

2006-2007 S.H.A.C meetings

The following people served as members of the Student Health Advisory Committee (S.H.A.C.) for the 2006-2007 school year:

Mike Poynor, Superintendent _____

Brenda Natho, School nurse _____

Debbie Randazzo, Nurse's aide _____

Parents:

High school:

Alberta Brown _____

Rhonda Kubicek _____

Mary DeLaRosa _____

Junior High:

Regina Caldwell _____

Debbie Long _____

Jo Ann Guerrero _____

Intermediate:

Jody Garza _____

Pat Williams _____

Nadine Rex _____

Primary:

Jerome Perry _____

Carrie Dicke _____

Anise Ferry _____

The SHAC reviewed the following programs:

Health and Physical Education:

Health education is being provided through the following activities throughout the Yoakum I.S.D.:

High School: Health education is taught through our H.S. Health class which is offered for credit. All students that graduate from high school must receive one credit in health education. Additional health education is offered through the physical education classes, athletic classes, home economics classes (food and nutrition) , as well as through the FFA program.

Junior High: Health education is taught through our health class as well as through the physical education classes and athletic classes.

Intermediate campus: Health education is being offered through our physical education classes required on our campus.

Primary campus: Health education is being offered through our physical education classes required on our campuses.

Yoakum I.S.D has required physical education and physical activity Pre K – 12 grade for many years. A certified physical education teacher and aide are at the Primary and Intermediate campuses. Certified physical education teachers provides physical education at the junior high and high school campuses.

Nutrition services:

Our Food Services Department offers meals of nutritional value through our cafeteria program—both breakfast and lunch. The Yoakum I.S.D. follows all program requirements of the National Breakfast and Lunch Programs as regulated by the Texas Department of Agriculture.

Parental Involvement:

Parents are encouraged to become active participants in their child's educational program. Parents serve on the campus and district improvement committees as well as the school health advisory committee.

In addition, the district has chosen the Healthy and Wise Coordinated School Health program for Grades K-8 to supplement our classroom instruction.

The Yoakum I.S.D. complies with all rules and regulations relating to Chapter 102, Subchapter CC. Commissioner's Rules Concerning Coordinated Health Programs.

Chapter 102. Educational Programs

Subchapter CC. Commissioner's Rules Concerning Coordinated Health Programs

Statutory Authority: The provisions of this Subchapter CC issued under the Texas Education Code, §38.013, unless otherwise noted.

§102.1031. Criteria for Evaluating Coordinated Health Programs for Elementary, Middle, and Junior High School Students.

(a) Program purpose. In accordance with Texas Education Code (TEC), §38.013, the Texas Education Agency (TEA) shall make available to each school district one or more coordinated school health programs or allow for the development of school district programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary, middle, and junior high school students. Each program must provide for coordinating:

- (1) health education;
- (2) physical education and physical activity;
- (3) nutrition services; and
- (4) parental involvement.

(b) Evaluation criteria. The commissioner of education may make available under subsection (a) of this section only those coordinated school health programs that meet the following criteria.

- (1) The program coordinates physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement.
- (2) The program is coordinated within and across all grade levels on an elementary, middle, or junior high school campus.
- (3) The program has a training component that includes physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement activities and coordinates the four components of subsection (a) of this section. The training component must include teaching staff and parents.
- (4) The program curricular components (health education and physical education) are based on Chapter 115 of this title (relating to Texas Essential Knowledge and Skills for Health Education) and Chapter 116 of this title (relating to Texas Essential Knowledge and Skills for Physical Education).
- (5) The program includes assessment tools for schools to measure cognitive, behavioral, and attitudinal changes related to the four components.
- (6) The program is based on health education theory and national standards for instructional and/or industry best practices in each of the four components described in subsection (a) of this section.
- (7) The program allows for tailoring to schools' individual needs and can be adapted to a variety of specific situations: ethnic diversity, children with disabilities, school schedules, socioeconomic status, geographic locations, and gender differences.

What Is Texas Law Regarding SHACs?

Every independent school district is required by law to have School Health Advisory Council.

The following text is from **Title 2, Chapter 28, Section 28.004 of the Texas Education Code**, the state statute that governs public schools in Texas. This section outlines the law regarding SHACs. For more information, the entire Texas Education Code can be obtained on line by going to <http://www.capitol.state.tx.us/statutes/ed.toc.htm> or, you can go to the SHAC section of the code only by using the link below.

CHAPTER 28.004. LOCAL SCHOOL HEALTH ADVISORY COUNCIL AND HEALTH EDUCATION INSTRUCTION.

