

School health plan

[Health & Medicine](#)



School health programs are becoming more and more popular as health concerns grow. Students need to be aware at younger ages of the concerns that face our society, and the ways that they can combat these concerns through good health knowledge. Several school districts have implemented comprehensive health curriculums and programs, and many states have standards regarding health education. The following articles detail different health programs and concerns. In Michigan, there exists state content standards in the area of health education.

The Michigan curriculum calls for health education to occur at least 50 hours per year from pre-kindergarten through twelfth grade, with a curriculum that is developmentally appropriate at every level and builds on skills and knowledge each year. Further, it calls for school staff to collaborate on healthy behaviors with the school health teacher, so that health can be a priority within the school. The article suggests that classroom teachers, gym teachers, cafeteria workers, classroom teachers, and other professionals work together to help students with healthy behaviors and knowledge (Michigan Board).

There is a general concern that although students' unhealthy behaviors are fewer than they previously were, there are still too many students who are engaging in these unhealthy behaviors. The target behaviors the program is looking at are healthy eating, physical activity, social/communication, sexual behavior, alcohol and drugs. The program aims to teach students specific knowledge about how certain behaviors can be harmful, and how they can make healthier choices. It also aims to teach them general health principles

and how to apply these in social, school, and family relationships (Michigan Board).

This curriculum is to be taught by qualified health instructors. A qualified teacher will have a certification in health education or family and consumerscience, in addition to a teaching license, and/or will have undergone another type of training program. The teacher will not act alone, but will collaborate with other teachers in the building in order to incorporate healthy choices into all aspects of the school day. The article is careful to say that this collaboration must not take the place of health classes, but must be in addition to them (Michigan Board).

The article's research shows that students who are involved in effective health classes show fewer risk behaviors and more pro-social behaviors. They are also more on-task in the school environment and less likely to be distracted by health problems (Michigan Board). Two professors of health education wrote an example lesson plan for integrating health into the math curriculum. Students can study the number of fruit and vegetable servings needed in a day, and can practice adding and subtracting the number of servings needed depending on how many have been eaten so far.

They can also look at what constitutes a serving, and some basic nutritional information about different fruits and vegetables. This lesson neatly involves both math and nutrition, and ends with students being able to taste fruits and vegetables that they have brought in from home. Lessons like this can be created to integrate health into any subject area (James and Adams).

Different student groups have different needs, and educators have different

concerns for them. For example, students with special needs may have certain dental concerns that typical students don't have.

Students with disabilities may experience drooling, teeth grinding, problems swallowing, or have to take a lot of sugary medication. There are several other oral issues that may affect them as well, depending on the disability. What's more, these students may not have the comprehension, or physical skills to engage in typical oral hygiene, and their caretakers may not see it as a priority. For that reason, health teachers need to emphasize the role that oral hygiene plays for these students, and encourage either them or their caregivers to help them maintain good oral health, as appropriate.

Health teachers can also help these students to obtain proper dental care and, if necessary, orthodontic care (Perlman and Miller). The authors outline a program that can be implemented for each student to encourage good oral hygiene. Students should be given reinforcers when they complete the target behaviors, i. e. brushing, flossing, etc. This plan can be implemented in a variety of ways to encourage good oral health (Perlman and Miller).

Other states have different issues with health care. Texas, for example, has been having problems paying for teachers' health plans.

They have recently begun offering teachers an additional \$1000 that can be used for additional health care coverage, or whatever else they want. This is only one measure that is necessary to help the people make good health decisions. Having enough money to pay for health costs will enable people to have more options (Keller). Texas is not the only state that is having problems, however. Many school districts are having issues in negotiations

over health care, including districts in Ohio, Wisconsin, Rhode Island, and New Jersey.

Money is tight in all of these districts, and teachers in some cases are going on strike to protect their rights to health care and appropriate salaries. Funding is a serious issue in the area of health care right now (Ponessa). Another major concern in the area of health is that teenagers don't have enough access to health care, especially preventative services. A recent article details the problems. Students whose families do not have health insurance cannot afford to see regular doctors.

Even though who do see regular doctors are at a possible disadvantage, because the doctors are not trained to handle actual preventative care, such as weight loss counseling, cholesterol reduction counseling, sexual health screenings (including for STDs and more routine Pap smears for women), quitting smoking, and HIV awareness. Doctors address these issues in less than 5% of cases in which students go to the doctor for preventative care purposes (Santelli et al). Additionally, teenagers do have access to certain specialized clinics, like public health clinics, Planned Parenthood, etc.

Even teens without insurance can go see doctors at these places, but again, preventative care is rare. Also, many of these clinics are set up for adults, and may not be friendly to the teens who enter them. Instead, more health care options need to be available to teenagers so that they can take advantage of preventative care and make healthy decisions with their doctors. Teens see doctors as a reliable source of information, and they trust

doctors, so it is obvious that doctors need to be involved in this situation (Santelli et al).

Ideally, the authors think, schools should provide health services, because: “ School health programs provide health services, health education, a healthy school environment, social and psychological services, physical education programs, school nutrition program, health promotion for teachers and staff, and integrated efforts with parents and the community” (Santelli et al). That is, schools can provide a totally comprehensive program, which reaches out to all aspects of a student’s life. School-based programs can increase access to health services for students who need them most, including poor and minority students.

