




Wellness:
A Whole School Approach


National Center
for
COMMUNITY SCHOOLS

 Children's Aid



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Objectives

- ◆ Cite relevant research linking health and education
- ◆ Link the ASCD and CDC 8 pt. coordinated whole child health program model to practices in community schools.
- ◆ Plan for best practices in the 8 areas that can be implemented in their own school's programs and services

Guess the Portion Size Equivalents



- ♦ 1 pancake
- ♦ 1 ½ oz. cheese
- ♦ 1 cup salad greens
- ♦ ½ cup of ice cream
- ♦ 3 oz. tofu
- ♦ 2 tbsp. peanut butter
- ♦ 1 slice of bread



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Education and Health are Linked!



- ♦ Adults who are more educated tend to be healthier.
- ♦ For students, unhealthy behaviors and educational challenges may influence each other, or have common root causes.
- ♦ Healthy students learn better. A student who arrives at school fed, rested, calm, and unworried is ready to learn.
- ♦ Healthier students more likely to graduate from high school on time and attend college or post-secondary education.
- ♦ “Dose-response” effect between health and achievement. There is a clear relationship between **increasing** numbers of health risks and **increasing** academic risk.
- ♦ The association is consistent, replicated by different researchers and under different conditions. Associations were consistently present for youth across racial/ethnic and socioeconomic groups.



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Research Review: School-based Health Interventions and Academic Achievement, Julia Dilley, PhD MES. September 2009

Healthier Students are Better Learners

- ◆ Charles E. Basch, Professor of Health & Education at Teachers College, Columbia University

- ◆ *"No matter how well teachers are prepared to teach,*
- ◆ *no matter what accountability measures are put in place,*
- ◆ *no matter what governing structures are established for schools,*
- ◆ ***educational progress will be profoundly limited if students are not motivated and able to learn.***
- ◆ *Health related problems play a major role in limiting the motivation and ability to learn..."*

~Charles Basch

<http://www.centerforeducationalequity.org/events-page/equity-in-education-forum-series/past-events/healthier-students-are-better-learners-a-missing-link-in-efforts-to-close-the-a/>

