

School Health Index: A Self-Assessment and Planning Guide

Chapter 1: Introduction

Instructions

Video Summary

- You can access training materials in several ways.
- Select a specific chapter or chapter section by clicking on a title.
- Click the “play” button and then “next” or “back” to view the entire course.
- Access more information in the Go Further section.

Audio Script

Welcome to the *School Health Index: A Self-Assessment and Planning Guide* course of the “Training Tools for Healthy Schools” e-learning series. In this self-paced course, there are several ways to access the training materials. You may select a specific chapter or chapter section by clicking on a title. You may view the course in its entirety by simply clicking on the “play” button in the video window and then clicking “next” to proceed to the next video. Click “back” to view the previous video.

An “Active Child” icon will appear on the screen periodically to alert you to a tip for more information. You may access more information by clicking on questions or resources in the Go Further section. A full-course download is also available.

At the end of the course, you will have the opportunity to evaluate it and download a certificate of completion.

Go Further



Questions

Q: *How can I go further?*

A: As you view the videos, an “Active Child” icon will periodically appear in the corner of your screen to let you know that more information is available in the Go Further section. You may access the information by clicking on questions or resource titles listed.

Q. How can I download all of the questions and links provided in this course?

A: All questions and links that appear in the Go Further section throughout this course can also be found in the “Full Course Content” document provided under Resources. A Complete Set of Go Further Questions and a Complete Resource List are located at the end of the document.

Resources

SHI Online Tool http://nccd.cdc.gov/DASH_SHI/default/Login.aspx

SHI for Elementary Schools http://www.cdc.gov/HealthyYouth/SHI/pdf/Elementary-Total-2014-Tagged_508.pdf

SHI for Middle and High Schools http://www.cdc.gov/HealthyYouth/SHI/pdf/Middle-HighTotal-2014-Tagged_508.pdf

Glossary <http://www.cdc.gov/healthyYouth/shi/glossary.htm>

What is the School Health Index?

Video Summary

- It is a tool to help improve your school’s health and safety policies and programs.
- It is informed by both CDC’s *School Health Guidelines to Promote Healthy Eating and Physical Activity* and the Coordinated School Health approach.
- It aligns with the Whole School, Whole Community, Whole Child model.

Audio Script

The *School Health Index: A Self-Assessment and Planning Guide* is a tool that you can use to improve your school’s health and safety policies and programs.

The School Health Index was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies. It is informed by both CDC’s *School Health Guidelines to Promote Healthy Eating and Physical Activity* and the Coordinated School Health approach. It aligns with the Whole School, Whole Community, Whole Child model.

Discussion questions in the School Health Index are derived from CDC’s research-based guidelines and strategies for school health programs, which identify the policies and practices most likely to be effective in improving healthy behaviors among students.

Go Further



Questions

Q: What is the Whole School, Whole Community, Whole Child (WSCC) model?

A: The WSCC model is a collaborative approach, developed by CDC and ASCD. It expands on the eight components of CDC’s Coordinated School Health approach and is combined with the whole child

framework. It is designed to strengthen a unified and collaborative approach to improve learning and health in the nation's schools.

Q: *Where can I learn more about CDC's research-based guidelines?*

A: The *School Health Guidelines to Promote Healthy Eating and Physical Activity* is a CDC publication that outlines evidence-based recommendations for schools to address healthy eating and physical activity. Learn more in the School Health Guidelines course (<http://www.orau.gov/dph/shg/page01.html>).

Links

School Health Guidelines to Promote Healthy Eating and Physical Activity
<http://www.cdc.gov/healthyschools/npao/strategies.htm>

The Whole Child Initiative <http://www.ascd.org/whole-child.aspx>

Purpose and Course Objectives

Video Summary

- Understand the School Health Index modules.
- Identify the steps for implementing the School Health Index.
- Learn the process for conducting a self-assessment and plan for improvement.

Audio Script

The purpose of this training is to introduce you to CDC's *School Health Index: A Self-Assessment and Planning Guide*. After this training, you will be ready to conduct or participate in a self-assessment and create a plan to improve the health of students in your school or district.

The course objectives are for you to:

- Understand the School Health Index modules,
- Identify the steps for implementing the School Health Index, and
- Learn the process for conducting a self-assessment and plan for improvement.

Go Further



Questions

Q: *Why should I take this course?*

A: You will find value in this course if you are interested in conducting self-assessments and planning for improvement of health and safety policies and programs in schools.

Chapter 2: The School Health Index

Why Use the School Health Index

Video Summary

- Enable schools to identify strengths and weaknesses of their health and safety policies and programs.
- Enable schools to develop a School Health Improvement Plan.
- Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

Audio Script

Today's youth face a variety of health issues. As school health advocates, we have an opportunity and responsibility to improve the lives of young people.

The fundamental mission of schools is to help young people acquire the knowledge and skills to become productive and healthy adults. Promotion of healthy behaviors and creation of healthy environments are critical parts of the mission.

Schools can contribute to the physical health of students. Healthy students perform better in school and have fewer absences.

The School Health Index offers a team approach to improving school health and safety policies and programs. It is a simple, straightforward tool that gives administrators, staff, parents, and students an opportunity to get involved and work together to create a healthier school.

The purpose of the School Health Index is to:

- Enable schools to identify strengths and weaknesses of health and safety policies and programs;
- Enable schools to develop a School Health Improvement Plan; and
- Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

The School Health Index is designed for use at the school level. However, with appropriate adaptation, it can be used at the district level also.

Go Further

Questions

Q: *How have schools made a difference by implementing the SHI?*

A: Examples of ways schools have made a difference include:

- Moved healthier options to the front of the lunch line and replaced fried foods with baked items.
- Increased time for physical education.



- Provided physical activity options for students and staff, such as starting walking clubs and partnering with local gyms to offer free weight-training classes to students.
- Added healthy choices to vending machines such as water, 100% fruit juice, and milk.
- Offered access to the gym outside of school hours.

Q: *What adaptations can be made to use the SHI at the district level?*

A: School Health Index teams can be established for districts to complete assessments and plans for improvement. These can be combined to encompass more than one school when a district has only a few schools and those schools have similar policies and practices.

Links

Alliance for a Healthier Generation <https://www.healthiergeneration.org/>

What the School Health Index Is and Is Not

Video Summary

- It is a low-cost or no-cost self-assessment tool.
- It is not a research or evaluation tool.
- Completing it is an important first step toward improving health promotion policies and practices in your school.

Audio Script

The School Health Index identifies low-cost or no-cost improvements to a school environment. The self-assessment process is a focused, reasonable, and a user-friendly experience.

The School Health Index is not a research or evaluation tool. It should not be used to audit or punish school staff.

Completing the School Health Index is an important first step toward improving your school's health promotion policies and practices. Your school can then act to implement a School Health Improvement Plan and develop an ongoing process for monitoring progress and reviewing your recommendations for change.

Go Further

Questions

Q: *What resources or costs are associated with implementing the SHI?*

A: Time is the main resource associated with implementation. Dedicated time is needed for the school health team to come together to complete the self-assessment and create a School Health Improvement Plan. Many of the improvements can be done with existing staff and with few or no new resources. Some improvement may not require any funding. The School Health Index is available at no cost.



Q: *How long will it take to complete the SHI?*

A: Field-testing has shown that it can be completed in about six hours, though this time allocation will vary depending on the number of health topics addressed and the amount of time needed to collect information for discussion.

Q: *Has the SHI been tested for validity and reliability?*

A: The SHI was field-tested for readability and user-friendliness. Validity and reliability data have not been captured because the SHI is not a research tool. It is a community organizing and educational tool.

School Health Index Format

Video Summary

The School Health Index consists of two activities:

1. The self-assessment helps determine what your school is already doing to promote good health and identifies strengths and weaknesses.
2. The plan for improvement guides you through a process for prioritizing recommended actions to improve performance.

Audio Script

The School Health Index consists of two activities:

- Conducting a self-assessment, and
- Creating a plan for improvement.

The **self-assessment** focuses on eight modules and involves members of your school community coming together to discuss what your school is already doing to promote good health and to identify strengths and weaknesses.

Planning for improvement enables you to identify actions your school can take to improve its performance in areas that received low scores. It guides you through a simple process for prioritizing the various recommendations. This step will help you decide on a handful of actions to implement in the coming year. Finally, you will complete a School Health Improvement Plan to list the steps you will take to implement your actions.

Go Further



Questions

Q: *Does a low score indicate a low-performing school?*

A: Low scores on the SHI do not indicate that a school is low-performing. In fact, low scores should be *expected*. They merely point you to areas in which your school can improve its health and safety promotion policies or practices.

Q: Should scores be used to compare or rate schools?

A: Absolutely not! The SHI is your school's self-assessment tool and is not meant to compare, rate, or punish schools. There is no such thing as a passing grade on the SHI. Your scores should only be used to help you understand your school's strengths and weaknesses and to develop a School Health Improvement Plan for improving your promotion of health and safety.

Q: Are online results reported to the school district or state?

A: No. Your online scores will not be electronically sent to your school district or state. The only way your school's information can be viewed online is by using your assigned reference number to access your school's records in the system.

Q: Are results reported to CDC?

A: No. CDC does not ask schools to report their scores. The SHI is a self-assessment process, and the data are not meant to be reported to outside agencies.

Getting Started with the School Health Index

Video Summary

- The School Health Index is available in print or online.
- Versions are available for elementary schools or middle and high schools.
- It addresses six health topics: physical activity and physical education; nutrition; tobacco use prevention; asthma; safety; and sexual health.

