Utah PTA®

every child. one voice.

Health Handbook

2019 - 2020
To promote the welfare of children and youth in home, school, places of worship, and throughout the community.

To raise the standards of home life.

To advocate for laws that further the education physical and mental health, welfare, and safety of children and youth.

To promote the collaboration and engagement of families and educators in the education of children and youth.

To engage the public in united efforts to secure the physical, mental, emotional, spiritual, and social well-being of all children and youth; and

To advocate for fiscal responsibility regarding public tax dollars in public education funding.

Utah PTA will help every child realize his full potential and will:

**Advocate:**
Support and speak on behalf of children and youth, and

**Involve:**
Encourage positive involvement in all facets of a child's life, and

**Develop:**
Assist in developing skills to raise and protect children and youth.

The Mission of PTA is three-fold:

To support and speak on behalf of children and youth in the schools, in the community, and before governmental bodies and other organizations that make decisions affecting children;

To assist parents in developing the skills they need to raise and protect their children; and

To encourage parent and public involvement in the public schools of this nation.
# Health Handbook

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### Alcohol / Drugs / Tobacco / Inhalants

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What is a Commission?

A Commission is a specific group that develops and implements programs and projects within related areas of concern.

Q: What is the purpose of a PTA Commission?
A: It is to resolve critical school and community issues and concerns identified by the PTA membership through a needs assessment.

Q: What is the role of a Commissioner?
A: It is to act as the presiding officer and facilitator of a commission and to report commission plans to the executive committee.

Q: Who selects a Commissioner?
A: Bylaws will indicate whether the commissioner is elected or appointed with board approval.

Q: Who selects Commission members?
A: Commissioners and/or officers appoint commission members as needed.

Q: When does a Commission meet?
A: The commissioner may determine a meeting schedule. These meetings are generally held outside of regular board meetings.
Information on Commissions

How to Get Started
- Attend training at state, region and council levels.
- Become familiar with national, state and local commission-related issues.
- Gather resources from past commissioners.
- Organize your commission.
- Identify local needs or concerns:
  - Include current issues on needs assessments
  - Determine areas where teachers or school programs need assistance
- From the needs assessment:
  - Prioritize
  - Set goals
  - Develop a plan of action

Responsibilities of a Local PTA Commissioner
- Become knowledgeable about PTA policies and current issues.
- Know the key people and organizations that relate to your commission.
- Act as a resource on commission issues. Disseminate information and material pertaining to commission concerns to parents, teachers and community.
- Serve on council commission if one is organized.
- Be an active, participating member of the local PTA board of directors.
- Serve on PTA and community committees as assigned by the PTA president or board.
- Organize your commission with teachers, students, parents, and community members.
- Develop and implement programs that relate to commission concerns.
- Keep a record of number of hours spent in PTA work.
- Keep a procedure book to be passed on.
- Advocate for children on commission-related issues.
- Attend appropriate meetings, including:
  - Local PTA Board of Directors
  - Training sessions conducted by Utah PTA, Region PTA and Council PTA
  - All local PTA general membership meetings
  - Utah PTA Leadership Convention
  - Advocacy Conference
  - PTA Day at the Capitol

Responsibilities of a Council PTA Commissioner
- Provide training and leadership for local commission counterparts.
- Act as a resource and provide new ideas and approaches for commission concerns.
- Provide information to local PTA units on policies, goals and objectives.
- Organize council projects, conferences and workshops as needed.
- Conduct council commission meetings.
- Keep a record of number of hours spent in PTA work.
- Attend appropriate meetings.
- Maintain a resource file/procedure book to be passed on.
- Advocate for children on commission-related issues.
Responsibilities of a Region PTA Commissioner

- Provide training and leadership for council commission counterparts.
- Act as a resource and provide new ideas and approaches for commission concerns.
- Provide information to region PTA units on policies, goals and objectives.
- Organize region projects, conferences and workshops as needed.
- Conduct region commission meetings.
- Keep a record of number of hours spent in PTA work.
- Attend appropriate meetings including Utah PTA Commission meetings.
- Maintain a resource file/procedure book to be passed on.
- Advocate for children on commission-related issues.

Who can Serve on a Commission Committee?

Local
- Elected or appointed Commissioner
- Teachers
- School Nurse
- Appointees as needed
- Specialists
- Local Officers
- Students (PTSA)
- Community Members

Council
- Elected or appointed Commissioner
- Local commissioners
- Council Officers
- Appointees as needed
- Specialists
- Local Presidents
- Student Members
- Community Members

Region
- Elected or appointed Commissioner
- Council Commissioners
- Region Officers
- Appointees as needed
- Specialists
- Council Presidents
- Student Members
- Community Members

State
- Elected Commissioner
- Region Directors
- Associate Region Directors
- State Officers (as appointed)
- Specialists
- Council Presidents
- Student Members
- Community Members
Organizing Your Commission / Committee

This page is to help you identify the plan for your Commissioners and the people on your commission/committee.

Commission/Committee:

Commissioner/Chairman:

Areas of Concern:

Commission/Committee Members:

Teachers:

Students:

Parents:

Community:

Specialists:

Consultants: (Resource people)
Meeting / Project Planning Assignment Sheet

This page is provided as a guide for setting up a plan of work for projects.

Officers in charge: (assignments)

Committee:

Business to be conducted:

1.
2.
3.
4.

Presentations:

Publicity:

- Fliers
- Community Newspaper (press release)
- Posters
- Websites
- Other (PTA newsletter, local radio or television stations)

Physical Facilities:

Handouts:

1.
2.
3.
4.
Other:

Costs:

Evaluation:

Subject:

Letters:

School Papers:

Calls:
Health Commission

Purpose: To provide and utilize resources that are targeted to protect and improve the health of children and youth; to design, identify, and implement programs in areas of priority and concern; and to build public awareness that will improve the quality of life for the children of Utah.

Today’s world has produced a host of dangerous situations, choices, and behavior patterns among our nation’s youth. Every child can be considered at risk when we discuss substance abuse, tobacco and E-ciggs, eating disorders, obesity, stress/depression, suicide, school dropout rates, sexual transmitted diseases, etc. The home, school, and community must find numerous ways to unite and provide support systems for children and youth. Some statewide efforts have been made to identify key factors that place a child at greater risk with the intent to develop programs that target at-risk groups.

PTA Health Commissioner’s role in relationship to home, school, and community

- Identify ways to educate and assist parents in fulfilling their roles in providing healthy home environments including exercise, nutrition, rest, suicide prevention, mental health awareness, immunizations, physical exams, substance abuse prevention and decision-making skills. Educate parents on a variety of health issues through workshops, health fairs, handouts, and newsletters.

- Encourage and support the school’s responsibilities to:
  ▪ provide health and fitness instruction in the classroom,
  ▪ provide mental health awareness and training,
  ▪ conduct school screenings, and
  ▪ create a healthy emotional and physical environment.

- Know and reinforce the Utah State Office of Education (USOE) core curriculum objectives through PTA projects and programs. Where needed, organize presentations or activities that can be given in classrooms.

- Educate, involve, and influence the community regarding health issues.

- Become a knowledgeable resource on health issues. Disseminate information and materials pertaining to health.

- Establish and develop a school health council.

- Use the Health Commission and PTA membership to develop programs related to health.

- Implement health programs through the school health council.

- Advocate: support and speak on behalf of children and youth on health policy and legislation.

- Involve: Encourage positive involvement in all facets of a child’s life.

- Develop: Assist in developing skills to raise and protect children and youth.
Some of the main areas of focus of the Health Commission

- Alcohol/Drug/Tobacco Prevention and Education
- Environmental Health
- Growth/Maturation/Human Sexuality
- Immunization
- Mental Health
- Nutrition and Healthy Living
- Physical Fitness
- School Wellness Policies
- School Nurses, Counselors, Social Workers and Psychologists
- Screenings (vision, hearing, scoliosis, asthma)
- Suicide Prevention

Please be aware that the health issues covered in this handbook can and do evolve but they are discussed to get you started on the educational process. Resources and current information will be available on our website, please take advantage of these many resources that will help you plan, educate and carry forward programs that will help improve the lifestyles of all Utahns.

