PROMOTING HEALTH AND ACADEMIC SUCCESS THROUGH COLLABORATION AND PARTNERSHIP

A Guide for Florida's School Health Advisory Committees

Utilizing the

COORDINATED SCHOOL HEALTH APPROACH

Why Is School Health Important?

Research shows that when school districts and schools have effective policies and practices that support the health of their students and staff:
- Student and staff absenteeism decreases.
- Student concentration improves.
- Student behavior problems are reduced.
- Children and adolescents establish life-long health-promoting behaviors.

> "Schools by themselves cannot and should not be expected to solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people." (*Centers for Disease Control and Prevention, Division of Adolescent and School Health)*
>
> "No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn…..
>
> Schools cannot address all of the conditions that cause educational or health disparities, but proven and promising approaches exist and must be applied to help close the achievement gap….
>
> High quality, strategically planned, and effectively coordinated school health programs would be expected to comprise health education curricula, physical education and physical activity programs, nutrition services, physical and mental health services, family and community involvement, and attention to maintain a safe and supportive environment.
>
> In effectively coordinated school health efforts, different groups of people playing different roles are working toward the same goals. While programs and policies may be funded from different sources (e.g., agriculture, education, justice), and planned and implemented in ways that address the individual health priorities, these individual efforts should be conceptualized within the context of a larger school health mission established by schools or districts.
>
> Effective coordination is intended to ensure that all of the different school health policies, programs, and services are collectively aimed at achieving a particular set of priorities."
>
> *(*Charles E Basch, PhD, ***Healthier Students are Better Learners****: A Missing Link in School Reform to Close the Achievement Gap,* March 2010, Campaign for Educational Equity, Teachers College of Columbia University*)*

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Portions of this manual are adapted from:

"Promoting Healthy Youth, Schools, and Communities: A Guide to Community School Health Councils" Produced by the American Cancer Society, Iowa Department of Health, American School Health Association, National Center for Health Education and the American Academy of Pediatrics
and
"Effective School Health Advisory Councils: MOVING FROM POLICY TO ACTION"
Produced by North Carolina Healthy Schools and
Public Schools of North Carolina, State Board of Education, Department of Public Instruction

Acknowledgements:
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Penny Detscher, Director of Coordinated School Health, Florida Department of Education
Sylvia Byrd, Director of School Health Services Program, Florida Department of Health
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INTRODUCTION

USING THIS GUIDE

Florida Statute 381.0056 mandates that the district school health services plan be reviewed by a School Health Advisory Committee (SHAC), but does not specify how a SHAC is to be conducted. The information in this manual is gleaned from best practices around the country and from experts within the state of Florida. How your SHAC is conducted will be determined by your committee and local needs. Throughout the guide you will see *"**Tips from the experts**."* These suggestions are provided by the workgroup that developed the manual and are intended as recommendations only. You will also find worksheets that may be helpful in your committee activities.

WHY DO WE NEED SHACs?

Now more than ever, students face new challenges and risks that affect their health and the quality of their future. They need concerned parents, community, health, and school representatives to become involved.

Educators realize that a child's physical, emotional, social, and mental health directly affects his or her capacity to learn. The health of children is linked to the behaviors they adopt. Experience has shown that when schools involve parents and other community partners, these risk behaviors can be more successfully addressed.

Research shows that:

- Youth who feel connected to their families and schools are healthier and less likely to get in trouble.
- Learning, behavior, and attitudes of students improve when parents are involved in schools.
- Health literacy has been identified as a key skill for employees.
- Families, schools, and government agencies are limited in what they can do to address the health issues of youth.
- When expertise and resources of a community are combined, the challenge of reducing student risk behavior and improving health can be achieved.

One proven way to promote this partnership is through a School Health Advisory Committee. A SHAC is made up of a broad cross-section of parents, school, health, business, and community leaders, who serve as problem-solvers and advisors to school districts on health related issues.

Aspects of a successful SHAC include:

- Building trust between representatives from the community, health, and education.
- Use of committee member knowledge, passion, and leadership to have a positive impact on the health and academic successes of children and youth.

PROMOTING HEALTH AND ACADEMIC SUCCESS THROUGH COLLABORATION AND PARTNERSHIP

A Guide for Florida's School Health Advisory Committees

This guide is developed to assist the district and county staff charged with creating a SHAC. It will also be useful to SHACs that are already functioning by providing tools designed to enhance the existing partnership and collaboration.

There is no right or wrong way to develop or conduct a SHAC or to promote health in schools. Each SHAC develops its own plan and creates an infrastructure that reflects the culture of the community it serves. Schools and communities must work together to match resources with needs, and to develop and carry out a plan of action. Demographics and community culture will determine the dynamics of the SHAC. Every school district/county is unique. Therefore, local needs and capacities will determine priorities.

> "A School Health Advisory Committee (SHAC) is an advisory group composed of school, health, and community representatives who act collectively to advise the school district on aspects of a Coordinated School Health approach."

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

SHAC has the potential to be an active voice for improving the health of school children and staff by being an advocate for and supporting quality coordinated health services, education programs and policies.

Each county in Florida is statutorily mandated (Section 381.0056, Florida Statutes) to establish and maintain a SHAC. As of July 1, 2006, membership must include representatives from all eight component areas of the Coordinated School Health Model as identified by the Centers for Disease Prevention and Control (CDC).

WHAT IS A COORDINATED SCHOOL HEALTH APPROACH?

The Coordinated School Health approach was introduced in an article in the 1987 Journal of School Health 57 (Allensworth, D. & Kolbe, L.), entitled *The Comprehensive School Health Program: Exploring an Expanded Concept*, which proposed that in order to be effective, a health education program should focus on eight component areas including (1) health education, (2) physical education, (3) nutrition, (4) school health services, (5) guidance, psychological, and social services, (6) healthy school environment, (7) staff wellness, and (8) family and community involvement.

The components identified by Diane Allensworth and Lloyd Kolbe, when looked at in a coordinated manner, are found to be highly effective in addressing the health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These harmful behaviors are often established during childhood and early adolescence.

The risk factors include:

- Physical inactivity.
- Poor nutrition.
- Risky sexual behaviors.
- Alcohol and other drug use.
- Tobacco use.
- Unintentional injuries and violence.

The Coordinated School Health concept was researched and embraced by the educational and health communities leading to the book "***Health is Academic: A Guide to Coordinated School Health Programs***," edited by Eva Marx and Susan Frelick-Wooley (Teachers College Press 1998). It remains the guiding force in implementing the approach.

In 1992, the Centers for Disease Control and Prevention began offering funds to states to develop an infrastructure that supports implementation of the Coordinated School Health Model. The state of Florida was awarded funding the first year and continued to receive funding for 15 years.

In 2008, Florida's Coordinated School Health Partnership (CSHP) was formed with a mission to create health literate and health practicing students and staff in all Florida schools. Florida's CSHP is a working partnership between the Florida Departments of Health and Education, Florida Action for Healthy Kids Partnership, The Alliance for a Healthier Generation, and other school health advocates. The purpose of the partnership is to facilitate the creation of policies and environments that provide students and staff the opportunity to reach their personal potential by means of positive health related decision making-skills and access to health care.

WHY DO WE NEED IT?

