

# Coordinated School Health: Navigating A Healthy Journey For Our Youth



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# Why Youth?

- Health risk behaviors are established in childhood and adolescence
- It's easier to prevent the adoption of health risk behaviors than to change established behaviors
- Chronic disease health risks are already common among young people



*If schools do not deal with children's health by **design**, they deal with it by **default**.*

*Health is Academic, 1997*



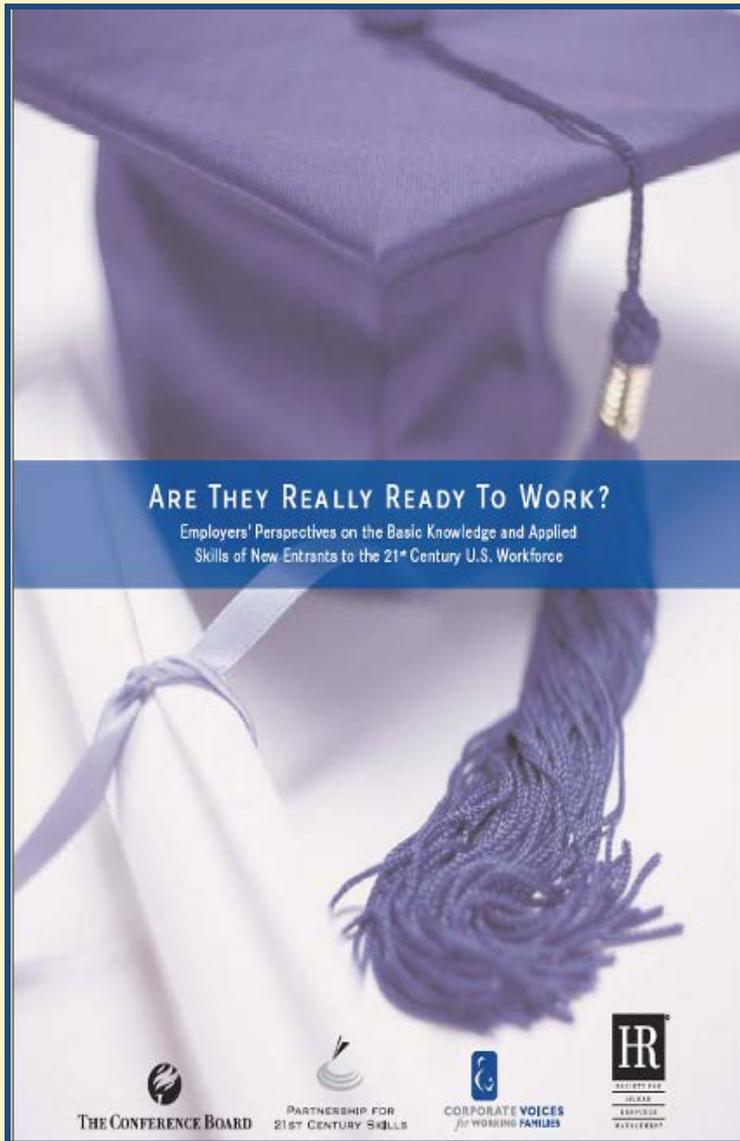
# A Survey of > 400 Employers

- # 1 factor that will have the largest impact on the workplace over the next five years:

