TN Department of Education

Coordinated School Health

2020-21 Annual Report

Tennessee Department of Education |

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Introduction

There are many factors that play a role in the success of our children. According to the Centers for Disease Control and Prevention (CDC), "the academic success of America's youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance." Implementing strategies that help students stay healthy through eating healthy foods and being physically active can result in decreased rates of student absenteeism, fewer behavioral problems, and higher school-wide test scores and grades. Evidence shows that the health of students is linked to their academic achievement; therefore by working together, we can ensure that young people are healthy and ready to learn (Health and Academic Achievement, 2014).

In turn, academic success is an excellent indicator of the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.

Scientific reviews have documented that high-quality school health programs that integrate comprehensive sets of courses, services, and practices that meet the health and safety needs of students can have positive impacts on child health behaviors (Huang, Keng-Yen et al., 2013). Similarly, programs that are primarily designed to improve academic performance are increasingly recognized as important public health interventions.

Coordinated school health (CSH) is an evidence-based model developed by the CDC and designed to promote healthy school environments, so children arrive at school ready to learn. In 2006, Tennessee became the only state in the nation with a legislative mandate and $15 million in state funding per year to implement CSH in all school districts. CSH funding can be used to hire a coordinator or support staff and purchase basic materials and resources necessary to implement CSH, thereby advancing student health and improving academic outcomes. Coordinated school health is comprised of eight components: 1) health education, 2) physical education/physical activity, 3) health services, 4) school counseling, psychological, and social services, 5) nutrition, 6) healthy school environment, 7) staff wellness, and 8) student, family, and community involvement.

	Coordinated School Health
1	**Health** Education
2	**Nutrition**
3	**Physical** Education & Activity
4	Health **Services**
5	**Counseling**, Psychological, & Social Services
6	School Staff **Wellness**
7	Healthy School **Environment**
8	Student, **Family**, & **Community** Involvement

This report provides information on CSH programmatic outcomes and selected student health indicators data in Tennessee for the 2020-21 school year.

A Note about COVID-19

In March 2020, Tennessee schools implemented closure procedures in response to state and federal initial reports regarding COVID-19. In July 2020, the Tennessee Department of Education released the State's safe

reopening plan for Tennessee schools. Schools across the state began to transition back into their buildings for in-person and/or hybrid instruction, while others continued with online education through February 2021. The information within this report indicates a major impact to Coordinated School Health priorities and outcomes, and transition of responsibilities. More than ever before, the health of our children has required the expertise and resources Coordinated School Health coordinators are positioned to directly provide and enhance.

To better see data changes driven by COVID-19, the CSH team has marked some statistics with a blue star like the one to the left. **This blue star notes a change (increase or decrease) that the CSH Team has determined normal and expected given the amount of time schools were closed**.

If any changes in the data were significant, whether driven by COVID-19 or other factors, the CSH team has noted it directly within the report as it is presented with necessary context. The goal is to provide accurate, transparent data and equip readers to understand the impact of Coordinated School Health on the health of students.

Coordinated School Health

Historically, school health programs and policies in the United States have resulted, in large part, from a wide variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Prior to statewide implementation of CSH in Tennessee, many schools had a "patchwork" of policies and programs regarding school health with differing standards, requirements, and populations served. Professionals who oversaw the different pieces of the patchwork came from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches. **The statewide coordinated school health initiative helped to streamline school health programs across the state and provide consistency for students.**

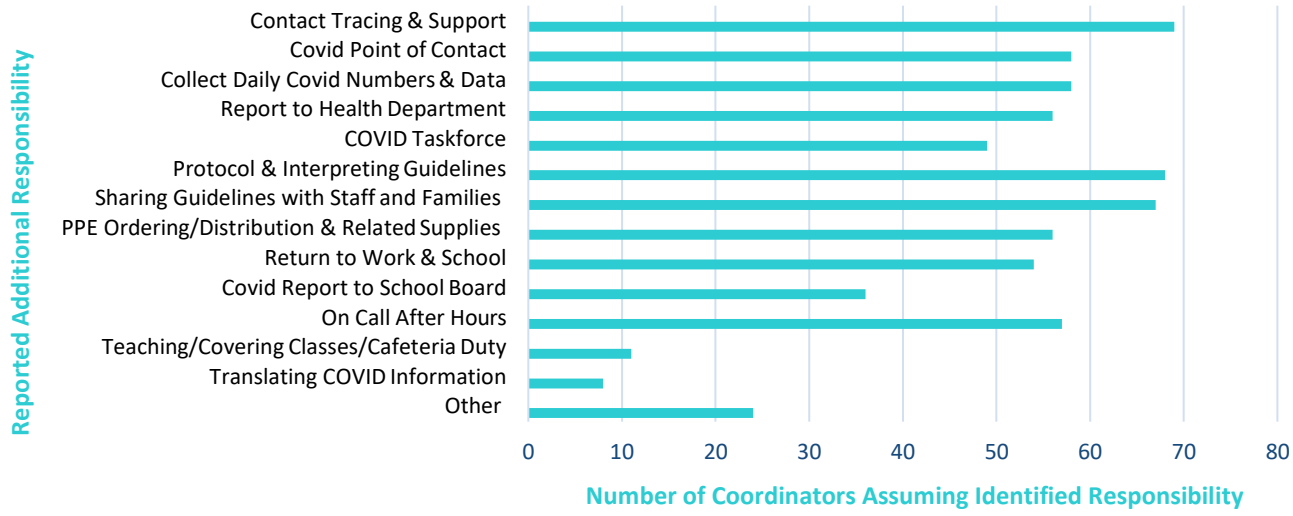
Coordinating the many parts of school health into a systematic approach enables schools to:

- eliminate gaps and reduce redundancies across initiatives and funding streams;
- build partnerships and teamwork among school health and education professionals;
- build collaboration and enhance communication among public health, school health, and other education and health professionals in the community; and
- focus their efforts on helping students engage in protective, health-enhancing behaviors and avoid risky behaviors.

