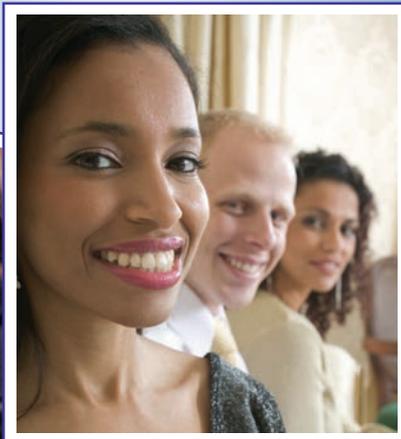


School Health Advisory Council



**A Guide for Texas
School Districts**
Revised July 2015



Designed for:

- School districts
- School board members
- Community members
- Stakeholders interested in SHACs

School Health Advisory Council



School Health Advisory Councils: A Guide for Texas School Districts helps school district personnel and community members understand the basics of local school health advisory councils (SHACs) and their importance in creating a healthy school environment.

Acknowledgment

The Texas Department of State Health Services (DSHS) expresses its gratitude to the American Cancer Society for allowing DSHS to adapt the original guide for Texas.

Whole School, Whole Community, Whole Child Model



The education, public health, and school health sectors have each called for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. Public health and education serve the same children, often in the same settings. The Whole School, Whole Community, Whole Child (WSCC) focuses on the child to align the common goals of both sectors.

The WSCC model expands on the eight elements of the Centers for Disease Control and Prevention's (CDC) coordinated school health approach and is combined with the whole child framework. CDC and ASCD developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach designed to improve learning and health in our nation's schools.

Learn more about the Whole School, Whole Community, Whole Child model at <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>

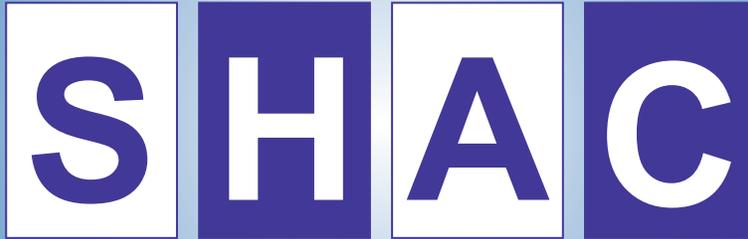


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Introduction

Healthier Students are Better Learners

It is more effective to teach healthy habits to children and young people than it is to teach adults how to undo unhealthy habits. The Centers for Disease Control and Prevention (2011) states, “Six types of health risk behaviors contribute to the leading causes of death, disability and social problems in the United States: (1) tobacco use; (2) unhealthy eating; (3) inadequate physical activity; (4) alcohol and other drug use; (5) sexual behaviors that may result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy; and (6) violence”. Children and young people learn these behaviors early in their lives. There is also a link between these six health behaviors and student academics and attendance. Teaching children and young people how to live healthy is a good way to help them grow into healthy adults. A majority of children and young people spend most of their time in school. Schools are an important place to increase understanding, form attitudes, and develop skills that affect lifelong healthy behaviors. Many studies show that a healthy, active child is more likely to be successful in school and have healthy habits their entire life (CDC, 2011; Basch, 2011). Additional research shows that schools can deal with the health needs of students and still meet performance goals and lessen financial limits (Action for Healthy Kids, 2013).



“If schools do not deal with children’s health by design, they deal with it by default.”
– Health is Academic, 1997

While schools are an important place to make a difference in the long-term health risks of its students, they cannot deal with these complex problems on their own. Schools, parents, and community members can join forces to support the knowledge and skills young people need to be healthy. One way for everyone to come together is through the local school health advisory council (SHAC). Local SHACs provide a way to get involved with school health-related issues.

A SHAC is a school district created advisory group. Members of the SHAC come from different areas of the community and school district. Texas law (Texas Education Code, Title 2, Chapter 28, §28.004) requires the establishment of a SHAC for every school district. The job of the SHAC is to make sure that the school district’s school health programs reflect local community values.

Background

As a response to parental concerns about human sexuality instruction, Senate Bill 1 (1995, 74th Legislative Session) amended Chapter 28 of the Texas Education Code (TEC) by adding § 28.004. This section requires the establishment of a local health education advisory council. Since 2001, the Texas legislature has passed bills every session to amend this chapter of the TEC. For example, local school health education councils are now known as local SHACs and their duties have expanded beyond human sexuality instruction. See Appendix B for the legislative history of SHACs.

This guide is intended to assist school district personnel and community members in continuing to meet the requirements of Title 2, Chapter 28, § 28.004 of the TEC for developing and sustaining local SHACs.

Role of School Health Advisory Councils

A SHAC has many roles. At minimum, Texas SHACs have to do the job that is written in Title 2, Chapter 28, § 28.004 of the TEC. The most effective SHACs create recommendations that speak to the *Whole School, Whole Community, Whole Child* (WSCC) approach to health and learning¹. SHACs may be given the following roles:

- **Program Planning**

Good school health programs do not just happen. SHACs must work together to carefully plan them. Sharing teaching methods, working through obstacles, and helping with assessment activities are a part of SHACs work. Talking over health issues, selecting programs, and having training time for members are also handy ways to use a SHAC's time. The most effective SHACs create recommendations that speak to the *Whole School, Whole Community, Whole Child* approach to health and learning.

SHACs are in charge of promoting school health. School health promotion allows the school district and community to see what the SHAC has to offer. Shining a spotlight on the work of a SHAC is one way to promote school health. This work also includes promoting school health coordination within the school district and in the community. The benefits can range from receiving more resources to building a better understanding between the school and community.

- **Promotion**

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- **Fiscal Impact**

One of the main roles of any SHAC is to make school health recommendations to the school board. The SHAC should work with school personnel to figure out if a school health recommendation will bring any cost to the school district. Helping the school district raise money for suggested programs and preparing grant requests are some of the ways a SHAC can offset costs.

- **Collaboration with District and State Agencies**

SHACs work with school district and state agency personnel in many ways. Sometimes they work together to pick health programs, locate health services, create food service programs, share federal and state funds, and in policy-making.



The most effective SHACs create recommendations that speak to the *Whole School, Whole Community, Whole Child* approach to health and learning.

¹ ASCD and the CDC recommends the use of the Whole School, Whole Community, Whole Child (WSCC) model as a framework for improving students' learning and health in our nation's schools. The focus of the WSCC model is an ecological approach that is directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child.

Starting or Reviving a School Health Advisory Council

- **Liaise with District School Board**

Texas SHACs must give a written report to their school board every year (TEC, Title 2, Chapter 28, §28.004). This report is a way to bring SHAC activities recognition from the school board. It can also create a better understanding of the SHAC's value.

Another SHAC link to the school board is through recommendations. It is important that SHACs look over and recommend policies, procedures, strategies, and curriculum options with care. School board recommendations are based on (1) an understanding of the community's values, (2) evidence of effectiveness, (3) consideration of the fiscal impact to the district, and (4) the school-community's needs.



- **Evaluation, Accountability and Quality Control**

SHACs may take part in many evaluation, accountability, and quality control projects. Examples follow:

- ◆ *Evaluation Projects:* If the district wants to teach new sex education lessons, the SHAC can bring together groups of parents, teachers, students, and principals to hear what they have to say about it.
- ◆ *Accountability Projects:* If the district has decided to increase healthy eating and physical activity during the school day, the SHAC can review the wellness policy and suggest opportunities to promote healthy eating and physical activity.
- ◆ *Quality Control Projects:* If the district has an influx of funding dedicated to school health, the SHAC can review the budget to help make sure the money is wisely spent.

There are a few action steps that are important to take when starting or reviving a SHAC that had previously disbanded.