For more information visit: www.utahpta.org/health-commission
PTA Resolutions help our organization to function with consistency and unity. It is important that we speak as one voice for the benefit of Utah’s children. Becoming aware of existing resolutions will help you to know what the official stand is on any given issue. If a needed resolution is not in place, you may be the one to bring it forward and help Utah PTA address an issue that will increase our ability to raise healthier, happier, safer children. You can find the full text for each resolution at www.utahpta.org/advocacy/resolutions.

Utah PTA Health Resolutions (Keep in mind that many Commissions overlap in their focus. If you do not see a resolution here, it may be listed under another Commission, such as Safety. For National PTA Resolutions see: www.pta.org/advocacy

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Things That Can be Ingested

Alcohol, tobacco, and other drug abuses remain among the top problems confronting Utah’s school children and youth. All of our children, schools, and communities are at risk. New drug problems continue to emerge including abuse of over-the-counter and prescription drugs, steroids and inhalants, ecstasy, and methamphetamines. According to the U.S. Department of Education, drug use among children is ten times more prevalent than parents suspect. In addition, many students know that their parents do not recognize the extent of drug use, and this leads them to believe that they can use drugs without fear of punishment (“What Works: Schools Without Drugs,” U.S. Department of Education).

Gateway drugs include alcohol, tobacco, e-cigarettes, and marijuana. Most youth who use other substances began their use with one or more of the gateway drugs. All substance abuse prevention programs should place a primary emphasis on the gateway drugs.

Steroid use may increase muscle mass temporarily, but the health consequences of such use can include chronic illnesses such as heart disease, liver trouble, urinary tract abnormalities, sexual dysfunction, shortened life, and extreme aggression.

Inhalant abuse is the deliberate act of inhaling concentrated amounts of fumes (also called sniffing or huffing) from volatile legal products such as rubber cement, spray paint, nail polish, and gasoline for the purpose of mood alteration and/or becoming intoxicated. Repeated episodes can cause progressive damage or deterioration of the brain and/or body, and any single “sniffing” episode can be fatal.

The USOE core curriculum objectives are extremely well-developed and integrated into every grade level. PTA leaders should be aware that a specific teacher resource program, Prevention Dimensions, has been developed and should be taught in the classroom to help students achieve these objectives. Every district has a drug education coordinator who should be used as a primary resource. There are many resources and programs available in this area, including classroom curricula, parent/family seminars, films, and handouts. Programs should incorporate education with self-esteem, responsible decision-making skills, and communication skills.

Possible PTA Activities

- Appoint a specialist to work in this area. Work with the district drug education coordinator and other health and community groups to address this issue.

- Check with teachers/principals to see how the USOE core curriculum (Prevention Dimensions) objectives are being taught, and assist where necessary to arrange classroom presentations.

- Educate parents about the symptoms of drug use and teach them skills to communicate more effectively with their children.

- Teach students and parents that any substance used in excess or for reasons other than the intended use is dangerous (vitamins, herbs, cough syrups, etc.).
■ Educate parents about gateway drugs—alcohol, tobacco, e-cigarettes, and marijuana— as well as over-the-counter prescription drug abuse, inhalants, and environmental tobacco smoke.

■ Encourage smoke-free environments and support legislation aimed at curbing alcohol use and drug abuse. Ask local stores to place tobacco products behind counters.

■ Help organize resource centers for teachers with materials and films for each grade-level unit. Make additional kits available for parental checkout.

■ Encourage in-service training for administrators, teachers, and coaches on the problems associated with steroid use and pushing for lower weight class in sports.

■ Implement a Red Ribbon Week that focuses on proven, effective prevention strategies. Contact the Health Commissioner for up-to-date information and resources or an outline of how to implement a success Red Ribbon Week or Month.

■ Sponsor events that bring awareness to substance abuse prevention and education (see website for current resources.)

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**Alcohol / Drugs / Tobacco / Inhalants**

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**What’s In Our Air**

More and more our health is being adversely affected by dirty air, pollutants in our water, hazardous substances, and toxic materials in our soil and on our food. Local and state concerns continue to surface regarding asbestos, indoor and outdoor air quality, lead, radon, pesticides, and even inside classroom temperatures.

Inhalation of asbestos fibers has been linked to cancer and to a chronic respiratory disability. Asbestos has been used extensively in the work place and schools for insulation and ceiling tiles.

Outdoor air quality often exceeds recommended Particulate Matter, Ozone, Carbon Monoxide, and Sulfur Dioxide levels which can adversely affect children—particularly along the Wasatch Front, especially affecting children with asthma and respiratory problems. When Health Advisory Days are issued, local schools should be encouraged to keep children indoors and restrict physical activity. See our Health Commission Website, http://www.utahpta.org/health-commission, for resources and check the online air quality of your area at www.cleanair.utah.gov. This website offers a lot of useful information about air quality as well as an option to sign up for alerts when air quality is becoming unhealthy in your area.
Children need to develop a knowledge, understanding and appreciation of the growth and development of their own bodies. Children are curious about physical qualities, growth patterns, heredity, body functions, and their own sexuality.

Utah PTA recognizes that parents are the primary sex educators of their children with schools acting as supporters in communicating this information. These roles, however, are not effective if parents do not take the initial responsibility. Utah PTA encourages parents to provide the basic foundation of information through open communication using resources from libraries and school curriculum.

The USOE core curriculum objectives on physical growth are designed to help a student gain respect for living things and the human body. The elementary curriculum carefully integrates physical qualities with self-esteem. Beginning with grade three, concepts about body systems slowly expand into the broader concepts of physiology on the secondary level. In addition, many districts or PTAs offer maturation programs for older elementary-age students.

**Maturation Programs**

- Search out your own district policy on maturation programs and who is responsible for organizing them. If the program policies elicit controversy, suggest the formation of a standing broad-based committee to determine curriculum content and preview classroom materials. Be certain the curriculum content follows state law and school policy.

- Utah PTA has a maturation program outline available at the Utah PTA office that could be given to speakers as a guide for their presentation.

- Many feminine hygiene companies provide free or low-cost booklets and videos for maturation programs. Preview all materials before ordering or using anything in the classroom. Materials should be ordered in the summer, before the school year begins. If possible, mail related materials to parents before the meeting. Check the PTA office for additional resources.

- Invite parents to attend and receive additional instruction about communication skills and resources on how to talk to their child about sexuality. Organize a sharing library for parental checkout that includes a variety of books, brochures, and films, or assist your local library in purchasing these items. Check the PTA office for additional resources.

- Be aware of the special needs of those who are physically or mentally handicapped, and adapt the program accordingly.
Human Sexuality

Under state school policy, the following cannot be taught:
1. The intricacies of intercourse, sexual stimulations, or erotic behavior
2. The advocacy of homosexuality
3. The advocacy or encouragement of contraceptive methods or devices
4. The advocacy of sexual relations outside of marriage

Informed parental consent is mandated when contraceptive information is a planned part of the curriculum. The Teacher Resource Guide does include a simple discussion about the general medical uses of contraceptives. Unless the teacher plans to leave out the contraceptive information, parents must be informed about the content and must provide a signed consent for their child to receive the information. If a parent chooses to exclude his child from this classroom instruction, the teacher shall provide an appropriate educational alternative. The parents’ decision should be respected by the school, and the child should not be disciplined, punished, or discriminated against in any way.

Possible PTA Activities

- Inform parents on maturation and human sexuality curriculum content through parent meetings or handouts summarizing the major concepts. At the secondary level, encourage administrators to properly follow the informed parental consent process and offer PTA assistance if needed.

- Help parents develop communication skills. Offer workshops and handout material. Provide a checkout system with books and videos through the school or local library. Materials can be checked out from the Utah PTA office.

- Work with health teachers to encourage secondary school curriculum that includes responsible parenthood.