> "We believe that healthy children make better students and that better students make stronger communities. We recognize that children who come to school hungry, are absent due to asthma, suffer from other chronic diseases such as Type II diabetes, are depressed or distracted by family problems, or stay away from school because of fear of violence cannot fully benefit from the sound educational programs we are putting in place to ensure that no child is left behind. Policies and practices that address the health and developmental needs of young people must be included in any comprehensive strategy for improving academic performance." *(Policy Statement on School Health: The Committee of Chief State School Officers, July 2004)*
>
> The following data is obtained through the Florida Youth Survey effort. The Florida Youth Survey effort is collaboration between the Governor's Office, Florida Departments of Health; Education; Children and Families; and Juvenile Justice. It includes four surveys; The Florida Youth Tobacco Survey, The Florida Youth Substance Abuse Survey, The Youth Risk Behavior

Survey; and the Middle School Health Behavior Survey. Additional data is available on Florida Charts at www.floridacharts.com.

- In 2013, 12.0% of middle school and 27.6% of high school students had tried smoking a cigarette at least once. Since 1998, the prevalence of this behavior has decreased by 72.5% among middle school students and by 59.5% among high school students.
- In 2013, 4.0% of middle school and 16.7% of high school students had ever tried smoking from a hookah at least once. Since 2008, the prevalence of this behavior has increased by 37.9% among middle school students and by 23.7% among high school students.
- In 2012, 24.6% of surveyed Florida students reported the use of alcohol in the past 30 days, with grade-level results ranging from a low of 6.5% for 6th graders to a high of 42.7% for 12th graders.
- Findings on binge drinking (defined as consuming five or more drinks in a row within the past two weeks) are likely to be among the most important findings related to alcohol use. In 2012, 11.3% of Florida students reported binge drinking. The prevalence rate for binge drinking ranges from a low of 2.1% for 6th graders to a high of 22.1% for 12th graders, with averages of 4.7% for middle school students and 16.4% for high school students.
- Past-30-day alcohol use among Florida students declined 6.6 percentage points between 2002 and 2012.
- Among high school students, 21.4% reported riding in a vehicle driven by someone who had been drinking alcohol.
- In 2011, approximately 94,400 students (12.1%) seriously considered attempting suicide during the past 12 months. This prevalence decreased significantly by 21.4% from 2001 to 2011. Females consistently had a significantly higher prevalence of this behavior than males.
- In 2011, approximately 330,700 high school students (43.6%) met the current recommendation of being physically active for a total of 60 minutes per day on five or more of the past seven days. This prevalence increased significantly by 42.5% from 2005 to 2011.
- Approximately half of middle school students (54.9%) ate breakfast daily. Males were more likely to eat breakfast.
- Nearly 80% of high school students ate less than the recommended five daily servings of fruits and vegetables in the previous week. This number did not change significantly from 2001-2011.
- In 2011, nearly half of 9th through 12th grade high school students (48.2%) reported having had sexual intercourse. This prevalence decreased significantly by 3.4% from 2001 to 2011. Males consistently had a significantly higher prevalence of this behavior than females.
- In 2011, approximately 54,800 students (7.6%) reported having had sexual intercourse for the first time before age 13. This prevalence decreased significantly by 16.5% from 2001 to 2011. Males consistently had a significantly higher prevalence of this behavior than females.
- In 2011, among the approximate 245,400 students who had sexual intercourse during the past three months, approximately 57,700 students (23.5%) drank alcohol or used drugs before having sexual intercourse. Males had a significantly higher prevalence of this behavior than females in all years except 2005.

WHAT ARE THE BENEFITS?

"Modern school health programs – if appropriately designed and implemented – could become one of the most efficient means the nation might employ to reduce the establishment of four main chronic disease risks: tobacco use, unhealthy eating patterns, inadequate physical activity, and obesity." *Kolby, L et al. Public Health Reports, May 2004 pg. 286-302*

Research shows:

- For health education curricula to affect priority health-risk behaviors among adolescents, effective strategies, considerable instructional time, and well-prepared teachers are required. To attain this objective, states and school districts need to support effective health education with appropriate policies, teacher training, effective curricula, and regular progress assessment. In addition, the support of families, peers, and the community at large is critical to long-term behavior change among adolescents. Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced. (*Healthy People 2010)*

- Educationally relevant health disparities impede motivation and ability to learn through at least five causal pathways: sensory perceptions; cognition; connectedness and engagement with school; absenteeism; and dropping out. (*Charles E. Basch -Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap 2010*)

- Over the past five years, significant new evidence has documented the link between eating breakfast and learning. Recent studies show that skipping breakfast is relatively common among children in the U.S. …and is associated with quantifiable negative consequences for academic, cognitive, health, and mental health functioning. (*J. Michael Murphy, EdD, Massachusetts General Hospital and Harvard Medical School, 2007*)

- More physically active students tend to score higher in reading, math, and spelling. *(The Learning Connection: What You Need to Know to Ensure Your Kids are Healthy and Ready to Learn – Action for Healthy Kids 2013)*

- In the National Action Plan for Comprehensive School Health Education, representatives from over 40 health, education, and social service organizations viewed education and health as interdependent systems. Participants concluded that healthy children learn better, and they cautioned that no curriculum can compensate for deficiencies in student health status. While literature confirms the complexity of health issues confronting today's students, schools face enormous pressure to improve academic skills. Local school leaders and stakeholders often remain unconvinced that improving student health represents a means to achieving improved

academic outcomes. A rich body of literature confirms a direct link between student health risk behavior and education outcomes, education behaviors, and student attitudes about education. This article summarizes relevant information concerning the health risk behavioral categories of intentional injuries; tobacco, alcohol, and other drugs; dietary, physical activity, and sexual risk behaviors. *(Cynthia Wolford Symons, Bethann Cinelli, Tammy C. James and Patti Groff, Journal of School Health Volume 67 Issue 6, October 2009)*

- When students feel connected to their school, they believe that adults in the school care about them and their learning. School connectedness results from high academic rigor and expectations, support for learning, positive adult-student relationships, and an environment of physical and emotional safety. Research has shown that school-connected students are more likely to succeed, exhibiting positive behavior and avoiding risky behavior. (*Robert Blum, MD, MPH, PhD - Department of Population and Family Health Sciences, Johns Hopkins Bloomberg School of Public Health*)

- Public schools in the United States employ more than 6.7 million people. Nearly 3.5 million teachers instruct our children and more than 3.2 million school administrators, support staff, and other professionals manage our schools, transport and feed our children, provide for our children's physical and mental health needs, and ensure that the buildings and grounds where students spend their days are safe and well maintained. We entrust this large workforce with one of the nation's most critical functions – preparing our youth to become successful and productive citizens. (*School Employee Wellness: A Guide to Protecting the Assets of Our Nation's Schools, Directors of Health Promotion and Education)*

- The education environment has changed significantly in the last two decades. Schools, teachers, administrators and local school boards are under tremendous pressure to produce results, as measured by "high-stakes testing," while at the same time their budgets have shrunk, producing widespread layoffs, reduced benefits, staffing cuts and lowered job security. Overall, schools have been pushed to do much more with much less. Other challenges include safety concerns that were unheard of thirty years ago, a steep learning curve with the newly adopted Common Core, controversies around teacher evaluations, and low morale. (*MetLife Teacher Survey 2011*)

CHAPTER 1

BUILDING A SHAC FROM SCRATCH

THE SCHOOL HEALTH ADVISORY COMITTEE IN FLORIDA

School Health Advisory Committees (SHAC)

- Were established in the School Health Services Act, 1973.
- Serve as proof of legislative intent to involve parents and communities in the health and education of children.
- Assist local health and education programs to plan services that meet the intent of the law and also reflect community values.

School Health Advisory Committees (SHAC) historically…

Are school health and education ambassadors that…

- Communicate local values to districts and county health departments.
- Communicate funding and service issues concerns to legislators.
- Promote school health and education agenda to communities.

