Implementing a Coordinated School Health Approach Toolkit
School Health Connections
California Department of Public Health
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This coordinated school health (CSH) toolkit is designed for school staff who want to improve student health as one strategy to enhance student academic achievement. The toolkit details why and how school staff and administrators, parents, students, and community partners can combine their efforts to integrate health measures into standard school operation, utilizing the CSH model. Many other CSH resource materials are referenced to assist interested parties in promoting and actuating school health within school systems.

School Health Connections

School Health Connections (SHC) represents a partnership between the California Department of Public Health and the California Department of Education. SHC, funded by the Centers for Disease Control and Prevention, seeks to improve student health and academic achievement through the united efforts of local school and public health staff, parents, students, community partners, and state leadership. These allies contribute to provide health instruction and services, a safe and supportive school environment, and school staff modeling of healthy behaviors. SHC specifically provides educational and policy resources, technical assistance, professional development, communications, and participates in collaborative efforts with partner organizations to support integration of CSH measures within school districts and their affiliated school sites.

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Web: cdph.ca.gov/schoolhealth (Online Toolkit includes live links. See “Resources” section of the website to access the online Toolkit.)

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Introduction

The CSH model represents a systematic, cost-effective approach to improve student health and academic achievement through the united efforts of local school and public health staff, students, parents, community partners, and state leaders. These allies work together to provide health instruction and services, a safe and supportive school environment, and school staff modeling of healthy behaviors. CSH efficiently utilizes policies, programs, practices, services, area use agreements, and accommodating environments to enhance student health and learning. CSH cuts across and integrates multiple strategies within schools to help ensure that all efforts and resources combine to produce the most positive, overall outcomes.

The CSH model consists of the following eight interactive components (see pages 7-9 for more detail):

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Counseling, psychological, and social services
6. Healthy school environment
7. Health promotion for staff
8. Family/community involvement

No component by itself will ensure that students achieve optimal health to support improved academic achievement. These components work together to develop and reinforce health-related knowledge, skills, attitudes, and behaviors that strengthen student health. Schools alone cannot ensure the sustained health of a child; however schools do provide a critical venue through which many partners may work together through a CSH approach to improve student health and academic outcomes.

Purpose of this toolkit:
This toolkit serves as a guide for school stakeholders to build their knowledge and capacity to implement and maintain a CSH initiative in their school district.

Who should use this toolkit?
This toolkit is intended for school personnel interested in implementing CSH strategies at their school or school district, including but not limited to:

• Teachers • School/district nurses • District psychologists • School counselors • Health educators • Physical educators • School administrators • School board members • District advisory committee members	• Superintendents • Principals • School wellness leads • Food service staff • Nutrition Network staff & volunteers • Child welfare & attendance directors • PTA members • Community leaders/outreach leads • Parents

"Student success requires more than great teachers and challenging curriculum. Students also need to be healthy—physically and emotionally and feel safe on campus—so they can attend school ready to learn and thrive."

Tom Torlakson
State Superintendent of Public Instruction

Why Implement a Coordinated School Health System?

A strong CSH approach supports collaboration and cooperation between key school stakeholders in the development of a school health infrastructure that focuses on children's health issues and the adoption of positive health behaviors that will last for a lifetime. The CSH model cuts across and integrates multiple strategies within schools to help assure that all efforts and resources combine to produce the most positive overall outcomes. Schools are in a unique position to positively affect student health status and academic performance. CSH practices are designed to foster improved test scores and increased average daily attendance (ADA) revenue.

Student Health: Some Facts

- More than 34 percent of students in grades five, seven, and nine do not meet aerobic capacity for their age, which is an important indicator of physical fitness.[1]
- African-American, American-Indian, Hispanic/Latino, and Pacific Islander students in California are more likely to be overweight or obese. Their academic test scores are significantly lower than their White and Asian counterparts.[2]
- Twenty-five percent of California ninth graders reported consuming at least one alcoholic drink during the past 30 days[3]
- Sixty-seven percent of California seventh graders reported that they eat breakfast on school days.[3]
- Twenty-nine percent of California eleventh graders reported that they have PE class five days a week.[3]
- More than 13 percent of California children have asthma.[4]
- Thirty-four percent of California eleventh graders reported at least occasional use of alcohol.[5]

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[1] California Department of Education: Data Quest. (2009-2010). California physical fitness test: Summary report. Retrieved on October 28, 2011, from http://data1.cde.ca.gov/dataquest/.
[2] California Department of Education. (2008). Closing the achievement gap. Retrieved on October 28, 2010, from http://www.closingtheachievementgap.org/downloads/p16_ctag_report.pdf.
[3] WestEd. (2008-2010). California Healthy Kids Survey. Retrieved on October 28, 2011, from http://www.wested.org/cs/chks/print/docs/chks_home.html.
[4] California Department of Public Health. (2007). The Burden of Asthma in California A Surveillance Report. Retrieved on October 28, 2011 from http://www.californiabreathing.org/asthma-data/burden-report
[5] California Healthy Kids Survey. (2008). Retrieved on October 28, 2011, from http://www.wested.org/resources/Secondary_State_0810_Main.pdf.

The Link between Health and Academic Achievement

There is clear evidence that academic performance is linked to student health and physical fitness levels.

- Student participation in recess is generally associated with improvements in attention, concentration, and/or on-task classroom behavior.[6]
- School physical education programs have shown favorable effects on students' academic achievement through increased concentration and improved performance in mathematics, reading, and writing tests.[7]
- Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.[8]
- Schools with higher percentages of students who are less engaged in risky behaviors such as substance use and violence, who are more likely to eat nutritiously and exercise, and who report caring relationships and high expectations at school make greater progress in raising test scores.[7]
- Poor dietary choices, inadequate nutrient intake, and morning fasting have been linked to lower motivation and attentiveness in school, as well as lower academic performance.[7]

The Centers for Disease Control and Prevention (CDC), Division of Adolescent School Health, has compiled a wealth of statistics that demonstrate the link between health-related behaviors and academic performance. Visit the "Fact Sheets" and "Slide Sets" sections at http://www.cdc.gov/healthyyouth/health_and_academics/data.htm to review the data. There you will find correlations between the grades students earn and their participation in disease risk practices, such as alcohol and drug use, physical inactivity, unhealthy dietary behaviors, tobacco use, and lack of seatbelt use, etc.

Prepared by CDC, Division of Adolescent and School Health, *The Association Between School-Based Physical Activity, Including Physical Education, and Academic Achievement* summarizes some of the latest research demonstrating how increased physical activity is related to improved academic performance. This report, released in July 2010, is available for download at no cost at:
http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf

John J. Ratey, M.D., Associate Clinical Professor of Psychiatry at Harvard Medical School, wrote the book, *Spark: The Revolutionary New Science of Exercise and the Brain* (2008). The book pulls together emerging findings from neuro-scientific, biomedical, and educational research that link physical exercise to improved attention, stress reduction, and enhanced ability to learn (brain function). This book, and related information, is featured at Dr. Ratey's website: www.johnratey.com.

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[6] Centers for Disease Control and Prevention. The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance. (July 2010). Retrieved on October 28, 2011, from http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf.

[7] WestEd. (2004). How Are Student Health Risks & Resilience Related to the Academic Progress of Schools. Retrieved on October 28, 2011, from http://www.wested.org/cs/chks/print/docs/chks_home.html.

[8] CDC. (2009). Healthy Youth, Health and Academic Achievement. Retrieved on October 28, 2011, from http://www.cdc.gov/HealthyYouth/health_and_academics/index.htm.

Student Health Behaviors and the Connection to Disease
Certain behaviors that are often established during childhood and adolescence contribute markedly to today's major causes of preventable death and disease, such as type 2 diabetes, heart disease, some types of cancer, and injuries. These behaviors include[9]:

- Tobacco use.
- Eating unhealthy foods.
- Physical inactivity.
- Using alcohol and other drugs.
- Engaging in sexual behaviors that can cause HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Practices that contribute to unintentional injuries and violence.

Coordinated School Health and Student Health
School health programs can have positive impacts on educational outcomes as well as health-risk behaviors and health outcomes. Data indicates that coordinating school health initiatives results in[10]:

- Reduced absenteeism (which is related to improved academics and graduation rates).
- Fewer classroom behavior problems.
- Improved academic performance.
- Greater interest in healthy diets.
- Increased participation in fitness activities.
- Delayed onset of certain health risk behaviors.
- Less smoking among students and staff.
- Lower rates of teen pregnancy.

A CSH system supports overall student health and academics by:

- Improving the school food environment.
- Increasing physical activity opportunities for students.
- Providing health education that builds health literacy.
- Supporting positive youth development.
- Encouraging a shared accountability for student success between school staff, parents, families, communities, and local businesses.
- Providing/securing direct health services.
- Encouraging schools to provide integrated, coordinated, and comprehensive student health services.
- Facilitating improved test scores in English language arts, math, and science.

CSH is a particularly important strategy for addressing the achievement gap, as communities where students face the greatest academic challenges are also the ones

[9] CDC. (2011). Retrieved on October 28, 2011 from http://www.cdc.gov/HealthyYouth/yrbs/index.htm.
[10] McKenzie, F. and Richmond, J. (1998). Linking Health and Education: An overview of CSH programs. In Marx and Wooley (eds.) (1998) Health is Academic: A Guide to CSH Programs. New York City: Teachers College Press.

where health inequities are most pronounced and poverty and its associated risk factors are highest. CSH successes increase student turnout at school thus boosting its ADA funding stream.

The Eight Components of Coordinated School Health – A Closer Look

Many school districts have pieces of the CSH model in place. Adopting and implementing a CSH strategy in your district will require looking at what is being done within the eight components and moving forward in a coordinated manner to ensure efficiency and reduced redundancy regarding implementation of components.

Following is a description of each of the eight CSH components:

1. **Health Education:** A planned, sequential, K-12 curriculum (or alternatively, a learning plan) that addresses the physical, mental, emotional, and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. California has *Health Education Content Standards* http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf that define the essential skills and knowledge that all students need to become health literate. Schools and school districts should adopt and abide by these standards. Teachers should receive appropriate curricular resources for communicating the health education standards. Ideally, qualified, trained teachers should provide health education.

2. **Physical Education/Physical Activity:** Physical education is a planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. California law requires 200 minutes of physical education every ten school days in grades one through six and 400 minutes of physical education every 10 days for students in grades seven through 12. Fifty percent of physical education class should be spent in moderate to vigorous physical activity. California has *Physical Education Model Content Standards* http://www.cde.ca.gov/be/st/ss/documents/pestandards.pdf that provide guidance for developing physical education programs by identifying what students should know about and be able to perform at each grade level. Schools and school districts should adopt and abide by these standards. Teachers should receive appropriate curricular resources for communicating physical education standards. Ideally, qualified, trained teachers should teach physical education. Physical activity, outside of physical education, should be encouraged before, during, and after school by promoting walking/biking to school, providing daily recess in elementary school, scheduling physical activity breaks throughout the day, and offering daily after school physical activity opportunities. (See Appendix C for fact sheets on physical education and physical activity.)