## **Rising Health Care Costs**

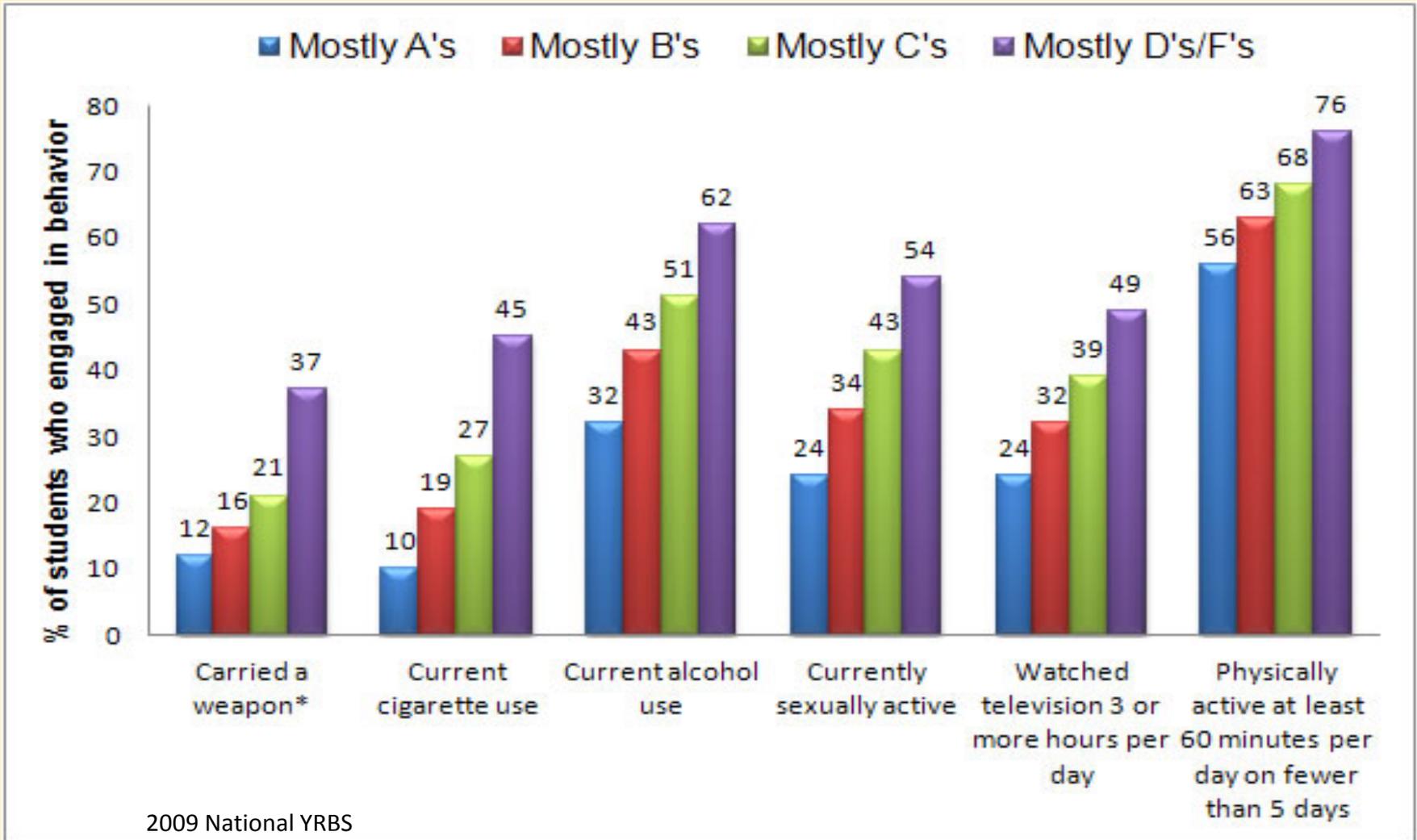
- #1 emerging content area in terms of its importance for future graduates entering the U.S. workforce in the next five years:

## **Making Appropriate Choices Concerning Health and Wellness (76% of employer respondents rated it as “most critical”)**



# Health Risk Behaviors and Grades

Percentage of U.S. High School Students Getting Mostly A's or B's and Mostly D's or F's\* Who Engage in Selected Health Risk Behaviors



# Growing body of research suggests...

- Good nutrition is linked to **improved student behavior, lower absenteeism and reduced tardiness.**
- Eating breakfast at school is linked to **greater improvements in standardized test scores and math grades.**
- Physical fitness levels predict for **better math performance.**
- Participation in physical activity is consistently related to **lower levels of anxiety and stress.**
- Participation in high activity physical education program **may strengthen scores for elementary-age children on standardized tests.**
- Physical activity can **positively affect concentration, memory and classroom behaviors.**
- Severely overweight children **miss 4 times as much school** as normal weight children.



