

# Building and Maintaining a State Infrastructure for Coordinated School Health Programs:

## Strategic Goals and Objectives



The **Healthy Schools Initiative** is officially supported and coordinated by both the N.C. Department of Public Instruction and the N.C. Department of Health and Human Services

# Acknowledgments

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**Healthy Schools** would like to take this opportunity to sincerely thank our partners for their help in blazing the trail for Coordinated School Health Programs across the state.

These stakeholders include:

## **The Infrastructure Council for Healthy Schools – Listed in Appendix A**

Dr. David Gardner, Council Chairman and Committee Chair  
Dr. Bev Sanford, Funding and Authorization Committee Chair  
Dr. David White, Resources Committee Chair  
Yvonne Nicopoulos, Communication and Linkages Committee Chair

## **The Infrastructure Grant Founding Steering Committee**

Marilyn Asay, NC Division of Public Health  
Artie Kamiya, NC Department of Public Instruction  
Brenda Motsinger, NC Division of Public Health

## **The Leadership Council for Healthy Schools**

Dr. Don Stedman, Dean Emeritus of the UNC School of Education

## **Our State Leadership**

Dr. Mike Ward, State Superintendent of Public Instruction  
Carmen Hooker Odom, Secretary for the NC Department of Health and Human Services

## **Healthy Schools and Healthful Living Staff**

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## **Health is Academic**

It all begins with two simple ideas: healthy students learn better, and healthy youth become healthy adults. The Carnegie Council on Adolescent Development probably said it best, “Students who are hungry, sick, troubled or depressed cannot function well in the classroom, no matter how good the school.” The link between health and education is obvious and necessary. Working together, health and education professionals have developed an eight-component coordinated school health model.

The components of a Coordinated School Health Program (CSHP) include:

- **Comprehensive School Health Education (grades K-12)**
- **School Health Services**
- **Physical Education**
- **Nutrition Services**
- **A Safe and Healthy School Environment**
- **School-Site Health Promotion for Staff**
- **School Counseling, Psychological and Social Services**
- **Family and Community Involvement in Schools**



To fully support and build CSHPs in all schools in North Carolina, solid local and state infrastructures must be in place. It is the role of Healthy Schools, a collaborative initiative between the North Carolina Department of Public Instruction (DPI) and the North Carolina Department of Health and Human Services (DHHS), to strengthen and support these infrastructures.

## **History and Overview**

DPI and DHHS began efforts to build an infrastructure for CSHP in the spring and summer of 1997 when a group of school health stakeholders wrote a proposal to the Centers for Disease Control and Prevention (CDC). That fall, DPI was awarded \$3.1 million to work with DHHS to build the infrastructure for coordinated school health programs, enhance school HIV prevention efforts, and expand the promotion of physical activity, nutrition and tobacco prevention in schools. After the notification of funding was received, a CSHP Infrastructure Steering Committee initiated the development and implementation of a state level CSHP needs assessment and began the process of hiring the Healthy Schools staff.

In January of 1999, two Senior Advisors were hired to work within DHHS and DPI. Six months later two program consultants were hired to enhance school HIV prevention efforts, and expand the promotion of physical activity, nutrition and tobacco prevention in schools.

The first strategic planning meeting was held in June of 1999 between DPI and DHHS, the two key governmental agencies involved in building the CSHP infrastructure. This meeting allowed both agencies the opportunity to clarify specific issues such as defining the eight component model of a CSHP and discussing the four supports of the infrastructure. Next, a two-day strategic planning meeting was held in November of 1999, bringing together school health stakeholders from across the state. The overall purpose of this meeting was to clarify a vision of the CSHP infrastructure and to begin outlining strategic goals and objectives.

Immediately following the November 1999 strategic planning meeting, the Healthy Schools staff began to take action on many of the goals and objectives outlined in the plan. One of the primary goals from the

strategic plan was to create a statewide council to address CSHP infrastructure. This group would become the state Infrastructure Council for Healthy Schools or "I.C. Healthy Schools."

Guidance from the Centers for Disease Control and Prevention suggests that there are four primary "supports" to build state and local CSHP infrastructure. These supports are Authorization and Funding, Personnel and Organizational Placement, Resources, and Communication and Linkages. I.C. Healthy Schools is centered around these four infrastructure supports, each support being a separate committee of the Council.

In early 2000, four chairpersons were selected to provide leadership to each of the infrastructure support committees and in July the chairs attended an orientation meeting presented by the Healthy Schools staff. During this and subsequent meetings, the chairpersons began the process of recommending members for the Council. Membership considerations included geographic region, CSHP component, business professionals, school professionals, health professionals, and diversity. Committees are charged with assessing/implementing committee strategic planning objectives and identifying priorities for building CSHP infrastructure.

