Comprehensive School Health Programs

A Review of Current Research

Scott Elchert

Bowling Green State University
Abstract

Today, many schools feel so much pressure to meet academic goals that they have compromised physical education and health offerings. To counteract this trend, coordinated school health programs (CSHP), have been developed and implemented in districts across the country. CSHP provide knowledge, attitude and skills to students which ultimately motivate them to make healthier choices. To work effectively, CSHP rely on educational assistance from youth and voluntary organizations, clergy, local health clinics and doctors, etc. Comprehensively, they work together with the school district to help coordinate and support school health efforts with minimal cost.
Comprehensive School Health Programs

The problems which result from childhood and adolescent obesity such as diabetes and poor heart health are mentioned regularly in the media. The United States, in general, is known for overindulgence with not enough exercise. Nine million children and adolescents or 15% of the population under the age of 18 in the United States are overweight (Walker, 2005). Although youth health is recognized as a real problem, few efforts have been successful in positively impacting nutrition choices, exercise habits and general health knowledge in children.

Due to the age that habits are formed, schools are a logical location to teach healthy habits. However, of all the areas schools are “graded” in, student health is not one of them. Therefore, schools have put student health on the back burner while they focus on meeting the required standards. Physical education courses have been reduced and sometimes removed in response to in-house budget cuts and/or to make room for the “important,” required classes.

Comprehensive school health programs (CSHP) are now an option which need to be considered by school districts. CSHP provide knowledge, attitude and skills to students which ultimately motivate them to make healthier choices. To work effectively, CSHP rely on educational assistance from youth and voluntary organizations, clergy, local health clinics and doctors, etc. Comprehensively, they work together with the school district to help coordinate and support school health efforts with minimal cost. The three primary components of CSHP: exercise, nutrition and health knowledge will be addressed.
Exercise:

Physical education is one of the most important offerings in schools today. Every day and everywhere there is discussion about the failing health of our general population. However, this is one of the few areas of the school which is not held accountable by state testing. Classes need to progress from basic movements to vigorous activities by the end of the school year to encourage enhanced physical stamina and muscular performance.

In an era where recess times have been reduced, physical education is often limited at the middle school level and minimally required at most high schools. Many school districts struggle with trying to meet physical education requirements while focusing on meeting the multiple standards in the other academic subjects. The level and quality of physical education instruction many times fails to advance as the students’ age and abilities improve. For example, middle school age students are familiar with basic game rules and can easily incorporate more complex rules and movement skills in their play (Belka, 2001).

Simply attending physical education class is not enough. Many times the intensity required of students in gym class is minimal alleviating the potential for making strides physically. A study conducted in 2004 examined the amount of moderate-to-vigorous physical activity in randomly selected elementary and middle schools in Harris County, Texas. Twenty elementary schools and 7 middle schools were randomly sampled from the 355 elementary schools and 117 middle schools from the 20 districts in Harris County. Although national recommendations call for students to be engaged in moderate-to-vigorous 50% of class time, the study found that the elementary schools
Comprehensive School Health Programs 5

were only moderately-to-vigorously active 21% of the time, and middle schools 24% of the time (Simons-Morton, Taylor, Snider, Huang, & Fulton, J., 2004).

How can this be changed? Administrators can impact physical education classes by: ensuring that teachers are active in physical education professional organizations, such as the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD); ensuring ideal class sizes and space for instruction, and understanding technology needs of staff.

Class size and space is very critical for optimal planning by staff. Physical education planning should receive the same level of evaluation and concern that other core academic classes receive. Again, due to the importance placed on other courses, physical education courses are used as a “filler” with little time and attention given to them. School administrators have the ability to change the way physical education classes are offered and thus received by students, other staff members, parents and the community as a whole.

By giving a little extra time and attention to physical education, administrators can greatly impact the programs outlook and progress. Administrators must encourage physical education staff members to actively belong to professional organizations which can offer support and education for new and innovative programming. Talking and interacting with others in the field can give staff members a “boost” and revitalize their classes. By keeping staff fresh and excited, this enthusiasm is passed along to the
students. Influenced by the enthusiasm, students participate at higher rates and “talk up” the program to fellow students, parents and community members.

Higher level participation and performance creates a cyclical effect within the school itself and the community as a whole. When administrators take a stand to move beyond status quo, great things can happen. Administrators must be knowledgeable of physical education staff goals for students and classes as a whole, encourage staff and students, and check on their progress and completion at years end. This accountability gives the staff and students a tangible goal to meet. Ideally, staff and students have a sense of pride in reaching their individual and class goals. In addition, other staff members also note their fellow staff members success and understand what a positive impact that has on the school and community as a whole.

Richard Simmons, the well-know fitness fireball, recently presented at a congressional hearing in Washington. “Being active helps children concentrate better, and it makes them feel better about themselves. A kid who moves is a kid who learns (Hellmich, 2008, p.7D).” Simmons proposed a plan supportive of the CSHP design. He suggested that schools utilize local community members to teach classes under the direction of the school system's PE teachers. Simmons continued, “Children who get a break to do some kind of physical activity come back to the classroom ready to work harder.”

Nutrition:

There are many aspects affecting student nutrition: food offerings, food personnel training, and lack of proper resources (time or money) to eat healthy. School lunch
menus and offerings have been altered during the last decade to try to incorporate balanced, healthier meals. It is challenging, to say the least for food service personnel to prepare healthier items while staying within the school budget.

