

Missouri Coordinated School Health Coalition



School Health Advisory

Council Guide

Executive Summary

Research clearly shows that a healthy, physically active child is more likely to be academically motivated, alert and successful in school, and is more likely to establish habits that will foster good health throughout life.

With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes, and develop behaviors that impact long-term health. While most young people practice healthy behaviors, the Youth Risk Behavior Surveillance Survey of ninth through 12th grade students conducted by the Missouri Department of Elementary and Secondary Education indicates that some Missouri high school students are practicing behaviors that put them at risk of death, disability or could potentially reduce their quality of life.

Congress emphasized the opportunity afforded by our nation's schools when it urged the Centers for Disease Control and Prevention (CDC) to provide for "the establishment of a comprehensive approach to health education in the school setting." In Missouri, concern for the health of children and youth has led to a variety of actions by the general assembly, such as the School Children's Health Services grants administered by the Department of Health and Senior Services and the Safe Schools grants administered by the Department of Elementary and Secondary Education. The State Board of Education made a commitment to the health and well-being of Missouri's students by including health and physical education as content areas in the school improvement initiatives mandated by the Outstanding Schools Act (1993). Additionally, the State Board of Education mandated that all Missouri public school students earn ½ credit of health and one credit of physical education in order to graduate.

Impacting long-term health risks is not a simple task relegated exclusively to schools. Planning and implementing activities directed toward child and adolescent health needs, as well as school employees, requires that many people be involved. Collaborative efforts among family, community, and schools are the most effective approaches for both prevention and intervention.

Coordinated Model

Realizing that effective school health programs go beyond the classroom, a coordinated model for school health includes eight components.

1. Health Education
2. Physical Education
3. Health Services
4. Nutrition Services
5. Counseling and Psychological Services
6. Healthy School Environment
7. Health Promotion for Staff
8. Family/Community Involvement

A School Health Advisory Council can assist a school district in the promotion and protection of student and employee health. Involving parents and other community members on a School Health Advisory Council enables the school to use valuable community resources.

A School Health Advisory Council (SHAC) is an on-going advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school district about aspects of the school health program. Generally, the members of a SHAC are appointed by the school district to advise the school district. Most often, SHACs are advisory to an entire school district, but a SHAC may also be useful for an individual school desiring their own advisory council.