



*Photos provided by Williamson County Schools, Polk County Schools, and Lakeland School System*

# Coordinated School Health

## 2021-22 Annual Report

Tennessee Department of Education | October 2022

# Table of Contents

Introduction .....	3
Coordinated School Health Infrastructure.....	4
2021-22 Highlights .....	6
Coordinated School Health Challenges and Progress.....	8
Coordinated School Health Components.....	9
Health Services .....	9
Physical Education & Physical Activity.....	10
Nutrition .....	11
School Counseling, Psychological, and Social Services.....	12
Healthy School Environment.....	13
Health Education.....	14
School Staff Wellness.....	15
Students, Family, and Community Involvement.....	16
Conclusion .....	17

# Introduction

Coordinated School Health (CSH) connects health with learning and improves students' health and their capacity to learn through the support of schools, families, and communities working together. CSH encourages healthy lifestyles, provides needed support to students, and helps to reduce the prevalence of health problems that impair academic success. The involvement of parents, families, and community is the glue that binds CSH. Full involvement of these entities as partners in the educational process provides valuable input, increases the commitment of all partners and ensures positive educational and health outcomes.

CSH is not a program but is a systematic approach to promoting health that emphasizes needs assessment, planning based on data, and analysis of gaps and redundancies in school health programming.

CSH consists of eight components that work together to improve the lives of students and their families. Although these components are listed separately, it is their composite that allows CSH to have significant impact. The eight components are health education, health services, counseling, psychological and social services, nutrition, physical education/physical activity, school staff wellness, healthy school environment, and student/parent/family involvement.

*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.*

Historically, school health programs and policies in the United States have resulted, in large part, from a variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Prior to the statewide implementation of CSH in Tennessee in 2007, 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, such as education, nursing, social work, psychology, nutrition and school administration, each bringing specialized expertise, training, and approaches. **Tennessee’s statewide coordinated school health initiative helps to streamline school health programs across the state and provides consistency for students.**



# Coordinated School Health Infrastructure

Tennessee State Board of Education's Coordinated School Health [\(CSH\) Program Policy](#) 4.204 requires each comprehensive plan for a CSH program to respond to the needs of students, families, and the community, to emphasize a positive youth development approach, to demonstrate evidence of effectiveness, and to make efficient use of school and community resources. The policy sets forth the minimum standards for LEAs to use in developing their own guidelines and procedures that address the health needs of their students and improve student opportunities for academic achievement. For the 2021-22 school year, the requirements for CSH funding include:

**Each district that receives CSH funding shall employ a local coordinator/supervisor of school health programs for the district.** School systems with **3,000 or more** students shall establish a full-time school health coordinator/supervisor position. School systems with **fewer than 3,000** students shall establish, at a minimum, a part-time school health coordinator/supervisor position provided that at least fifty percent (50%) of the coordinator/supervisor's job duties are related to school health programs.



## The policy additionally requires that each district establish the following:



*A School Health Advisory Council (SHAC) that includes a representative of the school system, staff, students, parents, civic organizations, community agencies, the faith community, minority groups, and others concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The advisory council recommends policies and programs to the school system and develops and maintains an active working relationship with the county health council.*



*A staff coordinating council on school health for the school system that is representative of all eight components of the coordinated school health program. The staff coordinating council will seek to maximize coordination, resources, services, and funding for all school health components.*



*A healthy school team at each school in the system that is representative of all eight components of the coordinated school health program. The team will include the principal, teachers, staff, students, parents, and community members with at least one-half of the team members being non-school personnel. The healthy school team will assess needs and oversee the planning and implementation of school health efforts at the school site.*

### Additionally, districts are required to:

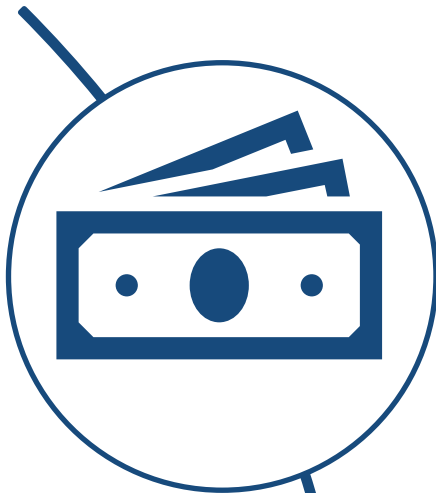
- establish local guidelines and procedures to help schools implement and coordinate each of the eight (8) CSH components and other school health efforts;
- conduct professional development training for school officials and other school leadership responsible for implementing a CSH program;
- develop and maintain a system of assessing and identifying the health and wellness needs of students, families, and staff;
- incorporate school health index results into all school improvement plans;
- develop and maintain comprehensive pre-K-12 health education and physical education programs;
- ensure the school district's annual budget includes funding to support the implementation of the eight (8) CSH components;
- identify and secure additional financial and/or technical assistance through collaborations and partnerships with community agencies and organizations;

