



Cover photos provided by: Lawrence County Schools, Van Buren County Schools, Hamilton County Schools, Memphis-Shelby County Schools, and Stewart County Schools

Coordinated School Health

2022-23 Annual Report

Tennessee Department of Education | October 2023



Table of Contents

- Introduction2
- Coordinated School Health Infrastructure3
- 2022-23 Highlights5
- Coordinated School Health Challenges and Progress6
- Coordinated School Health Components7
 - Health Services.....8
 - Physical Education & Physical Activity10
 - Nutrition.....13
 - School Counseling, Psychological, and Social Services15
 - Healthy School Environment17
 - Health Education19
 - School Staff Wellness21
 - Students, Family, and Community Involvement23
- Conclusion.....25

Introduction

[Coordinated School Health](#) (CSH) is a framework for addressing health in schools, connects health with learning, and improves students' health and capacity to learn through the support of schools, families, and communities working together. This model encourages healthy lifestyles, provides needed support to students, and helps to reduce the prevalence of health problems that impair academic achievement. The involvement of parents, families, and the 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 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, their composite allows CSH to have a significant impact. The eight components are health education, health services, counseling, psychological, and social services, nutrition, physical education and physical activity, school staff wellness, healthy school environment, and student, community, and family involvement.

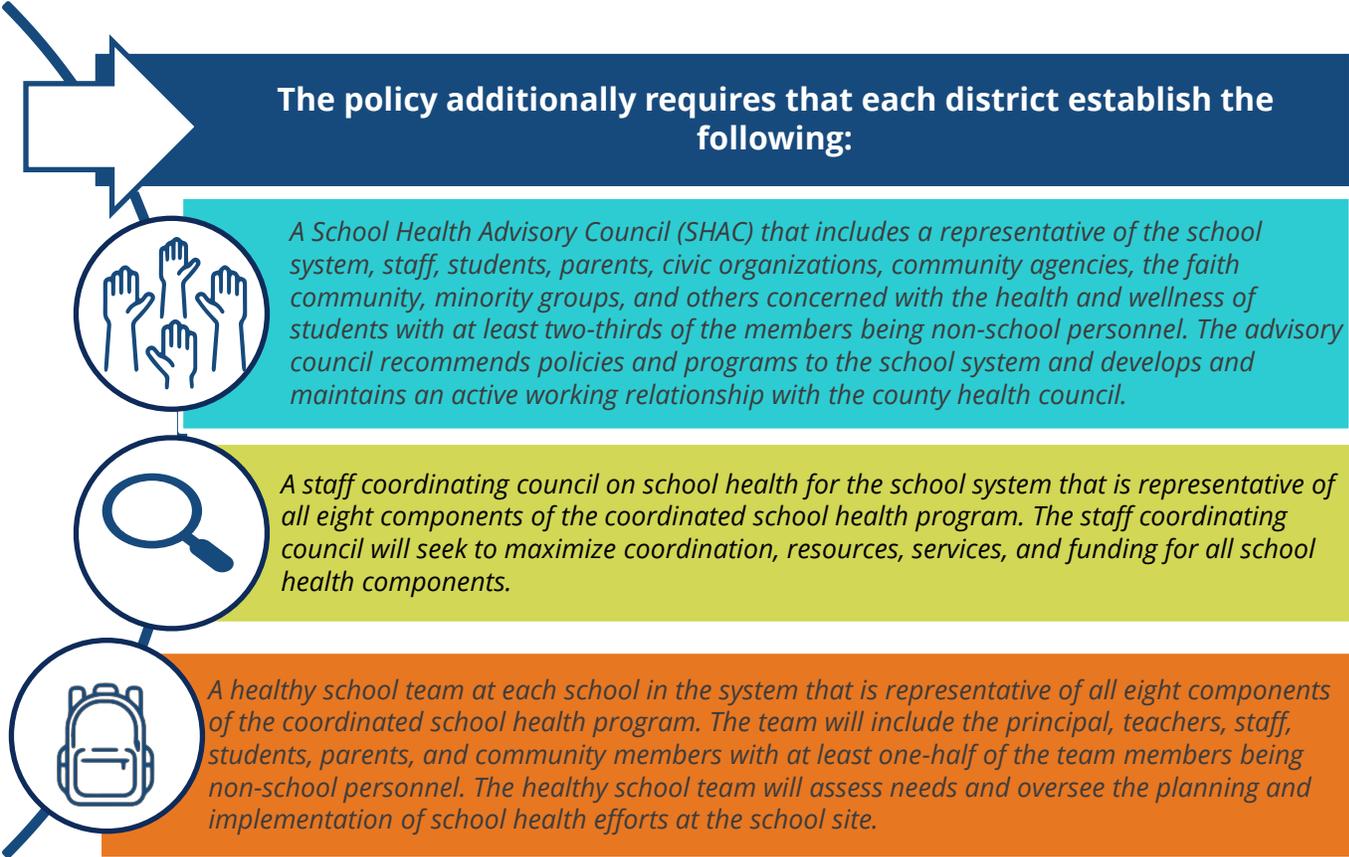
Historically, school health programs and policies in the United States have resulted, in large part, from a variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Before the statewide implementation of CSH in Tennessee in 2007, many schools had a "patchwork" of 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.

