



DIRECTORS OF HEALTH PROMOTION AND EDUCATION SCHOOL HEALTH POLICY BRIEF

Issue:

What is the role of the *Directors of Health Promotion and Education (DHPE)* in school health and with those who have responsibility for school health? It is increasingly recognized that health and education are intertwined; education goals cannot be achieved without attention to health, and health goals cannot be achieved without attention to education.¹

Background: Schools are located in every community and are focal points of community life. Historically, schools have always had a public health role—health education, physical education, basic health services, attention to safety and sanitation, and food service programs have long been part of the school experience. DHPE is committed to the health and safety of all school-age children. Research shows that students who enter school healthy and have access to and opportunity to learn about and practice healthy lifestyles have greater academic success. Likewise, students who feel safe at school, both physically and emotionally, have increased well-being and greater engagement, leading to higher academic achievement. Conditions that affect the health of school employees also influence the health and learning of students. Protecting the physical and mental health of school employees is integral to protecting the health of students and ensuring their academic success.²

DHPE has promoted a coordinated school health program (CSHP) model of education, strategies, and services. The model provides a framework for community professionals to collaborate with schools in ways that support each other's work. What distinguishes the CSHP model is *coordination* and *consistency of approach* across all activities so each component supports and reinforces the others. For example, school staff members who participate in an employee wellness program are more likely to be enthusiastic about the value of good health, an attitude that can motivate many students.

DHPE has led the nationwide effort to provide tools and resources for implementing school employee wellness (SEW) programs since 2004. DHPE, with support from the Centers for Disease Control and Prevention, developed a national award-winning guide entitled ***School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools***. DHPE also created an awards program to recognize schools and



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school districts that demonstrated commitment to the health of their employees by implementing school employee wellness programs.

Historically, state health agencies (SHAs) have not administered coordinated school health programs. A major shift in funding and responsibility occurred at the state level in 2013. CDC began awarding funding for coordinated school health to state health agencies (SHAs), rather than to state education agencies (SEAs). This shift creates a political change in the relationships between state agencies and the relationships of local education agencies (districts and schools) with state health agencies. Furthermore, DHPE members with expertise in school health have been diminishing over the last decade, thus necessitating a need for (re)training the existing workforce to accommodate the shift in program structure, relationships, and funding. These changes necessitate a shift in focus and function for achieving school health improvement.³

Recommendations. DHPE recognizes the close relationship between health and education as well as the value of policy, environment and systems change approaches as ways to improve both health and education outcomes. Furthermore, to achieve both health and education equity, DHPE recognizes the need to focus on social determinants that lead to inequities and adopt a whole school, whole community, whole student orientation.⁴

For DHPE: As an organization, DHPE will collaborate with other national partner organizations in both the education and health sectors to foster health and well-being for all students within the education environment and take actions such as:

1. Helping DHPE members and other SHA staff
 - a. understand the rationale and goals of coordinated approaches to school health as well as education systems and how they function;
 - b. network with other state programs with authority or opportunity for school interactions (i.e. environment, food safety, outbreak investigations, school meals, safe routes to schools); and
 - c. understand relevant and timely health-related issues in schools, including legislatively mandated school health activities (i.e. requirements for school health advisory councils, wellness policies).



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2. Supporting federal legislation that contributes to the physical, environmental, and emotional health and safety of both students and school employees.
3. Advocating that school health staff be properly qualified and credentialed and that the public health workforce working with schools have the training needed to work effectively with state education agencies, school districts and schools.

For DHPE Members and/or School Health Staff in SHAs: To work effectively with education agencies in order to promote the health of school aged children, youth, and school employees, health promotion/health education/school health staff working in state health agencies could facilitate and enhance existing school programs, coordinate work internally and with education agencies, ensure a competent school health work force, and support school health-related policies. Examples of actions include:

1. Facilitate new and enhance existing programs in schools by:
 - a. Learning what education agencies in the state are doing to promote health, wellness, mental health, and safety;
 - b. Offering specialized services in the school setting such as the DHPE school employee wellness (SEW) program, which promotes employee health, improves workforce productivity and reduces the costs of employee absenteeism and healthcare; and/or
 - c. Participating on school health/wellness coordinating councils at the school, district, or state levels.
2. Facilitate collaboration among relevant entities engaged/committed to the health and education of children and youth to foster coordination, maximize quality and utilization of services, prevent duplication, and strengthen the support base for CSHP by:
 - a. Sharing expertise in program planning for health promotion and responding to emergencies;
 - b. Helping educators navigate complex health and social services systems as well as local health department services;
 - c. Working with groups representing families of students to ensure systems are in place that coordinate health promotion messaging and care for students with chronic health needs;
 - d. Exploring with SHA epidemiologists the feasibility of including measures of academic success in health agency surveillance systems;



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- e. Working with SHA environmental health specialists to advise schools on ways to avoid or minimize environmental factors in schools and on school grounds that could affect students' health; and/or
 - f. Including school representatives in community planning for health promotion and emergency preparedness.
3. Plan and implement staff development activities for school personnel.
 4. Support development, adoption, implementation, and evaluation of policy, environment and systems change approaches for improving health and education outcomes.

¹ ASCD (2014). Whole School, Whole Community, Whole Child. Available at <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

² Directors of Health Promotion and Education. *School Employee Wellness: A Guide for Protecting the Assets of our Nation's Schools*. Available at: http://c.ymcdn.com/sites/www.dhpe.org/resource/group/75a95e00-448d-41c5-8226-0d20f29787de/Downloadable_Materials/EntireGuide.pdf

³ Chaing, RJ (2013). *Speaking Education's Language: A Guide For Public Health Professionals Working in the Education Sector*. Atlanta GA, NACDD. Available at http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/nacdd_educationsector_guide_.pdf

⁴ ASCD. Op cit.