

Building Infrastructure for Coordinated School Health



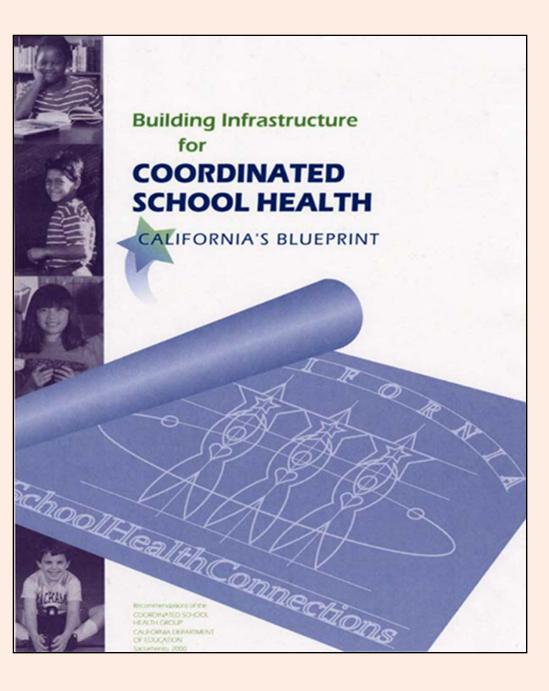


Coordinated School Health (Eight Components)

- Parent/community involvement
- Health education
- Physical education
- Health promotion for staff

- Health services
- Nutrition services
- Psychological/ counseling services
- Healthful environment







Centers for Disease Control and Prevention

- Funds California Department of Education and Department of Health Services (and 20 other states)
- Focuses on six health behaviors, established during youth that continue through adulthood and that contribute to 70% of preventable illness and death among adults



Purpose of the Blueprint

 Create a joint effort of public and private agencies, individuals, communities

Improve implementation of coordinated school health

Strengthen the four infrastructure supports



Building Infrastructure for Coordinated School Health

Maximize "infrastructure supports"

- communication, collaboration
- policies, laws, funding
- data, training, partners
- personnel, positions, authority



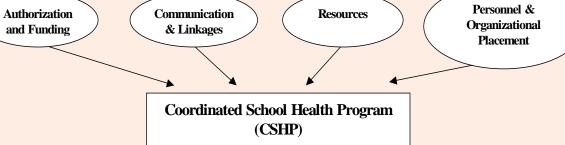
Five Assumptions

- Education and health are interrelated
- "Social morbidities" are the biggest threats to health
- A more comprehensive, integrated approach is needed
- Efforts should be centered in and around schools
- Prevention efforts are cost effective (social and economic costs of inaction are high and escalating)









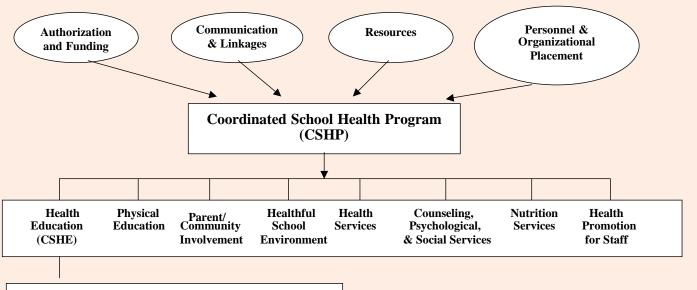




Authorization Communication Resources Personnel & and Funding & Linkages Organizational Placement 4 **Coordinated School Health Program** (CSHP) Health Physical Healthful Health Counseling, Nutrition Health Parent/ Psychological, Promotion Education Education Community School Services Services (CSHE) & Social Services Involvement for Staff Environment



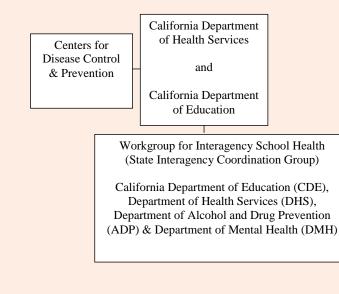
Coordinated School Health Supports



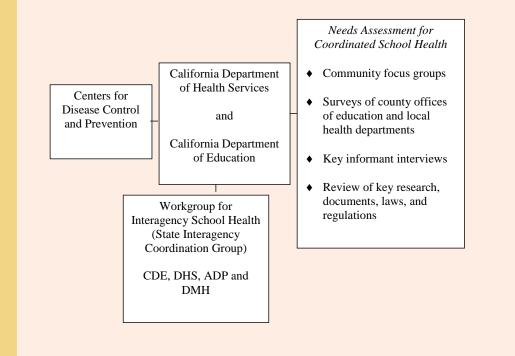
Content Areas:

- Tobacco Prevention
- Nutrition
- Physical Activity
- HIV/STD/Unintended Pregnancy Prevention
- Intentional and Unintentional Injury Prevention
- Drug/Alcohol Prevention

