

EIGHT COMPONENT MODEL

A coordinated school health program (CSHP) model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.



1. **Health Education:** Classroom instruction that addresses the physical, emotional, mental and social aspects of health – designed to help students improve their health, prevent illness, and reduce risky behaviors.
2. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.
3. **Mental & Social:** Services that include individual and group assessments, interventions, and referrals – designed to prevent problems early and enhance healthy development.
4. **Health Promotion for Staff:** Opportunities that encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

5. **Health Services:** Preventive services, education, emergency care, referrals, and management of acute and chronic health problems – designed to prevent health problems and injuries and ensure care for students. Can include school nursing as well as dental services and school based/school linked health centers.

6. **Nutrition Services:** Integration of nutritious, affordable and appealing meals; nutrition education, and an environment that promotes healthy eating.

7. **Physical Education:** A planned, sequential K-12 curriculum that promotes life long physical activity develops basic movement skills and sports skills. Physical education shall be the environment in which students learn, practice, and are assessed on developmentally appropriate motor skills, social skills, and knowledge.

8. **Family & Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts.

Adapted from: Healthy Youth: An Investment in Our Nation's Future, 2004, Department of Health and Human Services, Centers of Disease Control and Prevention
http://www.cdc.gov/nccdphp/aag/pdf/aag_dash2004.pdf