

# Shaking off the Silo:

## Moving toward Internal Coordination around School Health in the Health Department



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### **Why Focus on Internal Coordination Around School Health?**

One of the most important components of a coordinated school health initiative is the word **coordinated**. Without it, the eight components of Coordinated School Health<sup>1</sup> would continue as separate silos with no interaction between one another. In a similar way, **coordination** is perhaps the most critical component of a successful school health initiative within a state health department. Without it, even the most well planned initiative risks remaining a silo, losing opportunities to broaden its impact, strengthen its efforts and maximize resources and efficiency.

### **What Does Internal Coordination around School Health at the Health Department Actually Mean?**

Probably the best place to start is what it *does not* mean. Increasing internal coordination does not mean doing away with categorical programs or doing more work. Rather, it is about doing work differently and providing opportunities for programs to work together in new ways so that the impact of all programs is improved.<sup>1</sup> It is a *process*, not an outcome, and is *complementary* to categorical programs, not meant to replace them.

Internal coordination focuses on increasing effectiveness and efficiency while maintaining individual program integrity, boundaries and accountability to funding agencies. It is about working together to identify linkages, crosscutting issues and common goals in a way that promotes collective problem solving, a more efficient use of resources, and ultimately, produces a total impact that is greater than the sum of its parts.

### **Why is Internal Coordination around School Health Important?**

School health is inherently broad by nature, touching upon many health issues that often have dedicated programs and staff within the department of health. A few examples include asthma control, obesity prevention, tobacco prevention and control and child nutrition. Each of these programs has distinct goals and priorities. However, they share both a population – *young children, adolescents and often the adults that work with them*- and common crosscutting risk factors. Internal coordination focuses on the common population and risk factors and seeks to

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<sup>1</sup> Health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy school environment, health promotion for staff, and family and community involvement.

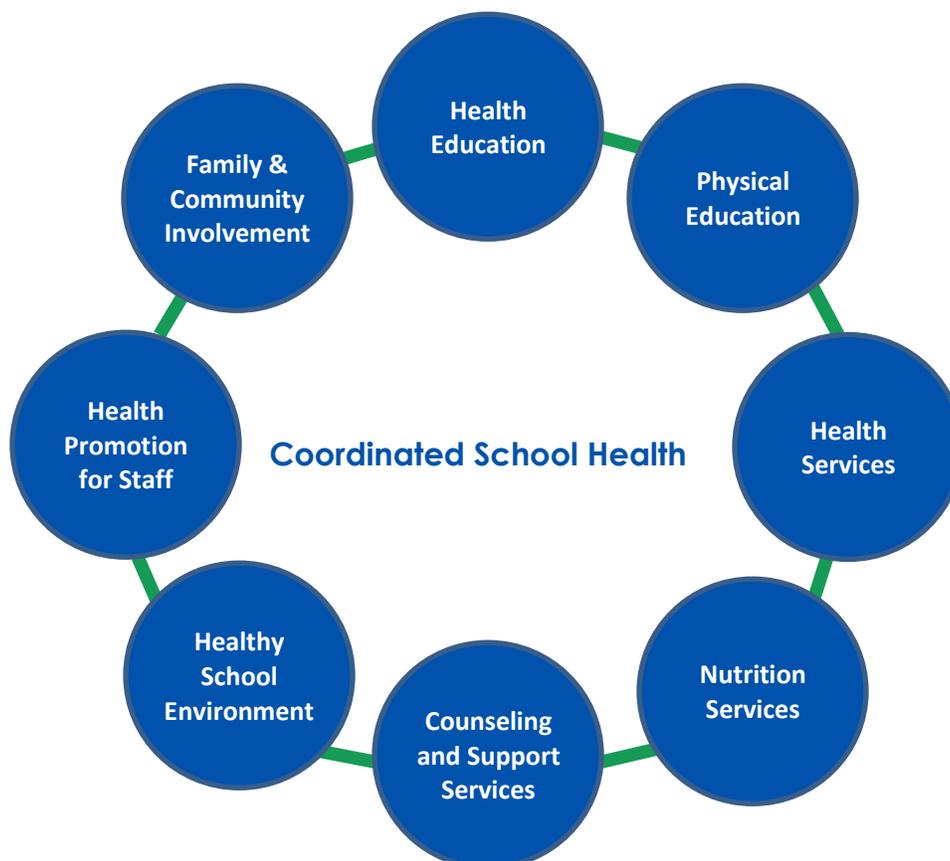
make logical connections between programs. It seeks to promote a more collective mindset of disease prevention and health promotion in the school environment.