The inaugural meeting of I.C. Healthy Schools was held in November 2000. The first day of the meeting was devoted to membership orientation. During the second day of the assembly, committee meetings were held. Committees were charged with reviewing and modifying CSHP infrastructure objectives from the 1999 Strategic Plan. The themes of these objectives CSHP include:

- Creating school health policies supportive of inter-department collaboration,
- Creating long-term adequate funding,
- Creating a process for collaborative funding,
- Creating a school health lead person in all related departments of state government,
- Creating evaluation procedures and measurable outcomes for school health programs and student health,
- Creating an integrated information resource system accessible by state, local and external agencies,
- Creating an on-going collaboration with higher education,
- Creating an on-going marketing strategy linking CSHP with improved school achievement and health outcomes,
- Creating forums for increased collaboration between leadership of DHHS and DPI and other school health leaders,
- Creating communication strategies aimed at specific influential groups



I.C. Healthy Schools will meet quarterly through 2001 and 2002 to continue to maintain and build North Carolina's infrastructure for CSHPs. The advocacy arm of I.C. Healthy Schools, The NC Leadership Council for Healthy Schools, under the leadership of Don Stedman, Dean Emeritus of the UNC School of Education, will provide advocacy for Council recommendations.

Additional information regarding the progress toward building CSHPs across North Carolina can be seen by reviewing the 2000-2001 Progress Report to the CDC, attachment B.

## **Shared Knowledge Base**

In the development of and for the interpretation of CSHP Infrastructure objectives it is important that all school health stakeholders have a shared knowledge base. This premise is directly reflected in several on-going objectives to promote the CSHP infrastructure concept across the state. The below information is an overview of the concepts and principles of building statewide support for CSHP. Specifically defined are the eight component model, the four infrastructure supports, and the shared vision.

### **The Eight Components of a Coordinated School Health Program**

According to researchers at the Centers for Disease Control and Prevention, student health can be influenced through the coordination of eight specific areas.

- **Comprehensive School Health Education (grades K-12)** – classroom instruction that addresses the physical, mental, emotional and social dimensions of health.
- **School Health Services** – services designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.



- **A Safe and Healthy School Environment** – a physical, emotional and social school climate that is healthy, supportive and promotes learning.
  - **School Counseling, Psychological and Social Services** – activities and services that prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.
  - **Physical Education (grades K-12)** – a planned, sequential instruction that promotes lifelong physical activity.
  - **Nutrition Services** – an integration of nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating behaviors for all children.
- **School-Site Health Promotion for Staff** – assessments, education, and fitness activities for school faculty and staff.
  - **Family and Community Involvement in Schools** – partnerships among schools, families, businesses, community groups and individuals.

### **The Four Supports of an Infrastructure**

Four specific areas have been identified by the CDC as supports for CSHP infrastructure. These concepts, when addressed, build the foundation to support all school health efforts. It is the primary mission of I.C. Healthy Schools to strengthen these supports at state and local levels.

- **Authorization and Funding** – the support system that establishes the purpose, structure, and function of the infrastructure and a commitment to its development.

- **Personnel and Organizational Placement** – the support system that provides for the effective management and operation of the infrastructure, accountability for the completion of tasks, authority for making decisions, access to decision-makers, and commitment to infrastructure.
- **Resources** – the support area that maintains a commitment to and supports the development and continued functioning and administration of the infrastructure.
- **Communication and Linkages** – the support area that builds capacity, establishes and strengthens linkages and collaboration, facilitates advocacy, promotes recruitment, promotes broad-based decision making, and allows effective negotiation of disagreements

### **Shared Vision**

A state-level CSHP Needs Assessment conducted in 1998 by Dr. Yemisi Adetunji shaped the vision of a strong infrastructure for Coordinated School Health Programs. The vision is structured around the four supports of the infrastructure. Under each support are items “envisioned” to build and maintain the infrastructure. Our vision:

The **funding and authorization** infrastructure in NC could include:

- An on-going, joint DHHS and DPI legislative agenda
- School health policies supportive of inter-department collaboration
- Maximize access to funding/streamline school health related funding sources
- Long-term adequate funding
- A process for collaborative funding

The **personnel and organizational placement** infrastructure in NC could include:

- A school health lead person in all related departments of state government
- A directory of names, roles and contact information for staff who work in the area of school health
- Consolidated CSHP functions - in one office in both DHHS and DPI

The **resources** infrastructure in NC could include:

- Trained DHHS and DPI staff who are providing instruction and support for school and other field staff in the principles of CSHP
- A technology plan responsive to the needs of DHHS and DPI
- Evaluation procedures and measurable outcomes for school health programs and student health
- An integrated information resource system accessible by state, local and external agencies
- An on-going collaboration with higher education

The **communication and linkages** infrastructure could include:

- An on-going marketing strategy linking CSHP with improved school achievement and health outcomes
- CSHP as a regular agenda item at DHHS and DPI leadership meetings
- Forums for increased collaboration between leadership of DHHS and DPI and other school health leaders
- Communication strategies aimed at specific influential groups
- An interdepartmental CSHP committee

Note: Although this vision specifically addresses the building and maintaining of a state level infrastructure to support Coordinated School Health Programs, the language is easily adaptable and encouraged for community level initiatives to build local infrastructure.

