



## KISD SHAC MINUTES DECEMBER 3, 2019

Meeting Called to order by S. Reeves, BSN,RN at 4:03pm

**Members Present:** Stephanie Reeves, Arcenia Urquiza, Daneekia Leonard, Katie Sotzing, Kennan Dealy, Patricia Rivera, Anita Hurtado, Lydia Bushnell, J.Williamson, and Keisha Diera

1. **SHAC** members vote in **New Parent Co-Chair Keisha Diera** (S.Reeves nominate, K.Sotzing 2nd)
2. **Health and Wellness-** KISD SHAC is promoting and supporting KISD employee health and wellbeing with participation in Texas Mobile Imaging starting Dec. 4th on various campuses throughout the District. Texas Mobile Imaging are solely screening exams offered at a great rate. They include the following screenings: Internal Carotid Artery; Abdominal Aorta Aneurysm; Ankle Brachial Index; AFIB; Bone Density; and Vital Organ Screenings. See attachment for KISD Screening Pathology Results.
3. **KISD ANNUAL BACK TO SCHOOL HEALTH FAIR-** The SHAC Committee recommends we proceed with planning for August 2nd Health Fair and to start contacting Vendors from last year. We will discuss more at the next meeting.
4. **Physical-Walk Across Texas recommendations Katie Sotzing Speaker:** Student participation Numbers down this session with HEECC< PES<NES. MES had high participation. Total 981 students walking 9,080 miles. Ideas to increase participation for 2020-2021 are to meet with PE teachers of each campus in May prior to school getting out; Offer Incentives, advertise more to Staff and families to make sure parents aware,use FB, Remind, technology etc. Texas A&M provided 17,000 copies of papers for the Walk Across Texas program this semester to KISD campuses.Thank you so much to Katie Sotzing and Lisa P. for their assistance.
5. **Vaping- Patricia Rivera with TDHS speaker:** Mrs. Rivera touched on the latest update and 3 programs: Catch My Breath has the JUUL information: [CATCH My Breath E-Cigarette & JUUL Prevention](#) Another program is called ASPIRE: ASPIRE | MD Anderson Cancer CTR & our Regional Tobacco Prevention Coordinator highly recommends Stanford Medicine Tobacco Prevention Toolkit. Please see attachments.

**6. KISD Safety-** Stop the Bleed program initiation for HB 496with District wide training in regards to traumatic injury and bleeding control initiated by each Campus RN-who are Stop the Bleed instructors. Each campus now has stocked Stop The Bleed kits with each AED site.

7. Meeting adjourned at 5:03pm. Next meeting February 18th, 2020 4pm KISD Administration Building



**Texas Mobile Imaging**

*"Early Detection Equals Prevention"*

## **Kaufman ISD 2019**

Greetings Susan Stahlman,

A great big thank you from our team, to yours, for caring so much about your faculty and staff at **Kaufman ISD**. Through our combined efforts, it seems we have made a huge impact on the health and wellbeing of the faculty and their family members. Below, is the pathology report for your review.

### **Total # of people screened in December of 2019: 206 people**

We found **88 people** with fatty plaque or calcification in the carotid arteries.

- **82 people with - Mild carotid artery disease, which is typically within the 1% to 39% stage of blockage.**
- **06 people with – Moderate carotid artery disease, which is typically in the 40% to 60% stage of blockage.**

We found **60 people** with **Thyroid** disease. **(Cysts, Nodules, or Masses)**

- **Thyroid disease can affect the hormones and metabolism. Thyroid nodules and masses identified, have a possibility of being cancerous.**

We found **77 people** with **Liver** disease. **(Fatty Liver, Cysts, or Masses)**

- **Undiagnosed, fatty liver disease can cause serious issues. Liver masses identified, have a possibility of being cancerous.**

We found **20 people** with **Gall Bladder** disease. **(Sludge or Stones)**

- **Sludge and stones in the gall bladder can cause serious digestive issues.**

We found **14 people** with **Kidney** disease. **(Hydronephrosis, Cysts, Masses, or Stones)**

- **Kidney disease can cause serious issues. Hydronephrosis is fluid on the kidneys. Stones can be very painful. Kidney masses identified, have a possibility of being cancerous.**

Thanks so much for your time!

