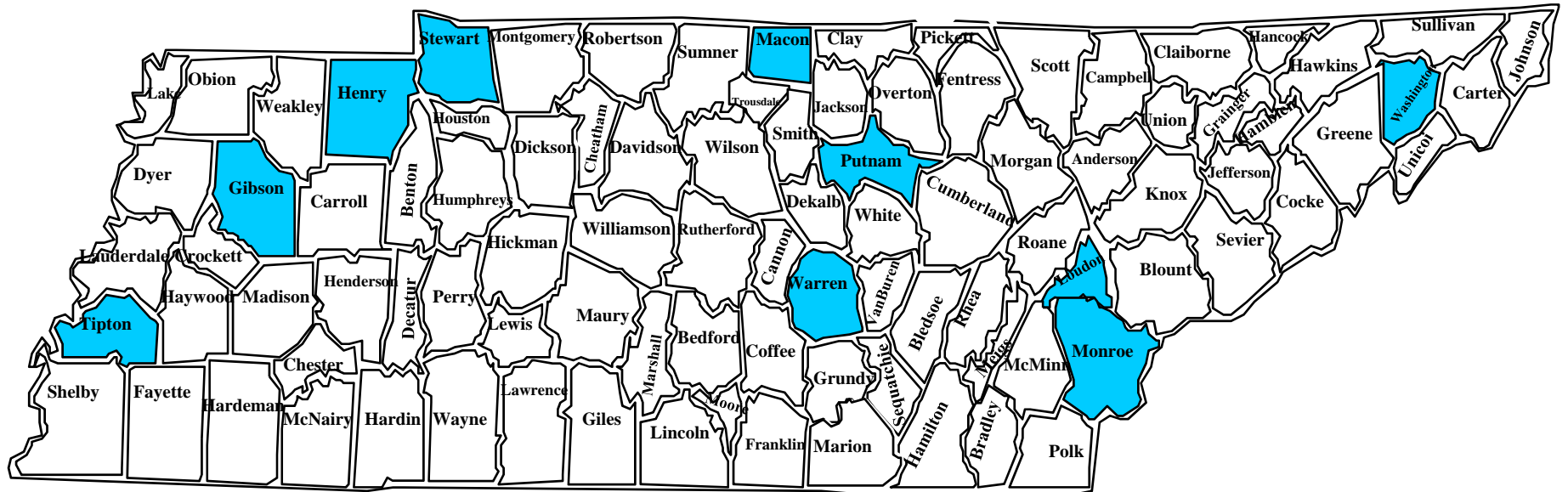




TENNESSEE COORDINATED
SCHOOL HEALTH

Pilot Program Coordinated School Health Improvement Act Of 1999



Pilot Sites

Henry County

Loudon County

Macon County

Putnam County

Tipton County

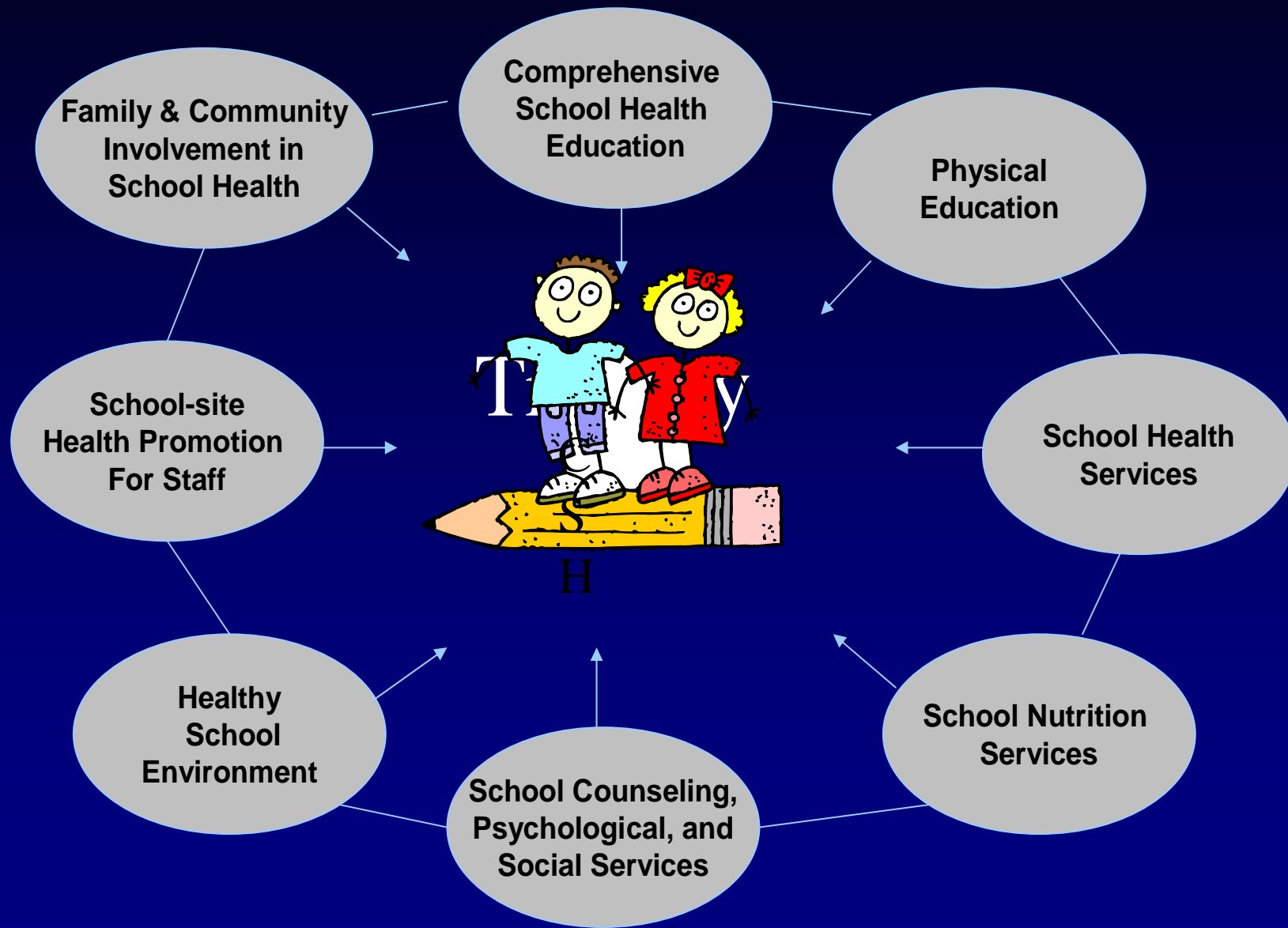
Trenton & Gibson SSD

Stewart County

Warren County

Washington County

Coordinated School Health Program



The Coordinated School Health Improvement Act of 2000 T.C.A. 49-1-1002

**Representative Ken Givens and members
of the 101st General Assembly**

- **Tennessee School Health
Coalition**

- **Many advocates**

The Standards and Guidelines

A Full Time Coordinator

Advisory Councils

Community Involvement

Staff Development

Self-Assessment SHI

EVALUATION

Benefits of Coordinated School Health

Reduced absenteeism

Fewer behavior problems in the classroom