Audio Script

The School Health Index is a free, customizable tool available online. You can create your own team's profile and conduct the assessment online using CDC's interactive tool, or you can download the print version to use.

To access the online version, click on the "Enter SHI" button at the bottom of the Web page. The online version of the School Health Index records your entries and generates score cards for specific topic areas.

Print versions for elementary or middle and high schools can be downloaded at this site. There are a few differences between the elementary version and the middle and high school version, although the majority of the items in the two versions are identical.

Once you decide on the online or print format, select the version that is most appropriate for your program.

The School Health Index addresses these health topics:

- Physical activity and physical education
- Nutrition
- Tobacco use prevention
- Asthma

- Safety including unintentional injury and violence prevention
- Sexual health, including HIV and other STDs, and pregnancy prevention

Questions are grouped and labeled by topic area. Grouping questions allows schools to choose to address some, but not all, of the health topics if needed. Cross-cutting questions address issues that are relevant to all health topics.

Now that we have developed an understanding of what the School Health Index is, let's review.

Go Further



Questions

Q: *What time-saving features does the SHI online version offer?*

A: The online version may save time because you can:

- Customize it based on the selected health topics to address.
- Save responses and leave and re-enter the system as often as you like.
- Have your module scores automatically calculated.
- Archive previous versions to assist in record-keeping. This is particularly useful if you plan to complete the SHI annually.
- Print and share score cards and School Health Improvement Plans with team members, administrators, and others.

While the print version can also be saved, printed, and shared, it may be more cumbersome for team members to work from one document or consolidate documents if they are geographically separated.

Q: *What are the differences between the elementary and the middle and high school versions of the SHI?*

A: Certain questions are included in both versions, but they reflect different requirements for the school levels. For instance, the elementary school SHI suggests a total of 150 minutes of physical education per week, whereas the middle and high school SHI suggests a total of 225 minutes of physical education per week. Other examples of differences include:

- The elementary school SHI includes questions about recess and hands washing that are not included in the middle and high school SHI.
- The middle and high school SHI asks about tobacco cessation services.

Q: *Why were these health topics selected?*

A: These topics were selected because adopting these health behaviors can play a critical role in preventing the leading causes of death, disability, hospitalization, illness, and school absences. CDC has developed guidelines or strategies for schools on addressing each of the health topics.

Links

School Health Index Website <http://www.cdc.gov/healthyschools/shi/index.htm>



Knowledge Check

Scenario

You are a physical education teacher at Jefferson Middle School. As a member of the School Health Team, you are interested in pitching the idea of using CDC's School Health Index to the school principal, but first you need to make sure you understand it. Read the following statements to select the most appropriate response.

Quiz

1. The health topics and corresponding question codes addressed in the School Health Index are:
 - A. (T) Time requirements; (N) Necessary food requirements; (CC) Cross-Comparison; (PE) Primary Education; (A) Absenteeism
 - B. (T) Tobacco; (S) Safety; (N) Nutrition; (CC) Cross-Cutting; (PA) Physical Activity; (A) Asthma; (SH) School Health
 - C. (T) Tobacco; (S) Sexual Health; (N) Nutrition; (CC) Cross-Cutting; (PA) Physical Activity; (A) Asthma
 - D. (T) Tobacco; (S) Safety; (N) Nutrition; (CC) Cross-Cutting; (PA) Physical Activity; (A) Asthma; (SH) Sexual Health
2. The School Health Index is a research tool used to compare schools.
 - A. True
 - B. False
3. The School Health Index process is complete once schools answer all the self-assessment discussion questions in the modules.
 - A. True
 - B. False

Answer Key

1. **D:** These are the question codes and six health topics addressed in the School Health Index.
2. **B:** Each school will have its own individual strengths and weaknesses, so the School Health Index should not be used for schools to compare their scores to each other.
3. **B:** Once schools have identified their strengths and weaknesses by answering the discussion questions, the next step is to complete the planning process. This will help schools develop a School Health Improvement Plan.

Chapter 3: The School Health Index Modules

Introduction of the Eight Modules

Video Summary

- Habits and practices related to health and safety are influenced by the entire school environment.
- The first step to being able to complete the School Health Index is to understand the eight modules.
- The School Health Index guides you through completing each module to assess how well your school is meeting the opportunities available in that area.

Audio Script

Habits and practices related to health and safety are influenced by the entire school environment. The School Health Index is composed of eight different modules that are structured around CDC's Coordinated School Health approach and aligned with the Whole School, Whole Community, Whole Child model.

The first step to being able to complete the School Health Index is to understand these eight modules. This course will provide an overview of the modules and exercises to complete one module.

The School Health Index will guide you through completing each module to assess how well your school is meeting the opportunities available in that area.

Go Further



Questions

Q: *What is the Whole School, Whole Community, Whole Child (WSCC) model?*

A: The WSCC model, developed by CDC and ASCD, encompasses the whole child initiative and is a comprehensive, multicomponent approach to deliver healthy eating and physical activity programs and interventions in schools.

Q: *Why is the WSCC model approach important?*

A: The approach is important because collaboration between schools, government agencies, and community organizations has the most positive impact on the health outcomes of young people.

Q: *How does the WSCC model improve collaboration between education and health sectors?*

A: The WSCC model improves alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. It incorporates the components of a coordinated school health program around the tenets of a whole child approach to education and provides a framework to address the symbiotic relationship between learning and health.

Links

Adolescent and School Health Publications by Topic <http://www.cdc.gov/healthyyouth/publications/>

School Health Guidelines to Promote Healthy Eating and Physical Activity
<http://www.cdc.gov/healthyschools/npao/strategies.htm>

The Whole Child Initiative <http://www.ascd.org/whole-child.aspx>

Whole School, Whole Community, Whole Child <http://www.cdc.gov/healthyyouth/wsccl/>

Module 1: School Health and Safety Policies and Environment

Video Summary

- A healthy environment includes the physical and visual surroundings, psychosocial climate, and culture of the school.
- A supportive school environment can improve the sustainability of healthy eating and physical activity policies and practices.

Audio Script

Module 1: School Health and Safety Policies and Environment. A healthy and safe school environment includes the physical and visual surroundings and the psychosocial climate and culture of the school.

Developing and maintaining a supportive school environment can improve the sustainability of healthy eating and physical activity policies and practices that support healthy lifestyles.

Go Further



Questions

Q: *What factors influence the physical and aesthetic environment?*

A: Factors that influence the physical and aesthetic environment of the school include the school building and the surrounding area, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting.

Q: *What factors influence the psychosocial environment?*

A: The psychosocial environment of the school includes the physical, emotional, and social conditions that affect the well-being of students and staff. A positive psychosocial environment is characterized by caring and supportive interpersonal relationships, opportunities to participate in school activities and decision-making, and shared positive norms, goals, and values.

Links

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/Covers.pdf

Readiness and Emergency Management for Schools Technical Assistance Center <http://rems.ed.gov/>

USDA's Team Nutrition: Local School Wellness Policy <http://www.fns.usda.gov/tn/local-school-wellness-policy>

Module 2: Health Education

Video Summary

- Health education provides students with opportunities to acquire useful knowledge, attitudes, and skills.
- Health education programs should address the *National Health Education Standards* and incorporate the characteristics of an effective health education curriculum.
- Qualified, trained teachers should teach health education.

Audio Script

Module 2: Health Education. Health education provides students with opportunities to acquire useful knowledge, attitudes, and skills.

They are necessary for making healthy decisions, achieving health literacy, adopting healthy behaviors, and promoting the health of others.

Health education programs should address the *National Health Education Standards* and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers should teach health education.

Go Further



Questions

Q: *What topics should be included in health education curricula?*

A: Comprehensive school health education includes courses of study for students in pre-K through grade 12. The courses can address a variety of topics, such as alcohol and other drug use and abuse; healthy eating/nutrition; mental and emotional health; personal health and wellness; physical activity; safety and injury prevention; sexual health; tobacco use; and violence prevention.

Q: *Is there a CDC tool to conduct an analysis of health education curricula?*

A: Yes, the Health Education Curriculum Analysis Tool (HECAT) can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and curriculum requirements.

Links

A Competency-based Framework for Health Educators
<http://www.ncate.org/LinkClick.aspx?fileticket=J37euHlcN3E=&tabid=676>

CDC's Health Education Curriculum Analysis Tool <http://www.cdc.gov/healthyyouth/hecat>

Characteristics of an Effective Health Education Curriculum
<http://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

Health, Mental Health and Safety Guidelines for Schools
http://www.nationalguidelines.org/chapter_full.cfm?chap=2

National Health Education Standards <http://www.cdc.gov/healthyschools/sher/standards/index.htm>

Module 3: Physical Education and Other Physical Activity Programs

Video Summary

- Physical education is characterized by a planned, sequential prekindergarten through grade 12 curriculum.
- A quality physical education curriculum provides learning as well as doing in a variety of activity areas.
- Qualified, trained teachers should teach physical education.

Audio Script

Module 3: Physical Education and Other Physical Activity Programs. Physical education is characterized by a planned, sequential prekindergarten through grade 12 curriculum that provides learning as well as doing in a variety of activity areas. Quality physical education programs assist students in achieving the national standards for prekindergarten through grade 12 physical education. Qualified, trained teachers should teach physical education.

Additionally, the school setting can offer multiple opportunities for students to enjoy physical activity outside of physical education classes and increase daily amounts of total physical activity through recess, sports, and intramural activities.

