Effective School Health Advisory Councils

MOVING FROM POLICY TO ACTION

NC HEALTHY SCHOOLS

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PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction

FOREWARD

Influencing students to lead healthy and productive lives is likely to be most effective when schools, the community, and parents work together. Each has unique resources, each can access students in ways the others can't, and each has different means of influencing the behaviors of young people. But the coordination of these efforts requires planning.

Local school health advisory councils are one means of planning consistent and focused action. Councils, composed of representatives from home, school, and community, can objectively assess the needs of young people and identify the necessary resources. Councils can also serve as a communication link among the three groups to help prevent misunderstanding and clarify roles and responsibilities.

Local school health advisory councils can be arranged in a variety of ways in order to mesh with the structures of various schools and communities. Councils can be assigned to deal with either a narrow or broad range of health-related issues. Regardless of the structure, they should be given clear tasks and responsibilities, and their suggestions should be seriously considered. This manual outlines a number of approaches to council organization, function and operation.

The health of young people is directly tied to academic achievement and their potential for school success and overall quality of life. The schools alone cannot solve or prevent health-related problems. However, the schools' ability to have a positive impact on students' health behavior and academic gains is enhanced with the help of parents and community.

Michael E. Ward

State Superintendent of Public Instruction

[signature]

Chairman, State Board of Education

ACKNOWLEDGEMENTS

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Contents of the CD Rom

The entire contents of the Manual are included on the CD Rom

Additional Information Includes:

Health is Academic Power Point

2001 NC Youth Risk Behavior Survey Power Point

Healthy Active Children Policy

Promoting Healthy Youth, Schools and Communities: A Guide to School-   Community Advisory Councils

"Children are our most valuable resource, and schools represent an

opportunity to provide our children with valuable health skills."

U.S. Senate Appropriations Committee Senate Report 107-84,

to accompany Labor, Health and Human Services, and Education (LHHS) Appropriations Bill

Fiscal Year 2002

TAB 1

SECTION STARTER DESIGN

SETTING THE STAGE

1

SETTING THE STAGE

INTRODUCTION

North Carolina's young people are at risk, and the seriousness of the health risk endanger young people and their ability to achieve future goals. "For the first time in the history of this country young people are less prepared to take their places in society than were their parents." That conclusion of the **National Commission on the Role of the School and the Commission in Improving Adolescent Health** is a wake up call. Concern about the health and educational achievement of young people and the recognition that education and health are inextricably intertwined have resulted in considerable interest and attention to the quality of health programs in our schools and communities.

In the past, school health focused on educational programs about human biology and hygiene. Today's health problems require more comprehensive programs that focus on knowledge, development of skills, health interventions, health services for youth and referral and involvement of many community experts and outside resources. Many of these resources are available in schools and communities yet the organization and infrastructure are often not in place to coordinate delivery in an efficient way. Health organizations, agencies and the school district need a mechanism to develop programs that are coordinated in order to be efficient and effective.

The promotion and protection of the health of students has been a consistent purpose of public schools in the United States. In North Carolina, concern for the health of students has led to a variety of actions by the General Assembly to emphasize the importance of health in early life. Acting primarily through the State Board of

OVERVIEW

Eight Components

Healthy Youth

Education and the Department of Health and Human Services, the General Assembly has asked schools and community agencies to develop and manage programs directed toward the health of students.

School programs address a wide variety of physical, social and emotional aspects of child and adolescent health. Specific concerns are often so different from each other that many school and community groups must become involved to adequately address the issues. Health concerns such as substance abuse, counseling, immunizations, poor dietary habits, regular exercise, obesity, unintended pregnancy, violence, and school safety may require very specific and different approaches.

In 1997, North Carolina Department of Public Instruction was awarded a grant to strengthen linkages between the State Department of Education and the Department of Health and Human Services, Division of Public Health. This program is called North Carolina Healthy Schools or the Healthy Schools Initiative.The overall goal of the program is to develop infrastructure at the state and local level that will coordinate health programs to improve the health and academic success of children. In order to achieve this goal, schools are developing coordinated school health programs, a model which includes health education, health services, healthy school environment, counseling, psychological and social services, physical education, nutrition services, staff wellness and family and community involvement. Many of these programs and services exist in schools and communities yet the system of delivery is often fragmented and uncoordinated.

A coordinated approach to school health improves the health of young people and enhances their capacity to learn through the support of families, schools, and communities working together. At its core, Coordinated School Health is about keeping students healthy over time, reinforcing positive healthy behaviors throughout the school day, and making it clear that good health and learning go hand in hand.

Recent research findings from across the U.S. strongly indicate that collaborative efforts among family, community and the schools are the most effective approaches for both prevention and intervention. Given the complexity of health behaviors, it is understandable that schools need to work with families and community resources to help young people.

One effective way to promote this partnership is to start a School Health Advisory Council (SHAC). The SHAC is made up of a broad cross-section of parents, business and community leaders, and school personnel. A SHAC facilitates communication and problem solving about health-related issues of children and youth. School Health Advisory Councils can assist schools in carrying out responsibilities for promoting and protecting the health of students and employees. An active School Health Advisory Council can be an excellent mechanism for parent and community involvement in the schools. The School Health Advisory Council can provide a way for the schools to utilize valuable professional resources in their programs.

North Carolina has a history of being as leader in the utilization of School Health Advisory Councils for improved school health programs. In 1977 House Bill 540 was passed that provided competitive funding to school districts for the hiring of a trained and certified school health coordinator and the establishment of a district wide school health advisory council. By the middle 1980's, more than fifty of 117 local education agencies had school health coordinators and functioning SHACs. Many of those councils are still functioning today, others have lost momentum and need to be revitalized, and some are no longer in existence. The history of developing, the lessons learned and the outcome of Council work is still evident in NC today.

In January of 2003, The North Carolina State Board of Education passed a policy that provides new impetus for school districts across the state to establish School Health Advisory Councils. **The Healthy Active Children Policy HSP-S-000** requires all school districts "establish and maintain School Health Advisory Councils to represent the eight components of a Coordinated School Health Program."

This manual, *Effective School Health Advisory Councils: Moving from Policy to Action,* was prepared for use by school district personnel. It has been designed for individuals seeking information on the development and operation of a School Health Advisory Council. The information has been organized in an easy-to-use style with the intent of serving as a how-to manual.

This guide will assist school districts in developing new School Health Advisory Councils (SHACs) or revitalizing or strengthening existing SHACs and maintaining them as effective entities that support and guide school health practices, programs and policies.

In addition to this manual, training opportunities and technical assistance is available through the NC Healthy Schools the Healthful Living Section of the North Carolina Department of Public Instruction and NC Healthy Schools.

There are no prescribed formulas for creating a coordinated school health program. However, these elements are key:

n **Create a customized plan based on the needs and strengths of the school and community.**

n **Foster teamwork and collaboration at all levels among both community and school members.**

n **Involve youth, families, and other community members in planning and decision making.**

n **Commit to continuing school health improvement.**

HEALTHY ACTIVE CHILDREN POLICY

Local school systems were given a charge to implement the Healthy Active Children Policy through board action in January of 2003. The policy is included below.

NORTH CAROLINA STATE BOARD OF EDUCATION

POLICY MANUAL

PRIORITY: High Student Performance

CATEGORY: Student Health Issues

POLICY ID NUMBER: HSP-S-000

POLICY TITLE: Policy regarding physical education in the public schools

CURRENT POLICY DATE: 01/09/2003

HEALTHY ACTIVE CHILDREN:

SECTION 1   LOCAL SCHOOL HEALTH ADVISORY COUNCIL

(a) Each school district shall establish and maintain a local School Health Advisory Council to help plan, implement, and monitor this policy.

(b) The local School Health Advisory Council shall be composed of community and school representatives from the eight areas of a coordinated school health program mentioned in Section 4 (a), representatives from the local health department and school administration.

SECTION 2   PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

(a) To address issues such as overweight, obesity, cardiovascular disease, and Type II diabetes, each school district shall require students enrolled in pre-kindergarten, kindergarten, and grade level below high school to participate in physical activity as part of the district's physical education curriculum. Elementary schools should consider the benefits of having 150 minutes per week and middle schools should consider having 225 minutes per week of physical activity including a minimum of every other day of physical education throughout the 180-day school year.

(b) The physical education course shall be the environment in which students learn, practice and are assessed on developmentally appropriate motor skills, social skills, and knowledge as defined in the North Carolina Healthful Living Standard Course of Study and should be the same class size as other regular classes.

SECTION 3 RECESS

(a) Structured recess and other physical activity shall not be taken away as a form of punishment.

(b) Appropriate amounts of recess and physical activity shall be provided for students.

(c) The physical activity required by this section must involve physical exertion of at least a moderate intensity level and for a duration sufficient to provide a significant health benefit to students.

SECTION 4 COORDINATED SCHOOL HEALTH PROGRAMS (CSHP)

(a) The State Board of Education shall make available to each school district a coordinated school health model designed to address health issues of children. The program must provide for coordinating the following eight components:

(1) safe environment;

(2) physical education;

(3) health education;

(4) staff wellness;

(5) health services;

(6) mental and social health;

(7) nutrition services; and

(8) parental/family involvement.

(b) The North Carolina Department of Public Instruction shall notify each school district of the availability of professional development opportunities and provide technical assistance in implementing coordinated school health programs at the local level.

SECTION 5 THIS POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006–2007 SCHOOL YEAR.

(a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006–2007 school year and shall include a review and appropriate modification of existing physical education and health curricula.

(b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.

(c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.

(d) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and physical activity received by students in each school within the district.

(e) The report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction.

COORDINATED SCHOOL HEALTH PROGRAMS

A coordinated school health program is designed to help young people grow into healthy and productive adults by focusing on their physical, emotional, social and educational development, kindergarten through twelfth grade. An effective school health program is a working partnership between the schools and the community which includes the parents. Primarily, it recognizes that health and academic success go hand and hand.

The Centers for Disease Control and Prevention created a model for coordinated school health that includes eight key components:

1. **HEALTH EDUCATION.** Classroom instruction that addresses the physical, emotional, mental, and social aspects of health—designed to help students improve their health, prevent illness, and reduce risky behaviors.

2. **PHYSICAL EDUCATION.** Planned sequential, K-12 curriculum that promotes lifelong physical activity, develops basic movement skills and sports skills. This may also include the promotion of opportunities to engage in physical activity during and after the school day.

3. **HEALTH SERVICES.** Preventive services, education, emergency care, referrals, and management of acute and chronic health problems—designed to prevent health problems and injuries and ensure care for students. Can include school nursing as well as dental services and school based/school linked health centers.

4. **NUTRITION SERVICES.** Integration of nutritious, affordable and appealing meals; nutrition education, and an environment that promotes healthy eating. Addresses nutrition in the cafeteria, through vending, bookstores, fund raising sales items, and in the classroom.

5. **HEALTHFUL SCHOOL ENVIRONMENT.** A safe, healthy, and supportive climate for learning. Can include indoor air quality, tobacco and substance use, violence, and safety issues.
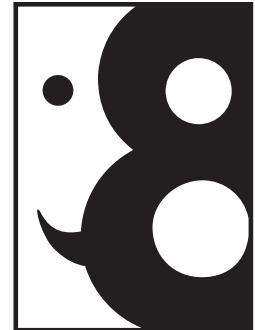
**NC HEALTHY
SCHOOLS**

6. **SCHOOL COUNSELING, PSYCHOLOGICAL AND SOCIAL SERVICES.** Services that include individual and group assessments, interventions, and referrals—designed to prevent problems early and enhance healthy development.

7. **STAFF WELLNESS.** as role models for students. Includes assessment, education, and fitness activities for school faculty and staff designed to maintain and improve health and well-being of staff, who serve as role models for students.

8. **FAMILY AND COMMUNITY INVOLVEMENT IN SCHOOLS.** Partnerships among schools, families, and community groups-includes school health advisory councils and coalitions to build support for and advise about coordinated school health programs.

(Insert CDC updated version 2003 – on CSHP)

will insert before going to print - page 1

NORTH CAROLINA PROGRAMS, POLICIES AND INITIATIVES THAT SUPPORT COORDINATED SCHOOL HEALTH PROGRAMS

The following list describes current programs in NC related to the eight components of CSHP. It is recommended that Council members become familiar with specific programs depending on the priority areas earmarked in the needs assessment and action plan.

Most of the resources listed are available by downloading from links on the state web site **www.nchealthyschools.org**.

This information is provided with the knowledge that programs and policies are constantly changing.

The goal is to provide linkages and contacts with state initiatives in order that SHACs have access to the latest research and program development on a wide range of current health issues. As SHACs use this manual expect some information and web site links to be dated

COMPONENTS OF A COORDINATED SCHOOL HEALTH PROGRAM

1. COMPREHENSIVE SCHOOL HEALTH EDUCATION

Healthful Living Curriculum, Standard Course of Study and Grade Level Competencies, K-12

Today, health status is determined more by one's own behaviors than by advances in medical technology, availability of health services, or other factors; and research demonstrates education in schools can make a difference in the health-related behaviors of students. The *Healthful Living Education* program promotes behaviors that contribute to a healthful lifestyle and improved quality of life for all students. The Healthful Living Education curriculum, when fully integrated, supports and reinforces the goals and objectives of its two major components health and physical education. When the concepts of these two areas are integrated, learning is enhanced to its maximum. For more information go to **www.ncpublicschools.org/curriculum** or **www.learnNC.org.**

Successfully Teaching Middle School Health Manual

The new and improved Manual is packed with exciting teaching ideas and student activities. The Manual contains six step lesson plans for each 6th, 7th, and 8th grade health objective in the North Carolina Standard Course of Study for Healthful Living Education. A new chapter on health related fitness has been added along with engaging student handouts, and black line masters. A CD is packaged with the Manual, which allows teachers the flexibility to personalize the lessons, adapt lessons to meet individual classroom needs, and update statistics and materials as needed. Interactive games and creative PowerPoint presentations are also available on the CD to enhance instruction and student learning.

NC Institute of Medicine's Comprehensive Child Health Plan
Improving school health education is one of the top priorities established in the *Comprehensive Child Health Plan, Comprehensive Child Health Plan: 2000–2005. [Task Force Report to the North Carolina Department and Human Services. Executive Summary. May 2000.]*

Chartered in 1983 by the North Carolina General Assembly, the North Carolina Institute of Medicine (NC•IOM) is an independent, nonprofit organization that serves as a non-political source of analysis and advice on issues of relevance to the health of North Carolina's population.

