Core Beliefs IN ACTION

American School Health Association
MISSION STATEMENT:
Our mission is to transform all schools into places where every student learns and thrives.

VISION STATEMENT:
We envision healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems.

www.ASHAweb.org
Our Core Beliefs in Action encompass five critical components of a healthy school environment designed to support PreK-12 students. We support student-centered, integrated and collaborative approaches that address the needs of the whole child. We believe the Whole School, Whole Community, Whole Child (WSCC) model is the best representation of a truly collaborative approach to health and learning.

**CORE BELIEF ONE**

Health and learning are directly linked and essential to the development of healthy, resilient citizens. Academic success is an excellent indicator of the overall well-being of youth and a primary predictor of adult health outcomes. This belief addresses the issue of disparities and the achievement gap and offers solutions.

**CORE BELIEF TWO**

Schools are uniquely positioned to help students acquire healthy habits for a lifetime. Schools prepare students to be college and career ready, which includes being a health literate adult. Health curricula should be medically and scientifically accurate, aligned with the National Health Education Standards, taught by highly-qualified professionals, and focused on healthy living skills.

**CORE BELIEF THREE**

A coordinated school health approach is the most effective and efficient means of promoting healthy citizens. A coordinated approach includes stakeholders from all components of a student’s environment and creates a system to support student academic achievement, eliminates gaps, and reduces redundancies across initiatives and funding streams through appropriately licensed and certified disciplines.

**CORE BELIEF FOUR**

School health professionals should be highly-qualified and be able to use current theory and research to select and design effective health and education strategies. The need for undergraduate and graduate training in health education and the need for certified, licensed, or state-endorsed professionals is addressed in this belief and supported by the Healthy People 2020 objectives.

**CORE BELIEF FIVE**

Schools should be safe, nurturing environments that facilitate learning for all. School climate, school connectedness, and a caring and safe learning environment promote student success and teacher retention through parent and community partnerships, policies, and practices. All students should be healthy, safe, supported, challenged, and engaged.
What does this mean?
We know that all children can learn. However, health disparities and “the achievement gap” have many of the same antecedents. According to the Centers for Disease Control and Prevention, “Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. Health disparities result from multiple factors, including poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities.”

Academic success is an excellent indicator of the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can contribute to poor school performance. Health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment.

Safe and healthy school environments are critical to student success. Students who feel connected to their school are also more likely to have better academic achievement, including higher grades and test scores, have better school attendance, and stay in school longer. Schools must be positioned to provide students the opportunity to practice healthy social and emotional skills that build social competence and strengthen interpersonal relationships both in and outside the family. Students who are mentally and physically healthy are better prepared to learn and thrive in both the school environment and life in general.
Schools are under tremendous pressure to increase high school graduation rates, standardized test scores, and prepare all students for college or careers. Recognizing the role of student health is critical to achieving these goals. Consider that:

- Twenty percent of children between ages 6-17 have physical or behavioral health care needs, which may place them at risk for poor educational outcomes.\(^3\)

Asthma, a leading chronic illness among children and adolescents in the United States, is one of the leading causes of school absenteeism. On average, in a classroom of 30 children, about three are likely to have asthma. Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.\(^4\)

According to the 2015 Youth Risk Behavior Survey, 5.6 percent of students had not gone to school on at least one day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.\(^5\)

The data are overwhelming. Students come to school with diabetes, allergies, substance use disorders, depression and anxiety along with many other health and mental conditions that require treatment, medication, and attention during the school day. Those same conditions can result in absenteeism and may interfere with the student’s ability to concentrate and focus on schoolwork. In response to these issues, education, healthcare, public health, and mental health often work in silos, or at best parallel, rather than in integrated systems. Each pursues its own mission, goals and vision for child wellness, often competing with each other for precious resources, time, and commitment, resulting in inconsistent responses to student health needs and inadequate school health and support services.

Why is this important?
What does this look like in schools?

Students learn best in a caring environment where they feel valued, challenged, and supported. A coordinated school health approach, such as the Whole School, Whole Community, Whole Child model, strategically focuses on the health needs of students and maximizes the school’s resources to collectively provide support. This systematic approach decreases compartmentalization and links school and community efforts. Teachers, school nurses, physical educators, school counselors, health educators, and other school health professionals’ work together to support every student to be healthy and achieve. A coordinated and collaborative approach uses health and educational data to design programs and services that:

- Eliminate gaps and reduce redundancies across the many initiatives and funding streams;
- Build partnerships and enhance communication among public health, school health, behavioral health, and other education and health professionals in the community;
- Focus efforts on helping students engage in protective, health-enhancing behaviors and avoiding risk behaviors by developing problem-solving, conflict resolution, responsible decision-making and relationship-building skills; and
- Provide supports for students with special physical and mental health needs to ensure equal access to educational programs and services necessary for school success.