**Joey Wyatt**  
**Certified Vascular Sonographer**  
**Texas Mobile Imaging**  
**832-495-8236**



## Research and Recommendations on Instruction in Public Schools to Prevent the Use of E-Cigarettes

**Developed: April 2018**

### Background

E-cigarettes and other nicotine delivery systems, are dangerous, addicting, and harmful alternatives to traditional cigarettes. With appealing and youthful marketing tactics, e-cigarette usage is rising among young people, and new generations are being introduced to nicotine addiction. During the 2017, 85th Texas Legislative Session, Senate Bill 489 passed into law and instructed local school health advisory councils to recommend policies, procedures, and curriculum related to the instruction to prevent the use of e-cigarettes.

E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales. The liquid typically contains nicotine, flavoring, and other additives. E-cigarettes can be referred to as "e-cigs," "cigalikes," "e-hookas," "mods," "vape pens," "vapes," "tank system," and "Juil." Some e-cigarettes are made to look like regular cigarettes, cigars, or pipes, others resemble pens, USB sticks, and other everyday items. Larger devices such as tank systems, or "mods," do not resemble other tobacco products.

E-cigarettes are now the most commonly used tobacco product among youth in the United States with use by young adults (18-24) recently surpassing that of adults 25 years and older. In 2016, e-cigarettes were the most commonly used tobacco product among U.S. middle school and high school students, affirming e-cigarette use to be a major public health concern. Although the FDA requires minimum age restriction to prevent sales to minors, the use has increased 900% among high school students from 2011-2015.

Nearly 90% of adult smokers begin smoking at or before age 18 and because of the addictiveness of nicotine, about 3 out of 4 teen smokers end up smoking into adulthood, even if there is intention to quit in the future. Smoking may also be a gateway to illegal drug use as nicotine addiction often precedes the use of other drugs. It is also important to note that e-cigarettes can be used as a delivery system for marijuana and other drugs as well.

### Health Effects of E-Cigarettes

Exposure to nicotine, a highly addictive drug, can have long-term consequences for brain development. The brain is the last organ in the human body to fully develop as it continues to develop until the mid-20s. Nicotine exposure during periods of brain development, such as in adolescence, can disrupt the growth of the brain circuits that control attention, learning, and susceptibility to addiction. Exposure to nicotine during youth and young adulthood can be long-lasting, lower impulse control and influence mood disorders. Nicotine can also prime young brains for addiction to other drugs, such as cocaine and methamphetamine. In addition, nicotine can also have adverse effects during pregnancy and may contribute to cardiovascular disease.

E-cigarettes can expose both users and non-smokers to vapor containing carcinogens, toxins, formaldehyde, acetaldehydes, heavy metals, harmful chemicals, including nicotine, carbonyl compounds, and volatile organic compounds all known to cause adverse health effects. The health effects and potentially harmful doses of heated and aerosolized constituents of e-cigarette liquids, including solvents, flavorants and toxicants, are not completely understood. Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possibly death if the content of refill cartridges or bottles containing nicotine are consumed. Propylene glycol and glycerin are the main base ingredients of the e-liquid. Thermal decomposition of propylene glycol and vegetable glycerin produces reactive carbonyls, including acrolein, formaldehyde, and acetaldehyde, which have known respiratory toxicities. They may also cause eye irritation, affect the central nervous system, impact behavior, and the damage the spleen.

## **Recommendations**

Schools are in a position to play a major role in reducing the number of youth that choose to use tobacco and e-cigarettes and other nicotine delivery products. The following recommendations are important in reducing the use of e-cigarettes and other nicotine delivery systems.

- 1) Implementation of comprehensive tobacco control and prevention strategies to reduce youths' initiation and use of any nicotine product to include:
  - a. Comprehensive tobacco prevention education to prevent youth tobacco use in all forms, including e-cigarettes. Prevention education should address all aspects of tobacco use, including

short-and long-term negative health effects, social acceptability, social influences, negative social consequences, peer norms and peer pressure, resistance and refusal skills, and media literacy as it relates to tobacco marketing and advertising.

- a. Effective youth tobacco prevention programs should be:
  - Grade and age sensitive, with the most intense instruction in middle school and reinforcement throughout high school;
  - Consistent and evidence-based messages about the health risks of e-cigarette use and exposure to secondhand aerosol from e-cigarette;
- 2) Enforcement of state law and local policies related to all tobacco and nicotine use by students, staff and community members at all school activities.
- 3) Share best practices from state and local entities that have implemented programs and policies to address all tobacco use, including e-cigarettes among youth and young adults.

