



## **ACHIEVING IMPACT:**

**State Successes in Improving School Nutrition, Physical Education,  
Physical Activity, and the Management of Chronic  
Health Conditions in Schools**



**NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS**

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# Acknowledgements

NACDD would like to thank the following people for valuable contributions into the development of featured state successes, in addition to other state health and education department staff who conducted internal review. Their organizational affiliations are current as of their most recent involvement. The contents within this publication are solely the responsibility of the author and do not necessarily represent the official views of these individuals or their respective organizations.

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This publication was supported by the Cooperative Agreement Number 5U380T000225-4 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.

Published 2017



## Introduction

**T**he Centers for Disease Control and Prevention (CDC) funds states nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke through a cooperative agreement entitled State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305 State Public Health Actions). States were awarded funding under 1305 State Public Health Actions in 2013, and awards continue annually for five years.

CDC Healthy Schools (CDC School Health Branch) directs funding and technical support to state health departments for the implementation of the school health areas of 1305 State Public Health Actions. State health departments work with state education departments and additional key partners to implement evidence-based school health strategies to improve school nutrition, physical education, physical activity, and the management of chronic health conditions. Importantly, various non-governmental organizations, including the National Association of Chronic Disease Directors (NACDD), also receive funding from CDC Healthy Schools to strengthen the efforts of states in these areas of school health.

CDC provides funding to state health departments through two funding levels. The first level includes basic funding, which provides base-level funding to all 50 states and to the District of Columbia. The enhanced funding provides supplemental funds to 32 states for more intensive interventions. Regarding the school health area of 1305

State Public Health Actions, most states identify a limited number of priority school districts and schools in which to deliver targeted professional development and technical assistance and report progress to CDC Healthy Schools. Some states conduct activities through a statewide approach or use a combination involving activities targeted to both priority school districts/schools and to schools statewide.

This publication highlights the achievements of states and local school districts/schools related to the implementation of the school health area of 1305 State Public Health Actions. In consultation with CDC Healthy Schools, NACDD identified a total of 15 states to feature that are diverse by regions of the country and basic and enhanced funding levels. NACDD worked with the school health lead and designated staff member(s) to develop each state success. While this publication is a compilation of the successes, each state success story was prepared to stand on its own.

The success stories that follow are organized alphabetically by state. Each story introduces the state's project to implement the school health areas of 1305 State Public Health Actions and features achievements and impacts that have resulted from these efforts. The examples present key partners and additional factors, including the CDC, that have been instrumental to their success. Additionally, the stories highlight challenges and successful strategies used to address them, along with next steps in moving their projects forward and plans for sustainability.

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## References

- <sup>1</sup> <https://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

## FLORIDA:

# Maximizing the Reach and Impact of Partnerships to Improve Healthy Eating and Physical Activity among Students

The Florida Department of Health (FDOH) has maximized the reach and impact of partnerships to improve healthy eating and physical activity through the “Healthy Districts/Schools Project.” With a focus on eight participating school districts, the project reaches nearly 9,000 students. Participating districts receive professional development and technical assistance from FDOH and other partners on strategies to improve health-related policies and practices for students. Each district is held accountable to meet a variety of deliverables.

### Achieving Impact

- **A data and needs-driven selection process of eight of the highest-need school districts incorporating findings from the Florida Maternal, Infant and Early Childhood Home Visiting needs assessment (2011) related to the social determinants of health.**

Additional data sources to evaluate health status, risk behaviors, and district capacity were also utilized in the selection process.

- **Implementation of a collective impact approach involving several programs in FDOH’s Bureau of Chronic Disease Prevention with the assistance and support of county health departments in each of the eight counties.** The project focuses on six areas that span the life course and utilizes a key strategy to “strengthen schools as the heart of health.” The eight participating school districts are encouraged to meet three goals: (1) achieve the “Healthy School District” award via the Florida Healthy

School District Self-Assessment Tool designed to rate district infrastructure, policies, programs, and practices every two years; (2) encourage all schools to participate in the HealthierUS School Challenge (HUSC): Smarter Lunchrooms;<sup>1</sup> and (3) establish a Comprehensive School Physical Activity Program (CSPAP).<sup>2</sup>

- **Sustainability and progress in improving healthy eating and physical activity through participating school districts’ completion of various deliverables at agreed upon time points set and monitored by FDOH.** These deliverables include the development and implementation of Healthy Nutrition Environment and CSPAP plans and progress reports to FDOH. Because of this work, there have been several local policy changes to enhance recess or increase physical activity. For example, one of the participating districts included 15 minutes of recess time in addition to the regular physical education requirement within its School Improvement Plan.

### Key Partners

FDOH works closely with the Florida Department of Education (FDOE) and partners of the Florida Coordinated School Health Partnership (FCSHP) to leverage limited resources and maximize reach and impact. FDOE is fully engaged in the implementation of the Healthy Districts/Schools Project. In addition, the Florida Department of Agriculture and Consumer Services and Florida Action for Healthy Kids both champion school participation in HUSC: Smarter Lunchrooms and other related activities such as Every Kid Healthy Week. County health departments are instrumental to the success of the project, as well as other key partners including the Florida Association of District School Superintendents (FADSS), Florida Healthy Kids Corporation, Florida School Boards Association, Florida state chapters of the American Heart Association, Parent Teacher Association, and Fuel Up to Play 60.

The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.

## Additional Factors Instrumental to Success, Including the CDC

- CDC financial support has allowed for expanded professional development in schools, specifically toward improved lunchrooms and increased school district buy-in and commitment. FDOH uses CDC resources, such as the CSPAP online training and data from the Youth Risk Behavior Surveillance System and School Health Profiles.<sup>3,4</sup> One deliverable for participating school districts is the completion of CDC's *School Health Index*.<sup>5</sup> Using CDC's CSPAP guide, FDOH created an action book to assist school districts in developing their own CSPAP plans. FDOH has also leveraged resources under CDC 1308 grant: Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance to ensure alignment with the process of selecting school districts and coordinating several professional development opportunities.
- A long-standing, active state-level FCSHP helps build school capacity in health and wellness, with increased alignment to the Whole School, Whole Community, Whole Child (WSCC) model.<sup>6</sup> Established as the Florida Healthy Schools Consortium in 2006, the FCSHP convenes biannually around focused topics and maintains steady communication among members and stakeholders. The criteria for recognition as a Florida Healthy School District are based on the Florida Healthy School District Self-Assessment Tool that addresses district infrastructure, policy, programs and practices identified by national and state guidelines, Florida statutes, and best practices. The FCSHP provides assistance to school districts to meet qualification requirements for recognition. A total of 43 out of Florida's 67 school districts have been recognized as Florida Healthy School Districts at one or more of the three award levels (bronze, silver, gold). Six of the eight participating school districts have been recognized at various award levels.
- Many organizational partners have helped streamline the Healthy Districts/Schools Project. For example, FDOH's network of county health departments (matched 1:1 with county school districts to create strong relationships) improves the implementation of local level nutrition and physical education and physical activity practices in schools. In addition, FADSS raises the visibility and validates the importance of health and wellness by actively promoting the Florida Healthy School District recognition to schools and district superintendents.

## One Challenge Being Addressed

School districts and schools participating in the Healthy Districts/Schools Project have high needs, competing priorities, and limited resources. The project requires school health coordinators to submit a number of forms and deliverables, and there are challenges to completing them at their defined time points. FDOH attempts to stay ahead of these challenges by conducting routine check-ins every two weeks to review assessments or forms and provide technical assistance, providing advance notice about upcoming deadlines to facilitate completion, and working with district coordinators as liaisons to the school-level coordinators. Diverse state and local partners also play an important role in providing technical assistance and support.

## Next Steps and Sustainability

The Healthy Districts/Schools Project will continue its programmatic effort and monitor completion of project deliverables and activities. The required re-assessment process for the Florida Healthy School District recognition every two years promotes sustainability of activities and future quality improvement. There are plans to boost the CSPAP tools and explore the development of resources to further support school employee wellness, since participating school districts address both staff and student wellness through this project. Lastly, along with partners, FDOH will increasingly integrate the ten components of the WSCC model into the FCSHP infrastructure and leverage the sustainable FCSHP network and their resources to promote health and wellness.

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## References

- <sup>1</sup> <https://www.fns.usda.gov/hussc/healthierus-school-challenge-smarter-lunchrooms>
- <sup>2</sup> <http://www.safehealthyschoolsfl.org/Page.aspx/Index/Completing-Assessment>
- <sup>3</sup> <https://www.cdc.gov/healthyschools/professional-development/e-learning/CSPAP/page23.html>
- <sup>4</sup> <https://www.cdc.gov/healthyschools/dataandstatistics.htm>
- <sup>5</sup> <https://www.cdc.gov/healthyschools/shi/index.htm>
- <sup>6</sup> <https://www.cdc.gov/healthyschools/wsccl/index.htm>

## HAWAII:

# Encouraging Stakeholder Engagement and Programmatic Innovation to Improve Student Health and Wellness

The Hawaii State Department of Health (HDOH), through the Healthy Hawaii Initiative, provides professional development and technical assistance to schools to strengthen programmatic actions that align with or exceed the Hawaii Department of Education (HDOE) wellness policy and related guidelines. The initiative incorporates all seven regional districts statewide across seven islands, which are comprised of 15 complex areas with 256 individual schools, to potentially reach approximately 170,000 students.

### Achieving Impact

- **Stakeholder engagement and collaboration to revise Hawaii's Wellness Guidelines.**<sup>1</sup> Leadership from HDOH, HDOE, and the Hawaii State Board of Education hosted a Hawaii School Wellness Symposium in November 2015 for 95 participants from more than 25 partner organizations. The Whole School, Whole Community, Whole Child (WSCC) model served as a framework to propose revisions to the guidelines,<sup>2</sup> which were originally developed in 2007, and increase coordination across school health sectors. A state-level wellness committee with 30 key representatives from state and community organizations was convened in November 2016 to review ideas from the Symposium and make final recommendations for the HDOE Superintendent to consider including in the wellness policy. In March 2017, the HDOE Superintendent approved the improved Wellness Guidelines for all public schools in Hawaii.

