

# 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.

You may access more information by clicking on questions or resources in the Go Further section. A full-course download is also available.

An “Active Child” icon will appear on the screen periodically to alert you to a tip for more information.

At the end of the course, you will have the opportunity to download a Certificate of Completion.

#### Go Further



#### Questions

*Q: How can I go further?*

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

*Q: How can I download all of the Go Further information 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 “Download Course” document provided under Go Further. A complete set of Go Further questions and a complete Resource List are located at the end of the document.

#### Resources

CDC SHI Online Tool

[http://nccd.cdc.gov/DASH\\_SHI/default/Login.aspx](http://nccd.cdc.gov/DASH_SHI/default/Login.aspx)

CDC SHI for Elementary Schools [PDF - 2.7 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>

CDC SHI for Middle and High Schools [PDF - 1.9 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>

CDC SHI Glossary

<https://www.cdc.gov/healthyschools/shi/glossary.htm>

## Course Objectives

### Video Summary

- Become familiar with the school health topics covered in the School Health Index modules.
- Become familiar with the steps for implementing the School Health Index.
- Become familiar with the School Health Index process of conducting an assessment and developing an improvement plan.

### 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 become familiar with the:

- School health topics covered in the School Health Index modules;
- Steps for implementing the School Health Index; and
- School Health Index process of conducting an assessment and developing an improvement plan.

### 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.



### Resources

CDC School Health Index Website

<https://www.cdc.gov/healthyschools/shi/index.htm>

## What is the School Health Index?

### Video Summary

- It is a tool to assess your school's health and safety policies and programs, and develop a plan for improvement.
- It was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies.
- It is structured around the Whole School, Whole Community, Whole Child (WSCC) model.

## Audio Script

The *School Health Index: A Self-Assessment and Planning Guide* is a tool that enables you to assess your school's current health and safety policies and programs, as well as develop a plan for improvement.

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 based on scientific guidance including CDC's research-based guidelines for school health programs, environmental health guidelines for school programs, and various reports on school nutrition, physical activity, and physical education from the Institute of Medicine.

These reports identify the policies and practices most likely to be effective in reducing youth health risk behaviors and supporting healthy behaviors.

The School Health Index is also structured around the Whole School, Whole Community, Whole Child approach (also known as WSCC) developed by CDC and the Association for Supervision and Curriculum Development (or ASCD).

The WSCC approach builds upon the traditional coordinated school health model and ASCD's Whole Child approach to learning and promotes greater alignment between health and education outcomes.

## 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 ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/shg.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/shg.html)).

## Resources

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

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

# Chapter 2: About 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 needed 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 straightforward tool that gives administrators, staff, parents, and students an opportunity to work together to create a healthier school.

The purpose of the School Health Index is to:

- Enable schools to identify strengths and weaknesses of its 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. It can also be used at the district level with appropriate adaptation.

### 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 teams 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.

## Resources

Alliance for a Healthier Generation

<https://www.healthiergeneration.org/>

## School Health Index Format

### Video Summary

- The self-assessment helps determine what your school is already doing to promote good health and identifies strengths and weaknesses.
- 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 steps:

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

The **self-assessment** step leads members of your school community through the School Health Index modules in order to identify what your school is already doing to promote health as well as areas for improvement.

The **planning for improvement** step enables you to identify many actions your school can take to improve its performance in areas that received low scores. This step then involves prioritizing those actions to help you decide which actions to focus on first. Finally, you will complete a School Health Improvement Plan to list the steps you will take to implement each of the selected actions.

As you complete the School Health Index and calculate your score, it is important to remember that it is not a research or evaluation tool. It should not be used to audit or punish school staff. What the School Health Index does provide is an Improvement Plan that can be used to monitor progress and review recommendations for change.

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

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.

*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.

### Resources

CDC SHI Online Tool

[http://nccd.cdc.gov/DASH\\_SHI/default/Login.aspx](http://nccd.cdc.gov/DASH_SHI/default/Login.aspx)

CDC SHI for Elementary Schools [PDF - 2.7 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>

CDC SHI for Middle and High Schools [PDF - 1.9 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>

## 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 seven health topics: physical activity and physical education, nutrition, tobacco use prevention, alcohol and other drug use prevention, chronic health conditions (such as asthma and food allergies), unintentional injury and violence prevention, and sexual health, including HIV and other STDs, and pregnancy prevention.

### Audio Script

The School Health Index is a free, customizable tool. You can conduct the assessment using the interactive online version or by downloading the print version.

To access the online version, click on the “Enter School Health Index” button. Here, you can either register a new team profile or access your current assessment. The online version of the School Health Index records your entries and generates score cards for specific topic areas.

Print versions for either elementary or middle and high schools can be downloaded from the School Health Index website. There are a few differences between the elementary version and the middle and high school version, although the majority of the items 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,
- Alcohol and other drug use prevention,
- Chronic health conditions (such as asthma and food allergies),
- Unintentional injury and violence prevention, and
- Sexual health, including HIV and other STDs, and pregnancy prevention.

Questions in the Index 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 hand 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 difference between the health topics and the modules?*

A: The School Health Index modules are based around the health topics. A module can cover several health topics. For example, Module 2: Health Education includes questions that touch on physical activity, tobacco use prevention, nutrition, and more.

## Resources

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

## Knowledge Check 1

### Scenario

You are a health 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 knowledge check statements and select the most appropriate responses.

### Quiz

1. The health topics addressed in the *School Health Index* are:
  - A. (T) Time requirements; (N) Necessary food requirements; (CH) Cross Health; (PE) Primary Education; (A) Absenteeism



- B. (T) Tobacco Use Prevention; (S) Safety; (N) Nutrition; (PA) Physical Activity; (A) Asthma; (SH) School Health
  - C. (T) Tobacco Use Prevention; (S) Sexual Health; (N) Nutrition; (PA) Physical Activity; (A) Asthma
  - D. (T) Tobacco Use Prevention; (S) Unintentional Injury and Violence Prevention; (N) Nutrition; (AOD) Alcohol and Other Drug Use Prevention; (PA) Physical Activity and Physical Education; (CHC) Chronic Health Conditions; and (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 seven 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 conducted a self-assessment, 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 to the 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 modules.
- The School Health Index has instructions that will help guide you through completing each module.

