

Coordinated School Health Program



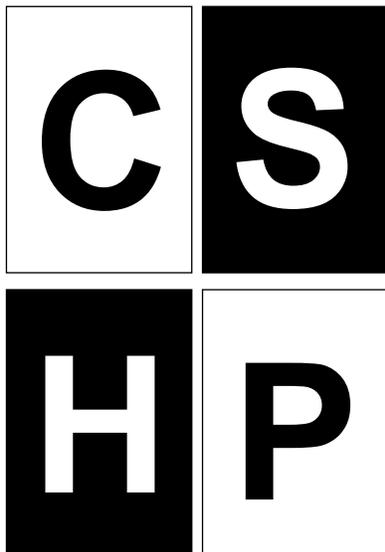
A Guide for Texas School Districts



This guide is designed for:

- ★ School district staff
- ★ School board members
- ★ Community members
- ★ Stakeholders

Coordinated School Health Program



A Guide for Texas School Districts

This guide is designed for those interested in implementing a coordinated school health (CSH) program, as well as those who want to jumpstart or fine tune an existing one.

The guide will:

- Define the concept of CSH.
- Detail the eight components of a CSH program and its benefits.
- Explain the requirements of a CSH program as defined by Texas law and the benefits of expanding the minimum requirements.
- Explain how to integrate CSH with existing curriculum, programs and activities.
- Explain how collaborating with the district's School Health Advisory Council (SHAC) can benefit the CSH program.
- Assist in explaining CSH to parents, teachers and the community and how to involve them in the planning and activities.
- Detail the process of coordination, defining roles and locating resources.
- Show how to track results and determine how to sustain positive results.
- Provide resources, worksheets and references.

Strategic Tips

Throughout this booklet, you will find "***Strategic Tips.***"

These inserts for improving CSH can serve as a springboard for ways to collaborate and coordinate both internally and externally to address student needs.

Acknowledgments

The Education Service Center Regional School Health Specialists provide trainings and technical support to local school districts in their efforts to establish effective CSH programs and SHACs.

The Department of State Health Services (DSHS) would like to acknowledge the DSHS program partners and the Texas Cancer Council for their support of the Texas School Health Network.





Table of Contents

What Is CSH?	4
Definition	
Terminology: Comprehensive versus Coordinated	
Background/History	
Getting Started	5-6-7
Law/Requirements	
Know the Facts	
Obtaining Support	
The Benefits Of CSH	8-9-10
Health Education	
Physical Education	
Health Services	
Nutrition Services	
Counseling and Psychological Services	
Healthy School Environment	
Health Promotion for Staff	
Family and Community Involvement	
Setting Up A CSH Leadership Team	11-13
Keys to an Effective CSH Leadership Team	
Assembling the CSH Leadership Team	
Conducting a Team Meeting	
Strategic Planning	14-15
Conducting an Assessment	
Identifying and Prioritizing Needs	
Developing the Plan	
Implementation Of A CSH Program.	16-17
Using Best Practices	
Developing an Exemplary Program	
Tracking Your Progress	
Conclusion – Institutionalizing The Program.	18
Appendix	
Resources	19
Web Sites	20
School Health Organizations in Texas.	20- 21
Texas School Health Law and Policy.	21-22
Texas Government Law and Policy Sources	22
Worksheets/Handouts List	23
Handout #1: Priority Focus Areas for a CSH Leadership Team.	24
Handout #2: The Law	25-26-27
Worksheet #1: Measuring Progress	28
Worksheet #2: Identifying and Prioritizing Needs	29
References	30-31

What Is Coordinated School Health?

Definition

A quality CSH program is an integrated set of planned, sequential, school-affiliated strategies, activities and services designed to promote the optimal physical, emotional, social and educational development of students. The program involves and is supportive of families and is determined by the community. It is based on local needs, resources, standards and values. It is coordinated by a multidisciplinary team (CSH Leadership Team) that is accountable to the community for program quality and effectiveness. By addressing health-related issues, schools not only foster students' academic achievements, but also help to establish healthy behaviors that last a lifetime.

Terminology: Comprehensive Versus Coordinated

The terms "comprehensive" and "coordinated" school health are often interchanged in school health literature, although there are differences.

Comprehensive school health means "inclusive," covering completely and broadly, and refers to a broad range of components. It should be emphasized, however, that programs and services actually delivered at the school site may not provide coverage by themselves, but are intended to work with and complement the efforts of families, primary sources of health care, and other health and social service resources in the community. This will produce a continuous and complete system to promote and protect students' health.

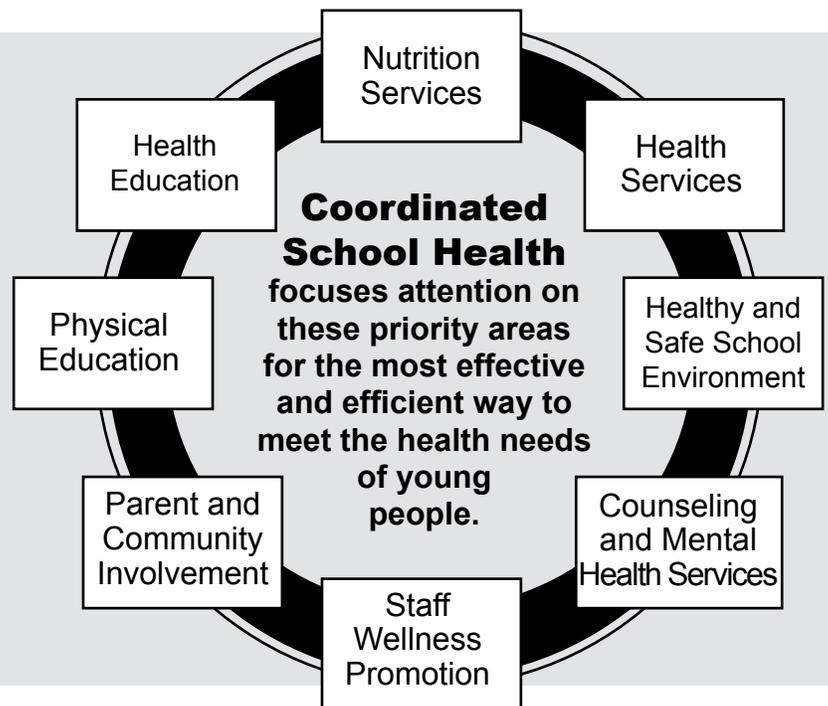
Coordinated school health means "brought into combined action to cause separate elements to function in a smooth concerted manner." Coordination implies a formal relationship and blurring of boundaries between coordinating partners, although partners can still retain identity and affiliation to their profession.

Eight Components

CSH commonly consists of eight components that encompass all aspects of the school environment (see diagram). The components interact to function as a unified system and can become a theme for the entire school.

These components incorporate:

- Development of cognitive skills
- Development of policies that support a positive psychosocial and hazard-free environment
- Families and communities in promoting the well-being of young people
- Opportunities for staff members to foster their own well being



Background/History

Since the early 1800s, schools have been providing health services to school-aged children. School health programs have changed to reflect the needs of students, parents and the community at large. Today's school health programs have evolved through the interrelationship of three major professions: education, nursing, and medicine. The early focus was on health education and teaching self-care practices. School health programs then progressed through a variety of stages that stressed prevention and detection of diseases, sanitation, intervention of illness and handicapping conditions and health promotion. Now, the emphasis has returned to teaching students to make responsible decisions regarding self-care.