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- **Partnership between HDOH and HDOE to administer an annual Safety and Wellness Survey (SAWS) to measure wellness policy implementation in schools.** Data from this survey are used to generate reports for the State and Complex Area Superintendents and develop award banners for schools that achieve 90% or higher. A summary report with SAWS school scores is posted publicly on the HDOE website.
- **The offering of statewide professional development and technical assistance for achieving project deliverables.** Advancing Health Education and Physical Education is achieved through a cadre of regional resource teachers who are responsible for deliverables, such as fitness meets, for-credit courses for teachers, and lending libraries of instructional resources (e.g., curricula, equipment to increase physical activity in the general classroom and during physical education, etc.). HDOH monitors and recognizes success stories known as 'bright spots' to encourage promising actions. To promote the professional development of food service staff, HDOH and school food service partners provided Institute Day workshops in four locations across the state. According to the HDOH, they "...provide an umbrella for activities, grounding it in policy..." and capitalize on "food as a great medium of conversation" to achieve local level impact.
- **Innovative programs and activities that are often place-based and reflect local culture aimed at enhancing school nutrition environments and wellness.** Examples of initiatives HDOH has led or helped lead in schools statewide are listed below.
  - *Eat Your Veggies* campaign in all public schools featuring each of the five vegetable sub-categories of the National School Lunch Program. Posters in the cafeterias highlighted locally-grown and available vegetables with appealing graphics and easy-to-read information about food preparation, USDA serving size requirements, and health

benefits. More than 400 food service staff received professional development on Smarter Lunchroom strategies to promote vegetable selection by students and ways to reduce sodium in meals, and food service staff wore promotional aprons with the *Eat Your Veggies!* tagline during meal service.

- *How Does Your School Garden Grow? Best Practices for Growing, Harvesting, and Serving School Garden Produce*. A reference manual and training series created with the support of the Hawaii Farm to School and School Garden Hui,<sup>3</sup> which is a collaboration of island-based networks working to connect children to local land, waters, and food.
- *Cooking Up a Rainbow* hands-on cooking instruction for high school Culinary Arts teachers developed in partnership with the Culinary Institute of the Pacific at Kapiolani Community College.<sup>4</sup>
- Hawaii's *Physical Education Fair* that is modeled on the science fair concept and challenges secondary students to produce a video documentary demonstrating the importance of living a healthy lifestyle. The documentary must include footage of the student actively engaged in developing a personal fitness plan, workouts, and the pre- and post- testing experience. The Hawaii Association for Health, Physical Education, Recreation and Dance (HAHPERD) facilitates the involvement of private and independent schools in this statewide competition.

## Key Partners

HDOH closely partners with HDOE School Food Services Branch and Office of Curriculum, Instruction, and Student Support. Many stakeholders have worked with DOH to develop and implement the Wellness Guidelines, Eat Your Veggies poster campaign, and other key efforts, including the Hawaii Department of Agriculture and others (e.g., Hawaii Farm to School and School Garden Hui members, Kapiolani Community College, HAHPERD). The University of Hawaii Public Health Studies evaluation team serves as the evaluator of the Healthy Hawaii Initiative.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding enables HDOH to have a significant reach in every region. Resource teachers attend in-person and online trainings to expand their skills to effect

change within local schools. *The Eat Your Veggies* campaign, which helped to increase knowledge of nutritional benefits of vegetables among food service staff, was fully funded by the CDC. HDOH finds several CDC resources particularly useful, including the research syntheses on the connections between health and academic achievement that HDOH adapted for Hawaii schools and the WSCC model that HDOH applied to assure diverse stakeholder engagement and input into the wellness policy. The Wellness Guidelines require schools to complete CDC's *School Health Index*.<sup>5</sup>

- Since all public schools in Hawaii are under the HDOE as one local education agency, HDOH has a simplified policy process using a set of wellness guidelines that can serve all schools on all islands and foster innovation. The state's school food authority allows HDOH and HDOE to leverage Hawaii's size and purchasing power to promote nutrition.

## One Challenge Being Addressed

Food procurement and access are challenges, influenced by Hawaii's geographical location, reliance on foods sourced from the U.S. mainland and other countries, population growth, and a shift of land use from agriculture to housing and development. Food supply varies regionally and the state overall has many areas with limited access to affordable, diverse local foods and fresh produce. In response, HDOH takes advantage of the state's school food authority to promote nutrition. The large buying power of a single statewide school district has helped leverage lower sugar content in chocolate milk and restricted soda vending on campus. However, it is still difficult to source local produce for the 100,000-plus meals served in public schools every day.

HDOH additionally works to increase and enhance school gardens. More than 80% of schools statewide have a school garden, promoting student and school community awareness of, and access to, locally produced fresh fruits and vegetables, fruits, herbs, and sometimes fish. School gardens give students opportunities to taste foods that grow well in Hawaii and that might not be commonly served at home, such as wingbeans and kale. HDOH has also focused on cultural influences affecting food choice and diversity, by fostering food preparation practices that revitalize Hawaiian and other traditional local foods including poi smoothies and low-sodium kimchee.

## Next Steps and Sustainability

HDOH will continue to work with partners to share the updated Wellness Guidelines and build the capacity of schools to implement strengthened policies and programs. The initiative applies the WSCC model to increase coordination between the state agencies, regions, and community organizations and encourages innovation in schools, which helps ensure sustainability. HDOH plans to develop supportive online resources, deliver professional development workshops, and expand its lending libraries of instructional resources. In addition, HDOH and HDOE will partner to share data from the Safety and Wellness Survey to inform collaborative planning and actions regarding wellness. Data findings show that schools statewide are making strides in meeting wellness guidelines, but rates to meet some individual guidelines can still be improved.

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## References

- 1 <http://www.hawaiipublicschools.org/TeachingAndLearning/HealthAndNutrition/WellnessGuidelines/Pages/home.aspx>
- 2 <https://www.cdc.gov/healthyschools/wsc/index.htm>
- 3 <http://kohalacenter.org/schoolgardenhui/huimember.html>
- 4 <http://culinary.kapiolani.hawaii.edu/cooking-up-a-rainbow/>
- 5 <https://www.cdc.gov/healthyschools/shi/index.htm>



## INDIANA:

# Providing Professional Development to Improve Nutrition, Physical Education, Physical Activity, and Diabetes Management in Schools

**T**he Indiana State Department of Health (ISDH), in collaboration with the Indiana Department of Education (IDOE), provides professional development and technical assistance to improve policies and practices in nutrition, physical education, physical activity, and the management of chronic health conditions in schools. The project targeting school nutrition, physical education, and physical activity reaches an estimated 86,131 students in 15 priority school districts. An additional pilot project targeting 35 schools, with an enrollment of more than 18,000 students, focuses on the management of diabetes for students having this diagnosis.

### Achieving Impact

- **Extensive regional training and coordination to support the implementation of Comprehensive School Physical Activity Programs (CSPAP).** ISDH provided mini-grants to priority school districts in response to their needs identified from their Let's Move Active Schools-informed action plans. Schools used funds to purchase physical activity equipment and technology to promote movement in the classroom and before and after school. As a result, ISDH has seen promising practice changes in physical activity. One teacher reports using a purchased subscription to a physical activity-promoting technology program on a daily basis to increase activity in the classroom for her students.

The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.

- **In collaboration with IDOE, development of two guidance documents including (1) an updated Indiana Healthy Schools Toolkit that provides information and resources to support health-promoting policies and practices in schools and (2) the Indiana School Nurse Manual that guides the management and delivery of health services in schools for diabetes and other chronic health conditions, in compliance with federal laws and state requirements for health screenings, health reporting, and professional development and training for school nurses.** In addition, IDOE produced or is developing several instructional tools to support students with diabetes, informed by a needs assessment of school nurses involved in the diabetes management pilot project at South Bend Community School Corporation (SBCSC) school district.
- **School attendance monitoring for all SBCSC students with diabetes and improved school nursing services to reduce absences.** SBCSC schools have enhanced diabetes individualized health care plans, disease management education with students, parents and families, and referrals to clinical and community resources as appropriate. Absenteeism trend data suggests improved attendance for most students with diabetes over three consecutive semesters in 2015 - 2017, and a decline in the average days absent per semester 9.58 (n = 48) to 6.97 (n = 49). The SBCSC nurse manager states that participation in this project has led SBCSC nursing staff to "... become more confident in their ability to provide students with diabetes appropriate and knowledgeable care, where the outcome is improved student attendance and less hospitalizations."

### Key Partners

ISDH partners closely with IDOE, particularly on improving school nutrition and local school wellness policies and implementing the diabetes management pilot project at SBCSC. Key partners related to the nutrition environment, physical education, and physical

activity areas are the Indiana Healthy Weight Initiative, Jump IN for Healthy Kids, Indiana Action for Healthy Kids, and Indiana University–Purdue University Indianapolis (a public research university). For chronic health conditions, IDOE collaborates with regional health care experts and professionals, especially those associated with Riley Hospital for Children at Indiana University Health who provide education support to school nurses.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding and technical support has strengthened both ISDH and IDOE professional development in nutrition, physical education, physical activity, and the management of chronic health conditions. CDC communications and weekly resource updates have been helpful. IDOE finds value in CDC diabetes-related resources, such as the *Managing Diabetes at School Playbook* and Parents for Healthy Schools resources addressing chronic health conditions.<sup>1,2</sup> In addition, ISDH and IDOE report that their effort benefits from resources of national organizations funded by CDC Healthy Schools, particularly the National Association of Chronic Disease Directors (NACDD) and National Association of School Nurses (NASN). These include NACDD technical assistance, communities of practice that facilitate state-to-state sharing, and publications, along with NASN guides and position statements that IDOE uses or cites as supportive reference material.
- The Indiana state law Care of Students with Diabetes IC 20-34-5 (2007) provides a framework for the diabetes management pilot project, as it outlines prescriptive mandates for the care of students with diabetes while in school or participating in school-related activities, including training for both school nurses and designated personnel.<sup>3</sup> Additional resources such as the National Diabetes Education Program's *Helping the Student with Diabetes Succeed: A Guide for School Personnel* have been pivotal to improve practices to support students with diabetes.<sup>4</sup>

## One Challenge Being Addressed

Communication with schools and project engagement can be fragmented and challenged by frequent staff turnover and competing priorities. Further, school nursing is increasingly being absorbed into hospital systems, where hospitals are responsible for student health care, school nurse staffing, and personnel management. Schools experiencing these changes report that hospitals provide expert clinical training, but are often less familiar with the specialty of school nursing. A few strategies

both ISDH and IDOE apply to improve communication and build capacity for schools to engage in professional development are: 1) offering regional trainings that reduce transportation and out-of-building time burdens for school staff, 2) strengthening an online education library to enable school nurses and hospital-based supervisors to access information at any time and from any location, and 3) helping school staff, especially school nurses, develop plans for delegation and staffing coverage because they may not always be present at one particular school building on a daily basis.

