TN Department of Education

Office of Coordinated School Health

Annual Report, 2017-18

Tennessee Department of Education | November 2018

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Introduction and Context

There are many factors that play a role in the success of our children. According to the Centers for Disease Control and Prevention, "The academic success of America's youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance".[1] Health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment.[2-4]

In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.[5-7] Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.[8-11]

Scientific reviews have documented that school health programs can have positive effects on educational outcomes, as well as health-risk behaviors and health outcomes.[12-13] Similarly, programs that are primarily designed to improve academic performance are increasingly recognized as important public health interventions.[14-16]

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research also has shown that school health programs can reduce the prevalence of health-risk behaviors among young people and have a positive effect on academic performance.

Coordinated School Health (CSH) is an evidence-based model developed by the Centers for Disease Control and Prevention (CDC) designed to promote healthy school environments so children arrive at school ready to learn. In 2006, Tennessee became the only state in the nation with a legislative mandate and $15,000,000 in state funding per year to implement CSH in all school districts. CSH funding provides each school district with funding which can be used to hire a coordinator, support staff, and purchase basic materials and resources necessary to implement CSH designed to advance student health and improve academic outcomes. Coordinated school health addresses eight components of school health: health education, physical education/physical activity, health services, school counseling, psychological, and social services, nutrition, healthy school environment, staff wellness, and student, family, and community involvement.

This report provides information on CSH programmatic outcomes and selected student health indicators data for the 2017-18 school year.

Why coordinated school health?

Historically, school health programs and policies in the United States have resulted, in large part, from a wide variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Thus, prior to statewide implementation of CSH in Tennessee, many schools had a "patchwork" of policies and programs regarding school health with differing standards, requirements, and populations to be served. In addition, the professionals who oversaw the different pieces of the patchwork came from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches. The statewide coordinated school health initiative helped to streamline school health programs across the state and provided consistency for students.

Coordinating the many parts of school health into a systematic approach can enable schools to:

- eliminate gaps and reduce redundancies across the many initiatives and funding streams;
- build partnerships and teamwork among school health and education professionals in the school;
- build collaboration and enhance communication among public health, school health, and other education and health professionals in the community; and
- focus efforts on helping students engage in protective, health-enhancing behaviors and avoid risk behaviors.

Tennessee's Accomplishments

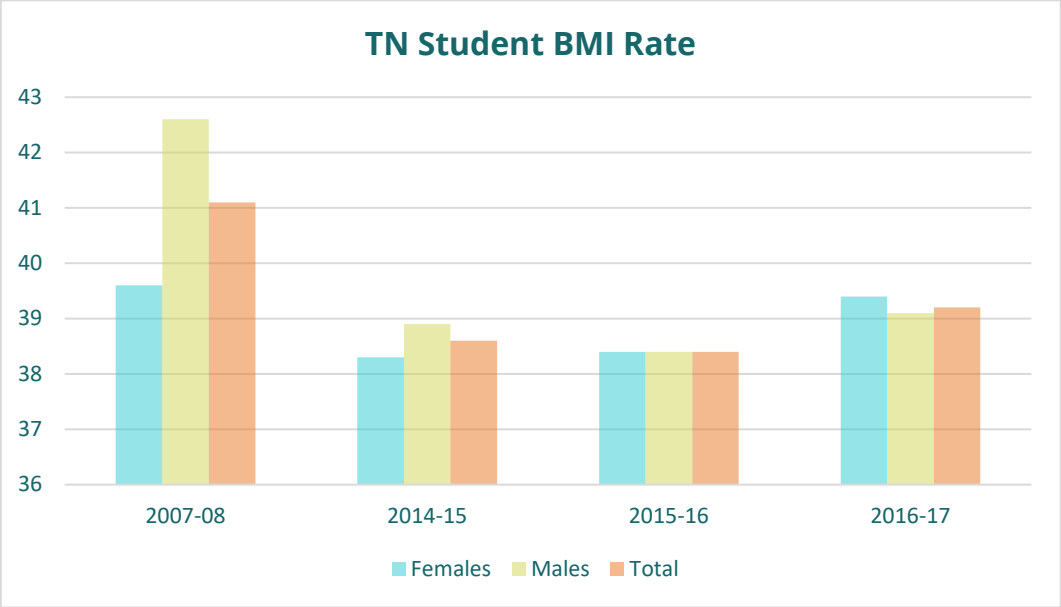


Table 1

As indicated in Table 1, Tennessee student body mass index (BMI) rates have declined since the expansion of Coordinated School Health statewide. BMI rates declined from **41.14** percent in 2007-08 to **39.3** percent in 2017-18.[21]

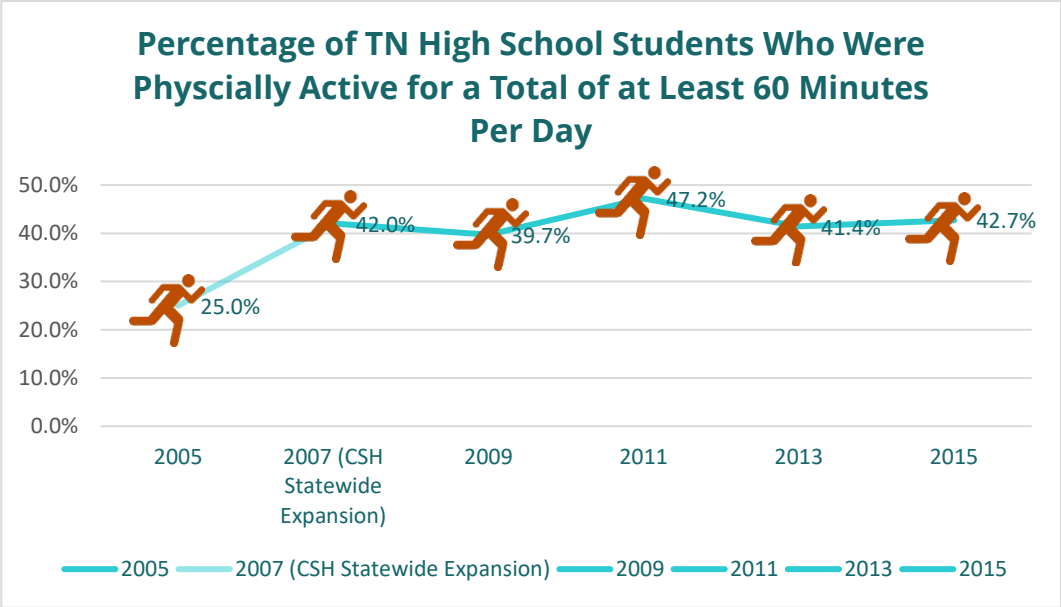


Table 2

As indicated in Table 2, according to CDC's Youth Risk Behavior Survey (YRBS), the percentage of Tennessee students who were physically active for a total of at least 60 minutes per day on five of the past seven days substantially **increased** from **25 percent** in 2005 to **42.7 percent** in 2015.[18]