## References

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2017 Jun 15].
2. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012 [accessed 2017 Jun 15].
3. Centers for Disease Control and Prevention. Flavored Tobacco Product Use Among Middle and High School Students—United States, 2014. Morbidity and Mortality Weekly Report, 2015;64(38):1066–70 [accessed 2017 Jun 15].
4. Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2016. Morbidity and Mortality Weekly Report, 2017;66(23):597–603 [accessed 2017 Jun 15].

5. Centers for Disease Control and Prevention. Tobacco Product Use Among Middle and High School Students—United States, 2011 and 2012. Morbidity and Mortality Weekly Report, 2013;62(45):893–7 [accessed 2017 Jun 15].
6. Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2013. Morbidity and Mortality Weekly Report, 2014;63(45):1021–6 [accessed 2017 Jun 15].
7. U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000 [accessed 2017 Jun 15].
8. Centers for Disease Control and Prevention. Combustible and Smokeless Tobacco Use Among High School Athletes—United States, 2001–2013. Morbidity and Mortality Weekly Report, 2015;64(34):935–9 [accessed 2017 Jun 15].
9. Centers for Disease Control and Prevention. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016 [accessed 2018 Mar 5].
10. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2017 Jun 15].

This document was developed by the TSHAC. For additional information about the committee, go to [TSHAC Home Page](#).

*External links to other sites appearing here are intended to be informational and do not represent an endorsement by DSHS. These sites may not be accessible to people with disabilities. For information about any of the resources listed, contact the sponsoring organization directly. For comments or questions about this publication, contact the School Health Program at (512) 776-7279 or by email at [schoolhealth@dshs.texas.gov](mailto:schoolhealth@dshs.texas.gov). Copyright free. Permission granted to forward or make copies in its entirety as needed.*



# E-Cigarettes



Electronic cigarettes (e-cigarettes) entered the U.S. Market place around 2007. Since 2014, they have been the most commonly used tobacco product among youth. In 2018, e-cigarette use (referred to as ‘vaping’) reached **epidemic** levels.

## What are e-cigarettes?

E-cigarettes are tobacco products. Some resemble regular cigarettes, cigars, pipes and some have a modern, sleek design and look like writing pens or USB sticks. The products are commonly known as ENDS – electronic nicotine delivery system(s).

Other common names:

- Mods
- Hookah pens
- Vape sticks
- Personal vaporizers (PV)
- Tank systems
- Smoke Juice

Whether it’s an e-cigarette, vape pen, e-hookah, using an electronic cigarette is called “vaping”. Stores who sell mostly e-cigarettes and e-juice are called “vape shops.”

## How do e-cigarettes work?

Most e-cigarettes have a battery, a heating element, and place to hold a liquid (such as a cartridge or pod). As the user draws on the device, the battery heats the e-liquid to produce aerosol, not a water vapor. The aerosol is then inhaled into the lungs.

## Contact Information

Tobacco Prevention and Control  
Dept. of State Health Services  
PO Box 149347  
Mail Code 1965  
Austin, Texas 78714-9347  
[Tobacco.free@dshs.texas.gov](mailto:Tobacco.free@dshs.texas.gov)

For more information, visit:  
[dshs.texas.gov/tobacco](https://dshs.texas.gov/tobacco)

In Texas, an individual must be 21 years old to buy or own an e-cigarette.

Ready to Quit? Call the Texas Quitline at 1-877-YES-QUIT.



## National Data

In 2018, 20.8% of U.S. high school students reported using e-cigarettes in the past 30 days. This is a 9.1% increase compared to 2017. From 2017-2018, U.S. middle school students who used e-cigarettes in the past 30 days increased from 3.3% to 4.9%.

## Texas Data

According to the 2018 Texas Youth Tobacco Survey, **13%** of youth used e-cigarettes in the past 30 days. This means that **18.9%** of high school students and **6.0%** of middle school students used e-cigarettes in the past 30 days.



## Associated Dangers

- Most e-cigarettes contain nicotine, which can harm adolescent brain development. Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.
- Some e-cigarette flavorings may be safe to eat, but not to breathe. This is because the gut can process more substances than the lungs.
- A common ingredient in e-cigarette flavoring, diacetyl, causes bronchiolitis obliterans, known as "popcorn lung".
- Defective e-cigarette batteries have caused fires and explosions. Some explosions have resulted in serious injuries and death.
- Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.
- There have been reports of youth and young adults experiencing seizures after vaping. Seizures or convulsions are potential side effects of nicotine poisoning.