## Next Steps and Sustainability

ISDH and partners will continue to provide professional development and ongoing technical assistance to schools, with increasing attention to strengthening school wellness policies in alignment with the final rules of the Healthy, Hunger-Free Kids Act of 2010. Professional development and technical assistance provided by IDOE and partners through the diabetes management pilot project will also continue. IDOE will develop new instructional tools and materials requested by school nurses and monitor data relevant to chronic health conditions nationally and within the state to ensure that training opportunities are appropriate and timely. There are plans to work with the ISDH evaluator to summarize data findings and develop success stories to show the reach of nutrition, physical education, physical activity, and the management of chronic health conditions in schools, which may encourage future funding opportunities to sustain and expand this effort.

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## References

- <sup>1</sup> <https://www.cdc.gov/features/diabetesinschool/>
- <sup>2</sup> <https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>
- <sup>3</sup> [http://iga.in.gov/static-documents/7/4/b/b/74bbf75a/TITLE20\\_AR34\\_ch5.pdf](http://iga.in.gov/static-documents/7/4/b/b/74bbf75a/TITLE20_AR34_ch5.pdf)
- <sup>4</sup> <https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/school-guide/Pages/publicationdetail.aspx>

## IOWA: Improving Nutrition, Physical Education, and Physical Activity in Schools

The Iowa Department of Public Health (IDPH), in partnership with the Iowa Department of Education (IDE), provides professional development and technical assistance to schools to strengthen school nutrition, physical education, and physical activity policies and practices. The project targets 12 schools in six school districts and has a potential reach of approximately 56,441 students enrolled within these districts. Select schools receive mini-grants to support school wellness activities and goals identified within their action plans.

### Achieving Impact

- **The coordination and delivery of professional development and technical assistance focused on improving healthy environments supportive of school nutrition, physical education, and physical activity to 12 schools within six school districts.**

The six priority school districts expressed interest in strengthening school health and wellness including intent to apply for an award through the HealthierUS School Challenge certification initiative at the start of the project.<sup>1</sup> Although the districts vary by student enrollment size and geographical area, the minimal separation between school administrators and staff within small, rural districts in particular has contributed to local level impact. IDPH and IDE present strategies and focus areas from which schools choose in order to get traction behind specific actions for accountability. Mini-grants align with and help schools achieve action plan goals and objectives. As a result, for example,

several schools have increased student access to water. One school reports increased instructional time for physical education by up to five minutes per day, due to students now having an added water filling station within close proximity to the school gym.daily basis to increase activity in the classroom for her students.

- **Increased collaboration and stakeholder engagement to explore state recommendations for minimum levels of physical education.**

IDPH and IDE have been working with the Iowa Association for Health, Physical Education, Recreation and Dance (IAHPERD) and state affiliates of the Action for Healthy Kids and American Heart Association to review and share resources related to physical education and to increase discussion regarding possible standards that can yield the most impact for Iowa students. There are plans to conduct a survey to assess physical education practice across the state, establish a baseline for measurement, and identify areas to be improved.

### Key Partners

IDPH jointly works with IDE in implementing targeted work with schools on nutrition, physical education, and physical activity, and the Bureau of Health and Nutrition at IDE, of which Team Nutrition is a part, oversees nutrition. The IDE worked with the Iowa Association of School Boards (IASB) to add optimal language for school nutrition and physical activity into a Sample School Wellness Policy released in 2016 that schools could use to select goals for inclusion in their policies or identify their own district-specific goals.<sup>2</sup> Use of the sample policy guides school wellness policy development. Additional key partners include IAHPERD, which offers training on physical education and physical activity to schools statewide, and the state affiliates of Action for Healthy Kids and American Heart Association.

**The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.**

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding has helped IDPH and IDE provide targeted professional development and technical assistance to schools, especially with physical education and physical activity. The support from CDC has led to increased collaboration and discussion regarding state recommendations for minimum levels of physical education. Project staff use CDC resources and tools, along with practical guidance and webinars available from national organizations that have had funding from CDC Healthy Schools, such as the Alliance for a Healthier Generation.
- The identification of several key school health champions has had a significant role in creating healthy school environments that promote local school policies and practices supportive of school nutrition, physical education, and physical activity. A food service director was such a champion at the Saydel Community School District, a school system with an enrollment of an estimated 1,300 students.<sup>3</sup> She was pivotal to increasing the school nutrition environment and had a leadership role in increasing nutrition awareness with administrators and staff, implementing healthy fundraising to comply with Smart Snacks in School nutrition standards, purchasing non-food rewards for classrooms through grant funds, and advising the revision of the district wellness policy to prohibit the use of foods and beverages as rewards. Cornell Elementary within this school district received a HealthierUS School Challenge Gold Award for its promising efforts in school health; it is the only school to have received this recognition in Iowa in the past two years.

## One Challenge Being Addressed

There has been school staff turnover and education funding shortages within the state that have resulted in many teachers having an increased class size. This climate has affected physical education. In response, the project reinforces the connections between student health and academic success to emphasize the importance of quality physical education. It offers schools strategies and suggestions that are within their capacity to handle and helps schools identify “healthy concessions” and build upon small changes. One message conveyed to schools is that “...it does not have to be all or nothing.”

## Next Steps and Sustainability

Through this project, IDPH and IDE plan to continue to provide professional development and technical assistance to targeted schools, including through collaboration with Team Nutrition to improve school nutrition and school wellness policies. An area of focus is aimed at increasing student access to water during the school day and incorporating access to water as part of local school wellness policies that are being revised to align with final rules of the Healthy, Hunger-Free Kids Act of 2010. The purchasing of physical education equipment and coolers and water filling stations via mini-grants, along with stakeholder engagement regarding state recommendations for minimum levels of physical education, contribute to sustainability.

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- <sup>1</sup> <https://www.fns.usda.gov/thehussc>
- <sup>2</sup> <https://www.educateiowa.gov/documents/school-wellness/2016/09/sample-school-wellness-policy>
- <sup>3</sup> <http://www.saydel.k12.ia.us/>

## KENTUCKY:

# Strengthening Professional Development, School Leadership, and Accountability to Improve Nutrition, Physical Education, Physical Activity, and Asthma Management

In partnership with the Kentucky Department for Public Health (KDPH), the Kentucky Department of Education (KDE) provides professional development and technical assistance to improve policies and practices in nutrition, physical education, physical activity, and the management of chronic health conditions in schools. The project targeted to school nutrition, physical education, and physical activity potentially reaches 37,916 students in 15 priority rural school districts in Southeastern Kentucky. KDE's approach in these areas engages school leadership and the state's accountability system. An asthma management project in six school districts reaches approximately 1,032 students with asthma, out of the 9,011 students enrolled within these districts.

### Achieving Impact

- **The delivery of statewide trainings for school staff and district leaders through the Kentucky (KY) School Health and Physical Education (SHAPE) Network to strengthen nutrition, physical education, and physical activity policies and practices and the implementation of local school wellness policies in schools.** Under the leadership of KDE and KDPH, the KY SHAPE Network is comprised of key partners, including Go365 (formerly known as Humana Vitality, a wellness and rewards-based program), the Alliance for a Healthier Generation (the Alliance), and Educational Cooperatives (Educational Co-ops).<sup>1</sup> The KY SHAPE Network collaborates with Shaping Our Appalachian

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Region (SOAR) to conduct leadership cadre trainings with district-level teams on strengthening wellness policies as part of state accountability measures and using WellSAT 2.0 to assess wellness policies.<sup>2,3</sup> In addition to training, KDE provides individualized technical assistance to 15 priority school districts. Data collected through CDC's 2016 School Health Profiles and the project suggest that targeted schools have decreased access to purchase less nutritious foods and beverages and improved the offering of opportunities for students to participate in physical activity before the school day.

- **Strategic alignment of school health measures, through use of the Alliance Healthy Schools Program framework,<sup>4</sup> with Kentucky's education accountability system to assess use of best practices and identify areas of growth for continuous improvement.** The accountability system addresses the whole child with components of the Whole School, Whole Community, Whole Child (WSCC) model and contains health and physical education curriculum and instruction characteristics,<sup>5</sup> as well as additional health and wellness indicators. KDE created a data document for schools to assess their actions against proficient and distinguished characteristics identified in the state accountability system. This alignment promotes sustainability, including commitment to the Alliance Healthy Schools Program, and fosters collaboration between health and education sectors at the state and local levels.
- **Increased school attendance for students with asthma within six school districts due to improved school policy and practice affecting school nurse access and interventions.** School districts implemented policies and practices to:
  - identify students with asthma and provide appropriate interventions to stabilize their condition and promote school attendance,

- track attendance on a monthly basis to identify all students having six or more school absences, including those who have a chronic health condition diagnosis (e.g., asthma), and provide appropriate interventions and targeted case management to reduce absenteeism,
- assure access to a full-time registered school nurse in each building,
- require that school nurses first assess students before they are dismissed for illness, and
- provide appropriate training for all school staff serving students with chronic health conditions.

Further, school nurses improved the number of asthma health care plans and coordination with health care providers for medication management and education. The absenteeism rate for students with asthma has declined 2.3 days since the project began, leading to increased instructional time for students and an increase in attendance-based funding for schools. Breathitt County, a priority school district, had the highest attendance gains in the state during the 2013 – 2014 school year.

## Key Partners

KDE and KDPH work with KY SHAPE Network partner organizations to provide professional development throughout the state. One of these partners is Go365, which ties to a worksite wellness partnership with the state insurance plan to implement the Students with Active Role Models (SWARM) program. SWARM aligns with comprehensive school physical activity programs (CSPAP) and provides reward incentives to encourage teachers and students to increase their physical activity during the school day.<sup>6</sup> Many local health departments collaborate with KDE and KDPH, especially those that select from adolescent health and efforts that support nutrition, physical education, and physical activity through the Maternal and Child Health Title V program. For chronic health conditions, particularly asthma management, partners include the Allergy & Asthma Network, American Lung Association, and National Association of School Nurses (NASN).

