

The School Change Process

Implementing Comprehensive School Health Programs: Prospects for Change in American Schools

Gordon H. DeFriesse, Cathy I. Crossland,
Bettye MacPhail-Wilcox, Jacquelyn C. Suwors

Participants in The National Invitational Conference on Comprehensive School Health Programs left Atlanta feeling that the immediate future of school health education in this country is both challenging and filled with promise. In this final paper, written some weeks after the conference, we bring together the numerous threads of discussion that took place in Atlanta bearing on future prospects for implementing comprehensive approaches to school health programs in American schools.

The ideas summarized in this paper are important because they figured so significantly in this national meeting of representatives from the most prominent health and education organizations in the U.S. As such, the ideas represent a "state-of-the-art" profile of policy-oriented perspectives in the field of health education and school health programs. Some issues generated high consensus, while others produced disagreement. But, taken as a whole, the Carter Center discussions in the summer of 1989 clearly substantiated the need for comprehensive approaches to school health program development, the feasibility of certain program development strategies, and the potential for success of these initiatives when properly executed in community settings.

WHY PROMOTE SCHOOL HEALTH PROGRAMS AND SERVICES?

Like all instrumental public service agencies, school systems are sensitive to any change or expansion of their basic mission or responsibility, with or without provocation.

Gordon H. DeFriesse, PhD, Professor, Social Medicine and Epidemiology, and Director, Health Services Research Center, University of North Carolina, Chapel Hill, Campus Box 7090, Chapel Hill, NC 27599-7090; Cathy I. Crossland, PhD, Dept. of Curriculum and Instruction, Box 2607, North Carolina State University, Raleigh, NC 27697-2607; Bettye MacPhail-Wilcox, PhD, Dept. of Educational Leadership and Programs, College of Education and Psychology, North Carolina State University, Raleigh, NC 27697-2607; Jacquelyn C. Suwors, MEd, Services Assistant, One Park Ave., Livingston, NY 10801. The National Invitational Conference on Comprehensive School Health Programs was held May 21 - June 2, 1989, at the Carter National Center, Atlanta, and was jointly sponsored by the National Association of State Boards of Education, the American Council for Health Education, the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, the American Medical Association, and the Health Services Research Center of the University of North Carolina at Chapel Hill. Funding for the Conference was provided by the H. R. Hodge Foundation.

Every service-providing institution is interested in the clearest possible definition of its mission and guards against forces seeking to expand its scope of services and expected outcomes beyond its capacity to deliver. Schools are no different. They have felt assaulted, blamed, and criticized so much over the past 15 years that it is understandable to anticipate some resistance to an expanded set of expectations regarding educating students in the area of health, or in providing direct health services.

There is, however, a growing appreciation of many important social and health goals and objectives among school administrators or teachers. However, limits exist in how far schools can go in assuming these responsibilities. Some authorities maintain that schools constitute the single most important social institution available for addressing the need for health education and health service goals for America's youth. Allenworth and Kolbe¹ maintain that "Schools could do more perhaps than any other single agency in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives." To illustrate the important role schools may play, Michael McGinnis, MEd, Deputy Assistant Secretary, U.S. Dept. of Health and Human Services and Director, U.S. Office of Disease Prevention and Health Promotion, wrote:²

What is very clear is that education and health for children are inextricably intertwined. A student who is not healthy, who suffers from an undetected vision or hearing defect, or who is hungry, or who is impaired by drugs or alcohol, is not a student who will profit from the educational process. Likewise, an individual who has not been provided assistance in the shaping of healthy attitudes, beliefs, and habits early in life, will be more likely to suffer the consequences of reduced productivity in later years.

Yet, conference participants acknowledged the difficulty historically associated with attempts to place education (and other issues associated with it) on the public agenda. When education assumes broad national importance, the recognition often follows a "crisis" requiring involvement of the highest levels of government. Furthermore, most funding for public education in the U.S. comes from the state level, not the federal. Local funds have become the "discretionary" resources for ensuring that "extra" funds are available to support curricula, personnel, or activities beyond minimal levels.

