

Coordinated School Health

2024-25 ANNUAL REPORT



Department of
Education

Coordinated
School Health

The goal of the [Coordinated School Health](#) (CSH) Program is to improve the overall health and wellness of students. This annual report on school health, as required by Tenn. Code Ann. § 49-50-1602(a)(4), includes information on progress toward that goal, including programmatic outcomes and selected student health indicators data in Tennessee for the 2024-25 school year. Data in this report is self-reported and submitted annually by every local education agency (LEA) through the Coordinated School Health Annual Report Survey, completed by each district's CSH Coordinator, and the Annual Health Services Survey, completed by each district's Health Services Lead or the Director of Schools' designee. The CSH Annual Report is completed by 145 LEAs, and the Health Services Survey is completed by 148 LEAs and State Special Schools.

145 LEAs
completed this survey



INTRODUCTION

CSH is a framework for addressing health in schools, connects health with learning, and improves students' health and capacity to learn through the support of schools, families, and communities working together. This model encourages healthy lifestyles, provides needed support to students, and helps to reduce the prevalence of health problems that impair academic achievement. The involvement of parents, families, and the community is the glue that binds CSH. Full involvement of these entities as partners in the educational process provides valuable input, increases the commitment of all partners, and ensures positive educational and health outcomes.

CSH is not a program but a systematic approach to promoting health that emphasizes needs assessment, planning based on data, and analysis of gaps and redundancies in school health programming.



CSH consists of eight components that work together to improve the lives of students and their families. Although these components are listed separately, their composite allows CSH to have a significant impact. The eight components are health education, health services, school counseling, psychological and social services, nutrition, physical education and physical activity, school staff wellness, healthy school environment, and student, community, and family involvement.

Historically, school health programs and policies in the United States have resulted, in large part, from a variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Before the statewide implementation of CSH in Tennessee in 2007, many schools had a “patchwork” of policies and programs regarding school health with differing standards, requirements, and populations served. Professionals who oversaw the different pieces of the patchwork came from multiple disciplines, such as education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches.



CSH INFRASTRUCTURE

Tennessee State Board of Education's CSH (SBE Policy 4.204) requires each comprehensive plan for a CSH program to respond to the needs of students, families, and the community, to emphasize a positive youth development approach, to demonstrate evidence of effectiveness, and to make efficient use of school and community resources. The policy sets forth the minimum standards for districts to use in developing their own guidelines and procedures that address the health needs of their students and improve student opportunities for academic achievement. For the 2024-25 school year, the requirements for CSH funding include the following:

Each district shall employ a local coordinator/supervisor of school health programs for the district. School systems with **3,000 or more** students shall establish a full-time school health coordinator/supervisor position. School systems with **fewer than 3,000** students shall establish, at a minimum, a part-time school health coordinator/supervisor position, provided that at least fifty percent (50%) of the coordinator/supervisor's job duties are related to school health programs.

The policy additionally requires that each district establish the following:



A School Health Advisory Council (SHAC) that includes a representative of the school system, staff, students, parents, civic organizations, community agencies, the faith community, minority groups, and others concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The advisory council recommends policies and programs to the school system and develops and maintains an active working relationship with the county health council.



A staff coordinating council on school health for the school system that is representative of all eight components of the coordinated school health program. The staff coordinating council will seek to maximize coordination, resources, services, and funding for all school health components.



A healthy school team at each school in the system that is representative of all eight components of the coordinated school health program. The team will include the principal, teachers, staff, students, parents, and community members with at least one-half of the team members being non-school personnel. The healthy school team will assess needs and oversee the planning and implementation of school health efforts at the school site.



