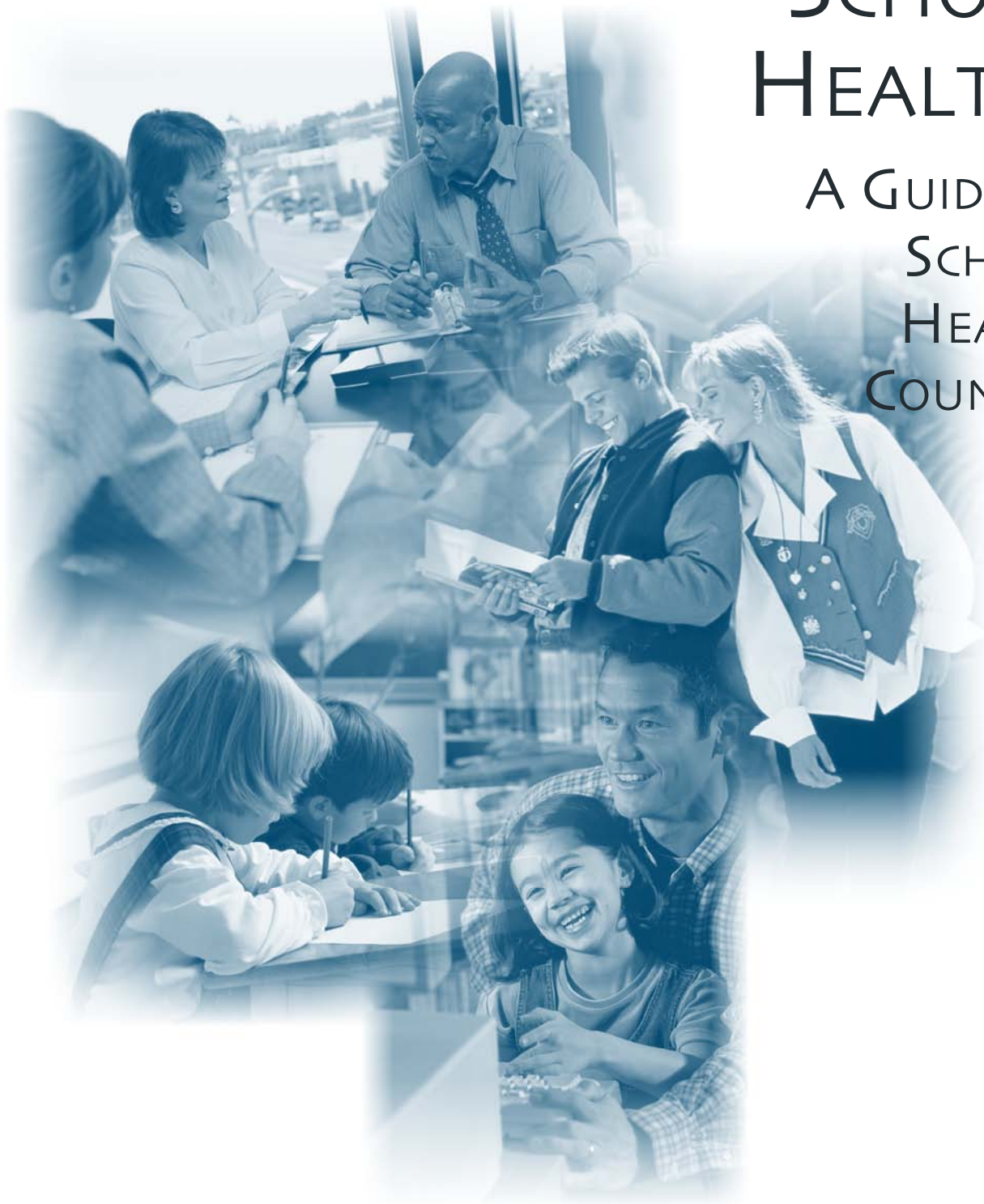


IMPROVING SCHOOL HEALTH:

A GUIDE TO
SCHOOL
HEALTH
COUNCILS



A SERIES OF GUIDEBOOKS FOR VOLUNTEERS





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Introduction

Researchers estimate that if everything known about the prevention of cancer were applied, up to two-thirds of cancers would not occur. Research also tells us that healthy behavior is based not only on knowledge, but on values, attitudes, and skills developed early in life. It is these formative years that offer parents, the community, and institutions a valuable opportunity to influence the development of healthy behaviors in children. The health of our children now and for a lifetime will not depend on spectacular medical breakthroughs, but rather on lifestyle choices they make. If we can provide our children with the knowledge and skills they need to make healthy lifestyle choices, we can dramatically reduce their risk of death, disease, and injury for a lifetime. This ultimately will reduce their personal health care risk as well as reduce the spiraling costs of health care. It could even help improve economic productivity. Armed with this information, it is imperative that all of us take action to encourage our youth to adopt healthy lifestyles.