3. **Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services, foster appropriate use of primary health care

services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, dietitians, and other allied health personnel should provide these health services.

4. **Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and dietary needs of all students. School nutrition programs should abide by the United States Dietary Guidelines for Americans and meet all state standards for foods/beverages sold with attention to the nutritional needs of their student populations. All federally reimbursed meals should adopt the 2010 Federal guidelines for school meals that significantly improve the nutrition content of school meals. (Watch for the release of revised federal regulations in the near future.) California has food and beverage standards that apply to competitive foods (those foods sold outside of the federally reimbursed meal program) that set limits on the total fat, saturated fat, trans fat, and sugar foods and beverages can contain. Districts may set their own food and beverage standards that go beyond state law. Ideally, qualified child nutrition professionals should provide these services. (See Appendix C fact sheet *California's Food and Beverage Standards...*)

5. **Counseling, Psychological, and Social Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers should provide these services.

6. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and immediate surrounding areas, any biological or chemical agents that impact health, and physical conditions such as air quality, temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff. A healthy school environment limits marketing and advertising of unhealthy foods/beverages and other items detrimental to student health. Anti-bullying strategies should also be in place.

   For more information about a healthy school environment, see the Education Development Centers, Making Health Academic website "Action Steps for Implementing a Healthy School Environment" at http://www2.edc.org/MakingHealthAcademic/Concept/actions_environment.asp.

7. **Health Promotion for Staff**: Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-

related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their enhanced health status, improved morale, greater personal commitment to the school's overall coordinated health program, and an increased capacity to serve as role models. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs at a number of schools and school districts. (See Appendix E: Additional Resources: Staff Wellness.)

8. **Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health strategy efforts. Schools must actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students. School staff should strategically distribute health materials to parents and guardians, along with community leaders.

The eight components of coordinated school health were adapted from the Centers for Disease Control and Prevention, Healthy Youth, CSH website at http://www.cdc.gov/healthyyouth/cshp/index.htm

Steps to a Coordinated School Health System

1. Establish a Coordinated School Health Council

Ideally, both school districts and individual schools will develop and maintain a CSH wellness council.

a. Designate a Lead or Co-Leads for Your CSH Council
The lead(s) should be responsible for setting the overall direction of the CSH efforts, establishing council function, determining frequency of meetings, facilitating meetings, delegating tasks, and ensuring follow-up, coordinating planning, liaising with the school board, and advocating for CSH. Leads should be designated at both the district level and the school level, when feasible.

b. Gather Preliminary Data and be Ready to Share It
(See appendix B “Data Sources” for information on where to get student health data.)

Before reaching out to school administrators and recruiting council members, staff will need to assess what is happening in your school district around student health. This should include gathering information about:

- Student health status
  - How have your students performed on the annual fitness test (the Fitnessgram®)?
  - How many students have asthma?

- How many students are pregnant?
- How many students use tobacco products?
- What are the student statistics regarding fruit and vegetable consumption?
- What are the student statistics regarding alcohol and drug use?
- What about drunk driving incidence?
- Compare the above findings and other results with the corresponding data from surrounding schools or school districts, along with state averages.

- Academic and behavioral performance
  - What are the results of your students' Standardized Testing and Reporting (STAR) tests?
  - How are your schools doing on the Academic Performance Index (API)?
  - What are your graduation rates?
  - How do your scores compare to other schools and the state average?
  - What are the student drop-out, expulsion, suspension, and truancy rates?

- Student attendance records
  - What is the ADA for you students?
  - How does your school or school district compare to other schools or school districts and the state average?

- Student/community health needs/emerging health issues
  - Do you know what health issues are prevalent in your community (e.g., type 2 diabetes, hypertension, asthma)?

- Existing health programs within each of the eight components and their level of collaboration
  - What district/school level groups are already working on student health issues?
  - Do you have a school wellness committee?
  - Is there a student health advisory committee?
  - Are any health groups already working together?

- Existing student health policies
  - Districts were required by Federal mandate to develop a local school wellness policy in 2006. (The policy content requirements were expanded in 2010. Review the details at http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2011/SP42-2011_os.pdf.) What does your district's local school wellness policy require regarding foods served and sold, physical activity opportunities, and other activities that support student health? (The local school wellness policy should be available on your district website or at the district office.)

- Curriculum in use that supports the eight components
  - Does your district have curricula for health education, physical education, and/or nutrition education that meet state content standards?
  - Is the curriculum used by teachers and do they like it?

- State/federal laws relevant to each of the eight components
  - Are your schools in compliance with state law regarding the foods and beverages that can be sold outside of the federal school meal program? (See Appendix C for a summary of these standards.)
  - Do the schools in your district comply with Education Code for physical education – 200 minutes of physical education per 10 days for elementary school and 400 minutes per 10 days for middle and high school? Do students spend 50 percent or more of their time in physical education class engaged in moderate or vigorous physical activity? (See Appendix C for a fact sheet on California's physical education law.)

- Community groups who are advocating for improved student health efforts
  - Is there a local childhood obesity prevention coalition?
  - Are there non-profits groups, community agencies, medical providers, or family counseling groups that are working to improve student health that can collaborate with you such as hospitals or family counseling groups?
  - Might you partner with your local health department?

c. Obtain Buy-In and Support from Administration

Buy-in from school decision makers is critical for the success of CSH efforts. Decision makers are people who have the power to change things. These school leaders are generally:

- Superintendents/deputy or assistant superintendents
- School board members
- Principals

Getting their support is essential. Foremost, identify and engage school decision makers early in the process. Support from decision makers is an on-going process and must be considered a regular part of the role of the CSH council. Even if you have the support of administration, you will need to work to maintain their support over time and to engage new school administrators.

Keep in mind that significant change can take place with district-wide administrative support. Such change does not necessarily depend on the creation of a funding stream. As the impact of positive change is effectively communicated to school officials and staff, administrative buy-in may include the establishment of a budgetary line item to fund CSH efforts.

There are many community-based efforts that parallel CSH priorities. Find them, get at the table, and leverage participation from these groups to advance the school or school district's CSH action plan.

Another strategic move includes solicitation of parents and parent groups (e.g., PTA and parent groups within the American Heart Association) to encourage school administrators to support integration of CSH activities and measures into school systems. The Alliance for a Healthier Generation (www.healthiergeneration.org) runs a Healthy Schools Program, which includes content managers who can provide materials

and share best practices for school health councils to utilize as they integrate CSH measures into their school districts or schools.

Steps to Engaging School Administrators in Coordinate School Health
(Adapted in part from *Reaching School Board Members: A Guide for Creating a Clear, Concise, and Compelling Nutrition Policy Campaign*, California Project LEAN, www.CaliforniaProjectLEAN.org.)

- **Do Research to Learn about the Priorities of Your School Decision Makers**
  Before approaching school board members, the superintendent, or principals, it is important to understand their interests and past record. You can get information about these decision makers by reviewing the school/district website, asking teachers/staff, scheduling personal interviews, following media coverage about local school issues, talking to former school board members, and interacting with school/community groups who have worked on school issues.
  - Find out the board members' names, occupation, interests/key focus areas, and where they stand on health-related issues.
  - Research the principal's interests, where he/she stands on health issues, and if he/she has supported student health efforts in the past.

  To win school administrator support for integrating CSH measures into standard school operation, CSH advocates must highlight the potential benefits that match administration's top concerns and priorities. In many cases, these chief issues include:

  - Student test scores
  - Education funding (which includes ADA based on student attendance)
  - Student suspension, expulsion, and drop-out rates
  - Student assignments to alternative schools
  - Drugs and weapons brought to school
  - Campus quality of life for staff

  CSH promoters should communicate to administrators that CSH implementation on campus tends to positively impact the above concerns. While local improvement data (when available) related to these issues will best garner school administrators' support for CSH, CSH advocates may initially use statistical charts produced by CDC. A wealth of related data is accessible at http://www.cdc.gov/healthyyouth/health_and_academics/data.htm. (Click on the desired topics in the "Slides Sets" section.)

- **Know Your Facts**
  Present an accurate and sound argument in support of CSH to garner assistance from administration.
  - List the benefits of CSH.
  - Identify data* that supports the need for improved student health (e.g., how many students have asthma in your district, obesity rates, teen pregnancy rates, academic statistics, absentee rate, drop-out rates, etc.)

- Establish health priorities for your school/district (e.g., indoor air quality, physical activity, improved nutrition, pregnancy prevention, safety, staff wellness, etc.).

*See Appendix B "Data Sources" for information about where to get student health data.

- **Recruit a Variety of Messengers to Communicate Your Message**
  School decision makers should review a variety of sources regarding student issues. It is important to utilize a composite of people with different backgrounds who bring different perspectives to creating a CSH system. CSH advocates should be drawn from both inside and outside the wellness council. All messengers need to offer their perspective on the issues, problems, solutions, and answer questions regarding their point of view.

  Possible messengers include:
  - School board members or principals who are committed to CSH
  - Health care professionals
  - School staff (superintendent, food service staff, administrators, teachers)
  - Parents/caregivers
  - Community leaders (child health advocates, parks staff, faith-based organizations)
  - Local health department staff
  - Students
  - Non-profit agencies (American Cancer Society, local diabetes associations)

- **Create a Message that Resonates**
  Tie your message to things that matter for school administrators, such as the connection between student health, performance, and attendance; improved coordination among programs; or better use of scarce resources. When thinking about your message, consider:
  - What are the key problems?
  - What are the potential benefits?
  - What are solutions to consider?
  - Is the message concise and easy-to-understand?
  - Is the message factual and meaningful to your audience?
  - Does the message resonate with your school/district/community?
  - Are there personal stories or experiences you can share?

  See the population-specific CSH "talking points" on pages 44-48 to help guide your message development.

- **Strategize About Different Ways to Reach the Decision Makers**
  As you begin strategizing to speak directly with decision makers, simultaneously send out information about CSH that will build support for your efforts so that decision makers are seeing and hearing the message from a variety of individuals and contexts. Messages may be delivered in a variety of ways, for

example, via presentations, email, personal meetings, media, press releases, or letters.

- **Be Clear About What You Are Asking For**
  Things you may be requesting include:
  - A formal commitment/authorization to implement a CSH system or activity.
  - Organizational resources.
  - Administrative participation on the council.
  - A CSH policy.
  - Public support for community/school partnerships.
  - Funds.
  - Staff/volunteers.