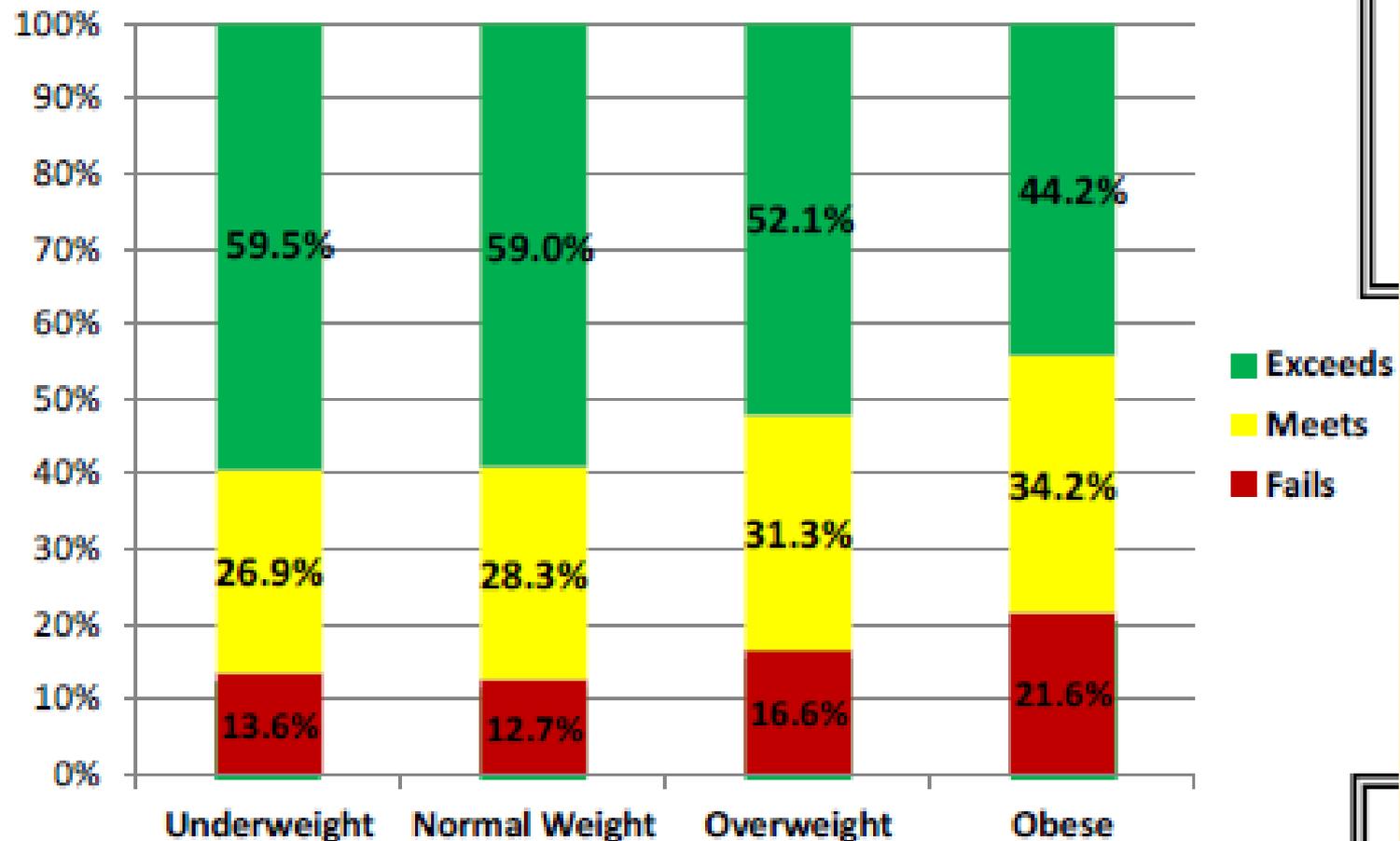
# *Shout out to Kearney Elementary*

- Charleston WV Gazette – February 20, 2012

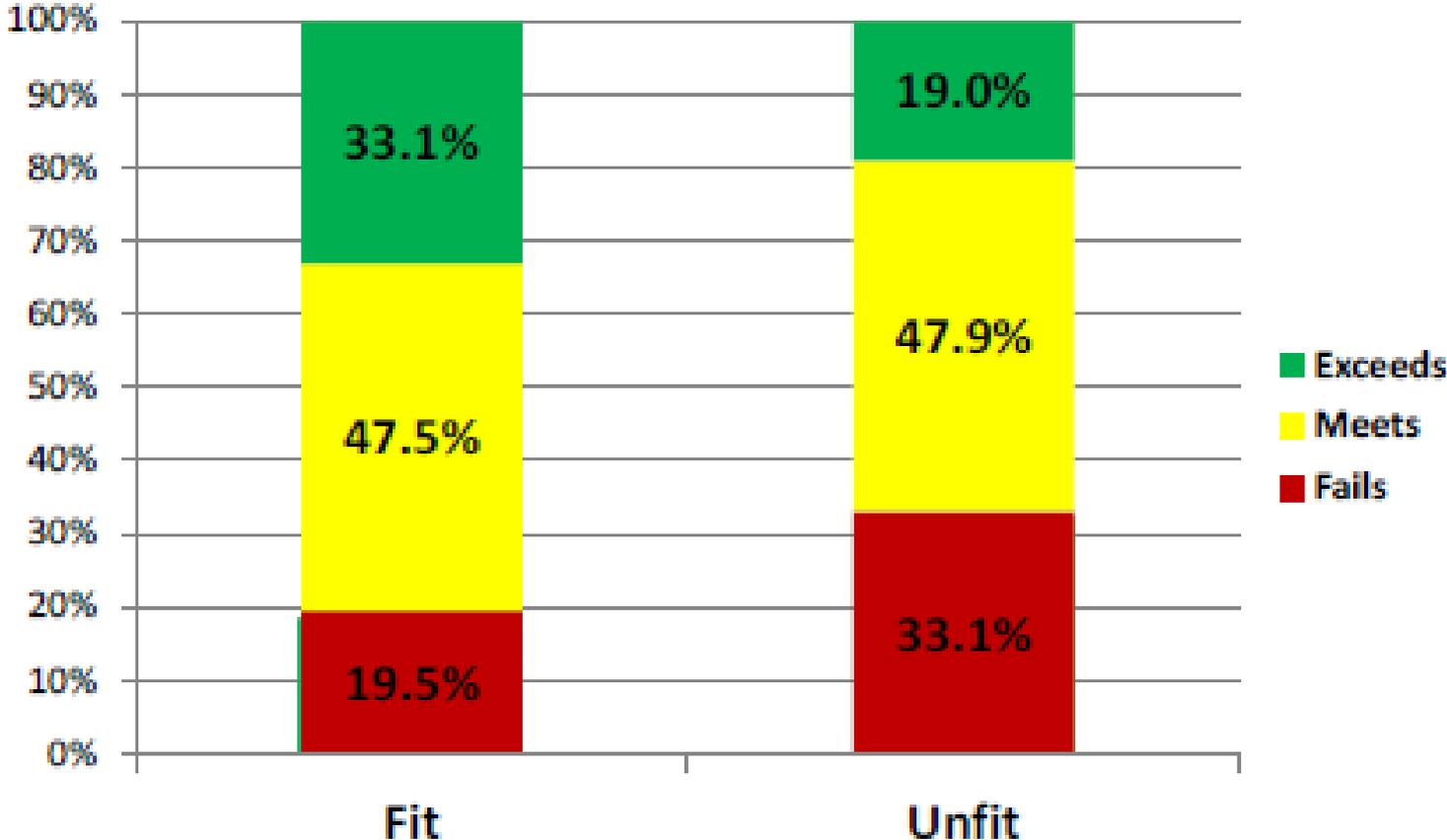
“In 2005, almost four out of 10 kids in the Kearney NE schools were obese or overweight. Five years later, Kearney had chopped the obesity rate of their grade school kids by a stunning 13 percent. 86 kids dropped from obese to overweight or normal.”