The Food and Drug Administration has not found any e-cigarette to be safe and effective in helping smokers quit.

If smokers are ready to quit, call the Texas Quitline at 1-877-YES-QUIT or talk with their doctor.

For more information, visit [Dshs.texas.gov/tobacco](https://dshs.texas.gov/tobacco).

\*\*Sources for this document are available upon request.





# CATCH My Breath *a nicotine vaping prevention program*

CATCH My Breath Overview - National (Fall 2019)



Help prevent youth e-cigarette use by supporting the CATCH My Breath program! [Donate now.](#)

CATCH My Breath Vaping  
Prevention Program

SEE OVERVIEW



## Program Details

### Cost

Free to U.S. Schools

*Thanks to support from donors and lead sponsor, [CVS Health](#)*

### Ages

10-18 Years / Grades 5-12

*Can be taught in one or multiple grades*

### Evidence-Based

Shown to significantly reduce the likelihood of vaping in the year following program implementation

*(Kelder, S. H. et al. 2020)*

### Duration

4 Lessons / version  
30-40 mins / lesson

### Versions

- 5<sup>th</sup> Grade
- 6<sup>th</sup> Grade
- 7<sup>th</sup> - 8<sup>th</sup> Grade
- 9<sup>th</sup> - 12<sup>th</sup> Grade

## Featured On

(Click logo for news story)









# AXIOS

# FOX 46







## Program Features



### Parent Resources

CATCH My Breath [Parent Page](#) contains a presentation and educational resources for parents to stay informed.



### Slideshows & Videos

Engaging multimedia embedded into each lesson. Slideshows include teacher's notes to reduce preparation needed.



### Grassroots Team

A "[Stand with CATCH My Breath](#)" grassroots team helps parents, teachers, public health professionals, and concerned citizens stay informed.



### Service Learning Projects

[Projects](#) designed to help middle and high students make a meaningful impact in their community by preventing youth vaping.

## Used by Top Districts Nationwide

– Including –



**DALLAS**  
**INDEPENDENT SCHOOL DISTRICT**



  
**cms**®  
**Charlotte-Mecklenburg Schools**

**KCS**  

---

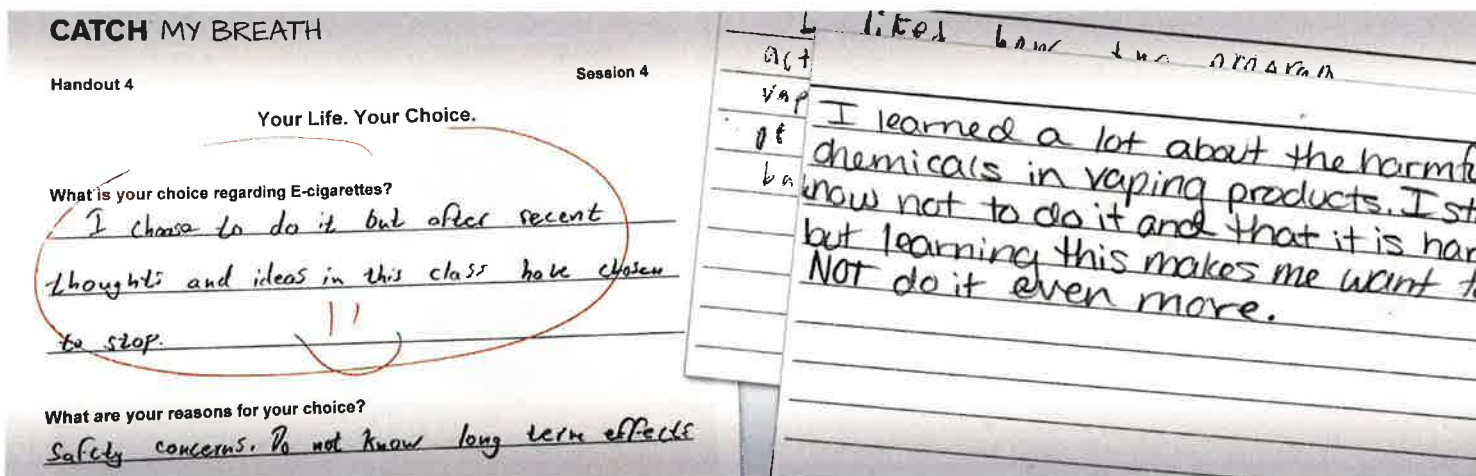
**KNOX COUNTY SCHOOLS**

---





# Wareham Public Schools



## What People Are Saying



"This is a well done, much needed, and welcome resource! ...Thank you for your hard work in this challenging area."