In 2023, the Tennessee Department of Education, recognizing the importance of coordinating all eight components of the Coordinated School Health model with intention, together the following: CSH coordinator support, Family Resource Centers, health education, health services, mental health, physical education and physical activity, school nutrition, school safety, and transportation. Merging these into one division will maximize support to districts, eliminate duplication of services internally and externally, streamline training and professional development opportunities, and serve as a model for how districts can implement CSH at the local level. **Tennessee's statewide coordinated school health initiative helps 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 districts 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 2022-23 school year, the requirements for CSH funding include:

Each district 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.



Photos provided by Stewart County Schools

This report provides information on CSH programmatic outcomes and selected student health indicators data in Tennessee for the 2022-23 school year.

2022-23 Highlights



Photo provided by Memphis-Shelby 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 specific areas identified for improvement through direct and collaborative efforts and areas in which Tennessee has shown progress.

Summary of Ongoing CSH Challenges & Progress

155,480 students have a chronic illness or disability diagnosis which increased from 136,571 in 2021-22.

24% of schools do not have a full-time nurse during the school day.

95 of 136 school districts have a policy against denying recess as a form of punishment.

96% of schools allow students to have access to drinking water.

There are **511** school social workers serving 975,545 TN students.

CSH is a member of the district-level safety team in **102** of 136 districts.

66% of districts do not have a system in place to ensure that the health education standards are covered.

798 out of 1,780 schools provided staff health screenings.

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 management of chronic conditions (such as asthma or diabetes). Health services, provided 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,