- establish a system for evaluation and monitoring to assess the effectiveness of CSH programs in promoting healthy behaviors and improved academic outcomes; and
- ensure compliance with:
  - Tenn. Code Ann. §§ 49-6-1005(a), 49-6-1303, and 68-1-1205 regarding Family Life Curriculum and any aspect of family planning or contraception in schools
  - Tenn. Code Ann. § 49-50-1603, the State Board of Education’s Administration of Medication in a School Setting Policy 4.205, and the guidelines set by the department of education and the department of health regarding the administration of medications and the secure storage of medications, recordkeeping, and the orientation and training of all school personnel that handle medications by a school health nurse or a licensed health care professional
  - Tenn. Code Ann. § 49-3-359 regarding the employment or contracting for school health nurses
  - Tenn. Code Ann. §§ 63-7-101-116 and Administrative Rules regarding the professional practice of nurses, including the supervision of school health nurses by a Registered Nurse, Certified Nurse Practitioner, and/or physician
  - Tenn. Code Ann. § 49-5-302 regarding school counseling programs, and Tenn. Code Ann. § 49-6-303 regarding the employment of licensed school counselors and the professional practice of school counselors
  - All laws, rules, and regulations regarding the qualifications for individuals employed, contracted, or otherwise engaged in providing professional services in any of the components of a CSH program.

This report provides information on CSH programmatic outcomes and selected student health indicators data in Tennessee for the 2021-22 school year.



# 2021-22 Highlights



CSH district coordinators secured an **additional \$94,430,572 million** in health grants and in-kind resources for Tennessee schools in the 2021-22 school year, which were used to expand local capacity to address school health priorities. As schools addressed increased needs through the pandemic in the 2020-21 school year, the increase of additional federal relief funds can be contributed to this total, representing an increase from 2020-21 reporting of \$33,597,275 million.



During the 2021-22 school year, **70 percent** of districts integrated physical activity with core subject areas. This is a **25 percent** increase from last school year. **1,035** schools offered professional development on physical activity best practices during the 2021-22 school year which is an increase from **1,017** schools last year.



During the 2021-22 school year, there were **5,171,720** student visits to a school nurse. **3,851,239** student visits resulted in students returning to class instead of being sent home which is a **75 percent** return-to-class rate. This rate decreased from last year's rate which was **83 percent**. This can be attributed to an increased number of students visiting a school nurse due to COVID-19 symptoms and COVID-19 testing that resulted in the student being sent home.

**89 percent** of Tennessee elementary schools provide the minimum physical activity requirements outlined in T.C.A. § 49-6-1021(a).

**1,638** schools have water refilling stations to provide safe drinking water and keep students and teachers hydrated.

CSH partnered with **54,980** students, parents and community partners.



*Photo provided by Lake County Schools*

# Coordinated School Health Challenges and Progress

Since the implementation of Coordinated School Health (CSH) statewide, the department and district coordinators have strengthened CSH but, also, have diligently tracked and monitored areas of impact that have inverse trends or are showing slow growth. Below are some of the specific areas that have been identified for improvement in the current and upcoming school year through direct and collaborative efforts.

## Summary of Ongoing CSH Challenges & Progress

**136,571** students had a chronic illness or disability diagnosis which increased from **127,616** in 2020-21.

**Twenty-one percent** of schools do not have a full-time nurse during the school day.

**51** school districts do not have a policy against denying recess as a form of punishment.

**1731** schools allow students to have access to drinking water.

**24** school districts do not meet the goal of at least one certified counselor per 500 students.

CSH is a member of the district-level safety team in **102** districts.

**1,354** schools have a joint-use agreement in place with members of the community.

**912** schools provided staff health screenings.



Health education, provided by qualified, trained teachers and school nurses, provides students the opportunity to learn skills that empower them to make healthy decisions.