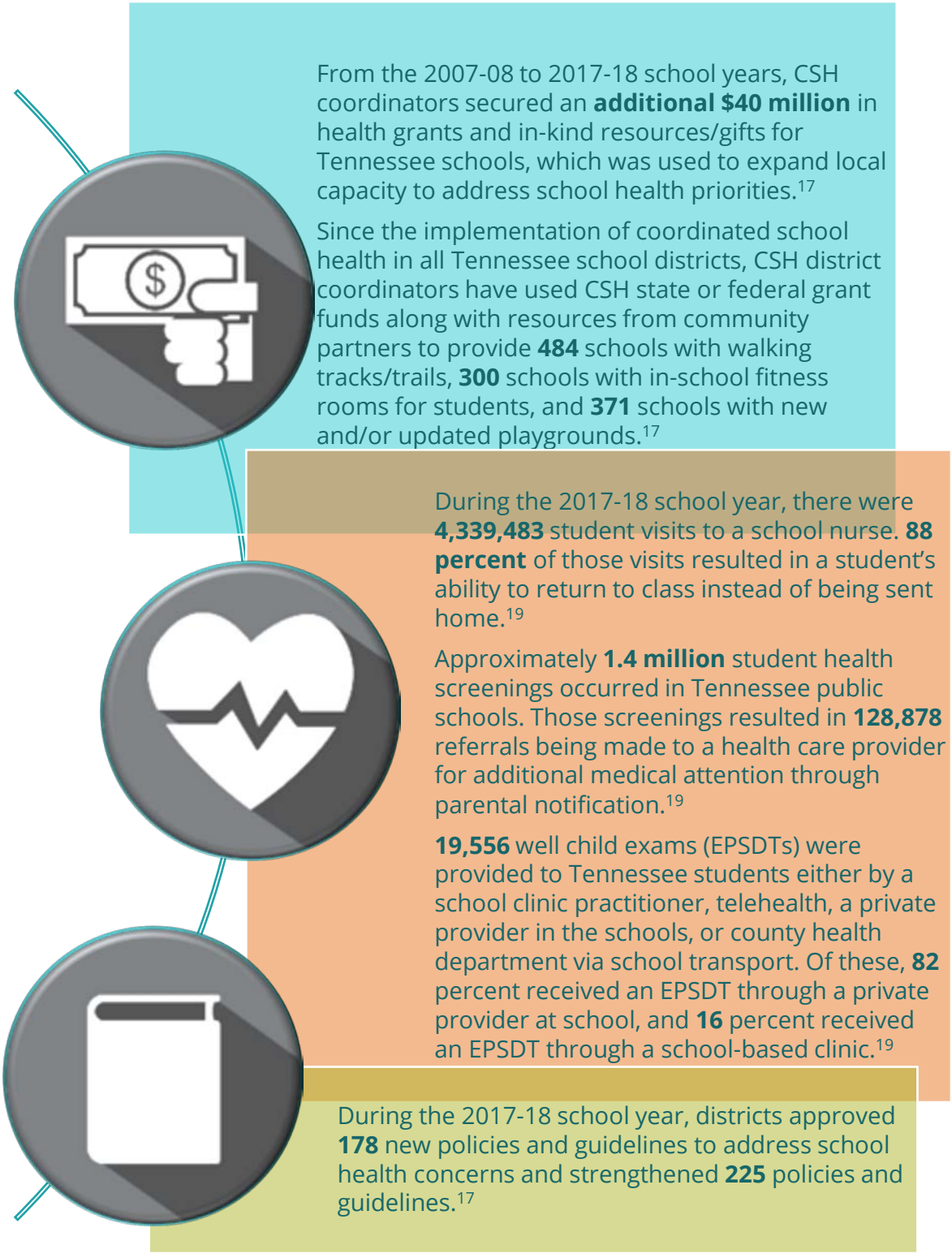

From the 2007-08 to 2017-18 school years, CSH coordinators secured an **additional $40 million** in health grants and in-kind resources/gifts for Tennessee schools, which was used to expand local capacity to address school health priorities.[17]
Since the implementation of coordinated school health in all Tennessee school districts, CSH district coordinators have used CSH state or federal grant funds along with resources from community partners to provide **484** schools with walking tracks/trails, **300** schools with in-school fitness rooms for students, and **371** schools with new and/or updated playgrounds.[17]
During the 2017-18 school year, there were **4,339,483** student visits to a school nurse. **88 percent** of those visits resulted in a student's ability to return to class instead of being sent home.[19]
Approximately **1.4 million** student health screenings occurred in Tennessee public schools. Those screenings resulted in **128,878** referrals being made to a health care provider for additional medical attention through parental notification.[19]
19,556 well child exams (EPSDTs) were provided to Tennessee students either by a school clinic practitioner, telehealth, a private provider in the schools, or county health department via school transport. Of these, **82** percent received an EPSDT through a private provider at school, and **16** percent received an EPSDT through a school-based clinic.[19]
During the 2017-18 school year, districts approved **178** new policies and guidelines to address school health concerns and strengthened **225** policies and guidelines.[17]