Getting Started

Law/Requirements

Every independent school district is *required* by law to implement a CSH program in grades K-8.

This requirement is the result of work done by the Texas Legislature that was concerned about children's health. (See pages 21-22 of the Appendix for a chronology bill matrix.)

The entire law is located in the Texas Education Code, Title 2, Chapter 38, §38.013 and is available at <http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm>. The text of the law is also provided in the Appendix on page 22.

The Texas Education Agency (TEA) makes available to districts a list of CSH programs that meet specific criteria recommended by a panel of experts and approved by the Commissioner of Education. A list of approved curricula is available at: www.tea.state.tx.us/curriculum/hpe/approvedcshp.html.

Know The Facts

CSH can be a new concept to many of the partners needed to make a program work. Skepticism and even resistance may occur when the concept is presented. The best way to be prepared for challenges is to anticipate any question that may come up and be ready with responses.

Gather information on the following topic areas:

- ✓ National, state, regional and local health statistics
- ✓ Risk factors for chronic disease in children and how they impact learning
- ✓ Current research and community stories on the impact of CSH programs
- ✓ Available school and community resources and partners to support the CSH effort
- ✓ Success stories about the impact of CSH in similar communities

The following information will provide national and state links for information and statistics in the areas mentioned above. Additional information is available in the resources section of the Appendix on page 19.

- **National Data:** CDC Wonder is developed and maintained by the Centers for Disease Control and Prevention (CDC) and provides a single point of access to a wide variety of reports and numeric public health data. <http://wonder.cdc.gov>
- **State Data:** Texas Center for Health Statistics is the DSHS portal for comprehensive health statistics in Texas including chronic disease, environmental illnesses, HIV/STD, AIDS, injury and trauma data, mental health statistics, morbidity data and substance abuse related statistics. www.dshs.state.tx.us/chs
- **Regional Data:** Regional health departments have information that is collected at the regional level. www.dshs.state.tx.us/regions/default.shtm
- **Local Data:** Local information is available from community partners, such as health departments, law enforcement agencies, parent groups and other community stakeholders, health and social service providers, hospitals, not-for-profit agencies and insurance companies.

Strategic Tip #2

★ Texas law requires that nutrition services, physical education, health education and parent/ community involvement are to be coordinated.

However, if there is interest in taking a more holistic look at any program, the eight component model may be a better fit for student needs.

Data can be utilized to create a baseline that will assist with the assessment process, the development of program goals and evaluation of outcomes.

Risk factors are established and can be controlled early in life. Healthy behaviors are established in children when parents and community stakeholders assume a primary role. Schools can become a major partner to reinforce knowledge and skills children need.

The following are examples of these skills:

- Refusal skills
- Decision-making
- Goal-setting
- Communication
- Healthy relationship-building
- Interest in alternative health-promoting activities/events

All students are at risk for unhealthy behaviors. Education, promotion and practice, plus reinforcement at home and within the community can help control and prevent the following:

- Tobacco use
- Poor food choices and inappropriate portion size
- Inadequate physical activity
- Alcohol and drug use
- Sexual behavior that can transmit HIV and other STDs
- Unintended pregnancy
- Intentional and unintentional injuries

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.

The Impact of CSH on Student Achievement

Current research indicates that by addressing children's health, schools can improve student performance. 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. The following links will provide a wealth of information related to health and academic success:

- www.healthinschools.org/education
- www.ccsso.org/content/pdfs/PowerPoint-Part1.ppt
- www.ccsso.org/content/pdfs/PowerPoint-Part2.ppt

In Texas, 4 million young people attend school for approximately 6 hours a day. Schools are in a unique position to help improve the health status of children and adolescents. By addressing health issues, students are more prepared to enter the classroom ready to learn.

Good health is necessary for academic success. Like adults at work, students at school have difficulty being successful if they are depressed, tired, bullied, stressed, sick, hungry or abused. Effective CSH actively involves parents, teachers, students, families and communities in its implementation. CSH works toward long-term results, and is designed to promote student success by helping students establish and maintain healthy personal and social behaviors, that will aid in decision making at school and later in life.

CSH can improve student knowledge about health. According to the Centers for Disease Control and Prevention, Division of Adolescent and School Health (www.cdc.gov/healthyyouth).

Strategic Tip #3

Much of the information in the ***Know The Facts*** section can be used to:

- ★ Gain support for your program
- ★ Recruit partners
- ★ Educate your CSH leadership team and other interested parties

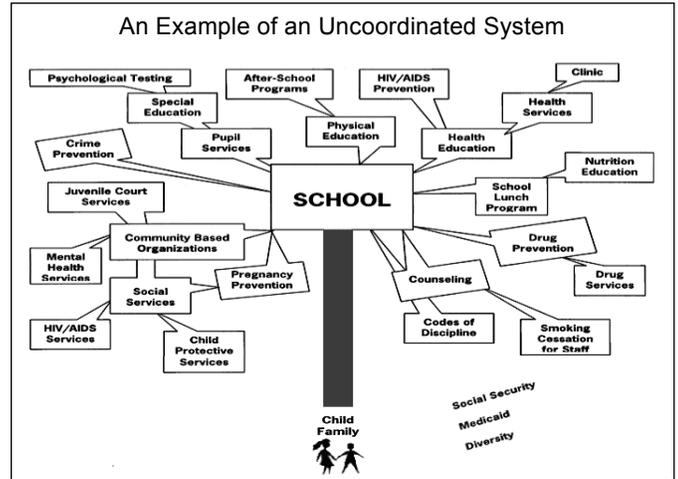
“Schools by themselves cannot, and should not be expected to, address the nation’s most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systemically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people...”

To be effective, all eight components of CSH should be linked and supportive of each other. CSH is directed toward the needs of students, responsive to the needs of families and reflective of the values of the local community.

All school districts have school health programs. The CSH model helps to provide coordination in a way that avoids duplication, better utilizes limited resources and best meets the health needs of all students.

Obtaining Support

Finding leaders in the school and in the community is important to implementation of CSH programs.



Gaining Support from Administration

Start with gaining the support of the superintendent and the school board when setting up a CSH program and developing a CSH Leadership Team at the district level; or the principal when setting up a CSH Leadership Team on a campus. A supportive superintendent and school board can help secure fiscal and human resources. Other leaders from which to solicit support are key administrators, parents and community members active at the district level or the school campus. It is important to assure an understanding of the initiative, the requirements of the law and the need for fiscal and human resource support of the CSH program.

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools details the connection between health and learning and is a valuable resource to help you gain support from school leaders. www.actionforhealthykids.org/special_exclusive.php

Community support:

Getting organized may involve a variety of players. Families, school personnel, health care workers, the media, religious organizations, community and social organizations that serve youth should be involved.

School Health Advisory Councils (SHAC)

SHACs provide an efficient, effective structure for creating and implementing an age appropriate, sequential CSH program. The structure of SHACs also lends itself to early intervention and prevention strategies that can be easily supported by local families and community stakeholders.

A SHAC is a group of individual representatives from segments of the community, generally appointed by the school district to serve at the district level. SHACs provide recommendations to the district school board on CSH and other student health issues that impact the entire school district, not just individual school campuses.