#### Audio Script

Habits and practices related to health and safety are influenced by the entire school environment. The School Health Index is composed of 11 modules that are structured around CDC's and ASCD's Whole School, Whole Community, Whole Child model. The WSCC model emphasizes a school-wide approach to student health.

The modules are:

- School Health and Safety Policies and Environment;
- Health Education;
- Physical Education and Physical Activity Programs;
- Nutrition Environment and Services;
- School Health Services;
- School Counseling, Psychological, and Social Services;

- Social and Emotional Climate;
- Physical Environment;
- Employee Wellness and Health Promotion;
- Family Engagement; and
- Community Involvement.

The first step to completing the School Health Index is to understand the modules. This course will provide an overview of the modules and exercises to complete an example module.

The School Health Index also has instructions that will help 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 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.

### Resources

CDC Adolescent and School Health Publications by Topic

<http://www.cdc.gov/healthyyouth/publications/>

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity

<http://www.cdc.gov/healthyschools/npao/strategies.htm>

ASCD Whole Child

<http://www.ascd.org/whole-child.aspx>

Whole School, Whole Community, Whole Child

<http://www.cdc.gov/healthyyouth/wsc/>

## 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.

Representatives from different segments of the school and community, including parents and students, should work together to maximize healthy eating and physical activity opportunities for students.

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 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 is a “wellness policy?”*

A: A wellness policy is a written document that guides a local educational agency or school district’s efforts to create supportive school nutrition and physical activity environments.

## Resources

Action for Healthy Kids: Wellness Policy Tool

<http://www.actionforhealthykids.org/tools-for-schools/revise-district-policy/wellness-policy-tool>

CDC Local School Wellness Policy

<https://www.cdc.gov/healthyschools/npao/wellness.htm>

CDC School Connectedness: Strategies for Increasing Protective Factors Among Youth [PDF – 1.0 MB]

<https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>

Improving School Health: A Guide for School Health Councils [PDF – 591 KB]

<http://www.mde.k12.ms.us/docs/healthy-schools/ntlguidetoshacbooklet.pdf?sfvrsn=2>

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils [PDF – 2.4 MB]

<http://idph.iowa.gov/Portals/1/Files/HPCDP/Covers.pdf>

Readiness and Emergency Management for Schools

<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.

These 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, including cyberbullying.

*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.

### Resources

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

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

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

Competency-based Framework for Health Educators [PDF - 88.6 KB]  
<http://www.ncate.org/LinkClick.aspx?fileticket=J37euHlcN3E=&tabid=676>

AAP Council on School Health  
<https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-School-Health/Pages/About-Us.aspx>

## Module 3: Physical Education and Other Physical Activity Programs

### Video Summary

- Physical education is characterized by a planned, sequential pre-kindergarten through grade 12 curricula.
- 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 pre-kindergarten through grade 12 curricula 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 pre-kindergarten through grade 12 for physical education. Qualified, trained teachers should teach physical education.

Additionally, schools 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, classroom physical activity, 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 ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)).

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

A: Opportunities for physical activity during the day can be incorporated into homeroom 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.

## Resources

CDC Comprehensive School Physical Activity Program

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

CDC Comprehensive School Physical Activity Program e-Learning Module

[https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)

CDC Physical Education Curriculum Analysis Tool

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

CDC Physical Activity

<http://www.cdc.gov/physicalactivity/strategies/communityguide.html>

CDC Strategies to Improve the Quality of Physical Education [PDF – 598 KB]

[http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality\\_pe.pdf](http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality_pe.pdf)

CDC Strategies for Recess in Schools [PDF – 2.6 MB]

[https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016\\_12\\_16\\_schoolrecessstrategies\\_508.pdf](https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_schoolrecessstrategies_508.pdf)

CDC Tips for Teachers: Promoting Healthy Eating and Physical Activity in the Classroom [PDF – 3.6 MB]

[https://www.cdc.gov/healthyyouth/npao/pdf/Tips\\_for\\_Teachers\\_TAG508.pdf](https://www.cdc.gov/healthyyouth/npao/pdf/Tips_for_Teachers_TAG508.pdf)

CDC Youth Physical Activity Guidelines Toolkit

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

National Network of Public Health Institutes Springboard to Active Schools: Keep Recess in Schools [PDF - 1.0 MB]

[https://nnphi.org/wp-content/uploads/2017/07/Recess-Data-Brief\\_FINALversion\\_071817.pdf](https://nnphi.org/wp-content/uploads/2017/07/Recess-Data-Brief_FINALversion_071817.pdf)

National Standards for K-12 Physical Education [PDF – 75.6 KB]

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

Physical Activity Guidelines for Americans

<http://www.health.gov/paguidelines/>

Shape America: Essential Components of Physical Education [PDF – 404 KB]

<https://www.shapeamerica.org//upload/theessentialcomponentsofphysicaleducation.pdf>

## Module 4: Nutrition Environment and 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 Environment and Services. Schools are in a unique position to promote healthy eating and help ensure appropriate food and nutrient intake among students.

The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus.

Schools provide students with opportunities to consume an array of foods and beverages throughout the school day. Schools also enable students to learn about and practice healthy eating behaviors by providing an array of foods and adequate eating time.

Schools should ensure that only nutritious and appealing food and beverages are provided in school cafeterias, vending machines, snack bars, school stores, and other venues that offer food and beverages to students. School staff should complete the U.S. Department of Agriculture's Professional Standards requirements training annually. The Professional Standards include menu planning, food safety, food sensitivities and allergies, portion sizes, and more.