## **Goals and Objectives**

From the established vision of a CSHP infrastructure, goals and objectives were developed. A list of suggested activities was also produced and prioritized for each objective. In short, The process of developing the goals and objectives was three fold:

1. The infrastructure needs assessment was reviewed, modified, and adopted
2. A draft vision developed from the needs assessment was reviewed, modified, and adopted
3. Draft goals and objectives were created to meet the infrastructure vision

These objectives build school health infrastructure and are complimentary of the school health objectives and recommendations cited in Healthy Carolinians 2010 and the NC 2000-2005 Comprehensive Child Health Plan. Refer to appendix C and D respectively.

### **Communications and Linkages Committee**

#### ***Objective 1***

#### **To educate, build and promote advocacy for CSHP**

##### Activities

- ✓ Explore possibility of restructuring the Leadership Council to meet current political environment and to advocate for I.C. Healthy Schools
- ✓ Identify influential groups to educate and enlist in advocacy efforts to promote coordinated school health programs in North Carolina
- ✓ Use existing materials (brochures/CD/website) to promote and educate parents and school administrators about CSHP
- ✓ Use the publications and meetings of appropriate professional associations to promote CSHP
- ✓ Develop short video series on CSHP for educational and promotional use



#### ***Objective 2***

#### **Improve communication between four support committees**

##### Activities

- ✓ Develop distribution list for group communication
- ✓ Use emails, meetings, written communication, and phone communication to update members on progress of committee work

## **Resources Committee**

### ***Objective 1***

**To complete an assessment of CSHPs in Local Education Agencies in order to establish program priorities and identify model programs**

#### Activities

- ✓ Develop and Pilot CSHP self-assessment instrument using model schools and receive feedback
- ✓ Utilize and modify the CDC's School Health Education Profile Survey to collect school health policy data

### ***Objective 2***

**To develop and implement a training plan that addresses the educational needs (related to CSHP) of professionals, both pre-service and in-service**

#### Activities

- ✓ Collaborate with the University of North Carolina – Chapel Hill (UNC) and the Principal's Executive Program
- ✓ Work with colleges and universities to develop a CSHP course for Masters in School Administration programs.
- ✓ Evaluate school health training needs and use of trainings through the Tracker Trainer database



### ***Objective 3***

**To develop an integrated information system accessible by professionals and consumers interested in CSHP**

#### Activities

- ✓ Continue the development of the NCHHealthySchools.org website

### ***Objective 4***

**To compile research findings (related to linking student health and academic success) into a formal document that will be disseminated to key partners in school health**

#### Activities

- ✓ Develop or adopt a PowerPoint presentation for unlimited use to illustrate the research related to health and academic success.
- ✓ Promote the work from the University of Texas and the University of New Mexico to produce a document and a website that has research to support how each component of CSHP links to academic success.

## **Objective 5**

### **To identify and cultivate champions for coordinated school health programs**

#### Activities

- ✓ Focus on reaching the business community through the work of the Leadership Council and through local school-business partnerships
- ✓ Build stronger partnership with Communities In Schools
- ✓ Send a letter to the presidents of the selected professional organizations discussing the need the school health
- ✓ Develop a CSHP conference display
- ✓ Focus on collaborating with NC Area Health Education Centers to promote CSHPs at various conferences and other activities conducted throughout the state

## **Funding and Authorization Committee**

### **Objective 1**

#### **To establish strategic alliances to influence funding and policy**

#### Activities

- ✓ Identify key alliances and committee members to educate and inform about Healthy Schools, specifically NC Citizens for Business and Industry, NC Hospital Association, NC Medical Society, and NC Association of Educators
- ✓ Recruit groups to support the committee's work

### **Objective 2**

#### **To identify school health funding sources**

#### Activities

- ✓ Establish a clearinghouse for potential grants/funds on the website
- ✓ Coordinate resources/ partnerships to secure funding
- ✓ Maintain vigilance over federal and state funding opportunities



### **Objective 3**

#### **To review and monitor school health funding legislation**

#### Activities

- ✓ Review existing school health legislation
- ✓ Identify legislative needs through work with school health advocates
- ✓ Monitor school health legislation

## **Personnel and Organizational Placement Committee**

### ***Objective 1***

**To establish a Healthy Schools Forum in DPI and a Healthy Schools Forum in DHHS that brings together the school health leadership within each agency and reports to the State Superintendent and DHHS Secretary**



#### Activities

- ✓ Define the mission of the two Forums –i.e. to ensure visibility, and improved communications and collaboration of school health initiatives within and between DPI and DHHS
- ✓ Identify the structure, the responsibilities and reporting requirements of the Forums
- ✓ Identify key representatives from DPI and DHHS to form Healthy Schools Forums

### ***Objective 2***

**To define role of DPI and DHHS members appointed Healthy Schools Forum**

#### Activities

- ✓ State Superintendent appoints Healthy Schools Forum members in DPI
- ✓ DHHS Secretary appoints Healthy Schools Forum members in DHHS
- ✓ Conduct annual joint DPI/DHHS Healthy Schools Forum

## **Conclusion**

Building and maintaining the underlying support system, the infrastructure, for coordinated school health is crucial for the existence and wellbeing of all school health programs; whether it be physical education, counseling, nursing, or nutrition. These objectives and the mission of Healthy Schools intend to create this infrastructure by institutionalizing systems of state and local level coordination, systems of school health advocacy, and systems of school health communications.

