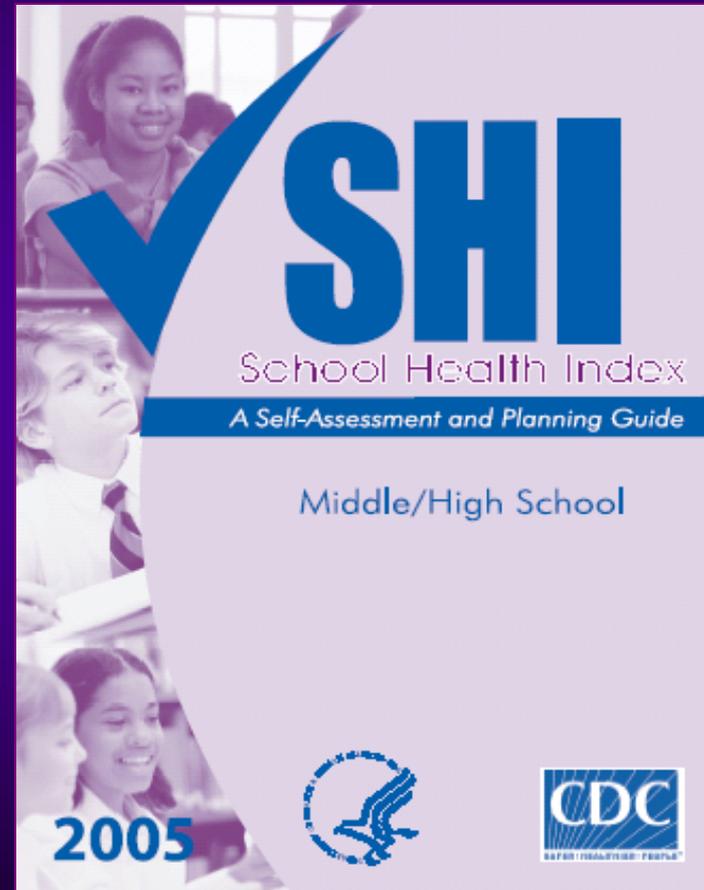
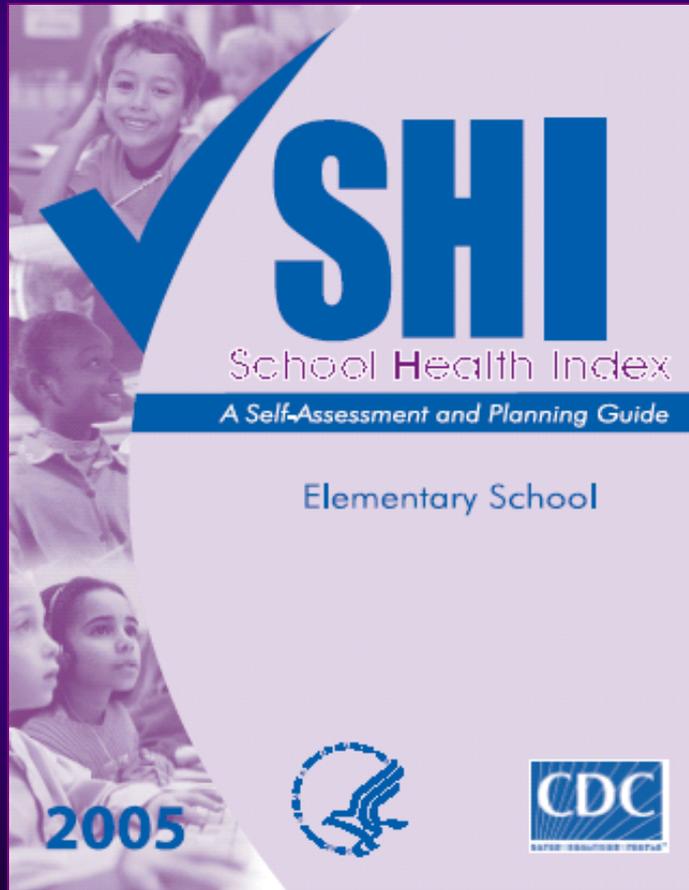


# School Health Index: A Self-Assessment and Planning Guide



# PEP Requirements for SHI

- Must complete the physical activity and nutrition questions in Modules 1-4
- Must submit their Overall ScoreCard
- Must correlate their School Health Improvement Plan to their project design
- Must also complete same modules of SHI at the end of project period, and submit Overall ScoreCard
- For CBOs not partnering with a school or LEA: must use an alternative needs assessment tool