The American Cancer Society is committed to making sure that our children have the knowledge and skills required for making healthy lifestyle choices through quality health education. The American Cancer Society believes that cancer prevention and control education provided throughout the country as part of comprehensive school health education will significantly reduce the risk of cancer for all Americans now and in the years to come. To achieve this, the American Cancer Society has developed a health education curriculum for cancer prevention and control, as well as tools for how you and your community can help ensure that all children receive a quality health education.

An important way that you and your local American Cancer Society can help is by participating in your local school health council (SHC). Or, if your school system does not already have a SHC, it is important to help get one started. SHCs provide opportunities to ensure that local school systems create and implement an age-appropriate, sequential health education program that responds to the individual needs and the unique values of your community.

The American Cancer Society and School Health Councils (SHCs)

Research shows that the most effective vehicle for interacting with the local community on school health issues is through a School Health Council. There are many ways that staff and volunteers at the local level can help ensure that the SHC provides the community a voice in planning and implementing comprehensive school health education. As you read this guide to SHCs, you will find checkpoints in the right margin. These checkpoints provide ideas for how ACS at the local level can influence the functioning of your school system's SHC. Not every checkpoint will necessarily apply to you and your SHC; however, they can serve as springboards for further thinking about how your local Unit can get involved with the SHC.



What Are School Health Councils (SHCs)?

- 3 Make an appointment with the school professional who oversees health education. Find out if your school system has a SHC. If it has a SHC, does it function in a way that fits this definition? If not or if it does not have a SHC at all, use this definition as the beginning of a dialogue about why your school system needs a SHC to advise the school board on school health issues.

A school health council, sometimes called a school health advisory council, is an advisory group of individuals who represent segments of the community. The group acts collectively to provide advice to the school system on aspects of the school health program. Generally, the members of a SHC are specifically appointed by the school system. Most often SHCs advise an entire school system (district), but a SHC may also be useful for an individual school wanting its own advisory council. School systems often use advisory councils to provide advice to them on a variety of topics, such as exceptional children or drop out prevention.

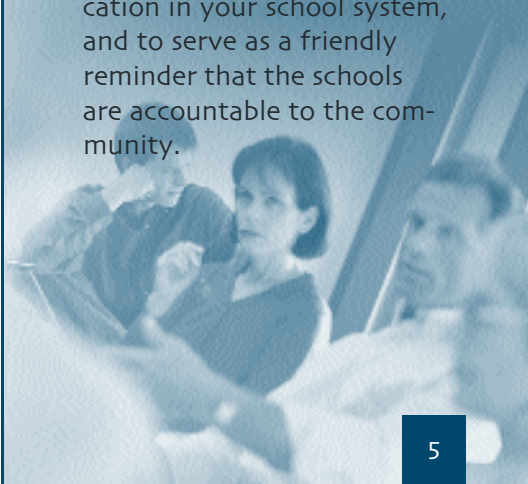
It is important to emphasize that such councils are formed to provide advice. These groups do not become part of the administrative structure of the schools. Nor do they have any legal responsibilities within the school system.



What Do SHCs Do?