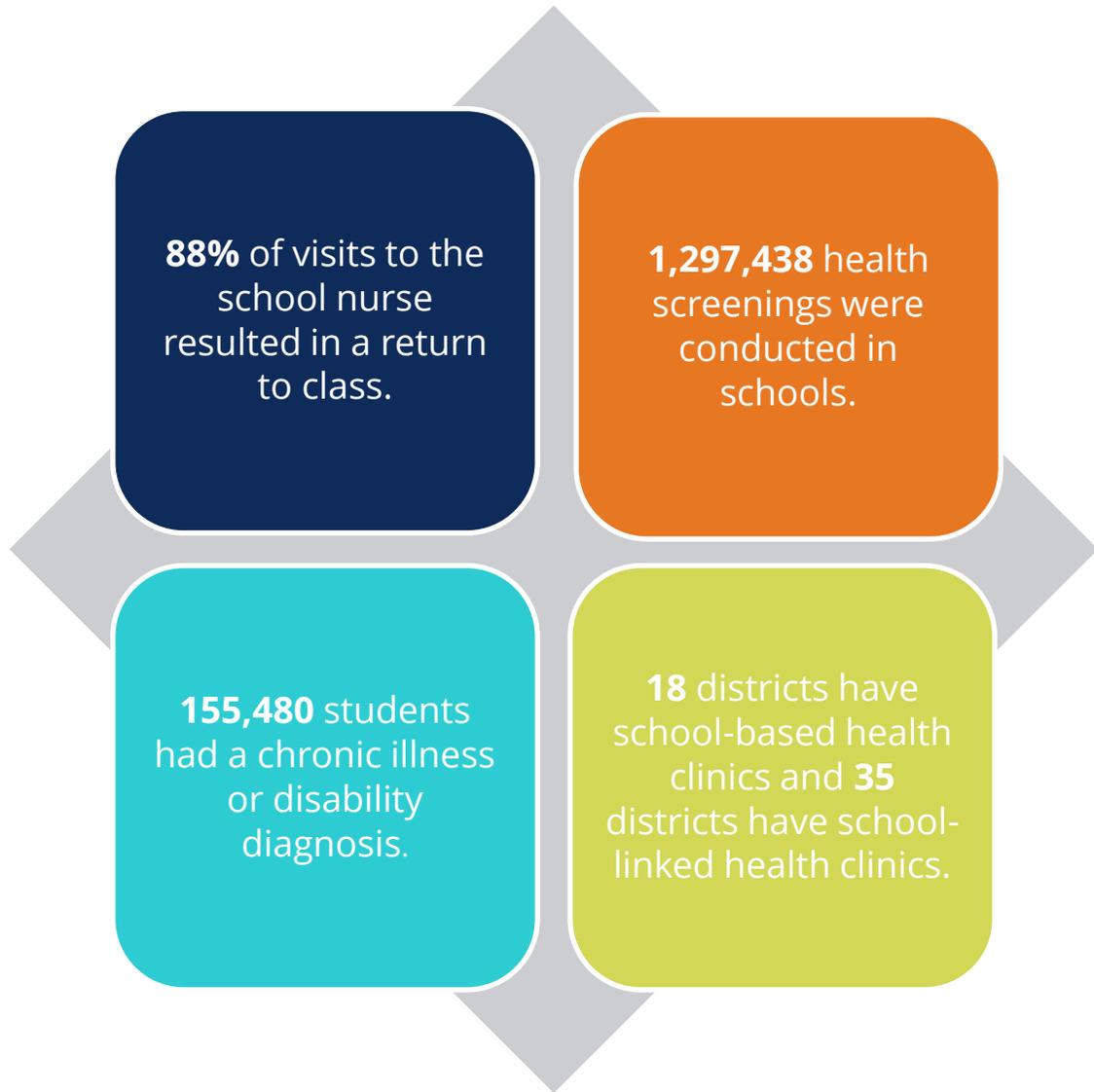
• promotion of optimum sanitary conditions for a safe school facility and school environment, and

- educational and counseling opportunities for promoting and maintaining individual, family, and community health.



Photos provided by Athens City Schools

Highlights of health services in districts during the 2022-23 school year include:



Physical Education & Physical Activity



Active Students = Better Learners
www.cdc.gov/healthyschools/PEandPA

All children in Tennessee should have access 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).

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).