# What is the Purpose of the SHI?

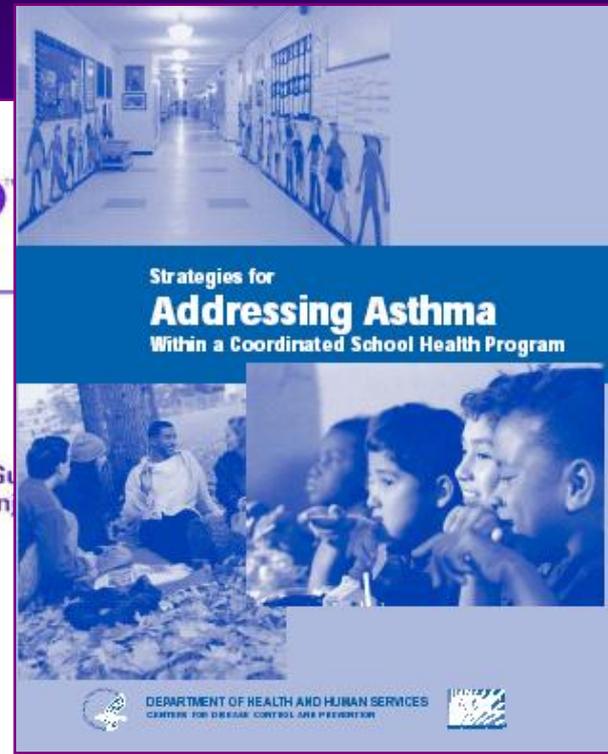
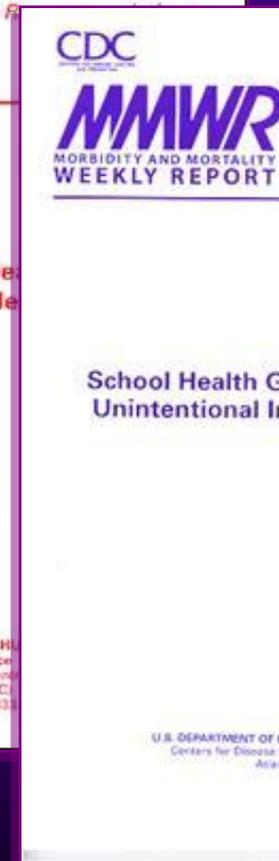
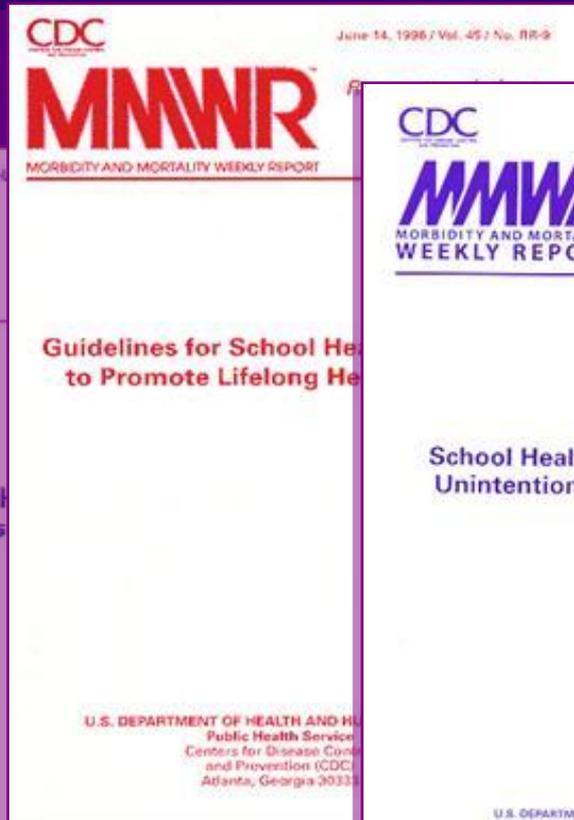
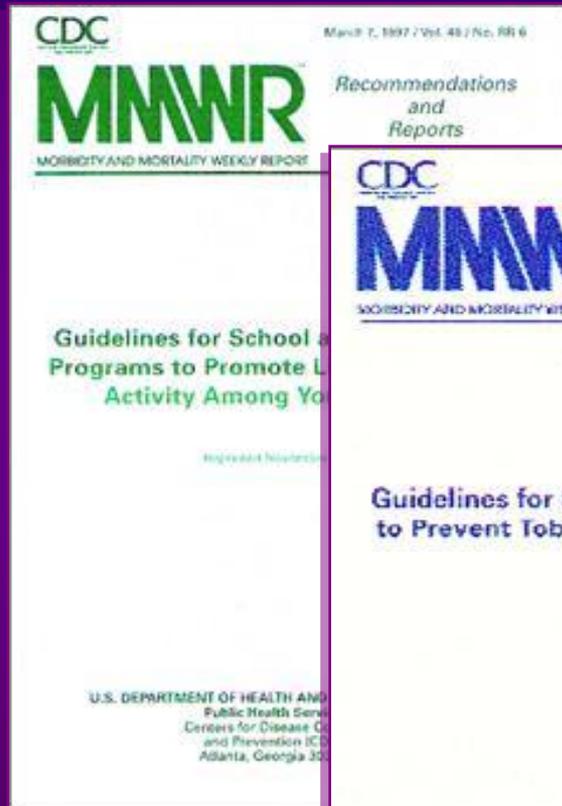
- Enables schools to identify strengths and weaknesses of health policies and programs
- Enables schools to develop an action plan for improving student health
- Engages teachers, parents, students, and the community in promoting health enhancing behaviors and better health

# SHI (4<sup>th</sup> edition) Health Topics



- Physical activity
- Healthy eating
- Tobacco use prevention
- Unintentional injuries and violence prevention (safety)
- Asthma

# CDC Guidelines & Strategies for School Health Programs



# Coordinated School Health Programs



# Making a Difference

- Created school health team
- Moved healthier options to front of lunch line
- Increased time for physical education
- Started staff and student walking clubs
- Added healthy choices to vending machines
- Offered access to gym outside of school hours
- Provided parent education through newsletters and healthy activity nights
- Replaced fried foods with baked items
- Offered health screenings for staff
- Planted school garden
- Incorporated health lessons/messages into classroom lessons

# Current Uses of the SHI

- Used in at least 46 U.S. states
- Used internationally in Canada, Mexico, Egypt, Saudi Arabia, Oman, and West Africa
- State examples:
  - 300 schools in Missouri
  - 139 schools in Kentucky
  - 109 schools in Kansas
- District/city examples:
  - All 143 schools in DeKalb County and 114 schools in Cobb County (Atlanta)
  - All 345 schools in Miami-Dade County
  - All 130 metro Nashville schools
- One of DASH's most popular publications - both online and hard copy

# What SHI Is & What SHI Is NOT

**Self-assessment and  
planning tool**

~~**Research or evaluation tool**~~

**Community-organizing  
and educational process**

~~**Tool to audit or punish  
school staff**~~

# What SHI Is & What SHI Is NOT

**Identifies low-cost or no-cost changes**

~~**Requires expensive changes**~~

**Focused, reasonable, and user-friendly experience**

~~**Long, bureaucratic, and painful process**~~

# SHI Format

- Completed by school health teams
- Two separate versions:
  - Elementary School
  - Middle School/High School
- Self-Assessment: 8 modules corresponding to Coordinated School Health Program model
- Planning: Planning for Improvement section

# Time Commitment

- The SHI can be completed in as little as 6 hours:
  - Modules 1-4: ~1 hour each
  - Modules 5-8: ~30 minutes each

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

# SHI Online



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[CDC Home](#)

[Search](#)

[Health Topics A-Z](#)

National Center for Chronic Disease Prevention and Health Promotion

## Healthy Youth!

### Welcome to the School Health Index (SHI)

#### A Self-Assessment and Planning Guide

The SHI is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs. It's easy to use and completely confidential.



[Introduction](#): What can the SHI do for my school?

[Instructions](#): How can my school implement the SHI?

#### WHAT'S NEW!

[SHI Training Manual](#)

[Use of the SHI](#)

See Also:  
[Summary of School Health Tools](#)

[Healthy Youth Home](#)

[School Health Index Home](#)

[Online SHI](#)

[Paper Format](#)

[Introduction](#)

[Instructions](#)

[Frequently Asked Questions](#)

[Training Manual](#)

[Brochure](#)

[Resources](#)

[Glossary](#)

[Share your Stories and Comments!](#)

#### Get Started

##### Participate Online

This popular self-assessment and planning tool for schools is now available online!

##### Participate Using a Paper Format

Just need a paper copy? Download the PDF, customize and print a copy, or order a printed copy.

Need help? [Read instructions](#) on how to use the School Health Index.

Team Name:

Password:

[Log In](#)

[New User](#)

[Forgot your password?](#)

# SHI Online

## Create a new SHI

SHI Name:  (Limit 15 characters)

School Level:  Elementary School  
 Middle and High School

Health Topics: \* At least one health topic is required.

