

Coordinated School Health Marketing Guide

School Health Connections

California Department of Public Health

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The *Coordinated School Health Marketing Guide* (Guide) serves as an adjunct to the School Health Connections' (SHC) *Implementing a Coordinated School Health Approach Toolkit* which is available, at no cost, at the California Department of Public Health's (CDPH) SHC website: <http://cdph.ca.gov/schoolhealth>. (See the "Resources" section.) The Guide is designed for school staff and other interested individuals who want to enhance student health as one strategy to improve student academic achievement.

School Health Connections

SHC created the Guide. This program represents a partnership between CDPH and the California Department of Education (CDE). SHC, funded by the Centers for Disease Control and Prevention, seeks to improve student health and academic achievement through the united efforts of local school and public health staff, parents, students, community partners, and state leadership. These allies contribute to provide health instruction and services, a safe and supportive school environment, and modeling of healthy behaviors by school staff.

SHC specifically provides educational and policy resources, technical assistance, professional development, communications, and participates in collaborative efforts with partner organizations to support integration of CSH measures within school districts and their affiliated school sites.

You may contact the CDPH office of SHC by email at andrew.manthe@cdph.ca.gov or by telephone at 916-449-5393. To reach the CDE office of SHC by email, utilize mmarks@cde.ca.gov or call 916-319-0277.

Coordinated School Health

The CSH model represents a systematic, cost-effective approach to improve student health and academic achievement. CSH efficiently utilizes policies, programs, practices, services, area use agreements, and accommodating environments to enhance student health and learning. The CSH model consists of the following eight interactive components:

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Counseling, psychological, and social services
6. Healthy school environment
7. Health promotion for staff
8. Family/community involvement

These components work together to develop and reinforce health-related knowledge, skills, attitudes, and behaviors that strengthen student health and work to improve academic achievement.

The Guide includes three sections:

- Research Findings that Link Student Health with Academic Achievement (see below)
- CSH Sample Talking Points (see below)
- Expanding the Circle of Potential CSH Stakeholders and Partners (see page nine)

Research Findings that Link Student Health with Academic Achievement

Beginning in 2006, The Centers for Disease Control and Prevention (CDC) funded the Society of State Leaders of Health and Physical Education (the Society) to review the body of evidence related to the link between student health and academic achievement. The Society gathered the indicated research and then worked with CDC to determine which studies met scientific standards that confidently link improvement in academic performance with implementation of various CSH elements (e.g., good nutrition, physical activity, etc.)

Once the Society completed the research project, it produced a PowerPoint (PPT) slide presentation titled *Making the Connection II*, released in January 2012, that presents a short summary of the best evidence linking student health and academic success. You can download the complete PPT presentation at www.thesociety.org/pdf/MTCII%20FINAL.pptx

Accompanying the PPT presentation are related fact sheets, one for each of the eight CSH components, and background information, including a bibliography. These items are all available at www.thesociety.org/programs-making-connection.asp. The fact sheets are located under the heading “Supplemental Materials” and the background material/bibliography is found at the link titled, “Bibliography (PDF).”

You are encouraged to draw upon all these resources as you prepare to advocate for incorporation of CSH measures into your school district or school. SHC has also prepared a PPT that highlights additional research that supports the link between CSH health practices and academic performance. The PPT slides are available for free download at <http://cdph.ca.gov/schoolhealth>. (Look in the “Resources” section for the title, *The Link Between Coordinated School Health and Academic Success*.)

CSH Sample Talking Points

The talking points are designed for CSH advocates to engage support for CSH efforts from five major groups:

1. Principals
2. School board members and superintendents
3. Teachers
4. Parents and families
5. Students

There is a separate set of talking points for each target group. The talking points provide background information, key messages, suggested messengers, and communication methods relevant to effectively solicit support from individuals to integrate CSH measures into the ongoing operation of school systems.