- Encourage parents, places of worship, and community organizations to work together to assist teenagers who have become sexually involved or pregnant. This support could take place through constructive counseling, support systems, and appropriate prenatal care.

- Educate teenagers, parents, and the community at large of the full range of consequences of premarital sexual involvement.

- Write to TV networks and media producers to encourage them to air more programming and public service announcements that deal realistically with the risks and consequences of sexual behavior.

- Support school policies and philosophies that promote quality family living, including premarital abstinence and fidelity after marriage. Human Sexuality
Immunizations

Immunization has been called the most important public health intervention in history, after safe drinking water. It has saved millions of lives over the years and prevented hundreds of millions of cases of disease. None of us wants to see our children get sick. And getting them immunized can protect them from a number of very serious diseases. But did you know that getting your children immunized…

■ ... can also protect their friends, schoolmates, and others from those same diseases? Some children can’t get certain vaccines for medical reasons, or some children are not able to respond to certain vaccines. For these children, the immunity of people around them is their only protection.

■ ... can help protect your grandchildren, their grandchildren, and future generations from diseases? If enough parents fail to get their children immunized, diseases that had been under control can come back to cause epidemics. This has happened in several countries.

■ ... could, ultimately, even help rid the world of diseases that have been crippling and killing children for centuries? Immunization allowed us to eradicate smallpox. Today polio is nearly gone, and in the future measles and other diseases will follow.

How Vaccines Work

When disease germs enter your body, they start to reproduce. Your immune system recognizes these germs as foreign invaders and responds by making proteins called antibodies. These antibodies’ first job is to help destroy the germs that are making you sick. They can’t act fast enough to prevent you from becoming sick, but by eliminating the attacking germs, antibodies help you to get well.

The antibodies’ second job is to protect you from future infections. They remain in your bloodstream, and if the same germs ever try to infect you again—even after many years—they will come to your defense. Now that they are experienced at fighting these particular germs, they can destroy them before they have a chance to make you sick. This is immunity. It is why most people get diseases like measles or chickenpox only once, even though they might be exposed many times during their lifetime. This is a good system for preventing disease. The only drawback is obvious—you have to get sick before you become immune.

Vaccines offer a solution to this problem. They help you develop immunity without getting sick first. Vaccines are made from the same germs (or parts of them) that cause disease—measles vaccine is made from measles virus, for instance, and Haemophilus influenza type B (Hib) vaccine is made from parts of the Hib bacteria. But the germs in vaccines are either killed or weakened so they won’t make you sick.

Vaccines containing these weakened or killed germs are introduced into your body, usually by injection. Your immune system reacts to the vaccine the same as it would if it were being invaded by the disease—by making antibodies. The antibodies destroy the vaccine germs just as they would the disease germs—like a training exercise. Then they stay in your body, giving you immunity. If you are ever exposed to the real disease, the antibodies are there to protect you. Immunizations help your child’s immune system do its work. The child develops protection against future infections, the same as if he or she had been exposed to the natural disease. With vaccines, your child doesn’t have to get sick first to get that protection.
The purpose of immunizations is to prevent disease. Today, children in the United States routinely get vaccines that protect them from thirteen diseases. All of these diseases have, at one time or another, been a serious threat to children in this country. Most of them are now at their lowest levels in history, thanks to years of immunization. Because we don’t see these diseases every day, they might not seem as scary as they used to. Some of them might not even be familiar to many parents. Fifty years ago, for example, measles was one of the most common diseases in the country—virtually every child got it. But today, most parents will never know a child with measles; in fact, most doctors will never see a case.

But measles still infects about 23 million people around the world annually and kills about 480,000 of them. People infected with these diseases can travel to the United States, and we can travel anywhere in the world. A single case of disease will remain a single case if everyone around the infected person is immune. If they are not, a single case can turn into an epidemic. (Centers for Disease Control, National Immunization Program, “Parents Guide to Childhood Immunizations” General Publication).

Parents may have heard rumors about terrible side effects and other complications from immunizations. They may need to be reassured that side effects are rare, and serious complications are extremely rare. Certain people are not eligible to receive immunizations, because of the greater potential for side effects. When parents are better educated, they can discuss with their health care provider as to whether or not side effects are a legitimate concern for them and their children.

In addition to immunizations for childhood diseases, it is a good idea to consider flu shots for certain individuals. It is recommended that everyone over the age of 6 months, who is not allergic to eggs, should get a flu shot every year. Young children, pregnant women, and elderly people are only some of the individuals who should receive an influenza immunization each year. Influenza can be very dangerous for these people, and it is important to prevent exposure to the flu for them.

**Possible PTA Activities**

- Make Immunization Schedules and information available to parents.
- Check with your school nurse about making flu shots available at your school in the fall.
- Organize an awareness campaign to educate parents about immunizations. More information is available from the CDC and the Utah Department of Health. They provide a variety of publications that may help families at your school become more aware and proactive on behalf of their children’s health.
Mental Health

Good mental health is important to be maintained. It becomes more complicated as we recognize that some of the early warning signs of serious disorders are similar to normal behavior patterns of maturing children and youth. Parents need to recognize persistent and recurring warning signs. Examples of warning signs are included here, but more complete information should be communicated to parents. Parents should also be reassured that it is acceptable and responsible to seek professional help . . . especially if they are in doubt. The National Alliance for Mentally Ill (NAMI) Hope for Tomorrow program is a valuable resource for students, parents, and schools.

For more information please visit www.namiut.org

Illnesses and Disorders

Stress is a normal, inevitable part of life. The way one learns to recognize and deal with stress and other related conditions is critical to maintaining an emotionally and physically healthy lifestyle. Stress can affect the immune system, and it has been related to heart disease, stomach disorders, mental illness, depression, suicide, and more. School curriculum begins discussing stress in the second grade, and instruction continues through the secondary level.

Mood Disorders
cover a variety of conditions that are commonly categorized as “depression.” There is a common social stigma associated with these disorders that frequently leads people to believe that they can be overcome with time and patience. Unfortunately, this is not usually the case. It is important to recognize that these disorders are real medical problems that indicate a chemical imbalance in the brain. A person who wishes to overcome depression must receive treatment. Some people with depression can receive relief by eating healthier foods and exercising regularly. Many people need medication in order to feel better. In either case, it’s a good idea to consult with a medical professional in order to obtain an accurate diagnosis. Depression can be caused by many different factors, such as genetics, major physical illness, trauma or stress, or other psychological disorders. Whatever the cause, it is important for parents to realize that they are not the cause of a child’s depression or their own and that they need to get help.

Major Depressive Disorder can create severe disruptions to life, affecting appetite, sleep, work, and relationships. Symptoms can include constant feelings of sadness, irritability, tension, decreased interest or pleasure in usual activities or hobbies, loss of energy, feeling tired despite lack of activity, a change in appetite with significant weight loss or weight gain, a change in sleeping patterns—such as difficulty sleeping, early morning awakening, sleeping too much, restlessness, or feeling slowed down—decreased ability to make decisions or concentrate, feelings of worthlessness, hopelessness, or guilt, and thoughts of suicide or death. Depression is not the same thing as having a bad day or feeling down once in a while. Everyone has days like that. But if a person experiences one or more of these symptoms on an ongoing basis, it is important to seek medical help. Other mood
disorders that should be treated by a medical professional include dysthymia (like major depressive disorder but with milder symptoms), seasonal affective disorder, and postpartum depression.

**Eating Disorders**
can result in serious physical consequences and cannot be taken lightly. Anorexia Nervosa is an intense fear of obesity in spite of weight loss. Bulimia involves recurrent episodes of binge eating and purging via self-induced vomiting, use of laxatives, fasting, or exercise to prevent weight gain. Compulsive overeating is also an eating disorder. Some of the warning signs of eating disorders may include unusual eating behaviors, fatigue, decrease in memory, lack of concentration, poor wound healing, perfectionism, loss of self-esteem, depression, withdrawal, or anxiety. An eating disorder does not typically disappear by itself, and requires professional treatment. School curriculum discusses eating disorders at the sixth-grade level.

