



National Association of School Nurses

Position Statement Coordinated School Health Programs

SUMMARY OF THE POSITION:

It is the position of the National Association of School Nurses (NASN) that all children should have the right to coordinated school health programs. NASN supports continued research to document the outcomes of these programs. School nurses should use their professional education and skills to assist their schools and communities in the development, implementation, and evaluation of coordinated school health programs.

HISTORY:

The coordinated school health initiative has emerged in response to the state of children's health and education. It is an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and school staff. The School Health Policies and Programs Study (SHPPS) conducted in 2006 found that most U.S. schools provide basic health services to students but relatively few provide prevention services or more specialized health services. Only 45.1% of all schools had a nurse-to-student ratio of at least 1:750 (Brener, Wheeler, Wolfe, Vernon-Smilely, & Caldart-Olson, 2007). Few schools offered a comprehensive employee wellness program (Eaton, Marx, & Bowie, 2007). A recent systematic review of the literature found some evidence to support a positive effect of coordinated school health programs on academic outcomes for children with asthma and no negative impact on academic performance when children were more engaged in physical activity. There was no evidence to support the effect of staff health promotion programs or school environment interventions on academic outcomes (Murray, Low, Hollis, Cross, & Davis, 2007).

The components of a Coordinated School Health Program include:

- **School health services:** Preventive services, education, emergency care, referral and management of acute and chronic health conditions.
- **Health education:** A planned, sequential K through 12 curriculum addressing the physical, mental, emotional, and social dimensions of health to help students develop health knowledge, attitudes, and skills.
- **Health promotion programs for faculty and staff:** Planned health promotion and disease prevention programs and opportunities for school staff.
- **Counseling psychological and social services:** Services that focus on cognitive, emotional, behavioral, and social needs of individuals and families.
- **School nutrition services:** Integration of nutritious, affordable, and appealing meals, nutritional education, and an environment that promotes healthy eating behaviors for all students.
- **Physical education programs:** A planned, sequential K through 12 curriculum that promotes lifelong physical activity.
- **Healthy school environment:** A safe physical and psychological environment that is supportive of learning.
- **Family and community involvement:** Partnerships among schools, families, community groups, and individuals.

DESCRIPTION OF ISSUE:

School-age children face developmental and social challenges that have an impact on existing chronic conditions, such as asthma and diabetes, and lead to other serious problems such as pregnancy, sexually transmitted diseases, motor vehicle accidents, and suicide. Factors like poverty, lack of parental involvement, and a need for better access to high-quality health care exacerbate these problems. Educating and supporting students, particularly those at high risk, to develop health promoting behaviors and effective coping strategies can improve health and contribute to patterns of healthy behavior that will extend into adulthood. Coordinated school health programs that have a strong emphasis on health education and health promotion are an important strategy to foster student health. However, the intensity and types of school health programs vary considerably from one state to another and within the same state.

ROLE OF THE SCHOOL NURSE:

In a coordinated school health program, the school nurse may provide leadership or play a supporting role in any of the eight components.

- **School health services:** by assessing student health status, providing emergency care, ensuring access to health care, and identifying and managing barriers to student learning.
- **Health education:** By providing resources and expertise in developing health curricula and providing health information.
- **Health promotion for faculty and staff:** By providing health information and health promotion activities, monitoring chronic conditions, and maintaining records.
- **Counseling, psychological, and social services:** By collaborating with counseling staff to identify student psychosocial problems and provide input and intervention.
- **School nutrition services:** By providing education about nutritious foods, monitoring menus and food preparation, and encouraging the inclusion of healthy foods on menus, in vending machines, and for classroom snacks.
- **Physical education programs:** By collaborating with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns.
- **Healthy school environment:** By monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, and providing adaptations for students with special needs.
- **Family and community involvement:** By taking a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.

RATIONALE:

School nurses should assume a leadership role and collaborate with organizations, institutions and local, state and federal governments to advocate for policies, legislation, and financing for the development, implementation, and evaluation of coordinated school health programs. In particular, improving the school nurse to student ratio is a key component to ensuring that that nation's children have access to coordinated school health programs.

References/Resources:

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Coordinated School Health Program (Adopted: June 1999, Revised: June, 2001)
Coordinated School Health Education (Adopted: June 2003)
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