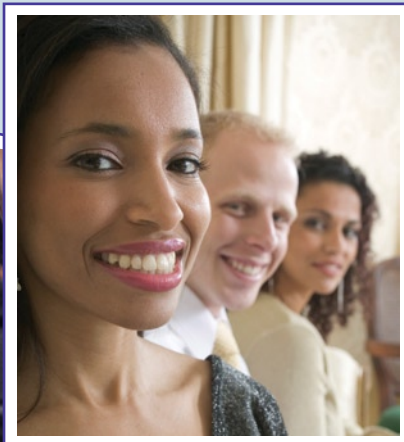


# School Health Advisory Council



**A Guide for Texas  
School Districts**

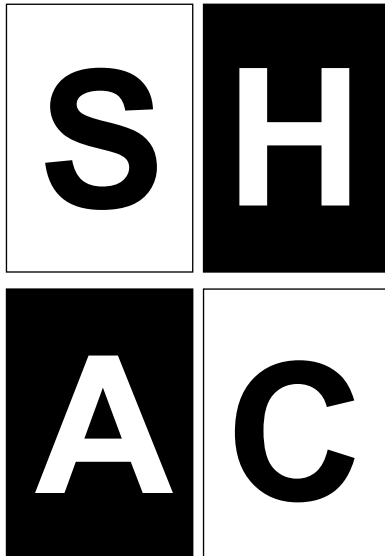


**Designed for:**

- School districts
- School board members
- Community members
- Stakeholders interested in SHACs



# School Health Advisory Council



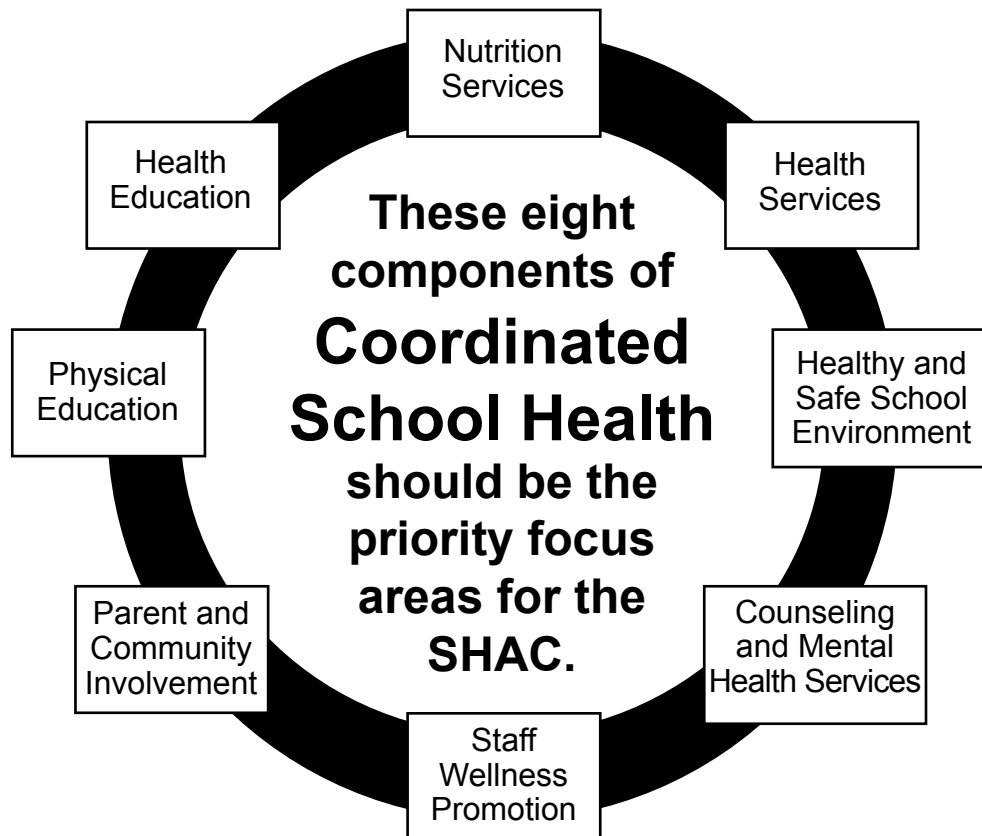
## A Guide for Texas School Districts

This guide is designed for:

- School districts
- School board members
- Any community member
- Other stakeholders interested in SHACs

This guide focuses on:

- Basic principles of the SHAC
- Function of a school district SHAC
- Recruitment & orientation of new SHAC members







## Table of Contents

Introduction to School Health Advisory Councils (SHACs) . . .	4
Student Health and Academic Performance . . . . .	5
What Are School Health Advisory Councils? . . . . .	6
What Is Texas Law Regarding SHACs? . . . . .	7
What Do SHACs Do? . . . . .	9
How Do SHACs Get Started? . . . . .	10
Who Are Members of SHACs? . . . . .	11
How Are SHAC Members Selected? . . . . .	12
How Are SHACs Structured? . . . . .	13
How Do SHACs Function? . . . . .	14
Statement of Philosophy. . . . .	15
Conducting an Assessment . . . . .	16
How Are SHAC Meetings Conducted? . . . . .	17
What Factors Influence the Effectiveness of a SHAC? . . .	18
How Are SHACs Evaluated? . . . . .	19
Conclusion . . . . .	20
Resources . . . . .	21
Worksheets . . . . .	25
References . . . . .	34

### **Acknowledgments**

The Texas Department of State Health Services (DSHS) would like to express its gratitude to the American Cancer Society and its partners in the development of the original manual and for allowing DSHS to adapt this document for Texas.

The original *School Health Advisory Council Guide* was developed, distributed and funded by the American Cancer Society with assistance during development from the following:

- The American Cancer Society, High Plains Division, Inc.
- Christin P. Bellian, American Cancer Society, Project Lead
- The North Carolina Department of Public Instruction, Division of Curriculum and Instruction, Healthful Living Section.

The Education Service Center Regional School Health Specialists provide trainings and technical support to local school districts in their efforts to establish effective SHACs. DSHS would like to acknowledge its partner in this effort, the Texas Cancer Council, for their support of the Texas School Health Network.

# An Introduction To School Health Advisory Councils (SHACs)

**Establishing healthy behaviors, during childhood is more effective than trying to change unhealthy behaviors during adulthood.**

The risk behaviors listed below are established early in life.

- Tobacco use
- Poor food choices and inappropriate portion size
- Inadequate physical activity
- Alcohol and drug use
- Sexual behavior that can transmit HIV and other STD's
- Unintended pregnancy
- Intentional and unintentional injuries, often due to violence

Many chronic conditions such as asthma, diabetes and seizures, can be effectively managed when students are evaluated on a regular basis and learn self-care skills

Infectious diseases are also better controlled when good hand washing techniques and other measures are taught to reduce risk of exposure.



Parents and community stakeholders play a primary role in establishing healthy behaviors in children. Schools can partner with them to reinforce the knowledge and skills children need, such as:

- Refusal skills
- Decision-making
- Goal setting
- Communication
- Healthy relationships
- Alternative health promoting activities/events

An effective, coordinated school health program can:

- Increase academic achievement
- Decrease absenteeism and drop-outs
- Reduce the risk of premature death
- Decrease health care costs
- Improve economic productivity and national security

The health of our children does not depend on major medical breakthroughs, but rather on the everyday practice of good health habits.

SHACs provide an efficient, effective structure for creating and implementing an age-appropriate, sequential health education program, and early intervention and prevention strategies that can easily be supported by local families and community stakeholders.

Every independent school district is required by law to have a School Health Advisory Council; of which the majority of members must be parents who are not employed by the school district (Title 2, Chapter 28, Section 28.004 of the Texas Education Code: [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm))

# Student Health and Academic Performance

Current research indicates that by addressing children's health, schools can improve student performance and maybe even a school's bottom line. There is mounting evidence that when schools take action to address health needs of students, they can also meet performance goals and alleviate financial constraints.

SHACs should make school board members and school administrators aware of the connection between health and learning. *The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools*, details the information between those connections. You can download the report at [www.actionforhealthykids.org/special\\_exclusive.php](http://www.actionforhealthykids.org/special_exclusive.php).

## “Best Practices” in School Health

What are “best practices” in school health? There are basic elements of a high-quality school health program that should be considered during the development of recommendations from the district SHAC. They fall into four specific categories:

- 1. Active Leadership.** This includes school administrators, the SHAC and a lead school employee that actively supports school health with responsibility for coordinating school health.