COVID Barrier Report Data

As indicated in Table 1, Tennessee Coordinated School Health Coordinators assumed various additional responsibilities to support COVID-19 district response. A total of **675** additional responsibilities were reported statewide by coordinators (Tennessee Department of Education, 2020).

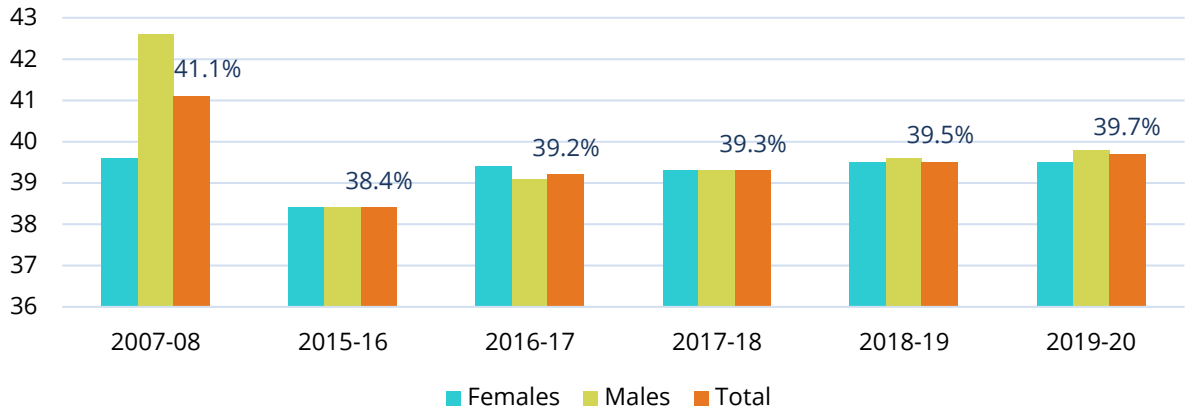
Table 1: Additional Responsibilities to Support COVID-19 District Response



Tennessee BMI Data

As indicated in Table 2, Tennessee student body mass index (BMI) rates declined from **41.14** percent in 2007-08 to **38.4** percent in 2015-16, but for the past three years BMI rates have plateaued to an average of **39.33** percent.

Table 2: Tennessee Student BMI Rate Percentage



*The BMI Data is collected by Coordinators throughout the state and analyzed by The Department of Health.

CSH district coordinators secured an **additional $33,597,275 million** in health grants and in-kind resources for Tennessee schools in the 2020-21 school year, which were used to expand local capacity to address school health priorities. While priorities shifted, COVID-19 efforts contributed to this total representing a slight decrease from 2018-19 reporting of $36 million. This indicates that the funding is trending back in line with previous years, after last year's significant increase due to tornado relief efforts.

During the 2020-21 school year, **71 percent** of districts **contracted or worked with a community-based mental health provider to provide school-based therapy for students**. This is an **13.5 percent point decrease over last year's 84.5 percent.**

During the 2020-21 school year, there were **2,950,625** student visits to a school nurse, which is a decrease from last year's full school year with **4,191,233 visits.**

2,435,997 student visits resulted in a student's ability to return to class instead of being sent home which results in an **83 percent** return-to-class rate **(a decrease from 84 percent last year)**. The CSH team expected the return to class rate to trend lower as nurses operate with caution during COVID-19.

Approximately **401,007** student health screenings occurred in Tennessee public schools. Those screenings resulted in **32,505** referrals being made to a health care provider for additional medical attention through parental notification. Finally, **18** districts have at least one school-based health clinic (**18% decrease from last year's 22**) and **43** partner with a health clinic in the community (**48% increase from last year's 29**).

88 percent of Tennessee schools are in compliance with

§ TCA 49-6-1021 Opportunities for Physical Activity Law.

91 percent of districts have an alternative breakfast program (a **16.8 percent increase** over last year).