**Mental Illnesses**
can be caused by genetic factors, environment, or chemical imbalances, which affect both adults and children. These illnesses are often misunderstood yet treatable disorders. The most common concerns for youth include depression, anxiety, stress, and behavioral and developmental disorders. A few signs include confused thinking, depression, anxiety, use of drugs and alcohol, poor personal hygiene, changes in sleep, appetite, school performance, sexual behavior, and social skills. Early intervention is recommended. Without treatment, chronic disorders can develop which include bipolar disorder, chronic major depression, and schizophrenia. One in ten children in the United States suffers from mental illness severe enough to cause some level of impairment.

**Suicide**
On the Utah PTA website there are several organizations listed where you can get help or support. It is important to inform parents and students of where they can go to get help or report someone that may need help. We encourage all PTA members to know the crises lines available in their area and to promote the statewide app called “SafeUT”

**Attention Deficit Hyperactivity Disorder (ADHD)**
is characterized by chronic difficulties in the areas of inattention, impulsiveness, and over-activity. Individuals with this disorder are believed to display these behaviors early to a degree that is inappropriate for their age or developmental level, and across a wide variety of situations that challenge their capacity to pay attention, inhibit their impulses, and restrain their movements. Once it was thought that ADHD was a disorder that affected children and faded with maturity. Now studies indicate that one-third to two-thirds of ADHD children continue to have symptoms as adults. Proper diagnosis is essential, as many strategies have been developed to aid in the treatment of this disorder. Additionally, many children exhibiting symptoms that were previously diagnosed as ADHD are now being more accurately diagnosed and treated for other disorders, such as fetal alcohol syndrome or autism spectrum disorders.

**Fetal Alcohol Syndrome**
is caused by alcohol consumed by the mother during pregnancy. The affected person may have permanent brain damage, facial deformities, stunted growth, and central nervous system damage, causing among other things learning and behavioral disabilities.

**Fetal Alcohol Effects**
is a less visible manifestation of birth defects in children, also caused by drinking alcohol by the mother during pregnancy. The affected person may have learning disorders, perceptual problems, hyperactivity,
speech and hearing problems, short attention span, and a variety of behavioral problems. The effects of Fetal Alcohol Syndrome and Fetal Alcohol effects are irreversible and last a lifetime.

_Autism Spectrum Disorders (ASD), or Pervasive Developmental Disorders_

range from a severe form, called autistic disorder, to a milder form, Asperger syndrome. If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PDD-NOS). In recent years, autism has become increasingly prevalent, and researchers have developed any number of theories to explain why.

All children with ASD demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms runs the gamut from mild to severe. They will present in each individual child differently. For instance, a child may have little trouble learning to read but exhibit extremely poor social interaction. Each child will display communication, social, and behavioral patterns that are individual but fit into the overall diagnosis of ASD.

Children with ASD do not follow the typical patterns of child development. In some children, hints of future problems may be apparent from birth. In most cases, the problems in communication and social skills become more noticeable as the child lags further behind other children the same age. Some other children start off well enough. Oftentimes between 12 and 36 months old, the differences in the way they react to people and other unusual behaviors become apparent. Some parents report the change as being sudden, and that their children start to reject people, act strangely, and lose language and social skills they had previously acquired. In other cases, there is a plateau, or leveling, of progress so that the difference between the child with autism and other children the same age becomes more noticeable.

There is no single best treatment package for all children with ASD. One point that most professionals agree on is that early intervention is important; another is that most individuals with ASD respond well to highly structured, specialized programs. Parents should be encouraged to consult their medical professional if their child exhibits any of the symptoms of ASD, including failure to babble, point, or make meaningful gestures by one year of age, failure to speak one word by sixteen months, failure to combine two words by two years, failure to respond to own name, loss of language or social skills, poor eye contact, inability to play with toys, excessively lining up toys or other objects, obsessive attachment to one particular toy or object, failure to smile, seeming to be hearing impaired at times. Additionally, children who do not develop the ability to interpret gestures or facial expressions, or who seem to be devoid of natural feelings may be exhibiting symptoms of ASD.

_Tourette Syndrome_

is a neurological disorder that usually begins between ages two and sixteen. The primary characteristics of the disease include motor and/or vocal tics. Previously thought to be rare, the disorder is actually fairly common. The complexity of some symptoms is often perplexing to family members, friends, teachers, and employers who may find it hard to believe that the actions or vocal utterances are not deliberate. Children with Tourette Syndrome often show the presence of behavior and/or learning disorders. Most people with Tourette Syndrome do not need treatment; however, those whose symptoms are severe can be treated with a variety of therapies, so it’s important to seek treatment as early as possible. Most people’s symptoms improve as they mature.
Mental health education program for the school community

The Utah PTA has a partnership with The National Alliance on Mental Illness of Utah (NAMI Utah) that officially supports the Hope for Tomorrow program. This program is a home grown Utah program that was developed by students, PTA representatives, parents, educators and other professionals.

The three goals of this program are:
1. Raise awareness of mental health issues
2. Erase the stigma of mental illness
3. Foster hope among students and their families

The three topics discussed are:
1. Mood disorders
2. Substance use disorders
3. Eating disorders

The three audiences involved are:
1. Students
2. Teachers
3. Parents and the community

This program does not prescribe, heal, or treat. Through education, this program provides an opportunity for adolescents who suffer from undiagnosed, under-treated, or untreated mental illness to learn both when and how to seek appropriate professional help. It also provides teachers, parents and the community with information on signs and symptoms of three potential, life threatening illnesses. Education is empowering—especially when there is collaboration between homes and schools.

The curriculum consists of materials for each topic and each audience. It includes how to set up the program in schools, program materials for each topic, and a DVD presentation for students on each topic.

This program has undergone an evaluation funded by Primary Children’s Medical Center Foundation and the Department of Pediatrics in the School of Medicine at the University of Utah. Students who participated in the Hope for Tomorrow program showed an increase in help-seeking behaviors.

Visit the NAMI Utah website www.namiut.org or call NAMI Utah at 801-323-9900 or toll free 1-877-230-6264 for additional information.
Nutrition and Healthy Living

Nutrition plays an important part in the physical well being of a child. In addition, it can affect psychological and social areas as well. Compelling evidence suggests that a diet high in certain fats and simple carbohydrates dramatically increases the chances of disease later in life. Improper nutrition is also related to obesity, heart disease, diabetes, high blood pressure, and even decreased ability to focus at school. In addition, malnutrition poses serious health risks for children who lack access to nutritional meals.

Possible PTA Activities

- Arrange for classroom presentations where needed.
- Participate in school committees to determine which school food services are needed and to assure nutritional values are properly followed. Support adequate funding.
- Encourage fresh fruits and foods with higher nutritional value in school vending machines.
- Educate parents, teachers, and students regarding the proper use of special diets such as vegetarianism and how to recognize food fads and fallacies.
- Encourage better nutrition instruction and local in-service opportunities for those who are training to become teachers.

Non-Food Rewards

No-Cost Ideas (From the book, You Can Do It! How to Reward and Motivate Kids Without Using Food)

Time

A group of Utah students in the Gold Medal Schools program participated in a survey. They were asked what kinds of things made them want to work harder. Surprisingly, candy was far down on the list! The thing they wanted most? Time spent with a significant adult. The gift of your time can make a tremendous impact on the life of a child. Take a look at these ideas and find some that will work for you, or that can be modified to fit your busy schedule. Not all of them require your time—ask classroom volunteers and school staff and administration to help. It takes a village!

1. Spend recess with your teacher.
2. Take a walk around the school with your teacher or principal.
3. Read a book aloud to your teacher.
4. Have a book read to you by your teacher (or a classroom volunteer).
5. Spend the day (or a given amount of time) with the principal.
6. Play a game with the teacher (or a classroom volunteer).

If your principal is willing, try networking with other teachers to select a group of children that will get to play a game or participate in an activity with the principal once a week as a reward.
Perhaps a small group from different classes could meet in the library to have the principal read a fun picture book to them. This could also work with parent volunteers, or your school librarian.