These action steps are:

- **Read and review.** The district may have policies and procedures made for advisory councils or groups similar to the SHAC. There is also Texas law about SHACs. It is important to read and understand the district information and the Texas law about SHACs.
- **Get together.** Find three to five interested people that can help describe the need for a SHAC. It is best to find people that the community finds trustworthy.
- **Build awareness and support.** Write a short proposal on the need to establish a SHAC. Think about including some of the broader roles of the SHAC that go beyond the minimum requirements of Texas law. Make sure that the proposal always compliments the district's needs.
- **Establish relationships.** Gain administrative and school board support of the school district. This is a key step to setting the foundation for a successful working relationship.

Qualities of School Health Advisory Council Members

One of the most desired qualities SHAC members should have is the commitment for quality school health programs. Other qualities of SHAC members should include:

- **Demonstrated Interest in Youth**

People who show an interest in youth are good nominees for SHAC membership. Consider checking with local church youth groups, human service agencies, civic clubs, parent teacher associations, or youth-related business projects to find members.

- **Awareness of the Community**

An effective SHAC must have members who are aware of their community. People who have lived in the community a long time are more familiar with the local culture, politics, geography, and economic aspects. This knowledge makes them important to decision making and may help the SHAC achieve its goals more easily.

On the other hand, a new person in the community may bring previous experience and a fresh viewpoint. More importantly, the key to building community awareness within the SHAC is to select people that are active and truly reflect the diversity of the community.

- **Professional Ability**

One of the most desired qualities SHAC members should have is the commitment for quality school health programs.

- **Commitment of Time**

Often a SHAC will find a member who is the right fit, but he or she will not go to meetings and help with the work of the SHAC. In this case it is usually better to not have that person as a member. Always talk about the amount of time needed with the person you are trying to recruit to make sure he or she has time for the SHAC. Every once in a while this rule can be broken because the person may add to the SHAC's credibility.

- **Diverse Representation**

One of the most serious problems for some SHACs is that their members do not reflect the views of the community. A diverse, multi-sector SHAC membership can enrich the level of discussion, which can bring forth better decision-making (Goldman & Peters, 2010) and acceptance of proposed activities. Age, sex, race, pay, geography, culture, career type, or religion define parts of the community. Also, think about searching for members in the key parts of the community (i.e., schools, churches, businesses, media, and government). Finding would-be members from various groups will ensure that the SHAC serves the entire community and bring trust.



“Coming together is a beginning;
keeping together is progress;
working together is success.”
– Henry Ford.

Qualities of School Health Advisory Council Members (continued)

• Credibility of Individual Members

In Texas, the school board of a district is required to appoint at least five members to the SHAC (TEC, Title 2, Chapter 28, §28.004). These members should be respected individuals that have a wide range of characteristics that can enhance the SHAC's credibility. Some characteristics to consider include honesty, trustworthiness, dependability, commitment, and ethical behavior.

Sources of SHAC Members

(as stated in TEC, Title I, Chapter 28, § 28.004)

- Parents of students in the district (majority of the members – required by law)
- District Students
- Public School Teachers
- Public School Administrators
- Health Care Professionals
- The Business Community
- Law Enforcement
- Senior Citizens
- The Clergy
- Nonprofit Health Organizations
- Local Domestic Violence Programs

Other Sources of SHAC Members

- Media (E.g., local newspapers, local radio/TV stations, and local print media)
- Social Service Agencies
- Public Health Agencies
- Hospitals and Clinics
- Civic and Service Organizations
- Colleges and Universities
- Youth Groups
- Professional Societies
- Housing Authorities
- Before and After School Organizations
- Other Faith Community Leaders



Selection of School Health Advisory Council Members

There are primarily three methods for selecting SHAC members. SHACs sometimes use only one method or mix and match the methods. The three methods are:

1. Appointment

Some SHACs consist of individuals who are appointed by school board members to represent them in planning and implementing school health education programs. SHACs appointed entirely by the school board typically represent the views of the school board members.

2. Election

Voters, school board members, or school administrators elect members on some SHACs. These SHACs often reflect the views of the groups who elected them. This type of membership selection is not common in Texas.

3. Volunteer

Some SHACs consist of people who volunteer to serve on the SHAC. These SHACs often reflect the views of the community since many sectors of the community have the opportunity to serve. Make sure that volunteer members have the desired qualities for membership.

Most Texas SHACs use the method of appointment along with one of the other methods. The most successful SHACs take the time to plan and implement a recruitment process. These SHACs use a small group to find and pick people that (1) have the desired qualities of membership, (2) come from various parts of the community, and (3) reflect the diversity of the community.



Selection of School Health Advisory Council Members (continued)

Regardless of how new members come about, there are some common things to consider:

- Membership categories and the overall SHAC size should be set early on and written into the bylaws. SHACs typically have ten to twenty members.
- A diverse group of three to five neutral individuals should find and pick likely members for each membership category.
- Assign new members staggered term lengths of 1, 2, or 3 years to maintain a balance of new and tenured members. By doing so, the SHAC will have stability and consistency in its operations.
- Explain the SHAC purpose, setup, membership rules, and time commitment to likely members before asking them to join.
- The superintendent and/or school board should send selection letters to new members. These letters should indicate how much the school district values the person's willingness to be a part of the SHAC. It should also include the SHAC's name, the membership time period, the name of the school district contact person, and the name of the SHAC chair and/or co-chair. Finally, the letter should inform the person about the next steps (e.g., the date, time, and place of the first SHAC meeting). See Tools for a sample letter.



School Health Advisory Council Bylaws

Early on, it is important to lay out how a SHAC will operate. Thought must be given to how the SHAC will be put together and how it works. Setting the foundation early will give members clear ways on how to move forward and keep an identity that best fits the SHAC.

Bylaws

According to *Robert's Rules of Order Newly Revised (RONR)*, bylaws are the rules a group makes that controls its setup and how it works. Bylaws reduce confusion among members because they spell out how to carry out the business of the SHAC. For this reason, it is a good idea to create bylaws at the start and also make sure that members know about them.

SHAC bylaws should, at minimum, include:

- The formal name of the SHAC usually contains the school district's name (e.g., Liverpool ISD School Health Advisory Council).
- A SHAC also has a purpose statement that expresses the advisory spirit of the SHAC and includes the definition of school health.
- Some Texas SHACs also include the legal purpose as written in state law (TEC, Title 2, Chapter 28, §28.004) and in district policy. Clearly defining the SHAC's purpose helps the SHAC keep its focus.

Setting the foundation for operation of a SHAC early will give members clear ways on how to move forward and keep an identity that best fits the SHAC.

Membership

Write bylaws that define the composition of the SHAC. Spell out membership criteria, the number of members, selection method, the membership time period, attendance rules and voting rights. Also, address member termination, when a member quits, and how to fill a term that has not come to an end. Describe the role of ex-officio members in this section, too. Most SHACs assign a school board member this designation and state they do not have the right to vote.

The Texas School Health Advisory Committee (TSHAC) uses staggered terms in order to maintain a balance of new and tenured members. This creates stability and consistency in its operations.

Officers

Describe the duties of officers, their title, and membership time period. Also, detail how officers come into office, their removal, and what happens when they resign. In Texas, officers should include chair and/or co-chair. Remember that at least the chair or co-chair must be a parent of a student enrolled in the school district and cannot be an employee of the school district (TEC, Title 2, Chapter 28, §28.004). Generally, officers also include a secretary, past chair, chair-elect, and co-chair elect.

Meetings

In this section, the frequency of meetings should be stated and made clear whether the SHAC will meet on a regular basis. Keep in mind that Texas SHACs are required to meet at least four times each year (TEC, Title 2, Chapter 28, §28.004).

Be sure to state who has the power and how to call special meetings. Also, give ways for setting the agenda, for notification of meetings, and for sharing the agenda and minutes.

It is important to note that Texas open meetings laws do not apply to SHACs because they serve an advisory role and not a decision-making or fiscal role. In addition, they do not meet the Texas definition of a governmental body (Texas Government Code, Title 5, Chapter 551, §551.001) that binds groups to open meetings laws. Regardless, it is always a good idea to post minutes and agendas on the district's website. Doing so allows for public feedback and offers an "open door" to the SHAC.