Through strong and coordinated school health programs everyone wins. Healthy students learn better, and healthy youth become healthy adults. As stated by the Council of Chief State School Officers, “In the larger context, schools are society’s vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.”

# **North Carolina Infrastructure Council for Healthy Schools**

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# CSHP Expanded and Infrastructure

## Year 4 Progress Report (2000-2001)

The following four goals describe our operational plan to establish and strengthen the expanded program and infrastructure component. These four goals are:

- Goal 1: Strengthen the Management System
- Goal 2: Strengthen and Evaluate Services and Activities
- Goal 3: Strengthen Coordination and Collaboration
- Goal 4: Share and Collaborate With Other Personnel

### Goal 1: Strengthen the Management System

**Objective 1.1:** Maintain within DPI staff positions with full-time responsibility for developing, maintaining, and enhancing comprehensive school health education, with emphasis in the areas of physical activity, nutrition, and tobacco.

- 1.1.1 New Staff has completed orientation in policies, procedures, and programs within DPI and DHHS, which is necessary for her job to be conducted in an efficient manner. This includes the Healthful Living Section/Healthy Schools staff planning retreat and meetings with Staff.
- 1.1.2 Procedure for moving positions is ongoing. Staff has secured a school system to house the four education positions; tentatively effective for September 1. Staff attended various DPI and DHHS meetings throughout the year. She was instrumental in the formation of NC Partners for Active Youth and represents DPI regularly on the School Nutrition Action Council (SNAC) and the Tobacco Free Schools Task Force.
- 1.1.3 Staff continues to chair monthly meetings with Section Chiefs and the Associate Superintendent (Quatros). Staff has formed internal relationships with Safe and Drug Free Schools and School Nutrition Program staff.

**Objective 1.2:** Acquire current training and information from CDC, AAHPERD, NCAAHPERD, and other professional organizations in the areas of CSHPs and CSHE.

- 1.2.1 Staff attended a variety of state conferences and/or trainings sponsored by NCAAHPERD, and other appropriate organizations to obtain current information in health education and CSHP. These included the NCAAHPERD State Convention and SHANC Conference. The Senior Advisors attended all CDC required trainings including DASH, Evaluation Conference and TDC offerings.
- 1.2.2 Staff attended the State Health Directors meeting, the first Asthma Summit that released important data on the problem of asthma in North Carolina and initiatives designed to address the problem. In addition to local conferences, Staff attended the CDC National Leadership Conference, CDC Evaluation Training and the Tobacco Policies and Programs Training. The Senior Advisors attended a variety of conferences including Healthy Carolinians, Health Disparities and other state conferences.
- 1.2.3. Staff attended and helped to plan a number of state conferences to include: Imagine a North Carolina – Building Local Coalitions, and TEAM Nutrition Training which trained 34 LEA teams on creating healthy eating environments in schools. Staff moderated a policy session at Imagine a North Carolina Conference.

**Objective 1.3:** Establish a state level infrastructure for planning, implementing and supporting coordinated school health programs.

- 1.3.1 Staff established and maintained a statewide council to support CSHPs infrastructure. Dave Gardner, Chair of the Infrastructure Council for Healthy Schools (I.C. Healthy Schools), and the Senior Advisors, conducted a series of Council meetings to polish the strategic plan to develop state CSHP infrastructure. Several of the strategic planning objectives will be incorporated into this CDC Cooperative Agreement and other grants where available. I.C. Healthy Schools meetings were held in February, May, and are scheduled for August and November of 2001.
- 1.3.2 Staff continue to strengthen the relationship of the Leadership Council for Healthy Schools. Both groups are informed about yearly plans and activities through written and personal contact. In fact, the Chair of the Leadership Council for Healthy Schools is a member of the Infrastructure Council. Further, because of the new political leadership in NC, the Leadership Council will be recruiting new members influential to the new administration.
- 1.3.4 Staff continue to serve on the leadership teams for DPI which is the Agency Coordinating Council and DPH which is the Public Health Management Team. Membership on these two high-level teams provides direct access to state education and health policy makers. The Senior Advisors also participate in the Leadership Council for Healthy Schools, a state advocacy group composed of influential business and community leaders.
- 1.3.5 Our website, [www.NCHealthySchools.org](http://www.NCHealthySchools.org) has been up and running since January 1, 2001. The site links all 8 components of CSHP as well as linking the Department of Public Instruction and the Department of Health and Human Services. Several pieces of promotional material have been developed to support the site including a flyer, a bookmark, and a banner. The site is also listed in the new Healthy Schools brochure. [www.NCHealthySchools.org](http://www.NCHealthySchools.org) is linked with many popular school health sites and national school health resources.