Statutory Authority for SHACs:

- Florida Statute 381.0056 References
  - Responsibility for developing a school health services plan
  - School health services plan content
  - Advisory Committee involvement in policies
  - Advisory Committee membership

- 64F-6.002 Florida Administrative Code (FAC)
  - Clarification of additional plan content

s. 381.0056 F.S., Section (5a)

Each county health department shall develop, jointly with the district school board and the local school health advisory committee, a school health services plan; and the plan shall include, at a minimum, provisions for:

1. Health appraisal.
2. Records review.
3. Nurse assessment.

4. Nutrition assessment
5. A preventive dental program.
6. Vision screening.
7. Hearing screening.
8. Scoliosis screening.
9. Growth and developmental screening.
10. Health counseling.
11. Referral and follow up.
12. Meeting emergency health needs.
13. Health education.
14. Referral.
15. Consultation with parent or guardian.
16. Records.
17. Services/information for ESE placement.
18. Private school involvement.

Importance of the School Health Plan:

- Designates who has agreed to the terms and will be providing services in schools.
- Provides limited liability protection for those included in the plan.
- Reflects community needs and agreements.

s. 381.0056 F.S., Section (5b) Effective July 1, 2006

Each school health advisory committee must, at a minimum, include members who represent the eight component areas of the Coordinated School Health Model as defined by the Centers for Disease Control and Prevention. School health advisory committees are encouraged to address the eight components of the Coordinated School Health Model in the school district's school wellness policy pursuant to s1003.453.

64F-6.002 FAC, School Health Plan:

- Plan for delivery of services in s.381.0056.
- Budget and staffing information.
- Number and levels of public and nonpublic schools served.
- Communicable disease and immunization policies.
- Initial school entry exam policies.
- Advisory committee activities and membership.
- CHD and District personnel responsible for coordinating health services

"Decisions regarding medical protocols or standing orders in the delivery of school health services are the responsibility of the CHD medical director in conjunction with district school boards, *local school health advisory committees*, the school district medical consultant, or the student's private physician." **64F-6.002 FAC**

New Importance for SHACs

Schools, families, and communities need for coordinated efforts to address increasing health issues related to individual choices. Each has a unique role in impacting children's physical, psychological and social wellness.

Signs of the Times

The "new morbidities" have assumed more prominence in children's health since World War II. With new age technology and societal changes, childhood nutrition and activity levels have changed. SHAC indicates that legislators value parent input in making decisions about local programs.

> "Schools cannot solve everything, but they do have a role in shaping education, and the current and future health of America's children – and SHACs help define this role."
> *Sylvia Byrd, Executive Director of School Health Services, Florida Department of Health, 2005*

DEFINITION OF A SCHOOL HEALTH ADVISORY COMMITTEE

"An advisory group composed primarily of school, health, and community representatives who act collectively to advise the school district on aspects of child health as defined by the Coordinated School Health (CSH) Model." *Centers for Disease Control and Prevention*

Functions of a SHAC:

- Annually review and approve the School Health Plan
- Advise the school district of current initiatives and resources
- Program planning
- Parent and community involvement
- Advocacy
- Recruitment of community health resources
- Fiscal planning
- Evaluation, accountability, and quality control

Membership:

- Eight components of Coordinated School Health:
    - Health Education
    - Healthy School Nutrition
    - Physical Education
    - School Health Services
    - Guidance, Counseling, and Social Service
    - Healthy School Environment
    - Staff Wellness
    - Family and Community Involvement
- Broad representation of school and community including business, medical professionals, civic leaders, policy and lawmakers, parents and students
- Other criteria:
    - Professional abilities
    - Interest in youth
    - Awareness of community
    - Willingness to devote time
    - Representative of population
    - Credibility of appointees

Tips from the experts:

- **A written memorandum of agreement between the school district and local health department, defining roles and responsibilities, is highly recommended as a first step to forming your SHAC.**

- **Florida statues place the responsibility for development of the SHAC with the local health department in cooperation with the school district. The entity that is responsible for development of the School Health Services Plan in that county should ensure that there is an active SHAC.**

- **It is important to provide periodic updates of SHAC activities to the school board.**

- **Equal representation from the school district, county health department, and community is important.**

"If health and health instruction remain at the periphery of a school's mission, young people with pressing health and social concerns are unlikely to achieve the levels of education required for success in the twenty-first century."

Christine Blaber, Project Director, Education Development Center (EDC)

CRITICAL ELEMENTS

School District and County Health Department Support

For a successful school health advisory committee, it is important that the school district and the local health department take an active role, and that the school superintendent and other key personnel support the committee.

- Must have support of school superintendent.
- Must have support of school board.
- Must have support from the county health department.
- School board needs to review and approve the vision, mission, and work plan of the Committee.
- A memorandum of agreement between the school district and the county health department is recommended.

Building Support in the Community

Collaborative efforts among families, communities, and schools are the most effective means of impacting prevention and intervention activities.

- Meet with key school personnel and community representatives.
- Identify existing school and community groups that currently are working to address health issues (*do not reinvent the wheel*).
- Find a chair or co-chairs for the Committee.

Collaboration with Existing Community/School Groups

You do not need to build a new advisory committee if one already exists. Check with the local school district and health department to identify other committees that look at health policy and practices and try to identify areas of collaboration. You may also develop a subgroup of one of these committees to serve as your SHAC. Select members who are committed to child health and education issues.

- Safe and Drug Free Schools Advisory Committee
- School Wellness Committees
- Juvenile Justice Task Force
- Shared Services Council
- Team Nutrition
- Parent Teacher Associations
- Healthy Start Coalitions
- Domestic and Sexual Violence Task Force
- Community and Schools Councils

RECRUITMENT OF MEMBERS

Some SHACs obtain members through appointment, but most are comprised primarily of volunteers from the school district, county health department, parents, medical providers, and community members. To be most effective, membership should reflect representation from the eight components of the Coordinated School Health Model as required by Florida statute.

What is the Coordinated School Health Model?

A Coordinated approach to student's health helps schools achieve their goals and enhance student well-being and achievement, clarifies the importance of the school's involvement, and describes ways to strengthen and coordinate the school and community's education and health resources for the benefit of children and their families. (Health is Academic: A Guide to Coordinated School Health Programs 1998)

Comprehensive School Health Education

Comprehensive School Health Education is classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. It is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

Physical Education

Physical education incorporates planned, sequential instruction that promotes lifelong physical activity designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.

School Health Services

School Health Services includes preventive services, education, emergency care, referral, and management of acute and chronic health conditions. Services are designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

School Nutrition Services

School Nutrition Services includes integration of nutritious, affordable, and appealing meals, nutrition education, and an environment that promotes healthy eating behaviors for all children. Healthy school nutrition is designed to maximize each child's education and health potential for a lifetime.

School Counseling, Psychological, and Social Services

School Counseling, psychological, and social services consist of activities that focus on cognitive, emotional, behavioral, and social needs of individuals, groups, and families. School based counseling, psychological, and social services are designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.

Healthy School Environment

A healthy school environment includes the physical, emotional, and social climate of the school that provides a safe physical plan, as well as a healthy and supportive environment that fosters learning.

School-Site Health Promotion for Staff

Assessment, education, and fitness activities are designed to maintain and improve the health and well-being of school facility and staff who serve as role models for students.

Family and Community Involvement in Schools

Effective family and community involvement in schools involves partnerships among schools, families, community groups, and individuals designed to share and maximize resources and expertise in addressing the healthy development of children, youth, and their families.

"While the requirement that schools have wellness policies on their books was a good first step, it is imperative that now we as government policy makers, as organizations, as parents, as volunteers take the next important steps: making sure that these policies are implemented, monitored and continuously improved. How can we best achieve this goal?

