



TEXAS

STATE PROFILE

At the heart of the Action for Healthy Kids Initiative are state teams composed of individuals who are committed to improving the nutrition and fitness of our nation's children. To help these state teams understand the challenges they face, State Profiles providing important background information and data on nutrition and fitness have been developed for every state, the District of Columbia, and the nation.

While there are numerous activities happening in local school districts and cities, the Profiles were limited to national and state-level data.

Each Profile contains the following:

1. **School Demographics:** Numbers of students, ethnic breakdown of the students, number of school buildings, teachers, districts, and building and district staff.
2. **Health Behaviors and Risks:** If available for the state, this section will contain overweight/obesity rates, nutrition/dietary and physical activity behaviors and risks.
3. **Oral Health Data:** Because oral health data are not collected regularly across all states and the District of Columbia, national data are provided in both the National and State Profiles.
4. **School Food Programs & Hunger:** Percentages of food insecurity and participation levels in the school breakfast and lunch programs.
5. **National 2000 Income Demographics:** Per capita income and unemployment and poverty rates.
6. **Legislation:** Links and information about statutes pertaining to nutrition and fitness.
7. **Policies:** Information about policies on food and physical education/activity in the schools.
8. **Standards and Assessment:** National/state-specific standards and graduation requirements. This section also describes types of assessment projects with which states are currently involved.
9. **State Priorities:** In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrition coordinators, etc.) during the 2002 summer period. This section has their responses.
10. **Resources:** Contains all data sources and notes for information shared in profiles.

National and State profiles are available for public view and use at
www.ActionForHealthyKids.org.

1) TX SCHOOL STATISTICS

| PUBLIC | | | |
|---------------------------------------------------|-------------------------------|------------------------------|-----------------------------|
| DATA CATEGORY | ELEMENTARY^F | SECONDARY^G | UNGRADED^D |
| a) Total Students | 2,150,506 ⁵ | 1,703,042 ⁵ | N/A ⁵ |
| <i>1. American Indian/Alaskan Native students</i> | 6,412 ⁵ | 4,453 ⁵ | N/A ⁵ |
| <i>2. Asian/Pacific Islander students</i> | 53,052 ⁵ | 46,574 ⁵ | N/A ⁵ |
| <i>3. Hispanic students</i> | 879,681 ⁵ | 617,716 ⁵ | N/A ⁵ |
| <i>4. Black, Non-Hispanic students</i> | 312,753 ⁵ | 240,154 ⁵ | N/A ⁵ |
| <i>5. White, Non-Hispanic students</i> | 898,608 ⁵ | 794,144 ⁵ | N/A ⁵ |
| b) School Buildings | 4,821 ⁶ | 1,529 ⁶ | ---- |
| c) Teachers | 125,935 ⁵ | 98,495 ⁵ | 39,167 ⁵ |

d) Total Number of Students in Public Schools: 3,853,548⁵

e) Number of Public School Districts: 1,041⁶

f) Number of Public School Building^H Staff: 250,089⁵

g) Number of Public School District^I Staff: 5,924⁵

| PRIVATE | | | |
|---------------------------------------------------|-------------------------------|------------------------------|-----------------------------|
| DATA CATEGORY | ELEMENTARY^F | SECONDARY^G | COMBINED^E |
| h) Total Students | 110,544 ⁴ | 20,977 ⁴ | 96,125 ⁴ |
| <i>1. American Indian/Alaskan Native students</i> | 213 ⁴ | 43 ⁴ | 329 ⁴ |
| <i>2. Asian/Pacific Islander students</i> | 4,447 ⁴ | 662 ⁴ | 3,823 ⁴ |
| <i>3. Hispanic students</i> | 30,107 ⁴ | 6,386 ⁴ | 12,664 ⁴ |
| <i>4. Black, Non-Hispanic students</i> | 8,834 ⁴ | 1,072 ⁴ | 7,178 ⁴ |
| <i>5. White, Non-Hispanic students</i> | 66,943 ⁴ | 12,814 ⁴ | 72,130 ⁴ |
| i) School Buildings | 772 ⁴ | 83 ⁴ | 426 ⁴ |
| j) Teachers | 9,031 ⁴ | 1,791 ⁴ | 8,956 ⁴ |