2. SAFE AND HEALTHY SCHOOL ENVIRONMENT

NC Safe and Drug Free Schools Program

The Safe and Drug Free Schools Program is a comprehensive and strategic national mechanism that is used in public schools throughout North Carolina. Basically, these education and prevention initiatives are designed to prevent school violence, and provide programs that prevent the illegal use of alcohol and other drugs, involve parents, and coordinate with other federal, state and local efforts and resources. The Safe and Drug Free Schools Program is funded by the U.S. Department of Education, Improving America's School Act of 1994, Title IV-Safe and Drug Free Schools and Community Act. For more information go to www.ncpublicschools.org/safe_schools or call Alternative and Safe Schools Section, North Carolina Department of Public Instruction at 919-807-3939.

Crisis Planning: A Guide for Schools and Communities

As part of his continuing efforts to help keep our schools, our teachers and our students safe, U.S. Secretary of Education Rod Paige announced that a new guide, Practical Information on Crisis Planning: A Guide for Schools and Communities, is available to help schools plan for any emergency, including natural disasters, violent incidents and terrorist acts.

Tobacco-Free Schools Program

The Tobacco-Free Schools Program is designed to help schools take an active role to become tobacco-free by addressing the specific problems of adolescent tobacco use. The North Carolina Tobacco Prevention Control Branch in collaboration with the NC Department of Public Instruction, Safe Schools Division, developed a comprehensive model for preventing and reducing tobacco use in schools.

The Tobacco-Free Schools approach encourages school districts to develop adopt and implement effective 100 % tobacco-free school policies as the foundation of the program. Program components that support the policies include

Alternative to Suspension (ATS), a positive option to punishment, *Teen Cessation* and *Promoting Tobacco-Free Lifestyles.* Components of the Tobacco-Free Schools program fit together in a way that encourages flexibility and autonomy at the local level.

The NC Tobacco Prevention and Control Branch along with a network of community partners, including the American Cancer Society, Southeast Division, American Lung Association of NC, Department of Public Instruction, Governor's Office, Substance Abuse Services Section, and Survivors and Victims Empowered Program (SAVE) support 100% Tobacco-Free Schools as a positive community strategy to reduce teen tobacco use rates fifty percent by 2010. For more information go to **www.tobaccofreeschools.org** or call the Tobacco Free Schools Director at 919-713-1881.

3. SCHOOL COUNSELING, PSYCHOLOGY, AND SOCIAL SERVICES

School Mental Health Initiative

School counseling programs in North Carolina assist all students in pre-K through 12 with educational, personal, social, and career development goals. While some specific activities and services may differ as counseling programs progress from the primary to the secondary levels, these essentials of school counseling programs are consistent throughout all grades. The purpose of a comprehensive school counseling program is threefold: providing developmental, preventive, and remedial services to students, parents, and teachers with the intent of helping people reach their potential.

- NC Comprehensive School Counseling Standard Course of Study and Guidance Curriculum on the web at **www.ncpublicschools.org/curriculum/**

- NC School Counselor Web page on the web at **www.ncpublicschools.org/alternative/counseling/index.html**

- Sign up for the NC School Counselor listserv on NCSCA's web page **www.nccounseling.org/ncsca/**

A school social worker in the state of North Carolina serves as an advocate, liaison, coordinator, case manager and consultant for students, parents, school staff and community agency personnel. School social workers can assist school personnel and families in identifying and aiding students having trouble academically, social-emotionally and behaviorally.

Since schools can employ social workers in numerous ways, these practitioners must be flexible, creative and able to demonstrate competencies in a range of areas. The North Carolina Department of Public Instruction (NCDPI) defines School Social Work duties and responsibilities as broadly encompassing eight major functions. School Social Workers are expected to demonstrate skills and knowledge in all eight areas for initial and permanent licensure, although individual job assignments and responsibilities may not routinely require performance in all these areas. For further information refer to *School Social Work in North Carolina: A Guide to Practice and Policy* - June 1998.

RESOURCES:

ECKERD WILDERNESS CAMP
E-TEN-ETU
Contact person: Michelle Halsey
633 Shephard's Way Lane
Manson, NC 27253
252-456-2900

PREVENT CHILD ABUSE NC
3344 Hillsborough Street, Suite 100-D
 Raleigh, NC 27607
1-800-354-KIDS

TARHEEL CHALLENGE
7780 Hobbton Hwy.
Clinton, NC 28328
1-800-573-9966

4. SCHOOL-SITE HEALTH PROMOTION FOR STAFF

Leave this space for what???

Quit Now NC !

Tobacco cessation resources for school staff and community. Go to www.quitnownc.org. Quit lines for, community, school staff, faculty and students that are contemplating quitting. This is a good resource if your school is 100% tobacco free (all tobacco products, all individuals, all places on campus, 24/7) or your Council has prioritized tobacco prevention as a health issue on which to focus, including becoming a 100% tobacco free campus.

The National Institute Quit Line 1-800-332-8615
American Legacy foundation Quit Line 1-866-667-8278

5. SCHOOL HEALTH SERVICES

School-Based Health Centers

School-based health centers provide a comprehensive range of services that specifically meet the health problems of students. Data from a variety of school-based health centers confirm that the centers are popular with students and parents -- nationally, more than 70 percent of parents consent for their children to use the centers.

While comprehensive school-based health centers vary in staffing and patterns and services provided, they share some common features:

• They are located in schools or on school campus.

• Parents sign written consents for their children to enroll in the health center.

• An advisory board of community representatives, parents, youth and family organizations participate in planning and oversight of the health center.

• The health center works cooperatively with school nurses, coaches, counselors, classroom teachers, and school principals and their staff to assure that the health center is an integral part of the life of the school.

• Clinical services are the responsibility of a qualified health provider (hospital, health center, health department, or group medical practice)

• A multidisciplinary team of nurse practitioners, clinical social workers, physicians, and other health professionals care for students.

Support for the approximately 50 school-based health centers in North Carolina comes from a variety of local, state and national funding. The General Assembly annually appropriates $950,000 for 14 adolescent health centers. In addition to the state's partnership with the Robert Wood Johnson Foundation's Making the Grade national program, The Duke Endowment and the Kate B. Reynolds Charitable Trust provide additional funding for both school-based and school linked health centers.

School-Based Immunization Project

To enroll in any public or private school in North Carolina a child needs proof of immunization against diphtheria, tetanus, whooping cough, polio, mumps, and red and German measles. Certain exemptions are possible for extenuating health or religious reasons (GS 130A-152-155) Find the Child and Teen Immunization Schedule at **www.immunize.org** or call 651-647-9009.

Child Health Insurance: Health Choice for Children

Health insurance plays a key role in keeping children healthy and in school. As of October 1998, families who make too much money to qualify for Medicaid but too little to afford rising health insurance premiums are able to get free or reduced price comprehensive health care for their children. The new plan, "NC Health Choice for Children," is the same as coverage provided for the children of state employees and teachers, plus vision, hearing and dental benefits. When working families cannot afford health care for their children, the consequences can be dire. Babies may not get the checkups that make sure they are growing healthy and strong. Families may wait until a child is very sick before seeking medical help, sometimes getting help only in an emergency. Untreated illnesses can have long-lasting consequences, such as hearing loss caused by ear infections. To find out more about this free or reduced cost children's health insurance plan, visit the NC Health Choice web site at **www.dhhs.state.nc.us/dma/cpcont.htm** or call 1-800-422-4658.

Dental Health Services

The NC Oral Health Section provides statewide school-based education/promotion programs including classroom education supported with educational videos and other audiovisual tools, printed activity materials and interactive exhibits. Instruction covers disease prevention, oral hygiene practices, injury prevention, appropriate diet, consumerism and professional dental care practices.

Training in the comprehensive dental health curriculum, Framework for Dental Health Education is available for all elementary teachers in the state. The training includes companion videos and study guides. The curriculum correlates with the NC Department of Public Instruction's Standard Course of Study for public schools. Parents who school their children at home can use this curriculum

Reporting Child Abuse

Child abuse and neglect rarely stop without help from outside the immediate family. All North Carolina citizens are mandated by law to report suspected child abuse and neglect to the Department of Social Services in the county where the child lives. You can make a report without giving your name. To learn about the signs of child abuse, visit the Prevent Child Abuse NC website at **www.nchealthyschools.org**. You can make a report of child abuse by calling, writing, or visiting your county Department of Social Services, the Child Protective Services Division. The address and phone number can be found in the front of your local phone book in the county government section, or by calling 1-800-354-KIDS or 1-919-733-2580. A social worker will listen to you and take down all the information you give.

6. SCHOOL NUTRITION

Eat Smart, Move More

Eat Smart, Move More NC is a statewide initiative that promotes increased opportunities for physical activity and healthy eating through policy and environmental change. Increasing public awareness of the need for such changes to support increased physical activity and healthy eating opportunities is an integral aspect of the initiative. The ultimate goal of the initiative is to promote healthy behaviors that reduce risks and prevent disease related to inactivity and unhealthy eating behaviors. Eat Smart, Move Move is a program of the Physical Activity and Nutrition Branch in the NC Division of Public Health.

Child Nutrition Programs

Child Nutrition Programs (**www.schoolmeals.nal.usda.gov**) provide nutritious school meals to promote learning readiness and the opportunity to practice skills learned in classroom nutrition education. Programs in schools include the National School Lunch Program, the School Breakfast Program, the Special Milk Program, After School Snack Program and the Summer Food Service Program. Programs are available to all children regardless of ability to pay. Federal regulations also support the student with *Special Dietary Needs* (**www.nutritionnc.com/special/eligible**). Meals are modified with a proper medical prescription without additional cost to the parent of guardian. For more information, call Child Nutrition Services with the NC Department of Public Instruction 919-807-3506.

Team Nutrition

Approximately half of North Carolina's schools are Team Nutrition schools. Team Nutrition provides schools with nutrition education materials for children and families, and technical assistance materials for Child Nutrition directors, cafeteria managers and staff. State agency partners provide training and technical assistance to support these programs in local schools. Team Nutrition supports the School Meals Initiative policy that school meals reflect the Dietary Guidelines for Americans. For more information, call Child Nutrition Services with the NC Department of Public Instruction 919-807-3506.

Nutrition Education and Training Program (NET)

The North Carolina NET Program, through its local, state and federal partnerships, provides leadership in promoting healthful eating habits for the state's children. NET integrates mealtime and learning experiences to help children make informed food choices as part of a healthy lifestyle. Activities of the NET Program include a Resource Lending Library, (**www.nutritionnc.com/netlibrary**), mini-grants as funds are available and nutrition workshops. For more information, call the NET Program with the NC Department of Health and Human Services at 919-715-4306.

Food for Thought: Making the Grade through Healthful Eating

Developed by the NET Program and the NC Division of Public Health, this K-5 resource provides nutrition activities designed to be integrated into math, science, language arts and healthful living lessons. The information is contained on a single CD ROM divided into modules for each of the Dietary Guidelines for Americans. For ordering information call 919-715-8792.

North Carolina School Nutrition Action Committee (SNAC)

SNAC consists of representatives from the three state governmental agencies that participate in school nutrition services including the Department of Public Instruction, the Department of Health and Human Services and the NC Cooperative Extension Service. The goal of this collaborative committee is to coordinate school nutrition activities that link the cafeteria, classroom and community to school health. The committee has worked on issues ranging from meeting the dietary needs of children with special needs to coordinating health promotion programs that focus on 5 a Day, (**www.5aday.gov/**), 1% or Less Milk Campaign (**www.cspinet.org**), breakfast promotion and increased physical activity. For more information, call the NC Department of Public Health at 919-715-8792.

Soft-Drinks and School-Age Children: Trends, Effects, Solutions

A white paper available at **www.nchealthyschools.org/ nchealthyschools/htdocs/softdrinks(8-19).pdf.** The increasing level of soft drink consumption by North Carolina's children and teens is one of many barriers to their achieving an adequate diet and a healthy lifestyle. It is a trend that parents, schools and communities have the capacity to reverse. This publication focuses primarily on schools; however, schools cannot solve the problem alone.

North Carolina 5 a Day Coalition

This coalition of state and local agencies and public, private and nonprofit organizations is licensed to promote the National Cancer Institute's 5 a Day Program. Schools are primary channels that the coalition is using to encourage North Carolina children to consume at least five servings of fruits and vegetables daily. For more information, call the Health Promotion Branch with the NC Department of Health and Human Services at 919-715-3829.

NCSU Cooperative Extension Service

The North Carolina Cooperative Extension Family & Consumer Sciences, Department of Family and Consumer Sciences (FCS) exists in all 100 counties and on the Cherokee Indian Reservation. It includes one or more Family and Consumer Educators (FCE), who are part of the County Extension Center. FCEs interact with county residents to assess nutrition education needs and issues. As NCSU field faculty, they also work with FCS faculty to provide research-based educational programming. County and state faculty work with school-age children, parents and educators in a variety of ways including providing leadership on the community component of Team Nutrition, Be Active Kids and the SyberShop CD-ROM for high school students. Agents work in multi-agency teams to improve nutrition education opportunities for children and parents. For more information, call Family and Consumer Sciences with NCSU Cooperative Extension Service at 919-515-9142.

7. PHYSICAL EDUCATION AND ACTIVITY

Take 10!

Take 10! Is an integrated K-8 compiled of 10 minutes that help classroom teachers provide integrated activities while learning other subject curricula. Take 10 can be previewed and ordered at **www.take10.net.**

Physical Education is Active CD-Rom and Web site

The Physical Education is Active CD-ROM and web site were developed for anyone to help understand quality physical education. Visit **www.beactive.org/peia.**

Eat Smart, Move More

Eat Smart, Move More NC is a statewide initiative that promotes increased opportunities for physical activity and healthy eating through policy and environmental change. Increasing public awareness of the need for such changes to support increased physical activity and healthy eating opportunities is an integral aspect of the initiative. The ultimate goal of the initiative is to promote healthy behaviors that reduce risks and prevent disease related to inactivity and unhealthy eating behaviors. Visit **www.eatsmartmovemorenc.com** for more information.