- Safety 🍊
- Physical Activity ⚽
- Nutrition 🍏
- Tobacco Use 🚭
- Asthma 🏠

[Cross-cutting questions](#) are also included in some SHI Modules.

[<< Back](#)

[Continue >>](#)

[Privacy Policy](#) | [Accessibility](#)

[Healthy Youth Home](#) | [Contact Us](#)

[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)

# SHI Training Manual

School Health Index - Training Manual - DASH/HealthyYouth - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address <http://www.cdc.gov/HealthyYouth/SHI/training/index.htm> Go Links

Healthy Youth

School Health Index

Share Your Stories and Comments!

## Training Manual

The *School Health Index (SHI) Training Manual* is a packaged set of materials for conducting trainings or presentations on the *School Health Index: A Self-Assessment and Planning Guide*. This manual provides detailed materials and resources on how to implement the SHI in schools. Users can select the most appropriate sections of the training manual and customize those components to best suit their needs. This manual is intended to be used in conjunction with the School Health Index which can be completed interactively, downloaded, or printed from the Web site at [School Health Index](#).

- 1. Background**—Carefully read through the *School Health Index: A Self-Assessment and Planning Guide* and this SHI Training Manual.
- 2. Select Your Agenda**—The School Health Index can be presented in a variety of settings. Select one of the three agendas below that is most appropriate for your audience and situation.

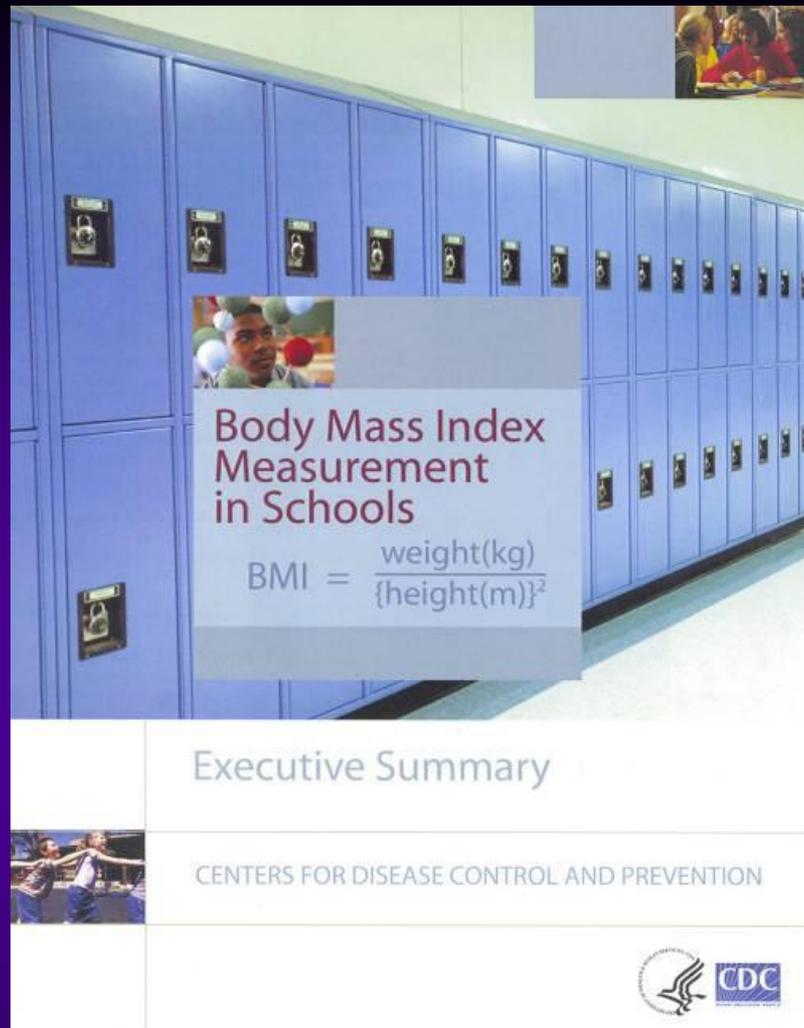
For example, if you are a parent who wants to present the SHI at a school board meeting, you may want to choose the [30-Minute Pitch](#). This type of agenda will allow you to provide the audience with a short orientation to the SHI to help them gain a preliminary understanding of your intent. If you are a health educator from a state or local health department wanting to train school nurses on how to implement the SHI, you may choose to conduct a [Half-Day Workshop](#) or a [Full-Day Training](#), depending on the amount of time that is available to you. Obviously, the more time you have, the more comprehensive a training you can provide.

SHI TRAINING MANUAL			
Sections	<a href="#">30-Minute Pitch</a>	<a href="#">Half-Day Workshop</a>	<a href="#">Full-Day Training</a>
<a href="#">Instructions</a>	X	X	X
<a href="#">Purpose &amp; Overview</a>		X	X
<a href="#">Orientation</a>	X	X	X
<a href="#">Test Your Knowledge</a>			X
<a href="#">Consensus Building</a>		X	X
<a href="#">Practice Module</a>		X	X
<a href="#">Planning for Improvement</a>		X	X
<a href="#">Tools for Schools</a>			X
<a href="#">Role of SHI Coordinator</a>			X
<a href="#">Trainer's Resources</a>	X	X	X

Done Local intranet

# SHI Resources

- Complete the SHI interactively on the web!  
<http://www.cdc.gov/HealthyYouth/shi/>
- All support materials (e.g., FAQ, Training Manual) also available on web site
- Download, print, or order hard copies from web site
- SHI Webinar: Tuesday, June 22, 2010 at 1:00 pm EST



## Body Mass Index Measurement in Schools

$$\text{BMI} = \frac{\text{weight(kg)}}{\{\text{height(m)}\}^2}$$

Executive Summary

CENTERS FOR DISEASE CONTROL AND PREVENTION



[www.cdc.gov/HealthyYouth/Obesity/BMI](http://www.cdc.gov/HealthyYouth/Obesity/BMI)