*How to tell if your school district excels:*

- ✓ Key decision makers in school administration support school health.
- ✓ Policies, programs and facilities promote clear, high expectations for positive academic achievement and positive health choices.
- ✓ The SHAC meets regularly and offers guidance.
- ✓ A trained employee has sufficient resources to coordinate the school health program.
- ✓ Priorities are set based on information about youth health risks in the community.

- 2. Coordinated, Collaborative Programs.** The SHAC sets priorities based on community needs and values and links with community resources.

*How to tell if your school district excels:*

- ✓ The SHAC has input into all aspects of school health including health services; the school lunch and drug-free schools program; and, the health education program.
- ✓ Health enhancing messages from multiple sources are consistent and coordinated across all disciplines. (e.g., nutrition education is reinforced by lunchroom offerings; safety messages are underscored by seat belt availability and use on school buses, etc.).
- ✓ Priorities, roles and tasks are identified and established based on an understanding of community values and culture as well as student, family and school staff needs.
- ✓ The SHAC provides a forum for open communication.
- ✓ The SHAC refines the health program regularly based on changing needs and resources.
- ✓ The school health program addresses the needs of all students, families and school staff.
- ✓ The school health program links with health and social service providers as well as programs and other resources in the community.

- 3. Safe, Nurturing Environment.** Policies, practices and programs are implemented that promote consistent, health-enhancing messages; and, facilities that are hazard free are supported.

*How to tell if your school district excels:*

- ✓ Facilities are hazard-free and policies and practices promote positive academic achievement and healthy choices.
- ✓ Staff is nurturing, open and supportive of a coordinated approach to learning.

- 4. Commitment of Resources.**

*How to tell if your school district excels:*

- ✓ Time, personnel and resources are well managed.
- ✓ Students, families and school employees have access to appropriate resources.
- ✓ School staff has adequate time to plan and deliver health instruction, support services and foster collaborative activities with community partners.

### Strategic Tips

Throughout this booklet, you will find **Strategic Tips for Improving your SHAC** inserts that describe ways local leaders can support the functioning of a SHAC.

These tips should serve as a springboard for thinking of ways to get involved with your school district SHAC.

# What Are School Health Advisory Councils (SHACs)?



A SHAC is a group of individuals representative of segments of the community, generally appointed by the school district to serve at the district level. They provide advice on coordinated school health programming

and its impact on student health and learning.

SHACs provide recommendations specific to changes and/or additions to the school's health education curriculum or instruction that impact the entire school district, not just individual school campuses. School districts use a SHAC to advise them on a variety of topics, such as exceptional children or drop out prevention.

It is important to emphasize that SHACs provide advice and can only make recommendations to the school district Board of Trustees. They are not part of the paid administrative staff or structure of the schools; nor do they have any legal responsibilities within the school district. However, Texas law requires that every school district have a SHAC and the majority of members must be parents not employed by the school district.

The details of the responsibilities of a SHAC are outlined in the statute published in the Texas Education Code as shown on page 7 of this guide.

## **Strategic Tip #1**

- √ To find out if your school district has a SHAC and how you can help, find out who in your school district's main administrative office has oversight for the SHAC and schedule a time to meet. If they have a SHAC, ask questions to determine if it functions as defined by the law. If there is no SHAC, or you've determined the SHAC is not functioning properly, use the information provided here to advise the school board on school health issues. Offer any assistance you can to support the school district in their efforts.
- √ Effective SHACs can be instrumental in improving student health and creating healthy schools by:
  - helping schools meet community involvement mandates and community expectations,
  - providing a way for community members to work together with school personnel to accomplish district goals,
  - utilizing community resources and assets,
  - influencing people within a community to be a credible, collective voice for healthy children and youth,
  - providing a forum for sharing youth health information, resources, perspectives and a range of advice,
  - fostering member's personal satisfaction and understanding of their role in strengthening their community by supporting CSH and
  - fostering cooperation by building trust and consensus among grassroots organizations, community segments, and diverse citizens.



# What Is Texas Law Regarding SHACs?

Every independent school district is required by law to have School Health Advisory Council.

The following text is from **Title 2, Chapter 28, Section 28.004 of the Texas Education Code**, the state statute that governs public schools in Texas. This section outlines the law regarding SHACs. For more information, the entire Texas Education Code can be obtained on line by going to [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

## **CHAPTER 28.004. LOCAL SCHOOL HEALTH ADVISORY COUNCIL AND HEALTH EDUCATION INSTRUCTION.**

(a) The board of trustees of each school district shall establish a local school health advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction.

(b) A school district must consider the recommendations of the local school health advisory council before changing the district's health education curriculum or instruction.

(c) The local school health advisory council's duties include recommending:

- (1) the number of hours of instruction to be provided in health education;
- (2) curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and Type 2 diabetes through coordination of:

- (A) health education;
- (B) physical education and physical activity;
- (C) nutrition services;
- (D) parental involvement; and
- (E) instruction to prevent the use of tobacco;

(3) appropriate grade levels and methods of instruction for human sexuality instruction; and

(4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:

- (A) school health services;
- (B) counseling and guidance services;
- (C) a safe and healthy school environment; and
- (D) school employee wellness.

(d) The board of trustees shall appoint members to the local school health advisory council.

A majority of the members must be persons who are parents of students enrolled in the district and who are not employed by the district. The board of trustees also may appoint one or more persons from each of the following groups or a representative from a group other than a group specified under this subsection:

- (1) public school teachers;
- (2) public school administrators;
- (3) district students;
- (4) health care professionals;
- (5) the business community;
- (6) law enforcement;
- (7) senior citizens;
- (8) the clergy; and
- (9) nonprofit health organizations.

(e) Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:

- (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
- (2) devote more attention to abstinence from sexual activity than to any other behavior;

## What Is Texas Law Regarding SHACs? (continued)

(3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;

(4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and

(5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.

(f) A school district may not distribute condoms in connection with instruction relating to human sexuality.

(g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes.

(h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g).

(i) A school district shall notify a parent of each student enrolled in the district of:

(1) the basic content of the district's human sexuality instruction to be provided to the student; and

(2) the parent's right to remove the student from any part of the district's human sexuality instruction.

(j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.

(k) A school district shall publish in the student handbook and post on the district's Internet website, if the district has an Internet website:

(1) a statement of the policies adopted to ensure that elementary school, middle school, and junior high school students engage in at least 30 minutes per school day or 135 minutes per school week of physical activity; and

(2) a statement of:

(A) the number of times during the preceding year the district's school health advisory council has met;

(B) whether the district has adopted and enforces policies to ensure that district campuses comply with agency vending machine and food service guidelines for restricting student access to vending machines; and

(C) whether the district has adopted and enforces policies and procedures that prescribe penalties for the use of tobacco products by students and others on school campuses or at school-sponsored or school-related activities.

Note: This represents only a small portion of the law regulating schools in Texas. Additional information on laws, regulations and policies related to schools can be accessed through the following sites and is addressed in detail in the Resources section of this guide on pages numbered 21-24.

- Texas Education Code: [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)
- Texas Child Nutrition Policy: [www.squaremeals.org/](http://www.squaremeals.org/)
- Texas Education Laws and Rules: [www.tea.state.tx.us/educationlaw.html](http://www.tea.state.tx.us/educationlaw.html)
- Texas Health and Safety Code: [www.capitol.state.tx.us/statutes/hs.toc.htm](http://www.capitol.state.tx.us/statutes/hs.toc.htm)

# What Do SHACs Do?

A SHAC could have a variety of roles. At a minimum, SHACs must address the responsibilities outlined in the Texas Education Code found on page 7 of this guide. However, the most effective SHACS develop plans that address all eight components of a coordinated school health program as listed here:

1. health instruction,
2. healthy school environment,
3. health services,
4. physical education,
5. school counseling,
6. food service,
7. school site health promotion for faculty and staff; and,
8. involvement with parents and the community.