Support programs that work: For one, we can make sure that initiatives like USDA's Team Nutrition and CDC's Coordinated School Health Program are adequately supported and that sufficient funds are allocated so that they can be carried out optimally. These are examples of effective government programs where relatively little money goes a long way."

Dr. David Satcher, Former US Surgeon General,
Founding Chair of Action for Healthy Kids, May 2009

COMMUNITY SOURCES OF SHAC MEMBERS

Below are lists of possible sources for SHAC members in the eight component areas of Coordinated School Health.

CORE MEMBERS

Students; Parents; Teachers; Superintendents; School District Health Education Coordinators; School Nurse Coordinators and School Nurses; School Board Members; County Health Department Representatives; District Physical Education Coordinators; School Guidance Counselors, Psychologists, and Social Workers; School Food Service Managers; School Facilities Managers

Comprehensive School Health Education

County Health Department Health Educators and Tobacco Coordinators; District Health Curriculum Resource Teacher or Coordinator; Safe and Drug Free Schools Coordinator; School Resource Officer; Tobacco Educators; Representatives from local health associations such as American Heart Association, Lung Association, and Cancer Society, and Diabetes Association; Universities and Community Colleges; United Way; Community HIV Education Coalition; Community Emergency Management Services; Healthy Start Coalitions; Community Drug and Alcohol Coalition

Physical Education

Representatives from agencies such as Parks and Recreation Department; YMCA; Health Clubs; Boys and Girls Clubs; Sports Clubs; Gyms; Universities and Community Colleges; Professional Sports Associations; Professional Athletes; Fish and Wildlife Commission; Department of Transportation Safe Routes to School; Florida Safe Kids Coalition; Before- and After-school Programs

School Health Services

School Nurses; Local Pediatricians; Family Practitioners; Advanced Registered Nurses (ARNP); Dentists and Dental Hygienists; Hospital Administrators; Community Health Center Representatives; Optometrists; Audiologists; Chiropractors; Dieticians; Insurance Providers; Medical Societies and Professional Organizations Representing Health Specialties; Agencies such as Department of Children and Families (Medicaid), Children's Medical Services, Florida Healthy Kids, Jepperson Vision Quest

School Nutrition Services

Community and Health Department Dieticians, Women, Infants, and Children (WIC) Nutritionists; County Extension Agents; Representatives from Universities, Community Colleges; Professional Associations representing the Food and Beverage or Agriculture Industry; Local Agriculture Committees; Local Food and Beverage Vendors/Suppliers; Food Service Providers for the School District

School Counseling, Psychological, and Social Services

Local Mental Health Providers and Social Workers; Agencies such as Department of Juvenile Justice, Department of Children and Families, Domestic and Sexual Violence Prevention and Referral Programs; Hospice; Social Service Agencies and other Prevention Hotlines; Local Ministerial Associations or Other Faith Based Counseling Services

Healthy School Environment

School District and/or County Health Department Environmental Health and Facilities Managers; School Resource Officers; Pest Control Officers; Safe and Drug Free Schools Coordinators; School and Local Government Transportation Officials; Food Service Personnel; District Risk Manager; Community Partners such as Local Disaster Preparedness Specialists; Fire and Rescue; Law Enforcement; Open Airways (American Lung Association); Asthma and Allergy Foundation of America; Municipal Safety Committee Members; County Growth Management/Planning; Bullying Prevention Task Forces

School-site Health Promotion for Staff

School District and/or County Health Department Employee Wellness Coordinators; Human Resource Officers; Benefits Managers; Risk Managers; School District Health and Life Insurance Carriers; Physical Educators; Mental Health Professionals; School Counselors; Community Partners from Gyms; Hospitals; Community Health Agencies (American Heart Association, Lung Association, and Cancer Society, etc.); Employee Assistance Programs; Local Health Promotion Experts

Family and Community Involvement in Schools

Governmental Leaders (elected and appointed); Business Partners; Media; Representatives from Service Organizations such as Elks Club, Rotary Club, Sororities/Fraternities; Civic Clubs (Junior League, Women's Club, Garden Club); Volunteers (Hospital Auxiliary); Youth Organizations such as Boy Scouts/Girls Scouts; School Service Organizations (Key Club, Student Government); School Readiness Project ; Community Health Councils; Faith-Based Organizations; Healthy Start Coalitions; Early Steps Programs; Department of Children and Families

RECRUITMENT TALKING POINTS

The following talking points may be useful when recruiting new members for the SHAC. Each member brings unique resources and knowledge to the SHAC and each will benefit from participation in differing ways.

What can I do for SHAC, and what can SHAC do for me?

Parents

As a member of the SHAC, parents can have a voice in decisions that will positively influence their children's health and academic success by creating a strong and supportive school environment.

First-hand experience of family dynamics will add an important insight to the SHAC.

Students

SHAC membership provides an opportunity for empowerment and influence that will positively impact your school environment and you will be provided with the potential to interface with community and business leaders.

Students are a powerful agent for change and can best express the needs of the student population.

Educators

Learn about community resources and best practice models that can benefit your students.

Teachers are able to provide insight into the multiple challenges and successes in the classroom.

Administrators

SHAC provides the opportunity to interface with community leadership and to maximize resources with limited funding, time, and staff, to improve the delivery of education.

Identify and implement strategies designed to produce healthier students who have fewer behavior problems, improved attention spans, higher test scores, are less likely to drop out; and increase student and staff attendance.

Administrators contribute leadership and institutional knowledge related to guidelines, mandates, and community concerns.

Business

Membership in the SHAC increases visibility, partnership opportunities, promotes a positive image, and a better understanding of the problems and goals of the district.

Successful students provide a healthier more prepared workforce.

Through the SHAC, businesses are able to correlate their business plans so as to be compatible with school district goals, objectives, and standards of operation.

Business leaders are able to share expertise and resources and develop a trusting work relationship with the district.

Medical Community

The SHAC is a vital component in ensuring the highest quality medical care for all children. School health services plans (developed by the SHAC) reduce risk factors, increase protective factors, and provide for best practices in the schools.

SHACs are able to maximize the quality of health care in schools by providing planned, coordinated, continuity of management; utilizing recognized standards of care; and to decrease liability and provider workload.

The SHAC benefits from your expertise in developing guidelines and recommendation. Medical providers lend credibility, respectability, and medical accuracy to school health planning; thus, resulting in streamlined processes and improved provider/school communication.

Elected and Appointed Officials

Participation in the SHAC demonstrates commitment to meeting the needs of constituents, provides a positive image, and public awareness of your willingness to serve as a champion of school health and education issues.

The SHAC can provide a forum for information and referral for officials as well as law makers and provide a heightened awareness of issues and emerging trends.

Elected officials know the issues, are well informed, and able to provide input on legislation.

Tip from the experts:

Membership should reflect a balance between health, education, and community members.

WORKSHEET: COMMUNITY AND SCHOOL SOURCES OF SHAC MEMBERS

Keep in mind the 8 components of the *Coordinated School Health* model and include representation from the 8 areas on the School Health Advisory Committee.

Parents

_____

_____

Medical Professionals _____

_____

Social Service Agencies _____

_____

Business/Industry _____

_____

Volunteer Health Agencies _____

_____

Churches/Synagogues/Mosques _____

_____

Hospitals/Clinics _____

Public Health Agencies _____

_____

Civic and Service Organizations _____

_____

Colleges/Universities/Technical Schools _____

_____

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 _____

_____

District and School Administrators _____

School Board Member(s) _____

Physical Education Teacher/Coach _____

Health Teacher _____

Youth Groups _____

Professional Associations _____

Governmental Officials _____

Adapted from: Step by Step to Comprehensive School Health: The Program Planning Guide by William Kane; Santa Cruz, CA: ETR Associates, 1993.