## 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.*

### Resources

Alliance for a Healthier Generation: Healthy Eating in Out-of-School Time

[https://www.healthiergeneration.org/take\\_action/out-of-school\\_time/healthy\\_eating/](https://www.healthiergeneration.org/take_action/out-of-school_time/healthy_eating/)

CDC Celebrations and Rewards

[https://www.cdc.gov/healthyschools/npao/celebrations\\_rewards.htm](https://www.cdc.gov/healthyschools/npao/celebrations_rewards.htm)

CDC Food and Beverage Marketing

[https://www.cdc.gov/healthyschools/npao/food\\_beverage\\_marketing.htm](https://www.cdc.gov/healthyschools/npao/food_beverage_marketing.htm)

CDC Program Success Stories

[http://www.cdc.gov/healthyschools/stories/program\\_success\\_stories.htm](http://www.cdc.gov/healthyschools/stories/program_success_stories.htm)

CDC School Meals

<https://www.cdc.gov/healthyschools/npao/schoolmeals.htm>

CDC School Nutrition Environment Overview

<https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>

CDC Smart Snacks

<https://www.cdc.gov/healthyschools/npao/smartsnacks.htm>

CDC Water Access

<https://www.cdc.gov/healthyschools/npao/wateraccess.htm>

U.S. Dietary Guidelines for Americans

<http://health.gov/dietaryguidelines/>

USDA Fruits & Vegetables Galore: Helping Kids Eat More

<http://www.fns.usda.gov/tn/fruits-vegetables-galore-helping-kids-eat-more>

USDA Choose My Plate

<http://www.choosemyplate.gov/>

USDA School Meals Professional Standards

<https://www.fns.usda.gov/school-meals/professional-standards>

## 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 such as physicians, nurses, health educators, and other allied health personnel 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 professionals who have received specialized training, such as counselors, dietitians, nutritionists, physician’s assistants, and physical therapists.

## Resources

CDC Health Services for Teens

<https://www.cdc.gov/healthyyouth/healthservices/index.htm>

CDC School Health Services

<https://www.cdc.gov/healthyschools/schoolhealthservices.htm>

CDC Managing Chronic Health Conditions in Schools

<https://www.cdc.gov/healthyschools/chronicconditions.htm>

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 such as certified school counselors, psychologists, and social workers 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

## Resources

AASA School Mental Health

<http://www.aasa.org/content.aspx?id=4686>

Center for Mental Health in Schools and Student/Learning Supports

<http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Family Educational Rights and Privacy Act (FERPA)

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

Mental Health America: Children's Mental Health

<http://www.mentalhealthamerica.net/conditions/childrens-mental-health>

Mental Health in Schools: An Overview

<http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Practitioner and Professional Development: Virtual Toolbox for Mental Health in Schools

<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

SAMHSA Safe Schools/Healthy Students

<https://www.samhsa.gov/safe-schools-healthy-students>

## Module 7: Social and Emotional Climate

### Video Summary

- Refers to the psychosocial aspects of students' educational experiences that influence their social and emotional development.
- Impacts student engagement in school activities; relationships with other students, staff, family, and community; and academic performance.

### Audio Script

Module 7: Social and Emotional Climate. Social and Emotional School Climate refers to the psychosocial aspects of students' educational experiences that influence their social and emotional development.

The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance.

## Go Further



### Questions

*Q: What are examples of a positive psychosocial school climate?*

A: Some examples of a positive psychosocial school climate include:

- Communicating clear expectations for learning and behavior to students
- Fostering pro-social behavior by engaging students in activities such as peer tutoring, classroom chores, service learning, and teacher assistance
- Fostering an appreciation of student and family diversity and respect for all families' cultural beliefs and practices
- Establishing an expectation that staff members greet each student by name
- Expecting staff members to encourage students to ask for help when needed

### Resources

CASEL Program Guides: Effective Social and Emotional Learning Programs

<http://www.casel.org/guide/>

Center on Great Teachers and Leaders. The SEL School: Connecting Social and Emotional Learning to Effective Teaching

<http://www.gtlcenter.org/sel-school>

National Center on Safe Supportive Learning Environments: Creating a Safe and Respectful Environment in Our Nation's Classrooms

<https://safesupportivelearning.ed.gov/creating-safe-and-respectful-environment-our-nations-classrooms-training-toolkit>

National Center on Safe Supportive Learning Environments: ED School Climate Surveys

<https://safesupportivelearning.ed.gov/edscls>

National Center on Safe Supportive Learning Environments: Social and Emotional Learning

<https://safesupportivelearning.ed.gov/hot-topics/social-emotional-learning>

## Module 8: Physical Environment

### Video Summary

- A school promotes learning by ensuring the health and safety of students and staff.
- The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it.

### Audio Script

Module 8: Physical Environment. A school promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it.

The physical environment includes considerations such as:

- Cleaning and maintenance practices;
- Indoor air quality practices;

- Environmental contaminant hazard reduction; and
- Pest prevention.

Promoting school environmental health also means making sure school facilities' staff receive adequate training and that students are engaged and actively involved in promoting environmental health.

## Go Further



## Questions

*Q: What factors influence the physical 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: How can students get involved in promoting environmental health?*

A: Students can get involved in promoting environmental health by:

- Learning about environmental health curricula and lesson plans in the classroom
- Completing school projects related to environmental health
- Engaging in extracurricular activities related to the school environment or environmental health
- Volunteering to contribute to maintaining school environmental health

## Resources

EPA Healthy Schools, Healthy Kids

<https://www.epa.gov/schools>

EPA Overview of Routine Cleaning and Maintenance for a Healthy School Environment

<https://www.epa.gov/schools-healthy-buildings/overview-routine-cleaning-and-maintenance-healthy-school-environment>

EPA Preventing Pests for Healthier Schools: The Health Case for Integrated Pest Management [PDF 2.21 MB]

<https://www.epa.gov/sites/production/files/2016-04/documents/preventing-pests-for-healthier-schools.pdf>

EPA Healthy Schools and Indoor Air Quality

<https://www.epa.gov/schools-air-water-quality/schools-indoor-air-quality>

EPA State School Environmental Health Guidelines

<https://www.epa.gov/schools/state-school-environmental-health-guidelines>

USDE Readiness and Emergency Management for Schools Technical Assistance Center

<http://rems.ed.gov/>

## Module 9: Employee Wellness and Health Promotion

### 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 9: Employee Wellness and Health Promotion. Comprehensive school employee wellness is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (such as lack of physical activity or tobacco use) and health conditions (such as diabetes or depression) to meet the health and safety needs of all employees.