**\*\*Additional Activity:** Staff has revised and improved the Healthy Schools brochure. Now, not only does the brochure tie school health with the State Board of Education's Strategic Priorities, it also sites the research linking health to academic achievement. The theme, Health is Academic and the colors of the brochure are coordinated with other Healthy Schools promotional material to create a uniquely identifiable identity in NC.

**Objective 1.4:** Establish a 4-5 year strategic plan for enhancing the CSHPs infrastructure and CSHP programs statewide.

- 1.4.1 Staff have met with the Legislative Liaisons in both DPI and DHHS to place CSHPs on the state's legislative agenda where appropriate. This enables everyone to keep abreast of the legislative needs and concerns affecting both education and public health.
- 1.4.2: The strategic plan developed by I.C. Healthy Schools is currently being refined. However, the Council has identified a single objective to pursue - uniting all of the committee work. The objective is to create an Office of Healthy Schools in the Department of Public Instruction. Our first step to meet this objective was to contact the State Superintendent and the Secretary for the Department of Health and Human Services to request a meeting to discuss this objective. Formal letters requesting these meetings have been sent by council chair, Dave Gardner. Tentative meeting dates are set after the close of the Legislative session. In addition, the newly appointed Secretary of Health and Human Services, Carmen Hooker-Buell, co-signed with State Superintendent, Mike Ward, the Joint Commitment between DHHS and DPI.
- 1.4.3: Staff have discussed possible changes in pre-service instruction with several leaders in institutions of

higher education (IHE). Many members of I.C. Healthy Schools are from IHEs. The Senior Advisors have also supported the efforts of Don Stedman, Chair of the Leadership Council, to establish a Principal's fellowship for school health to be adopted by East Carolina University. In addition, work with AAHE through Deborah Fortune has increased awareness of the training and recruiting needs for minorities in the health education field.

\*\*Additional Activity: Staff delivered a CSHP and health education training to pre-service health educators at Central University.

\*\*Additional Activity: Staff served on the review committee for higher education standards relating to the role of physical education as an integral component of CSHPs, in response to teacher preparation efforts.

## **Goal 2: Strengthen and Evaluate Services and Activities**

**Objective 2.1:** Develop a plan for training opportunities in Programs that Work in tobacco use and prevention.

2.1.1 The NC Comprehensive School Health Training Center with the Tobacco Free Schools Task Force planned and marketed a two day Programs That Work (PTW) in tobacco use prevention at meetings of school health coordinators and professional organizations. These included the NCAAHPERD State Convention, the Health Coordinators' Annual Meeting and the Healthful Living Institute.

\*\*Additional Activity: The NCCSHTC created an alignment of the Life Skills and Project TNT with the revised Healthful Living standard course of study.

2.1.2 The NCCSHTC planned, marketed and will deliver two two-day workshop in Project TNT (Towards No Tobacco) for middle school teachers of health in Durham and Wilkes County Schools.

\*\*Additional Activity: Staff also serves on the statewide coalition for Tobacco Free Schools, which planned and developed the Project TNT workshops.

\*\*Additional Activity: The NCCSHTC delivered a two-day Project TNT workshop for youth leaders in community agencies, co-sponsored by the Catawba Council on Adolescents.

**Objective 2.2:** Provide reduced cost staff development workshops in nutrition education for teachers of Health.

2.2.1 Staff worked with the NC Comprehensive School Health Training Center and the Nutrition Education Trainer at DHHS to develop a workshop aligned with the Standard Course of Study and provide new activities for teaching nutrition to middle and high school teachers. Implementation is planned for Fall 2001.

2.2.2 This objective is a repeat of 2.2.1 and is deleted.

**Objective 2.3:** Evaluate the implementation of Project TNT and Life Skills Training.

Strategies for evaluating Programs That Work in PANT and HIV/AIDS are ongoing through Tracker Trainer.

**Objective 2.3:** Plan, implement, and evaluate a statewide conference, the North Carolina Healthful Living Institute (HLI), attended by teams of school personnel to learn about the 8-component Coordinated School Health Program model and its effects on students' academic achievement and health.

2.3.1 Staff, as HLI chair, with the HLI Staff and partners met regularly to plan and carry out the Institute.

2.3.2 With the assistance of staff and partners, Staff planned and implemented a variety of sessions in all eight component of a coordinated school health program with an emphasis during the keynote sessions on

physical activity, nutrition, tobacco and abstinence at the 2001 North Carolina Healthful Living Institute. One hundred and seventy participants representing twenty-six LEAs attended the Institute. Completed 6/29/01.

