

# School Health is Public Health

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Virginia J. Noland, PhD, MPH  
Catherine Troxler, MPH, CHES  
Anna M. Torrens Salemi, MPH, CHES

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## Abstract

*This paper examines the school as a microcosm of public health practice. The history of school health is reviewed and key events leading to modern school health practice are identified. The school is presented as a community and a learning environment in which essential public health services are delivered. Examples of contributions of the Florida Department of Health and the Florida Department of Education to the health and well-being of Florida's children are presented briefly.*

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## Public Health Defined

Throughout history, recognition of public health and its relationship to the health of populations waxed and waned with current events. There was a concurrent inability of the public to define public health. Public health appears to be something that individuals understand intuitively, but have difficulty defining specifically, as evidenced by various definitions of public health found in the literature. The classic definition of public health by Winslow (1920) describes it as

“the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health” (p.183).

A 1988 Institute of Medicine (IOM) report offered a condensed definition of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy,” (Committee for the Study of the Future of Public Health, 1988, p.19) and Turnock (2001) later described public health as the “collective effort to identify and address the unacceptable realities that result in preventable and avoidable health outcomes, and it is the composite of efforts and activities carried out by people committed to these ends” (p.19). Whereas the definition and practice of public health evolved over time, the complexity of issues to be addressed remained constant.

Public health professionals recognize that individual actions promoting health translate into

healthy communities. Without basic public health services, positive changes cannot be created or maintained (Keck & Scutchfield, 1997). Based on this premise, public health professionals consistently seek ways to strengthen the public health system and improve service delivery. In 1988 the IOM publication *The Future of Public Health* highlighted positive and negative aspects of the nation’s public health system. The report described public health as a “system in disarray” (p.135), uncoordinated and characterized by a patchwork of programs.

To address the perceived “disarray” in the public health system, the IOM’s Committee for the Study of the Future of Public Health specified a set of core functions to be provided by all public health agencies. The functions include *assessment*, *policy development*, and *assurance* (Keck & Scutchfield, 1997; Turnock, 2001). Assessment includes regular and systematic collection and analysis of community health data, including health status, community health needs, and related health problems. Policy development describes a responsibility of public health agencies in promoting use of scientific knowledge when making decisions affecting public health policy. Assurance charges public health agencies with making services available and accessible, either directly or indirectly, to their constituents (Keck & Scutchfield, 1997; Turnock, 2001).

In addition to the core functions, the Committee identified 10 essential services for a healthy population: (1) monitoring health status to identify community health problems; (2) diagnosing and investigating health problems and health hazards in the community; (3) informing, educating, and empowering people about health issues; (4) mobilizing community partnerships to identify and solve health problems; (5) developing plans and policies that support individual and community

health efforts; (6) enforcing laws and regulations that protect health and ensure safety; (7) linking people to personal health services and assuring provision of health care when otherwise unavailable; (8) assuring a competent public health workforce; (9) evaluating effectiveness, accessibility, and quality of personal and population-based health services; and (10) promoting research which provides insights and innovative solutions to health problems (Centers for Disease Control and Prevention, 2003).

### **Delivery Mechanisms**

With the need to define public health, and its core functions and essential services, a challenge exists to provide efficient and effective delivery mechanisms for public health services. While public health agencies and programs exist at all three levels of government, public health officials agree that local health departments lead the way in providing programs and services (Turnock, 2001). Local public health departments are charged with protecting, promoting, and maintaining the health of the population within their jurisdiction (Rawding & Wasserman, 1997). Unfortunately, whereas local public health departments must provide essential public health services, these services are often underused or not used at all.

Providing health services sometimes proves prohibitively expensive, so some local health departments face the task of moving services traditionally delivered locally to the private sector. Emergence of public health service delivery by managed-care organizations, hospitals, and other healthcare organizations, cause some to question the need for providing services at the local level (Rawding & Wasserman, 1997). However, others argue that only selected local health department responsibilities can or should be delegated (Rawding & Wasserman, 1997). Questions about mechanisms for service delivery, coupled with growing numbers of underinsured or uninsured adults and children suggest a need for profound changes in the health care system. The nation should examine not only roles and characteristics of public health services, but service delivery as well.

