



Effective School Health Advisory Councils

MOVING FROM POLICY TO ACTION



March 2004



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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FOREWORD

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. However, 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.



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IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND IOWA CANCER SOCIETY for use of Promoting Healthy Youth, Schools and Communities.

AMERICAN CANCER SOCIETY'S A GUIDE TO SCHOOL HEALTH COUNCILS.

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CONTENTS OF THE CD-ROM

The entire contents of the Manual are included on the CD-ROM.

ADDITIONAL INFORMATION INCLUDES:

- School Health: Elements of Excellence
- School Health Index Brochure
- Chronic Disease Notes and Reports: School Health
- Linking Health and Academics in North Carolina 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 (Iowa)



SETTING THE STAGE

SECTION ONE





SETTING THE STAGE



INTRODUCTION

North Carolina’s young people are at risk, and the seriousness of the health risks endanger young people and their ability to achieve future goals. “For the first time in the history of this country, young people are less healthy and 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 in 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.

Today, the health of young people - and the adults they will become is critically linked to the health related behaviors they choose to adopt.

Health and academic success are inextricably intertwined.

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 Education, the Department of Public Instruction, 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.

In 1997, the North Carolina Department of Public Instruction was awarded a grant to strengthen linkages between the Department of Public Instruction, 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. The overall goal of the program is to develop infrastructure at the state and local levels 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 health 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 a leader in the utilization of School Health Advisory Councils for improved school health programs. In 1977, House Bill 540 was passed to provide 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 mid 1980's, more than 50 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 North Carolina 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 to “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 are available through NC Healthy Schools and the Healthful Living Section of the North Carolina Department of Public Instruction and the NC Comprehensive School Health Training Center.

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

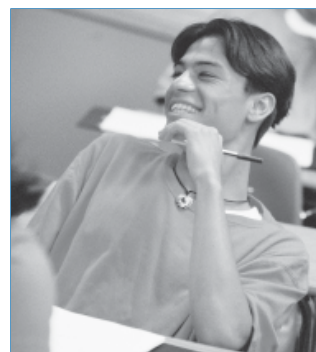
A coordinated school health program is designed to help young people grow into healthy and productive adults by focusing on their physical, emotional, social and educational development, kindergarten through twelfth grade. An effective school health program is a working partnership between the schools 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. Physical education shall be the environment in which students learn, practice, and are assessed on developmentally appropriate motor skills, social skills, and knowledge.
- 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.
- 5. HEALTHY SCHOOL ENVIRONMENT.** A safe, healthy, and supportive climate for learning. Can include indoor air quality, tobacco, substance use, and violence prevention, as well as safety issues.
- 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.** 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.



Healthy Youth: An Investment in Our Nation's Future 2003



"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

Revised March 2003

Health Challenges That Young People Face

The health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt today.

Certain behaviors that are often established during youth can cause serious health problems for young people, both now and in the future. Over time, these behaviors can lead to heart disease, cancer, and injuries—the leading causes of death in America. Such behaviors include

- Using tobacco.
- Eating an unhealthy diet.
- Not being physically active.
- Using alcohol and other drugs.
- Engaging in sexual behaviors that can cause HIV infection, other sexually transmitted diseases, and unintended pregnancies.

- Every day, about 2,200 young people take up daily smoking.
- In 2001, only 32% of high school students participated in daily physical education classes, compared with 42% of students in 1991.
- Almost 80% of young people do not eat the recommended five servings of fruits and vegetables each day.
- Every year, more than 870,000 adolescents become pregnant and about 3 million become infected with a sexually transmitted disease.

- Engaging in behaviors that can result in violence or unintentional injuries, such as injuries from motor vehicle crashes.

School Health Education: Proven Effective

Every school day, more than 53 million young people and more than 4.4 million teachers attend 129,000 schools across our nation.

Because of the size and accessibility of this population, school health programs are one of the most efficient means of shaping our nation's future health, education, and social well-being.

School health programs can be an effective means of improving educational achievement. Young people who are hungry, ill, depressed, or injured are less likely to learn.

Rigorous studies in the 1990s showed that health education in schools can effectively reduce the prevalence of health risk behaviors among young people. For example,

- A health education program reduced by 37% the proportion of seventh-grade students who started smoking.

- The prevalence of obesity decreased among girls in grades 6–8 who participated in a school-based intervention program.

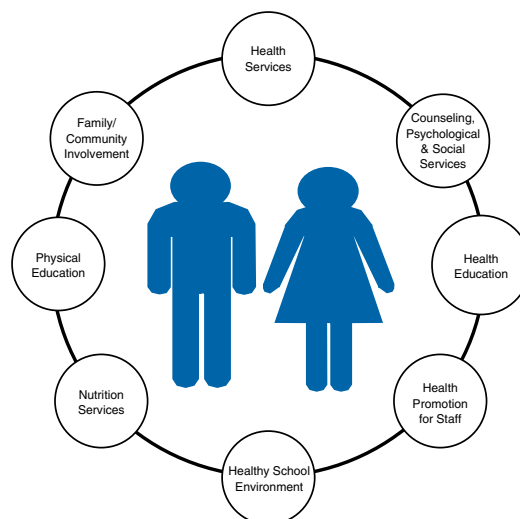
- Students enrolled in the school-based Life Skills Training program were less likely than other students to use tobacco, alcohol, and marijuana.

In 1998, Congress noted the opportunity our nation's schools offer when it urged CDC to expand its support of coordinated health education programs in schools. Gallup polls have shown strong parent, teacher, and public support for school health education.

Enthusiasm for addressing health among young people has grown in the private sector as

well. National health and education organizations, including the American Medical Association, the American Cancer Society, and the National Association of State Boards of Education, actively endorse a coordinated approach to health education in the school setting.