Improved student performance

*Students acquire information & skills for making
healthy decisions for life*

Youth who become productive citizens

Reducing the Barriers to Learning

Healthy Kids Are
Better Learners!





Providing a Healthy Learning Environment Is Our Job

Snapshot of Tennessee Kids

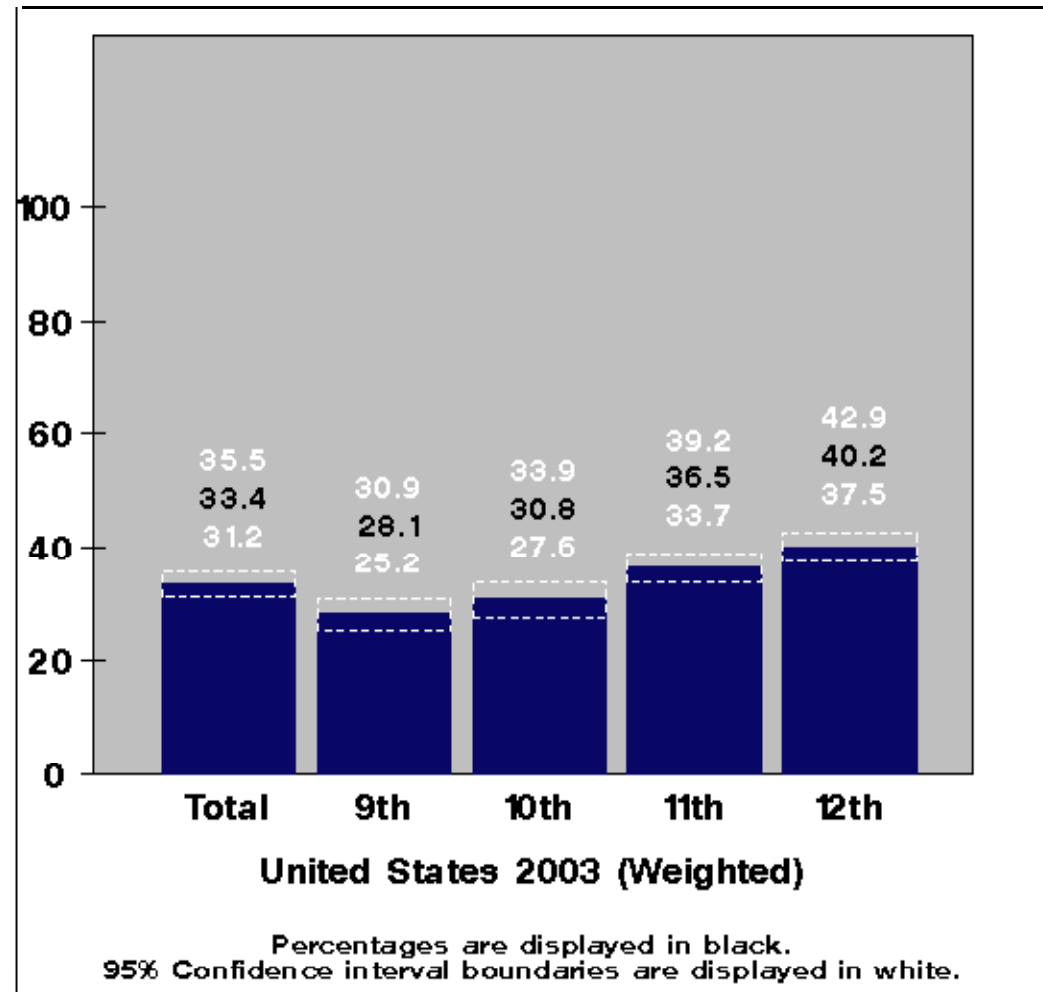
- Overfed but undernourished
- Declining physical activity
- Limited health literacy



Students who did not participate in at least 20 minutes of vigorous physical activity on 3 or more of the past 7 days and did not do at least 30 minutes of moderate physical activity on 5 or more of the past 7 days.



Percentage





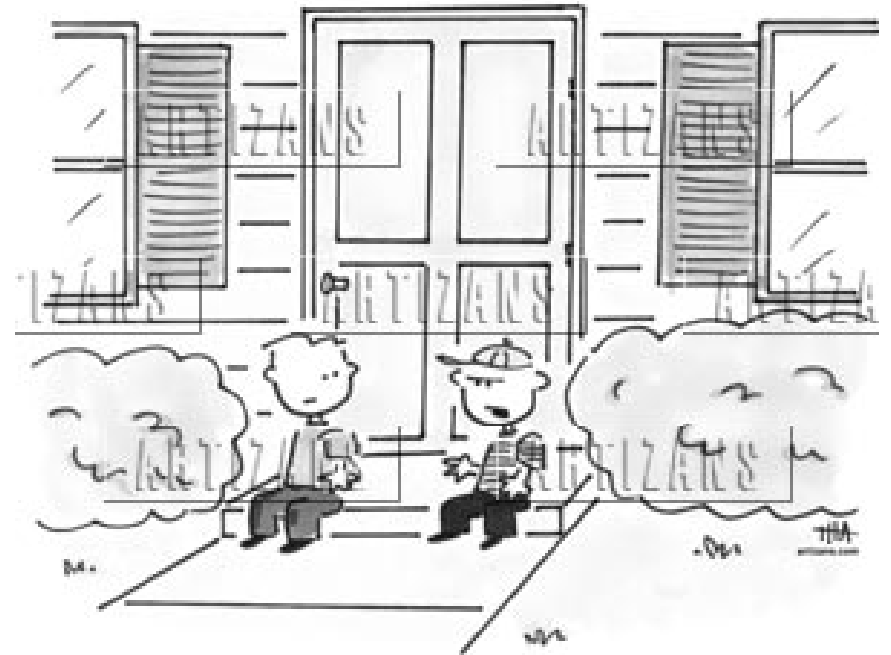
Statistics

- ✚ Only 27 percent of schools require health education in grade 6
- ✚ 20 percent in grade 8
- ✚ 10 percent in grade 9
- ✚ 2 percent in grade 12