Go Further



Questions

Q: *What are some activity areas to include in a physical education curriculum?*

A: Activity areas include basic movement skills; physical fitness; rhythm and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Varied activities promote each student's optimum physical, mental, emotional, and social development.

Q: *Is there a CDC tool to conduct an analysis of physical education curricula?*

A: Yes, the Physical Education Curriculum Analysis Tool (PECAT) can help schools assess how closely the physical education curriculum aligns with national standards, and it can help identify changes needed.

Q: *Is there a CDC tool to guide schools through developing a comprehensive physical education program?*

A: Yes, the *Comprehensive School Physical Activity Program* (CSPAP) (<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>) is a multicomponent approach by

which school districts and schools use opportunities for students to be physically active, meet the nationally-recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. Learn more in the Comprehensive School Physical Activity Program course (<http://www.orau.gov/dph/cspap/page01.html>).

Q: How can physical activity be incorporated into the school day?

A: Opportunities for physical activity during the day can be incorporated into home room periods and active recess. Teachers can also include physical activity into their planned academic lessons, which can be done all at one time or several times during the school day.

Q: What physical activity programs can be incorporated before and after school?

A: Examples of physical activity programs include Safe Routes to School, physical activity clubs, intramural programs, and interscholastic sports.

Links

CDC's Comprehensive School Physical Activity Program
<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>

CDC's Physical Education Curriculum Analysis Tool <http://www.cdc.gov/healthyschools/pecat/index.htm>

CDC's Strategies to Improve the Quality of Physical Education
http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality_pe.pdf

CDC's Youth Physical Activity Guidelines Toolkit
<http://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

National Standards for K-12 Physical Education
<http://www.shapeamerica.org/standards/upload/National-Standards-Flyer-rev.pdf>

Physical Activity Guidelines for Americans <http://www.health.gov/paguidelines/>

Promoting Physical Activity: A Guide for Community Action
<http://www.cdc.gov/physicalactivity/strategies/communityguide.html>

Module 4: Nutrition Services

Video Summary

- Schools are in a unique position to promote healthy eating.
- Schools provide students with opportunities to consume an array of foods and beverages throughout the school day.
- Schools enable students to learn about and practice healthy eating behaviors.

Audio Script

Module 4: Nutrition Services. Schools are in a unique position to promote healthy eating and help ensure appropriate food and nutrient intake among students. Schools provide students with opportunities to consume an array of foods and beverages throughout the school day and enable students to learn about and practice healthy eating behaviors.

Schools should ensure that only nutritious and appealing foods and beverages are provided in school cafeterias, vending machines, snack bars, school stores, and other venues that offer food and beverages to students.

Go Further



Questions

Q: *What are some recommendations from the Dietary Guidelines for Americans?*

A: The Dietary Guidelines for Americans recommend a diet rich in fruits and vegetables, whole grains, and fat-free and low-fat dairy products for persons aged two years and older. The guidelines also recommend that children, adolescents, and adults limit intake of solid fats (major sources of saturated and trans fatty acids), cholesterol, sodium, added sugars, and refined grains.

Links

Fruits & Vegetables Galore: Helping Kids Eat More <http://www.fns.usda.gov/tn/fruits-vegetables-galore-helping-kids-eat-more>

Making It Happen! School Nutrition Success Stories <http://www.cdc.gov/healthyschools/mih/index.htm>

USDA's Choose My Plate <http://www.choosemyplate.gov/>

U.S. Dietary Guidelines for Americans <http://health.gov/dietaryguidelines/>

Module 5: School Health Services

Video Summary

- Schools are responsible for students' physical health, mental health, and safety during the school day.
- School health services ensure access and referrals.
- Qualified professionals should provide services.

Audio Script

Module 5: School Health Services. Schools are responsible for students' physical health, mental health, and safety during the school day.

Health services ensure access and referrals; promote use of primary health care services; prevent and control communicable diseases; provide emergency care; promote sanitary conditions; and provide educational and counseling opportunities.

Qualified professionals such as physicians, nurses, health educators, and other allied health personnel should provide these services.

Go Further



Questions

Q: *What is the recommended ratio of health services staff to students?*

A: Schools should have an adequate number of health services staff or full-time school nurses. The recommended ratio is at least one nurse for every 750 students. More nurses are recommended if students in your school have extensive nursing needs.

Q: *How can parents be included in referrals to appropriate health services?*

A: School health services staff can provide information about child health insurance programs and primary care providers to parents of students. The school nurse, psychologist, or other appropriate professional can meet with the parents to explain the referral and get input from parents.

Q: *What are potential barriers to referring students to health services?*

A: Barriers may include cost, location, transportation, and stigma.

Q: *What are allied health personnel?*

A: Allied health personnel are health care professional who have received specialized training, such as counselors, dieticians, nutritionists, physician's assistants, and physical therapists.

Links

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Module 6: School Counseling, Psychological, and Social Services

Video Summary

- Services are provided to improve students' mental, emotional, and social health.
- By providing services to address the needs of the whole child, the student is more likely to perform better academically as well as emotionally.
- Qualified professionals should provide services.

Audio Script

Module 6: School Counseling, Psychological, and Social Services. These services are provided to improve students' mental, emotional, and social health and include individual and group assessments, interventions, and referrals.

By providing services to address the needs of the whole child, the student is more likely to perform better academically as well as emotionally.

Professionals such as certified school counselors, psychologists, and social workers provide these services.

Go Further



Questions

Q: *What mental health disorders and challenges impact student learning and behavior if untreated?*

A: Disorders and challenges include:

- Attention deficit/hyperactivity disorder
- Bipolar disorder
- Stress, anxiety, or depression
- Worries about being bullied
- Disabilities
- Thoughts of suicide or hurting others
- Concerns about sexuality
- Inadequate basic life needs (e.g., housing, food, clothing, health care)
- Death of a friend or family member
- Addiction
- Fear of violence, terrorism, or war

Links

Center for Mental Health in Schools <http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Mental Health in Schools: Becoming an Integrated Part of the School Improvement Agenda
<http://smhp.psych.ucla.edu/mhpresentation.htm>

Practitioner and Professional Development: Virtual Toolbox for Mental Health in Schools
<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

Module 7: Health Promotion for Staff

Video Summary

- Schools can provide opportunities for staff members to improve their health status.
- These opportunities encourage staff members to pursue a healthy lifestyle.
- This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling.

Audio Script

Module 7: Health Promotion for Staff. Schools can provide opportunities for staff members to improve their health status through activities such as health assessments, health education, and health-related fitness activities.

These opportunities encourage staff members to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling.

Go Further



Questions

Q: *What health promotion activities can be offered for staff?*

A: Health education and health-promoting activities that focus on skill development and behavior change tailored to staff needs and interests can be offered. Programs may include training on conflict resolution; first aid and CPR, or free or low-cost programs on physical activity/fitness; healthy eating/weight management; stress management; or tobacco cessation.

Q: *How can staff model healthy eating and physical activity behaviors?*

A: Staff can use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior; incorporate physical activity into classrooms; and consume healthy foods and beverages during the regular or extended school day.

Links

School Employee Wellness Guide

http://www.dhpe.org/members/group_content_view.asp?group=87568&id=124831

Module 8: Family and Community Involvement

Video Summary

- An integrated school, parent, and community approach can enhance the health and well-being of students.
- School health advisory councils and teams can build support for school health program efforts.
- Schools should actively solicit parent involvement and engage community resources.

Audio Script

Module 8: Family and Community Involvement. An integrated school, parent, and community approach can enhance the health and well-being of students. School health advisory councils and teams can build support for school health program efforts.

Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Each of the eight modules relate to a Whole School, Whole Community, Whole Child strategy. The next step in the process is to implement the School Health Index.

Go Further



Questions

Q: *How can staff communicate with families about school-sponsored activities?*

A: School staff can communicate with all families in a culturally and linguistically appropriate way by respecting the uniqueness of family systems, having conversations, or using other modes of communication, such as text messages and e-mail.

Q: *What are some parenting strategies to include in a family education program?*

A: Effective strategies for parents include:

- Staying actively involved with children in fun activities.
- Setting expectations for appropriate behavior and academic performance.
- Communicating with children about health-related risks and behaviors.
- Consistently enforcing family rules with consequences.
- Modeling healthy behaviors.
- Providing a supportive learning environment in the home.

Links

Child Development: Positive Parenting Tips

<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>

Helping Your Child Series <http://www2.ed.gov/parents/academic/help/hyc.html>

National PTA <http://www.pta.org/about/Join.cfm?navItemNumber=564>

Parent Engagement: Strategies for Involving Parents in School Health

http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf

Chapter 4: Using the School Health Index

Implementing the School Health Index

Video Summary

- There is no single way to implement the School Health Index.
- Recommended steps that can be used or modified include:

1. Assemble School Health Index team
2. Conduct School Health Index introduction meeting
3. Complete self-assessment modules
4. Complete the Overall Score Card

Audio Script

There is no single way to implement the School Health Index. Schools have developed many approaches, and you can use the approach that best meets your school's needs.

Here are the steps that you can use or modify when implementing the School Health Index at your school:

1. Assemble School Health Index team
2. Conduct School Health Index introduction meeting
3. Complete self-assessment modules
4. Complete the Overall Score Card

Go Further



Questions

Q: *Can one person complete the SHI for the school?*

A: No. The SHI is meant to be completed by a team to involve school representatives and community members who contribute to school health promotion.