### **Early School Health**

Horace Mann, elected secretary of the Massachusetts Board of Education in 1837, is cited as the first advocate for teaching health in schools (Cottrell, Girvan & McKenzie, 2002). In 1850, Lemuel Shattuck authored the *Report on the Sanitary Commission of Massachusetts* that offered a number of recommendations for improving the health of the public. Shattuck stated that: "...every child should be taught early in life, that to preserve his own life and

his own health and the lives of others; is one of the most important and abiding duties. Everything connected with wealth, happiness, and long life depend upon health..." (pp.178-179).

During the late 19<sup>th</sup> and early 20<sup>th</sup> centuries a lack of national effort provided for awkward and inconsistent school health efforts (Cottrell et al, 2002). However, large numbers of World War I and II draftees rejected due to poor health caused the nation to reassess school health education, but as each crisis disappeared so did interest in providing school health education and services. In the 1960s the School Health Education Study exposed major problems in the organization and administration of school health programs (Sliepevich, 1964). Whereas many advocated for school health education, utilization of schools as delivery mechanisms for health care services was not stressed.

During the 1980s the concepts of comprehensive school health programs and comprehensive school health education emerged (Cottrell et al, 2002). Comprehensive school health consists of "an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff which traditionally includes health services, healthful school environment, and health education" (Joint Committee on Health Education Terminology, 1991, p.181) and provides an alternate mechanism for the assurance function of public health. Whereas the potential of comprehensive school health programs has been advocated since 1987, it has rarely been realized (Cottrell et al, 2002). Reasons for this include a low priority on health by school administrations, lack of leadership, and adverse reactions from some community groups (Cottrell et al, 2002).

### **Schools as Communities**

Turnock (2001) suggests the greatest gains in alleviating today's major health problems will come from collective action, especially at the community level. Community is defined not in geographic terms, but as "aggregates of individuals who share common characteristics or other bonds" and who effectively use assets to achieve their health goals. Within the parameters of this definition schools, both public and private, can be defined as communities. Healthcare services provided by full-service schools often resemble services provided by local health departments. Serious health problems faced by children including chronic lifestyle diseases such as obesity, diabetes, high blood pressure, and the social and cultural conditions that breed depression, anxiety, and poor self esteem demand a change in service delivery approach (Peterson, Cooper & Laird, 2001).

Today's schools face the challenge of addressing the academic needs of students with significant health needs and limited access to services (Tyson, 1999). Unhealthy children do not learn well. Additionally, well-educated, unhealthy children may not achieve their full potential as adults or maintain an acceptable quality of life. The school setting promotes accomplishment of the core public health functions, as well as achievement of the ten essential public health functions. Perhaps public health practitioners should redefine schools as communities and actively promote delivery of public health services in this environment.

### **School Health is Community Health**

Schools face a crisis in child and adolescent health characterized by poverty, social alienation, lack of medical insurance, and Medicaid ineligibility (Tyson, 1999). In all schools some children are affected by new morbidities and mortalities such as stress related to divorce and immigration, vulnerability to sexual temptation, alcohol, drugs, tobacco, violence, depression, and suicide (Tyson, 1999).

Research confirms a direct link between children's health and their capacity to learn at school. Health and education are no longer viewed as separate, but as intertwined and interdependent systems. This interdependence was confirmed in the National Action Plan for Comprehensive School Health Education, supported by the "American Cancer Society and representatives from over 40 national health, education, and social service organizations" (Symons & Benthann, 1997, p.220). Comprehensive school health education (CSHE) has been a way to integrate health promotion in a community setting with the goals of the public health community.

Schools provide a promising setting for community health promotion because as a public health institution, schools have contact with all families in society. In addition to providing a setting that promotes academic accomplishment, schools hold potential for promotion of public health. Allensworth, Wyche, Lawson and Nicholson (1995, p. v), editors of the 1995 IOM report, *Defining a Comprehensive School Health Program: An Interim Statement*, described schools as "well situated to assist in protecting and promoting students health and well-being and to make a significant contribution to producing a new generation of healthy, productive adults." Schools and communities can accomplish much when working in partnership with community organizations and agencies. Tyson believes combined efforts of schools and communities can provide a

"seamless web of education and services that lower the barriers to learning" (Tyson, 1999, p.5).

In the U.S., over 53 million children, and over 4.4 million teachers, attend 129,000 schools. This large and uniquely accessible population provides an excellent focus for public health efforts through school health programs. A report from the U.S. Department of Health and Human Services, and the Centers for Disease Control and Prevention, entitled *Healthy Youth: An Investment in Our Nation's Future* indicated "school health programs are one of the most efficient means of shaping our nation's future health, education, and social well-being" (DHHS and CDC, 2003, p.2). Likewise, McGinnis and DeGraw's (1991) analysis of the *Healthy People 2000* initiative concluded, "one-third of these objectives can be influenced significantly or achieved in or through the schools."