Most commonly, SHACs will be assigned the following responsibilities:

- **Program Planning.** SHACs meet regularly to share teaching strategies, problem solve and plan synergistic activities. They might also participate in evaluation and assessment of community health issues; facilitate innovation in health education; and, provide in-service training programs.
- **Promotion and Advocacy.** Often the SHAC is responsible for advocating and promoting school health within the school district and in the community. Spotlighting the SHAC's efforts may help ensure sufficient resources are allocated to school health; provide a source for intervention when external or internal barriers arise; facilitate understanding between school and community segments; and, encourage representatives from local business, media, religious, juvenile justice and medical communities to provide resources and linkages.
- **Fiscal Impact.** The SHAC should provide support to school districts when making recommendations that have fiscal impact. SHACs should work with school personnel to determine the impact of their recommendations before they are presented to the board. SHACs should also consider how to assist schools in raising funds for programs such as preparing grant applications.
- **District and State Agency Interaction.** SHACs may work with appropriate state agency personnel in curriculum selection, health services allocation, development of food service programs, distribution of federal or state funds and policymaking.
- **District School Board Interaction.** By law, school boards must consider the recommendations of their local SHAC before changing the district's health education curriculum or instruction. Therefore, if given the opportunity, SHACs should review and recommend available curriculum and instruction options using carefully evaluated information based on an understanding of community values and culture as well as youth health risks; and, student, family and school staff needs.
- **Evaluation, Accountability and Quality Control.** Many SHACs are given responsibility to ensure school health funds are spent appropriately. Some SHACs will conduct focus groups with parents, teachers, administrators and students; to examine existing school services relative to need; or, even assess the physical and psychological environment of the school. Sometime SHACs will make sure food service programs offer healthy menus according to established guidelines, and that health-related activities are conducted. Many SHACs are also serving as the federally mandated Wellness Policy Committee which is a group required to be involved in policy development and quality control. Visit the School Nutrition Association Website for details about the law and sample policies at: [www.schoolnutrition.org/index.aspx?id=1075](http://www.schoolnutrition.org/index.aspx?id=1075).

## **Strategic Tip #2**

- ✓ Find out if your SHAC is addressing the four duties as outlined in the law and what additional responsibilities they have been assigned. Additional guidance on coordinated school health including a coordinated school health model is available from the National Center for Chronic Disease Prevention and Health Promotion: [www.cdc.gov/HealthyYouth/CSHP/](http://www.cdc.gov/HealthyYouth/CSHP/)
- ✓ Share material on the importance of coordinated school health programming with SHAC members to prepare them to become experts.
- ✓ Make sure that the school district and SHAC members are aware of the TEA approved coordinated school health programs and other resources. Visit [www.tea.state.tx.us/curriculum/hpe/coordinated\\_school\\_health.html](http://www.tea.state.tx.us/curriculum/hpe/coordinated_school_health.html) to find out about these products.
- ✓ Determine how well your school district addresses health issues. Observe health education classes, be aware of the overall health environment; and examine school lunch menus. If you notice areas of positive impact, inform the appropriate district administrator and the superintendent and thank them for their efforts.

# How Do SHACs Get Started?

## **Strategic Tip #3**

- √ Is your SHAC meeting on a regular basis? If it has only met once during the year, it more than likely is not adequately addressing school health issues.
- √ Is your SHAC addressing all the mandates in the law? If not, that should be its primary or first responsibility.
- √ If your school district doesn't have a SHAC, an interested organization or group should start one.
- √ Increase your influence in advocating for a SHAC by involving multiple organizations.
- √ Use the description of SHAC duties described in this booklet and in the law to set up your SHAC.
- √ SHACs should represent your community's geographic area; economic, social, religious, and ethnic makeup; philosophies; constituencies; and overall culture and feel.
- √ Meet with key school district personnel as a first step in developing a collaborative relationship.
- √ Specifically invite key people in the community to attend the meeting to set up a new SHAC.
- √ Contact your Regional Education Service Center School Health Specialist (SHS) to find out when SHAC training is scheduled. Your local school district can identify your SHS and how to contact them; or go to [www.tea.state.tx.us/ESC](http://www.tea.state.tx.us/ESC) to find your service center. This guide should be used as a foundation for SHAC training along with additional resources provided by your SHS.
- √ Make sure the school district designates a staff liaison to the SHAC before its formation for efficiency in communication.

Texas is among many states that mandate a school district SHAC. Research suggests that collaboration among families, communities and schools is the most effective approach for prevention and intervention. Mandates ensure the responsibility for developing and managing programs addressing physical, emotional and social aspects of health is shared by all segments of the community and reflect community values. The Texas mandate is specific about function, structure, procedures, etc.

If your school district does not have a SHAC, here are some steps you can take to begin one:

- Review established school district procedures for advisory councils.
- Gather three to five interested people to define shared perceptions about the need for a SHAC.
- Establish the general purpose and major functions of the SHAC.
- Conduct a realistic analysis of the opportunities and barriers in the community and school district to forming a new SHAC. Identify strategies for overcoming the barriers.
- Review categories and identify potential candidates of SHAC members and a tentative schedule for recruitment.
- Prepare a brief proposal on the formation of a SHAC.
- Gain support from your school district central office personnel.
- Hold an initial meeting with school district personnel to determine interest and support for SHAC.
- Contact your Education Service Center Regional Office ([www.tea.state.tx.us/ESC](http://www.tea.state.tx.us/ESC)), School Health Specialist ([www.dshs.state.tx.us/schoolhealth/schnet\\_shtm](http://www.dshs.state.tx.us/schoolhealth/schnet_shtm)) for SHAC training, materials and other resources.

## **Strategic Tip #4**

- √ Successful SHACs focus on recruiting members with the qualities identified in this section.
- √ Every school district must have a SHAC to fulfill the duties outlined by law. A district may also have a committee in with similar objectives. It is often efficient and practical to have a single group that serves both functions. It can also be the impetus for coordination of activities.
- √ It is important to recruit individuals with the right characteristics for membership as outlined in this section. Candidates for membership can be drawn from representatives from local organizations with an interest in children's health issues. These organizations can then recommend key individuals to consider for membership on the SHAC.
- √ Make sure that appropriate segments of the community are represented on your SHAC. Lead a discussion based on your community assessment about what population segments need to be represented. Recommend people to represent these groups.
- √ Offer your pre-determined suggestions for potential members.

# Who Are Members of SHACs?

Most importantly, SHAC members should be committed to quality health programs for children. Other criteria should include:

- **Demonstrated interest in youth.** Look for individuals that have a good understanding of the needs of children. Find them in Scouting groups, church youth groups, human service agencies, at school events, other advisory groups, environmental groups, civic clubs, PTAs, youth-related business projects, etc.
- **Knowledge of community profile.** Members should have a general understanding of the culture of the community including its political, geographic and economic features. Include high profile community members; especially those known by different community segments and, members known as quality decision-makers. Try to identify someone new to the community. They may bring experiences from a different perspective without the burden of barriers experienced by local community members.
- **Professional ability.** Individuals trained in youth-related disciplines and employed in human service agencies are obvious potential members. However, training and agency affiliation does not predict the value of an individual to the SHAC. A more prudent approach is to choose individuals rather than agencies so that SHAC members display skill needed for effective group interaction, decision-making and planning.
- **Commitment of time.** It is important that members be an active participant in the SHAC by attending meetings and participating in SHAC activities. As part of recruitment, communicate the time commitment as an expectation of a SHAC member.
- **Representative of the population.** To increase the likelihood of having a SHAC representative of the community, it is important to plan member selection carefully. Every community has population segments unique in age, sex, race, income level, geography, politics, ethnicity, profession and religion. Representation of these segments of the community can enrich the level of discussion and acceptance of proposed activities. Additionally, comprehensive representation of members and ideas brings community-wide credibility and visibility to the SHAC by reflecting the views of the community.
- **Credible membership** The credibility of the SHAC is enhanced considerably by the personal characteristics of its members. Honesty, trustworthiness, dependability, commitment and ethical behavior are characteristics school districts should look for in the individuals they appoint as SHAC members.

## **Strategic Tip #5**

√ A majority of SHAC members must be parents of students enrolled in the district who are not employed by the district. Additional members can be drawn from the community. The broader your representation, the better your chances of meeting the needs of the whole community.

## **Sources of SHAC members:**

- Parents (majority – required by law)
- Medical professionals/ hospitals/clinics
- Social service agencies/public health agencies
- Business/industry
- Volunteer health agencies
- Churches/synagogues
- Civic and service organizations/ professional societies
- Colleges/universities
- Public media: print/electronic
- Attorneys and law enforcement officials
- Schools: administrators, nurses, classroom, health/P.E. teachers, nutrition services managers
- Youth groups/students
- City/County/State government officials

## How Are SHAC Members Selected?



There are primarily three methods for selecting SHAC members. These can be implemented independently or combined using one or more of the following:

- **Recruitment.** The most successful SHACs take the time to go through a carefully planned and implemented recruitment process in which a select group identifies and recruits individuals that
  - 1) possess the desired qualities for membership, and
  - 2) come from the recommended segments of the community.
- **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 reflect the views of the school board members.
- **Volunteer.** Some SHACs consist of individuals who volunteer to serve on the SHAC. Such SHACs often best reflect the diverse views of the community since representatives from many segments have the opportunity to serve. Make sure that volunteers meet the desired criteria for membership.