Figure 1

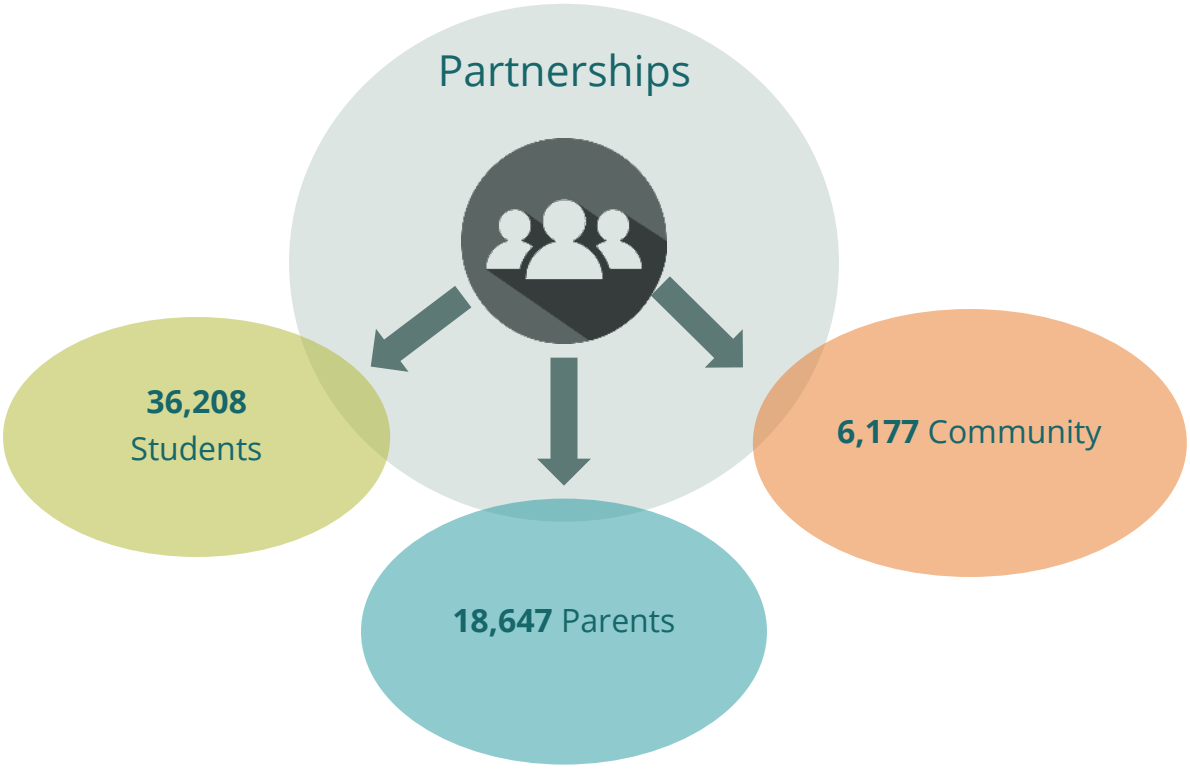


Figure 2

Parent and student partnerships are emphasized in all aspects of CSH. CSH coordinators have expanded the average number of partners from **21** community partnerships per school district in 2008-09 to **45** community partners in 2017-18. CSH district coordinators worked with **6,177** different community partners and coalitions during the 2017-18 school year. Also, CSH statewide partnered with **36,208 students** and **18,647 parents** to address school health priorities during the 2017-18 school year.[17]

Additional Highlights[17, 19]

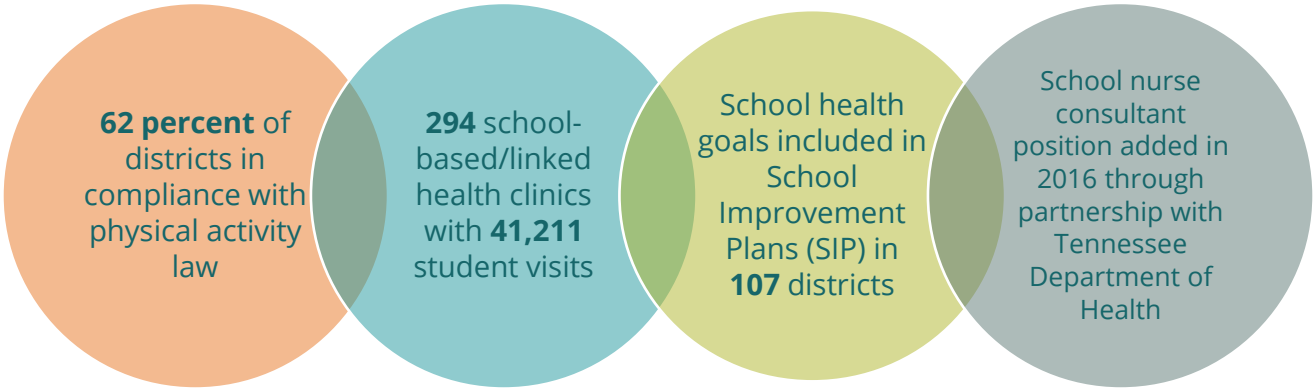


Figure 3

Ongoing Challenges

Figure 4

CSH Infrastructure

According to Tennessee State Board of Education's *Standards and Guidelines for Tennessee's Coordinated School Health Policy 4.204*, the following infrastructure elements must be in place in every school district in order to implement the CDC's evidence-based CSH model with fidelity:

> *Each district will establish a full-time position for a coordinator/supervisor of school health programs at the system level for school systems with 3,000 or more students. School systems with fewer than 3,000 students will establish a position for coordinator/supervisor of school health programs at 50 percent time or more and are encouraged to enter into a consortium with other school systems to apply for funding. The coordinator/supervisor position in both cases will be in addition to other school health component staff and school system coordinator/supervisor positions.*

The policy additionally requires that each district establish:

> *A School Health Advisory Council (SHAC) that includes representative of the school system(s), 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 will recommend policies and programs to the school system and also develop and maintain 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 planning and implementation of school health efforts at the school site.*

Additionally, districts are required to:

> *Develop and maintain local school system policies that address and support coordinated school health and each of the integrated components*.

Develop and maintain a staff development system for orienting and training administrators, principals, and other school leadership team members that allows for informed decision making in adopting and implementing the coordinated school health model at the school system and school level.

Develop and maintain a system of assessing and identifying the health and wellness needs of students, families and staff that will be used in developing system policies and strategic plans; school health programs, curriculum and initiatives; and school improvement plans.

Incorporate into all School Improvement Plans (SIP), easy-to-implement and appropriate assessments and surveys, improvement strategies and services, and integrated learning activities that address the health and wellness needs of students and staff.

Identify and obtain additional financial support and program collaboration with community agencies/organizations along with other external financial support to supplement the Basic Education Program (BEP) funding formula and the additional CSH funding provided for the school health program.

Develop and maintain a system and process for annual evaluation of progress and outcomes for the coordinated school health program effort, including the impact on the student performance indicators required by the State Board of Education in TCA § 49-1- 211(a) (3) and any state designated health outcomes for students and staff.

Health Services

The National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) recommend that school districts provide a full-time school nurse in every school building. When schools employ a full-time nurse, there is a reduction in the achievement gap that students with chronic health conditions face; students are less likely to miss school due to illness; and smaller nurse-to-student ratios are associated with lower absenteeism rates and higher graduation rates. [20]

Health services in schools should be provided and/or supervised by school health nurses or other qualified health professionals in order to properly appraise, protect, and promote the health of students. School health services include providing first aid, providing emergency care and assessment, and planning for the management of chronic conditions (e.g., asthma or diabetes). [23]