A SHC has a variety of roles, depending on how the school system uses it. Some SHCs are designed to address issues around health instruction alone, while others address all components of a comprehensive school health program (health instruction, healthful school environment, health services, physical education, school counseling, food service, school site health promotion for faculty and staff, and integrated school and community programs). Some roles that are commonly assigned to SHCs include (but are not limited to) the following:

- **Program planning.** SHCs ensure that professionals who directly influence student health meet regularly to learn what their colleagues are doing, share teaching strategies, problem solve, and plan synergistic activities; participate in curriculum selection and adaptation; provide a forum for discussion of health issues; facilitate innovation in health education; provide in-service training programs.
 - **Advocacy.** SHCs provide visibility for school health within the school system and community; ensure that sufficient resources are allocated to school health; intervene when individuals from within or without the school seek to eliminate or unfavorably alter the school health program; facilitate understanding between schools and community segments; engage representatives from the local business, media, religious, juvenile justice, and medical communities to serve as a buffer against threats to programs and to provide resources and linkage opportunities.
 - **Fiscal planning.** SHCs assist in determining how much funding is required to conduct school health programs; integrate the various funding sources for school health education; help raise funds for local programs; and prepare grant applications.
 - **Liaison with district and state agencies.** SHCs work with agency personnel in the areas of curriculum selection, allocation of school nurse time, development of food service programs, distribution of federal or state funds, and policy making.
 - **Direct intervention.** SHCs initiate policy related to smoking and alcohol use and the sale of nutritious foods at schools; organize school-wide activities like health fairs and health promotion.
 - **Evaluation, accountability, and quality control.** SHCs ensure that school health funds are spent appropriately, food service programs offer healthy menus, and that health-related activities are conducted; conduct focus groups with parents, teachers, administrators, and students; examine existing school services relative to need; assess the physical and psychological environment of the school.
- 3 Find out what roles your local SHC has been assigned. If your SHC is not functioning in some of these six identified roles, prepare a brief position paper on ACS letterhead describing these roles and how your local SHC might become involved in them. Use "Conducting a Comprehensive School Health Program" by Ken Resnicow and Diane Allensworth in the February 1996 (Volume 66, Number 2) issue of *Journal of School Health* as a resource.
 - 3 Share ACS material on the importance of comprehensive school health education with SHC members so that they are armed with the knowledge to become expert advocates for school health education.
 - 3 Make sure that the school system and SHC are aware of the ACS curriculum for cancer-related topics.
 - 3 Co-sponsor any school-wide activities like health fairs or health promotion campaigns and donate any ACS materials that are relevant.
 - 3 Observe health education classes or the school environment, or examine school lunch menus to gain some familiarity with health education in your school system, and to serve as a friendly reminder that the schools are accountable to the community.



How Do SHCs Get Started?

- 3 Find out if your state mandates SHCs. If so, what are the mandated specifications? Are they being met by your local SHC?
- 3 If your SHC was developed through a very specific state mandate, encourage SHC members to explore broader roles for the SHC than simply what the mandate specifies.
- 3 If your local school system does not already have a SHC, it is very appropriate for the local ACS Unit to spearhead the effort to get one started.
- 3 Include at least a couple of non-ACS people.
- 3 Use the definition and description of SHC roles described above.
- 3 SHCs should represent the community's neighborhoods and geographic areas; economic, social, religious, and ethnic makeup; philosophies; constituencies; and power bases.
- 3 Meet with key school system personnel early on to develop a collaborative relationship.
- 3 Specifically invite key people in the community to attend. Use Be a Leader in Academic Achievement as a recruitment tool (Code #2052).
- 3 Your local Unit could offer to provide training to new SHC members. This guide could be used as a basis for it, as well as some of the articles included in References, p. 20.
- 3 Make sure that the school system designates a staff liaison at the outset so that there is no confusion about communication

Many states mandate that every school system establish a SHC. Research suggests that collaboration among families, communities, and schools is the most effective approach for both prevention and intervention. Mandates ensure that in the absence of community-initiated SHCs, the responsibility for developing and managing programs that address the physical, emotional, and social aspects of health is shared across all segments of the community and reflect community consensus. State mandates for SHCs usually are very specific about SHC function, structure, procedures, etc.

Frequently SHCs are organized by concerned citizens who want to ensure that the children in their community receive quality health education. Often these community-initiated efforts result in the highest quality comprehensive school health education programs since concerned citizens bring commitment and dedication to the council.

