

A black and white photograph of a group of children running down a set of stairs outside a school building. The children are in motion, with some running towards the camera and others further up the stairs. The building has a large arched doorway in the background. The entire image is framed by a red border.

The **Comprehensive School Health Challenge** *Volume One*

**Promoting Health
Through Education**

*Edited by Peter Cortese
& Kathleen Middleton*

ETR ASSOCIATES

The **Comprehensive School Health Challenge**

Promoting Health Through Education

Volume One

**Peter Cortese, DrPH, CHES, and
Kathleen Middleton, MS, CHES, Eds.**

E T R A S S O C I A T E S

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ETR Associates (Education, Training and Research) is a non-profit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality publishing, training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830.

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Dedication

*To Dr. Elena Sliepcevich, whose vision of
the possibilities in comprehensive school health
continues to light the way.*

Foreword

In 1987, after 26 years of practice as a pediatrician and specialist in endocrinology, I was approached by then-Governor Bill Clinton with an intriguing offer—to serve as director of the Arkansas Department of Health. It was an offer I couldn't refuse. One of my earliest tasks was to learn more about the status of children's health in Arkansas and the nation. Even after a lifetime of pediatric practice, I was shocked by what I learned. Most disturbing to me was the fact that teenagers were the only population group in the nation experiencing a rising mortality rate. And these children were *having* children at alarming rates, creating the hub in the cycle of American poverty. These facts propelled me into a campaign to increase public awareness and action regarding the health needs of children and youth.

It has been said that you can't educate a child who isn't healthy and you can't keep a child healthy who isn't educated. I think that statement succinctly states the challenge before all of us who want

to improve the health and educational status of our children. Clearly, poor health in all its dimensions adversely affects school performance. And, increasingly, the threats to the health of our children are not biomedical in origin. Injuries, homicide, suicide, pregnancy and substance use are experienced by American youth at alarming rates. These contemporary morbidities are primarily the result of social environment and behavior.

We *must* give greater priority to policies and programs that advance preventive health care practices. At issue is whether we want to invest now or pay later. We can invest in strategies that make a positive difference in our children's health and future, or we can continue to pay for costly intervention and treatment of preventable problems. I think the most promising strategy we can invest in is comprehensive school-based health education.

The chapters in this book cover a continuum of issues within today's school health education challenge: a review of the past, a vision of the future, the nuts and bolts of curriculum content and implementation, key concerns within health education research, and the growing need for partnerships. The chapters challenge us to use our scientific knowledge, professional skill, individual commitment, community support and political will to protect and improve the health of all school-age children through education. With a consensus of values and a collaboration of effort, it's a challenge I know we can meet.

M. Joycelyn Elders, MD

Preface

Comprehensive school health is a concept whose time has truly come. The major health risks children and youth face today can be reduced or minimized by effective prevention methods. Never before has this concept been so universally embraced. The Youth Risk Behavior Surveillance System (YRBSS) recently established by the U.S. Centers for Disease Control and Prevention (CDC) has provided strong evidence of the existence of these risk behaviors among our youth. We know that most of the health problems teenagers experience are caused by a relatively small number of behaviors, such as drinking and driving and sexual intercourse at a young age.

Every year, 1 million unintended pregnancies occur among teenagers in the United States. This group also experiences 2.5 million cases of sexually transmitted disease each year. In the United States, nearly 70 percent of all deaths in young people ages one through twenty-four result from the following four causes:

- motor vehicle crashes—33 percent
- other unintentional injuries—15 percent
- homicides—10 percent
- suicides—10 percent

Acute and chronic morbidity also result from these causes.

Sixty percent of all deaths among all age groups in the United States are due to heart disease and cancer. Tobacco use, consumption of excessive fat, and lack of physical activity play a major role in these diseases. These behaviors are frequently established during youth. With proper educational intervention, the health problems caused by these behaviors can be prevented or minimized.

In 1988, CDC began to monitor these risky behaviors through cooperative agreements with state education agencies. As the years go by, these periodic surveys provide us with data about how we are progressing in our efforts to change the behavior of our school-age children and youth.

Schools include many health-related components in their programs. For several years, many leaders in the school health education field have proposed that these elements should work in concert to improve the health of students, faculty and staff. Health education alone cannot do the job. We need coordinated efforts among those who manage or provide the following health-related components.