# Percentage of 3<sup>rd</sup>-8<sup>th</sup> Grade LPS Students Passing State Math by Weight Status



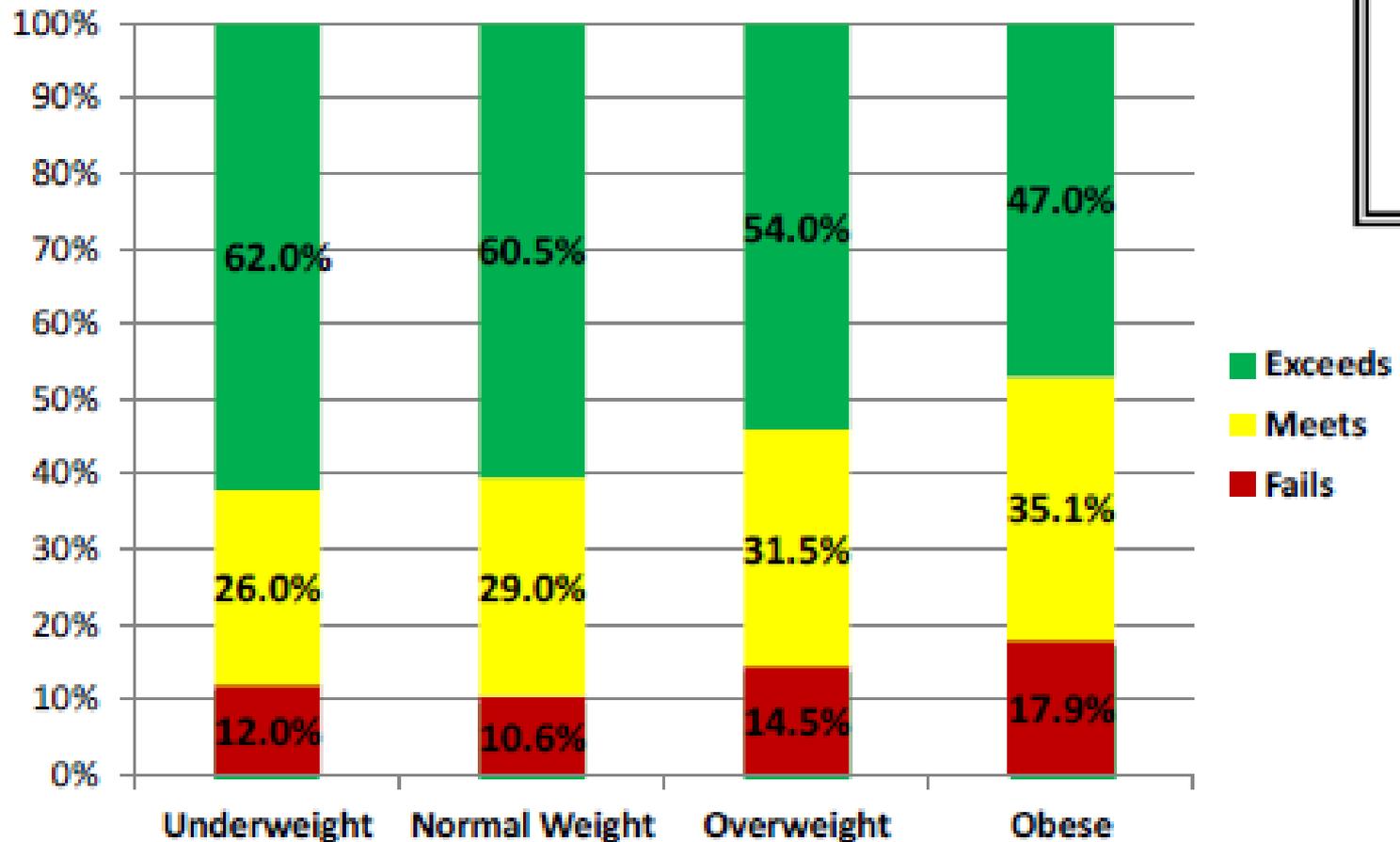
# LPS Students Passing State Math Fit vs. Unfit