Regardless of the selection method, some common steps should be taken.

- Membership categories and SHAC size should be pre-determined. SHACs typically have 10 to 20 members.
- A diverse group of three to five objective stakeholders should be asked to identify potential members for each category.
- New members should be assigned to 1, 2, or 3-year terms to maintain a balance of new and tenured members. This will protect the stability and develop consistency of the SHAC.
- The purpose, operation, membership and time commitment for potential SHAC members should be briefly explained before asking for a commitment.
- Appointment letters should be sent to new members from the superintendent and/or the school board and should indicate how much the school district values the person's willingness to participate. 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. Finally, the letter should indicate next steps for new SHAC members and, if scheduled, the date, time and place of the first SHAC meeting.

### **Strategic Tip #6**

- √ Ask the district staff person how SHAC members are selected. If this approval process involves the school board, superintendent, and SHAC members, offer assistance in identifying prospective new members. This method of selection draws the most qualified and acceptable membership.

# How Are SHACs Structured?



SHACs are structured in a variety of ways to best meet the needs of the school district. Two of the most common are described here:

- **SHAC reports to a school staff administrator.**
  - ✓ Community members are appointed to the SHAC by the school board.
  - ✓ The SHAC members elect a chairperson.
  - ✓ The SHAC chairperson works with the school administrator.
  - ✓ The school administrator attends SHAC meetings, keeps the superintendent informed and assists in the development of reports to the school board.
  - ✓ The superintendent determines who reports to the school board.
  - ✓ This structure provides for an orderly flow of advice to the school board.

**NOTE:** Keeping good records of SHAC meetings is particularly important when using this structure as communication moves through a multi-level reporting system. Posting SHAC minutes and reports on the school district's Web site is an excellent way to communicate a consistent message to parents and the community.

- **SHAC reports to the school board.**
  - ✓ Community members, school superintendent and school administrators are appointed by the school board.
  - ✓ SHAC reports are presented to the school board directly.
  - ✓ This structure allows direct communication with the school board, two appointed key school personnel and representation from a wide variety of community segments.

**NOTE:** It is important for this structure that the chair be selected with strong leadership abilities. It would also be important that school personnel exempt themselves as candidates for SHAC chairperson.

Care should be taken to determine the best structure and reporting method for each new SHAC. Existing SHACs should evaluate the current structure to ensure it meets all community segments.

In large communities, a 20-member SHAC may not provide adequate representation from all facets of the community or areas of expertise. Therefore, larger communities may form a 10 to 20 member "SHAC Executive Committee" from which various sub-committees or work groups are formed relative to SHAC objectives or plans. This structure allows for the involvement of additional stakeholders without compromising the core SHAC's ability to function according to the Texas code.

## **Strategic Tip: #7**

- ✓ Learn how your SHAC is structured. Does it work well for both the school district and the SHAC? For the size and uniqueness of the community?
- ✓ Interview SHAC members and school personnel to find out if flow of communication is effective and efficient. If not, suggest alternatives.

# How Do SHACs Function?

## Orientation

All SHAC members need an orientation. This booklet combined with specific information from the school district can serve as key resources for an orientation. If everyone on the SHAC is new, a group orientation works well. If only one or two members are new, meeting with these individuals separately is preferred.

## Bylaws

SHACs should have written bylaws that clarify purpose, structure and operational procedures. The potential for confusion among members is reduced when guidelines are provided.

Listed below are key items to consider:

- **Name and purpose of the SHAC.** In most cases the name of the district is incorporated into the name of the SHAC (e.g., Hill County ISD Health Advisory Council). The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. For example, SHACs should at a minimum reflect their legal mandate as defined in the law. (See pages #4-5)
- **Membership.** The composition of the SHAC should be well defined categories such as; number of members and community sectors to be represented; as well as, criteria for terms of appointment, voting rights, termination, resignation, selection method, attendance and eligibility.
- **Meetings.** Frequency, date and location of meetings, procedure for setting the agenda, notification of meetings and distribution of agenda and minutes should be clearly stated. Roberts Rules of Order or an equivalent process should govern the conduct of each meeting. SHAC meetings are generally not considered to be subject to open meeting laws since they serve an advisory role and not a decision-making role. Posting minutes and agendas on the school's Web site, allows for public input and provides an "open door" to the SHAC, which is always advisable.
- **Officers.** Titles and written responsibilities of officers, their terms, as well as brief descriptions of the election, removal, and resignation processes, should be detailed. Generally, officers include chair, vice-chair, secretary and treasurer if appropriate.
- **Voting procedures.** The voting process and the quorum required at regular meetings should be described. For example, one-half of the members must be present for a vote to be taken and two thirds must vote for a motion for approval. Some SHACs require a waiting period (until the next meeting, for example) before a motion can be placed on the agenda as an action item and a vote taken.
- **Committees.** Many SHACs appoint committees to carry out specific actions. The names of all standing committees and brief descriptions of their functions and qualifications for membership should be detailed. The process for formation of special committees should be described.
- **Communications.** Reporting procedures for internal and external communication should be clearly stated. These might include identifying who needs to receive reports from the SHAC; and, the process required to develop and deliver them; determination of procedures for informing the community about SHAC activities; and the identification and procurement of a central location for records of SHAC activities.
- **Amendments.** The procedure to be used for amending the bylaws should be determined. If possible, include charter members in the bylaws approval process. Approved, dated copies should be made available to all current and new members and appropriate school personnel.

### Strategic Tip #8

- √ Most SHACs do not have written bylaws. Find out if your SHAC does; and, if not; volunteer to work with a subcommittee appointed for that purpose. Keep in mind that while bylaws are important, their development should not take away from the SHAC's work on school health issues.
- √ The definition of a SHAC (Page #6) may be used as the statement of purpose.
- √ On average, SHAC size ranges from 10 to 20 members, with most having about 14.
- √ Most SHACs meet quarterly or more often depending on how active the SHAC, how active its members or the frequency and type of activities.



# Statement of Philosophy

## Strategic Tip #9

- √ Although it might seem easier to borrow another SHACs philosophy statement, it is critical that these statements be developed individually by each SHAC. This will help ensure a common philosophy and increase ownership.
- √ What are the benefits of a philosophy statement?
  - Organizes and unites us around a common purpose
  - Expresses what we want to strive for
  - Communicates confidence to give our best so we can realize our philosophy
  - Guides our actions and attracts others to our cause
  - Uplifts, compels, challenges and inspires

Some SHACs have written statements about their school district philosophy as it relates to coordinated school health programming. It offers SHACs a framework of reference when making policy decisions.

SHAC members can ask themselves:

Does this new policy fit into our vision of school health?

Here is an example of a philosophy statement:

### **Philosophy Statement:**

*The primary function of a school is to provide students with the learning experiences necessary for maximum intellectual development. The success of this process is affected by the child's emotional, social and physical health. For this reason the purpose of coordinated school health programming 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. The following steps can help make the process easier:

- Request that every SHAC member answer the following questions in their own words: What is coordinated school health programming? What do we want our coordinated school health program to achieve? What should the health education, health services, food service, health environment, and other components of coordinated school health look like in our school district?
- One person should compile responses and draft the statement of philosophy.
- The SHAC should review and revise the draft.
- The revised statement of philosophy should be presented to the school board and the superintendent for their approval.

## Strategic Tip #10

- √ Educate your SHAC on why it is important to develop a statement of philosophy about coordinated school health programming.
- √ Offer to help write the statement for your school district, either by facilitating the process or writing the draft. Provide SHAC members with materials that state the value of coordinated school health programming to use as examples.

# Conducting an Assessment

Assessment is a process of gathering, analyzing and reporting information about the health needs of the children in your schools and communities. It also involves identifying the capacities or strengths that are currently available to meet the children's needs.