REFERENCE LIST:

What does this mean?
The health and well-being of our nation’s young people is not a matter of luck. It is not a chance or random event. It must be a planned outcome. The case for well-designed, well-resourced, and sustained health education in the nation’s schools is compelling. It is easier and less costly to keep our children healthy than to fix preventable health problems later in life.¹

Education should not be limited to proficiency in reading and math. Today’s students need a comprehensive education that prepares them for the demands of living in an ever-changing global society. Health literacy helps prepare students for the challenges of life: college, career, family, and community. Schools provide the foundation for students to become proficient in health-promoting knowledge, skills, attitudes, and behaviors and to acquire critical thinking, problem solving, and effective communication skills while becoming a responsible and productive citizen and self-directed learner.² Further, former Surgeon General Carmona said: “Health literacy can save lives, save money, and improve the health and well-being of millions of Americans...”³
Approximately 55.5 million young people attend public or private schools where they spend an average of eight hours a day, nine months of the year for the 18 most formative years of their lives.

No other organizational structure exists to better provide the teaching and learning experiences necessary for health literacy to develop. Once students leave PreK-12 education, opportunities for health education and prevention efforts significantly diminish.

According to the Centers for Disease Control and Prevention, chronic diseases are the most common and costly of all health problems, but they are also the most preventable.

Four common, health-damaging, but modifiable behaviors – tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use – are responsible for much of the illness, disability, and premature death related to chronic diseases.⁴, ⁵, ⁶, ⁷
All PreK-12 students must have access to high-quality health education and physical education programs that:

- Are aligned with the National Health Education Standards and the National Standards for Physical Education;
- Utilize curriculum, instructional materials, and other resources that are based on research and proven instructional theory, are current, and medically accurate;
- Are evaluated to ensure they are promoting healthy behaviors, and achieving positive health outcomes for all students;
- Are taught by highly qualified, certified teachers with frequent access to high-quality professional development;
- Address health literacy and skill development rather than memorization and recall of facts;
- Develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity;
- Apply data to design programs that meet the needs and interests of students; and
- Complement the other components of a coordinated school health approach, such as the approach exemplified by the Whole School, Whole Community, Whole Child model.

REFERENCE LIST:

What does this mean?
The mission of education is to produce individuals who are college and career ready and who become productive citizens. A high school diploma is the critical first step to healthy, active adulthood. According to Education Pays 2016, adults with higher levels of education are more active citizens and are more likely to volunteer. College education leads to healthier lifestyles, reducing health care costs for individuals and for society.\textsuperscript{1, 2, 3} For example, within each age group, college-educated adults are less likely to be obese and children living in households with more educated parents are less likely than other children to be obese.

Education must support healthy development and academic success. According to the Centers for Disease Control and Prevention, a coordinated school health approach deliberately creates a system to eliminate gaps and reduce redundancies across initiatives and funding streams, builds partnerships and collaboration between health and education, enhances communication between educators and health professionals, and encourages the active participation of families and community stakeholders.\textsuperscript{4, 5} We believe the Whole School, Whole Community, Whole Child (WSCC) model, is the best representation of a coordinated and comprehensive approach to school health designed to promote maximum academic achievement and lifelong positive health behaviors.
School health programs have traditionally been driven by federal, state, and local mandates and funding streams resulting in an array of programs and services that lack consistency and sustainability. School health professionals often work in isolation rather than sharing resources and expertise. A coordinated school health approach creates a streamlined system of communication and action.

The health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt as children. Health-related factors, such as poor nutrition, chronic health conditions, or physical and emotional abuse, can lead to poor school performance while health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students’ school attendance, grades, test scores, and ability to pay attention in class.

A coordinated school health approach:

- Supports a multi-disciplinary team consisting of highly qualified and trained professionals who are appropriately licensed and certified in their disciplines;

- Employs a **school health coordinator** to supervise and facilitate the work of the multi-disciplinary team;

- Develops research-based programs and services based on student and community demographics, student health data, interests, and needs;

- Convenes an advisory committee consisting of educators, health professionals, families, students, and community stakeholders to assesses school health policies and programs; and

- Connects to community-based programs and services to provide additional assistance to students and their families.
What does this look like in schools?

REFERENCE LIST:

School health professionals should be highly qualified and be able to use current theory and research to select and design effective health and education strategies.

What does this mean?
School health professionals may be licensed and credentialed by education agencies, health agencies, or both, and this varies from state to state. Each discipline has its own national standards of practice, but it may also be governed by state laws, regulations, and local policies and procedures. Local education agencies should ensure that all professional staff members of the school health advisory committee are appropriately licensed and credentialed for their role and maintain high ethical standards. It is imperative that school health professionals stay current in their fields and fulfill any continuing education requirements needed to maintain their license or credential.

