



Coordinated School Health Leadership Institute

INTRODUCTION

Less than 3% of our nation's schools provide school health education that meets defined criteria for quality classroom instruction.

American Cancer Society, 1999
Improving School Health: A Guide to the Role of the School Health Coordinator

Fasten your safety belt and hang on to your hat! You are about to embark on what may be the most exciting and rewarding journey of your professional career. Join the quest to educate and encourage every child in our nation to become a skilled, health literate, and health motivated member of society.

"If we can dream it, we can do it" is a saying that we want to apply now to quality school health programs led by well-trained, highly skilled health coordinators. To make this dream a reality will require you and your colleagues across the nation to offer new kinds of training and support to local school health teams. These people are in key positions to influence the amount and quality of school health programs for children. Many of them have grown into their positions without prior administrative experience or training in leadership skills. They often feel isolated and powerless. They deserve better and you can provide it.

Some may challenge the need for school health leadership skill training. However, according to the American Cancer Society, the Centers for Disease Control and Prevention (CDC), and others, school health programs that are coordinated by qualified individuals have tremendous potential to improve child health. In fact, the School Health Policies and Program Study (SHPPS)(CDC, 1995) recommends that each school district have a qualified school health coordinator.

Unfortunately, national reports over the past 35 years have consistently documented a lack of coordination of school health programs. These studies have also found a need for more professional preparation of the staff responsible for those programs. The School Health Coordinator Leadership Institute is a direct response to that need.

The annual average number of hours spent on health education in US public schools is 13.8.

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At the secondary level, students receive an average of 9 minutes per day of health instruction.

To begin to affect attitudes and practices, at least 45 to 50 hours are needed annually, with maximal learning and attitude/behavior changes occurring after 60 hours of instruction in a given year.

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The long-range goals of this training are to

- Improve the health of children and youth.
- Improve student achievement.
- Develop life-long health literacy.
- Reduce the incidence of preventable health problems through health-enhancing behaviors.

Detailed Institute Program Outcomes and Performance Indicators have been developed and relate directly to enhancing local district coordinators, work toward these long-range goals.

The main purpose of the Institute is to provide new learning and skills to local school district personnel, which will result in action at the local level. Seldom will a didactic approach produce this result. Participants need time to practice applying their new skills in a safe environment with mentoring and immediate feedback. This is why we recommend the use of facilitators and recognize the mentoring potential of the participants to help each other. We know this works because we did it!

The Institute Program Outcomes and Performance Indicators were developed by a cadre of school health educators working over a long period of time. All of the contributors are experienced administrators. It is strongly recommended that Program Outcomes and Performance Indicators be included in any replication effort. We acknowledge that program delivery modifications may be necessary due to local conditions, but adherence to the Program Outcomes and Performance Indicators should receive a high priority.

School health teams will learn and practice skills that other effective leaders use. Imagine a cadre of school health leaders who can:

- Make persuasive presentations.
- Write quality executive summaries and press releases.
- Constructively give and receive feedback and coach others to do the same.
- Critique with tact and confront with diplomacy.
- Skillfully negotiate.
- Prevent, defuse, and resolve conflict.
- Organize and nurture effective teams.
- Successfully deal with controversy and sensitive issues.

All children and youth can become health literate through quality health instruction in our schools. Simply defined, health literacy is being well-educated about personal, family, and community health.

Chet Bradley
Health Education Consultant
Wisconsin Department of Public
Instruction, 1996

- Obtain funding to maintain and to grow programs.
- Use appropriate data to enhance and to defend programs.

Dream of the impact you will make on school health programs and the lives of the children they serve. Make it happen! Commit to begin the journey now!

The primary goal of school health education is to develop a health literate person who approaches health issues as a critical thinker and problem solver, a self-directed learner, an effective communicator, and a responsible, productive citizen.

**Chet Bradley, Health Education Consultant, Wisconsin
Department of Public Instruction, 1996**