School Health Advisory Council Bylaws (continued)

It is wise to cover annual reports to the school board in this section as well. As mentioned previously, Texas SHACs are required by law (TEC, Title 2, Chapter 28, §28.004) to submit to their school board, at least annually, a written report that includes:

- Any SHAC recommendation concerning the school district's health education curriculum and instruction or related matters that the SHAC has not previously submitted to the school board;
- Any suggested modification to a SHAC recommendation previously submitted to the school board;
- A detailed explanation of the SHAC's activities during the period between the date of the current report and the date of the last prior written report; and
- Any recommendations made by the physical activity and fitness planning subcommittee.

Committees

Many SHACs appoint committees to carry out specific actions. In the bylaws, be sure to give the names of all permanent committees and short descriptions of their purpose and membership requirements. Also, describe the process for forming special committees.

Parliamentary Authority

Parliamentary authority holds the rules that a SHAC will use to conduct business. It contains the rules that tell a SHAC how to run their meetings and tackle operating issues. Adopting parliamentary authority (e.g., RONR) into bylaws is the simplest and easiest way to give binding rules of order to a SHAC.

Be sure the statement of adoption defines any rules that override the parliamentary authority. "Ranking Rules of Order" is the official name. For example, if RONR is the parliamentary authority; it's binding only to the extent that it isn't in conflict with the SHAC bylaws and Texas law. The Ranking Rules of Order would be Texas law, SHAC bylaws, and then RONR.

Amendments

In this section, indicate the procedures to amend the bylaws. If using RONR, previous notice and two-thirds vote is required to amend bylaws (Robert, Evans, Honemann, & Balch, 2004). After amending a bylaw, date and give copies to all members and appropriate school personnel.

Voting Procedures

A voting procedure determines how members cast their vote on issues. In this section, describe the voting process and the quorum required at regular meetings. In most cases, if a majority of the members attend there will be a quorum. Some SHACs require that a quorum must be present and a majority vote is required to adopt a motion.

Communications

The communication section of the bylaws should clearly state the reporting procedures with people inside and outside of the SHAC. Consider including who needs to receive reports from the SHAC. Then specify the required process to develop and deliver them. State how the community will stay informed about SHAC activities. Finally, this is a good place to include where and how to get storage for SHAC activity records.

The Strategic Planning Process

SHACs and other groups often use the strategic planning process to decide what they want to do and how to do it. VMOSA (Vision, Mission, Objectives, Strategies, and Action Plans) is the process that most groups use for strategic planning (Kansas, 2013). Once the VMOSA process is complete, a SHAC will be able to focus its energy and ensure that members are working toward the same goals. The strategic plan will also help the SHAC assess and adjust direction in response to the changing environment.

The following is a brief overview of the parts of VMOSA process:

Vision (The dream)

Some SHACs have written statements about their school district's philosophy as it relates to the principles of the whole school whole community whole child model (WSCC) in ideal conditions. By developing a vision statement, a SHAC makes clear its collective view on what school health means to the school community. It also offers the SHAC a framework to refer to when making policy recommendations. SHAC members can ask themselves: Does this new policy, practice, or program fit into our philosophy of school health?

Writing a vision statement can be a challenge. The following are qualities that most SHAC vision statements have in common:

- **Clarity:** The community and the SHAC understand it.
- **Shareable:** The community and the SHAC freely share it.
- **Broad:** They are broad enough to include a variety of local views.
- **Inspiring:** They inspire everyone involved in the school community and the SHAC.
- **Brevity:** They are easy to communicate; for example, one sentence.

An example of a vision statement that meets the qualities mentioned above is:

"The Liverpool ISD SHAC envisions health and education for all children."

Mission (The what and the why)

The SHAC mission statement describes what the SHAC is going to do and why the SHAC is going to do it. The mission statement should provide the ideal outcome of the SHAC's efforts in coordinating school health. In addition, it should align with the mission of the school district and be more action-oriented than the vision statement.

An example of a mission statement as described above is:

"The mission of the Liverpool ISD SHAC is to build a healthy school community through a WSCC approach that ensures all children will graduate with the knowledge and skills to maintain a healthy lifestyle."

Tip

Good strategic planning allows your organization to build consensus around your focus and take the necessary steps your organization should to achieve a solid plan. Visit the Community Toolbox at <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vmosa/main> for a step-by-step process for strategic planning.



The Strategic Planning Process (continued)

Objectives (How much of what will be accomplished by when)

Objectives provide a practical way for SHACs to describe carrying out its mission. The best objectives share common qualities. These qualities are “S.M.A.R.T. + C” (Specific, Measurable, Achievable, Relevant, and Time bound, plus Challenging) See Appendix B for Creating SMART + Objectives.

- ***Specific***: How much of what is to be achieved by when and for whom?
- ***Measurable***: Is the information concerning the objective quantifiable?
- ***Achievable***: Can the SHAC get it done in the proposed time frame with the resources and support it has available?
- ***Relevant***: Will this objective have an effect on the desired vision and mission of the SHAC?
- ***Time bound***: When will this objective be complete?
- ***+ Challenging***: Does this objective stretch the SHAC to set its aims on significant improvements that are important to the school community?

An example of an objective that meets the characteristics described above is:

“By September 1, 2014, a Texas Education Agency (TEA) approved coordinated school health program will be utilized by 100% of the schools in the district.”

Strategies (The how)

The strategies developed by a SHAC describe how it will reach its objectives. Well written strategies focus the SHACs efforts and outline how it is going to get things done. The following are criteria that the best strategies possess:

- ***Give overall direction*** by providing a path to achieve the objective.
- ***Fit resources and opportunities*** by taking advantage of available resources, assets, and current opportunities.
- ***Minimize resistance and barriers*** by attracting supporters and deterring opponents.
- ***Reach those affected*** by linking to the targeted school population.
- ***Advance the mission*** by making a difference on the SHAC’s mission and objectives.

Action Plans (The specifics)

The action plan provides specifics to how a SHAC will use its strategies to accomplish its objectives. In other words, it provides the details to the SHAC’s work. Action plans state what will be done by whom, by when, at what cost, and who should know results. The following are criteria that good action plans possess:

- ***Evidence of commitment*** from the school administration and school board. Is there buy-in and participation of leadership in the action plan?
- ***Comprehensive*** in identifying all the actions steps or changes sought by the SHAC.
- ***Concrete*** when it comes to identifying who will do what by when.
- ***Reflective of current work*** and takes into account newly emerging opportunities and barriers.

To view a Work Plan visit the TSHAC website at <http://www.dshs.state.tx.us/schoolhealth/shadvisecalendar.shtm> and scroll to the bottom of the page.



Tip:

The Texas School Health Advisory Committee (TSHAC) develops a five year Work Plan of activities to help guide them to meeting their objectives within the timeframe.

Effective School Health Advisory Council Meetings



Texas law requires SHACs to meet four times each year (TEC, Title 2, Chapter 28, §28.004). Effective meeting management is essential in order for the SHAC to get work done during this time. The meeting chair or co-chair should think about the following things for well-organized and focused meetings:

Regular Meeting Schedule

There should be a yearly calendar of dates, times, and locations for meetings. It is helpful to have a consistent meeting date so that members and others can begin to save the date. For example, the Texas School Health Advisory Committee's (TSHAC) regular meetings occur on Mondays at 10:00 a.m. in the planned month.

Agenda

Think about creating the agenda with other SHAC members. Two weeks before the meeting, send a rough draft agenda to members asking for more agenda topics. Set a due date for all suggestions at least one week before the meeting. This ensures enough time to include the suggestions in the final agenda. Then one week before the meeting, send a final agenda along with the minutes of the last meeting. Members should be able to understand the agenda with ease. For every agenda item, clearly list the type of needed action, the expected output, and the time estimates. See Tools for a template agenda.