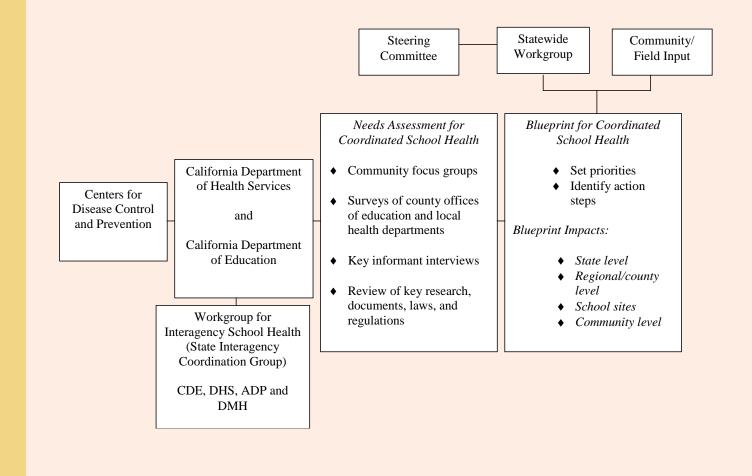




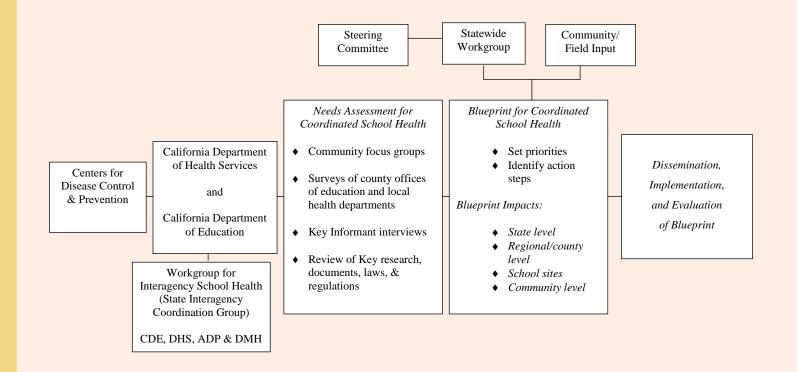














Designed to maximize a multi-level approach

- Schools/districts
- Local health departments and county offices of education
- CDE, DHS, and other state departments
- Some include steps for voluntary health organizations and professional associations



Coordinated School Health Blueprint - Goal 1

Coordinated school health policies and programs will support and contribute to the positive development of youth.

(Page 12)



Excerpts of Action Steps

- Policies and programs will support and contribute to the **positive development** of youth.
 - Identify community assets, resources, support (local level)
 - Advocate for CSH through youth development (local level)
 - Include youth development in state RFAs, programs, funding (state level)



Coordinated School Health Blueprint - Goal 2

Policies at all levels will fully support coordinated school health for California's diverse population.

(Page 17)



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2.

Excerpts of Action Steps

- **Policies** at all levels will fully support coordinated school health for California's diverse population.
 - Establish, promote, support policies at district and school sites (local level)
 - Inform and involve partners (local level)
 - Promote CSH within other initiatives (state level)



Coordinated School Health Blueprint - Goal 3

Funds and resources will be allocated to support coordinated school health for California's diverse population.

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3.

Excerpts of Action Steps

- Funds and resources will be allocated to support coordinated school health for California's diverse population.
 - Include CSH in school reform planning/funding (local level)
 - Promote flexible funding (local and state levels)
 - Involve health insurers (state level)



Coordinated School Health Blueprint - Goal 4

Closer collaboration and better coordination will be established within and between CDE/DHS, other state and local level agencies, and business and community partners. (Page 23)



4.

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Excerpts of Action Steps

Closer collaboration and better

coordination will be established within and between the CDE and DHS, other state and local level agencies, and businesses and community partners.

- Develop common outcomes (state level)
- Collaborate to provide training and technical assistance (state level)
- Strengthen collaboration among local entities (local level)



Coordinated School Health Blueprint - Goal 5

Personnel capacity in school health at the state and local levels will increase and reflect California's diverse population.

(Page 28)



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5.

Excerpts of Action Steps

- Personnel capacity in school health at the state and local levels will increase and reflect California's diverse population.
 - Employ qualified CSH staff reflective of state's diversity (local level)
 - Establish policies/guidelines for partners and service providers (local level)
 - Support high caliber teacher preparation (state level)



Coordinated School Health Blueprint - Goal 6

Use of state-of-the-art, research-based strategies to implement coordinated school health will increase. (Page 31)



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Excerpts of Action Steps

- 6. Use of state-of-the-art, researchbased strategies to implement coordinated school health will increase.
 - Utilize research to make informed decisions about curricula/programs (schools/districts)
 - Administer California Healthy Kids Survey (schools/districts)
 - Disseminate information about best practices (state level)



Implications at the Local Level Schools

- Incorporate critical health issues into district-level local improvement plan and the school site plan
- Support accountability and testing by having healthy children achieving in school

(cont.)



Implications at the Local Level Schools (cont.)

- Ensure compliance with existing policies affecting the health of students and staff
- Develop beneficial partnerships with other agencies, organizations, and businesses in the community



Implications at the Local Level Voluntary Organizations

- Provide training, technical assistance, and volunteers to assist in establishing school health councils at the local level
- Advocate for school health programs by speaking at community forums, assist with educating local- and state-level policy makers, and participate with other community organizations
- Collect data and support research on the status and impact of coordinated school health



Implications at the Local Level Family/Community Involvement

- Involve parents and neighborhood leaders in ensuring schools are safe and healthful environments
- Reinforce health education messages at home that are taught in the classroom



Implications at the Local Level Family/Community Involvement (cont.)

- Serve on school-community committees to coordinate resources, activities, and services
- Meet with school personnel to determine what support (materials, expertise, time) they can offer to advance the school or district's health objectives



Implications at the Local Level Health Department Involvement

- Provide input on health policy, programs and services to local school boards
- Work in partnership with schools to increase enrollment in Healthy Families, Medi-Cal for Children and other affordable health care options.
- Promote cross-agency linkages, such as establishing public health nurse liaisons to schools
- Provide data and data-related expertise when developing school programs, polices and services



Call to Action

- Incorporate recommendations in state level RFAs, strategic plans
- Influence development of local level programs, policies and services
- Provide funds and incentives for locals to implement these recommendations (cont.)



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Call to Action (cont.)

- Support youth development and involvement of broad cross-section of youth
- Model cross-departmental collaboration by participating in Workgroup for Interagency School Health (WISH)
- Seek commitment from partner agencies