Worksheet A: Obtaining Buy-In and Support from Administration

Who are the decision makers?	
What do you want to communicate?	
Who are the messengers?	
How will you communicate your message?	
What are you asking for?	

d. Consider What Role Your Council Will Play

The role of your council may evolve over time, but at the outset it will be important to consider what it is you want the council to do. Also strategize to "brand" your committee, through its name and mission statement, to project to school leaders that your group is working or will work to improve student academic performance. (One school health body adopted the title, "CSH Wellness and Achievement Council.) In order to recruit members, you will need to communicate to them the role of the council. Some tasks and responsibilities that a CSH council may expect to play include:

- Assessment
  - Assessing what is currently happening to support student health in your district/school.
  - Assessing progress with strategies.
  - Assessing success of your council.
  - Developing assessment tools.

- Research
  - Gathering information regarding successful CSH efforts, case studies, or model programs.
  - Gathering information about student health.
  - Conducting research to determine academic achievement levels at your district or in your schools.

- Data Collection
  - Collecting baseline and follow-up data that documents the positive impact of CSH in your school/district. CDE provides academic performance, physical fitness, and school behavior data. The California Obesity Prevention Program provides links to various obesity data sources. (See Appendix B for details.)
  - Collecting data that assists with evaluating your CSH efforts.

- Training
  - Training members on how to complete assessment, collect data, and evaluate programs.
  - Engaging youth.

- Policy development
  - Writing CSH policies, procedures, and/or administrative regulations.

- Advocacy
  - Advocating for a CSH system.
  - Advocating for policy that supports CSH.
  - Advocating for funding.

- Coordination
  - Identifying and collaborating with existing school health programs.
  - Developing relationships with various school and community programs.

- Linking the district/schools to community resources.

- Education
  - Participating in health promotion events to educate school and community members about CSH.
  - Delivering presentations regarding your school's health priorities.
  - Educating stakeholders about the impact of health status on academic achievement.
  - Sharing evaluation results with stakeholders.

- Fiscal planning
  - Managing budgets.
  - Fundraising.

- Planning
  - Establishing priorities.
  - Developing action plans.
  - Identifying school health issues.
  - Reviewing curriculum.
  - Writing grants.
  - Conducting strategic planning to ensure long-term sustainability.

- Implementing action plans
  - Directing intervention activities.

- Monitoring and evaluation
  - Establishing indicators of success.
  - Establishing items to monitor.
  - Determining the frequency of monitoring and reporting.
  - Evaluating health/academic outcomes.

- Legal issues
  - Contributing to safe school plans required by the state.
  - Functioning as an authorization board for medical billing.
  - Serving as a collaborative for grant applications and implementation.

e. Invite/Recruit Team Members

Ensure that the health or wellness council includes representatives from the eight CSH components, reflects your school community, and includes existing school groups that are already working on CSH components. In smaller districts, one individual may represent more than one component.

Before inviting participants, be sure you are able to communicate the importance of and need for CSH, student needs, school needs and values, the role and expected commitment of council members, the length of the term, and the value of participation.

Remember to “brand” your committee by giving it a name and informing your school and community regarding it missions and goals.

Council members should include:

- Parents
- Students
- Teachers
- School/district nurses
- District psychologists
- School counselors
- Health educators
- Physical educators
- Food service staff
- School administrators
- Principals
- School board members
- Superintendents
- School facilities personnel

You may also look for representation from the following groups for your council:

- Parks and recreation
- Community leaders
- Community-based child health advocates
- Local law enforcement
- Local health department personnel
- Hospitals
- Faith-based groups

2. Conduct a School Assessment

To determine your district’s priorities, it is important to complete a school assessment. This may be done by the wellness council members who should be designated to complete pieces by specific dates. Information gathered can then be discussed by the council and should guide the council’s activities.

Many assessment tools already exist that address some or all of the eight components of CSH and many states have their own CSH assessment tools.

The **School Health Index (SHI)** was developed by CDC, Division of Adolescent and School Health. The SHI is available for free at https://apps.nccd.cdc.gov/shi/default.aspx and is structured around the eight CSH components. There is one SHI for elementary schools and one for middle/high schools. It can be completed online or on paper. Once completed, it provides a scorecard for each module that can assist with planning. Each module will take some time to finish, so start with one or two components that the council has prioritized and work your way through each assessment over time.

The **Creating a Healthy School Using the Healthy School Report Card** (HSRC) was developed by the Association for Supervision and Curriculum Development. HSRC is a school-friendly, online assessment tool that captures and lists current school health practices, validates existing successful health activities, identifies and prioritizes needed changes, and provides the basis for creating a health school improvement plan. There is a nominal charge to utilize this tool.

The Alliance for a Healthier Generation's *Healthy Schools Program* can assist schools to help them address issues and implement strategies/measures suggested by either the SHI or the HSRC. Visit http://www.healthiergeneration.org/schools.aspx.

For these and additional examples of adolescent and school health assessment tools, please see http://www.cdc.gov/HealthyYouth/SchoolHealth/tools.htm or Appendix E ("CSH Assessment/Planning Tools").

3. Establish Coordinated School Health Priorities

The wellness council should come back together to discuss priorities based on the assessment results and its SHI score cards. Council members should work together to identify the top priorities for the entire district and implement a CSH system that fits their unique needs and addresses the most pressing health concerns in their schools.

Districts may choose to prioritize a couple of components and work through the rest over time or address all of them simultaneously. The implementation of a CSH system in your district is an evolving process that will take time.

The SHI scorecards and worksheets can assist with identifying school district strengths and weaknesses. From these, prioritize areas within the CSH components that most interest council members. Additional items to consider when setting priorities include:

- Political will
  - Is there a commitment at the school, district, community, county, or state level to improve student health?
  - Are advocates, policy makers, and community members interested in improving student health and academics?
  - Is the interest in student health strong enough to change school policies and practices?

- District goals
  - Has your district made any commitments to improve student health? For example, some districts have specified obesity prevention or violence reduction as part of their strategic planning. A CSH model would align nicely with these goals.
  - Connect goals to closing the achievement gap.

- Cost
  - How much will changes you are advocating for cost?
  - Are there short- and long-term costs and can you measure the benefits associated with the costs (e.g., are there long-term cost savings?)?
  - What is the cost in terms of time and resources?

- Potential impact
  - Are you able to estimate the short- and long-term impacts of your efforts? You may want to consider student health benefits, costs, benefits to the community, and benefits for the school.

- State law
  - Are there any state laws that dictate what you should focus on first (e.g., physical education and/or competitive food/beverage standards)?

- Public relations
  - What school successes should your school or school district be sharing with the community? (You might place print advertisements in various local publications.)

Implementation of CSH priorities will often require financial support. There are financial resource centers located throughout California that provide self-directed computer searches for potential funders and training for writing grant proposals. Go to http://cdphinternet/programs/schoolhealth/Documents/CSH%20Funding%20CA%20Nonprofit%20Resource%20Centers%2010-20-11.pdf to identify these resource centers.

Worksheet B: Summary of CSH Priorities

Module	CSH Component (Only complete for components you wish to address)	Briefly Describe the Specific Actions You Want to Implement	Priority Low Med High?	Feasibility Low Med High?	Sustainability Low Med High?
1.	Healthy School Environment				
2.	Health Education				
3.	Physical Education and Other Physical Activity Programs				
4.	Nutrition Services				
5.	School Health Services				
6.	School Counseling, Psychological, and Social Services				
7.	Health Promotion for Staff				
8.	Family and Community Involvement				

Refer to your SHI score cards, if completed, and the following to determine priority:

- Political will
- District goals
- Cost
- Potential impact
- State law
- District student health priorities
- Time required to accomplish action
- Resources required/available to accomplish implementation (staff, equipment)

4. Develop a School-Based Action Plan

a. Action Planning

Once your priorities are established, the next step is action planning. Action planning requires figuring out the steps for implementing strategies that will address one or more of the eight CSH components. Going through a school assessment and prioritization process will help inform which strategies will most likely succeed, based on your school or district needs and resources.

The action planning will probably require data collection, research, and communication with potential and active CSH advocates. An action plan should establish:

- The strategies you will employ to better implement one or more CSH components.
- Which individual(s) will assume responsibility for completing each indicated task.
- Dates and deadlines for when tasks will be completed.
- Who will be targeted by the action plan (these people should be included in the process).
- Indicators for success (performance indicators).
- How changes will be monitored and evaluated.

b. Monitoring and Evaluation

CSH council members should review the highlights from the school assessment data summary (they should have previously prepared) before they begin to develop an action plan. (See Worksheet C: Action Planning (page 25).) The action plan should include an ongoing data collection and review system that documents baseline CSH-related statistics, practices, and existing infrastructure in place at the commencement of implementing the action plan.

It's important that the CSH council designate a lead individual to oversee collection and analysis of data related to CSH development, execution, and impact. The lead, in turn, should head a committee to perform the various required evaluation tasks. There are two major types of data that should be gathered and reviewed: quantitative and qualitative.

Quantitative data refers to elements that can be counted. Examples of quantitative data include the number of overweight students, asthma rates, ethnicity breakdown, rates of physical inactivity, graduation rates, or STAR scores.

Qualitative data can provide an understanding of the reasons behind the facts presented by the quantitative data. For example, CSH evaluation members can survey students/families/teachers about why students are not active enough, why they are not choosing healthy foods at school, or why graduation rates are low. Both types of data are important and can provide insight for creating solutions for improving student health. If progress towards CSH goals is poor, existing strategies can be reevaluated and new strategies considered for enactment.

Every viable action plan includes specific strategies. But how will the CSH council and the larger school community know to what degree the strategies have succeeded? That's where performance indicators and outcome measures come into play. *Performance indicators* represent actions taken both within and outside the school system that are designed to improve, for CSH purposes, student, school staff, and family health status (outcome measures), and additionally for students, academic and behavioral performance (outcome measures). Performance indicators could include:

- Developing or securing a quality physical education curriculum that meets your state's content standards.
- Training teachers to deliver quality physical education.
- Increasing time spent in physical education to meet the state standards.
- Hiring additional physical education teachers.
- Purchasing equipment to keep all children active and few waiting for their turn during physical education class.
- Counting how many children walk to school.
- Schools are scheduling and students are receiving 200 minutes of physical education per every 10 days in elementary school and 400 minutes per every 10 days for middle and high school students.
- Ensuring that teacher-to-student ratios for physical education class are similar to other academic classes.

For more examples of performance indicators, see Appendix A and also the *Florida Healthy School District Self-Assessment Tool* available at http://www.doh.state.fl.us/Family/CSH P/index.html.

Supportive actions to record could include elements such as:

- The number of minutes students actually spend in physical education.
- Class schedules that document physical education occurrence.
- Activity time and waiting time in physical education class.
- Teacher satisfaction with trainings.
- Student perceptions about physical education.
- Time students spend in moderate to vigorous physical activity while in class.