Q: *Why should the SHI be completed as a group effort?*

A: The strength of the process comes from having individuals from different parts of the school community come together and plan ways to work towards improving school policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

Step 1: Assemble the School Health Index Team

Video Summary

- The team should consist of a cross-section of school representatives and community members.
- The number of members on your team will vary, based on staffing, resources, and roles.
- The School Health Index coordinator is responsible for keeping the team motivated and focused on its goals.

Audio Script

Your first step is to identify a team of people who will be responsible for completing the School Health Index. A school health team is a group of individuals representing different segments of the school and community. The team should consist of a cross-section of school representatives and community members. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities.

You may choose to create a new team or use an existing team, such as the school health council or team. The number of members on your team will vary, based on staffing, resources, and roles. However, a group effort is very important to capture a diversity of opinions and experiences for meaningful assessment and successful planning and implementation.

Getting support from school administrators greatly improves overall commitment to completing the School Health Index and implementing the School Health Improvement Plan. School and district-level administrators give teams the power to implement identified changes.

Identify a coordinator for the team

The identity of the School Health Index coordinator varies from school to school. Many schools have found that it is best to have individuals from outside of the school facilitate the process. These individuals are removed from school politics and can be neutral in helping staff deal with internal conflicts. The School Health Index coordinator is responsible for keeping the team motivated and focused on its goals. Team members may have other priorities, so it is important for the coordinator to maintain the team's cohesiveness and encourage the team members to implement their proposed actions. A strong coordinator can be pivotal to the success of the School Health Index.

Functions of the School Health Index coordinator include to:

- Help gain administrative buy-in.
- Assist the school in establishing a School Health Index team.
- Secure time to work on the School Health Index.
- Facilitate the team through the process.
- Follow-up with the implementation of the School Health Improvement Plan.
- Provide support and resources.

Go Further

Questions

Q: *Who are key school representatives?*

A: Potential key school representatives are:

- Students
- Administrators (e.g., principals, superintendents, directors of special education or instruction)
- Health coordinators
- Health education teachers



- Teachers from a variety of levels and disciplines
- Counseling, psychological, and social services providers
- Health service providers (e.g., nurses, school clinic staff)
- Nutrition services staff
- School site health promotion staff
- Related committees (e.g., school improvement team, health curriculum committee)
- Other school staff (e.g., custodians, bus drivers, media specialists, classroom aides)

Q: *Who are key community representatives?*

A: Potential key community representatives are:

- School board members
- Parents (e.g., representatives of parent-teacher-student groups)
- Faith communities
- Businesses (e.g., Chambers of Commerce, Rotary Clubs, major employers, agriculture and industry)
- Voluntary health organizations (e.g., American Cancer Society, American Lung Association, American Heart Association)
- Youth-serving organizations (e.g., Boys and Girls Clubs, Scouts)
- Health care (e.g., hospitals, clinics, public health, physicians, nurse practitioners)
- Mental health (e.g., counseling centers, substance abuse counselors, social workers)
- Social services (e.g., welfare, housing)
- Local and county government
- Recreation (e.g., parks and recreation departments, YMCAs, health clubs)
- Law enforcement (e.g., community policing, school safety officers)
- Pre-school programs (e.g., Head Start, nursery schools)
- Elderly (e.g., senior citizens centers)
- Media

Q: *Who can be a potential SHI coordinator?*

A: The SHI coordinator is the facilitator of the SHI process. Potential coordinators can be:

- Retired health educators
- Community-based dietitians
- Professors at local colleges
- Graduate students

- Volunteers at community-based health organizations

Q: *What traits should the SHI coordinator possess?*

A: The SHI coordinator should be:

- A skilled group facilitator who can keep meeting participants on task while making them feel good about their participation.
- An excellent listener who does not attempt to impose his or her own opinions on the group.
- An individual who is highly respected by all participants and by the school administration.

Links

Effective School Health Advisory Councils

http://www.fns.usda.gov/sites/default/files/NC_effective_school_health_council_manual.pdf

Promoting Healthy Youth, Schools, and Communities

http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/Covers.pdf

Step 2: Conduct School Health Index Introduction Meeting

Video Summary

- During the first team meeting, the coordinator will explain the process.
- During this meeting, the team will also decide how the School Health Index should be implemented.
- At least two people should work on each module to help increase accuracy and diversity of creative insights.

Audio Script

During the first School Health Index team meeting, the coordinator will explain the process. There are a host of resources available on CDC's website that can be used to illustrate the process and purpose of the School Health Index.

During this meeting, the team will also decide how the School Health Index should be implemented in their school. Some teams decide to complete all eight modules together in one sitting. Typically, smaller groups are created for each of the eight modules.

It is very important to have at least two people work on each module because it will help increase accuracy and diversity of creative insights for improving school health policies and programs. Each team member should be assigned to a module based on his or her area of interest and expertise. The person most knowledgeable about the module topic can serve as that module's coordinator.

Go Further



Questions

Q: *From whom do we seek administrative buy-in?*

A: It is very important to gain administrative support prior to beginning the SHI process. This support should be in writing from leaders such as the school principal, assistant principal, superintendent, or other leaders in your school community.

Q: *How can staff carve out time for meetings?*

A: You can request portions of existing meetings for time to work on the SHI. Talk to administrators about using a professional development day or a teacher work day to focus on the SHI. Consider using a half-day to walk through the self-assessment modules, and then set up another meeting to discuss the planning process. Other meeting times, such as staff meetings, after-school meetings, or meetings of parent-teacher organizations, can also be used.

Links

SHI Resources <http://www.cdc.gov/healthyschools/shi/resources.htm>

Step 3: Complete the Self-Assessment Process

Video Summary

- The School Health Index uses a 4-point scale, assigning 3, 2, 1, or 0 points to each discussion question.
- Responses to the discussion questions are entered into the module score card to obtain a module score, which will be used to prioritize areas that need the most attention.
- Each module ends with three planning questions that will result in a list of recommendations.

Audio Script

When ready to complete the self-assessment, read through the discussion questions for each module carefully and select the answer that best describes your school.

The School Health Index uses a 4-point scale, assigning 3, 2, 1, or 0 points to each question.

For each question, a score of 3 points means that the school is achieving the “gold standard.” A score of 2 points means that the school is doing very well but falls somewhat short of the gold standard. A score of 1 point means that the school is doing something in this area but falls far short of the gold standard. Finally, 0 points indicates that the school is doing very little or nothing to meet the gold standard. Later, these scores will be used to identify strengths and weaknesses.

If a question does not apply to your school, you can designate it as “not applicable.” If you are not sure or need more information before you can answer the question, you can skip it and return to it at another time. You do not have to answer all the questions in a module.

Module Score Card

Circle or input all of the discussion question answers into the Module Score Card, and calculate each module score.

To determine the module score:

1. First, add the scores for each column.
2. Then, add the four sums together across the bottom.
3. Divide the total number of points by the maximum number of points for the module.
4. Last, multiply that total by 100 to get a percentage score.

You will later use these percentage scores to prioritize which areas need the most attention.

Planning Questions

Each module ends with three planning questions that will result in a list of recommendations.

The first planning question asks the group to list the strengths and weaknesses found in the module based on the scores earned for each item. In general, strengths will be those questions that were scored as 3s or 2s, and weaknesses will be those scored as 1s or 0s.

The second question asks the group to create actions to improve each weakness identified in the first planning question. These are meant to be simple statements converting the items that were weaknesses into actions.

The third planning question asks the group to rate from 1 to 5 each proposed action in terms of five dimensions. This enables actions to be prioritized for implementation.

The five dimensions ask the following questions:

- Importance – How important is the action to my school?
- Cost – How expensive would it be to plan and implement the action?
- Time – How much time and effort would it take to implement the action?
- Commitment – How enthusiastic would the school community be about implementing the action?
- Feasibility – How difficult would it be to complete the action?

After rating each action along the five dimensions, the top scores should reflect those actions that need to be addressed first.

Let's practice going through the self-assessment process for one module.

Go Further



Questions

Q: What if a question seems irrelevant for our school?

A: It is possible that some questions might not be relevant. If you are sure that this is the case, you may choose not to answer the question. Not answering a question will not adversely impact your score. In many cases, questions that might appear to be irrelevant can be reinterpreted to become relevant.

Q: *What is an example of converting a weakness to an action item?*

A: If your school scored a 0 on having a representative school health committee, indicating a weakness, your action item could be to “create and maintain a school health committee.”

Knowledge Check – Self-Assessment Activity

Scenario

Jefferson Middle School is in the process of identifying strengths and weaknesses in its health and safety policies and programs to plan for improvement. The School Health Team plans to use CDC’s *School Health Index* to conduct an assessment and develop actions for next year. Subcommittees have been established to focus on each individual module.

You are a physical education teacher at the middle school and have been assigned to lead the group that is completing *Module 7: Health Promotion for Staff*. As the Module Coordinator, you will lead your group in arriving at a consensus to complete the Module 7 Score Card to identify actions that your group will recommend for implementation.

In assessing the school’s health promotion program for staff, you note:

- Jefferson Middle School provides information about health promotion programs at new staff orientation and makes announcements of community health programs during staff meetings each week.
- During new staff orientation, staff members who smoke are offered self-help educational brochures and a physician referral list for help with tobacco-use cessation.
- You have heard feedback that many staff members who smoke do not go to physicians on the referral list because many find access to the physicians to be difficult. Most of the physicians on the list either do not take new patients or are located in counties beyond a 50-mile radius of the school.
- The middle school does not offer any type of physical activity programs for staff.

