

PEN Newsblast (8/13/04) – “Healthy Learning Environments”, *Education for Life*, Issue 38, August 2004. Association for Supervision and Curriculum Development. (<http://www.ascd.org/publications>).

Policymakers frequently fail to consider intersecting student health and academic achievement as they develop school improvement policies, despite research findings that support that the two are connected to optimal student progress. Schooling affects lifelong health; in general, people who attain higher levels of education tend to live longer. Here are the National health objectives outlined in Healthy People 2010 (Dept. of Health and Human Services 2000):

- i. Increasing the high school completion rate to 90 percent.
- ii. Increasing the proportion of schools that provide health education up to 70 percent to reduce behaviors that lead to injury, chronic disease development, and death.
- iii. Increase to 50 percent the proportion of schools that have a nurse-to-student ratio of at least 1:750.

The article cites some evidence that supports the premise of health-education curriculum in schools:

- 3rd and 4th grade students who received comprehensive health education scored significantly higher in math and reading than their peers who had received such a comprehensive health education. (Office of Research, Evaluation, and Assessment to the New York City Board of Education, 1988).
- In four northwest urban high schools, test scores increased in schools where students experienced high expectations and caring relationships at school and participated in meaningful activities in the community – values that are inherent in fully developed school health programs. (*American Journal of Health Promotion*, 1994)
- A 1999 survey conducted by Mid-continent Regional Education Laboratory found that 73 percent of U.S. adults felt that health education in schools was “definitely necessary” (http://www.mcrel.org/PDF/Standards/5987RR_WhatAmerBelieve.pdf)

The goal of a coordinated school health program (CSHP) is to support behaviors that enhance the health and well-being of students and school staff through learning opportunities that help students acquire not only the knowledge, attitudes, and skills of a health-literate individual, but also the motivation to behave in healthy ways. Here are the components of CSHPs, as conceived and promoted by the Center for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (DASH):

- Parent and community involvement – an integrated school, parent and community approach to enhancing the health and well-being of students.

- Comprehensive school health education – a planned, sequential K-12 curriculum that addresses physical, mental, emotional, and social dimensions of health.
- Physical education - a planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas that promotes each student's optimum physical, mental, emotional, and social development.
- School health services – services to appraise, protect, and promote health provided for students.
- Counseling and psychological services – services to improve student's mental, emotional, and social health through individual and group assessments, interventions, and referrals.
- School nutrition services – access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students.
- Healthy school environment – promotion of a healthy school environment through the physical and aesthetic surroundings and the psychosocial climate and culture of the school.

CDC-DASH provides funding to 23 state or local education agencies for the development of state-level infrastructure to support CSHPs. Maine and South Carolina are two states that have used CDC-DASH resources to develop sophisticated comprehensive health programs.

- Maine – used the funding to develop infrastructure that allowed staff in state's departments of education and human services to create, advance, and sustain the coordination of school health programs across all agencies.
- South Carolina – developed its Health Schools initiative after a 1989 act that required the establishment of healthy school advisory committee and the provision of K-12 health education.