Examples of true outcome measures include:

- STAR scores.
- Fitness test scores.
- Asthma rates.
- Obesity rates.
- Average daily student attendance.
- Graduation rates.
- Suspension rates.
- Number of disruptive behavior events, annually.
- Student pregnancy rates.

In addition to monitoring the above CSH elements, the evaluation lead should also review the function and impact of the CSH council itself. Here are some questions that should be applied to the council:

- Is there someone at the district who organizes the council?
- Are you meeting at least four times per year?
- Are you presenting to the board at least yearly on student health and progress with CSH?
- Are all eight CSH components represented on your council?
- Is your council made up of a diverse group of people who represent your school and community?
- Do your council members have an opportunity to provide feedback about the coordination, activities, and impact of the council?

A CSH evaluation summary should be shared at least annually with key stakeholders.

Worksheet C: Action Planning

CSH Component:		
Implementation Strategy:		
Collaborating Community Partners:		
Evaluation (Performance indicator): You will know you are successful with this strategy if:		
Evaluation Lead:		
Action Steps	**Person(s) responsible**	**Completion date**
How will this strategy be monitored?	**Who will monitor this strategy?**	

WORKSHEET C: Action Planning (SAMPLE)

CSH Component: Health Education		
Implementation Strategy: Ensure elementary teachers are appropriately trained to provide quality health education.		
Collaborating Community Partners:		
Evaluation (Performance indicator): You will know you are successful with this strategy if: The district provides quality training on an annual or biannual basis on how to integrate health education within their curriculum.		
Evaluation Lead:		
Action Steps	**Person(s) responsible**	**Completion date**
Review current trainings offered by district.	Joseph	October 15
Talk to teachers about training needs.	Caroline	October 15
Determine if any trainings exist that could be used and/or if any organizations provide trainings.	Juan	October 15
Find out cost of in-person trainings, materials, on-line trainings, and costs associated with time out of class for teachers.	Peggy	November 1
Discuss need and costs with district and principals.	Luz	November 15
Determine best training method.	Jane	December 1
Coordinate pilot training with schools and plan for district-wide training.	Joseph	February – April
Conduct evaluation of training and teacher knowledge.	Caroline	May – June
How will this strategy be monitored? Monitor frequency and type of training (e.g., written guidelines, curriculum disseminated annually, annual on-line training or other remote training, face-to-face training). Collect and monitor feedback from teacher trainings.	**Who will monitor this strategy?** Caroline	

5. Build and Maintain Partnerships

What are Partnerships?
Partnerships are relationships between two or more groups/people in which members contribute their distinctive skills/assets to achieve shared goals. Cooperation is essential in partnerships, and each of the groups/people holds some responsibility towards achievement of a specified goal.

What Role(s) do Partners Play?
Partners can play a variety of roles in your CSH work. Partners may bring expert skills, in particular, content areas, knowledge, influence, funds, materials, equipment, experience, leadership, and their time. Both internal and external partners should be recruited to garner a wide range of skills, experience, and assets to assist with advancing CSH goals.

Why do you need Partnerships?
Partnerships are essential for implementing and maintaining a successful CSH system. Broad community support for CSH will improve buy-in, and the inclusion of a range of groups/individuals, with different assets, will improve collaboration and optimize resources.

One important strategy for obtaining community support is through use of the SHI. Implementation of this assessment tool results in the formation of teams that inevitably include community members who have a passion for improving student health status and academic performance. These community individuals are prime for serving as CSH advocates to groom school administrators to become champions for school health initiatives.

Essential partners include:

- School and district personnel.
- Local community members and leaders.
- Local public health groups.
- Families and students.
- State and community organizations.
- State and local policymakers.

Partnerships formed with multiple stakeholders should develop consistent messaging regarding student health and share a common responsibility for the well-being of students. Wellness council members must remember that their partner organizations may request them to participate in one or more of their initiatives.

How to Initiate a Partnership
Look for organizations and individuals whose mission, activities, and populations served overlap with the corresponding elements of your health or wellness council. Continue researching these entities by viewing their websites and activity reports and talking to other organizations they have worked with to determine if your potential partners would provide a good match for rounding out each other's services to reach mutual goals. Next prepare a chart that lists the mission, activities, services, resources, and groups served by your

council and one potential partnering organization. Finally, make a call and send a follow-up letter to share why and how your two entities should work together to pursue common purposes. If the other organization demonstrates interest in working with your group, an initial meeting should be scheduled to discuss possible interagency collaboration.

What's in it for your Partners?
It is vital that you convince your potential partners that their contribution is needed, that they will have a voice as partners, and that there are benefits to the partnership. Partners may need to know how CSH contributes to:

- Reduced risk behaviors.
- An improved educational system.
- Student academic achievement.
- Improved parent confidence and improved family/school/community connections.
- Healthier students.
- High school graduates who are more prepared to work.
- Positive community development.

What is a Successful Partnership?
Successful partnerships have:

- Agreed upon, mutual goals.
- Shared power.
- Frequent, two-way communication.
- A reciprocal relationship.
- Sensitivity to each partner's "turf."
- Trust and respect for all abilities, experiences, and assets.

You and your partner organizations can share resources and may write grant applications together to secure funding for supporting mutual interests.

Maintaining Partnerships
Maintaining successful partnerships takes attention and time. Consider the following checklist when working to maintain quality partnerships:

- There is a clear vision and partners have jointly identified student health goals.
- Partners are clear about their role in the partnership and each contributes to the development of the partnership.
- Participation is meaningful and partners' roles relate to their strengths and expertise.
- Communication with partners is regular and they are kept informed about progress, successes, and challenges.
- Partnerships are flexible.
- The partnership relationship is reviewed and evaluated periodically.
- All partners know and understand who the other partners are, what organizations they represent, and what those organizations do.
- Partners are acknowledged for their work.

6. Engage Youth in Coordinated School Health Efforts

Students are an essential partner to strengthen CSH efforts as they are the ones who will be impacted the most by your council's decisions and work. Students can serve as powerful advocates for prompting and encouraging behavioral change among their peers.

What is Youth Engagement?
Youth engagement is a process of meaningful, voluntary participation of young people in decision making and governance. Youth engagement requires youth and adults to share decision-making power.

Why engage youth? Youth benefit by:

- Developing an understanding of what impacts them, their families, and their communities.
- Gaining skills and experience they need to become successful adults.
- Creating new relationships with adults and peers, further connecting them to their community and enlarging their support network.
- Gaining a better appreciation of adults and the roles they play.
- Feeling needed and useful.
- Feeling enhanced power, autonomy, and self-esteem.
- Becoming involved in positive school change.
- Developing confidence to share their opinions.

Schools benefit by:

- Becoming more focused on the true needs of the youth they serve.
- Gaining insights into the unconventional thinking of youth, which can lead to solutions that adults may not have considered.
- Increasing effectiveness of youth-adult partnerships.
- Reducing conflict/mistrust.

Society benefits through the:

- Development of future leaders who will take ownership in their schools/communities.
- Ripple effect of youth lending energy and spirit to community efforts, which inspires other youth to participate in their schools/communities in positive ways.
- Development of youth who are more likely to vote as they gain an increased sense of empowerment and civic engagement.

Getting Youth Involved in CSH Activities
What tactics will initially draw youth to become involved in planning, implementing, and evaluating CSH strategies? Adults should seek to appeal to young people's desire to feel good, look good, and belong to a group that gives them purpose and opportunity to assume some level of responsibility. Most youth want to develop life skills that enhance their sense of personhood, thus increasing their self-esteem.

Do not recruit students by simply asking them to join the school wellness council. Instead, inquire if they want to work with school staff and other students to pursue one or more of these goals, as appropriate:

- Improve how safe students feel at school.
- Improve how well school staff show students that they care.
- Decrease student stress on campus.
- Improve the taste and nutrition level of food served on campus.
- Increase opportunities for students to participate in physical activity.
- Provide support for students to improve their grades and test scores.
- Simplify and increase student access to health services.

If possible, serve food at the first event or meeting intended to attract youth to participate in the CSH campaign. (Free food will always entice youth to attend meetings.) Describe the responsibilities (e.g., co-facilitating meetings, assisting in developing school wellness policy, recruiting other youth, producing youth-targeted CSH media messages, etc.) and skills (e.g., conducting interviews, public speaking, developing media items, facilitating group discussion, etc.) that participating youth may assume and acquire, respectively.

Explain the positive impact students can make for improving school function and enhancing the life experience for themselves and their classmates. Let young people know they can make a difference. Cap the presentation by describing specific incentives that students can earn as they complete specified tasks and serve in various capacities to advance the cause of CSH.

Meaningful Engagement of Youth in CSH Efforts

Students should serve on your CSH council and participate in many council activities even if they do not hold an official position on the council. In order to retain youth, participation must be meaningful.

Practical and program items to consider when engaging youth in your work might include:

- Allow youth to take leadership roles in creating the vision, making decisions, and comfortably speaking up.
- Be clear about what is in it for youth (e.g., leadership skills, social opportunities, school credit, travel, training, service credits, etc.).
- Allow for flexibility in youth roles. Youth have many competing priorities and interests and should have choices regarding what they engage in and the level of participation.
- Ensure that young people have opportunity to participate in activities that will have impact. (During the process, youth can develop skills in critical thinking, team building, communication, and problem solving.)
- Build trust by preparing students well for assuming roles.
- Foster communication and mediate contention if it materializes.
- Allow for some autonomy with projects.
- Utilize unique youth skills (e.g., for graphics, website, or media work).
- Use technology (e.g., use text messages to remind of meetings, due dates, and tasks).

- Set ground rules for participation so that roles, responsibilities, and expectations, within the context of your activities, are established.
- Be considerate of schedules. Time meetings when students are most likely to be available and set meeting locations so that they are conveniently accessible to students.
- Provide incentives when possible, such as gift cards.
- Recognize and reward youth participation with certificates of appreciation, acknowledgment at awards ceremonies, and presentations of their work at school board or city council meetings.
- Obtain parental permission and contact information.
- Provide youth with an adult ally who can provide insights for tackling projects.
- Check-in frequently to assess youth understanding and interest.
- Arrange for access to telephones, email, computers, and fax machines, etc.
- Arrange for youth to earn course credit as they participate in CSH meetings and activities.

Youth as Advocates

Simply put, "advocacy" is an "ask." Advocacy is asking for something and making it happen through actions and efforts. Advocates speak on behalf of an issue that affects people's lives. The result of successful advocacy is a change in a practice or policy.

Training students to become advocates for CSH policies/practices will provide valuable skill building opportunities for students and will increase potential for youth to contribute to the decisions their districts/schools make that impact student health.

Advocating involves:

- Identifying a specific target audience that needs to know about CSH.
- Brainstorming regarding the target audience's core concerns, beliefs, and values.
- Developing key message that your school health team believes will resonate with your target audience.
- Identifying the best messenger to deliver your message.
- Identify how your message should be communicated (e.g., personal conversation, letters, phone calls, presentations, participating in meetings, social media, newsletters, etc.).