Assessments must be conducted before any planning. SHAC members should work with the district to conduct an assessment. Although this may seem technical and time consuming, it is critical to the success of the program; and, many user-friendly, excellent tools are available. The most often recommended assessment tool is the **School Health Index**. This resource is available at no cost from the Centers for Disease Control and Prevention and can be printed out from the Web site to complete by hand or filled out on line. You can access the School Health Index at: <http://apps.nccd.cdc.gov/shi/default.aspx>

A successful assessment will help a SHAC:

- Understand the current situation
- Begin with a vision for the future
- Provide data for decision-making through comparison
- Promote awareness and action
- Help obtain funding and other resources

In addition to utilizing information gathered from within the school district, SHAC members should gather public health information that is available. For example, one excellent source for public health information can be found in the Strategic Plan for the Prevention of Obesity in Texas: 2005-2010. The Plan can be accessed through the Department of State Health Services Web site at: [www.eatsmartbeactivetx.org/](http://www.eatsmartbeactivetx.org/)

## Strategic Plans

A well-developed strategic plan will help the SHAC effectively address needs identified during the assessment. The following structure, or a variation, is used universally in the development of strategic plans.

- Identify the **MISSION** – what you wish for the district or, the end result of efforts of the SHAC in their coordinated school health efforts.
- Develop two or three broad **GOALS** for accomplishing the mission. The goals must be measurable and usually have a timeframe for accomplishment so it is obvious when they are completed. For the SHAC, this timeframe should be a single school year.
- Identify the **OBJECTIVES** needed to accomplish the goals. Objectives are the detailed descriptions of activities, actions or strategies required to achieve the goals.
- Plan the specific **ACTION ITEMS** or steps that must be taken to achieve the objectives. This step should also include who will be in charge of or conduct each action item involved and the deadline for accomplishment.



### Strategic Tip #11

- √ Educate your local SHAC on the importance of a strategic plan.
- √ Offer to assist your local SHAC in developing their plan. Offer to facilitate the process or assist in finding someone who can.

The following is an example of part of a simple strategic plan.

- **Mission:** All children will graduate successfully from our district with a comprehensive health education that has prepared them to enter adulthood with the knowledge and skills to maintain a healthy lifestyle.
- **Goal:** To provide children in grades K-12 sequential health instruction that reflects current health issues facing the local community.
- **Objective:** By the start of the next academic year, design and implement a progressive health curriculum that meets the needs of all of our students.
- **Activities:** Investigate available K-12 health curricula and showcase samples at the next SHAC meeting for member's review. Assigned to specific member or subcommittee.

SHACs often have many issues they want or need to address. Realistically, not all issues can be addressed in a single school year. Therefore, it is important for SHACs to set priorities. SHACs that phase in their recommendations over time are often the most successful in achieving their objectives.

SHACs should always be aware of the fiscal implications of their recommendations. Plans which require significant increases in funding without consideration for how those improvements can be paid for, are less likely to be approved by a school board. (See Fiscal Impact Section on Page #9 for more information.)

# How Are SHAC Meetings Conducted?

The work of a SHAC is completed mostly during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, consider the following factors:

- **Regular meeting schedule.** An annual calendar of dates, times and locations for regular meetings should be established. It is helpful if there is a regular meeting date, such as the third Wednesday of the month.
- **Agenda** Forward a tentative agenda to members with a request for additional agenda topics one to two weeks before a meeting and attach minutes of the previous meeting. Suggestions should be returned at least one week in advance of the meeting. The agenda should be easy to understand and information and discussion items should be separate from the action items. Here is an example of how an agenda could be structured:
  1. 15 minutes - refreshments and socializing;
  2. 10 minutes - review and approval of minutes of last meeting; and review of agenda;
  3. 15 minutes - report from school personnel on programs and activities;
  4. 30 minutes - discussion of future projects;
  5. 15 minutes - review and vote on action items;
  6. 15 minutes - presentation of items to be voted on at next meeting; and
  7. 15 minutes - review of meeting and setting next agenda.
- **Email and phone communications.** Members should be emailed and/or called two days prior to the meeting as a reminder. An email list and phone tree should be established to communicate quickly and provide procedures for dealing with inclement weather. A central phone number should be designated for information.
- **Refreshments.** Any responsibility for food costs and transportation should be made clear to SHAC members at the beginning of the year. If the meeting is not held at a mealtime, then light refreshments are appropriate. If refreshments are available, indicate on the agenda. Schools generally do not have funding for refreshments so a source should be identified.
- **Punctuality.** Meetings should start and end on time. Waiting for latecomers before starting a meeting or allowing discussion to drift past a specific time will promote the continuation of these behaviors.
- **Resources.** At the meeting be sure to have copies of the agenda, minutes, supplies and other information for each member. It's helpful to have a flipchart pad, markers and sticky notes available.
- **Environment and atmosphere.** The meeting should be held in a comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. Some SHACs meet in the school to help members become more familiar with its environment. Members should be greeted warmly as they arrive and introduced to one another. All members should be involved in discussions and acknowledged for their contributions. Discussion should be summarized for the group. The SHAC secretary should 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 review the items for follow-up and determine agenda topics for the next meeting.
- **Other suggestions.** Each meeting should add to the members understanding of coordinated school health programming. After participating in a SHAC, members can still be advocates for school health. They can also broaden their reach through advocacy if they represent a community organization that supports the local SHAC.

## **Strategic Tip #12**

- √ Find out when, where, and how often your local SHAC meets. If there is no regular schedule for the time or place, suggest a pattern be established.
- √ Make sure that SHAC meetings are promoted and open to the public.
- √ Provide your SHAC with a model agenda to use.
- √ If refreshments are not regularly available at SHAC meetings, identify a local organization willing to donate them.
- √ Offer to assist the SHAC in finding a facility that is conducive to productive meetings and does not charge a fee, if meeting space has been a problem in the past. Or, suggest that meetings be held in the school.
- √ Recruit a local volunteer organization to assist with follow up or specific tasks assigned by the SHAC.
- √ At each meeting provide SHAC members with information available from state organizations that support school health. Most information can be downloaded and reproduced for distribution at no cost. (See Resources on page #21)

# What Factors Influence the Effectiveness of a SHAC?

A SHAC is frequently faced with factors that influence how well it functions and serves its purpose. These factors impact the effectiveness of a SHAC. For instance, special interest groups often approach SHACs on what should be taught in the school health education program. These groups can either generate positive energy or impede progress through controversy around the school's coordinated school health program.

It is important for SHAC members to recognize that these factors are almost always present and can impact any aspect of a SHAC's role. Thinking in advance about how the dynamics of the group can be influenced, will increase the likelihood of a successful outcome. The following is a list of strategies to support the work of your SHAC:

- Clearly defined SHAC and member roles, responsibilities, structure and guidelines
- Well defined SHAC bylaws
- Mutually understood role of the school district liaison
- Well developed, structured and trained SHAC including orientation, appropriate representation of the community, knowledge of member's commitment to and knowledge of coordinated school health programs
- Understanding of the values and attitudes of the school/ community including special interest groups
- Confidence in the School Board's and school administration's knowledge about and support of school health
- Knowledge of current school district health curriculum and selection process
- Understanding of the availability of resources for the SHAC
- Knowledge of the techniques for managing controversy and how to utilize them
- Understanding of the current local and state legislative mandates and historical perspectives
- Awareness of processes available for community and student input on school health issues and SHAC activities; as well as, processes for communication to the community from the SHAC

## **Strategic Tip #13**

- ✓ Interview SHAC members and school personnel about which objectives need to be accomplished from the list that have not already, prioritize them and develop a plan to accomplish the top three.
- ✓ Identify ways, which your local organizations and agencies can work with SHAC members. For example, if school board members lack knowledge about coordinated school health programming, local leaders could meet with individual school board members to educate them.

# How Are SHACs Evaluated?

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; is it meeting its objectives, and if so, to what extent will the objective be accomplished by the target date? Here are some questions to help evaluating how well a SHAC is functioning. An effective SHAC should be able to answer “yes” to each:

- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?
- Does the SHAC implement activities to support coordinated school health programming?
- Are regular meetings occurring? Are most members attending?
- Are procedures established and utilized for conducting business?
- Does a positive relationship exist between the SHAC and school personnel? For example; district personnel or board members seek advice from the SHAC and act on SHAC recommendations
- Does SHAC membership represent all segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Is there a statement of purpose and goals?
- Has the SHAC conducted an assessment with the district staff? Were needs identified? Were goals set based on those needs?
- Did the SHAC write a Vision Statement? A Mission Statement?
- Do SHAC plans and activities focus on the goals and objectives set by the SHAC and have completion dates set?
- Are efforts made to reach goals and objectives by the target dates set?
- Are regular reports made to the district staff person or school board depending on SHAC structure?
- Are the SHAC activities benefiting the school's coordinated school health program?
- Has an understanding of coordinated school health and its value to the community emerged as a result of SHAC activities?
- Have members received sufficient orientation? Do SHAC members understand what is expected of them?
- Are SHAC members aware of the status of school health programs in the schools in their district?
- Are members provided information on state and national developments in school health?
- Do school personnel recognize and support the contributions of SHAC members?