If your school system does not already have a SHC, here are some steps you can take to begin one:

- Review any established school system procedures for advisory councils.
- Gather three to five interested people to define shared perceptions about the need for a SHC.
- Establish the general purpose and major functions of the SHC.
- Conduct a realistic analysis of obstacles in the community and school system.
- Identify potential categories of SHC members and a tentative schedule.
- Prepare a brief proposal on the formation of a SHC.
- Gain support of your school system's Central Office personnel.
- Hold an initial meeting to determine interest levels and support for a SHC.
- Revise and finalize the membership roster.
- Adopt bylaws and charter membership.
- Conduct training for members.
- Conduct needs assessment.
- Develop task and project plans based upon needs assessment.
- Carry out proposed plans and monitor progress.
- Establish a mechanism for regular reporting to the school

Who Are Members of SHCs?

Most importantly, SHC members are committed to quality health education for the children of their community. Other criteria should include:

- **Demonstrated interest in youth.** Individuals who work with Scouts, church youth groups, human service agencies, school events, other advisory groups, environmental groups, civic clubs, PTAs, or youth-related business projects are good candidates for SHC membership. They often have a good understanding of the needs of children.
- **Awareness of the community.** A general understanding by members of the cultural, political, geographic, and economic structure of the community can facilitate goal accomplishment. Some individuals are significant decision-makers and potentially valuable members because they are familiar with these aspects of the community and are known by different community segments. A person new to the community may bring the advantage of previous valuable experience without carrying the burden of local barriers seen by others.
- **Professional ability.** Individuals with professional training in a youth-related discipline are obvious potential members, as are other individuals employed in human service agencies. However, training and agency affiliation does not predict the value of an individual to SHC activities. While some SHCs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.
- **Willingness to devote time.** No matter what a person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the SHC, it is usually better not to have that person as a member. Before appointing a member, communicate to the individual what the time commitment is to make sure he or she has the time for the SHC. The occasional exception to this rule would be the influential and cooperative individual whose membership on the SHC adds to its credibility.
- **Representative of the population.** Every community has population segments important within the community. These are often demographic segments which may be identified by age, sex, race, income, geography, politics, ethnicity, profession, or religion. To increase the likelihood of having a SHC that actually represents the community, it is important to plan member selection carefully. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHC a more credible and widely known body. One of the most

- 3 Make sure that your SHC is created for the sole purpose of advising on school health issues and is not an already existing advisory council for the school system that has been assigned school health in addition to other responsibilities. SHCs must consist of individuals who possess a genuine interest in school health education.
- 3 A representative from the ACS Unit should seek membership on the SHC.
- 3 Monitor attendance of SHC members at regular meetings. If certain members have poor attendance, this should be brought to the attention of the SHC chair or the designated school staff person to be addressed by him or her.
- 3 Make sure that all or most segments of the population are represented on your SHC. If not, suggest to the SHC chair or designated school staff person what population segments need to be better represented on the SHC. Recommend people to represent these groups.

3 Keep in mind that it is important to include on the SHC people with differing views. It is easier to manage conflicting views in a positive way at the council level rather than at the public level.

3 The ACS Unit should recommend key community members for SHC membership.

serious problems for some SHCs is that their members do not reflect the views of the community.

- **Credibility of appointees** School systems should appoint to SHCs individuals who are respected by those who know them. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethical behavior, all contribute to the character of the SHC. The credibility of the SHC is enhanced considerably by the personal characteristics of its members.

Sources of SHC members are:

- parents
- students
- medical professionals
- social service agencies
- business/industry
- volunteer health agencies
- churches/synagogues
- hospitals/clinics
- public health agencies
- civic and service organizations
- colleges/universities
- public media
- attorneys and law enforcement officials
- schools
- youth groups
- professional societies
- government officials



How Are SHC Members Selected?

Most SHCs obtain members through one of three methods:

- **Appointment.** Some SHCs consist of individuals who are appointed by school board members to represent them in planning and implementing school health education programs. These SHCs generally reflect the views of the school board members.
- **Election.** Some SHCs consist of individuals who are elected by citizens, school board members, or administrators. These SHCs often reflect the views of the group who elected them.
- **Volunteering.** Some SHCs consist of individuals who volunteer to serve on the SHC. Such SHCs often best reflect the diverse views of the community since representatives from many segments have the opportunity to serve.

Regardless of what procedure is used to choose new members, some common steps should be taken.