See Appendix D for insights regarding the beliefs, key messages, and communication methods that should inform adults and youth who want to successfully advocate for CSH implementation, in their school or school district, with principals, board members/superintendents, parents/families, teachers, and/or other students. School staff should support and encourage youth to frame the CSH messaging utilizing the students' own style and approach.

7. Put Coordinated School Health into Policy

To integrate the CSH model into standard school function, the model must be included in district policy. Incorporating CSH strategies into district policy will create accountability for

its execution at the district level and ensure it remains a district priority as school staff, administrators, and health council members change.

Local school wellness policy, federally mandated in 2006 and expanded in 2010, provides an excellent opportunity for districts to codify the eight components of CSH into the district's operating procedures. The federal wellness policy requirements mandate that districts set goals related to nutrition education, foods served and sold, physical activity, and other school-based activities that contribute to student wellness. Inclusion of the eight components of CSH within the wellness policy will help ensure development of a comprehensive, compulsory student health emphasis on campus.

The enhanced 2010 federal requirements regarding school wellness policy call for: 1) increased school and community representation for policy development and implementation, 2) informing the community regarding policy content and implementation success, 3) designating one or more LEA officials to ensure that area schools comply with the wellness policy, and 4) fulfillment of a few other directives. Visit the following link to learn more about the federal mandates: http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2011/SP42-2011_os.pdf.

An ideal CSH policy includes:

- Language and commitments for all eight CSH components.
- A requirement that the district have a CSH council that meets at least four times per year.
- Someone at the district level designated as responsible for overseeing CSH policy implementation and council management.
- Language regarding monitoring and evaluation (who will do this, what will be monitored, frequency of monitoring, and to whom the results will be presented).
- Language regarding periodic policy reviews/revisions.

Steps for getting CSH into your district wellness policy:
The steps for advocating for CSH policy are similar to those you may have followed to garner support from administration for your CSH work (see the Obtain Buy-In and Support from Administration section on page 11). The school board and superintendent make decisions about school policy. Support from these individuals is critical for advancing CSH policy.

1. Gather your data

- Have data to share about why CSH is needed.
- Be ready to share the successes regarding your CSH activities.

2. Clarify what elements you want in the policy

You may need to develop sample policy language with help from your CSH council. Many school districts have used the CSH model as a template for developing their wellness policy. When creating a sample policy, review and modify existing wellness policies to suit your district. For model policies on CSH components, please review:

National Association of State Boards of Education
http://nasbe.org/index.php/component/content/article/78-model-policies/118-general-school-health-policies

California School Boards Association
www.csba.org

Michigan Department of Education:
www.michigan.gov/mde/0,1607,7-140-28753_38684_29823-195853--,00.html

Also refer to the Alliance for a Healthier Generation's "Healthy School Program" as presented on page 19.

3. **Identify the Policy Players**
   Who are the decision makers? The superintendent? School board members? Etc.

Who can help you?
Identify members from your CSH council or from the list of suggested members of your council (see page 18) that can help you reach decision makers.

Who may oppose you?
Who might not agree that CSH components should reside within the wellness policy? It is important to talk to people who might oppose adoption of a CSH policy.

Create a strategy for advocating with decision makers.

- Who will communicate with the decision makers?
- How will they communicate?
- What will they communicate?
  - What health messages specific to your district do you want to convey?
  - What do you want to say about CSH?
  - Are there people who can share compelling stories about the need for healthy students and a CSH approach?
- Be ready with additional pertinent information should you be requested to explain any of your key points in greater depth.
- Keep things simple. You may only have a few minutes to interact with the decision makers so keep your message to three points that will resonate with them.
- Prepare an annual wellness policy performance report for presentation to the school board that correlates policy implementation with positive outcomes (as applicable), such as improved student behavior, increased participation in physical activity, decreased absenteeism, improved test scores, successful fund raising, enhanced academic achievement, and any development of CSH infrastructure (e.g., utilization of an improved health curriculum).
- The California School Boards Association offers an excellent CD that explains how to monitor implementation of a school wellness policy. The CD includes a template for creating a report for presentation to the school board regarding wellness policy compliance: http://connect.csba.org/store/p-142-monitoring-for-success-student-wellness-policy-implementation-monitoring-guide.aspx.

APPENDIX

A. Performance Indicators for the Eight Components (Adapted from the Florida *Healthy School District Self-Assessment Tool)*

Health Education

- The district's K-12 health education instructional strategies meet the state's health education content standards and framework.
- Each school provides health education at all grades.
- The district trains personnel on how to integrate health education into their curriculum.
- The district trains personnel with health education certification on how to integrate health education within the core curriculum. The district assesses the extent of such integration.
- The district provides personnel with staff development activities related to health education.

Physical Education/Physical Activity

- The district has K-12 physical education curriculum that meets California's Physical Education Model Content Standards and framework.
- Schools meet the State's physical education minute laws and compliance is audited annually (200 minutes of physical education per every 10 days in elementary school and 400 minutes per every 10 days for middle and high school students).
- Students are moderately to vigorously active for at least 50% of physical education class time.
- The district employs certified elementary physical education teachers and/or adequately trains elementary school teachers to teach physical education.
- The district employs certified physical education teachers for middle and high school.
- Teacher to student ratios for physical education are similar to other academic classes.
- The district provides professional development for personnel responsible for implementing the district physical education curricula.
- Daily recess is provided to all students in elementary school.
- After school programs provide at least 30 minutes of moderate to vigorous physical activity daily.
- After school providers are provided with physical activity training on a regular basis.
- Physical activity breaks are integrated into class time.

Health Services

- A procedure/policy manual is available in all schools that outlines specific written school health procedures for crucial areas (such as state guidelines for diabetes, asthma, epi-pens, individualized care plans, immunizations, mandatory reporting of child abuse, abandonment, or neglect).

- The district has procedures to standardize the scope, quality, and collection of health screening and policies/procedures in place to monitor referral and follow up for all students failing screenings (to include dental, medical, vision, hearing, social work, mental health, and parenting).
- Responsibilities of school health personnel are clearly defined, applied, and documented.
- Community health resources are in place to provide consultation and referral by the school health program.
- Schools have onsite health services provided by qualified medical professionals.
- The district has a comprehensive plan that addresses health services.
- Information is available for parents/caregivers regarding ways they can help their children to be physically active and eat healthfully.
- The district has an adequate staffing ratio of nurses to students (the California School Nurses Association recommends 1:750 for regular education).
- The district has an adequate number of staff trained and certified at each school to provide first aid, CPR, and medication administration. These staff receive regular in-service trainings on health issues.
- The district maintains secure student health records and trains staff on policies related to creating, managing, and confidentially securing student health records.
- There is an established process by which school personnel can refer students to the school nurse.

Nutrition Services and Education

- The district food service coordinator/director has a degree in a related field.
- The food service staff has training in nutrition and receives ongoing training in nutrition.
- The district monitors the nutritional value of meals served at all schools.
- The district develops meals that reflect students' ethnic and cultural food preferences.
- The district food service coordinator/director monitors the quality of nutrition health advertising, marketing, and promotional materials displayed in food service areas and around the school campus.
- The district adheres to or exceeds the state’s food and beverage standards and monitors where these items are sold across the school campus.
- The district supports food service professionals to work cooperatively with educators to provide classroom instruction on nutrition.
- The district has a policy in place to offer breakfast to all students at all schools and allows for flexibility regarding where and when it is served.
- There is a district system in place to monitor the nutritional value of food products sold for fundraising activities and encourages alternatives to food sales.
- Students are provided with sufficient time to eat (20 minutes for breakfast, 30 minutes for lunch).

Counseling/Psychological/Social Services

- Services are provided by certified and other licensed professionals who are employed or contracted by the district.
- Schools have policies and procedures in place to identify and refer students for counseling.
- Individual and group counseling services are provided to all students (including homeless students and their families).
- Academic advisement and career guidance activities are provided to all students.
- The district has a crisis intervention policy and training for crisis intervention providers.
- District policies and procedures in place pertaining to crisis intervention that include adequate crisis teams and training.
- The district has positive relationships with mental/emotional health and social service organizations to facilitate appropriate referrals, when necessary.
- The district has procedures to assess the effectiveness of strategies to involve parents and guardians in interventions.

Healthy (and Safe) School Environment

- There are district policies and procedures in place to ensure consistent use of positive teaching and reinforcement strategies to reduce the occurrence of violence and bullying.
- There are district policies and procedures that promote healthy lifestyles for students and staff (e.g., daily recess for elementary school, walk to school programs, limited marketing/ advertising of unhealthy foods and beverages).
- There are district policies and procedures in place to ensure a tobacco-free environment for students and staff and a documented process for monitoring tobacco use among students.
- The district has policies and procedures in place to maintain a drug-free environment for students and staff at all school sites (and a documented district process for monitoring drug use among students).
- The district has policies and procedures in place related to universal precautions for infection control, natural disasters, and related emergencies.
- The district has policies and procedures to assess the general safety conditions (freedom from hazards) of all school facilities and physical plant.
- The district has policies and procedures to report and record health problems and injuries.
- The district has policies on the accessibility of buildings and activities for people with disabilities at all schools.
- The school district has practices in place that support student and community use of school facilities for physical activity and recreation outside of school hours.

Health Promotion for Staff

- The district offers ongoing nutrition education programs taught by qualified instructors to employees at the district office and at all schools.

- The district offers stress management programs for employees at the district office and at all schools.
- The district offers exercise and fitness programs for employees at the district office and at all schools.
- The district offers health screening assessment programs to employees at the district office and at all schools, at least annually.
- The district has an education and referral process for employees with low to moderate health risks.
- The district has a referral and follow-up process for employees identified with high risk disease conditions or practices such as overweight/obesity, high blood pressure, diabetes, or tobacco use.
- The district includes a staff wellness goal in their district policies.
- The district has a referral process for counseling services (such as employee assistance programs) for employees.
- The district has referral and follow-up procedures for employees with identified mental health or substance abuse risk factors.

Family/Community Involvement

- The district has policies and procedures that ensure that parents, caregivers, and community representatives are included on the district health committee.
- The district has policies and procedures that encourage and regulate the opening of schools to the public during non-school hours for health and physical activity (e.g., joint use agreements), family, and recreational programs.
- The district has policies and procedures to encourage students and school personnel to volunteer in the community.
- The district has policies and procedures to facilitate the involvement of local businesses.

B. Data Sources

California Children's Healthy Eating and Exercise Survey (CalCHEEPS)
California Department of Public Health
http://www.cdph.ca.gov/programs/CPNS/Pages/CaliforniaStatewideSurveys.aspx#1
CalCHEEPS is the most comprehensive survey of dietary intake and activity targeting children, 9 – 11 years of age, in California.