Be Active Kids

Be Active Kids is an early childhood (ages 4-5) physical activity and nutrition curriculum and kit for child care centers. The program focuses on establishing an early, positive relationship with one's body through participation in fun physical activities and education about healthy eating concepts. The overall goal of the kit is to promote positive attitudes towards physical activity and healthy eating. For more information go to: **www.beactivekids.com.**

Active Steps Youth Kit

The Active Steps Youth Kits were developed in partnership with NC Healthy Schools, Healthful Living and Be Active North Carolina. The curricula provides guided instruction for both the physical educator and the physical education teacher. Many kits are also used to provide staff wellness. Kits are available through Be Active NC at **www.beactivenc.org.**

A CyberShop

The digital solution for eating healthy and being active is a CD-ROM developed for high-school students on nutrition and physical activity. The mission of this project is to encourage an increase in physical activity and healthy eating in high school-aged students using an interactive multimedia CD-ROM with games and activities. This project is in partnership with the NC Governor's Council on Physical Fitness and Health, NC Cooperative Extension, Pace University, and Department of Public Instruction.

VERB. It's what you do.

In December 2001, Congress charged the Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) with creating a healthy movement among youth through a paid media campaign. Starting in June 2002, we will do just that. The campaign, which was fully launched October 2002, encourages positive activity, both physical and prosocial activity among youth ages 9-13. Visit **www.cdc.gov/youthcampaign/** for more information.

BAM!

BAM! is brought to you by The Centers for Disease Control and Prevention (CDC), an agency of the U.S. Department of Health and Human Services (DHHS). BAM! was created to answer kids' questions on health issues and recommend ways to make their bodies and minds healthier, stronger, and safer. BAM! also serves as an aid to teachers, providing them with interactive activities to support their health and science curricula that are educational and fun. Visit **www.bam.gov** for more information.

8. FAMILY AND COMMUNITY INVOLVEMENT

NC Board of Education Strategic Priority: Strong Family, Community, and Business Support

The State Board of Education has identified strong family, community and business support for schools as one of their five strategic priorities for education in North Carolina. The specific goals of this strategy are

- State education priorities responsive to the needs of the family, community, and business customers

- A comprehensive and aligned system of support for the academic success and general well-being of all children that promotes:
    - Meaningful involvement in schools
    - Interagency collaboration for health, nutrition, and social services
    - State and local partnerships

- A system to build the capacity of local districts to create, respond to, and sustain meaningful partnerships

Healthy Carolinians

Healthy Carolinians is a process that results in community-based partnerships to improve the health of North Carolinians. This process is based on the concept that community members are the most qualified to effectively prioritize the health and safety problems in their community and to plan and execute creative solutions to these problems. Many local Healthy Carolinian groups are involved in working partnerships with schools to improve student health. Call your local health department to learn more about your local Healthy Carolinians Task Force. A representative from this group could be an ideal member for your Council.

Communities in Schools

Communities In Schools of North Carolina brings hands in need together with hands that can help. The solution to student underachievement and school dropout requires a commitment from all community members - parents, social service providers, businesses, and civic organizations, local government and educators. Communities In Schools connects community resources with students and their families at the school site. CIS coordinates needed services so young people stay in school, learn, and graduate from high school prepared to enter the world of work or post-secondary education. Call _____ for more information.

TAB 2

SECTION STARTER DESIGN

DEVELOPING EFFECTIVE SCHOOL
HEALTH ADVISORY COUNCILS

DEVELOPING EFFECTIVE SCHOOL HEALTH ADVISORY COUNCILS

DEVELOPING EFFECTIVE SCHOOL HEALTH ADVISORY COUNCIL

Schools alone cannot be responsible for the health and well-being of children and youth in their communities, but they play an important role. By creating a School Health Advisory Council, schools can find partners within their communities to identify health problems and concerns, set priorities, and design solutions. Local leaders

and parents know what is needed by their communities and children. When engaged as decision makers, communities have proven time and again that they are up to the task of addressing local problems and supporting schools in their responsibilities.
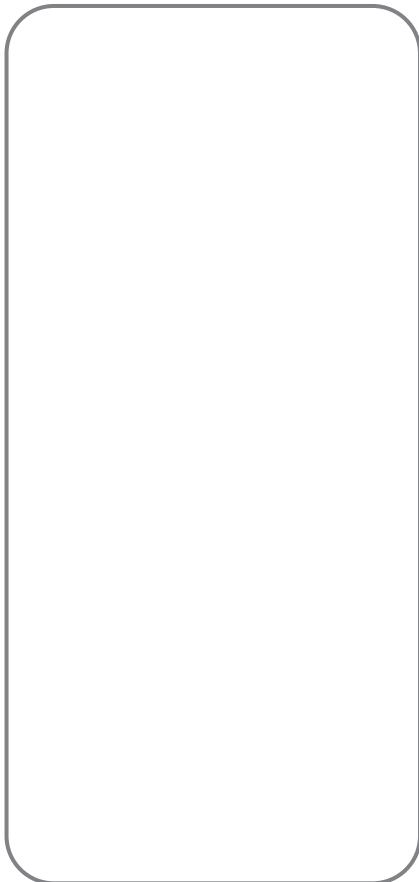
DEFINITION

A School Health Advisory Council (SHAC) is an advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school system on aspects of the school health program. The members of a SHAC are specifically appointed by the school system to advise the school system.

NOTE: *Although these guidelines refer to a SHAC as being advisory to an entire school system, a SHAC may also be a useful structure for individual schools desiring their own advisory councils. For the purposes of this manual as it relates to the Healthy Active Children policy, we will refer to SHACS as school district councils.*

School systems often utilize advisory committees or councils to provide advice to them on a variety of topics. For example, many school systems have advisory councils for topics such as exceptional children, safe schools, dropout prevention or closing the academic achievement gap.

It is important to emphasize that such advisory councils or committees are formed to provide advice. These groups do not become part of the administrative structure of the schools. Nor do the groups have any legal responsibilities within the school system.

NOTE: *Coalitions are technically different from advisory councils/ committees. Coalitions are generally viewed as temporary networks of equal representatives of community segments. Their purpose is to come together for some joint action. They are not necessarily advisory to anyone agency, but are more often drawn together out of concern for a particular community issue (i.e., adolescent pregnancy, environmental pollution, housing, child abuse, etc.). While their recommendations may have implications for the schools, the school system is typically only one equal member among others from the community.*

School Health Advisory Council
An advisory group composed primarily of school and community representatives who act collectively to in advising the school district on e Coordinated School Health.

OBTAIN SUPPORT FROM THE SCHOOL DISTRICT

For a successful School Health Advisory Council, it is important that the school take an active role in convening the advisory group and that the school superintendent and other key personnel support the idea. Before forming a new group, check with the school district to identify any existing school committees that deal with health issues. You do not want to form a new advisory council if one already has been created or has school health as a part of its work. You also want to find out if the school has any policies about starting advisory committees. For example, some school districts require school board approval for new advisory committees. You may need to prepare a proposal for the school board to consider and then submit periodic reports on the Council's work to the board.

If the school district has existing committees that address health issues, meet with them to find out whether they are interested in coordinated school health programs. Examples include committees for safe and drug-free schools, school-based youth services projects, school wellness programs, TEAM Nutrition projects, and school improvement teams. Often these groups are willing to refocus their efforts, utilizing coordinated school health programs as the as the umbrella advisory group and establishing multiple committees as a part of the larger advisory group to address all areas that come fall under the eight components of school health. Be sure the individuals in these groups have a genuine desire to promote comprehensive school health programs. You also want to be certain that they are willing to support the involvement of parents, youth, and other community members.

Another important step is to find a coordinator for the School Health Advisory Council. The coordinator prepares meeting announcements, makes copies of agendas and other handouts for meetings, reminds members of assignments, reserves locations for meetings, and performs other tasks that keep the Council running smoothly. You might ask the school to appoint a coordinator for

the Council. The coordinator may be a school employee, a community agency employee, or a parent who would be willing to fulfill this role.

The coordinator role also may be shared by two people. No matter who fills this role, the coordinator needs clerical support for preparing meeting announcements, minutes, and other mailings to the Council. He or she also needs modest financial support or access to office equipment for telephone calls, postage, copying, and office supplies. The school district, another agency, or a local business may agree to help provide the necessary support.

FUNCTIONS OF A SCHOOL HEALTH ADVISORY COUNCIL

In previous years, SHACs may have been designed to address issues around health education alone, while others addressed a variety of school health issues. The current definition of school health includes **eight components** of a coordinated school health program **— health education, healthful school environment, health services, physical education, school counseling, child nutrition service, school site health promotion for faculty and staff, and family and community involvement.**

Based on Policy HSP-S-000, this manual will provide guidance on developing a SHAC that is designed to address the more comprehensive definition of Coordinated School Health Programs including the eight components listed above.

SHACs perform many functions in addition to their overall purpose of advising and supporting coordinated school health programs. These potential functions should be periodically reviewed by the SHAC and school system to determine mutually beneficial priorities. The SHAC may annually decide which functions should receive more emphasis, or the decision may be made according to the SHAC plans for each major issue, project or topic. Whatever the priorities, the SHAC meetings and other activities should reflect these functions.

FUNCTIONS MAY BE RELATED TO:

Program Planning
SHACs ensure that professionals who directly influence student health meet regularly to learn what their colleagues are doing, problem solve, and plan synergistic activities; participate in curriculum selection and adaptation; provide a forum for discussion of health issues; facilitate innovation in health education; discuss in-service training programs and initiate health related policies.

To successfully engage support of the school and community:

Meet with key school personnel and community representatives.

Identify existing school and community groups that address health issues. (Don't reinvent the wheel).

Find a coordinator for the council.

Parent and Community Involvement

A SHAC can promote parent, citizen, and professional involvement in the schools. A well-organized SHAC provides an opportunity for participation by parents in activities and decisions influencing the lives of their children. It also serves as a mechanism for involvement by other community members including those from business, religious organizations, civic groups, and human service agencies.

Advocacy for Coordinated School Health

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

Recruitment of Community Health Resources

The identification of needs in the school health program may lead to a solution requiring the participation of multiple community health resources. The SHAC can coordinate the involvement of resource individuals and agencies for a specific need in the school health program.

Fiscal Planning

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

Evaluation, Accountability, and Quality Control

Advisory Councils may examine school services and programs related to the eight components of school health and make recommendations for funding, policy and /or program changes. SHACs may be asked to help determine the amount of funding required to conduct a coordinated school health program and help prepare grant applications.

FACTORS THAT INFLUENCE THE FUNCTIONING OF SHACS?

A SHAC is frequently faced with factors that influence how well it functions and serves its purpose. Interestingly, such factors can either hinder or help the functioning of a SHAC. For instance, special interest groups often approach SHACs about considering their perspective when advising the school board on what should be taught in the school health education program. These groups sometimes generate positive energy around a topic that leads to its quick implementation into the school health education curriculum. Other times these groups can impede the process by bringing controversy to the school health program that must be diffused. It is important for SHAC members to recognize that these factors are almost always present and impact virtually every aspect of SHAC functioning. Thinking in advance about how the dynamics of the group will be influenced by these factors will increase the likelihood that these factors will be helpful rather than not.

THE FOLLOWING LIST IDENTIFIES MANY OF THESE FACTORS:
- How SHC roles and responsibilities are defined
- How membership roles and responsibilities are defined
- How SHC structure within the school system is defined
- What bylaws for SHAC functioning exist
- Whether liaison with school system is designated
- What level of administrative support exists
- What level of leadership within SHAC exists
- How SHAC is organized/structured
- What values and attitudes within school/community exist
- How knowledgeable the school board is about school health
- What role special interest groups play
- What school health curriculum currently exists
- What competition exists for funds and facilities
- How controversy is managed
- What legislative mandates exist
- Whether members are representative of the community
- How committed members are to the Coordinated School Health Program
- How knowledgeable members are about CSHP

SELECTING AND APPOINTING MEMBERS

CRITERIA FOR SELECTING MEMBERS

The quality and quantity of SHAC activities are primarily determined by its members. Careful consideration must be given to the identification of potential members and the process of gaining their willingness to become active members of the SHAC. Major criteria for selecting members should include:

Demonstrated Interest in Youth

Individuals with a recent history of involvement in activities to help children and adolescents are often excellent members. Such previous participation in youth enhancement may have included work with scouts, church youth, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs, or business projects.

Awareness of Community

A general understanding of the cultural, political, geographic, and economic structure of the community among members can facilitate goal accomplishment. Some individuals are significant decision-makers and potential valuable members because they are familiar with these aspects of the community and known by different community segments. However, a new person in the community may bring the advantage of previous valuable experience without the potential burden of being weighted down by barriers seen by others.

Professional Abilities

Those individuals with professional training in a youth related discipline are obvious potential members as are other individuals employed in human service agencies. However, training and agency affiliation do not predict the value of the individual to SHAC activities. While some SHACs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.

Willingness to Devote Time

Regardless of the person's qualifications and interest in youth, if he or she will not or cannot attend meetings and participate in the work of the SHAC, it is usually better not to ask the person to become a member. Before appointing any member, communicate with him or her about the time commitment to determine willingness to make time for the SHAC. The occasional exception to this in some situations would be the influential and cooperative individual whose membership on the SHAC adds to its credibility.

Representative of Population

Every community has population segments that are important in the overall functioning of the community. These segments are often demographic groups in the community. For example, there are groups according to age, gender, race, income, geography, politics, ethnicity, profession, and religion. To increase the likelihood of having a SHAC that actually represents the community, it is important to plan carefully for member selection. Representation of as many segments as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHAC a more credible and widely known body. One of the most serious problems for some SHACs is that their members do not reflect the views of the community because the member selection process was not well planned and implemented.

Credibility of Appointees

Always try to appoint individuals who are respected by those who know them. Individual characteristics such as honesty, trustworthiness, dependability, commitment, regard, and ethics all contribute to the character of the SHAC. While some community members meet the qualifications in 1 through 5 above, it is important also to give priority to these personal characteristics. The credibility of the SHAC is enhanced considerably by the personal characteristics of its members.

ADDITIONAL POINTS FOR RECRUITMENT OF MEMBERS

Most SHACs obtain members through appointment. Many SHACs consist of individuals who are appointed by the superintendent or designated central office staff person to represent them in planning and implementing coordinated school health programs.

THESE STEPS MAY BE TAKEN TO FORMULATE THE COUNCIL:

1. Determine the membership categories and any weighting or numbers needed. SHACs typically have 11-19 members.

2. Become familiar with the guidelines of the Healthy Active Children Policy relative to the establishment of a SHAC.

3. To protect stability and develop consistency in operations, maintain a balance of term lengths on the SHAC by assigning new members to 1, 2, or 3 year terms.