March 9, 2010

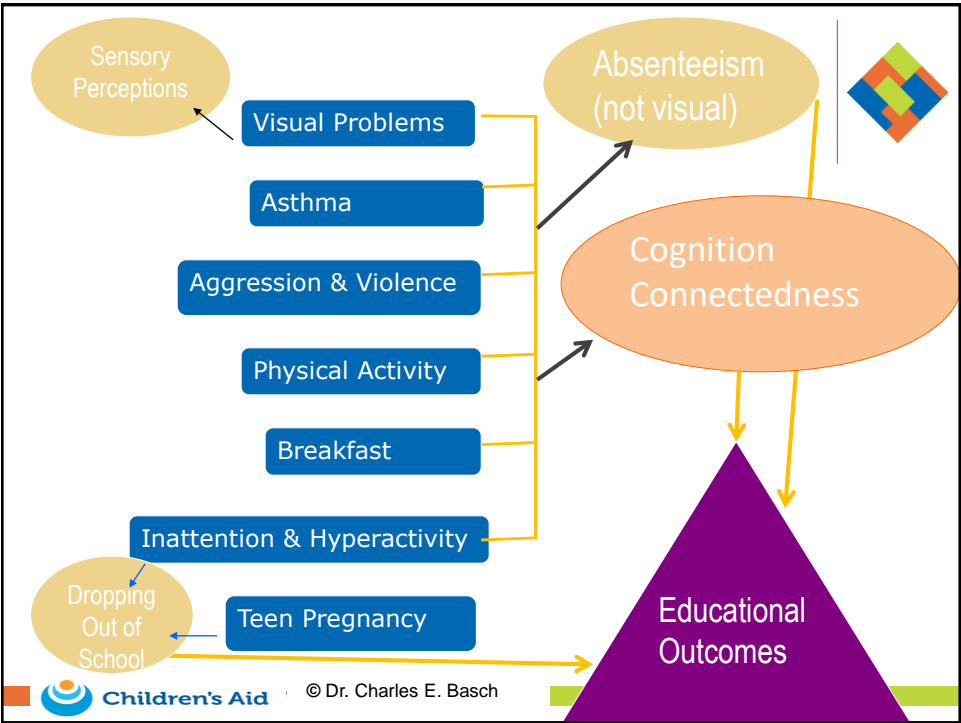


7 Priority Health Factors that Affect Educational Outcomes



Prevalence and Disparities- High Prevalence

- 1. Visual problems: ~20% of youth
- 2. Asthma: ~14% of youth <18
- 3. Teen pregnancy: 1 in 3 teens
- 4. Violence: 28% of adolescents bullied at school
- 5. Physical activity: ~2 in 3 don't get enough
- 6. Breakfast: ~20% of youth skip it
- 7. Hyperactivity: ~8% of youth 6-17 diagnosed



What Can Schools Do?

© Dr. Charles E. Basch

Schools can influence health and improve academic achievement.



- ◆ Access to healthy foods
- ◆ Opportunities to stay physically active.
- ◆ Basch felt schools could help re: 7 health related factors (handout)
- ◆ CDC-The School Health Index (SHI): Self-Assessment & Planning Guide 2017
- ◆ The SHI has two activities to be completed by teams from your school:
 - the eight self-assessment modules and
 - a planning for improvement process:

Effectively Coordinated



- ◆ School health coordinator
- ◆ School health council
- ◆ Community involvement and support
- ◆ Program integration
- ◆ Coordinated services for individual students



Whole School, Whole Community, Whole Child

- The band around the tenets emphasizes the collaboration needed among the school, health, and community sectors.
- The community, the outer band, shows that the school remains a reflection of its community and requires community input, resources, and collaboration.



<https://www.cdc.gov/healthyschools/index.ht>

Health Programs Work Better When They Are Comprehensive

Single interventions work, but health programs that combine policy, instruction, and services are more effective.

1. Health Education



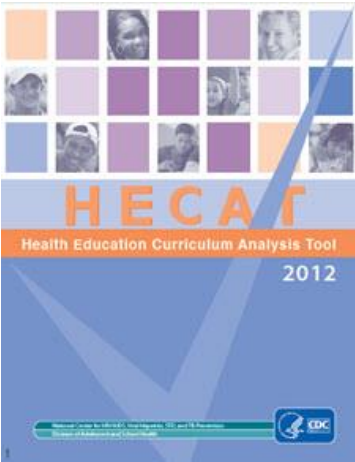
Today's state-of-the-art health education curricula reflect the growing body of research that emphasizes

- ♦ Teaching functional health information (essential knowledge)
- ♦ Shaping personal values and beliefs that support healthy behaviors
- ♦ Shaping group norms that value a healthy lifestyle
- ♦ Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.
- ♦ Less effective curricula often overemphasize teaching scientific facts and increasing student knowledge.
- ♦ An effective health education curriculum has the following characteristics, according to reviews of effective programs and curricula and experts in the field of health education:¹⁻¹⁴



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Health Education Curriculum



- ◆ The Health Education Curriculum Analysis Tool (HECAT)) is an assessment tool to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the [National Health Education Standards](#) and CDC's [Characteristics of an Effective Health Education Curriculum](#).



2. Physical Education/Physical Activity



- ◆ 25 years ago children spent 80% of their time playing outdoors. Now they spend 20%.
- ◆ Some programs are so structured that kids are not being physically active enough to get the benefits from the activity.
- ◆ Nationally-recommended 60 minutes of physical activity each day,
- ◆ Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives.