SELECTING SCHOOL HEALTH ADVISORY COMMITTEE 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.

Characteristics of a Successful Leader:

- Perceives schools as being influential in the lives of students and staff.
- Concerned about the health of children and adolescents.
- Believes SHAC actions can have a positive influence in the schools.
- Understands the general organization of schools and community.
- Has personal characteristics conducive to positive and productive SHAC meetings and activities.
- Is willing to make the necessary time commitment.

Tip from the experts:

> ***If possible, the chairperson should be a committed member of the community rather than an employee of either the school district or county health department.***
>
> ***A modest budget to cover the cost of printing, copying, postage, and refreshments is very helpful.***

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

Why is Visioning Important?

By creating a vision statement, SHAC members make the first step in providing leadership for change in their school and community. The vision defines the Committee's desires and commitments to 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 Committee's work.

Mission Statement

A mission statement describes the overall purpose and helps define the action of the Committee. It is unlike the vision, as it defines the day-to-day functioning of the Committee members, whereas the vision is what the Committee sees as the long term outcome of their school district's efforts toward removing health barriers to learning. It is recommended that the mission statement of the School Health Advisory Committee relate to the mission of the school district which includes successful academic achievement for all students.

A 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 planning

A Mission Statement…

~is easily understood

~can be transferred into action

~has motivating, and specific goals

~is accurate and succinct

Because individual members have differing directions in writing, and there is no assuming the purpose or role of the School Health Advisory Committee, the vision and mission statement will build cohesiveness among members and prevent conflict within the group. To be a member of the Committee means supporting the vision and mission that has been created by the group. The chairperson and members will refer back to the vision and mission regularly to stay focused on the purpose of their work.

The Mission of the Florida Coordinated School Health Partnership is to create health literate and health practicing students and staff in all Florida schools.

WORKSHEET: CREATING A VISION

An Effective Vision…

- Organizes and unites us around a common purpose.
- Expresses what we want our future to be.
- Is personal as well as group centered.
- Asks for our best to make our desired future real.
- Expresses "what could be" when we use our talents and strengths.
- Represents a leap of faith and inspires us to shape our destiny.
- Communicates confidence in our ability to get the job done.
- Guides our actions and attracts others to our cause.
- Uplifts, compels, challenges, and inspires.
- Comes from our hearts and appeals to our spirit.

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

CREATING A VISION FOR OUR SCHOOL HEALTH PROGRAM

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

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

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

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

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

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

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

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

INCREASING VISIBILITY AND SUPPORT

Your SHAC activities may include proposed school-wide and district-wide changes. To achieve support for these changes, you must widely communicate your vision, goals, and plan. Just like a business, the Committee will need to promote its "product" to gain the support of those who will use it.

In order to do this you will need to:

- Increase public awareness of the Coordinated School Health approach and the work of the Committee.
- Talk to teachers and attend faculty meetings.
- Talk to parents through PTA, PTO, and other parent groups.
- Talk to students and health related classes.
- Provide regular updates to district and school administration.
- Use a variety of approaches, including:
    - Letters
    - Speakers
    - Newsletters
    - Brochures and flyers
    - Television and radios spots
    - Print ads
    - Community events
    - Professional development opportunities
- Develop potential alliances with:
    - Health and school reporters.
    - Local politicians.
    - Businesses that sponsor school activities.
    - Professional associations, local civic groups, religious groups, and community coalitions.

PLANNING SUCCESSFUL MEETINGS

Regular meetings of both the full membership and subcommittees 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.

Tips from the experts:

Successful meetings often include:

~opportunities for networking.
~review and acceptance of minutes from last meeting.
~review of agenda.
~report from school personnel on a program or activity.
~discussion of a potential project.
~reviewing and discussing an issue discussed last meeting.
~committee reports.
~presentation of a model school health program component.
~review of meeting and setting next agenda.

Regular Meeting Schedule:

- Establish an annual calendar of dates, times, and locations for all regular meetings.
- Keep it simple (for example, the third Wednesday of each month in the School Board Room from 7 to 9 p.m.).
- Noontime meetings over a lunch at a school, restaurant, or other meeting room are also popular meetings times and locations.
- Geographically large school systems may alternate locations to fairly distribute travel time for members.
- Clarify responsibility for food costs and transportation at the beginning of each year.
- Maps and parking permits should be mailed to members as necessary.

Agenda:

- Members should receive a tentative agenda with a request for suggested agenda topics two to three weeks before the meeting.
- Any suggestions should be received one week prior to the meeting.
- The agenda should be easily understood with action items designated from information items and discussion-only items.
- Minutes of previous meetings may accompany the mailed tentative agenda.

Phone Communications:

- Each member should be called or emailed two days prior to the meeting as a reminder.
- Establish a phone tree.
- Provide a central phone number for information.

Refreshments:

- If possible, provide light and healthy refreshments if meeting is not at a mealtime. Some school food services staff use this opportunity to show what healthy and delicious food items they are offering in their cafeterias.
- Indicate on the agenda if refreshments will be available.
- Indicate a planned amount of time (fifteen minutes) for networking as part of the agenda.

Punctuality:

- Demonstrate respect for members' time. Start and end the meeting on schedule.
- Avoid the enabling tendency of waiting for others or allowing a discussion to drift past a specific time.

Environment and Atmosphere:

- Meetings should be held in a physically comfortable room with comfortable seating that allows members to see and hear each other easily.
- Arriving members should be greeted warmly and informally introduced to each other.
- Maintain a balance between formal and informal procedures.
- Stick to the agenda.
- Involve all members.
- 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 semicircle seating arrangement.
- The chairperson and a recorder, sitting in an open space, may record group comments and decisions using newsprint on an easel.

Follow-up:

- Ensure that someone has accepted responsibility for each task needing completion and that the group understands the work to be done.
- Allocate ten to fifteen minutes at the end of the meeting to determine the tentative agenda for the next meeting.

Other Suggestions:

- Each meeting should add to the members' understanding of the value of the Coordinated School Health approach. The example below is an effective analogy.
- Each member can become an advocate for school health for many years after participation in a SHAC.

As children many of us heard the story of *Stone Soup*. In this story villagers who thought they had no food were each able to contribute some small item to a soup. After everyone had contributed something the entire village was able to enjoy a delicious meal together.

This is partnership. Everyone brings what they have to offer to the table and shares it with the others in the "village". Your village may be your School Health Advisory Committee (SHAC), Drug and Alcohol Prevention Coalition, Community Health Council, Healthy Start Coalition or similar group. Each partner has something to contribute. Some have more than others, but each has something unique. It may be expertise, perspective, or resources.

Florida Healthy Schools Newsletter: Vol. 2, Issue 6; Spring 2009

Chapter 2

MOVING YOUR SHAC INTO ACTION

COMMITTEE GUIDELINES

Your SHAC may elect to operate with or without by-laws. By-laws clarify purpose, structure, and operational procedures, thereby reducing confusion among members. Or you may elect to operate under less formal guidelines. If your SHAC decides to develop by-laws, it is important to develop and adopt them during the early formation of the SHAC. The by-laws and guidelines provide a structure for carrying out the business of the SHAC, in order to accomplish its purpose.

Committee or Council?

The terms committee and council are both used when referring to school health advisory groups. Florida statues refer to school health advisory committees; however, many other groups use the term council. When defining your group's role you might take the following into consideration.