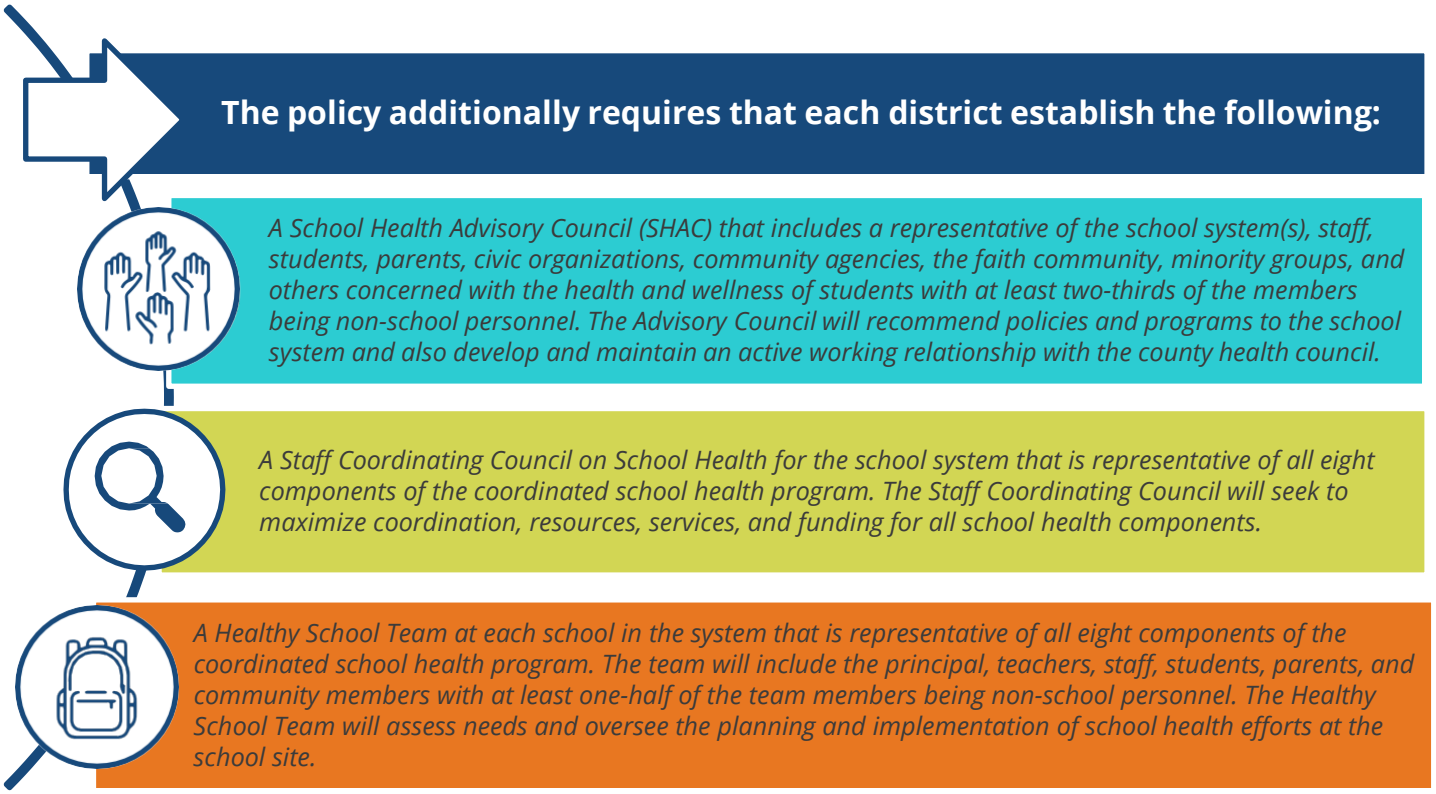
52 percent of districts participate in the weekend backpack program (**a 38 percent decrease** over last year).

This decrease is due to COVID-19 increased flexibility of the school nutrition program and bagged meals provided for all students.

CSH Infrastructure

According to Tennessee State Board of Education's Standards and Guidelines for Tennessee's Coordinated School Health Policy 4.204, the following infrastructure elements must be in place in every school district to implement the CDC's evidence based CSH model with fidelity:

Each district will establish a full-time position for a coordinator/supervisor of school health programs at the system level for school systems with 3,000 or more students. *School systems with* ***fewer than 3,000*** *students will establish a position for coordinator/supervisor of school health programs at* ***50 percent time*** *or more and are encouraged to enter into a consortium with other school systems to apply for funding. The coordinator/supervisor position in both cases will be in addition to other school health component staff and school system coordinator/supervisor positions.*



Additionally, districts are required to:

- *develop and maintain local school system policies that address and support CSH and each of the integrated components*;
- *develop and maintain a staff development system for orienting and training administrators, principals, and other school leadership team members that allows for informed decision making in adopting and implementing the CSH model at the school system and school level*;
- *develop and maintain a system of assessing and identifying the health and wellness needs of students, families, and staff that will be used in developing system policies and strategic plans; school health programs, curriculum, and initiatives; and school improvement plans*;

- *incorporate into all School Improvement Plans (SIP), easy-to-implement and appropriate assessments and surveys, improvement strategies and services, and integrated learning activities that address the health and wellness needs of students and staff;*
- *identify and obtain additional financial support and program collaboration with community agencies/organizations along with other external financial support to supplement the Basic Education Program (BEP) funding formula and the additional CSH funding provided for the school health program; and*
- *develop and maintain a system and process for annual evaluation of progress and outcomes for the CSH program effort, including the impact on the student performance indicators required by the State Board of Education in TCA § 49-1- 211(a) (3) and any state-designated health outcomes for students and staff.*

CSH Challenges

Since the inception of Coordinated School Health in Tennessee, the CSH team and districts have identified and grown the strengths of CSH. At the same time, the team has diligently tracked and monitored areas of impact that have inverse trends or are showing slow growth. Below are some of the specific areas the team has identified to continue to improve upon in the current and upcoming school years through direct and collaborative efforts.

Summary of Ongoing CSH Challenges & Progress

Of those students with a diagnosis, the most common were Asthma (**25 percent**), ADHD/ADD (**25 percent**).

As indicated by the Health Services Survey during the 2020-21 school year, **72 percent of schools** employed a nurse full-time in their school.

Only **39 percent** of districts provide mental health support to staff, which is a **decrease** over the 2019-2020 school year of 49 percent.

Only **54 percent** of districts have a system to evaluate the health and wellness needs of families.

Only **26 percent** of districts report meeting the goal of one certified social worker for every 1,500 students (a **7% increase** over the 2019-2020 school year)

Only **36 percent** of districts meet the goal of one certified psychologist for every 1,000 students.