Now that you have become familiar with your school’s health promotion program, your team can assess its current state by answering discussion questions and completing the Module 7 Score Card. For simplicity, you will only address three of the thirteen items from this module:

- CC.3—Promote staff member participation
- PA.1—Promote programs for staff members on physical activity/fitness
- T.1—Promote programs for staff members on tobacco-use cessation

You may review this scenario as needed to complete this activity to address discussion questions, calculate the module score, determine strengths and weaknesses, recommend actions for weaknesses, and establish priorities.

Discussion Questions

Read the scenario located in “Go Further” to respond to the discussion questions. You will then rank the status of each item in terms of whether it is (3) fully in place, (2) partially in place, (1) under development, or (0) not in place.

CC.3—Promote staff member participation

1. Discussion Question CC.3, a Cross-Cutting (CC) question on promoting staff participation, asks, “Does your school or district use three or more methods to promote and encourage staff participation in its health promotion programs?” Select the method Jefferson Middle School offers, if any. You may review the Assessment Scenario located in “Go Further” again, if needed.
 - A. Flyers posted on school bulletin boards and letters mailed directly to staff
 - B. Health promotion information at new staff member orientation and announcements at staff meetings
 - C. Life or health insurance discounts
 - D. None of the above
2. Next, assign a rating to discussion question CC.3, “Does your school or district use three or more methods to promote and encourage staff participation in its health promotion programs?”
 - A. 3 = Uses **three or more** of these methods
 - B. 2 = Uses **two** of these methods
 - C. 1 = Uses **one** of these methods
 - D. 0 = Uses **none** of these methods

PA.1—Programs for staff members on physical activity/fitness

3. Discussion Question PA.1 is a Physical Activity (PA) question about programs for staff. It asks, “Does the school or district offer staff members physical activity/fitness programs that are accessible and free or low-cost?” Select the program Jefferson Middle School offers for staff, if any. You may review the Assessment Scenario located in “Go Further” again, if needed.
 - A. An Employee Assistance Program
 - B. Discounted gym memberships through partnership with a community provider
 - C. Physical activity/fitness classes and workshops
 - D. None of the above
4. Next, assign a rating to discussion question PA.1, “Does the school or district offer staff members physical activity/fitness programs that are accessible and free or low-cost?”
 - A. 3 = Offers accessible and free or low-cost physical activity/fitness programs
 - B. 2 = Offers physical activity/fitness programs, but **some** staff members find them inaccessible or expensive
 - C. 1 = Offers physical activity/fitness programs, but **many** staff members find them inaccessible or expensive
 - D. 0 = Does **not** offer physical activity/fitness programs

T.1—Programs for staff members on tobacco-use cessation

5. Discussion Question T.1 is a Tobacco (T) question about programs for staff on tobacco-use cessation. It reads, “Does the school or district offer staff members tobacco-use cessation services that are

accessible and free or low-cost?” Select the service that Jefferson Middle School offers. You may review the Assessment Scenario located in “Go Further” again, if needed.

- A. Self-help educational material and referral to local physicians
 - B. Computer-based cessation program
 - C. Promotional material about state or local telephone quit lines
 - D. Pharmacological cessation aid (e.g., nicotine replacement therapy)
6. Next, assign a rating to discussion question T.1, “Does the school or district offer staff members tobacco-use cessation services that are accessible and free or low-cost?”
- A. 3 = Yes, offers tobacco-use cessation services that are accessible and free or low-cost
 - B. 2 = Offers tobacco-use cessation services, but **some** staff members find them inaccessible or expensive
 - C. 1 = Offers tobacco-use cessation services, but **many** staff members find them inaccessible or expensive
 - D. 0 = Does **not** offer tobacco-use cessation services

The Module Score

Module 7: Health Promotion for Staff Score Card

		Fully in Place	Partially in Place	Under Development	Not in Place
CC.1	Health education for staff members	3	2	1	0
CC.2	Health assessments for staff members	3	2	1	0
CC.3	Promote staff member participation	3	2	1	0
CC.4	Stress management programs for staff	3	2	1	0
CC.5	Breastfeeding policy	3	2	1	0
S.1	Training for staff members on conflict resolution	3	2	1	0
S.2	Training for staff members on first aid and CPR	3	2	1	0
PA.1	Programs for staff members on physical activity/fitness	3	2	1	0
N.1	Programs for staff members on healthy eating/weight management	3	2	1	0
N.2	All foods served and sold to staff meet the USDA’s Smart Snacks in School nutrition standards	3	2	1	0
N.3/ PA.2	Modeling healthy eating and physical activity behaviors	3	2	1	0
T.1	Programs for staff members on tobacco-use cessation	3	2	1	0
A.1	Programs for staff members on asthma management and/or education	3	2	1	0
COLUMN TOTALS:					
		TOTAL POINTS: (sum of 4 columns)			
		MODULE SCORE: (total points/39) x 100			

7. Now that your team has assigned ratings to each of the *Health Promotion for Staff* items, it is time to calculate the module score. For simplicity, the score card has been completed. Determine the correct module score.
- A. 41%
 - B. 21%
 - C. 8%
 - D. 75%

The Strengths and Weaknesses

		Fully in Place	Partially in Place	Under Development	Not in Place
CC.3	Promote staff member participation	3	2	1	0
PA.1	Programs for staff members on physical activity/fitness	3	2	1	0
T.1	Programs for staff members on tobacco-use cessation	3	2	1	0

Next, your team will use your responses for items CC.3, PA.1, and T.1 to answer Planning Question 1 to identify strengths and weaknesses in your school's *Health Promotion for Staff* program. In general, questions that were scored as 3s or 2s are strengths, and 1s or 0s are considered weaknesses. Rate the following items as strengths or weaknesses.

- 8. CC.3—Promote staff member participation
 - A. Strength
 - B. Weakness
- 9. PA.1—Programs for staff members on physical activity/fitness
 - A. Strength
 - B. Weakness
- 10. T.1—Programs for staff members on tobacco-use cessation
 - A. Strength
 - B. Weakness

Recommended Actions for Weaknesses

Module 7 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
Partner with a local gym to offer discounted gym membership rates to employees.	5	1	3	5	4		
Provide promotional material about state/local telephone quit line.	4	5	5	1	5		
Provide low-cost clinical counseling sessions.	3	2	3	3	2		
Refer staff to community resources available through the local health department.	5	5	5	5	5		

Your team has now identified some areas where you can recommend actions to improve your school's health promotion for staff. Planning Question 2 asks you to list some actions for each weakness. Select the most appropriate items to create a list of recommended actions.

11. PA.1—Programs for staff members on physical activity/fitness
 - A. Offer a CPR and first aid course.
 - B. Partner with a local gym to offer discounted gym membership rates to employees.
 - C. Implement a breastfeeding policy.
 - D. Increase advertising of current tobacco-use cessation programs.
12. T.1—Programs for staff members on tobacco-use cessation
 - A. Provide promotional material about the state or local telephone quit line.
 - B. Provide low-cost clinical counseling sessions.
 - C. Refer staff to community resources available through the local health department.
 - D. All of the above.

Priority Actions

Planning Question 3 is used to prioritize the actions addressing the weaknesses identified in Planning Question 2. Each dimension is assigned a rating of 1 through 5, according to the dimensions scale. For simplicity, recommended actions have been identified for the weaknesses noted in this activity. Each recommendation has been ranked according to the five dimensions.

13. Calculate the total points for each recommended action to determine the activity that should be Jefferson Middle School's top priority to address.
 - A. Refer staff to community resources available through the local health department.
 - B. Provide promotional material about state/local telephone quit line.
 - C. Provide low-cost clinical counseling sessions.
 - D. Partner with a local gym to offer discounted gym membership rates to employees.

Congratulations! You have led your module team through reaching consensus for the top priority action to recommend to the School Health Index team and have completed the Self-Assessment process for *Module 7: Health Promotion for Staff*.

Other module teams should complete relevant modules in the same way before the overall School Health Team reconvenes to proceed with the Planning for Improvement process to start planning for a healthier school.

Answer Key

1. **B:** Jefferson Middle School offers information at new staff member orientations and staff meetings.
2. **B:** A rating of 2 is correct because Jefferson Middle School only offers **two** methods to promote and encourage staff member participation in its health promotion programs.
3. **D:** Jefferson Middle School does not offer any type of physical activity/fitness programs.
4. **D:** This is the correct rating because Jefferson Middle School does not offer **any** type of physical activity programs for staff.
5. **A:** Jefferson Middle School offers self-help educational material and referral to local physicians.
6. **C:** This is the correct rating because Jefferson Middle School does offer some cessation services, but **many** staff members find access to the physicians listed on the referral list to be difficult.
7. **B:** Your calculations resulted in the correct module score
8. **A:** This is a strength because **two or more** methods are used to promote and encourage staff participation in the school's health promotion programs.
9. **B:** This is a weakness because Jefferson Middle School does not offer any physical activity/fitness programs for staff.
10. **B:** This is a weakness because although the school does offer some tobacco-use cessation services, **many** staff members find them to be inaccessible.
11. **B:** Offering discounted gym memberships encourage staff member participation in physical activity/fitness.
12. **D:** All these actions are appropriate.
13. **A:** This action was rated as very important; not expensive to implement; would take little or no time and effort; had very enthusiastic commitment; and not difficult to complete (feasible). Total points equaled 25, which made this action a top priority.

Step 4: Conduct School Health Index Planning Meeting

Video Summary

- All members of the School Health Index team meet to participate in the planning process.
- After conducting the self-assessment, all module scores are transferred to the Overall Score Card.
- The team completes the School Health Improvement Plan to identify priority actions, list specific steps to implement each action, and designate responsibility for each step.