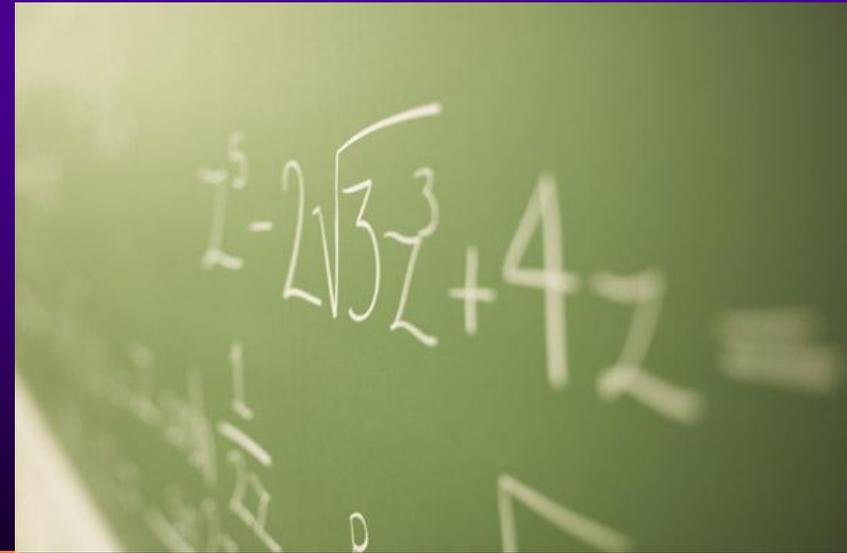
# Overview

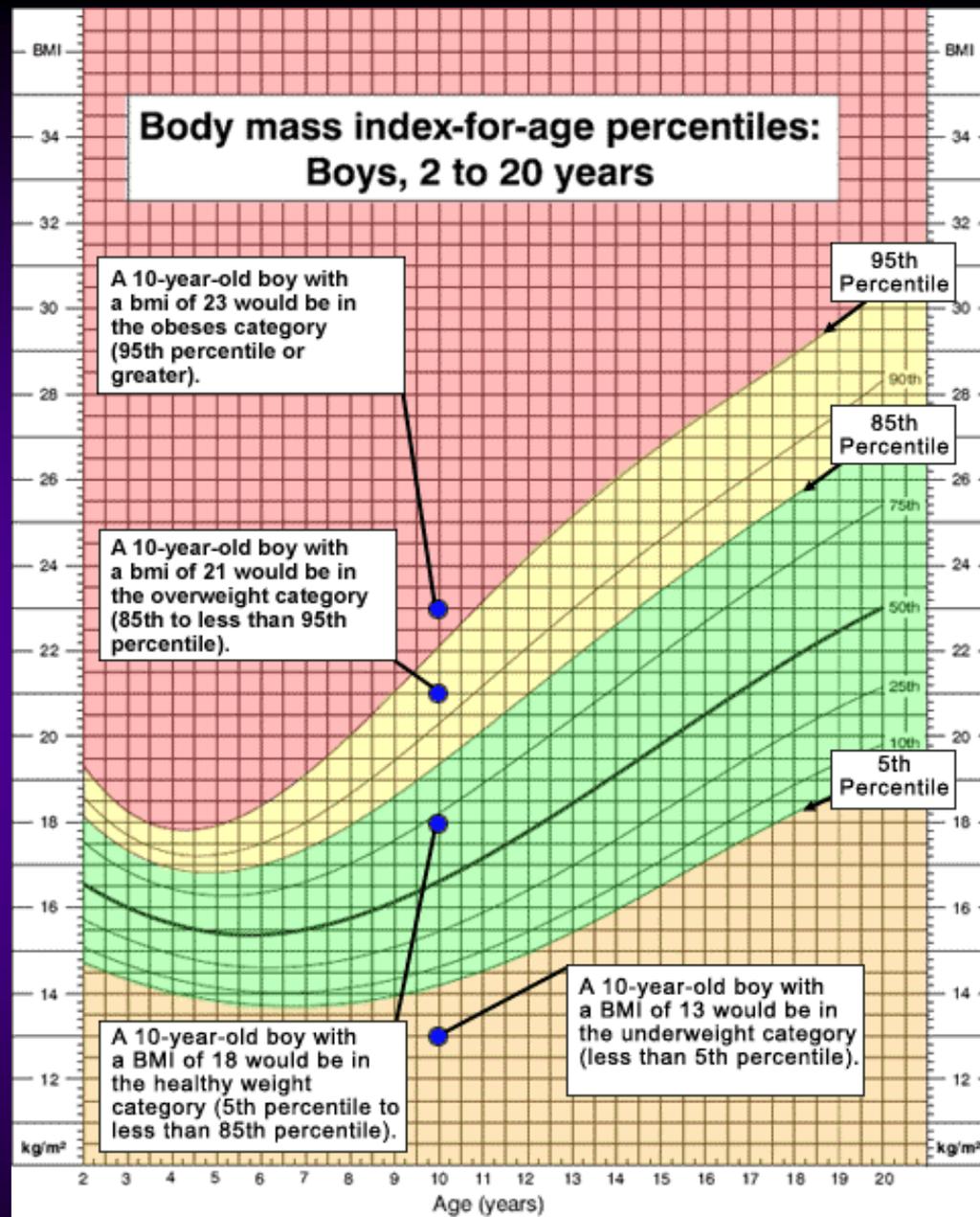
- What is BMI?
- Aggregate BMI Data Collection —VS— Screening
- PEP Requirements & Data Collection Safeguards
- Resources
- Overview of Competitive Preference Priority
- Be Mindful!



# Body Mass Index in Youth

- *English formula:*  $BMI = \frac{\text{weight (lb)}}{(\text{height (in)})^2} \times 703$
- *Metric formula:*  $BMI = \frac{\text{weight (kg)}}{(\text{height (m)})^2}$
- CDC BMI-for-age Percentile
- BMI is only a screening tool





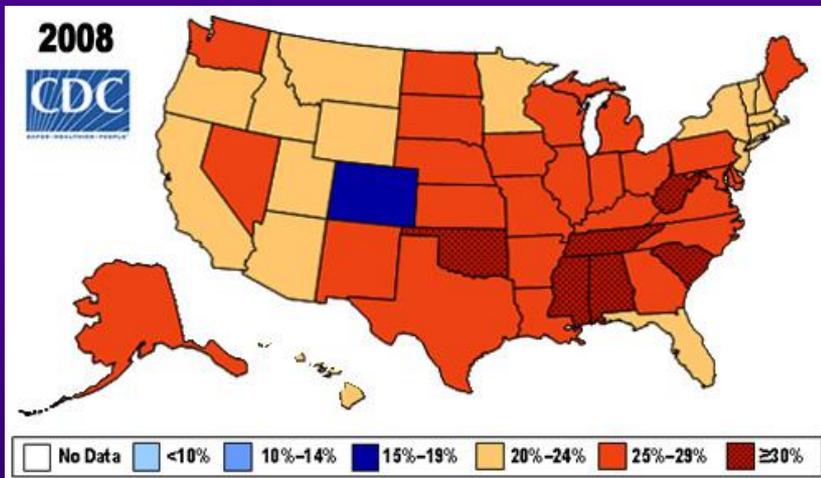
# BMI-for-age Weight Status Categories

[www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

BMI –for–age Percentile Range	Weight Status Category
$\geq 95^{\text{th}}$ percentile	Obese
$\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile	Overweight
$\geq 5^{\text{th}}$ and $< 85^{\text{th}}$ percentile	Healthy weight
$< 5^{\text{th}}$ percentile	Underweight

