

*[Children] ...who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.*

American Cancer Society, National Action Plan for Comprehensive School Health Education, 1992

In 1987, the Centers for Disease Control and Prevention first proposed the concept of a coordinated school health program with eight components. These separate but interconnected components exist at some level in every school, but are often not formally linked or coordinated. Coordinated school health is a way to do business in a more efficient and effective manner - not one more thing to do but another way to do what must be done.

Coordinated School Health is:

- centered on the needs of our children;
- systematic in its approach;
- built on a team effort; and
- a rigorous process that aims to eliminate gaps and redundancies.

### State Vision for Coordinated School Health

School-aged children are socially, emotionally, and physically healthy and engaging in behaviors that promote lifelong health and academic achievement within a supportive family, school, and community environment.

*Working Together for Student Success*

State of Michigan  
Coordinated School Health Advisory  
Council - December 2004

## CONCLUSION

Coordinated school health and safety policies are critical tools in assisting districts to implement effective programs and practices. When implemented, such policies reduce risk behaviors, improve health, and increase academic achievement. The Michigan State Board of Education policies provide guidance to local school boards in developing policies that address district needs, strengthen school health initiatives, and enhance communication on school health issues. Moreover, district policies provide consistent messages to students, staff, families, and community partners. Everyone benefits from a coordinated approach that supports improved health outcomes as well as academic achievement.

*In the larger context, schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.*

Council of Chief State School Officers

Phone ~ 517-241-4284

Web ~ <http://www.michigan.gov/mde>

In the search bar type "School Health" then click on Coordinated School Health and Safety Programs

### State Board of Education

Kathleen N. Straus, *President*

John C. Austin, *Vice President*

Carolyn L. Curtin, *Secretary*

Marianne Yared McGuire, *Treasurer*

Nancy Danhof, *NASBE Delegate*

Elizabeth W. Bauer

Reginald M. Turner

Cassandra E. Ulbrich

### Ex-Officio Members

Jennifer M. Granholm, *Governor*

Michael P. Flanagan

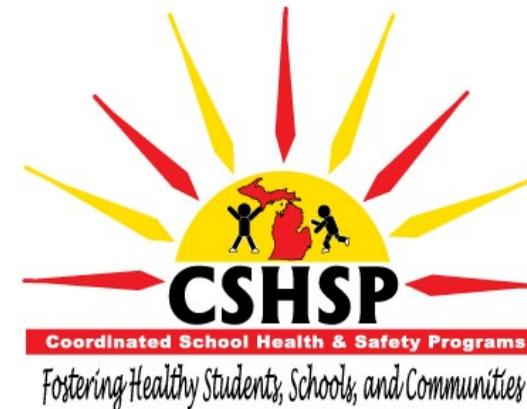
*Superintendent of Public Instruction*



## MICHIGAN STATE BOARD OF EDUCATION



## COORDINATED SCHOOL HEALTH AND SAFETY PROGRAMS



## APPROVED POLICIES

2000-2010

REPRINT: 4/09

## INTRODUCTION

Schools are under high pressure to demonstrate academic success with competing priorities, yet critical issues are impacting the health of school-aged students. In response to these critical issues, the Michigan State Board of Education has unanimously approved numerous policies that support coordinated school health and safety programs and initiatives.

The Michigan State Board of Education, Michigan Department of Education, other state departments and their partners jointly recognize that coordinated school health and safety programs and initiatives can positively impact student academic achievement and empower students with the knowledge, skills, and judgment essential to make healthy and responsible choices in life. The State Board encourages all Michigan school districts to adopt school health and safety policies that will assist them in ensuring that students are healthy and able to academically achieve.

Both research and common sense tell us that when students are fit, healthy, and ready to learn, they achieve more success in all areas of their lives.

*A healthy school environment depends on policies. Schools that want to minimize hazards and distractions to teaching and learning, create a climate in which students and school staff can do their best work, and expect that all students can succeed will ensure that the necessary policies are in place.*