k) Total Number of Students in Private Schools: 227,646⁴

2) TX HEALTH BEHAVIORS AND RISKS^{M, N}

| Data Category | Texas | National |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| a) Percentage of students in grades 9-12 who are overweight | 14.2% (weighted data) ¹² | 10.5% (weighted data) ¹² |
| b) Percentage of students who in grades 9-12 described themselves as slightly or very overweight | 31.2% (weighted data) ¹² | 29.3% (weighted data) ¹² |
| c) Percentage of adults who are obese | 23.1% (weighted data) ¹³ | 20.1% (weighted data) ¹³ |
| d) Percentage of students in grades 9-12 who ate five or more servings of fruit and vegetables per day during the past seven days | 19.9% (weighted data) ¹² | 21.5% (weighted data) ¹² |
| e) Percentage of students in grades 9-12 who drank three or more glasses or milk per day during the past seven days | 14.3% (weighted data) ¹² | 16.4% (weighted data) ¹² |
| f) Percentage of students in grades 9-12 who attended physical education class daily | 32.9% (weighted data) ¹² | 32.2% (weighted data) ¹² |
| g) Percentage of students in grades 9-12 who attended physical education class one or more days during an average school week | 48.0% (weighted data) ¹² | 51.7% (weighted data) ¹² |
| h) Percentage of students in grades 9-12 who participated in no vigorous or moderate physical activity during the past seven days | 10.8% (weighted data) ¹² | 9.5% (weighted data) ¹² |
| i) Percentage of students in grades 9-12 who did not participate in at least 20 minutes of vigorous physical activity on three or more of the past seven days and did not do at least 30 minutes of moderate physical activity on five or more of the past seven days | 34.3% (weighted data) ¹² | 31.2% (weighted data) ¹² |

3) ORAL HEALTH DATA

Note: State-by-state oral health surveillance data for children are not available.

Dental decay is one of the most common chronic infectious diseases among U.S. children. This preventable health problem begins early: 17% of children aged 2-4 years have already had decay. By the age of 8, approximately 52% of children have experienced decay, and by the age of 17, dental decay affects 78% of children. Among low-income children, almost 50% of tooth decay remains untreated, and may result in pain, dysfunction, underweight, and poor appearance - problems that can greatly reduce a child's capacity to succeed in the educational environment.¹⁵

For more information, please visit <http://www.cdc.gov/OralHealth/> for general information and a link to the National Oral Health Surveillance System and <http://sgreports.nlm.nih.gov/NN/B/B/J/T/segments.html> to review the Surgeon General's Report on Oral Health in America (2000).

4) TX SCHOOL FOOD PROGRAMS & HUNGER⁷

- a) 12.4% of all households in TX are food insecure^j with or without hunger
(National: 9.2%)
- b) 4.2% of all households in TX are food insecure with hunger
(National: 3.1%)

| DATA CATEGORY | BREAKFAST | | LUNCH | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|------------|
| | Texas | National | Texas | National |
| c) Students participating daily in the free and reduced-price program | 876,000 | 6, 519,793 | 1,673,043 | 15,249,652 |
| d) Students participating in the paid program | 162,470 | 1,363,809 | 834,544 | 11,873,767 |
| e) Total number of students participating (free and reduced + paid) | 1,038,470 | 7,883,602 | 2,507,587 | 27,123,419 |
| f) Of the students participating in the meal program, what is the percentage who are enrolled in the free and reduced-price program? | 84.4% | 82.7% | 66.7% | 56.2% |

- g) Ratio of students receiving free or reduced-price breakfast per 100 who receive free or reduced-price lunch during the 2000-2001 school year: 52.4
(National: 42.8)

