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Seaside, Lakeside, Jerseyside: Schoolsite Health Promotion Coast to Coast



Edith S. Thompson

Recently, the term "Comprehensive School Health" has been used to look at school health from a broader and more interrelated perspective, a change from using the more traditional triangular components of instruction, services, and environment. This new eight-component model of school health has gained acceptance and has been expanded since its introduction by Allensworth and Kolbe in 1987 (Nader, 1990). New Jersey has expanded the Comprehensive School Health Program beyond the three traditional components of health instruction, health services, and positive school environment to include five other components: physical education, student assistance and counseling, nutrition and food services, staff wellness, and parent and community involvement.

In summer 1995, with the inception of the First Annual New Jersey Comprehensive School Health Institute (Jerseyside I), New Jersey will bring the number of states with three-to-five-day summer health promotion programs to nearly thirty. Institutes like Jerseyside I have been one strategy for encouraging schools to adopt and implement comprehensive school health programs. "Since the origination of these conferences [more recently called institutes] in 1977 at Seaside, Oregon,

twenty-six other states have conducted similar conferences” (Smith and others, 1991, p. 69).

The first Seaside Health Education Conference (SHEC) was launched by Dr. Len Tritsch, who was then the Oregon Department of Education’s Health Promotion Specialist. Seaside grew out of a long-term goal for grassroots planning through the establishment of a health education coordinator in all school districts. Dr. Tritsch, working through the superintendent, encouraged school personnel to attend regional meetings. After a three-year period of meetings, Seaside was established as a better way to bring about changes in attitudes and to provide school personnel with updates about health education. By 1990, 90% of more than 300 Oregon school districts had been involved in SHEC. “Several school districts [did] cost effectiveness studies to find that health promotion works” (Tritsch, 1991, p. 71). Some of these studies will be cited later in this paper. Since Oregon’s Seaside met most components measured, can Jersey’side not realize its mission statement and goals?

In December 1991, the New Jersey State Board of Education approved a State Plan for Comprehensive School Health, Safety, and Physical Education Programs (K–12). Among responses to various issues raised in the State Plan is the following charge: “The department (New Jersey Department of Education–NJDOE) should join state education organizations, private health organizations, and corporate sponsors to develop a New Jersey Seaside Conference Model.”

The New Jersey Department of Education’s Coalition for Comprehensive School Health, Safety, and Physical Education, comprised of nearly thirty New Jersey health-related organizations, has been meeting since early 1992 to address various issues in the State Plan. In June 1993, the Coalition sent a New Jersey team of seven delegates to the New York State Education Department’s annual Health Promotion Institute (Lakeside VI). The mission of the New Jersey team was to plan a similar New Jersey institute, which became the New

Jersey Comprehensive School Health Institute (NJCSHI), or Jersey I.

The New Jersey Lakeside team reported to the Coalition at monthly meetings during summer 1993, and the First Annual NJCSHI went through the approval process. Many organizations, both inside and outside the Coalition, are cooperating to provide leadership and support for this collaborative effort. After a personal visit from the New Jersey team to Lakeside, Jersey I gained the support of then New Jersey Education Commissioner, Dr. Mary Lee Fitzgerald.

Jersey I will be housed at Rowan College of New Jersey. The Rowan School of Education and Related Professional Studies will co-sponsor this event with the New Jersey Department of Education and the New Jersey Affiliate of the American Cancer Society. The American Cancer Society serves as the fiscal agent to the NJCSHI.

Jersey I's mission statement describes the empowerment of local school district personnel to design and implement comprehensive school health promotion strategies. These strategies incorporate the programs, services, and environment necessary to develop healthy children and maximize learning potential. Local advocacy and action are key. Will such an undertaking work?

Drolet and Davis reported information on three evaluations of the Seaside conferences. "A study conducted by Passwater, Tritsch, and Slater in 1981 described knowledge, attitude, and behavior changes resulting from Seaside conference participation" (1984, p. 26). In the Drolet and Davis study, the Seaside group was compared to a control group. Except for teacher absenteeism, for all components measured, "the percentage of change for each program component is at least two-to-three times greater in the 'Seaside' group than in the comparison group" (1984, p. 32).