Audio Script

The planning for improvement process follows the self-assessment process. All members of the School Health Index team meet to participate in the planning process.

This is the time to:

- Summarize results using the Overall Score Card
- Reflect on the school's strengths
- Discuss areas that need improvement
- Complete the School Health Improvement Plan

Overall Score Card

After conducting the self-assessment, collect the Module Score Cards, and transfer the scores to the Overall Score Card.

You can place an X to indicate the range or enter the actual module score in the appropriate column for each module on the Overall Score Card.

The completed Overall Score Card will help you determine which areas covered by the School Health Index are in need of most improvement.

Priority Actions

During the planning meeting, each module group presents its two or three priority actions. If the entire team completed all the modules together, the team reflects on the priority actions they selected for each of the modules.

Then, the team decides on several actions for the coming school year. It is very important to select a manageable number of recommendations. Most schools choose between three and five actions. Also, consider mixing both short- and long-term goals.

Finally, the team completes the School Health Improvement Plan. The Plan helps the team identify priority actions, list specific steps that need to be taken to implement each action, and designate who will be responsible for each step.

Let's work through answering the final planning question for one module to develop the School Health Improvement Plan.

Go Further



Questions

Q: *How does facilitation help the process?*

A: Good facilitation keeps the goals of the planning tasks in mind and reminds the group of the goals when they digress. During teamwork, it is important to recognize the difference of others and be respectful of them without letting one person dominate.

Q: *What are the steps to plan for improvement and implement changes?*

A: The four action steps are:

1. Complete the Overall Score Card.
2. Complete the School Health Improvement Plan.
3. Implement recommendations.
4. Reassess annually and strive for continuous improvement.

Q: *What is the difference between the scores on the Module Score Cards and the Overall Score Card?*

A: The scores on the Module Score Cards indicate the strengths and weaknesses of that specific module. The Module Score Cards are used to fill in the Overall Score Card. The completed Overall Score Card displays the scores for all the modules.

Q: *What is the purpose of the School Health Improvement Plan?*

A: The School Health Improvement Plan lists the steps you will take to implement your actions.

Q: *Why are tasks assigned to specific people?*

A: Assigning tasks increases accountability. Team members are more likely to follow through with their tasks.

Q: *How can we monitor progress?*

A: Progress may be monitored through regular meetings or conference calls. Celebrate successes to recognize strides your school has made in implementing the plan. Plan for a reassessment in one year, and schedule it in advance.

Q: *How can community resources be used to implement steps?*

A: Financial resources may be available from federal, state, or local entities, or from local businesses. Consider contacting community agencies that may be willing to donate time, space, or staff to projects your school would like to do.

Q: *What criteria establish which actions to implement first?*

A: Criteria include expense, intensity of labor, and complexity. Deciding which action to implement first depends on your school's situation. Some very important actions may be too expensive, labor-intensive, or too complex to address in the short-term. Others may be less important, but require fewer resources and thus may be easier to implement. Use the collective judgment of the team to arrive at the best mix of important and achievable recommendations.

Links

Adolescent and School Health Publications by Topic <http://www.cdc.gov/healthyyouth/publications/>

Knowledge Check – Planning for Improvement Activity

Scenario

You are a physical education teacher at Jefferson Middle School and serve on the School Health Team. As the Module Coordinator for Module 7, *Health Promotion for Staff*, you have completed a self-assessment, and teams for the other modules have also completed their assessments.

Now, the overall School Health Team is meeting to proceed with the Planning for Improvement process, beginning with the Overall Score Card to determine which module needs the most improvement.

Overall Score Card

For each module (row), write an X in the one column where
the Module Score falls*

	the Module Score falls*				
	Low 0 – 20%	21% – 40%	Medium 41% – 60%	61% – 80%	High 81% – 100%
School Health Policies and Environment – Module 1	7%				
Health Education – Module 2		40%			
Physical Education and Other Physical Activity Programs – Module 3			55%		
Nutrition Services – Module 4			60%		
School Health Services – Module 5			42%		
School Counseling, Psychological, and Social Services – Module 6		39%			
Health Promotion for Staff – Module 7		21%			
Family and Community Involvement – Module 8				66%	

* Some schools like to write the module scores in each box.

1. Which module should the School Health Team focus on first? Refer to the completed Overall Score Card in “Go Further” to help you.
 - A. Module 1 – School Health Policies and Environment
 - B. Module 3 – Physical Education and Other Physical Activity Programs
 - C. Module 7 – Health Promotion for Staff
 - D. Module 8 – Family and Community Involvement

School Health Improvement Plan

Actions	Steps	By Whom and When
1. Establish a set of competitive food offerings that align with strong nutrition standards.	a. Contact other schools and experts to identify different models.	Sally H. 10/2
	b. Conduct taste tests for healthy alternatives that students like.	Mildred P. 10/23
	c. Meet with principal to get support.	Sally H. 10/25
	d. Develop draft competitive food offerings.	Henry T. 11/3
	e. Get feedback from teachers, parents, students, administrators, and community members.	Sally H. 11/15
	f. Develop slide show about new choices to staff, students, parents, and district.	Mildred P. 11/26
	g. Schedule and deliver presentations to staff, students, and parents.	Henry T. 12/2

2. Given that the School Health Team wants to focus on Jefferson Middle School's health policies and environment first, what actions can the school commit to implementing in the short term that are not too expensive, labor-intensive, or complex to address?
 - A. Review the current policy on nutrition standards for competitive foods to ensure it meets USDA's Smart Snacks in School standards.
 - B. Set up communication procedures to involve families and the community in school-sponsored activities.
 - C. Respond effectively to unsafe situations on the school campus.
 - D. Partner with a local gym to offer discounted gym membership rates to employees.
3. Select the correct tasks that need to be taken to implement the selected action.
 - A. Contact other schools and experts to identify model policies and then develop a draft policy.
 - B. Conduct taste tests for healthy alternatives that students like.
 - C. Get feedback from teachers, parents, students, administrators, and community members.
 - D. All of the above.

Answer Key

1. **A:** Many weaknesses were likely identified during the self-assessment due to the low score of this module.
2. **A:** This action addresses a policy improvement.
3. **D:** All are logical tasks that should be taken to implement the action of establishing a new policy to set nutrition standards for competitive foods.

Congratulations! You have successfully developed recommendations to improve Jefferson Middle School's policy on nutrition standards for competitive foods. You will follow the same process to develop a prioritized list of actions in other areas to recommend for implementation. Upon approval of the School Health Improvement Plan, Jefferson Middle School can begin to implement the recommendations and monitor progress.

Chapter 5: Conclusion

Next Steps

Video Summary

- Next steps are to secure approval of the School Health Improvement Plan, implement the recommendations, and monitor progress.
- An annual self-assessment of the school should be conducted.
- Progress and plans should be reported annually to the principal, superintendent, and school board.

Audio Script

After the School Health Improvement Plan has been developed, the next steps are to secure approval, implement the recommendations, and monitor progress.

Establish an annual School Health Index assessment. Take the time to measure and recognize progress and accomplishments of the previous school year. Report annually to the principal, superintendent, and school board on progress made during the previous year and plans set for the upcoming year.

The School Health Index is a simple, straightforward tool that gives administrators, staff, parents, and students a chance to get involved and work together to create a healthier school environment and student population. Schools across the country have already made dramatic improvements based on the School Health Index.

A small investment of time can pay big dividends in improving students' well-being, readiness to learn, and prospects for a healthier life.

Now that you have completed the *School Health Index: A Self-Assessment and Planning Guide* course, you should be ready to participate in a self-assessment and create a plan for improvement for your school or district.

Go Further



Questions

Q: *What are keys to success in implementing the SHI?*

A: Important keys to success:

- Enlist school health champions and strong leadership.

- Gain administrative buy-in.
- Work toward team representation, cohesion, and commitment.
- Maintain a clear, organized, and well-facilitated process.
- Start with small, achievable goals.
- Highlight and build on successes.

Q: *How can the school's scores be presented to gain administrative buy-in?*

A: You may use the School Health Improvement Plan to present a summary of your findings. Stress that low module scores are opportunities for improvement, not a poor reflection of your school.

Q: *Why are annual assessments important?*

A: An annual assessment will ensure that students' health remains high on the school agenda.

Links

SHI Stories from the Field <http://www.cdc.gov/healthyyouth/shi/training/10-Resources/docs/Stories.pdf>

Wrap-Up

Video Summary

- Course Evaluation
- Certificate of Completion

Audio Script

Thank you for participating in the *School Health Index: A Self-Assessment and Planning Guide* course.

Please take a few moments to let us know about your experience by clicking on the evaluation link in the video summary.

Your feedback is very important, and we value your opinion!

Finally, you can print a Certificate of Completion by clicking on the certificate link in the video summary.

We hope you have enjoyed participating in the *School Health Index: A Self-Assessment and Planning Guide* course in the Training Tools for Healthy Schools e-learning series.

Go Further



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- *Comprehensive Physical Activity Programs: A Guide for Schools* course (<http://www.ora.gov/dph/cspap/page01.html>), which can help you work through Guideline 4: Physical Education and Physical Activity.

Links

SHI Stories from the Field <http://www.cdc.gov/healthyyouth/shi/training/10-Resources/docs/Stories.pdf>



Complete Set of Go Further Questions

Q: *How can I go further?*

A: As you view the videos, an “Active Child” icon will periodically appear in the corner of your screen to let you know that more information is available in the Go Further section. You may access the information by clicking on questions or resource titles listed.