84 percent of school districts offered **mental health** wellness opportunties to school personnel (a **35% increase** from 2019-2020).

Future looking: The challenges faced by schools and districts as a result of COVID-19 underscore the importance of school health initiatives and the vital role coordinators play in the identification and implementation of supports and services.

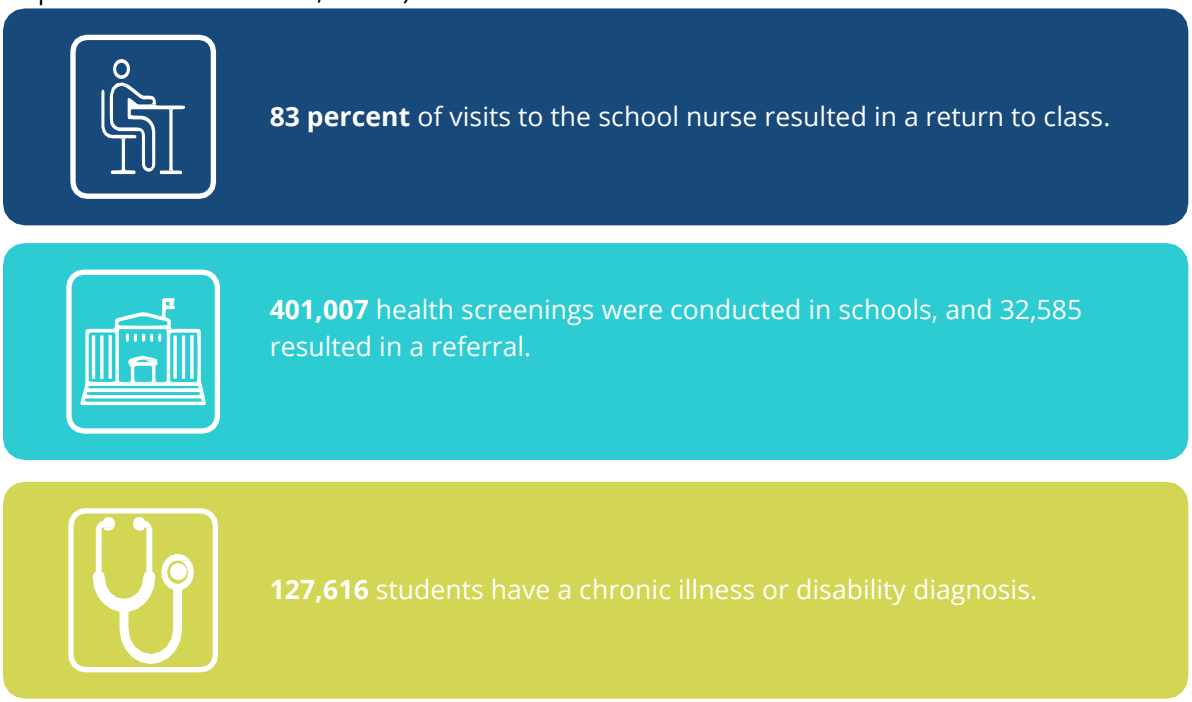
Coordinated School Health Components

Health Services

In 2017, the National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) recommended school districts provide a full-time school nurse in every school building. When schools employ a full-time nurse, they become an integral member of the school team. School nurses promote school attendance and combat student absenteeism by addressing the physical, mental, and social needs of the student. Chronic absenteeism puts students at risk for academic failure with effects that can last a lifetime and negatively impact education, health, financial stability, and employment (Robert Wood Johnson Foundation [RWJF], 2016). A student's health is directly related to their ability to learn. Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.

Components of the Centers for Disease Control and Prevention Healthy Schools model (2017) emphasize health services in schools should be provided and/or supervised by school health nurses or other qualified health professionals in order to properly appraise, protect, and promote the health of students. School health services include providing first aid, providing emergency care and assessment, and planning for the management of chronic conditions (e.g., asthma or diabetes).

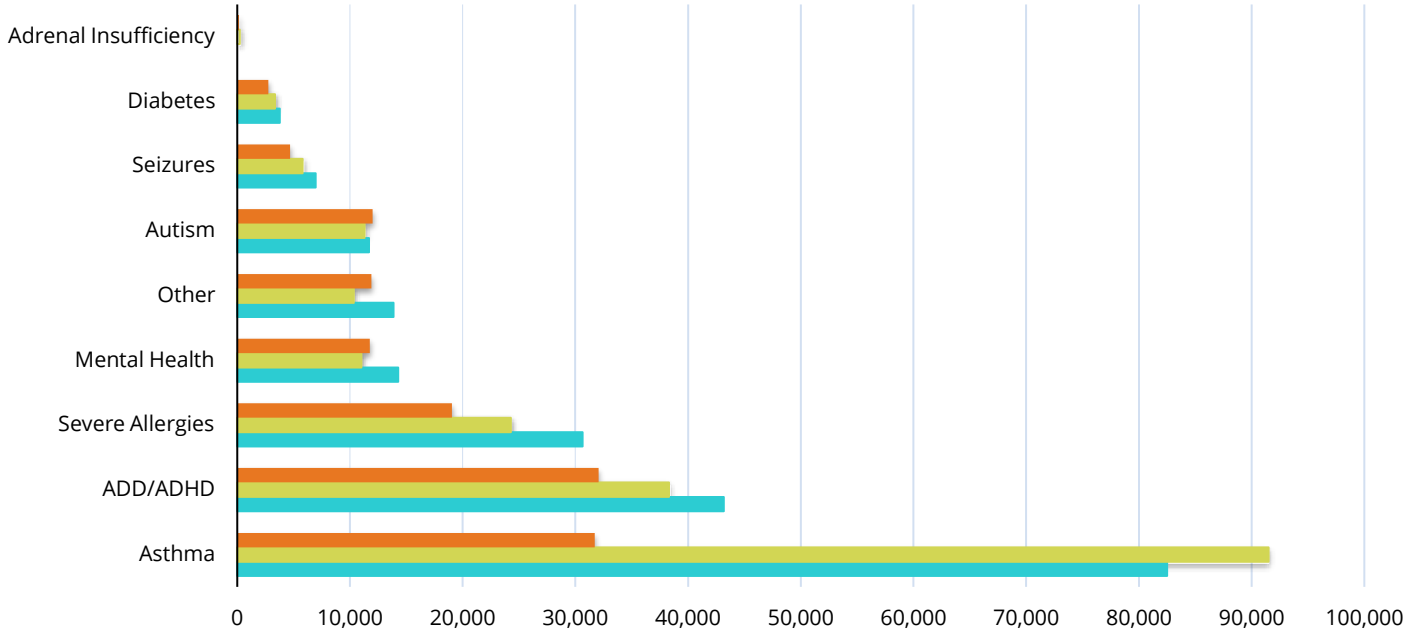
The figure below represents health services data from the 2020-21 school year (Tennessee Department of Education, 2020c).