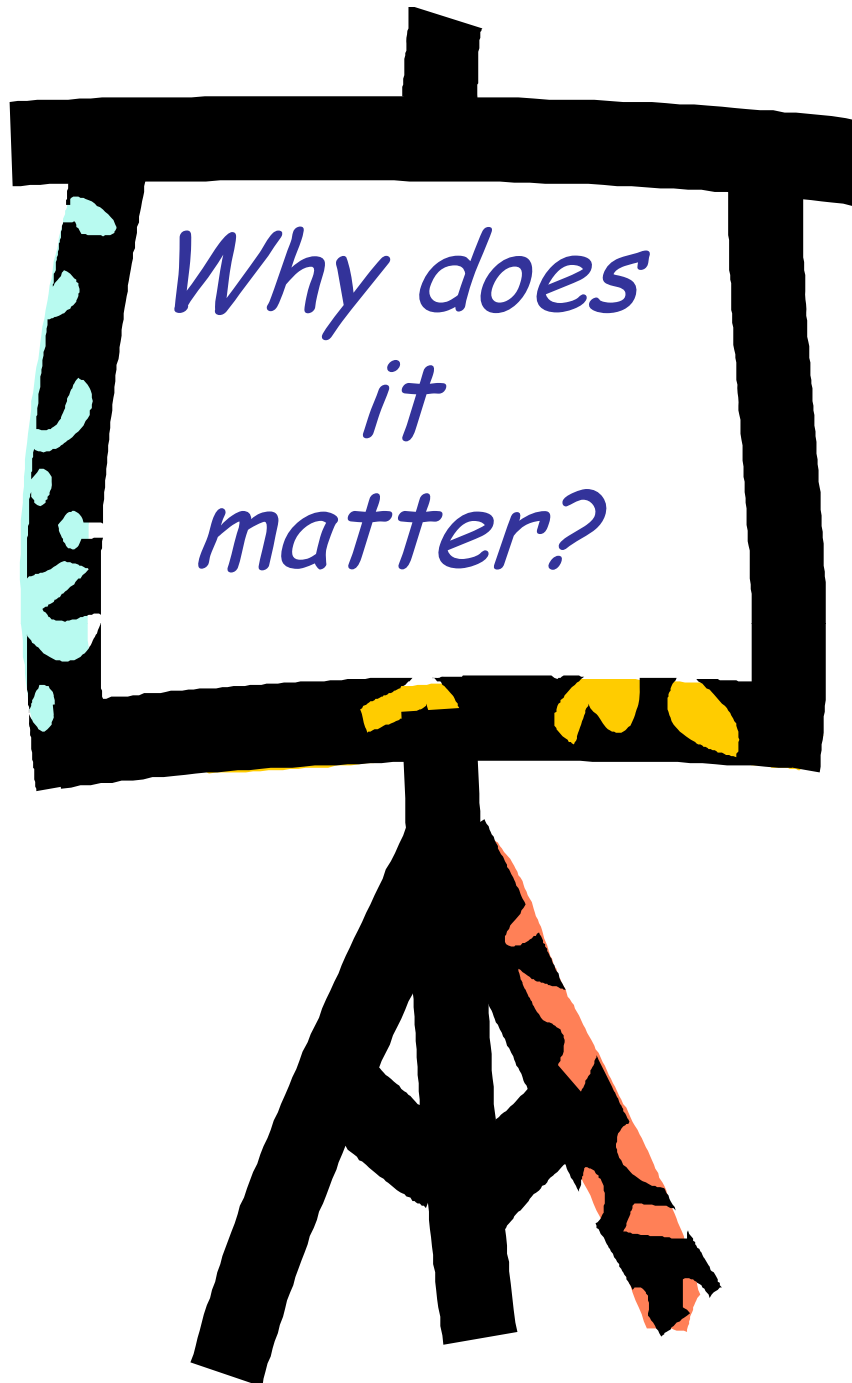
(Kann et al. 2001)

*CHILDREN
MUST BE
HEALTHY TO
LEARN ...*

*AND CHILDREN
MUST LEARN
TO BE
HEALTHY.*



"My mom says broccoli is a required taste."