Committee:

- Recommends policy
- Does not vote
- Operates without formalized rules and by-laws

Council:

- Writes policy
- Votes on directives
- Operates by formalized by-laws and guidelines

Name and Purpose of the SHAC:

- The name should be straightforward and simply incorporate the school system's name; for example, Ashe County School Health Advisory Committee.
- 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.
- Florida statute requires that each school district have a School Health Advisory Committee.

Tip from the experts: Several Florida school districts have combined their district wellness committee and their SHAC, renaming it the School Health and Wellness Advisory Committee.

Membership:

- Each school health advisory committee must, at a minimum, include members who represent the eight component areas of the Coordinated School Health Model as defined by the Centers for Disease Control and Prevention.
- School Health Advisory Committees are encouraged to address the eight components of the Coordinated School Health model in the school district's school wellness policy pursuant to s1003.453, F.S.
- SHAC Membership Guidelines should include:

    - Description of SHAC.
    - Composition in terms of number of members.
    - Community sectors to be represented.
    - Terms of appointment.
    - Voting rights.
    - Termination.
    - Resignation.
    - Selection method.
    - Attendance.
    - Criteria for eligibility.
    - And *ex officio* categories.

- Indicate the availability of a current membership roster from a specified contact person with the school system.

Meetings:

- Guidelines may specify:

    - Frequency.
    - Date, for example, the third Wednesday each month from 7-9 p.m.
    - Agenda setting procedures.
    - Notification of meetings.
    - Distribution of agenda and minutes.
    - Location.

- Robert's Rules of Order or some equivalent may be used to govern the conduct of each meeting.

Officers:

- Officers generally consist of:
    - Chairperson or Co-Chairpersons.
    - Vice-Chairperson.
    - Secretary.
    - Treasurer.
- Include in the by-laws or guidelines:
    - Titles and responsibilities of officers.
    - Terms.
    - Brief description of the election.
    - Removal and resignation processes.

Voting Procedures (If applicable):

- Describe the voting process to be used at regular meetings and 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 the next meeting) before a vote can be taken.
    - The motion is placed on the agenda as an action item.

Subcommittees:

- 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.

Communications:

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

Amendments:

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

WORKSHEET: CHECKING YOUR PROGRESS

This tool can be utilized after your early meetings to determine if the goals of the meeting were achieved and help you plan for future ones.

How many people attended the meeting and contributed to the development or implementation of the plan? _____

Is an action plan being developed? _____

What went well during the meeting?

_____
_____
_____
_____

What do you want to do differently at the next meeting?

_____
_____
_____
_____

Next Steps:

Prepare written minutes of the meeting, a list of attendees, and an agenda for the next meeting and mail them to all members.

If additional work is needed on the action plan, bring together committee members who volunteered to complete the task. Mail the results of their work to members within two weeks and ask the committee to approve it at the next meeting.

Adapted from: Promoting Healthy Youth, Schools, and Communities; a Guide to Community School Health Advisory Councils Iowa Department of Public Health

CONDUCTING A NEEDS ASSESSMENT TO DETERMINE PRIORITIES

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

WHY SHOULD A NEEDS ASSESSMENT BE CONDUCTED?

A needs assessment provides the information needed to plan and conduct activities that will have the greatest positive impact on student health and academic success while maximizing resources.

COMMUNITY SOURCES OF NEEDS ASSESSMENT DATA

Assessments to Review Include:

Needs assessments have probably been conducted in your district. Start with data found in other surveys and studies. You may find that everything you need already exists.

- Data from Florida Youth Risk Behavior, Youth Tobacco Survey, Youth Substance Abuse Survey, and Middle School Health Behavior Surveys.
- Community heath indicators form your local public health department.
- Data from a local community assessment.
- School Health Index.

Tip from the experts:

> ***Schools and communities conduct numerous needs assessments as part of their program requirements. It is recommended that the SHACs not duplicate these efforts; rather they should work with established community partners to assess the most pressing health needs of the school population. Technical assistance may be available through local colleges, universities, and your state's extension network. Local agencies may provide resources to hire technical consultants and to cover the costs of data collection.***

SOURCES OF DATA

- Surveys:
    - Useful to obtain feedback information.
    - Can be self-administered, conducted in an interview format, or conducted in an interview over the phone.
    - Can be long, short, or in-between.
    - Creating a survey is a developed skill in that question structure, format and progression can make or break the accuracy of the information received.

- Epidemiological data:
    - Describes distribution and determinants of disease and injuries in human populations.
    - Data may be collected through a previously developed instrument or one developed for the specific intent of a given project.
    - The Florida Department of Health, Community Health Assessment Resource Tool Set (CHARTS) system and other state and federal government data is widely available. Look to your local county health department and other agencies for local data. Multi-agency health and education data can be found in the Child and Adolescent Profiles.

- Records of health and health care:
    - Includes medical records, hospital records, insurance claims, etc.
    - Serves as a way to examine a variety of health and health indicators (for example, reviewing health insurance claims reports may indicate that a certain group of employees is developing carpal tunnel syndrome; reviewing medical records of prenatal patients may give a clearer picture of maternal smoking rates than face-to-face questioning).

- Community forum:
    - Brings people together from the target population to discuss what they see as their group's health problems.
    - Serves a way for people to express their opinions.
    - Make a general invitation to members of the target population.
    - Center the forum on one specific topic.
    - Give responders a time limit to be fair to others who would like to respond.
    - Give participants the option to write responses so those who may not feel comfortable speaking in front of large groups may be heard.
    - Record sessions on paper, by tape recording, videotaping, or a combination of these (it is necessary to obtain consent from participants if tape-recording or videotaping).

- Focus groups:
    - Similar to community forums because representatives of the target population participate, but focus groups are smaller (8-12 participants) and more directed.
    - Facilitator should avoid leading the responses in any direction, be able to summarize statements, keep participants on track, and tactfully prompt all participants to respond so that questions are not dominated by any one participant.

- Opinion survey:
    - Narrows responses from key individuals within the target population.
    - These individuals should be well respected in the target population and often are the "movers and shakers."

COORDINATED SCHOOL HEALTH DISTRICT ASSESSMENT

The Florida Healthy School District (FHSD) Self-Assessment Tool is an instrument designed to assess the status of policies and practices districts currently have in place to support the Coordinated School Health (CSH) approach. This model was established by the Centers for Disease Control and Prevention and provides an effective approach for schools to address student and staff health and wellness through an assessment of the eight component areas of the CSH model.

This FHSD Self-Assessment Tool was developed by experts from each of the eight component areas from state agencies, school districts, and community partner organizations working together through the Florida Coordinated School Health Partnership. The tool is based on district infrastructure, policy, programs, and practices identified from national and state guidelines, best practices, and Florida statutes. By utilizing this tool to measure existing policies and practices, a district can compare its current status to the highest standards for each component area. Meeting the highest standards will result in sustainable policies and practices at the district level, having a positive impact on the health of students and staff.

This tool is most effective when completed by a team of experts in the areas surveyed, including the school district's health and physical education specialists, school health services coordinator, food service director, school guidance counselor, psychologists or social workers, Safe and Drug Free Schools Coordinator and other district and health department representatives. Based on your assessment scores, select an area in which your district can improve and develop your action plans with your School Health Advisory Committee.

The tool is available at http://www.fldoe.org/BII/CSHP/h-districts.asp

Another option is the following worksheet.