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 SHAC can advise the school board on a variety of topics over and above what is required by law, such as drop out prevention. The SHAC is not part of the paid administrative staff or structure of the schools, nor do they have any legal responsibilities within the school district. (See the Appendix page 19 for a link to the SHAC guide which provides complete information on the development of a SHAC and its responsibilities.)

The requirement for a SHAC can be found in Title 2, Chapter 28, Section 28.004 of the Texas Education Code: <http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm>. This outlines the minimum standard. However, a SHAC contribute to every aspect of the overall wellness of the school community.

A good relationship between the CSH Leadership Team (described in another section) and the district SHAC can help guide the CSH program efforts from assessment to evaluation. The development of this relationship can assist with assessment, implementation and evaluation.

What Are The Benefits Of CSH?

The health of children does not depend on major medical breakthroughs, but rather on the everyday practice of good health habits. CSH addresses the needs of the whole child by providing a healthy environment along with a wide range of activities to ensure academic success and the development of healthy behaviors.

The following information demonstrates the positive health benefits to students with implementation of all eight components of a CSH program:

Health Education

Is a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health, and is taught by qualified teachers. The curriculum is designed to motivate and assist students to improve and maintain their health, prevent disease and reduce risky behaviors. It allows students to develop and demonstrate health-related knowledge, attitudes, skills and practices. The CDC provides the model for a comprehensive health education curriculum (www.cdc.gov/HealthyYouth/CSHP/comprehensive_ed.htm) and includes these content areas:

Personal Health	Community Health	Family Health
Prevention and Control of Disease	Consumer Health	Mental Health
Injury Prevention and Safety	Sexuality Education	Nutrition
Environmental Health	Substance Abuse Prevention	

Health education should follow the Texas Essential Knowledge and Skills (TEKS), be recommended by the district's SHAC and be approved by the district school board. It is a curriculum designed to address all aspects of health. Health education can impact student success by:

- Increasing student knowledge and the ability to make healthy decisions.
- Forming the cognitive basis for the practical experience learned through other wellness activities in the school.

Additional information about a comprehensive health education curriculum can be found in the National Standards for Health Education Guide. A summary of the Standards can be found at www.aahperd.org/aahe/pdf_files/standards.pdf. A link to the entire guide can be found in the Appendix on page 19.

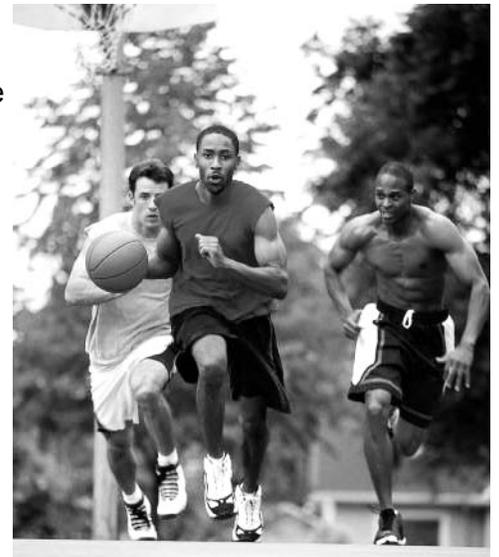
Physical Education

Is 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, and team, dual, and individual sports. Quality physical education should provide planned activities to meet each student's optimum physical, mental, emotional and social development. Activities and sports that students can enjoy and pursue throughout their lifetime should be designed to meet all students' abilities.

Physical education involves promoting lifelong physical activity that follow the TEKS.

Physical activity has the following benefits:

- Improves mental and physical health
- Improves classroom behavior
- Improves brain function



Qualified teachers should use best practice when teaching physical activity. The National Association for Sports and Physical Education recommends optimum movement during physical education classes and promotes *“All children engaging in moderate to vigorous physical activity at least 50% of the time (MVPA).”*

Health Services

Health services are provided for students by qualified professionals such as physicians, nurses, dentists and other allied health personnel from within the school and from the community to assess, protect and promote health. These services are designed to:

- Ensure access and/or referral to primary health care services
- 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
- Provide educational and counseling opportunities for promoting and maintaining individual, family and community health

School health services today may include a variety of primary health care services that are available within the school or in a closely linked facility.

These facilities are also preventative in nature and offer the following:

- Education
- Screenings
- Appropriate management of students with special health care needs
- Medication
- First aid
- Administration of emergency care

A higher level of care is offered through school-based health centers. Though not the norm, they show that regular access to multiple health services can have a positive impact on student success.

- Increased classroom attendance
- Higher graduation rates
- Decreased suspension rates
- Decreased drop out rates

Nutrition Services

Provide school nutrition programs that adhere to the U.S. Dietary Guidelines for Americans and Texas Nutrition Policy to achieve nutrition integrity. School nutrition services offer students a variety of nutritious and appealing meals that accommodate the health and dietary needs of all students.

They can also serve as a learning laboratory that mirrors classroom nutrition education, and a resource for nutrition-related community services. Qualified child nutrition professionals provide these services. The U.S. Dietary Guidelines for Americans can be found at :

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=3&tax_subject=358&topic_id=1611&level3_id=5963&level4_id=0&level5_id=0&placement_default=0&test

The Texas Nutrition Policy can be found at:

www.squaremeals.org/fn/render/parent/channel/0,1253,2348_2350_0_0,00.html

School nutrition services involve more than school lunches. An effective program:

- Ensures that schools offer nutritious, appealing choices whenever and wherever food and beverages are available on campus
- Offers a school breakfast program that provides a healthy start for the day that may not otherwise be available

Counseling And Psychological Services

Provide services to students to improve mental, emotional and social health and include individual and group assessments, interventions and referrals. 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. School counseling, psychological and social services include a wide variety of programs that address the mental health needs of students. Effective programs focus on:

- Prevention, address problems, facilitate positive learning and health behavior as well as enhance healthy student development
- Targeting students in high-risk situations to prevent drop-outs



Healthy School Environment

Includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. The factors that influence the physical environment include the school building, surrounding areas and anything present that may create a safety hazard, including air quality. The social condition of the school can effect the psychological environment and can emotionally affect the well-being of students and staff. Teachers, administrators, school staff, other students and outside forces can impact the school environment.

The physical environment can be either a support or a hurdle to student achievement. Students perform better in facilities that are attractive, functional, safe and secure.

A healthy school environment includes:

- A feeling of support by students from administrators, teachers and peers to reach their full potential
- A safe environment; free from environmental pollutants and other physical hazards including the presence of predators, drugs and weapons
- A positive affiliation with the school environment
- Students that are more likely to remain academically engaged and less likely to be involved in misconduct at school

Health Promotion For Staff

Provides opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. It also improves morale and produces a higher level of personal commitment to the school's overall CSH program. This personal commitment often transfers into greater commitment to the health of students.

