

ARKANSAS COMPREHENSIVE SCHOOL IMPROVEMENT PLAN
(ASCIP)

PRIORITY: WELLNESS MODEL

Purpose:

The purpose of the wellness priority is to improve the health and academic performance of students. Wellness activities will address nutrition education and physical fitness activities for the development of lifelong health habits and promotion of a healthy lifestyle for:

- Students
- School Staff Members
- Parents and Community Networks

School Wellness activities will create a healthy school environment that supports consistent health, nutrition and physical activity messages to students and community. Local wellness policies as required by the United States Department of Agriculture for child nutrition programs will be integrated into the Arkansas Consolidated School Improvement Plan (ACSIP) model.

School Wellness components can be an integral part of other ACSIP priority interventions and activities such as math, literacy, parent involvement, safe and drug free schools, etc.

ACSIP WELLNESS PRIORITY STANDARDS

▪ **SUPPORTING LAWS AND REGULATIONS**

Student and community wellness is a national, state and local priority due to the epidemic numbers of students identified with health risks caused by excessive weight. The Institutes of Medicine has identified the roles of the food industry, commercial advertising, schools, communities, government, parents, medical care and research in addressing this health crisis. The following state and federal laws and regulations provide the current direction for schools to improve student's wellness:

▪ **FEDERAL LAWS – To meet the federal goal:**

Child Nutrition Reauthorization Act of 2004 – Public Law: 108-265 Section 204 contains five (5) required components for the school district's Wellness Policy effective June 30, 2006. (See required components listed as examples of Wellness Priority: Goal Statements.)

▪ **STATE LAWS**

The following must be evident in the district's priority as actions:

- **ACT 1220 of 2003**
 “An ACT to create a child health advisory committee; to coordinate statewide efforts to combat child obesity and related illness; to improve the health of the next generation of Arkansans; and for other purposes.”
- **ACT 1220 of 2003 (6-17-19 Section E.3.)**
 “Require that goals and objectives for nutrition and physical activity be incorporated into the annual school planning and reporting process.”
- **ADE COMMISIONER’S MEMOS RELATED to ACT 1220 of 2003:**
 - **LS – 06-078** – Rules Governing Nutrition and Physical Activity - Clarification and Guidance Section 9.01 and 9.05 of the Physical Activity Standards
 - **FIN-06-050** - District Wellness Policy
 - **FIN-06-020** – Snack Nutrition Standards During the School Day
 - **FIN-06-017** – Nutrition Standards and Allowable Food/Beverages with Maximum Portion Size
 - **FIN-06-012** – Final Rules Governing Nutrition and Physical Activity Standards
 - **IA-05-099** – Accessing BMI Child Reports
 - **IA-05-094** – Final Rules Governing Child Nutrition Certification
 - **IA-05-051** – Nutrition and Physical Activity Guide
 - **IA-05-022** – District Nutrition and Physical Activity Advisory Committee Requirement
 - **IA-05-021**- Elementary Vending Definitions for Act 1220 Compliance
 - **IA-04-049** – Collection of BMI Data

ACSIP WELLNESS PRIORITY PROTOCOL

The program application data analysis shall include an objective data assessment, to determine the incidence of students screened as overweight and at risk for overweight in elementary, middle, and secondary schools and communities to be served. The objective analysis will include current conditions and consequences of the impact upon student and staff health perimeters for a healthy weight.

DIRECTIONS: It is **REQUIRED** that the following two (2) data sources be used in the district plan.

I. DATA STATEMENT REQUIREMENTS (Supporting Data):

- **SCHOOL HEALTH INDEX EVALUATION (SHI)**
Required by Act 1220
 Prior to the development of the School Wellness Priority as part of the Arkansas Consolidated School Improvement Plan, school personnel will complete an analysis and review of the School Health Index Evaluation

(SHI) for the school environment campus as a basis for determining the goals and priorities for ACSIP. With this set of performance indicators schools can address areas of weakness and strengths in the plan.

