DOH Coordinated School Health in New Jersey

Background

The body of evidence demonstrating the relationship between health, education and academic achievement is recognized, strengthening and ever-growing. The National Association of State Boards of Education (NASBE) makes the case succinctly: “Health and success in school are interrelated. Schools can not achieve their primary mission of education if students and staff are not healthy and fit - physically, mentally and socially.”

The DOH and other state department partners recognize the reality of providing the range of resources necessary for meeting student's physical, emotional, behavioral and social needs, extends well beyond the existing capacity of any single school district. Existing resources need to be effectively coordinated and leveraged. The buy-in and collaboration of numerous state-level departments and local-level groups ranging from the school district leadership, to school building administrators and staff, students and their families, to health department experts, community-based health and social service agencies, local businesses and others, is required.

The New Jersey DOH and DOE with the Departments of Agriculture (NJDA), Transportation(DOT), Human Services(DHS) and Children and Families (DCF) have collaborated on a variety of inter-departmental school health issues from as early as the 1990s. In September of 2007, the NJDA led the State by creating the New Jersey Model School Nutrition Policy and requiring its implementation by school districts.

In March 2008 a five year CDC cooperative agreement was awarded to the DOE, in partnership with DOH, to implement CSH. The CDC model uses a school health team, a self-assessment process, and an action plan that incorporates cross-discipline projects to focus on these areas of school health:

- Ensuring the **1) Health and 2) Physical Education** curriculum is aligned with the New Jersey Core Curriculum Content Standards (CCCS) to be age-appropriate and comprehensive, motivating and engaging students to choose healthy behaviors that will last their lifetime;

- Offering school-based **3) Health, 4) Counseling and Social Services** that promote student well-being by caring for their physical, emotional, behavioral and social needs through services that prevent, identify and treat health problems or injuries and/or makes referrals;

- Providing **5) Nutrition Services** that integrate and reinforce the nutrition education taught in the classroom with the food served in the school cafeteria;

- Supporting **6) Staff Wellness** through work-site activities that assess, educate and are accessible to all school staff for maintaining or improving their health and well-being;

- Creating a **7) Healthy School Environment** that fosters learning because it looks safe and feels supportive and is free of any conditions that pose a risk to the health of students and staff;

- Involving **8) Families and the Community** in advocating for resources, contributing their talents or helping to develop, communicate or implement programs and policies that support the health of the students, their families and the school community, at large.