Health promotion for staff focuses on developing adult health knowledge, skills and the practice of healthy behaviors. Benefits of this practice include:

- Enhanced well-being of administrators, teachers and other staff
- Staff role modeling for the students in their care; a critical reinforcement to sustaining healthy behaviors in both the adults and students
- Increased productivity, decreased absenteeism and reduction in health insurance costs

Family and Community Involvement

An integrated school, parent and community approach for enhancing the health and well-being of students is another key component of CSH. SHACs, the CSH Leadership Team, coalitions and broadly-based constituencies for school health can build support for program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Family and community involvement benefits students in the following ways:

- Increases the likelihood of better attendance and better grades
- Student success improves when teachers and parents work together
- Reduces in-school suspension rates, inappropriate school behavior and has a positive impact on academic achievement
- Increased student interest in co-curricular and after school community activities have a positive impact on grades and behavior
- Enhances linkages to community programs that support school objectives for student success



Setting Up A CSH Leadership Team

It is critical that an internal work group such as a CSH Leadership Team come together to develop and implement CSH at the school or district level. The structures that support this system can vary, but they characteristically include key staff members representing each component of a coordinated school health program and a coordinator who, with support of school and district administration, facilitates activities. Often, parents and local health departments and community providers are key partners. A representative of the district's SHAC should also be a member. If membership is not possible, regular and open communication with the SHAC is helpful.

The objective of the CSH Leadership Team is to develop a plan that will provide for the internal coordination of the CSH components to assure successful implementation of district policies, guidelines, assessment, evaluation and collaboration throughout the district.

Assembling The Leadership Team

Meet with district administration about the kind of team that is needed. Consider the following:

1. Districts are required to coordinate physical education/activity, health education, nutrition services and parental involvement. Therefore, it is necessary to invite the following to be a part of the CSH Leadership Team either at the campus or district level:
 - Classroom teacher/grade level team leader/curriculum director/health educator administrator
 - Physical education teacher/physical education director/administrator
 - Nutrition services coordinator/nutrition services director/cafeteria manager
 - Parent or other family member/child caregiver
 - SHAC chairperson or representative
2. Districts are asked to consider all 8 components of CSH. Therefore it may be beneficial to invite the following additional members:
 - School administrator/principal/board member
 - School nurse/nurse administrator/director of health services
 - Counselor/director of student services
 - Staff wellness program coordinator
 - Building services manager

Conducting A CSH Leadership Team Meeting

Program planning can be completed mostly during meetings. It is essential that meetings are well organized and goal-directed. To achieve effective meetings, consider the following factors:

- A regular meeting schedule should be established and shared with members at the first meeting.
- Agendas for each meeting should be developed and shared with members ahead of time.
- Communication pathways should be established to notify members about meetings and other important information.
- Supplies and other resources should be anticipated and available for each meeting.
- The meeting environment should be comfortable, in a place that discourages interruptions and have seating that allows members to easily see and hear each other.
- Member roles should be well defined to include someone designated to keep a written record of meeting discussion topics, major ideas and decisions.
- Education and updates should be provided at each meeting to add to the members' understanding of CSH programming and knowledge of upcoming activities.
- Follow-up on tasks requiring completion should be assigned to a CSH Leadership Team member before moving on to a new topic as well as an end of the meeting wrap-up and consensus on topics for the next meeting.

Strategic Tip #5

Use **The Reinventing Education Change Toolkit** - This free online tool is designed especially for school leaders who want to make real, lasting change happen in their schools or districts. Its framework provides a structured, systematic approach that can be used to frame the work that is already being done, and will assist in uncovering gaps that may need to be addressed. Creating a common vocabulary for the project team will improve communication, while getting feedback through diagnostic and other collaborative tools. The toolkit contains advice on how to empower people and address the needs of all constituents – both inside and outside of the school or district. Taken together, this will help create an environment that supports risk-taking and innovation in development of CSH programs.

Using cutting-edge technologies, this tool can help the CSH team develop customized solutions to improve the school's health program.

www.reinventingeducation.org

Keys To An Effective CSH Leadership Team

The key to a successful program is to develop a CSH Leadership Team at the district level that represents all the components of CSH and offers guidance and coordination. The CSH Leadership Team should work in collaboration with the SHAC to develop a district plan and provide the internal coordination to assist with assessment, collaboration on implementing district policies and administrative guidelines, as well as self assessment of the CSH Leadership Team.



The Change Process

It is important to point out that improving individual parts of the educational system does not necessarily result in overall improvement. Systemic change should focus on aligning CSH

parts towards a goal of enhanced student learning by improving student health. The change process can be divided into four stages:

1. Adoption: identifying the problem and coming up with a solution
2. Initiation: involving relevant people and getting organized
3. Implementation: putting the program into practice
4. Institutionalization: ensuring changes become an integral part of the system as necessary

Change does not occur overnight. Implementation requires time, patience and understanding. Results might not be evident immediately. Even moderately complex changes might take three to five years to see direct results. In developing a coordinated school health framework, planners must consider all stages of change; identify both resources and challenges to the program.

The following conditions that influence the success of change in a school district have been identified:

1. The goals and objectives are clear and practical
2. The district administration and principals are supportive
3. Opportunities for interaction with colleagues exist
4. Resources from outside the school district are involved

More information on effective school improvement can be found at: www.reinventingeducation.org (See tip # 5 on page 11 for a description of this tool).

Factors that can influence the effectiveness of the CSH Leadership Team

The CSH Leadership Team is frequently faced with factors that impact the effectiveness of how well it functions and serves its purpose. For instance, several competing priorities might interfere with attendance at meetings or with program goals and objectives. Dealing directly with these factors in a timely manner can generate positive energy around the school's CSH program and keep collaboration working at an optimal level.

It is important for team members to recognize that these factors are almost always present and can impact any aspect of a CSH Leadership Team's role. Thinking in advance about how the dynamics of the group and programs can be influenced, will increase the likelihood of a successful outcome. The following checklist identifies areas of focus for the CHS leadership team that will impact their effectiveness.

The CSH Leadership Team should understand:

- Their roles, responsibilities, structure and guidelines as well as those of the district SHAC; and the relationship between them.
- The definition and concept of CSH, its programs and components including current school district health curriculum and selection process and how it integrates into the existing health initiatives.
- The scope and importance of the culture, values and attitudes of the school community, including special interest groups, and how this should and can influence the health knowledge, culture and behaviors in the school.
- The importance of developing and implementing promotional strategies targeted to the school board and school administration to assure confidence, knowledge and support of school health.
- The importance of sharing information about resources with the district SHAC and allowing their input into the CSH Leadership Team planning process.
- Systems for managing controversy; when to initiate, how and who should handle.
- Current local and state legislative mandates and the history of the efforts to move CSH into Texas schools.
- Processes available for community and student input on school health issues, CSH Leadership Team program activity, as well as processes for communication between the CSH Leadership Team and the community.

CSH Leadership Team Self-Assessment

Additionally, it is important for a CSH Leadership Team to periodically assess how well it is working. Members should ask themselves whether the CSH Leadership Team does what it is supposed to; is it meeting its objectives, and if so, to what extent will the objectives be accomplished by the target date?

