

Creating a Healthy School Team



Mission

To improve student's health and their capacity to learn through the support of families, communities and schools.

Tennessee Department of Education
Office of Coordinated School Health
710 James Robertson Parkway
9th Floor, Andrew Johnson Tower
Nashville, Tennessee 37243
Phone: (615) 532-6300
Fax: (615) 532-3268

Website: www.tennessee.gov/education/schoolhealth

Addressing Health Issues at School

The Tennessee Department of Education's Office of Coordinated School Health promotes the establishment of a Coordinated School Health initiative in schools to address the many health behaviors contributing to chronic diseases that are established in childhood.

Coordinated School Health initiatives build support through fostering and coordinating intra and interagency collaboration, school district administrative support, School Health Advisory Committees (SHACs), and on the school level, Staff Coordinator Councils and Healthy School Teams. The Coordinated School Health model identifies eight areas, that when looked at in a coordinated manner, are highly effective in addressing the health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The eight components are:

- Health education
- Physical education
- School health services
- School nutrition services
- School counseling, psychological and social services
- Healthy school environment
- Health promotion for staff
- Student, family and community partnerships

The six risk behaviors that have been identified as having the most negative effect on the current and future health of children include physical inactivity, poor nutrition, alcohol and drug use, risky sexual behaviors, tobacco use, and unintentional injuries and violence. The reduction of these student risk behaviors is achieved through coordination of efforts, information sharing, and combining resources to address the physical, social and psychological needs of students, thus facilitating academic success.

Now more than ever, students face new challenges and risks that affect their health and the quality of their future. They need parents, community, health, and school representatives to become involved. Experience has shown that when schools involve parents and other community partners, these risk behaviors can be more successfully addressed.

Health Status of Tennessee Students

- 38.5% of all Tennessee students are overweight or obese
- Overweight adolescents have a 70% chance of becoming overweight or obese adults.

Results of the 2013 High School Tennessee Youth Risk Behavior Survey (HS YRBS), a survey of students in grades 9-12, indicated:

- Only 8% of all Tennessee High School students ate fruits two or more times a day or vegetables three or more times per day during the past 7 days.
- Only 26% of all high school students reported they were physically active 60 or more minutes per day on seven of the past seven days.
- Only 22% of all high school students reported that they attended daily physical education classes.
- 9% of all high school students reported attempting suicide during the previous 12 months.

- Over 15% of all high school students reported smoking cigarettes during the past 30 days.
- 21% of all high school students reported had drunk alcohol during the past 30 days.
- 48% of all high school students reported they had had sexual intercourse
- 21% of all high school students reported they had used marijuana during the past 30 days.
- 20% of all high school students had been in a vehicle with a driver who had been drinking alcohol during the past 30 days.
- 12% of all high school students reported they rarely or never wore a seat belt when riding in the car.
- 19% of all high school students reported carrying a weapon during the past 30 days.

Results of the 2012-2013 Middle School Tennessee Youth Risk Behavior Survey (MS YRBS), a survey of students in grades 6-8, indicated:

- 42% of all middle school students were **not** physically active for a total of at least 60 minutes per day on five or more of the past seven days.
- 22% of all middle school students had ever rode with a driver who had been drinking alcohol.
- 36% of all middle school students had ever carried a weapon.
- 8.5% of all middle school students had attempted suicide.
- 5.5% of all middle school students has smoked cigarettes during the past 30 days.
- 24% of all middle school students had ever drunk alcohol.
- 10% of all middle school students had ever used marijuana.

A child's physical, emotional, social, and mental health directly affects his or her ability to learn. In order for students to have the desire and capacity to learn, their basic physical, safety, and emotional needs must be met as well as opportunities for success provided. No one group or person can accomplish this alone. It takes a team of dedicated and skilled individuals who meet on a regular basis and are committed to improving the health and academic success of Tennessee's children.

Schools are a part of the solution in addressing health issues as most young people are enrolled in school. Schools have a unique opportunity and the capacity to influence the health of the children and youth, their families and school staff, as well as entire communities. Fostering healthy children should be the shared responsibility of families, communities, and schools. After all, healthy children are children who are ready to learn.

Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.

National Association of State Boards of Education

Role of the CSH Coordinator

The Tennessee Department of Education provides funding for one full time CSH district coordinator and assistant in every school system. The role of the CSH district coordinator is to oversee implementation of the CSH initiative within a school system. The CSH district coordinator collects and reports data, facilitates a system-wide School Health Advisory Council, uses the School Health Index to determine school health needs, develops Healthy School Teams in each school, creates and expands community partnerships to address the health and wellness of children and adolescents, provides training for school personnel on the coordination and integration of school health efforts into the overall school program and maintains a local system and process for evaluation.

The Coordinated School Health Approach

“Fit, Healthy, and Ready to Learn: A School Health Policy Guide” elaborates on the eight components of the coordinated school health approach:



Healthy School Environment

A healthy school environment includes physical issues such as safety hazards, air quality, water quality, sanitation, heating, ventilation, and lighting. It also includes the social and psychological climate of the school. Schools need to be places where all students, faculty, and staff feel safe, secure, cared for, and valued. Schools need to pay particular attention to the harmful effects of bullying and harassment on students' health and well-being.

Health Education

Health education addresses the physical, mental, emotional, and social aspects of health. Schools should deliver a curriculum that allows students to develop and demonstrate health-related knowledge, attitudes, skills, and practices. A comprehensive curriculum would include a wide variety of topics, such as: personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. The curriculum should be sequential in grades K-12.

Physical Education

Quality physical education develops each student's optimal physical, mental, emotional, and social development through a vast array of planned physical activities. Important aspects of physical education include cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythms and dance; games; team, dual and individual sports; tumbling and gymnastics; and aquatics. Schools should offer extracurricular physical activity programs. The school's physical education curriculum should be sequential in grades K-12.

Nutrition Services

Nutrition services provide access to a variety of meals that are both nutritious and appealing to the consumer. Programs should have the capability to accommodate special dietary needs and model the Dietary Guidelines for Americans. The school nutrition services program can provide opportunities to connect with classroom nutrition and health education classes. Parents and students should be given an opportunity to provide suggestions for school meals and feedback on the meal program.

School Health Services

A system to identify and treat acute and chronic student health problems, provide mandated screening and immunization monitoring, deal with medical crises, and help students have access to primary health care is vital. School health services also include preventive services, education, and referrals.

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 health behavior, and enhance healthy development.

Health Promotion for Staff

School-site health promotion activities for staff are intended to promote the physical, emotional, and mental health of school employees as well as to prevent disease and disability. Programs can serve as a method to reduce health care costs for districts. School faculty and staff who practice health lifestyles are good role models for students. Staff wellness programs may include topics such as physical activity, nutrition, smoking cessation, and stress management.

Student, Family and Community Involvement

Optimally, schools are structured to assist and support families to successfully teach their children healthy habits and behaviors. In addition, partnerships with community groups and individuals interested in supporting the school can help to maximize school resources and provide their expertise in addressing the healthy development of children, youth, and their families. A number of studies indicate that involving parents enhances the effects of school health promotion efforts. Partnerships should be developed with students to achieve school health goals since research shows that students who feel connected to adults at school are healthier and less likely to get in trouble.

Benefits of a Coordinated School Health Approach

A coordinated school health approach supports better use of the resources available in the school or community and reduces duplication of efforts. All school systems in Tennessee are implementing the Coordinated School Health model. **(TCA 49-6-1022)** Students and employees stand to benefit from a systematic approach to the eight component areas of school health. This approach is implemented at the district and school level.

A coordinated school health approach can be the missing link to tying the health efforts of the school and district together. Everyone wants to see successful staff enjoying their jobs and students working to their fullest potential. Coordinating school health efforts can assist in meeting these goals.