During the 2020-21 school year 127,616 students (down from **208,899 last year)** in Tennessee public schools had a chronic illness or disability diagnosis. Of those students with a diagnosis, the most common were asthma (**25 percent**), ADHD/ADD (**25 percent**), and severe allergies (**15 percent**) (Tennessee Department of Education, 2020c). Children diagnosed with chronic illnesses have healthcare needs that require daily management in addition to addressing possible emergencies. Some students with chronic health conditions may miss school more often than others, and this may have an impact on academic performance. Nurses help students stay at school, safely and ready to learn, while providing services and accommodations for students with chronic health conditions.

The figure below represents data on chronic illnesses or disabilities in the 2020-2021 school year compared to the 2019-2020 and 2018-2019 school years.

Table 3: Chronic Illness in TN Students in 2020-2021



	Asthma	ADD/ADHD	Severe Allergies	Mental Health	Other	Autism	Seizures	Diabetes	Adrenal Insufficiency
2020-21	31,987	32,415	19,234	11,938	12.123	12,181	4,767	2,786	185
2019-20	91,500	38,314	24,276	11,030	10,350	11,302	5,797	3,366	221
2018-19	82,497	43,166	30,637	14,288	13,873	11,695	6,958	3,782	

Physical Education & Physical Activity

All children in Tennessee should be exposed to both quality physical education and physical activity programs. A Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. A CSPAP reflects strong coordination and synergy across all the components: physical education as the foundation; physical activity before, during, and after school; staff involvement; and family and community engagement (Shape America, 2017).

Physical education is an academic subject and serves as the foundation of a CSPAP. Physical education is characterized by planned, sequential pre-K through grade 12 curriculum that is based on the national and state standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence (Shape America, 2017)

Physical activity in schools can be offered in a variety of settings throughout the day including before and after school. Physical activity should be in addition to the essential physical education class, not a replacement. The most common ways students engage in physical activity include recess, integration into classroom lessons, physical activity breaks, exercise clubs, and intramural programs (Shape America, 2017).

60 walking tracks/trails were installed or updated at 42 distrcts

143 playgrounds installed or updated at 58schools

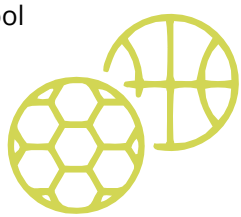
54 schools installed or updated an i**n-school fitness room**

14 new physical activity/physical education policies and guidelines were developed or strengthened

Out of 136 reporting districts, **58 percent** reported they do not deny physical education as a form of punishment

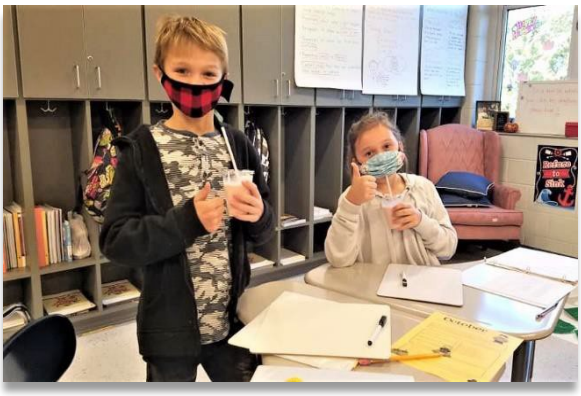
Highlights of physical education and physical activity in districts during the 2020-21 school year include (Tennessee Department of Education, 2020b):

Since the implementation of CSH statewide, coordinators have secured funds for walking tracks or trails at **640** schools, **454** in-school fitness rooms for students, and **652** new and/or updated playgrounds.