- Membership categories and SHC size should be determined. SHCs typically have 11-19 members.
- A diverse group of three to five concerned individuals should be asked to identify potential members for each membership category.
- New members should be assigned term lengths of 1, 2, or 3 years to maintain a balance of term lengths on the SHC. This will protect the stability and develop consistency in operations of the SHC.
- The SHC's purpose, its general operation, current membership, and the time commitment for members should be briefly explained to each person identified as a potential member.
- Final decisions for membership should be made and confirmed with the designated school system contact person.
- Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school system values a person's willingness to participate. The content of the letter should also refer to the name of the SHC, its purpose, terms of appointment, frequency of meetings, name of the school system contact person, and SHC chairperson, if appropriate. Finally, the letter should inform the person about the next steps for getting started with the SHC.

3 Find out how your local SHC members are selected so that you can better understand the politics behind who becomes a member. Membership is most often gained by an approval process that involves the school board, superintendent, and SHC members.

3 Share this list of steps for choosing new members with your local SHC.



How Are SHCs Structured?

3 Learn how your SHC is structured. Does this structure work well for your school system and SHC? Interview SHC members and school personnel to find out if flow of communication is effective and efficient. If not, suggest alternate structures to consider.

3 Make an appointment with the editor of the local newspaper to discuss the value and importance of your school system's SHC and comprehensive school health education. Request that both get regular media coverage.

SHCs are structured in a variety of ways to best meet the needs of the school system. Structure of SHCs can be best defined by considering to whom the SHC reports. Three common structures are described:

- **SHC reports to the school board.** The simplest and most common structure is a SHC that consists of members from the community as well as the school superintendent and school health administrator. Members are appointed by and report to the school board. Advantages are direct communication with the school board, inclusion of two key school personnel on the SHC, and representation from a wide variety of community segments. A disadvantage is the possible domination by school personnel.
- **SHC reports to the school health administrator.** Another common structure is a SHC that consists of members from the community, who are appointed by the school board. The SHC members elect a chairperson. They report to the elected chair who reports to the health advisory administrator who reports to the superintendent who reports to the school board. Advantages are that the SHC may operate more independently without the inclusion of school personnel. Also, an orderly flow of advice to the school board is designated. A disadvantage is that advice might become distorted as it moves through the communication channel to the school board.
- **SHC reports to the media.** A less common structure is a SHC that consists of members from the community who are appointed by the school board, are elected by the community, or who volunteer to serve. The SHC reports its activities to the media at the same time it reports to the school board. An advantage is that the SHC operates most independently from the school system. A disadvantage is that the relationship could become adversarial since the school board does not have the opportunity to review and comment on the SHC's advice before it is released to the media.

Care should be taken in determining the best structure and communications option for each new SHC, and each existing SHC should consider reorganization to create a structure that best fits within its school system. There are many variables that will explain why a SHC structure might work well in one school system but not in another. For example, school health coordinators and superintendents vary in how they view advice from community members, the degree of their intended personal involvement, perceptions of the importance of school health programs, and the role of media.



How Do SHCs Carry Out Their Work?

Bylaws

To guide their work, SHCs should have written bylaws which clarify purpose, structure, and operational procedures. The potential for confusion among members is reduced when bylaws provide written guidelines for carrying out the business of the SHC. Some suggestions for what should be included in the bylaws follow.

- **Name and purpose of the SHC.** The name is likely to be straightforward, simply incorporating the school system's name (e.g., Hill County School Health Advisory Board). The purpose statement should reflect the advisory nature of the SHC and the definition of school health. For example, some SHCs define school health as K-12 classroom health instruction, while other SHCs include any aspect of health instruction, health services, and health environment. Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion, and community school relations.
- **Membership.** The composition of the SHC should be described: the number of members, community sectors to be represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility.
- **Meetings.** Frequency, date, and location of meetings, as well as procedure for setting the agenda, for notification of meetings, and for distribution of agenda and minutes should be stated. It should be specified that Robert's Rules of Order or an equivalent should govern the conduct of each meeting. (SHC meetings are subject to "open meeting" laws.)
- **Officers.** Titles and responsibilities of officers, their terms, as well as brief descriptions of the election, removal, and resignation processes, should be indicated. Generally, officers include chair or co-chairs, vice-chair, secretary, and perhaps treasurer.
- **Voting procedures.** The voting process and the quorum required at regular meetings should be described. For example, one-half of the members must be present for a vote to be taken and two-thirds must vote for a motion in order to approve it. Some SHCs require a waiting period (until the next meeting, for example) before a motion can be placed on the agenda as an action item and a vote can be taken.
- **Committees.** The names of all standing committees and brief descriptions of their functions and their membership should be included. The process for formation of special committees should