This is also the time to consider inviting people who are not a part of the SHAC. It is important to be purposeful with meeting invitations. Consider individuals who:

- Have knowledge that can contribute to completing the objectives of the SHAC meeting,
- Have the responsibility for implementing the decisions made at the SHAC meeting, or
- Represent a group affected by the decisions made at the SHAC meeting.

Effective School Health Advisory Council Meetings (continued)

Email and Phone Communication

Two days prior to the meeting, email and/or call members as a reminder. Start an email list and phone tree to quickly communicate and give procedures for dealing with bad weather. Make sure to designate a main phone number for members to call for information.

Refreshments and Childcare

More people tend to come to meetings when there are refreshments and childcare. Offering both makes the SHAC more inviting to everyone. Light snacks and drinks get people to mingle and feel more comfortable at the meeting. However, most school districts do not have funding for refreshments and/or childcare. SHACs usually have to find another source to provide these things. Be sure to tell SHAC members if they have the task to provide refreshments and/or childcare at the beginning of the year. Also, don't forget to put it on the agenda if refreshments and/or childcare are available.

Resources

At the meeting be sure to have adequate copies of the agenda, minutes, supplies, and other information for each member. It's helpful to have flip-charts, markers, and sticky notes available.

Punctuality

Meetings should start and end on time. Waiting for latecomers before starting a meeting or allowing discussion to drift past a specific time will promote continuation of these behaviors. Keep in mind that the SHAC may need to set a new meeting time if a many people show up late or do not show up at all.

Environment and Atmosphere

Hold the SHAC meeting in a comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well to encourage collaboration (Fulton-Calkins & Stulz, 2009). The SHAC chair and/or co-chair should always warmly greet members as they arrive and introduce them to one another. They should also take time to involve all members in discussions and acknowledge them for their contributions. It is also important that the SHAC chair and/or co-chair periodically summarize the discussion to the group. Doing so ensures that everyone is on the same page.

Follow-up

Before moving onto a new topic in a meeting, make sure to assign a SHAC member tasks that need follow-up or finishing. At the end of the meeting, the SHAC chair and/or co-chair should review the items for follow-up. Also, save enough time to set agenda topics for the next meeting.

School Health Advisory Council Self-Assessment

It is important for a SHAC to periodically assess how well it works. SHAC members should ask themselves if the SHAC is doing its job; is it meeting its objectives? If the SHAC is meeting its objectives, then to what level will it be complete by the target date?

The SHAC should use the results of the self-assessment to identify recommended actions it should take to make itself better.

The following is a tool created by the Texas School Health Advisory Committee to help SHACs do a self-assessment:

Organization of the SHAC		Yes	Partially/ Maybe	No	Comments/Note
1	Does SHAC membership represent key segments of the community? Are ethnic and economic groups adequately represented?				
2	Are SHAC member roles and responsibilities clearly defined?				
3	Have members received sufficient orientation?				
4	Are members willing to devote the necessary time?				
5	Do SHAC members have an understanding of the availability of resources for the SHAC?				
6	Is the structure of the SHAC clearly defined (for example, leadership roles and responsibilities, subcommittees, etc.)?				
7	Is an elected chairperson providing positive and productive leadership?				
8	Are procedures established and utilized for conducting business?				
9	Have bylaws been established?				
10	Are regular meetings occurring? Is the SHAC meeting at least four times per year? Are 50% - 75% of members attending?				
11	Does the SHAC have knowledge of the techniques for managing controversy and how to utilize them?				

School Health Advisory Council Self-Assessment (continued)

Goals and Activities		Yes	Partially/ Maybe	No	Comments/Note
12	Did the SHAC write a Vision Statement? A Mission Statement?				
13	Has the SHAC conducted an assessment with the district staff? Were needs identified? Were goals set based on those needs?				
14	Do SHAC plans and activities focus on the goals and objectives set by the SHAC and have completion dates been set?				
15	Are efforts made to reach goals and objectives by the targeted completion dates?				
16	Does the SHAC implement activities to support coordinated school health programming?				
17	Does the SHAC address all ten components of a coordinated school health program?				
18	Has an understanding of coordinated school health and its value to the community emerged as a result of SHAC activities?				
19	Are regular reports made to the district staff or school board? Was the state-required annual report made to the board?				
The SHAC's Role		Yes	Partially/ Maybe	No	Comments/Note
20	Does the school board and school administration recognize and support the SHAC's role in improving/promoting school health? For example; do district personnel or board members seek advice from the SHAC and act on SHAC recommendations?				
21	Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?				
22	Does the SHAC and its members receive recognition for their contributions in school publications, news releases, or other communication channels?				

School Health Advisory Council Self-Assessment (continued)

Communication		Yes	Partially/ Maybe	No	Comments/Note
Do SHAC members have an awareness of:					
23	• The status of school health programs in the schools in their district?				
24	• The role of the school district liaison?				
25	• The school board's and school administration's knowledge about and support of school health?				
26	• The values and attitudes of the school/ community including special interest groups?				
27	• The processes available for community and student input on school health issues and SHAC activities, as well as, processes for communication to the community from the SHAC?				
28	• The current local and state legislative mandates and historical perspectives?				
29	• State and national developments in school health?				

References:

The SHAC Self-assessment Tool was developed from the following resources:

- Department of State Health Services School Health Program, Child Health and Safety Branch, "What Factors Influence the Effectiveness of a SHAC?" and
- "How are SHACs Evaluated?" School Health Advisory Council: A Guide for Texas School Districts, 2007: 18-19. The guide can be accessed on the School Health Program Web site at www.dshs.state.tx.us/schoolhealth/SHACGuide2007.pdf.

The SHAC Self-assessment Tool was developed by the Texas School Health Advisory Committee (TSHAC) to support continuing growth of district SHACs. If you have any questions, or would like additional information on the TSHAC, visit www.dshs.state.tx.us/schoolhealth/shadvise.shtm or contact Ellen Smith, Information Specialist at ellen.smith@dshs.state.tx.us.

Writing School Health Advisory Council Success Stories

What is a Success Story? Why does a School Health Advisory Council Need a Success Story?

Success stories are simple descriptions of the progress, lessons learned, or triumphs of the SHAC. They help the SHAC raise its profile and credibility by showcasing its value and impact. The key to getting support from district decision makers and the school community is through promotion of the SHAC's work. In addition, success stories are important because they also provide a way to share 'best practices' with other SHACs (Centers for Disease Control and Prevention, 2008).

Essential Success Story Elements

**Know What
Activity to
Highlight**

**Know
Your
Audience**

**Know
Your
Story**

Success Story Formats for School Health Advisory Councils

- Elevator Story – this is a 10-second (or less) story told in a moment of opportunity. For example, use this type of format when there is a chance meeting with a superintendent or a school board member. This is the time to grab his/her attention and offer a brief taste of the SHAC's most recent shining accomplishment.
- One Pager – this is the most common format for a success story. It is easy to create when the right information is available. One-pagers are most successful when it is short, to the point, allows the reader to connect to the story, and includes how the reader can make contact.

Common Characteristics of the Success Stories

Success stories:

- Describe outcomes that have value to district decision-makers and the community.
- Contain gripping and noteworthy facts that grab the reader's attention.
- Relay who benefits from the success.
- Answer the question, "So what?"
- Get across the SHAC's role in achieving the outcome.
- Are easy to read and convey.

See Tools for a Creating a SHAC Success Story

Conclusion

Although SHACs are similar in their general purpose and functioning, no two SHACs are alike. People from all walks of life make up SHACs. This is perhaps the most important element of a SHAC. It is diversity that guarantees SHAC recommendations reflect the individual needs and values of the community. However, unless community members get involved, SHACs do not work. Therefore, it is essential that every concerned citizen and agency remember its obligation to their SHAC, their school district, and, most importantly, to their community's children.