Benefits to Students

- Improved student performance and test scores
- More alertness
- Less absenteeism
- Fewer behavior problems in the classroom
- Inclusion of health awareness into their daily lives
- Preparation to become productive members of society
- Improved knowledge and attitude about health

Benefits to Schools

- Improved staff morale
- Reduced staff absenteeism
- Reduced duplication of programs
- Reduced costs
- New levels of cooperation and collaboration among parents, teachers, and organizations within the community.

Research Shows

- Youth who feel connected to their families and schools are healthier and less likely to get in trouble.
- When parents are involved in schools, learning, behavior, and attitudes of students improve.
- When expertise and resources of a community are combined, the challenge of reducing student risk behavior and improving health can be achieved.
- Prevention programs have been proven to be successful.
- Most effective approaches are coordinated and comprehensive.

Starting a Healthy School Team

School experts in the eight components, parents, students and community members meet at least quarterly and bring their unique skills, knowledge and resources to the table to address any health related issues within the school environment. Some areas to address might include physical activity, nutrition, comprehensive health education, bullying, safety, staff wellness, or other challenges identified by the team.

Before you start a team to addresses school health issues, there are some important steps necessary for successful implementation.

Basic steps to team success:

- Recruit team members
- Identify school needs
- Identify local school resources
- Write a School Health Action Plan
- Manage and monitor implementation
- Market success

Recruiting Members for Your Team

It is difficult for teams to be successful when one person does it alone. It is important to gather as many members as possible. School sites can acquire more participation by making the team part of a committee that is already established in schools, such as a safety committee or School Improvement Planning team. Consider providing an open invitation to all faculty and staff at your school. One of the most important and valuable team members will be an administrator. An administrator is also vital to team success because he or she provides permission to follow through on team initiatives and may provide your team with time to meet during regularly scheduled meetings, shortened days, etc. If at all possible, have your team made up of volunteers who have a commitment to the cause rather than those who are appointed.

Additional suggestions for team members include:

- CSH Coordinator
- Additional parents
- School Board Members
- Other educators
- School social worker
- School Nurse
- School psychologist
- School counselor
- Support staff
- Medical Professionals
- Hospitals/Clinics
- Custodians
- PTA Representative
- Health educator / Physical educator
- Students
- School Improvement Plan committee member
- Health department personnel
- Food service / Cafeteria staff
- Special Education staff
- Safe and Drug Free School Counselor
- School Safety Resource Officer
- Social Service Agencies
- Faith Community
- Additional community members

Educate members about what the CSH approach is and how it will benefit their school. Develop mechanisms to create a school-wide understanding of CSH.

Identifying School Needs

It's very important your team determine the status of its current school health programs and policies. There are state and local surveys you can access to assist in identifying health trends. Your school should also conduct its own assessment to identify not only the status of health policies and programs but to identify issues and concerns from students, their families, and school staff.

The Tennessee High School and Middle School Youth Risk Behavior Survey (YRBS) is a school-based confidential random survey administered every odd numbered year.

Conducting your School's Needs Assessment

School Health Index

The Tennessee Department of Education requires school systems to use CDC's School Health Index (SHI) assessment tool to determine local school health priorities. Every school has different needs and provides different services to its students, faculty, staff, and community. *The School Health Index: A Self-*

Assessment and Planning Guide developed by the Centers for Disease Control and Prevention (CDC) enables schools to identify strengths and weaknesses of their health and safety policies and programs. There is growing recognition of the relationship between health and academic performance, and your school's results from the SHI can help your school include health promotion activities in your overall School Improvement Plan.

The SHI has two activities that are to be completed by a team from a school: the eight self-assessment modules and the planning for improvement process. The self-assessment process involves members of your school community working together to discuss what your school is already doing to promote good health and to identify your strengths and weaknesses. The SHI allows you to assess the extent to which your school implements the types of policies and practices recommended by CDC in its research-based guidelines for school health and safety policies and programs. The planning for improvement section of this manual assists teams in developing a manageable action plan based on the self-assessment results.

The School Health Index is available in hard copy at no cost and can also be completed online. Information on ordering and completing the tool is available on this website: <http://apps.nccd.cdc.gov/shi/default.aspx>.