There is not yet any consensus on how and why schools should provide these services, but the opportunities and benefits are obvious. In addition to reaching certain populations of students, schools also feature a captive environment for students. This means that the delivery of services is easier, since students are already there, and spend several hours in school everyday. For students who may live several miles from the nearest public clinic, school-based services are much more convenient, and much more likely to draw students in (Santelli et al). The study then looks at which health programs are effective, and why.

Schools and managed care operations will not want to provide services if they are not cost effective, so the study of benefits is important. One finding is that traditional hearing and vision screening is not particularly beneficial, as these conditions are not considered a threat to the school population.

However, newer research shows that when schools attempt to vaccinate students, they are able to get up to 75% to participate. Along these lines, should a contagious disease (like measles) break out among students, schools can quickly identify the source, and vaccinate and/or treat students to stop the spread.

Additionally, there is some evidence that STD screenings and pregnancy-prevention education has reduced the spread of STDs and the number of teen pregnancies. The authors recommend that local public health concerns be taken into account when schools are choosing what services to provide (Santelli et al). Schools and managed care organizations continue to be concerned with cost. Because no true studies on cost effectiveness are available, researchers have had to look at how well programs have done in changing behaviors. Also, health expenditures for major issues, like hospitalizations related to chronic conditions or STDs, pregnancy, etc. may mean that organizations cannot stretch funding to provide appropriate preventative care, even after acknowledging that doing so may reduce these costs. So, further research on cost effectiveness and ways to treat adolescents is needed (Santelli et al). Examples of communities where health programs have been put in place successfully are possibly among the most encouraging stories available. A community in Michigan had low attendance rates and test scores, and high dropout, teen crime, teen pregnancy, and suspension rates.

Their goal was to turn the school community around. To do so, they consulted community members, and ultimately settled on a plan that reflected Maslow's hierarchy of needs. They offered better school lunches, <https://assignbuster.com/school-health-plan/>

more physical education, more health education, counseling services, health screenings and partnerships with local doctors, free daycare for teen parents, and preschool programs for three and four year olds. Over a five year period, the school saw a significant rise in attendance and graduation, and a significant drop in crime rates, dropout rates, and more.

Test scores rose as well, because students were feeling better and were better cared for within the school. This community shows that by focusing on the students' real needs instead of test scores, they were able to improve the quality of their programs and their positive effect on students' lives (Cooper). The final article looks at how to create a health plan within a school, specifically relating to individual student needs. Many students have chronic health concerns, such as epilepsy or diabetes.

In treating student health concerns, schools must be aware of any existing medical conditions their students have, and be prepared to treat them as needed. This includes administering any necessary medication, as well as knowing any specialized emergency procedures (EP). II. School Health Plan In developing a health plan for my own school building, I am looking to all of this research to see what is appropriate. First of all, it is obvious that the school needs a health program, because these show a significant benefit to students at all levels and in all areas of their lives – social, academic, health-wise, etc.

When proposing this plan to school employees, the board of education, and the community, I will refer to these studies to show the need for such a plan. First, all students within the school need to have health education on a

continuing basis. That is, health education should ideally be offered for about ninety minutes per week (three thirty-minute sessions) throughout the school year. In secondary schools, where schedules are more limited, health education should be offered everyday for one semester per year. Health classes will begin in kindergarten and carry through twelfth grade.

Topics are to include current nutritional guidelines, selecting and preparing healthy meals, the role of physical education in health, anti-smoking, anti-drugs, frank information about teen sex and its consequences (to include HIV, all other STDs, pregnancy, and also social/emotional concerns), alcohol consumption, pro-social behavior, eating disorders, and any other community concerns. No students should be excused from these classes unless parents insist on religious grounds. Additionally, all students should attend physical education everyday from kindergarten through twelfth grade.

Younger students need only twenty minutes; older students (middle school and high school) should have thirty minutes. Physical education must cover not only the basic sports, but also alternative fitness activities, like weight lifting, swimming(if there is access to a pool), walking, cardio equipment, etc. Physical education should take into account each student's needs whenever possible (i. e. if a student is already physically fit, more opportunities can be given; if a student is overweight, starting slow should be allowed).

Physical education teachers should coordinate with coaches of intramural teams, and encourage all students to participate. Some of these teams should be non-competing. The school should also offer health and counseling

services. All students should be screened for any diseases that are spreading within the community (STDs, meningitis, pertussis, etc. as necessary) and immunized if appropriate. Students should also be offered the opportunity to see the school nurse (one should be in every building; ideally, one per every 400 students) if they are ill or have other health concerns.

Preventative care should be emphasized and available, especially for athletes. Counseling should be available for any students with concerns about eating disorders, suicide, depression, relationship difficulties, abuse, unwanted pregnancy, or any other reason. Students should be encouraged to seek help if they need it, and if other students report that someone needs help, counselors should follow up with that student within the week.

Anonymous reporting should be available for students who are concerned about others. Special programs for students who are seeking to quit smoking, alcohol or drugs, or who are pregnant should be provided.

If possible, free daycare should be provided to keep teen parents in schools. Finally, any and all students who have health concerns or preexisting conditions should be able to get whatever help they need, whether it's a permanent bathroom or nurse pass, or scheduled times during the day to take medication. All school personnel involved with the child (classroom teacher, nurse, special teachers, etc.) should be aware of the student's health concerns, including emergency procedures and allergies. With this plan in place, students should have their needs met in all different ways, and this will increase their focus in the classroom setting.