“Never doubt that a small group of committed people can change the world. Indeed, it is the only thing that ever has.”
– Margaret Mead



Resources

National and Texas specific resources that may be of value.

National Resources

- CDC - School Health Index www.cdc.gov/healthyyouth/shi/index.htm
 - ◆ YRBS: www.cdc.gov/healthyyouth/yrbs/index.htm
 - ◆ School Health: www.cdc.gov/healthyyouth/schoolhealth
- Action for Healthy Kids: <http://www.actionforhealthykids.org/>
- American School Health Association: <http://www.ashaweb.org/>
- National Parent Teacher Association: www.pta.org
- Let's Move! Initiative: www.letsmove.gov/create-school-health-advisory-council
- American Academy of Pediatrics Council on School Health: www2.aap.org/sections/schoolhealth
- Alliance for a Healthier Generation: <https://schools.healthiergeneration.org/>
- SHAPE (Society of Health and Physical Educators) America: www.shapeamerica.org

Texas Resources

- Texas School Health Program: <http://www.dshs.state.tx.us/schoolhealth/>
- Texas School Health Advisory Committee: <http://www.dshs.state.tx.us/schoolhealth/shadvise.shtm>
- Texas YRBS: <http://www.dshs.state.tx.us/chs/yrbs/>
- Texas Education Agency - Health and PE
 - ◆ Health: http://tea.texas.gov/Curriculum_and_Instructional_Programs/Subject_Areas/Health_and_Physical_Education/Health_Education/
 - ◆ Physical Education: <http://tea.texas.gov/index2.aspx?id=2147486244>
- Texas Department of Agriculture - Square Meals: <http://www.squaremeals.org/>
- Texas Action for Healthy Kids: <http://www.actionforhealthykids.org/in-your-state/texas/welcome>
- Texas Parent Teacher Association - Healthy Lifestyles: www.txpta.org/my-pta/leaders/healthy-lifestyles

Tools

A set of sample tools designed to carry out necessary actions. The Texas Department of State Health Services encourages local SHACs to adapt these tools as needed.

- 1. Texas Legislation - SHACs**
- 2. Creating SMART +C Objectives**
- 3. Sample SHAC Meeting Agenda**
- 4. Sample Letter of Invitation**
- 5. Sample Thank You Letter for Joining a SHAC**
- 6. Creating a SHAC Success Story**
- 7. Worksheets**
 - Worksheet 1: Community Partners to Invite**
 - Worksheet 2: Creating a Vision for Your Community and Schools**
 - Worksheet 3: Our Vision of the Future**
 - Worksheet 4: What's needed for change to occur?**
 - Worksheet 5: A Process for Change**
 - Worksheet 6: The Wellness Policy Process**

Texas Legislation - SHACs

1995, 74th Legislative Session

Senate Bill 1

Amended Chapter 28 of the Texas Education Code (TEC) by adding 28.004 Human Sexuality Instruction

Established local health education advisory councils.

2001, 77th Legislative Session

Senate Bill 19

Amended the heading of 28.004 of the TEC to read, "Local School Health Education Advisory Council and Health Education Instruction."

Requires a school district to consider the recommendations of the local school health education advisory council before changing the district's health education curriculum/instruction.

Set forth recommendations which are included in the duties of the local school health education advisory council.

Requires local board of trustees to appoint members to the local school health education advisory council. Also, allows local board to appoint one or more persons from certain groups, including teachers and law enforcement.

Requires a majority of the members to be parents of students enrolled in the district.

2003, 78th Legislative Session

Senate Bill 1357

Amended the heading of 28.004 of the TEC to read, "Local School Health Advisory Council and Health Education Instruction."

Established local school health advisory council (SHAC) in lieu of local health education advisory council.

Requires that a school district make certain information available for public inspection.

2005, 79th Legislative Session

Senate Bill 42

Amended 28.004 (k) of the TEC, to require a school district to publish in the student handbook and post on the district's Internet website, rather than make available for public inspection, a statement of the policies adopted to ensure that elementary, middle, and junior high school students engage in a specified amount per school week of physical activity and a statement of the number of times during the preceding year the district's SHAC has met.

Amended Subchapter D, Chapter 1001, Health and Safety Code, by adding 1001.0711. This section required the establishment of the state-level SHAC at the Department of State Health Services.

Texas Legislation - SHACs (continued)

2007, 80th Legislative Session

Senate Bill 530

Amended 28.004 (k) of the TEC to require a school district to publish certain statements in the student handbook and on the district's Internet website, including a statement related to parental access to their child's physical fitness results.

Requires the local SHAC to consider and make recommendations to the district concerning the importance of daily recess for elementary school students.

2009, 81st Legislative Session

Senate Bill 283

Amended 28.004 of the TEC by establishing that five members of the SHAC will be appointed by the board of trustees.

Requires a parent member to serve as a chair or co-chair of the SHAC.

Requires SHACs to meet four times each year.

Requires the SHAC to submit an annual written report to the board of trustees.

2011, 82nd Legislative Session

Senate Bill 736

Amends 28.004 of the TEC to include local domestic violence programs among the groups from which a school district's board of trustees is authorized to appoint one or more persons to service on the district's local SHAC.

2013, 83rd Legislative Session

Senate Bill 1018

Amended 28.004 (k) of the TEC to require a school district to publish certain statements in the student handbook and on the district's Internet website, including a statement related to parental access to their child's physical fitness results.

Requires each district's local SHAC to establish a physical activity and fitness planning subcommittee to consider issues relating to student physical activity and fitness and to make policy recommendations to increase physical activity and improve fitness among students.

Expands the district's local SHAC annual report to include (1) the recommendations made by the physical activity and fitness planning subcommittee and (2) any joint use agreement that a school district and community organization/agency enter into based on a recommendation of the local SHAC.

2013, 83rd Legislative Session

Senate Bill 460

Amends 28.004 of the TEC to expand the duties of each school district's local SHAC to include recommending grade level-appropriate policies, procedures, and strategies, as well as curriculum, designed to prevent cardiovascular diseases and Type 2 diabetes and expands the scope of such measures to include prevention of mental disorders.

Creating SMART +C Objectives

Specific **M**easurable **A**ttainable **R**elevant **T**ime-Based **+ C**hallenging

Objectives provide a practical way for SHACs to describe carrying out its mission. The best objectives share common characteristics. These characteristics are “S.M.A.R.T. +C”:

Specific — *How much of what is to be achieved by when and for whom?*

The “specific” part of an objective tells us what will change for whom in concrete terms. It identifies the population or setting, and specific actions that will result. In other words it answers the six basic questions:

Who: (Required) Who is involved?

What: (Required) What needs to be accomplished?

Where: Identify a location.

When: (Required) Establish a time frame.

Which: Identify requirements and constraints.

Why: Specific reasons, purpose or benefits of accomplishing the goal.

Verbs to **use** in objectives: provide, train, publish, increase, decrease, schedule, or purchase

Verbs to **avoid** in objectives: coordinate, partner, support, facilitate, and enhance.

Measurable — *Is it quantifiable and can the SHAC measure it?*

Measurable implies the ability to count an activity or its results. Establish concrete criteria for measuring progress towards completion of each objective. Make sure to identify the source of and mechanism for collecting measurement data and take in consideration whether the collection of these data is feasible for your SHAC and/or partners.

Achievable — *Can the SHAC get it done in the proposed time frame with the resources and support it has available?*

The objective must be possible with the available resources, practical, and within the SHAC’s control and influence. Make sure that every objective represents an opportunity for ample progress.

Relevant — *Will this objective have an effect on the desired mission and vision of the SHAC??*

To be relevant, an objective must represent a goal toward which the SHAC is both willing and able to accomplish and aligned with what the SHAC is trying to achieve.

Time bound — *When will this objective be accomplished?*

A specified and reasonable time frame should be incorporated into the objective statement. Identifying a time frame for an objective elevates the sense of importance.