Photo provided by Maryville City Schools

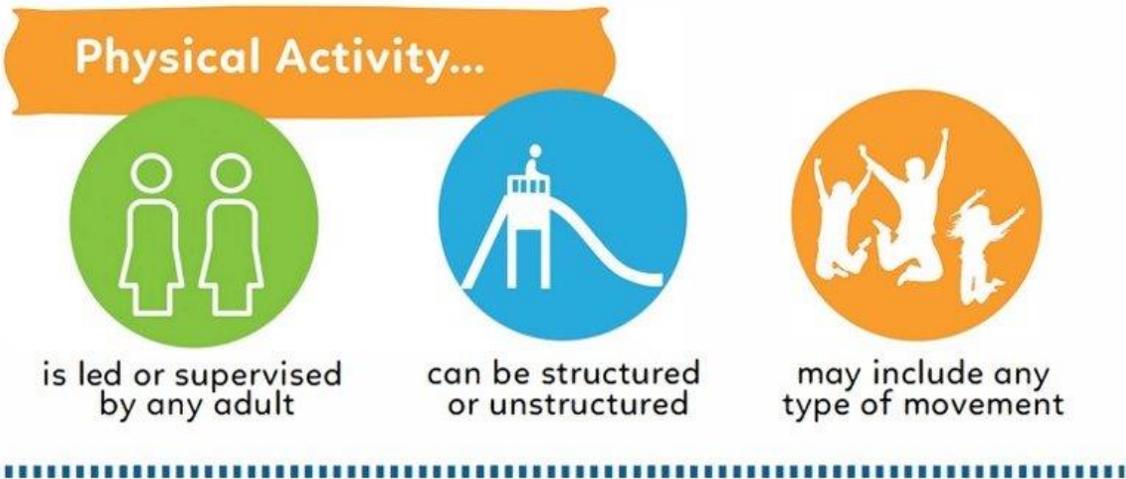
Physical Education...

- is taught by a teacher certified in physical education
- has lessons based on National Physical Education Standards and Outcomes
- has sequential activities that are designed to meet outcomes

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).



Photo provided by Van Buren County Schools



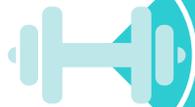
Highlights of physical education and physical activity in districts during the 2022-23 school year include (Tennessee Department of Education, 2023):



47 walking tracks/trails were installed or updated in 35 districts



309 playgrounds were installed or updated in 92 districts



70 in-school fitness rooms were installed or updated in 39 districts



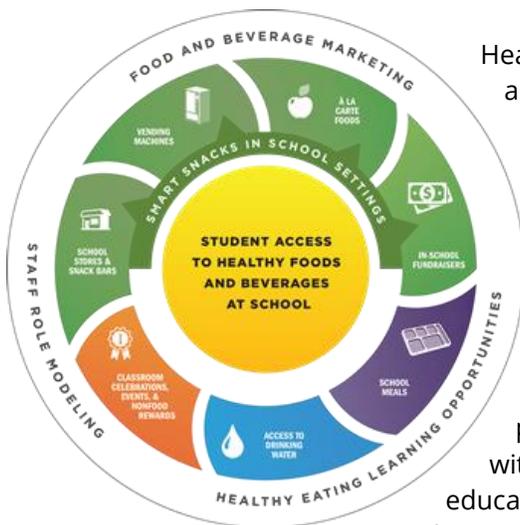
66% of districts reported zero of their schools allowed denial of physical activity as a form of punishment



CSH coordinators reported that **90%** of schools are in compliance with TCA 49-6-1021 regarding the implementation of physical activity for all students

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 Hamilton County Schools

Nutrition highlights in school districts during the 2022-23 school year include (Tennessee Department of Education, 2023):

96% of schools have water refilling stations

270 schools have a school produce garden

90% of schools are in compliance with TCA 49-6-2307 school vending compliance law

90% of districts offer alternative breakfast programs



69% of districts' wellness policies/guidelines prohibit using food or food coupons as a reward