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, it is rarely implemented
2 = Policy exists; sometimes is implemented
3 = Policy exists; usually is implemented

CIRCLE the appropriate response for each item	NO policy exists	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
SCHOOL HEALTH PROGRAM COLLABORATION				
A written policy requires that health programs in our school system be coordinated whenever feasible.	0	1	2	3
A plan for coordination of all 8 school health components in our school system has been developed. *The 8 components are listed below.*[1]	0	1	2	3
The School Health Advisory Committee is composed of community and school representatives from the 8 components of a Coordinated School Health program.	0	1	2	3
Add up the numbers that are circled and divide the total by 3 for a score on the component.				Score =

[1] *The 8 components of Coordinated School Health include: Health Education, Physical Education, Health Services, Nutrition Services, the School Environment, Counseling/Social Work, Staff Wellness, and Community/Family Involvement.*

CIRCLE the appropriate response for each item.	NO Policy Exists	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
PHYSICAL EDUCATION: A written district policy or plan assures that…				
All students participate in daily physical education.	0	1	2	3
A certified physical education specialist teaches physical education.	0	1	2	3
Physical education students are assessed on curriculum and not on simply dressing out and participation.	0	1	2	3
The physical education curriculum is sequential and age appropriate.	0	1	2	3
All students in grades four and higher can complete an annual physical fitness test.	0	1	2	3
All elementary students participate in active recess.	0	1	2	3
All elementary students participate in classroom based physical activity led by the classroom teacher.	0	1	2	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.				
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 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 circled and divide the total by 6 for a score on the component.				Score =
CIRCLE the appropriate response for each item.	NO Policy Exists	Policy exists however is RARELY implemented	Policy exists and is SOMETIMES implemented	Policy exists and is USUALLY implemented
HEALTH SERVICES: A written district policy or plan assures that…				
All students have access to a nationally certified, full-time school nurse on a daily basis and other appropriately prepared/trained staff.	0	1	2	3
Early identification of health related barriers to learning (e.g., screening programs) are coordinated with referral and follow-up activities for problem resolution.	0	1	2	3
A registered nurse (RN) assesses plans and evaluates the health care of students with special health care needs.	0	1	2	3
Federal, state, and local statutes and guidelines are utilized for prevention and control of communicable and infectious diseases including HIV infection.	0	1	2	3
Injury reporting policy and procedures are implemented system-wide and data is used in developing and implementing prevention and safety activities.	0	1	2	3

All student health records are maintained and stored in accordance with current state and federal regulations.	0	1	2	3
All kindergarten through fifth grade children has 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 =
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 STAFF WELLNESS: A written district policy or plan assures that…				
All staff has 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 =
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 EDUCATION: A written district policy or plan assures…				
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
Health teachers 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 for 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 =

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

- Hopefully, your needs assessment gave you the information you needed to have a high level of confidence as a basis for decision making.
- Celebrate the completion of your needs assessment as the successful end of a process that took cooperation and a good deal of hard work.
- Now you may begin the next phase of the combined effort; including, formulating a statement of the problems you have identified, generating solutions, and creating a plan of action.
- Carefully consider whether the Committee membership is as inclusive as it needs to be, given the course of action you have chosen. When local residents and representatives of agencies, associations, and institutions to whom you will look for resources are involved in the planning process, it is more likely they will support your efforts and endorse the results of your efforts in the future.

Tips from the experts:

Characteristics of a Successful Assessment:

~identifies the current situation.
~begins with a vision of the future.
~utilizes 2-5 questions that direct the assessment process.
~addresses issues that stakeholders believe are important.
~communicates information back to stakeholders.

WORKSHEET: EVALUATING PRIORITIES

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

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

DEVELOPING AN ACTION PLAN

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

A crucial step of the SHAC is to develop an action plan to guide your work and activities. Planning will require looking at the big picture, setting priorities, and initiating rather than reacting. Consider using the Action Plan Template provided.

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

A primary activity of the SHAC should be to participate in the development and implementation of the district wellness policy. The policy should be a "living document." This means that it should be reviewed and updated as needed, at least once a year.

WHAT CAN WE DO?

SUGGESTED ACTION STEPS FOR A SHAC

These examples are just samplings of possible actions that an SHAC might take. The activities your committee selects will depend upon the specific role and function that guides your work. Ideally, committees 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.

To Support *Planned, Sequential Health Education**…*

- Initiate a review of the current scope of health education taught in the school district K-12 against state and national standards.
- Explore opportunities for health education integration into core subjects.
- 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 committee meetings (Dairy Council, American Cancer Society, Department of Public Health, American Heart Association, American Lung Association, etc.) to learn about available resources.

PROMOTING HEALTH AND ACADEMIC SUCCESS THROUGH COLLABORATION AND PARTNERSHIP

A Guide for Florida's School Health Advisory Committees

To Support *Physical Education* Classes that Promote Lifelong Physical Activity

- Review current policies regarding participation requirements for physical education. Promote an environment that supports annual physical education.
- Encourage the district to provide opportunities before or after school hours for fitness activities, intramural programs, and interscholastic programs.
- Encourage student and family participation in events that promote physical activity such as Jump Rope for Heart or walk-a-thons.

To Support *School Health Services*:

- Review statutes, current policies, and practices related to preventative services, education, emergency care, and management of health conditions.
- Review student school health service utilization to identify needs and make recommendations for improvement/changes.
- Identify ways to strengthen links to community providers for referrals and case management.

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; bullying and sexual harassment.
- Determine gaps, identify and propose revisions, additions, and/or deletions.
- Promote the creation of safe school teams, crisis response teams, injury prevention programs, or universal precautions awareness sessions.

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 abuse, and other health-risk behaviors.
- Ensure that policies exist that provide opportunities for students to discuss health-related issues.
- Ensure that student assistance programs are available to students.

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 improvement in district employee wellness offerings.
- Review healthcare cost and utilization data from your healthcare provider.
- Research health offerings from your insurance carrier.

To Support *School Nutrition Services:*

- Review current food service offerings (breakfast, lunch, after-school, etc.) to ensure that healthy foods are being served.
- Encourage district participation in the ***TEAM Nutrition*** project.
- Recommend policy that supports healthy vending machine selections.
- Be involved in annual updating of the school wellness policy.

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/e-mail communication, etc.

Adapted from Health is Academic: A Guide to the Coordinated School Health Program (pp. 28-29)

DEVELOPING THE ACTION PLAN

Tips from the experts:

A Good Action Plan Includes:
~what is to be accomplished
~activities planned to create the desired result
~who will be responsible for each activity
~what resources are needed
~how success will be judged

The SHAC May Base Their Action Plan On:

- Results of the needs assessment (Florida Healthy School District Self Assessment Tool, School Health Index, survey data, health outcome data, school health services report, or other assessments).
- Critical needs identified through school improvement plan.
- Safe schools application.
- Other school or community data assessments.

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

- Requirements of specific funding sources.
- Data from various Florida youth surveys.
- Data from your county health department.
- Data from local health related surveys.
- Data from the assessment of your local health task force.

WORKSHEET: SAMPLE MEETING AGENDA FOR ACTION PLANNING MEETING

(Date, Time, Location)

Goal: Develop an action plan for our Community School Health Advisory Committee.

Sign in, refreshments, and get acquainted

Welcome and Introductions — Leader and Committee Members
- (Members names, who they represent, and one thing that they would like to see happen as a result of being involved in the Committee)

Opening Remarks — Leader
- Review Ground Rules
- Confirm vision statement for the Committee

Creating Our Action Plan — Facilitator
- A Process for Change – What's needed for change to occur?
  - Brainstorming ideas
  - Setting priorities
  - Creating an action plan

Next Steps — Leader
- Next meeting date, time, location, and purpose
- Volunteers needed to help plan and lead next meeting

Adjournment — Leader

TIPS FOR BRAINSTORMING

The best way to get good ideas is to have lots of ideas.

Brainstorming is an idea generating technique useful for:

- Generating many ideas in a short time.
- Encouraging creative, spontaneous thinking.
- Helping people temporarily suspend judgment.
- Expanding or piggybacking on ideas.