Examples of phrases to indicate time frame: “By December 2010, the SHAC will” or “Within 6 months of receiving the grant...”

+ Challenging — *Does this objective stretch the SHAC to set its aims on significant improvements?*

Objectives need to be challenging, but realistic in order for a SHAC to transform. Setting a challenging goal (that is achievable) is much easier to reach than a simple one because a simple goal exerts low motivational force; it’s safe and keeps the SHAC stagnant. On the other hand, remember that too much challenge and not enough support will create stress and burnout. So, aim high, but make sure that the SHAC has the resources to achieve the objective.

Creating SMART +C Objectives (continued)

Example S.M.A.R.T. +C Objective:

“By March 3, 2008, the Texas School Health Advisory Committee will develop recommendations for diet sodas in schools to for the Texas Department of Agriculture in order to provide assistance in implementing Texas Public School Policy regulations in an effort to create a healthy school environment.”

The Template

Specific Measurable Attainable Relevant Time-Based + Challenging

To develop S.M.A.R.T. + C objectives, use the template below and fill in the blanks:

By _____ / _____ / _____, _____
[WHO/WHAT—Specific] [WHEN—Time bound]

from _____ to _____
[MEASURE (number, rate, percentage of change and baseline)—Measurable]

Adapted from:

Centers for Disease Control and Prevention. (2013, August). Writing Smart Objectives. Retrieved February 2014, from Centers for Disease Control and Prevention: http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/smart_objectives.htm

The University of Kansas. (2013). Section 3: Creating Objectives. Retrieved February 2014, from The Community Toolbox: <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>

Sample SHAC Meeting Agenda

<Insert the Name of Your School Health Advisory Council>

**Insert Your District
Logo Here**

Insert the Date of the Meeting

Insert the Time

Insert the Location

Meeting Agenda

Time	Agenda Topic	Topic Lead
XXX	<p>Welcome and Opening Remarks</p> <ul style="list-style-type: none"> A. Call to order B. Welcome and introductions of members and guests C. Approval of agenda D. Approval of minutes from the last meeting <p>Expected outcome: Informational and approval of the last meeting minutes</p>	<p>Insert Name of SHAC Chair</p>
XXX	<p>Agenda Item #1</p> <p>Provide a short description (1-2) sentences of the agenda item.</p> <p>Expected outcome: E.g., Informational and feedback</p>	<p>Insert Name of Person Leading Agenda Item</p>
XXX	<p>Agenda Item #2</p> <p>Provide a short description (1-2 sentences) of the agenda item.</p> <p>Expected outcome: E.g., Informational and feedback</p>	<p>Insert Name of Person Leading Agenda Item</p>
XXX	<p>Next Meeting</p> <ul style="list-style-type: none"> A. Set next meeting date B. Call for agenda topics for the next meeting <p>Expected outcome: Determine agenda topics for the next meeting</p>	<p>Insert Name of SHAC Chair</p>
XXX	<p>Adjourn</p>	<p>Insert Name of SHAC Chair</p>

Sample Letter of Invitation

Date

Recipient Name
Job Title
Agency/Organization
Address
City, State, Zip Code

Dear <Insert Name>:

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete their formal education. Responsibility for the physical, emotional, social, mental, and intellectual health of our youth belongs to their families and the entire community. Effective coordinated school health programs can contribute to helping young people avoid health risks by increasing their skills to make responsible choice about behaviors that can affect their health.

The <insert name of school district> school district is establishing an advisory council to advise the school board and assist the district in ensuring that local community values are reflected in the district's health education plan. The advisory council will advise and support the school's efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

As someone interested in the welfare of our children, you are invited to join the district's advisory council. The advisory council will include parents, students, teachers, school administrators, voluntary organizations, business representatives, health professionals, and other interested, concerned citizens.

We hope that you can attend an organizational meeting on <insert day> at <insert time> at <insert location> to consider ways for addressing the health needs of our community's youth. <Insert SHAC Chair Name> will call you next week to discuss participation and answer any questions you may have. If you wish to speak to someone before that time, please call <insert phone number>.

We look forward to working with you to promote better health among our district's students.
Sincerely,

Name
Title
Name of SHAC

Adapted from:

Missouri Coordinated School Health Coalition. (2008, December). School Health Advisory Council Guide. Columbia, Missouri. Retrieved February 2014, from:
http://www.healthykidsmo.org/resources/SHAC/SHAC_Guide.pdf

Sample Thank You Letter for Joining the SHAC

Date

Recipient Name

Job Title

Agency/Organization

Address

City, State, Zip Code

Dear **<Insert Name>**:

Thank you for accepting the invitation to be a member of the School Health Advisory Council. This will be an exciting opportunity to improve the overall health of our children and our community. I am sure the team that has been assembled will meet the challenge.

Our first meeting has been scheduled for **< insert date, time, and place>**. Snacks and daycare will be provided, and it should not last for more than **<insert time length>**. At the meeting, the council will discuss **<insert objective for the next meeting>** and how to best involve the community. The council will also be setting the schedule for future meetings. Please bring your calendar to schedule these. I look forward to seeing you at the meeting. If you have additional questions, please contact me at **<insert phone number>** at your convenience.

Sincerely,

Name

Title

Name of SHAC

Adapted from:

Missouri Coordinated School Health Coalition. (2008, December). School Health Advisory Council Guide. Columbia, Missouri. Retrieved February 2014, from:

http://www.healthykidsmo.org/resources/SHAC/SHAC_Guide.pdf

Creating a SHAC Success Story

Gathering and organizing the most important facts is essential when creating a SHAC success story. The questions below will help with shaping the specific story you want to create about your SHAC. It is organized by the major sections of a one-pager success story.

The last page provides a sample layout and example of a fictional SHAC success story. If you get stuck while you're writing & thinking about any of the specific sections below, you can refer to the sample story as a helpful inspiration. Also, feel free to use the sample layout as the format for your SHAC's success story.

Title

The title tells the audience what the story will be about. It captures the overall message of the story and should capture the audience's attention.

1. What is your story about?
2. What are the most important facts in your story? For example, did the SHAC reach an audience in the district that is hard to reach? Or, does the SHAC's strategy have a new and innovative way to address a school health issue?
3. Try to combine #1 and #2 answers above into one sentence, making sure the most important fact of your story is as close to the beginning of the sentence as possible.
4. Now, look at your response in #3. Can you shorten the sentence but still have enough detail that the audience knows what the story is about? Please write the new sentence here:
5. Finally, is there an interesting way to say the sentence in #4 that will grab a audience's attention? Write as many options as you can imagine. When you write your story, you may use one of these as your title.

School Health Issue

This section is about the school health issue within the school that is being addressed and why it's important. Be sure to use data to frame the issue, consider including health burden and financial cost to the district.

1. What is the school health issue within your district which the SHAC's plan of action is designed to change?
2. How does the school health issue affect your district negatively?
3. What might happen if the school health issue is not addressed? How might it affect your district in the short-term? The long-term?
4. Were there any barriers encountered during development or implementation of the SHAC's plan of action? What were they and how did the SHAC overcome them?

Creating a SHAC Success Story (continued)

Solution

This section tells the story about what is being done to address the school health issue. Describe which partners collaborated with the SHAC and the specific funding source (if any) that was used to address the specific school health issue or target population.

1. How does the SHAC's plan of action address the school health issue?
2. What is innovative about how the SHAC is addressing the school health issue? Include this information in the final success story, so please write it here.
3. How did the SHAC come up with a solution to address the school health issue?
4. What partners collaborated with the SHAC in addressing the school health issue?
5. Was the solution funded? If so, what are the funding sources? List the funding sources here.



SHACs
provide solutions
to school
health issues!

SHAC Success Story Example

Title:**Student Voice Provides Health and Wellness Support for District SHAC****The School Health Issue:**

A unique partnership has emerged between the North East ISD (NEISD) School Health Advisory Council (SHAC) in San Antonio and the district's students. The district SHAC realized that student voices were missing in identifying and recommending health and wellness issues directly impacting the students themselves.

