Action Plan Development Guide

Coordinated School Health

Tennessee Department of Education | March 2023

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Contents

Introduction

The mission of the Tennessee Department of Education's (department) Coordinated School Health (CSH) program is to improve student health and the capacity to learn through the support of families, communities, and schools. The Connie Hall Givens Coordinated School Health Improvement Act (Tenn. Code Ann. § 49-1-1003) requires that all LEAs submit a Coordinated School Health plan to the department for approval each year. The plan must include how the LEA plans to address the health needs of school children. The Tennessee State Board of Education, Coordinated School Health Program Policy (4.204) states, "Each comprehensive plan for a CSH program shall respond to the needs of students, families, and the community; emphasize a positive youth development approach; demonstrate evidence of effectiveness; and make efficient use of school and community resources."

The purpose of this Coordinated School Health (CSH) Acton Plan Development Guide is to assist LEAs in meeting the requirements of Tenn. Code Ann. § 49-1-1003 and State Board Policy 4.204 when developing their annual action plans. It provides an overview of what SMART goals are and their importance, descriptions of the eight components of CSH, a SMART goal development worksheet to walk LEAs through writing their goals, and a scoring rubric that will be used by the department when reviewing and approving CSH action plans.

What are SMART goals?

Goals are included in many aspects of business/life and offer a sense of direction, purpose, a clear focus, and highlight the importance of your work. By setting goals, you are providing yourself with a target for what you hope to accomplish. To help guide in goal setting, we use a SMART goal process. SMART is an acronym for Specific, Measurable, Achievable, Realistic, and Timely. Therefore, a SMART goal incorporates all these principles to help focus efforts and increase the likelihood of reaching goals. (CFI Team, 2022)

The Importance of SMART Goal Setting

Often, individuals will set themselves up for failure by setting general and unrealistic goals such as "I want to be the best at X." This goal is vague, with no sense of direction.

The SMART technique helps push you further, offers a sense of direction, improves organizing goals, and aids in successfully reaching your goals. (University of California, 2016)

Where to Start
- Goals should be high-level enough to include the core outcomes for which you are responsible but specific and clear enough so you will be able to measure success.
- You must have a minimum of five goals. However, writing too many goals can indicate that your goals are scoped at too low a level, and are focused more on tasks than on the end results.

- If it seems that your goals are becoming too numerous and task-oriented, it may be helpful to consider combining several goal statements into a broader outcome area. (University of California, 2016)
- Under each goal, you should establish 3-5 action steps. These are the tasks needed to be completed to reach your goal. You can look at the action steps as a to-do list, with time frames for each item. Start by looking at the deadline of your SMART goal and work backward from there. Can you realistically complete each task item between now and then? (Perry, 2022) Lastly, action steps should be sequential and spread out over the school year or semester. In other words, the deadlines for your action steps should not all be on the same date.
- Your action plan should focus on a minimum of three Coordinated School Health (CSH) components. Be sure your goals are not focused on just one or two components.

Coordinated School Health Component Areas

The CSH approach consists of eight major components. All Coordinated School Health Components work together to improve the lives of students and their families. Although these components are listed separately, it is their composite that allows CSH to have significant impact.

When determining which of the component areas your goals fall under, please review the descriptions of each to ensure you are targeting the correct component.

Health Education

Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through 12th grade that addresses a variety of components such as: Personal and Community Wellness, Emotional Wellness, Disease Prevention, Safety and Prevention, Substance Abuse and Use. Health education curricula and instruction should address the Tennessee Health Education and Lifetime Wellness Standards and incorporate the Characteristics of an Effective Health Education Curriculum.

Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs. Students might also acquire health information through education that occurs as part of a patient

visit with a school nurse, through posters or public service announcements, or through conversations with family and peers.

