



Lake Dallas I.S.D. School Health Advisory Council Meeting (SHAC) minutes, 9-20-12

- **Members:** Karen Lawson-nurse, Deon Quisenberry-principal, Ruth Bowen-nurse, Charlotte Hicks-child nutritionist, Marvlous Gowans-parent, Teresa Hardesty-counselor, Len Reeves-parent, Lyne Groves-nurse, Brian Freundt-parent, Lora Jones-parent, Shane Anderson-parent, Melanie Billingsley-parent, Travis Cattell-parent, Pete Krygsman-parent, Erin Howard-parent

- **Location:** Corinth Elementary, Employee Lounge, Time 3:15.

The meeting was called to order at 3:15 by Chair nominee Deon Quisenberry

- **Welcome and Introductions:**

In attendance: D.Quisenberry, Ruth Bowen, Karen Lawson, Marvlous Gowans, Charlotte Hicks, Lyne Groves, Teresa Hardesty, Len Reeves, Brian Freundt, Lora Jones, Shane Anderson, Pete Krygsman, Erin Howard

- **Review SHAC minutes 2-16-12**

The Council reviewed and approved the minutes from 2-16-12.

- **Presentation: (power-point) SHAC Overview and Purpose,** by Deon Quisenberry (Power point concerning roles and responsibilities of team members, as well as of the 8 priorities set by the legislature for Coordinated School Health Programs)



- **Action Items:**

- Reviewed 2012-2013 membership: On 9-17-12, the LDISD board of trustees approved the list of members and appointed five of the members: Karen Lawson, Marvlous Gowans, Charlotte Hicks, Lynne Groves, and Deon Quisenberry

- Nominations for the election of officers for 2012-2013 were made on 2-16-12, Deon Quisenberry was nominated as Chair and Marvlous Gowens as Co-Chair. An election was held and both were approved unanimously.

- Set schedule for remaining 11-12 SHAC meetings (CE, Employee lounge, 3:15)
- Nov. 7, 2012
- Jan, 10, 2013
- February 13, 2013

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- **Assignment** for members for the next meeting: Read over materials presented and become more familiar with SHAC resources on the LDISD website and related health issues and topics that might be addressed for action in the future. Come to the next meeting with ideas for action items.

- **The following resources, reports and activity items were presented and discussed. (SHAC focuses attention on these following eight priority areas for the most effective and efficient way to meet the coordinated school health needs of our district.)**

Physical Education:

- Report: Physical Inactivity Effects Comparable to Smoking

A series of studies in the British medical journal *The Lancet* show that physical inactivity is as deadly as smoking and obesity, causing close to 1 in 10 deaths worldwide. According to the studies, inactivity has caused a worldwide increase in deaths from heart disease, diabetes, and breast and colon cancers. Inactivity increases with age and is higher in women and high-income countries, according to the research. The researchers believe physical inactivity is a global pandemic that will take collaboration, coordination, and communication from various sectors to fix. Read the article at www.cnn.com/2012/07/18/health/physical-inactivity-deaths/index.html.

Health Education:

-Report: Obama Signs Federal Ban on ‘Bath Salt’ Drugs

On July 9, President Obama signed a bill to ban several types of synthetic drugs, including synthetic marijuana and the now-infamous bath salts that have been implicated in a slew of grisly attacks in recent months. But there have been countless bans on these drugs over the past few years, and they've done little or nothing to halt their spread as manufacturers routinely get around these laws by slightly altering the chemical formula to create a compound that may be only a few molecules different but delivers the same high. Read the article at <http://newsfeed.time.com/2012/07/10/obama-signs-federal-ban-on-bath-salt-drugs/#ixzz21ZXS3yUf>.

-Study: Friends' Influence on Adolescent Drinking and Smoking

This 2012 study from the *Journal of Adolescent Health* uses social network analysis to characterize three types of friendship relations: (1) mutual or reciprocated, (2) directional, and (3) intimate friends. It then examines the relative effects of each friendship type on adolescent drinking and smoking behavior. Read the full article, free of charge at [www.jahonline.org/article/S1054-139X\(11\)00646-X/abstract](http://www.jahonline.org/article/S1054-139X(11)00646-X/abstract).