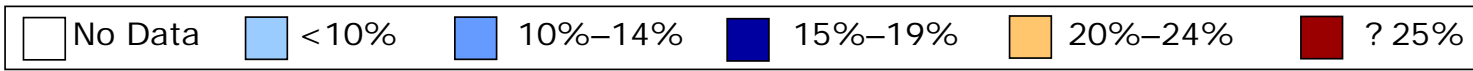
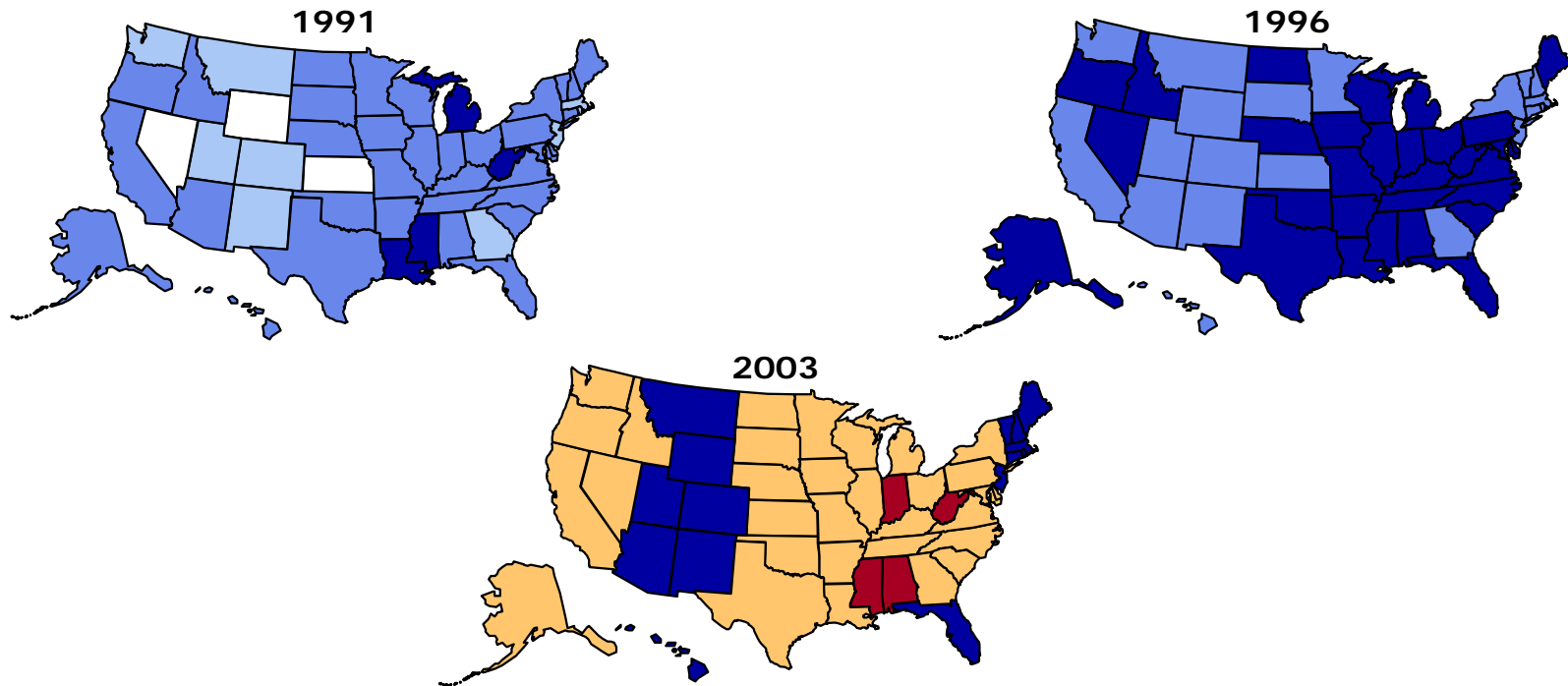
- ✚ 90 million American adults have difficulty understanding and using health information
- ✚ Patients with limited health literacy have higher rates of hospitalization and use of emergency services

The National Picture

Obesity Trends* Among U.S. Adults

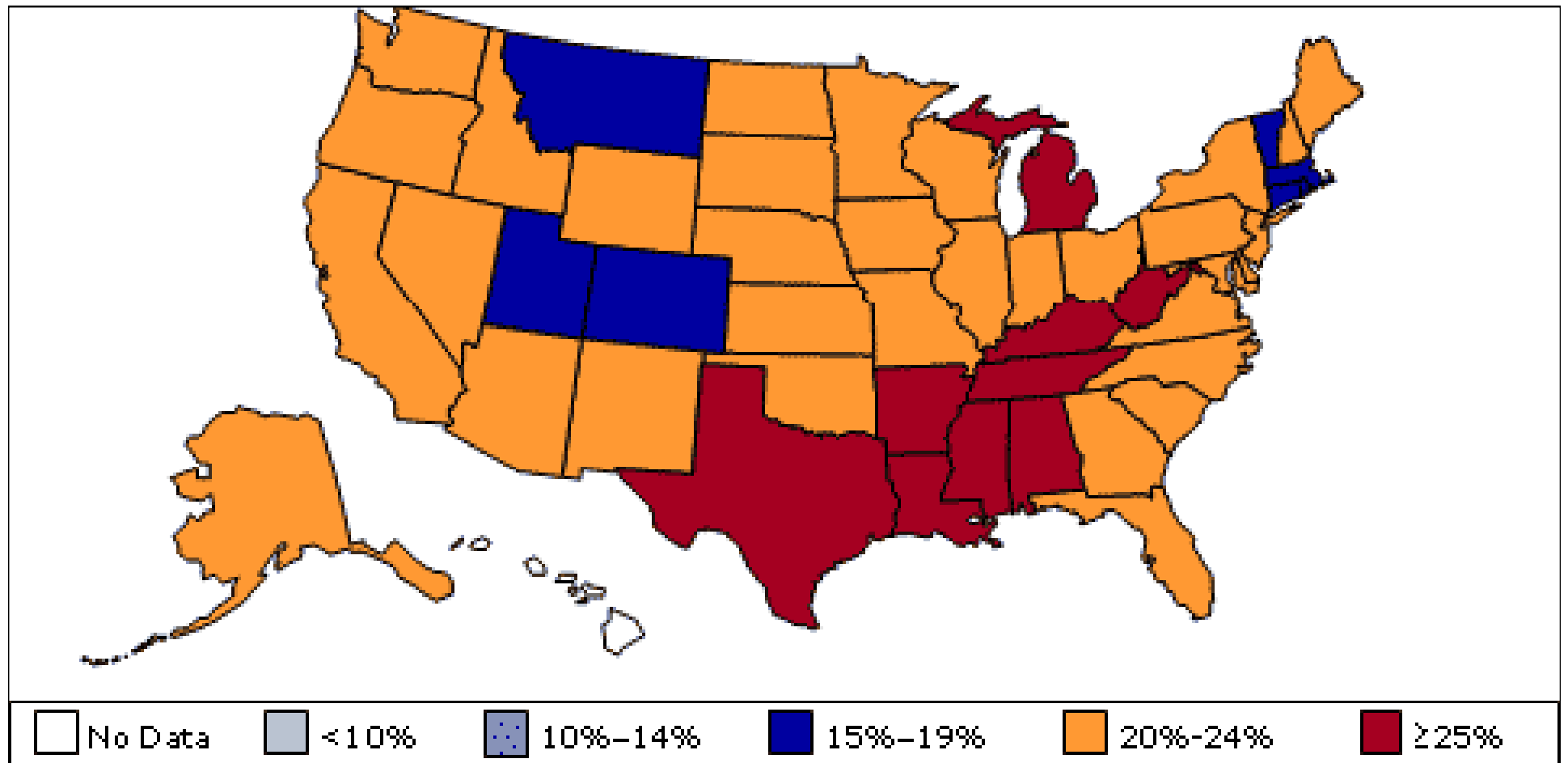
BRFSS, 1991, 1996, 2003

(*BMI ≥ 30 , or about 30 lbs overweight for 5'4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

Tennessee Made It in 2004 over 25% Obesity



Top three in cases of diabetes

What's the Difference?