Ongoing professional learning should also emphasize research-based practices and pedagogy as well as current and accurate health information and services. In addition, school health professionals must be aware of current and emerging trends in education and their impact on learning and health.
Individuals who are appropriately educated and licensed, and who actively and continuously pursue new knowledge in a field, are more likely to implement strategies that are rooted in current theory and research. Highly-qualified school health practitioners are also able to evaluate outcomes and demonstrate the success of their efforts through improved health and academic achievement. Members of professional organizations may be more aware of national and state standards and often engage in a community of practice to share strategies and resources. This applies to health educators and physical educators as well as those that provide direct health services such as counselors, nurses, and social workers.

The school health advisory committee functions as a multi-disciplinary system. Each professional contributes from their unique and valued perspective and in accordance with accepted standards of professional practice. The school health advisory committee should be facilitated by a school health coordinator who is fully credentialed in at least one of the school health professions and certified or credentialed as a coordinator, supervisor, director, or school administrator, where available. Having a school health coordinator with this background provides credibility and allows for interaction and planning with other educational professionals within the school and district.

Why is this important?

The need for highly qualified health education teachers is supported by two Healthy People 2020 Early and Middle Childhood (EMC) objectives:

EMC-4.1: Increase the proportion of schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education.

EMC-4.2: Increase the proportion of schools that require newly hired staff who teach required health instruction to be certified, licensed or endorsed by the State in health education.
A school health advisory committee is a learning community where individuals share their professional expertise, learn together, and collaboratively solve problems to help students and their families.

The team is supervised and facilitated by a credentialed school health coordinator who has the authority to manage all aspects of the committee and related programs and services.

Health educators and physical educators implement PreK-12 curricula that are aligned with state and national standards and use authentic assessment and data to drive instruction. They are appropriately certified by their state education agency and engage in on-going professional learning to enhance content knowledge and pedagogy.

Health professionals are supported by approved policies and practices that align with national and state standards of practice, federal and state laws and regulations, and ethical standards. They are appropriately certified and credentialed in their respective fields and engage in on-going professional learning, not only to maintain their professional license but to ensure that programs and services are supported by current research and practice in both health and education.3-6

REFERENCE LIST:

What does this mean?
A sustainable, positive school climate fosters youth development and learning necessary for a productive, contributing, and satisfying life in a democratic society. This includes norms, values, and expectations that support people feeling socially, emotionally, and physically safe. People are engaged and respected. Students, families, and educators work together to develop, live, and contribute to a shared school vision. Educators model and nurture attitudes that emphasize the benefits and satisfaction gained from learning. Each person contributes to the operations of the school and the care of the physical environment.¹

Similarly, school connectedness has been defined as the belief by students that the adults in the school care about their learning and about them as individuals. Connectedness is enhanced by a healthy and safe school environment and a supportive psychosocial climate. A clean and pleasant physical environment (e.g., one free from graffiti) raises expectations for safety and sets the stage for positive, respectful relationships.²

A positive school environment is characterized by caring and supportive interpersonal relationships and opportunities to participate in school activities and decision-making. All students are challenged and the level of academic rigor is high in all classrooms. Relationships among students and between teachers and students tend to be more positive and students are more engaged in learning.
A successful school is an inviting, supportive, and safe place, a joyful community that promotes in-depth learning and enhances students’ physical and emotional well-being. A safe and supportive environment improves student attendance and enables all students to focus on learning. Students who feel connected and safe at school are also less likely to engage in risk behaviors. Research shows that a positive and sustained school climate promotes students’ academic achievement and healthy development.\(^3, 4, 5, 6, 7, 8\)

A positive school climate also promotes teacher retention, which itself enhances student success. Teachers who promote mutual respect in the classroom foster a sense of safety and connectedness by reducing the threat of being embarrassed or teased. Effective school-family-community partnerships also support students’ learning, achievement, and healthy development.\(^9\)
Healthy, safe, and nurturing schools:

- Address the developmental needs of all students through personalization and advocacy;
- Challenge all students to achieve at high levels and provide support to maximize achievement;
- Empower students to take responsibility for their health and learning through education, counseling, health services, and other related services;
- Provide opportunities for students to develop and maintain healthy minds and bodies and to understand their personal growth through health education, physical education, and related programs;
- Engage parents, families, and the community as partners;
- Educate all school personnel about the developmental needs of students and the resources available to address those needs;
- Implement policies and practices that support acceptance and tolerance, engage students in problem solving and mediation, and promote equity and diversity; and,
- Maintain a physical school environment that is safe, clean, and free from chemical and biological agents and hazards.

What does this look like in schools?
REFERENCE LIST:

1. National School Climate Center, Educating Minds and Hearts...Because the Three R’s are Not Enough, 2013. Available at: http://www.schoolclimate.org/climate/
5. School Safety, National Crime Prevention Council
7. Healthy School Environments, United States Environmental Protection Agency, August 1, 2012 http://www.epa.gov/schools/
9. This We Believe: Essential Attributes and Characteristics of Successful Schools http://www.amle.org/AboutAMLE/ThisWeBelieve/The16Characteristics/tabid/1274/Default.aspx