Additionally, districts are required to:

- **Establish local guidelines and procedures** to help schools implement and coordinate each of the eight (8) CSH components and other school health efforts;
- **Conduct professional development training** for school officials and other school leadership responsible for implementing a CSH program;

Additionally, State Board of Education (SBE) policy requires districts to:

- **Develop and maintain a system** of assessing and identifying the health and wellness needs of students, families, and staff;
- **Incorporate school health index results** into all school improvement plans;
- **Develop and maintain comprehensive pre-K-12 health education and physical education programs;**
- **Ensure the school district's annual budget** includes funding to support the implementation of the eight (8) CSH components;
- **Identify and secure additional financial and/or technical assistance** through collaborations and partnerships with community agencies and organizations;
- **Establish a system for evaluation and monitoring** to assess the effectiveness of CSH programs in promoting healthy behaviors and improved academic outcomes; and

- **Ensure compliance with:**

- Tenn. Code Ann. §§ 49-6-1301 - 1308 and 68-1-1205 regarding Family Life Curriculum and any aspect of family planning or contraception in schools;
- Tenn. Code Ann. § 49-50-1603, the BE's Administration of Medication in a School Setting Policy (SBE Policy 4.205), and the guidelines set by the department of education and the department of health regarding the administration of medications and the secure storage of medications, recordkeeping, and the orientation and training of all school personnel that handle medications by a school health nurse or a licensed health care professional;
- Tenn. Code Ann. § 49-3-359 regarding the employment or contracting for school health nurses;
- Tenn. Code Ann. §§ 63-7-101-63-7-116 and Administrative Rules regarding the professional practice of nurses, including the supervision of school health nurses by a Registered Nurse, Certified Nurse Practitioner, and/or physician;
- Tenn. Code Ann. § 49-5-302 regarding school counseling programs, and Tenn. Code Ann. § 49-6-303 regarding the employment of licensed school counselors and the professional practice of school counselors; and
- All laws, rules, and regulations regarding the qualifications for individuals employed, contracted, or otherwise engaged in providing professional services in any of the components of a CSH program.



HIGHLIGHTS

CSH partnered with:

48,948 STUDENTS

an increase over the previous school year



7,987 PARENTS & GUARDIANS



89%

of visits to the school clinic resulted in a return to class

\$535,424,892 SECURED IN GRANTS AND IN-KIND RESOURCES

varying from federal, state, and local sources including grants such as the Tennessee Department of Health Project Diabetes grants and Healthy Built Environment grants, local hospital grants, civic organization grants, and private business and corporation grants, as well as in-kind from a wide variety of community partners in education, public and private health care, business, corporations and civic organizations.



88% of districts offered professional development on physical education best practices

51% of districts exceeded requirements and have a comprehensive mental health policy in place

Ongoing Challenges & Progress

180,625 STUDENTS

have a chronic illness or disability diagnosis



120 DISTRICTS HAVE A MEMBER OF THE CSH TEAM

as a member of the district-level safety team



18% of schools do not have a full-time nurse during the school day

586 SCHOOL SOCIAL WORKERS

serving students, *an increase from 577 in 2023-24*



76 DISTRICTS PROVIDED STAFF HEALTH SCREENINGS



40 school districts report having at least one school that denies recess as a form of punishment



Health Services Highlights

- 50%** of District Nurse Supervisor’s sole role is district-wide nursing oversight—allowing them to dedicate 100% of time to managing all school health nursing operations
- 12%** of District Nurse Supervisors teach health science or other subjects in addition to their district-level supervisory duties
- 5,661** students received corrective lenses (glasses or contacts), 121 students received a hearing aid or implant, and 238 started a new medication, intervention, or treatment as a result of health screenings
- 180,625** students had a chronic health condition or disease diagnosis
- 35,726** students have an emergency action plan/emergency care plan

Percentage of districts that identify students who are chronically absent by health condition. Please note that this is an optional process and not all districts identify absences by health condition:



Districts that collect data on absences by health condition report the following as the top chronic health conditions contributing to chronic absenteeism:

- 1 ASTHMA**
Note that **83%** of all districts have a district-wide asthma action plan in place
- 2 ADHD**
- 3 TYPE 1 DIABETES**

Number of schools that provided general awareness training to all staff on:

1,535 ANAPHYLAXIS

1,503 ASTHMA

1,427 DIABETES



Physical Education & Physical Activity Highlights

The [Physical Activity and Physical Education Report](#) is published annually with data specific to the implementation of physical education and physical activity in districts.