Healthy School Report Card

Another resource, "Creating a Healthy School Using the Healthy School Report Card: An ASCD Action Tool", helps you assess your school's current health programming to create an evidence-based environment that supports learning and teaching. Information on ordering and completing the tool is available on this website: www.healthyschoolcommunities.org.

Identify Local School Resources

Chances are your school has launched initiatives and policies around health and wellness in the past. Identifying these initiatives can avoid duplication of programs or services and increase cooperation and collaboration. Many of these items will be discovered as you meet with the right people on your school team.

There are some state and federal policies that may serve as helpful resources:

The Child Nutrition & Women, Infants and Children (WIC) Reauthorization Act of 2004 – Section 204 of Public Law 108-205 requires that all local education agencies participating in the National School Lunch Program create wellness policies. The law mandates that policies include goals for nutrition education and physical activity; nutrition guidelines; a plan for measuring implementation; and inclusion of parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy. The policy may include some guidelines that your team may assist in meeting, or that may provide some initial focus for the Healthy School Team. Your school system should have a functioning School Health Advisory Committee (SHAC) patterned after the eight component areas of the Coordinated School Health model as defined by the Centers for Disease Control and Prevention. School Health Advisory Committees address the eight components of Coordinated School Health. They are responsible for the task of reviewing the system's school health services plan. The SHAC is made up of a broad cross-section of parents, students, school, health, business

and community leaders who serve as problem-solvers and advisors to school districts on health related issues.

Each district and school has a Tennessee School Improvement Planning Process (TSIPP) team, made up of volunteers that assist in the preparation and evaluation of the School Improvement Plan. The goal of the TSIPP team is to enhance school performance. Some schools use the TSIPP as a method to obtain funding for wellness initiatives by writing a wellness goal in the School Improvement Plan.

Lastly, coordinate team efforts with your LEA's CSH Coordinator as well as your Physical Education Coordinator, Health Education Coordinator, and Health Services Coordinator. One or more may be interested in becoming a member of your team. The local health department may also be interested in your plans and might send a representative to your meetings.

Write a School Health Action Plan

Now that you've gathered your resources, it's time to develop an action plan. The hard work is over and the fun part begins!

A School Health Plan is simply an action plan for your team where actions and timelines are specified for the school year. In the School Health Index manual, the second section of the manual contains an action plan template with steps on how to develop it. Use the results from your needs assessment to sponsor and promote different projects for students, parents, school, and the community. It is helpful to identify both short and long-term goals for your team. A school may typically record three to five actions, depending on the complexity of each action. Document actions, steps to complete the actions, and the person and date responsible for each step in your action plan. In addition to the sample action below, a blank template for an entire action plan follows.

Sample School Health Action Plan

Action	Steps	By Whom & When
1. Start a health program for staff	Survey staff to determine fitness needs and preferences for physical activity.	Mr. Jones 9/10/08
	Hire a stress management consultant to provide an in-service for teachers, arrange date & time, and send invitation to staff.	Mrs. Amar 9/17/08
	Secure room in school to be the fitness room.	Mr. Smith 9/17/08
	Purchase needed equipment (using results from staff survey). Purchase prizes for staff participation.	Mrs. Norton 9/17/08
	Advertise fitness options for staff and the staff wellness challenge.	Mrs. Norton 9/17/08
	Develop and begin six week wellness challenge for staff.	Mr. Smith/Mrs. Norton 10/1/08
	Awards presentation for participating staff in the wellness challenge.	Whole Team 12/4/08

School Health Action Plan Template

Action	Steps	By Whom & When
1.		
Action	Steps	By Whom & When
2.		

Manage and Monitor Implementation

The time has come to work on the actions in your action plan. It will be important to assess progress as your team moves forward to keep your team cohesive and on course. Remember to refer back to your action plan frequently.