## **Strategic Tip #14**

- √ Educate your SHAC on why evaluation is so important.
- √ Share the accompanying list of questions with SHAC members. Offer to facilitate an evaluation session using these questions for discussion on how the SHAC could function better. (Adapted from Fraser, Katherine. Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV. National Association of State Boards of Education, 1989, pp. 28-29.)

## Conclusion

Although all SHACs are similar in their general purpose and functioning, no two SHACs are alike. After all, SHACs are comprised of people with their own characteristics and personalities. This is perhaps the most important element of a SHAC because it ensures that recommendations reflect the individual needs and values of the community. SHACs should be the voice of the community about school health issues. However, unless community members get involved, SHACs do not work.

### ***Strategic Tip #15***

- √ Ensure that your SHAC reflects the community by participating in and influencing the function of the SHAC.
- √ Encourage other agencies, organizations and individuals to take advantage of this opportunity as well. These groups can and should provide leadership to ensure a strong SHAC through strong community involvement.

# Resources

## Essential Tools and Resources

A wide range of excellent resources is available. What follows are the most commonly utilized.

### ***School Health Index (SHI)***

The SHI is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. It's easy to use and completely confidential. This free resource can be downloaded and is also available as an online tool.

<http://apps.nccd.cdc.gov/SHI/Default.aspx>

### ***Youth Risk Behavior Survey (YRBSS)***

The YRBSS was developed to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include:

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection.
- Behaviors that contribute to unintentional injuries and violence.

Most schools have not participated in this nationally recognized survey, however, using the information available; a local school district could administer their own YRBSS.

[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

### ***Fit Healthy, and Ready to Learn***

*This guide* is organized around sample policies that reflect best practice, which can be adapted to fit local circumstances. The sample policies are written as statements of best practice. The policies can be adapted or revised to fit the needs of individual states, districts and schools. Portions of the guide can be downloaded. The entire guide can be obtained from the National Association of State Boards of Education.

[www.nasbe.org/healthyschools/fithealthy.html](http://www.nasbe.org/healthyschools/fithealthy.html)

### ***National Health Education Standards***

National Health Education Standards improve student learning by providing a foundation for curriculum development, instruction, and assessment of student performance. These standards provide a guide for enhancing preparation and continuing education of teachers. The goal of National Health Education Standards is improved educational achievement for students and improved health.

[www.aahperd.org/aahe/template.cfm?template=natl\\_health\\_education\\_standards.html](http://www.aahperd.org/aahe/template.cfm?template=natl_health_education_standards.html)

### ***The Physical Education Curriculum Analysis Tool (PECAT)***

The Physical Education Curriculum Analysis Tool (PECAT) will help school districts conduct a clear, complete and consistent analysis of written physical education curricula, based upon national physical education standards. The PECAT can be customized to include local standards. The results from the analysis can help school districts enhance existing curricula, develop their own curricula, or select a published curriculum, for the delivery of quality physical education in schools.

[www.cdc.gov/HealthyYouth/PECAT/index.htm](http://www.cdc.gov/HealthyYouth/PECAT/index.htm)

## Resources (continued)

### Essential Web Sites

The Internet has given everyone quick and easy access to information. The following Web site sources for coordinated school health information are the most commonly cited and provide helpful links.

#### ***School Health Program: Texas Department of State Health Services***

The School Health Program Web site provides information and support to Texas communities in their efforts to meet the health services and health education needs of their children in a school setting.

[www.dshs.state.tx.us/schoolhealth/default.shtm](http://www.dshs.state.tx.us/schoolhealth/default.shtm)

#### ***Health, Mental Health and Safety Guidelines for Schools***

This Web site provides guidelines regarding all aspects of coordinated school health programming. SHACs can review and adapt these guidelines to meet their local needs. [www.nationalguidelines.org/introFull.cfm](http://www.nationalguidelines.org/introFull.cfm)

#### ***Action for Healthy Kids***

A source for nutrition and physical activity information and resources available through schools designed to improve children's nutrition and increase physical activity to increase their readiness to learn.

[www.actionforhealthykids.org](http://www.actionforhealthykids.org)

#### ***Healthy Schools, Healthy Youth***

The Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults.

This website provides a wealth of school health information and resources.

[www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm)

#### ***Healthy Schools for Healthy Kids***

This Web site sponsored by the American Cancer Society was originally developed specifically for Texas.

A wide range of information and resources can be accessed through this site. [www.schoolhealth.info](http://www.schoolhealth.info)

#### ***Square Meals: Texas Department of Agriculture***

Provides access to a wide range of child nutrition programs, up to date information, policies and resources targeted to Texas schools. Available for parents, teachers, students and the public in general.

[www.squaremeals.org](http://www.squaremeals.org)

#### ***Texas Education Agency***

Provides extensive information related to public education in Texas. [www.tea.state.tx.us](http://www.tea.state.tx.us)

### Key Organizations Supporting School Health in Texas

Each of these organizations provides issue specific information and support for school health in Texas and can link you to their national organization.

#### **Texas School Counselor Association (TSCA)**

[www.schoolcounselor.org](http://www.schoolcounselor.org)

#### **Texas Action for Healthy Kids Alliance (TAHKA)**

[www.actionforhealthykids.org](http://www.actionforhealthykids.org)

#### **Texas Association for Health, Physical Education, Recreation and Dance (TAHPERD)**

[www.tahperd.org](http://www.tahperd.org)

#### **Texas Association for School Nutrition (TASN)**

[www.tsfsa.org](http://www.tsfsa.org)

#### **Texas Association of School Boards (TASB)**

[www.tasb.org](http://www.tasb.org)

#### **Texas Association of School Administrators (TASA)**

[www.tasa.org](http://www.tasa.org)

#### **Texas Parent Teacher Association (PTA)**

[www.txpta.org](http://www.txpta.org)

#### **Texas School Health Association (TSHA)**

[www.txschoolhealth.org](http://www.txschoolhealth.org)

#### **Texas School Nurses Organization (TSNO)**

[www.texaschoolnurses.org](http://www.texaschoolnurses.org)

#### **Texas Cooperative Extension**

<http://fcs.tamu.edu>



## Resources (continued)

### Texas Law, Policy and Regulations Regarding School Health

There are many laws, regulations and policies that govern public education in Texas. The following are excerpts from a few key state and federal laws relating to school health that directly or indirectly affect the work of the SHAC. Keep in mind that these are minimum regulations and some school districts may have policies that go beyond what the state and federal governments require. Be aware that law and local policy is often accompanied by administrative code or rules that further define its implementation.

The following excerpts provide background on several key laws or regulations regarding school health advisory councils and coordinated school health. They have been taken out of context. Therefore, it is always helpful to refer to the full text for complete understanding. Links have been provided for your convenience.

#### TOBACCO ON SCHOOL PROPERTY

**Texas Education Code Section 38** [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

The board of trustees of a school district shall:

- (1) Prohibit smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property;
- (2) Prohibit students from possessing tobacco products at a school-related or school-sanctioned activity on or off school property; and
- (3) Ensure that school personnel enforce the policies on school property.

#### REQUIRED CURRICULUM.

**Texas Education Code Section 28.002.** [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

(a) Each school district that offers kindergarten through grade 12 shall offer, as a required curriculum:

- (1) A foundation curriculum that includes:
  - (A) English language arts;
  - (B) Mathematics;
  - (C) Science; and
  - (D) Social studies, consisting of Texas, United States, and world history, government, and geography; and
- (2) An enrichment curriculum that includes:
  - (A) To the extent possible, languages other than English;
  - (B) Health, with emphasis on the importance of proper nutrition and exercise;
  - (C) Physical education;
  - (D) Fine arts;
  - (E) Economics, with emphasis on the free enterprise system and its benefits;
  - (F) Career and technology education; and
  - (G) Technology applications.