Questions to help evaluate how well the CSH Leadership Team is functioning:

- Does the school and the community recognize CSH as a valuable asset in promoting the health of students and school personnel?
- Has an understanding of CSH and its value to the community emerged as a result of the CSH Leadership Team activities?
- Does the CSH Leadership Team implement activities to support CSH programming?
- Have members received sufficient orientation? Do CSH Leadership Team members understand what is expected of them?
- Are CSH Leadership Team members aware of the status of school health program in their school district?
- Are members provided information on state and national developments in school health?
- Are regular meetings occurring? Are most members attending?
- Does the CSH Leadership Team membership represent all eight components of CSH?
- Is the designated chairperson providing positive and productive leadership?
- Are procedures established and utilized for conducting business?
- Are efforts made to reach goals and objectives by the set target dates?
- Does a positive relationship exist between the CSH Leadership Team and the SHAC? For example; do district personnel work collaboratively with the SHAC and act on SHAC recommendations?
- Has the CSH Leadership Team conducted an assessment with the SHAC? Were needs identified? Were goals set based on those needs?
- Are the CSH Leadership Team plans and activities in line with the goals and objectives recommended by the SHAC?

Strategic planning

Conducting An Assessment

Why Conduct an Assessment?

Assessment is a critical step in program planning. It 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 resources that are currently available to meet the children's needs.

To be effective, all eight components of CSH must be linked to each other and supportive of each other. First and foremost, CSH must be directed toward the needs of students, responsive to the needs of families and reflective of the values of the local community. Developing a plan based on what is learned in the early stages of program development and refining that plan as the program evolves helps schools move from adoption to initiation and then on to full implementation of your CSH program.

A successful assessment will help:

- Provide an understanding of the current situation
- Formulate a vision for the future
- Provide data for decision-making through comparison
- Promote awareness and action
- Assist in obtaining funding and other resources

One best practice is to have the district SHAC conduct an assessment to identify needs of the district's student population. The district SHAC ensures that community values are represented. That is why it is critical to develop a relationship immediately with the SHAC by having a SHAC member serve on the CSH Leadership Team. There should be an interchange of vision and goals so that the assessment is representative of the needs and ideas from both groups.

Once the results of the assessment have been communicated, the CSH Leadership Team should continue to work collaboratively with the local SHAC in developing priorities and programs.



How to Conduct an Assessment

Although conducting an assessment may seem technical and time consuming, it is key to the success of the program because it forms the basis for the district CSH plan. Many user-friendly assessment tools are available. The most often recommended tool is the School Health Index (SHI). This resource is available at no cost from the CDC and can be completed on line. The SHI can be accessed at <http://apps.nccd.cdc.gov/shi/default.aspx>.

In addition to utilizing information gathered from within the school district, CSH Leadership Team and SHAC members should gather available public health information. 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. Access the plan through the DSHS Web site at www.eatsmartbeactivetx.org.

Once the assessment has been completed, school districts will need to select materials and resources to assist in the development of the CSH program. Schools may select from one of the TEA approved programs or develop their own program for submission for review and approval. The criteria for the selection process are located at the following web link: www.tea.state.tx.us/curriculum/hpe/coordinated_school_health.html

Identifying And Prioritizing Needs

During the assessment, the CSH Leadership Team should be looking at identified needs. These fall into two categories.

1. The need for new programs, policies, resources, services and activities to contribute to the overall vision of healthy students, and
2. The areas where existing programs, policies, resources, services and activities need to be strengthened or modified to contribute more effectively to the overall vision/mission.

After compiling a list of needs, the CSH Leadership Team must prioritize the needs based on the importance and feasibility of developing programs that effectively meet the need. In prioritizing, the CSH Leadership Team should also consider the level of work involved and the amount of time and resources required in meeting each need. Where the school is in the development of a CSH program will determine what kind of needs to address.

A helpful worksheet for prioritizing needs is provided in the Appendix on page 29.

Developing The Plan

Developing a strategic plan and implementing it can involve a great deal of time. A well-developed strategic plan can effectively address needs identified during the assessment process. The structure shown here, or a variation, is used universally in the development of strategic plans.

A. Mission/Vision The end result of what is needed to achieve a quality CSH program.

- Develop one single mission for the district/campus.
- Incorporate the vision of the SHAC during discussion.

B. Measurable Goals Targets for achieving the mission

- Develop two or three broad range goals.
- The goals must be measurable and have a timeframe for accomplishment.

C. Objectives Strategies needed to accomplish the goals.

- Objectives are the actions required to achieve the goals.
- They should be specific, focused and directly related to the goal for which they are written.

D. Activities Steps that must be taken to achieve the objectives.

- Detailed descriptions of activities and actions required to achieve the objectives.
- Include who is responsible for each action item and the completion deadline.



Example of a simple strategic plan:

- **Mission/Vision:** 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:** All children within the school district will be emotionally, spiritually and physically healthy.
- **Objective:** By the start of the next academic year, the CSH Leadership Team will design and implement a health curriculum that meets the needs of the student body.
- **Action Item:** Investigate available K-12 health curricula and showcase samples at the next SHAC meeting for member's review. Assigned to a specific member or subcommittee.

School districts often have many issues that are identified and need to be addressed. Realistically, not all issues can be addressed in a single school year. Therefore, it is important to set priorities based on the CSH Leadership Team's recommendations with support from the district SHAC. School districts that work systematically and cooperatively over time are often the most successful in achieving their objectives.

Implementation Of The CSH Program

The way a program is implemented depends on community history, local culture and demographics. Each school district has its own unique way of implementing CSH and fitting it into the overall organizational structure of the school. Many school districts have a high level of community involvement that emphasize the importance of team-building, collaboration and coordination both inside and outside of the school district.

Using Best Practices

“Best practices” in school health are universally accepted, basic elements of a high-quality CSH program. They should be considered during every phase of planning and are key to successful implementation of the CSH program. Best practices include:

A. Active Leadership Includes school administrators, the SHAC and a lead school employee(s) with responsibility for coordinating and actively being engaged in supporting school health.

How to tell if your program 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 CSH Leadership Team meets regularly and offers guidance.
- Priorities are set based on information about youth health risks in the community.

B. Coordinated, Collaborative Programs The CSH Leadership Team sets priorities based on community needs and values and then links, as appropriate, with internal and external resources to support the CSH program.

How to tell if your program excels:

- The SHAC has input into all aspects of the CSH program plan.
- 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 and CSH Leadership Team have a well-established two-way forum for open communication.
- The CSH Leadership Team works with the SHAC to refine the health program regularly based on changing needs and resources.
- The CSH program links with health and social service providers as well as programs and other resources in the community.

C. Safe, Nurturing Environment Policies, practices and programs are implemented that promote consistent, health-enhancing messages. Hazard free facilities are supported.

How to tell if your school district excels:

- School facilities are safe and hazard-free. Policies and practices promote positive academic achievement and healthy choices.
- Staff is nurturing, open and supportive of a coordinated approach to learning.

D. Commitment of Resources The administration supports a commitment of time, materials, staff and other resources.

How to tell if your school district excels:

- Time, personnel and other resources are coordinated and 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.
- Time and resources are available to seek funding for efforts that address identified student, staff and school needs.

Developing An Exemplary Program

Helping students develop healthy habits and make smart choices is critical – however, it isn't easy. Teaching about the importance of nutrition and physical activity is different from changing attitudes and beliefs especially when the influences of friends, the media, the environments in which students live and family experiences and preferences are strong. It's not enough to add an activity or two and hope for the best. While that might make a difference in the lives of a few children, much more can and must be done.

The evidence suggests that six practices are critical to achieving the goal of helping children and young people acquire the knowledge and motivation they need to make wise decisions and healthy choices. The practices were developed after consideration of scientifically-based research; practical experience; information gathered through an ongoing, statewide learning community and numerous interviews. Integrating these practices into a program can make the difference in the outcomes that are achieved.