- 3 The Survey of School Health Education Programs discovered that most councils do not have written bylaws. Find out if your SHC has written bylaws. If not, volunteer to work with a subcommittee or representative of the SHC to write bylaws. Also keep in mind that while bylaws are important, their development should not take away too much time from the SHC's work on school health issues.
- 3 The definition of a SHC from above may be used as the statement of purpose.
- 3 The Survey of School Health Education Programs discovered that council size ranges from 10 to 37 members, with most having about 14 members.
- 3 The same survey indicates that councils most often meet quarterly, then monthly, then bi-monthly, and least often, semi-annually.



be described.

- **Communications.** The reporting procedures to be used by the SHC for internal and external communication should be clearly stated. The method for determining the agenda, the identification of the school personnel or group receiving reports from the SHC, any regular procedure for informing the community about SHC activities, and the identification of a central location for records of past and current SHC activities should be specified.
- **Amendments.** The procedure to be used for amending the bylaws should be indicated. Bylaws should be approved by charter members if possible, dated, and copies should be made available to all new members and appropriate school personnel.

Statement of Philosophy

Some SHCs have written statements of their philosophy on comprehensive school health education. This clarifies the SHC's collective view on what school health means. It offers the SHC a framework to refer to when making policy decisions. SHC members can ask themselves: Does this new policy fit into our philosophy of school health? Here is an example of a statement of philosophy:

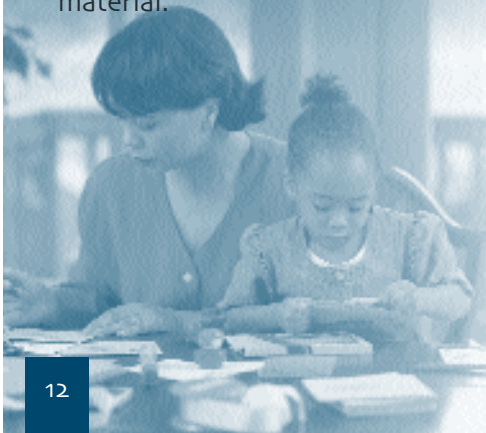
- **Statement of Philosophy.** The primary function of a school is to provide students with the learning experiences necessary for maximum intellectual development. The success of this process is limited by the child's emotional, social, and physical health. For this reason the purpose of a comprehensive school health education program is twofold: first, to consider the total human being in the educational process, and second, to motivate students to help themselves and others to live healthy, productive lives.

Writing a statement of philosophy can be a challenge. Professional assistance is available at local, state, and national levels through organizations that have made commitments to comprehensive school health education. The following steps can help make the process easier.

- Request that every SHC member answer the following questions in their own words: What is a comprehensive school health education program? What do we want our comprehensive school health program to achieve? What should the health education, health services, and health environment be in our school system?
- One person should compile responses and draft the philosophical statement.
- The SHC should review the draft and formulate a revised draft.

3 Educate your SHC on why it is important to develop a statement of philosophy about comprehensive school health education.

3 Offer to help write a statement of philosophy for your school system, either by facilitating the process or writing the draft. Provide SHC members with ACS materials that state ACS's views on comprehensive school health education programs to use as examples. It is okay to borrow words from ACS material.



- The revised philosophical statement should be presented to the school board and the superintendent for their approval.

Strategic Plans

Another common strategy used by SHCs to guide their work is to develop a strategic plan. A SHC should first identify its mission. Next it should identify its goals for accomplishing the mission; goals are what the SHC must achieve if it is to accomplish its mission. Finally it should identify objectives for accomplishing the goals; objectives are the detailed descriptions of the specific actions required to achieve specific results. The strategic plan should be for a specific amount of time, perhaps for a single school year. Goals and objectives should be written in measurable terms as much as possible, so that it will be obvious when they are accomplished. An example of part of a simple strategic plan follows.