Some time rewards involve giving your student the opportunity to be on her own.

1. Read a book during class time.
2. Go to the library.
3. Free time on your own.
4. Extra time on the computer.
5. Extra art or craft time.

**Gift Certificates, Passes and Coupons**

These rewards will take some time to create and print up, but once the initial work is done, there won’t be any cost or additional time spent by you. You could even allow a student to do the artwork as a reward! If you choose to offer gift certificates from local businesses, ask parent volunteers to do the legwork and bring in the prizes. Just make sure to set guidelines—a gift certificate for free ice cream or pizza is just a piece of paper, but it ends up as food.

You may also want to make sure that a family won’t have to travel far or spend money in order to redeem their child’s gift certificate.

Many businesses offer a free admission for a child, but the parent has to pay to attend with him. This often ensures that the reward isn’t actually realized.

1. Gift certificates from local businesses could include: skating, movies, bowling, video rentals, zoo, or museums.
2. Hall pass.
3. “Get Out of an Assignment Free” coupon or “Free Homework” pass.
4. “Free Tardy” pass.

**Group Rewards and Incentives**

Encourage teamwork and mutual support among your students by giving them opportunities to earn rewards together.

1. Extra recess.
2. Play a game as a class.
3. Invite a special visitor—community heroes, local authors, high school clubs or performing groups, etc.
4. Hat day or other crazy dress day—everyone gets to come to school in their pajamas.
5. Classroom free time (you can make this as supervised or limited as you like—any variation from scheduled lesson time will be seen as a treat).
6. Have a classroom party that involves games and activities rather than food.
7. If your school has special playground equipment, like parachutes or other items that aren’t usually allowed during recess, check them out and allow the class to play.

8. If your school or classroom has musical instruments like recorders, cymbals, drums, and tambourines, use them to form a classroom marching band and go on parade.

9. Hold math (or other typically indoor subject) outside.

10. Turn up some music and dance.

Responsibility

Children love to be put in charge, or to be given extra responsibilities that indicate their maturity. Finding ways to help your students feel like “grown ups” will motivate even the most reluctant child.

1. Take messages to the office.
2. Choose an activity for the class.
3. Supervise a classroom activity.
4. Work in the lunch room.
5. Lead the class to recess or lunch.
6. Make announcements over the school intercom.
7. Feed the class pet.
8. Go into the classroom of a lower grade to help out.

Lunch

A word of caution: use this reward wisely—it can be interpreted as a food reward, and could contribute to a culture of eating; however, we include it here because time spent eating healthy foods with a respected person can influence the choices a child makes regarding food. In addition, people who are talking while eating tend to eat slower, which is healthier, and let’s face it—you may not have time to sit down with a child and spend time with him other than at lunchtime. If you do offer this as a motivator, please encourage your students to bring healthy foods from home in a sack lunch, or choose healthy options from the school lunch offerings. Please model healthy choices in the food you eat in front of your students as well.

1. Eat lunch with a teacher.
2. Eat lunch with the principal.
3. Eat lunch with a cop or other community hero.
4. Participate in a lunch time book club, chess club, or other activity conducive to eating.

Other Ideas

1. 1. Your photo on an “Honor” or “Classroom Hero” board.
2. 2. Receive a note of recognition in the mail from your teacher or principal.
3. 3. Sit with your friends during class.
4. 4. Receive words of appreciation and respect from your teacher or principal.
Low-Cost Ideas

Consider opening a classroom store. Children can “purchase” items from the store with pretend money they have earned as rewards, or they can build up store credit. (This is a great way to teach children about money and budgeting as well.) You can ask students and/or parents to donate small items at the beginning of the year to help stock your store. Offer guidelines—prizes that encourage physical activity, creativity, or mental stimulation are to be preferred.

Drawings are also a good way to reward and motivate. Buy a large roll of tickets to hand out to students who have accomplished good things, or simply enter the names into a jar. Collect small prize items and hold your drawing at set times during the year—once a week, once a month, or once a quarter. You can make sure each student receives a small prize, or the opportunity to be included in the drawing for a single larger item can be considered the reward. If you choose to hold a drawing for a larger, more expensive item, ask parent volunteers to do the legwork and solicit local businesses to contribute.

Contact the person in charge of your school book fair or other fund raiser. Many times the company will offer books as prizes for students, or parents can contribute to a classroom book “wish list” when they come in to shop.

If your school has a store or fund raiser selling school spirit items such as t-shirts, pencils, or water bottles, ask if they can offer you a few items for your store or drawing for free or at cost. This is another area where you can ask parents to donate. Other items to include in your store or drawing might include:

<table>
<thead>
<tr>
<th>Sidewalk chalk</th>
<th>Jacks</th>
<th>Notebooks</th>
<th>Yo-yos</th>
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<tr>
<td>Crayons</td>
<td>Pencils</td>
<td>Glitter glue</td>
<td>Bubbles</td>
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<tr>
<td>Jump ropes</td>
<td>Erasers</td>
<td>Paddle balls</td>
<td>Pencil toppers</td>
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<tr>
<td>Balls</td>
<td>Fancy pens</td>
<td>Key chains</td>
<td>Novelty rings (spiders)</td>
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<tr>
<td>Hats</td>
<td>Jewelry</td>
<td>Rubber stamps</td>
<td>Card games (Old Maid, Go Fish)</td>
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<tr>
<td>Frisbees</td>
<td>Play-doh</td>
<td>Rulers</td>
<td>Seeds, soil, and pot for growing</td>
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<td>Stickers</td>
<td>Water bottles</td>
<td>Bookmarks</td>
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<tr>
<td>Fancy soaps</td>
<td>Lanyards</td>
<td>Coloring books</td>
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<td>Lotions</td>
<td>Colored markers</td>
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Personal Care and Hygiene

Proper care of teeth, eyes, ears, nose, skin, and hair have physical as well as social implications. The USOE core curriculum objectives cover dental hygiene in grades K-6. Eye, ear, nose, and skin care concepts are introduced in Kindergarten and first grade. Posture and general hygiene related to puberty are emphasized in grades 4-6. Many teachers will invite health professionals to make presentations about these specific subjects in their classrooms. School nurses are also excellent resources.

Possible PTA Activities

- Educate parents and students about the importance of regular exams, including eye and dental care.
- Consult with classroom teachers. Assist with classroom presentations when necessary. Arrange for health presenters. Make certain presentations relate to appropriate grade-level concepts that are included in the core objectives.
■ Contact your school nurse or district personnel concerning policies, procedures, and schedules of school screening programs. Provide volunteers where needed.
■ Include demonstrations in a school health fair and publish articles in newsletters.
■ In cooperation with the school, involve students in one or more of the following:
  ▪ producing a video for an assembly
  ▪ organizing a poster contest
  ▪ designing coloring sheets
  ▪ writing commercials on personal grooming, including tips, in school public service announcements
■ If head lice are detected in your school, don’t panic! Assure parents that this is a common problem that can happen to anyone and that the school is addressing the problem. Follow the procedures for lice screening and prevention.
■ Encourage a school policy on head lice that is sensitive to the feelings of children as well as the protection of other students and teachers.
■ Encourage regular head lice checks at home to catch any problems quickly.

Physical Disease / Disorders

In spite of personal health care, children are potential victims of chronic disease and many physical disorders. Cancer, diabetes, epilepsy, asthma, and cystic fibrosis are but a few serious illnesses that can threaten the lives of children. Parents and teachers should be encouraged to tune in to physical signals that may be observed in their children or students, and to be aware of the Air Quality Index (AQI). Regular physical exams are also helpful detectors of serious conditions and are recommended in grades K, 3, 7, and 10.

The rising cost of health insurance has seen a dramatic increase in numbers of families who are not able to obtain regular medical care. Many families are forced to use their hospital Emergency Room as their primary health care provider. The Children’s Health Insurance Pool (CHIP) was created to provide low-cost opportunities for families to obtain health insurance for their children. This program always accepts applicants, it never closes. Go to this website: www.health.utah.gov/chip to apply. On that website, you can see if you qualify for CHIP. Go to Frequently Asked Questions (FAQ).