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding supports staffing at the state level and professional development and technical assistance for schools, and it has helped hire and maintain school nurses involved in the asthma management project. KDE promotes CDC resources, such as the CSPAP

guide,<sup>7</sup> Parents for Healthy Schools resources,<sup>8</sup> and the interactive Virtual Healthy School.<sup>9</sup> CDC Healthy Schools-funded national organization resources, including the Alliance’s adaptation of CDC’s School Health Index and NASN’s asthma toolkit, along with Let’s Move! Active Schools resources also are used.

- SOAR, an economic development initiative targeting communities of Southeastern Kentucky that has a healthy communities component, has helped encourage community improvement in school nutrition, physical education, physical activity, and student and employee wellness. The initiative is a catalyst for the 15 priority school districts located within this same geographical area to implement actions aimed at achieving SOAR’s goals to reduce the impact of obesity and diabetes. SOAR resonates with community and school leaders, as exemplified by its co-sponsorship of leadership cadre trainings.

## One Challenge Being Addressed

Creating district leadership and buy-in has been challenging at times, particularly in small districts that have constrained resources and staffing capacity, and are without dedicated administrative oversight of physical education and physical activity. KDE and KDPH address this challenge by avoiding a one-size-fits-all approach. The approach identifies health and wellness champions whose positions may vary from district to district focusing the limited time school staff and administrators have for professional development on manageable strategies and actions schools can select to implement. The asthma management project has increasingly collaborated with district-level administrators, in addition to school nurse leaders, regarding policy changes to examine health and attendance.

## Next Steps and Sustainability

KDE, in partnership with KDPH, will continue to provide professional development and technical assistance to schools. An aim is to engage stakeholders to strengthen school wellness policies to align with the final rules of the Healthy, Hunger-Free Kids Act of 2010 and measure wellness policies through WellSAT 2.0. To assist in this effort, the KY SHAPE Network will encourage use of Student Success through Wellness: A Guide to Wellness Policies in Kentucky released by KDE in 2017. The changes adopted by school districts involved in the asthma management project may be sustainable due to their positive educational impact on school attendance, provided appropriate school nurse staffing continues.

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- 1 *Educational Co-ops assist member school districts and their schools with improvement efforts throughout the state and can help integrate health into comprehensive educational services and programs, <http://education.ky.gov/comm/about/Pages/Kentucky-Education-and-Special-Education-Cooperatives.aspx>*
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- 4 <https://schools.healthiergeneration.org>
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## MARYLAND:

# Enhancing Policy Advocacy and Management of Diabetes, Food Allergy, and Other Chronic Health Conditions in Schools

The Maryland Department of Health (MDH) and its partners support students with diabetes, food allergy, and other chronic health conditions through policy advocacy and implementation involving improved clinical management guidelines and practice in schools. An estimated 2,687 and 60,511 students have a diagnosis of diabetes and anaphylaxis statewide, respectively, with anaphylaxis being the second highest chronic health condition diagnosis in Maryland schools.<sup>1</sup> MDH leads a project that reaches all 24 jurisdictions (counties) in the state. Recently, the project has had an emphasis on the provision of supports to students with diabetes and highlights the role of school nurses in collaborating with parents and school administrators in the Individualized Education Program and Section 504 planning processes and provision of routine and emergency diabetes care.

### Achieving Impact

- **Stakeholder engagement of diverse experts to advocate for best practice in school diabetes management to: (1) implement a new mandate within Maryland Code, Education Article, §7-426.4 “Guidelines for administration of health care services to students with diabetes,” which became law in 2015 and (2) guide future actions related to enhanced collaborative approaches to diabetes management in schools.**<sup>2</sup> MDH, the Maryland State Department of Education (MSDE), and other partners developed guidelines for the management of diabetes in public schools that addresses implementing local policy on the provision of diabetes care,<sup>3</sup> including administration of diabetes medication, by trained non-medical school staff.

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- **Enhanced training in school nursing leadership, diabetes management, including technology and medication administration, and additional content aligned with implementation of Maryland Code, Education Article, §7-426.4.** MDH conducted regional and statewide professional development sessions and provides technical assistance including local policy development consultation in partnership with MSDE to local school health services programs.
- **Development of a data collection process to monitor the implementation of the new diabetes management guidelines.** The data collection process is a two-pronged approach that will gather data from school health services programs and parents on issues such as satisfaction with diabetes care in school and staff training on administration of emergency medication and other diabetes care.
- **Surveillance to examine use of stock epinephrine, in accordance with Maryland Code, Education Article, §7-426.2, a state law requiring availability of auto-injectable epinephrine in schools.**<sup>4</sup> Example preliminary data findings include:
  - A total of 95% of epinephrine use was for a student.
  - Those transported to the emergency department had a higher total number of symptoms than those not transported but no differences in physiologic signs (e.g., blood pressure, pulse).
  - Parental refusal was the most common reason for not transporting a student to the emergency department.<sup>5</sup>
  - Most of those who received epinephrine did not experience delay in administration and had epinephrine within five minutes of suspected anaphylaxis.<sup>6</sup>



## Key Partners

MDH has a strong partnership with MSDE, the Maryland Association of School Health Nurses, and the Maryland Board of Nursing to improve nursing leadership around the management of chronic health conditions in schools. In addition to these state partners and national organizations (e.g., the American Diabetes Association (ADA) and National Association of School Nurses (NASN)), MDH collaborated with more than 100 individuals representing local school systems, teachers and school administrators, local school health services programs, local Section 504 coordinators, health care facilities and providers, and parents and families of students with diabetes regarding school diabetes management.

## Additional Factors Instrumental to Success, Including the CDC

- CDC financial support enabled professional development and technical assistance for school health services leaders and staff, and the development of an evaluation strategy related to the management of chronic health conditions. To achieve CDC's strategy (to implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions) and aligned activities, MDH uses resources from several CDC Healthy Schools-funded national partners including:
  - NASN diabetes management resources (e.g., *Helping Administer to the Needs of the Student with Diabetes in School (H.A.N.D.S.<sup>SM</sup>)* and nursing delegation resources (e.g., *Principles for Practice: Nursing Delegation to Unlicensed Assistive Personnel in the School Setting*)
  - National Association of Chronic Disease Directors school health publications (e.g., *Partnering for Success: How Health Departments Work and How to Work with Health Departments*).<sup>7, 8, 9</sup>

Additionally, MDH applies clinical guidance available from the American Academy of Pediatrics, ADA, National Diabetes Education Program, and academic institutions.

- State policies and infrastructure set a framework for collaborative engagement:
  - Maryland Annotated Code, Education Article §7-401 "School health program" is the mandate governing school health services, which requires collaboration between education and health department at state and local levels.<sup>10</sup>

- School nursing infrastructure is fairly robust with supportive guidelines and standards for nursing practice. Flexibility of nurse practice models in the school setting fosters a team-based approach to management of chronic conditions with partnerships between the local education and health agencies, health care providers, parents, and nurses. There are state requirements for school health services programs to have a medical consultant within the local health department.
- MDH Office of School Health is housed within the Office of Population Health Improvement. This staffing organization helps integrate school health services into state health improvement work and promotes collaboration regarding data collection and priority setting with measurable objectives and targets.

## One Challenge Being Addressed

MDH has encountered challenges with data collection related to chronic disease management, along with statewide implementation of data collection to track outcomes for all students with chronic health conditions. For example, there are factors, such as data system interoperability and alignment of school health services goals with school system goals that limit student-level health data collection and data integration across the health and academic domains. Fiscal resources and concerns about student data confidentiality protection limit the capacity to build realistic data systems and identify indicators to capture outcomes-based data at a statewide level. MDH has helped address data collection challenges by 1) engaging both health and education partners in each stage of development and 2) proposing data collection design that addresses local concerns, and builds on existing data systems with minimal data entry and data processing burdens.

## Next Steps and Sustainability

Moving forward, MDH plans to monitor implementation of the guidelines for the administration of diabetes care services in public schools through surveillance that will assess short-term and annual improvement as reported by 1) parents of students with diabetes and 2) school nurses providing care to students with diabetes. MDH will continue to work with partners to track the impact of the diabetes guidelines and to advocate for continuance of the multi-sector stakeholder process and future funding. In addition, MDH, MSDE, and others plan to update guidelines for the management of students at risk for anaphylactic reaction.

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- <sup>2</sup> [http://mgaleg.maryland.gov/2017RS/Statute\\_Web/ged/7-426.4.pdf](http://mgaleg.maryland.gov/2017RS/Statute_Web/ged/7-426.4.pdf)
- <sup>3</sup> [http://www.marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/StudentswithDiabetes\\_05\\_17.pdf](http://www.marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/StudentswithDiabetes_05_17.pdf)
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- <sup>9</sup> <http://www.chronicdisease.org/?SchoolHealthPubs>
- <sup>10</sup> <http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ged&section=7-401&ext=html&session=2017RS&tab=subject5>

## MASSACHUSETTS:

# Building the Capacity of Schools to Make Practice Changes to Improve Nutrition and Physical Activity Environments for Students

In partnership with the Massachusetts Department of Elementary and Secondary Education (MDESE), the Massachusetts Department of Public Health (MDPH) implements the Wellness Initiative for Student Success (WISS). The initiative focuses on providing professional development and technical assistance to improve school nutrition and physical activity environments. While WISS is open to the entire state, it targets six priority school districts with a potential reach of 617,142 students. Training is offered to districts statewide, as feasible. A statewide coalition helps identify opportunities to collaborate on support provided to schools.

### Achieving Impact

- **Convening of a WISS statewide coalition involving MDPH, MDESE and additional partners who are focused on improving the nutrition and physical activity environments within schools.** The coalition operates under guiding principles of the Whole School, Whole Community, Whole Child (WSCC) model,<sup>1</sup> seeking to promote connections between health and learning.
- **Comprehensive WISS training series, also offered “a la carte.”** During WISS participation, schools complete a set of program activities, including the School Health Index nutrition and physical activity modules and a training series focused on model wellness policy development, Smarter Lunchrooms, and Comprehensive School Physical Activity Programs (CSPAP). Schools may elect to participate in the trainings on an a la carte basis if unable to

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commit to the entire series, but schools must complete all components to be eligible for intensive technical assistance and a financial incentive.