5) TX STATE INCOME DEMOGRAPHICS⁷

| DATA CATEGORY | Texas | National |
|-------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| a) What is the per capita income? | \$27,722 | \$29,451 |
| b) Unemployment Rate (Number of persons who are unemployed) | 4.2% (437,000 people) | 4.0% (5,653,000 people) |
| c) Poverty^K Rate (Number of persons living in poverty) | 14.9% (3,005,000 people) | 11.3% (32,592,000 people) |
| d) Poverty Rate for children under 18 (Number of children under 18 living in poverty) | 21.5% (1,218,000 children) | 17.1% (12,169,000 children) |

6) TX LEGISLATION

- a) To access your state's most recent statutes regarding **Nutrition, Physical Activity, Physical Education**, please visit: <http://www.capitol.state.tx.us/>¹¹
- b) Existing state law(s) on nutrition/dietary behavior and physical activity/education:

Tex. Education Code Ann. § 38.013 creates a coordinated health program for elementary school students designed to prevent obesity, cardiovascular disease, and Type II diabetes in elementary school students. The program must include health education, physical education and physical activity, nutrition services and parental involvement.¹⁰

Texas Education Code Ann. § 28.002 allows the State Board of Education to require a student enrolled in K-6 in an elementary school setting to participate in daily physical activity as part of a school district's physical education curriculum or through structured activity during a school campus's daily recess, except that the board may not require more than 30 minutes of daily physical activity. If the board adopts these rules, the board must provide for an exemption for a student who is unable to participate in daily physical activity because of illness or disability.

HCR 223 (June 2001) directs the Texas Department of Health to prepare a list of available foods and beverages that are naturally fortified with calcium and vitamin D and forward the list to the Texas Education Agency and to every school superintendent, school board, Parent-Teacher Association, and primary and secondary school in the state.

Tex. Education Code Ann. § 38.013 creates a coordinated health program for elementary school students designed to prevent obesity, cardiovascular disease, and

Type II diabetes in elementary school students. The program must include health education, physical education and physical activity, nutrition services and parental involvement.

Texas Transportation Code Ann. § 201.614 requires the Texas Department of Transportation to establish and administer a Safe Routes to School program for projects to improve safety in and around school areas.¹⁰

7) TX POLICIES

Note: This section contains data that come from information reported by State Education Agencies in 2000 as a part of the Centers for Disease Control State-Level School Health Policies and Programs Study 2000. Policies can change rapidly.

Policies on Food in Schools¹

- a) **Has your state adopted a policy stating that districts will have someone to oversee or coordinate food service in the district (e.g., a district food service coordinator)?** No
- b) **Does your state offer certification, licensure, or endorsement for district food service coordinators?** No
- c) **Has your state adopted a policy requiring district food service coordinators to earn continuing education credits on nutrition or school food service to maintain state certification, licensure, or endorsement?** State does not offer certification, licensure, or endorsement to district food service coordinators
- d) **Has your state adopted a policy stating that schools will teach nutrition and dietary behavior**
 - ...in senior high schools? No
 - ...in middle/junior high schools? No
 - ...in elementary schools? No
- e) **Has your state adopted a policy prohibiting schools from using food or food coupons as a reward for good behavior or academic performance?** No
- f) **Does your state education agency require or recommend that schools include fruits or vegetables among foods offered**
 - ...in vending machines? Neither requires nor recommends
 - ...in after-school programs? Neither requires nor recommends
 - ...a la carte during breakfast or lunch periods? Recommends
- g) **Does your state education agency require or recommend that schools be prohibited from offering junk foods^A**
 - ...in vending machine? Neither requires nor recommends
 - ...in after-school programs? Neither requires nor recommends
 - ...a la carte during breakfast or lunch periods? Requires

Policies on Physical Education & Activity in Schools¹

- h) **Does someone in your state oversee or coordinate physical education?** Yes