Active Students = Better Learners
www.cdc.gov/healthyschools/PEandPA



Physical Ed. Focus areas



- ◆ Comprehensive School Physical Activity Program (CSPAP) (seven strategies)² ?
- ◆ Educating the Study Body: Taking Physical Activity and Physical Education to School
- ◆ Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth



3. Nutrition Environment & Services Child Nutrition Reauthorization Bill



August 2019 updates:

- Fall revisions to the National School Lunch Program. The changes will allow flavored, low fat milk (not just non-fat) options in schools, only half of the whole grains served must be whole grains.
- New report, [Community Eligibility: The Key to Hunger-Free Schools](#), The Community Eligibility Provision (CEP) allows the nation's highest poverty schools and districts to serve meals at no cost to all enrolled students without collecting applications.
- U.S. Department of Agriculture's Fresh Fruit and Vegetable Program (FFVP) provides fresh produce to elementary school students. Check out which schools are receiving [this grant](#).
- The [Professional Standards Training Database](#) allows school nutrition professionals to search for training that meets their learning needs, most free.
- For parents who owe school lunch fees, Luzern County threatened family separation, if fees go unpaid. The local child welfare agency [denounced](#) this threat. This [article](#) shares more context behind the lunch shaming.

April 2019 updates

- Rollback Of Nutrition Standards Not Supported By Evidence-awesome [summary](#) of the rollback of the healthful school lunch standards outlined by the Healthy Hunger Free Kids Act.

<https://www.panen.org/nutrition-news/hunger-free-kids-act-2019>



Evidence on dietary behaviors and academic achievement



Benefits

- ♦ Student **participation in USDA School Breakfast Program (SBP)**- increased academic grades & standardized test scores, reduced absenteeism, improved cognitive performance (e.g., memory).
- ♦ **Eating a healthy breakfast**- improved cognitive function (especially memory), reduced absenteeism, & improved mood.
- ♦ **Adequate hydration**- may also improve cognitive function in children and adolescents, which is important for learning.

Deficits

- ♦ Lack of adequate consumption of specifics e.g fruits, vegetables, or dairy products -- **lower grades**.
- ♦ Deficits of specific nutrients (i.e., vitamins A, B6, B12, C, folate, iron, zinc, & calcium) **lower grades, higher rates of absenteeism & tardiness**.
- ♦ Hunger (*insufficient food intake*): **lower grades, higher rates of absenteeism, repeating a grade, & inability to focus**.
- ♦ Skipping breakfast: associated with **decreased cognitive performance** (e.g., alertness, attention, memory, processing of complex visual display, problem solving).



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Bias in dietary guidelines?



- ♦ (1999)Journal of the Natl. Med. Assoc. (JAMA) Abstract-
 - The Dietary Guidelines for Americans
 - the basis for all federal nutrition programs and
 - incorporates the Food Guide Pyramid, a tool to put Guidelines into practice.
 - The Pyramid recommends 2 to3 daily servings of dairy products.
 - Research - **lactase nonpersistence** (*the loss of enzymes that digest the milk sugar lactose*), occurs in a majority of African-, Asian-, Hispanic-, and Native-American individuals.
 - **Whites are less likely to develop lactase nonpersistence** and less likely to have symptoms when it does occur.
 - Calcium is available in other foods that do not contain lactose.
 - Osteoporosis is less common among African Americans and Mexican Americans than among whites, and there is little evidence that dairy products have an effect on osteoporosis among racial minorities.
 - **Evidence** suggests that a modification of federal nutrition policies, **making dairy-product use optional** in light of other calcium sources, may be a helpful public health measure. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2608451/>

♦ **Doctor Scott-** Scolds All White USDA Dietary Guidelines Committee

(You tube)

<https://www.facebook.com/1419038635/videos/10220008802996597/UzpfSTE1MDA0MDA0MTg6MTAyMTk3Nzc4NDc1NDU1Nlc/>



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Children's Aid-Health and Wellness



- ♦ **Go!Kids:** *Food and fitness curriculum for ages 3-5 year olds in Early Childhood program.*
 - The program instills healthy food and fitness habits through stories, songs, yoga, breathing exercises, movement, and hands-on cooking activities.
 - Children learn to differentiate between healthy "Go! foods" and not-so-healthy "slow foods."
- ♦ **Go!Healthy Meals:** *Ensures that Children's Aid youth receive healthy, high-quality, fresh meals through our Early Childhood, School Age, and Adolescence programs.*
 - Our meals meet CACFP nutrition standards and are made from scratch and based on whole, unprocessed, fresh foods, especially fruits, vegetables, and wholegrains.