Highlights

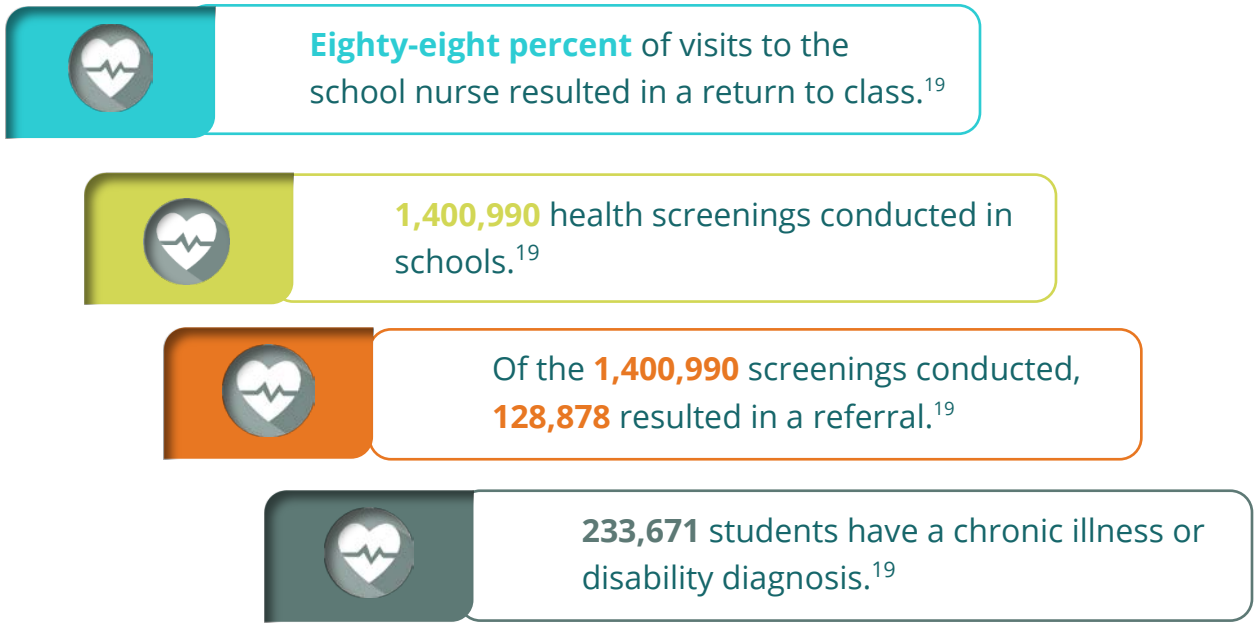
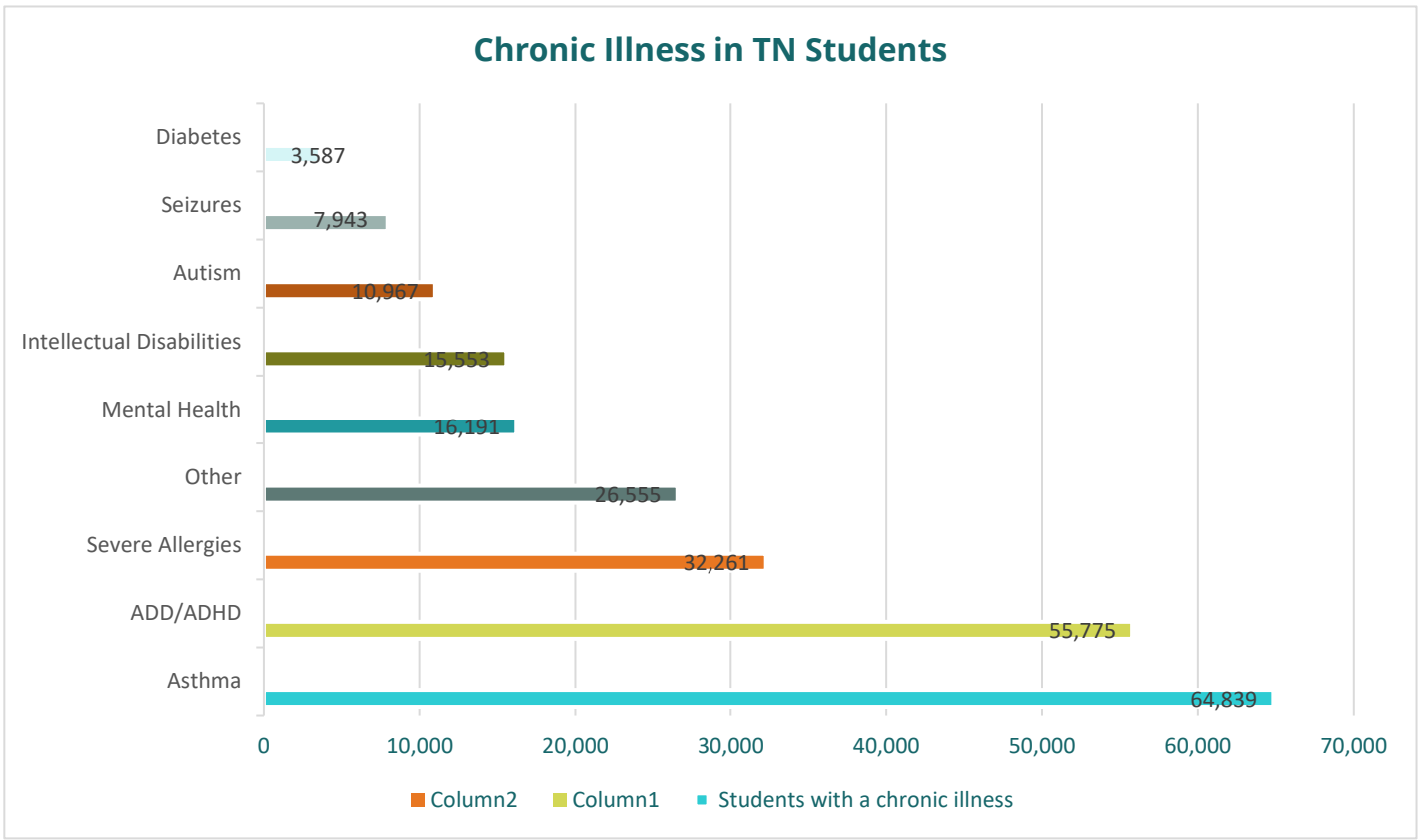


Figure 5

Table 3 above provides evidence for the increased need for qualified health professionals in Tennessee schools, such as school nurses. During the 2017-18 school year, **233,671** students in Tennessee public schools had a chronic illness or disability diagnosis. Of those students with a diagnosis, the most common were asthma (**28 percent**), ADHD/ADD (**24 percent**), and severe allergies (**14 percent**).[19]