-Resources: New Teen Reproductive Health Resources from OAH

The Office of Adolescent Health (OAH) recently released a number of new resources related to adolescent reproductive health. To access the resources, go to www.hhs.gov/ash/oah.

-Action: Ruth Bowen expressed the need for sex education. After discussion, the SHAC decided to look at possible parent surveys to use in determining public opinion, before we proceed any further. A sample parent survey will be sent to SHAC members for review.

Health Services:

-Reminder:

Don't Forget! Vaccines for Teens

Although most vaccines are delivered during early childhood, several immunizations are recommended for adolescents. At the age of 11 or 12, all adolescents should receive three important vaccines and an annual flu vaccine:

- **Tetanus, diphtheria, and pertussis vaccine (1 dose):** a booster to protect against these three infectious diseases (pertussis is also called "whooping cough");
- **Meningococcal conjugate vaccine (2 doses)(MCV4 or MenACWY):** an immunization to protect against meningococcal disease (such as meningitis or sepsis, a blood infection);
- **Human papillomavirus (HPV) vaccine (3 doses)(Cervarix or Gardasil):** an immunization recommended for both boys (Gardasil only) and girls (both Cervarix or Gardasil) to protect against many HPV-related cancers;
- **Influenza (flu) vaccine (each year):** a vaccine (either the flu shot or nasal spray) that is recommended yearly for everyone over 6 months of age to protect against different strains of seasonal influenza.

Adolescents may need to catch-up on vaccines missed when they were younger or receive boosters of a vaccine that requires more than one dose. To learn more about the vaccines recommended for adolescents, check out the easy-to-use chart from Vaccines.gov which lists the immunizations recommended by the Advisory Committee on Immunization Practices for children and youth ages seven through 18. To access the chart, go to www.vaccines.gov/who_and_when/teens/index.html.

Nutrition Services and Education

-Information:

From: TASB Policy Service

Implementation of the Healthy, Hunger-Free Kids Act of 2010 has begun with the release earlier this year of the federal rules on meal standards. The Act also addresses district wellness policies, with the intent of strengthening those policies and providing transparency to the public in key areas that affect the school nutrition environment.

According to the most recent timeline issued by the U.S. Department of Agriculture and the U.S. Department of Education, we anticipate release this fall (2012) of the *proposed* federal regulations for the portion of the Act that addresses the Wellness Policy. *Final* regulations are scheduled to be released in the fall of 2013. While the Act makes clear that each district will need to revise its Wellness Policy [FFA(LOCAL)], we cannot know what specific revisions will be required until the federal regulations are final; and no deadline has yet been published by which districts must adopt a new policy. For additional information on the Act, see <http://www.fns.usda.gov/tn/healthy/wellnesspolicy.html>.

While waiting for the federal regulations, however, districts can begin to prepare for the new requirements of the Act by considering the following:

- The Act requires that development and implementation of the Wellness Policy include representatives from parents, students, school administration, the school food authority, physical education teachers, school health professionals, and members of the public. Ideally, a district's School Health Advisory Council (SHAC) will again have a large role in development and implementation of the Wellness Policy.

· Although new provisions will be needed eventually, the previous requirements for the Wellness Policy remain. This is a good time for the SHAC to review the current FFA(LOCAL) to ensure that the goals in each required category (nutrition education, physical activity, and school-based activities) are sufficient and realistic for your district. Consider how thoroughly each of the goals established in your Wellness Policy has been addressed in your Wellness Plan.

-Charlotte Hicks (LDISD Child Nutritionist) will present a report at our next meeting.

Parent and Community Involvement:

- **Activity:** The CE, SSE, LDE, MS Watch D.O.G.S. (Dads of Great Students) program is designed to engage men in the lives of their children at school. Increased involvement of dadø at the school inspires children by presenting positive male role models, reduces bullying, increases school safety, reduces the workload on teachers and fosters better relationships between fathers and their children.



Safe and Healthy School Environment:

- **Resource:** TSHAC Bullying Prevention Toolkit



Rationale:

In response to national and state concern about the impact of bullying on students, recent Texas legislation has addressed the need for districts to develop anti-bullying policies and interventions. Further, the Texas legislature directed the Department of State Health Services (DSHS), in collaboration with the Texas Education Agency (TEA), to provide and annually update a list of best practice-based early mental health intervention and suicide prevention programs for implementation in general education settings.