- (a) The board of trustees of each school district shall establish a local school health advisory council to assist the district in ensuring that local community values are reflected in the district's health education instruction.
- (b) A school district must consider the recommendations of the local school health Advisory council before changing the district's health education curriculum or instruction.
- (c) The local school health advisory council's duties include recommending:
- (1) the number of hours of instruction to be provided in health education;
 - (2) curriculum appropriate for specific grade levels designed to prevent obesity, cardiovascular disease, and Type 2 diabetes through coordination of:
 - (A) health education;
 - (B) physical education and physical activity;
 - (C) nutrition services;
 - (D) parental involvement; and
 - (E) instruction to prevent the use of tobacco;
 - (3) appropriate grade levels and methods of instruction for human sexuality instruction; and
 - (4) strategies for integrating the curriculum components specified by Subdivision (2) with the following elements in a coordinated school health program for the district:
 - (A) school health services;
 - (B) counseling and guidance services;
 - (C) a safe and healthy school environment; and
 - (D) school employee wellness.
- (d) The board of trustees shall appoint members to the local school health advisory council. A majority of the members must be persons who are parents of students enrolled in the district and who are not employed by the district. The board of trustees also may appoint one or more persons from each of the following groups or a representative from a group other than a group specified under this subsection:
- (1) public school teachers;
 - (2) public school administrators;
 - (3) district students;
 - (4) health care professionals;
 - (5) the business community;
 - (6) law enforcement;
 - (7) senior citizens;
 - (8) the clergy; and
 - (9) nonprofit health organizations.
- (e) Any course materials and instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus or acquired immune deficiency syndrome shall be selected by the board of trustees with the advice of the local school health advisory council and must:
- (1) present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
 - (2) devote more attention to abstinence from sexual activity than to any other behavior;

(3) emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome, and the emotional trauma associated with adolescent sexual activity;

(4) direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with human immunodeficiency virus or acquired immune deficiency syndrome; and

(5) teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.

(f) A school district may not distribute condoms in connection with instruction relating to human sexuality.

(g) A school district that provides human sexuality instruction may separate students according to sex for instructional purposes.

(h) The board of trustees shall determine the specific content of the district's instruction in human sexuality, in accordance with Subsections (e), (f), and (g).

(i) A school district shall notify a parent of each student enrolled in the district of:

(1) the basic content of the district's human sexuality instruction to be provided to the student; and

(2) the parent's right to remove the student from any part of the district's human sexuality instruction.

(j) A school district shall make all curriculum materials used in the district's human sexuality instruction available for reasonable public inspection.

(k) A school district shall publish in the student handbook and post on the district's Internet website, if the district has an Internet website:

(1) a statement of the policies adopted to ensure that elementary school, middle school, and junior high school students engage in at least 30 minutes per school day or 135 minutes per school week of physical activity; and

(2) a statement of:

(A) the number of times during the preceding year the district's school health advisory council has met;

(B) whether the district has adopted and enforces policies to ensure that district campuses comply with agency vending machine and food service guidelines for restricting student access to vending machines; and

(C) whether the district has adopted and enforces policies and procedures that prescribe penalties for the use of tobacco products by students and others on school campuses or at school-sponsored or school-related activities.

Note: This represents only a small portion of the law regulating schools in Texas. The following For more resources with additional information on laws, regulations, and policies related to schools can be accessed through the following sites:

- Texas Education Code: <http://www.capitol.state.tx.us/statutes/ed.toc.htm>
- Texas Child Nutrition Policy: <http://www.squaremeals.org/>
- Texas Education Laws and Rules: <http://www.tea.state.tx.us/educationlaw.html>
- Texas Health and Safety Code: <http://www.capitol.state.tx.us/statutes/hs.toc.htm>

What Do SHACs Do?

Depending on how the school district chooses to utilize their SHAC, a SHAC could have a variety of roles. At a minimum, SHACs must address the responsibilities outlined in the Texas Education Code. However, the most effective SHACS develop plans that address all of the components of a coordinated school health program:

- ✓ Health instruction
- ✓ Healthful school environment
- ✓ Health services
- ✓ Physical education
- ✓ School counseling
- ✓ Food service
- ✓ School site health promotion for faculty and staff
- ✓ Integrated school and community programs

Most commonly, SHACs will be assigned on the following responsibilities. However, they are not limited to this list:

- **Program planning.** SHACs ensure that professionals who directly influence student and staff health meet regularly to learn what their colleagues are doing, share teaching strategies, problem solve, and plan synergistic activities. They might also participate in curriculum selection and adaptation; provide a forum for discussion of health issues; facilitate innovation in health education; and, provide in-service training programs.
- **Advocacy and visibility** for school health within the school district and the community is often the responsibility of a SHAC. Spotlighting the SHAC's efforts may ensure that sufficient resources are allocated to school health; provide a source for intervention when individuals from within or outside 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 provide resources and linkages.
- **Provide support to school districts as they consider SHAC recommendations with potential to effect fiscal impact.** SHACs should work with school personnel to determine potential impact of all recommendations. This will affect how receptive the school board may be more receptive to adopting recommendations as a result. SHACs should also consider how they can assist schools in raising funds for programs and preparing grant applications.
- **Liaison between district and state agencies.** SHACs may work with agency personnel in t curriculum selection, school nurse time allocation, development of food service programs, distribution of federal or state funds and policymaking.
- **Direct intervention.** SHACs initiate policy recommendations for School Boards. By law, school boards must consider the recommendations of their local SHAC before changing the district's health education curriculum or instruction. However, they are not obligated accept those recommendations.
- **Evaluation, accountability, and quality control.** SHACs ensure that school health funds are spent appropriately, food service programs offer healthy menus, and that health-related activities are conducted. SHACs can also conduct focus groups with parents, teachers, administrators, and students; examine existing school services relative to need; and, assess the physical and psychological environment of the school.