- *Best states increased/required physical education and physical activity throughout school day.*
- *Increased options for healthy food choices such as fruits, vegetables and lowfat dairy.*
- *Coordinated community projects focused on improving nutrition and activity.*



Background

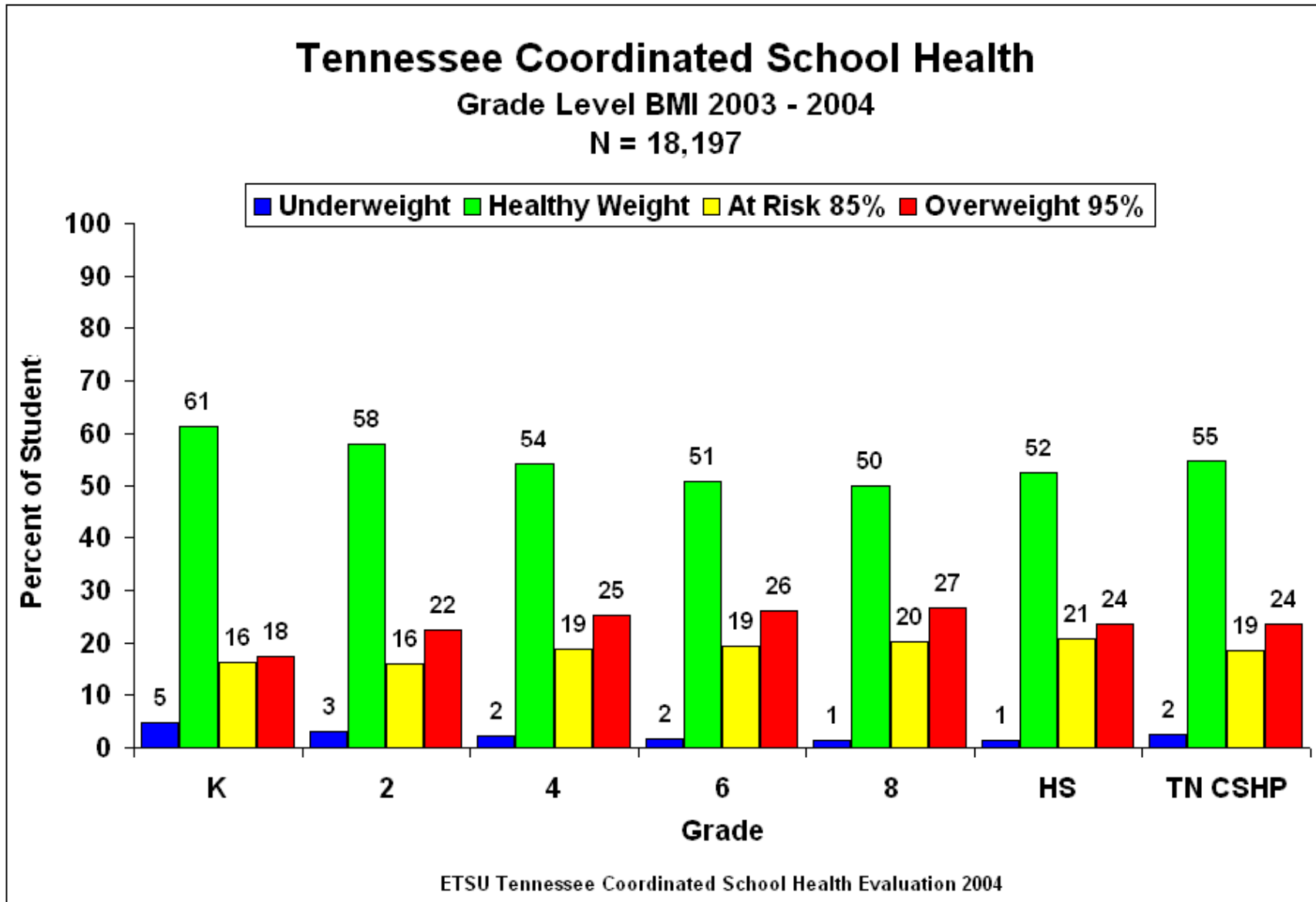
The self-reported overweight prevalence among TN *high school students* was 15% in 2003. YRBS

TN BMI data from CSH HIGHER

Increases in weight have occurred in all ages, racial and ethnic groups, and both genders.

TN has the nation's third highest rate of overweight adults.

Figure 46:



Fast forward to the Future

American children are growing up to face increasing rates of obesity and chronic disease.



Why Coordinated School Health?

Health and success in school are interrelated. The nation's leading health authorities recommend that schools take an active role in preventing disabling chronic health conditions that create misery and consume a burdensome share of the nation's resources.

National Association of State Boards of Education; Fit, Healthy, and Ready to Learn, 2000

CDC recommends 10 Key Strategies Schools can adopt.

#1 Address Physical Activity and nutrition through **Coordinated School Health Program**

Healthy People 2010

“Schools have more influence on the lives of young people than any other social institution except the family, and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced.”



WHY CSH ?