Schools can provide opportunities for staff members to improve their health status through activities such as health assessments, health education, and fitness activities.

These opportunities encourage staff members to pursue a lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall health program. A personal commitment often transfers into a 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
- Physical Activity/Fitness
- Healthy Eating/Weight Management
- Stress Management
- 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.

## Resources

Alliance for a Healthier Generation: Health Promotion for Staff

[https://www.healthiergeneration.org/take\\_action/schools/employee\\_wellness/](https://www.healthiergeneration.org/take_action/schools/employee_wellness/)

CDC Work@Health® Program

<https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html>

CDC Worksite Health Scorecard

[https://nccd.cdc.gov/DPH\\_WHSC/HealthScorecard/Home.aspx](https://nccd.cdc.gov/DPH_WHSC/HealthScorecard/Home.aspx)

CDC Workplace Health Model

<https://www.cdc.gov/workplacehealthpromotion/model/index.html>

School Employee Wellness Guide

[http://www.dhpe.org/members/group\\_content\\_view.asp?group=87568&id=124831](http://www.dhpe.org/members/group_content_view.asp?group=87568&id=124831)

# Module 10: Family Engagement

## Video Summary

- Family engagement means families and school staff work together to support and improve the learning, development, and health of students.
- When families are engaged, children’s health and learning are reinforced in multiple settings.

## Audio Script

Module 10: Family Engagement. Family engagement means families and school staff are working together to support and improve the learning, development, and health of students. This means school staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. It also means families are committed to actively supporting their child’s learning and healthy development.

This module focuses on:

- Communication with families;
- Parenting strategies;
- Family volunteers; and
- Family access to school facilities.

When families are engaged, children’s health and learning are reinforced in multiple settings – in school and at home.

## 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

## Resources

CDC Parent Engagement: Strategies for Involving Parents in School Health [PDF - 1.7 MB]  
[http://www.cdc.gov/healthyyouth/protective/pdf/parent\\_engagement\\_strategies.pdf](http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf)

CDC Parents for Healthy Schools  
<https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>

CDC Parents for Healthy Schools e-Learning Module

[https://www.cdc.gov/healthyschools/professional\\_development/e-learning/p4hs.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html)

CDC Positive Parenting Tips

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

USDE Helping Your Child Series

<http://www2.ed.gov/parents/academic/help/hyc.html>

National PTA

<https://www.pta.org/>

## Module 11: Community Involvement

### Video Summary

- Community groups, organizations, and local businesses can partner with schools to provide resources and support for health-related activities.
- Schools can share school facilities with community members.

### Audio Script

Module 11: Community Involvement. Community groups, organizations, and local businesses can partner with schools to provide resources and support for health-related activities. Community members can provide input on school health and safety policies and programs and work with schools on community events that promote health and wellness.

Schools, students, and their families can contribute to the community through service-learning opportunities and by sharing school facilities with community members.

By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

### Go Further

#### Questions

*Q: What are some examples of community groups?*

*A: Community groups include:*

- Community-based, out-of-school programs
- Businesses
- Cultural and civic organizations
- Social service agencies
- Faith-based organizations
- Health clinics
- Colleges and universities

### Resources

ASCD Whole Child

<http://www.ascd.org/whole-child.aspx>



## 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 to use or modify when implementing the School Health Index 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 and develop Improvement Plan

#### Audio Script

There is no single way to implement the School Health Index. Schools have developed many approaches based on what best meets their needs.

Now that you are familiar with the School Health Index modules, you are ready to start the assessment process.

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

1. Assemble a School Health Index team, which includes identifying a coordinator to lead the effort;
2. Conduct a School Health Index introduction meeting;
3. Complete the self-assessment modules; and
4. Complete the Overall Score Card and develop an Improvement Plan.

#### 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.

##### Resources

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



# 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.

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. 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.

Getting support from school administrators greatly improves overall commitment to completing the School Health Index and implementing the School Health Improvement Plan. Having school and district-level administrators on the team can facilitate implementation of identified changes.

You will also need to identify a coordinator to lead the team's efforts. The identity of the School Health Index coordinator varies from school to school. Some 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; and
- 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)

- 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)

*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/nutritionists
- 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.

## Resources

Effective School Health Advisory Councils [PDF – 962 KB]

[http://www.fns.usda.gov/sites/default/files/NC\\_effective\\_school\\_health\\_council\\_manual.pdf](http://www.fns.usda.gov/sites/default/files/NC_effective_school_health_council_manual.pdf)

Promoting Healthy Youth, Schools, and Communities [PDF – 2.6 MB]

<http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf>

## Step 2: Conduct School Health Index Introduction Meeting

### Video Summary

- During the first team meeting, the coordinator will explain the process.
- The team will 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 assessment 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 or district. Some teams decide to complete all modules together in one sitting. Typically, smaller groups are created for each of the 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 should administrative buy-in be sought?*

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.

## Resources

CDC 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 if they do not apply.

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. Add the scores for each column.
2. 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. 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.

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 list 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" (indicating a weakness) on having a representative school health committee, your action item could be to "create and maintain a school health committee."

### Resources

CDC SHI Resources

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

## Knowledge Check 2: Self-Assessment Activity

### Scenario

Jefferson Middle School has recently implemented changes to its breakfast program. Your School Health Team designed a flyer to send to parents, announcing the changes. The team is now in the process of evaluating the strengths and weaknesses in its Nutrition Environments and Services program to recommend additional actions for improvement in the coming year. Read the knowledge check statements and select the most appropriate responses.

# EXCITING BREAKFAST PROGRAM CHANGES!

IN ADDITION TO THE  
**FULLY ACCESSIBLE  
LUNCH PROGRAM**  
WE ALREADY HAVE,  
**WE'VE ADDED:**



## Grab and Go

Students can now purchase food as they enter the building, even those who arrive at the first bell.



