

Healthy Kids...Healthy Learners

Coordinated School Health Programs Embrace the Mind-Body Connection for Students
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When the eighth-grade girl started showing symptoms of anorexia, several people in the Stow-Munroe Falls school system outside Akron, Ohio, acted to help her. A friend, alarmed at the girl's lunchroom eating habits, first reported her concerns to school counselor, Lynn Duskocil. Duskocil, in turn, spoke to the girl. She acknowledged having an eating disorder and later agreed to discuss her problem with her parents in a meeting conducted by the counselor. Duskocil also consulted the school nurse who offered advice on nutrition and health.

Since that first intervention, the girl has attended counseling sessions outside of school and taken part in a weekly discussion group called "A Sense of Self" that Duskocil runs for eighth-grade girls. Knowing how to respond when students need assistance is one of the hallmarks of a coordinated school health program that Stow-Munroe Falls, developed 15 years ago. The program, which involves everyone from school secretaries to the district superintendent, was founded on the belief that good health is one of the building blocks of student achievement.

"If you have kids dealing with multiple health risk behaviors, they're not going to be able to concentrate or put forth their best academic performance," said Carolyn Kuhn, a health teacher and the health promotion coordinator for the 6,200-student school district.

A 45-member advisory group, whose members include the superintendent, clergy, health care professionals, senior citizens, and the police, meets monthly to coordinate strategies and close any gaps in the community's outreach to troubled teens. For example, committee members recently intervened when a seventh-grader's erratic behavior turned out to be related to a lack of supervision after school. The committee found the student a volunteer position working with younger children in the school district's latchkey program.

"The blessing in a program like this is... everyone's working together to come up with the best plan and come up with as many options as possible" for the student, said Duskocil, who divides her time between Lakeview Intermediate School and Kimpton Middle School.

Because there's a process for dealing with students' health problems, added sixth-grade teacher Kathleen Novak, "It's not, 'Oh, my gosh, we have a sixth-grader drinking. What do we do now?'"

Coordinated or comprehensive school health means uniting school services into a coherent plan to improve the well-being of students and staff. In general, schools are good at attacking problems piecemeal—a drug education program here, a fitness festival there—but rarely do they link these services together or help people understand why they should work on a common agenda.



"The vision of a healthy school should extend to the entire school family and involve all students and staff," Gail Tanaka wrote in "What's Health Got To Do With It?" a 1996 *Midpoints* publication from National Middle School Association. "Developing and enhancing health program, is best accomplished in the same way other school changes are approached—with visionary leadership, collaboration within the school and community, a unifying set of clear objectives and outcomes, ongoing evaluation, and an understanding of and commitment to address the needs of students."

A coordinated school health program should include eight major components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; a healthy school environment; health promotion for staff members; and parent and community involvement. In practice, this can mean starting a school clinic or launching a school health fair. But it also can mean doing small things to promote school health such as substituting fruit juices for the sugary sodas in a school's vending machines or replacing carpeting with brands, that resist asthma-aggravating molds.

Coordinated school health programs not only address adolescents' health needs, they maximize "the resources for which the taxpayers have already paid," said Cynthia Wolford Symons, a professor of health education at Kent State University in Ohio. "They already paid for nursing services, they already paid for counselors, [and] they already paid for health educators [and] physical education teachers. The problem is...everyone is running in different directions."

When schools try to boost achievement by buying more computers, scheduling remedial classes, or using truancy officers to improve attendance, they are "only getting a portion of the return on their investment," Symons said. "They're focusing on some of the problems that are threatening school success for some kids, but they are ignoring the other kinds of problems that threaten school success for other kids."

It doesn't help that public and private grants often target a particular category of student or a specific school activity. Although comprehensive school health programs have been around for many years, only recently have they attracted both funding and higher profiles from the federal Centers for Disease Control and Prevention (CDC) and nonprofit organizations such as the National Association of State Boards of Education and the American Cancer Society.