4. Talk with each identified potential member and briefly explain the SHAC purpose, its general operation, current membership, and the time commitment for members.

5. Make final decisions for membership and confirm with designated school system contact person.

6. Have appointment letters sent to new members from the Superintendent and/or School Board. The appointment letter indicates how much the school system values a person's willingness to participate in the SHAC. The content of the letter should also refer to the name of the SHAC, its purpose, term of appointment, frequency of meetings, name of the school system contact person, and SHAC chairperson if appropriate. Finally the letter should inform the person about the next communication for getting started with the SHAC.

7. Send all members, including newly appointed members, an updated membership roster and an announcement of the next meeting.

List 8 components?

8 areas?

COMMUNITY AND SCHOOL SOURCES OF SHAC MEMBERS

Keep in mind the 8 components of a Coordinated School Health Program and include representation from the 8 areas on the School Health Advisory Council.

Parents

_____

_____

Medical Professionals

_____

Social Service Agencies

_____

Business/Industry

_____

Volunteer Health Agencies

_____

_____

Churches/Synagogues

_____

Hospitals/Clinics

_____

Public Health Agencies

_____

Civic and Service Organizations

_____

Colleges/Universities

_____

Public Media

_____

Attorneys and Law Enforcement officials

_____

Schools:

  Counselor, Social worker, or Psychologist _____

  School Nurse _____

  Child Nutrition Director/Supervisor _____

  School Health Coordinator/Health Curriculum Supervisor _____

  Safe and Drug Free Schools Coordinator/Drug Prevention Specialist _____

  _____

  School Administer _____

  School Board Member _____

  Physical Education Teacher/Coach _____

  Health Teacher _____

Youth Groups

_____

Professional Societies

_____

Government Officials

_____

SCHOOL HEALTH ADVISORY COUNCIL CHAIRPERSON(S)

The SHAC Chairperson is often the individual responsible for stimulating and supporting members in their efforts to fulfill the group's purpose. Therefore, selecting an individual for this position is an important responsibility of the SHAC. An alternative is to select co-chairpersons thereby allowing for the division of leadership tasks.

Individuals with the following characteristics are more likely to provide successful leadership as chairpersons.

1. Perceives schools as being influential in the lives of students and staff.

2. Concerned about the health of children and adolescents.

3. Believes SHAC actions can have a positive influence in the schools.

4. Understands the general organization of schools and community.

5. Has personal characteristics conducive to positive and productive SHAC meetings and activities.

6. Willing to make the necessary time commitment.

On the other hand there are some behaviors that make chairpersons less likely to provide appropriate leadership. These negative leadership behaviors include:

1. Failure to bring closure on agenda items.

2. Attempts to dominate with personal views.

3. Does not encourage involvement by all members.

4. Keeps personal control of agenda setting.

5. Uses the SHAC to criticize others.

6. Shows signs of having lost enthusiasm for the role.

ORGANIZATIONAL STRUCTURE OF SCHOOL HEALTH ADVISORY COUNCILS

SHACs can be organized into a variety of structures and interact with the school system in different ways. School systems must decide early on, and review periodically, how the SHAC will provide advice to them. The SHAC structure and communication links with the school system and community should be clearly delineated for all participants. Similarly, SHAC members may suggest modifications based upon their experience to enhance the working relationship. As the school system and SHAC gain experience, it is likely that changes will be needed to facilitate the SHAC purpose.

Structure of SHACs can best be described by considering to whom the SHAC reports. The structure described here complies with the Healthy Active Children Policy that established the district superintendent as the person responsible for ensuring that specific directives and guidelines are met to be in compliance with Policy HSP-S-000:

SHAC reports to the School District Superintendent
Members of the School Health Advisory Council are appointed by the school superintendent. The selection of the appointees may be on recommendation from the school health administrator or a small school/community group of 3-5 who are1) knowledgeable in the 8 components of a coordinated school health program, 2) aware of the Healthy Active Children Policy, 3) versed in criteria for selection of council members, and 4)currently work to promote a coordinated approach to school health programming.

The SHAC elects a chairperson
The SHAC chairperson may report directly to the school superintendent or report to the school health administrator (who hopefully is on the Council) who reports directly or indirectly to the superintendent. The school superintendent reports to the school board.

This structure allows for the orderly flow of advice and reports from the SHAC to designated persons in the schools system.

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

BY-LAWS

By-Laws for a SHAC serve a number of useful purposes. Overall they clarify purpose, structure and operational procedures, thereby reducing confusion among members. For this reason it is important to develop and adopt a set of by-laws during the early formation of the SHAC. The by-laws provide guidelines for carrying out the business of the SHAC in order to accomplish its purpose. The following are suggested as guidelines for developing your SHAC's by-laws:

I. **NAME AND PURPOSE OF THE SHAC**

The name is most likely to be straightforward, simply incorporating the school system's name (i.e., Ashe County School Health Advisory Council)

The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. This definition will determine the boundaries or scope within which the SHAC will function.

The State Board of Education Policy, recommended in January of 2003, stated that schools should "establish and maintain local School Health Advisory Councils to represent the eight components of a coordinated school health program."

2. **MEMBERSHIP**

This section should include a description of the SHAC composition in terms of number of members, community sectors to be represented, terms of appointment, voting rights, termination, resignation, selection method, attendance and criteria for eligibility. Also included are any ex officio categories. Indicate the availability of a current membership roster from a specified contact person with the school system.

3. **MEETINGS**

The by-laws may specify frequency, date (i.e., third Wednesday each month, 7-9 pm), agenda setting procedures, notification of meetings, distribution of agenda and minutes, and location. Robert's Rules of Order or some equivalent may be used to govern the conduct of each meeting.

4. **OFFICERS**

   Give the titles and responsibilities of officers, terms, as well as a brief description of the election, removal and resignation processes. Generally, the officers will be Chairperson or Co-Chairpersons, Vice-Chairperson, Secretary, and perhaps Treasurer.

5. **VOTING PROCEDURES**

   Describe the voting process to be used at regular meetings and the required quorum. For example, one half of the current members must be present for a vote to be taken and two-thirds of those present must vote for a motion in order to approve the motion. Some SHACs may require a waiting period (until next meeting) before a vote can be taken and that the motion be placed on the agenda as an action item.

6. **COMMITTEES**

   Give the names of any standing committees or subcommittees and a brief description of their functions and membership. Describe the process for the formation of any special committees.

7. **COMMUNICATIONS**

   State the reporting procedures to be used by the SHAC for internal and external communications. Include the method for determining the agenda; identify the school person or group receiving reports from the SHAC, and any regular procedure for informing the community about SHAC activities. Identify a central location for records of past and current SHAC activities.

8. **AMENDMENTS**

   Give an explanation of the procedure to be used in making amendments to the by-laws. The by-laws should be approved by the charter members if possible, dated and copies made available to all new members and appropriate school personnel.

ESTABLISH GROUND RULES FOR OPERATING THE COUNCIL

At the beginning of the second meeting, help the group agree on the ground rules that members will follow during Council meetings. The following process will take about 15 to 20 minutes.

1. Ask members to jot down short answers for each of these questions. Allow about one minute for each question. Write the questions on an overhead transparency or newsprint.

- How do you want to be treated when you share your thoughts and opinions?
- How should we treat others when their ideas are shared?
- How can we make our time together meaningful and productive for everyone?
- What basic ground rules can we agree to follow as a group?

2. Review members' responses to the first three questions. For each question, ask for a few volunteers to share their answers. Not all Council members need to share their responses to every question. Involve as many members as possible.

3. Ask members to summarize what they have heard by suggesting a ground rule for the group's consideration. If there is agreement on the ground rule, write it on a blank transparency or flip chart. Use the ground rules to conduct this and other Council meetings. Post the ground rules on the wall during all meetings.

"Successful collaboration requires that everyone in the group contributes to and develops a stake in the process. Ground rules insure that partners use time wisely, share leader-ship, and head in the same direction."
Together We Can

SUCCESSFUL MEETINGS

Regular meetings of the full membership and meetings of committees are major activities for most SHACs. Therefore, it is important to be well organized and goal directed in order to make the best use of members' time. Here are some suggestions for having productive meetings likely to be appreciated by participants.

Regular Meeting Schedule

Establish an annual calendar of dates, times and locations for regular meetings. Keep it simple. For example, the third Wednesday of each month in the School Board Room from seven to nine o'clock P.M. Some SHACs in geographically large school systems may alternate locations to fairly distribute travel time for members. Noontime meetings over a lunch at a school, restaurant, or other meeting room are also popular meeting times and locations. Some SHACs always meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be clarified at the beginning of each year. Maps and parking permits should be mailed to members if necessary.

Agenda

Approximately two to three weeks before the meeting, members should receive a tentative agenda with a request for suggested agenda topics. Any suggestions should be received one week prior to the meeting for possible incorporation into the final agenda. The agenda should be easily understood by members and action items designated separately from information items and discussion-only items. Minutes of the previous meeting may accompany the mailed tentative agenda.

Phone Communications

Each member should be called two days prior to the meeting as a reminder. Establish a phone tree to communicate quickly on activities and for inclement weather decisions. Provide a central phone number for information.

Successful Meetings often include the following :

Socializing and Networking

Review and acceptance of minutes of last meeting

Review of agenda

Report from school personnel on a program or activity

Discussion of a potential project

Reviewing and voting on an issue discussed last meeting

Committee reports

Presentation of a model school health program component

Review of meeting and setting next agenda.

Refreshments

Provide light and healthy refreshments if meeting is not at a mealtime. Indicate on the agenda that refreshments will be available. Also indicate a planned amount of time (15 minutes) for socializing as part of the agenda.

Punctuality

Start and end the meeting on time. Avoid the enabling tendency of waiting for others and allowing the discussion to drift past a specific time. Members' time should be kept in mind and the desire to have them appreciate punctual beginnings and endings to meetings.

Environment and Atmosphere

The meeting should be held in a physically comfortable room with comfortable seating that allows members to easily see and hear each other. Arriving members should be greeted warmly and informally introduced to each other. Maintain a balance between formal and informal procedures with a sense of humor. Stick to the agenda, involve all members, and positively acknowledge all contributions. Encourage discussion and periodically summarize for the group. Someone should keep a written record of discussion topics, major ideas and decisions. Consider using a U-shape or semi-circle seating arrangement. The chairperson and a recorder, sitting in the open space, could record group comments and decisions using newsprint on an easel.

Follow-up

Make sure someone has accepted responsibility for each task needing completion and the group understands the work to be done. Allocate 10-15 minutes at the end of the meeting to determine the tentative agenda for the next meeting.

Other Suggestions

Make sure each meeting adds to the members' understanding of comprehensive school health. Each member can become an advocate for school health for many years after participation in a SHAC.

DEVELOPING A VISION AND MISSION STATEMENT FOR YOUR SCHOOL HEALTH ADVISORY COUNCIL

WHY IS VISIONING IMPORTANT?

A group of interested community members, parents, health professional and school personnel have organized to learn more about coordinated school health and develop an Advisory Council to support and advance the state of the program in your school district.

By creating a vision statement, Council members take their first step in providing leadership for change in your school and community. The vision defines the Council's desires and commitments for school health. It expresses why community members have come together and why others should join the effort. Drafting, discussing, and agreeing on a vision assures that the community will understand and support the Council's work.

CREATE A VISION

A meeting will need to be planned to work through the process of creating the vision of the Council. It will be helpful for the leader of this process to be familiar with this type activity and share related materials and sample vision statement with members. Because the goal of this Council meeting is to agree on a vision, it is critical that a person with strong group facilitation skills help conduct the meeting. You may wish to recruit someone specifically to facilitate. Local school districts, city governments, or larger businesses may have staff who can help. The facilitator will need to summarize work done by individuals or small groups and lead the overall group toward agreement. Ideally, Council members will leave the meeting with a draft vision statement.

Use the worksheet (   )in this section, Creating a Vision for our School Health Program to assist members in developing their vision. Also the handout/transparency, A Vision (   )may be used to educate and guide Council member in this process.

Vision ... an idea or dream whose pursuit will provide a mission and rallying point for . . . activity. A shared community vision ... will provide the necessary direction for strategic

MISSION STATEMENT

A mission statement describes the overall purpose of the Council and also helps define the action of the Council. It is unlike the vision as it defines the current day to day functioning of Council members themselves whereas the Vision is what the Council sees as the long term outcome of their school district's Coordinated School Health Program.

The vision and mission statement will build cohesiveness among members and prevent conflict within the group because individual members have direction in writing and there is no assuming the purpose or role of the School Health Advisory Council. To be member of the Council means supporting the mission and vision that has been created by the group. If a member cannot support these guiding principles they may need to reconsider their appointment to the Council. The Chairperson and members will refer back to the vision and mission regularly to stay focused on the purpose of their work.

It is recommended that the mission statement of the School Health Advisory Council relate to the mission of the school district which includes successful academic achievement for all students.

A MISSION STATEMENT:

- Is easily understood

- Can be transferred into individual action

- Has motivating specific goals

- Is accurate and succinct

A VISION....

- Organizes and unites us around a common purpose.

- Expresses what we want our future to be.

- Is personal as well as group centered.

- Asks for our best to make our desired future real.

- Expresses "what could be" when we use our talents and strengths.

- Represents a leap of faith and inspires us to shape our destiny.

- Communicates confidence in our ability to get the job done.

- Guides our actions and attracts others to our cause.

- Uplifts, compels, challenges, and inspires. Comes from our hearts, and appeals to our spirit.

Adapted from Thriving on Chaos: Handbook for Management Revolution, by Thomas J. Peters (New York: Knopf, 1987) and Making the Grade: Community Workbook (Washington, DC: The National Collaboration for Youth).

CREATING A VISION FOR OUR SCHOOL HEALTH PROGRAM

1. What are the things you like best about our district's current school health program?

2. If you could change one thing about our school health program what would it be ?

3. What worries you most about our children or the health of the school-age child?

4. What is the one wish you have for our community children?

5. What could the schools do to make our community and our children healthier?

6. What is one thing our community could do to make our youth healthier?

7. What could families do to make our children and community healthier?

8. What could this Council do to make our school age children healthier?

CREATE A PROCESS FOR RESOLVING CONFLICTS

As a Council you need to develop strategies to address issues early. Some problems can be addressed by members of the Council without involving outside individuals or groups. However, some problems may be serious enough to conduct a special meeting for the people raising concerns. Listed below is a conflict resolution process to help resolve these conflicts.