## Prepaid

Just like during normal meal times, students can pay for grab and go items with their account numbers. We have successfully moved all payments to online accounts. This system does not single out students who qualify for free or reduced-price meals.



## Classroom

Policy changes mean students can now eat breakfast items in their classrooms during the first 15 minutes of class.

## JEFFERSON MIDDLE SCHOOL CAFETERIA

### Module 4 Discussion Questions

- Using the information in the flyer announcing new cafeteria services, assign the appropriate score for Jefferson Middle School on question N.1 of Module 4: "*Does your school offer **school meals** (breakfast and lunch) programs that are **fully accessible** to all students?*"
  - 3 = Yes
  - 2 = Our school offers breakfast and lunch programs, **but** they are not fully accessible to all students.
  - 1 = Our school offers only a lunch program that is fully accessible, **but** there are plans to add a breakfast program.
  - 0 = Our school offers only a lunch program that is not fully accessible and there are no plans to add a breakfast program, **or** the school does not offer a breakfast or a lunch program.
- Using the same flyer, assign the appropriate score for Jefferson Middle School on question N.2 of Module 4: "*Does your school use strategies to maximize participation in the school breakfast program?*"
  - 3 = Our school offers **Universal Free Breakfast\*** after the bell, such as **breakfast in the classroom, grab and go to the classroom, or second chance breakfast** models.
  - 2 = Our school offers breakfast after the bell, such as **breakfast in the classroom, grab and go to the classroom, or second chance breakfast** models.
  - 1 = Our school offers a traditional breakfast program served and consumed in the cafeteria.
  - 0 = Our school does not offer a breakfast program.

\* **Universal Free Breakfast** – any program that offers breakfast to all students free of charge, regardless of their free, reduced, or paid lunch status.

## The Module Score

### SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL

#### Module 4: Nutrition Environment and Services

##### Score Card (photocopy before using)

###### Instructions

- Carefully read and discuss the Module 4 Discussion Questions (pages 5-12), which contains questions and scoring descriptions for each item listed on this Score Card.
- Circle the most appropriate score for each item.
- After all questions have been scored, calculate the overall Module Score and complete the Module 4 Planning Questions located at the end of this module (pages 14-15).

	Fully in Place	Partially in Place	Under Develop- ment	Not in Place
N.1 Breakfast and lunch programs	3	2	1	0
N.2 School breakfast	3	2	1	0
N.3 School Lunch	3	2	1	0
N.4 Variety of offerings in school meals	3	2	1	0
N.5 Healthy food purchasing and preparation practices	3	2	1	0
N.6 Venues outside the cafeteria offer fruits and vegetables	3	2	1	0
N.7 Promote healthy food and beverage choices and school meals using Smarter Lunchroom techniques	3	2	1	0
N.8 Adequate time to eat school meals	3	2	1	0
N.9 Collaboration between school nutrition services staff members and teachers	3	2	1	0
N.10 Annual continuing education and training requirements for school nutrition services staff	3	2	1	0
N.11/ S.1 Clean, safe, pleasant cafeteria	3	2	1	0
N.12/ S.2 Preparedness for food emergencies	3	2	1	0
N.13/ S.3 Food safety training	3	2	1	0
N.14 Farm to School activities.	3	2	1	0

**COLUMN TOTALS:** For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (45) by subtracting 3 for each question eliminated).

3	10	3	0
<b>TOTAL POINTS:</b> Add the four sums above and enter the total to the right.			
16			
<b>MODULE SCORE =</b> (Total Points / 45) X 100			
36 %			

### EXAMPLE FORM

- Your SHI team has assigned ratings to each of the items as shown in the completed score card above. Which equation shows how you would now correctly calculate the module score?
  - $(10/45) \times 100 = 22\%$
  - $(2/40) \times 100 = 5\%$
  - $(16/45) \times 100 = 36\%$
  - $(16/36) \times 100 = 44\%$

### Planning Question 1: Strengths and Weaknesses

Planning Question 1 directs you to look back on the scores assigned to each item to identify areas of strength and weakness. In general, questions that were scored as 3s or 2s are considered strengths, and those scored as 1s or 0s are considered weaknesses.

According to the Module 4: *Nutrition Environment and Services Score Card*:

4. Is your school breakfast (N.2) considered an area of strength or weakness?
  - A. Strength
  - B. Weakness
5. Are your Farm to School activities (N.14) considered an area of strength or weakness?
  - A. Strength
  - B. Weakness

### Planning Question 2: Recommended Actions for Weaknesses

Planning Question 2 asks you to list recommended actions for each of the areas of weakness identified.

6. Select which item your team could include on its list of recommendations related to Farm to School activities (N.14).
  - A. Host school field trips to a nearby grocery store.
  - B. Identify countries on the cafeteria menu from which the listed produce originated.
  - C. Incorporate more messages about the nutritional value of fruits and vegetables throughout the learning environment
  - D. Feature local farmers/producers in school career day activities

### Planning Question 3: Priority Actions

Planning Question 3 helps prioritize the recommended actions for areas of weakness identified in Planning Question 2. The team uses a dimensions scale to assign a rating of 1 through 5 for each recommended action. In this example, recommended actions have been identified and rated for Farm to School Activities (N.14).

Module 4 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
Feature local farmers/producers in school career day activities	5	5	5	5	5	25	
Start a school fruit and vegetable garden	5	4	2	4	2	17	
Incorporate local produce into the school meal	5	2	3	4	3	17	



Module 4 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
program							
Host a field trip to a local farm	3	5	4	2	4	18	

7. Based on the ratings in the table, which recommended activity should be Jefferson Middle School's top priority for addressing Farm to School Activities?
- Host a field trip to a local farm.
  - Incorporate local produce into the school meal program.
  - Feature local farmers/producers in school career day activities.
  - Start a school fruit and vegetable garden.