Health Problems and Cost are increasing

Academic Outcomes can be improved

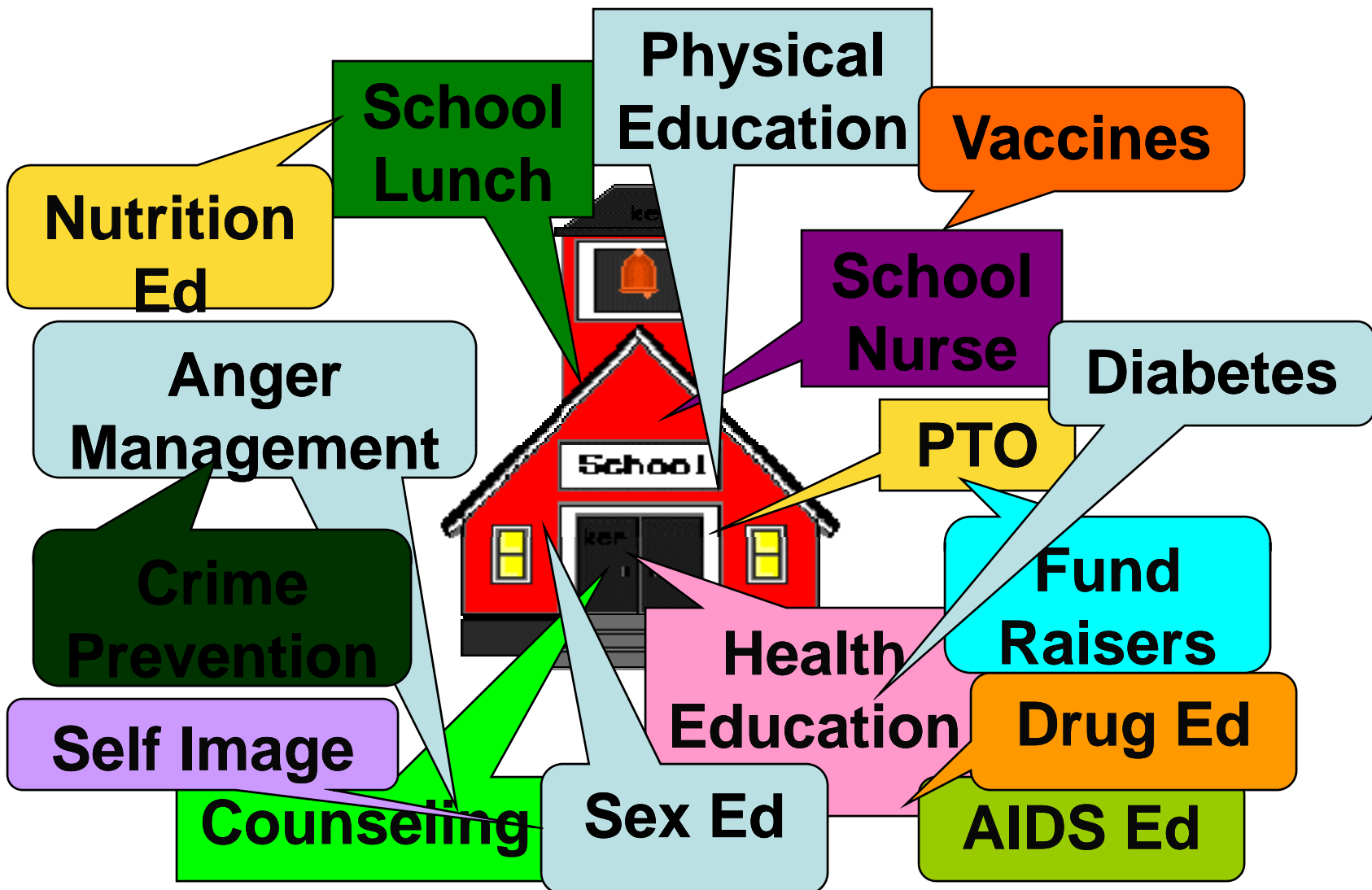


Warren County ESH

Students find a better way to snack at school!



Healthy Snack Cart
and Milk vending
Machines.



An Uncoordinated School Health Program

Snapshot of Schools



- 1 million students attend TN. Schools
- 35-40% of daily energy consumed at school
- School Breakfast and National School Lunch Programs (USDA)
- New Chapter 708

Can Schools Improve Nutrition Standards AND Maintain Revenues?

- ✚ Students will buy and consume healthful foods and beverages—and schools can make money from selling healthful options.
- ✚ Of the 17 schools and school districts that reported income data, 12 increased their revenue as a result of the changes and 4 reported no change.



Monroe County

Sonia Hardin



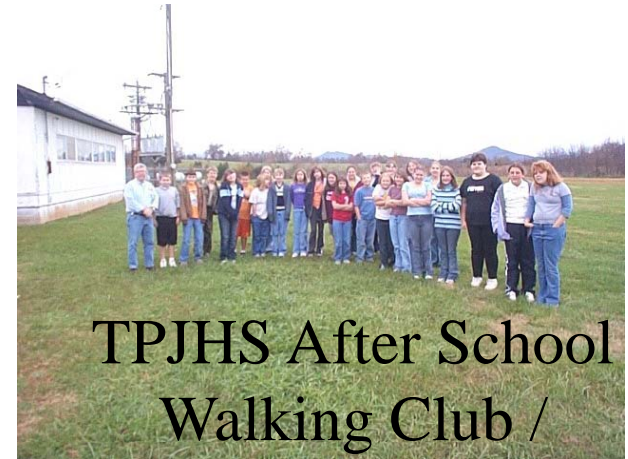
Milk Machines
in 8 Schools

Agricultural Extension Service
The University of Tennessee



YOUTH CAN!
KIDS EMPOWERING KIDS

Menu Planning with Registered
Dietitian



TPJHS After School
Walking Club /
Walking Trail



MOVE IT! MOVE ON! MOVE OUT! WINNING WITH WELLNESS!

A School Based Community Wellness Initiative Sponsored by:
East Tennessee State University, Mountain States Health Alliance,
Tennessee On The Move, Quillen College of Medicine,
and
Washington County Department of Education Coordinated School Health



Walking Works For SCHOOLS



Background

The Department of Education and the State Board of Education have worked collaboratively in developing guidelines to address:

- Physical activity

- Nutrition

- Academic achievement

- Lifelong wellness in TN schools and communities

Rationale

Parents, **communities**, and schools share the responsibility to help students establish and maintain lifelong health habits and to ensure that schools are healthy places to learn.

A Physical Activity Taskforce was convened in Nashville in February of March 2005

The State Department of Education

The State Board of Education

Tennessee Education Association

American Heart Association

Tennessee School Boards Association

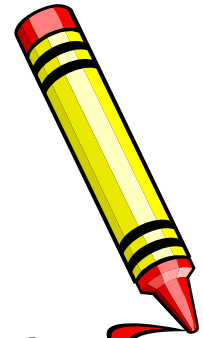
School administrators, teachers and medical
professionals

Congress Wants you to be involved

**The Child Nutrition
and WIC
Reauthorization of
2004 requires
every local district
to develop and
implement a
Wellness Policy by
fall of 2006.**



School Wellness Policies



Must:

- # Include nutrition guidelines for all foods available on the school campus during the school day.
- # Include goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness.