- health education
- school lunch programs
- guidance and counseling
- physical education
- school health services
- school health environment
- schoolsite health promotion program for faculty and staff

Those who provide these components must also work with individuals and groups in the community as well as parents. A coordinated effort is an essential aspect of a comprehensive school health program.

The first National Education Goal in *America 2000*, a report of the U.S. Department of Education, calls for every child in America to start school ready to learn. A quality school health program should be designed to help students maintain such a healthy start. In addition, a good comprehensive school health program can be a great help toward the nation's attainment of the goals delineated in the U.S. Public Health Service's document *Healthy People 2000*.

The authors of the chapters in *The Comprehensive School Health Challenge: Promoting Health Through Education* are all recognized leaders in the areas about which they write. The work is presented in two volumes and is designed to give you the impressions of leaders based upon their extensive experience. Volume One, the first eighteen chapters, addresses issues of goal-setting, coordination of programs, skill development and content guidelines. The fourteen chapters in Volume Two focus on research and evaluation, restructuring health education programs to meet "real life" education challenges, preparation of educators, and community linkages.

We hope this approach will be helpful to those planning to implement comprehensive school health programs, to those studying to be professionals in one of the component areas of a comprehensive school health program and to those wanting to improve their programs. Leaders developing policy related to school health programs can use this book as a tool for preparing advocacy speeches or documents. Community members and parents who want to learn more about what a health program can accomplish in a school can use this book as a guide.

All too frequently health programs are planned and implemented in a noncoordinated way. We hope this book will help convince you that a total comprehensive approach is the answer to a successful program—a program that will help to reduce illness, disease and infirmity among our citizens.

Acknowledgments

The efforts of numerous individuals in the development and production of this publication must be acknowledged. First, we would like to thank the contributors. Throughout this project, we had the great pleasure of working with dedicated and talented professionals. We are truly grateful for the time and energy given to this project by some of the busiest people we know.

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Staff in ETR Associates' Editorial and Prepress departments deserve special acknowledgment. We feel fortunate to have had such capable people on the team for this project.

Finally, we wish to acknowledge Mary Nelson, publisher at ETR Associates. This project could not have happened without her leadership. She developed the prototype book in ETR Associates' "Challenge" series and continues to support the development of professional yet practical materials for health education.

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*Comprehensive
Health Education
for Tomorrow*

School Health Education: What Are the Possibilities?

Marian V. Hamburg, EdD, CHES

Proponents of school health education are thoroughly familiar with the “ideal program.” They can state its rationale, diagram its components, provide a model for its curriculum, describe its teaching methodologies and materials, identify the roles of personnel involved in its delivery and provide evaluation tools. Everything needed to put comprehensive school health education in place is available. That the ideal has never been fully achieved does not seem to dampen optimism that some day it will be. Its promoters are convinced of the theoretical soundness of its design and feel that its widespread adoption awaits only “the right time.”

For years, the health education profession has led the promotion of an ideal health education program, in the hope that policy makers in the public and private sectors would recognize its value and take vigorous action toward its establishment. Throughout this time, school leaders have always agreed on the importance of education for health, but have been slow in effecting change in schools. Why?

Perhaps the time has not yet been just right. Public concern about health has not been high enough. The pressure exerted on schools by the health professions has not been sufficiently strengthened by parents and other voters. Or maybe it is simply resistance to change. The long tradition has been to focus on certain academic subjects such as reading, science and mathematics. These conditions, however, seem to be changing, and there may well be good reason for optimism that comprehensive school health education now has its golden opportunity.

The enormous health problems of young people can no longer be ignored. Today, for the first time in the history of our country, young people are less healthy and less prepared to take their places in society than were their parents (National Commission on the Role of the School and Community, 1990). They are at serious risk of being damaged by drugs, alcohol, poor nutrition, teen pregnancy, sexually transmitted disease, violence and injuries—problems that have their roots in behavior. Although it is true that children from poor families are at greater risk, adequate income and high social status provide no immunity to falling prey to dangerous practices that can lead to permanent damage or death. The situation in the United States has reached crisis proportions.

An alarm has been sounded by important groups. The Children's Defense Fund (1990) signals: "SOS America!...The mounting crisis of our children and families is a rebuke to everything America professes to be." Some staggering statistics are provided:

- Every 67 seconds an American teenager has a baby (472,623 in 1987).
- Every seven minutes, an American youth is arrested for a drug offense (76,986 a year).
- Every thirty minutes, an American youth is arrested for drunken driving (17,674 a year).