California Health Interview Survey (CHIS)
http://www.chis.ucla.edu/
CHIS data gives a detailed picture of the health and health care needs of California's adults, teenagers, and children. You can obtain data on a number of health topics for the population or geographic area that interests you.

California Healthy Kids Survey (CHKS)
http://chks.wested.org
CHKS is a comprehensive, youth risk behavior and resilience data collection service available to all California local education agencies. All school districts in California are

required to complete the CHKS in order to comply with No Child Left Behind. CHKS addresses alcohol, tobacco, and other drug use; school safety, harassment, and violence; nutrition and physical health; sexual behavior and attitudes (secondary school only); suicide and gang involvement (secondary school only); youth resilience and developmental supports; and school-connectedness, truancy, and self-reported grades.

California Obesity Prevention Data Sources
http://www.cdph.ca.gov/programs/COPP/Pages/ObesityPreventionDataSources.aspx
This website provides a summary of key obesity prevention data sources for California.

California School Climate Survey (CSCS)
http://cscs.wested.org
The survey gathers and reports staff perceptions about learning and teaching conditions for both general and special education, in order to regularly inform decisions about professional development, instruction, the implementation of learning supports, and school reform.

California School Parent Survey (CSPS)
http://csps.wested.org
CSPS is designed to provide teachers, administrators, and other school staff with information directly from parents for use in fostering positive learning and teaching environments, prompting parent involvement, and improving student achievement and health, as promoted in the Blueprint for the proposed Elementary and Secondary Education Act reauthorization.

California Teen Eating, Exercise and Nutrition Survey (CalTEENS)
http://www.cdph.ca.gov/programs/CPNS/Pages/CaliforniaStatewideSurveys.aspx#2
CalTEENS data tables provide detailed information about California adolescent eating and physical activity behaviors.

Dataquest
California Department of Education
http://dq.cde.ca.gov/dataquest/
Find school, district, county, and state level information including school performance indicators; student and staff demographics; expulsion, suspension, and truancy information; fitness and test data; enrollment figures; graduation and dropout rates; and staffing statistics. Data are presented so that users can easily compare schools, districts, and counties.

National Collaborative on Childhood Obesity Research
www.nccor.org/css
This web tool provides a catalogue of existing surveillance systems that provide data relevant to childhood obesity research. It includes local, state, and national resources.

Youth Risk Behavior Surveillance System (YRBSS)
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
YRBSS monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. California-wide YRBSS data was collected in 2010 for the first time in over a decade.

C. Fact Sheets (presented on the following pages)
Physical Education (PE) Policy: Considerations for California
Considerations when Developing & Implementing PE Policy
California's Food and Beverage Standards: Elementary Schools
California's Food and Beverage Standards: Middle, Junior, and High Schools

Physical Education (PE) Policy: Considerations for California

Current California PE Law

- Elementary grades 1-6, minimum of 200 minutes each 10 days (Education Code (EC) 51210)
- Secondary grades 7-12, minimum 400 minutes each 10 days (EC 51222)
- Elementary school districts grades 1-8, minimum of 200 minutes each 10 days (EC 51223)
- School districts must administer the CDE designated physical performance test annually to all students in grades 5, 7 and 9 (EC 60800)
- Graduation from high school requires completion of two courses in PE (EC 51225.3)
- Any pupil may be excused from PE during one of grades 10, 11, or 12 for no more than 24 clock hours to participate in driver training (EC 51222)
- The school board or superintendent may exempt any senior high student from PE, if the student is engaged in a school-sponsored interscholastic athletic program (EC 51242)
- The school board or superintendent may grant students who are 16 years or older and in grade 10 grade for one year or longer permanent exemption from PE (EC 51241)
- The school board or superintendent, with the consent of the student, may grant a student a two-year exemption from PE any time during grades 10-12 if the student passes at least five of the six physical performance standards for age (EC 51241)
- Schools will be required to make the physical performance test available to students in grades 10-12; students who wish to retake the test in grades 10-12 may do so in order to receive the two year exemption from PE (EC 51241)

California Content Standards

The *Physical Education Model Content Standards for California Public Schools, Kindergarten through Grade Twelve (2006)* (the PE Content Standards) developed by the California Department of Education (CDE) identify the essential skills students will need to be physically active throughout their lifetime. The PE Content Standards provide guidance for developing PE programs and outline what students should be able to know and do at each grade level.

Curriculum for Physical Education

Decisions about how to teach the PE Content Standards is left up to teachers, schools, and local education agencies. CDE does not maintain its own PE curriculum and does not officially approve outside PE curricula. Using the content standards as guidance, schools may develop or procure PE curricula that allow students to acquire the essential skills, attitudes, knowledge, and confidence to establish and maintain a physically active, healthy lifestyle.

Considerations when Developing & Implementing PE Policy

Many schools are developing and implementing PE policies that aim to increase the physical activity levels of students. Policies will typically focus on changing either the quality of PE or the amount (quantity) of PE. In order to successfully implement PE policies, it is important to consider current practices, along with the practical, logistical, and both short and long-term costs of the policy.

Whether implementing policies that aim to improve the *quality* or *quantity* of PE, schools may need to consider the following:

- the potential impact on school schedules
- staffing needs
- whether the proposed policy would require longer school days to accommodate more students taking PE
- the potential for altering teacher schedules (which might mean collective bargaining)
- graduation requirements based on education code
- adequate space
- equipment needs
- adequacy of facilities
- teacher to student ratios (class size)
- teacher training needs
- curriculum needs

PE at Different Grade Levels

Different grade levels face unique barriers to improving either the quality or quantity of PE; these barriers must be considered when implementing PE policy. For example, in elementary schools, teachers often lack training in how to teach PE, and students rarely receive the required minutes of PE. In middle schools, large class sizes are cited as a barrier to quality PE; and in high schools, competing academic priorities and exemptions (such as marching band or driver training) pose barriers to both the quality and quantity of PE.

Policy Considerations

Developing and implementing policies that improve PE in California schools is a critical first step in addressing physical inactivity in children. The following steps may be useful when implementing PE policy:

1. Examine current practices and policies to identify areas for improvement.
2. Ensure schools are meeting current PE code requirements.
3. Adopt policies that will assist with meeting current requirements.
4. Identify whether priority areas for improvement are quantity or quality issues (or both).
5. When aiming to improve the quality of PE, consider training teachers, hiring PE specialists, reducing class size, upgrading facilities/equipment, and/or improving PE programs/curricula.
6. When aiming to improve the quantity of PE, first ensure that the quality of PE will not suffer (e.g. class size, adequately trained teachers). Determine if changes will impact school schedules, such as requiring additional classes, longer school days or changes to teacher's schedules.
7. Ensure that polices support quality PE for all students and do not stigmatize unfit or overweight students.

California's Food and Beverage Standards* – Quick Fact Sheet
ELEMENTARY SCHOOLS

ALLOWABLE FOODS: The only foods that can be sold to elementary students are ***full meals, exempt foods*** and ***dairy*** or ***whole grain foods*** that meet specific calorie, fat, saturated fat and sugar requirements (Applies during the school day and until ½ hour after school.)

EXEMPT FOODS

These foods can be sold and do not have to meet calorie and fat limits; however, **they cannot have added sugars or fat** (check the ingredients list to ensure).

- Nuts
- Nut butters (such as peanut butter)
- Seeds (such as sunflower seeds)
- Eggs
- Cheese packaged for individual sale
- Fruits and non-fried vegetables
- Legumes

NOTES: Food items for sale containing non-exempt foods or ingredients combined with the exempt items above must comply with the restrictions for non-exempt foods (e.g. trail mix containing chocolate chips).

A la carte entrees cannot be sold in Elementary Schools. Outside entities (e.g. PTA) may sell a "full meal" provided it meets a USDA meal pattern.

To determine if an individual snack meets the standards, check the Nutrition Facts label and ingredient list. Visit our on-line snack calculator at www.CaliforniaProjectLEAN.org/calculator; input information from the Nutrition Facts label to find out if a food meets the standards.

DAIRY & WHOLE GRAIN FOODS

Individually sold dairy or whole grain foods can be sold if they contain:

- Not more than **175 calories**
- Not more than **35%** of total calories from **fat**
- Not more than **10%** of total calories from **saturated fat**
- Not more than **35%** of total weight from **sugar** (natural and added)
- No artificial *trans* fat (see details below)

Dairy: a food made from milk with the exception of cheese packaged for individual sale.

Whole grain:

- For purchased grain or bread products:
  - Label contains the statement: "Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol, may help reduced the risk of heart diseases and certain cancers", **or**
  - The first listed grain ingredient is a whole grain, **or**
  - If the first listed ingredient is not identified as a whole grain, obtain documentation from the manufacturer within previous 12 months that lists a combination of whole grains that combined represent at least 51% of the weight of the total grains.
- For bread or grain products prepared by schools:
  - The weight of the whole grains is at least 51% of the total grain weight of the product.

ALLOWABLE BEVERAGES (Applies at all times, regardless of the time of day)

The only beverages that can be sold to elementary students are:

- Fruit and vegetable-based drinks that are composed of at least 50% fruit or vegetable juice and have no added sweetener
- 2%, 1%, nonfat milk (cow's or goat's); soy milk, rice milk or other similar nondairy milk that contains Vitamin A, Vitamin D, and at least 25% of the Daily Value for calcium per 8 ounces, contains no added sweeteners exceeding 28 grams of total sugars per 8 ounces. Soy milk, rice milk, and other similar nondairy milk must contain no more than 5 grams of fat per 8 ounces.
- Water with no added sweetener

ARTIFICIAL *TRANS* FAT IN FOODS (Applies ½ hour before school until ½ hour after school)

Schools and districts may not make available to students enrolled in Kindergarten through grade 12 food containing artificial *trans* fat. This pertains to vending machines and school food service operations. A food is considered to contain artificial *trans* fat if it contains vegetable shortening, margarine, or any kind of partially hydrogenated vegetable oil, unless the manufacturer's documentation on the label lists *trans* fat content at less than 0.5 grams of trans fat per serving.

California Food and Beverage Standards* – Quick Fact Sheet
MIDDLE, JUNIOR, AND HIGH SCHOOLS

ALLOWABLE SNACKS AND ENTREES (Applies during the school day and until ½ hour after school.)

SNACKS *(Generally regarded as supplementing a meal)*
Individually sold food items must meet the following:

- Not more than **250** calories
- Not more than **35%** of total calories from **fat**
- Not more than **10%** of total calories from **saturated fat**
- Not more than **35%** of total **weight from sugar** (natural and added)

EXEMPT SNACKS: Nuts, nut butters (such as peanut butter), seeds (such as sunflower seeds), eggs, cheese packaged for individual sale, fruits and non-fried vegetables, and legumes ***that do not contain added sugars or fat.*** All are exempt from the total fat limit; eggs and cheese are exempt from the saturated fat limit; fruit and non-fried vegetables are exempt from the sugar limit. All must meet the limit of 250 calories or less.