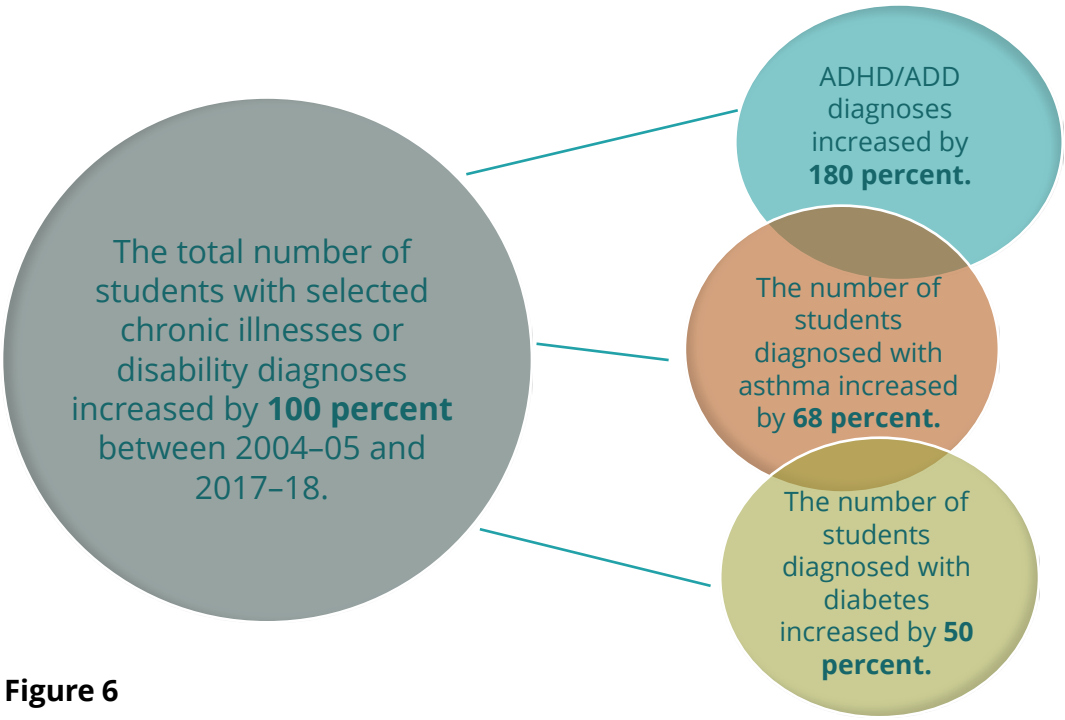


Figure 6

Physical Activity & Physical Education

All children in Tennessee should be exposed to both quality physical education and physical activity programs. A Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. A CSPAP reflects strong coordination and synergy across all of the components: physical education as the foundation; physical activity before, during, and after school; staff involvement; and family and community engagement. [22-23]

Physical education is an academic subject and serves as the foundation of a CSPAP. Physical education is characterized by planned, sequential pre-K through grade 12 curriculum that is based on the national and state standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. [22-23]

Physical activity in schools can be offered in a variety of settings throughout the day including before and after school. Physical activity should be in addition to the essential physical education class, not a replacement. The most common ways students engage in physical activity include: recess, integration into classroom lessons, physical activity breaks, exercise clubs, and intramural programs. [22-23]

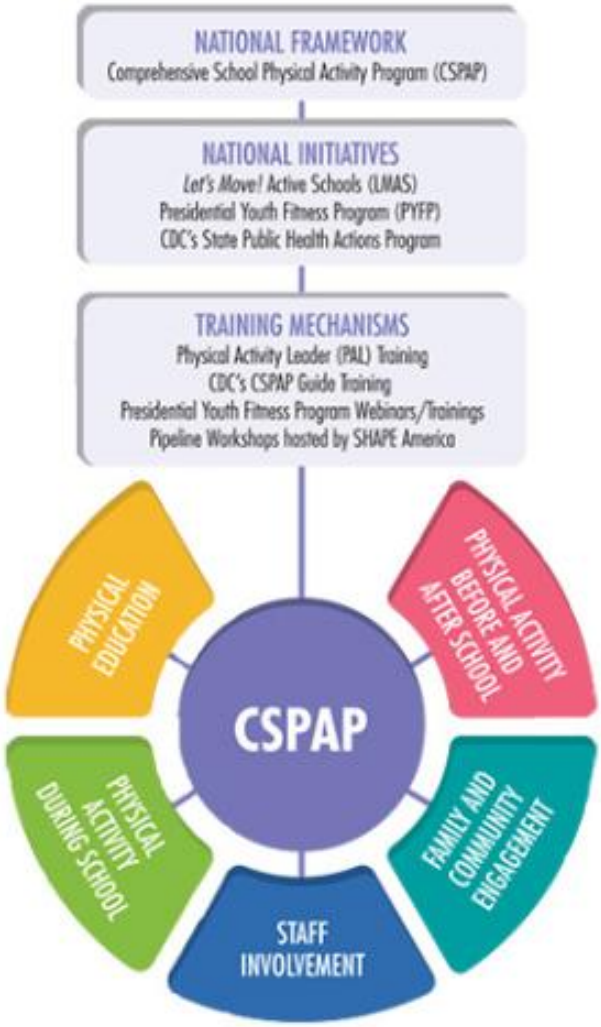


Figure 7: NATIONAL FRAMEWORK FOR PHYSICAL ACTIVITY AND PHYSICAL EDUCATION [22]

Highlights

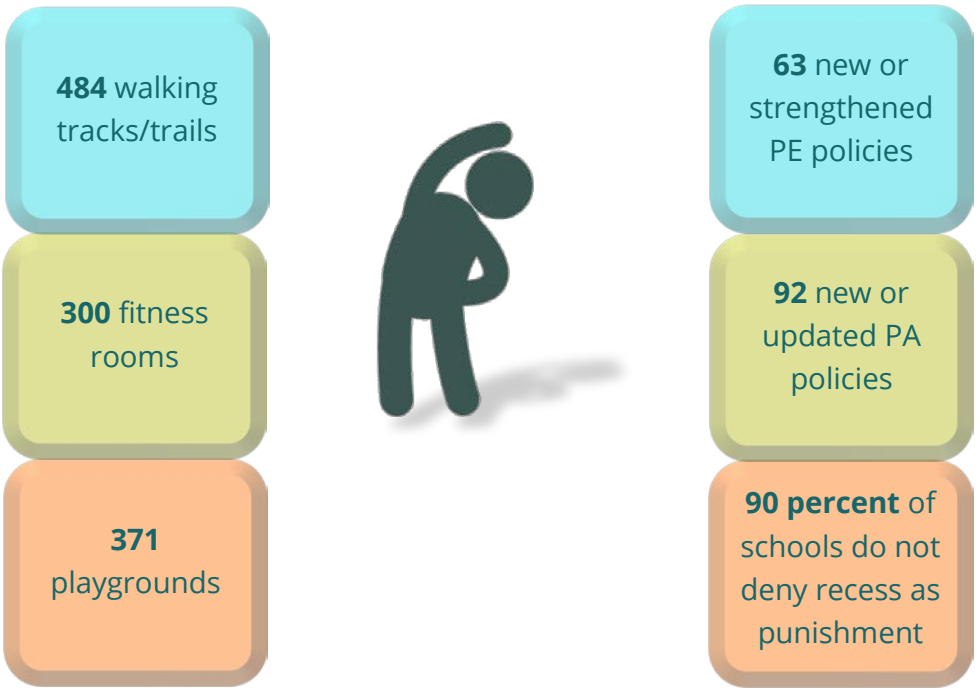


Figure 8

As figure 8 depicts, since the implementation of CSH statewide, coordinators have secured funds for walking tracks or trails at **484** schools, **300** in-school fitness rooms for students, and **371** new and/or updated playgrounds.

This school year, **73** new physical activity/physical education policies and guidelines were approved and **82** policies and guidelines were strengthened.