- i) **Has your state adopted a policy stating that newly-hired staff who teach physical education be certified, licensed, or endorsed by the state to teach physical education**
 ...at the senior high school level? Yes
 ...at the middle/junior high school level? Yes
 ...at the elementary school level? Yes
- j) **Has your state adopted a policy stating that teachers will earn continuing education credits on physical education topics to maintain certification, licensure, or endorsement to teach physical education? Yes**
- k) **Does your state education agency require or recommend that elementary schools provide students with regularly scheduled recess? Neither requires nor recommends**
- l) **Has your state adopted a policy stating that schools will teach physical education**
 ...in senior high schools? Yes
 ...in middle/junior high schools? Yes
 ...in elementary schools? Yes
- m) **Based on policies adopted by your state, what is the required student-to-teacher ratio for physical education**
 ...in senior high schools? No state policy on required ratio
 ...in middle/junior high schools? No state policy on required ratio
 ...in elementary schools? No state policy on required ratio
- n) **Has your state adopted a policy that prohibits schools from using physical activity (e.g., laps or push-ups) to punish students for bad behavior in physical education? No**
- o) **Has your state adopted a policy that prohibits schools from excluding students from all or part of physical education as punishment for bad behavior in another class? No**
- p) **Has your state adopted a policy stating that physical activity and fitness will be taught as a part of classroom instruction**
 ...in senior high schools? No
 ...in middle/junior high schools? No
 ...in elementary schools? No

8) TX STATE STANDARDS AND ASSESSMENT

Note: Many states base their health education and physical education standards on national standards. Nutrition education is a component of health education and most states do not have separate nutrition education standards.

- a) **Physical Education Standards:** There are state standards for physical education, which are based on the National Standards for Physical Education. They are not required and

there is no statewide assessment of the standards. There is no assessment of health-related physical fitness.⁹

- b) **Has your state adopted a policy *stating* that districts or schools will follow any national or state physical education standards or guidelines?** No¹ (if answered yes, please skip to question 8d)

OR

- c) **Has your state adopted a policy *encouraging* (e.g., in memoranda or guidelines) districts or schools to follow any national or state physical education standards or guidelines?** Yes¹

- d) **Are these health standards or guidelines based on the National Standards for Physical Education?** No¹

- e) **What are your state's physical education student requirements?** The state requires that physical education be offered to all students. Local school districts make the decision for grades K-8. For grades 9-12, one and one half units of physical education are required for graduation. Districts decide whether grades will be part of the grade point average. Substitutions are widely accepted.⁹

- f) **Has your state adopted a policy *stating* that districts or schools will follow any national or state health education standards or guidelines?** No¹ (if answered yes, please skip to question 8h)

OR

- g) **Has your state adopted a policy *encouraging* (e.g., in memoranda or guidelines) districts or schools to follow any national or state health education standards or guidelines?** Yes¹

- h) **Are these health standards or guidelines based on the National Health Education Standards?** No¹

- i) **Has your state adopted a policy stating that students will be tested on health education topics**
...in senior high schools? No¹
...in middle/junior high schools? No¹
...in elementary schools? No¹

- j) **Is your state involved in the CCSSO-SCASS Health Education Assessment Project?** No¹⁴

9) TX STATE PRIORITIES – SURVEY RESPONSE³

In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrition coordinators, etc.) during the 2002 summer period.

- a) **Has there been a current focus on physical fitness/physical education? If so, could you describe the activities linked to this focus?** Legislation was passed in May, 2001 aimed at improving the health of elementary school students, especially reducing the risk of obesity and Type II diabetes through improved diet and physical activity. The legislation mandates that all elementary schools in Texas implement a

health program that coordinates health education, physical activity and physical education, nutrition/cafeteria services, and parent involvement. Another part of the legislation authorized the State Board of Education to require participation in physical activity among elementary school students. The State Board passed a rule in March 2002, requiring elementary students to participate in physical activity either 30 minutes daily or 135 minutes weekly.