#### PHYSICAL ACTIVITY PROGRAMS FOR ELEMENTARY SCHOOL STUDENTS

**Texas Administrative Code: 74.32.** [www.tea.state.tx.us/rules/homes](http://www.tea.state.tx.us/rules/homes)

In accordance with **Texas Education Code, §28.002** [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

all students enrolled in full-day kindergarten or Grades 1-6 in an elementary school setting are required to participate in physical activity for a minimum of either 30 minutes daily or 135 minutes weekly under the following conditions:

- (1) Participation must be in a Texas Essential Knowledge and Skills (TEKS)-based physical education class or a TEKS-based structured activity; and
- (2) Each school district shall establish procedures for providing the required physical activity that must consider the health-related education needs of the student and the recommendations of the local health advisory council.

## Resources (continued)

### **COORDINATED HEALTH PROGRAM FOR ELEMENTARY, MIDDLE, AND JUNIOR HIGH SCHOOL STUDENTS.**

**Texas Education Code 38.013.** [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

(a) The agency shall make available to each school district one or more coordinated health programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary school, middle school, and junior high school students. Each program must provide for coordinating:

- (1) Health education;
- (2) Physical education and physical activity;
- (3) Nutrition services; and
- (4) Parental involvement.

(a-1) The commissioner by rule shall adopt criteria for evaluating a coordinated health program before making the program available under Subsection (a). Before adopting the criteria, the commissioner shall request review and comment concerning the criteria from the Department of State Health Services School Health Advisory Committee. The commissioner may make available under Subsection (a) only those programs that meet criteria adopted under this subsection.

(b) The agency shall notify each school district of the availability of the programs.

(c) The commissioner by rule shall adopt criteria for evaluating the nutritional services component of a program under this section that includes an evaluation of program compliance with the Department of Agriculture guidelines relating to foods of minimal nutritional value.

### **Texas Government Law and Policy Sources**

The links provided to the complete text of the excerpts cited above, as well as information about other policies and regulations mentioned in sections of this guide, can be found in several key Texas government Resources described below. Here you will find the laws, the rules developed to carry out the laws and agency policies that regulate state programs.

#### **Texas Education Code**

This is the main body of law regulating public education in Texas as passed by the Texas Legislature. [www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)

#### **Texas Education Agency Administrative Code**

These are the rules adopted by the State Board of Education (SBOE) and the Commissioner of Education that further define state law. [www.tea.state.tx.us/rules/home](http://www.tea.state.tx.us/rules/home)

#### **Texas Department of Agriculture's Child Nutrition Policy**

The Texas Department of Agriculture is responsible for managing the state's child nutrition program.

Texas has adopted policies that exceed the federal school lunch requirements.

[www.squaremeals.org/fn/render/parent/channel/0,1253,2348\\_2350\\_0\\_0,00.html](http://www.squaremeals.org/fn/render/parent/channel/0,1253,2348_2350_0_0,00.html)

#### **Texas Health and Safety Code**

This is the body of law adopted by the Texas Legislature that protects the health and well being of Texas citizens, including children. Many laws regulating school health services can be found here.

[www.capitol.state.tx.us/statutes/hs.toc.htm](http://www.capitol.state.tx.us/statutes/hs.toc.htm)

# Worksheets

On the following pages, you will find a series of helpful worksheets. Each of these worksheets have been taken from a more extensive guide to SHACs that has been specifically designed to assist either the chair of a SHAC or other school personnel responsible for providing support. This more extensive guide, *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils* is available from the American Cancer Society (Code no. 2061.00) or can be downloaded at no charge from [www.schoolhealth.info](http://www.schoolhealth.info). Go to the section on School Health Advisory Councils.

## **Worksheet 1:**

### **Community Partners to Invite**

A helpful tool to:

- √ Use in identifying prospective members for a local SHAC
- √ Ensure that you have balanced representation

## **Worksheets 2 and 3:**

### **Creating a Vision for Your Community and Schools and Our Vision for the Future**

A helpful tool to:

- √ Assist you in thinking through your values related to school health
- √ Use in creating a collective philosophy or vision for your SHAC

## **Worksheet 4 and 5:**

### **What's Needed for Change? And a Process for Change**

A helpful tool to:

- √ Consider all of the components required for change to occur
- √ Think through the steps for facilitating change

## **Worksheet 6:**

### **The Wellness Policy Process**

A helpful tool to:

- √ Illustrate the process of wellness policy development and implementation
- √ Understand how to provide for continuous quality improvement

## **Worksheet 7:**

### **Priority Focus Areas for a SHAC**

A helpful tool to:

- √ Illustrate the 8 areas of coordinated school health that a SHAC may wish to address

# Worksheet 1: Community Partners to Invite

Membership on your school health council should be as representative of your community as possible. Involve people with a broad variety of education, experience, opinion, economic level, gender, race, age, and ethnic background. Who are the key players in your community and school?

<b>Community Members/Name, Affiliation</b>	<b>Invited</b>	<b>Accepted</b>	<b>Attended</b>
Attorneys:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business and industry leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civic, service, and professional organizations:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clergy:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients and customers of community services:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community government officials:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension specialists:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers:			
Clinic _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies:			
Public health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol counselors _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protection services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile court system:			
Judge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit service providers:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community Members/Name, Affiliation**

**Invited**

**Accepted**

**Attended**

Nonprofit service providers:

\_\_\_\_\_

\_\_\_\_\_

Parents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent teacher organizations:

\_\_\_\_\_

Police department:

\_\_\_\_\_

Public media:

\_\_\_\_\_

\_\_\_\_\_

School personnel:

Area education agency representative \_\_\_\_\_

Coach \_\_\_\_\_

Counselor \_\_\_\_\_

Family and consumer sciences teacher \_\_\_\_\_

Food service worker \_\_\_\_\_

Health teacher \_\_\_\_\_

In-school support services provider \_\_\_\_\_

Physical education teacher \_\_\_\_\_

Principal \_\_\_\_\_

Special education \_\_\_\_\_

School board member \_\_\_\_\_

School social worker \_\_\_\_\_

School nurse \_\_\_\_\_

Teacher \_\_\_\_\_

University faculty \_\_\_\_\_

Senior citizens:

\_\_\_\_\_

\_\_\_\_\_

Students:

Middle school \_\_\_\_\_

High school \_\_\_\_\_

Student government representative \_\_\_\_\_

Volunteer health agencies:

\_\_\_\_\_

\_\_\_\_\_

Others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Worksheet 2: Creating a Vision for Your Community and Schools

1. What three things do you like best about our schools?
2. If you could change one thing about our schools, what would it be?
3. What worries you most about your children (or the children of our community) and their lives now?
4. What is one wish that you have for your children (or the children of our community)?
5. What could the schools do to make this community a better place to live?
6. What could our community do to make this a better place to live?
7. What could families do to make this community a better place to live?
8. What could this SHAC do to make this community a better place to live?

---

Published in *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils*, American Cancer Society, 2003. Adapted from *Step by Step to Comprehensive School Health: The Program Planning Guide*, by William M. Kane; Santa Cruz, CA: ETR Associates, 1993; 65-68.

# Worksheet 3: Our Vision of the Future

**Task I:** Write three sentences that express your aspirations (hopes) for the children, youth, and families living in our community.

1.

2.

3.

**Task II:** Write four sentences that describe the role of schools, families, our community, and this SHAC in helping children and youth grow up healthy, safe, and happy.

1.

2.

3.

4.

# Worksheet 4: What's needed for change to occur?

<b>Vision</b>	<b>Skills</b>	<b>Incentives</b>	<b>Resources</b>	<b>Action Plan</b>	<b>= Change</b>
---------------	---------------	-------------------	------------------	--------------------	-----------------

What happens when critical pieces are missing?

<b>Missing This</b>	<b>Skills</b>	<b>Incentives</b>	<b>Resources</b>	<b>Action Plan</b>	<b>= Confusion</b>
<b>Vision</b>	<b>Missing This</b>	<b>Incentives</b>	<b>Resources</b>	<b>Action Plan</b>	<b>= Anxiety</b>
<b>Vision</b>	<b>Skills</b>	<b>Missing This</b>	<b>Resources</b>	<b>Action Plan</b>	<b>= Slow Change</b>
<b>Vision</b>	<b>Skills</b>	<b>Incentives</b>	<b>Missing This</b>	<b>Action Plan</b>	<b>= Frustration</b>
<b>Vision</b>	<b>Skills</b>	<b>Incentives</b>	<b>Resources</b>	<b>Missing This</b>	<b>= False Starts</b>

---

Published in *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils*, American Cancer Society, 2003. Adapted from *Step by Step to Comprehensive School Health: The Program Planning Guide*, by William M. Kane; Santa Cruz, CA: ETR Associates, 1993; 65-68.