Asthma

For several health issues, simple screening procedures at school can detect physical problems that can be treated successfully if caught early. Approved screenings vary from district to district as well as the procedure and individuals who are in charge. Contact your school health professional for specific instructions. If additional help is necessary, contact the Utah Department of Health, State School Nurse Consultant Office.

Asthma is a chronic condition that obstructs airflow, but the obstruction is reversible. It involves difficulty breathing due to inflammation (swelling), mucus in the airways, and tightening of muscles around the airways. An asthma attack can sometimes turn deadly if medications are not readily available. Asthma is one of the ten leading chronic conditions that restrict activity and is a leading cause of missed school days in the United States. Specific risk factors create greater challenges for those with asthma. Environmental (indoor and outdoor), genetic (family history), societal (social, cultural, economic), and behavioral (smoking, exercise, pets, lifestyle) risk factors are all areas that can complicate asthma management. Such risk factors can lead to limitations in daily activities compared to those who do not experience symptoms of asthma.

Reducing the burden of many chronic diseases may be aided by policy or legislative changes. Behaviors
have been changed and lives have been saved as a result of such action. Well-known examples include inhaler laws allowing students to carry medications at school and the enactment of the Utah Indoor Clean Air Act. Some of the most important policies affecting health are developed at the local level and in private sector organizations, such as outdoor smoking policies and school policies on inhalers.

When a child is missing school often because of respiratory problems, it is important to see a doctor. The child may have asthma. When a child has been diagnosed with asthma, it is important that the child, parents, and the child’s school have the necessary training to manage it correctly. An asthma action plan should be developed for students and families. An asthma action plan can be found on the asthma program website. It is usually developed between the patient (and family) and the health care provider and then shared with the school nurse.

Parents should be aware of existing resources through the Utah Department of Health and the Utah Lung Association to ensure school age children with asthma receive appropriate care (i.e., Utah School Resource Manual Training, Winning with Asthma, Open Airways, Asthma Camp, and Tools for Schools). Families of children with asthma can learn how to communicate with their child’s health care provider about their child’s asthma. For more information see this website: www.health.utah.gov/asthma.

Physical Fitness

Research supports the fact that people who exercise regularly feel better, have more energy, reduce stress, lose weight, improve muscular strength and flexibility, and have better thinking processes. Sustained exercise improves the efficiency of the heart and lowers the risk of heart disease. Physical education programs should promote lifetime habits of vigorous exercise. Both National PTA and Utah PTA have taken positions supporting daily physical exercise.

Possible PTA Activities

■ Encourage your district to hire trained P.E. specialists where possible, or to use team teaching approaches to offer quality P.E. instruction. If necessary, organize trained volunteers.
■ Encourage twenty to thirty minutes of physical activity during the school day at least three times per week (grades K-6).
■ Encourage your school and district to develop a policy that prohibits restricting recess or lunchtime as a punitive measure.
■ Support and encourage fitness award programs. Some programs have been modified to include students with disabilities.
■ Help your school sponsor a sporting or fitness event such as a 5K run.
■ Organize and promote a bike or walk to school event.
■ Be involved in community programs that involve entire families in physical fitness programs.
■ Encourage parents to engage in physical activity with their children.
Encourage parents to buy traditional toys that require physical involvement such as balls, jump ropes, skates, rope swings, jungle gyms, etc. Distribute a list of active toys in newsletters, parent meetings, etc.

Encourage secondary schools to offer P.E. for the full year as an elective.

**School Nurses, Counselors, Social Workers, and Psychologists**

Utah has experienced school enrollment increases over the past decade while the ration of school nurses, counselor, social workers and psychologists has steadily declined. This has become particularly critical in large metropolitan areas. These professions play a crucial role in children’s primary and preventive health care, as they can take the lead in early detection and correction of many physical and mental health problems.

Utah PTA has supported legislation to reduce the school nurse/student and school counselor/student ratios to provide adequate physical and mental health support systems in the school setting.

**Suggested PTA Activities**

- Encourage local schools to utilize or develop a standardized school health file for each child and include in “Back to School” packets.

- Encourage local schools to have at least three staff members trained in CPR and first aid.

- Encourage local districts to collaborate with local health departments to fund additional school nurses and counselors where needed.

- Contact and work with district school nurses and counselors to address individual school needs.

- Check first aid kits to update supplies.

- Check classroom emergency kits to update supplies.

**School Wellness Policy**

As of July 2006, each school district receiving funding for their school lunch programs is mandated by federal law to have a School Wellness Policy in place. The intent is that the policy will help Americans begin to make healthier choices by becoming more aware of the benefits of healthy eating, exercise, screenings, and other healthy lifestyle choices.

There are few absolutes for the policies; it is hoped that by developing and implementing them on a district level, local schools will have the ability to address their specific health needs; and that by setting their own goals, stakeholders will become more invested.
School districts are required to set goals for nutrition education, physical activity, campus food provision, and other school-based activities designed to promote student wellness. Additionally, districts are required to involve a broad group of individuals (including parents) in policy development and to have a plan for measuring policy implementation.

Now that the policies are in place, implementation is the next step, and if you were not involved in the development of your district policy, you can still influence its success at this stage.

First, find and read your district’s School Wellness Policy. It can usually be found on the district Website (you may have to look carefully). If you don’t find one, there is a chance your district did not develop a policy. Very few Utah school districts did not. Call them to find out if a policy exists and where you can get a copy. Most of the existing policies are short, and all of them are easy to understand.

Next, take a look at the policy with your local PTA board or members of your Commission. Ask yourselves the following questions:

- Does our Wellness Policy address the needs of our students?
- Is it being implemented in our school?
- How can we be involved in making sure our students receive the benefits of implementation of this policy?

If your school hasn’t taken steps to implement your policy, make sure your principal is aware of its existence and knows what he or she needs to be working on. Despite the fact that they are mandated by law, School Wellness Policies have not received very much direction in their development and have received no funding. Additionally, there are currently no significant consequences for failure to implement the policies. In many schools, PTA has taken the lead in bringing the policy forward, because parents understand the serious consequences of failure to pay close attention to the overall wellness of children and families.

If your school is working on implementation of your policy, ask your principal what PTA can do to raise awareness and help. If not, choose one or two aspects of the policy that you feel would benefit your school the most, and discuss the possibility of working on them with the cooperation of school administration, faculty, and staff. If your school district does not have a policy, or if you feel the policy is weak, there are still ways to get involved. Because evaluation and policy maintenance are important aspects of the overall law, your district will need to revisit their policy from time to time. Contact your local school board and request to be part of the evaluation process or to participate in the writing/rewriting of your policy.

One of the most important things you can do to increase the effectiveness of your School Wellness Policy is to make parents aware of its existence. Publish information about your policy and current implementation activities in your school newsletter. Encourage parents to read the policy and make your principal and school board aware of concerns they may have.

**School Health Councils**

Experience shows that when schools, parents, and community partners are involved working together, healthy environments are developed and critical issues are successfully addressed. One effective way to promote this partnership is to start a School Health Council.
The Council is made up of a broad cross-section of parents, business and community leaders, and school staff. The Council facilitates communication and problem solving about health-related issues of children and youth. Schools often convene councils, and many suggested actions occur within the schools. But many activities require the participation and expertise of the whole community and may be based outside of the school buildings. Each council develops its own unique agenda, which reflects that community’s concerns, values, and resources.

As the PTA Health Commissioner for your local school, you are in a key position—with access to other PTA members and members of the community who have knowledge, information, and expertise in the health field to build support, and develop an action plan for your school children’s health.

There is no single right way to form a Health Council and promote positive change for the health of children and youth. Nor is there a “cookbook” approach for implementing comprehensive school health policy. Parents, schools, and communities must work together to turn needs, resources, and desires into a solid plan.