- **School district improvement and enthusiasm regarding the Smarter Lunchrooms Movement.**<sup>2</sup> WISS supports the Smarter Lunchrooms Movement, which applies evidence-based concepts of behavioral economics to encourage students to purchase and consume healthier foods. Using the Smarter Lunchrooms ScoreCard, nutrition staff can readily assess their current lunchroom environment and make simple changes at no or low cost to improve their Smarter Lunchrooms score. During the 2015-2016 school year, 51 schools participated and the average score increased by 13.2 points (47.9 to 61.1 out of 100). This tangible progress is very well received at the state and district level. Twenty-five more schools completed the Smarter Lunchrooms training in the 2016-2017 school year.
- **Evaluation capacity to measure the impact of WISS in schools.** In addition to Smarter Lunchrooms ScoreCard data, key data tools and sources include:
  - School Health Index modules for nutrition services, physical education and other physical activity programs used to develop action plans,<sup>3</sup>
  - CDC School Health Profiles and Youth Risk Behavior Survey (YRBS) data,<sup>4</sup>
  - WellSAT 2.0 to assess wellness policies at the school district level,<sup>5</sup> and
  - The Massachusetts Physical Activity Assessment for Schools (MPAAS), a pilot tool developed with researchers from Boston University that aligns with CSPAP training and is based on best practices and established national standards. Similar to the Smarter Lunchrooms ScoreCard model, MPAAS simultaneously evaluates current practice and makes recommendations for improvement, since best practices are directly listed on the tool.

## One Local School Success

Old Colony Regional Vocational Technical School (Old Colony), located in southeastern Massachusetts, completed all components during the inaugural year of WISS. They implemented several strategies from the Smarter Lunchrooms Movement, including:

- Making fruit and vegetable displays more appealing and within eye level of the students. Old Colony placed a fruit option at the beginning of the meal service line and switched the location of the juice with whole/cut fruit options.
- Engaging the student body through taste tests and leveraging classroom work. Health students worked with cafeteria staff to create health and nutrition advertisements that are used with menu boards to promote different entrees and brand the cafeteria service and dining areas.

By making these changes and more, Old Colony was able to increase their total Smarter Lunchrooms score from 49 to 63 (out of 100), moving them from Bronze to Silver status.

## Key Partners

MDPH primarily partners with MDESE to coordinate and implement the WISS statewide coalition and the WISS comprehensive training series. A few universities are key partners, such as the John C. Stalker Institute of Food and Nutrition at Framingham State University, which houses trainers to provide professional development opportunities (e.g., Smarter Lunchrooms training) for food service directors, and Boston University, which partnered with MDPH to develop the MPAAS tool. Other partners include the American Heart/American Stroke Association and the Massachusetts Association for Health, Physical Education, Recreation and Dance, which provide statewide advocacy and professional development to improve physical education and physical activity in schools.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funds allow MDPH to provide the necessary intensive technical support to schools in making changes to the nutrition and physical activity environments. Technical support from CDC has also helped connect MDPH to various national and state resources. Examples of these resources that have been particularly helpful are CDC data and publications (e.g., the CSPAP guide), tools developed by national organizations that have received funding from CDC Healthy Schools, such as the Alliance for a Healthier Generation and SHAPE America, and the state-to-state

sharing facilitated by the National Association of Chronic Disease Directors.

- Massachusetts has regulations governing Nutrition Standards for Competitive Foods and Beverages in Public Schools (2014) that exceed requirements of the Healthy Hunger-Free Kids Act of 2010. As a result of these standards and state guidance, all schools are required to meet high standards for competitive foods available during the school day.<sup>6</sup>

## One Challenge Being Addressed

Routine surveillance data are collected and reported at the school district level, but interventions are largely conducted at the school building level. To address this challenge, MDPH developed a primary data collection methodology to better measure the impact of the work. The evaluation involves a tiered approach that looks at school, district, and community level impact. It incorporates key indicators and strategies per the Smarter Lunchrooms ScoreCard and MPAAS, WellSAT 2.0 and a review of CDC School Health Profiles and YRBS data that examines district-level policy and practice changes, and statewide resource mapping involving WISS coalition stakeholders.

## Next Steps and Sustainability

MDPH and MDESE will continue to build a statewide coalition to improve school wellness and coordinate partners' support to schools in meaningful ways. The integration of the WSCC model as a guiding framework helps promote sustainability of these efforts. Additionally, an analysis of School Health Profiles data with district WellSAT 2.0 scores showed that school districts are achieving successful practices that are not appropriately reflected in their policies. To encourage school districts to incorporate practice into policy and promote sustainability, WISS added a wellness policy training component to the 2016-2017 year.

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- 3 <https://www.cdc.gov/healthyschools/shi/index.htm>
- 4 <https://www.cdc.gov/healthyschools/dataandstatistics.htm>
- 5 <http://www.wellsat.org>
- 6 <http://www.mass.gov/eohhs/docs/dph/regs/105cmr225-nutrition-standards.pdf>

## MONTANA:

# Supporting Schools with Professional Development and Technical Assistance to Strengthen Nutrition, Physical Education, and Physical Activity

The Montana Department of Public Health and Human Services (MDPHHS) and partners, particularly Montana Team Nutrition (MTN) at the Montana Office of Public Instruction (MOPI), provide professional development and technical assistance focused on school nutrition, physical education, and physical activity to schools. The project targeted to eleven school districts reaches an estimated 13,990 students, and additional trainings conducted across the state potentially reach 115,186 students. MDPHHS awards mini-grants to select schools to help them achieve objectives and deliverables identified within their action plans and related activities.

### Achieving Impact

- **Partnership engagement to provide professional development and technical assistance to schools and implement the Harvest of the Month (HOM) Program through a coordinated statewide approach.**<sup>1</sup> MTN conducts training with schools on school nutrition and wellness policy implementation and works with MDPHHS to enhance Farm to School and HOM, programs designed to expose students to new, healthy foods and support Montana's farmers and ranchers. MDPHHS and partners target training and technical assistance to schools' needs and the priority data findings of a MTN School Wellness Implementation Report (SWIR) to measure wellness policy implementation, along with efforts to expand HOM reach and impact. A total of 127 K-12 schools registered as HOM sites promote one locally grown food each month by featuring it in meals and through taste tests to students and conducting educational

lessons and activities on nutritional and agricultural aspects of the food. Participating schools receive access to an electronic portal of HOM resources and outreach materials.

- **The development of school wellness and action plans and school physical activity plans and actions taken by schools to strengthen school nutrition, physical education, and physical activity.** To supplement the targeted training and technical assistance, MDPHHS mini-grants have helped schools achieve intended objectives and deliverables. Examples of project impacts in schools include:
  - Revised local school wellness policies,
  - Focused programs to strengthen school wellness including non-food reward systems, campaigns to improve healthy food offerings and communications, and activities to increase daily physical activity before and during the school day, and
  - Student leadership to advise the availability and marketing of healthy foods for school meals and snacks.

### Key Partners

In addition to the strong partnership MDPHHS has with MOPI including MTN, MDPHHS closely works with Shape Montana, an organization that provides registration scholarships to physical education teachers for their attendance at an annual conference and professional development to schools statewide. MDPHHS helped Shape Montana launch a PE 150 Pilot Program, as part of a SHAPE 150 Initiative, to encourage administrators to provide elementary students with 150 minutes of quality physical education per week and help teachers integrate physical activity into the classroom setting. MDPHHS has also capitalized on collaborative opportunities involving physical education and physical activity to improve the management and care needs of students with chronic health conditions,

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particularly asthma. A key partner is the Montana Coaches Association, through which MDPHHS conducts asthma education training with school coaches attending its annual conference.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding has enhanced the capacity of MDPHHS and partners to provide professional development and technical assistance to schools. Without CDC support, HOM would not have the breadth of K-12 school sites or extensive promotion statewide. Further, many schools would not be equipped to fully implement local-level changes identified in school wellness and action plans and school physical activity plans without MDPHHS mini-grant financial assistance. MDPHHS uses CDC resources to strengthen school nutrition, physical education, and physical activity, such as health and academic achievement documents, the executive summary of *School Health Guidelines to Promote Healthy Eating and Physical Activity*,<sup>3</sup> the Virtual Healthy School,<sup>4</sup> and e-learning tools. CDC Healthy Schools-funded national organization resources have also been helpful, including the school health online resource guide and website materials of the National Association of Chronic Disease Directors.<sup>5,6</sup>
- Updated Montana Health Enhancement Standards related to health education and physical education that were adopted by the Montana Board of Public Education in 2016 help reinforce MDPHHS project aims.<sup>7</sup> The process of developing these standards by MOPI and stakeholders was also made possible in part through CDC. CDC funding contributed to the salaries of two key MOPI personnel who drove the process of updating and providing training to schools on the new standards.
- MDPHHS and partners have leveraged the final requirements of the Healthy, Hunger Free Kids Act of 2010 to renew school wellness policy development and implementation. The federal policy has strengthened various tools for schools, such as the Montana School Boards Association model wellness policy and a Montana guide to school wellness policy implementation developed by MTN and partners.<sup>8</sup>

## One Challenge Being Addressed

MDPHHS has encountered challenges regarding engaging and sustaining school administrator support for this project due to administrator staffing changes, competing priorities, and other time commitments. In response, MDPHHS works with myriad school staff members, including school wellness coordinators, school food service directors and staff, school

nurses, and more. The Montana guide to school wellness policy implementation has helped staff in varied positions take supportive actions and foster best practices. Schools statewide use the guide to strengthen their efforts, with respect to their own school environments and diversity in administrative leadership and local control affecting the adoption and implementation of policies.

## Next Steps and Sustainability

Moving forward, MDPHHS and partners will continue to provide professional development and technical assistance to schools, as well as annual mini-grants to support objectives and deliverables identified within action plans and related activities that can be sustained after the project. There are plans to expand the PE 150 Pilot Program with SHAPE Montana to include up to 10 schools during the 2017 - 2018 school year. MDPHHS aims to build connections with new partners including potential opportunity around chronic disease. In collaboration with the Let's Move Missoula team at the Missoula County Health Department and the Montana Rural Health Initiative, MDPHHS will monitor the impact and build upon a three-part webinar series in 2017 on leveraging community partnerships to improve school and community health.<sup>9</sup> Additional evaluation plans are for MDPHHS to use the MTN SWIR to measure wellness policy implementation and compare results to baseline data collected in 2015 and identify improvements in school nutrition, physical education, and physical activity among targeted school districts.