Photo provided by Maryville City Schools

School Counseling, Psychological, and Social Services

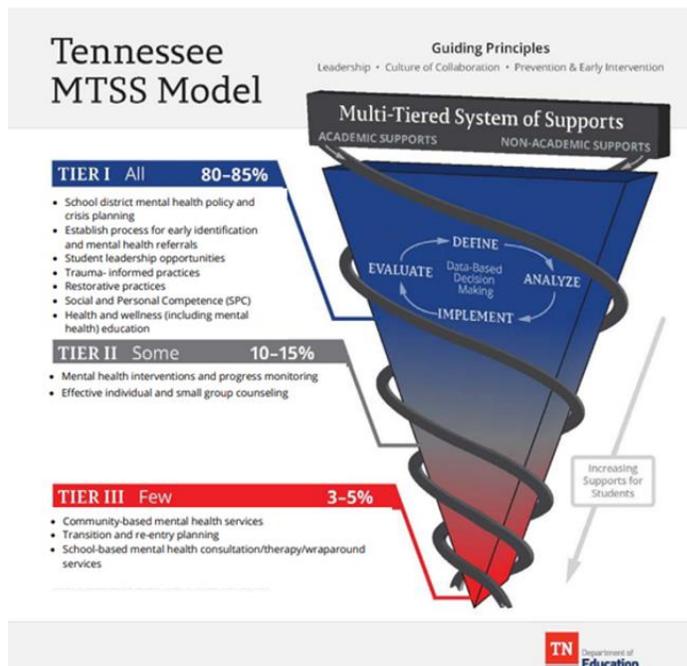
Mental health is vital to the overall health and well-being of students. Mental health includes mental, emotional, and behavioral well-being. It affects how children think, feel, and act. It also impacts how children handle stress, relate to others, and make healthy choices (CDC, 2022).

Schools provide counseling, psychological, and social services to assess and improve the mental, emotional, and social health of students. Services offered include developmental classroom guidance activities and preventative educational programs to enhance and promote academic, personal, and social growth. Students with 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.



Photo provided by Lawrence County Schools

Counselors, psychologists, and social workers use their professional skills to provide integrated "wrap-around" services that contribute to the mental 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 2022-23 school year include (Tennessee Department of Education, 2023):

Tennessee districts employ 2,650 school counselors

Tennessee districts employ 511 school social workers

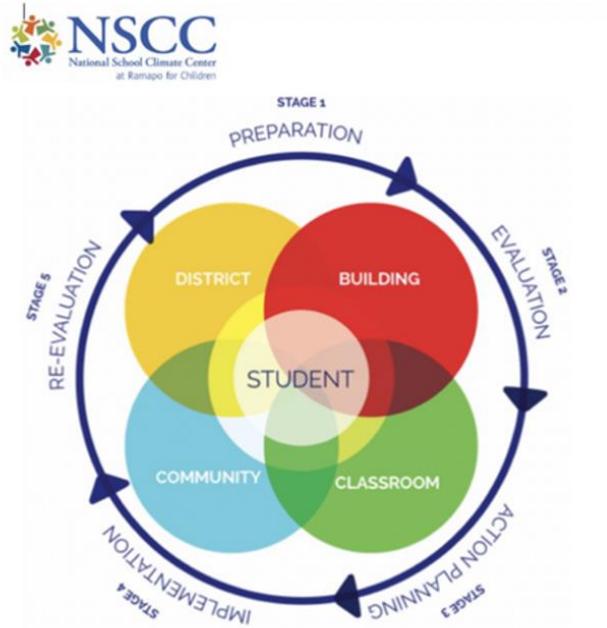
Tennessee districts employ 660 school psychologists

1,134 schools have a partnership with a community-based mental health provider to provide therapy for students

70% of schools offered professional development on comprehensive school-based mental health services

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 where the school is, 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).



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



Photo provided by Memphis-Shelby County Schools

Highlights of healthy school environment in school districts during the 2022-23 school year include (Tennessee Department of Education, 2023):



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



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



29 districts developed or updated healthy school environment policies/guidelines.



67% of districts required environmental assessments.



Photo provided by Henderson County Schools

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 education that addresses a variety of components such as personal wellness, mental and social health, disease prevention, safety and prevention, human growth and development, substance use and abuse, and first aid and safety.