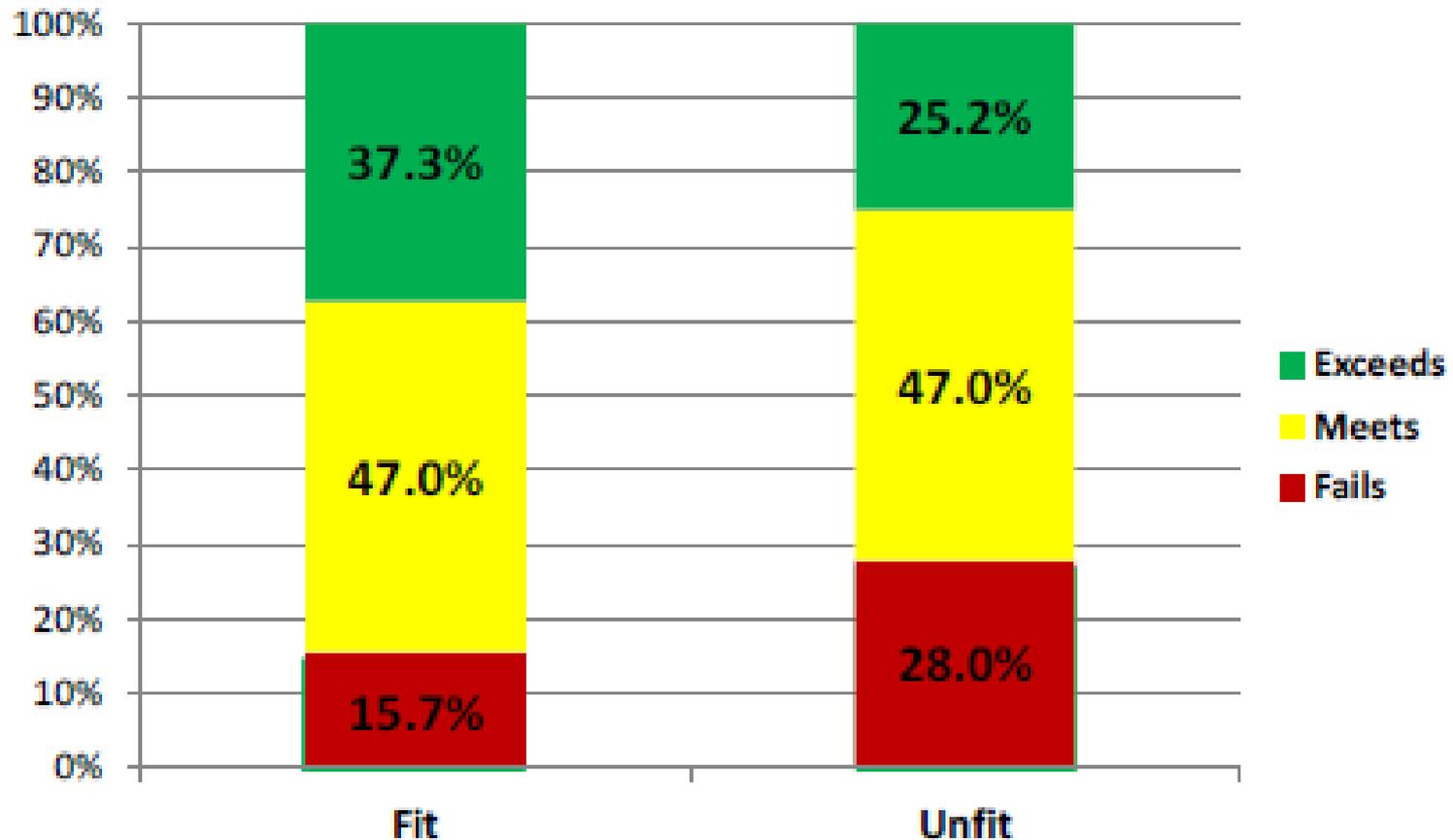
4th-8th Grade



# Percentage of 3<sup>rd</sup>-8<sup>th</sup> Grade LPS Students Passing State Reading by Weight Status



# LPS Students Passing State Reading Fit vs. Unfit



4th-8th Grade



# The Child Nutrition and WIC Reauthorization Act of 2004

PL 108-265 enacted June 30, 2004

## Section 204 – Local Wellness Policies -



“Not later than the first day of the school year beginning after June 30, 2006, each local educational agency ... shall establish a local school wellness policy”





# NDE Coordinated School Health Policy



- Each school district/school develop, adopt, and implement a comprehensive plan for coordinated school health based CDC/DASH model
- Each school district establish a School Health Council and each school building establish a School Health Team that meets four times per year
- Each district/school designate a School Health Coordinator to assist with implementing and evaluating coordinated school health



# CSH Institute Participants

## Participating Schools:

- Ansley Public Schools
- Elliot Elementary (LPS)
- Hartington Public Schools
- Centura Public Schools
- Norris Public Schools
- Cross County Public Schools
- High Plains Public Schools
- Lincoln Elementary (NPPS)
- David City Public Schools
- Pawnee City Public Schools
- Thayer Central Public Schools
- ESU 4



# Coordinated School Health: The Structure



# CSH Institutes: The Process

## Four Training Institute Process (Total of 7 days training)

- ✓ Secure strong administrative support
- ✓ Become knowledgeable about the evidence-based link between health & learning and the CSH structure/ process
- ✓ Create SHAC (district level); SHT (building level)
- ✓ Complete school health assessment
- ✓ Create data-driven plans utilizing evidence based practices
- ✓ Implement and evaluate plans
- ✓ Integrate in School Improvement Plan