"The CATCH.org site offers an amazing educate parent

CATCH My Breath Educator  
Tennessee

CATCH







Built with  by Inventor



# WHAT IS ASPIRE™ ?

ASPIRE is an online, bilingual multimedia program developed by The University of Texas MD Anderson Cancer Center. It is a fun and interactive tobacco prevention and cessation curriculum for teens.

## HOW DOES IT WORK?

### THE PROGRAM AIMS TO MOTIVATE TEENS TO BE TOBACCO-FREE BY OFFERING:

Videos, animations, and interactive activities

Testimonials from peers, doctors, smokers and non-smokers

Information on short- and long-term health consequences of tobacco/nicotine use

Content on new and emerging products (e-cigs, hookah, synthetic marijuana)

Tips and resources to avoid the temptation to smoke or to stop smoking

### THE ASPIRE STUDENT PROGRAM INCLUDES:

English and Spanish languages

Closed captioning

8 Educational modules

Pre- and post-tests

Quizzes along the way

Certificate of completion

Reporting system with grades



THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**

Making Cancer History®

ASPIRE can be completed on any device (desktop, tablet, or smartphone) with internet connection. The curriculum aligns with subject area standards in health, science, mathematics, social studies, and technology application. Educators have administrative access to track student progress.

Visit [www.mdanderson.org/aspire](http://www.mdanderson.org/aspire) to see a sample of the ASPIRE program.

For more information please contact The ASPIRE Team at [aspire@mdanderson.org](mailto:aspire@mdanderson.org) or 713-745-6252.

Visit us on Facebook at [facebook.com/aspireheroes/](https://facebook.com/aspireheroes/)





# Plenty of Interactive Materials and Lessons to Choose From

Do Use  
**All 75** Our  
or Just **or** Suggested  
One or **Curriculums**  
Two (see below)

For those with limited time to organize and plan out your own curriculum.

**5-Session Curriculum**.....  
Covers the essential activities and information

**8-Session Curriculum**.....  
Incorporates more student participation

**10-Session Curriculum**.....  
Includes demonstrations to help students further understand complicated concepts

50-minute sessions

*Contact us if you want technical assistance creating a different curriculum that best fits your students*

"The real strength of this toolkit is that it is comprehensive. It not only deals with education and prevention of regular cigarette tobacco use, but additionally addresses e-cigarettes, hookah and chewing tobacco. Also, the ability of teachers to use this in multiple classes (health ed, history, chemistry, civics, etc.) shows the versatility of this toolkit."

**Phillip Gardiner, DrPh,**  
**UC Smoke and Tobacco Free Fellowship Awards Program Officer,**  
**Tobacco Related Disease Research Program**

## Special Thanks to Our Funders



# Tobacco Prevention Toolkit



Contact Us for More Info and/or Training Request

**Bonnie Halpern-Felsher**  
*Professor, Founder, & Executive Director*  
bonnieh@stanford.edu

**Richard Ceballos**  
*Project Co-Director*  
rceb3@stanford.edu

For more information, please visit our website at:  
[tobaccopreventiontoolkit.stanford.edu](http://tobaccopreventiontoolkit.stanford.edu)

**INTERACTIVE**  
a new, theory-based **ONLINE**  
and evidence-informed **FREE**  
resource created by educators

and researchers aimed at preventing middle and high school students' use of cigarettes, cigars/cigarillos, smokeless tobacco, hookah, and e-cigarettes/vapes (including pod-based devices like JUUL.)



## Goals of the Toolkit

### **For Students to:**

- Understand basic information about tobacco products and the harm they cause.
- Gain awareness of marketing strategies used by tobacco manufacturers to increase adolescent tobacco use.
- Gain skills to refuse experimentation and use of tobacco.