### **What are the Benefits of Increasing Internal Coordination around School Health?**

When done in a consistent, systematic manner, the tangible benefits can be many, including improved efficiency and cost effectiveness in regard to the delivery of programs, minimizing duplication and maximizing program resources, more effective problem solving, and increased sharing of data and best practices.<sup>2</sup> In addition, it leads to a more coordinated approach with external partnerships and a more unified voice in addressing common risk factors between diseases. It also allows for collaborative work on issues where one group may be able to address an issue that another cannot, such as legislation.

## **Where to Find Common Ground and Make Logical Connections**

The **Coordinated School Health Program (CSHP)** model provides a great starting place for thinking about programs within a state health department that would benefit from internal coordination around school health. Examples of programs for each CSHP component are included on the following page. In many cases, programs fit into multiple components.



## Making the Connections with Other Programs in the Health Agency



**Health Education:** Tobacco Prevention and Control, Obesity Prevention, Child Nutrition, Adolescent Health, Teen Pregnancy Prevention, HIV/AIDS, Oral Health, Heart Disease and Stroke Prevention, Diabetes Prevention and Control, Asthma Control and Self-Management

**Physical Education:** Obesity Prevention, Diabetes Prevention and Control, Heart Disease and Stroke Prevention

**Health Services:** Community or School-Based Health Services, Adolescent Health, Teen Pregnancy Prevention, Oral Health, Vision and Hearing Screening Programs, Immunization, Maternal and Child Health

**Nutrition Services:** Child Nutrition, Obesity Prevention

**Counseling, Psychological and Social Services:** Injury and Violence Prevention, Suicide Prevention

**Healthy School Environment:** Environmental Health, Asthma Control

**Health Promotion for Staff:** Diabetes Prevention and Control, Heart Disease and Stroke Prevention, Obesity Prevention, Tobacco Prevention and Control, Worksite Health Promotion

**Family/Community Involvement:** Healthy Community Initiatives, Obesity Prevention

In addition, coordination with programs such as Epidemiology, Emergency Management and Public Health Preparedness can also be beneficial to school health in areas such as data collection, influenza prevention and preparedness, and response and crisis management.



## *There is no single right way to coordinate internally.*

Coordination may focus on reducing chronic disease risk factors or other risk taking behaviors. Or a focus may be coordinating programs to improve data collection and analysis. Programs may also come together around policy initiatives such as lowering sodium content in foods or comprehensive tobacco use bans on school grounds. Coordination can include one or more programs, and can vary in terms of the level of collaboration. Shorter-term objectives may be identifying areas of duplication and opportunities for coordination. Longer-term objectives may be working together to develop unified messaging and sharing materials and resources, or initiating shared activities. Above all, it is important that the coordination makes sense for all programs involved, and has a purposeful, intended outcome.

### **Ohio's Effort to Promote More Effective Coordination around School Health**

The Ohio Department of Health manages a number of funding streams and programs focused on improving youth health outcomes, encompassing surveillance, screening, prevention, intervention and treatment. Although all of these programs fall within the eight domains of Coordinated School Health (CSH), they often functioned in isolation. Healthy Schools Program staff recognized the need for increased communication among staff, stronger internal partnerships and a more agency-wide, coordinated approach to school health within the department.

Staff began by linking health-related programs and funding streams with Healthy School Program goals and outcomes through better coordination and planning. They reached across health department divisions to raise awareness of coordinated school health and brought programmatic staff together to enhance outcomes and identify opportunities for working collaboratively. The ultimate goal was to leverage all programs and services serving schools to gain increased access to school districts for mutual exchange of resources and data.

Within a year of beginning work, tangible progress was made. Department of Health staff incorporated CSH into a funding proposal targeting fourteen counties. The language required successful applicants to implement the CSH model and evidenced-based programs. Another proposal is in development with the Division of Child and Family Health Services to create similar proposal language assuring coordination between the Coordinated School Health team goals related to Division programs. These actions will ensure that Department of Health programs are utilizing approaches and programs proven effective in schools.