NOTE: Food items for sale containing non-exempt foods or ingredients combined with exempt items shall comply with the restrictions for non-exempted foods (e.g. trail mix containing chocolate chips).

ENTREES *(Generally regarded as the primary food in a meal)*

Entrees shall:

- Contain no more than **400 calories** per item
- Contain no more than **4 grams of fat** per **100 calories** (36% fat)

Entrees must contain:

- 2 or more of the following groups: meat/meat alternative, grain/bread, vegetable/fruit (e.g. turkey sandwich, baked potato with chili, fruit and cheese platter) **or**
- A meat/meat alternative alone (e.g. sausage patty, egg, chicken nuggets) excluding nuts, nut butters, seeds, cheese, and yogurt.

To determine if an individual snack or entrée meets California's nutrition standards, check the Nutrition Facts label. Visit our on-line snack calculator at: www.CaliforniaProjectLEAN.org/calculator, which allows you to input information from the Nutrition Facts label to determine if the food meets the standards.

ALLOWABLE BEVERAGES (Applies ½ hour before school and until ½ hour after school)

The following may be sold:

- Fruit and vegetable-based drinks that are composed of ≥ 50% fruit or vegetable juice and have no added sweetener
- 2%, 1%, nonfat milk (cow's or goat's); soy milk, rice milk or other similar nondairy milk alternative that contains Vitamin A, Vitamin D, and at least 25% of the Daily Value for calcium per 8 ounces, contains no added sweeteners exceeding 28 grams of total sugars per 8 ounces. Soy milk, rice milk, and other similar nondairy milk must contain no more than 5 grams of fat per 8 ounces.
- Water with no added sweetener
- Electrolyte replacement beverages that contain **no more than 2.1 grams of added sweetener** per fluid ounce, list water as the first ingredient, contain between **10-150 milligrams of sodium** and **10-90 milligrams of potassium** per 8 ounces, and contain **no added caffeine**.

TRANS FAT IN FOODS (Applies to ½ hour before school and until ½ hour after school)

Schools and districts may not make available to student enrolled in Kindergarten through grade 12 food containing artificial *trans* fat. This pertains to vending machines and school food service operations. A food is considered to contain artificial *trans* fat if it contains vegetable shortening, margarine, or any kind of partially hydrogenated vegetable oil, unless the manufacturer's documentation on the label lists *trans* fat content at less than 0.5 grams of trans fat per serving.

D. CSH Advocacy Messaging

Sample Talking Points

Target Audience: Principals
CORE CONCERNS **Beliefs, Values, and Responsibilities** • Wants to improve academic performance as indicated by test scores • Positive student engagement at school will improve students' learning experience • Desires to minimize student behavioral problems, suspensions, and expulsions • Wants to maintain good rapport with families • Wants to make a positive difference in the community • Campus safety is a major concern • Focuses on school budgetary accountability • Seeks to reduce campus liability claims **Barriers** • May not understand how student health affects academics • Wants to meet the approved educational standards • Abundance of committee meetings • Competing priorities • Budget challenges • Implementing wellness tasks represents a perceived increase in duties for principals and staff • Lack of parent involvement • Doesn't want to function as "wellness police" which will alienate parents and staff • Lack of knowledge and strategies to implement wellness policies • Lack of facilities/equipment, especially for physical activity and healthy food preparation
Key Messages • Healthy students attend school more often, increasing average daily attendance revenues • Healthy students achieve higher test scores • Healthy students experience fewer behavioral problems and suspensions from school • Healthy students are more likely to graduate from high school • CSH measures (including staff health promotion) will improve staff morale • Wellness council members will give principals support to integrate CSH elements into school operation • Active school councils can reduce duplication of services provided at or for schools
Potential Messengers • Teachers, parent leaders, students, health professionals, other principals, superintendent, school board members, community business organization representatives, and health and wellness council members, etc.
Communication Methods • School staff meeting presentations • Presentations at meetings including the principal and parent or community groups • Emails • Phone calls • Newsletters • Short, concise PowerPoint presentations

Target Audience: School Board Members and Superintendents

CORE CONCERNS

Beliefs, Values, and Responsibilities

- Top priority is improving student learning and achievement
- Must hold school system accountable to the community
- Committed to students and wants them to develop into productive citizens
- Wants to improve conditions in schools to enhance student learning potential
- Desires to make a positive impact in his/her community and school district

Barriers

- Competing priorities
- Budget challenges, lack of resources
- May lack data on the link between student health and academic performance
- May lack local data on the health status of students with regard to what conditions are creating barriers that hinder students from succeeding.
- Not always aware of school site wellness committees and activities
- May not always view student and staff wellness as part of his/her role
- May be unfamiliar with the CSH model and view it as an additional "program" instead of an innovative strategy
- Political interest groups

Key Messages

- Research demonstrates a direct link between health and improved student attendance and academic achievement.
- Increased student attendance will boost average daily attendance revenues
- Strong wellness policies provide support and sustainability for healthy school environments and high-achieving students
- The CSH approach is a successful strategy supported by an growing number of school boards that grasp the link between healthy students and their ability to succeed in school
- The CSH approach leverages services to provide effective interventions to serve students
- Opportunities exist to collaborate with community leaders and organizations to develop and implement low-cost solutions and changes to improve school operation and student function
- Integration of health measures within school systems decreases student behavioral problems and provides opportunity for improving the school district's image with the surrounding community
- Investing in student wellness contributes to high-performing schools

Potential Messengers

- Parents and parent group members, health professionals, school staff, principals, community leaders, other board members and superintendents, marketing experts, and wellness council members

Communication Methods

- Emails, phone calls
- School board presentations, reports, and communications
- School task force summaries
- Personal meetings with selected board members
- Policy briefs and fact sheets.
- Short, concise PowerPoint presentations

Target Audience: Teachers
CORE CONCERNS **Beliefs and Values** • Teachers want their students to do well academically and socially • Teachers are influential in promoting student adoption of wellness behaviors • Teachers love and care about students • Some teachers believe that wellness is largely a family responsibility • Students need guidance to learn how to make their own choices **Barriers** • Focus on limited total instructional time may not seem to allow for inclusion of new health elements • I am only one person and I need support from other staff to promote health efforts • School stress from seeking to meet educational standards despite the challenging campus environment • Few lesson plans meet state standards that also incorporate health elements • Pressure to exclusively bring up test scores in non-health subjects • Insufficient materials and facilities to advance health measures
Key Messages • Children who are hungry, sick, troubled, or depressed cannot function well in the classroom no matter how well the teacher instructs them • Healthy students are better able to learn • Physically-active students are more alert and concentrate better in the classroom • Teachers can model and encourage student adoption of health practices that will enhance academic performance • Wellness principles and practices can be integrated into multiple subjects • Wellness council members can assist teachers by suggesting health content and activities for inclusion in lesson plans and events • Teachers are important and can make a difference
Potential Messengers • Principals, union representatives, parents, students, other teachers, school secretaries, and wellness council members
Communication Methods • Teacher staff meeting and grade-level team meeting presentations • Personal conversations • Emails and phone calls • Newsletters or flyers in mail box • Posting information in teacher lounge

Target Audience: Parents and Families

CORE CONCERNS

Beliefs and Values

- Education is key to their child's success
- Parents want their children to earn reasonably good grades
- Helping their children succeed really matters
- Health and safety of their children is very important
- Want to know how they can help their children adopt practices that will keep them healthy to avoid obesity, diabetes, heart disease, and other maladies

Barriers

- May not understand the connection between student health and academic success
- Lack of transportation and child care to become engaged in school health activities
- Family lifestyle
- Violence and crime in community including child abuse and neglect
- Economic survival/pressures come first (e.g., paying bills)
- Parents may feel they lack skills to deal with their children, especially adolescents
- Language/culture, illiteracy, developmental issues
- Do not feel empowered or understand their role to make change in schools
- May lack trust in school personnel or not feel welcome
- Media messages that promote poor nutritional eating

Key Messages

- Healthy children learn better which improves their school attendance, grades, and graduation rates
- You can become involved in your children's school to support student health and academic success. Learn about your school district's wellness policy and become involved in the wellness council's activities.
- Help your children to grow up to become successful adults by learning how to keep them healthy
- Parents can serve and eat nutritious food, economically, at home and exercise with their children to improve their children's health as well as their own
- Help your children develop decision-making skills to support their adoption of healthy behaviors

Potential Messengers

- School nurses, teachers, principals, faith leaders, sports coaches, PTA and other parent leaders, health care providers, school secretary, other parents, their children, community based organization representatives

Communication Methods

- Parent – teacher conferences
- Phone calls
- Teacher notes and letters
- School newsletters
- E-connect and other automated phone messages and email messages from school
- Spoken or written testimonials from other parents
- PTA meetings
- Back to school night and other school events
- Parent leadership meetings or workshops

Target Audience: Students (junior high and high school focus)
CORE CONCERNS **Beliefs and Values** • I want to succeed • I want to look and feel good to be accepted by my peers • I want to feel connected to other people • I want to be strong • I have many more years to live • My friends matter • I want to be free to make my own choices **Barriers** • I do not feel engaged at school • Stress from school performance expectations, family conflicts, and social pressures • Disconnect between current behavior and long-term consequences • Peers influence youth to adopt bad habits • Lack of a supportive environment (few physical activity opportunities, lack of nutritious food options, etc.) for making healthy choices • Media messages that promote unhealthy lifestyles and body images (very thin females) • Family health-challenged lifestyle • Lack of understanding between adults and youth
Key Messages • Daily physical exercise and eating healthy foods will give you more energy, reduce stress, and help you maintain or achieve an appropriate body weight • Making healthy choices will help you look and feel good • Being healthy makes you think and learn better. Without health, you can't function well. • Vigorous physical activity and play can help you get good grades • Being active makes a positive statement about you • Whether hanging out with friends, taking part in group activities, or studying for school, your body needs to be healthy to keep going • You can be a leader among your peers in promoting healthy living • Being healthy is fun
Potential Messengers • Students, teachers, school nurses, sports coaches, school principals, health club leaders, parents, after school staff, librarians, faith leaders, and janitors
Communication Methods • Discussion in class (especially in accelerated classes) • Web pages, pod casts, text messages, and social media (Facebook, Twitter), especially if the messages are youth generated • Bulletin boards, posters • Student meetings (offer incentives – class credit or ticket drawings – to increase attendance) • Testimonials from a diverse set of student leaders and celebrities • Role modeling by both teachers and students • School-sponsored events like fundraisers and competitions • Health emphasis in school subjects (add dynamic DVDs for increased effect) • Participation in health activities (fun walks, food tasting, cooking lab, etc.)