- 2.3.3 The HLI program sessions included reports from team leaders regarding action plans and a foundation for follow up with teams was established. Lenoir County CSHP, focused on Mental Health Services and was a featured program session.

#### **2.3.4 Evaluations were reviewed and reported as indicated and data was used to modify HLI 2001.**

**Objective 2.4:** Prepare teachers to pilot a test item bank in the NC Healthful Living Education Standard Course of Study, grades 6 -9.

- 2.4.1 The NC Comprehensive School Health Training Center has entered all test items for the end of course test in Healthful Living education grades 6-8 and High School into a VOCATS data base. Regional reviewers and a VOCATS trainer have been identified.

- 2.4.2 No significant activity to date. However, the NC Comprehensive School Health Training Center has established tentative LEAs to pilot the health education test items.

\*\*Additional Activity: Staff and Staff attended the 2001 SCASS training and received the current secured health education assessment items.

**Objective 2.5** Offer current information on CSHPs, with emphasis on physical activity, nutrition, and tobacco issues to Healthful Living contacts and Health Coordinators in the local school systems.

- 2.5.1 Healthy Schools and Healthful Living staff provided current information on CSHPs at the Health is Academic Workshop for Principals, Western District Public Health Association Conference, the Healthful Living Institute, the Health Disparities Conference, and will present at the 2001 NCAAPHERD conference.

\*\*Additional Activity: Staff will provide an update on CSHPs and developing School Health Councils at the NCAAPHERD conference and via two newsletter articles (NCAAPHERD and Healthy Schools)

**Objective 2.6** Strengthen leadership for health and physical education teachers at the local level and increase capacity for greater participation in infrastructure activities.

- 2.6.1 Staff , Physical Education Consultant, expanded the new high school physical activity initiative called Physical Education Partnership for Sport Education (PEPSE). Training of health education and physical education teachers took place at UNC- Greensboro in June, 2000. Pilot high schools were selected and mentor-evaluators from Institutes of Higher Education (IHE) were assigned to each pilot site. The data is being collected at this time to measure progress. Due to the impact made by the Sport Education program, one school reported 90 students registering for an elective physical education class. A second training for the next round of 10 high schools took place at UNC Greensboro June, 2001.

\*\*Additional Activity: Staff , Staff , and Staff supported and enhanced leadership skills through sessions at the Spring and Fall PELTs. In addition, regional PEWs, PEA, PEI and NCAAPHERD programs which included an emphasis on health education and physical education were conducted.

**Objective 2.8** Assess the implementation of health education in the public schools.

2.8.1 The scope of services for assessment as stated in the contract with UNC School of Public Health has been fulfilled. The formal report is in process.

**\*\*Additional Activity: Staff has modified the eight component CSHP Assessment Tool developed by AED for use to assess model programs and open to all LEA's.**

**Objective 2.9** Establish and recognize local efforts to develop PANT and CSHP services.

2.9.1 Criteria for awarding mini grants will be based on feedback from the 26 LEA's attending the 2001 Healthful Living Institute regarding their action plans with technical assistance and support. The guidance and support also includes the development and support of School Health Councils.

### **Goal 3: Strengthen Coordination and Collaboration**

**Objective 3.1:** Promote awareness about comprehensive school health education (with emphasis on tobacco use prevention, lifelong fitness, and lifelong healthy eating) with statewide and local community agencies and organizations.

3.1.1 The NCCSHTC Advisory Council meeting is scheduled for September 2001 and Healthful Living and Healthy Schools staff will attend.

3.1.2 The NCCSHTC has scheduled two Health is Academic workshops for September 2001 to be held in Durham and Hickory.

**\*\*Additional Activity:** Staff attended an American Cancer Society training of master trainers in developing and supporting school health councils.

**Objective 3.2:** Disseminate two issues of Healthy Schools Newsletter through the NCCSHTC.

3.2.1 Staff have written articles for the newsletter with information concerning the Healthful Living Institute, School Health Councils, physical fitness, and tobacco. Staff writes the DPI Quarterly article for the NCAAHPERD Journal and the DPI Update for the NCAAHPERD Newsletter.

3.2.2 To date, the NCCSHTC has published two issues of the Healthy Schools Newsletter. Articles and features include: The PEP bill and the need for increased physical activity by youth, the healthy school environment, the need for a common calendar through the website, [www.nchealthyschools.org](http://www.nchealthyschools.org), the revised NC Healthful Living Standard Course of Study, and the American Cancer Society initiatives in school health.

**Objective 3.3:** Increase involvement in underserved student populations with a focus on special needs students.

3.3.1 Staff coordinated and facilitated a statewide conference for professionals working with special needs students in the areas of health education and physical education. Staff keynoted this workshop titled A Total Commitment.