Here are some tips for team management:

- Meet with your team at least once a semester
- Consider a brief standing meeting at the same time and place
- Keep meeting minutes to distribute to team
- Make sure members feel a part of decision-making and action plan implementation
- Recognize members for their accomplishments
- Consider dividing team up to work on actions from action plan that interest them

Here are some tips for monitoring progress:

- Refer frequently to your action plan for updates and revisions
- Review and update your action plan annually
- Ask team members for feedback to increase overall improvement of team efforts

Market Successes

The last and final step to team success is marketing your achievements to your school and community to build awareness and support. Tell everyone you can about your program.

Schools that implement CSH see benefits such as: moving healthier options to the front of the lunch line, increased time for physical education, initiation of student and staff walking clubs, healthy choices provided in vending machines, access to the gym outside of school hours, fried food replaced with baked items, and health screenings offered for students and staff.

Spread the good word through some of these simple ways:

- Develop a presentation and provide to your Tennessee School Improvement Planning Process (TSIPP) Committee, PTA or PTO, or other pertinent community groups;

- Remind key stakeholders about the benefits of healthy students and staff, which in turn affect educational success;
- Celebrate successes and accomplishments;
- Write articles for school and/or district newsletters and local newspapers and engage the television and radio media outlets; and
- Post a message on your school marquee or build a health promoting school sign.

Continue to get the word out about your programs, In addition to providing an avenue for enlisting members, you may find increased support and participation as more people learn about your program and its successes.

Strategies to Maintain Team Momentum

Every year:

- Evaluate the implementation of the action plan
- Identify Outcomes
- Recognize member's contributions
- Celebrate Successes
- Revitalize team membership
- Move the school health improvement work to the next level

Closing Comments

The mission of schools is to prepare individuals to become productive members of society. The six preventable health risk factors that typically develop during youth contribute to most of the serious illnesses and premature deaths. Not only can the risk factors hinder lifelong success, but they can also limit effective learning in the classroom. If students are sick, distracted, or unable to attend class, schools become inefficient. Good health is necessary for effective learning. Schools provide the common ground for effective health education.

- Focus on key risks to health and learning
- Receive support from students, family, and adults within the community
- Draw on thoughts and efforts of many disciplines and agencies
- Provide staff development programs
- Use inclusive and broadly based program planning

The intention of this manual is to provide general guidelines that can be adapted for your school. A coordinated school health approach will look different in each school, but the desired outcome is the same.

Some schools find monetary assistance useful for implementation of certain actions. The CDC's School Health Index tool is designed to uncover low or no cost actions for your school that assist in improving school health policies and programs. Should you find some financial assistance would be beneficial in advancing your team goals, one method to receive money and provide stability to your team is to become involved in your school's School Health Advisory Council. School improvement funds can be utilized to assist in meeting health-related activities.

A coordinated approach to school health can ensure students are healthy, fit, and ready to learn. We at Tennessee's Office of Coordinated School Health hope you succeed in meeting your team goals.

Office of Coordinated School Health

Staff

Associate Executive Director – Lori Paisley

CSH State Coordinator – Sara Smith

Data and Fiscal Analyst – Mark Bloodworth

Administrative Services Assistant – Susan Holmes

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SHAC or Healthy School Teams Resources

Colleges/Universities

Public Media

Attorneys and Law Enforcement officials

Schools:
Counselor, Social worker, or Psychologist _____
School Nurse _____
Child Nutrition Director/Supervisor _____
School Health Coordinator/Health Curriculum Supervisor _____
Safe and Drug Free Schools Coordinator/Drug Prevention Specialist _____

School Administer _____
School Board Member _____
Physical Education Teacher/Coach _____
Health Teacher _____

Youth Groups

Professional Societies

Government Officials

WHAT'S NEEDED FOR CHANGE TO OCCUR?



WHAT HAPPENS WHEN PIECES ARE MISSING?



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

MOVING TO THE NEXT LEVEL OF SCHOOL HEALTH IMPROVEMENT

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

EVALUATION OF THE SCHOOL HEALTH ADVISORY COUNCIL

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

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

Source: *Effective School Health Advisory Councils: Moving From Policy to Action*, North Carolina Department of Public Instruction and North Carolina State Board of Education