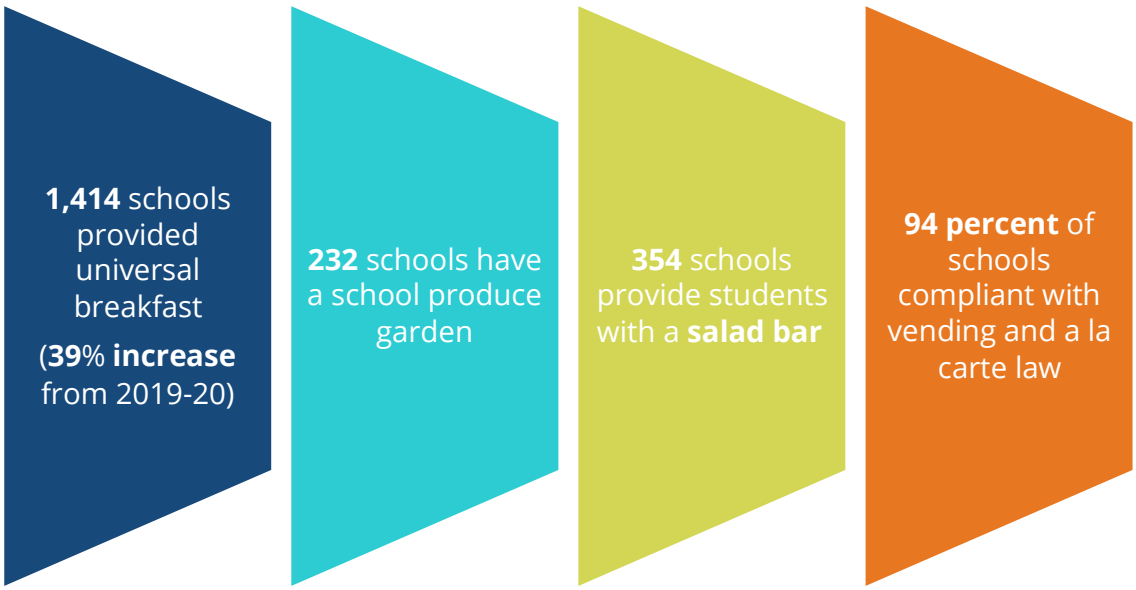
Nutrition Services

According to the Food Research & Action Center (2016), behavioral, emotional, mental health, and academic problems are more prevalent among children and adolescents struggling with hunger, and these students statistically have lower academic scores and grades compared to their peers.
School nutrition offers students opportunities to learn about and practice healthy eating through the foods and beverages served on school grounds, nutrition education, and communications about food in the cafeteria and throughout the school campus. The Centers for Disease Control (CDC) (2015) states students typically have access to foods and beverages in numerous locations within the school, including the cafeteria, vending machines, grab 'n' go kiosks, schools' stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers.



The School Nutrition program is responsible for providing nutritious meals and snacks for students in schools. School Nutrition administers the United States Department of Agriculture's (USDA) National School Lunch Program, School Breakfast Program, and Afterschool Snack Program across the state. According to School Nutrition (2017), all public schools in Tennessee are on the National School Lunch Program, which provides nutritionally balanced, low-cost, or free lunches to children each school day. In addition, for the 2021-22 school year all districts will have the opportunity to operate a "Seamless Summer" option that will provide a breakfast and lunch to all students at no charge.

Highlights of nutrition services in school districts during the 2020-21 school year include (Tennessee Department of Education, 2020b):



School Counseling, Psychological, and Social Services

One in five youth live with a mental health condition, but less than half of these individuals receive needed services. Undiagnosed, untreated, or inadequately treated mental health conditions can affect a student's ability to learn, grow, and develop (National Alliance on Mental Illness, n.d.).

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of students. Schools offer services such as developmental classroom guidance activities and preventative educational programs to enhance and promote academic, personal, and social growth. Students who may have special needs are served through individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate.

The professional skills of counselors, psychologists, and social workers are utilized to provide integrated "wrap-around" services that contribute to the mental, emotional, and social health of students, their families, and the school environment with coordinators serving as vital members of the team.

Highlights of school counseling, psychological, and social services in school districts during the 2020-21 school year include (Tennessee Department of Education, 2020b):

24 new or updated policies and guidelines were developed or approved.

88 percent of school districts contract or work with a community based mental health provider to provide **school-based therapy for students.**

82 percent of districts met the goal of one certified counselor per 500 students.

Healthy School Environment

A healthy and safe school is defined by the physical and aesthetic surroundings and the psychosocial climate and culture of the school. A healthy and safe school environment supports positive learning by ensuring the health and safety of students and staff. A healthy physical environment includes the school building and its contents, the property on which the school is located, and the area surrounding it. The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff.

Highlights from the 2020-21 school year include (Tennessee Department of Education, 2020b):

91 percent of districts provided teachers and school counselors applicable bully prevention policy and guidance on how to respond to harrassment when it occurs.

79 percent of school districts have a CSH member as part of their safety team, reflecting an integrated approach.

539 schools implemented an air quality management program such as Tools for Schools.

34 new healthy school environment policies or guidelines were developed and approved.

96 percent of all districts have developed and implemented policy to reduce potential sources of lead contamination in drinking water.

Health Education

Health education is as important as other academic subjects and is critical to students' education and development. Appropriate Practices in School-Based Health Education (2015) states the time, instruction, and support devoted to health education should be comparable to that of other subjects.

Health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention (Centers for Disease Control and Prevention, 2015)

60 districts have analyzed and assessed the need for updating their curricula and programs based on the TN Health Education and Lifetime Wellness Standards.

96 percent of districts use health education curricula to address tobacco/nicotine/vaping prevention.