# BMI data collection

## Aggregate BMI data



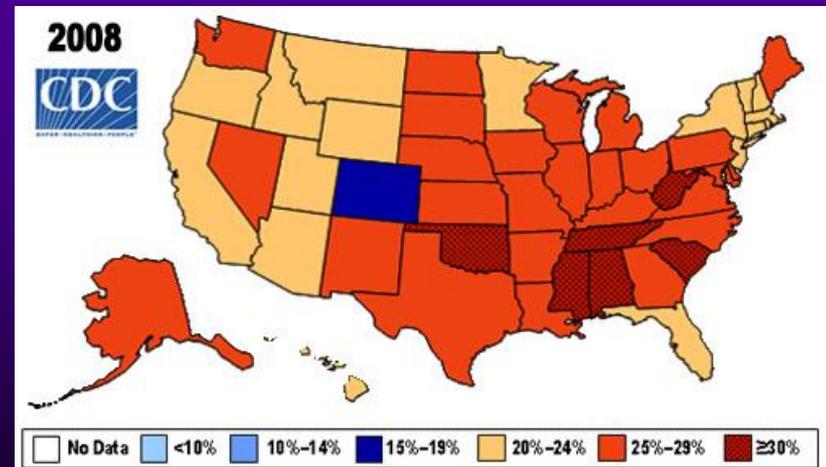
## Screening



# Types of BMI data collection

**Aggregate BMI Data Collection:** Identify the percentage of students in a certain population (such as the entire school, school district, or state) who are obese, overweight, normal weight, and underweight

**Also Known As:**  
Surveillance  
Data Monitoring



# Benefits of Aggregate BMI Data Collection

- Identify population trends and subgroups at greatest risk
- Create awareness among school staff and administrators of the need to address obesity
- Provide impetus to improve policies and practices to prevent obesity
- Monitor the effects of school-based interventions to prevent obesity
- Monitor progress toward achieving health objectives

# Types of BMI data collection

**Screening:** Identify youth at risk of weight-related health problems; provide parents with their child's BMI results and recommend that youth at risk follow-up with a medical care provider



# Who needs follow-up after BMI screening?

Youth who are classified as:

**Underweight**  
**BMI < 5<sup>th</sup> %**

**Overweight**  
**85<sup>th</sup> % ≤ BMI < 95<sup>th</sup> %**

**Obese**  
**BMI ≥ 95<sup>th</sup> %**

**Further Evaluation for BMI ≥ 85<sup>th</sup> %**

- Medical History
  - Change in BMI percentile over time
- Family History
- Dietary Intake
- Physical Activity
- Physical Examination
  - Blood Pressure
  - Cholesterol
  - Fasting Glucose

# Benefits of BMI Screening

- Correct misperceptions of parents and children about child's weight
- Motivate parents and children to make lifestyle changes
- Alert parents to the need to take at-risk children to medical care providers for further evaluation and, if needed, treatment
- Increase awareness among school staff of the need to address obesity

# PEP Requirements

## Data Collection Safeguards

1. Introduce program and obtain parental consent
2. Train staff in administering the program
3. Protect student privacy
4. Accurately measure height and weight
5. Accurately calculate BMI
6. Develop efficient data collection procedures
7. Collect measurements at the beginning & end of funding cycle

# PEP Requirements

## Data Collection Safeguards

### Additional Screening Safeguards

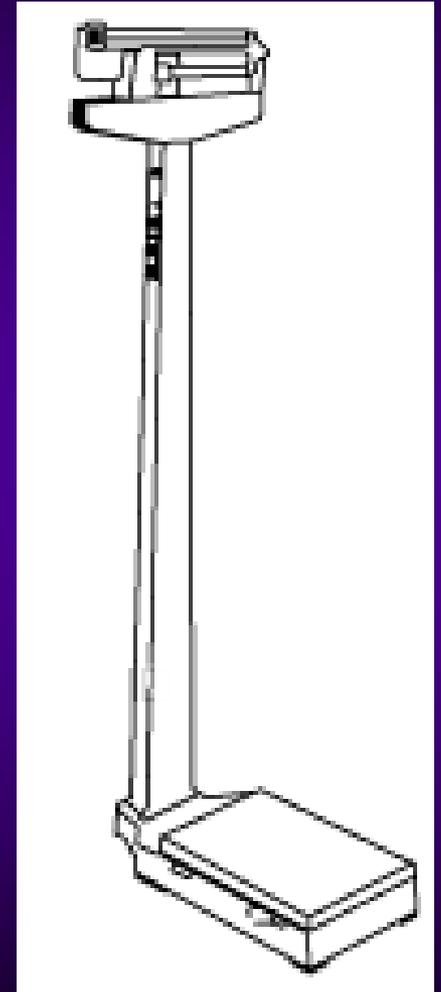
1. Resources for safe and effective follow-up
2. Provide parents a clear explanation of BMI results



# Equipment

## Measuring weight

- Use electronic or beam balance scale to assess weight
  - NOT appropriate:
    - Bathroom scale
    - Spring Balance scale
  - Some Distributors of scales:
    - Tanita
    - Detecto
    - Seca



# Equipment

## Measuring height

### ■ Use Stadiometer to assess height

- NOT appropriate:
  - Tape
  - Yardsticks
  - Graphics attached to wall
- Some distributors of stadiometers:
  - Perspective Enterprises
  - Measurement Concepts