- b) Has there been a current focus on nutrition? If so, could you describe the activities linked to this focus?** The same coordinated health component of the legislation mandated that school implement improved cafeteria service. School districts have until September 2007 to have their elementary schools trained in all phases of the health program, including improved nutrition/cafeteria services. The legislation can be accessed via the web at the following site: www.healthpeced.org. Click on the link "Rules and Tools" on the home page and you will see "Senate Bill 19". That is the legislation that is described above.
- c) If physical fitness and nutrition has not been a priority, can you discuss why these two areas have not received attention?** N/A
- d) Are students in your state regularly assessed in their knowledge gained in fitness and nutrition?** There is no mandated state assessment of fitness and nutrition knowledge in Texas.
- e) Additional Information shared about specific policies on competitive foods, nutrition and dietary behavior, physical activity/education, legislation, standards or assessment:**
- Policies related to foods of minimal value are under the Child Nutrition Program at TEA. Access the Child Nutrition Program information via TEA website at www.tea.state.tx.us. Under "Search" type in "Child Nutrition Program."
 - Policies regarding physical education can be accessed via the TEA home page above. On the home page, click on Texas Education Code. Scroll down and click on Education Code. Look for Chapter 28.002. These are the subjects in the required curriculum. Beyond the graduation requirements for PE (can be accessed via TEA website under TEA rules) of one and one-half credits, and the new minute requirement for physical activity for elementary school students, there are no additional state policies.
- f) Contact(s) from survey:**
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10) RESOURCES

1. Centers for Disease Control and Prevention. *State-Level School Health Policies and Practices: A State-by-State Summary from the School Health Policies and Programs Study 2000*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001. To order a copy, call 888-231-6405 or access <http://www.cdc.gov/shpps>.
2. Centers for Disease Control and Prevention, Division of Adolescent and School Health. *School Health Policies and Programs Study (SHPPS) 2000: A Summary Report*. Journal of School Health, Volume 71, Number 7, September 2001.
3. In preparation for the Healthy Schools Summit (2002), the Council of Chief State School Officers administered a brief questionnaire that was sent to state representatives (i.e., coordinated school health directors/coordinators, physical education coordinators, nutrition coordinators, etc.) during the 2002 summer period.
4. U.S. Department of Education, National Center for Education Statistics, *Private School Universe Survey, 1999-2000*, NCES 2001-330, by Stephen P. Broughman and Lenore A. Colaciello, Washington, DC: 2001. Retrieved from <http://NCES.ed.gov>
5. U.S. Department of Education, National Center for Education Statistics, *Common Core of Data (CCD), 1999-2000*, NCES 2002-363, by Beth Young, Washington, DC: 2002. Retrieved from <http://NCES.ed.gov>
6. U.S. Department of Education, National Center for Education Statistics, *Overview of Public Elementary and Secondary Schools and Districts: School Year 1999-2000*, NCES 2001-339R, by Lee M. Hoffman, Washington, DC: 2001. Retrieved from <http://NCES.ed.gov>
7. Compiled by the Food Research and Action Center from Federal and State sources, *State of the States: A Profile of Food and Nutrition Programs Across the Nation, 6th edition*, by Doug Hess and Jim Weill, Washington, DC: February 2002. Retrieved from <http://www.frac.org>. Note: Data presented in this report are based on fiscal year 2000 figures with the exception of the food insecurity data (years 1997-1999, 3-year average). The Federal food program data was obtained from the U.S. Department of Agriculture, Food and Nutrition Service. Most of these data can be found at <http://www.fns.usda.gov/pd>. Because many numbers are monthly estimates, numbers may not add up due to rounding.
8. 2002-2003 Directory of Coordinated School Health Program Staff. This directory was completed with support provided by a cooperative agreement (Number U87/CCU/310210-09) with the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia 30341.
9. *2001 The Shape of the Nation Report: Status of Physical Education in the USA*, published by the National Association for Sport and Physical Education (NASPE), an association of the American Alliance for Health Physical Education, Recreation and Dance. To purchase a complete copy of the report, call 1-800-321-0789. For more information, please visit www.aahperd.org/naspe
10. National Conference of State Legislatures, Prevention Projects Program and Health Policy Tracking Service. Prepared in August 2002. See <http://www.ncsl.org/programs/health/phchronic.htm> for current information.
11. www.ncsl.org/public/leglinks.cfm
12. Grunbaum JA, Kann L, Kinchen SA, Williams B, Ross JG, Lowry R, Kolbe L. Youth Risk Behavior Surveillance--United States, 2001. In: Surveillance Summaries, June 28, 2002. MMWR 2002;51(No.SS-4):1-64.
13. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001. Retrieved from www.cdc.gov/brfss.
14. http://www.ccsso.org/scass/p_heap/index.html
15. General oral health facts retrieved from <http://www.cdc.gov/OralHealth/topics/child.htm>

