

The Role of Schools in Prevention

June St. Clair Atkinson, EdD; Paula Hudson Collins, MHDL, RHEd

The basic purpose of education, relative to health, is prevention. By embracing and promoting healthful living, educators have the opportunity to influence not only students, but their families, the community's workforce, and ultimately society as a whole.

While the core mission of public education is academic achievement, schools can and must play an important role in positively shaping health behaviors in North Carolina's youth. One of the five priority goals of the North Carolina State Board of Education is to ensure that North Carolina public school students are healthy and responsible. Healthy children and adolescents are better learners and are more likely to do better in school. Youth who succeed in school and are healthy tend to seek more education and are more likely to be healthy adults.¹

Schools can best teach, encourage, and promote healthy behaviors among students by being model environments for these behaviors. We do this by providing evidence-based curriculums in a safe and healthy environment. As educators, we focus on content and skill development and how they are applied, and then conduct an assessment of their application.

While the focus of health education is prevention, schools often have roles in health intervention and treatment, not just for the students, but also for their families. Observations of situations where student behaviors seemed to influence adult health behaviors can readily be seen by the recycling movement or an increase in seatbelt use and tobacco education efforts.

Ultimately, students' health behaviors are based on information to which they are exposed, their feelings and developed attitudes about this information, and their use of problem-solving and decision-making skills when addressing health issues. Working together, we can ensure that our students receive the knowledge that will allow them to enjoy a lifetime of fitness based on evidence-based health knowledge and the utilization of health literacy skills.

The current role of North Carolina's schools in promoting the health and well-being of its students is multifaceted. While we operate within a globally competitive environment, our schools are guided by federal, state, and local mandates. Schools enjoy the freedom of local control within the parameters of meeting student achievement goals and benchmarks that are required by each level of government. One of the major charges for a local education agency (LEA) is student academic achievement. Health proponents have long cited the positive link between a student's health status and increased academic gains. By embracing this concept, LEAs position their students for greater success, improved graduation rates, fewer absences, and higher productivity.

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Likewise, schools want to support their teachers and support staff by offering staff health and wellness programs and by providing them with the necessary tools, curriculum guides, and professional development opportunities for them to be successful.

North Carolina is one of 23 states in the nation to have its state education agency receive funding from the Centers for Disease Control and Prevention (CDC) in order to promote the union of learning and health in the public school setting. Through the CDC-funded North Carolina Healthy Schools Initiative, state level guidance is given to LEAs in order to promote healthier and more successful students through a coordinated school health program.

June St. Clair Atkinson, EdD, is the North Carolina state superintendent of public instruction. She can be reached at jatkinson@dpi.state.nc.us.

Paula Hudson Collins, MHDL, RHEd, is the chief health and community relations officer in the North Carolina Department of Public Instruction.

The eight-component model of the Coordinated School Health program addresses health education and physical education, child nutrition services, health services and mental health services, healthy school environment, staff wellness, and family and community support.

In order to ensure that these components are being implemented, each LEA annually reports to the North Carolina State Board of Education on its status related to the Healthy Active Children Policy, which was passed by the State Board of Education in 2003 (and revised in 2005), and requires the following: school health advisory councils, LEAs to work in a coordinated school health fashion, minimum 30 minutes of daily physical activity in grades K-8, protected recess time, and annual reporting.

The annual report increases local accountability for health prevention and promotion of student health behaviors.

In order for the North Carolina Department of Public Instruction (NCDPI) to be most effective in assisting schools with health prevention, an infrastructure or system of operation must be in place. NCDPI has been successful in creating this operational infrastructure through the implementation of local school health advisory councils, required in each LEA, coupled with the utilization of a healthful living/healthy schools coordinator in each LEA.

North Carolina Healthy Schools, in collaboration with the North Carolina Comprehensive School Health Training Center, provides professional development for teachers on a variety of health topics. NCDPI is responsible for the development of the *Healthful Living Standard Course of Study*, which is the curriculum framework of goals and objectives to be taught at each grade level in health education and physical education.

NCDPI has modeled the importance of coordinated school health by working in a coordinated fashion through state-level Healthy Schools Forums, for NCDPI and for their partners in the Division of Public Health. NCDPI implemented an employee staff wellness program before the state requirement, now modeled by other state agencies, and has reported to CDC on its progress. Websites, online surveys, and listservs are used by the Department of Public Instruction to keep professionals at federal, state, and local levels informed and current on new initiatives and professional development offerings.

Schools face a variety of barriers when addressing health prevention. Two major barriers are related to time and funding. It is difficult for schools to schedule the time necessary to meet all the competing and equally important requirements in a school day, while understanding that the primary initiative is education. There are a wide range of federal, state, and local guidelines to address—within globally competitive expectations—while educators and students attempt to use 21st century teaching and learning skills in an environment

which seems to be focused on testing. All too often health, and its role in prevention and positive health outcomes, is not embraced.

When school leadership does embrace the concept of a healthy school campus, the importance of student health is incorporated into the core functioning of the school. Health education and physical education are considered as vital to student success as every other subject. For example, there would be time for the teaching of healthful living subjects and waivers would not be accepted. There would be protected time for daily physical activity and physical education and adequate time to choose and eat a healthy lunch.

In our current economic environment the lack of funding for many educational programs is no surprise. Especially hard hit are the non-core tested areas as identified by the No Child Left Behind Act, which includes Healthful Living Education. Other areas of concern include lack of funding for facilities, equipment, space, and materials as well as funding for professional development and time for teachers to attend trainings.

So, in a perfect North Carolina, what is our vision for the role of schools in health prevention? We see an integration of the concept of healthful living throughout the educational system. Schools, students, staff, and parents would be fully engaged and embrace healthful living as fundamental for student success.

Class size for physical education would be consistent with other academic classes and there would be enough high-quality and trained teachers for health and physical education. School campuses would have a school-based and school-linked health centers, a school nurse on each campus, and an adequate number of counselors whose roles would not just be for testing. Funds would exist to implement improved nutrition standards and healthier food choices for students. Fitness testing would be part of the required battery of tests for students, and students could earn honors credit for an array of academically rigorous healthful living electives. Technology would be used in innovative ways to ensure healthful living is delivered to each student. And, of course, educators would continue to work with a number of interested partners to make all of this possible.

We envision a North Carolina educational system that would be a national leader and model of healthful living as taught and lived in an educational environment.

Put simply, positive health habits are good for students, families, schools, communities, the workforce, the state, and the nation. In North Carolina we have over 2,400 public and charter schools, 190,000 teachers and staff, and countless dedicated citizens working hard to teach students the benefits of healthy lifestyles; they are working to do this but we know we must do more to help them. **NCMJ**

REFERENCE

1. North Carolina Institute of Medicine Task Force on Prevention. *Prevention for the Health of North Carolina: Prevention Action*

Plan. Morrisville, NC: North Carolina Institute of Medicine; 2009: 273.