Although published in 1920, C.E.A. Winslow's definition of public health remains a comprehensive and model definition (Turnock, 2001). The model comprehensive (aka coordinated) school health program (CSHP) represents the embodiment of Winslow's vision of public health, in the microcosm of a public school setting. Comprehensive school health programs "propose to combine health education, health promotion and disease prevention, and access to health and social services, at the school site" (Allensworth et al., 1995, p.1).

According to the IOM, comprehensive school health programs include four unique features: *family and community involvement, multiple interventions, integration of program elements, and collaboration across disciplines* (Allensworth et al., 1995). Goals of a coordinated or comprehensive school health program seek to "identify the health problems in a community, build community consensus on what services are needed, integrate funding from various existing sources to meet those needs and develop a coordinated and comprehensive service approach to improve children's health" (Ouellette, 2000, p.2).

Another term used in conjunction with CSHP, the full-service school, is defined in the IOM report as "the center for collocating a wide range of health, mental health, social, and/or family services into a one-stop, seamless institution." (Allensworth et al., 1995, p.17; Dryfoos, 1994). The model provides a particularly broad spectrum of services, from health services to mental health services, to family welfare and social services (Allensworth et al., 1995).

Public health and public education do not operate as independent systems. Research supports the conclusion that intertwining public health and public education proves mutually beneficial (Symons & Benthann, 1997). Thus, the CSHP model forms the mechanism by which Winslow's definition of public

health can come to fruition through a full-service school.

### **School Health in Florida**

Florida addresses the public health needs of the school-age population through a collaboration of multiple partners. Various policies and programs are linked together to provide the core functions of assessment, policy development, and assurance for approximately 2.5 million students. The Florida Department of Health plays a key role in the assurance of school health both in and out of the school setting.

The school health services program, administered by the Florida Department of Health, includes the provision of Basic School Services, the Comprehensive School Health Services (CSHS) projects, and the Full Service Schools program (Florida Department of Education, 2004a). These three programs, all emanating from legislation, aim to assess, protect, and promote the health of Florida students. The Basic Schools Services program, serving 2,845 schools, was started in 1973 and solely addresses these basic goals (Florida Department of Health, 2004b). The CSHS project, present in only 324 Florida schools, aims to promote student health, decrease involvement in student risk taking, and reduce teen pregnancy (Florida Department of Health, 2004b). The Full Service Schools initiative started in 1990, serves 328 schools (9% of Florida public schools) by providing integrated social and health services for high-risk children and families in a school-based location (Florida Department of Health, 2004b).

In addition to the school health services program, the Florida Department of Health targets public health issues of continuing and growing concern for children and adolescents. Immunizations have always been an important function of public health, especially in regards to children and their enrollment in schools. The Bureau of Immunization focuses on promoting and monitoring completion of childhood immunizations (Florida Department of Health, 2004c). The Bureau provides technical assistance to the county health departments who are responsible for assurance of immunizations for all children.

Teen pregnancy is another continuing concern within Florida. The abstinence education program was developed by the Florida Department of Health to address the issue of teen pregnancy, of which Florida ranks fourth in the nation (Florida Department of Health, 2004d). The abstinence program, Great to Wait, has included an interactive website for youth, educational conferences, and a media campaign (Florida Department of Health, 2004d).

To address the current public health crisis of obesity, the Florida Department of Health began the Healthy School Initiative in various counties during the 2001-2002 school year (Florida Department of Health, 2004e). The Healthy School Initiative, implemented in full service schools, focuses on assessing the obesity problem and promoting community based solutions (Florida Department of Health, 2004e). This initiative provides for expanding growth and development screenings to include body mass index screenings (BMI) and educating schools, parents, and students on the importance of nutrition and physical activity (Florida Department of Health, 2004e). Additional efforts to combat obesity include the nutrition education campaigns sponsored by the Bureau of Child Nutrition which include the "Five a Day the Florida Way" and "Moove to Lowfat or FatFree Milk," provide activities, recipes, resources, and evaluation tools, all of which are free and available online (Florida Department of Health, 2004f).