E. Additional Resources

CSH Assessment/Planning Tools

Changing the Scene - Improving the School Nutrition Environment
United States Department of Agriculture
http://www.fns.usda.gov/tn/Resources/changing.html

Creating a Healthy School Using the Healthy School Report Card
Association for Supervision and Curriculum Development
http://www.ascd.org
(Type "Healthy School Report Card" in the search field.)

Florida Healthy District Self-Assessment Tool
http://www.doh.state.fl.us/Family/CSHP/
(Click on "Florida Healthy District Self-Assessment Tool.")

HealthySEAT (version 2)
U.S. Environmental Protection Agency
http://www.epa.gov/schools/healthyseat/downloads1.html

Evaluation

Framework for Program Evaluation in Public Health
Centers for Disease Control and Prevention
http://www.cdc.gov/mmwr/PDF/RR/RR4811.pdf

Understanding Evaluation: The Way to Better Prevention Programs
Westat, Inc.
http://www2.ed.gov/PDFDocs/handbook.pdf

General CSH Information

American Cancer Society
www.cancer.org/schoolhealth

Building Infrastructure for Coordinated School Health: California's Blueprint
School Health Connections, California Department of Public Health
http://www.cdph.ca.gov/programs/schoolhealth/Documents/Blueprint.final.pdf

Centers for Disease Control and Prevention's CSH Program
http://www.cdc.gov/HealthyYouth/CSHP/

Healthy Schools Program
Alliance for a Healthier Generation
http://www.healthiergeneration.org/schools.aspx

Maine Department of Education and Department of Health and Human Services
CSH Programs
http://www.maineCSH p.com/resources.html

Michigan Department of Education, CSH and Safety Programs
http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29823---,00.html

Policy

Monitoring for Success: Student Wellness Policy Implementation Monitoring Guide
California School Boards Association
http://www.csba.org/en/EducationIssues/EducationIssues/~/link.aspx?_id=54F898FF264A4F4F9A284B978249DAE0&_z=z

Local Wellness Policy Tools and Resources
Centers for Disease Control and Prevention
http://www.cdc.gov/HealthyYouth/healthtopics/wellness.htm

Model Wellness Policy Language for Water Access in Schools
National Policy and Legal Analysis Network to Prevent Childhood Obesity
http://www.nplanonline.org/childhood-obesity/products/water-access

NASBE's *State School Health Policy Database*. (This database includes a comprehensive set of state health laws and policies from 50 states addressing 40 school health topics.)
http://www.nasbe.org/healthy_schools/hs

National Policy and Legal Analysis Network to Prevent Childhood Obesity
(Free resources for establishing joint use agreements.)
http://www.nplanonline.org/nplan/joint-use

Parents in Action
(This tool kit provides resources and tools that will help school stakeholders engage parents in policy implementation, monitoring, and evaluation and includes lesson plans for engaging parents.)
California Project LEAN
http://www.californiaprojectlean.org/doc.asp?id=169&parentid=20

Policy in Action: A Guide to Implementing Your Local School Wellness Policy
California Project LEAN
http://www.californiaprojectlean.org/docuserfiles//Policy%20in%20Action%20Guide%20FINAL.pdf

Prevention Institute. (Free resources for establishing joint use agreements.)
http://www.jointuse.org

Student Wellness: A Healthy Food and Physical Activity Policy Resource Guide
California Project LEAN
http://www.californiaprojectlean.org/docuserfiles//Successful%20Students%20Wellness%20Guide_Entire%20Guide.pdf

School Health Councils

Austin Independent School District Health Advisory Council
http://www.austinisd.org/schools/shac/

Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Councils
(Prepared by multiple organizations)
http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf

Texas Department of State Health Services School Health Program
http://www.dshs.state.tx.us/schoolhealth/

Staff Wellness

Community Health Living Index. (This tool is for assessing the status of school employee wellness policies and practices.)
YMCA
www.ymca.net/communityhealthylivingindex/community_healthy_living_index.html

School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools
Directors of Health Promotion and Education
https://dhpe.site-ym.com/?page=Programs_SEW (You will need to register at this site to access the materials.)

Youth Engagement

Alliance for a Healthier Generation. (Provides resources for use when working with students in making changes for healthier food and beverage options at school.)
http://www.empowerme2b.org

California Center for Civic Participation
http://www.californiacenter.org/

CanFIT (California Adolescent Nutrition and Fitness Program)
http://www.canfit.org/

Engaging Youth: A How-to Guide for Creating Opportunities for Young People to Participate, Lead and Succeed (2006)
Sierra Health Foundation
http://www.sierrahealth.org/assets/files/reach/Engaging_Youth_Report.pdf

Food on the Run: Lessons from a Youth Nutrition and Physical Activity Campaign
(This Guide outlines how to implement a youth advocacy program.)
California Project LEAN
http://www.californiaprojectlean.org/docuserfiles/Food%20on%20the%20Run.pdf

Playing the Policy Game
California Project LEAN (Leaders Encouraging Activity and Nutrition)
http://www.californiaprojectlean.org/doc.asp?id=170&parentid=20

Students Taking Charge: How Healthy is Your School and What You Can Do About It?
Johns S. Talker Institute of Food and Nutrition at Framingham State College
http://www.johnstalkerinstitute.org/wellness/students.htm

Youth as Decision Makers: Strategies for Youth Engagement in Governance and Decision-Making in Recreation
Laidlaw Foundation
http://laidlawfdn.org/sites/default/files/resources/YADM-fullreport.pdf

Additional Resources

Body Mass Index Measurement in Schools
Centers for Disease Control and Prevention
http://www.cdc.gov/healthyyouth/obesity/bmi/pdf/BMI_execsumm.pdf

California Project LEAN Video Workshops (topics):
**Encouraging Consumption of Healthy Beverages*
**Joint Use of School Facilities*
**MVPA in Physical Education*
**Physical Activity During the School Day*
**Safe Routes to School*
http://www.californiaprojectlean.org/doc.asp?id=246&parentid=168

Captive Kids: Marketing Obesity in Schools
California Project LEAN
http://www.californiaprojectlean.org/doc.asp?id=178&parentid=95

Constructive Classroom Rewards (healthy)
Center for Science in the Public Interest
http://cspinet.org/new/pdf/constructive_classroom_rewards.pdf

Discover School Breakfast Toolkit
United States Department of Agriculture
http://www.fns.usda.gov/cnd/Breakfast/toolkit/Default.htm

Do More, Watch Less
(This tool kit helps reduce TV/screen time for youth ages 10-14.)
California Project LEAN
http://www.californiaprojectlean.org/doc.asp?id=170&parentid=20

Food Buying Guide for Child Nutrition Programs
United States Department of Agriculture
http://www.fns.usda.gov/tn/resources/foodbuyingguide.html

Food Standards Calculator
(This online school food standards calculator will determine if an individual food item meets the standards for calories, fat, saturated fat, and sugar established by California's legislation (SB 12).)
California Project LEAN
http://www.californiaprojectlean.org/doc.asp?id=180&parentid=95

Health Education Content Standards
California Department of Education
http://www.cde.ca.gov/be/st/ss/index.asp

Health Education Curriculum Analysis Tool (HECAT). (Utilize in comparing a given health education curriculum with National Health Education Standards.)
http://www.cdc.gov/HealthyYouth/hecat

JAMmin Minutes. (One-minute physical activity routines for implementation throughout the school day.)
Jam School Program
www.healthetips.com/jam-program.php

Jump Start Teens
(These nutrition and physical activity lesson plans are for use with high school-aged youth.)
California Project LEAN
http://www.californiaprojectlean.org/docuserfiles//Jump%20Start%20TeensFinal%20Entire%20Guide%202006.pdf

Kids Walk to School
Centers for Disease Control and Prevention
http://www.cdc.gov/nccdphp/dnpa/kidswalk

National Center for Safe Routes to School. (The Center provides technical assistance and professional development opportunities to school entities on to develop safe routes to school programs.)
http://www.saferoutesinfo.org

National Food Service Management Institute. (Provides resources on effective equipment purchasing guide and financial management practices for operating a school nutrition program.)
http://www.nfsmi.org

National Health Education Standards: Achieving Excellence (2nd Edition)
The Joint Committee on National Health Education Standards
www.cdc.gov/HealthyYouth/SHER/standards/index.htm

National Policy and Legal Analysis Network to Prevent Childhood Obesity
(Provides resources for supporting schools in the contracting process to obtain healthy foods and beverages.)
http://www.nplanonline.org

Nutrition Standards for Foods in Schools: Fact Sheets
Centers for Disease Control and Prevention
http://www.cdc.gov/Healthyyouth/nutrition/standards.htm

Parent Engagement: Strategies for Involving Parents in School Health
Centers for Disease Control and Prevention
http://www.cdc.gov/healthyyouth/adolescenthealth/protective.htm#engagement

Physical Education Curriculum Analysis Tool (PECAT). (Utilize in comparing a given PE curriculum with National Physical Education Standards.)
http://www.cdc.gov/healthyyouth/pecat

Physical Education Model Content Standards
California Department of Education
http://www.cde.ca.gov/be/st/ss/index.asp

Program Improvement in Physical Education (PIPEline). (Provides standards-based training for physical education teachers serving grades K-12.)
National Association for Sport and Physical Education
http://www.aahperd.org/naspe/professionaldevelopment/pipeline

Reaching School Board Members: A Guide for Creating a Clear, Concise, and Compelling Nutrition Policy Campaign
California Project LEAN (Leaders Encouraging Activity and Nutrition)
http://www.californiaprojectlean.org/doc.asp?id=171&parentid=20

School Food and Beverage Marketing Tool
(This tool assesses food and beverage advertising in schools.)
California Project LEAN
http://www.californiaprojectlean.org/docuserfiles//Marketing%20Assessment%20Tool.pdf

Smarter Lunchrooms. (Suggests changes to improve lunch room environments.)
http://smarterlunchrooms.org

Spark: The Revolutionary New Science of Exercise and the Brain. (This book links physical activity to improved attention and enhanced ability to learn (brain function).)
Authored by John J. Ratey, M.D. Published by Little, Brown and Company. January 2008.
www.johnratey.com

Strengthening Partnerships: Community School Assessment Checklist
Coalition for Community Schools
http://www.communityschools.org/assets/1/AssetManager/csassessment.pdf

The Association Between School-Based Physical Activity, Including Physical Education, and Academic Achievement. (This report summarizes some of the latest research demonstrating how increased physical activity is related to improved academic performance.)
Prepared by the Centers for Disease Control and Prevention, Division of Adolescent and School Health. July 2010.
http://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf.

Youth Physical Activity Guidelines Toolkit
Centers for Disease Control and Prevention
http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm