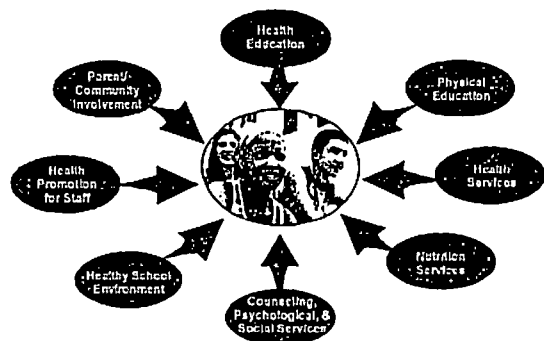


- "The school staff had a very positive attitude toward the SHI. They liked its comprehensive view of health promotion and its involvement of many different stakeholders."

## How the School Health Index Works

The health and safety habits of students are influenced by the entire school environment. Therefore, the SHI has eight different modules, each corresponding to a component of a coordinated school health program:

### Coordinated School Health Program



A team consisting of representatives from different groups within the school—parents, teachers, students, administrators, other staff members, and concerned community members—completes eight self-assessment modules. Responses to the items are scored to help you identify your school's strengths and weaknesses.

The School Health Index includes a Planning for Improvement section to help your school develop an action plan for improving student health. Your school's results from the SHI can help you include health promotion activities in your overall School Improvement Plan, which will ultimately allow you to develop an ongoing process for monitoring progress and reviewing your recommendations for change.

The School Health Index is **your** school's self-assessment tool, and it should not be used to compare schools or evaluate the staff. There is no such thing as a passing grade on the School Health Index. You should use your SHI scores only to help you understand your school's strengths and weaknesses and to develop an action plan for improving your health policies and programs.

The School Health Index is available at no cost and can be completed in as little as 6 hours. Many of the improvements that you'll want to make after completing the SHI can be done with your existing staff and resources. For those priority actions that do require new resources, your School Health Index results can provide information needed to stimulate school board and community support for school health programs and for funding requests. A small investment of time can pay big dividends in improving students' well-being, readiness to learn, and prospects for a healthy life!

### To obtain a copy of the School Health Index, choose one of the following options:

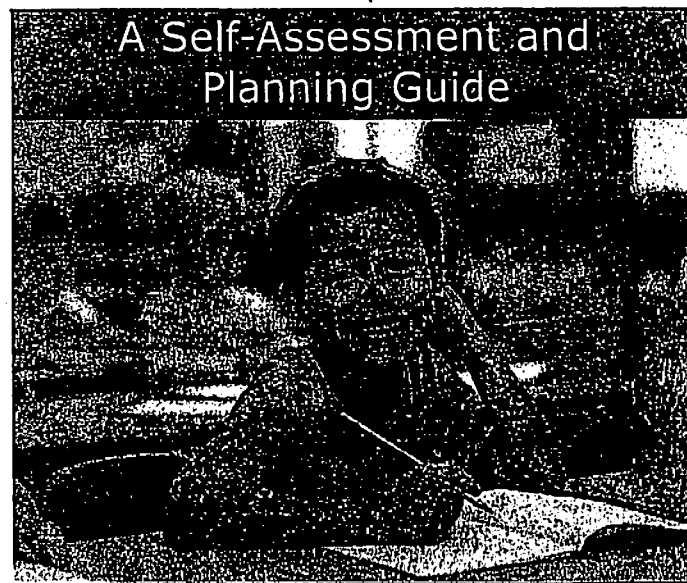
- Participate using the NEW Interactive online version: <http://www.cdc.gov/HealthyYouth/SHI/>
- Download the printable version from CDC Web site: <http://www.cdc.gov/HealthyYouth/SHI/paper.htm>
- Request by e-mail: [healthyouth@cdc.gov](mailto:healthyouth@cdc.gov)
- Request by telephone: 888-231-6405
- Request by fax: 888-282-7681

When ordering, please specify either the elementary school version or the middle/high school version.



## School Health Index

### A Self-Assessment and Planning Guide



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

## Helping Students Get Ready to Learn

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools: to provide young people with the knowledge and skills to become healthy and productive adults. By promoting health and safety behaviors, schools can increase students' capacity to learn, reduce absences, and improve physical fitness and mental alertness.

To help schools meet this challenge, the Centers for Disease Control and Prevention (CDC) has developed the School Health Index. This self-assessment and planning guide will enable you to:

- Identify the strengths and weaknesses of your school's health and safety policies and programs.
- Develop an action plan for improving student health.
- Involve teachers, parents, students, and the community in improving school policies and programs.

## Focusing on Key Health and Safety Issues

The fourth edition of the School Health Index addresses behaviors that play a critical role in preventing the leading causes of death, disability, hospitalizations and illness among young people and adults in the United States:

- Physical activity and physical education
- Nutrition
- Tobacco use prevention
- Unintentional injury and violence prevention
- Asthma

Future editions also will address other health issues that have a major impact on the current and future health of young people, such as

- Sun safety
- Food safety
- Sexual risk behaviors

## Here Are the Facts...

- Regular physical activity helps build and maintain healthy bones and muscles and reduce fat, but 33% of young people do not participate in sufficient vigorous or moderate physical activity on a regular basis.
- Research suggests that skipping breakfast can affect children's intellectual performance, and even moderate under-nutrition can have lasting effects on cognitive development.
- The percentage of children and adolescents who are overweight has more than doubled since 1980: 16% are now overweight. Overweight children are more likely to have high blood pressure, high cholesterol, and high insulin levels. They are also more likely to become overweight adults, who are at increased risk for heart disease and diabetes.
- Cigarette smoking is responsible for more than 440,000 deaths each year. About 22% of students in grades 9-12 are current smokers. Approximately 80% of adult tobacco users initiated smoking before 18 years of age.
- 66.2% of all deaths among children and adolescents result from injury-related causes: 33.5% from motor vehicle injuries, 13.5% from all other unintentional injuries, 10.7% from homicides, and 8.5% from suicides.

- Nearly 4 million children and adolescents are injured at school each year. The costs associated with these injuries are large. Annual medical spending on school injuries has been estimated at \$3.2 billion.
- In 2003, 9.5% of school-aged children were reported to currently have asthma; 6.0% of them had an asthma attack within the previous year. Asthma is the third ranking cause of hospitalization among children under the age of 15 and is a leading cause of school absences. Yet, asthma can be controlled with proper diagnosis, appropriate asthma care, and management.

## What the School Health Index Can Do for Your School

The School Health Index will provide structure and direction to your school's efforts to improve health and safety policies and programs. First released in 2000, the SHI has been used by schools in nearly every state and in Canada. The SHI is designed for use at the local level. However, with appropriate adaptation, it could be used at the district level as well, especially if the district has only a few schools and those schools have similar policies and programs. School administrators and staff members who have used the SHI have said:

- *"The School Health Index was easy to use and enabled us to clearly identify what is working and what needs to be improved."*
- *"It's a real energizer—it makes you think of ideas that are relatively easy to implement."*

# What Are School Health Advisory Councils (SHACS)?

A SHAC is a group of individuals appointed by the school district to represent their community in many coordinated school health areas. They provide advice on school health programming and its impact on student health and learning. SHACs provide recommendations specific to changes and/or additions to the school's health education curriculum or instruction that impact the entire school district, not just *individual school* campuses.

## Requirements

- Every independent school district is required by law to have a School Health Advisory Council
  - The board of trustees of each school district shall establish a local school health advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction.
  - A school district must consider the recommendations of the local school health advisory council before changing the district's health education curriculum or instruction.

## Recommended Duties:

- The local school health advisory council's duties include recommending:
  - the number of hours of instruction to be provided in health education
  - curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and Type 2 diabetes
  - health education; physical education and physical activity; and nutrition services
  - parental involvement; and instruction to prevent the use of tobacco
  - appropriate grade levels and methods of instruction for human sexuality instruction
  - Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council.
  - a statement of the policies adopted to ensure that elementary school, middle school, and junior high school students engage in at least 30 minutes per school day or 135 minutes per school week of physical activity
- Effective SHACs can be instrumental in improving student health and creating healthy schools by:
  - helping schools meet community involvement mandates and community expectations
  - providing a way for community members to work together with school personnel to accomplish district goals
  - utilizing community resources and assets
  - influencing people within a community to be a credible, collective voice for healthy children and youth
  - providing a forum for sharing youth health information, resources, perspectives and a range of advice
  - fostering member's personal satisfaction and understanding of their role in strengthening their community by supporting CSH and fostering cooperation by building trust and consensus among grassroots organizations, community segments, and diverse citizens

## What Do SHACs Do?

The most effective SHACS develop plans that address all eight components of a coordinated school health program.