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## NEVADA:

# Building Professional Development and Engaging Diverse Stakeholders to Improve School Nutrition, Physical Education, and Physical Activity

**T**he Nevada Department of Health and Human Services (NV DHHS) and its partners provide professional development and technical assistance to support improved policies and practices related to school nutrition, physical education, and physical activity, which align with Nevada's School Wellness Policy. NV DHHS has focused on increasing outreach to additional stakeholders, including Parent-Teacher Association (PTA) leaders, parents, and afterschool coordinators. The goal is to strengthen strategies to promote health and wellness, including increased physical activity before, during, and after the school day. This effort targets all 17 school districts in Nevada and has a potential reach of over 400,000 students.

### Achieving Impact

- **Coordination with the Nevada Department of Agriculture (NDAG) to strengthen the adoption and implementation of local school wellness policies throughout the state.** Nevada's School Wellness Policy exceeds the federal requirements under the Healthy Hunger-Free Kids Act of 2010.<sup>1</sup> All 17 school districts revised their policies to align with the state's policy. NV DHHS was part of a comprehensive statewide taskforce to update the state's policy in 2014 and continues to collaborate with NDAG and partners to support schools with policy implementation.
- **The development of a cadre of trainers from four school districts who apply a train-the-trainer approach to bring Comprehensive School Physical Activity Program (CSPAP) training to**

**school districts statewide and guide schools' development of CSPAP plans and/or actions to increase physical activity.** NV DHHS created an online CSPAP resource for all Nevada school staff and convened trainers who received virtual training and certification from SHAPE America for CSPAP.<sup>2</sup> One CSPAP trainer's interest in implementing a new physical education assessment software system inspired NV DHHS to pilot the new system in six middle and high schools. The technology synchronizes student data from wrist-based digital heart rate monitors to assess moderate to vigorous physical activity and additional behavioral and academic data sources per assessment protocols set by schools. It provides individual and schoolwide data reports to inform improving physical activity and the learning experience.

- **Increased engagement of PTA leaders, parents, and afterschool coordinators to support improved school nutrition environments and increased physical activity before and after school.** NV DHHS developed parent-focused resources in collaboration with NDAG and the Washoe County Health District. In addition, NV DHHS has worked with targeted school districts to provide educational opportunities to empower community and family involvement in taking actions to support student wellness. Training in nutrition, for example, has had a focus on increasing understanding of Smart Snack Standards and practices that support healthy fundraising and sodium intake reduction. All 93 schools in Nevada's second largest school district, Washoe County, distributed a resource pamphlet to educate parents on student wellness, which has encouraged increased parental interest and involvement.

The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.

## Key Partners

NV DHHS collaborates and coordinates with NDAG in strengthening school nutrition and local school wellness policy implementation. The Nevada Department of Education is a key partner for recognizing schools that improve the health and wellness of students and staff. This includes promotion and coordination of the U.S. Department of Education's Green Ribbon Schools, which awards schools for indicators of progress in these areas.<sup>3</sup> NV DHHS promotes and provides guidance for the "Coaches Challenge," a program offered by the Southern Nevada and Washoe County Health Districts that encourages healthy nutrition and physical activity in elementary schools. NV DHHS partners with the Nevada PTA, Nevada Afterschool Network, and select individuals from the Nevada 4-H Youth Development Program to engage parent and afterschool networks.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding has greatly contributed to NV DHHS' partnership development and reach in providing professional development and technical assistance to schools. NV DHHS uses many CDC resources, such as *Comprehensive School Physical Activity Programs: A Guide for Schools* and related train-the-trainer resources and Parents for Healthy Schools resources.<sup>4,5</sup> NV DHHS also compiled key CDC resources into training materials for Nevada schools. School staff who participate in a CSPAP training session receive continuing education credits and a certificate for the completion of the Nevada e-learning series on CDC resources (e.g., *School Health Index*, *School Health Guidelines to Promote Healthy Eating and Physical Activity*, etc.). In addition, NV DHHS receives professional development and technical assistance focused on improving school nutrition and school wellness policies from the Alliance for a Healthier Generation (the Alliance), a national organization funded by CDC Healthy Schools that works with several targeted states to enhance supportive nutrition environments in schools.
- Nevada's School Wellness Policy, including its administrative review and compliance requirements, is the policy leverage and driving force behind activities to improve school nutrition, physical education, and physical activity. NV DHHS aligns its work with NDAG's leadership in school wellness policies and related implementation tools, such as a best practices manual and an administrative review checklist. The work of a researcher at the University of Nevada, Las Vegas related to physical activity has also helped guide NV DHHS' CSPAP training for school districts to keep an emphasis on physical activity implementation, therefore intersecting with school wellness policies.

## One Challenge Being Addressed

School district leadership in improving health and wellness varies from one district to another. Those identified to champion such improvement determine if schools will utilize resources, actively participate in professional development, and take other actions toward improvement. NV DHHS has expanded network partners within schools through engagement with administration and staff across the school system, including associate superintendents, school wellness coordinators, food service directors, physical education/athletic directors, classroom and physical education teachers, afterschool coordinators, and others.

## Next Steps and Sustainability

According to the NV DHHS School Health Coordinator, school districts' approach to build skills that overcome childhood obesity in school districts "will take a combined effort from students, parents, schools, and the community to see a positive change." Moving forward, NV DHHS plans to continue resource dissemination, CSPAP training with support from a cadre of local trainers, and professional development regarding school nutrition and physical activity for PTA leaders, parents, and afterschool coordinators. With assistance from the Alliance, NV DHHS will enhance its professional development series focused on strengthening school nutrition and wellness to work in synergy with NDAG-led efforts enabling sustainability. NV DHHS will conduct post-training assessments statewide to measure impact and examine CSPAP plans and achievements within at least four school districts reached by CSPAP trainers.

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## NEW JERSEY:

# Expanding Professional Development to Bring Policy and Environmental Change Related to School Nutrition, Physical Education, and Physical Activity

The New Jersey Department of Health (NJDOH) and partners provide professional development and technical assistance to initiate policy and environmental change by strengthening school wellness policies that encompass nutrition, physical education, and physical activity. The project has potential to reach an estimated 53,151 students within five targeted high-need school districts and nearly 1.4 million students in grades K-12 through a statewide effort to educate and provide support to health and physical education teachers, food service personnel, and other school staff.

### Achieving Impact

- **Partnership development and coordination where all project grantees have become more comprehensive in their approaches.** Each NJDOH-contracted grantee completes a clear scope of work aligned with program deliverables and CDC performance measures and uses the Alliance for a Healthier Generation (the Alliance) school health assessment tool.<sup>1</sup> The model has a layering effect as partners increase the number of schools every year and an emphasis on building the capacity of high schools.
- **School engagement and implementation of policies and practices aimed at improving nutrition, physical education, and physical activity.** NJDOH identified five high-need school districts and the individual targeted schools within these districts based on criteria (e.g., at least 40% of students at economic disadvantage, capacity to activate school

wellness teams). In addition to revising school wellness policies that align with final rules under the Health, Hunger-Free Kids Act of 2010, specific environmental and policy changes were achieved or are in progress including:

- Transportation initiatives, such as “Safe Routes to School”
- Physical activity breaks in the classroom
- Nutrition standards for competitive foods available during the school day
- Smarter lunchroom techniques to promote healthy food and beverage choices
- Collaboration between school nutrition services and school wellness teams
- Student and family involvement in planning for school meals and other foods and beverages sold, served, and offered on school campus
- **Improved structure and functioning of district- and school-level wellness teams.** As a result, wellness teams meet regularly and are action-focused toward policy and environmental change. NJDOH helped advance their work by implementing a model school wellness policy turnkey training that incorporates recommendations from CDC, the Alliance, and NJDOH.

### Key Partners

NJDOH awards grants to the New Jersey YMCA State Alliance (Y Alliance) and HealthCorps to provide professional development and technical assistance to schools. Y Alliance works with elementary schools in all five school districts, and HealthCorps works exclusively with high schools in three districts and places coordinators within the targeted high schools. The New Jersey Association for Health, Physical Education, Recreation and Dance (NJAPERD) and New Jersey School Nutrition Association provide professional

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development in targeted venues and conduct outreach to implement components of the Comprehensive School Physical Activity Program (CSPAP) and nutrition awareness in school districts statewide. Additional key state partners are the New Jersey Departments of Education (NJDOE) and Agriculture (NJDOA) and Safe Routes to School. Harvest Week is an example of collaboration between NJDOH and NJDOA. For instance, West New York School District held Harvest Week in the fall of 2016, which offered over 50 hours of interactive and student-led sessions to apply concepts in improving nutrition and to connect more than 1,500 students and their families to foods they eat, highlighting New Jersey-sourced foods, Farm to School, and other sustainable practices.

### Additional Factors Instrumental to Success, Including the CDC

- CDC funding has been pivotal to the scope and reach of professional development and technical assistance. NJDOH and partners use many CDC resources including the CSPAP guide and related train the trainer resources,<sup>2</sup> materials supporting the Whole School, Whole Community, Whole Child model,<sup>3</sup> and Parents for Healthy Schools resources.<sup>4</sup> The Alliance's web-based assessment tool, which aligns with CDC's *School Health Index*, has helped guide wellness team action plans.
- NJDOH leverages its partnership with NJDOE regarding physical education training and curriculum assessment to improve professional development under this project. For example, NJDOH through NJAHPERD as a grantee: 1) convened a curriculum advisory committee to review and help ensure the quality of professional development sessions and 2) developed and piloted professional development on CSPAP for grades K-12 physical education teachers that is presented at NJAHPERD regional and statewide conferences.

### One Challenge Being Addressed

NJDOH and partners initially focused on changes within individual schools, but identified systems limitations to this approach. Efforts to increasingly direct the project to the school district level have helped secure buy-in for activities including professional development, foster alignment across schools, and ensure sustainability. NJDOE uses a district-wide approach as its model, especially with an emphasis on policy change.

