18-24, http://www.nature.com/oby (accessed June 6, 2011).

[7] *Tennessee Code Annotated* 49-1-1001, et seq.

[8] K.E. Schetzina, W.T. Dalton III, E.F. Lowe, N. Azzazy, K.M. vonWerssowetz, C. Givens, and H.P. Stern, "Developing a coordinated school health approach to child obesity prevention in rural Appalachia: results of focus groups with teachers, parents, and students," *Rural and Remote Health*, Oct. 24, 2009, http://www.rrh.org.au (accessed May 5, 2011).

[9] 104th Tennessee General Assembly, Public Acts, 2006, Chapter No. 1001, An act to amend Tennessee Code Annotated, Title 49, Chapter 6, relative to elementary and secondary school pupils, http://www.tn.gov/sos/acts (accessed June 7, 2011).

[10] *Tennessee Code Annotated* 49-6-1002.

[11] Centers for Disease Control and Prevention, "School Health Index, A Self-Assessment and Planning Guide," http://www.cdc.gov (accessed May 5, 2011).

[12] Seraphine Pitt Barnes, National Center for Chronic Disease Prevention and Health Promotion, letter to Kellie N. Caroll, Coordinated School Health Director, Gibson County Special School District, Sept. 22, 2009.

[13] Tennessee Department of Education, Tennessee Coordinated School Health Fact Sheet, Feb. 2011, http://www.state.tn.us/education (accessed June 7, 2011).

[14] *Tennessee Code Annotated* 49-6-1021 and 49-6-1022.

[15] Tennessee Department of Education, "About CSH: The Coordinated School Health Approach," http://www.tn.gov/education (accessed May 10, 2011).

[16] International Life Sciences Institute Research Foundation, "Take 10!" http://www.take10.net (accessed June 6, 2011).

**Appendix A: CSH Advisory Board and Partners**

- Action for Healthy Kids
- Alliance for a Healthier Generation
- American Cancer Society
- American Heart Association – TN Chapter
- Austin Peay State University
- Blue Cross/Blue Shield of Tennessee (Walking Works Program)
- Centers for Disease Control and Prevention
- Cherokee Health Systems
- Community Anti-Drug Coalitions Across Tennessee
- DentaQuest
- East Tennessee State University
- Every Child Outdoors
- Governor's Council on Health and Physical Fitness
- Governor's Office of State Policy and Planning
- Junior Leagues of Tennessee
- LeBonheur Children's Hospital
- Middle Tennessee State University
- Monroe Carrell Children's Hospital at Vanderbilt
- National Association of Social Workers - Tennessee Chapter
- National Association of State Boards of Education
- Rural Health Association of Tennessee
- Safe Routes to Schools Network
- Save the Children
- Southeast United Dairy Industry Association, Inc.
- STARS
- TennCare
- Tennessee Academy of Pediatrics
- Tennessee Association of Health, Physical Education, Recreation, and Dance
- Tennessee Association of School Nurses
- Tennessee Commission on Children and Youth
- Tennessee Department of Children's Services
- Tennessee Department of Education
- Tennessee Department of Health
- Tennessee Department of Mental Health and Developmental Disabilities
- Tennessee Department of Transportation
- Tennessee Dietetic Association
- Tennessee Obesity Taskforce
- Tennessee Primary Care Association
- Tennessee Parent Teacher Association
- Tennessee School Boards Association
- Tennessee School Counselor Association
- Tennessee School Health Coalition
- Tennessee State Board of Education
- Trevecca University
- University of Tennessee – Knoxville
- UT Extension Services
- Vanderbilt Institute for Obesity
- Vanderbilt University
- YMCA of Tennessee

Source: Sara Smith, State CSH Coordinator, Office of Coordinated School Health, Tennessee Department of Education, e-mail, August 3, 2011.

**Health Education:** Health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula should address the National Health Education Standards (NHES) and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

**Physical Education:** Physical education is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. Physical education is characterized by a planned, sequential K-12 curriculum (course of study) that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education programs assist students in achieving the national standards for K-12 physical education.* The outcome of a quality physical education program is a physically educated person who has the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Qualified, trained teachers teach physical education.

**Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

**Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

**Counseling, Psychological, and Social Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

**Healthy and Safe School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

**Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment

often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

School Wellness Guide: A Guide for Protecting the Assets of Our Nation's Schools* is a comprehensive guide that provides information, practical tools and resources for school employee wellness programs.

**Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

These descriptions were adapted from multiple sources, including:

D. D. Allensworth and L. J. Kolbe, "The comprehensive school health program: exploring an expanded concept," *Journal of School Health,* Vol. 57, No. 10, 1987, pp. 409–12.

Institute of Medicine, *Schools and Health: Our Nation's Investment,* Washington, DC: National Academy Press, 1997.

E. Marx, S. F. Wooley, and D. Northrop, *Health Is Academic: A Guide to Coordinated School Health Programs*, Teachers College Press, 1998.

Source: Centers for Disease Control and Prevention, Coordinated School Health, Components of Coordinated School Health, http://www.cdc.gov (accessed June 7, 2011).

Offices of Research and Education Accountability
Phillip Doss, Director
Suite 1700, James K. Polk Building ▪ 505 Deaderick Street
Nashville, Tennessee 37243 ▪ (615) 401-7911
www.tn.gov/comptroller/orea