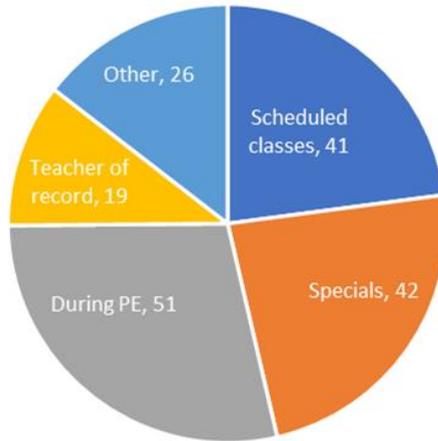
Photos provided by Cannon County & Van Buren County Schools

Highlights of health education in school districts during the 2022-23 school year include (Tennessee Department of Education, 2023):

21 districts used the Tennessee Health Curriculum Analysis Screener

Less than 60% of districts offered health education to grades K-5

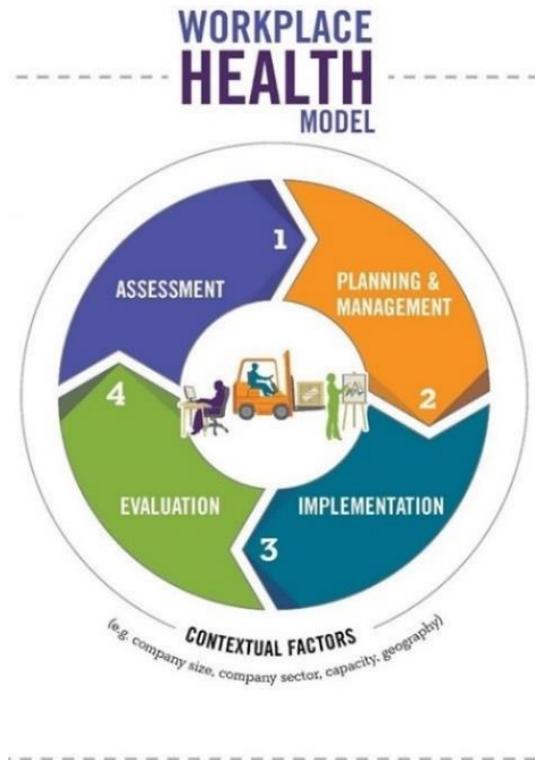
68% of districts offered health education to grades 6-8



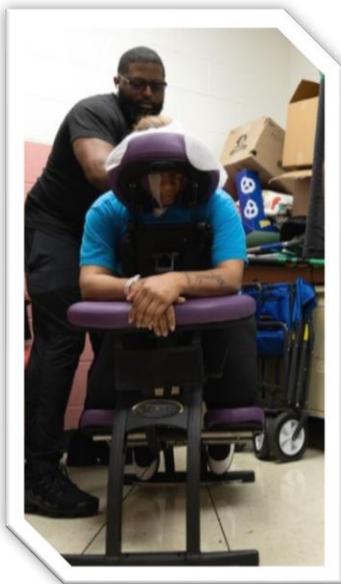
How is health education taught in Tennessee school districts?



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 the costs of substitutes (CDC, 2021).

Photo provided by Memphis-Shelby County Schools

Highlights of health promotion for staff in school districts during the 2022-23 school year include (Tennessee Department of Education, 2023):

