

Society for Public Health Education Coordinated School Health Programs Resolution
Approved, April 14, 2005

Whereas the Society for Public Health Education (SOPHE) acknowledges that...

Six priority risk behaviors- tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; and behaviors that contribute to unintentional injuries and violence- contribute to the leading causes of death, disability, and social problems among adolescents and adults in the United States.¹⁻³

The six priority health-risk behaviors are often established during youth, persist into adulthood, are interrelated, and are preventable.¹⁻³

Schools have more influence on the lives of young people than any other social institution except the family.⁴ Schools are settings for teaching youth health-enhancing behaviors that last a lifetime at home and work.⁵

Approximately 54 million children and adolescents attend public elementary and secondary schools in the United States⁶ and close to 6 million adults are employed in public elementary and secondary schools in the United States.⁷

*Healthy People 2010: Understanding and Improving Health*⁸ includes 21 critical health objectives for adolescents and young adults.⁹

The Institute of Medicine defines coordinated school health programs as "...an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community needs, standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness."¹⁰

The Centers for Disease Control and Prevention (CDC) has adopted the expanded model of coordinated school health programs which is comprised of eight interrelated components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family and community involvement.^{2,11-12}

Students who receive health education that includes the use of effective curricula improve their health-related knowledge and skills,¹³ increase their involvement in healthy behaviors,¹³ and decrease their involvement in risky behaviors.¹⁴⁻¹⁵

Students who receive health-related physical education instruction are more likely to be physically active during physical education class than students who receive traditional physical education instruction.¹⁶ Additionally, students' participation in physical activity and physical education appears to be positively associated with academic performance.¹⁷⁻²⁰

Schools with school-based health centers increase school attendance, decrease drop-outs and suspensions, reduce behavioral problems, and improve graduation rates.²¹⁻²²

School-based social service interventions increase students' self-esteem,²³ school bonding,²³ and academic achievement.²³⁻²⁴

Teachers who participate in health promotion programs increase their engagement in exercise, decrease their weight, are better able to handle job stress, and have a higher level of general well-being.²⁵

School breakfast programs increase learning and academic achievement, improve student attention to academic tasks, reduce visits to the school nurse, decrease behavioral problems, and reduce tardiness and absenteeism.²⁶⁻²⁷

Parent and community involvement in schools reduces discipline rates,²⁸ improves students' attendance,²⁹ and increases academic achievement.³⁰⁻³¹

The physical condition of the school is related to students' satisfaction with school³² and their academic achievement.³³

The CDC recommends that to implement a quality school health program at the local level, schools should coordinate multiple components using multiple strategies (instruction, policy mandates, environmental changes, social support, media); coordinate health and education agencies as well as other organizations (school health council and school health coordinator); implement CDC's school health guidelines; and use a program planning process to achieve health promotion goals.³⁴

THEREFORE BE IT RESOLVED that the Society for Public Health Education shall:

1. Continue to urge the Administration and Congress to increase funding for the Centers for Disease Control and Prevention's initiatives related to coordinated school health programs.
2. Urge the Administration and Congress to increase funding for the United States Department of Health and Human Services, the United States Department of Education, and other federal agencies that conduct initiatives related to coordinated school health programs.
3. Actively participate, along with SOPHE chapters, in coalitions at the national (e.g., Friends of School Health), state, and local levels to educate the public about coordinated school health programs.
4. Work with SOPHE chapters to provide resources, professional development, and technical assistance related to coordinated school health programs.
5. Enable SOPHE chapters to provide continuing education related to CSHP.
6. Encourage and enable every member of SOPHE to become an active advocate for coordinated school health programs at the national, state, and local levels.
7. Encourage SOPHE chapters to establish formal liaisons with state school health advisory councils.
8. Encourage SOPHE members to seek appointment to, and leadership roles in, state and local school health advisory councils.
9. Send a copy of this resolution to each member of the Coalition of National Health Education Organizations (CNHEO) and other national organizations that are eligible to receive funding from the Centers for Disease Control and Prevention to provide initiatives related to coordinated school health programs.
10. Support public policies that increase funding opportunities for recruiting and training public health educators, especially public health educators from under represented groups, for professional training opportunities related to coordinated school health programs.

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