Table 4: Tobacco Prevention Curriculum used in TN Schools in 2020-21

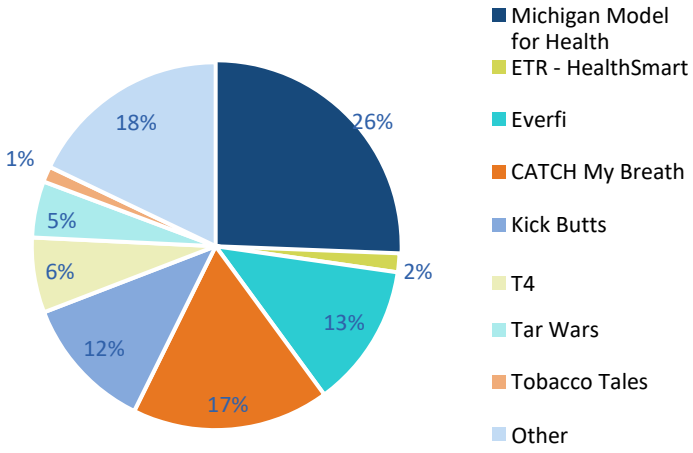


Table 5: Safe Dating and Relationships Curriculum used in TN Schools in 2020-21

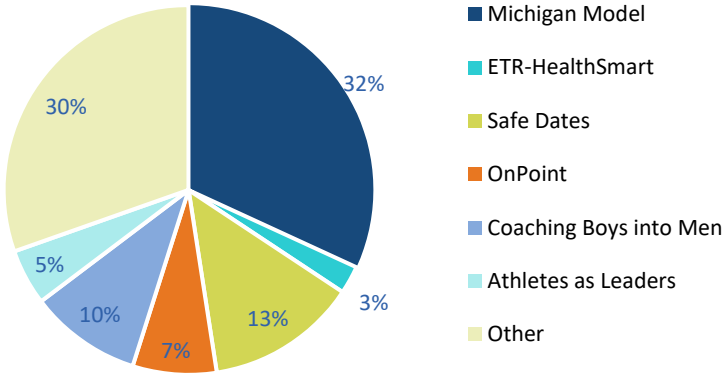


Table 6: Drug/Opiod Education used in TN Schools in 2020-21

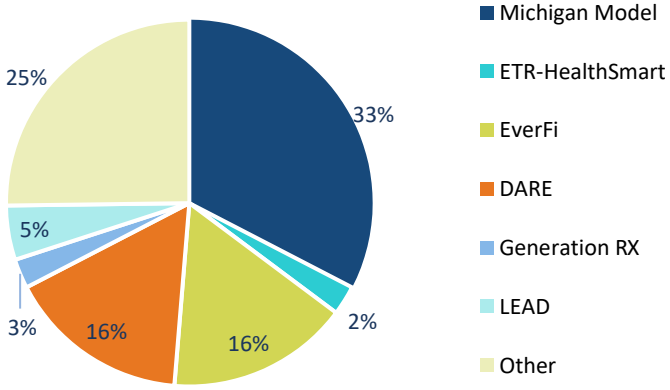
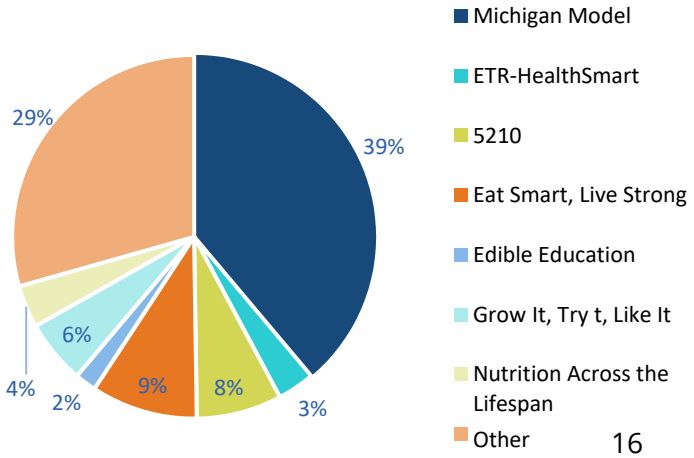


Table 7:Nutrition Education used in TN Schools in 2020-21



School Staff Wellness

Wellness opportunities such as health assessments, health education, and physical fitness activities are provided to all school staff, including the administrators, teachers, and support personnel, to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program.

This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs.

Highlights of health promotion for staff in school districts during the 2020-21 school year include (Tennessee Department of Education, 2020b):

55 percent of districts offer school staff the influenza vaccine as part of their staff wellness program.