**\*\*Additional Activity:** Staff are strengthening the internal relationship with Closing the Achievement Gap initiative and Safe and Drug Free Schools activities.

**\*\*Additional Activity:** Staff served on the planning committee for the Closing the Achievement Gap Conference. At The Safe and Drug Free Schools Conference, Staff, Staff, Staff, Staff, and Staff conducted breakout sessions.

**\*\*Additional Activity:** In conjunction with A Total Commitment, a workshop titled Sexuality Education for Special Needs Kids was offered and well attended.

#### **Goal 4: Share and Collaborate with other Personnel**

**Objective 4.1** Establish a survey committee to assess and monitor existing health-related surveys and develop a unified survey plan.

4.1.1 Staff, Staff, and Staff are in the process of identifying exiting surveys and key individuals with knowledge of existing surveys.

4.1.2 A committee to discuss CSHP survey analysis and dissemination will be held by 11/30/01.

**Objective 4.2** Collaborate with tobacco prevention staff at DHHS.

4.2.1 Staff continue to collaborate with the Tobacco Free Schools Task Force in the development of a statewide tobacco prevention and control plan. The statewide plan includes hosting regional tobacco summits and onsite assistance for LEA's in creating tobacco free school policies. Various staff work to support and develop a variety of trainings.

**\*\*Additional Activity:** Healthful Living and Healthy Schools staff participate on a variety of Task Forces and Planning Committees.

**\*\*Additional Activity:** Staff and Greg worked with the Governor's Tobacco Advisor to draft a letter signed by the Governor and State Superintendent promoting smoke free schools and it was distributed to all 117 LEAs.

**\*\*Additional Activity:** Staff attended the Alamance-Burlington Regional Teen Tobacco Use Prevention Summit, a direct initiative of the state wide Governor's Youth Summit. Healthy Schools provided the Alamance-Burlington Teen Tobacco Summit attendees with TRUTH T-shirts, featuring the local logo and the CSHP "8" logo.

**Objective 4.3** Collaborate with Be Active North Carolina, the Governor's Council on Fitness, CDC's Cardiovascular Health grant; and Healthy Carolinians to promote physical activity and better nutrition among school-aged youth.

4.3.1 Staff has regularly met with persons involved with PANT initiatives at DHHS and is actively involved in planning activities and conferences with a PANT focus for school-aged youth. In addition, staff provided feedback and support to Be Active Kids (an initiative by DHHS, Governor's Council, Cooperative Extension and Be Active North Carolina).

**\*\*Additional Activity:** Staff served on the State Child Health Plan Committee facilitated by the Institute of Medicine, which listed prevention through health education as the #1 state priority.

**\*\*Additional Activity:** Healthful Living and Healthy Schools staff support and coordinate the efforts of NC Partners for Active Youth (NCPAY), a statewide collaborative.

4.3.2 Efforts to work collaboratively among various national, state and local groups are ongoing.

**\*\*Additional Activity:** Staff are on the planning team for a number of DHHS conferences to include Healthy Carolinians to be held in October 2001 and the Youth Overweight Summit to be held in August

2001. Staff is on the Statewide Task Force for Healthy Carolinians. Staff also serve on the Youth Overweight Summit. Staff provided guidance and resources to the PAN Policy Workshop.

\*\*Additional Activity: Staff, Staff, and Staff attended the SSDHPER meeting in conjunction with the AAHPERD convention. Staff was elected to the position of president elect of the Society. Staff keynoted the Society's closing session.

**Objective 4.4** Develop a coordinated approach to working with state-level health decision-makers.

4.4.1 Staff have enhanced our involvement in state-level committees, task forces, and other policy-making groups. As Senior Advisors for Healthy Schools they provide school health leadership and coordination to many state agencies and organizations. For example, the DPI Senior Advisor serves on the NC Comprehensive Child Health Plan Commission, Healthy Carolinians 2010 Project, Mental Health Initiative for School Based Services, Office of Juvenile Justice and Department of Public Instruction Task Force For At-Risk Students, Coordinating Council for School-based/School-linked Health Centers, NC Alliance for Athletics, Health, Physical Education, Recreation and Dance, Governor's Committee on Youth and Tobacco, and the NC Coalition for Active People.

\*\*Additional Activity: Healthy Schools partners with the NC Prevention Partners, several staff members attend meetings regularly and assist with the NC Prevention Report Card.

**Objective 4.5** Provide additional resources to other key agencies, organizations, and committees to enhance marketing and promotion of CSHP.

4.5.1 Staff, along with help from the NC Comprehensive School Health Training Center, has modified the CCSSO/ASTHO School Health Starter Kit. It has been modified to promote CSHPs to administrators, PTA/PTOs, school boards, and other school leaders. This modified PowerPoint presentation was produced and distributed on CD ROM and is currently available to be downloaded from our website.