Health Services

Health services are provided and/or supervised by school health nurses to appraise, protect, and promote the health of students. These services include assessment, planning, coordination of services and direct care for all children, including those with special health care needs. Health services are designed and coordinated with community health care professionals to ensure early intervention, access and referral to primary health care services; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for student and staff illness or injury; provide daily and continuous services for children with special health care needs; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as school health nurses, physicians, psychiatrists, psychologists, dentists, health educators, registered dietitians, school counselors, and allied health personnel including speech therapists and occupational or physical therapists provide these services.

Healthy School Environment

The Healthy School Environment component relates to the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment.

Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality and potential health and safety hazards.

The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff. Qualified staff such as facilities and transportation supervisors, principals, school and community counselors, social workers, psychologists, school health nurses, health educators, and school safety officers assess and plan for these factors and conditions in the school environment.

Nutrition

Nutrition services assure access to a variety of nutritious, affordable, and appealing meals in school that accommodate the health and nutritional needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to meet the complete nutrition needs of students.

Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods and serves as a resource and link with nutrition-related community services and educational programs. Qualified professionals such as experienced, knowledgeable school food supervisors and registered dietitians provide these services.

Physical Activity/Physical Education

Physical education is a planned, sequential pre-K –12th grade curriculum program that follows national standards in providing developmentally appropriate, cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education promotes, through a variety of planned individual and cooperative physical activities and fitness assessments, each student's optimum physical, mental, emotional, and social development; and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives. Qualified professionals such as physical education teachers and physical activity specialists provide physical education and related fitness activities.

School Counseling, Psychological, and Social Services

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. All students receive these services, including developmental classroom guidance activities and preventative educational programs, in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through the administration and interpretation of psychometric and psychoeducational tests, observational assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school health nurses, are utilized to provide coordinated services that contribute to the mental, emotional, and social health of students, their families, and the school environment. Qualified professionals such as school and community counselors, school and community psychologists, school health nurses, social workers, and qualified staff from community agencies provide these services.

School Staff Wellness

Teachers and other school employees are charged with educating and caring for Tennessee's students. Therefore, it is imperative that school employees are supported in their efforts to stay healthy and active so that they can do their job most effectively. Wellness opportunities such as health assessments, health education and physical fitness activities are provided to all school staff, including the administrators, teachers, and support personnel, to improve their health status. These opportunities encourage staff to

pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted on-site improve productivity, decrease absenteeism, and reduce health insurance costs. Qualified professionals such as principals, supervisors, health educators, school health nurses and school personnel/human resources directors provide leadership in this area.

Student, Family, and Community Involvement

Involvement of students, parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families. Qualified professionals such as principals, teachers, and school health staff, along with students, parents, and volunteers, provide leadership in this area. (Tennessee Department of Education, n.d.)

SMART Goal Development Worksheet

Use this worksheet to help gather your thoughts and draft your goals. This is for your use and is not required to submit to the department. See below for an example.

Initial Goal	Write down whatever your initial goal is. Don't worry about it not being completely SMART – you will use this template to do that. (Martins, 2022)	
S Specific	Your goal should be well defined, detailed, and clear. Try to relate to the five "W" questions: 1. Who needs to be involved? 2. What do I need to do? 3. Where will I reach this goal? 4. When will I reach the goal by? 5. Why do I want to achieve this goal? (CFI Team, 2022)	
M Measurable	Is my goal measurable? How will I know when it is accomplished? You should incorporate measurable, trackable benchmarks.	

	There should be a source of information/data to measure or determine whether a goal has been achieved. (University of California, 2016) Identify how you will know your goal was accomplished – usually this means quantity but can also be quality (for instance, "80% of participants agree or strongly agree on the feedback form") (SAMHSA) To make a goal measurable, ask yourself: 1. How many/much? 2. How do I know if I have reached my goal? 3. What is my indicator of progress? (University of California, 2016)	
A Achievable/Attainable	Goals are realistic and can be achieved in a specific amount of time and reasonable. To determine if the goal is achievable and attainable, ask yourself: 1. Is the goal challenging but not impossible? 2. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? 3. Do I have full approval, buy in, and permission from all parties involved and from leadership? 4. Have others accomplished this goal successfully before? (CFI Team, 2022)	
R Relevant	Goals should not only be attainable, but they are realistically attainable. Ensure your goal is results oriented. To determine if the goal is relevant, ask yourself:	