The Florida Department of Education supports the Florida Department of Health in its school health efforts. Both departments work to meet the needs of students in Florida schools, but with different, but equally important intentions. Whereas the Florida Department of Health targets students for public health reasons, the Florida Department of Education's driving force is the fact that healthy students make better learners. The Florida Department of Education administers the Centers for Disease Control and Prevention (CDC) Coordinated School Health Program grant, in partnership with the Department of Health (Florida Department of Health, 2004a).

The Florida Coordinated School Health Program (CSHP) aims to expand and strengthen the state and local capacity for school health and health education (Florida Department of Education, 2004a). An additional goal is to build the necessary infrastructure for CSHP at the local level. One of the key activities conducted in Florida is the CSHP Pilot program. Florida is currently conducting its second CSHP pilot program (2001-2004) with eight schools selected from across the state. The Florida CSHP has been working with these schools to assist in development, implementation, evaluation, and sustainability of the CSHP model. CSHP team members from the pilot schools attend an annual CSHP Summer Institute for ongoing support and training to guide them in their efforts at the local level (Florida Department of Education, 2004a).

Additionally, all Florida schools have access to the Coordinated School Health Resource Center consisting of a collection of K-12 health education materials available for loan free of charge including

free postage (Florida Department of Education, 2004b). Other activities conducted by the Florida CSHP Office include the Higher Education Symposium, the Youth Risk Behavior Survey, and the Tobacco Prevention and Intervention Teacher Training grant project (Florida Department of Education, 2004a).

Other programs that address issues related to school health further reinforce CSHP at the state level. The Office of Family and Community Outreach builds on the evidence that when families are involved in their children's educational experience, students perform better. The purpose of this outreach is to build parent engagement with the school (Florida Department of Education, 2004c). The 21<sup>st</sup> Century Community Learning Centers (CCLC) program further reinforces the community involvement component of the CSHP. The 21<sup>st</sup> CCLC provides funding for community based programs offering a broad range of out of school activities including drug and violence prevention, counseling, recreation, and character development (Florida Department of Education, 2004d).

The common thread to all of the Florida school health initiatives is the improvement of the conditions in which children in schools can be healthy and thus better learners. Whereas some of the efforts have more immediate objectives such as increasing student academic performance, others are focusing on the long-term benefits of school health. Students who are healthier not only perform better while in school, they are more likely to graduate and go on to become productive and healthy citizens in the community. School health is an investment not only in the students, but in the community and the future as well.

Despite various legislative mandates, policies, and programs for school health, Florida initiatives are uncoordinated and lack true collaboration resulting in overlap and duplication of their efforts. The manner in which school health becomes implemented as an approach to increasing academic achievement is useful in getting school health on the agenda. Yet this back door approach undermines the efforts of school health to become just as important as academics. This is why school health programs are often the first to suffer in times of budget cuts. To embrace Winslow's definition in the truest sense, school health must become valued as public health, and not just a means to an end.

## Conclusion

Whereas marked growth occurred in public health knowledge and expertise during the past two centuries, the ability of public health practitioners to translate knowledge into action has not kept pace. Still, Florida faces complex problems and issues that

demand attention. Health care reform and coverage for the uninsured, especially children, remains an arduous task. Without healthy children there can be no healthy communities, now or in the future. Public health professionals must recognize and communicate the importance of promoting public health through school health programs.

The impetus for school health must come from various levels, ranging from the state down to the local community. State conferences and meetings on school health must have continuity and follow through or great ideas generated among a few people will stay right where they were created; among a few people.

Using the infrastructure of schools to promote public health activities provides an efficient, effective, and beneficial response to overcoming health disparities and addressing social problems. When coordinated school health programs are considered as important as academic studies, then both academic achievement and positive health outcomes for children and adolescents can be maximized (Tyson, 1999).

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**Virginia J. Noland** (corresponding author) is Assistant Professor, Department of Health Education and Behavior, University of Florida College of Health and Human Performance, Gainesville, FL [vnoland@hhp.ufl.edu](mailto:vnoland@hhp.ufl.edu). **Catherine Troxler** is a doctoral student in the Department of Health Education and Behavior, University of Florida College of Health and Human Performance, Gainesville, FL. **Anna M. Torrens Salemi** is a doctoral student in the Department of Community and Family Health, University of South Florida College of Public Health, Tampa, FL ([asalemi@hsc.usf.edu](mailto:asalemi@hsc.usf.edu)). This paper was submitted to the *FPHR* on February 12, 2004, reviewed and revised, and accepted for publication on March 16, 2004. Copyright ©2004 by the *Florida Public Health Review*.