Must:

- # Establish a plan for measuring the implementation.
- # Involve parents, students, and representatives of the school food authority, school board, administrators and public in development of the policy.

School Health Index

Beginning July 1, 2006, each school within an LEA will begin implementation of the ***School Health Index (SHI)***.

The SHI may be obtained free of charge from the Centers for Disease Control and Prevention in Atlanta.

School Health Index

The SHI was developed as a self assessment and planning tool by the CDC to aid schools in assessing their individual **school health environments.**

Schools will use the results of the SHI to:

Identify strengths and weaknesses of school health policies and programs.

Develop an action plan for improving the healthy learning environment of the school.

Involve parents, community leaders, students, and other in improving policies and programs.

Develop a local School Health Improvement Plan.

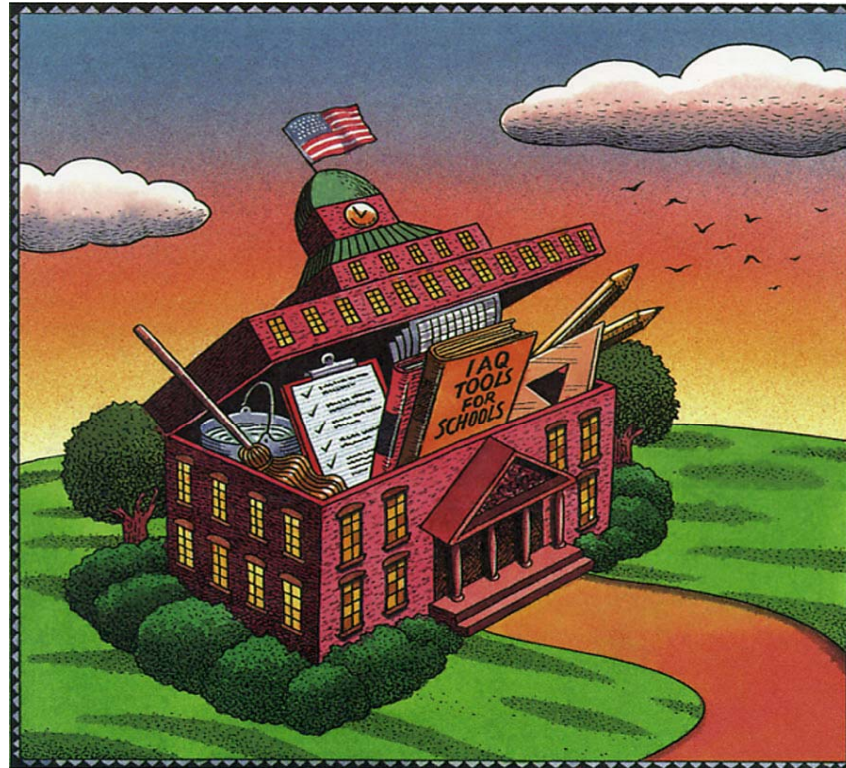
Initially, schools will
develop an action plan
related to:

Module One: Safety Policies and
Environment

Module Three: Physical
Education/Physical Activity

Module Four: Nutrition Services

The Indoor Air Quality Tools for Schools Kit



U. S. EPA

A Proactive Approach to IAQ

- Proper use and maintenance of Heating /Cooling Systems
- Look for and repair water leaks (which cause mold to *thrive*)
- Make conscious choices about chemicals used in schools
- Raise awareness about IAQ

Policy

School Health Advisory Councils (SHACs)

Each LEA shall establish a SHAC. The council will serve as a resource to school sites for implementing health related policies.

The primary responsibility of the SHACs are:

Develop, implement, monitor, review and, as necessary, revise physical activity and nutrition policies.

Ensure that all schools create and implement an action plan related to the results of the *School Health Index*.

School Districts will consider the recommendations of the SHAC in making any policy changes that affect the **healthy learning environment.**

Relationship to Coordinated School Health

These activities will compliment and expand upon the efforts begun under the Coordinated School Health Improvement Act of 1999 (TCA 49-1-1001 et seq).

A Coordinated School Health Program is an effective way to connect students health and student academic achievement.

Family and Community Involvement in School Health

- Community Advisory Council
- Partnerships:
 - PTA
 - MSHA
 - Media
 - Civic Organizations
 - Chamber of Commerce



Priority Actions

- **Increase opportunities for physical activity in communities**



Healthy Teachers Are Better Role Models!!!

Several Loudon County Schools have Fitness, Walking and/or Weight Control Programs for Staff and Faculty

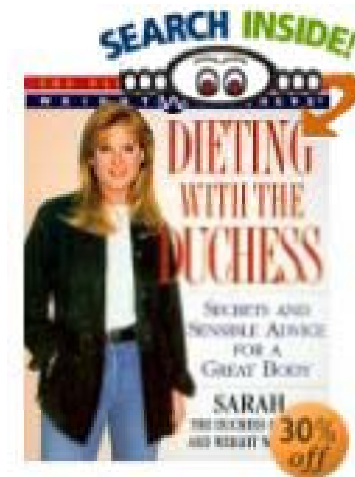


Highland Park Staff Race for the Cure



Step Up to Better Health With 10K-A-Day

Healthy Children are Better Learners
Loudon County Coordinated School Health



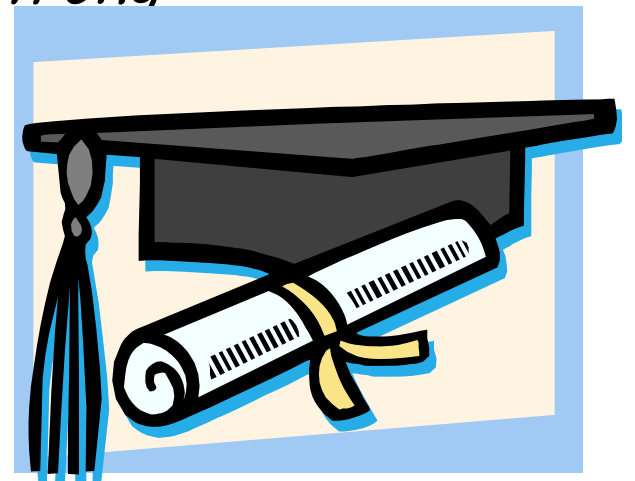
Philadelphia School sponsors a Weight Watchers Meeting with 25 participants. Most are school system faculty, staff and parents.