### Answer Key

- A:** Jefferson Middle school offers fully accessible breakfast and lunch programs to all students.
- B:** Jefferson Middle School offers grab and go to the classroom breakfast.
- C:** The sum of the column totals is 16. When you divide that by the Module Score denominator of 45, you get a final module score of 36%.
- A:** This is a strength because Jefferson Middle school offers fully accessible breakfast and lunch programs to all students, which gave a 'Partially in Place' rating of 2.
- B:** Areas that are rated 0 or 1 are generally considered weaknesses.
- D:** This action directly connects local school and farm environments.
- C:** 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, 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; and
- Complete the School Health Improvement Plan.

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.

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 for 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 progress be monitored?*

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.

## **Resources**

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

## **Knowledge Check 3: Planning for Improvement Activity**

### **Scenario**

Each of the groups responsible for a *School Health Index* module has completed their assessment. Now the entire *School Health Index* team is ready to discuss the findings and start the Planning for Improvement process. Your group completed Module 4 – *Nutrition Environment and Services* and reports the overall module score was 36%. The scores calculated by each group are recorded in the overall score card in this example. Read the knowledge check statements and select the most appropriate responses.

## Overall Score Card

*SCHOOL HEALTH INDEX – MIDDLE SCHOOL/HIGH SCHOOL*

### School Health Index 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 and Safety Policies and Environment – Module 1	7%				
Health Education – Module 2					
Physical Education and Physical Activity Programs – Module 3			55%		
Nutrition & Environment Services – Module 4		36%			
School Health Services – Module 5			42%		
School Counseling, Psychological, and Social Services – Module 6		39%			
Social and Emotional Climate – Module 7		21%			
Physical Environment – Module 8				66%	
Employee Wellness and Health Promotion – Module 9					82%
Family Engagement – Module 10			50%		
Community Involvement – Module 11			46%		

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

PLANNING FOR IMPROVEMENT – Page 6

EXAMPLE FORM

## Planning for Improvement

1. Which module should the School Health Team focus on first?
  - 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

2. Given that the School Health Team wants to focus on Jefferson Middle School's health policies and environment first (Module 1), 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.

## 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.
- Check progress on your plan annually.
- Progress and plans should be reported 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.

Check progress on your plan annually. 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 for the upcoming year.

The School Health Index is a 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.

You can print a Certificate of Completion by clicking on the certificate link in the Go Further section.

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

## 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, and should not be used for punitive measures.

*Q: Why are annual progress checks important?*

A: Monitoring progress annually will ensure that students' health remains high on the school agenda.

*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 “Download Course” document provided under Resources. Complete sets of Go Further questions and resources are located at the end of the document.

*Q: How can other courses in the “Training Tools for Healthy Schools e-Learning Series” help me?*

A: Other courses in the series include:

- School Health Guidelines to Promote Healthy Eating and Physical Activity ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/shg.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/shg.html)) serves as a reference guide for you to identify evidence-based practices that can be implemented in schools and also includes extensive information on practices to achieve the guidelines.
- Comprehensive Physical Activity Programs: A Guide for Schools ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)) provides a multicomponent approach by which school districts and schools can use all 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.
- Parents for Healthy Schools ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/p4hs.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html)) provides guidance on how to use and share the resources developed for the Parents for Healthy Schools initiative and provides strategies for how parents can become involved in school health.
- Health Education Curriculum Analysis Tool (HECAT) ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/hecat.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html)) provides an overview of the HECAT purpose and its content, describes what actions should be

taken to use the HECAT to develop or select a curriculum, and shares information and examples to make sure curriculum decisions meet student health needs and school district and community expectations for school-based health education.

## Resources

CDC SHI Online Tool

[http://nccd.cdc.gov/DASH\\_SHI/default/Login.aspx](http://nccd.cdc.gov/DASH_SHI/default/Login.aspx)

CDC SHI for Elementary Schools [PDF – 2.7 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>

CDC SHI for Middle and High Schools [PDF - 1.9 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>

CDC SHI Glossary

<https://www.cdc.gov/healthyschools/shi/glossary.htm>

CDC SHI Stories from the Field [PDF – 1.7 MB]

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

SHI Course Certificate of Completion [PDF – 212 KB]

## Complete Set of Go Further Questions



*Q: How can I go further?*

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

*Q: How can I download all of the Go Further information 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 “Download Course” document provided under Resources. Complete sets of Go Further questions and resources are located at the end of the document.

*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: 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 ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/shg.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/shg.html)).

*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 teams 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 hand 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 difference between the health topics and the modules?*

A: The School Health Index modules are based around the health topics. A module can cover several health topics. For example, Module 2: Health Education includes questions that touch on physical activity, tobacco use prevention, nutrition, and more.

*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 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 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 is a "wellness policy?"*

A: A wellness policy is a written document that guides a local educational agency or school district's efforts to create supportive school nutrition and physical activity environments.

*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, including cyberbullying.

*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 ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)).

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

A: Opportunities for physical activity during the day can be incorporated into homeroom 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 professionals who have received specialized training, such as counselors, dietitians, 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 are examples of a positive psychosocial school climate?*

A: Some examples of a positive psychosocial school climate include:

- Communicating clear expectations for learning and behavior to students
- Fostering pro-social behavior by engaging students in activities such as peer tutoring, classroom chores, service learning, and teacher assistance
- Fostering an appreciation of student and family diversity and respect for all families' cultural beliefs and practices
- Establishing an expectation that staff members greet each student by name
- Expecting staff members to encourage students to ask for help when needed

*Q: What factors influence the physical 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: How can students get involved in promoting environmental health?*

A: Students can get involved in promoting environmental health by:

- Learning about environmental health curricula and lesson plans in the classroom
- Completing school projects related to environmental health
- Engaging in extracurricular activities related to the school environment or environmental health
- Volunteering to contribute to maintaining school environmental health

*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
- Physical Activity/Fitness
- Healthy Eating/Weight Management
- Stress Management
- 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: What are some examples of community groups?*

A: Community groups include:

- Community-based, out-of-school programs
- Businesses
- Cultural and civic organizations
- Social service agencies
- Faith-based organizations
- Health clinics
- Colleges and universities

*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)
- 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)

*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/nutritionists
- 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.

