School Health Advisory Council Guide

Missouri Coordinated School Health Coalition

A healthy, physically active child is more likely to be academically motivated, alert, and successful in school, and is more likely to establish habits that will foster good health throughout life. With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes, and develop behaviors that affect the health and safety of young people and help them establish lifelong healthy behavior patterns.

We developed the *School Health Advisory Council Guide* to assist local school districts apply the coordinated school health model as part of their health and wellness activities. The coordinated school health model, promoted by the Centers for Disease Control and Prevention, focuses on improving students' health and their capacity to learn through families, schools, and communities working together. The model consists of eight interactive components that develop and emphasize health-related knowledge, skills, attitudes, and behaviors. Schools work within the family and community structure to ensure optimal health and wellness for children.

Many resources were used for this publication. We especially appreciate the American Cancer Society for granting permission to the Missouri Coordinated School Health Coalition to adapt selected material for use in this guide.

We appreciate the time and expertise of the members of the Missouri Coordinated School Health Coalition who contributed to the revision of this guide in 2008.

For more information, visit the MCSHC website at www.healthykidsmo.org.

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The Missouri Coordinated School Health Coalition is an affiliate of the YouZeum, Columbia, Missouri.

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INTRODUCTION

Research clearly shows that a healthy, physically active child is more likely to be academically motivated, alert and successful in school, and is more likely to establish habits that will foster good health throughout life.

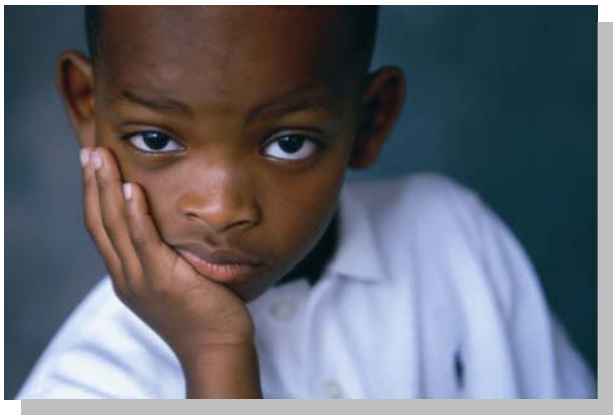
With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes, and develop behaviors that impact long-term health. While most young people practice healthy behaviors, the Youth Risk Behavior Surveillance Survey of ninth through 12th grade students conducted by the Missouri Department of Elementary and Secondary Education indicates that some Missouri high school students are practicing behaviors that put them at risk of death, disability or could potentially reduce their quality of life.

Congress emphasized the opportunity afforded by our nation's schools when it urged the Centers for Disease Control and Prevention (CDC) to provide for "the establishment of a comprehensive approach to health education in the school setting." In Missouri, concern for the health of children and youth has led to a variety of actions by the general assembly, such as the School Children's Health Services grants administered by the Department of Health and Senior Services and the Safe Schools grants administered by the Department of Elementary and Secondary Education. The State Board of Education made a commitment to the health and well-being of Missouri's students by including health and physical education as content areas in the school improvement initiatives mandated by the Outstanding Schools Act (1993). Additionally, the State Board of Education mandated that all Missouri public school students earn ½ credit of health and one credit of physical education in order to graduate.

Impacting long-term health risks is not a simple task relegated exclusively to schools. Planning and implementing activities directed toward child and adolescent health needs, as well as school employees, requires that many people be involved. Collaborative efforts among family, community, and schools are the most effective approaches for both prevention and intervention.

Coordinated Model

Realizing that effective school health programs go beyond the classroom, a coordinated model for school health includes eight components (see page 30 for definitions).



1. Health Education
2. Physical Education
3. Health Services
4. Nutrition Services
5. Counseling and Psychological Services
6. Healthy School Environment
7. Health Promotion for Staff
8. Family/Community Involvement

A School Health Advisory Council can assist a school district in the promotion and protection of student and employee health. Involving parents and other community members on a School Health Advisory Council enables the school to use valuable community resources.

This manual is designed to help school district personnel and interested community members who are seeking information and direction on the development and operation of a School Health Advisory Council.

A School Health Advisory Council (SHAC) is an on-going advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school district about aspects of the school health program. Generally, the members of a SHAC are appointed by the school district to advise the school district. Most often, SHACs are advisory to an entire school district, but a SHAC may also be useful for an individual school desiring their own advisory council.

ROLE OF SCHOOL HEALTH ADVISORY COUNCILS

A SHAC has a variety of roles, depending on how the school district uses it. Some SHACs are designed to address issues around health instruction alone while others address all eight components of a coordinated school health program[1]. Some common roles that are assigned to SHACs include (but are not limited to) the following:

Program Planning
SHACs ensure that professionals who directly influence student health convene regularly to learn what colleagues are doing, share teaching strategies, solve problems, and plan synergistic activities; participate in curriculum development and adaptation; offer a forum for discussion of health issues; facilitate innovation in health education; and provide professional development training programs.

Advocacy
SHACs provide visibility for school health within the school district and community; ensure that sufficient resources are allocated to school health; intervene when individuals from within or without the school seek to eliminate or unfavorably alter the school health program; facilitate understanding of schools and community segments; engage representatives from the local business, media, religious, juvenile justice and medical communities to serve as a buffer against threats to programs; and provide resources and linkage opportunities.

Fiscal Planning
SHACs assist in determining how much funding is required to conduct the school health program; integrate the various funding sources for school health programs; raise funds for local programs and prepare grant applications.

Liaison with District and State Agencies
SHACs work with agency personnel in curriculum development, allocation of school nurse time, development of food service programs, distribution of federal or state funds, and policy-making.

Direct Intervention
SHACs initiate policy related to smoking and alcohol use and the sale of nutritious foods at schools; organize school wide activities like health fairs and health promotion activities.

Evaluation, Accountability and Quality Control
SHACs ensure that school health funds are spent appropriately, that food service programs offer healthy menus and that health related activities are conducted; conduct focus groups with parents, teachers, administrators and students; examine existing school services relative to need; assess the physical and psychological environment of the school.

It is important to emphasize that advisory councils are formed to provide advice. These groups do not become part of the administrative structure of the schools, nor do they have any legal responsibilities within the school district.

[1] The eight components of a coordinated school health program are health instruction, healthful school environment, health services, physical education, school counseling, food service, school site health promotion for faculty and staff, and integrated school and community programs.

DEVELOPING AN ADVISORY COUNCIL

Community members serving on a school health advisory council increase awareness of and support for a coordinated school health program. Rather than creating a new and possibly duplicative body, existing councils and networks may serve as the basis for the school health advisory council. For example, a Safe and Drug-Free School and Community Committee may be expanded to address all areas of a coordinated school health program.

If your school district does not already have a SHAC, here are some steps for how to begin one:

1. Review any established school district procedures for advisory councils.
2. Prepare a brief proposal on the formation of a SHAC.
3. Gain support of the school district.
4. Hold an initial meeting to determine interest in serving on the SHAC.
5. Compile the membership list.
6. Adopt by-laws and elect officers.
7. Conduct training for members.
8. Perform a needs assessment.
9. Develop task and project plans based upon needs assessment.
10. Establish a mechanism for regular reporting to the school district and community.