### Next Steps and Sustainability

The NJDOH-led project will continue to focus on policy and environmental change within the five high-need school districts. NJDOH plans to expand reach through partnership and engage a leadership team of wellness stakeholders comprised of both state and local organizations. To support the adoption and implementation of improved school wellness policies statewide, NJDOH and NJDOA have developed and planned a webinar for release in 2017 describing the final rules under the Healthy, Hunger-Free Kids Act of 2010 and local wellness policy examples for New Jersey schools to use. NJDOH is also in the process of measuring the quality of district wellness policies with use of WellSAT 2.0 as a reporting mechanism.<sup>5</sup>

Unique to New Jersey, the *Sustainable Jersey for Schools* (SJ4S) program has been a lever to drive and sustain improved policy and practice related to nutrition, physical education, physical activity, and other health and wellness areas, such as healthy school environments.<sup>6</sup> Actions taken by schools earn points toward SJ4S certification and recognition, among other possible benefits such as grant funding opportunities. As of early 2017, 624 schools and 255 of New Jersey's 599 school districts registered to participate in the SJ4S certification process.

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## NEW YORK:

# Leveraging Federal and State Funding to Improve Nutrition and Physical Activity Environments in High-Need Schools and Communities

**T**he New York State Department of Health (NYSDOH) leverages federal and state funding at an annual budget of \$6.7 million to implement the Creating Healthy Schools and Communities (CHSC) initiative in high-need schools and communities. The arm of CHSC focused on building capacity within schools increases access to healthy, affordable foods and opportunities for physical activity, including physical education, before, during, and after the school day. CHSC reaches 85 school districts, including 15 CDC priority districts, with a potential reach of 480,000 students and spans from urban (five metro areas) to rural school districts across the state.

### Achieving Impact

- **CHSC as a collaborative, comprehensive, and synergistic initiative that aligns school and community connections led by NYSDOH and a network of multi-sector partners at national, state, and local levels to support high-need populations.** Communities were identified using a set of five indicators of high need established by NYSDOH, and CHSC reaches all of the 85 high-need school districts (85 of 728 total school districts) in the state. CHSC embraces the essential role of the community working together with schools and is aligned with the Whole School, Whole Community, Whole Child (WSCC) model.<sup>1</sup> School staff and community volunteers receive professional development and technical assistance to strengthen local wellness policies and guide building-level changes to create a healthier school nutrition environment and establish, implement and evaluate comprehensive school physical activity programs.

The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.

- **School district adoption and implementation of nutrition, physical education, and physical activity policies, including strengthened wellness policies, and physical education plans within school districts and schools statewide.** Examples of accomplishments within school districts and schools during October 2015 – September 2016 are provided below.

- 14 districts adopted policy elements regarding nutrition and physical activity
- 31 schools implemented improved nutrition standards for competitive foods
- 86 schools restricted food marketing for less nutritious foods and beverages
- 17 schools implemented all five components of comprehensive school physical activity programs
- **A three-tiered evaluation framework to assess and demonstrate the success of CHSC: (1) performance monitoring, (2) local level program implementation, and (3) population-level data collection.**

### One Local School District Success

Buffalo Public Schools (BPS), a diverse, urban school system of more than 34,000 students in 56 buildings,<sup>2</sup> is one example that illustrates local level impact of New York State's initiative. BPS improved physical education policies and practices to meet New York State's Education Law 803 and Commissioner's Regulation 135, which require school districts to implement a physical education program that meets or exceeds specified instructional requirements.<sup>3</sup> BPS strengthened community and family stakeholder engagement to adopt and implement a revised, comprehensive wellness policy and hired 30 new physical education teachers. BPS is increasingly implementing the WSCC model having had success in coordinated school health and believes that "quality process drives quality content."

## Key Partners

NYSDOH partners with the New York Obesity Prevention Center for Excellence (OPCE) and 25 regional grantee organizations that work directly with school districts.<sup>4</sup> OPCE trains grantees to develop skills for implementing CHSC strategies and deliver professional development and technical assistance. NYSDOH works with the New York State Education Department (NYSED) to ensure state regulations and standards are aligned with the grant strategies for foods sold outside the school meals program, fundraising, and physical education. National training partners include the Alliance for a Healthier Generation, Action for Healthy Kids, and SHAPE America.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funds 1) NYSDOH staffing to lead and implement CHSC that makes achievements possible and 2) an in-depth evaluation of strategies and activities. NYSDOH was able to apply a statistical approach to facilitate CHSC reach to all high-need school districts because of the CDC. CDC resources, such as the Comprehensive School Physical Activity Programs (CSPAP) guide, Competitive Foods in Schools resources, and professional development e-learning courses,<sup>5</sup> contribute to New York's success.
- State funding supports the OPCE and grantees and helps bring CHSC to scale by allowing NYSDOH to integrate purposeful school and community connections, build its professional development and technical assistance capacity, and reach 230 communities statewide. This funding has helped infuse grantee content expertise and skills locally for action, where grantees are able to work one-on-one with schools.
- CHSC evolved from a joint federal and state initiative Healthy Schools New York (HSNY) that began in 2010. HSNY established a strong foundation and data-driven effort, and there are long-standing relationships behind NYSDOH, grantees and select school districts for a collective impact in improving the nutrition environment and physical activity in schools.
- The need for compliance with New York State's Education Law 803 and Commissioner's Regulation 135 is a motivator to engage schools in improving CSPAP, with quality physical education as a key component. NYSDOH, in collaboration with NYSED, developed a draft Physical Education Plan Writing Guide to assist school districts in developing physical education plans that adhere to the requirements.<sup>6</sup>

## One Challenge Being Addressed

CHSC implementation in schools focuses on the nutrition environment and physical education and physical activity strategies as a direct extension of CDC funding. These strategies address two of the ten components of the WSCC model and can be limiting given schools' comprehensive health and wellness needs. To build greater support for all WSCC components and achieve impact in the whole community, NYSDOH applied the WSCC community involvement component by coordinating the 1305 community and school strategies. According to NYSDOH, "School engagement in the state has increased with a community connection where schools now see themselves as part of a larger community."

## Next Steps and Sustainability

NYSDOH with CHSC partners continue to work with priority high-need school districts in implementing improved nutrition and comprehensive school activity programs, with a focus on adopting revised school wellness policies aligned with final rules of the Healthy, Hunger-Free Kids Act of 2010. The multi-sector partnership model has led to new or enhanced local-level partnerships that can be sustained.

CHSC's impact will be evaluated by a large surveillance effort that includes New York and CDC survey data. NYSDOH conducted baseline pre-assessments using WellSAT 2.0 items relevant to CHSC in 2015 and will conduct post-assessments in 2018.<sup>7</sup> In addition, NYSDOH used WellSAT-i items to develop a CHSC building-level tool to assess the implementation of district level policies in individual buildings.

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## SOUTH CAROLINA:

# Reaching Schools through Professional Development and Partnership to Improve School Nutrition, Physical Education, and Physical Activity

The South Carolina Department of Health and Environmental Control (SC DHEC) offers professional development and technical assistance to 81 public school districts in the state to improve their policies and practices in school nutrition, physical education, and physical activity. SC DHEC leverages partnerships to potentially reach 746,176 students statewide. Their effort prioritizes eight rural, high-needs school districts that enroll an estimated 24,807 students.

### Achieving Impact

- **A coordinated, extended reach to schools, where SC DHEC serves as an intermediary and has a memorandum of understanding with the Alliance for a Healthier Generation (the Alliance) Healthy Schools Program.**<sup>1</sup> Per their agreement, SC DHEC engages its eight priority school districts in the Healthy Schools Program process, through which these schools (1) conducted CDC's *School Health Index* (SHI) adopted by the Alliance Healthy Schools Program to help schools assess their policies and practices and (2) developed action plans to work towards wellness goals. SC DHEC provides professional development and resources to schools, and the Alliance offers SC DHEC technical assistance, supplemental data reports, and success stories. This partnership has extended statewide reach of professional development aligned with national recommendations and encourages sustainable practices. SC DHEC has also expanded an effort to incorporate Comprehensive School Physical

Activity Programs (CSPAP) components into action plans and support CSPAP implementation. Examples of changes in physical activity practices within target schools include increasing physical activity “brain breaks” and daily movement in the classroom, limiting the withholding of recess as a punishment, and fostering student and community use of school facilities for physical activity before and after school.

- **An established state-level group convened by SC DHEC to examine tools to assess the quality of local school wellness policies and health and wellness messaging for South Carolina's geographically diverse schools.** The group decided to use WellSAT 2.0 to assess all wellness policies,<sup>2</sup> which will be strengthened to align with the final rules of the Healthy, Hunger-Free Kids Act of 2010.

### Key Partners

In addition to the Alliance, SC DHEC has strong partnerships with the South Carolina Department of Education (DOE) particularly for local school wellness policies in targeting food service coordinators and with the DOE and the South Carolina Alliance for Health, Physical Education, Recreation and Dance for recess and multi-component physical education and CSPAP training targeting physical education teachers. SC DHEC collaborated with DOE to provide Smart Snacks trainings statewide and continues to leverage DOE infrastructure and communication systems to communicate with all school districts regarding professional development offerings. The Boeing Center for Children's Wellness at the Medical University of South Carolina is another key partner.

### Additional Factors Instrumental to Success, Including the CDC

- CDC funding has made possible the establishment of a school health program and the hiring of a school health project lead at SC DHEC. As a

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result, SC DHEC has become a convener of various groups, strengthening a state-level strategy to improve the nutrition environment, physical education, and physical activity in schools. CDC technical support and resources such as the SHI through the Alliance Healthy Schools Program and the *Comprehensive School Physical Activity Programs: A Guide for Schools* have been helpful.<sup>3</sup>

- The *Students Health And Fitness Act* (2005) state law has leveraged engagement in state-level data collection and physical education teacher training on quality physical education.<sup>4</sup> In collaboration with the DOE, SC DHEC developed a statewide web-based FitnessGram system to gather student fitness data and help schools comply with requirements of the law.<sup>5,6</sup> For example, schools must report each individual student's fitness status to their parent or guardian during grades 5, 8, and high school physical education courses. Additionally, physical education teachers must complete online professional development. Sixty-six of 81 school districts and one charter school district currently use this statewide system.

### One Challenge Being Addressed

Priority school districts have high needs and less than optimal staffing capacity and resources. Many staff share multiple roles within the school(s), which, coupled with staffing turnover, makes commitment to a long-term process difficult. SC DHEC has addressed this challenge by implementing an approach involving increased attention to relationship-building, follow up through phone and email communication, and face-to-face meeting time. SC DHEC also finds that introducing step-by-step activities for schools to accomplish and keeping the project manageable by not giving too much information at one time helps these school districts incrementally build capacity and improve practices.