- ✓ Involve students, families and community





# Success Early On in the Project

- Administrative Support & CSH Coordinator
- Creation of SHACs/SHTs
- Implementation of School Health Assessments
- Creation of data-driven action plans
- Implementation of evidence-based practices in programs, curriculums, and policies
- Health & Wellness policy creations/revisions
- Student, parent & community buy-in and support
- Professional Development for Staff
- Integration into School Improvement Plans



# Success Early On in the Project

- Adopted evidence-based Health/PE curriculums; aligned to standards
- Created student walking clubs; before/after school programs
- Conducted PA breaks in classrooms
- Implemented 20 min. daily recess; recess before lunch
- Implemented “Walk/Bike to School” programs
- Engaged parents/students/community members in building health school environments



# Success Early On in the Project

- Implemented school breakfast programs; mid-morning snacks
- Negotiated healthy food contracts
- Provided healthy foods/beverages at school stores; fundraisers; and school concessions
- Implemented healthier school lunches
- Conducted staff wellness programs/events
- Conducted parent/student surveys



# Coordinated School Health: Ultimate Outcomes

- Improves academic performance, graduation rates, & standardized test scores
- Improves social outcomes by decreasing suspensions, detentions, & expulsions from school
- Improves students' knowledge, behaviors, attitudes & skills in health



# Now It Is Your Turn

- Be bold & dream big!
- Keep in mind your goals and areas of need.
- It takes a team but it also takes a community!
- Get Involved with CSH!



# Chameleon Theory” by Tom Golaszewski, NY

“People will change their behavior to reflect their environments. If you want healthy people, create healthy environments.”