The Solution:

The SHAC wanted to give students an opportunity to make a difference by lending their unique perspectives to district decision makers. Students were first surveyed to get their feedback on developing a student advisory board. The interest in the project was overwhelming. As a result, the SHAC created the Kids School Health Advisory Council or KSHAC. Students were identified for the KSHAC through applications to the Mayor's Fitness Council Student Ambassador Program. Because of the cultivated partnership with the Mayor's Council, the SHAC was able to acquire the applications to select students that demonstrated a passion for health and wellness.

The purpose of the KSHAC is to provide feedback to the district SHAC on appropriate student population health and wellness issues. They will also plan and implement district-wide wellness initiatives with the help and guidance of the district SHAC. Another objective of the KSHAC is to build student leadership skills through leadership and team-building trainings and their experience as a result of this new knowledge.

KSHAC is comprised of middle school and high school students; and, in order to gain a broad view of the issues that need to be addressed, students from each area of the district were selected. A minimum of 25% of the secondary campuses are represented to include at least one representative from each high school Cluster. The goal is to have KSHAC members at each NEISD campus. The KSHAC developed their own bylaws, elected officers, set goals and created projects for the group.

KSHAC members attend SHAC meetings to provide feedback on health and wellness issues within the district. KSHAC recommendations are developed and presented to the SHAC only after receiving 100% agreement of the KSHAC members. Recommendations that emerged through the SHACs' work with the School Health Index were presented to the KSHAC for feedback. This feedback will be used to develop recommendations to the Executive Staff and Board of Trustees.

Northeast ISD won an Award for Excellence in Texas School Health grant from the Texas Health Institute in 2014. They plan on using the money to fund the leadership trainings, motivational speakers and any training materials needed.

The SHAC will conduct a pre and post survey with the KSHAC to measure their impact on the SHAC on a scale of 1 – 5. The program will be deemed successful if a score above 3 on the post survey is achieved by the end of the school year.

The KSHAC should continue to be a powerful voice for the student population each year. It is the goal of the SHAC to use this power to create a healthier environment and lifestyle for all NEISD students.

Worksheets

On the following pages, you will find a series of helpful worksheets. Each of these worksheets have been taken from a more extensive guide to SHACs that has been specifically designed to assist either the chair of a SHAC or other school personnel responsible for providing support. This more extensive guide, *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils* is available from the American Cancer Society (Code no. 2061.00) or can be downloaded at no charge from www.schoolhealth.info. Go to the section on School Health Advisory Councils.

Worksheet 1:

Community Partners to Invite

A helpful tool to:

- Use in identifying prospective members for a local SHAC
- Ensure that you have balanced representation

Worksheets 2 and 3:

Creating a Vision for Your Community and Schools and Our Vision for the Future

A helpful tool to:

- Assist you in thinking through your values related to school health
- Use in creating a collective philosophy or vision for your SHAC

Worksheet 4 and 5:

What's Needed for Change? And a Process for Change

A helpful tool to:

- Consider all of the components required for change to occur
- Think through the steps for facilitating change

Worksheet 6:

The Wellness Policy Process

A helpful tool to:

- Illustrate the process of wellness policy development and implementation
- Understand how to provide for continuous quality improvement

Worksheet 1: Community Partners to Invite

Membership on your school health council should be as representative of your community as possible. Involve people with a broad variety of education, experience, opinion, economic level, gender, race, age, and ethnic background. Who are the key players in your community and school?

Community Members/Name, Affiliation	Invited	Accepted	Attended
Attorneys:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business and industry leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civic, service, and professional organizations:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clergy:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients and customers of community services:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community government officials:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension specialists:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers:			
Clinic _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies:			
Public health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol counselors _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protection services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile court system:			
Judge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit service providers:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Members/Name, Affiliation

Invited Accepted Attended

Nonprofit service providers:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent teacher organizations:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Police department:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Public media:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School personnel:

Area education agency representative _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and consumer sciences teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service worker _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-school support services provider _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical education teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School board member _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School social worker _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University faculty _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Senior citizens:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Students:

Middle school _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student government representative _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer health agencies:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worksheet 2: Creating a Vision for Your Community and Schools

1. What three things do you like best about our schools?
2. If you could change one thing about our schools, what would it be?
3. What worries you most about your children (or the children of our community) and their lives now?
4. What is one wish that you have for your children (or the children of our community)?
5. What could the schools do to make this community a better place to live?
6. What could our community do to make this a better place to live?
7. What could families do to make this community a better place to live?
8. What could this SHAC do to make this community a better place to live?

Worksheet 3: Our Vision of the Future

Task I: Write three sentences that express your aspirations (hopes) for the children, youth, and families living in our community.

1.

2.

3.

Task II: Write four sentences that describe the role of schools, families, our community, and this SHAC in helping children and youth grow up healthy, safe, and happy.

1.

2.

3.

4.

Worksheet 4: What's needed for change to occur?

Vision	Skills	Incentives	Resources	Action Plan	= Change
---------------	---------------	-------------------	------------------	--------------------	-----------------

What happens when critical pieces are missing?

Missing This	Skills	Incentives	Resources	Action Plan	= Confusion
Vision	Missing This	Incentives	Resources	Action Plan	= Anxiety
Vision	Skills	Missing This	Resources	Action Plan	= Slow Change
Vision	Skills	Incentives	Missing This	Action Plan	= Frustration
Vision	Skills	Incentives	Resources	Missing This	= False Starts

Worksheet 5: A Process for Change

Step 1: Get together

- Commit to work together on school health
- Involve the right people
- Hold the first meeting
- Decide to act

Reflect and celebrate

Step 2: Create a vision

- Develop a base of common knowledge
- About school health
- Define a shared vision

Reflect and celebrate

Step 3: Develop a plan

- Identify priorities
- Design an action plan

Reflect and celebrate

Step 4: Take action

- Implement plan
- Celebrate achievements
- Recognize contributions
- Evaluate progress

Reflect and celebrate

Step 5: Review commitment

- Build community reputation
- Deepen commitment to vision
- Recruit new members and develop new leaders
- Adapt and expand action plan