Out of 1,714 schools, only **180** reported using denial of recess as a form of punishment. **70 percent** of districts have zero schools that use denial of recess as punishment. [17]

Nutrition Services

Behavioral, emotional, mental health, and academic problems are more prevalent among children and adolescents struggling with hunger, and these students statistically have lower academic scores and inferior grades than their peers.[27]

School nutrition offers students opportunities to learn about and practice healthy eating through the foods and beverages served on school grounds, nutrition education, and communications about food in the cafeteria and throughout the school campus. Students typically have access to foods and beverages in numerous locations within the school, including the cafeteria, vending machines, grab 'n' go kiosks, schools stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers. [23]

The School Nutrition program is responsible for providing nutritious meals and snacks for students in schools. School Nutrition administers the USDA's National School Lunch Program, School Breakfast Program, and Afterschool Snack Program across the state. All public schools in Tennessee are on the National School Lunch Program, which provides nutritionally balanced, low-cost or free lunches to children each school day. [24]

Highlights [17]

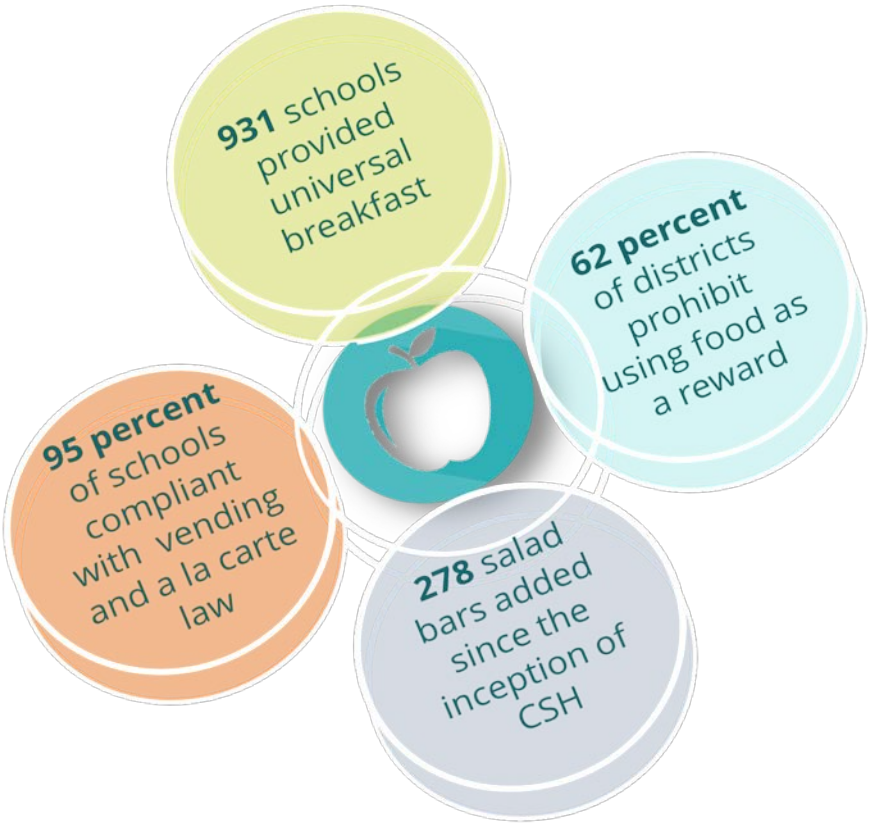


Figure 9

School Counseling, Psychological, and Social Services

One in five youth live with a mental health condition, but less than half of these individuals receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a student's ability to learn, grow, and develop. [28]

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of students. Schools offer services such as developmental classroom guidance activities and preventative educational programs in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers are utilized to provide coordinated "wrap-around" services that contribute to the mental, emotional, and social health of students, their families, and the school environment.

Highlights

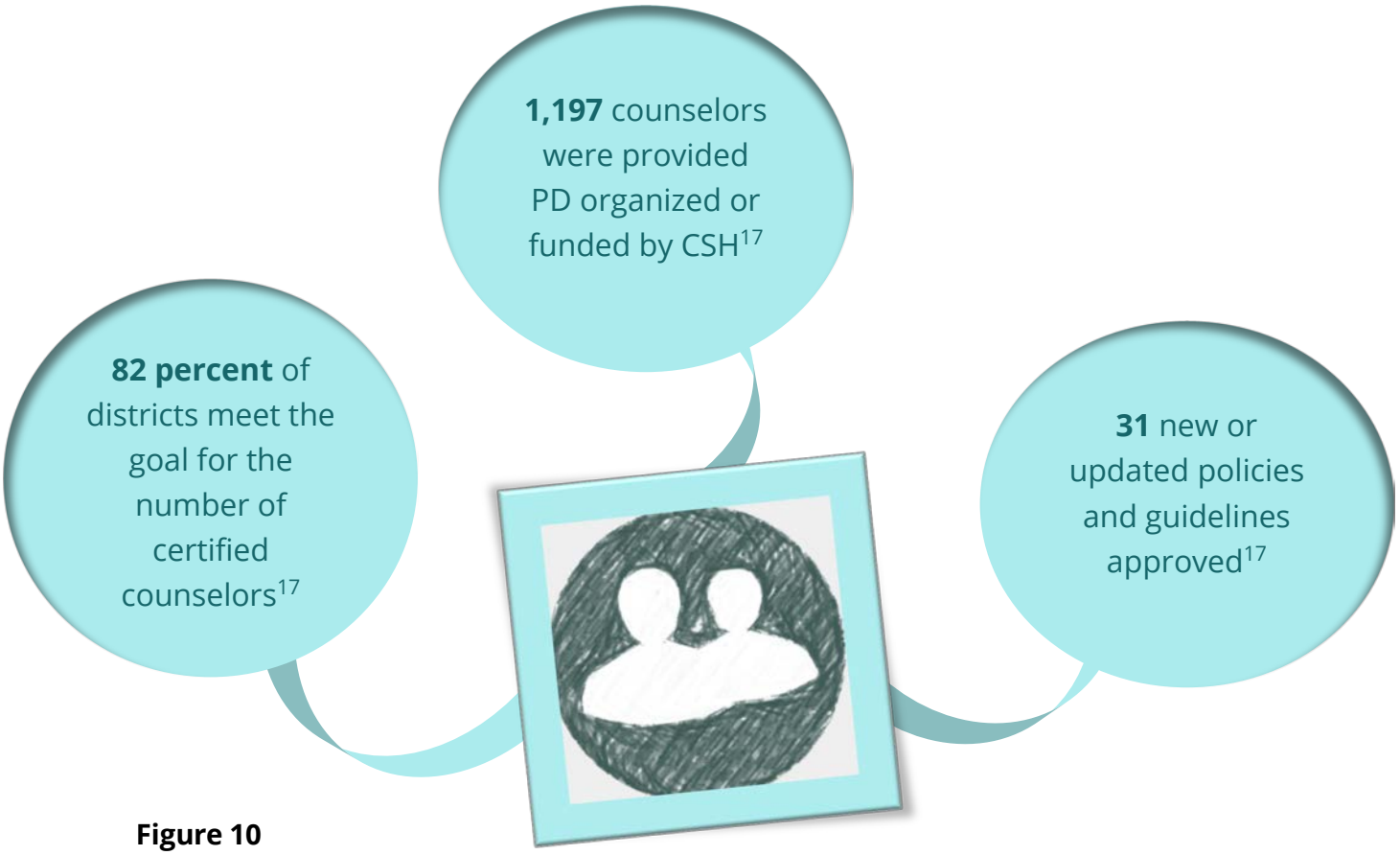


Figure 10

Healthy School Environment

A healthy and safe school is defined by the physical and aesthetic surroundings and the psychosocial climate and culture of the school. A healthy and safe school environment supports positive learning by ensuring the health and safety of students and staff. A healthy physical environment includes the school building and its contents, the property on which the school is located, and the area surrounding it.[23] The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff.