Health Is Academic, 1998

Policy Title and Date of Adoption <a href="http://www.michigan.gov/mde">www.michigan.gov/mde</a>	The Michigan State Board of Education Policies that align with the components of coordinated school health programs and initiatives (CSHP) since 2000. Below, please find the Michigan State Board of Education policies and model policies organized by the nine components of coordinated school health.  <b>Policy Summaries</b>	Coordinated School Health – Academic Support	Health Education	Physical Education/Activity	Counseling, Psychological, and Social Services	Health Promotion for Staff	Parent and Community Involvement	School Health Services	Healthy School Environment	Nutrition Services	State Board Policy	Model Policy
<a href="#">Policy on Integrating Mental Health in Schools – 2/2010</a>	This model policy encourages districts to adopt their own mental health in schools policy while also providing recommendations to help them support and address the mental health needs of students in an effort to facilitate greater school success.	✗			✗	✗	✗	✗	✗		✗	✗
<a href="#">Model Anti-Bullying Policy – 9/2006</a>	This model policy highlights strategies which, if employed, can prevent or intervene in bullying behavior, change the perpetrator’s behavior into more socially-adaptive approaches to peers, or repair the harm caused by bullying.				✗		✗		✗			✗
<a href="#">Model Local Wellness Policy – 10/2005</a>	This model policy affirms that schools should provide a healthy campus-wide environment where students are taught healthy eating and physical activity knowledge, skills, and values by staff who role model healthy lifestyles.	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
<a href="#">24/7 Tobacco-Free Schools – 6/2005</a>	This policy strongly recommends that Michigan school boards adopt local policies that: prohibit use of all tobacco products, by all persons, in any venue under the jurisdiction of the school, 24 hours per day, 7 days per week, 365 days per year; prohibit tobacco advertising; identify alternatives to suspension for students in violation; encourage and help students and staff to quit using; and build on existing school policies.	✗	✗			✗		✗	✗		✗	
<a href="#">Management of Asthma In Schools – 1/2005</a>	This policy advocates for the benefits of a clear school policy for asthma management that can make a difference in school performance and recommends that each Michigan district establish asthma-friendly schools to better manage asthma symptoms and reduce school absences among students with asthma.	✗	✗	✗	✗		✗	✗	✗		✗	
<a href="#">Quality Character Education – 6/2004</a>	This policy affirms that quality character education helps students achieve academically and includes using a secular approach; focusing on social skills; building a caring school community; providing opportunities for ethical action; and engaging families as partners.	✗	✗		✗	✗	✗		✗		✗	
<a href="#">Comprehensive School Health Education – 6/2004</a>	This policy affirms that health education is critical to academic and employment success and recommends at least 50 hours of health education instruction at every grade, K-12, an emphasis on critical knowledge and skills; performance-based assessment; highly qualified and certified teachers; and collaboration with the school partners.	✗	✗			✗	✗				✗	
<a href="#">Offering Healthy Food and Beverages - 12/2003</a>	This policy ensures that students have access to food and beverages that promote health and foster learning. Healthy food and beverages that comply with this policy are recommended to schools to offer and promote healthful food choices in venues outside federally regulated child nutrition programs.	✗					✗		✗	✗	✗	
<a href="#">Coordinated School Health Programs to Support Student Achievement - 9/2003</a>	This policy affirms that schools cannot achieve their primary mission of education if students and staff are not physically, mentally, and socially healthy. The Board recommends that districts develop local coordinated school health programs and school health councils to make recommendations to the school board; that schools develop school health teams representing staff, families, students, and community in each building; and that each district designates a school health program coordinator.	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
<a href="#">Promote Health and Prevent Disease and Pregnancy – 9/2003</a>	This policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction with recommendations for parent and community involvement; program content; meeting diverse student needs; principles of effective programs; professional development for instructors; and ongoing program evaluation.	✗	✗				✗				✗	
<a href="#">Quality Physical Education – 9/2003</a>	This policy affirms that quality physical education programs play a unique role of educating students and in acquiring skills so they may lead a physically active life. Key components include curriculum, instruction and assessment, certified teachers, instruction of 150 minutes per week for elementary students and 225 minutes per week for middle school and high school students.	✗		✗				✗			✗	
<a href="#">Statewide Safe School Choice Policy – 4/2003</a>	This policy establishes a persistently dangerous school definition; steps schools must take if labeled persistently dangerous; and school choice options for students who are the victims of a violent offense at school as required by the <i>No Child Left Behind Act</i> .	✗			✗		✗	✗			✗	
<a href="#">Administering Medications – 11/2002</a>	This model policy recommends that, under the direction of a school administrator, a school employee may administer medication to students with written permission of the parent/guardian and compliance with physician instructions.	✗					✗	✗				✗
<a href="#">Policies on Bullying – 7/2001</a>	This policy recommends that schools develop methods to react to bullying when it occurs, as part of a district-wide safety and discipline plan, and promoting a positive school atmosphere that fosters a safe learning environment.	✗	✗		✗		✗	✗	✗		✗	
<a href="#">Model Code of Student Conduct – 7/2001</a>	This model code of student conduct is a tool provided to assist Michigan school districts in developing, updating, revising, and implementing their local codes of student conduct, which are required by Michigan law.	✗			✗		✗	✗				✗
<a href="#">Students with Diabetes – 1/2001</a>	This departmental memo provides clear guidelines, procedures, emergency plans, and communication processes to assist with the management of diabetes in the school setting.	✗					✗	✗				✗
<a href="#">Safe Schools – 5/2000</a>	This policy recommends that schools undertake proactive, preventive approaches to ensure a safe school environment; provide access to programs and options for troubled youth; and offer post-traumatic support to victims of school violence incidents.	✗			✗		✗	✗	✗		✗	
<a href="#">Creating Effective Learning Environments – 12/2000</a>	This policy recommends that schools assess environments and implement strategies to strengthen a positive learning climate; offer daily recess periods, physical activity, and physical education programs for all elementary and middle school students; and help students and their families make good health choices and model appropriate behaviors.	✗		✗			✗	✗	✗	✗	✗	