*Photo provided by Washington County Schools*



# Coordinated School Health Components

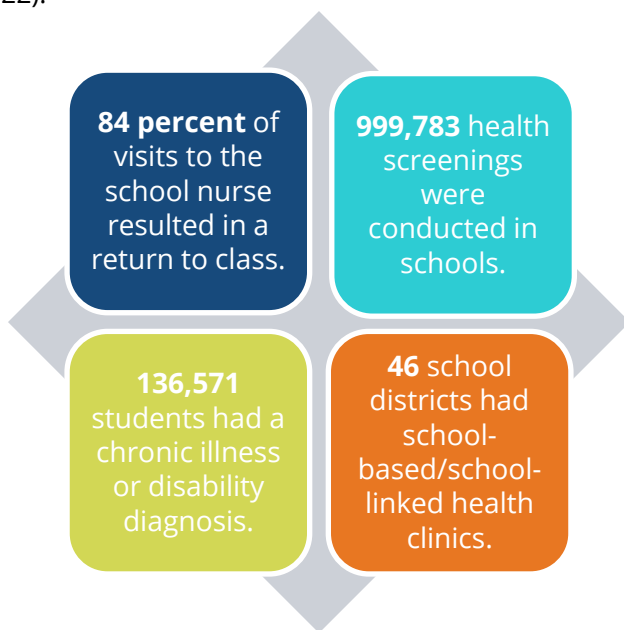
## Health Services

School health services intervene with actual and potential health problems, including providing first aid, emergency care, and assessment and planning for the management of chronic conditions (such as asthma or diabetes). Health services, provided and/or supervised by school nurses, connect school staff, students, families, community and healthcare providers to promote the health care of students and a healthy and safe school environment. Qualified professionals such as school nurses, physicians, physician’s assistants, nurse practitioners, psychiatrists, psychologists, dentists, health educators, registered dietitians, school counselors, and allied health personnel, including speech therapists and occupational or physical therapists, provide these services. Services include, but are not limited to:

- daily and continuous services for children with acute and chronic health care needs in the school setting,
- prevention and control of communicable disease,
- emergency care for student and staff illness or injury,
- promotion of optimum sanitary conditions for a safe school facility and school environment, and
- educational and counseling opportunities for promoting and maintaining individual, family, and community health.

Health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Collaboration with community health care providers ensures access and referral to primary health care services to ensure early intervention and fosters appropriate use of primary health care services.

**Highlights of health services in districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):



## 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 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).

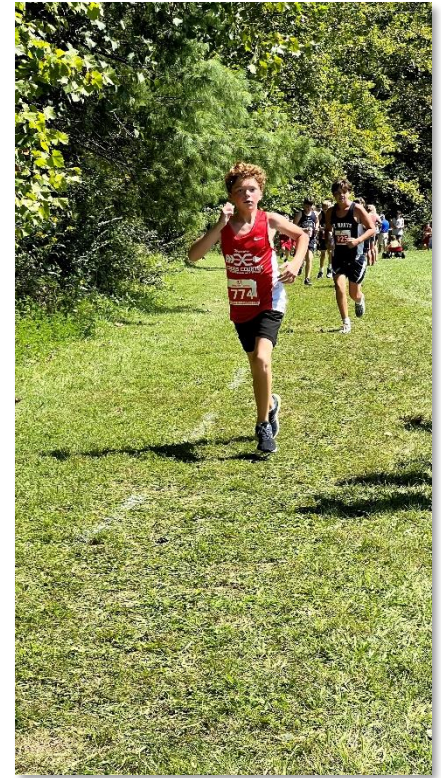


Photo provided by Rogersville City Schools



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).

**Highlights of physical education and physical activity in districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):

**57 walking tracks/trails** were installed or updated at 35 districts

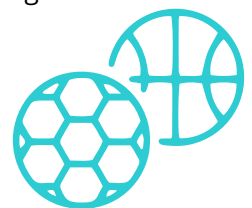
**182 playgrounds** installed or updated at 73 schools

**67 schools** installed or updated an **in-school fitness room**

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

Out of 136 reporting districts, **84 percent** reported they do not deny physical education as a form of punishment

Since the implementation of CSH statewide in 2007, coordinators have secured funds for walking tracks or trails at **697** schools, **521** in-school fitness rooms for students, and **834** new and/or updated playgrounds.