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Q: *What is the Whole School, Whole Community, Whole Child (WSCC) model?*

A: The WSCC model is a collaborative approach, developed by CDC and ASCD. It expands on the eight components of CDC’s Coordinated School Health approach and is combined with the whole child framework. It is designed to strengthen a unified and collaborative approach to improve learning and health in the nation’s schools.

Q: *Where can I learn more about CDC’s research-based guidelines?*

A: The *School Health Guidelines to Promote Healthy Eating and Physical Activity* is a CDC publication that outlines evidence-based recommendations for schools to address healthy eating and physical activity. Learn more in the School Health Guidelines course (<http://www.orau.gov/dph/shg/page01.html>).

Q: *Why should I take this course?*

A: You will find value in this course if you are interested in conducting self-assessments and planning for improvement of health and safety policies and programs in schools.

Q: *How have schools made a difference by implementing the SHI?*

A: Examples of ways schools have made a difference include:

- Moved healthier options to the front of the lunch line and replaced fried foods with baked items.
- Increased time for physical education.
- Provided physical activity options for students and staff, such as starting walking clubs and partnering with local gyms to offer free weight-training classes to students.
- Added healthy choices to vending machines such as water, 100% fruit juice, and milk.
- Offered access to the gym outside of school hours.

Q: *What adaptations can be made to use the SHI at the district level?*

A: School Health Index teams can be established for districts to complete assessments and plans for improvement. These can be combined to encompass more than one school when a district has only a few schools and those schools have similar policies and practices.

Q: *What resources or costs are associated with implementing the SHI?*

A: Time is the main resource associated with implementation. Dedicated time is needed for the school health team to come together to complete the self-assessment and create a School Health Improvement Plan. Many of the improvements can be done with existing staff and with few or no new resources. Some improvement may not require any funding. The School Health Index is available at no cost.

Q: *How long will it take to complete the SHI?*

A: Field-testing has shown that it can be completed in about six hours, though this time allocation will vary depending on the number of health topics addressed and the amount of time needed to collect information for discussion.

Q: *Has the SHI been tested for validity and reliability?*

A: The SHI was field-tested for readability and user-friendliness. Validity and reliability data have not been captured because the SHI is not a research tool. It is a community organizing and educational tool.

Q: *Does a low score indicate a low-performing school?*

A: Low scores on the SHI do not indicate that a school is low-performing. In fact, low scores should be *expected*. They merely point you to areas in which your school can improve its health and safety promotion policies or practices.

Q: *Should scores be used to compare or rate schools?*

A: Absolutely not! The SHI is **your** school's self-assessment tool and is not meant to compare, rate, or punish schools. There is no such thing as a passing grade on the SHI. Your scores should only be used to help you understand your school's strengths and weaknesses and to develop a School Health Improvement Plan for improving your promotion of health and safety.

Q: *Are online results reported to the school district or state?*

A: No. Your online scores will not be electronically sent to your school district or state. The only way your school's information can be viewed online is by using your assigned reference number to access your school's records in the system.

Q: *Are results reported to CDC?*

A: No. CDC does not ask schools to report their scores. The SHI is a self-assessment process, and the data are not meant to be reported to outside agencies.

Q: *What time-saving features does the SHI online version offer?*

A: The online version may save time because you can:

- Customize it based on the selected health topics to address.
- Save responses and leave and re-enter the system as often as you like.
- Have your module scores automatically calculated.
- Archive previous versions to assist in record-keeping. This is particularly useful if you plan to complete the SHI annually.
- Print and share score cards and School Health Improvement Plans with team members, administrators, and others.

While the print version can also be saved, printed, and shared, it may be more cumbersome for team members to work from one document or consolidate documents if they are geographically separated.

Q: What are the differences between the elementary and the middle and high school versions of the SHI?

A: Certain questions are included in both versions, but they reflect different requirements for the school levels. For instance, the elementary school SHI suggests a total of 150 minutes of physical education per week, whereas the middle and high school SHI suggests a total of 225 minutes of physical education per week. Other examples of differences include:

- The elementary school SHI includes questions about recess and hands washing that are not included in the middle and high school SHI.
- The middle and high school SHI asks about tobacco cessation services.

Q: Why were these health topics selected?

A: These topics were selected because adopting these health behaviors can play a critical role in preventing the leading causes of death, disability, hospitalization, illness, and school absences. CDC has developed guidelines or strategies for schools on addressing each of the health topics.

Q: What is the Whole School, Whole Community, Whole Child (WSCC) model?

A: The WSCC model, developed by CDC and ASCD, encompasses the whole child initiative and is a comprehensive, multicomponent approach to deliver healthy eating and physical activity programs and interventions in schools.

Q: Why is the WSCC model approach important?

A: The approach is important because collaboration between schools, government agencies, and community organizations has the most positive impact on the health outcomes of young people.

Q: How does the WSCC model improve collaboration between education and health sectors?

A: The WSCC model improves alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. It incorporates the components of a coordinated school health program around the tenets of a whole child approach to education and provides a framework to address the symbiotic relationship between learning and health.

Q: What factors influence the physical and aesthetic environment?

A: Factors that influence the physical and aesthetic environment of the school include the school building and the surrounding area, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting.

Q: What factors influence the psychosocial environment?

A: The psychosocial environment of the school includes the physical, emotional, and social conditions that affect the well-being of students and staff. A positive psychosocial environment is characterized by caring and supportive interpersonal relationships, opportunities to participate in school activities and decision-making, and shared positive norms, goals, and values.

Q: What topics should be included in health education curricula?

A: Comprehensive school health education includes courses of study for students in pre-K through grade 12. The courses can address a variety of topics, such as alcohol and other drug use and abuse;

healthy eating/nutrition; mental and emotional health; personal health and wellness; physical activity; safety and injury prevention; sexual health; tobacco use; and violence prevention.

Q: Is there a CDC tool to conduct an analysis of health education curricula?

A: Yes, the Health Education Curriculum Analysis Tool (HECAT) can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. The HECAT can be customized to meet local community needs and curriculum requirements.

Q: What are some activity areas to include in a physical education curriculum?

A: Activity areas include basic movement skills; physical fitness; rhythm and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Varied activities promote each student's optimum physical, mental, emotional, and social development.

Q: Is there a CDC tool to conduct an analysis of physical education curricula?

A: Yes, the Physical Education Curriculum Analysis Tool (PECAT) can help schools assess how closely the physical education curriculum aligns with national standards, and it can help identify changes needed.

Q: Is there a CDC tool to guide schools through developing a comprehensive physical education program?

A: Yes, the *Comprehensive School Physical Activity Program (CSPAP)* (<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>) is a multicomponent approach by which school districts and schools use opportunities for students to be physically active, meet the nationally-recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. Learn more in the Comprehensive School Physical Activity Program course (<http://www.orau.gov/dph/cspap/page01.html>).

Q: How can physical activity be incorporated into the school day?

A: Opportunities for physical activity during the day can be incorporated into home room periods and active recess. Teachers can also include physical activity into their planned academic lessons, which can be done all at one time or several times during the school day.

Q: What physical activity programs can be incorporated before and after school?

A: Examples of physical activity programs include Safe Routes to School, physical activity clubs, intramural programs, and interscholastic sports.

Q: What are some recommendations from the Dietary Guidelines for Americans?

A: The Dietary Guidelines for Americans recommend a diet rich in fruits and vegetables, whole grains, and fat-free and low-fat dairy products for persons aged two years and older. The guidelines also recommend that children, adolescents, and adults limit intake of solid fats (major sources of saturated and trans fatty acids), cholesterol, sodium, added sugars, and refined grains.

Q: What is the recommended ratio of health services staff to students?

A: Schools should have an adequate number of health services staff or full-time school nurses. The recommended ratio is at least one nurse for every 750 students. More nurses are recommended if students in your school have extensive nursing needs.

Q: How can parents be included in referrals to appropriate health services?

A: School health services staff can provide information about child health insurance programs and primary care providers to parents of students. The school nurse, psychologist, or other appropriate professional can meet with the parents to explain the referral and get input from parents.

Q: *What are potential barriers to referring students to health services?*

A: Barriers may include cost, location, transportation, and stigma.

Q: *What are allied health personnel?*

A: Allied health personnel are health care professional who have received specialized training, such as counselors, dieticians, nutritionists, physician's assistants, and physical therapists.

Q: *What mental health disorders and challenges impact student learning and behavior if untreated?*

A: Disorders and challenges include:

- Attention deficit/hyperactivity disorder
- Bipolar disorder
- Stress, anxiety, or depression
- Worries about being bullied
- Disabilities
- Thoughts of suicide or hurting others
- Concerns about sexuality
- Inadequate basic life needs (e.g., housing, food, clothing, health care)
- Death of a friend or family member
- Addiction
- Fear of violence, terrorism, or war

Q: *What health promotion activities can be offered for staff?*

A: Health education and health-promoting activities that focus on skill development and behavior change tailored to staff needs and interests can be offered. Programs may include training on conflict resolution; first aid and CPR, or free or low-cost programs on physical activity/fitness; healthy eating/weight management; stress management; or tobacco cessation.

Q: *How can staff model healthy eating and physical activity behaviors?*

A: Staff can use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior; incorporate physical activity into classrooms; and consume healthy foods and beverages during the regular or extended school day.

Q: *How can staff communicate with families about school-sponsored activities?*

A: School staff can communicate with all families in a culturally and linguistically appropriate way by respecting the uniqueness of family systems, having conversations, or using other modes of communication, such as text messages and e-mail.