- Health instruction
- Healthy school environment
- Health services
- Physical education
- School counseling
- Food services
- School site health promotion for faculty and staff
- Parental involvement

### Responsibilities

- Program Planning
    - Share strategies and problem solve
    - Assess district and community health issues/concerns
    - Facilitate innovation in health education
    - Provide in-service training programs
  - Advocating and Promoting School Health
    - Spotlight your SHACS efforts and successes
    - Facilitate understanding between school and community
    - Encourage local business, media, etc. to provide resources
  - Fiscal Impact
    - Provide support when making recommendation that have a fiscal impact
    - Consider how to assist schools in raising funds for health education programs
  - District Interaction
    - How well does your district address health issues
      - ✓ Observe health education classes
      - ✓ Examine school lunch menus
    - Meet with appropriate district personnel to discuss issues and brainstorm solutions
-

## New School Health Requirements for the 2009-2010 School Year\*

### School Health Advisory Councils (SHACs)

- Meet 4 times per year, minimally.
- Contain a minimum of 5 members.
- Report directly to the school board at least once annually with detailed account of SHAC activities and recommendations.
- Appoint parent as chair or co-chair.
- Recommend indicators for evaluating effectiveness of Coordinated School Health Programs.

### Coordinated School Health (CSH)

- Develop goals and objectives based on fitness assessment data, academic performance, attendance rates, academic disadvantages, the use of success of any method to ensure students are reaching required moderate or vigorous physical activity (MVPA), and any other indicator recommended by SHAC.
- Include in all Campus Improvement Plans (CIPS) for elementary middle and junior high school campuses.

### Physical Activity

- Students enrolled in all full-day prekindergarten must participate in MVPA for a minimum of 30 minutes per day or 135 minutes per week.

### Physical Education

- *"Curriculum must be sequential, developmentally appropriate, and designed, implemented, and evaluated to enable students to develop the motor, self-management, and other skills, knowledge, attitudes, and confidence necessary to participate in physical activity throughout life."*
- Develop specific district goals and objectives for accomplishing the above, including (to the extent practicable) student/teacher ratios that are small enough to enable the district to carry out the purposes of and requirements for the physical activity requirements in grades prekindergarten-eighth and to ensure of the safety of all students.
- If the student/teacher ratio established in a district is greater than 45 to 1 in a physical education class, the district must identify the manner in which the safety of students will be maintained.

### Health Education

- Written notice must be sent home before each school year indicating whether or not the district will provide human sexuality instruction to students.
- If human sexuality instruction is provided, a summary of its content, the requirements established under state law, a statement of the parent's right to review the materials, the option to remove the student without penalty, and information describing opportunities for parental involvement in the development of the curriculum (SHAC) must be included in the written notice.

### High School Graduation Requirements

- Chart of revised high school graduation requirements may be found on the following TEA websites:
  - a. For students who entered grade 9 before 2007-08  
<http://ritter.tea.state.tx.us/taa/comm070609a.doc>
  - b. For students who entered grade 9 in 2007-08 or later  
<http://ritter.tea.state.tx.us/taa/comm070609b.doc>

*\*This list does not represent all of the new requirements related to school health. Future communication from TEA will provide additional information that has not been included in this document. Inquiries can be directed to Marissa Rathbone, Director of School Health, at the Texas Education Agency at [Marissa.Rathbone@tea.state.tx.us](mailto:Marissa.Rathbone@tea.state.tx.us).*

**Campus Improvement Plan  
Coordinated School Health Language Guide/Checklist  
November, 2009**

During the 81<sup>st</sup> legislative session SB 892 was passed mandating that each school campus include language in their campus improvement plan (CIP) explaining how they are implementing mandatory physical activity minutes and coordinated school health. The bill also required that the campus advisory council review specific documents relating to student health.

The law (SB 892)(10) if the campus is an elementary, middle, or junior high school, set goals and objectives for the coordinated health program at the campus based on:

(A) student fitness assessment data, including any data from research-based assessments such as the school health index assessment and planning tool created by the federal Centers for Disease Control and Prevention;

(B) student academic performance data;

(C) student attendance rates;

(D) the percentage of students who are educationally disadvantaged;

(E) the use and success of any method to ensure that students participate in moderate to vigorous physical activity as required by Section 28.002(l); and

(F) any other indicator recommended by the local school health advisory council.

This guide, prepared by Texas Action for Healthy Kids, in collaboration with Texas Education Agency and \_\_TASA?\_\_ is designed to help schools by providing a list of questions you can ask during your action plan process and examples of language that would fit the criteria and provide meaningful policy structure to encourage a healthier school environment.

**The law: If the campus is an elementary, middle or junior high school.**

**Is your school currently implementing a coordinated school health program?**  
There are four programs that have been approved by the TEA. Information on these programs can be found at:

<http://ritter.tea.state.tx.us/curriculum/hpe/approvedcsbp.html>

Every elementary school and middle school in Texas has been mandated to implement one of these four programs or develop one of your own based on criteria listed at the following web site:

<http://ritter.tea.state.tx.us/rules/tac/chapter102/ch102cc.html>

**Ex:** Our campus is currently implementing the CATCH curriculum to fulfill our requirement regarding coordinated school health.

**Or:** Our campus has developed and is implementing a coordinated school health program that meets the criteria identified by TEA.

**Have you identified goals and objectives for your coordinated school health program?** This language can be as simple as stating your timeline for implementation of coordinated school health and how you will show evidence of implementation.

**Ex:** We plan to implement our coordinated school health program through \_\_\_\_\_ (could be advisory/science/PE or other specified class). Teachers will include evidence of lessons taught in lesson plans.

**Our goal** is to have coordinated school health fully implemented in grades 6-8 by fall of 2010.

The **objective** of our coordinated school health program is to improve the campus nutrition environment, ensure our students are physically active and encourage our parents and staff to be positive role models. We will accomplish this by: (state planned activities and actions)

The law: Goals and objectives for coordinated school health program (will be based on: A) student fitness assessment data, including any data from research-based assessments such as the school health index assessment and planning tool created by the federal Centers for Disease control and Prevention; B) student academic performance data; C) student attendance rates; D) the percentage of students who are educationally disadvantaged;

Does your CAC currently review student demographic and fitness data? Each school district is required to report Fitnessgram data to TEA on a yearly basis. This information can be shared with your CAC along with TAKs scores, attendance rates, and your campus profile of students so your CAC has a good understanding of how students are doing on your campus.

Once your CAC has reviewed student data, they will be able to make informed recommendations for campus goals and objectives.

Ex: Based on our campus data, we will develop a program to improve nutrition and physical activity on campus. This will include: articles in campus newsletter, health and physical activity posters, a campus wide fitness event, implementation of a no-food fundraiser policy. These actions are part of our coordinated school health program plan.

***E) the use and success of any method to ensure that students participate in moderate to vigorous physical activity as required by Section 28.002(1); and***

You may choose to include language that identifies how you are ensuring students are meeting the requirements for moderate to vigorous physical activity.

Ex: To address disciplinary/behavior issues, we will introduce more opportunities for physical activity during the day.

**Possible options:** Classroom teachers will provide activity breaks at least two times per week for at least 5 minutes during advisory period. These breaks will consist of...

Students with good behavior will be allowed to participate in open gym before school and/or during lunch.

Results will be monitored based in subsequent years behavior and attendance rates

Ex: Physical Education teachers will ensure at least 30 minutes of each PE class is devoted to physical activity. Results of the impact will be evidenced in Fitnessgram data reported in subsequent years.



***F) any other indicator recommended by the local school health advisory council.***

Your District School Health Advisory Council may make additional recommendations of information that should be reviewed by the CAC. If you are not aware of any recommendations, consult with your District administration or SHAC chair.

**Ex:** SHAC suggests you review information from the CDC on obesity rates in Texas schools, or national guidelines for physical activity from the National Association of Sport and Physical Education

## Today's TETN Agenda

- ☐ Roll Call
- ☐ SHAC Guide
- ☐ SHAC101
- ☐ Texas PTA
- ☐ Other Online Resources
- ☐ Discussion and Planning (Am-Can-Will Do)
- ☐ Feedback
- ☐ Partner System
- ☐ Q & A
- ☐ Texas Fitness Now

## SHAC 101: STARTING A SCHOOL HEALTH ADVISORY COUNCIL

## What Are School Health Advisory Councils (SHACs)?

- ☐ A great idea
- ☐ The right thing to do
- ☐ Required by law
- ☐ Representative of the community
- ☐ Volunteer
- ☐ Advisory
- ☐ Potentially impactful

## What Are the Benefits?

- ☐ Emphasizes early intervention model
- ☐ Supports schools in meeting mandates and best practices
- ☐ Addresses community needs
- ☐ Provides for collaboration on district goals
- ☐ Develops informed community advocates
- ☐ Reduces the work load of school personnel

## What Is the Law?

- ☐ Required of each school district
- ☐ Majority of members must be parents not employed by the school district
- ☐ Chair or Co-Chair must be a parent
- ☐ Must be comprised of at least 5 members
- ☐ Must meet at least 4 times annually
- ☐ Must report to the board of trustees at least once annually, including the number of times they met during the preceding year and any recommendations or modifications to policy (such as recess)
- ☐ Recommendations must be considered by the board of trustees before changing district's health education curriculum

## Who Are The Members?

- ☐ A majority must be parents of students enrolled in the district who are not employed by the district
- ☐ Committed to quality health programs for children
- ☐ Committed to actively participating in the SHAC
- ☐ Understanding of the culture of the community
- ☐ Representative of the population
- ☐ Youth and adults
- ☐ Anyone representing the 8-Component Coordinated School Health Model

### Where Do We Find Members?

- Parents (majority – required by law)
- Medical professionals/hospitals/clinics
- Social services/public health agencies
- Business/industry
- Volunteer health agencies
- Youth groups/students
- Civic and service organizations
- Parent Teacher Association
- Colleges/universities
- School administrators, nurses, classroom, health/PE teachers, nutrition service managers

### How Do We Start?

- Get together with two or three people in the district who are interested in starting a SHAC.
- Review district procedures for advisory councils.
- Establish the general purpose and major functions of the SHAC.
- Prepare a brief proposal on the formation of a SHAC.
- Meet with key school district personnel to develop a collaborative relationship.
- Discuss recruitment tools necessary for membership representing the various segments of the community.
- Once membership is determined, hold your first SHAC meeting.

### Simplifying the Starting Process

- Step 1: Get Together
- Step 2: Create a Vision
- Step 3: Develop a Plan
- Step 4: Take Action
- Step 5: Review Commitment

[http://staffweb.esc12.net/~mbooth/documents/shac/life\\_step\\_approach.htm](http://staffweb.esc12.net/~mbooth/documents/shac/life_step_approach.htm)

### What Do SHACs Do?

- Address all eight components of a coordinated school health program.
  - Health instruction
  - Healthy school environment
  - Health services
  - Physical education
  - School counseling
  - Food services
  - School site health promotion for faculty and staff
  - Parental involvement

### What Are Their Required Responsibilities?

- Develop recommendations that include:
  - Number of hours and methods for health education instruction;
  - Coordinated School Health (CSH) Program for grades K-8;
  - Strategies for Integrating 8-Component Model of CSH; and
  - Policy recommendations related to the importance of recess based on research.

### What Else Can They Do?

- Program Planning
  - Share strategies and problem solve
  - Assess district and community health issues/concerns
  - Facilitate innovation in health education
  - Provide in-service training programs
- Advocating and Promoting School Health
  - Spotlight your SHACS efforts and successes
  - Facilitate understanding between school and community
  - Encourage local business, media, etc. to provide resources

### What Else Can They Do?

- Fiscal Impact
  - Provide support when making recommendation that have a fiscal impact
  - Consider how to assist schools in raising funds for health education programs
- District Interaction
  - How well does your district address health issues
    - ✓ Observe health education classes
    - ✓ Be aware of the overall health environment
    - ✓ Examine school lunch menus

### Where Can I Learn More?

- Texas Education Code, Chapter 28.004  
[www.capitol.state.tx.us/statutes/ed.toc.htm](http://www.capitol.state.tx.us/statutes/ed.toc.htm)
- Texas Child Nutrition Policy:  
[www.squaremeals.org/](http://www.squaremeals.org/)
- Texas Education Laws and Rules:  
[www.tea.state.tx.us/educationlaw.html](http://www.tea.state.tx.us/educationlaw.html)
- Texas Health and Safety Code:  
[www.capitol.state.tx.us/statutes/hs.toc.htm](http://www.capitol.state.tx.us/statutes/hs.toc.htm)

### Where Can I Learn More?

- SHAC Guide  
[www.dshs.state.tx.us/schoolhealth/sdhac.shtm](http://www.dshs.state.tx.us/schoolhealth/sdhac.shtm)
- Texas Education Agency, School Health  
[www.tea.state.tx.us/index2.aspx?id=4445](http://www.tea.state.tx.us/index2.aspx?id=4445)
- Texas School Health Advisory Committee  
[www.dshs.state.tx.us/schoolhealth/shadvise.shtm](http://www.dshs.state.tx.us/schoolhealth/shadvise.shtm)
- Healthy Lifestyles Chair, Texas PTA  
[www.txpta.org/programs/healthy-lifestyles](http://www.txpta.org/programs/healthy-lifestyles)
- ESC Region 12  
<http://staffweb.esc12.net/~mbaeth/documents/shac/shac.htm>

## Campus Improvement Plan Coordinated School Health Language Guide/Checklist November, 2009



### The law (SB 892)

- (10) If the campus is an elementary, middle, or junior high school, set goals and objectives for the coordinated health program at the campus based on:
  - (A) student fitness assessment data, including any data from research-based assessments such as the school health index assessment and planning tool created by the federal Centers for Disease Control and Prevention;
  - (B) student academic performance data;
  - (C) student attendance rates;
  - (D) the percentage of students who are educationally disadvantaged;
  - (E) the use and success of any method to ensure that students participate in moderate to vigorous physical activity as required by Section 28.002(1); and
  - (F) any other indicator recommended by the local school health advisory council.

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- Is your school currently implementing a coordinated school health program? There are four programs that have been approved by the TEA. Information on these programs can be found at:
- <http://ritter.tea.state.tx.us/curriculum/hpe/approvedcshp.html>

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- Every elementary school and middle school in Texas has been mandated to implement one of these four programs or develop one of your own based on criteria listed at the following web site:
- <http://ritter.tea.state.tx.us/rules/tac/chapter102/ch102cc.html>

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- Ex: Our campus is currently implementing the CATCH curriculum to fulfill our requirement regarding coordinated school health.
- Or: Our campus has developed and is implementing a coordinated school health program that meets the criteria identified by TEA.

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- Have you identified goals and objectives for your coordinated school health program? This language can be as simple as stating your timeline for implementation of coordinated school health and how you will show evidence of implementation.

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- Ex: We plan to implement our coordinated school health program through \_\_\_\_\_ (could be advisory/science/PE or other specified class). Teachers will include evidence of lessons taught in lesson plans.
- Our goal is to have coordinated school health fully implemented in grades 6-8 by fall of 2010.

The law: If the campus is an elementary, middle or junior high school, set goals and objectives for the coordinated health program at the campus

- The objective of our coordinated school health program is to improve the campus nutrition environment, ensure our students are physically active and encourage our parents and staff to be positive role models. We will accomplish this by: (state planned activities and actions)

- The law: Goals and objectives for coordinated school health program (will be) based on: A) student fitness assessment data, including any data from research-based assessments such as the school health index assessment and planning tool created by the federal Centers for Disease control and Prevention;
- B) student academic performance data;
- C) student attendance rates;
- D) the percentage of students who are educationally disadvantaged;

The law: Goals and objectives for coordinated school health program (will be) based on: A) student fitness assessment data

- Does your CAC currently review student demographic and fitness data?
- Once your CAC has reviewed student data, they will be able to make informed recommendations for campus goals and objectives.

The law: Goals and objectives for coordinated school health program (will be) based on: A) student fitness assessment data

- Ex: Based on our campus data, we will develop a program to improve nutrition and physical activity on campus.
- This will include: articles in campus newsletter, health and physical activity posters, a campus wide fitness event, implementation of a no-food fundraiser policy. These actions are part of our coordinated school health program plan.

The law: E) the use and success of any method to ensure that students participate in moderate to vigorous physical activity

- Ex: To address disciplinary/behavior issues, we will introduce more opportunities for physical activity during the day.
- Possible options: Classroom teachers will provide activity breaks at least two times per week for at least 5 minutes during advisory period. These breaks will consist of...
- Students with good behavior will be allowed to participate in open gym before school and/or during lunch.
- Results will be monitored based on subsequent years behavior and attendance rates

The law: *E) the use and success of any method to ensure that students participate in moderate to vigorous physical activity*

- › Ex: Physical Education teachers will ensure at least 30 minutes of each PE class is devoted to physical activity. Results of the impact will be evidenced in Fitnessgram data reported in subsequent years.

The law: *F) any other indicator recommended by the local school health advisory council.*

- › Your District School Health Advisory Council may make additional recommendations of information that should be reviewed by the CAC. If you are not aware of any recommendations, consult with your District administration or SHAC chair.
- › Ex: SHAC suggests you review information from the CDC on obesity rates in Texas schools, or national guidelines for physical activity from the National Association of Sport and Physical Education

## Questions?

- › Marissa Rathbone - Texas Education Agency  
[Marissa.Rathbone@tea.state.tx.us](mailto:Marissa.Rathbone@tea.state.tx.us)
- › Michelle Smith-Texas Action for Healthy Kids  
[msmith@actionforhealthykids.org](mailto:msmith@actionforhealthykids.org)



## **Chapter 102. Educational Programs**

### **Subchapter CC. Commissioner's Rules Concerning Coordinated Health Programs**

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**Statutory Authority: The provisions of this Subchapter CC issued under the Texas Education Code, §38.013, unless otherwise noted.**

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#### **§102.1031. Criteria for Evaluating Coordinated Health Programs for Elementary, Middle, and Junior High School Students.**

(a) Program purpose. In accordance with Texas Education Code (TEC), §38.013, the Texas Education Agency (TEA) shall make available to each school district one or more coordinated school health programs or allow for the development of school district programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary, middle, and junior high school students. Each program must provide for coordinating:

- (1) health education;
- (2) physical education and physical activity;
- (3) nutrition services; and
- (4) parental involvement.

(b) Evaluation criteria. The commissioner of education may make available under subsection (a) of this section only those coordinated school health programs that meet the following criteria.

- (1) The program coordinates physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement.
- (2) The program is coordinated within and across all grade levels on an elementary, middle, or junior high school campus.
- (3) The program has a training component that includes physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement activities and coordinates the four components of subsection (a) of this section. The training component must include teaching staff and parents.
- (4) The program curricular components (health education and physical education) are based on Chapter 115 of this title (relating to Texas Essential Knowledge and Skills for Health Education) and Chapter 116 of this title (relating to Texas Essential Knowledge and Skills for Physical Education).
- (5) The program includes assessment tools for schools to measure cognitive, behavioral, and attitudinal changes related to the four components.



(6) The program is based on health education theory and national standards for instructional and/or industry best practices in each of the four components described in subsection (a) of this section.

(7) The program allows for tailoring to schools' individual needs and can be adapted to a variety of specific situations: ethnic diversity, children with disabilities, school schedules, socioeconomic status, geographic locations, and gender differences.

(8) The program trains school district staff in the annual use of assessment and planning tools for school health programs and policies, such as the elementary school version of the School Health Index available at the National Centers for Disease Control and Prevention website.

(9) The program includes an evaluation of its nutritional services component that includes compliance with the Department of Agriculture guidelines relating to foods of minimal nutritional value.

(c) Health programs developed by school districts. Coordinated school health programs that are developed by school districts and that meet the criteria in subsection (b) of this section may be approved and made available as approved programs. School district programs must use materials that are proven effective, such as TEA-approved textbooks or materials developed by nationally recognized and/or government-approved entities.

(d) Health programs not developed by school districts. Coordinated school health programs not developed by school districts and that meet the criteria in subsection (b) of this section may be approved and made available as approved programs. Such programs must be peer-reviewed and show empirical evidence of effectiveness prior to submission.

(e) Submission of programs for evaluation. Coordinated school health programs may be submitted every two years for evaluation on a schedule to be determined by the commissioner. Programs will be approved for a period of four years.

(f) Availability of programs. The TEA shall notify each school district of the availability of each coordinated school health program approved by the commissioner under subsection (d) of this section.

*Source: The provisions of this §102.1031 adopted to be effective May 2, 2004, 29 TexReg 3959; amended to be effective November 9, 2006, 31 TexReg 9031.*

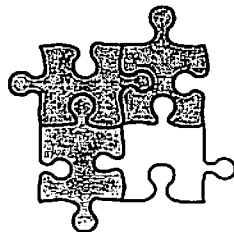
## Program Implementation Basics

**November 4th, 2009**

- TETN Roll Call
- CSH Mission & Vision
- CSH Requirements
- CSH Guide
- TEA Approved Programs
- District-Developed Programs
- SHAC Responsibilities
- Campus Improvement Plans
- Planning and Evaluation
- Next Steps and Contact Information

- Communicate health messages consistently across content areas
- Involve families, schools, and communities
- Focus on healthy behaviors for a lifetime
- Recognize that health and learning go hand-in-hand
- Commitment from school staff, community leaders and a champion to lead the effort
- Acknowledge that nothing we do is exclusive to one component

- School Counselors
- Nurses
- Physical Educators
- Health Educators
- Cafeteria Staff
- Parents and Community
- Principals/Administrators
- Coaches and Athletic Trainers
- State and Government Leadership
- Hospitals, Universities, Businesses