1. **BE PREPARED.** Anticipate possible objections from both inside and outside your Council. Identify those concerns that may lead to resistance to change.

2. **REVISIT THE VISION AND THE GROUND RULES DEVELOPED BY THE COUNCIL.** Focus on the needs of children and the benefits of the action plan to meet those needs.

3. **DECIDE WHO WILL FACILITATE THE PROCESS FOR RESOLVING THE CONFLICT.** If the Council chair or a member cannot help resolve the conflict, ask a third-party facilitator or mediator to help resolve the conflict.

4. **EXPLORE AND LEGITIMIZE CONCERNS.** Ask individuals or groups to share their concerns and objections. Get them out on the table. Acknowledge that concerns are realistic and that their ideas will be discussed. Designate someone to take notes (shows serious interest).

5. **AVOID PERSONALIZING THE CONFLICT.** Some people view conflict as a threat to long-held beliefs. Do not minimize others' concerns or attack their point of views.

6. **MAKE SURE EVERYONE IS HEARD.** Limit the time of those who talk, and invite the participation of those who do not. (Tip: During meetings give each participant the same amount of tokens. When they have used of their tokens, they may not speak again.)

7. **RESPOND ACTIVELY.** Let people know you are listening by recapping, paraphrasing, and summarizing. Demonstrate a willingness to follow up and pursue issues. Set up a committee to study the concerns and come up with solutions.

8. **GET CLOSURE.** Summarize concerns and the steps needed to address them. Restate the agreed-upon course of action, and ask the group whether the notes are accurate. Determine what needs to be done next.

9. **DON'T BURN BRIDGES.** Remember, most of those involved are members of the same community. Everyone must continue working together during and after the conflict. Create rituals for healing and forgiveness. Remember to use humor.

Adapted from Healthy Students 2000: An Agenda for Continuous Improvement in America's Schools by Diane DeMuth Allensworth, Cynthia Wolford Symons, and R. Scott Olds (Kent, OH: American School Health Association, 1994) 51.

POSSIBLE SOURCES OF CONFLICT WITHIN COMMUNITY-SCHOOL HEALTH ADVISORY COUNCILS

SOURCES OF CONFLICT	WAYS TO RESOLVE
Power struggles • Members use their power in negative ways by controlling information or resources; bullying others; using fear tactics; or being inconsistent, demanding, or manipulative. • Personal customs, languages, or preferences are not being met.	**Address power needs** • Look for underlying issues, such as history of conflict, fear of loss of control, agency stress, or personal stress. • Review the customs of members. Define frequently used terms. Acknowledge different styles, and decide when each will best be used.
The wrong people • Member were not well chosen in the beginning. • Members attend infrequently.	**Choose new members** • Look at the process for choosing members. • Recruit new members with the expertise needed by the Council. • Ask members to evaluate their level of commitment to the Council. **NOTE**: *See of this Guide for suggestions on selecting new Council members.*
Low trust • The Council leader lacks the needed skills. • Meetings are boring and do not accomplish the agenda. • Self-interests are not being disclosed. • Communications are poor.	**Enhance trust** • Choose a new leader. Ask the Council to take more responsibility for meetings. • Review the characteristics of effective meetings, and make needed changes. Add rituals that build trust. • Disclose the culture, gain, diversity, and perception each member seeks. • Practice communication skills. Review how communications are being managed.

SOURCES OF CONFLICT	WAYS TO RESOLVE
Vague vision and action plan • Members frequently call the vision and action plan into question.	**Strengthen vision and action plan** • Review the Council's desired future. Remember that conflict often is not about wording but about the scope of effort. Some members want specific, readily achieved results; others prefer larger, more complex efforts. Set short-term goals. Revise desired results and strategies
Incomplete desired results and strategies • Desired results and strategies are frequently debated, even though they are in writing. • Some members pressure the Council into quick action.	**Review desired results.** • Can they realistically be achieved? Members get burned out when they cannot see concrete accomplishments. • Stress the importance of planning.

TAB 3
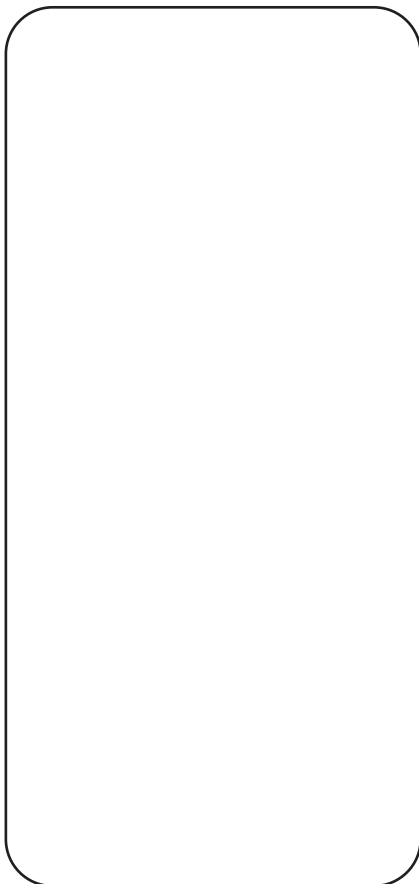
SECTION STARTER DESIGN

NEEDS ASSESSMENT

NEEDS ASSESSMENT

NEEDS ASSESSMENT

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

WHY SHOULD A NEEDS ASSESSMENT BE CONDUCTED?

As a School Health Advisory Council (SHAC) begins to think about the action steps needed to create change, SHAC members often realize that they do not have enough information to make a decision. Members may base their decisions on selected "stories" or anecdotes they have heard from other members and community residents outside the planning group. Sometimes these anecdotes give inconsistent or inaccurate information. In addition, decisions are made based on recommendations from strong interest groups they may not be a priority for the school district. Results from a well-designed needs assessment that uses sound research methods can be generalized to all residents in the community. A well-designed needs assessment allows SHAC members to feel confident when they use the information as the basis for decision-making.

Needs assessments raise awareness of the issue of school health and promote local interest in joining the SHAC to create change. Foundations and organization that may give resources to support your action plan often base decisions on data from a formal needs assessment.

The Healthy Active Children Policy requires that school Health Advisory Councils develop action plans and annual reports describing their progress and plans for developing a Coordinated School Health Program for their district. This annual plan and report will be submitted to the North Carolina Department of Public Instruction.

To assist in this activity and help SHACs determine priorities, a **Coordinated School Health Program Assessment** is provided in this section. The assessment can be used to analyze each of the eight components of a CSHP in determine what programs and policies are currently in place, and programs and policies that need to be developed and/or revised and strengthened. This tool is a simple way of assessing what health related programs and policies currently exist in the school and community to address the health

Why should we conduct a

needs assessment?
1. **To provide data for decision-making**
2. **To promote awareness and action**
3. **To satisfy a mandate**
4. **To obtain funding and other resources**

needs of the school aged child and identify the gaps that can begin to be addressed through the development of an action plan for the district.

Schools and communities currently conduct numerous needs assessments as part of their program requirements. It is recommended that SHACs not duplicate these efforts rather work with established community partners to assess the most pressing health needs of the school population.

ASSESSMENTS TO REVIEW INCLUDE:

- data from Youth Risk Behavior Surveillance 2001- both middle and high school youth (see manual CDRom)

- community health indicators from your local public health department

- data from the community assessment conducted by your local Healthy Carolinians Task Force (required assessment every 3years)

Your SHAC may choose to do their own independent needs assessment. Designing and conducting an assessment is a highly technical process. Your School Health Advisory Council (SHAC) may have a resource person who can provide technical advice on designing a study. This person should have graduate-level training and experience in statistics and research design. If your SHAC does not have a member with these skills, consider hiring someone to work with the council. While resources to pay a technical consultant are often limited, community members with these skills can sometimes be persuaded to assist.

Technical assistance may also be available through local colleges, universities, and your state's extension network. Local agencies and organizations may provide resources to hire technical consultants and to cover the costs of data collection.

CONDUCTING A NEEDS ASSESSMENT

WHY USE OR CONDUCT A NEEDS ASSESSMENT?

Needs assessments are the processes by which a program planner identifies and measures gaps between what is and what ought to be.

HOW IS A NEEDS ASSESSMENT CONDUCTED?

The process of conducting a needs assessment includes gathering data about the needs of a target population, analyzing the data, and then establishing priorities for the needs, based upon the ability to meet each need and the importance of the need with regard to the health problem.

THERE ARE 5 STEPS. THEY ARE GIVEN AS FOLLOWS:

Step 1 **DETERMINING THE PRESENT STATE OF HEALTH OF THE TARGET POPULATION** (see listing of types of needs assessment methods to plug into this step.)

Step 2 **DETERMINING THE STATUS OF AVAILABLE HEALTH PROMOTION PROGRAMS** (If you are planning a program for the identified target population, it makes sense to find out what other health promotion resources are available. This way you won't duplicate services and/or you can find out how to coordinate and combine services if they are appropriate for your program..)

Step 3: **DETERMINING THE NEED BY MEASURING THE GAPS BETWEEN HEALTH STATUS AND HEALTH PROMOTION AND CARE**

Step 4: **DEALING WITH THE PROBLEMS**
At this stage you would ask, **(I)** What is the most pressing need? **(2)** Are there resources adequate to deal with the problem, **(3)** Can the problem best be solved by a health promotion intervention, or could it be handled better through school board administration, politics, or changes in the economy?, **(4)** What's the timeframe?

Step 5: **VALIDATING**
This step just double check if the identified need(s) is/are the need(s) that should be addressed.

WHAT DOES THE COUNCIL DO AFTER A NEEDS ASSESSMENT IS COMPLETED?

Your needs assessment hopefully gave you the information you needed- information in which you have a high level of confidence as a basis for decision-making. But this is just a beginning. Unfortunately, many groups see a surveyor assessment as the end of their efforts, instead of the means to achieving their mission. Now is the time to celebrate the completion of your needs assessment as the successful end of a process that took cooperation and a good deal of hard work.

Your celebration also includes the beginning of the next phase of the combined effort. This process involves formulating a statement of the problems you have identified, generating solutions, and creating a plan of action that uses existing strength in your community. Careful consideration should also be given to whether the Council membership is as inclusive as it needs to be, given the course of action you have chosen. When local residents and representatives of agencies, associations and institutions to whom you will look for resources are involved in the planning process, it is more likely they will support your efforts and endorse the results of your efforts in the future.

Characteristics of a successful needs assessment

1. **Understand the current situation first**
2. **Begin with a vision of the future**
3. **Develop 2 to 5 questions to direct the assessment process**
4. **Address issues that stakeholders believe are important**
5. **Communicate information back to stakeholders**

METHODS FOR ASSESSMENT

SURVEYS Surveys are very useful ways to obtain feedback information. They can be self-administered, conducted in an interview format, or conducted in an interview over the phone. Surveys can be long, short or in-between. Regardless of which method of distribution is used, creating a survey is a developed skill in that question structure, format and progression can make or break the accuracy of the information you receive.

EPIDEMIOLOGICAL DATA This type of data describes the distribution and determinants of diseases and injuries in human populations. Planners could collect data through either a previously developed instrument or one developed for the specific intent of a given project. The State Center for Health Statistics and other State and Federal government data is widely available though may not be as specific as is needed for a given project. In addition, this data is usually about two years olds by the time it's complied.

RECORDS OF HEALTH AND HEALTH CARE Medical records, hospital records, and insurance claims reports are way to examine a variety of health and health care indicators. By looking at health insurance claim reports, it may be realized that a certain group of employees is developing carpal tunnel syndrome that clearly represents a need the worksite should address. Examining medical records of prenatal patients at obstetrician's offices and health departments may give a clearer picture of maternal smoking rates than by face-to-face questioning.

COMMUNITY FORUM The community forum approach brings together people from the target population to discuss what they see as their group's health problems. A general invitation is made to the members of the target population. The forum usually centers on one specific topic and is a way for people to express their opinions. Even when well moderated, the saying "the squeaky wheel gets the grease" may hold true. It helps to confine responders to a time limit to be fair to others who would like to respond. Giving participants the option to write responses is a way to "hear" from those who may not feel comfortable speaking in front of large groups. These sessions are recorded either on paper, by tape recording, videotape or a combination of these. Getting consent of participants to videotape or tape-record is necessary.

FOCUS GROUPS Focus groups are similar to community forums because representatives of the target population participate, but they are smaller (8-12 participants) and more directed. These are also recorded by some means. Facilitating a focus group effectively takes practice. The facilitator should avoid leading the responses in anyone direction, be able to summarize statements, keep participants on track, and tactfully prompt all participants to respond so that the questions aren't dominated by anyone participant.

OPINION LEADERS SURVEY This method narrows responses from key individuals within the target population. They are individuals who are well respected in the target population and are often the "movers and shakers".

DELPHI TECHNIQUE This method garners responses from individuals who are regarded as experts within a target population. One open-ended question is asked. Answers from question I are used to develop question 2. The group ranks responses. Then a third round of rankings and voting is generated. This can be time-consuming on the part of the administrator especially if participants are not mindful of due dates for responses. However, it is not very time-consuming for participants. It allows for anonymity of the participants. Participants must trust the administrator of the process.

NOMINAL GROUP PROCESS A representative sample of participants from the target population are gathered (between 5-7 participants). One specific question is asked and they are asked to respond in a round robin fashion. Every participant can offer one response per round. The group then prioritizes the responses and votes on paper. The facilitator records the results. A second ranking may need to take place to break any ties.

SOCIAL RECONNAISSANCE (KEY INFORMANT INTERVIEW) This method uses networking strategies to make contact within a target population. One or more key informants from the target population is contacted and met with in a face-to-face interview. Four to eight relevant questions are asked. Then, ask who else in this (school, bar, church, housing project, etc.) should you should speak with about this topic and how you can get in touch with them. Ask tile key informant if you may mention their name when you contact the next key informant.

PRE AND POST TESTING To assess knowledge of a group about a specific issue, administering a pre-test is helpful. To measure whether or not the program or intervention was effective, administering a post-test will show results.