The Eight Components of a Coordinated School Health Program



CDC's Leadership and Collaborations

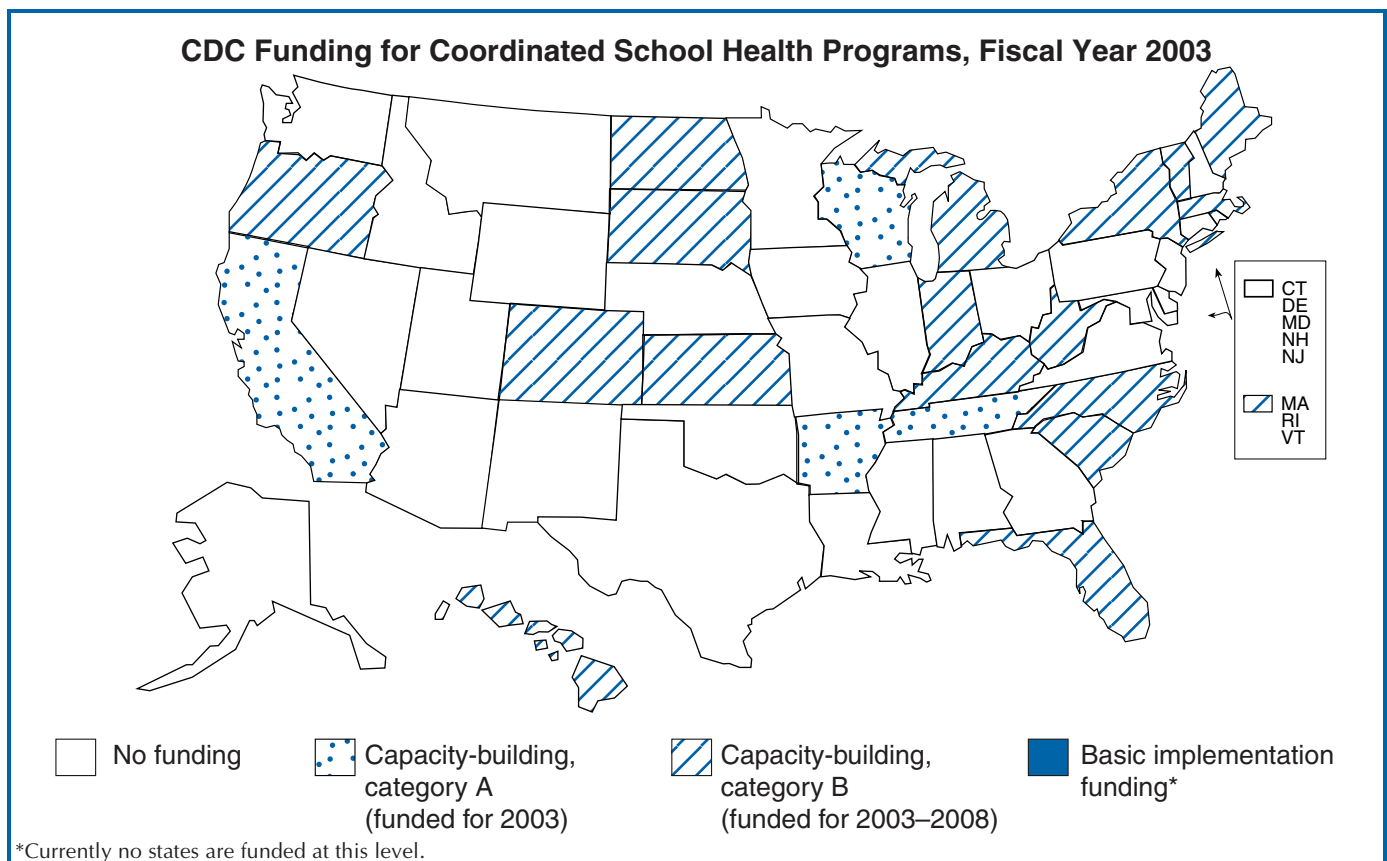
In 1987, CDC began providing funds and technical assistance for state, county, and large-city education agencies to help schools conduct effective HIV prevention education. HIV prevention education proved effective, and Congress soon realized that this approach might be successful in preventing other diseases, such as heart disease, stroke, cancer, and diabetes. "The time to prevent health-damaging behavior patterns is before they are established. Comprehensive school health education in schools takes advantage of that," the U.S. House Appropriations Committee reported. Thus, CDC began a new initiative in 1992 to support coordinated school health programs that promote healthy behaviors, such as eating a healthy diet, being physically active, and avoiding tobacco use. The goal is to reduce young people's risk for developing chronic disease later in life. With fiscal year 2003 funds of about \$10 million, CDC supports coordinated school health programs across the country (see map below). CDC also receives about \$47 million to support HIV prevention education in 47 states, 7 territories, and 18 metropolitan areas.

National Framework

CDC has established a national framework to support coordinated school health programs. More than 40 national nongovernmental education and health organizations work with CDC to develop model policies, guidelines, and training to help states establish high-quality school health programs.

State-Based Programs

Through the established national framework and in collaboration with health and education partners, CDC helps funded states provide young people with the information and skills they need to choose healthy behaviors. To ensure that these healthy behaviors are systematically addressed, CDC and its partners promote coordinated school health programs that have eight components (see graphic, page 2). In addition to receiving instruction, students practice decision-making, communication, and peer relations skills to enable them to make informed choices and establish healthy lifestyles.



Coordinated Efforts in School Health

State Success Stories

Florida. Many of Florida's 2.7 million youth have unhealthy habits, such as smoking, eating an unhealthy diet, and being sedentary. At McIntosh Middle School in Sarasota, health problems were undermining attendance and performance of the students and staff. The principal committed McIntosh to join the state's CDC-funded network of coordinated school health programs. As a result, school attendance has improved, more students have scored at least 3.0 on a state-mandated writing assessment, and most students are now members of the Renaissance Program, which means they have a grade point average of at least 3.0 and no disciplinary referrals. Standard-curriculum math scores have increased, and students are less likely to encounter safety threats at school.

Michigan. With CDC support, Michigan has developed model HIV/AIDS curricula for students in elementary, middle, and junior high schools. Before selecting a curriculum, schools assess students' needs, community preferences, the law, the latest research, and known prevention strategies. School districts often survey parents so that their input can be considered. To support these efforts, Michigan has built a network of school health coordinators, educators, juvenile justice staff, and agencies that serve youth. Recent trends indicate these efforts are working. The percentage of students in grades 9–12 who said they had had sexual intercourse declined from 49% in 1997 to 40% in 2001.

Because states are empowered to apply the funds in a variety of ways, they are able to address their high-priority, local health risks. For example,

- **West Virginia** improved school nutrition for students and staff by adopting one of the strongest standards for school nutrition in the nation. These standards were backed up by a 1-week nutrition symposium for all staff who had a role in student nutrition.
- **Maine** addressed high tobacco addiction rates by using a proven successful curriculum, the Life Skills Training program.
- **Wisconsin** increased physical activity among students by offering teachers an annual Best Practices in Physical Activity and Health Education Symposium.