**Screenings**

Eyes. Amblyopia (lazy eye) and near and far sightedness are common physical problems among school children. Eye exams should be included in pre-kindergarten physicals. Squinting or headaches are often key indicators of eye problems. School screenings are suggested in grades K-6. The Utah State Office of Rehabilitation (Division of Services for the Blind and Visually Impaired) can also provide supplies and training for volunteers.

Scoliosis. Lateral curvature of the spine can be a crippling disease. This disease is far easier to treat if detected early in the preteen years. Clues may include pain in shoulders, hips, or back. Screening is recommended in grades 7 or 8, or at the beginning of puberty.

Ears/Speech. Hearing and speech disorders often have direct relationships to communication, interpersonal relationships, and negative behavior patterns in school. A child with repeated ear infections or one who does not respond to verbal instructions should be evaluated. Many doctors will conduct a hearing test for a pre-school checkup. Many districts also use personnel to screen hearing/speech in the lower grades.

**Possible PTA Activities:**

- Help educate parents and teachers about possible acute and chronic childhood diseases and ways to recognize signs of common physical disorders. Sponsor a health fair that incorporates these areas. Pamphlets are available for distribution from the school nurse, health department, and other health groups and community resources.

- Encourage doctors to include screening for the above-mentioned disorders in regular physical exams.

- Obtain a copy of district screening policies and procedures. Keep it with this handbook.

- Utilize health professionals in implementation of screening in consultation with school district health personnel. The school nurse or health professional should train ALL volunteers in screening procedures.
Follow parental consent requirements, which may vary between districts.

Where possible, connect related screenings together to minimize time taken away from classroom instructions.

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**Suicide Prevention**

Utah’s suicide rate has consistently been higher than the U.S. average. Utah’s suicide rate for 2012-2014 was the 8th highest in the nation. The average of all youth suicide attempts, ages 10-17 years, for Utah is 13%. Two youths everyday are treated for suicide attempts in Utah. In 2014, the suicide rate was 8.5% per 100,000 in populations between the ages 10-17.

There are many factors that put children at risk for suicide attempts but cannot be attributed to a single cause and event. Approximately 90% of people who die by suicide have a diagnosable mental health or substance abuse disorder.

**Risk Factors**

- Alcohol or drug abuse
- Diagnosable mental health disorder
- Easy access to lethal methods like firearms or pills
- Family history of suicide or violence
- Lack of social support
- Loss of family member or friend—especially by suicide
- Physical health problems like chronic pain or traumatic brain injury
- Relationship or school problems
- Stressful life event or loss

Other factors include students with 3 or more hours a day of non-school related screen time. Those who do are twice as likely to consider suicide.

Bullying is, also, a key factor in deaths by suicide. Youth bullied by their peers at least once during the past year are 4.2 times more likely to consider suicide. Those bullied at school or online at least once during the year are at 5.8 times higher risk.

42.8% of our LGBT children have seriously considered suicide nationally. This was in comparison to 14.8% of heterosexual students.
Possible PTA Activities

- Help plan suicide prevention activities (see website for several ideas)
- Work with the school, teachers and PTA to organize a HOPE squad at your school.
- Promote classes and encourage counselors, teachers and other members of the community to become certified in working with suicide issues.
- Promote and educate students and parents with crises line information and the “SafeUT” app.
What are the National Standards?

The National Standards for Family-School Partnerships are voluntary guidelines to strengthen parent and family involvement on behalf of children in schools and other programs. The six standards and their quality indicators provide PTAs, schools, and communities with the components that are needed for highly effective family-school involvement programs.

PTA leaders and all those interested in more effective family/school/community connections will find the National Standards for Family-School Partnerships to be a valuable resource and catalyst for action.

1. **Welcoming All Families Into The School Community**
   Families are active participants in the life of the school and feel welcomed, valued and connected to each other, to school staff and to what students are learning and doing in class.

2. **Communicating Effectively**
   Families and school staff engage in regular, two-way and meaningful communication about student learning.

3. **Supporting Student Success**
   Families and school staff continuously collaborate to support students’ learning and healthy development, both at home and at school and have regular opportunities that will support their success.

4. **Speaking Up For Every Child**
   Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.

5. **Sharing Power**
   Families and school staff are equal partners in decisions that affect children and families and together inform, influence and create policies, practices and programs.

6. **Collaborating With Community**
   Families and school staff collaborate with community members to connect students, families and staff to expand learning opportunities, community services and civic participation.

**Background**

Our nation acknowledged the important role of parent involvement through its enactment of the 8th National Education Goal:

Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children.

Utah PTA supports this goal. The standards were designed to raise the level of expectation about how family-school involvement programs can improve student achievement and life success by engaging families in true partnership with educators and community leaders.

**How Were the Standards Developed?**

The standards were developed by the National PTA in collaboration with parent involvement researchers and other national leaders. They are endorsed by more than 30 professional education and family-school...
involvement organizations. The standards clearly delineate those practices that have been shown to lead to success and high-quality parent involvement programs. The standards were developed to be a practical tool for meeting the threefold purpose of the national standards which is:

1. To promote meaningful parent and family participation
2. To raise awareness regarding the components of effective programs
3. To provide guidelines for schools that wish to improve their programs

How Can My PTA Use These Standards?
Before you begin to develop new or improve on existing family-school involvement programs, form a committee or action team including all of the stakeholders—parents, teachers, administrators, support staff and community leaders. Be sure everyone involved understands the group’s purpose: to recognize the importance of parent and family involvement, review the standards, look broadly at current programs or practices at your school and make recommendations about what steps are needed to initiate positive change.

Developing genuine collaboration is critical. The views of all stakeholders should be considered and valued and no one group should control the outcomes. Establishing trust and a true partnership will take time, but the extra effort is well worth the lasting benefits that can be gained. Meaningful change requires thoughtful, incremental steps. Laying a solid foundation can make all the difference in the final outcomes and success of your programs.

Creating an Action Plan
When parents, educators and community leaders make parent involvement a mutual goal, they can begin to work together as a team to create an action plan for reaching and maintaining the standards. Give each step adequate attention to ensure the overall effectiveness of your plan. Set realistic and achievable goals. Remember: Success Breeds Success. Accomplishing obtainable goals and then setting additional ones works better than reaching too high and trying to achieve too much in the beginning.

When implementing your action plan, consider local needs, priorities and the demographics of your school and community. Involve those who will be instrumental in carrying out the plan to help develop the steps or procedures to implement it. This uses a bottom-up rather than top-down team approach which allows for greater support and cooperation from everyone involved.

Family involvement should not be seen as an “add-on” program feature, but rather as an essential component in the ongoing goal of improved student success. In order to be most effective, the family-school involvement plan should be fully integrated into the overall school or program improvement process.

Making Progress
Once the groundwork is laid and all stakeholders understand the value of the partnership, then redefining, reshaping and “scaling up” planned activities and goals maintains the momentum of program change. As noted, family involvement is a process, not merely a series of “one shot” activities or plans carried out and then retired. It is crucial that the standards be implemented in an ongoing pattern of planning, action and evaluation on a consistent basis. Each measurable success fosters a pattern of continual, meaningful partnership.
Key Points To Remember

Positive Approach
Take a positive approach and build on the commendable practices that already exist in your school or programs. Accommodate diverse populations. Consider the needs of all families and plan meetings and structure activities to best involve everyone.

Involve All
Involve all the stakeholders—parents, teachers, administrators, support staff and community members. Enlist the full participation of those who will implement the program or activity to help design the action plan prior to launching the program.

Provide Training
Involve school or program support staff, as well as educators and administrators, in the process. Provide program training for parents, staff and administrators as needed to implement the action plan.

Offer Assistance
Offer PTA assistance. Encourage your PTA members to work closely with the school or program administrators to be an effective team model for implementing the action plan and facilitating family-school involvement.

Reinforce
Reinforce the truth that family and community involvement is more than fundraising or collecting donations for projects and activities.
Why be a PTA School?

Utah PTA:
Is the largest volunteer child advocacy organization in Utah with over 685 local units and councils. Utah PTA is a partnership between parents, educators, students, and individuals who want to make a difference in the life of a child. Members of Utah PTA are also affiliated with millions of members of National PTA, an association that is actively involved in promoting activities and legislation that support the nation’s public school children.