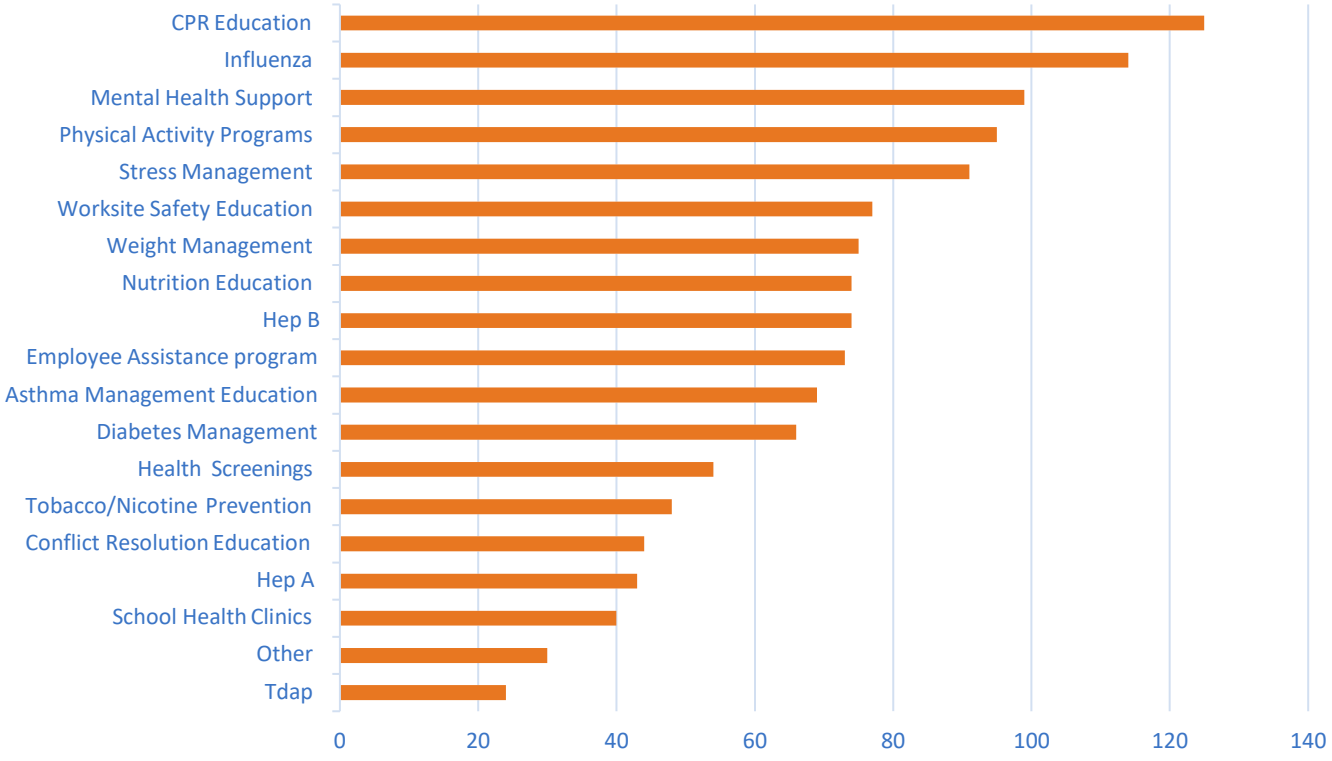
25 percent of employees had access to a school-based health clinic and **748 schools** provided staff health screenings.

549 schools have fitness rooms for staff and **1,238 schools** provide strategies to staff to increase physical activity.

885 schools provided staff tobacco and niccotine prevention and cessation programs.

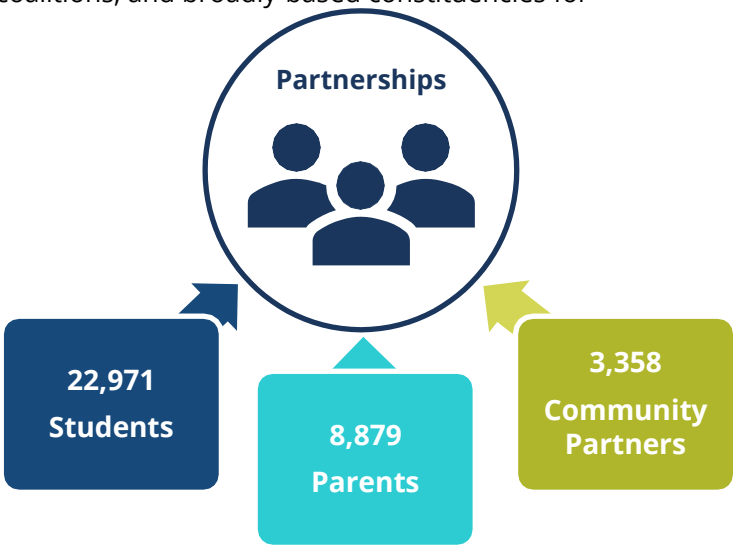
84 percent of school districts offered **mental health** wellness opportunties to school personnel. (**35% increase** from 2019-2020)

Table 8: Staff Wellness Opportunities Offered in TN Schools in 2020-21



Students, Family, and Community Involvement

The involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families.



Parent and student partnerships are emphasized in all aspects of CSH. In the 2020-2021 school year, CSH district coordinators worked with **3,358** different community partners and coalitions. Also, CSH statewide partnered with **22,971 students** and **8,879 parents** to address school health priorities (Tennessee Department of Education, 2019b).

Highlights of students, parents, and community partners in school districts during the 2020-21 school year include (Tennessee Department of Education, 2020b):

91 percent of districts have developed a policy/guideline/protocol to allow communities to use school buildings/grounds when schools are not in session (joint-use agreements), which is up from 89 percent in 2018-2019.

71 percent of districts reported that they partnered with students to achieve CSH goals.

Conclusion

Coordinated school health encourages healthy lifestyles, provides needed supports to at-risk students, and helps to reduce the prevalence of health problems that impair academic success. It is an effective approach designed to connect physical, mental, and social health with learning. As a result of the COVID-19 impact on schools, Coordinated School Health programs across the state have prioritized Mental Health and Staff Wellness. Coordinators are leading efforts to create student and staff calming rooms, organizing staff book studies, focusing on teacher appreciation, offering fitness opportunities for staff before and after school, and equipping counselors with new curriculums to best support students and staff in their district. Tennessee has an increased number of schools partnering with community-based mental health providers to provide school-based therapy for students. These services are vital to the success of students who might not otherwise have access. CSH improves children's health and their capacity to learn through the support of families, communities, and the schools working together. CSH is an invaluable framework that creates and sustains healthy schools and healthy children.

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