Practices critical to helping young people make wise decisions and healthy choices:

- Approach program development in nutrition and physical activity with vision, purpose and intentionality;
- Integrate nutrition and physical activity approaches with youth development principles;
- Provide exciting and meaningful learning experiences that integrate nutrition and physical activity into core activities and approaches, and keep children and young people engaged, excited and motivated;
- Work closely with schools, families and community members to become full partners in strengthening students' health and well-being;
- Create outreach and education systems that increase awareness about ways to strengthen food security for the low-income families of participating students; and
- Secure adequate funding to support your program's quality and financial sustainability over time.



Tracking Your Progress

When schools invest human and material resources, they expect accountability. Schools want and need to know whether the investment is making a difference. This means tracking the progress of CSH in the school; not only to demonstrate positive impact but also to identify program strengths and weaknesses.

Establishing a baseline during the assessment and/or strategic planning helps track changes that occur over time. Effective tracking can help understand how the program is doing in the following areas:

- **Is there a focus on meeting and completing goals?** (Formative evaluation). Methods for tracking progress include conducting surveys, interviews, focus groups, asking others to review the plan and monitoring student practices to identify what risk behaviors need more attention.
- **Are activities being implemented effectively?** (Process evaluation). Methods for tracking progress include using record-keeping or progress reports to document activities and assess the quality of the planned activities and initiatives.
- **Did the outcome of the efforts make a difference?** (Impact evaluation). Methods for tracking progress include conducting interviews, surveys and/or pre/post tests; gathering of attendance data; and a change in academic performance, disciplinary incidents and/or student health.

Conclusion – Institutionalizing The CSH Program



Although CSH has a similar purpose in different schools, no two programs are alike. Just as no two school districts are alike, CSH is based on community needs and resources. Institutionalization or long-term integration into the system is not guaranteed. Committees come and go and so do the individuals involved. So, how can the school make sure that the program that has been planned, implemented, evaluated and changed to be more successful over time? (See page 28 in the Appendix for Worksheet)

A solid foundation for institutionalization starts by

- Using the formative, process and impact evaluations mentioned above on a continuous basis for every program.
- Assuring that the positive changes indicated by the evaluation results continue to be implemented.

Knowing if systemic change will last is indicated when

- Activities become regularly occurring events that are integrated into the school district operational plan.
- There exists a shared belief or understanding that the program is valuable to all.
- It is clearly understood by the school campus, district and the community the need for the program.

The steps in this guide are only a beginning. Institutionalization will require a long time – possibly, ten years or more. As with any program, to become institutionalized, the CSH program will need consistent and stable support from the school and the community. This support should include adequate resources, qualified personnel, supportive organizational structures, supportive policies and committed leadership. An institutionalized program does not depend on a key individual and thus less likely to be endangered by changes in administration and staff.

Schools can do more than perhaps any other single institution to improve the well-being and competence of children and youth. Only when schools view CSH programs as essential as history, language arts and mathematics, will they maximize academic achievement and positive health outcomes among the students they serve.



APPENDIX

Resources

Resources to help assess, implement and evaluate your CSH program.

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 user friendly and completely confidential. This free resource can be downloaded for use or completed as an online tool.

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

School Health Advisory Councils: A Guide for Texas School Districts (SHAC Guide)

SHACs provide an efficient, effective structure for creating and implementing age-appropriate, sequential health education programs, and early intervention and prevention strategies that can easily be supported by local families and community stakeholders. The DSHS School Health Program's SHAC Guide can help the CSH Leadership Team understand the role of the SHAC and how it relates to the charge of the CSH Leadership Team.

www.dshs.state.tx.us/schoolhealth/sdhac.shtm

Youth Risk Behavior Survey (YRBS)

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

www.cdc.gov/HealthyYouth/yrbs/index.htm

Fit, Healthy and Ready to Learn

This guide is organized around sample policies that reflect 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 from the National Association of State Boards of Education.

www.nasbe.org/healthyschools/fitthealthy.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 to improve academic achievement and students health.

www.aahperd.org/aahe/template.cfm?template=natl_health_education_standards.html

The Physical Education Curriculum Analysis Tool (PECAT)

The PECAT will help school districts conduct a clear, complete and consistent analysis of written physical education curricula. It is based upon national physical education standards to help districts analyze and enhance existing curricula.

www.cdc.gov/HealthyYouth/PECAT/index.htm

Web Sites

Key Web sites to access CSH program support in schools.

Texas Department of State Health Services School Health Program

The School Health Program Web site provides information and support to Texas communities to meet the health services and education needs of school children.
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 CSH programming. SHACs can review and adapt these guidelines to meet their local needs.
www.nationalguidelines.org/introFull.cfm

Action for Healthy Kids

This Web site is a resource for nutrition and physical activity information and resources designed to improve children's nutrition and increase physical activity to increase their readiness to learn.
www.actionforhealthykids.org

Healthy Schools, Healthy Youth

The CDC's Division of Adolescent and School Health seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. This Web site provides a wide range of school health information and resources.
www.cdc.gov/HealthyYouth/index.htm

Texas Department of Agriculture (TDA) Food and Nutrition Division

This Web site provides access to child nutrition programs, up to date information, policies and resources targeted to Texas schools. Available for parents, teachers, students and the general public.
www.squaremeals.org

Texas Education Agency (TEA)

This Web site provides extensive information related to public education in Texas. The Health and PE program link provides information on curriculum, assessment and rules to individuals working to provide high quality health and physical education programs for students.
www.tea.state.tx.us/curriculum/hpe/index.html

School Health Organizations In Texas

Each of these organizations provides issue specific information and support for school health in Texas. See the DSHS School Health Program Web site for additional links at:
www.dshs.state.tx.us/schoolhealth

Texas Action for Healthy Kids Alliance (TAHKA)

www.actionforhealthykids.org

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

www.tahperd.org

Texas Association for School Nutrition (TASN)

www.tsfsa.org

Texas Association of School Administrators (TASA)

www.tasa.org

Texas Association of School Boards (TASB)

www.tasb.org

Texas Cooperative Extension

<http://fcs.tamu.edu>

Texas Parent Teacher Association (PTA)

www.txpta.org

Texas School Counselor Association (TSCA)

www.schoolcounselor.org

Texas School Health Association (TSHA)

www.txschoolhealth.org

Texas School Nurses Organization (TSNO)

www.texaschoolnurses.org/

Texas School Health Law And Policy

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 are often accompanied by administrative code, procedures or rules that further define its implementation.

The excerpts below have been taken out of context. Please refer to the full text for more detail.

TOBACCO ON SCHOOL PROPERTY

Texas Education Code Section 38

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

(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

In accordance with Texas Education Code, §28.002; 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.

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

(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

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

TEA 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

TDA Child Nutrition Policy

The TDA 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

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 issues can be found here. www.capitol.state.tx.us/statutes/hs.toc.htm

Worksheets and Handouts

The following pages include a series of helpful documents designed to assist the CSH Leadership Team in their efforts to provide a quality CSH program to the district or school.

Handout 1

Priority Focus Areas for a Coordinated School Health Leadership Team

A helpful tool to:

- Assist in understanding the CSH model
- Use in training, promotion, assessment and evaluation

Handout 2

The Law

A helpful tool to:

- Understand the legal parameters within which to develop the CSH program
- Understand the history of CSH in Texas and how we got here.