COORDINATED SCHOOL HEALTH PROGRAM INITIAL ASSESSMENT

Working with your School Health Advisory Council, please complete the short survey. Based on your assessment scores, select an area in which your district can improve and develop your action plans with your School Health Advisory Council. **The action plans are due to the Department of Public Instruction (DPI) by July 15, 2004.**

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

0 = No policy exists
1 = Policy exists however is rarely implemented
2 = Policy exists and is sometimes implemented
3 = Policy exists and is usually implemented

CIRCLE the appropriate response for each item	NO POLICY EXISTS	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
SCHOOL HEALTH PROGRAM COLLABORATION				
A written policy requires that health programs in our school system be coordinated whenever feasible.	**0**	**1**	**2**	**3**
A plan for coordination of all 8 school health components in our school system has been developed. *The 8 components are listed below.**	**0**	**1**	**2**	**3**
The School Health Advisory Council is composed of community and school representatives from the 8 components of a coordinated school health program mentioned in SBE Policy HSP-S-000 Section 4 (a), including representatives from the local health department and school administration.	**0**	**1**	**2**	**3**
Add up the numbers that are circled and divide the total by 3 for a score on the component.	**SCORE =**			

* *The 8 components of coordinated school health include: Health Education, Physical Education, Health Services, Nutrition Services, the School Environment, Counseling/Social Work, Staff Wellness, and Community/Family Involvement.*

CIRCLE the appropriate response for each item	NO POLICY EXISTS	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
PHYSICAL EDUCATION: A written district policy or plan assures that…				
All students participate in daily physical education.	0	1	2	3
A certified physical education specialist teaches Physical Education.	0	1	2	3
Physical education students are assessed on curriculum and not on simply dressing out and participation.	0	1	2	3
The physical education curriculum is sequential and age appropriate.	0	1	2	3
All students in grades four and higher can complete an annual physical fitness test.	0	1	2	3
All elementary students participate in active recess.	0	1	2	3
All elementary students participate in classroom based physical activity led by the classroom teacher.	0	1	2	3
Add up the numbers that are circled and divide the total by 5 for a score on the component.	**SCORE =**			
HEALTH SCHOOL ENVIRONMENT: A written district policy or plan assures that…				
All students, staff and visitors are not allowed to use tobacco products on school grounds at any time.	0	1	2	3
School staff ensures that no students are harassed or hazed.	0	1	2	3
All schools have a formal emergency response plan for handling issues such as natural disasters violent incidents and bioterrorism	0	1	2	3
All schools are clean and well maintained.	0	1	2	3
All schools are in good repair and there are no signs of water damages.	0	1	2	3
All heating and air conditioning systems keep the temperature and humidity at recommended levels.	0	1	2	3
Add up the numbers that are circled and divide the total by 6 for a score on the component.	**SCORE =**			

CIRCLE the appropriate response for each item	NO POLICY EXISTS	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
HEALTH SERVICES: A written district policy or plan assures that...				
All students have access to a nationally certified, full-time school nurse on a daily basis and other appropriately prepared/trained staff.	0	1	2	3
Early identification of health related barriers to learning, e.g., screening programs, are coordinated with referral and follow up activities for problem resolution.	0	1	2	3
A registered nurse (RN) assesses, plans, and evaluates the health care of students with special health care needs in accordance with State Board of Education (SBE). Policy #04A107.	0	1	2	3
Federal, state and local statutes and guidelines are utilized for prevention and control of communicable and infectious diseases including HIV infection.	0	1	2	3
Injury reporting policy and procedures are implemented system-wide and data is used in developing and implementing prevention and safety activities.	0	1	2	3
All student health records are maintained and stored in accordance with current state and federal regulations.	0	1	2	3
All kindergarten and fifth grade children have access to a dental assessment by a public health dental hygienist at least every other year.	0	1	2	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.	SCORE =			
SCHOOL STAFF WELLNESS: A written district policy or plan assures that...				
All staff have access to school-sponsored health promotion/wellness programs.	0	1	2	3
Add up the numbers that are circled and divide the total by 1 for a score on the component.	SCORE =			

CIRCLE the appropriate response for each item	NO POLICY EXISTS	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
SCHOOL MENTAL HEALTH/STUDENT SUPPORT: A written district policy or plan assures that…				
All schools have programs for early intervention with students who may have alcohol, drug and other mental/behavioral health problems.	0	1	2	3
All schools provide training for all staff on early identification of students with signs of academic and mental/behavioral health problems.	0	1	2	3
All students have access to qualified mental health professionals.	0	1	2	3
All school mental health staff has access to community-based mental health professionals for assistance.	0	1	2	3
All schools have access to support groups for students dealing with personal and family issues such as substance abuse, stress, pregnancy, grief and loss.	0	1	2	3
All mental health staff routinely assist teachers in conducting prevention activities related to mental/behavioral health issues.	0	1	2	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.	SCORE =			
HEALTH EDUCATION: A written district policy or plan assures that…				
Health education items are included in elementary and middle school end-of-grade tests.	0	1	2	3
All middle and high school teachers who teach health education are certified in health education.	0	1	2	3
Teachers of health are provided with subject specific, staff development opportunities.	0	1	2	3
Middle school and/or high school students receive comprehensive sexuality education.	0	1	2	3
7th, 8th and 9th grade students receive health education regarding the prevention of sexually transmitted diseases and HIV.	0	1	2	3
Add up the numbers that are circled and divide the total by 5 for a score on the component.	SCORE =			

CIRCLE the appropriate response for each item	NO POLICY EXISTS	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
SCHOOL NUTRITION SERVICES: A written district policy or plan assures that...				
National School Lunch, Breakfast and After-School Program meals and snacks are planned, prepared and served in accordance with U.S. Department of Agriculture standards.	0	1	2	3
There are a variety of healthy choices that appeal to students including cultural and ethnic favorites. Quality, taste and appearance are a high priority.	0	1	2	3
Nutrition standards exist for all other foods and beverages available to students in schools. This includes items available as a la carte, in vending machines, and for classroom and other school activities.	0	1	2	3
Fresh fruits and vegetables are available in school cafeterias every day.	0	1	2	3
Lunch periods are long enough to give students time to eat and socialize. National recommendation is at least 20 minutes after they are seated.	0	1	2	3
Bus schedules allow breakfast periods long enough to give students time to eat and socialize. National recommendation is at least 10 minutes after they are seated.	0	1	2	3
Add up the numbers that are circled and divide the total by 5 for a score on the component.	**SCORE =**			

TAB 4

SECTION STARTER DESIGN

Section cover page should be bold with symbolic picture representing section without text

DEVELOPING AN ACTION PLAN

Text boxes are in a box and can go on sides or decorative within the text.

Text in italic should stand out in some special way.

DEVELOPING AN ACTION PLAN

DEVELOPING AN ACTION PLAN

A crucial step of the School Health Advisory Council (SHAC) is to develop an action plan to guide your work and activities. Too often in our haste to "do something," we fail to spend enough time planning. Shortchanging the planning process can sabotage your effectiveness down the road. Planning will require looking at the big picture, setting priorities, and initiating rather than reacting. Consider using the Action Plan Templates (page 4-) provided either in this section or in the Appendix.

An action plan provides a written framework of the changes desired in your school health program and how the council can achieve them. Because people support what they help create good planning involves all members in the development of the action plan. The action plan holds members accountable to the commitments they made and provides a way to track progress

Although members may feel inspired by the discussion to "take on the world," they should decide realistically how much they would undertake. Setting priorities based on a sound needs assessment will help members balance their other work obligations with their responsibility to the SHAC. It is important to take on something that is achievable, has broad support, and will help establish the council as a vital force within the school district.

The Healthy Active Children Policy adopted by the State Board of Education further requires each school district to develop an action plan. The following excerpt is from the policy and describes the requirement as it relates to your districts action plan.

HEALTHY ACTIVE CHILDREN POLICY HSP-S-000

SECTION 5 **THIS POLICY SHALL BE FULLY IMPLEMENTED BY THE 2006–2007 SCHOOL YEAR.**

(a) Each local school district shall develop an action plan prepared in collaboration with the local School Health Advisory Council to assist in the implementation of the policy. This action plan shall identify steps that need to be taken each year to fully implement the policy by the 2006–2007 school year and shall include a review and appropriate modification of existing physical education and health curricula.

(b) Action plans shall be submitted to the North Carolina Department of Public Instruction by July 15, 2004.

(c) Progress reports shall be submitted to the North Carolina Department of Public Instruction by July 15, 2005 and 2006.

(d) Beginning July 15, 2007, each local school district in collaboration with the local School Health Advisory Council shall prepare a report annually which will include the minutes of physical education and physical activity received by students in each school within the district.

(e) The report shall be completed by July 15th each year and remain on file for a period of 12 months to be provided upon request of the North Carolina Department of Public Instruction.

DEVELOPING THE ACTION PLAN

THE SHAC MAY BASE THEIR ACTION PLAN ON:

1. Results of the needs assessment such as: Assessment Tool for Coordinated School Health Programs (See Section 3)

2. School Health Index (See CD Rom for ordering information)

3. Healthy Carolinians Task Force Community Needs Assessment

4. Critical needs identified through school improvement plan

5. Safe schools application

6. Other school or community data assessments

It is important for the council members to evaluate priorities to take on. There will be a variety of issues to consider. Priorities selection might be influenced and guided by the following:

• Requirements of specific funding sources
• Data from YRBS 2001 and 2003
• Data from your county health department
• Data from health related surveys that have been conducted locally
• Data from the assessment of your local Healthy Carolinians Task Force

This step allows the council to quickly evaluate each priority's potential for success. Results may suggest a reordering of priorities. This step can generate a great deal of discussion among the group's members. The facilitator needs to judge how much time to allow for this discussion.

One method would be to compare up to top five priorities to the criteria found on the worksheet Evaluating Priorities (page 4-).

COMPONENTS OF AN ACTION PLAN

Most action plans contain similar components, such as: goal statement, objectives, action steps with a person or position assignment, resources needed, and a time line.

Goal Statement

Your goal statement will compose a phrase or short sentence that captures the overarching, ideal purpose of your program.

Objectives

Objectives are actions to be taken to achieve your goal. They should be specific and measurable.

To determine your objectives, your council should think about how the key features of each of the components of Coordinated School Health Program can help you set objectives to reach your goal. Consider the opportunities and actions of each key feature and discuss ideas they suggest and the people who might be involved. Discuss existing programs and resources that might contribute to achieving your goal (See policies that might help or need to be modified, and community resources that might be sought and employed and do they suggest objectives that can lead to your goal?) Although you may be able to take action towards only one or two goals, each goal you successfully reach (exp. physical activity for every child everyday, K-12 or a 100 % Tobacco free school policy, for everyone everywhere on campus, 24/7) can produce convincing examples that change is possible and encourage further action.

To formulate strong program objectives, use information from an assessment to write SMART (specific, measurable, achievable, relevant, and time-bound) objectives. You can write either process or outcome objectives. Process objectives include content about the activities of your action plan. For example: schedule a meeting with the county health director. Outcome objectives include the outcomes you hope to have at the end of the activities. For example: The County Health Director will send out a memo encouraging participation in the School Health Advisory Council.

Action Steps

For each objective, ask what steps you need to carry out that will work toward completing the objective. Which steps will you take in month's 1-3, in month's 3-6 and so forth? Are there other goals with their own objectives? Should they be part of the plan, even if you don't get to them until next year? Examples of Action steps for all eight components are provided on page # (Information Sheet 3-13)

Resources

Think about funding and support. Planners and educators sometimes consider health promotion to be an "extra" and do not allocate funds to school health initiatives. This is an ongoing challenge for most schools. Many health promotion initiatives can be funded from current budgets and built into ongoing staff responsibilities. Others may require additional funding. When you need additional funding, you can explore options such as: community contributions, fundraising projects, and with private enterprises international agencies.

Once the plan is complete, review the draft plan and discuss with school officials how assignments will be made. Who will be responsible for each of the steps in Year 1? Try to match people's skills and experience with the steps. Perhaps members of the School Health Advisory Council can help with specific steps. Define precise responsibilities for the School Staff, Community Health Agencies, Medical community, parents and others so that everyone knows the roles to be played and who is carrying them out.

A good action plan includes:

∑ **What is to be accomplished?**

∑ **Activities planned to create the desired result, who will be responsible for each activity,**

∑ **What resources are needed?**

∑ **How success will be judge?**

EVALUATING PRIORITIES

Use one or two words to summarize each top priority and write them in the spaces under the letters A-E. Then for each priority rate the nine factors on a scale of 1 to 10, with 1 being the lowest and 10 being the highest.

Top Five Priorities:	A:_____ _____	B:_____ _____	C:_____ _____	D:_____ _____	E:_____ _____
Factors:					
1. How many people will be affected?					
2. How big an issue is it in the community?					
3. Is the school ready to take on this issue?					
4. Is the community ready to support it?					
5. Is the community aware of this need?					
6. Are there potential strategies that can affect it?					
7. Are these strategies easy to implement?					
8. How much will it add to the staff workload?					
9. Do we have or can we get the resources to address it?					
TOTAL SCORE =					

School Health Advisory Council Action Plan
Time Frame: ____ 3 months, ____ 6 months, ____ 12 months

Steps or Strategies Team Members' Roles and
Responsibilities   Resources   Timeline

LEA or School Name:

Goal:

Objective:

Evaluation:

Indicate the goal to be addressed. Describe a school health objective that is specific, measurable, appropriate, and realistic and time specific for your district that addresses changes in policy or programs. Include an evaluation for the objective. How will you know when the objective is achieved?

List measurable steps or strategies for accomplishing the objective. Include activities like assessment, partnering, organizing, resource development, information sharing, making available and promoting, seeking alternative funding sources and media promotions.

Delegate roles and responsibilities to council members. Be specific about who will do what.

Determine available resources from the school district or community that could be used to help you carry out the step or

Insert Action Plan Template 1 here (2 pages

WHAT CAN WE DO? SUGGESTED ACTION STEPS FOR AN SHC

These examples are just a sampling of possible actions that an SHC might take. The activities your council selects depend upon the specific role and function that guides your work. Ideally, councils work to impact school health program policy and practice, but some may also have a function that supports the planning and implementation of specific programs or activities within the school health program. The suggestions below support both approaches.

I. **TO SUPPORT *PLANNED, SEQUENTIAL HEALTH EDUCATION*...**

- Initiate a review of the current scope of health education taught in the school district K-12 against state and national standards.

- Conduct a needs assessment - identifying student needs and gaps in curriculum.

- Review district policies related to health instruction.

- Invite representatives from various health organizations to health council meetings (Dairy Council, American Cancer Society, Department of Public Health, American Heart Association, American Lung Association, etc.) to learn about available resources.