## **Healthy Carolinians 2010: School Targeted Objectives**

- Increase the number of school health nurses. Target: One school nurse for every 750 students.
- Reduce the number of school days missed by children with asthma.
- Reduce the rate of asthma related hospitalizations. Target: 118 per 100,000.
- Reduce the percent of children and adolescents who are overweight or obese.
- Increase the percent of M/HS students who eat any fruit or fruit juice on a given day.
- Increase the percent of M/HS students who eat any vegetables on a given day.
- Decrease the percent of M/HS students who eat high-fat meats on a given day.
- Decrease the percent of students who eat high-sugar snack foods on a given day.
- Increase the proportion of M/HS students who report participating in vigorous physical activity for at least 20 minutes on 3 or more of the previous seven days.
- Increase the proportion of M/HS students who report participating in moderate physical activity for at least 30 minutes on 5 or more of the previous seven days
- Increase the proportion of adolescents who abstain from sexual intercourse.
- Increase the proportion of adolescents who use condoms, if currently sexually active.
- Reduce the rate of unplanned pregnancies to adolescent female ages 10 to 19.
- Reduce the percentage of HS students who consumed alcohol within the past 30 days.
- Reduce the percentage of HS students who had five or more drinks of alcohol within the past 30 days.
- Reduce the percentage of HS students who used marijuana in the past 30 days.
- Reduce the percentage of M/HS students who sniffed glue or spray containers to get high at some time in their life.
- Reduce the percentage of M/HS students who have ever used any form of cocaine.
- Reduce tobacco use\* by MS students, grades 6 through 8.

- Reduce tobacco use\* by HS students, grades 9 through 12.
- Reduce cigarette smoking by MS students, grades 6 through 8.
- Reduce cigarette smoking by HS students, grades 9 through 12.
- Decrease the percent of children who begin to smoke before age 11.
- Maintain vaccination coverage for children in Kindergarten-First grade.
- Increase the proportion of 5<sup>th</sup> Graders whose permanent teeth are free of decay.
- Increase the proportion of children under age 19 at or below 200 percent of the Federal Poverty Level who received any preventive dental service during the past year.

**School Oriented Recommendations from  
The NC 2000-2005 Comprehensive Child Health Plan  
(Coordinated by the NC Institute of Medicine)**

Chapter 4: Healthy Mothers/Healthy Newborns
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4.2 Improve the school health curriculum to ensure healthy adolescents.
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Chapter 6: Acute Illness and Infectious Disease
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6.11 Fund the school nurse program statewide to assure the presence of at least one school nurse for every 750 students in NC public schools.
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6.12 Increase funding for school-based or linked health centers to assure that every middle and high school in the state is linked in some way with one of these centers.
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6.15 Mandate inclusion of a comprehensive school health curriculum in every public school system in the state.
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Chapter 7: Mental Health and Substance Abuse
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7.8 Expand school-based support services including nurses, guidance counselors, social workers, child mental health, and child substance abuse professionals and implement a coordinated system of mental health and substance abuse services for school aged children statewide to assure that at-risk children receive mental health and substance abuse assessment, intervention, and treatment services.
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7.9 Implement a coordinated system of school based or linked health centers throughout the state and expand the staff to assure that all centers provide mental health and substance abuse assessment, intervention, and treatment services.
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Chapter 8: Child Injury and Fatality
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8.15 The DPI, the Center for the Prevention of School Violence, and other agencies should work with schools to help them develop more effective school safety plans.
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8.16 Schools should employ additional school social workers, counselors, and school psychologists, and communities should ensure adequate community mental health resources to work with students who are identified as being at risk of violent or suicidal behaviors.
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8.24 Schools should be required to implement the recommendations of the National Athletic Trainers Association.
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8.25 The DPI should adopt playground safety equipment rules.
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Chapter 9: Health Promotion and Disease Prevention

9.1 DPI, DHHS, Be Active North Carolina, and other groups should continue to work together to develop a coordinated school health plan.

9.4 Provide healthy alternatives in vending machines for soft drinks and unhealthy snacks.

9.5 Establish the universal school breakfast in all elementary schools and increase student participation in established school breakfast programs.

9.10 Promote and facilitate the development of a coordinated school health program.

9.11 Require comprehensive health education for students in kindergarten through grade

9.13 Increase the number of schools with policies that allow local youth, families, and youth groups to use their facilities after-hours for physical activity.

9.14 Increase the number of schools offering adequate and safe physical activity facilities for group and individual physical activity: offer “walk to school” and “bike to school” programs from local residential neighborhoods.

9.22 Develop and enforce school policies on tobacco use to prohibit students, staff, and visitors from using tobacco on school premises, in school vehicles, and at school functions.

9.23 Encourage and help students and staff to quit using tobacco.

9.24 Provide developmentally appropriate instruction in grades K-12 that addresses the health aspects, along with the social, psychological, and physiological causes of tobacco use and addiction.

9.25 Create a coordinated school health program through which teachers, students, families, administrators, and community leaders model and deliver consistent messages about tobacco use.