Implementing Comprehensive School Health

**United States. Congress. House.
Committee on Education and Labor**



Implementing Comprehensive School Health:

Implementing Comprehensive School Health Clint E. Bruess, John E. Gay, 1978 Comprehensive School Health Education Act United States. Congress. House. Committee on Education and Labor. Subcommittee on Elementary, Secondary, and Vocational Education, 1976 WHO guideline on school health services World Health Organization, 2021-06-22 WHO has long recognized the link between health and education and the potential for schools to play a central role in safeguarding student health and well being In 1995 WHO launched the Global School Health Initiative which aimed to strengthen approaches to health promotion in schools This WHO guideline on school health services will contribute to the creation of a common language around school health services will promote evidence based care through its menu of interventions will strengthen school nursing and school health professions around the world and ultimately will improve the health of children Comprehensive School Health Education Unesco, World Health Organization, UNCIEF., 1992 *Federal Register*, 2013-02 An Introduction to Community Health James F. McKenzie, R. R. Pinger, Jerome Edward Kotecki, 2005 The fifth edition of this best selling introductory text has been updated to reflect the latest trends and statistics in community health in an effort to effectively address the health issues facing today's communities with emphasis on developing the knowledge and skills necessary for a career in health education an Introduction to Community Health Fifth Edition covers such topics as epidemiology community organization program planning minority health health care mental health environmental health drugs safety and occupational health Morbidity and Mortality Weekly Report, 1992 **Implementation** Jeffrey L. Pressman, Aaron Wildavsky, 1984-06-05 This book confronts the widespread impression that policy or program implementation should be easy arguing instead that implementation even under the best of circumstances is exceedingly difficult Using the Oakland Project as a case study this book discusses each stage of the process of implementation demonstrating that completion of what might seem to be a simple sequence of events will in fact depend on a complex chain of reciprocal interactions Each part of the chain must be built with the others in view so the separation of policy design from implementation is fatal The first four chapters illustrate the movement from simplicity to complexity Chapter 5 discusses the number of decision points throughout the process giving an indication of the magnitude of the task Chapter 6 examines why project targets may be set even if they are unlikely to be met considering both the position of those who set targets top federal officials who wish large accomplishments from small resources in a short time and those who must implement them career bureaucrats and local participants characterized by high needs and low cohesion The last chapter discusses the relationship between the evaluation of programs and the study of their implementation arguing that tendencies to assimilate the two should be resisted *Hearings, Reports, Public Laws* United States. Congress. House. Committee on Education and Labor, 1967 **Laws of the State of New York Passed at the ... Session of the Legislature** New York (State), 1986 Departments of Labor, Health and Human Services,

Education, and Related Agencies Appropriations for 1994: Department of Health and Human Services United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,1993 **An Introduction to Community Health** James McKenzie,Robert Pinger,Jerome Kotecki,2008 In an effort to effectively address the health issues facing today s communities An Introduction to Community Health Sixth Edition has been updated to reflect the latest trends and statistics in community health With an emphasis on developing the knowledge and skills necessary for a career in health education this best selling introductory text covers such topics as epidemiology community organization program planning minority health health care mental health environmental health drugs safety and occupational health Short scenarios key terminology marginal definitions and web activities found in each chapter make this an accessible and reader friendly resource for the beginning community health student The book also features helpful instructor resources including an Instructor s Toolkit CD ROM and Student Note Taking Guide

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attention is given to pertinent issues for school administrators school attorneys and school nurses in order to foster school practices that are safe and effective Designed as a guide and reference work this book is written by 15 highly credentialed nurses attorneys and educators and offers detailed discussions of the legal challenges that exist in the 21st century KEY FEATURES School nursing practice standards and performance issues Risk management strategies for school administrators school boards and attorneys Multi disciplinary approaches in ethico legal problem solving Collaborative approaches in promoting student learning and success Financial special education record confidentiality and future genetic challenges In depth legal references citations and research plus a comprehensive glossary and table of federal statutes and regulations

Healthy Students-Healthy Schools Act United States. Congress. Senate. Committee on Labor and Human Resources,1992 **A Clinical Guide for Management of Overweight and Obese Children and Adults** Caroline M. Apovian,Carine M. Lenders,2006-12-15 While unhealthy diet and sedentary behaviors are second only to smoking as the leading preventable cause of death in the U S less than 45 percent of adult and pediatric obese patients received any prior advice from a physician to lose weight The low rate of identification and treatment of obesity by physicians can often be attributed to lack of **Prevention** ,1991

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