2. **TO SUPPORT *PHYSICAL EDUCATION* CLASSES THAT PROMOTE LIFELONG PHYSICAL ACTIVITY...**

- Review current policies regarding participation requirements for physical education. Promote an environment that supports annual physical education.

- Encourage the district to provide opportunities before or after school hours for fitness activities, intramural programs, and interscholastic sports programs.

- Encourage student and family participation in events that promote physical activity such as Jump Rope for Heart or walk-a-thons.

3. **TO SUPPORT** *SCHOOL HEALTH SERVICES...*

- Review current policies and practices related to preventive services, education, emergency care, and management of health conditions.

- Review student school health service utilization - identify needs, gaps, and make recommendations for improvements/changes.

- Identify ways to strengthen links to community providers for referrals and case management.

4. **TO PROMOTE A** *HEALTHY SCHOOL ENVIRONMENT* **FOR TEACHING AND LEARNING...**

- Review existing policies that address use of tobacco, alcohol, and other drugs; student and staff with HIV infection; and sexual harassment.

- Detennine gaps, propose revisions, additions, deletions.

- Promote the creation of safe school teams, crisis response teams, injury prevention programs, or universal precautions awareness sessions.

5. **TO SUPPORT** *COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES...*

- Review existing policies/practices.

- Ensure that training is provided for all school staff on recognizing and reporting child abuse and identifying students at risk for suicide, substance use, and other health-risk behaviors.

- Ensure that policies exist that ensure opportunities for students to discuss health-related issues.

- Ensure that student assistance programs are available to students.

6. **TO SUPPORT *HEALTH PROMOTION FOR STAFF...***

- Review current district policies and practices for employee wellness (awareness activities, on-site health assessments, stress management and fitness activities, health-related support services).

- Make recommendations for improvements in district employee wellness offerings.

7. **TO SUPPORT *SCHOOL NUTRITION SERVICES...***

- Review current food service offerings - breakfast, lunch, after-school - to ensure that healthy foods are being served.

- Encourage district participation in the TEAM nutrition project.

- Recommend policy that supports healthy vending machine selections.

8. **TO SUPPORT THE *COMMUNITY-SCHOOL CONNECTION...***

- Identify other community health coalitions addressing student health needs, learn about their work, and support shared goals.

- Ensure that parents/caregivers and other community members have opportunities to reinforce health messages received at school through newsletter/email communication, etc.

Adapted from Health is Academic (pgs 28-29)

TAB 5

SECTION STARTER DESIGN

TAKING ACTION AND MAINTAINING MOMENTUM

TAKING ACTION AND MAINTAINING MOMENTUM

TAKING ACTION

Your council works best when members agree on a structure to carry out the action plan efficiency. An organizational structure helps members see where they fit in the School Health Advisory Council and what their responsibilities are. Once you complete the action plan, conduct a meeting to decide how council members will work together to carry out the plan.

WITHIN THAT PROCESS, DECIDE THE FOLLOWING:

1. What kinds of groups are needed to carry out the action plan?

2. How flat the organizational structure will be. A flatter organization has fewer people managing the work and more people doing the work.

3. Members need to determine the roles of individuals, subgroups, the whole group, and staff in doing the work of the SHAC.

Create a structure that allows members to volunteer. The structure may also allow the assignment of roles that match members work responsibilities, interests and strengths. Members who do not feel involved or needed tend to stop attending meetings. Sharing or rotating roles can help prevent burnout and ensure that members feel useful and valued. You may have written by-laws that describe the operational procedures for carrying out the work of the council.

There are certain ingredients needed for change to occur. Before beginning to take action, review "What's needed for Change to Occur?" to determine if you have all supports in place to prevent a false start. Successful outcomes require the presence of elements such as vision, skills, incentives, resources, and an action plan

(Knoster & Enterprise Group, 1991). When participants do not have the necessary skills, such as small group process, they might experience anxiety. Lack of incentives or a clear understanding of how the proposed changes will benefits participants can slow the change process. Inadequate resources can produce frustration. Without an action plan that includes small, manageable, measurable steps, the process can undergo false starts. "What's needed for Change to Occur" depicts what is likely to occur when one of these ingredients is missing.

ONE CAUTION: *Keep the structure of the Council flexible and adaptable to changing conditions in the school and community. Council members need to understand that the structure is temporary and applicable to the current circumstances and action plan. You may need to change the structure with the changing needs of the Council, school, and community.*

CREATE A PLAN FOR MARKETING YOUR COUNCIL'S EFFORTS

The action plan proposes making school wide and perhaps community wide changes to improve school health. To produce these changes, you must communicate your vision, goals, and plan well beyond the boundaries of your membership. You must convince a wide array of people about the importance of school health improvement and coordinated school health. You also need to provide a forum in which issues can be discussed and decisions made about how to improve health and learning.

Create a presentation on your action plan

Use the power point presentations on the CD Rom along with your local plan of action to create a presentation that will educate the community and others about the work of the council and plans to improve coordinated school health in your district.

BUILD PARTNERSHIPS WITH KEY ALLIES

The School Health Advisory Council will need groups throughout the school and community to come together in a coordinated effort. Groups concerned with your issues such as: media, businesses, public health agencies that can join you in your mission and help build support for a CSHP and health for the school community.

COUNCIL MEMBERS NEED TO ASK THE FOLLOWING QUESTIONS:

1. What key people and organizations do we need to work with that have the potential to bring attention and credibility to our efforts?

2. What do we need to ask these people and organizations for in terms of support?

*Adapted from Building Social Marketing into Your Program by Nedra Kline Weinrich (**http://www.social-marketing.com/**) 1995.*

Consider potential alliances with:

-reporters who cover health and school stories by suggesting stories and providing lists of experts and fact sheets;

- local politicians who can be helped to understand and support your issue;

- businesses who can sponsor your activities; and

- professional associations, local civic groups, religious groups, and community coalitions.

"Coming together is a beginning; keeping together is progress; working together is success."

Henry Ford

WHAT'S NEEDED FOR CHANGE TO OCCUR?

Vision	Skills	Incentives	Resources	Action Plan	=	Change

WHAT HAPPENS WHEN PIECES ARE MISSING?

Vision	Skills	Incentives	Resources	Action Plan	=	
	Skills	Incentives	Resources	Action Plan	=	Confusion
Vision		Incentives	Resources	Action Plan	=	Anxiety
Vision	Skills		Resources	Action Plan	=	Slow Change
Vision	Skills	Incentives		Action Plan	=	Frustration
Vision	Skills	Incentives	Resources		=	False Starts

MAINTAINING MOMENTUM

Putting together a School Health Advisory Council is like a journey into a new territory. Preparing for such a journey requires careful planning and selection of participants. Even though your Council has assembled the right mix of people and created an action plan, the group may find itself growing weary long before it reaches its destination.

Keeping people engaged and reaching goals requires sustaining the spirit and purpose with which the group began.

Strategies for to maintain the momentum include:

evaluate the implementation of the action plan,

identify outcomes,

recognize your members' contributions,

revitalize the membership, and

move the school health improvement work to the next level.

EVALUATE YOUR COUNCIL'S EFFORTS

Evaluation should be an ongoing activity. Assign to a member or subgroup the responsibility of overseeing evaluation activities. The basic reasons for evaluation are to check your progress on the action plan and to determine whether the work is having a positive impact. Members will be motivated by knowing that they are making a difference in their school and community.

By answering these questions honestly, the SHAC will be able to serve their school system more effectively. To help evaluate effectiveness of the SHAC, the following questions should be considered:

- Does the SHAC regularly generate sound advice and activities to support coordinated school health programs?

- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?

- Are regular monthly/bi-monthly meetings occurring with most members attending?

- Are established procedures for conducting business understood by members?

- Does a positive relationship exist between the SHAC and school personnel?

- Is there a recent history of the school system seeking advice from the SHAC and acting on SHAC recommendations?

- Does SHAC membership represent important segments of the community?

- Is an elected chairperson providing positive and productive leadership?

- Are members willing to make the necessary time commitment and do they appreciate the opportunity to support the school health program?

Provided in this section is an additional list of questions for evaluating SHAC functioning. The goal for an effective SHAC is to be able to answer "yes" to each of the following questions outlined on the worksheet.

EVALUATION OF THE SCHOOL HEALTH ADVISORY COUNCIL

YES	NO	
☐	☐	Is there a statement of purpose and goals?
☐	☐	Are the SHAC activities benefiting the school health program?
☐	☐	Have SHAC activities developed community understanding of school health education?
☐	☐	Do SHAC members understand what is expected of them?
☐	☐	Are SHAC members aware of the status of school health programs in most of the schools in their school system?
☐	☐	Are members provided information on state and national developments in school health?
☐	☐	Have members received sufficient orientation to the school and school health program?
☐	☐	Is the SHAC given sufficient information and time to study and discuss issues before making recommendations?
☐	☐	Does the SHAC membership reflect varying and opposing viewpoints?
☐	☐	Are meetings conducted in an impartial, parliamentary manner, allowing all members to express opinions?

YES	NO	
☐	☐	Is the importance of members' time recognized by keeping meetings on schedule and directed to the agenda?
☐	☐	Are SHAC members presented the facts and consulted when changes are made in the school health program?
☐	☐	Are SHAC functions selected with care and limited to a reasonable number?
☐	☐	Do members receive adequate notice of meetings and are minutes mailed promptly?
☐	☐	Are members given assignments based on their expertise?
☐	☐	Are membership rosters current?
☐	☐	Does the SHAC encourage school administrators to meet with the council or individual members on selected issues?
☐	☐	Does membership have adequate representation of ethnic and economic groups in the community?
☐	☐	Do members receive recognition for their contributions in school publications, news releases, or other vehicles?
☐	☐	Do school personnel recognize and support the contributions of SHAC members?

MOVING TO THE NEXT LEVEL OF SCHOOL HEALTH IMPROVEMENT

FUNCTION	STAGE 1 Networking	STAGE 2 Cooperation	STAGE 3 Collaboration
Advising and decision making	Form Community - School Health Advisory Council.	Partnership between physician and teacher to improve status and learning.	Form an interagency coalition to advise policy-makers.
Information	Distribute materials produced by health agencies.	Use parents as partners to develop specific instructional strategies.	Distribute multiple agency newsletters, calendars of events and directories of services.
Services	Screen students for health problems by volunteer or health professional.	Use school setting for training of medical students, nursing students, etc.	Form a collaborative of school and agencies to provide school-based services.
Planning and development	Open school recreation facilities to fitness activities for community.	Develop a plan to improve child health between the school and the health department.	Develop a consortium of schools to purchase research-based curriculum.
Research and evaluation	Provide access for researchers from higher educational institutions.	Cooperatively submit a grant proposal by school and community agency.	Use multi-agency task force to gather health and social data on student health problems.
Training	Use health professionals and parents as consultants for inservice or instructional programs.	Use community agencies as learning laboratories for students who serve as volunteers.	Use personnel in health service network to provide inservice programs for other members.
Advocacy	Use parents as sources for articles on school health issues.	Initiate and develop regional school health education coalition.	Form a coalition to promote the benefits of comprehensive school health.

HOLD AN ANNUAL RENEWAL MEETING OF THE COUNCIL

Hopefully your Council will have significantly improved school health at the end of its first year. Even if some of what you planned did not turn out as anticipated, celebrate successes and learn from your challenges.

Plan an annual, half-day meeting with all the Council members. This meeting can help the group monitor its efforts, rejuvenate membership, and refine the vision and action plans.

Someone who is not a Council member should facilitate the renewal meeting so that the chair and all members can fully participate. The renewal meeting is a time to celebrate. Recognize Council members who will not be continuing. Ask the Child Nutrition Director whether the food service staff can prepare a meal for the meeting. This is a good opportunity to highlight this aspect of coordinated school health.

Consider sending copies of Council documents for members to review prior to the renewal meeting. These documents may include an annual report, a report to the school board, evaluation reports, promotional brochures, and other printed materials. Include these items with the invitation letter, and ask members to read them before the meeting.

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REVITALIZE THE COUNCIL'S MEMBERSHIP

Effective School Health Advisory Councils are able to adapt and adjust to change. As your council matures, membership needs to change. In the first year members were needed who could envision the future for school health and empower others to participate. These "big picture" thinkers helped pull together the mission and action plan. Your SHAC now needs people who pay attention to details, procedures, and implementation.

When deciding whom to recruit as new members to your Council, identify task-oriented people. This may also include involve individuals who were involved earlier but drifted away because they grew impatient with the organizing and decision-making stages. Also, consider staff from the school and other organizations that are likely to implement the action steps.

EXPAND SCHOOL HEALTH IMPROVEMENT EFFORTS

The first year of your School Health Advisory Council produced positive results for students, the school, and community. Your council may now be ready to take on bigger projects that have a broader impact on the school and community.

How do you know whether your council is ready to expand its efforts at improving school health? Do members believe that they have built relationships that let them reach goals they could not have reached alone?

Over time, members develop relationships with each other and overcome their differences. Eventually the group will work together at higher levels of intensity. **"Collaboration Continuum"** describes three levels of relationships at which councils can work together. They are networking, cooperation, and collaboration. Very few councils start at collaboration.

To expand your school health improvement efforts, you will find it necessary to move towards the collaboration end of the continuum where relationships become more formalized and resources are combined. The information sheet **Moving to the Next Level of School Health Improvement** gives examples of activities that councils might initiate at the three levels of collaboration.

Your Council's annual meeting allows members to review the Collaboration Continuum and the information sheet. The materials suggest strategies for moving the Council's action plan to the next level of school health improvement.

COLLABORATION CONTINUUM

NETWORKING ⟶	COOPERATION ⟶	COLLABORATION
Shared ideas	Shared ideas and resources	Combined resources
Learn about each other's programs and services	Minimize duplication of programs	Shared vision and a new system
Loose and informal links	Semi-formal links	Formal and written links
Loosely defined roles	Somewhat defined roles	Formalized roles
Informal communication	Group planning and decision making	Consensus used in decision making
Little conflict	Regular communications	Highly developed communication
Some specific decisions	Some conflict	Greater potential for conflict
Resources of partners are kept separate	Funds are raised for specific projects	Development of new resources and joint budget

CONSIDER CONDUCTING A NEEDS ASSESSMENT

As you work with the School Health Advisory Council, members may decide at some point that they need or want to do another needs assessment. A needs assessment can be conducted at any step along the way. As the council is forming, a needs assessment may determine priorities for the Council (see Section 3). Later in the process, a needs assessment may help gain grant support, obtain commitment from a broader spectrum of community leaders, and provide baseline data for future program evaluations.