## Nutrition

The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. Students may have access to foods and beverages in a variety of venues at school including the cafeteria, vending machines, grab 'n' go kiosks, school stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers (Centers for Disease Control [CDC], 2014).

Healthy eating learning opportunities include nutrition education and other activities integrated into the school day that can give children knowledge and skills to help choose and consume healthy foods and beverages. Nutrition education is a vital part of comprehensive health education and empowers children with knowledge and skills to make healthy food and beverage choices (CDC, 2019).

Nutrition education can be incorporated throughout the school day and in various locations within a school. This provides flexibility allowing schools to use strategies that work with their settings, daily schedule, and

resources. Nutrition education can take place in the classroom, farm-to-school, school gardens, cafeteria, morning announcements, school assemblies, materials sent home to parents/guardians and in parent-teacher meetings.

These strategies can help reinforce messages about good nutrition and help ensure that students see and hear consistent information about healthy eating across the school campus and at home (CDC, 2022).



*Photo provided by Clinton City Schools*

**Nutrition highlights in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):

**88%** of school districts offered alternative breakfast programs

**332** schools have school gardens, providing hands-on learning and healthy eating

**105** school districts provided weekend food backpacks

**72** school districts have a school/district-based food pantry initiative

## School Counseling, Psychological, and Social Services

Mental health is an important part of children's overall health and well-being. Mental health includes children's mental, emotional, and behavioral well-being. It affects how children think, feel, and act. It also plays a role in how children handle stress, relate to others, and make healthy choices (CDC, 2022).



Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. 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.



Photo provided by Polk County Schools

**Highlights of school counseling, psychological, and social services in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):

**70** school districts developed or strengthened mental health policies/guidelines.

**1,072** schools have a partnership with a community based mental health provider to provide therapy for students.

**459** social workers were employed by public school districts

## Healthy School Environment

A healthy and safe school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents).



Photo provided by Dayton City Schools

The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family and community; and academic performance. A positive social and emotional climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment (CDC, 2021).

During the 2021-22 school year, **88** school districts required environmental assessments and **30** school districts require an indoor air quality management program such as Tools for Schools.

**Highlights of healthy school environment in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):



**115** school districts had a district-wide healthy school environment policy and/or guidelines.



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



**49** school districts developed or updated healthy school environment policies/guidelines.

## Health Education

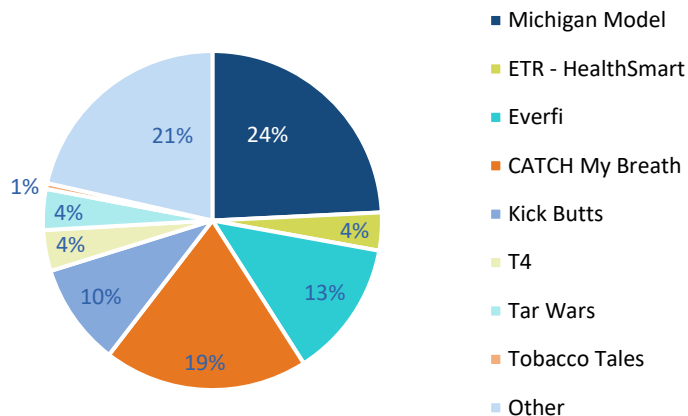
Formal structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive health education includes curricula and instruction for students in K-12 that address a variety of components such as personal wellness, mental, emotional and social health, disease prevention, safety and prevention, human growth and development, substance use and abuse, and first aid and safety.

**Highlights of health education in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):

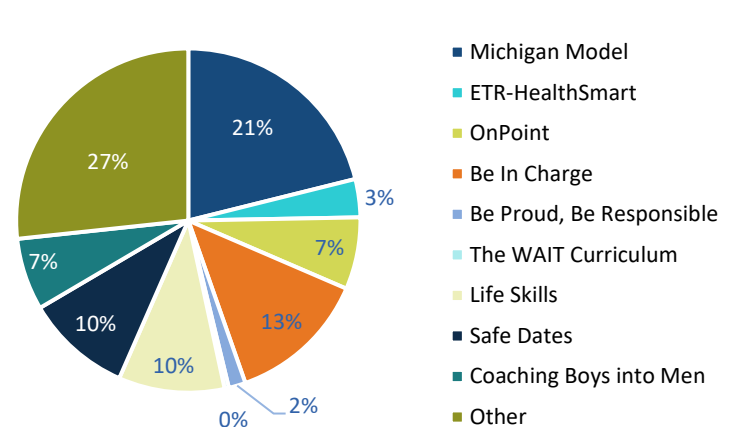
72 districts analyzed and updated curricula and programs for correlation with Tennessee Health Education and Lifetime Wellness Standards.