	1. Is the goal related to one of the eight components of Coordinated School Health? 2. Do I have strong data to support the need for this goal? i.e., School Health Index, Community Health Assessment, YRBS data, School Health Profiles, School Climate Survey, parent/staff/student surveys, needs assessment, etc.	
T Timely	Set a clear deadline and monitor your progress. A SMART goal must be time-bound in that it has a start and finish date. If the goal is not time-constrained, there will be no sense of urgency and, therefore, less motivation to achieve the goal. To make your goals timely, ask yourself: 1. Does my goal have a deadline? 2. Is this timeframe realistic? (CFI Team, 2022)	
Final Goal	Take everything you have drafted above and craft it into a SMART goal.	

SMART Goal Development Worksheet Example

Initial Goal	Write down whatever your initial goal is. Don't worry about it not being completely SMART – you will use this template to do that.	*I want to increase access to health education.*
S Specific	Your goal should be well defined, detailed, and clear. Try to relate to the five "W" questions: 1. Who needs to be involved? 2. What do I need to do? 3. Where will I reach this goal? 4. When will I reach the goal by?	*Who:* • *CSH coordinator* • *Elementary supervisor* • *Principal(s)* *What:* • *Increase the number of students receiving health education classes* *Where: Elementary school(s)*

	5. Why do I want to achieve this goal?	*When:* • *By the end of the school year.* *Why:* • *Health education helps students acquire the knowledge, attitudes, and skills they need for making healthy decisions.* • *Healthy students are better equipped for academic success.*
M Measurable	Is my goal measurable? How will I know when it is accomplished? You should incorporate measurable, trackable benchmarks. There should be a source of information/data to measure or determine whether a goal has been achieved. Identify how you will know your goal was accomplished – usually this means quantity but can also be quality (for instance, "80% of participants agree or strongly agree on the feedback form") To make a goal measurable, ask yourself: 1. How many/much? 2. How do I know if I have reached my goal? 3. What is my indicator of progress?	*How many/much?* • *A minimum of 1 out of 5 elementary schools will pilot the program.* • *Our district will increase the number of elementary students receiving health education classes by 20%.* *How do I know if I have reached my goal?* • *Pre- and post-survey sent to all elementary schools.* *What is my indicator of progress?* • *Action steps are sequential and have clear dates that make sense in reaching the overall goal.* • *Action steps/tasks are met on time and are successful.*
A Achievable/Attainable	Goals are realistic and can be achieved in a specific amount of time and reasonable.	*Is the goal challenging but not impossible?* • *Yes – a 20% increase is realistic because this would be the approximate*

	To determine if the goal is achievable and attainable, ask yourself:	*percentage of students receiving increased health education at one elementary school out of five.*
	1. Is the goal challenging but not impossible? 2. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? 3. Do I have full approval, buy in, and permission from all parties involved and from leadership? 4. Have others accomplished this goal successfully before?	*Do I have the resources and capabilities to achieve the goal? If not, what am I missing?* • *I will be using curriculum alignment tools developed by two other districts as a starting point.* *Do I have full approval, buy in, and permission from all parties involved and from leadership?* • *Prior to writing this goal, I met with the elementary curriculum supervisor to present this as an idea. They have given their full approval and blessing for this goal.* • *The curriculum supervisor and I surveyed principals to gauge interest. 3 of the 5 principals expressed interest.* • *We looked at data from each of the 3 schools that expressed interest to determine which school we would pilot the program. I followed up with that principal to assure they were fully on board. We also have a second school in mind if things do not work out with the first school. This principal is also agreeable to being a pilot school, if needed.*