- ♦ **Go!Chefs:** *Hands-on cooking and nutrition education program for elementary, middle, and high school youth.*
 - Go!Chefs introduces youth to the pleasures of preparing and enjoying healthy food.
 - The goals are for children to embrace:
 - fresh fruits and vegetables,
 - increase their food literacy,
 - and to build their skills and self-sufficiency in the kitchen.



Children's Aid-Health and Wellness



- ♦ **Go!Garden:** *Teaches elementary, middle, and high school students a "seed to table," STEM-based education.*
 - Youth plant and maintain gardens at a dozen Children's Aid community schools and centers throughout the spring and summer.
 - The curriculum combines nutrition education, vegetable and fruit tastings, and plant science in order to draw parallels between healthy plants and healthy bodies.

- ♦ **Eat Smart NY** – *This multicomponent obesity prevention initiative aims to promote healthy eating and physical activity behaviors of Children's Aid school-aged youth and their families.*
 - This is accomplished through behaviorally focused nutrition and cooking education workshops for parents and school-aged youth as well as broader policy, systems, and environmental strategies for behavior change.
 - Programs include staff workshops, wellness councils, gardening, and food box programs.
 - Supplemental Nutrition Assistance Program Nutrition Education and Obesity Prevention grant (SNAP-Ed).
- ♦ **Home Care and Coordination-Dec. 2016**
- ♦ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5052697/>



4. Health Services

- ◆ helps all students with preventive care (*flu shot, vision & hearing screening*) acute & emergency care
- ◆ daily management of chronic health condition (*asthma, diabetes, food allergies, oral care, epilepsy*)
- ◆ coordinating care by communicating with the student's family and health care providers so that they can stay healthy and ready to learn.



Children's Aid-Health and Wellness

- ◆ Youth Voice- Youth Ambassadors
- ◆ Health
- ◆ Comprehensive medical services
- ◆ Early autism screening
- ◆ Dental
- ◆ Mental health
- ◆ Family planning
- ◆ Health education
- ◆ Medical foster care
- ◆ Therapeutic foster care



CAS Resources

Vision Dashboard

SBHC Dashboard

5. Counseling, Psychological and Social Services

- ◆ Prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. These services include:
 - Psychological, psychoeducational, and psychosocial assessments
 - Direct and Indirect Interventions to address psychological, academic, and social barriers to learning (such as individual or group counseling and consultation)
 - Referrals to school and community support services as needed.

6. Social & Emotional Climate



- ♦ Psychosocial aspects of students' educational experience that influence their social and emotional development.
- ♦ The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance.
- ♦ A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

7. Physical Environment



- ♦ A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff.
- ♦ The physical school environment: the school building and its contents, the land on which the school is located, and the area surrounding it.
- ♦ A healthy school environment will address a school's
 - physical condition during normal operation as well as during renovation (*e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting*)
 - protect occupants from physical threats (*e.g., crime, violence, traffic, and injuries*)
 - biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (*e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents*)

8. Employee Wellness



- ♦ Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success.
- ♦ Role model healthy work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards .
- ♦ Help offer resources, including personalized health assessments and flu vaccinations
- ♦ Healthy school staff are more productive and less likely to be absent; can improve a district's bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of



9. Family Engagement



- ♦ School staff & families share responsibility to work together, to support & improve: learning, development, and health of students.
- ♦ School staff are committed to making families feel **welcomed**, **engaging** families in a variety of meaningful ways, and **sustaining** family engagement.
- ♦ Families are committed to actively supporting their child's learning and development.
- ♦ HOW?



CDC-Parents for Healthy Schools



- ♦ CDC resources- help schools and school groups (e.g., *parent teacher associations (PTA), parent teacher organizations (PTO), school wellness committees*) engage parents to create healthy school environments.
- ♦ These resources will:
 - Educate parents about
 - School nutrition environment and services
 - School-based physical education and physical activity
 - Managing chronic health conditions in school settings
 - Provide parents with practical strategies and actions to improve the school health environment
 - Provide parents suggestions to track progress to increase responsiveness to children and youth needs.