QUALITIES OF COUNCIL MEMBERS

Most importantly, SHAC members are committed to quality school health programs for the children of their community. Other criteria should include:

Demonstrated Interest in Youth
Individuals who work with scouts, church youth groups, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs, or business projects are good candidates for SHAC membership. They often have a good understanding of the needs of children.

Awareness of the Community
When members have a general understanding of the cultural, political, geographic, and economic structure of the community, goals are more easily reached. Some individuals are significant decision-makers and potentially valuable members because they are familiar with these community aspects and are known by other community segments. However, a new person in the community may bring previous valuable experience without the potential of being weighted down by barriers seen by others.

Professional Ability
Individuals with professional training in a youth-related discipline are obvious potential members, as are those

employed in human service agencies. However, training and agency affiliation does not predict the value of the individual to SHAC activities. While some SHACs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.

Willingness to Devote Time
No matter what the person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the SHAC, it is usually better not to have that person as a member. Before appointing a member, discuss the time commitment to determine his or her willingness to make time for the SHAC. The occasional exception to this would be the influential and cooperative individual whose membership on the SHAC adds to its credibility.

Representative of the Population
Every community has population segments that are important in the overall functioning of the community. To increase the likelihood of having a SHAC that actually represents the community, it is important to consider age, sex, race, income, geography, politics, ethnicity, profession, and religion when selecting members. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHAC a more credible and widely known body. One of the most serious problems for some SHACs is that their members do not reflect the views of the community.

Credibility of Individuals
School districts should appoint respected individuals to the SHACs. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, all contribute to the character of the SHAC. The credibility of the SHAC is enhanced considerably by the personal characteristics of its members.

Suggested SHAC members

Parents
Students
Medical Professionals
Attorneys
Law enforcement officials
Government officials
Recreation professionals
Other interested citizens

Other Representatives

Social service agencies
Business/industry
Volunteer health agencies
Churches/synagogues
Hospitals/clinics
Public health agencies
Civic and service organizations
Colleges/universities
Schools
Youth groups
Professional societies

SELECTION OF MEMBERS

Most SHACs obtain members through one of three methods:

1. **Appointment**
   Some SHACs consist of individuals who are appointed by school board members to represent them in planning and implementing school health programs. These SHACs generally are reflective of the views of the school board members.

2. **Election**
   Some SHACs consist of individuals who are elected by citizens, school board members, or administrators. These SHACs are often reflective of the views of the group who elected them.

3. **Volunteer**
   Some SHACs consist of individuals who volunteer to serve on the SHAC. These SHACs are most often reflective of the diverse views of the community since many segments have the opportunity to serve.

Regardless of what procedure is used to acquire new members, some common steps should be taken.

1. Membership categories and SHAC size should be determined. SHACs typically have 11 to 19 members.

2. A diverse group of three to five concerned individuals should be used to identify potential members for each membership category.

3. New members should be assigned term lengths of one, two, or three years to maintain a balance of term lengths on the SHAC. This will protect the stability and develop consistency in operations of the SHAC.

4. The SHAC purpose, its general operation, current membership, and the time commitment for members should be briefly explained to each identified potential member.

5. Final decisions for membership should be made and confirmed with the designated school district contact person.

6. Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school district values a person's willingness to participate in the SHAC. The content of the letter should also refer to the name of the SHAC, its purpose, terms of appointment, frequency of meetings, name of the school district contact person, and SHAC chairperson, if appropriate. Finally the letter should inform the person about the next communication for getting started with the SHAC.

COUNCIL OPERATIONS

By-laws
SHACs should have written by-laws to guide their work. By-laws clarify purpose, structure, and operational procedures. The potential for confusion among members is reduced when by-laws provide written guidelines for carrying out the business of the SHAC. The following are suggestions for what should be included in the by-laws.

1. **Name and Purpose of the SHAC**
   The name is likely to be straightforward, simply incorporating the school district's name (e.g., Hill County School Health Advisory Council). The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. For example, some SHACs define school health as K- 12 classroom health instruction while other SHACs include any aspect of health instruction, health services, and health environment. Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion, and community/school relations.

2. **Membership**
   The composition of the SHAC should be described in terms of the number of members, community sectors represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility.

3. **Meetings**
   Frequency, date and location of meetings, and procedures for setting the agenda, notifying of meetings, and distributing agenda and minutes should be stated. It should be specified that Robert's Rules of Order or an equivalent should govern the conduct of each meeting. (SHAC meetings are subject to open meeting laws.)

4. **Officers**
   Titles and responsibilities of officers, their terms, and a brief description of the election, removal, and resignation processes should be indicated. Generally, officers include chair or co-chairs, vice-chair, secretary, and perhaps treasurer.

5. **Voting Procedures**
   The voting process and the quorum used at regular meetings should be described.

6. **Committees**
   The name of any standing committee and a brief description of its functions and membership should be included. The process for formation of special committees should be described.

7. **Communications**
   The reporting procedures used by the SHAC for internal and external communication should be clearly stated. The method for determining the agenda, the identification of the school personnel or group receiving reports from the SHAC, any regular procedure for informing the community about SHAC activities, and the identification of a central location for records of past and current SHAC activities should be designated.

8. Amendments

The procedure to be used for making amendments to the by-laws should be indicated. The by-laws should be approved by charter members, if possible, and dated. Copies should be made available to all new members and appropriate school personnel.

Statement of Philosophy

Some SHACs have written statements of their philosophy on coordinated school health programs. This serves to clarify the SHACs collective view on what school health should be. It offers the SHAC a framework to refer back to when making policy decisions. SHAC members can ask themselves: Does this new policy fit into our philosophy of school health? An example of a statement of philosophy follows:

> The primary function of a school is to provide students with the learning experience necessary for maximum intellectual development. The success of this process is limited by the child's emotional, social, and physical health. For this reason, the purpose of a coordinated school health program is twofold: First, to consider the total human being in the educational process, and second, to motivate students to help themselves and others to live healthy, productive lives.

Writing a statement of philosophy can be a challenge. Professional assistance is available at local, state, and national levels through organizations that have made commitments to coordinated school health programs. The following steps can help make the process easier.

- Request that every SHAC member answer the following two questions in her or his own words:
  1. What is a coordinated school health program?
  2. What do we want our coordinated school health program to achieve?
- One person should compile responses and draft the philosophical statement.
- The SHAC should review the draft and formulate a revised draft.
- The revised philosophical statement should be presented to the school board and the superintendent for their approval.

Strategic Plans

Another common strategy used by SHACs to guide their work is to develop a strategic plan. The SHACs mission statement, goals, and objectives are a part of the plan. This plan should be for a determined amount of time, perhaps for a single school year. The strategic plan should be revised as needed.

1. **Mission**

A SHAC may first develop its mission. The mission states the ideal outcome of the SHACs work. It should be compatible with the mission of the school district. An example of a mission statement follows:

> The school district will provide a coordinated school health program for all children, grades K-12. This program will reflect current health issues focusing on the special needs of the local community.