- **Mission.** All children, grades K through 12, will receive sequential health instruction that reflects current health issues facing the local community.
- **Goal.** To provide students with the knowledge and skills that enable them to adopt and maintain healthy attitudes and behaviors throughout their lives.
- **Objectives.** 1.) By the start of the next academic year, design and implement a progressive health curriculum that meets the needs of all of our students. 2.) By January 1, design and implement a program to guarantee family involvement in the health education of their children.

3 Again, educate your local SHC on why it is important to develop a strategic plan. They may have never thought about it before!

3 Once again, offer to assist your local SHC in developing a strategic plan. Offer to facilitate the process or assist in finding someone who can.



How Are SHC Meetings Conducted?

Most of a SHC's work is completed during meetings. Therefore, it is essential that meetings are effective. To ensure that meetings are well organized and goal-directed, the following factors should be given consideration:

- 3 Find out when, where, and how often your local SHC meets. If there is no pattern to meeting dates, times, and locations, suggest that a pattern be established.
- 3 Make sure that SHC meetings are advertised and open to the public.
- 3 Provide your SHC with a mock agenda to use as a model.

- **Regular meeting schedule.** An annual calendar of dates, times, and locations for regular meetings should be established. It is helpful if there is a pattern to meeting dates, such as the third Wednesday of the month. Some SHCs meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year.
- **Agenda.** Members should receive a tentative agenda with a request for suggested agenda topics one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should be able to easily understand the agenda, and action items should be designated separately from information items and discussion-only items. Minutes of the previous meeting should accompany the mailed tentative agenda.

Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing; 10 minutes for review and acceptance of minutes of last meeting and review of agenda; 15 minutes for report from school personnel on programs and activities; 30 minutes for discussion of future projects; 15 minutes for reviewing and voting on action items; 15 minutes for presentation of items to be voted on at next meeting; and 15 minutes for review of meeting and setting next agenda.

- 3 If refreshments are not regularly available at SHC meetings, offer to donate them for a meeting in the name of the American Cancer

- **Phone communications.** Members should be called two days prior to the meeting as a reminder. A phone tree should be established to communicate quickly on activities and for inclement weather. Also, a central phone number should be designated for information.
- **Refreshments.** If the meeting is not held at a mealtime, then light refreshments should be provided. This should be indicated on the agenda.

- **Punctuality.** Meetings should start and end on time. Waiting for latecomers before starting a meeting or allowing discussion to drift past a specific time will promote the continuation of these behaviors.
- **Environment and atmosphere.** The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. Members should be greeted warmly as they arrive and introduced to one another. All members should be involved in discussions and positively acknowledged for their contributions. Periodically discussion should be summarized for the group. A member should be designated to keep a written record of discussion topics, major ideas, and decisions.
- **Follow-up.** All tasks requiring follow-up or completion should be assigned to a SHC member before moving on to a new topic. Time should be allocated at the end of the meeting to determine the tentative agenda for the next meeting.
- **Other suggestions.** Each meeting should add to the members' understanding of comprehensive school health education. Each member can be an advocate for school health (and the American Cancer Society) for many years after participation in a SHC.

Society.

- 3 If meetings are not regularly held in a comfortable environment or atmosphere, offer to assist the SHC in finding a facility that is more conducive to productive meetings and one that does not charge a fee. Or suggest that meetings be held in the schools.
- 3 Periodically volunteer the local ACS Unit to follow up or complete agreed upon tasks for the SHC.
- 3 Again, provide SHC members any ACS materials that might further educate them on the need for and importance of comprehensive school health education.



What Factors Influence the Functioning of SHCs?

3 Interview SHC members and school personnel about which of these factors negatively influence the functioning of your local SHC. Identify ways in which your local Unit can work with SHC members so these factors can help rather than hinder. For example, if school board members lack knowledge about comprehensive school health education, your Unit could meet with individual school board members to educate them about what comprehensive school health education is and why it is so important.

A SHC is frequently faced with factors that influence how well it functions and serves its purpose. Interestingly, such factors can either hinder or help the functioning of a SHC. For instance, special interest groups often approach SHCs about considering their perspective when advising the school board on what should be taught in the school health education program. These groups sometimes generate positive energy around a topic that leads to its quick implementation into the school health education curriculum. Other times these groups can impede the process by bringing controversy to the school health program that then must be diffused.