The reason for the shift is the growing recognition that students in poor health do not learn as well as others. As the National Commission on the Role of the School and Community in Improving Adolescent Health wrote in its 1990 report, *Code Blue: Uniting for Healthier Youth*: "Efforts to improve school performance that ignore health are ill-conceived, as are health improvement efforts that ignore education. This means that increasing academic achievement will require attending to health in the broadest sense."

But for all of its emphasis on student outcomes, the national school reform movement has failed to address children's health problems adequately. "Innovative educators have begun to realize that the missing dimension in many reform efforts is sufficient attention to students' well-being—physical, emotional, and social," concluded the 1994 report, *Education and Health: Partners in School Reform*, published by the BellSouth Foundation and the Education Development Center.



Studies show that many adults want schools to place greater emphasis on student health. A 1994 Gallup Poll conducted for the American Cancer Society found widespread support for health education in school—82 percent of parents surveyed considered it as important or more important than any other subject studied in school. *What Americans Believe Students Should Know*, a new national survey Gallup conducted for the Midcontinent Regional Educational Laboratory, revealed the highest overall rating for health education among the academic standards considered—more than for history, language arts, and math. According to the survey, adults want students to understand the impact of substance abuse, and the importance of family relationships and disease prevention, among other health education topics.

The typical nine- or 10-week health course many middle schools offer can't possibly cover all the information adolescents need to make good life choices. In a 1997 article in *The American School Board Journal*, researcher Susan Black pointed to a 1985 evaluation of health education for 30,000 fourth- through seventh-graders, which found that the students needed "at least 50 hours of classroom instruction per year to demonstrate significant changes in attitudes and behaviors."

Even with that much instruction, some students will turn the wrong way. Yet Black found that schools rarely try to provide the information and skills that would give them a fighting chance.

"From my observations and from the reports I've collected," she wrote, "I'd say most schools have a long way to go when it comes to effective health education programs."

Research on the effectiveness of coordinated school health is scarce, in part because so few schools have been able to implement and sustain them. Gail Tanaka notes that schools often abandon programs "based on poor results from insignificant and partial efforts." In addition she wrote, schools "assume that prevention programs are like vaccines—once people are inoculated, they will have protection forever...Schools need ongoing programs because students are making health decisions constantly; they are continually exposed to people and messages that encourage risk-taking and situations that present opportunities for poor health choices."

There are some positive findings from studies on the effectiveness of certain components of comprehensive health programs, as described by co-editor Eva Marx in the book, *Health is Academic: A Guide to Coordinated School Health Programs*. School-based health centers, for instance, have been shown to increase student attendance and reduce suspensions and dropout rates. Teachers participating in school-site health promotion programs have better morale and fewer absences. And students do better on standardized tests when they get food through school nutrition services.

In the Stow-Munroe Falls school district, officials said student attendance has increased 3 percent to 4 percent in the past three years, and the age at which students first try drugs, alcohol, or tobacco has risen from sixth to seventh or eighth grade. The school district also reports a significant decrease in the number of school days lost because of suspensions for alcohol or drug use and violence.



It may seem like modest progress, said coordinator Carolyn Kuhn, but you can't make major strides without starting out small. "Everything has to be done in slow, baby steps," she said.

Schools need to be partners in health promotion because the needs of today's youth are different than they used to be. Instead of fighting the infectious diseases of the past, the current focus is changing behavior to prevent trauma and illness. Six behaviors in particular have been shown to have negative effects on academic achievement and lifelong health: tobacco use; poor eating habits; abuse of alcohol and other drugs; intentional or unintentional injury; physical inactivity; and early sexual activity.

Young adolescents "are about to be at the crossroads where they will have multiple opportunities to choose between health-enhancing versus health-debilitating behaviors," said JoAnne Owens-Nauslar, the director of professional development for the American School Health Association in Kent, Ohio.

Adolescents usually don't seek health care on their own, so bringing services to school makes it easier for them to get treated, said Maria Montanaro, the chief executive officer of Thundermist Health Associates in Woonsocket, Rhode Island, which has operated a clinic at Woonsocket Middle School for the past five years. "Some kids who are sick are treated and return to class," she said.