CSH provided 3,504 health education professional development opportunities for staff.

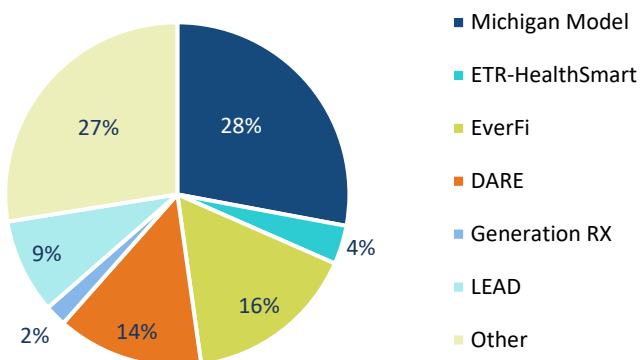
**Table 4: Tobacco/Vaping Prevention Curriculum used in TN Schools in 2021-22**



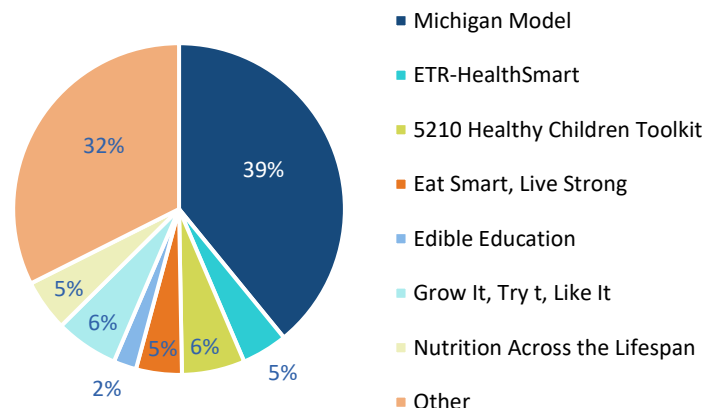
**Table 5: Safe Dating and Relationships Curriculum used in TN Schools in 2021-22**



**Table 6: Drug/Opioid Education used in TN Schools in 2021-22**



**Table 7: Nutrition Education used in TN Schools in 2021-22**



## School Staff Wellness

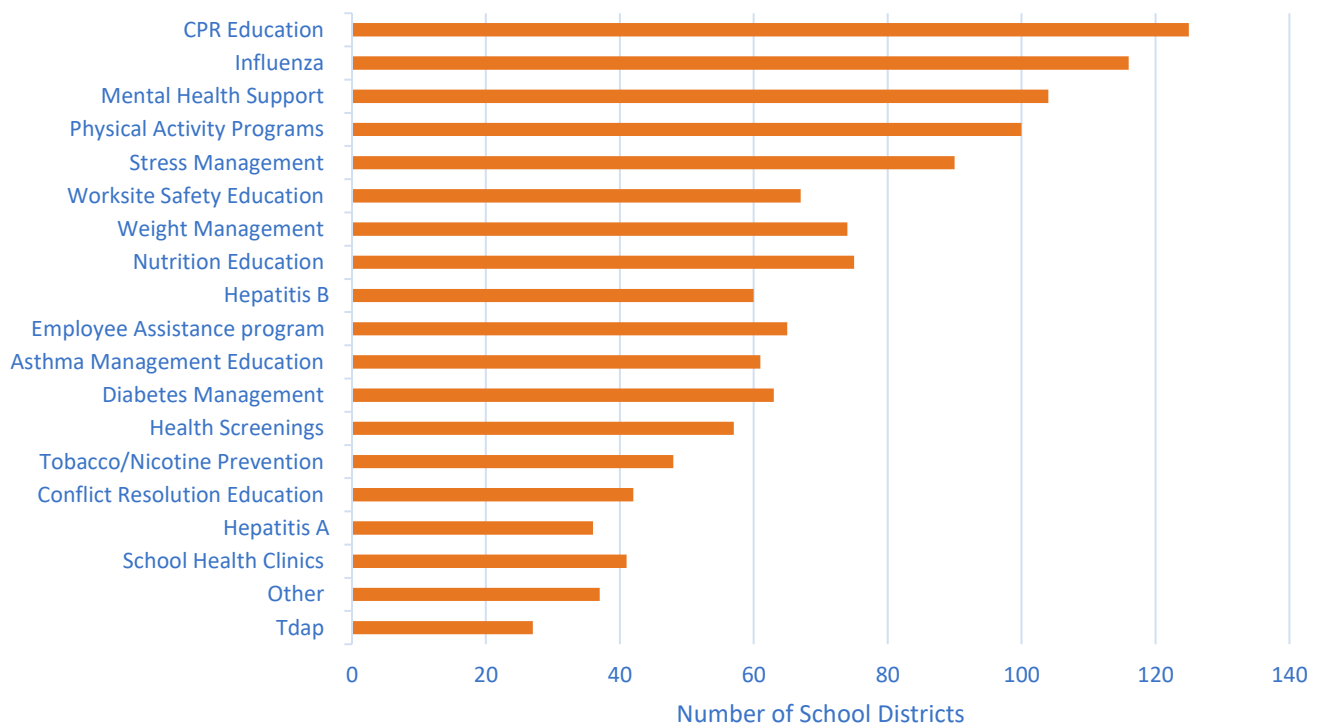
Schools are not only places of learning, but they are also worksites. Fostering school employees’ physical and mental health protects school staff, and by doing so, helps to support students’ health and academic success. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students’ health. Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (e.g., mold, asbestos).