CDC Says...

"Improving and intensifying efforts to promote physical activity and healthy eating is entirely consistent with the fundamental mission of schools: educating young people to become healthy, productive citizens who can make meaningful contributions to society."

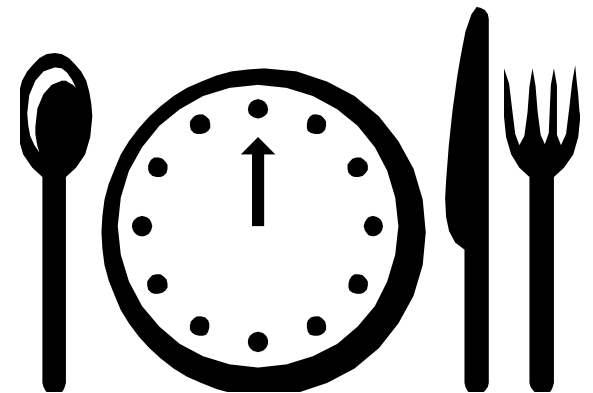
.... "States and communities are demonstrating that obstacles can be overcome, effective strategies can be implemented, and schools can play a strong role in improving the lives of young people through physical activity and healthy eating."

Wechler H, McKenna ML, and Lee SM. CDC Division of Adolescent and School Health. Journal of the National Association of State Boards of Education, December 2004.



The Time to Act is Now!

- ✚ The increasing rates of overweight and obesity among youth threaten to jeopardize the future health and productivity of our children.
- ✚ Nutrient deficits bode ill for long term health.
- ✚ The need for improved achievement among students demands they be in the best health possible.
- ✚ The law requires that every district take responsibility for the health and well being of children throughout the school day.



Assess the Needs In the Community

CDC School Health Index:
A self assessment and
planning guide.

 .Advisory Councils

Where do you begin?

Form the Team

- ✚ Parents
- ✚ Students
- ✚ Community
- ✚ Representatives of the School board
- ✚ School administrators
- ✚ Members of the public
- ✚ Nutrition and Physical Activity professionals



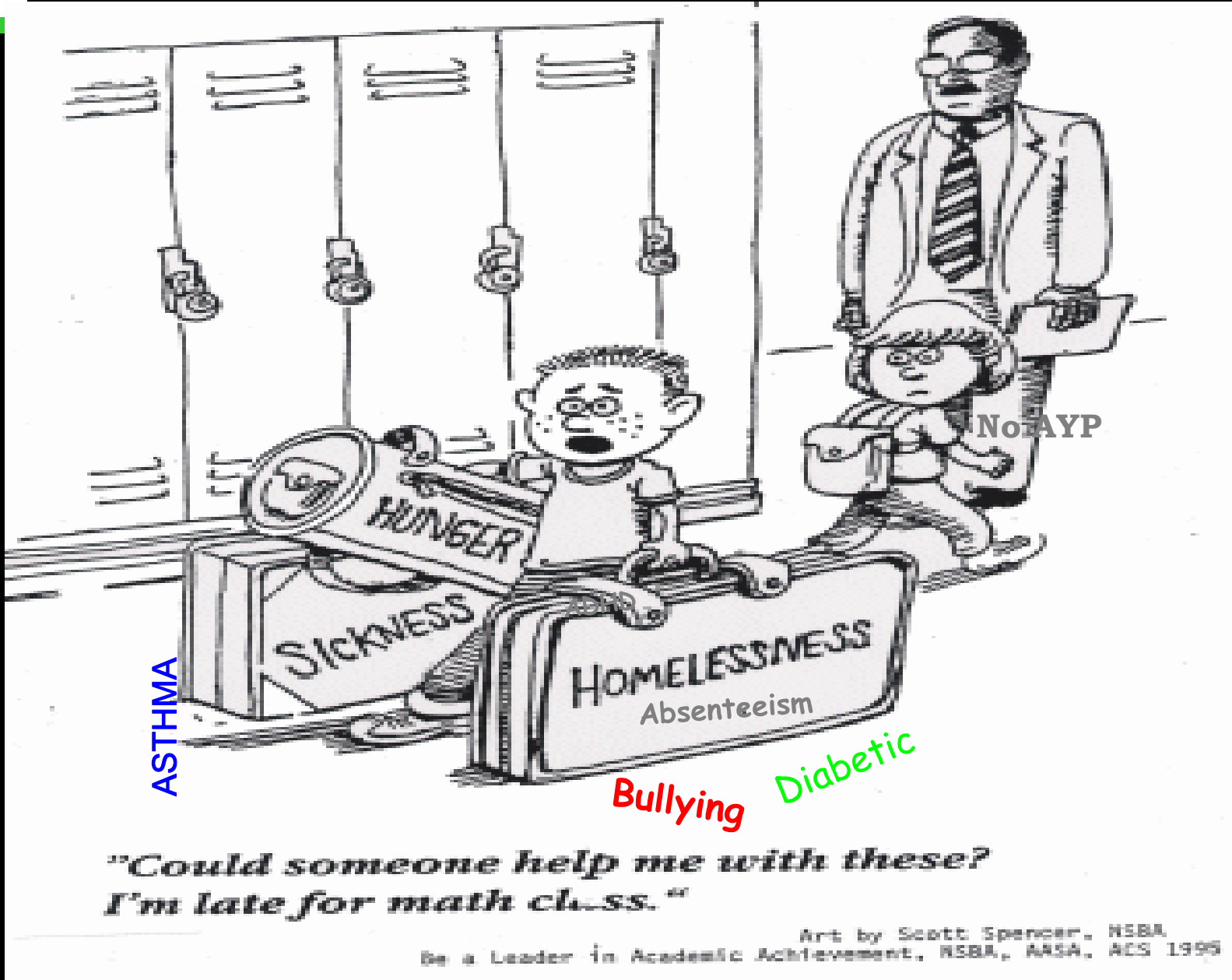
Work Together

- # Listen to all who are affected by the policy.
- # Anticipate, respond to and involve critics.
- # Strategically communicate.
- # Involve all student-serving agencies in the community.
- # Draw in people from a variety of community groups



come to school not ready to learn

NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION



Art by Scott Spencer, NSBA
Be a Leader in Academic Achievement, NSBA, ARSA, ACS 1995



Coordinated School Health

Connie Givens