Highlights

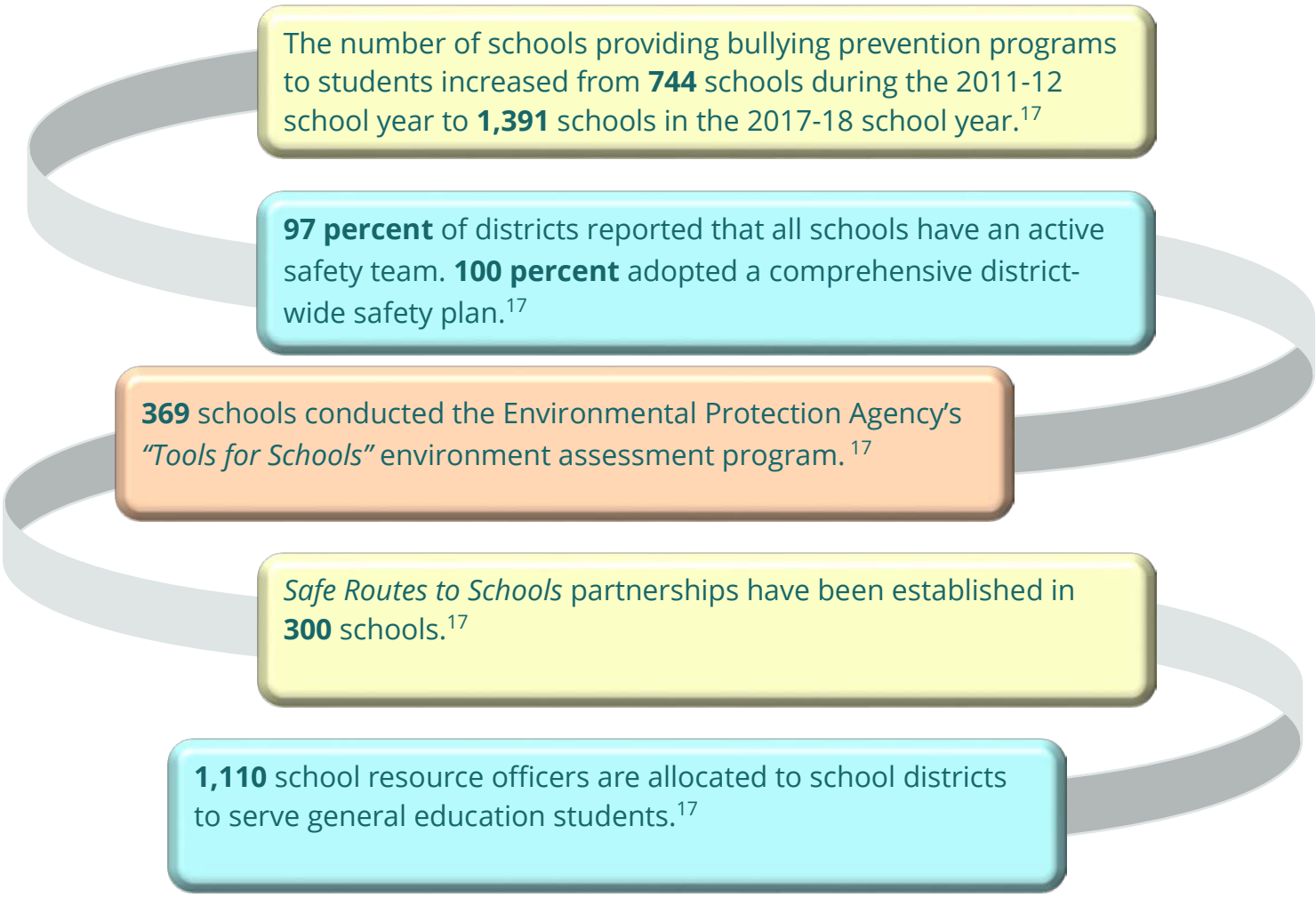


Figure 11

Health Education

Health education is as important as other academic subjects and is critical to students' education and development. The time, instruction, and support devoted to health education should be comparable to that of other subjects. [25]

Health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction 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. [23]

Highlights

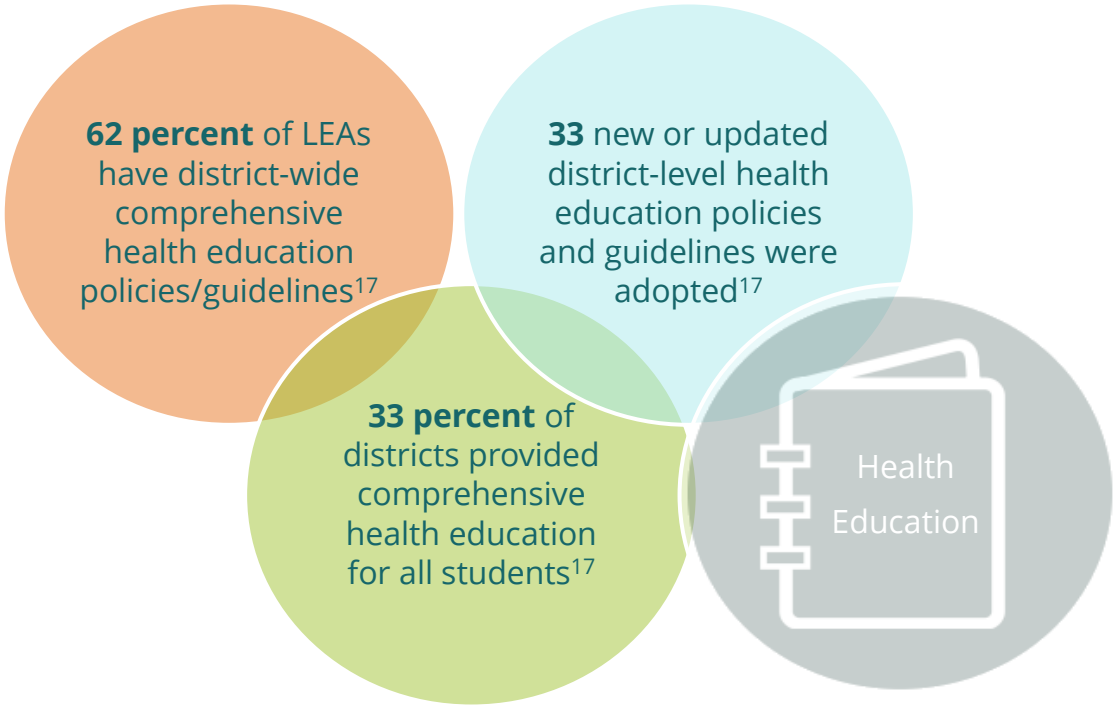


Figure 12

School-Site Health Promotion for Staff

Wellness opportunities such as health assessments, health education, and physical fitness activities are provided to all school staff, including the administrators, teachers, and support personnel, to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs.