Worksheet 1

Measure Systematic Change

An indicator checklist for the CSH Leadership Team to measure systematic progress as they plan for institutionalization of the CSH program:

A helpful tool to:

- Use in measuring progress towards systematic change
- Measure performance of the program

Worksheet 2

Prioritizing Needs

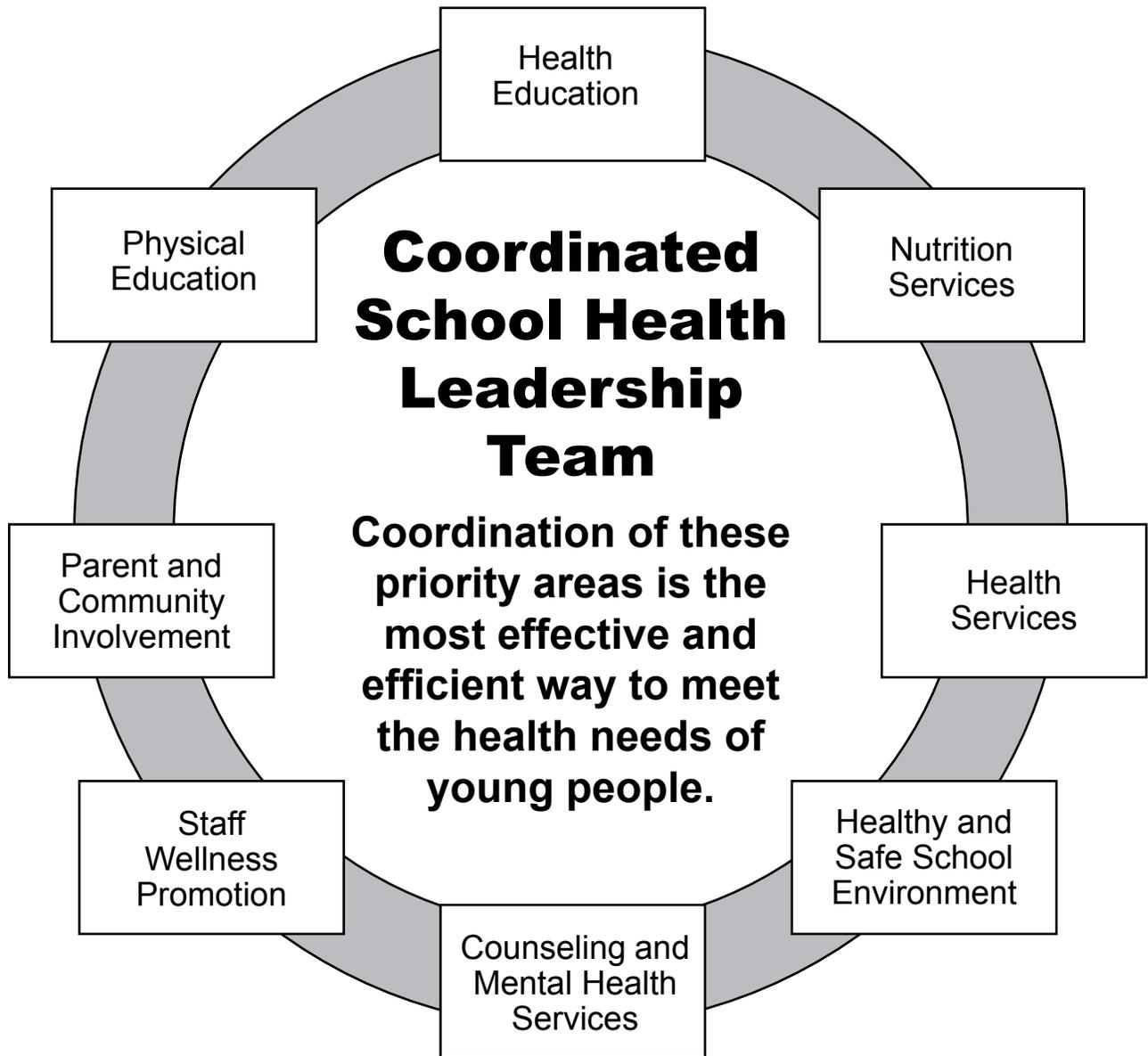
A helpful tool to:

- Prioritize needs identified in the assessment phase.
- Identify the strengths and weaknesses of the strategies targeted for the plan.

Handout 1

Coordinated School Health Model

Priority Focus Areas for a CSH Leadership Team. The eight components of a CSH program are addressed on page 9, 10 and 11 of the Guide.



Handout 2

A Chronological History Of Coordinated School Health (CSH) Law In Texas

A chronological summary of legislation impacting CSH and district SHACs from 2001 through 2007 follows.
(The Law is addressed on page 5 of the Guide.)

Session	Bill/Statute	Author	Key Elements
77th - 2001	SB19	Nelson	
	Education Code, Title 2 - Public Education § 28.002 - (l)		1. Permitted State Board of Education (SBOE) to require students in elementary school (K-5) to engage in 30 min./day or 135 min./week of physical activity.
	§ 28.004 - (c)		2. Required each school district to establish a School Health Advisory Council.
	§ 38.013		3. Required CSH be provided to schools.
	§ 38.014		4. Required implementation of a CSH program in elementary schools by end of 2007 school year.
78th - 2003	SB1357	Nelson	
	Education Code, Title 2 - Public Education § 28.004 - (k)		1. Required schools to “make available for reasonable public inspection” their compliance with requirements of SB19, along with vending machine access and school tobacco policies.
	§ 28.004 - (d)		2. Dictates the composition of the SHAC.
	§ 28.004 - (c)		3. Directed SHACs to recommend policies and practices that integrate school health services, counseling and guidance, safe and healthy school environments, and employee wellness into their CSH program.
79th - 2005	SB42	Nelson	
	Education Code, Title 2 - Public Education § 38.013 - (a)		1. Expands implementation of CSH curriculum to middle and junior high schools.
	§ 28.002 - (l)		2. Permitted SBOE to require middle and junior high school students to participate in physical education twice a week or schedule physical activity at least two semesters overall. (To date, SBOE has voted to require school districts to adopt policies that expand physical activity requirements, rather than requiring implementation.)
	§28.004 - (k)		3. Requires schools to publish compliance with school health and physical activity requirements in student handbooks or on Web sites, as well as provide reports for each campus to the Commissioner of Education.
	§38.013 - (c)		4. Required the Commissioner to adopt criteria for evaluating nutritional services to ensure compliance with Texas Department of Agriculture (TDA) policies.
	Health and Safety Code, Title 12 - Health and Mental Health, §1001.0711		5. Created a state-level SHAC at DSHS.