It is important for SHC members to recognize that these factors are almost always present and impact virtually every aspect of SHC functioning. Thinking in advance about how the dynamics of the group will be influenced by these factors will increase the likelihood that these factors will be helpful rather than not. The following list identifies many of these factors:

- How SHC roles and responsibilities are defined
- How membership roles and responsibilities are defined
- How SHC structure within the school system is defined
- What bylaws for SHC functioning exist
- Whether liaison with school system is designated
- What level of administrative support exists
- What level of leadership within SHC exists
- How SHC is organized/structured
- What values and attitudes within school/community exist
- How knowledgeable the school board is about school health
- What role special interest groups play
- What school health curriculum currently exists
- What competition exists for funds and facilities
- How controversy is managed
- What legislative mandates exist
- Whether members are representative of the community
- How committed members are to CSHE
- How knowledgeable members are about CSHE



How Are SHCs Evaluated?

It is important for a SHC to periodically assess how well it works. SHC members should ask themselves whether the SHC does what it is supposed to, and if so, for whom and to what extent. By answering these questions honestly, the SHC will be able to serve their school system more effectively. To help evaluate effectiveness of the SHC, the following questions should be considered:

- Does the SHC regularly generate sound advice and activities to support comprehensive school health education?
- Do schools and the community recognize the SHC as a valuable asset in promoting the health of students and school personnel?
- Are regular monthly/bi-monthly meetings occurring with most members attending?
- Are established procedures for conducting business understood by members?
- Does a positive relationship exist between the SHC and school personnel?
- Is there a recent history of the school system seeking advice from the SHC and acting on SHC recommendations?
- Does SHC membership represent important segments of the community?
- Is an elected chairperson providing positive and productive leadership?
- Are members willing to make the necessary time commitment and do they appreciate the opportunity to support the school health program?

Here is an additional list of questions for evaluating SHC functioning. An effective SHC should be able to answer “yes” to each of the following questions:

- Is there a statement of purpose and goals?
- Are the SHC activities benefiting the school health program?
- Have SHC activities developed community understanding of school health education?
- Do SHC members understand what is expected of them?
- Are SHC members aware of the status of school health programs in most of the schools in their school system?
- Are members provided information on state and national developments in school health?
- Have members received sufficient orientation to the school

- 3 Educate your SHC on why evaluation is so important.
- 3 Share the accompanying list of questions with SHC members. Offer to facilitate an evaluation session using these questions as a springboard for discussion on how the SHC could function better. (Adapted from Fraser, Katherine. *Someone at School has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV*. National Association of State Boards of Education, 1989, pp. 28-29.)



and school health program?

- Is the SHC given sufficient information and time to study and discuss issues before making recommendations?
- Does the SHC membership reflect varying and opposing viewpoints?
- Are meetings conducted in an impartial, parliamentary manner, allowing all members to express opinions?
- Is the importance of members' time recognized by keeping meetings on schedule and directed to the agenda?
- Are SHC members presented the facts and consulted when changes are made in the school health program?
- Are SHC functions selected with care and limited to a reasonable number?
- Do members receive adequate notice of meetings and are minutes mailed promptly?
- Are members given assignments based on their expertise?
- Are membership rosters current?
- Does the SHC encourage school administrators to meet with the council or individual members on selected issues?
- Are members invited to school functions such as concerts or plays?
- Are members encouraged to visit health classes?
- Does the SHC hold an annual breakfast or dinner for all members?
- Does membership have adequate representation of ethnic and economic groups in the community?
- Do members receive recognition for their contributions in school publications, news releases, or other vehicles?
- Do school personnel recognize and support the contributions of SHC members?



Conclusion

Although all SHCs are similar in their general purpose and functioning, no two SHCs are alike. Even a state-mandated SHC governed by specific guidelines has its own character and personality. After all, SHCs are comprised of people with their own characters and personalities. This is perhaps the most important element of SHCs because it ensures that their recommendations reflect the individual needs and values of the community. SHCs are supposed to be the voice of the community about important school health education issues. However, unless community members get involved, SHCs do not work. Therefore it is essential that every concerned citizen and agency remember its obligation to their SHC, their school system, and, most importantly, to their community's children.

- 3 Ensure that your SHC reflects your community by exercising your power to participate in and influence SHC functioning. Encourage other agencies and individuals to take advantage of this opportunity as well. ACS can and should provide leadership to ensure a strong SHC through strong community involvement.



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