*Q: From whom should administrative buy-in be sought?*

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” (indicating a weakness) on having a representative school health committee, 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 for planning for improvement and implementing 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 for 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 progress be monitored?*

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?*

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, and should not be used for punitive measures.

*Q: Why are annual progress checks important?*

A: Monitoring progress annually will ensure that students' health remains high on the school agenda.

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

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- Maintain a clear, organized, and well-facilitated process.
- Start with small, achievable goals.
- Highlight and build on successes.



*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 “Download Course” document provided under Resources. Complete sets of Go Further questions and resources are located at the end of the document.

*Q: How can other courses in the “Training Tools for Healthy Schools e-Learning Series” help me?*

A: Other courses in the series include:

- School Health Guidelines to Promote Healthy Eating and Physical Activity - ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/shg.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/shg.html)) serves as a reference guide for you to identify evidence-based practices that can be implemented in schools and also includes extensive information on practices to achieve the guidelines.
- Comprehensive Physical Activity Programs: A Guide for Schools - ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)) provides a multicomponent approach by which school districts and schools can use all 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.
- Parents for Healthy Schools ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/p4hs.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html)) provides guidance on how to use and share the resources developed for the Parents for Healthy Schools initiative and provides strategies for how parents can become involved in school health.
- Health Education Curriculum Analysis Tool (HECAT) ([https://www.cdc.gov/healthyschools/professional\\_development/e-learning/hecat.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/hecat.html)) provides an overview of the HECAT purpose and its content, describes what actions should be taken to use the HECAT to develop or select a curriculum, and shares information and examples to make sure curriculum decisions meet student health needs and school district and community expectations for school-based health education.

# Complete Resource List

AAP Council on School Health

<https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-School-Health/Pages/About-Us.aspx>

AASA School Mental Health

<http://www.aasa.org/content.aspx?id=4686>

Action for Healthy Kids: Wellness Policy Tool

<http://www.actionforhealthykids.org/tools-for-schools/revise-district-policy/wellness-policy-tool>

Alliance for a Healthier Generation

<https://www.healthiergeneration.org/>

Alliance for a Healthier Generation: Health Promotion for Staff

[https://www.healthiergeneration.org/take\\_action/schools/employee\\_wellness/](https://www.healthiergeneration.org/take_action/schools/employee_wellness/)

Alliance for a Healthier Generation: Healthy Eating in Out-of-School Time

[https://www.healthiergeneration.org/take\\_action/out-of-school\\_time/healthy\\_eating/](https://www.healthiergeneration.org/take_action/out-of-school_time/healthy_eating/)

ASCD Whole Child

<http://www.ascd.org/whole-child.aspx>

CASEL Program Guides: Effective Social and Emotional Learning Programs

<http://www.casel.org/guide/>

CDC Adolescent and School Health Publications by Topic

<http://www.cdc.gov/healthyyouth/publications/>

CDC Celebrations and Rewards

[https://www.cdc.gov/healthyschools/npao/celebrations\\_rewards.htm](https://www.cdc.gov/healthyschools/npao/celebrations_rewards.htm)

CDC Characteristics of an Effective Health Education Curriculum

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

CDC Comprehensive School Physical Activity Program e-Learning Module

[https://www.cdc.gov/healthyschools/professional\\_development/e-learning/cspap.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/cspap.html)

CDC Comprehensive School Physical Activity Program

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

CDC Food and Beverage Marketing

[https://www.cdc.gov/healthyschools/npao/food\\_beverage\\_marketing.htm](https://www.cdc.gov/healthyschools/npao/food_beverage_marketing.htm)

CDC Health Education Curriculum Analysis Tool

<http://www.cdc.gov/healthyyouth/hecat>

CDC Health Services for Teens

<https://www.cdc.gov/healthyyouth/healthservices/index.htm>

CDC Local School Wellness Policy

<https://www.cdc.gov/healthyschools/npao/wellness.htm>

CDC Managing Chronic Health Conditions in Schools

<https://www.cdc.gov/healthyschools/chronicconditions.htm>

CDC National Health Education Standards

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

CDC Parent Engagement: Strategies for Involving Parents in School Health [PDF - 1.7 MB]

[http://www.cdc.gov/healthyyouth/protective/pdf/parent\\_engagement\\_strategies.pdf](http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf)

CDC Parents for Healthy Schools e-Learning Module

[https://www.cdc.gov/healthyschools/professional\\_development/e-learning/p4hs.html](https://www.cdc.gov/healthyschools/professional_development/e-learning/p4hs.html)

CDC Parents for Healthy Schools

<https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>

CDC Physical Activity

<http://www.cdc.gov/physicalactivity/strategies/communityguide.html>

CDC Physical Education Curriculum Analysis Tool

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

CDC Positive Parenting Tips

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

CDC Program Success Stories

[http://www.cdc.gov/healthyschools/stories/program\\_success\\_stories.htm](http://www.cdc.gov/healthyschools/stories/program_success_stories.htm)

CDC School Connectedness: Strategies for Increasing Protective Factors Among Youth [PDF – 1.0 MB]

<https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>

CDC School Health Guidelines to Promote Healthy Eating and Physical Activity

<http://www.cdc.gov/healthyschools/npao/strategies.htm>

CDC School Health Index Website

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

CDC School Health Services

<https://www.cdc.gov/healthyschools/schoolhealthservices.htm>

CDC School Meals

<https://www.cdc.gov/healthyschools/npao/schoolmeals.htm>

CDC School Nutrition Environment Overview

<https://www.cdc.gov/healthyschools/nutrition/schoolnutrition.htm>

CDC SHI for Elementary Schools [PDF - 2.7 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>

CDC SHI for Middle and High Schools [PDF - 1.9 MB]

<https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>

CDC SHI Glossary

<https://www.cdc.gov/healthyschools/shi/glossary.htm>

CDC SHI Online Tool

[http://nccd.cdc.gov/DASH\\_SHI/default/Login.aspx](http://nccd.cdc.gov/DASH_SHI/default/Login.aspx)