CSH Sample Talking Points

Target Audience: Principals

CORE CONCERNS

Beliefs, Values, and Responsibilities

- Wants to improve academic performance as indicated by test scores
- Positive student engagement at school will improve students' learning experience
- Desires to minimize student behavioral problems, suspensions, and expulsions
- Wants to maintain good rapport with families
- Wants to make a positive difference in the community
- Campus safety is a major concern
- Focuses on school budgetary accountability
- Seeks to reduce campus liability claims

Barriers

- May not understand how student health affects academics
- Wants to meet the approved educational standards
- Abundance of committee meetings
- Competing priorities
- Budget challenges
- Implementing wellness tasks represents a perceived increase in duties for principals and staff
- Lack of parent involvement
- Doesn't want to function as "wellness police" which will alienate parents and staff
- Lack of knowledge and strategies to implement wellness policies
- Lack of facilities/equipment, especially for physical activity and healthy food preparation

Key Messages

- Healthy students attend school more often, increasing average daily attendance revenues
- Healthy students achieve higher test scores
- Healthy students experience fewer behavioral problems and suspensions from school
- Healthy students are more likely to graduate from high school
- CSH measures (including staff health promotion) will improve staff morale
- Wellness council members will give principals support to integrate CSH elements into school operation
- Active school councils can reduce duplication of services provided at or for schools

Potential Messengers

- Teachers, parent leaders, students, health professionals, other principals, superintendent, school board members, community business organization representatives, and health and wellness council members, etc.

Communication Methods

- School staff meeting presentations
- Presentations at meetings including the principal and parent or community groups
- Emails
- Phone calls
- Newsletters
- Short, concise PowerPoint presentations

Target Audience: School Board Members and Superintendents

CORE CONCERNS

Beliefs, Values, and Responsibilities

- Top priority is improving student learning and achievement
- Must hold school system accountable to the community
- Committed to students and wants them to develop into productive citizens
- Wants to improve conditions in schools to enhance student learning potential
- Desires to make a positive impact in his/her community and school district

Barriers

- Competing priorities
- Budget challenges, lack of resources
- May lack data on the link between student health and academic performance
- May lack local data on the health status of students with regard to what conditions are creating barriers that hinder students from succeeding.
- Not always aware of school site wellness committees and activities
- May not always view student and staff wellness as part of his/her role
- May be unfamiliar with the CSH model and view it as an additional “program” instead of an innovative strategy
- Political interest groups

Key Messages

- Research demonstrates a direct link between health and improved student attendance and academic achievement.
- Increased student attendance will boost average daily attendance revenues
- Strong wellness policies provide support and sustainability for healthy school environments and high-achieving students
- The CSH approach is a successful strategy supported by an growing number of school boards that grasp the link between healthy students and their ability to succeed in school
- The CSH approach leverages services to provide effective interventions to serve students
- Opportunities exist to collaborate with community leaders and organizations to develop and implement low-cost solutions and changes to improve school operation and student function
- Integration of health measures within school systems decreases student behavioral problems and provides opportunity for improving the school district’s image with the surrounding community
- Investing in student wellness contributes to high-performing schools

Potential Messengers

- Parents and parent group members, health professionals, school staff, principals, community leaders, other board members and superintendents, marketing experts, and wellness council members

Communication Methods

- Emails, phone calls
- School board presentations, reports, and communications
- School task force summaries
- Personal meetings with selected board members
- Policy briefs and fact sheets.
- Short, concise PowerPoint presentations

Target Audience: Teachers

CORE CONCERNS

Beliefs and Values

- Teachers want their students to do well academically and socially
- Teachers are influential in promoting student adoption of wellness behaviors
- Teachers love and care about students
- Some teachers believe that wellness is largely a family responsibility
- Students need guidance to learn how to make their own choices

Barriers

- Focus on limited total instructional time may not seem to allow for inclusion of new health elements
- I am only one person and I need support from other staff to promote health efforts
- School stress from seeking to meet educational standards despite the challenging campus environment
- Few lesson plans meet state standards that also incorporate health elements
- Pressure to exclusively bring up test scores in non-health subjects
- Insufficient materials and facilities to advance health measures

Key Messages

- Children who are hungry, sick, troubled, or depressed cannot function well in the classroom no matter how well the teacher instructs them
- Healthy students are better able to learn
- Physically-active students are more alert and concentrate better in the classroom
- Teachers can model and encourage student adoption of health practices that will enhance academic performance
- Wellness principles and practices can be integrated into multiple subjects
- Wellness council members can assist teachers by suggesting health content and activities for inclusion in lesson plans and events
- Teachers are important and can make a difference

Potential Messengers

- Principals, union representatives, parents, students, other teachers, school secretaries, and wellness council members

Communication Methods

- Teacher staff meeting and grade-level team meeting presentations
- Personal conversations
- Emails and phone calls
- Newsletters or flyers in mail box
- Posting information in teacher lounge

Target Audience: Parents and Families

CORE CONCERNS

Beliefs and Values

- Education is key to their child's success
- Parents want their children to earn reasonably good grades
- Helping their children succeed really matters
- Health and safety of their children is very important
- Want to know how they can help their children adopt practices that will keep them healthy to avoid obesity, diabetes, heart disease, and other maladies

Barriers

- May not understand the connection between student health and academic success
- Lack of transportation and child care to become engaged in school health activities
- Family lifestyle
- Violence and crime in community including child abuse and neglect
- Economic survival/pressures come first (e.g., paying bills)
- Parents may feel they lack skills to deal with their children, especially adolescents
- Language/culture, illiteracy, developmental issues
- Do not feel empowered or understand their role to make change in schools
- May lack trust in school personnel or not feel welcome
- Media messages that promote poor nutritional eating

Key Messages

- Healthy children learn better which improves their school attendance, grades, and graduation rates
- You can become involved in your children's school to support student health and academic success. Learn about your school district's wellness policy and become involved in the wellness council's activities.
- Help your children to grow up to become successful adults by learning how to keep them healthy
- Parents can serve and eat nutritious food, economically, at home and exercise with their children to improve their children's health as well as their own
- Help your children develop decision-making skills to support their adoption of healthy behaviors

Potential Messengers

- School nurses, teachers, principals, faith leaders, sports coaches, PTA and other parent leaders, health care providers, school secretary, other parents, their children, community based organization representatives

Communication Methods

- Parent – teacher conferences
- Phone calls
- Teacher notes and letters
- School newsletters
- E-connect and other automated phone messages and email messages from school
- Spoken or written testimonials from other parents
- PTA meetings
- Back to school night and other school events
- Parent leadership meetings or workshops

Target Audience: Students (junior high and high school focus)

CORE CONCERNS

Beliefs and Values

- I want to succeed
- I want to look and feel good to be accepted by my peers
- I want to feel connected to other people
- I want to be strong
- I have many more years to live
- My friends matter
- I want to be free to make my own choices

Barriers

- I do not feel engaged at school
- Stress from school performance expectations, family conflicts, and social pressures
- Disconnect between current behavior and long-term consequences
- Peers influence youth to adopt bad habits
- Lack of a supportive environment (few physical activity opportunities, lack of nutritious food options, etc.) for making healthy choices
- Media messages that promote unhealthy lifestyles and body images (very thin females)
- Family health-challenged lifestyle
- Lack of understanding between adults and youth

Key Messages

- Daily physical exercise and eating healthy foods will give you more energy, reduce stress, and help you maintain or achieve an appropriate body weight
- Making healthy choices will help you look and feel good
- Being healthy makes you think and learn better. Without health, you can't function well.
- Vigorous physical activity and play can help you get good grades
- Being active makes a positive statement about you
- Whether hanging out with friends, taking part in group activities, or studying for school, your body needs to be healthy to keep going
- You can be a leader among your peers in promoting healthy living
- Being healthy is fun

Potential Messengers

- Students, teachers, school nurses, sports coaches, school principals, health club leaders, parents, after school staff, librarians, faith leaders, and janitors

Communication Methods

- Discussion in class (especially in accelerated classes)
- Web pages, pod casts, text messages, and social media (Facebook, Twitter), especially if the messages are youth generated
- Bulletin boards, posters
- Student meetings (offer incentives – class credit or ticket drawings – to increase attendance)
- Testimonials from a diverse set of student leaders and celebrities
- Role modeling by both teachers and students
- School-sponsored events like fundraisers and competitions
- Health emphasis in school subjects (add dynamic DVDs for increased effect)
- Participation in health activities (fun walks, food tasting, cooking lab, etc.)

Expanding the Circle of Potential CSH Stakeholders and Partners

Successful integration of CSH elements within school systems will undoubtedly require the efforts of a variety of dedicated individuals. These people may formally participate as members on a school or school district wellness council or they may provide support and resources for CSH development and implementation as associated community stakeholders.