# CDC's Children's BMI Tool for Schools

## Example of Measurements Tab:

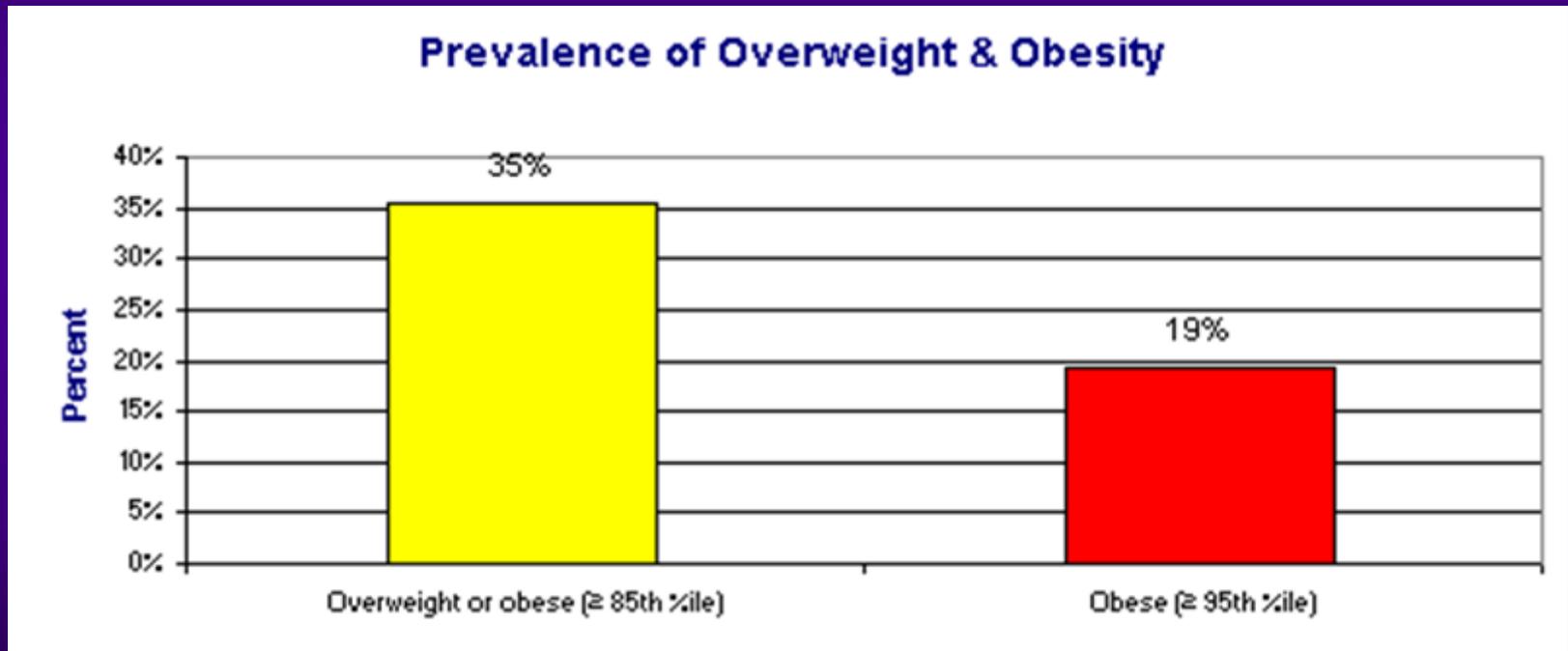
ID (optional)	Name (optional)	Sex	Date of birth	Date of measurement	Height		Weight	BMI	BMI %ile
					Feet	Inches	Pounds		
1	Jane Doe	F	4/27/1998	10/1/2007	4	10.25	83.5	17.3	63.0
2	Carlos Rodriguez	M	3/7/1998	10/1/2007	4	7.375	127	29.1	99.2
3		F	6/2/1998	10/1/2007	4	5.125	64	15.9	39.9
4	John Smith	M	6/2/1998	10/1/2007	4	8.375	67.5	14.9	19.1
5		F	6/11/1998	10/1/2007	4	3.25	76.75	20.5	90.8

## Summary of children's BMI-for-age

	Boys	Girls	Total
<u>Number of children assessed:</u>	99	87	<b>186</b>
Underweight (< 5th %ile)	2%	0%	<b>1%</b>
Normal BMI (5th - 85th %ile)	56%	76%	<b>63%</b>
Overweight or obese ( $\geq$ 85th %ile)*	42%	24%	<b>35%</b>
<i>Obese (<math>\geq</math> 95th %ile)</i>	26%	10%	<b>19%</b>

# CDC's Children's BMI Tool for Schools

[www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/tool\\_for\\_schools.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/tool_for_schools.html)



# Additional Resources

## ■ Federal Health Resources and Services Administration

- Guidance on equipment and technique for accurately weighing and measuring infants, children, and adolescents
- <http://depts.washington.edu/growth/>

## ■ CDC's BMI-for-age Growth Chart Training Module

[www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module1/text/intro.htm](http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module1/text/intro.htm)

- *Note New Terminology:*
  - Obesity: BMI-for-age  $\geq$  95<sup>th</sup> percentile
  - Overweight: BMI-for-age  $\geq$  85<sup>th</sup> percentile and  $<$  95<sup>th</sup> percentile

# Competitive Preference Priority 1

## Collection of BMI Measurement

### Applicant agrees to implement:

- Aggregate BMI data collection

### Applicant signs program-specific assurance that would commit them to:

- Use CDC's BMI-for-age growth charts
- De-identify the student information
- Aggregate the BMI data to the school or district level
- Make the aggregate data publicly available and easily accessible to the public annually
  - Describe plan for the level of reporting
  - Describe plan how these data will be used in coordination with other required data for the program and how combination of these measures will be used to improve PE programming and policy

# Competitive Preference Priority 1

## Collection of BMI Measurement

Applicant signs program-specific assurance that would commit them to:

- Create a plan to develop & implement protocol with the following components :
  - Proposed method for measuring BMI
  - Individual(s) who would perform the BMI assessment
  - The frequency of reporting
  - The planned equipment to be used
  - Methods for calculating the planned sampling frame
  - Policies used to ensure student privacy during measurement
  - Protecting student confidentiality
  - Individual(s) with access to the data
  - How long the data will be kept and what will happen with the data

# Competitive Preference Priority 1

## Collection of BMI Measurement

Applicant signs program-specific assurance that would commit them to:

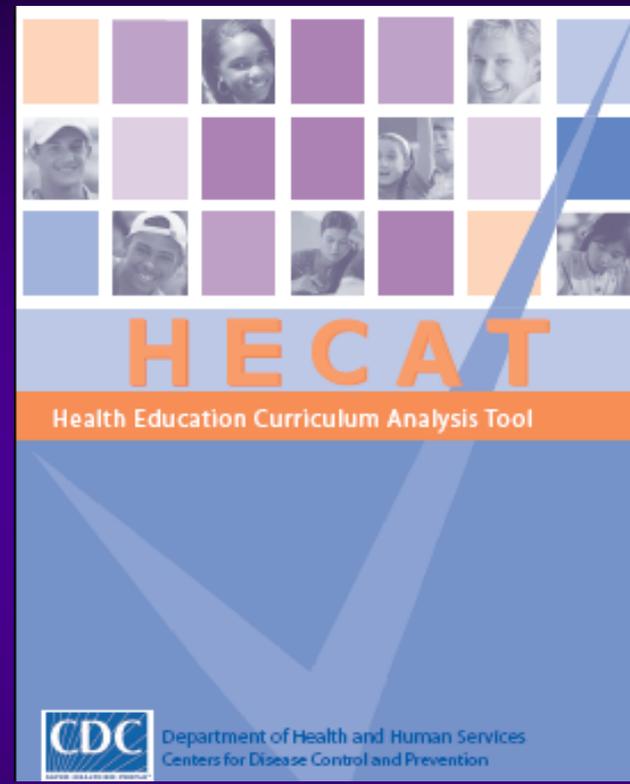
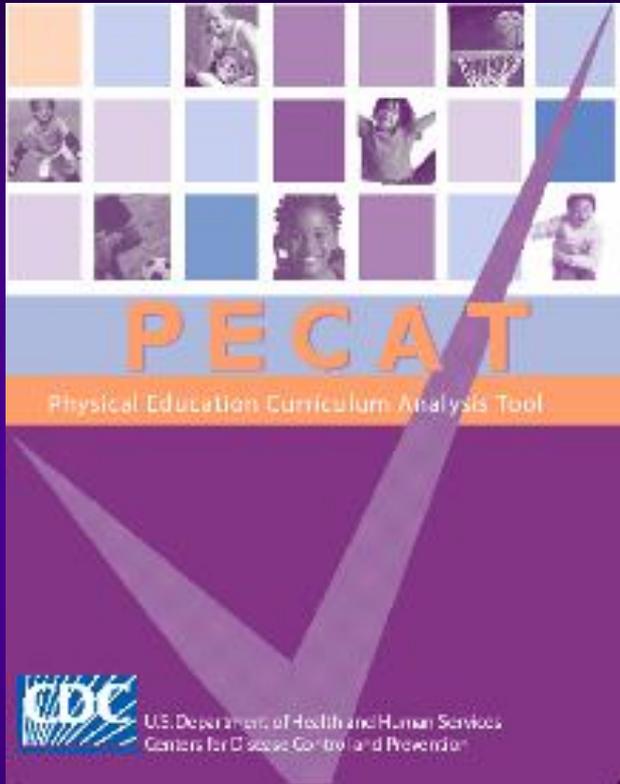
- Involve parents
  - Include parents in the development of the BMI assessment and data collection policies
  - Include a mechanism to allow parents to provide feedback on the policy
  - Create a plan to notify parents of the BMI assessment
  - Allow parents to opt out of the BMI assessment

If applicant intends to inform parents of their student's weight status (i.e. screening), applicants must include plans for:

- Notifying parents of that status
- Ensuring that resources are available for safe and effective follow-up with trianed medical care provider

# Be Mindful!

- Different interpretations of BMI & weight status
- Intent of BMI measurement program
- Additional safeguards for screening
- Use proper equipment



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# PEP Requirements for PECAT

- Applicants that plan to use grant-related federal funds, including federal and non-federal matching funds, to create, update, or enhance their physical education curricula are required to:
  1. Use the PECAT and submit overall scorecard, and curriculum improvement plan (for PE curriculum)

# PEP Requirements for HECAT

- Also, those applicants that plan to use grant-related funds, including Federal and non-Federal matching funds to create, update, or enhance their nutrition instruction in health education must:
  1. Complete the healthy eating module of the HECAT
  2. Use the curriculum improvement plan from HECAT to identify curricular changes to be addressed during the funding period
  3. Describe how the HECAT assessment would be used to guide nutrition instruction curricular changes



# CDC's Physical Education Curriculum Analysis Tool (PECAT)<sup>1</sup>

<sup>1</sup>Centers for Disease Control & Prevention. Physical Education Curriculum Analysis Tool. 2006

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# The Purpose of the PECAT

- To help schools conduct a clear, complete, and consistent analysis of written physical education curricula

# What PECAT Is & What PECAT Is Not

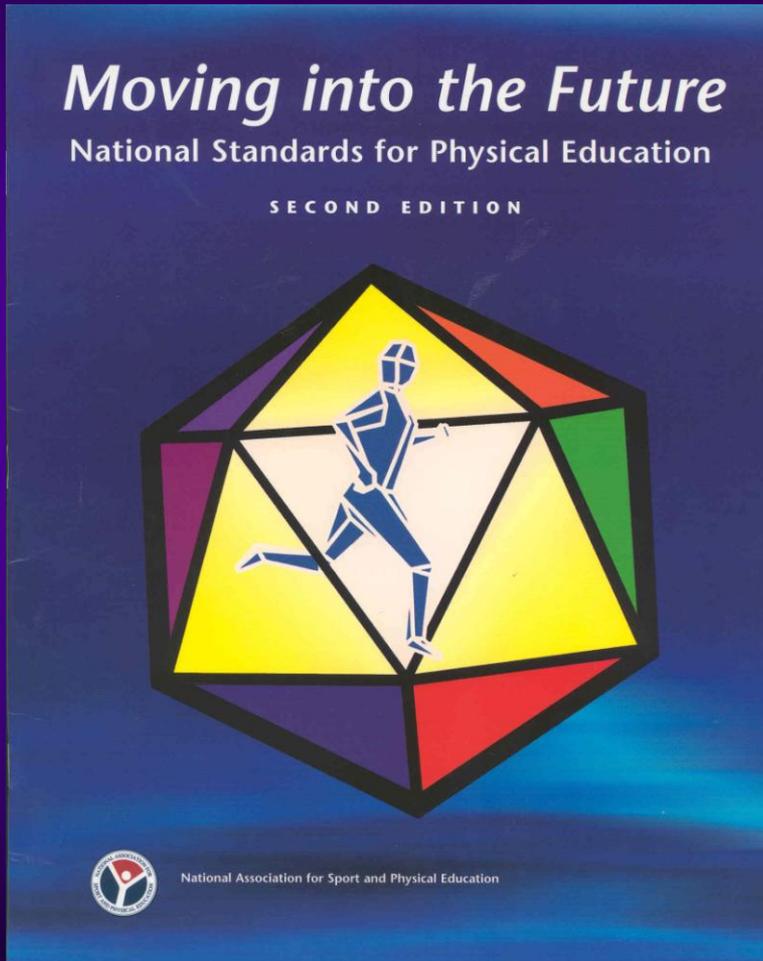
## ■ PECAT is:

- A tool to analyze *written* physical education curriculum
- Based on national standards for physical education

## ■ PECAT is NOT:

- A tool to grade an entire physical education program
- Meant to evaluate the quality of physical education teachers

# Framework for the PE<sup>CA</sup>T



- Based upon the National Standards for Physical Education
- Uses the student expectations and components of each standard

# The **PECAT** can be used by:

- State education agency staff
- Curriculum committees or physical educators at school districts, schools, or community organizations
- Other curricula developers
- Colleges and other pre-service teacher training programs

# PECAT Organization

- Front Material: Introduction and Instructions
- Part One: Curriculum Description and Preliminary Curriculum Considerations
  - Accuracy Analysis
  - Acceptability Analysis
  - Feasibility Analysis, and
  - Affordability Analysis
- Part Two: Content and Student Assessment Analyses
- Part Three: Curriculum Improvement Plan
- Appendices

# Major Steps for Completing PECAT

**Step 1.** Select a PECAT coordinator, then

- a. form a PECAT committee
- b. identify roles of each member

**Step 2.** Review materials, the PECAT, and any additional state or local standards

**Step 3:** Complete the Accuracy, Acceptability, Feasibility, and Affordability Analyses

**Step 4:** Scoring the Content and Student Assessment Analyses of *PECAT*

**Step 5:** Create a plan for improvement



# HECAT

Health Education Curriculum Analysis Tool



Department of Health and Human Services  
Centers for Disease Control and Prevention

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# Purpose of the HECAT

To help the school community...