The Bullying Prevention Toolkit was compiled and approved by the Texas School Health Advisory Committee (TSHAC) at their May 14, 2012 committee meeting. For more information about the TSHAC, go to www.dshs.state.tx.us/schoolhealth/shadvise.shtm.

Texas Education Code 37.0832

Beginning with the 2012-2013 school year, the Texas Education Code establishes a comprehensive definition of bullying, including bullying by electronic means (i.e., cyber-bullying), and requires school districts to adopt a local anti-bullying policy. The new law allows school districts to transfer the bully to another classroom or campus (where prior law has authorized only the transfer of the victim) and provides for timely notice of bullying incidents to parents of both the bully and target student, requires districts to provide information concerning counseling options available for students involved in bullying incidents, and has a provision to protect individuals from retaliation who provide information concerning bullying incidents.

Texas Health and Safety Code 161.325

The Texas Health and Safety Code directs the Texas Dept of State Health Services (DSHS), in coordination with TEA, to provide an annually updated list of best practice-based early mental health intervention and suicide prevention programs for implementation in public elementary, junior high, middle, and high schools within the general education setting. Each school district may select from the list a program or programs appropriate for implementation in the district.

The bill also permits, but does not require, a school board to adopt a policy concerning early mental health intervention and suicide prevention that establishes procedures for providing notice to a parent or guardian about observed early warning signs or suicidal risk, setting out available counseling alternatives for a parent or guardian to consider, prohibiting the use of a medical screening of the student without prior consent of the parent or guardian, as part of the process of identifying whether the student is in need of mental health intervention or suicide prevention, and specifying that the policy be included in the Student/Parent Handbook and the District Improvement Plan.

Texas Education Code 37.218

A significant component of the revised section of the Texas Education Code at Chapter 37.218 requires the Texas School Safety Center, in consultation with the Texas Attorney General's

office, to develop educational programs that school districts can use to address the consequences of sexting. According to the Office of the Texas Attorney General, sexting includes any possession and/or electronic transmission by a minor (age 17 and under) of visual material capturing a minor engaged in sexual conduct which includes still photographs...

Programs are required to address, among other things, the connection between bullying, cyberbullying, harassment, and sexting by minors, and school districts are required to provide notice to parents annually of the availability of these programs.

Summary of Toolkit Components

In order to assist local education agencies with the requirements of the anti-bullying and suicide prevention and intervention legislation, the TSHAC has compiled the following resources and tools:

1. Resolution Against Bullying in Texas Public Schools: a model resolution for local School Health Advisory Councils (SHACs) to consider recommending for adoption by local school boards;
2. Bullying Prevention Websites and Resources - Digest: a list of websites and resources that offer curricula, videos, handouts, connection to expert speakers, and other resources that can be used to address bullying and suicidal behavior - many of which are free; and
3. Bullying Prevention Websites and Resources: an annotated list describing the content and tools that can be found at each site.

An information handout was given: 2012-2013 Student Code of Conduct Summary of Changes HB 1942 (amends the definition of bullying), and HB 968 (amended the Education Code regarding permissive expulsion from DAEP)

-Action: A motion was made by Teresa Hardesty to take a resolution against bullying to the board of trustees. Second by Pete Krygsman and all were in favor.

Counseling and Mental Health Services:

- Resource:

Psychology Clinic



The Psychology Clinic at the University of North Texas was originally founded in 1972 with the purpose of providing professional services and referrals to clients who request them. The UNT Psychology clinic also provides professional and competent training to graduate students in the applied programs of the Department of Psychology.

Psychology Clinic

Terrill Hall, room 171

Phone: (940) 565-2631

Fax: (940) 369-8672 E-mail: PsychologyClinic@unt.edu

Staff Wellness Promotion:

- **Resource:** Flu Shot Clinic sponsored by Worksite Wellness, Sept. 21, Corinth Elem., lounge, 7am-9am.

* Meeting adjourned at 4:05.

* Next SHAC meeting: November 7, 2012, 3:15 at CE, Employee lounge