### **For School Teachers and Administrators:**

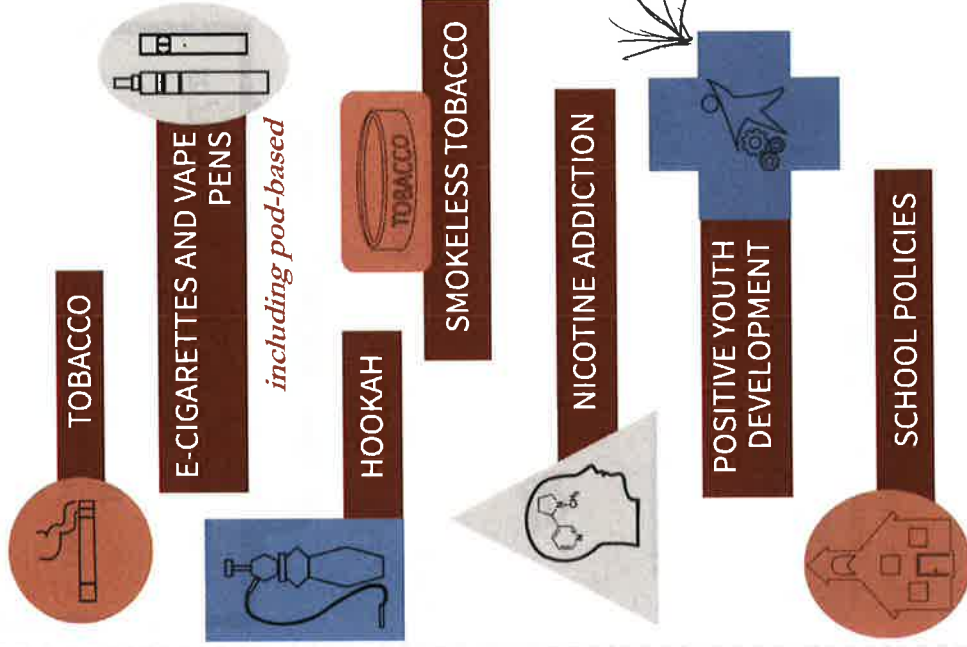
- To be able to develop and set new school policies and work with families.

### Did You Know?

The tobacco industry continues to develop new products (e.g., e-cigarettes, such as JUULs, & hookah) and marketing tactics aimed at increasing adolescents' use of tobacco and nicotine. This Toolkit is updated regularly to address new concerns and products.

## Free, Online Modules

Educational modules for educators, administrators, parents/guardians, and anyone who works with youth



Modules are supported by a plethora of additional information and websites in our

**Resource Directory**

**ALL ONLINE....  
 ...FOR FREE!**

What You'll Find:

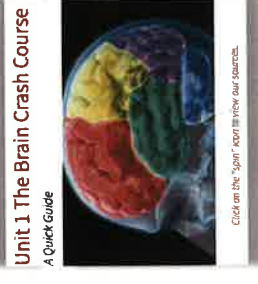


**Activities**



**PowerPoints with Educator Notes**

**Worksheets/ Factsheets**



**Crash Courses for Educators**

**Many other Resources and Links!**



**Stanford**  
**MEDICINE**

Tobacco Prevention Toolkit  
*Modules for tobacco and nicotine education*

**NEW 2020!!**  
**2 HOUR VERSION**  
**&**  
**4 HOUR VERSION**

**UPDATED & EXPANDED!**  
**HEALTHY FUTURES: AN ALTERNATIVE TO SU**

**TOBACCO PREVENTION TOOLKIT**

Learn More →

The banner features a background image of a desk with a laptop, a white mug, and two potted succulents. The text is overlaid in a bold, sans-serif font. A navigation arrow is on the left, and a progress indicator with six squares is at the bottom right.

## The Tobacco Prevention Toolkit

Theory-based and evidence-informed resources created by educators, parents, and researchers aimed at preventing middle and high school students' use of tobacco and nicotine.





## Our Modules



## Tobacco: The Basics



## Hookah





Nicotine Addiction



E-Cigs/Vapes/Pod-Based Devices



Smokeless Tobacco





Positive Youth Development

Sample Curriculums



Healthy Futures: An Alternative-to-Suspension Curriculum





1 Session Spanish Curriculum



Subject Relevant Materials



**Help Keep the Toolkit Free!**





The Tobacco Prevention Toolkit is committed to providing free tobacco/nicotine prevention materials to educators directly working with youth. Everything on the TPT website and trainings are free of charge. Although it is not required, contributions to these ongoing efforts are appreciated.

More information on donating to the Tobacco Prevention Toolkit can be found [here](#).

 Follow us on FB



 Follow us on Twitter



 Find People

 Visit Stanford

 Search Clinical Trials

 Give a Gift

©2020 Stanford Medicine