Highlights

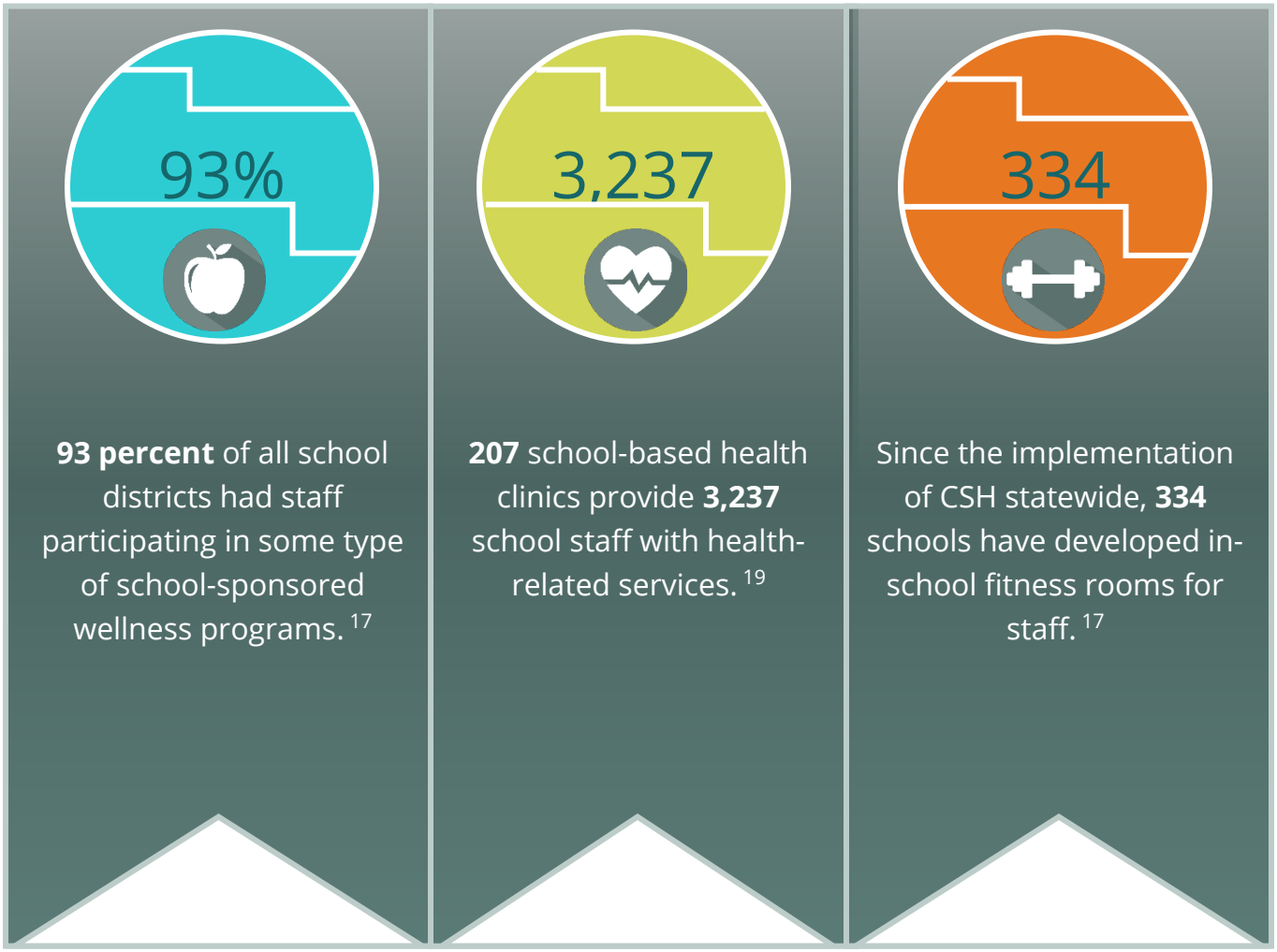


Figure 13

Students, Parents, and Community Partners

Involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families.

Highlights

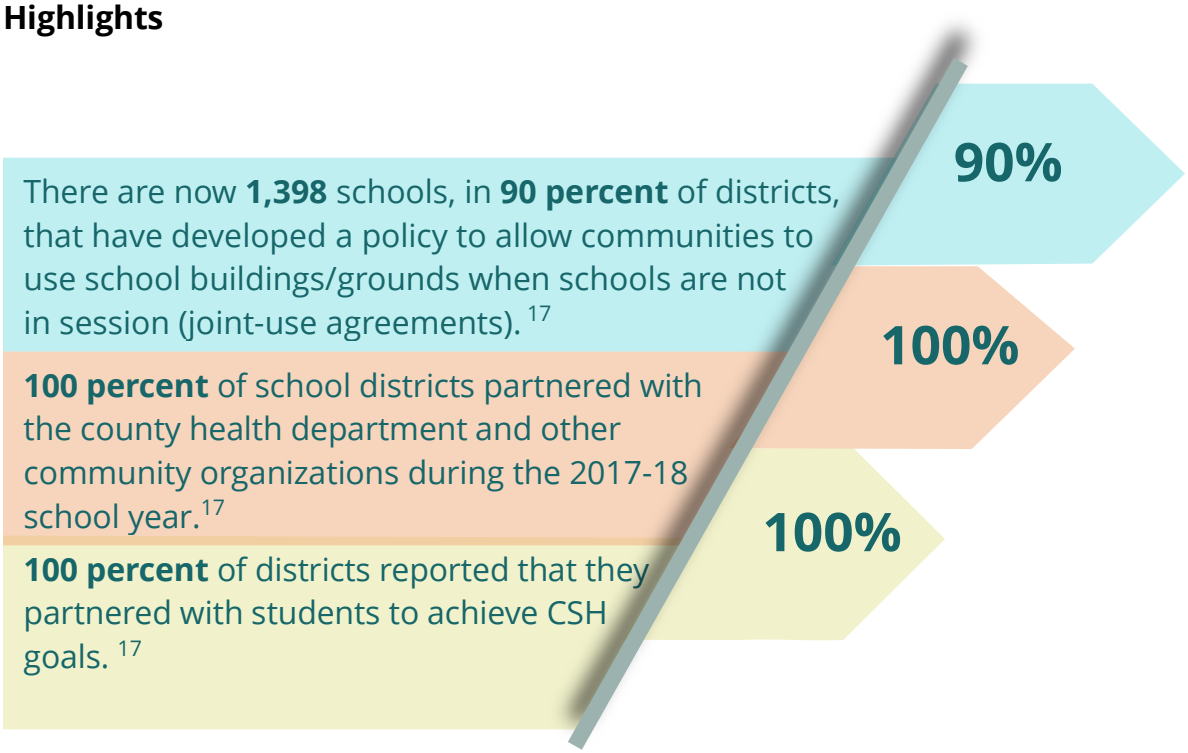


Figure 14

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