Like Ohio, Rhode Island is among 15 states that receive funds from the CDC to strengthen coordinated school health programs. State education department officials praised the work of the school health clinic at Woonsocket Middle, which serves a mostly impoverished and medically underserved population.

For example, many Woonsocket students suffer from asthma, a common illness in urban areas. Having a clinic nurse on site means they can get inhalation therapy without leaving campus. In addition, the clinic nurse is able to spend 45 minutes with each patient, enabling her to find out "what is really at the heart of the matter," Montanaro said.

Nutrition is another obvious focus for a coordinated school health program. At Jefferson Middle School in Olympia, Washington, students and staff complained for years about the cafeteria food. The menu changed only after the school received a five-year, \$375,000 grant from the Comprehensive Health Education Foundation in Seattle to create a coordinated school health program.

Through the initiative, students persuaded food service coordinators to offer salad and hot buffet bars with baked potatoes, pasta, and ethnic foods, instead of the greasy glut of cheeseburgers, pizza, and french fries. The emphasis on wellness carried over to faculty and staff, said Teri Murphy, a physical education teacher who supervised the school's grant. For example, one teacher discovered through a school wellness assessment that his cholesterol and blood pressure levels were too high, so he took up fitness walking and lost 20 pounds. "I don't think I've seen donuts in the staff room for five years," Murphy said.



She acknowledged, however, that the school's interest in health education waned after the grant ended in 1997. For example, the salad bar operates only three days a week instead of four, in part because the cafeteria workers dislike the extra time and effort it takes to set up and remove the additional items. Murphy also said the faculty no longer formally keeps track of wellness goals. "I feel bad there's been some backsliding," she said.

Unfortunately, Jefferson's situation is not unique. Planning, executing, and maintaining a coordinated school health program can present big challenges. Staff resistance can stall the early momentum. Visionary leaders can depart. New projects can divert attention from the school's goals. And community opposition to specific health education components can cause even the most enthusiastic supporters to give up under pressure.

At Jefferson Middle, only half the teachers seemed to understand the need for a comprehensive health education program, said Michelle Bell, an associate professor of health services at the University of Washington, who evaluated the project.

"There was always the constant struggle of, 'What do we give up?'" she said. "If we bring in new health content, then what goes away because the curriculum's full and we just don't have room to do much more."

Other schools and school districts end up battling conservative factions who believe "coordinated school health is code for sex education, which is code for condom distribution," Symons said.

The Stow-Munroe Falls school district solved that problem by involving opponents in planning the comprehensive school health program instead of alienating them from the process. "We have such broad representation there, it gives it some credibility," said Kuhn, the program coordinator. "In this case, we have a community making decisions concerning the health of kids."

Money also doesn't have to be a barrier to implementing a quality program. By networking with local businesses and nonprofit agencies, the school district has been able to tap into important in-kind services and get by with virtually no extra funds for coordinated school health. For example, Kent State trains the school district's faculty and provides advice about writing grant proposals. In exchange, the school system sends teachers to the university to talk to students and sponsors on-site visits. One local middle school provides space for a branch of Akron Child Guidance, a county counseling agency that, in return, provides counseling for the school's students and staff.

More importantly, the comprehensive school health program has helped the Stow-Munroe Falls community evaluate its priorities and direct its efforts toward prevention. Not long ago, the superintendent's health promotion advisory group used a small grant to train 34 middle school students as peer mediators so they can learn to resolve disputes before they become violent. And, at a time when many schools around the country are cutting back on health classes, counseling services, and school nurses, Stow-Munroe Falls has strengthened its graduation requirement in health.

Healthy Kids ... Healthy Learners *(continued)*



The class of 2001 must take two semesters of health education instead of the state-required one semester course. The school district added the equivalent of one and a half teachers at the high school to make this possible. The district also hired another middle school teacher this fall to expand health education for seventh- and eighth-graders from nine weeks to a full semester.

“Our first and primary responsibility is education,” including giving the students “the best possible education in health-risk behaviors,” Kuhn said. “That’s what we’re in the business for—academic performance, academic success.”

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