Notes

- A. "Junk Foods" defined as: *Foods which provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals.*
- B. "Overweight" levels in children defined as: *Students who >95th percentile for body mass index, by age and sex, based on reference data (i.e., CDC Growth Charts).*
- C. "Obesity" levels in adults defined as: *All respondents 18 and older who report that their Body Mass Index (BMI) is 30.0 or more. BMI is defined as weight in kilograms divided by height in meters squared (w/h**2).*
- D. "Ungraded" defined as: *These are students who are assigned to programs or classes without standard grade designation. States are requested to report teachers of ungraded classes even if all students are assigned a grade level of record.*
- E. "Combined" defined as: *A combined school has one or more grades in K-6 and one or more grades 9-12.*
- F. "Elementary" defined as: *Original data sets had numbers broken up by each grade level. For these purposes, data was combined and "elementary" reflects the addition of Grades K-6 data.*

- G. "Secondary" defined as: *Original data sets had numbers broken up by each grade level. For these purposes, data was combined and "elementary" reflects the addition of Grades 7-12 data.*
- H. "Building staff" defined as: *instructional aids, instructional coordinators and supervisors, elementary and secondary guidance counselors/directors, librarians, library staff, school administrative support staff, student support services, all support services.*
- I. "District staff" defined as: *LEA administrators and administrative support staff.*
- J. "Food insecure" defined as: *USDA measures food insecurity and hunger only related to financial constraints. Food secure households have access at all times to enough food for an active, healthy life. Food insecure households do not have access to enough food to fully meet basic needs at all time. Among food insecure households, some reach a level of severity grave enough that one or more household members are hungry. Hunger is defined as the uneasy or painful sensation caused by lack of food.*
- K. "Poverty" threshold defined as: *in 2000 for a family of four (two adults and two children) it was \$17,463; for a family of three (one adult and two children) it was \$13,874.*
- L. Idaho did not provide any information on ethnic categories for the NCES publication, Common Core of Data, 1999-2000. New Jersey only provided aggregate totals for each ethnic category in the same publication.
- M. Information in this section is from the YRBSS (footnote 12) and BRFSS (footnote 13) data sets. The Centers for Disease Control reports on these data sets when the data from a state are weighted or unweighted. Results from weighted data are representative of everyone in the population of interest. Results from unweighted data are not. National data are all weighted.
- N. Overweight and obesity status are calculated based on self-reported height and weight, which tends to underestimate the prevalence of overweight and obesity.

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COUNCIL OF CHIEF STATE SCHOOL OFFICERS

The Council of Chief State School Officers (CCSSO) is a nationwide, nonprofit organization comprised of the public officials who head the departments of elementary and secondary education in the states, the District of Columbia, five U.S. extra-state jurisdictions, and the Department of Defense Education Activity. CCSSO provides leadership, advocacy, and technical assistance services to its members to fulfill the organization's vision that all school systems will ensure high standards of performance for every student and that each child is prepared to succeed as a productive member of a democratic society.

DIVISION OF STATE SERVICES AND TECHNICAL ASSISTANCE

The Division of State Services and Technical Assistance supports state education agencies in developing standards-based systems that enable all children to succeed. Initiatives of the division support improved methods for collecting, analyzing, and using information for decision making; development of assessment resources; creation of high-quality professional preparation and development programs; emphasis on instruction suited for diverse learners; and the removal of barriers to academic success.

SCHOOL HEALTH PROJECT

The School Health Project assists state education agencies in promoting and supporting a coordinated approach to school health. Current activities include producing and disseminating materials that chief state school officers, their staff, and partners can use to engage the public concerning the importance of school health programs in removing barriers to learning.

2002 Council of Chief State School Officers

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