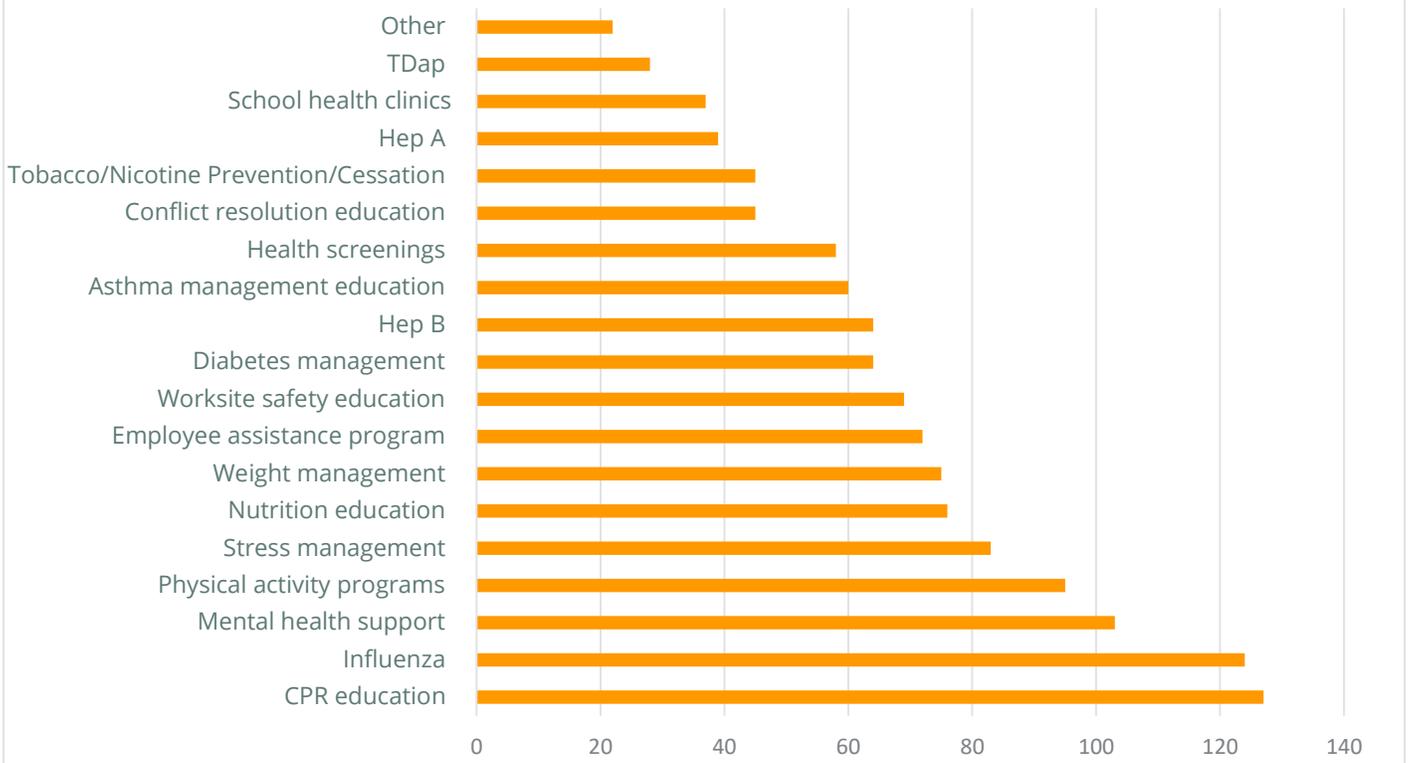
29 school districts have a school-based health clinic available for employees

798 schools provided staff health screenings

79 districts have developed and implemented a system of assessing and identifying the health and wellness needs of staff

1,437 schools provide strategies to staff to increase physical activity

Number of Districts that Offered Staff Wellness Opportunities to School Personnel



Students, Family, and Community Involvement

The involvement of families, community representatives, health specialists, and volunteers in schools provides an integrated approach to 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 an emphasis in all aspects of CSH.

Joint use agreements are formal agreements between two or more entities that may share assets, resources, and services. One strategy frequently used to increase opportunities for physical activity is joint use agreements.



Highlights of students, parents, and community partners in school districts during the 2022-23 school year include (Tennessee Department of Education, 2023):



60% of districts have a system for evaluating the health & wellness needs of families

96% of CSH coordinators partner with their county health council

74% of CSH coordinators partner with their extended learning or out-of-school programs

Conclusion

During the 2022-23 school year, the department has secured significant resources to help school districts expand their capacity to address CSH, school health priorities and improve academic outcomes. CSH coordinators across the state ensure effective coordination and communication of district health initiatives, services, programs, and curricula to avoid duplication of efforts. They provide evidence-based interventions that build and sustain a healthy school environment for all students, faculty, and staff. CSH coordinators develop and sustain student, parent, and 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 and physical activity, nutrition, health services, mental health, staff wellness, and healthy school environments.



Photo provided by Van Buren County Schools