In 2006, 213 food service personnel in Texas were sent surveys to understand what factors determined if they implemented information learned at an Eat Smart nutrition training seminar. Eighty-five of the surveys were returned. Food service personnel indicated that they would be more likely to implement Eat Smart guidelines when: they were consistent with state mandates, food service personnel were satisfied with the food they prepared, they were included in other health groups and decisions regarding students in their school, and when food service personnel received positive feedback from the students regarding the food's taste (McCullom-Gomez, Barroso, Hoelscher, Ward, & Kelder, 2006).

It is important for school administrators to understand the motivations of food service personnel and to include them in healthful decisions which take place outside the cafeteria. Often food service personnel feel isolated from the rest of the school, and by including them more they will be more apt to excel in their area of expertise (Alter & Lohrmann, 2005).

Another option some schools have implemented is a breakfast program. “Although research indicates that school meal programs contribute to improved academic performance...fewer than 60% of students choose the National School Lunch/Breakfast program (Gross & Cinelli, 2004).
Breakfast is the most important meal of the day; yet many low-income youth do not have breakfast items available due to limited financial resources. By offering breakfast at school, these students can jump-start their day and improve their academic performance. Each school needs to determine the best method for serving breakfast and also how to alleviate social stigma in order to increase the number of students who participate in the program.

One of the suggestions encouraged by the Food Research and Action Center in 2006 was to offer breakfast-in-a-bag to students as they enter the building. The student then can carry their breakfast to their first class to eat. This is an easy method of delivery and also encourages all students to participate. The low-income students can easily grab the brown bag without worrying about what the other students are thinking. Additionally, many students who can afford breakfast do not eat at home because of hurried morning schedules. With this method, all students receive something healthy to eat which has been shown to improve class performance.

Foods with minimal nutritional value (FMNVs) often compete with the healthy lunches being served in the lunch line. Schools need to take a stance and determine if and when FMNVs are offered. If these foods are not available for sale, then students are limited to buying only healthy choices. Snack and pop machines can be removed from the schools or turned off during school hours. In addition, schools should not allow student fund-raising groups to sell unhealthy food products during lunch time. By alleviating these competitive items and offering free breakfasts, schools are more likely to ensure that students are receiving a well-balanced meal at least twice daily.
All students struggle at times with maintaining a healthy diet. However, low-income students have even a more difficult time due to economic constraints and lack of knowledge. Schools need to understand their unique needs when incorporating school programs without making low-income students “stand-out.” Offering free breakfasts to all students and limiting FMNV’s should be considered an investment by the schools. Though they will spend more on breakfast foods and lose money from vendor companies, their returns on that money (academic performance) will be great.

**Health Knowledge:**

In addition to physical education classes, students should be taught about general health issues from elementary through high school. Though most curricula highlight health classes at specific ages, health information can still be disseminated either through informational fliers or guest speakers brought in throughout the year. CSHP are designed to involve community members by inserting their specialty into the school day. For example, a local chef at a restaurant could come in and explain a balanced diet (elementary level), discuss how to make healthy choices from the menu (middle-school level) and how to prepare healthy choices (high-school level).

A collaborative model called schoolBeat, was developed in the Netherlands in 2005 and incorporates whole-school health issues. Their model states that a health promotion team (community members, administrators, student representatives, parent representatives, etc.) within the school is fundamental to determining youth policies. The policies then indicate which outside sources are needed to support the health initiatives identified (Leurs, Schaalma, Jansen, Mur-Veeman, Leger, & DeVries, 2005).
CSHP are very flexible and should be created to fit the needs of each school. As the school sees health issues that need to be addressed, those can be implemented through this program. For example, if the number of students seen smoking outside of school is more prevalent, additional preventive education could be offered at the elementary level and smoking cessation and education could be presented for middle school and high school students. Likewise, members on the advisory council may notice community needs or problems which could be addressed at school.

Implementing a Comprehensive School Health Program:

CSHP provide knowledge, attitude and skills to students which motivate students to make healthier choices which then can also motivate those at home to become more health-conscious. CSHP rely on assistance from local youth and voluntary organizations, clergy, local health clinics and doctors, etc., to help coordinate and support school health efforts. Schools are encouraged to form a multi-disciplinary advisory council comprised of individuals from these various entities to help develop and support the program (Weissburg, Kumpfer, & Seligman, 2003; Leurs, et.al., 2005).

This creates a wide-based approach which is more cost-effective for schools to utilize. The members of the advisory council or those working at their respective agencies can volunteer to come in periodically to present to students regarding their area of expertise. This not only helps educate the students, and is cost-effective for the school; it also educates the student about that local citizen and agency they represent. This, in turn, increases the likelihood that the student may utilize the services provided by local agencies.
Economic and educational support for CSHP varies from state to state. Exploring the offerings of national organizations, keeping informed about grant opportunities, and utilizing resources close at home can all ease the financial burden of providing a coordinated school health program. Utilizing a multi-disciplinary approach creates a win-win situation for the student, school, and community as a whole.

Although CSHP require a lot of coordination, they can be very cost-effective and beneficial to students. Better health equates with better academic performance and academic performance is monitored by the state.