The following types of people more commonly serve on school wellness councils although not all will likely participate with any one health council:

- After school program coordinators
- Coaches
- Community leaders
- District advisory committee members
- District environmental services staff
- District psychologists
- District risk management representatives
- District student services directors
- Early childhood educator coordinators
- Facilities staff
- Food service director/staff
- Health education teachers
- Nutrition Network staff
- Parents
- Physical education teachers
- Principals
- PTA members
- School administrators
- School board members
- School counselors
- School district nurses
- School wellness leads
- Special education coordinators
- Students
- Superintendents (school district)
- Teachers (besides others already mentioned)

Economic challenges and the need for enhanced innovation to improve student health and academics call for CSH advocates to form partnerships with new allies that want to work with schools. Please consider that these individuals/representatives may not need to attend monthly or ongoing wellness council meetings. Instead, they may be called to action only for specific tasks or projects. Regardless, they should receive ongoing, but brief, communications from a wellness council point person to stay connected to the group.

Following is a list of possible new collaborative organizations or individuals:

- American Disabilities Act representative
Role: To advise for accommodating individuals with disabilities.
- Child advocacy groups
Role: Connect with child service providers and advocate for CSH expansion.
- City planners
Role: Identify and help advocate for walkable communities, low-cost recreational activities, and public garden areas. May also assist regarding safe routes to school, cross walk safety, train safety, and bike safety.
- Colleges/universities
Role: Provide research/evaluation experts, interns to work on CSH projects, and grant writing support (joint ventures).
- Community Health Organizations (American Cancer Society; American Heart Association, etc.)
Role: May provide educational materials, technical assistance, trained volunteers, training facilities, and co-sponsorship of professional development events to support CSH planning, implementation, and evaluation.
- Cooperative extensions
Role: Provide training and supply sources to support school gardens along with classroom and lunchroom nutritional education.
- Dairy Council
Role: Provide nutrition educational materials and financial support for health events.
- Faith leaders (pastors, priests, rabbis, etc.)
Role: Provide sites for health programs to reach low-income parents. Provide alternative activities to counter youth from joining gangs, using drugs, or participating in other unsafe behaviors. Provide mentors for youth. Also support student education as classroom volunteers.
- Health care providers
Role: Can provide CSH advocacy presentations to school board members and other school leaders. Can also provide training to school staff on various health issues.
- Health insurance provider
Role: Assist in planning and providing booth for school health fairs and can collaborate on health awareness campaigns directed at school staff, students, and parents. May support staff wellness initiatives. Provide community connections to physicians and clinics. Provide grants for specific CSH efforts.
- Medical interns
Role: Take on a short CSH project to meet their training requirements. Provide health education for students.

- Medical school researchers
Role: Provide staff and volunteers to help plan and oversee implementation of a CSH project. Provide school district wellness council with research results and suggestions for campaign improvement.
- Mentorship partnerships
Role: Mentor at-risk students.
- Police
Role: Schedule trained volunteers and retired policemen to provide security for using school facilities (physical activity opportunities) on weekends, etc. Can provide drug use resistance education.
- Professional societies
Role: Provide resources for implementation of CSH activities on campus.
- Public health nutritionist interns
Role: Provide nutrition education to school staff and create activities for helping students to learn how to choose healthy foods to eat.
- Public health staff
Role: Provide local statistics regarding youth disease prevalence and risk factors for use in advocating for enhanced CSH measures integration into schools. Provide training to school staff on various health/disease topics and provide access to health education resources. Co-write health grant applications to collaborate with a school system on health interventions. Provide public health nurses to work with school nurses in health clinics (immunizations, etc.).
- Recreation professionals
Role: Provide low-cost physical activity opportunities for both students and staff. Prepare joint-use agreements to extend the physical activity options offered at school. Provide access to physical activity equipment and programs schools might not otherwise access.
- Social service agencies
Role: Can provide technical assistance on community adjunct services that will reinforce and/or fill gaps regarding health activities provided by school health staff.
- Transportation officials
Role: Provide tips to help parents (and students) find transportation required to participate in CSH-related events (parents night, etc.)
- Voluntary service workers
Role: Volunteers can work on CSH tasks and projects to extend the work of wellness council members.

- Youth groups (including boys & girls clubs)
Role: May have health training or health-focused field trips that benefit students. May provide physical activity opportunities for young people.

Conclusion

Try to find a community organizations guide and make contact with a new array of potential partners to discover who is available and capable to assist in implementing your school or school district's CSH plan and wellness policy.

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