## Levels of Collaboration

**Networking** – Low-key leadership and loosely defined roles. Participants exchange information informally. Decisions made independently. Loose-knit.

**Cooperation** – More formal information exchange and communication. Somewhat defined roles. Decisions made independently.

**Coordination** – Frequent communication. Defined roles. Shared information and resources. Some shared decision-making. Adaptation of activities for mutual benefit and to achieve a mutual goal. Focus on longer-term interaction.

**Coalition** – Shared ideas and resources. Frequent and prioritized communication. All members have a vote in decision-making.

**Collaboration** – An interdependent system with formal links. Frequent communication characterized by mutual trust. Share resources, adapt activities and strengthen the capacity of partners for mutual benefit and to achieve a common goal. Consensus reached on all decisions.<sup>3, 4</sup>

## Moving Toward Internal Coordination: How to Get Started

It's important to remember that increasing internal coordination around school health is a process. It is not a one-time occurrence, but a series of decisions and actions over a period of time that together, lead to positive change and an expanded impact. Below is a checklist to consider when starting on the journey.

### Getting Started – Get your toes wet

- ✓ Make a connection with the staff of programs related to school health. Clearly communicate with them about your work in school health.
- ✓ Attend each other's staff meetings.
- ✓ Include others on emails, listservs, and other information sharing opportunities.
- ✓ Find linkages - identify common objectives, populations and crosscutting issues
- ✓ Identify benefits of and opportunities for to coordination opportunities
- ✓ Work to strengthen relationships across chronic disease programs and other areas in the health department.



## Entry Level – Get into the Water

- ✓ Convene meetings with staff from across the health department involved in school health.
- ✓ Promote school health as a vehicle/setting for chronic disease integration efforts.
- ✓ Coordinate planning calendars
- ✓ Include others on a regular basis in partner planning
- ✓ Help ensure communication networks are in place for sharing of information among staff and external partners.
- ✓ Present at each other's conferences
- ✓ Include others in training opportunities
- ✓ Conduct an assessment to identify opportunities for shared workload and resources, program implementation, data collection and evaluation activities
- ✓ Keep appropriate leaders informed about your coordination efforts in the area of school health

## Intermediate Level - Start to Swim

- ✓ Convene a school health coordination forum that meets on a regular basis
- ✓ Hold regular, joint management meetings
- ✓ Find ways to alter activities to support coordination around school health
- ✓ Develop crosscutting objectives
- ✓ Develop integrated plans while respecting program identity and accountability to categorical funding agencies.
- ✓ Develop a schedule to coordinate data collection efforts and share resources when possible
- ✓ Develop a process to regularly monitor integration progress.
- ✓ Assess partnerships to determine gaps and identify new potential partners, including non-traditional groups.
- ✓ Jointly build external partnerships that are of mutual benefit
- ✓ Bring together partners and stakeholders for joint problem solving efforts.
- ✓ Ensure a communication mechanism is in place to provide updates to all staff involved in implementing and evaluating interventions.
- ✓ Package data reports to include multiple programs
- ✓ Develop a coordinated evaluation plan that includes both qualitative and quantitative monitoring

## Advanced Level – Long Distance Swim

- ✓ Joint project implementation
- ✓ Joint evaluation activities
- ✓ Development of systems to collect integrated data
- ✓ Shared staff where appropriate
- ✓ Share outcomes and lessons learned with partners and stakeholders



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<sup>1</sup> Partnership for Prevention. (2005). Comprehensive and Integrated Chronic Disease Prevention: Action Planning Handbook for States and Communities. Accessed online August 30, 2010

[http://www.prevent.org/data/files/topics/chronicdiseasepreventionaction\\_planning\\_handbook.pdf](http://www.prevent.org/data/files/topics/chronicdiseasepreventionaction_planning_handbook.pdf).

<sup>2</sup> Ibid.

<sup>3</sup> Adapted from Borden, L. and Perkins, D. (1998). Evaluating your collaborative effort. *Program Evaluation Newsletter*, 1(5). Boulder, CO: Center for Study and Prevention of Violence.

<sup>4</sup> Adapted from Hogue, T. (1994). Community Based Collaborations—Wellness Multiplied. Fort Collins, CO: Oregon Center for Community Leadership, Colorado State University.



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