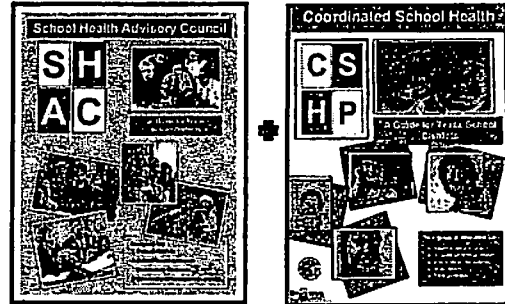


- All elementary, middle and junior high school campuses are required to implement a CSHP
- Four required components: health education, physical education/activity, parental involvement, and nutrition services
- Four approved programs for elementary grade levels
- Three approved programs for middle and junior high grade levels
- Two district approved programs
- All programs must meet established criteria

## Statutory References

- Coordinated School Health: Texas Education Code, Title 2, Chapter 38, §38.013  
<http://tlo2.tlc.state.tx.us/statutes/ed.toc.htm>
- Coordinated School Health Criteria: Texas Administrative Code, Chapter 102  
<http://ritter.tea.state.tx.us/rules/tac/chapter102/ch102cc.html> (handout)
- Campus Improvement Plans: Texas Education Code, Chapter 11.253: <http://www.statutes.legis.state.tx.us/>

## School Health Resources



## SHAC & CSH Guides

- |                     |                     |
|---------------------|---------------------|
| • Basic Information | • Free              |
| • Strategic Tips    | • PDF Format Only   |
| • Texas Law         | • Download from the |
| • Resources         | Department of State |
| • References        | Health Services Web |
|                     | Site                |

[www.dshs.state.tx.us/schoolhealth](http://www.dshs.state.tx.us/schoolhealth)

## TEA Approved Programs

### Elementary School Programs

- Bienestar ([www.sahrc.org](http://www.sahrc.org))
- CATCH ([www.catchinfo.org](http://www.catchinfo.org))
- Great Body Shop ([www.thegreatbodyshop.net](http://www.thegreatbodyshop.net))
- Healthy & Wise  
([www.caprockpress.com/elementary.html](http://www.caprockpress.com/elementary.html))

## TEA Approved Programs

### Middle or Junior High School Programs

- Bienestar ([www.sahrc.org](http://www.sahrc.org))
- CATCH ([www.sahrc.org](http://www.sahrc.org))
- Healthy & Wise with SPARK  
([www.caprockpress.com/middleschool](http://www.caprockpress.com/middleschool))

## District-Developed Programs

- Fort Worth ISD, Georgi Roberts  
<http://itweb.fortworthisd.net/hpe/CSH.htm>
- Plano ISD, Melinda Smith  
<http://www.pisd.edu/about.us/advisorycommittees/index.shtml>

## CSH & Campus Improvement Plans

- Senate Bill 892, 81<sup>st</sup> Legislative Session
- Required of each elementary, middle and junior high school campus
- CSH to be included in each Campus Improvement Plan (CIP)
  - Goals and Objectives
  - Fitness Assessment Data
  - Any other indicator recommended by SHAC

## Planning & Evaluation



### School Health Index: Assessment Tool for Schools

Available for elementary and middle/high school levels  
<http://nccsa.nccd.cdc.gov/shi/>

Guidelines for 8 components  
<http://www.cdc.gov/HealthyYouth/publications/index.htm>

## Planning & Evaluation



### Fit, Healthy and Ready to Learn: Sample Policies for a coordinated school health program

<http://www.nasbe.org/HealthySchools/fithealthy.html>

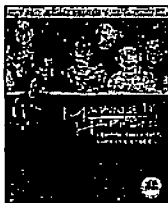
## Planning & Evaluation



- Free Resources from USDA

<http://www.fns.usda.gov/tn/>

## Planning and Evaluation



### Success Stories

• Austin, TX  
 • Bozeman, MT  
 • Bristol, RI  
 • Calais, ME  
 • Cambridge, NY  
 • Columbia, SC  
 • Cortland, NY  
 • Ennis, MT  
 • Fairfax County, VA  
 • Grand Forks, ND  
 • Great Falls, MT  
 • Green Bay, WI  
 • Hampton, ME  
 • Hilo, HI  
 • Kingsley, MI  
 • Lexington-Fayette County, KY and 16 more!

## Planning & Evaluation: FITNESSGRAM

- Contact Physical Education Coordinator, Department Head or Teacher to access campus and/or district-level data
- Determine where greatest gaps exists
- Focus policy and program improvements based on results
- Create goals and objectives for the physical education curriculum to address gaps
- Review at least once annually