TAB 6

FUNDING SOURCES AND GRANT WRITING

FUNDING SOURCES AND GRANT WRITING

FUNDING SOURCES

The following section contains information about funding sources and grant writing for Coordinated School Health Programs.

School health programs have the potential to be one of the most efficient means available to improve the health and education of nations. One of the most critical resources required to develop such programs is funding. Sources of funds to support school health programs are numerous. The sources of funds as well as the procedures required obtaining the funds change substantially each year.
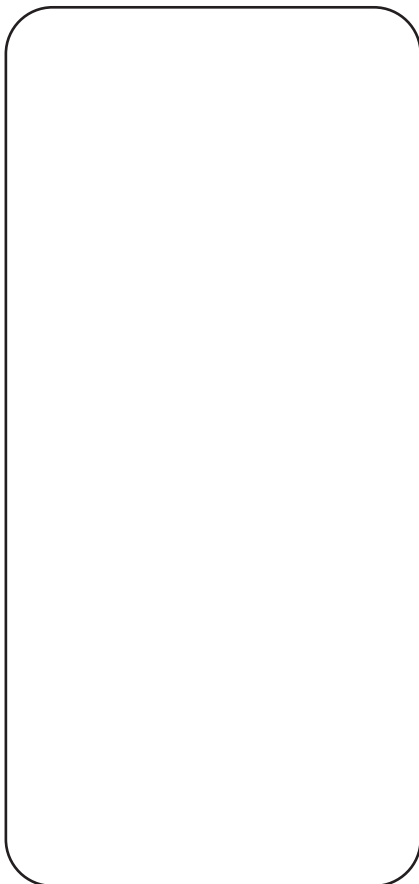
WEB SITES:

ADOLESCENT & SCHOOL HEALTH PROGRAM FUNDING DATABASE http://www.cdc.gov/nccdphp/dash/funding.htm
The Centers on Disease Control and Prevention provides a searchable database that contains information on federal, foundation, and state-specific funding sources for school health programs.

INFORMATION ON U.S. DEPARTMENT OF EDUCATION INITIATIVES
http://www.ed.gov/funding.html
Among a wealth of other information, the Department of Education website provides comprehensive listings of current funding opportunities and information on applying for grants.

SCHOOL GRANTS http://www.schoolgrants.org
A collection of resources and tips to help K-12 educators apply for and obtain special grants for a variety of projects.

GRANT WRITING ASSISTANCE http://fdncenter.org/learn/faqs
The Foundation Center is available to provide sample proposals, cover letters, and letters of inquiry, nonprofit organization bylaws, budgets, articles of incorporation, and more.

NORTH CAROLINA HEALTHY SCHOOLS INITIATIVE
http://www.nchealthyschool.org
NC Healthy Schools provides links to related sites and detailed information about components of coordinated school health. See the section under Grants and Funding.

NATIONAL CONFERENCE OF STATE LEGISLATURES: SCHOOL HEALTH PROGRAM FINANCE PROJECT
http://www.ncsl.org/programs/health/pp/srchinst.htm

THE TARGET STORES
http://target.com/target_group/community_giving/grant_guidelines.jhtml
Target Stores Community Giving Program supports nonprofit organizations in the communities where the company's stores are located. Target supports organizations that focus on education, family-oriented arts, and family violence prevention. Most local grants average $1,000 to $5,000. Applications are accepted between February 1 and July 31.

GRANT WRITING

Grant applications are have their own unique requirements and process. However, there are elements that are documented to be helpful writing a successful application. The following ten tips may be helpful.

10 GRANT WRITING TIPS

1. **Never write a grant proposal solely for funding purposes.**
   You should always seek grant opportunities that match your program's goals and objectives rather than the other way around. If you change your program based on the guidelines, you may end up with a project or program that is a mere shell of the original plan. The goal of grant writing is not simply to bring more money in for your agency; the goal is to fund programs that will meet the needs of your constituency.

2. **Know your prospective grantor- Research, research, and research some more!**
   Obtain as much information as possible about a prospective grantor. Understand the mission of the grantor, look at past-funded programs, and determine the range of grant awards typically given by the agency. Be sure you make a note of any geographical preferences and/or limitations. Save yourself some time and look at "funding exclusions" and/or "eligible applicants" first - make sure your institution and/or project fits within the guidelines of the funding agency.

3. **Read and understand the guidelines and requirements.**
   Most funding agencies publish grant guidelines or requirements. Be certain you understand them and follow them to the letter. Note the deadline and whether the proposal must be received or postmarked by the deadline. Don't have your proposal thrown away because you didn't follow the guidelines to the letter. Exceptions are rarely made, regardless of the circumstances.

4. **A well-documented needs statement is critical to your proposal.**

   Your "needs statement" drives your entire grant proposal. The proposed program should revolve around the problems faced by your clients. The purpose of the grant is to meet the specific needs you have identified. If you have not adequately described the reason you need the program, including the use of statistics and other research data when possible, the funding agency will see no reason to invest in your project.

5. **Most proposals require a short project abstract.**

   Most proposals, particularly foundation and corporation proposals, should include a short project abstract. The abstract defines your entire project - needs, goals, objectives, and budget - within a paragraph or one page. As always, follow the guidelines of the grantor with regard to the program summary requirements. Remember the summary that is usually read first. Consider writing the abstract last.

6. **Use the project narrative to more fully describe your program – goals, objectives, strategies, budget, and evaluation strategies.**

   Every proposal will require a section(s) that describes the broad goals and measurable objectives of your project. You should detail the activities that will be implemented to accomplish the program's goals and objectives. Your budget and budget narrative must closely match the described activities. Your evaluation should carefully measure whether the stated project objectives are being met on a timely basis. Foundation and corporate organizations generally expect this section to be no longer than five to ten pages. Federal grants may allow up to 50 pages or more for a thorough discussion of your project. Again, follow the guidelines of the project funding source.

7. **Top off your proposal with a concise cover letter.**
   Include a one-page cover letter if not specifically prohibited by the funding agency. The cover letter should briefly introduce your organization and describe your project, including the funding request. The cover letter should be signed by your school's district executive officer and should be written on organizational letterhead.

8. **The appearance of your proposal matters!**
   Use a reasonable font type and size (no smaller than 10- point; preferably 12-point). Leave plenty of white space - use margins of at least 1"; double-space if space limitations allow it. If possible, include graphs, photographs, or sidebars occasionally. Bold headings and sub-headings help break up the proposal and make it easy for the reviewer to find sections within your proposal. Grammar and spelling errors show a lack of concern on the part of the applicant. Do not submit a proposal if you are not proud of its appearance.

9. **Always thank organizations for the opportunity to apply.**
   Even if your proposal is not funded, always send a thank you note to the grantor for the opportunity to submit your proposal. Ask if it is possible to receive reviewer comments so that you can see why your proposal was not funded. Use the reviewer comments to improve upon your proposal-writing techniques. In addition, remember, even the most well written proposals for the most super projects are not always funded. Do not get discouraged because your proposal was not selected for funding by a particular agency at this time.

10. **Turn your investors into partners in your program by keeping them informed of its progress.**
    If you are fortunate enough to have your proposal funded, send a thank you note for the grant. Next, keep the funding agency informed about your activities, progress and accomplishments. Invite them to come see your program in operation. Send photographs of the program in action. Send quarterly or semi-annual reports that tell how you've used the funds. In short, make the grantor your partner.
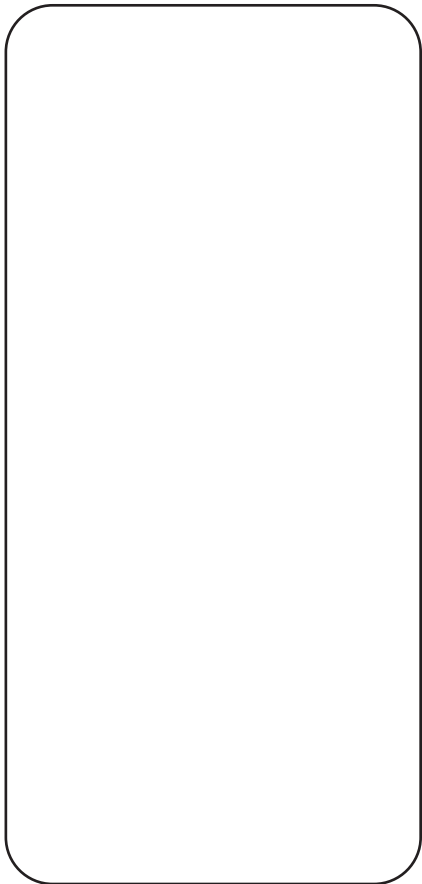
SOURCE: *www.schoolgrants.org*

TAB 7

SECTION STARTER DESIGN

REFERENCE

REFERENCE

REFERENCE

REFERENCES

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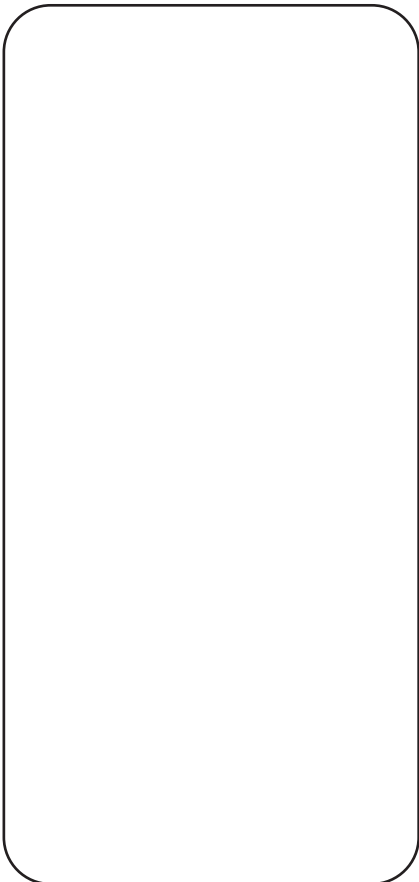
TAB 8

SECTION STARTER DESIGN

APPENDIX

APPENDIX

TOC FOR APPENDIX??

SCHOOL HEALTH ADVISORY COUNCIL RESOURCES

BOOKS, REPORTS & SURVEYS

Fit, Health, and Ready to Learn: A School Health Policy Guide

Part I – Physical Activity, Healthy Eating and Tobacco Use Prevention
Part II Promote Sun Safety And Prevent Skin Cancer

Published by the National Association of State Boards of Education

www.nasbe.org/HealthySchools/index.html

and **www.nasbe.org/Educational_Issues/Safe_Healthy.html**

Policy briefs, reports and articles

Health In Action – a quarterly publication by the American School Health Association

www.ashaweb.org

Health Is Academic: A Guide to Coordinated School Health Programs,

Eva Marx, Susan F. Wooley, and Daphne Northrop

New York: Teachers College Press, 1998.

www2.edc.org/HealthIsAcademic

"Healthy Youth: An Investment in Our Nation's Future At-A-Glance 2003"
http://www.cdc.gov/nccdphp/aag/aag_dash.htm

A report from the US Senate Appropriations Committee

Senate Report 107-84, To accompany Labor, Health and Human Services, and Education (LHHS) Appropriations Bill Fiscal Year

School Health Needs Assessment: A Starter Kit

Mary Davis and Marilyn Harmacek.

University of Colorado Health Sciences Center, Office of School Health.

Denver, CO 1997

www.uchsc.edu/schoolhealth/res_pages/res_index.htm

School Health Needs Assessment: A Starter Kit
Need data to evaluate your current programs and services, detect gaps in services, or support a grant application? The School Health Needs Assessment Starter Kit is a notebook full of how-to information and step-by-step worksheets. Follow the the easy-to-understand instructions for selecting methods, unearthing existing data, creating instruments, selecting a sample, conducting surveys, compiling results, and reporting your findings. Adapt one of the sample instruments in the packet or design your own. Price $25 (includes shipping)

"School Health Policies & Programs Study" (SHPPS)
www.cdc.gov/nccdphp/dash/shpps/index.htm (to view information or order a copy)

"Youth Risk Behavior Survey"

http://www.cdc.gov/nccdphp/dash/yrbs/results.htm

National and state results from the high school health behavior surveys 1991, 1993, 1995, 1997, 1999, 2001.

WEB RESOURCES

www.actionforhealthykids.org

See NC Team goals and information from the 2002 Healthy Schools Summit: Commitment to Change

http://ctb.ku.edu/about

Community Toolbox: The Tool Box provides practical information to support work in promoting community health and development. This web site is created and maintained by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas (U.S.A). Developed in collaboration with AHEC/Community Partners in Amherst, Massachusetts.

The core of the Tool Box is the "topic sections" that include practical guidance for the different tasks necessary to promote community health and development. There are sections on leadership, strategic planning, community assessment, grant writing, and evaluation to give just a few examples. Each section includes a description of the task, advantages of doing it, step-by-step guidelines, examples, checklists of points to review, and training materials.

www.healthinschools.org/publications.asp

The Center for Health and HealthCare in Schools, Washington, DC Monthly E-journal of policies, news alerts, grant alerts, policy analysis, etc.

www.healthpolicycoach.org

Sample policies on many school health issues collected by the California Center for Health Improvement.

www.ncaahperd.org/has.html

NC Association for Athletics, Health, Physical Education, Recreation & Dance, Overview of Healthy Active Children policy and interpretation

www.nchealthyschools.org

NC Healthy Active Children Policy, CDC guidelines for School Health Programs, Health is Academic powerpoint presentation.

www.ncpta.org/HomePageNews/healthychildrensummary.html

Summary of Healthy Active Children Policy, 2003

www.ncpublicschools.org/curriculum/health/hacpolicy.html

NC Department of Public Instruction – Healthy Active Children Policy 2003

www.nmha.org/pbedu/backtoschool/index.cfm

National Mental Health Association, Latest news and topics related to Back to School and Back to Campus.

www.pta.org/programs/hlthnews.htm

National PTA School Health Resources, Information and advocacy for school health.

http://sbepolicy.dpi.state.nc.us

"What's New" – Issues under consideration by the State Board of Education.

www.schoolhealth.org/bulletin.htm

American Academy of Pediatrics information on a variety of child health issues.

www.schoolhealth.info

Healthy Schools/Healthy Kids- a website by the Texas American Cancer Society with information for parents, school personnel and community leaders interested in school health issues.