Supports many of the National PTA programs and legislative efforts as they relate to the welfare of Utah’s public school children.

Participates in numerous committees, coalitions, conferences, summits, and programs for children and youth.

Holds an annual Leadership Convention to train PTA leaders across the state as well as an annual PTA Day at the Capitol and Advocacy Conference to bring important grassroots issues to the membership.

Provides valuable parent information through leadership trainings, various handbooks and emails. Utah PTA has programs for children and youth, including Reflections, Hope for Tomorrow, Battle of the Bands, PTA Take Your Family to School Week, Teen Dating Violence Awareness and Prevention Week and more.

The backbone is the organization of diverse volunteer members who donated millions of hours to benefit the children in local public schools.

Advocates for all children in schools and districts, and by following bills that are supported by Utah PTA resolutions that originate from the grass roots—their members.

Is the watchdog for Trust Lands money, making sure the monies keep flowing to the local schools and that all uses of the land benefit the children of Utah.

Supports all public schools, including public charter schools.

When a school forms a PTA, it becomes a member of the largest child advocacy group in Utah and the United States, and will:
- Be under the umbrella of the Utah PTA’s 501(c)(3). They will be issued an EIN for banking purposes and IRS filings and a PTA Unit ID Number from National PTA.
- Have bylaws that govern them.
- Have only one agenda—the children.
- Have the support of Utah PTA and National PTA.
- Have researched resources and handbooks from Utah PTA.
- Have the opportunity for their children to participate in the Reflections program.
- Have the opportunity to participate in PTA Awards and any PTA programs.
- Have leadership trainings.
- Receive regular communication from council, region, and Utah PTA.
- Have a member-to-member parent information base with National PTA.
- Have a larger voice on issues that face their school—every child.one voice.
- Have regular information about upcoming events, conferences, and legislative issues, education, health, and safety issues through emails, and Utah PTA website: www.utahpta.org.

A Local PTA organization is a viable, involved association within every community that seeks to benefit the education, safety, and welfare of children and youth. Local businesses, organizations, school community, and community leaders work together with PTA to develop common bonds that further local values and goals that strengthen family, school, and community.
**Utah PTA Facts**

**History:** Utah PTA joined National PTA in 1925. Utah PTA is the largest child advocacy and volunteer association in the state. National PTA was established more than 100 years ago to address children’s issues.

**Membership:** Being the largest advocacy association in Utah, more than 80,000 individuals volunteer and participate in 628 Local and Council PTAs within the state.

**Organization:** Utah is divided into 21 geographic PTA regions, each served by a Region Director. In large districts, the Region Director works with area Councils. The Council President then works with the local school PTA President. In rural areas, two or more school districts are under one Region Director. Local PTA Presidents meet on a regular basis throughout the school year with Council Presidents/Region Directors. Presidents-elect and Principals may also be included in these meetings. Local PTAs also meet on a regular basis throughout the year in Executive Committee and Board meetings and work with administrators, teachers, staff, parents, and students.

**Affiliation:** Utah PTA is an affiliate of the National PTA. National PTA is composed of 54 state congresses and more than 20,000 local units in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico and the Department of Defense Schools in Europe. State PTAs are the liaison between the local PTA and National PTA, helping each to function effectively and to support and sustain the other. PTAs at the local level are valuable assets to their school communities by providing educational and parent involvement information, resources, events, and activities.

**Parental Involvement:** In 2018, Utah PTA volunteers reported 1,329,786 hours of service to Utah’s children in their local public schools. If this volunteer service were translated into monetary value, it would be worth $37,951,307.13!

**Important Information**

Utah PTA also has an exemption from sales tax from the Utah State Tax Commission. State law requires every PTA to pay sales tax on purchases under $1,000 and then request a refund. Utah PTA has established a procedure for applying for the refund. See the Financial section. Contact the Utah PTA Treasurer for more information.

**National and Utah PTA Programs**
- Reflections
- Healthy Lifestyles
- School of Excellence
- Take Your Family to School Week
- Teacher Appreciation

**Utah PTA Programs**
- Battle of the Bands (PTSA)
- Ribbon Week
- Hope for Tomorrow, with NAMI Utah
- Healthy Relationships (PTSA)

**Conferences and Trainings**
- Advocacy Conference (October)
- PTA Day at the Capitol (February)
- Leadership Convention (May)
- PTSA Student Leadership Conference (May)

**Utah PTA Awards and Grants**
- Utah PTA Awards
- LEAP Award
- Membership Awards
- Arts Education Fund Grant

**Special PTA State Committees**
- Special Needs

**Positions included in Commissions**
- Diversity & Inclusivity
- Male Involvement
- Military Families
According to the PTA bylaws, all meetings shall be governed by Robert’s Rules of Order Newly Revised. In addition, all Board members shall:

- Abide by all PTA rules and meet all PTA deadlines.
- Ensure that the PTA database information (names, addresses, etc.) be for use of PTA Board members only. The confidentiality of hard copies and electronic copies shall be protected.
- Attend all Board meetings and applicable Executive Committee meetings.
- Notify the President as soon as possible if an emergency occurs and they are unable to attend a scheduled PTA meeting.
- Arrive on time and remain to the conclusion of the meeting except in cases of individual emergencies.
- Begin all meetings on time.
- Be allowed a 10-minute break every two hours, returning promptly.
- Remain in a meeting while in session.
- Hold all but emergency calls. Leave the room to answer a call.
- Turn all cell phones to off or vibrate.
- Complete preparation before or after meetings, not during meetings.
- Refrain from holding side conversations.
- Direct all comments and questions through the chair.
- Maintain professional courtesy at all times, including being supportive rather than judgmental, respecting differences of opinion, and listening to others’ ideas without prejudice.
- Give feedback directly and openly in a timely fashion.
- Acknowledge problems and deal with them as they arise.
- Be prepared to present agenda items in a concise manner and focus on tasks and the process and not on personalities or hidden agendas.
- Obtain missed information during breaks out of consideration of others.
- Adjourn at the scheduled time, as per the printed agenda.
- Dress to match the dress of those also attending a meeting when representing PTA.
- Wear name badges when representing PTA.
- Notify President of address, phone number, and email changes as soon as possible.
- Stay at home out of consideration for the health of others if ill and possibly contagious.

Be A PTA Professional

Bylaws must be renewed every three years. Check the red stamp at the top right of the first page of your bylaws. This date will show if your bylaws are current or need to be renewed.

Found on the front page of your local PTA bylaws:
- Your PTA Unit ID Number needs to go on your membership remittance form and cards and Reflections entries. It is your PTA identification number, as assigned by National PTA.
- Your EIN (Employer Identification Number) is needed for all IRS filings and the PTA’s bank account. It is your IRS identification number.
Children Learn What They Live

If children live with ...

... Tolerance
they learn to be patient

... Encouragement
they learn confidence

... Praise
they learn to appreciate

... Fairness
they learn justice

... Security
they learn to have faith

... Approval
they learn to like themselves

... Acceptance and
Friendship
they learn to find love in the world

... Criticism
they learn to condemn

... Hostility
they learn to fight

... Ridicule
they learn to be shy

... Shame
they learn to feel guilty
Resources

5192 S. Greenpine Drive, Salt Lake City, UT  84123
Telephone: (801) 261-3100  •  Fax: (801) 261-3110
kids@utahpta.org

www.UtahPTA.org

Monday - Thursday
9:00 to 3:00
Closed Friday
Closed holidays - Please call before you come to ensure office is open.

Utah PTA

Facebook
Facebook Groups that you can join:
Utah PTA
Utah PTA Super Secondary
Utah PTA Excellent Elementary
Treasurers
Reflections
Community Council

Pinterest
Utah PTA - www.utahpta.org

YouTube
Utah PTA One Voice

Instagram
Utahpta

Follow Utah PTA

Twitter
@UtahPTAOneVoice

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