2. **Goals**

Goals are what the SHAC must achieve if it is to accomplish its mission. An example of a goal statement follows:

> To provide students with the knowledge and skills enabling them to adopt and maintain healthy attitudes and behaviors throughout their lives.

3. **Objectives**

Objectives are the detailed descriptions of the specific actions required to achieve specific results. Objectives should be measurable so that it will be obvious when they are accomplished. An example of a measurable objective follows:

> By January 1, 2010, 75 percent of all elementary school teachers will implement a grade-appropriate health education curriculum.

COUNCIL MEETINGS

The majority of a SHAC's work is completed during meetings. Therefore, it is essential that meetings are effective, well organized, and goal-directed.

Regular Meeting Schedule
An annual calendar of dates, times, and locations for regular meetings should be established. It is helpful to use a pattern of meeting dates, such as every three months. Some SHACs meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year.

Agenda
Members should receive a tentative agenda with a request for suggested agenda topics approximately one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should easily understand the agenda, and action items should be designated separately from information items and discussion only items. Minutes of the previous meeting should accompany the mailed tentative agenda. Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing, 10 minutes for review and acceptance of minutes of last meeting and review of agenda, 15 minutes for report from school personnel on programs and activities, 30 minutes for discussion of future projects, 15 minutes for reviewing and voting on action items, 15 minutes for presentation of items to be voted on at next meeting, and finally review of meeting and setting next agenda.

Phone Communication
A phone tree should be established to communicate quickly on activities and for inclement weather. Also, a central phone number should be designated for information.

Punctuality
Meetings should start and end on time. Waiting for others before starting a meeting or allowing discussion to drift past a specific time will enable the continuation of these behaviors.

Environment and Atmosphere
The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. All members should be involved in discussions and positively acknowledged for their contributions. Periodically, discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas, and decisions.

Follow-up
All tasks requiring follow-up or completion should be assigned to a SHAC member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.

Other suggestions
Each meeting should add to the members' understanding of coordinated school health.

SELF-ASSESSMENT FOR ADVISORY COUNCILS

It is important for a SHAC to periodically assess how well it works. SHAC members should ask themselves whether the SHAC does what it is supposed to, and if so, for whom and to what extent. By answering these questions honestly, the SHAC will be able to serve its school district more effectively. To help evaluate its effectiveness, the following questions should be considered.

- Does the SHAC regularly generate sound advice and activities to support the coordinated school health program?
- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?
- Are established procedures for implementing goals of the SHAC understood by members?
- Is membership representative of key segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time?
- Do members participate in and review school health program activities?
- Are regular meetings, with attendance by most members, occurring?

Another tool for evaluating SHAC functioning is the following checklist. An effective SHAC should be able to answer "Yes" to each of the following questions.

1. Is there a mission statement along with written goals and objectives? Yes ❑ No ❑
2. Have SHAC activities developed community understanding of the school health program? Yes ❑ No ❑
3. Are meetings conducted in an impartial, parliamentary manner allowing all members to express opinions? Yes ❑ No ❑
4. Are SHAC members presented the facts and consulted when changes are made in the school health program? Yes ❑ No ❑
5. Are membership rosters current and updated? Yes ❑ No ❑
6. When appropriate, does the SHAC encourage school administrators to meet with the council or individual members on selected issues? Yes ❑ No ❑
7. Does the council address all eight components of a coordinated school health program? Yes ❑ No ❑

CONCLUSION

Although all SHACs are similar in their general purpose and function, no two SHACs are alike. After all, SHACs are comprised of people with their own characters and personalities. This is perhaps the most important element of SHACs because it ensures that their recommendations are reflective of the individual needs and values of the community. SHACs are designed and intended to provide a voice to the community about important school health issues. However, unless citizens use this opportunity to make their voice heard, SHACs do not work. Therefore, it is essential that every concerned citizen and agency remember their obligation to their SHAC, their school district, and, most importantly, their community's children.

TOOLS

This section offers a set of sample tools to carry out necessary actions. The advisory council should modify and tailor the tools as needed.

- Organizational Structure of a Coordinated School Health Advisory Council
- Invitation to Join the School Health Advisory Council
- Thank You Letter for Joining the School Health Advisory Council
- Letter to Families
- Coordinated School Health Advisory Council Roster
- Membership Grid
- Information for Presentations
- Sample Situation Activity
- Example of Uncoordinated System
- Eight Components of Coordinated School Health
- Coordinated School Health Positive Outcomes
- Program Assessment

ORGANIZATIONAL STRUCTURE OF A COORDINATED SCHOOL HEALTH ADVISORY COUNCIL

School health advisory councils can be organized into a variety of structures with each structure interacting with the school district differently. School districts must decide early on, and review periodically, how the school health advisory council will provide advice to them. The school health advisory council structure and communication links with the school district and community should be outlined clearly for all participants. Similarly, its members may suggest modifications based upon their experience in order to enhance working relationship. As the school district and school health advisory council gain experience, it is likely that changes will be needed to facilitate the school health advisory council's purpose.

While many configurations are possible, three common structures will be presented here. The first, shown in Figure 1, appears to be very simple and easily understood conceptually. In this structure, the school health advisory council membership is made up of the school superintendent, school health administrators, and community groups, such as PTAs or voluntary health agencies. The school health advisory council is appointed by the school board and reports to the school board. Some advantages of this structure are the communication link with the school board, the involvement of two key school personnel in school health advisory council activities, and representation from a wide variety of community segments. Potential disadvantages include the danger of domination by the school personnel and low interest levels from members who represent their agencies rather than have personal interests in youth.