Handout 2 (continued)

Session	Bill/Statute	Author	Key Elements
80th - 2007	SB530	Nelson	
	Education Code, Title 2 - Public Education § 28.002 - (1) and (1.1)		<ol style="list-style-type: none"> 1. A school district shall require students enrolled in K-5th grade to participate in 30 minutes of moderate to vigorous daily physical activity. 2. A school district shall require students enrolled in 6th, 7th and 8th to participate in 30 minutes of moderate to vigorous daily physical activity for at least four semesters during those grade levels and allows for scheduling alternatives as long as the student receives at least 225 minutes of moderate to vigorous physical activity in a two week period. 3. Allows exemptions for students unable to participate due to illness or disability. Also allows credit for participation in extracurricular activity with a moderate to vigorous physical activity component under rules adopted by the Commissioner.
	§ 28.004		Instructs the school district to publish in the student handbook and on the school website a statement of the policies adopted to ensure students participate in the required amount of physical activity. Also requires a statement providing notice to parents that they can request a copy of their child's physical fitness assessment results at the end of the school year.
	Education Code, Title 2 - Public Education Chapter 38 § 38.101		<ol style="list-style-type: none"> 1. Adds Subchapter (C) to require a school district to annually assess the physical fitness of students enrolled in grades 3 through 12. 2. Allows for exemptions for districts to not assess students with a disability or other condition based on Commissioners rules.
	§ 38.102		Instructs Commissioner by rule to adopt an assessment instrument that 1) must be based on student health including aerobic capacity; body composition; muscular strength, endurance and flexibility and 2) includes criterion-referenced standards specific to a student's age, gender and physical fitness level required for good health. The tool must be utilized during the 2007-2008 school year.
	§ 38.103		<ol style="list-style-type: none"> 1. Requires a school district to compile the results of the physical assessment and provide summary results aggregated by grade level and category identified by Commissioner rule to the Texas Education Agency (TEA). The summary results may not contain students or teachers names. 2. The results of the student performance may be released only in accordance with state and federal law.

Handout 2 (continued)

Session	Bill/Statute	Author	Key Elements
80th - 2007	SB530 (continued)	Nelson	
	§ 38.104		<ol style="list-style-type: none"> 1. Requires TEA to analyze school district results and identify any correlation between the results and student achievement levels, student attendance, obesity, disciplinary problems and the school meal program. 2. TEA may contract with a public or private entity to conduct all or part of the analysis required by this section. 3. Requires TEA to report the findings no later than September 1 of each year, the findings of the analysis to the Texas School Health Advisory Committee (TSHAC). 4. The TSHAC shall use the analysis to assess the effectiveness of the coordinated school health program provided by the school district and to make recommendations for modifications to the CSH program or related curriculum.
	§ 38.105		TEA and each school district can accept donations to facilitate implementation of this chapter.
			Requires TEA in consultation with the TSHAC to submit a report to the legislature by September 1, 2008 detailing options and recommendations for providing moderate to vigorous daily physical activity for at least 30 minutes a day outside the seven-hour instructional day. The options and recommendations must be developed with consideration for the needs of students enrolled in multiple enrichment curriculum courses.

Worksheet 1

Measuring Systematic Progress

The checklist below will give the CSH Leadership Team or district administrator's specific questions or indicators by which to measure systematic IMPROVEMENT: (see page 18 for explanation)

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the CSH Leadership Team composed of members from each of the CSH component areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the CSH Leadership Team been trained in CSH implementation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the CSH Leadership Team met with the superintendent and gained approval and endorsement of the committee's strategic plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the CSH strategic plan been presented to faculty? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the materials from the TEA approved CSH curriculum used within each component area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there documentation that the materials are being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there signage throughout the school building that focuses on concepts, practices and values that support CSH? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is communication with parents sustained through newsletters/newspaper features and open house events? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there events within the cafeteria that promote healthy eating habits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there annual, sustainable events conducted that focus on health behaviors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the children know what CSH is and what they are supposed to do to improve or maintain their health? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are annual booster trainings for campus staff provided that focus on growing the program and integrating CSH topics into additional content and component areas? |

Worksheet 2

Prioritizing Needs

(Programs, Initiatives, Activities, Services and/or Policies) During the assessment phase, school community needs are identified. This worksheet will help assess the impact of and then prioritize the needs. (See page 15 of the Guide for explanation.)

CRITERION	NEEDS								
	1.			2.			3.		
Indicate number of students affected									
Magnitude of program	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low
Readiness of the school	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not
Readiness of the community	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Ready	<input type="checkbox"/> Some	<input type="checkbox"/> Not
Impact of the strategy	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low
Administrative ease	<input type="checkbox"/> Easy	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Easy	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Easy	<input type="checkbox"/> Some	<input type="checkbox"/> Not
Workload required	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low
Level of community awareness	<input type="checkbox"/> Aware	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Aware	<input type="checkbox"/> Some	<input type="checkbox"/> Not	<input type="checkbox"/> Aware	<input type="checkbox"/> Some	<input type="checkbox"/> Not
Level of staff training necessary	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low	<input type="checkbox"/> Great	<input type="checkbox"/> Some	<input type="checkbox"/> Low
Resources available	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Med	<input type="checkbox"/> Low
Cost of the actions necessary to complete									
Cost of inaction									
Time it will take to complete the strategy									
PRIORITY ASSIGNED:									

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.
- Kane, William M. (1993). *Step by Step Guide to Coordinated School Health*. ETR Associates.
- 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.
- US Department of Agriculture Food Stamp Program and the California Nutrition Network for Healthy, Active Families and the David and Lucile Packard Foundation (March 2007). *Healthy Behaviors for Children and Schools: Developing Exemplary Practices in Nutrition, Physical Activity and Food Security in After School Programs*.

Texas Overweight and Obesity General Statistics - DSHS Obesity Data Sheet
March 2007 References from page 5:

- (1) Dept of State Health Services Center for Health Statistics. Prevalence of Overweight and Obesity among Texas Adults. Texas Behavioral Risk Factor Surveillance System, 2005. Available at www.dshs.state.tx.us/chs Accessed on 08-29-06.
- (2) Texas Department of Health. The Burden of Overweight and Obesity in Texas, 2000-2040. 2004.
- (3) Glendening PN, Hearne SA, Segal LM, Juliano C, and Earls MJ. F as in Fat: How Obesity Policies are Failing in America 2005. Available online at <http://healthyamericans.org/reports/obesity2005> Accessed on 12-10-2005.
- (4) Weicker GL, Harris C, Bauman P, Plough A, Everets J, Spencer T, and Hamburg M. F as in Fat: How Obesity Policies are Failing in America 2006. Available online at <http://healthyamericans.org/reports/obesity2006/Obesity2006Report.pdf> Accessed on 8-30-06.
- (5) Hoelscher DM, Perez A, Lee ES, Sanders J, Kelder SH, Day RS, Ward J. School Physical Activity and Nutrition (SPAN) III Survey, 2004-2005. UT School of Public Health, Houston.
- (6) Ogden CI, Carroll MD, Curtin LR, et al. Prevalence of Overweight and Obesity in the United States, 1999-2004. JAMA. 2006; 295:1549-1555.
- (7) Hoelscher DM, Day RS, Lee ES, et al. Measuring the Prevalence of Overweight in Texas Schoolchildren. Am J Public Health. 2004;94:1002-1008.
- (8) CDC's Youth Risk Behavior Surveillance System, 2003.
- (9) Poster by Deanna Hoelscher, PhD, RD, LD at NAASO Annual Meeting, 11-17-04, Poster #866-P.

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 CSHP guide can be downloaded from the DSHS School Health Program Web site at www.dshs.state.tx.us/schoolhealth/csh.shtm



Department Of State Health Services
School Health Program

Publication No. E05-12889
07/2008