# Worksheet 5: A Process for Change

## **Step 1: Get together**

- Commit to work together on school health
- Involve the right people
- Hold the first meeting
- Decide to act

***Reflect and celebrate***

## **Step 2: Create a vision**

- Develop a base of common knowledge
- About school health
- Define a shared vision

***Reflect and celebrate***

## **Step 3: Develop a plan**

- Identify priorities
- Design an action plan

***Reflect and celebrate***

## **Step 4: Take action**

- Implement plan
- Celebrate achievements
- Recognize contributions
- Evaluate progress

***Reflect and celebrate***

## **Step 5: Review commitment**

- Build community reputation
- Deepen commitment to vision
- Recruit new members and develop new leaders
- Adapt and expand action plan

***Repeat the process beginning with  
“Get together.”***

# Worksheet 6: The Wellness Policy Process

Successful creation of a local wellness policy consists of eight steps. This graphic will be helpful in outlining the process for developing, implementing, and evaluating wellness policies. By following this process, you can provide continuous quality improvement of your school's efforts to positively impact student and staff health and well being.

The *2004 Child Nutrition and WIC Reauthorization Act* makes it mandatory for all local school districts participating in the Federal School Meal Programs to create a local wellness policy by July 2006. Because of this law, school districts in most cases have adopted a wellness policy.

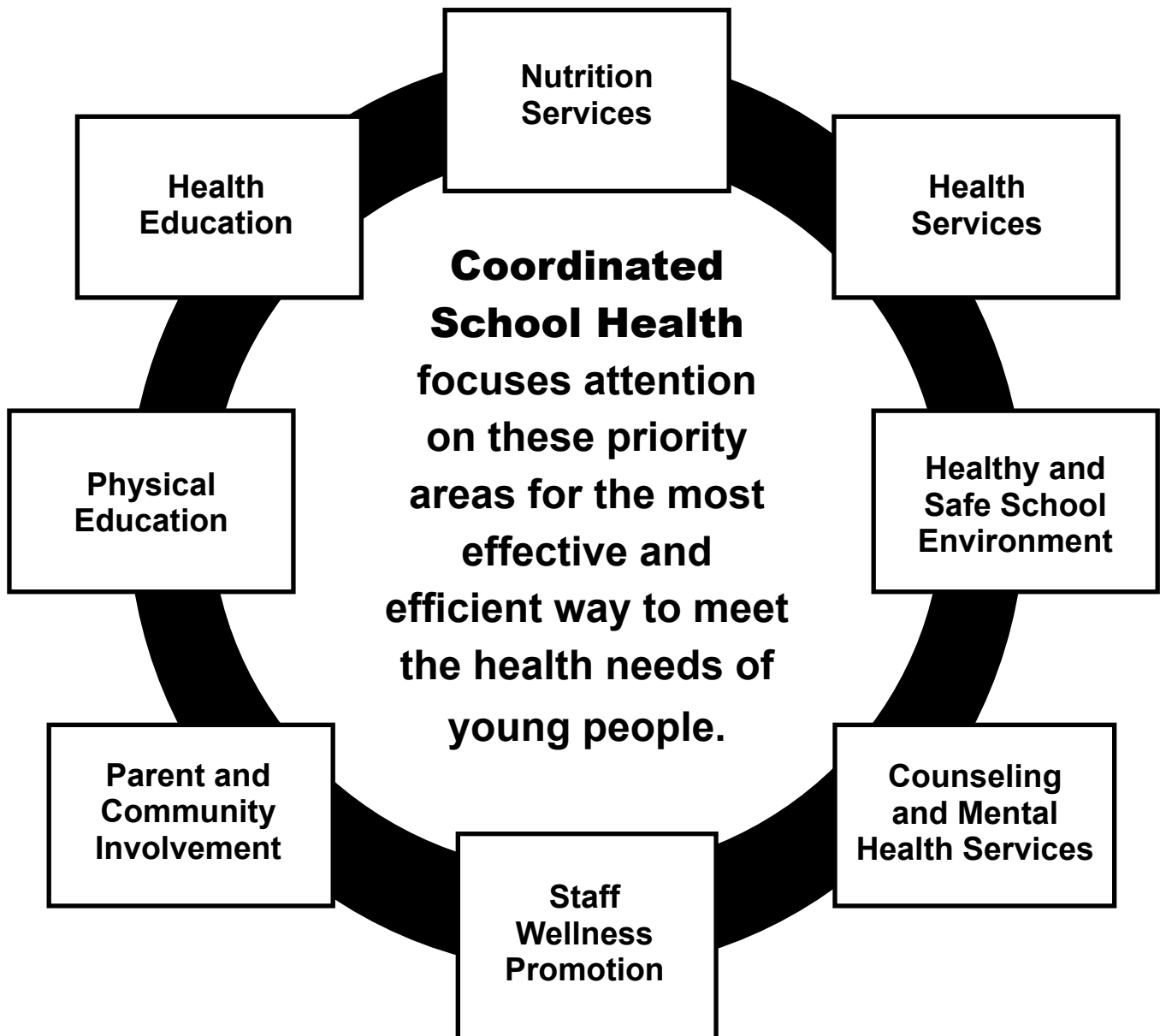
However, a local SHAC should:

1. Obtain and review the policy
2. Determine if there are gaps
3. Determine if administrative guidelines to ensure implementation have been developed

Make an effort to commend the school district for its policy's strengths and help develop recommendations for addressing additional needs and gaps. Policies should be broad in scope. Details regarding implementation and evaluation are most often addressed in administrative guidelines. Action for Healthy Kids has developed an excellent on-line wellness policy tool to for help in developing policies. It can be found at: [www.actionforhealthykids.org](http://www.actionforhealthykids.org)



# Worksheet 7: Priority Focus Areas for a School Health Advisory Council



# References

- Allensworth, D. (1994). Building Effective Coalitions to Prevent the Spread of HIV: Planning Considerations. Kent, Ohio: American School Health Association.
- American School Health Association (1995). Guidelines for comprehensive school health programs. Kent, Ohio: ASHA.
- Amundson, K., Ficklen, E., Maatsch, J., Saks, J., & Zakariya, S. (1996). How to use citizen advisory committees. Becoming a Better Board Member. Washington, DC: NSBA.
- Butler, J.T. (1995). The Delaware school health advisory committee. Journal of School Health. 65(2): 60-62.
- Dorman, S. M., Foulk, D. F. (1987). Characteristics of school health education advisory councils. Journal of School Health. 57(8): 337-339.
- Howell, K. Bibeau, D. Mullen, K., Carr, P., McCann, K. (1991). Establishing and maintaining school health advisory councils: a how-to manual for local educational agencies. Greensboro, NC: University of North Carolina at Greensboro, School Health Training Center.
- Marx, E. & Northrop, D. (1995). Educating for health: A guide to implementing a comprehensive approach to school health education. Newton, MA: Education Development Center.
- Meagher, R.J. (Oct. 1990). Citizens advisory committees: A tool in every district s toolbox. New York State School Board Association Journal, pp. 14-15.
- National School Boards Association (July 1992). Issue Brief Number 5: Comprehensive School Health Education: Who should be involved? Washington, DC: NSBA.
- National School Boards Association (1991). School health: Helping children learn. Washington, DC: NSBA.
- National School Boards Association (1994). School board member knowledge of and attitudes regarding school health programs. Washington, DC: NSBA.
- Resnicow, K. and Allensworth, D. (1996). Conducting a comprehensive school health program. Journal of School Health. 66(2): 59-63.
- US Department of Education Office of Educational Research and Improvement (1993). Coordinated school health programming programs: innovative practices and issues in setting standards. Washington, DC: USDOE.

---

*External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services (DSHS). These sites may also not be accessible to people with disabilities.*

*External email links are proved to you as a courtesy. Please be advised that you are not emailing the DSHS and DSHS policies do not apply should you choose to correspond.*

---

Additional copies of the guide can be downloaded from the DSHS School Health Program Web site at [www.dshs.state.tx.us/schoolhealth/sdhac.shtm](http://www.dshs.state.tx.us/schoolhealth/sdhac.shtm)



Department Of State Health Services  
School Health Program  
Publication No. E05-12431  
03/2007