- SHI Evaluation Requirement began in SY 2005-06 with the ADE Regulations known as the *Rules Governing Nutrition and Physical Activity Standards in Arkansas Public Schools*, effective 9/19/2005.
- These SHI evaluation results will be used to compare the district standards to the ADE Physical Education and Health Curriculum Frameworks. The district Nutrition and Physical Activity Committee will provide a copy of the SHI results to each principal to be included in the individual school improvement plan or ACSIP Wellness Priority.
- There should be at least two years of annual SHI school evaluations for a comparison of progress reflected in ACSIP for 2007-08.
- For the school staff SHI training contact the ADE Coordinated School Health Services. For copies of the most current Elementary and/or Middle School/High School Assessment Guide see website link:
<http://www.cdc.gov/HealthyYouth/SHI/>

- **BODY MASS INDEX (BMI) DATA
Required by Act 1220**

Development of school ACSIP goals and objectives for nutrition and physical activities shall include the review and use of BMI data by gender, grade level and subgroup populations, if available, for each school to establish benchmarks to measure progress for students wellness.

- Statewide BMI data for schools and districts can be found at
<http://www.achi.net/current/initiatives/obesity.asp>
 - **2003-04 State Summary Report**
http://www.achi.net/current_initiatives/bmi/district_year.asp?searchyeartable=Districts_2003_2004
 - **2004-05 State Summary Report**
http://www.achi.net/current_initiatives/bmi/district_year.asp?searchyeartable=Districts_2004_2005
 - **2005-06 – Not currently online.**

School nurses have access to aggregate school data reports by gender, grade level, and subgroup populations. Data should be available at the school level beginning School Year (SY) 2004.

II. OTHER EXAMPLES OF DATA RESOURCES - Choose Two (2) from the following options:

- **Youth Risk Behavior Survey (YRBS)** is a voluntary self-reported survey of students. The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention (CDC), and supported by the Division of Adolescent School Health (DASH), to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth.

The YRBS collects data from adolescents in grade K-12 in many key health related risk behaviors including violence, alcohol tobacco and other drugs, sexual behaviors, dietary behaviors and physical activity. The Statewide YRBS is implemented by the Arkansas Department of Education, Office of Coordinated School Health Services.

- **Economic Indicators for School Attendance Area**
Economic data by gender, grade level and subgroup populations at the school-level can be used to develop ACSIP goals and objectives. Economic data include:
 - **Aggregate Free and Reduced-Price Meal Eligibility Data** - Aggregate data for the percentage of free and reduced students will assist schools in determining the economic status of children within a school. NO INDIVIDUAL STUDENT DATA can be used for this purpose. See October 1 Arkansas Public School Computer Network (APSCN) Cycle 2 Report for current and previous years.
 - **Migrant Data** – School level collection of migrant data for the three previous years will assist schools in determining the significance of data and the characteristics of this population that need to be addressed in the ASCIP goals and objectives.
 - **Homeless Data** – School level homeless data collection began in SY 2003-04 based on the federal McKinney-Vento Homeless Assistance Act. Schools will review this aggregate data to be supplied by the school district Homeless Liaison for the school district information. “This information will be used to determine the extent to which the state ensures homeless children and youth have access to free, appropriate public education under Title X Part C of the No Child Left Behind Act of 2001.” (ADE Director’s Memo: SI-04-073)

- **Kids Count Coalition Data**

This coalition provides data by Arkansas County and Congressional Area <http://www.aradvocates.org/involved/kidscount/>. The report data may be reviewed for the school attendance area. “The Kids Count” offers four data systems that allow visitors to create free, customized data reports. Most systems include Profiles, Ranking, Line Graphs, Maps and Raw Data.”

“Kids Count State-Level Data Online” -“**Summary:** This system contains data for over 75 measures of child well being, including all the measures regularly used in our popular KIDS COUNT Data Book—the signature product of the KIDS COUNT initiative—as well as the state data formerly in the “Right Start” publication.”

“**Reports:** Profiles, Graphs, Maps, Rankings, And Raw Data”

“**Geographic Area:** 50 States, the District of Columbia, the U.S. Limited data also available for Puerto Rico and U.S. Virgin Islands.”

“**Indicators:** Over 75 indicators of child well-being, including the 10 key measure that comprise an index of child well-being used in the annual KIDS COUNT Data Book, and the 8 indicators formerly in Right Start.”