		Have others accomplished this goal successfully before?
		I have met with two other CSH coordinators to get their experiences with implementing this program and learned some of the successes and barriers while implementing this program.
R Relevant	Goals should not only be attainable, but they are realistically attainable. Ensure your goal is results oriented. To determine if the goal is relevant, ask yourself: 1. Is the goal related to one of the eight components of Coordinated School Health? 2. Do I have strong data to support the need for this goal? i.e., School Health Index, Community Health Assessment, YRBS data, School Health Profiles, School Climate Survey, parent/staff/student surveys, needs assessment, etc.	*Is the goal related to one of the eight components of Coordinated School Health?* • *Yes, this goal is related to the health education component.* *Do I have strong data to support the need for this goal? i.e., School Health Index, Community Health Assessment, YRBS data, School Health Profiles, School Climate Survey, parent/staff/student surveys, needs assessment, etc.* • *Data from a parent survey indicates that 85% of elementary school parents/guardians feel their children would benefit from increased health education.* • *Data from a survey sent to seniors in high school indicates 75% feel they would have benefited from health education throughout their time in K-12 school.*
T Timely	Set a clear deadline and monitor your progress. A SMART goal must be time-bound in that it has a start and finish date. If the goal is not time-constrained, there will be no sense of urgency and, therefore, less motivation to achieve the goal.	*Does my goal have a deadline?* • *We will complete the pilot at one elementary school by May 15, 2024.* *Is this timeline realistic?* • *Yes, since we did our homework, gained*

	To make your goals timely, ask yourself: 　1. Does my goal have a deadline? 　2. Is this timeframe realistic?	*approval from all parties, and have best practices from two other districts that have previously implemented this program, I am confident this timeframe is realistic.*
Final Goal	Take everything you have drafted above and craft it into a SMART goal.	*By May 15, 2024, the CSH coordinator and the elementary supervisor, will create a health education standards alignment tool and pilot at a minimum of 1 of our 5 elementary schools which will increase the percentage of elementary students receiving health education classes by 20%. To measure success, we will be using a pre- and post-survey sent to all elementary schools to determine the number of health classes taught and number of students in each class.*

SMART Goal Rubric

 (Uhlman)

This rubric will be used by the reviewers at the department when reviewing your action plan. We encourage you to use this guide to make sure your goals are ready for our review.

	4	3	2	1
S Specific	Clearly focused on the desired outcome.	Partially focused on the desired outcome.	Desired outcome is unclear.	Goal is unrelated – there is no stated outcome.
M Measurable	Will be measurable because the evidence to be	Will be only partly measurable because the evidence to be	Evidence of progress will be provided but will	Not at all measurable – no method of

	provided will clearly indicate progress.	provided will not clearly indicate progress.	not indicate progress.	measurement indicated.
A Achievable/ Attainable	The goal is within reason of the coordinator's abilities and can be achieved. There is full approval and buy-in from all parties and leadership.	The goal is mostly reasonable given the coordinator's skills and can probably be achieved. There is approval from most parties, but not all.	The goal is only partially reasonable given the coordinator's skills and will likely not be achieved. Most parties and leadership have not given prior approval.	The goal is not at all within reason and cannot be achieved. There is no approval or buy-in from other parties or leadership.
R Relevant	The goal has a strong connection to school health and current district/community needs. Strong, relevant data is used to show the need for this initiative.	The goal has some connection to school health and current district/community needs. Some relevant data is used to show the need for this initiative.	The goal has only a slight strong connection to school health and current district/community needs. Little or weak data is used to show the need for this initiative.	The goal has no connection to school health and current district/community needs. No relevant data is used to show the need for this initiative.
T Timely	Has a definite date of what will be accomplished by this date. Is within the time frame of this school year.	Has an indefinite date of what will be accomplished by this date yet is within the time frame of this school year.	Has an indefinite date of what will be accomplished by this date and has an unclear time frame by which the goal should be accomplished.	Has no dates and/or is over a period of time far beyond this school year.

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