Following are some of the components of change reported in the Seaside group that had implications for improving the health of students and maximizing learning potential: (1) five years after Seaside, participants indicated curricula were sig-

nificantly more wellness-oriented; (2) more than three-quarters of former Seaside participants perceived their administrators and teachers as supportive of a wide variety of health-related activities; (3) significantly more Seaside participants than nonparticipants indicated the importance of being positive health role models. Subjective comments by the Seaside participants included the observations that there is loss of credibility when role modeling is absent and that teaching improves with role modeling (Drolet and Davis, 1984).

Jerseyside I is being designed to bring together school building or school district teams. Each team includes a central office administrator, with two or more of the following: teachers, a nurse, a Substance Awareness Coordinator, a guidance counselor or a school psychologist, a food service manager or dietician, a custodian, a parent, a school board member, a secretary, and members of the community who have health-related connections with the school. All these personnel play a crucial role in the lives of students. School district teams develop models for local efforts to promote a holistic approach to wellness. The desired outcome is for the majority of students and school personnel to be unified in the pursuit and promotion of well-being.

School district teams in NJCSHI will assess situations and plan for the implementation and evaluation of an effective Comprehensive School Health Program (CSHP) that includes eight components in ten content areas.

The eight components of a CSHP are:

- Health Instruction
- Health Services
- Positive School Environment (social and physical)
- Physical Education
- Student Support Services
- Nutrition and Food Services
- Staff Wellness
- Parent and Community Involvement

Health Instruction includes the following ten content areas:

- Family Life Education and Relationship Skills
- Chemical Health (substance use and abuse)
- Diseases and Disorders, including HIV-AIDS
- Growth and Development
- Personal Fitness, including Physical Fitness
- Nutrition Education
- Safe Behaviors and Appropriate Emergency Response (safety and first aid)
- Consumer Decisions Related to Health and Fitness
- Enhancing Emotional and Mental Health
- Conservation of the Environment

The mission and goal of NJCSHI will be achieved by the team approach. Team meetings will be scheduled before, during, and after JerseySide I. The team will be encouraged to make a commitment for the future. This will be facilitated by the provision of a common framework for team members to develop an action plan. During the institute, the team will be involved in a variety of learning experiences, which will increase team members' knowledge base. Team members will develop skill in the use of interdisciplinary strategies. They will link with established resources and will create networks to facilitate their action plan. Teams will be encouraged to establish an effective year-round, school-based team.

Jerseyside I will provide research opportunities for higher education personnel, as well as for those in leadership positions in the NJDOE and in other organizations in the Coalition. The outcome of the New Jersey Comprehensive School Health Institute will be measured in a variety of ways. Initially, a database of school team action plans will be established. Eventually, teams planning to attend future Jerseysides will be able to review the action plans of groups who participated in previous Jerseysides and will also be able to study the program outcomes in the schools. Teams will be provided with technical assistance and follow-up reports. Increased motivation and

involvement are short-term expectations. Healthier schools and communities are long-range goals.

Other long-range possibilities resulting from JerseySide I and future NJCSHIs include more involvement between the State Department of Education and the participating school. Following code, the State recently completed the Core Course Proficiencies for Health, Physical Education, and Safety, based on the draft Curriculum Content Standards document developed in early 1993. If these documents are approved, the NJSCHIs can help implement the Standards and Proficiencies. Higher education personnel and other JerseySide leaders might involve themselves in the school-based assessment of the Health and Physical Education Proficiencies.

Involvement with JerseySide is likely to develop leaders who will take a proactive role regarding child, adolescent, and community health issues. Involvement will occur on many levels. In addition to participating team members and leaders who plan JerseySide, many others in attending school districts will be positively influenced. Higher education faculty and personnel from many state health organizations and departments other than the NJDOE will be involved at different levels. Students majoring in health-related fields, who will serve as staff assistants, can develop into leaders of this school-site health promotion effort.

The health promotion movement is thriving. Schools are the biggest business in most communities. The national movement by businesses to increase health promotion programs and to reduce employee health care costs continues (Tritsch, 1991). The time is right for a joint wellness effort in New Jersey to reach our common goal. Together we can meet the challenge to improve health and ultimately reduce health care costs.

How can you make a difference? Consider the JerseySide Institutes! JerseySide I is planned for June 25-29, 1995.

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