Figure 1

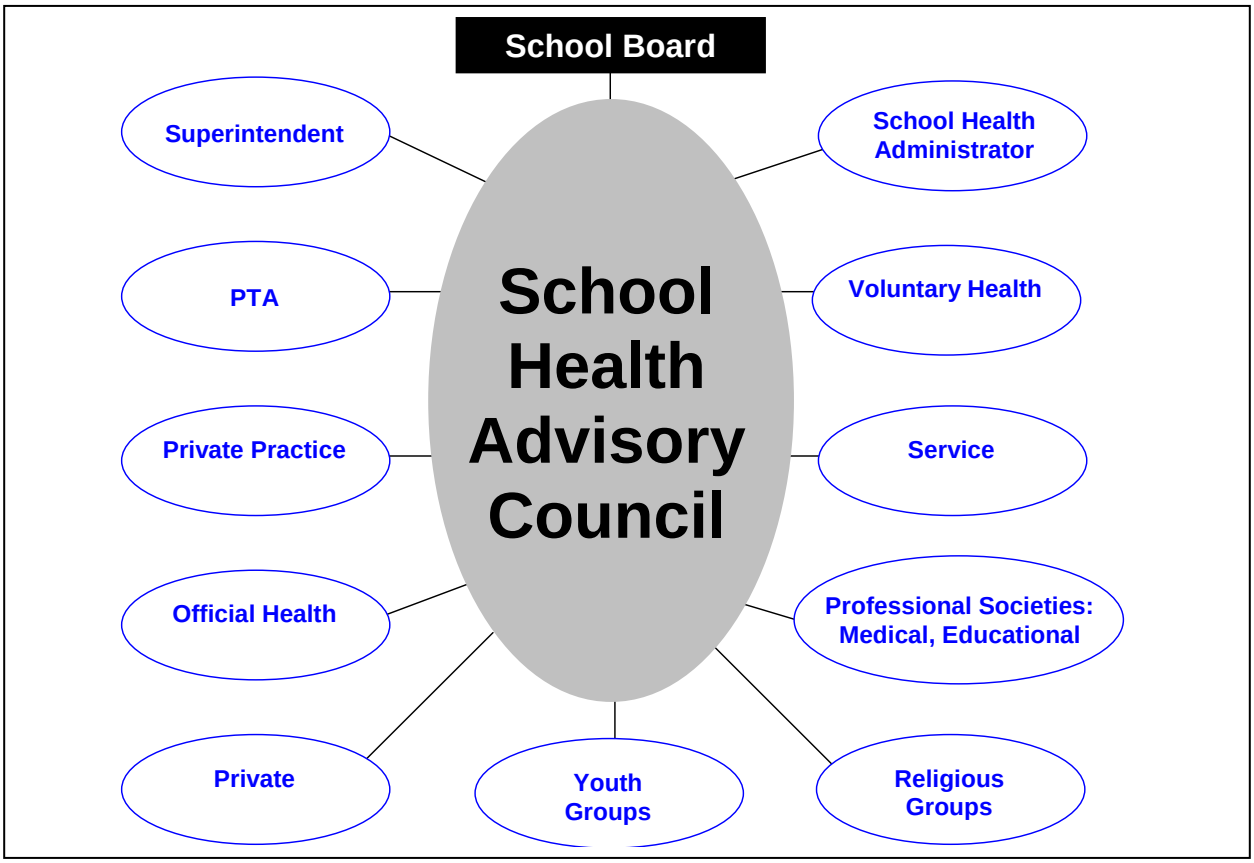
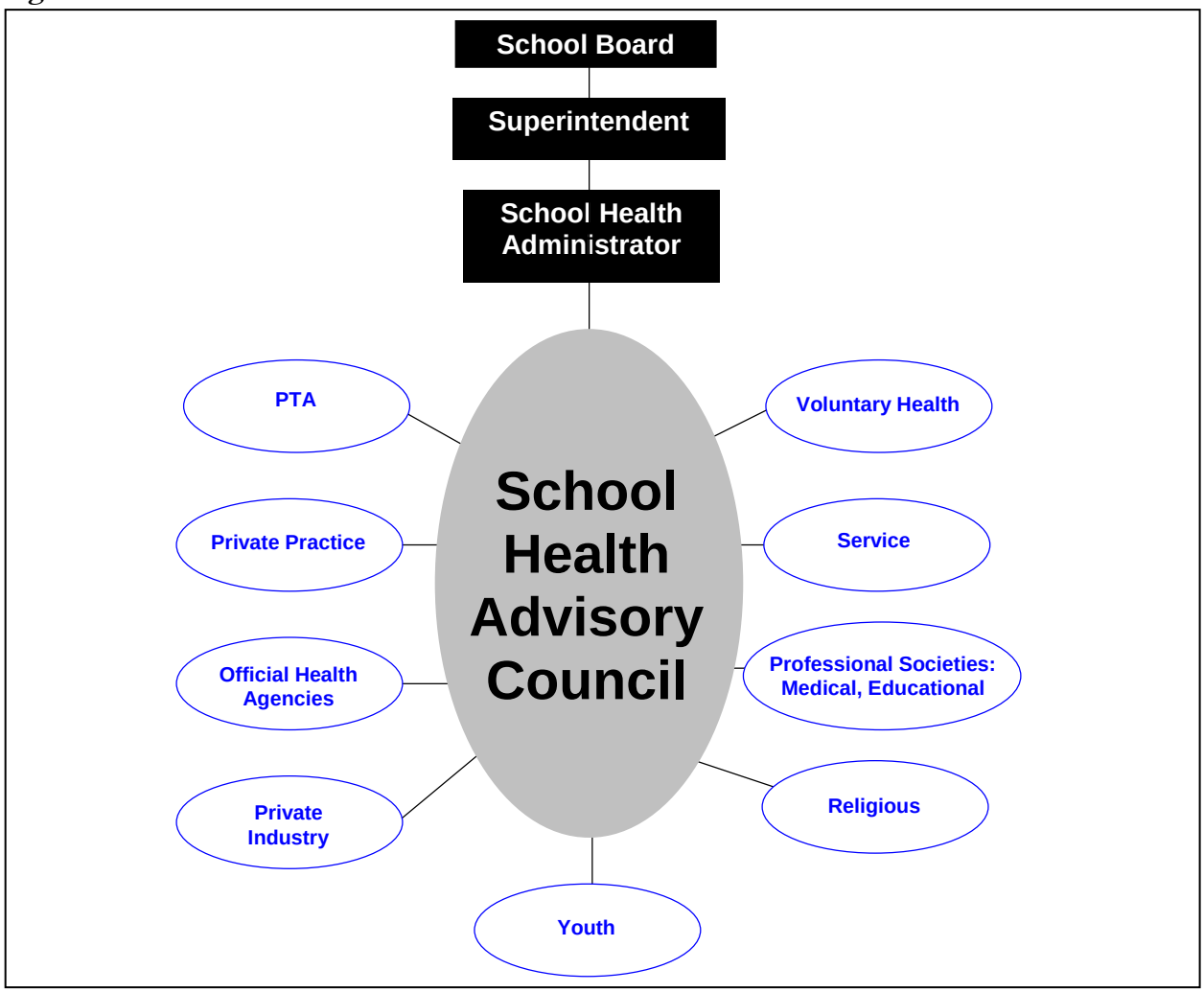


Figure 2 illustrates a very common arrangement in which the school health advisory council reports to a school health administrator who reports directly or indirectly to the superintendent who reports to the school board. The council would have an elected chairperson and appointed members. One advantage of this structure is that it may operate more independently than the one presented in Figure 1. A disadvantage might be the filtering or amplifying of any reports as they move up the administrative ladder. This organization also potentially puts more distance between the school health advisory council and the school board. However, the structure allows for the orderly flow of advice from the school health advisory council to designated persons in the school district.