10. Community Involvement



- ♦ School health Advisory Councils, coalitions, **build support** for school health program efforts.
- ♦ Create **partnerships w/schools, share resources, & volunteer** to support student learning, development, & health activities e.g. *corporate sponsorships; apprenticeships; internships; summer employment.*
- ♦ **Information, resources, & services** available from Community
- ♦ Schools, students, and their families can **contribute to the community** e.g. *voting assistance; service-learning; sharing school facilities (e.g., school-based community health centers & fitness facilities).*



Resources



- ♦ **Centers for Disease Control and Prevention** <http://www.cdc.gov/>
- ♦ **Healthier Students are Better learners**, 2010, Charles E. Basch, Teachers College, Columbia University.
http://www.equitycampaign.org/i/a/document/12557_equitymattersvol6_web03082010.pdf

School Health Index: Self assessment guides

- ♦ [SHI for Elementary Schools](#)[PDF – 2.3 MB]
- ♦ [SHI for Middle and High Schools](#)[PDF – 3.2 MB]
<https://www.cdc.gov/healthyschools/shi/index.htm>

SHI e-Learning Course

- ♦ This [course](#) introduces you to CDC's *School Health Index: Self-Assessment and Planning Guide*. After this [course](#), you will be ready to conduct or participate in a self-assessment and create a plan to improve the health of students in your school or district.




Local and National Resources



- ♦ City Harvest (NYC)- Outreach to parents
- ♦ Cornell U. Cooperative Extension (NYS)- cooking classes
- ♦ HealthCorps – Dr. Oz, Founder. “Living Labs”-Peer Mentorship Program. Coordinators placed in HS to facilitate wellness.
- ♦ School based Health Centers (SBHC and FQHC).
 - Alliance for a Healthier Generation- build a healthier school
 - National School based health alliance – conferences and resources.










Kitchen Show and Tell
FROM WITS BITS TO POWER WATER WITH CHEF ANNE

Wellness in the Schools (WITS)

- ♦ Mission: by exposing a student to nutritious and better quality food, we can have a lifelong impact.
- ♦ promotes healthy eating, environmental awareness and fitness
- ♦ It is led by volunteer chef Bill Telepan, a Manhattan restaurateur,
- ♦ Wellness in the Schools wellnessintheschools.org@mai156.atl111.rsgsv.net


WITS IMPACT EVALUATION

 <p>CHILDREN IN WITS SCHOOLS EAT 40% MORE FRUITS AND VEGETABLES COMPARED TO CHILDREN IN NON-WITS SCHOOLS</p>	 <p>WITS SCHOOLS OFFERED 76% MORE WHOLE FOOD ENTREES THAN NON-WITS SCHOOLS</p>	 <p>10x INCREASE IN STUDENTS WHO ARE VIGOROUSLY ACTIVE DURING INDOOR RECESS AT WITS SCHOOLS</p>
 <p>62% INCREASE IN PRO-SOCIAL BEHAVIORS AT OUTDOOR RECESS</p>	 <p>58% DECREASE IN TIME TO GET BACK ON TASK AFTER LUNCH AND RECESS</p>	<h4>WITS BY THE NUMBERS</h4> <p>(2017-2018 SCHOOL YEAR)</p> <ul style="list-style-type: none">888 WITS LABS TAUGHT176 WITS BITS TAUGHT369 CAFETERIA STAFF TRAINED27,019 POUNDS OF FOOD DONATED FOR COOKING CLASSES75 COOKCAMP PARTICIPANTS19,255 HOURS OF PLAY


Stats from Koch, A. (2018). WITS: Wellness in the Schools Evaluation. Final Report. (Laurie M. Tisch Center for Food, Education & Policy Programs in partnership with Southern College, Columbia University)

Wellness in the Schools is a national non-profit that teaches kids healthy habits to learn and live better.

REFLECTIONS ON RECESS




CHEFS MOVE TO BROWARD SCHOOLS



COOKCAMP 2017

... CREAT[ING] THE NEXT GENERATION OF HEALTHY NEW YORKERS™



♦ <https://www.surveymonkey.com/r/9R8NGZJ>





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