Quotation Source: The Annie Casey Foundation Website at <http://www.aecf.org/kidscount/> and the Kids Count On-Line State Database at <http://www.aecf.org/kidscount/sld/profile.jsp>

- **Hometown Health Data Collection** – Community health initiative lead by the Arkansas Department of Health and Human Services provides annual Arkansas county population and health statistics data at <http://www.healthyarkansas.com/stats/hth02/HTHB.HTM>

III. TRENDS HEALTH DATA

Trend data for student and adult populations can assist schools in targeting appropriate ACSIP actions and interventions to reduce health risk factors via nutrition education and physical activities in schools.

- **Arkansas Center for Health Improvement** – This organization functions under the direction of a board and is supported by the University of Arkansas for Medical Sciences, Arkansas Department of Health and Human Services and Blue Cross/Blue Shield. In addition to health policy recommendations based on research driven data, schools may want to access the DATA DIVISION <http://www.achi.net/datadivision/> hyperlink at the main website: <http://www.achi.net/currentinitiatives/obesity/asp> for the following data:

i. **Multi-State Integrated Database Initiative**

http://www.achi.net/data_division/datasets.asp Arkansas, in conjunction with support from Health Resources and Services Administration has been able to develop a Multi-State Integrated Database that provides access to data for all funded states. To date 25 states have utilized the following integrated data set, Current Adult Population Survey (CPS)
<http://www.bls.census.gov/cps/cpsmain.htm>

▪ **United States Centers for Disease Control and Prevention**

The Centers for Disease Control (CDC) provides the following state data that schools may want to review before completing the ACSIP Wellness Priority Plan.

- **Arkansas Obesity Fact Sheet – 2001 YRBS Results**
<http://www.cdc.gov/HealthyYouth/states/ar.htm>
- **Arkansas Healthy Youth “School Health Policies and Programs Study” (SHPPS) State Summary Report Card – 2000, 2006** http://www.cdc.gov/HealthyYouth/shpps/report_cards/pdf/arkansas.pdf
- **Arkansas School Health Profiles –** The School Health Profiles help state and local education agencies monitor the current status of school health education; school health policies related to physical activity; food service and physical education; and family and community involvement in school health programs. Profiles are available biennially at the middle/junior high school and high school levels, respectively.
<http://www.cdc.gov/HealthyYouth/profiles/index.htm>

ACSIP WELLNESS PRIORITY PLAN **COMPONENTS**

• **GOAL STATEMENTS**

A broad statement that addresses what is to be done. **Examples of Goals** from Federal Wellness Policy Requirements:

- Goals for nutrition education, physical activity, and other school-based activities that are designed to promote students wellness in a manner that the local educational agency determines appropriate.
- Nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity.

- Reimbursable school meals, which are no less restrictive than regulations and guidance issued by the Secretary of Agriculture pursuant to Subsections (a) and (b) of Section 10 of the Child Nutrition Act (42 U.S.C. 1779) and Action 9 (f) (1) and 17 (a) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758 (f) (1), 1766 (a), as those regulations and guidance apply to schools.

This requirement implies that districts must ensure that reimbursable school meals meet the program requirements and nutrition standards set forth under the 7 Code of Federal Regulations (CFR) Part 210 and Part 220.

- A plan for measuring implementation of the local wellness policy, including designations of one or more persons within each local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the district's local wellness policy requirement.
- Community involvement shall include: parents, students, representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

- **BENCHMARK STATEMENTS**

Must include tool of measurement, percent of growth and a timeline.

- **INTERVENTION**

The overall picture of what you want to do or the improvement needed based on the district assessment results. i.e., promote life long healthy eating.

- Research based interventions in nutrition will include state and federal initiatives and strategies from the CDC publication: *Guidelines for School Health Programs to "Promote Lifelong Healthy Eating."*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00042446.htm>
- Research based interventions in physical activity will include state and federal initiatives and strategies from the CDC publication: *Guidelines for School Health Programs to "Promote Lifelong Physical Activity."*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm>

- **ACTIONS**

Research based programs or activities will be implemented to teach students and create a school environment where students can meet district or school wellness and academic goal(s). The following are examples of research based programs and/or activities:

NUTRITION & PHYSICAL ACTIVITY PROGRAMS:

- **Coordinated Approach to Child Health (CATCH)**, Purpose: Designed to promote healthy eating habits and increase physical activity among children and adolescents. <http://www.sph.uth.tmc.edu/catch/>
- **Eat Well and Keep Moving**, Purpose: School-based program designed to increase physical activity and promote healthy dietary habits among 4th and 5th grade students. <http://www.hsph.harvard.edu/nutritionsource/EWKM.html>
- **Healthy Body Healthy Spirit**, Purpose: Community-based program designed to promote healthy dietary habits and increase physical activity. The National Cancer Institute - http://cancercontrol.cancer.gov/rtips/rtips_details.asp?programID=46&topicId=9&co=Y
- **Planet Health**, Purpose: School-based program designed to increase physical activity and promote healthy dietary habits among 6th, 7th, and 8th grade students. Website provides research, sample social studies lesson and information regarding free web-based teacher training. http://www.hsph.harvard.edu/prc/proj_planet.html
- **U.S. Centers for Disease Control “BAM” Website** only for students: <http://www.bam.gov/>

NUTRITION EDUCATION PROGRAMS:

- **Teens Eating for Energy and Nutrition at School (TEENS)**, Purpose: School based program designed to increase fruit and vegetable consumption and to promote healthy dietary outcomes. http://www.epi.umn.edu/cvhp/r_teens.htm
- **5 a Day Power Plus**, Purpose: School-based program designed to increase fruit and vegetable consumption. Elementary children. http://www.epi.umn.edu/cvhp/r_5aday1.htm
- **Gimme 5**, Purpose: School-based program designed to increase fruit and vegetable consumption by elementary students. <http://www.som.tulane.edu/cardiohealth/gimmie5.htm>
- **High 5 Fruit and Vegetable Intervention for 4th Graders**, Purpose: School-based program designed to increase fruit and vegetable consumption by elementary students. <http://www.health.state.mn.us/divs/hpcd/chp/powerplus/fourthgradepdfs/intro.pdf>
- **RESOURCES FOR ADDITIONAL NUTRITION PROGRAMS:**
 - **Action For Healthy Kids (AFHK) Website** - For Additional “**What Works**” Programs and Nutrition Education Curricula with AFHK rating and for most current programs that may be researched based at:

[http://www.actionforhealthykids.org/resources_topic.php?topic=17& displaytype=whats_working](http://www.actionforhealthykids.org/resources_topic.php?topic=17&displaytype=whats_working)

- **Food and Nutrition Resources, National Agriculture Library**, See curricula for Preschool – 6th grade and 7 –12th grades.
<http://www.nal.usda.gov/fnic/pubs/bibs/edu/preschool.html>

PHYSICAL ACTIVITY PROGRAMS:

- **Development and Promotion of Walking Trails, Purpose:** Designed to increase physical activity among sedentary individuals.
See Smart Growth Online at
<http://www.smartgrowth.org/library/byissue.asp?iss=5&res=1024>
See “On the GO” program details at <http://walk.hhp.ufl.edu/>
- **“Every Body Move,”** (Grades K-5) Classroom lessons that help elementary school students understand the importance of physical activity.
<http://www.everybodymove.org/everybody/>
- **“It’s Up to You! Choose Your Move”** (Grades 6-8) Classroom lessons that help secondary school students understand the importance of physical activity.
Heartpower! (For All Ages) Online curriculum-based program teaches about the heart and keeping it healthy for a lifetime by the American Heart Association www.everydaychoices.org
- **NEW Lifestyles: 10,000 Steps Walking Program.** A program using pedometers to promote and encourage walking 10,000 steps a day for better health. <http://www.new-lifestyles.com/challenge.html>
- **Take 10!** An innovative physical activity promotion program designed to provide elementary school children with opportunities to be physically active in the classroom during brief, ten-minute “physical activity breaks” as part of the instructional day. This program is for kindergarten through fifth grades.
<http://www.take10.net/whatistake10.asp?page=new>
- **RESOURCES FOR COMMUNITY EDUCATION & ASSESSMENTS:**
 - **America’s Walking**, A unique Public Broadcasting Service (PBS) television series that provides viewers with a blueprint for increasing daily activity and creating more walkable communities.
<http://www.pbs.org/americaswalking/>
 - **Active Community Environments (ACEs)**, A CDC sponsored initiative to promote walking, bicycling, and the development of accessible recreation facilities.
<http://www.cdc.gov/nccdphp/dnpa/aces.htm>