Surveillance Plays a Key Role

Since 1991, the Youth Risk Behavior Surveillance System has provided data that are vital to improving the health of young people. Developed by CDC and partners, this voluntary system included a national survey of more than 13,000 high school students in 2001. Smaller surveys were conducted by state and local education and health agencies.

Research Benefits Schools

National efforts for coordinated school health programs have been hampered by a lack of information on school health policies and programs. To address this need, CDC has conducted the School Health Policies and Programs Study, which provides valuable answers to questions about school health programs at the state, district, school, and classroom levels. For example, the 2000 study showed that most states require schools to teach health education, and more than half of schools have at least one nurse for every 750 students, as is recommended. The study also revealed that more than half of the nation's schools still do not have policies ensuring tobacco-free environments. Such findings pinpoint successes in school health and areas where improvements are needed.

Future Directions

Because every child needs sound preparation for a healthy future, school health programs should be in all schools in every state. This will help the nation reach its *Healthy People 2010* goals for youth. In support of the Department of Health and Human Services initiative, *Steps to a HealthierUS*, CDC is committed to supporting coordinated school health programs to reduce health risk behaviors and promote good health among youth.

For more information or additional copies of this document, please contact the
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-29,
4770 Buford Highway NE, Atlanta, GA 30341-3717; (888) 231-6405.
HealthyYouth@cdc.gov www.cdc.gov/healthyyouth

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

The following list describes some major programs in North Carolina related to the eight components of Coordinated School Health Program. 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. As SHACs use this manual, they can expect some information and web site links to become dated.

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.

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. **For more information on the manual, contact the North Carolina Comprehensive School Health Training Center, at 828-262-2292.**

- **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 of Health and Human Services. Executive Summary. May 2000.]*

Chartered in 1983 by the North Carolina General Assembly, the North Carolina Institute of Medicine 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. **For more information, contact 919-401-6599 or visit www.nciom.org.**

2. PHYSICAL EDUCATION

- **Take 10!**

Take 10! is a classroom tool to provide 10 minute periods of physical activity that are integrated with academic core objectives. **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 to increase understanding of quality physical education. Visit www.beactivenc.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. 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. 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.

- **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 health and science curricula that are educational and fun. Visit www.bam.gov for more information.

- **Action for Healthy Kids Physical Education Committee**
Statewide collaboration to address physical education in schools.

3. SCHOOL HEALTH SERVICES

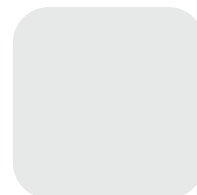
- **School-Based Health Centers**

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 patterns and services provided, they share some common features:

- They are located in schools or on school campuses.
- Parents sign a written consent for their children to enroll in the health center.
- An advisory board of community representatives, parents, and 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.

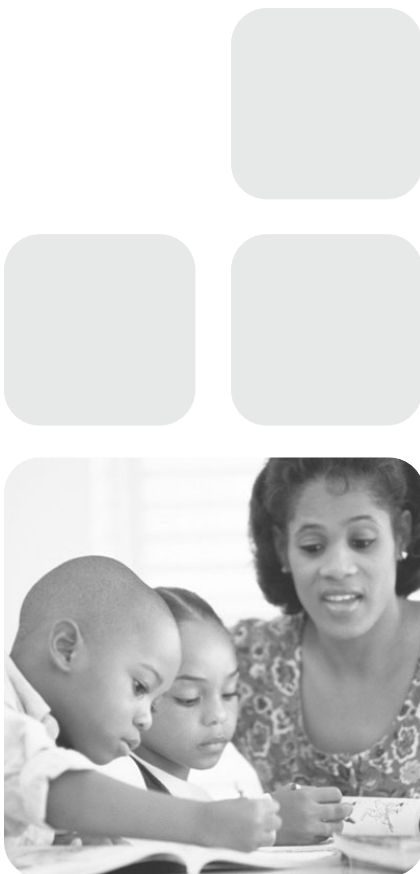
- **School-Based Immunization Project**

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.



4. 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 More is a program of the Physical Activity and Nutrition Branch in the NC Division of Public Health. For more information, visit www.eatsmartmovemorenc.org.



- **Child Nutrition Programs**

Child Nutrition Programs (www.fns.usda.gov/cnd) 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/special_diet.htm). Meals are modified with a proper medical prescription without additional cost to the parent or guardian. **For more information, call Child Nutrition Services with the NC Department of Public Instruction at 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 at 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), nutrition workshops, and mini-grant funds are available. **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% fat 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 position paper is available at www.nutritionnc.com/Team%20Nutrition/indexn.htm. 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.**

- **A SyberShop**

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 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. **For more information, visit www.eatsmartmovemorenc.com or call 919-515-9142.**

5. 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 <http://www.ncpublicschools.org/schoolimprovement/alternative/drugfree/> 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, and Healthy Schools Initiative, 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, supports 100% Tobacco-Free Schools as a positive community strategy to reduce teen tobacco use rates by 50% by 2010. For more information, go to www.stepupnc.com or call the Tobacco Free Schools Director at 919-713-1881.

6. 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/

RESOURCES:

Eckerd Wilderness Camp

E-TEN-ETU

Contact:

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

7. SCHOOL-SITE HEALTH PROMOTION FOR STAFF

- **BeActive North Carolina**

BeActive North Carolina provides a number of services to assist employees to adopt and maintain healthy lifestyles. Healthy employees use fewer health care dollars, have fewer workers compensation claims and are absent less often. Increases in morale and reduced stress are also well documented.

Be Active Worksite Wellness Program includes:

- Corporate Health and Productivity Services
- Model Program and Resources

For more information, call 919-765-7171 or www.beactivenc.org.

- **North Carolina Prevention Partners – BASIC Program**

BASIC stands for Building Alliances with Health Systems to Integrate Preventive Care. The BASIC Preventive Insurance Benefit Initiative aims to bring together employers, regulators, health plans, the public health and health care community to create a health care system that includes the basic ingredients of good health: tobacco cessation, proper nutrition, and physical activity in disease prevention and management. It is a multi-layered approach where benefits are voluntarily purchased by NC employers, voluntarily covered by NC insurers, quality clinical services offered by NC providers & health systems, and where health care is sought and received by consumers. BASIC has developed tools and resources in order to make this approach work.