- 33** walking tracks/trails were installed or updated in 27 districts
- 202** playgrounds were installed or updated in 73 districts
- 44** in-school fitness rooms were installed or updated in 33 districts
- 84%** of districts reported that none of their schools allowed denial of physical activity as a form of punishment in compliance with State Board Policy 4.206



Nutrition Highlights

- 97%** of schools have water bottle refilling stations
- 1,849** schools have a school produce garden
- 82%** of schools are in compliance with the minimum nutritional standards for individual food items sold or offered for sale to pupils in pre-kindergarten through grade eight (pre-K-8) through vending machines or other sources, including school nutrition programs. Tenn. Code Ann. § 49-6-2306
- 66%** of districts' wellness policies/guidelines prohibit using food or food coupons as a reward
- 85%** of districts offer alternative breakfast programs



School Counseling, Psychological, and Social Services Highlights

- 1,106** schools have a partnership with a community-based mental health provider to provide therapy for students with parental permission
- 53.47%** of schools offered professional development on comprehensive school-based mental health services

Tennessee districts employ:

2,726 SCHOOL COUNSELORS

586 SCHOOL SOCIAL WORKERS

655.5 SCHOOL PSYCHOLOGISTS



Healthy School Environment Highlights

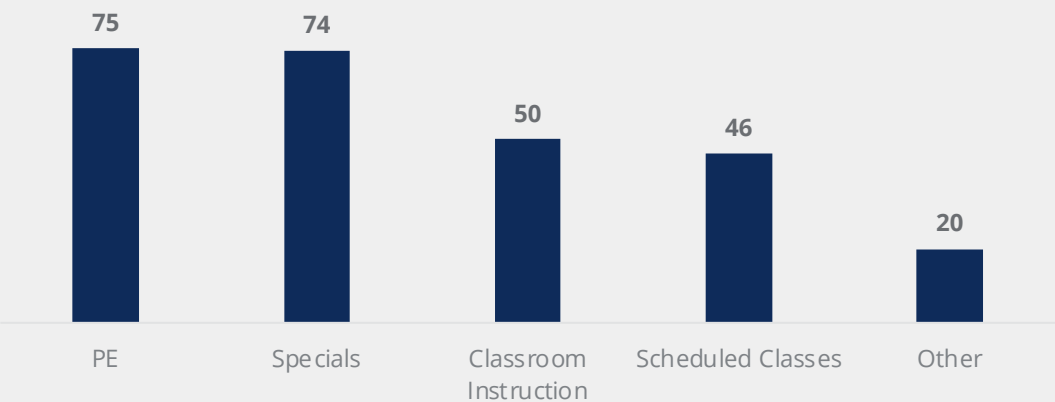
- 100%** of districts have a district-wide healthy school environment policy and/or guidelines
- 41** districts require indoor air quality management programs such as Tools for Schools
- 71%** of districts developed or updated additional school safety and emergency response policies/guidelines this school year in addition to the required annual review of Emergency Operations Plans.
- 65%** of districts require environmental assessments
- 83%** of district CSH Coordinators are part of their district-level safety team
- 99%** of districts are compliant with Tenn. Code Ann. § 49-6-2701 et al, threat assessment



Health Education Highlights

- 51%** of districts offered health education to grades K-5
- 62%** of districts offered health education to grades 6-8

For grades K-8, districts can choose to offer health education in various ways. They may either teach it uniformly across the same subject or class period or use multiple subjects or class periods to teach health education content during:





Student, Family, and Community Involvement Highlights

- 67%** of districts report having a system for evaluating the health and wellness needs of families
- 77%** of districts report ensuring families have opportunities to be involved in school decision-making for health policies and programs
- 86%** of districts use two-way communication, using a variety of methods, with all families about school health activities and programs
- 93%** of districts partner with local community organizations, businesses, or health care providers to engage students and their families in health promotion activities
- 81%** of districts provide opportunities and educational resources for families to reinforce learning at home



Staff Wellness Highlights

- 26** districts have a school-based health clinic available for employees
- 78** districts report having developed and implemented a system of assessing and identifying the health and wellness needs of staff
- 118** districts provide strategies to staff to increase physical activity
- 44%** of districts reported an increase in staff wellness participation during the 2024-25 school year
- 43%** of districts report that they promote or recognize the use of sick leave for mental health days for staff

Types of staff wellness opportunities offered in schools:

- 74%** of districts offer mental health support
- 72%** offer physical activity programming and opportunities
- 52%** of districts offer staff health screenings
- 53%** offer stress management
- 53%** offer information on the Employee Assistance Program
- 52%** offer nutrition education