Q: *What are some parenting strategies to include in a family education program?*

A: Effective strategies for parents include:

- Staying actively involved with children in fun activities.
- Setting expectations for appropriate behavior and academic performance.
- Communicating with children about health-related risks and behaviors.
- Consistently enforcing family rules with consequences.
- Modeling healthy behaviors.
- Providing a supportive learning environment in the home.

Q: *Can one person complete the SHI for the school?*

A: No. The SHI is meant to be completed by a team to involve school representatives and community members who contribute to school health promotion.

Q: *Why should the SHI be completed as a group effort?*

A: The strength of the process comes from having individuals from different parts of the school community come together and plan ways to work towards improving school policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

Q: *Who are key school representatives?*

A: Potential key school representatives are:

- Students
- Administrators (e.g., principals, superintendents, directors of special education or instruction)
- Health coordinators
- Health education teachers
- Teachers from a variety of levels and disciplines
- Counseling, psychological, and social services providers
- Health service providers (e.g., nurses, school clinic staff)
- Nutrition services staff
- School site health promotion staff
- Related committees (e.g., school improvement team, health curriculum committee)
- Other school staff (e.g., custodians, bus drivers, media specialists, classroom aides)

Q: *Who are key community representatives?*

A: Potential key community representatives are:

- School board members
- Parents (e.g., representatives of parent-teacher-student groups)
- Faith communities

- Businesses (e.g., Chambers of Commerce, Rotary Clubs, major employers, agriculture and industry)
- Voluntary health organizations (e.g., American Cancer Society, American Lung Association, American Heart Association)
- Youth-serving organizations (e.g., Boys and Girls Clubs, Scouts)
- Health care (e.g., hospitals, clinics, public health, physicians, nurse practitioners)
- Mental health (e.g., counseling centers, substance abuse counselors, social workers)
- Social services (e.g., welfare, housing)
- Local and county government
- Recreation (e.g., parks and recreation departments, YMCAs, health clubs)
- Law enforcement (e.g., community policing, school safety officers)
- Pre-school programs (e.g., Head Start, nursery schools)
- Elderly (e.g., senior citizens centers)
- Media

Q: *Who can be a potential SHI coordinator?*

A: The SHI coordinator is the facilitator of the SHI process. Potential coordinators can be:

- Retired health educators
- Community-based dietitians
- Professors at local colleges
- Graduate students
- Volunteer sat community-based health organizations

Q: *What traits should the SHI coordinator possess?*

A: The SHI coordinator should be:

- A skilled group facilitator who can keep meeting participants on task while making them feel good about their participation.
- An excellent listener who does not attempt to impose his or her own opinions on the group.
- An individual who is highly respected by all participants and by the school administration.

Q: *From whom do we seek administrative buy-in?*

A: It is very important to gain administrative support prior to beginning the SHI process. This support should be in writing from leaders such as the school principal, assistant principal, superintendent, or other leaders in your school community.

Q: *How can staff carve out time for meetings?*

A: You can request portions of existing meetings for time to work on the SHI. Talk to administrators about using a professional development day or a teacher work day to focus on the SHI. Consider using a

half-day to walk through the self-assessment modules, and then set up another meeting to discuss the planning process. Other meeting times, such as staff meetings, after-school meetings, or meetings of parent-teacher organizations, can also be used.

Q: *What if a question seems irrelevant for our school?*

A: It is possible that some questions might not be relevant. If you are sure that this is the case, you may choose not to answer the question. Not answering a question will not adversely impact your score. In many cases, questions that might appear to be irrelevant can be reinterpreted to become relevant.

Q: *What is an example of converting a weakness to an action item?*

A: If your school scored a 0 on having a representative school health committee, indicating a weakness, your action item could be to “create and maintain a school health committee.”

Q: *How does facilitation help the process?*

A: Good facilitation keeps the goals of the planning tasks in mind and reminds the group of the goals when they digress. During teamwork, it is important to recognize the difference of others and be respectful of them without letting one person dominate.

Q: *What are the steps to plan for improvement and implement changes?*

A: The four action steps are:

- Complete the Overall Score Card.
- Complete the School Health Improvement Plan.
- Implement recommendations.
- Reassess annually and strive for continuous improvement.

Q: *What is the difference between the scores on the Module Score Cards and the Overall Score Card?*

A: The scores on the Module Score Cards indicate the strengths and weaknesses of that specific module. The Module Score Cards are used to fill in the Overall Score Card. The completed Overall Score Card displays the scores for all the modules.

Q: *What is the purpose of the School Health Improvement Plan?*

A: The School Health Improvement Plan lists the steps you will take to implement your actions.

Q: *Why are tasks assigned to specific people?*

A: Assigning tasks increases accountability. Team members are more likely to follow through with their tasks.

Q: *How can we monitor progress?*

A: Progress may be monitored through regular meetings or conference calls. Celebrate successes to recognize strides your school has made in implementing the plan. Plan for a reassessment in one year, and schedule it in advance.

Q: *How can community resources be used to implement steps?*

A: Financial resources may be available from federal, state, or local entities, or from local businesses. Consider contacting community agencies that may be willing to donate time, space, or staff to projects your school would like to do.

Q: *What criteria establish which actions to implement first?*

A: Criteria include expense, intensity of labor, and complexity. Deciding which action to implement first depends on your school's situation. Some very important actions may be too expensive, labor-intensive, or too complex to address in the short-term. Others may be less important, but require fewer resources and thus may be easier to implement. Use the collective judgment of the team to arrive at the best mix of important and achievable recommendations.

Q: *What are keys to success in implementing the SHI?*

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Complete Links List

A Competency-based Framework for Health Educators

<http://www.ncate.org/LinkClick.aspx?fileticket=J37euHlcN3E=&tabid=676>

Adolescent and School Health Publications by Topic <http://www.cdc.gov/healthyyouth/publications/>

Alliance for a Healthier Generation <https://www.healthiergeneration.org/>

CDC's Comprehensive School Physical Activity Program (CSPAP)

<http://www.cdc.gov/healthyschools/physicalactivity/cspap.htm>

CDC's Health Education Curriculum Analysis Tool (HECAT) <http://www.cdc.gov/healthyyouth/hecat>

CDC's Physical Education Curriculum Analysis Tool (PECAT)

<http://www.cdc.gov/healthyschools/pecat/index.htm>

CDC's Strategies to Improve the Quality of Physical Education

http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality_pe.pdf

CDC's Youth Physical Activity Guidelines Toolkit

<http://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

Center for Mental Health in Schools <http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Characteristics of an Effective Health Education Curriculum

<http://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

Child Development: Positive Parenting Tips

<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>

CSPAP Online Course <http://www.orau.gov/dph/cspap/page01.html>

Effective School Health Advisory Councils

http://www.fns.usda.gov/sites/default/files/NC_effective_school_health_council_manual.pdf

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Fruits & Vegetables Galore: Helping Kids Eat More <http://www.fns.usda.gov/tn/fruits-vegetables-galore-helping-kids-eat-more>

Health, Mental Health and Safety Guidelines for Schools

http://www.nationalguidelines.org/chapter_full.cfm?chap=2

Helping Your Child Series <http://www2.ed.gov/parents/academic/help/hyc.html>

Making It Happen! School Nutrition Success Stories <http://www.cdc.gov/healthyschools/mih/index.htm>

Mental Health in Schools: Becoming an Integrated Part of the School Improvement Agenda

<http://smhp.psych.ucla.edu/mhpresentation.htm>

National Health Education Standards <http://www.cdc.gov/healthyschools/sher/standards/index.htm>

National PTA <http://www.pta.org/about/Join.cfm?navItemNumber=564>

National Standards for K-12 Physical Education

<http://www.shapeamerica.org/standards/upload/National-Standards-Flyer-rev.pdf>

Parent Engagement: Strategies for Involving Parents in School Health
http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf

Physical Activity Guidelines for Americans <http://www.health.gov/paguidelines/>

Practitioner and Professional Development: Virtual Toolbox for Mental Health in Schools
<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/Covers.pdf

Promoting Physical Activity: A Guide for Community Action
<http://www.cdc.gov/physicalactivity/strategies/communityguide.html>

Readiness and Emergency Management for Schools Technical Assistance Center <http://rems.ed.gov/>

School Employee Wellness Guide
http://www.dhpe.org/members/group_content_view.asp?group=87568&id=124831

School Health Guidelines to Promote Healthy Eating and Physical Activity
<http://www.cdc.gov/healthyschools/npao/strategies.htm>

SHG Online Course <http://www.orau.gov/dph/shg/page01.html>

School Health Index Website <http://www.cdc.gov/healthyschools/shi/index.htm>

SHI Online <http://www.cdc.gov/HealthyYouth/shi/>

SHI Online Course <http://www.orau.gov/dph/shi/page01.htm>

SHI Resources <http://www.cdc.gov/healthyschools/shi/resources.htm>

SHI Stories from the Field <http://www.cdc.gov/healthyyouth/shi/training/10-Resources/docs/Stories.pdf>

The Whole Child Initiative <http://www.ascd.org/whole-child.aspx>

U.S. Dietary Guidelines for Americans <http://health.gov/dietaryguidelines/>

USDA's Choose My Plate <http://www.choosemyplate.gov/>

USDA's Team Nutrition: Local School Wellness Policy <http://www.fns.usda.gov/tn/local-school-wellness-policy>

Whole School, Whole Community, Whole Child <http://www.cdc.gov/healthyyouth/wsc/>