The BASIC Initiative has

- Released Buying Prevention Benefits: A 5-Step guide for Employers.
- Trained local health partners to encourage local businesses to purchase preventive benefits.
- Profiled Preventive Benefits offered by NC health plans on the Internet.
- Created web-based resource, www.ncpreventionpartners.org/basic.
- Established a voluntary model prevention benefits package for tobacco cessation, nutrition and physical activity.

The BASIC Initiative will

- Create training programs to share systems and tools for offering preventive care with NC health care providers.
- Create prevention tools that will be shared by participating health plans.
- Provide guidance to employers in purchasing preventive benefits.
- Raise awareness among consumers of the importance of preventive care.

For further information, please contact the BASIC Coordinator at: (919) 966-9137 or www.ncpreventionpartners.org/basic.



- **The Wellness Councils of America (WELCOA)**

The Wellness Councils of America (WELCOA) is a national organization that focuses on building well workplaces and organizations that are dedicated to the health of their employees. They also can provide blue prints to help organizations build results-oriented wellness programs. For more information, call 402-827-3590 or visit www.welcoa.org.

- **Quit Now NC !**

Tobacco cessation resources for school staff and community. Go to www.quitnownc.org. Quit Now NC! promotes the following Cessation Resources:

Phone-based counseling services:

- **The National Institute Quit Line 1-877-332-8615**
- **American Legacy Foundation Quit Line 1-866-667-8278**

Online counseling:

- www.smokefree.gov
- www.quitnet.com

A directory of NC Cessation programs, support groups, and resources available on line at www.quitnow.org.



8. FAMILY AND COMMUNITY INVOLVEMENT

- **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 School Health Advisory 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 919-832-2700 or visit www.cisnc.org for more information.

- **North Carolina Parent, Teacher, Association (NCPTA).**

MISSION OF THE PTA

- To support and speak on behalf of children and youth in the schools and before governmental agencies and other organizations that make decisions affecting children.
- To assist parents in developing skills they need to raise and protect their children.
- To encourage parent and public involvement in the schools of this nation.

PTA Commissions conduct projects and activities that fall within their area, develop programs and priorities, sponsor resolutions, and help determine the total program of NC PTA. They are also responsible for studying and alerting councils and local PTAs to emerging issues that may affect children and youth. Most committees found in local units/councils can identify with one of the three commissions:

- The Commission on Education includes programs for reading, library, audiovisual, early childhood/SmartStart, exceptional children, high school, college cooperation, dropouts, parent/family involvement, site-based management, ABCs of Public Education, and the Excellent Schools Act.

- The Commission on Health and Welfare covers the work areas of health, mental health, children's emotional health, juvenile protection, safety and recreation, HIV/AIDS education, teenage pregnancy, inhalants, seat belt safety, school bus safety, drug and alcohol abuse prevention.
- The Commission on Individual and Organizational Development works in the areas of human relations, cultural arts (Reflections), citizenship (citizenship essay), parent and family life education, character and spiritual life education, membership, public relations, PTA publications, hospitality.

Contact via e-mail: office@ncpta.org

Other electronic means: www.ncpta.org

Phone: 919-787-0534 or 800-255-0417 [NC Only]

Fax: 919-787-0569



DEVELOPING EFFECTIVE SCHOOL HEALTH ADVISORY COUNCILS

SECTION TWO





2

DEVELOPING EFFECTIVE SCHOOL HEALTH ADVISORY COUNCILS



DEVELOPING EFFECTIVE SCHOOL HEALTH ADVISORY COUNCILS



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 of individuals selected primarily from the health and education 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 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 guidance for the following initiatives. For example, many school systems have advisory councils for programs 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 any one agency, but are more often drawn together out of concern for a particular community issue (i.e., adolescent pregnancy, environmental pollution, housing, child abuse, and others). 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 (SHAC)

An advisory group composed primarily of school and community representatives who act collectively in advising the school district on a Coordinated School Health Program.

OBTAIN SUPPORT FROM THE SCHOOL DISTRICT

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 chair for the council.

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 district 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 major 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. The new State Board of Education Policy, HSP-S-000, requires the formation of School Health Advisory Councils and should help alleviate any LEA barriers to this process. You may also need to prepare a proposal for the School Board to consider and 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 Healthy Carolinians, 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 broaden their efforts, utilizing coordinated school health programs as the umbrella advisory group and establishing multiple committees as a part of the larger advisory group to address all eight of the 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 or chair for the School Health Advisory Council. The chair 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. The chair may be a school employee, a School Board member, a community agency employee, or a parent who would be willing to fulfill this role.

The leadership role also may be shared by two people. No matter who fills this role, the chair 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.

There are no prescribed formulas for creating a Coordinated School Health Program. However, these elements are key:

- **Create a customized plan based on the needs and strengths of the school and community.**
- **Foster teamwork and collaboration at all levels among community and school members.**
- **Involve youth, families, and other community members in planning and decision making.**
- **Commit to continuing school health improvement.**

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, physical education, health services, nutrition services, healthy school environment, school counseling, psychological and social services, staff wellness, and family and community involvement in schools.**

Based on Policy HSP-S-000, this manual will provide guidance on developing a SHAC that is designed to address a more comprehensive health program 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 may reflect these functions.

Functions of a School Health Advisory Council:

- Program Planning
- Parent and Community Involvement
- Advocacy for Coordinated School Health
- Recruitment of Community Health Resources
- Fiscal Planning
- Evaluation, Accountability, and Quality Control

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.

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 or outside 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 reasonable outcomes based on program and funding investments as part of the accountability structure.

FACTORS THAT INFLUENCE THE FUNCTIONING OF A SCHOOL HEALTH ADVISORY COUNCIL

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 SHAC roles and responsibilities are defined
- How membership roles and responsibilities are defined
- How SHAC structure within the school system is defined
- What bylaws for SHAC functioning exist
- Whether a 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 knowledgeable members are about CSHP
- How committed members are to the Coordinated School Health Program



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. As stated in the Healthy Active Children Policy, All SHACs must be composed of members representing the eight components of coordinated school health and have a health department representative. Other 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 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 weighed 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, another 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, and ethics all contribute to the character of the SHAC. While some community members meet the above qualifications, it is important also to give priority to personal as well as professional 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. Become familiar with the guidelines of the Healthy Active Children Policy relative to the establishment of a SHAC.
2. Determine the membership categories and any weighting or numbers needed. SHACs typically have 11-19 members.
3. To protect stability and develop consistency in operations, maintain a balance of term lengths on the SHAC by assigning new members to one, two, or three-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.

NOTE: *Members of School Health Advisory Councils, who are appointed by the LEA superintendent and are provided a mechanism for regular reporting to the local Board of Education, have proven to be more influential, productive and respected in their communities.*

Remember to include representation from the following eight areas:

- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Healthy School Environment
- School Counseling, Psychological and Social Services
- Staff Wellness
- Family and Community Involvement in Schools

COMMUNITY AND SCHOOL SOURCES OF SHAC MEMBERS

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

Parents

Medical Professionals

Social Service Agencies

Business/Industry

Volunteer Health Agencies

Churches/Synagogues/Faith Community

Hospitals/Clinics

Public Health Agencies

Civic and Service Organizations

Representative for Child with Special Needs

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 _____

Physical Education Teacher/Coach _____

Health Education Teacher _____

School Administer _____

School Board Member _____

504 Coordinator _____

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 in order 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 appointees may be on recommendation from the school health administrator or a small school/community group of 3-5 who are **1)** knowledgeable in the eight 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 working to promote a coordinated approach to school health programming.

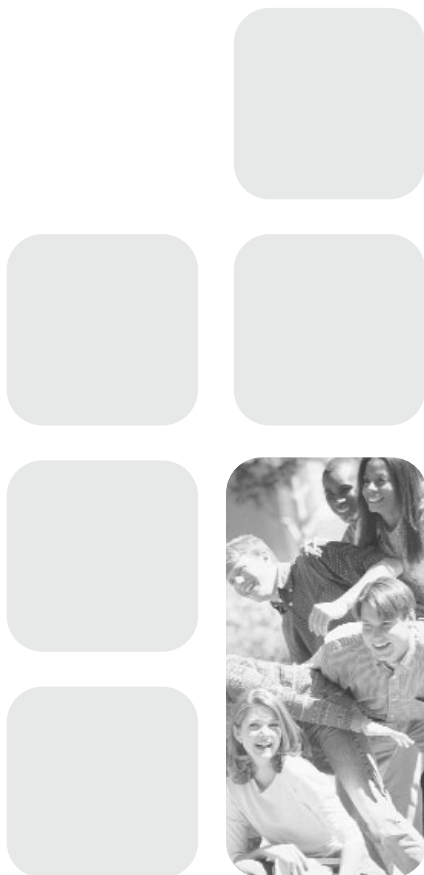
The SHAC chairperson may report directly to the school superintendent or report to the school health administrator who reports directly or indirectly to the superintendent. The school superintendent reports to the School Board.

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

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.

NOTE: *LEA superintendents have also named an LEA contact person for School Health Advisory Council communication with the Department of Public Instruction and the Department of Health and Human Services. This will enable the Healthy Schools staff to provide information and assistance to LEAs on SHACs. This contact person may or may not be the chairperson of the School Health Advisory Council.*



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, passed 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 within 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. For example, the by-laws may want to state that the SHAC report annually (or more frequently) to the Board of Education and local Board of Health.

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, dated, and copies made available to all new members and appropriate school personnel.

ESTABLISH GROUND RULES FOR OPERATING THE COUNCIL

Early on, or during a reorganization phase, 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 subsequent 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 leadership, 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
- 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 during the 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 the 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 networking 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.

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 summarize and 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 professionals 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 statements 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.

The handout/transparency, *A Vision* (2-23) may be used to educate and guide Council members in this process.

Vision is 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 planning actions and enhance the effectiveness of programs.

Community Readiness for
Drug Abuse Prevention: Issues,
Tips and Tools

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.

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

The vision and mission statement will build cohesiveness among members and prevent conflict within the group. Individual members have a clear direction for their work and there is no assuming the purpose or role of the School Health Advisory Council. To be a member of the Council means supporting the mission and vision that have 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 to the vision and mission regularly to stay focused on the purpose of their work, to promote cohesiveness and to reduce conflict.

A mission statement:

- Is easily understood
- Is accurate and succinct
- Can be transferred into individual action
- Is aligned with the LEA mission statement

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).

CREATE A PROCESS FOR RESOLVING CONFLICTS

As a Council, you need to develop strategies to address controversial issues before they occur. 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 address 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 personal beliefs. Do not minimize others' concerns or attack their points of view.
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 all 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.

The following information sheet is provided as a guide for School Health Advisory Councils to help troubleshoot sources of conflict and provide possible strategies for resolution.

**POSSIBLE SOURCES OF CONFLICT WITHIN
COMMUNITY-SCHOOL HEALTH ADVISORY COUNCILS**

SOURCES OF CONFLICT	WAYS TO RESOLVE
<p>Power struggles</p> <ul style="list-style-type: none"> • 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. 	<p>Address power needs</p> <ul style="list-style-type: none"> • Look for underlying issues, such as history of conflict, fear of loss of control, agency pressures, or personal stress. • Review the customs of members. Define frequently used terms. Acknowledge different styles, and decide when each will be used.
<p>The wrong people</p> <ul style="list-style-type: none"> • Members were not well chosen in the beginning. • Members attend infrequently. 	<p>Choose new members</p> <ul style="list-style-type: none"> • 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. <p>NOTE: See <i>this Guide</i> for suggestions on selecting new Council members.</p>
<p>Low trust</p> <ul style="list-style-type: none"> • 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. 	<p>Enhance trust</p> <ul style="list-style-type: none"> • 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
<p>Vague vision and action plan</p> <ul style="list-style-type: none"> • Members frequently call the vision and action plan into question. 	<p>Strengthen vision and action plan</p> <ul style="list-style-type: none"> • Review the Council’s desired future. Remember that conflict strategies are 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.
<p>Incomplete desired results and strategies</p> <ul style="list-style-type: none"> • Desired results and strategies are frequently debated, even though they are in writing. • Some members pressure the Council into quick action. 	<p>Review desired results</p> <ul style="list-style-type: none"> • Determine whether they can realistically be achieved? Members get burned out when they cannot see concrete accomplishments. • Stress the importance of planning.

Adapted from Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey, by Michael Winer and Karen Ray (St. Paul: Amherst H. Wilder Foundation) 82–83.



NEEDS ASSESSMENT

SECTION THREE

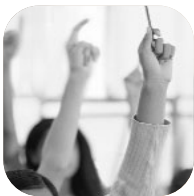


3

NEEDS ASSESSMENT

NEEDS ASSESSMENT

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



Characteristics of a successful needs assessment:

1. Understand the current situation
2. Begin with a vision of the future
3. Focus the assessment process on specific questions that will gather essential information
4. Address issues that stakeholders believe are important
5. Choose the appropriate assessment tool
6. Communicate information back to stakeholders

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, if decisions are 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 also raise awareness of the issue of school health and promote local interest in joining the SHAC to create change. Foundations and organizations that may give resources to support your action plan, often base decisions on data from a formal 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 may 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.

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**

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 districts. 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 and to determine what programs and policies are currently in place and what programs and policies need to be developed and/or revised and strengthened. This tool is a simple way of assessing which health-related programs and policies currently exist in the school and community to address the health 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.

Additionally, SHACs need to work with key community and state partners and utilize data from regularly conducted assessments to augment the information they may collect independently.

ASSESSMENTS TO REVIEW INCLUDE:

- data from NC Youth Risk Behavior Surveillance Website
- 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 three years)

CONDUCTING A NEEDS ASSESSMENT

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 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.

FIVE STEPS TO CONDUCTING A NEEDS ASSESSMENT

STEP 1	Determining the Present State of Health of the Target population <i>(See listing (3-6) of types of needs assessment methods to plug into this step.)</i>
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 will not duplicate services and 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 might ask: <ol style="list-style-type: none">1. 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, policy, or changes in the economy?4. What other efforts are in place to address this problem?5. What is the time frame?
STEP 5	Validating In this step, 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?

The needs assessment will provide information needed for decision-making, but this is just a beginning. Unfortunately, many groups see a survey or 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 strengths 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 are involved in the planning process, it is more likely they will support your efforts and endorse the results in the future.

METHODS FOR ASSESSMENT

SURVEYS Surveys are very useful ways to obtain feedback. 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. 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 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 are widely available though may not be as specific as is needed for a given project. In addition, this data is usually about two years old by the time it is compiled.

RECORDS OF HEALTH AND HEALTH CARE Medical records, hospital records, and insurance claim reports are ways to examine a variety of health and health care indicators.

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 also 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 groups are also recorded by some means. Facilitating a focus group effectively takes practice. The facilitator should avoid leading the responses in any one direction, be able to summarize



statements, keep participants on track, and tactfully prompt all participants to respond so that the discussions are not dominated by one 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 1 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 is 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 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 in a face-to-face interview. Four to eight relevant questions are asked. Then ask, who else (in this school, club, church, housing project, other) should you should speak with about this topic and how you can get in touch with them. Ask the 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 help indicate results.

COORDINATED SCHOOL HEALTH PROGRAM INITIAL ASSESSMENT

Working with your School Health Advisory Council, please complete the short survey. Based on the assessment scores, select an area in which the district can improve and develop 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 eight school health components in our school system has been developed. <i>The eight components are listed below.*</i>	0	1	2	3
The School Health Advisory Council is composed of community and school representatives from the eight 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 eight 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
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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 4 – 12 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 physical activity led by the classroom teacher.	0	1	2	3

Add up the numbers that are circled and divide the total by 7 for a score on the component.

SCORE =

HEALTHY 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 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 are 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 6 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 6 for a score on the component.

SCORE =

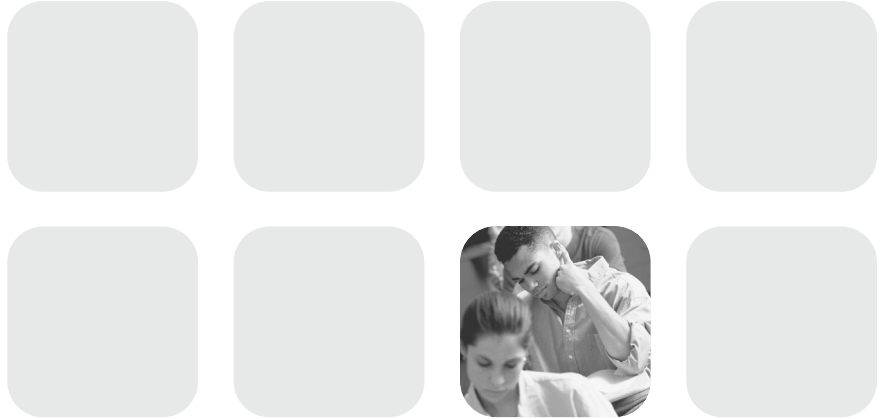
FAMILY AND COMMUNITY INVOLVEMENT:

A written district policy or plan assures that...

All students have the opportunity to engage in community service activities.	0	1	2	3
Community health care workers have opportunities to assist with school health activities.	0	1	2	3
School health personnel collaborate with parent groups, i.e. PTA/PTO.	0	1	2	3

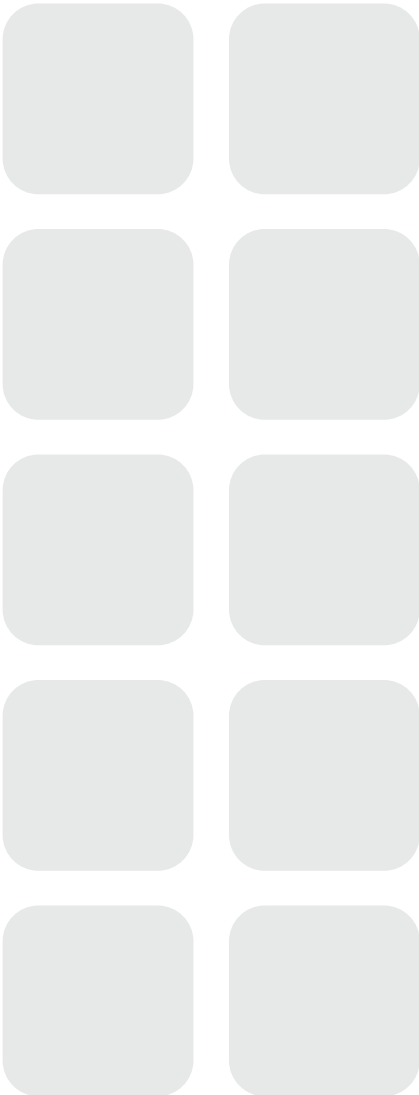
Add up the numbers that are circled and divide the total by 3 for a score on the component.

SCORE =



DEVELOPING AN ACTION PLAN

SECTION FOUR



4

DEVELOPING AN ACTION PLAN

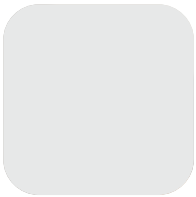
DEVELOPING AN ACTION PLAN

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 Template (page 4-9) provided in this section or one of the additional templates 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 make 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 will undertake. Setting priorities based on a sound needs assessment will help members balance other work obligations with their responsibility to the SHAC. It is important to select 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 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 district’s 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 DATA FROM A VARIETY OF SOURCES INCLUDING:

1. Results of the needs assessment such as: Assessment Tool for Coordinated School Health Programs (See Section 3)
2. Results from the 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
7. Requirements of specific funding sources
8. Data from NC YRBS 2001 and 2003
9. Data from county health department
10. Data from locally conducted health-related surveys.

It is important for the Council members to evaluate priorities. There will be a variety of issues to consider. One method would be to compare the top five priorities to the criteria found on the worksheet, Evaluating Priorities (page 4-5).

This step allows the Council to quickly evaluate each priority's potential for success. Results may suggest a reordering of priorities.

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 timeline.

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 establish objectives to reach your goal. Consider the opportunities and actions of each component of a Coordinated School Health Program and discuss ideas and 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. Do they imply 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 (specifically physical activity for every child every day, 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.

SMART

Specific

Measurable

Achievable

Relevant

Time-bound

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 to review his/her commitment to CSHP by December 15, 2004. Outcome objectives include the outcomes you hope to have at the end of the activities. For example, 50% of all K–8 grade students will engage in 30 minutes of physical activity per day during the school day schedule beginning with the school year 2004–2005.

Action Steps

For each objective, ask what steps are needed to be carried out that will work toward completing the objective. Which steps will you take in months one-three, in months three-six 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 Information Sheet 4-11.

Resources

Think about funding and support. Planners and educators sometimes consider health promotion to be an "extra" and do not allocate funds for 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, or fundraising projects.

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 one? 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 everyone knows and accepts their roles and responsibilities.

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 will success be judged?**

EVALUATING PRIORITIES

Use one or two words to summarize each top priority and write them in the spaces under the letters A-E. 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:					
<ol style="list-style-type: none"> 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 aware of this need? 5. Is the community ready to support it? 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 TEMPLATE





TIME FRAME: 3 MONTHS 6 MONTHS 12 MONTHS

LEA OR SCHOOL NAME: _____ **PERSON COMPLETING THE FORM:** _____

GOAL:  *Indicate the goal to be addressed. Describe a school health objective that is specific, measurable, appropriate, 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?*

OBJECTIVE: _____

EVALUATION: _____

Steps or Strategies	Team Members' Roles and Responsibilities	Resources	Timeline
<p> 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.</p>	<p> Delegate roles and responsibilities to Council members. Be specific about who will do what.</p>	<p> Determine available resources from the school district or community that could be used to help you carry out the step or strategy or if you need additional resources.</p>	<p> Determine when the step or strategy will be carried out.</p>

SCHOOL HEALTH ADVISORY COUNCIL ACTION PLAN

TIME FRAME: 3 MONTHS 6 MONTHS 12 MONTHS

LEA OR SCHOOL NAME: _____ **PERSON COMPLETING THE FORM:** _____

GOAL:

OBJECTIVE:

EVALUATION:

Steps or Strategies	Team Members' Roles and Responsibilities	Resources	Timeline

WHAT CAN WE DO? SUGGESTED ACTION STEPS FOR A SHAC

These items are samples of possible actions that SHAC might take. The activities your Council selects depend upon the specific roles and function that guide 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.

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

- Initiate a review of the current scope of health education taught in the school district K-12 aligned with 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) to share 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 daily physical education/offered at each grade level.
- 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.
- Determine 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, and 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 and healthy food products sold as fund-raisers.

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.



TAKING ACTION AND MAINTAINING MOMENTUM

SECTION FIVE



5

TAKING ACTION AND MAINTAINING MOMENTUM



TAKING ACTION

Your Council works best when members agree on a structure to carry out the action plan efficiently. An organizational structure helps members see where they fit in the School Health Advisory Council and identify their responsibilities. 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. What is the organizational structure? A flatter organization has fewer people managing the work and more people doing the work.
3. What are 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?" (5-3) and 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

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

Henry Ford



plan. When participants do not have the necessary skills, such as small group processing, they might experience anxiety. Lack of incentives or a clear understanding of how the proposed changes will benefit 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, system 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 announced, discussed and decisions made about how to improve health and learning.

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 include: media, businesses, and public health agencies that can join you in your mission and help build support for a CSHP and health issues 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 of these people and organizations in terms of support?

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

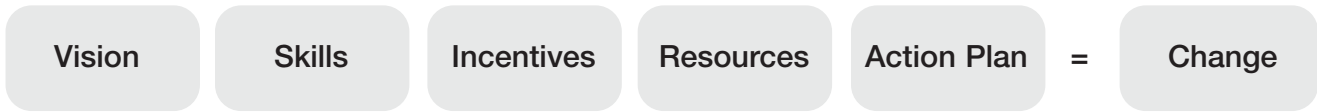
Create a presentation on your action plan

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.

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 educated to understand and support your issue;
- businesses who can sponsor your activities; and
- professional associations, local civic groups, religious groups, and community coalitions.

WHAT'S NEEDED FOR CHANGE TO OCCUR?



WHAT HAPPENS WHEN PIECES ARE MISSING?



Adapted from Health is Academic: A Guide to Coordinated School Health Programs by Eva Marx, Susan Frelick Wooley, and Daphne Northrop (New York: Teachers College Press, 1988) 264.

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 require sustaining the spirit and purpose with which the group began.

EVALUATE YOUR COUNCIL'S EFFORTS

Evaluation should be an ongoing activity. Assign 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 schools 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:

Strategies to maintain 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.

- 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 regularly scheduled 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 all important segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time commitment and embrace 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 questions outlined on the worksheet.

EVALUATION OF THE SCHOOL HEALTH ADVISORY COUNCIL

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is there a statement of purpose and goals?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have members received sufficient orientation to the school system and school health program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are the SHAC activities benefiting the school health program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have SHAC activities developed community understanding of school health programs?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do SHAC members understand what is expected of them?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are SHAC members aware of the status of school health programs in most of the schools in their school system?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are members provided information on state and national developments in school health?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the SHAC given sufficient information and time to study and discuss issues before making recommendations?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the SHAC membership reflect varying viewpoints?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are meetings conducted in an impartial, parliamentary manner, allowing all members to express opinions?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the importance of members' time recognized by keeping meetings on schedule and directed by the agenda?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are SHAC members presented the facts and consulted when changes are made in the school health program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are SHAC functions selected with care and limited to a reasonable number?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do members receive adequate notice of meetings and are minutes mailed promptly?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are members given assignments based on their expertise?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are membership rosters current?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the SHAC encourage school administrators to meet with the Council or individual members on selected issues?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does membership have adequate representation of ethnic and economic groups in the community?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do members receive recognition for their contributions in school publications, news releases, or other vehicles?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does school personnel recognize and support the contributions of SHAC members?

HOLD AN ANNUAL RENEWAL MEETING OF THE COUNCIL

The SHAC may 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 if 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.

REVITALIZE THE COUNCIL'S MEMBERSHIP

Effective School Health Advisory Councils are able to adapt and adjust to change. As your Council matures, its membership needs will 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 involving 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 system and other organizations that are likely to help implement the action steps.



EXPAND SCHOOL HEALTH IMPROVEMENT EFFORTS

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

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 enabled them to 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. The “**Collaboration Continuum**” (below) describes three levels of relationships for Council work. They are networking, cooperation, and collaboration. Very few Councils start at collaboration.

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
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/blended resources and joint budget

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 (5-13)** 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.

CONSIDER CONDUCTING A FOLLOW-UP 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.

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.	Create partnerships between physicians and teachers 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 professionals.	Use school setting for training of medical students, nursing students, and other support personnel.	Form a collaborative of school and agencies to provide school-based services.
Planning and development	Open school recreation facilities to fitness activities for the 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 Institutes of Higher Education (IHEs).	Cooperatively submit a grant proposal by the school and community agencies.	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.



FUNDING SOURCES AND GRANT WRITING

SECTION SIX





6

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 child health and education. 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 to obtain the funds change substantially each year.



WEB SITES:

ADOLESCENT & SCHOOL HEALTH PROGRAM FUNDING DATABASE

<http://www.cdc.gov/nccdphp/dash/funding/index.htm>

The Centers for Disease Control and Prevention provide 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/index.jhtml>

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, letters of inquiry, nonprofit organization bylaws, budgets, and articles of incorporation.

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.

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 annually between February 1 and July 31.

GRANT WRITING

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

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 into 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 nullified because you didn't follow the exact guidelines. 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 constituents. 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 few paragraphs or a page. As always, follow the guidelines of the grantor with regard to the program summary requirements. Remember that the summary 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 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 district's 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 occasional sidebars. 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 overall 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. Remember, even the most well written proposals for the most fantastic projects are not always funded. Do not get discouraged because your proposal was not selected for funding this grant cycle.

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. 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



REFERENCES

SECTION SEVEN



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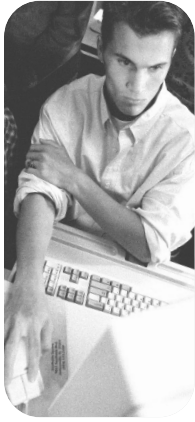
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SHIRER, K. AND MILLER, P.P. (2003). *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils*. American Cancer Society, Inc.

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APPENDICES

SECTION EIGHT





8

APPENDICES



Resources 8-3

SCHOOL CONTACT LIST:

Department of Public Instruction 8-5

Department of Health and Human Services/
Division of Public Health 8-7

Action Plan Templates (I, II, and III) 8-9



CONTENTS OF THE CD-ROM

The entire contents of the Manual are included on the CD-ROM

ADDITIONAL INFORMATION INCLUDES:

School Health: Elements of Excellence

School Health Index Brochure

Chronic Disease Notes and Reports: School Health

Linking Health and Academics in North Carolina Powerpoint

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 (Iowa)



SCHOOL HEALTH ADVISORY COUNCIL RESOURCES

BOOKS, REPORTS & SURVEYS

Fit, Healthy, 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

Policy briefs, reports and articles published by the National Association of State Boards of Education

<http://www.nasbe.org/HealthySchools/index.html> and

http://www.nasbe.org/Educational_Issues/Safe_Healthy.html

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

<http://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.

<http://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.

http://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)

<http://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, 2003.

WEB RESOURCES

<http://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, evaluation and others. Each section includes a description of the task, advantages of implementing it, step-by-step guidelines, examples, checklists of points to review, and training materials.

<http://www.healthinschools.org/publications.asp>

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

<http://www.healthpolicycoach.org>

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

<http://www.ncaahperd.org/>

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

<http://www.nchealthyschools.org>

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

<http://www.pta.org/programs/hlthnews.htm>

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

<http://www.ncpta.org/HomePageNews/healthychildrensummary.html>

Summary of Healthy Active Children Policy, 2003

<http://www.ncpublicschools.org/curriculum/health/hacpolicy.html>

NC Department of Public Instruction – Healthy Active Children Policy 2003

<http://www.nmha.org/pbedu/backtoschool/index.cfm>

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

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

“What’s New” – Issues under consideration by the State Board of Education.

<http://www.schoolhealth.org/bulletin.htm>

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

<http://www.schoolhealth.info>

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



North Carolina Department of Public Instruction

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North Carolina Department of Health and Human Services

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- ☐ **Susan Robinson 919/571-4900**
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- ☐ **Jim Martin 919/733-1343**
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- ☐ **Suzanne Depalma 919/715-4409**
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LEA or School Name:

PERSON COMPLETING THE FORM:

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 strategy or if you need additional resources.



Determine when the step or strategy will be carried out.



Steps or Strategies	Team Members' Roles and Responsibilities	Resources	Timeline

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

LEA or School Name: _____ **PERSON COMPLETING THE FORM:** _____

Goal:

Objective:

Evaluation:

Steps or Strategies	Team Members' Roles and Responsibilities	Resources	Timeline

School Health Advisory Council Action Plan

Local Education Agency: _____

Period: _____

Chair, School Health Advisory Council: _____

Goal:		
Objective #1	Tactics	Target Completion Date
Objective #2	Tactics	Target Completion Date
Objective #3	Tactics	Target Completion Date
Objective #4	Tactics	Target Completion Date

ACTION PLAN & MONITORING FORM

QUARTER.....

STRATEGIC AIM:
LEAD OFFICER:

OBJECTIVE (S):
OUTCOME TARGET:
BASELINE:

ACTION		PROCESS	LEAD AGENCY & OFFICER	INPUTS	OUTPUT TARGET	TIMESCALE	UPDATE
	1						
	2						
	3						
	4						
	5						
	6						
	7						