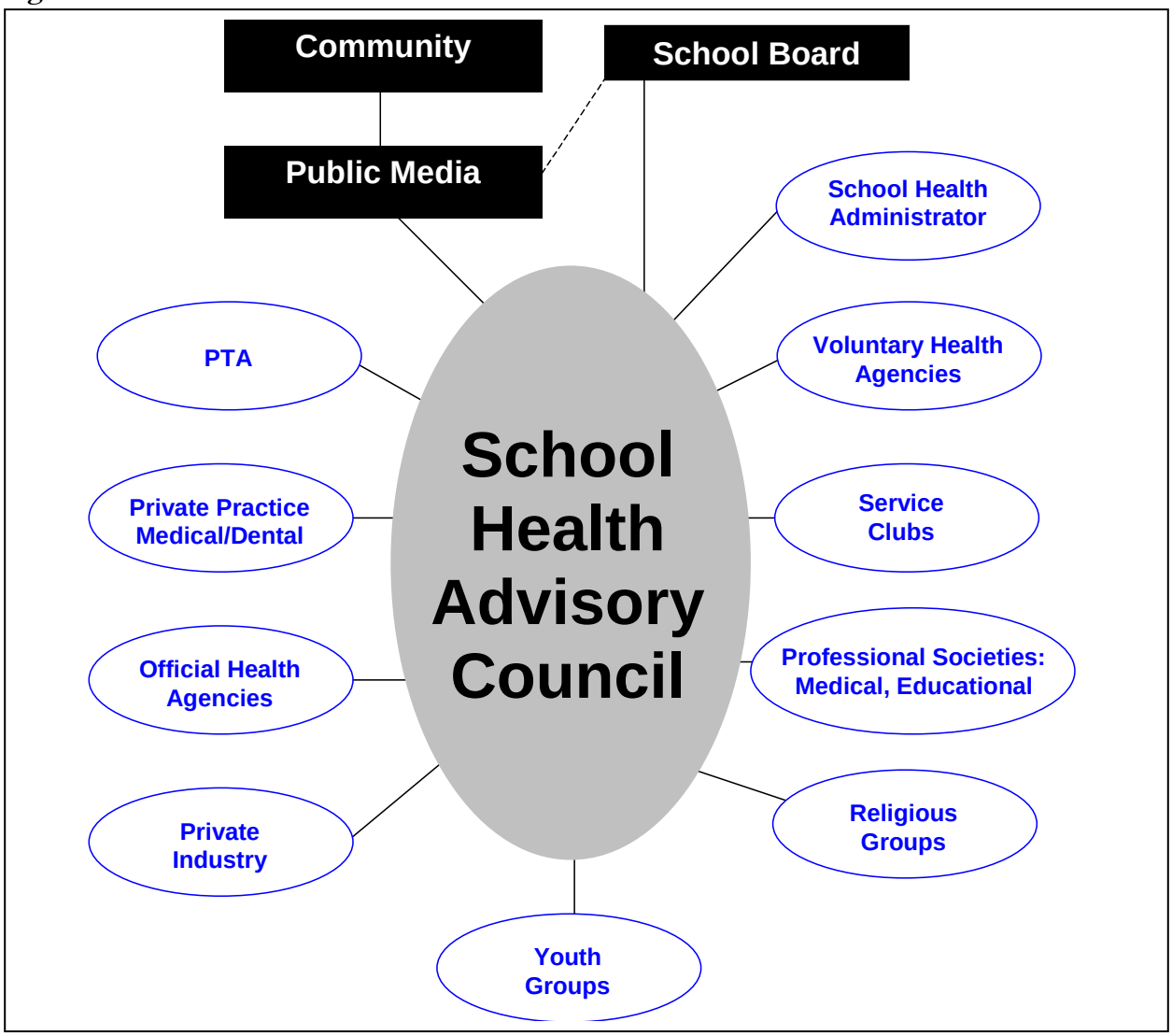
Figure 2



The configuration presented in Figure 3 deals with how the school health advisory council communicates activities to the community. In this design, the school health advisory council reports its activities to the media (usually city or county newspaper) at the same time it sends reports to the school board. Given the purposes of school health advisory councils, a more appropriate strategy would be to have information transmitted to the media only after the school district has reviewed and commented. Many councils include a media professional within their membership and encourage publicity through that person's access to the public.

As might be expected, there are other ways of organizing the school health advisory council structure. For example, some school districts use a small executive advisory committee to determine needs for the year. After deciding upon project priorities, the group then identifies individuals to work on each project. All of these individuals working on projects are viewed collectively as the school health advisory council. Although this approach may be effective in getting projects completed, it has the potential of failing to focus on a more comprehensive view of school health. Members may come and go without being exposed to a broader view of school health.

Figure 3



The school district will need to choose how the school health advisory council will be organized and how the school health advisory council and school district will communicate with each other. This decision likely will reflect certain philosophical views of key school personnel. For example, school health coordinators and superintendents will vary in how they view advice from community members, the degree of their intended personal involvement, perceptions about the importance of school health programs, and the role of media persons. These variables help explain why a school health advisory council structure might work very well in one school district but not in another. Therefore, care should be taken in determining the best structure and communications option for each school health advisory council. Similarly, existing school health advisory councils might want to consider reorganization to create a more realistic and practical structure that fits better within the school district.

INVITATION TO JOIN THE SCHOOL HEALTH ADVISORY COUNCIL

Date

Name
Job Title
Agency/Organization
Address
City, State, Zip Code

Dear Name:

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete their formal education. Responsibility for the physical, emotional, social, mental, and intellectual health of our youth belongs to their families and the entire community. Effective coordinated school health programs can contribute to helping young people avoid health risks by increasing their skills to make responsible choice about behaviors that can affect their health.

The ( ) school district is establishing an advisory council to advise the school board and Dr. ( ), ( ) school district superintendent, on developing a coordinated school health program. The advisory council will advise and support the school's efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

As someone interested in the welfare of our children, you are invited to join the district's advisory council. The advisory council will include parents, students, teachers, school administrators, voluntary organizations, business representatives, health professionals, and other interested, concerned citizens.

We hope that you can attend an organizational meeting on (day) at (time) at (location) to consider ways for addressing the health needs of our community's youth. (Name) will call you next week to discuss participation and answer any questions you may have. If you wish to speak to someone before that time, call (phone number).

We look forward to working with you to promote better health among our district's students.

Sincerely,

Name
Title
Agency/Organization

THANK YOU LETTER FOR JOINING THE SCHOOL HEALTH ADVISORY COUNCIL

Date

Name
Job Title
Agency/Organization
Address
City, State, Zip Code

Dear Name:

Thank you for accepting the invitation to be a member of the School Health Advisory Council. This will be an exciting opportunity to improve the overall health of our children and our community. I am sure the team that has been assembled will meet the challenge.

Our first meeting has been scheduled for (date, time, and place). Snacks will be provided, and it should not last for more than two hours. At the meeting, the council will discuss strategies for bringing the project to the public and how to best involve the community. The council will also be setting the schedule for future meetings. Please bring your calendar to schedule these.

I look forward to seeing you at the meeting. If you have additional questions, please contact me at (phone number) at your convenience.

Sincerely,

Name
Title
Agency/Organization

LETTER TO FAMILIES

Date

Dear Parent or Guardian:

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete a formal education. Improving the health of our children and making them ready to learn is a concern for us all — parents, schools and the community. The ( ) school district is developing a coordinated school health program for our schools. This type of program is designed to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens. Without the support and cooperation of families, this approach cannot work.

We invite you to attend a meeting at (date, place) to learn about and comment on our plans. The meeting will begin promptly at (time) and end no later than (time). Child care will be provided.

We look forward to seeing you at the meeting. Please feel free to call (phone number) if you have any questions or concerns.

Sincerely,

Name
Title
Agency/Organization

COORDINATED SCHOOL HEALTH ADVISORY COUNCIL ROSTER

Instructions: Distribute this worksheet to gather member information. Once this worksheet is completed, phone numbers and addresses should be compiled in an orderly manner. Copies of the roster and the membership grid should be provided to all advisory council members.

Name: _____

Email Address: _____

Address: _____

Telephone (work): _____ (Home): _____

Days and times available: _____

Comments: _____

_____

_____

_____

_____

MEMBERSHIP GRID

Membership Grid

MEMBER'S NAME & ROLE	PARENT				STUDENT			HEALTH					COMMUNITY				EDUCATION							OTHER		
	School Age Child	Medically Fragile Child	Special Education Child	PTA Representative	Middle School	Junior High School	High School	Physician	Dentistry	Mental Health	Public Health	Other Health Professions	Civic Group	Religious Group	Human Services	Youth Services	School Nurse	Health Teacher	Other Teacher	School Administrator	School Counselor	Food Service	Other (please note)	Business	Government Officials	Other Professionals (e.g., public media, attorney, law enforcement officials, etc.)
(example) John Smith, Co-Chair	X								X																	

INFORMATION FOR PRESENTATIONS

The following information can be used for handouts or overheads in a presentation about a coordinated school health program.

Preventable Health Risk Behaviors
At one time, the major health risks children faced were diseases such as tuberculosis, diphtheria, whooping cough, measles, mumps, and rubella. In recent decades, this has changed. Most of today's risks have their roots in social, behavioral, or environmental conditions. Many of the risks that account for most of the serious illnesses and premature death in the U.S. are preventable, including:

- Tobacco use
- Poor eating habits
- Alcohol and other drug use
- Behaviors that result in intentional or unintentional injury
- Physical inactivity
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, or unintended pregnancy

Uncoordinated System
Most schools have some programs in place to address children's health, but few have integrated or coordinated those elements. See example on page 29.

Coordinated School Health Program
A coordinated approach to school health enlists all the resources of a school and its community to improve students' health and learning and organizes them so they work together in a systematic way.

Coordinated School Health Program Components
A coordinated school health program has eight components that strengthen each other when they are coordinated. A few examples of this coordination are:

- Health education teachers are sensitive to student concerns and behaviors and refer students to health services or mental health personnel.
- Nutrition services staff work with teachers to use the school cafeteria as a learning laboratory to reinforce lessons taught in the classroom.
- School health promotion program invites parents to join staff in fitness or smoking cessation program

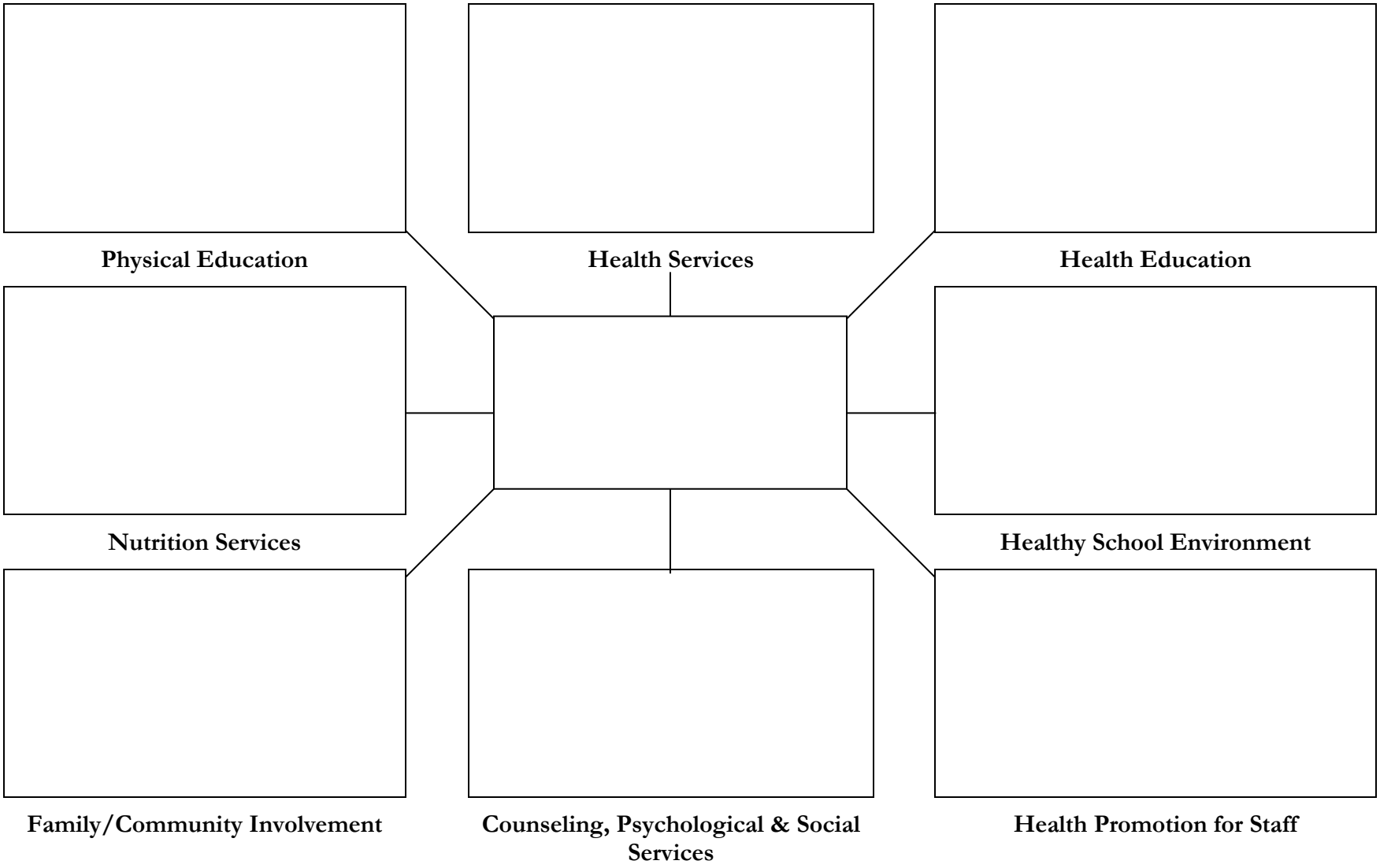
SAMPLE SITUATION ACTIVITY

All schools have implemented some of the components of a coordinated school health program. However, a coordinated school health program best meets the needs of students, their families, and the school staff when the components are fully developed, integrated, and supported by the community.

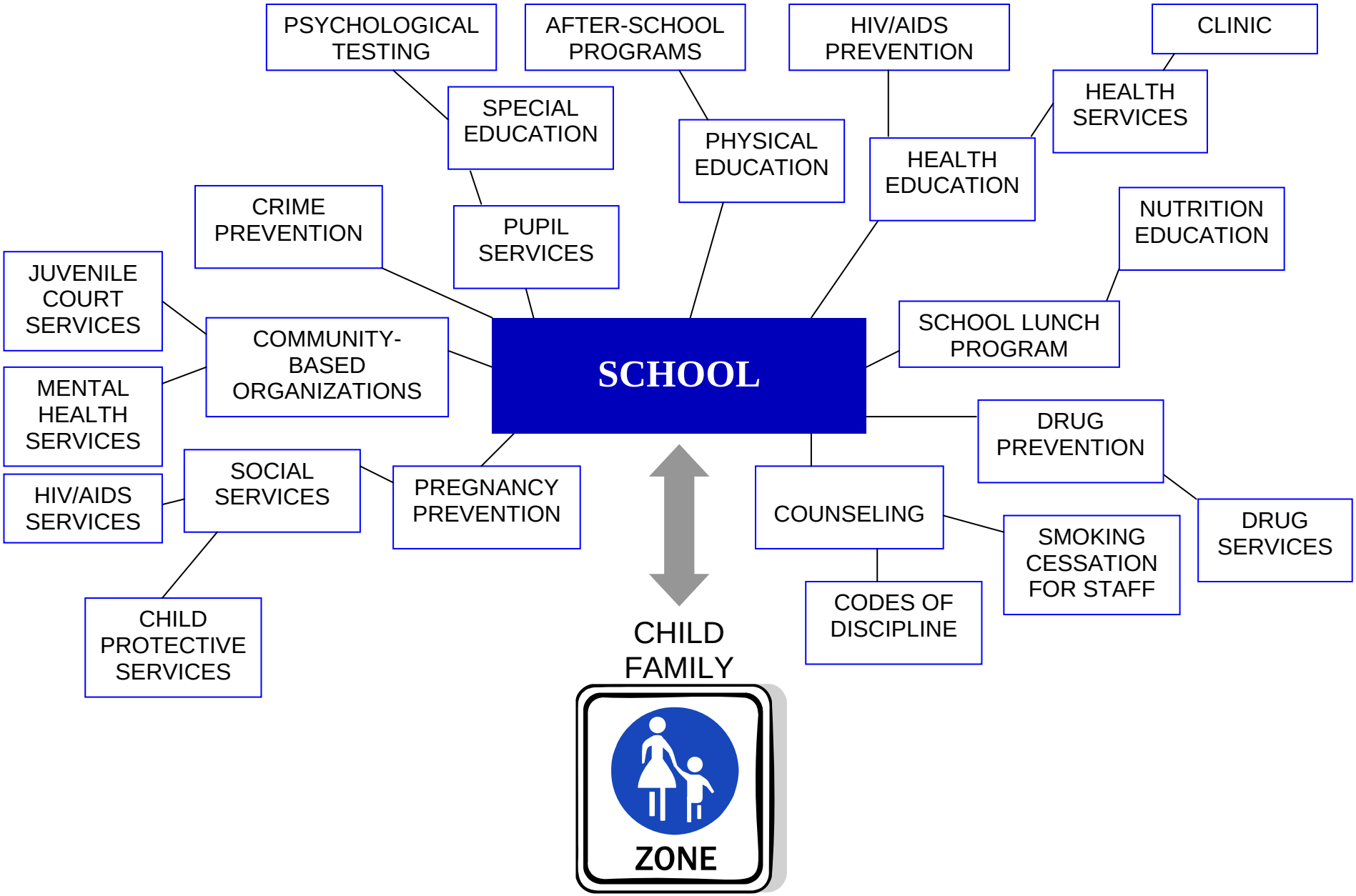
The situation activity on the following page gives participants a chance to apply their understanding of each coordinated school health component to a problem at school. The instructions are as follows:

1. Reproduce the Sample Situation Activity form on the next page.
2. Before the presentation or with input from presentation participants, write an individual or school-wide problem (e.g., anorexia, tobacco use, underage drinking, and frequent absences) in the center of the form.
3. Divide into groups of eight.
4. To each group, distribute a copy of the form and an envelope with slips of paper with the name of each of the eight components making a coordinated school health program.
5. Each group member draws a slip and assumes the role of that component.
6. Group members discuss how they can work together to address the problem in the center box. They then write in their section their contribution to the solution.
7. Each group could then be asked to report their ideas to the whole group.

SAMPLE SITUATION ACTIVITY



EXAMPLE OF UNCOORDINATED SYSTEM



EIGHT COMPONENTS OF COORDINATED SCHOOL HEALTH

Source: Centers for Disease Control and Prevention (CDC), www.cdc.gov/HealthyYouth/CSHP

1. **Health Education**
   Health education includes a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health. It is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. This component allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive curriculum includes a variety of topics, such as personal, family, community, consumer, and environmental health; sexuality education; mental and emotional health; injury prevention and safety; nutrition; prevention and control of disease; and substance use and abuse. Qualified, trained teachers provide health education.

2. **Physical Education**
   This component includes a planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Using a variety of planned physical activities and sports that all students enjoy and can pursue throughout their lives, the curriculum should promote each student's optimum physical, mental, emotional, and social development. Qualified, trained teachers teach physical activity.

3. **Health Services**
   Services provided for students to appraise, protect, and promote health. This component is designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals, such as physicians, nurses, dentists, health educators, and other allied health personnel, provide these services.

4. **Nutrition Services**
   This component includes access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

5. **Counseling, Psychological and Social Services**
   Designed to improve students' mental, emotional, and social health, this components includes individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students, but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

6. **Healthy School Environment**
This component encompasses 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.

7. **Health Promotion for Staff**
This component provides opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities 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.

8. **Family/Community Involvement**
This component represents 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. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Coordinated School Health Model
Source: Adapted from CDC

COORDINATED SCHOOL HEALTH POSITIVE OUTCOMES

Source: Marx, E., Wooley, S. (Eds.). (1998) Health is Academic: A Guide to Coordinated School Health Programs. New York: Teachers College Press

School health education has been shown to not only change students' health behaviors and attitudes but also has been shown to be a cost effective way to promote health and prevent disease.

The availability of school-based health centers has been shown to increase student attendance at school and reduce suspensions and dropout rates.

Positive or negative school environments have been shown to either support or undermine student learning.

Teachers participating in school-site health promotion programs have higher morale and fewer absences.

Student nutrition services have been associated with improved students' scores on standardized tests.

The benefits of family involvement are well known to school administrators; among other positive effects, family involvement can increase students' adoption of healthy behaviors.

PROGRAM ASSESSMENT

After an advisory council has been established, council members will find it beneficial to complete a program assessment to help guide decision making related to designing programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

After each section has been scored, the council can now select an area or areas, based on the eight components of coordinated school health, in which the school district can improve. The lower the assessment score, the more action will be needed to improve coordinated school health.

The following assessment survey was adapted from *Effective School Health Advisory Councils*, a publication from the North Carolina Department of Public Instruction and the U.S. Department of Health and Human Services.

For additional information on developing an action plan, the council may wish to refer to *Effective School Health Advisory Councils,* North Carolina Department of Public Instruction, available at: www.nchealthyschools.org/schoolhealthadvisorycouncil.

Reviewer Name(s): _____

School Name: _____

Town: _____ **Date:** _____

For each item, indicate if a policy exists and to what extent it is implemented by using the following scale:

0 = No policy exists

1 = Policy exists however is rarely implemented.

2 = Policy exists and is sometimes implemented

3 = Policy exists and is usually implemented

1. Health Education

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
A documented, planned, and sequential program of health instruction for students in grades kindergarten through twelve that aligns with the state Grade Level Expectations.	**0**	**1**	**2**	**3**
A curriculum that addresses and integrates education about the ten content areas (community health, consumer health, environmental healthy, family life, growth and development, nutrition, personal health, prevention and control of disease, safety and accident prevention, and substance use and abuse) at developmentally appropriate ages.	**0**	**1**	**2**	**3**
Activities that help young people develop the skills they need to avoid: Tobacco use	**0**	**1**	**2**	**3**
Dietary patterns that contribute to disease	**0**	**1**	**2**	**3**
Sedentary lifestyle	**0**	**1**	**2**	**3**
Sexual behaviors that result in HIV infection	**0**	**1**	**2**	**3**
Other sexually transmitted diseases and unintended pregnancy	**0**	**1**	**2**	**3**
Alcohol and other drug use	**0**	**1**	**2**	**3**
Behaviors that result in unintentional and intentional injuries	**0**	**1**	**2**	**3**
Health education instruction is provided for a prescribed amount of time at each grade level.	**0**	**1**	**2**	**3**
Health education program is managed and coordinated by an education professional trained to implement the program.	**0**	**1**	**2**	**3**
Health education instruction is provided by teachers who are trained to teach the subject.	**0**	**1**	**2**	**3**

Health education program includes involvement of parents, health professionals, and other concerned community members.	**0**	**1**	**2**	**3**
Health education program is evaluated, updated, and improved yearly.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 14 for a score on the component.			**SCORE =**	

2. Health Services

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
All students have access to a Registered Professional Nurse on a daily basis.	**0**	**1**	**2**	**3**
A policy in place that detects health-related barriers to learning (screening programs) that is coordinated with referral and follow-up activities for resolution.	**0**	**1**	**2**	**3**
An RN assesses, plans, and evaluates health care for students with special needs to assure it is in accordance with the State Board of Education.	**0**	**1**	**2**	**3**
Federal, state, and local statutes and guidelines are utilized for prevention and control of communicable and infectious diseases, including HIV infection.	**0**	**1**	**2**	**3**
A system for reporting an injury, and procedures implemented system wide and used in developing and implementing prevention and safety activities.	**0**	**1**	**2**	**3**
Student health records are maintained and stored in accordance with current state and federal regulations.	**0**	**1**	**2**	**3**
All children with Asthma have an Asthma Action Plan.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 7 for a score on the component.			**SCORE =**	

3. Nutrition Services

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
The National School Lunch, Breakfast, and After School Snack program serves meals and snacks in accordance with the USDA School Meals Initiative (SMI) regulations.	**0**	**1**	**2**	**3**
Nutrition standards exist for all other foods and beverages available to students, including vending, a la carte, classroom celebrations, and additional school activities.	**0**	**1**	**2**	**3**
The wellness policy follows the Missouri Eat Smart Guidelines for grades pre-kindergarten to twelve At a minimum level.	**0**	**1**	**2**	**3**
At an intermediate level.	**0**	**1**	**2**	**3**
At an advanced level.	**0**	**1**	**2**	**3**
The wellness policy follows: The 2005 Dietary Guidelines.	**0**	**1**	**2**	**3**
The Institute of Medicine Guidelines.	**0**	**1**	**2**	**3**
The wellness policy includes integrative nutrition education that is classroom-based and cafeteria-based.	**0**	**1**	**2**	**3**
Fresh fruits, vegetables, whole grains, and low fat/fat free dairy are offered in the school cafeteria on a daily basis.	**0**	**1**	**2**	**3**
Changes in health knowledge (including nutrition and physical activity are measured).	**0**	**1**	**2**	**3**
Changes in attitude are measured.	**0**	**1**	**2**	**3**
Changes in behavior are measured.	**0**	**1**	**2**	**3**
Lunch periods are long enough to give students time to eat and socialize. (National recommendation is at least 20 minutes after they are seated.)	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 13 for a score on the component.				**SCORE =**

4. Healthy School Environment

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
A policy that prohibits all students, staff, and visitors from using tobacco products on school grounds at all times.	**0**	**1**	**2**	**3**
School staff ensure that students are not harassed, bullied, or hazed.	**0**	**1**	**2**	**3**
A formal emergency response plan for handling issues such as natural disasters, violent incidents, and bioterrorism.	**0**	**1**	**2**	**3**
School facilities are clean, well maintained, and in good repair.	**0**	**1**	**2**	**3**
All heating and air conditioning systems are maintained at the recommended temperature and humidity levels.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 5 for a score on the component.				**SCORE =**

5. Counseling, Psychological & Social Services

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
Access to support groups for students dealing with personal and family issues such as substance abuse, stress, pregnancy, grief, etc.	**0**	**1**	**2**	**3**
Training provided to all staff on early identification of students with signs of academic and mental/ behavioral health problems.	**0**	**1**	**2**	**3**
Students with potential mental health issues are systematically identified and referred for supportive services.	**0**	**1**	**2**	**3**
Mental health staff assist teachers in conducting prevention activities related to mental/behavioral health issues.	**0**	**1**	**2**	**3**
The effectiveness of the counseling/mental health services is evaluated yearly.	**0**	**1**	**2**	**3**
A crisis plan is in place for mobilizing mental health workers to assist students, staff, and families in the event of a school crisis.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 6 for a score on the component.				**SCORE =**

6. Physical Education

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
All students participate in daily physical education.	**0**	**1**	**2**	**3**
All elementary students participate in classroom physical activity led by the classroom teacher.	**0**	**1**	**2**	**3**
All elementary students participate in daily active recess.	**0**	**1**	**2**	**3**
A certified physical education specialist teaches physical education.	**0**	**1**	**2**	**3**
Physical education curriculum is sequential and age appropriate.	**0**	**1**	**2**	**3**
Students are assessed according to the Grade Level Expectations and not just on dress attire and participation.	**0**	**1**	**2**	**3**
The effectiveness of the physical education curriculum is evaluated yearly.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 7 for a score on the component.				**SCORE =**

7. Health Promotion for Staff

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
The wellness policy includes a staff wellness program or school sponsored health promotions.	**0**	**1**	**2**	**3**
The staff wellness program is evaluated yearly.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 2 for a score on the component.				**SCORE =**

8. Family/Community Involvement

CIRCLE the appropriate response for each item.	**NO POLICY and/or PRACTICE EXISTS**	Policy exists however is **RARELY** implemented	Policy exists and is **SOMETIMES** implemented	Policy exists and is **USUALLY** implemented
There is a school health advisory council.	**0**	**1**	**2**	**3**
All students have the opportunity to engage in community service activities.	**0**	**1**	**2**	**3**
Members of the school health advisory council represent: School administrators	**0**	**1**	**2**	**3**
Health educators	**0**	**1**	**2**	**3**
Health Services (nurses, doctors)	**0**	**1**	**2**	**3**
Physical educators	**0**	**1**	**2**	**3**
School nutrition staff	**0**	**1**	**2**	**3**
Parents	**0**	**1**	**2**	**3**
Counseling staff	**0**	**1**	**2**	**3**
Community health personnel	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 10 for a score on the component.				**SCORE =**

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Missouri Coordinated School Health Coalition

www.healthykidsmo.org