A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments and flu vaccinations. Employee wellness programs and healthy work environments can improve a district’s bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes (CDC, 2021).

**Highlights of health promotion for staff in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):



**Table 8: Staff Wellness Opportunities Offered to School Personnel**

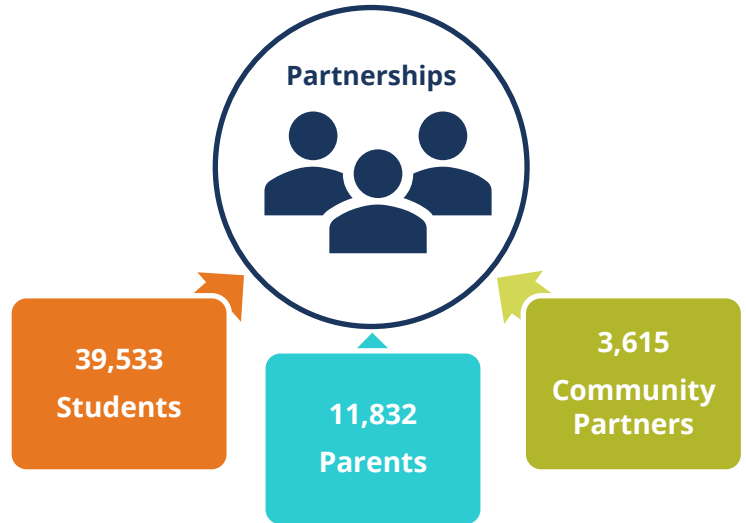


## Students, Family, and Community Involvement

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 2021-2022 school year, CSH district coordinators worked with **3,615** different community partners and coalitions. Also, CSH statewide partnered with **39,533** students and **11,832** parents to address school health priorities (Tennessee Department of Education, 2022).

Joint use agreements are formal agreements between two or more entities that may share assets, resources and services. Joint use agreements are often used as a strategy to increase opportunities for physical activity. During the 2021-22 school year, **90** percent of school districts had a policy/guideline/protocol for joint use agreements of facilities.



**Highlights of students, parents, and community partners in school districts during the 2021-22 school year include** (Tennessee Department of Education, 2022):

**90 percent** of districts have a policy/guideline/protocol for joint-use agreements of facilities.

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



Photo provided by Williamson County Schools



# Conclusion

As a result of having CSH in Tennessee schools, significant resources have been secured to help school districts expand their capacity to address school health priorities. CSH coordinators across the state ensure all district health initiatives and services/programs/curricula are effectively coordinated so duplication of efforts is avoided, and evidence-based interventions are provided that build and sustain a healthy school environment for all students, faculty and staff. CSH Coordinators develop and sustain student/parent/community partnerships, strengthen school health policies, provide program evaluation, engage in media relations and grant writing, and provide staff professional development to promote comprehensive health education, physical education/activity, nutrition, health services, mental health, staff wellness and healthy school environments.