***Repeat the process beginning with
“Get together.”***

Worksheet 6: The Wellness Policy Process

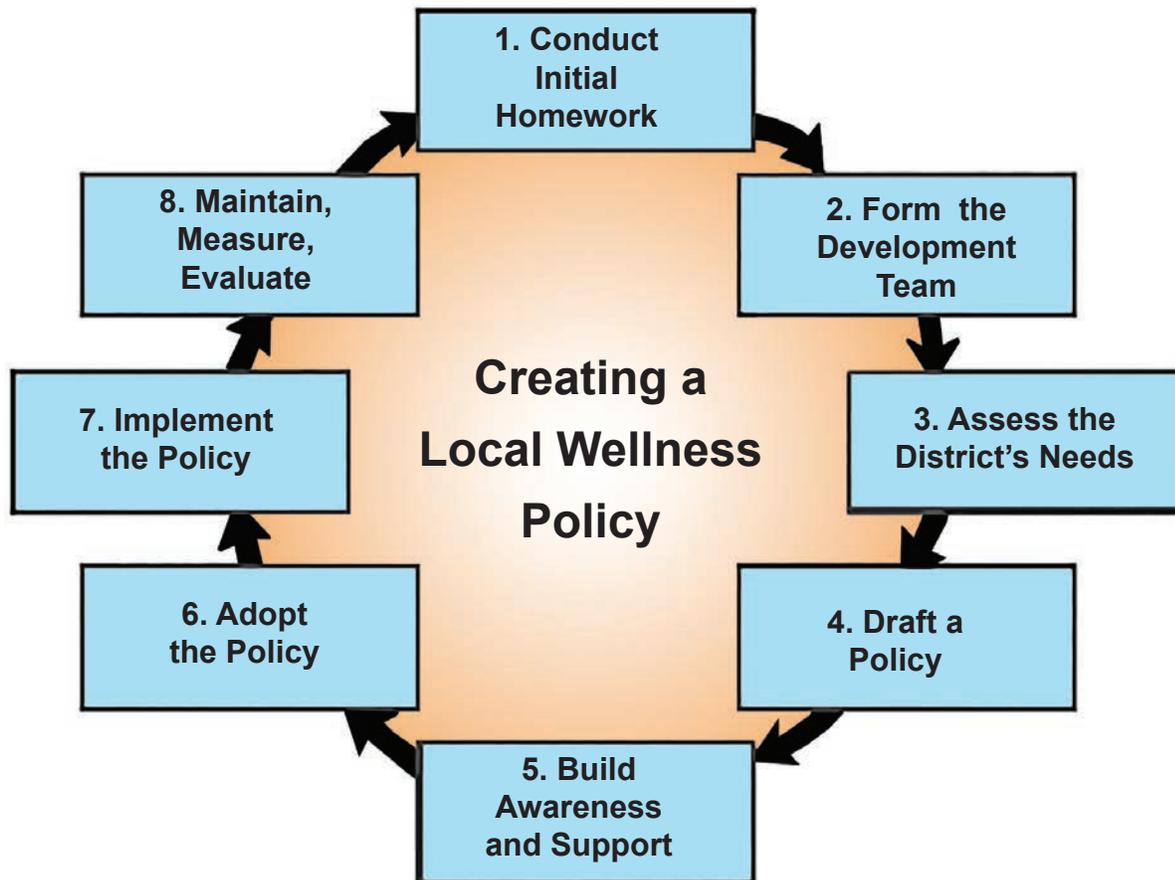
Successful creation of a local wellness policy consists of eight steps. This graphic will be helpful in outlining the process for developing, implementing, and evaluating wellness policies. By following this process, you can provide continuous quality improvement of your school's efforts to positively impact student and staff health and well being.

The *2004 Child Nutrition and WIC Reauthorization Act* makes it mandatory for all local school districts participating in the Federal School Meal Programs to create a local wellness policy by July 2006. Because of this law, school districts in most cases have adopted a wellness policy.

However, a local SHAC should:

1. Obtain and review the policy
2. Determine if there are gaps
3. Determine if administrative guidelines to ensure implementation have been developed

Make an effort to commend the school district for its policy's strengths and help develop recommendations for addressing additional needs and gaps. Policies should be broad in scope. Details regarding implementation and evaluation are most often addressed in administrative guidelines. Action for Healthy Kids has developed an excellent on-line wellness policy tool to for help in developing policies. It can be found at: www.actionforhealthykids.org



References

- Action for Healthy Kids. (2013). The learning connection: What you need to know to ensure your kids are healthy and ready to learn. Action for Healthy Kids. Retrieved October 2, 2013, from http://www.actionforhealthykids.org/storage/documents/pdfs/afhk_thelearningconnection_digitaledition.pdf
- Allensworth, D. (1994). Building Effective Coalitions to Prevent the Spread of HIV: Planning Considerations. Kent, Ohio: American School Health Association.
- Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (Eds.). (1997). Schools & health: Our nation's investment. Washington, D.C.: National Academy Press.
- American Cancer Society. (1999). Improving school health: A guide to school health councils.
- American School Health Association (1995). Guidelines for comprehensive school health programs. Kent, Ohio: ASHA.
- Amundson, K., Ficklen, E., Maatsch, J., Saks, J., & Zakariya, S. (1996). How to use citizen advisory committees. Becoming a Better Board Member. Washington, DC: NSBA.
- ASCD. (2014). Learning and health: Whole school, whole community, whole child. Retrieved from <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>
- Basch, C. E. (2011). Physical activity and the achievement gap among urban minority youth. *Journal of School Health*, 81(10), 626-634.
- Butler, J.T. (1995). The Delaware school health advisory committee. *Journal of School Health*, 65(2): 60-62.
- Centers for Disease Control and Prevention. (2008, December). How to develop a success story. Retrieved February 2014, from Centers for Disease Control and Prevention Adolescent and School Health Program: <http://www.cdc.gov/HealthyYouth/stories/>
- Centers for Disease Control and Prevention. (2011, September 16). School health guidelines to promote healthy eating and physical activity. *MMWR*, 60(5), 1-80. Retrieved October 2, 2013, from <http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>
- Centers for Disease Control and Prevention. (2011, March). School health programs improving the health of our nation's youth at a glance 2011. Retrieved May 2014, from http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/school_health_aag_web_pdf.pdf
- Centers for Disease Control and Prevention. (2013, August 21). The Components of Coordinated School Health. Retrieved October 3, 2013, from Centers for Disease Control and Prevention. Division of Adolescent and School Health: <http://www.cdc.gov/healthyyouth/cshp/components.htm>
- Dorman, S. M., Foulk, d. F. (1987). Characteristics of school health education advisory councils. *Journal of School Health*. 57(8): 337-339.
- Fulton-Calkins, P., & Stulz, K. (2009). Procedures & theory for administrative professionals (6th ed.). Mason, OH: South-Western Cengage.
- Goldman, J., & Peters, J. (2010, February 22). Eight principles of public outreach: Recruiting diverse groups to participate. Retrieved October 8, 2013, from America Speaks: Engaging Citizens in Governance: <http://americaspeaks.org/wp-content/uploads/2011/02/PrinciplesofPublicOutreach.pdf>
- Howell, K. Bibeau, d. Mullen, K., Carr, P., McCann, K. (1991). Establishing and maintaining school health advisory councils: a how-to manual for local educational agencies. Greensboro, NC: University of North Carolina at Greensboro, School Health Training Center.
- Kansas Health Foundation. (n.d.). VMOSA: An approach to strategic planning. Wichita, Kansas: Kansas Health Foundation.

References (continued)

- Marx, E. & Northrop, D. (1995). *Educating for health: A guide to implementing a comprehensive approach to school health education*. Newton, MA: Education Development Center.
- Marx, E., Wooley, S., & Northrup, D. (Eds.). (1998). *Health is academic: A guide to coordinated school health programs*. New York: Teachers College Press.
- Meagher, R.J. (Oct. 1990). Citizens advisory committees: A tool in every district's toolbox. *New York State School Board Association Journal*, pp. 14-15.
- National School Boards Association (July 1992). Issue Brief Number 5: Comprehensive School Health Education: Who should be involved? Washington, DC: NSBA.
- National School Boards Association (1991). *School health: Helping children learn*. Washington, DC: NSBA.
- National School Boards Association (1994). *School board member knowledge of and attitudes regarding school health programs*. Washington, DC: NSBA.
- Resnicow, K. and Allensworth, d. (1996). Conducting a comprehensive school health program. *Journal of School Health*. 66(2): 59-63.
- Robert, H.M., Evans, W.J., Honeman, D.H., & Balch, T.J. (2004). *Robert's rules of order newly revised: In brief*. Cambridge, MA: De Capo Press.
- School health index. (2013, May 16). Retrieved October 7, 2013, from Centers for Disease Control and Prevention. Division of Adolescent and School Health: <http://www.cdc.gov/healthyyouth/shi/>
- Shirer, P.K. (2003). *Promoting healthy youth, schools, and communities: A guide to community school health councils*. (P.P. Miller, Ed.). American Cancer Society.
- The University of Kansas. (2013, December 23). Section 1: An overview of strategic planning or "VMOSA" (vision, mission, objectives, strategies, and action plans). Retrieved from Community Toolbox: <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vmosa/main>
- US Department of Education Office of Educational Research and Improvement (1993). *Coordinated school health programming programs: innovative practices and issues in setting standards*. Washington, DC: USDOE.

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This guide can be downloaded from the DSHS School Health Program website at <http://www.dshs.state.tx.us/schoolhealth/sdhac.shtm>.