- Select, develop and/or assess health education curricula that will help young people adopt and maintain healthy behaviors
- Analyze the appropriateness of commercially packaged health education curricula
- Provide guidance in reviewing and improving locally developed curricula

# The *HECAT* is NOT a tool for . . .

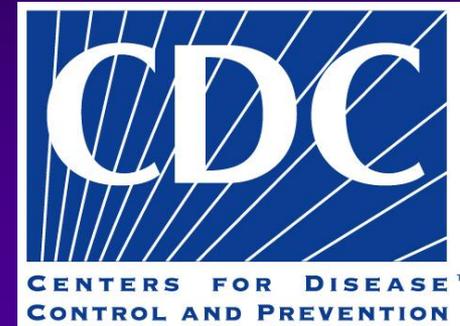
- Evaluating the effectiveness of a particular curriculum.
- Analyzing or selecting a set of ancillary materials apart from the curriculum.
- Analyzing all school health activities.
- Assessing health education or instruction outside of the written curriculum.
- Assessing materials to be used outside of the school setting.

# Who Is the HECAT For?

- State agency staff
- Curriculum committees or educators at school districts, schools or community based organizations
- Other curricula developers
- Institutions of higher education and other pre-service teacher training programs

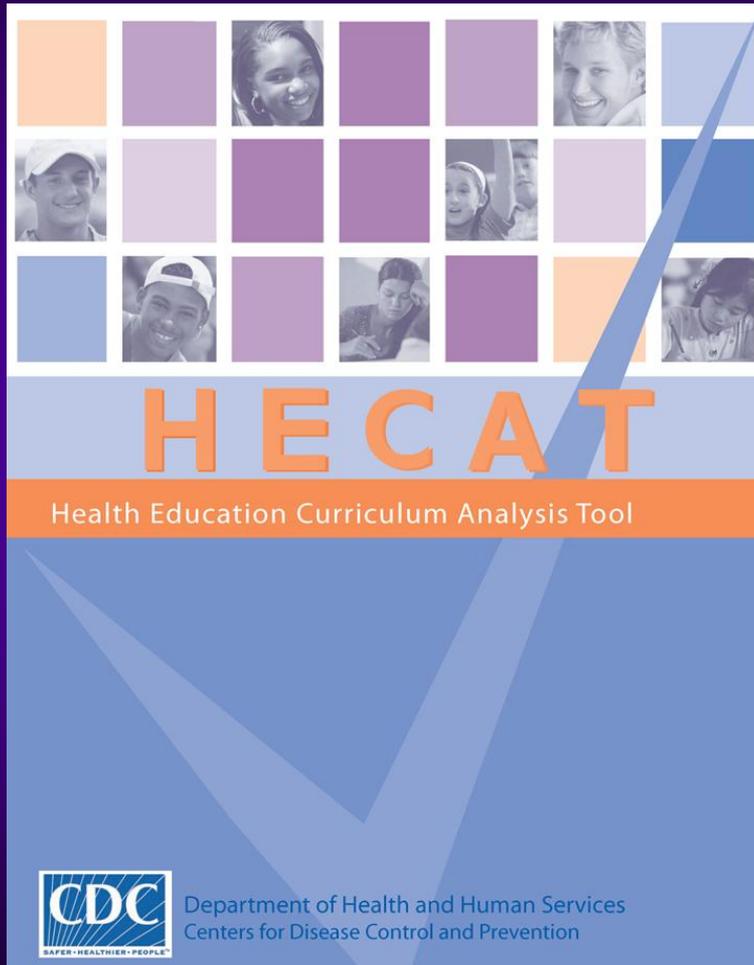
# Critical Health Behaviors identified by CDC

- Alcohol & Drug Use
- Nutrition
- Physical Activity
- Tobacco Use
- Mental & Emotional Health
- Personal Health & Wellness\*
- Safety & Unintentional Injury Prevention
- Violence Prevention
- Sexual Behaviors\*



**The HECAT provides analysis tools for each of these behaviors in Chapter 6**

# Table of Contents



- Acknowledgments
- Overview of the HECAT
- Chapter 1: General Instruction
- Chapter 2: General Curriculum Information
- Chapter 3: Overall Summary Forms
- Chapter 4: Preliminary Curriculum Considerations
- Chapter 5: Curriculum Fundamentals
- Chapter 6 Curriculum Analysis Modules
- Appendices

## Overview



Introduces the HECAT and provides rationale and basis for development, design.

## General Instructions (Ch. 1)



Includes - starting a review process, reviewing and analyzing curricula, using HECAT results to inform decisions.

# General Curriculum Information

## (Chapter 2)

Captures descriptive information about the curriculum that doesn't require rating. Serves as a first step for determining if a curriculum meets basic parameters and deserves further analysis.

# Overall Summary Form

(Chapter 3)

Summarizes the scores from chapters 4, 5, and 6.

# Preliminary Curriculum Considerations

(Chapter 4)

Contains tools to help analyze and score important characteristics of any health education curriculum - accuracy, acceptability, feasibility, and affordability

# Curriculum Fundamentals

## (Chapter 5)

Contains tools to help analyze and score characteristics of any curriculum –

- learning objectives
- teacher materials design
- instructional strategies and materials
- promotion of norms that value positive health behaviors

# The Modules/ Chapter 6

## *All modules in Chapter 6:*

- Identify the essential knowledge and skills that are important to include in health education curriculum
- Align curricula with the NHES and provides you with information **critical** for your analysis
- This takes time!

# Websites for PECAT and HECAT

- [www.cdc.gov/healthyyouth/PECAT](http://www.cdc.gov/healthyyouth/PECAT)
- [www.cdc.gov/healthyyouth/HECAT](http://www.cdc.gov/healthyyouth/HECAT)

# DASH Training Network (D-Train) Free Workshops Available!

- Training on SHI, HECAT, or PECAT
- Master trainer will come to your site!
- Free workshop = trainer expenses
- Eligibility
  - 4 hour to 2-day workshop length
  - Hosted by state/local agency; not meant for individual schools
- Request a **FREE** workshop at: [www.cdc.gov/HealthyYouth/DTrain](http://www.cdc.gov/HealthyYouth/DTrain)