Procedure:

1) Identify a question or topic for discussion.

2) If there are more than ten participants, divide into smaller groups.

3) Ask each group to select a recorder and spokesperson.

4) Explain the purpose and rules for brainstorming.
   a) Quantity is the goal. More ideas mean better planning results.
   b) Reserve judgment. Do not criticize. Evaluation comes later.
   c) Be creative. Wild ideas are great, because they stimulate even more creative possibilities.
   d) Combine and improve ideas. Expand, consolidate, create analogies, and make the issues bigger and smaller.

5) Brainstorming responses to the question. The recorder lists all ideas. If the group has been divided into smaller groups, give a two minute warning before calling time. Ask the groups to share their ideas. Have the spokesperson record them on a flipchart that everyone can see.

Adapted from Take Charge: Economic Development in Small Communities (North Central Regional Center for Rural Development, January 1990)

COMPONENTS OF THE ACTION PLAN

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

Goal Statement:

- Will consist of a phrase or short sentence that captures the overarching, ideal purpose of your program.

Objectives:

- Are actions to be taken to achieve your goal
- Should be specific and measurable
- Serve to determine your action steps
    - Think about how the key features of each of the components of the Coordinated School Health Model can help you set objectives to reach your goal.
    - Consider the opportunities and actions of each key feature and discuss ideas they suggest and the people who might be involved.
    - Discuss existing programs and resources that might contribute to achieving your goal.
- To formulate strong program objectives:
    - Use information from an assessment to write SMART objectives.
        - **S**pecific
        - **M**easurable
        - **A**chievable
        - **R**elevant
        - **T**ime-bound
    - May write either process objectives or outcome objectives.
        - Process objectives include content about the activities of your action plan.
        - Outcome objectives include the outcomes you hope to have at the end of the activities; for example, *The County Health Director will send out a memo encouraging participation in the SHAC*.

Action Steps:

- For each objective, ask:
    - What steps do you need to create to complete the objective?
    - Which steps will you take in months one through three? In months three through six? And so forth…

- Are there other goals with their own objectives? Should they be part of the plan, even if you do not get to them until next year?
-

EXAMPLE OF AN ACTION PLAN

Goal: Reduce absenteeism related to seasonal flu in Parkview School District.

Objective: By January 1, 2011, increase by 25% the number of students who are knowledgeable of proper hand washing techniques.

Activities:

By September 30, 2010 conduct a baseline survey of 200 K-5 students to determine current awareness.

By October 5, 2010 distribute hand washing materials including brochures, lesson plans, and posters, to all elementary schools in Parkview School District.

By October 30, 2010 implement a public address announcement through the district communication system.

By December 15, 2010 conduct follow-up survey of 200 K-5 students to determine current awareness.

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.
  - Many health promotion initiatives can be funded from current budgets and built into ongoing staff responsibilities; others may require additional funding.
  - When additional funding is needed, explore options such as:
    - Community contributions
    - Fundraising projects
    - Private enterprises/international agencies

Consider writing grants.

Coordination of existing services and programs does not require additional funds. However, if your SHAC would like to expand the types or amounts of existing programs and services, consider looking for additional funds through grants.

- Most counties have a grant writer, either within the county government, school district, or health department who can assist you.
- If you have never written a grant, start small. Frequently, awards under $5000 have a simple one or two page application.

- Make sure the grant fits the needs of the community, rather than selecting a grant and trying to make it fit your program.

Tip from the experts:

Don't take on more than you can accomplish at one time. Your SHAC may elect to address only one or two issues to begin with.

Weight the value of the award against the amount of work required for implementation.

Identify a SHAC member that represents a not-for-profit agency (501c3) that can receive and administer grant funds.

EXPAND SCHOOL HEALTH IMPROVEMENT EFFORTS

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*** in the reference section of this manual gives examples of activities that committees might initiate at the three levels of collaboration.

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

How do you know whether your committee is ready to expand its efforts at improving school health? Do members believe that they have built relationships that allow 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 tool **"Collaboration Continuum"** describes three levels of relationships at which committees can work together. They are networking, cooperation, and collaboration. Very few committees start at collaboration.

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

COLLABORATION CONTINUUM

Collaboration is a progression that begins with sharing ideas, progresses to coordinating activities, and finally to sharing resources. When the resources of the whole are combined, the product exceeds anything that one individual or group is capable of producing.

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

"Collaboration is a process by which people who care about an issue commit to examining the ways that they are interrelated. It is a tool through which diverse community constituents can meet their individual and collective needs. Collaboration is a process essential and is fundamental to all outcomes that are multifaceted and sustainable across time and shifting resources."

Healthy Start Field Office, California

WORKSHEET: 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 Committee	Partnership 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 professional	Use school setting for training of medical students, nursing students, etc.	Form a collaborative between the school and agencies to provide school-based services
Planning and development	Open school recreation facilities to include 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 higher education institutions	Cooperatively submit a grant proposal by school and community agency	Use multi-agency task force to gather health and social data on student health problems
Training	Use health professionals and parents as consultants for in-service or instructional programs	Use community agencies as learning laboratories for students who serve as volunteers	Use personnel in health service network to provide in-service 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 advocate for policy.

BUILDING PARTNERSHIPS WITH KEY ALLIES

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

Committee Members Need to Ask the Following Questions:

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

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

Consider potential alliances with:

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

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

~businesses that can sponsor your activities

~professional associations

~local civic groups

~religious groups

~community coalitions

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

-Henry Ford

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

EVALUATE YOUR COMMITTEE'S EFFORTS

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

To help evaluate effectiveness of the SHAC, the following questions should be considered:

The goal for an effective SHAC is to be able to answer "yes" to each of the following questions.

- Does the SHAC regularly generate sound advice and activities to support a coordinated approach to reducing health related barriers to learning?
- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?
- Are regular monthly/bi-monthly meetings occurring with most members attending?
- Are established procedures for conducting business understood by members?
- Does a positive relationship exist between the SHAC, county health department, and school personnel?
- Is there a recent history of the school system seeking advice from the SHAC and acting on SHAC recommendations?
- Does SHAC membership represent important segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time commitment and do they appreciate the opportunity to support the school health program?
- Is there equal representation from the school district, county health department and community?

WORKSHEET: EVALUATION TOOL FOR THE SCHOOL HEALTH ADVISORY COMMITTEE

YES	NO	
		Is there a statement of purpose and goals?
		Are the SHAC activities benefiting the school health program?
		Have SHAC activities developed community understanding of school health education?
		Do SHAC members understand what is expected of them?
		Are members provided information on state and national developments in school health?
		Have members received sufficient orientation to the school and school health program?
		Is the SHAC given sufficient information and time to study and discuss issues before making recommendations?
		Does the SHAC membership reflect varying and opposing viewpoints?
		Are meetings conducted in an impartial, parliamentary manner, allowing all members to express opinions?
		Is the importance of members' time recognized by keeping meetings on schedule and directed to the agenda?
		Are SHAC members presented the facts and consulted when changes are made in the school health program?
		Are SHAC functions selected with care and limited to a reasonable number?
		Do members receive adequate notice of meetings and are minutes mailed promptly?
		Are members given assignments based on their expertise?

YES	NO	
		Are membership rosters current?
		Does the SHAC encourage school administrators to meet with the committee or individual members on selected issues?
		Does membership have adequate representation of ethnic and economic groups in the community?
		Do members receive recognition for their contributions in school publications, news releases, or other vehicles?
		Do school personnel recognize and support the contributions of SHAC members?
		Does the SHAC provide updates to the district superintendent and school board at least annually?