CDC SHI Resources

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

CDC SHI Stories from the Field [PDF – 1.7 MB]

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

CDC Smart Snacks

<https://www.cdc.gov/healthyschools/npao/smartsnacks.htm>

CDC Strategies for Recess in Schools [PDF – 2.6 MB]

[https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016\\_12\\_16\\_schoolrecessstrategies\\_508.pdf](https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_schoolrecessstrategies_508.pdf)

CDC Strategies to Improve the Quality of Physical Education [PDF – 598 KB]

[http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality\\_pe.pdf](http://www.cdc.gov/healthyyouth/physicalactivity/pdf/quality_pe.pdf)

CDC Tips for Teachers: Promoting Healthy Eating and Physical Activity in the Classroom [PDF – 3.6 MB]

[https://www.cdc.gov/healthyyouth/npao/pdf/Tips\\_for\\_Teachers\\_TAG508.pdf](https://www.cdc.gov/healthyyouth/npao/pdf/Tips_for_Teachers_TAG508.pdf)

CDC Water Access

<https://www.cdc.gov/healthyschools/npao/wateraccess.htm>

CDC Work@Health® Program

<https://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html>

CDC Workplace Health Model

<https://www.cdc.gov/workplacehealthpromotion/model/index.html>

CDC Worksite Health Scorecard

[https://nccd.cdc.gov/DPH\\_WHSC/HealthScorecard/Home.aspx](https://nccd.cdc.gov/DPH_WHSC/HealthScorecard/Home.aspx)

CDC Youth Physical Activity Guidelines Toolkit

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

Center for Mental Health in Schools and Student/Learning Supports

<http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

Center on Great Teachers and Leaders. The SEL School: Connecting Social and Emotional Learning to Effective Teaching

<http://www.gtlcenter.org/sel-school>

Competency-based Framework for Health Educators [PDF - 88.6 KB]

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

Effective School Health Advisory Councils [PDF – 962 KB]

[http://www.fns.usda.gov/sites/default/files/NC\\_effective\\_school\\_health\\_council\\_manual.pdf](http://www.fns.usda.gov/sites/default/files/NC_effective_school_health_council_manual.pdf)

EPA Healthy Schools and Indoor Air Quality

<https://www.epa.gov/schools-air-water-quality/schools-indoor-air-quality>

EPA Healthy Schools, Healthy Kids

<https://www.epa.gov/schools>

EPA Overview of Routine Cleaning and Maintenance for a Healthy School Environment

<https://www.epa.gov/schools-healthy-buildings/overview-routine-cleaning-and-maintenance-healthy-school-environment>

EPA Preventing Pests for Healthier Schools: The Health Case for Integrated Pest Management [PDF 2.21 MB]

<https://www.epa.gov/sites/production/files/2016-04/documents/preventing-pests-for-healthier-schools.pdf>

EPA State School Environmental Health Guidelines

<https://www.epa.gov/schools/state-school-environmental-health-guidelines>

Family Educational Rights and Privacy Act (FERPA)

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

Improving School Health: A Guide for School Health Councils [PDF – 591 KB]

<http://www.mde.k12.ms.us/docs/healthy-schools/ntlguidetoshacbooklet.pdf?sfvrsn=2>

Mental Health America: Children's Mental Health

<http://www.mentalhealthamerica.net/conditions/childrens-mental-health>

Mental Health in Schools: An Overview

<http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>

National Center on Safe Supportive Learning Environments: Creating a Safe and Respectful Environment in Our Nation's Classrooms

<https://safesupportivelearning.ed.gov/creating-safe-and-respectful-environment-our-nations-classrooms-training-toolkit>

National Center on Safe Supportive Learning Environments: ED School Climate Surveys

<https://safesupportivelearning.ed.gov/edscls>

National Center on Safe Supportive Learning Environments: Social and Emotional Learning

<https://safesupportivelearning.ed.gov/hot-topics/social-emotional-learning>

National Network of Public Health Institutes Springboard to Active Schools: Keep Recess in Schools [PDF - 1.0 MB]

[https://nnphi.org/wp-content/uploads/2017/07/Recess-Data-Brief\\_FINALversion\\_071817.pdf](https://nnphi.org/wp-content/uploads/2017/07/Recess-Data-Brief_FINALversion_071817.pdf)

National PTA

<https://www.pta.org/>

National Standards for K-12 Physical Education [PDF – 75.6 KB]

<http://www.shapeamerica.org/standards/upload/National-Standards-Flyer-rev.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 [PDF – 2.6 MB]

<http://www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf>

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils [PDF – 2.4 MB]

<http://idph.iowa.gov/Portals/1/Files/HPCDP/Covers.pdf>

Readiness and Emergency Management for Schools

<http://rems.ed.gov/>

SAMHSA Safe Schools/Healthy Students

<https://www.samhsa.gov/safe-schools-healthy-students>

School Employee Wellness Guide

[http://www.dhpe.org/members/group\\_content\\_view.asp?group=87568&id=124831](http://www.dhpe.org/members/group_content_view.asp?group=87568&id=124831)

Shape America: Essential Components of Physical Education [PDF – 404 KB]

<https://www.shapeamerica.org//upload/theessentialcomponentsofphysicaleducation.pdf>

U.S. Dietary Guidelines for Americans

<http://health.gov/dietaryguidelines/>

USDA Choose My Plate

<http://www.choosemyplate.gov/>

USDA Fruits & Vegetables Galore: Helping Kids Eat More

<http://www.fns.usda.gov/tn/fruits-vegetables-galore-helping-kids-eat-more>

USDA School Meals Professional Standards

<https://www.fns.usda.gov/school-meals/professional-standards>

USDA Team Nutrition: Local School Wellness Policy

<http://www.fns.usda.gov/tn/local-school-wellness-policy>

USDE Helping Your Child Series

<http://www2.ed.gov/parents/academic/help/hyc.html>

USDE Readiness and Emergency Management for Schools Technical Assistance Center

<http://rems.ed.gov/>

Whole School, Whole Community, Whole Child

<http://www.cdc.gov/healthyyouth/wsccl/>