### Next Steps and Sustainability

SC DHEC continues to provide technical assistance to priority school districts in implementing proposed activities per their action plans. An evaluator will conduct an in-depth assessment of trainings and action planning, and findings showing improvement may encourage sustainability of effort. SC DHEC plans to increase its focus on strengthening local school wellness policies, using WellSAT 2.0 for assessment.

In addition, SC DHEC collaborates with the Arnold School of Public Health and College of Education at the University of South Carolina and will pilot a statewide peer trainer project aimed at increasing physical activity and reducing off task behavior throughout the school day, including during physical education class. Project activities already targeted to physical education teachers have involved implementing no-cost strategies aligned with state physical education standards that can be applied within daily physical education lessons and professional development training. An evaluation of these activities shows promising changes to student activity levels. A module for classroom teachers is under development. Future plans are based on a train-the-trainer approach through which a cadre of classroom and physical education teachers will deliver trainings to improve daily physical activity rates and enhance quality physical education.

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## SOUTH DAKOTA:

### Providing High Quality Professional Development, Technical Assistance and State Standards to Promote School Nutrition, Physical Education, and Physical Activity

**T**he South Dakota Department of Health (SD DOH), in collaboration with the South Dakota Department of Education (SD DOE), has increased healthy school environments by promoting the adoption of food service guidelines and nutrition standards and the adoption of physical education and physical activity in schools. SD DOH, SD DOE, and partners provide professional development and technical assistance to schools through a project called Good & Healthy South Dakota Schools. This project has a statewide reach of 152 public school districts with an estimated student population of 130,936 and aligns with a SD DOH goal to reduce obesity prevalence among school-age children and adolescents to 14% by the year 2020.

#### Achieving Impact

- **Improved coordination and collaboration among state agencies and additional partners to provide high quality professional development and technical assistance to school districts and schools through the Good & Healthy South Dakota Schools project.** SD DOH collaborated with SD DOE Child and Adult Nutrition Services (CANS) and South Dakota State University (SDSU) Extension's Team Nutrition to conduct regional Healthy School Meals trainings to help school nutrition employees representing 36 schools fully meet child nutrition regulations including requirements for professional standards. Another training series incorporated members of the SPARK PE Speakers Bureau to deliver training on increasing moderate to vigorous

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physical activity during physical education classes and other settings to K-12 physical education teachers and physical activity leaders representing 23 schools. Project-related data and results from the 2016 South Dakota School Health Profiles show an increase in secondary school physical education teachers or specialists trained on best practices in physical education and physical activity and an increase in the implementation of strategies to support school nutrition environments (e.g., decreased sales of less healthy food and beverages, increased access to fruits and vegetables in cafeterias and other school sites).

- **Updated South Dakota Standards for K-12 Physical Education (SDSPE) adopted in 2014 by the South Dakota Board of Education,<sup>1</sup> with the revision process led by the SD DOE School Health program.** South Dakota sought permission from SHAPE America - Society of Health and Physical Educators in revising the SDSPE, because the state reviewed and used the national physical education standards and grade-level outcomes as a model. SD DOH and other stakeholders including 20 health and physical education teachers served on the committee to inform the development of the SDSPE.

#### Key Partners

In addition to SD DOE and SDSU Team Nutrition, SD DOH works closely with a number of national and state organizations. Examples include the Midwest Dairy Council whose Fuel Up to Play 60 Program provides training, technical assistance, and resources to schools to help meet their physical activity and nutrition goals. Other partners are SHAPE South Dakota, which promotes statewide trainings on the SDSPE, the Comprehensive School Physical Activity Program (CSPAP) and related areas, and previously the state affiliate of the Alliance for a Healthier Generation (the Alliance) when it had funding for targeted work in school nutrition and physical activity.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding has helped SD DOH increase participation of school nutrition employees and physical education professionals in professional development by decreasing the barriers to attendance. For most training events, Good & Healthy South Dakota Schools project funds were used to reimburse participants for meals, mileage and lodging and to reimburse school districts for substitute teacher pay. Support from the CDC was pivotal to the review and revision of the SDSPE and continues to drive targeted training to schools on the implementation of these new standards. Further, CDC funding provides schools with needed resources, especially for physical education and physical activity while Team Nutrition focuses on school nutrition. Project staff use many CDC resources available through the Healthy Schools website,<sup>2</sup> particularly the School Health Guidelines, CSPAP guide, Tips for Teachers, and e-learning courses for healthy schools.
- Access to national trainers, including those from the SPARK PE Speakers Bureau and SHAPE America, have helped strengthen evidence-based professional development offerings. Resources from national organizations that have received funding from CDC Healthy Schools are often used and made accessible to schools, such as school wellness tools from the Alliance,<sup>3</sup> a school health resource guide from the National Association of Chronic Disease Directors,<sup>4</sup> and *Strategies for Recess in Schools* from SHAPE America.<sup>5</sup>
- SD DOH and SD DOE manage a childhood obesity data surveillance system for school-age children and adolescents (ages 5-19 years). Schools voluntarily submit height and weight data, which are analyzed and reported annually in a state *School Height and Weight Report*.<sup>6</sup> The system has allowed the state to track childhood obesity since the 2001 - 2002 school year and set goals for improvement. It also reinforces the need behind project strategies and compels schools to increase healthy environments supporting nutrition, physical education, and physical activity.

## One Challenge Being Addressed

While school districts in South Dakota understand concepts and make strides in improving school nutrition, physical education, and physical activity practices, it is challenging for SD DOH and partners to influence local policy development and environmental change. Therefore, this project tries to build school buy-in and interest by working

with administration and various school staff (e.g., wellness coordinators, health and physical education teachers, food service directors, etc.) and maximizing opportunities to highlight what is possible for schools to undertake and strategies that meet them where they are with respect to school health and wellness.

## Next Steps and Sustainability

SD DOH and partners will continue to provide high quality training to schools with measurable objectives aimed at increasing knowledge and skills to advance implementation at the local level and will continue to review evaluation findings to inform project improvement. As part of this plan, the SD DOH and SD DOE will continue statewide efforts to increase the number of school personnel who participate in professional development. The project will also work with a growing network of national and state trainers to strengthen and sustain SDSPE implementation, along with the South Dakota Health Education Standards for K-12 which were revised in 2016 and are slated for adoption by the South Dakota Board of Education in the spring of 2018.

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## TEXAS:

# Promoting Messaging and Professional Development to Improve Physical Education and Physical Activity in Schools

The Texas Department of State Health Services (Texas DSHS) has enhanced physical education and physical activity in schools through two projects. The first involves statewide promotion of an evidence-based model that increases recess during the school day and additional professional development related to physical education and physical activity, reaching an estimated 3,619,786 students. The second project involves coordination with a regional Education Service Center to provide increased professional development and technical assistance to staff from eight high-needs school districts within the Coastal Bend area. This project has a reach of approximately 11,324 students.

### Achieving Impact

- **Leveraging the LiiNK Project led by a researcher at the Texas Christian University (TCU) that aligns with components of Comprehensive School Physical Activity Programs (CSPAP), promoting recess and increased physical activity during the school day and staff development for quality physical education.**<sup>1</sup> The LiiNK Project is based on a promising model from Finland and incorporates four recesses totaling 60 minutes per day and a weekly curriculum to promote character development. Early data findings among schools in the Dallas/Fort Worth metro area implementing the LiiNK protocol show improvements in student behaviors (e.g., listening skills, time on task, etc.) and learning through higher reading and math scores. In collaboration

with the Texas Association of Health, Physical Education, Recreation & Dance (TAHPERD), Texas DSHS has helped to reinforce the messaging that supports the importance of recess and promote the research behind the LiiNK Project statewide. Education leaders are a target audience, including participants in an “Administrators’ Day” track at the TAHPERD annual convention. Texas DSHS, through its partnership with the Education Service Center, Region 2 (ESC-2),<sup>2</sup> reaches eight priority school districts in the Coastal Bend area (Corpus Christi). As a result of a collective impact by Texas DSHS and various organizations to increase common messaging about physical activity environments and strengthened school wellness policies, some school districts have incorporated recess modifications to increase physical activity, made changes to recess policies, and/or improved other policies affecting physical education and physical activity.

- **Collaboration with the Texas Department of Agriculture (TDA) and other organizations through an advisory committee that facilitates state agency coordination to support developing and implementing impactful and sustainable school wellness policies.** One action of the committee involves providing input to the Texas Association of School Boards (TASB) on the school wellness policy development toolkit, which school districts use to revise their policies for appropriate compliance with statutory requirements. They also may use an included template to develop a plan for implementation of the district’s newly adopted wellness policy. All school districts in Texas report using the TASB policy service to inform and guide their policy development process. While Texas school boards may not incorporate all of the most optimal language the template provides into local policies and wellness plans, they have a comprehensive model to view and an array of options for their consideration.

The state received support for this project from a State Public Health Actions cooperative agreement funded by the Centers for Disease Control and Prevention (CDC). The National Association of Chronic Disease Directors authored this publication, and the publication does not necessarily represent the official views of the CDC or the state agencies involved.

## Key Partners

To improve physical education and physical activity in schools, Texas DSHS partners closely with TAHPERD, ESC-2, and local school health advisory councils within the priority school districts. Additional partners are Texas Education Agency, primarily for improved physical education curriculum, and Texas affiliates of the Alliance for a Healthier Generation and Action for Healthy Kids for staff development. Texas DSHS collaborates with TDA, the agency charged with oversight of school nutrition and school food services, regarding improvements to school nutrition and local school wellness policies.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding increased Texas DSHS capacity to promote messaging behind the LiINK project and to provide professional development including statewide webinars to improve physical education and physical activity in schools. Texas has limited school health infrastructure, and Texas DSHS could not operationalize its work with ESC-2 and other partners without CDC support. CDC's *School Health Guidelines to Promote Healthy Eating and Physical Activity*,<sup>3</sup> including the evidence contained therein, has been useful to Texas DSHS and priority school districts.
- Texas DSHS leveraged an existing asthma intervention at ESC-2, which helped employ a school health specialist to facilitate its project in the Coastal Bend area. This school health specialist received training to build content expertise in physical education and physical activity and direct professional development to schools.

## One Challenge Being Addressed

Texas is a large state, and there are a number of national and state organizations targeting school nutrition, physical education, and physical activity to address childhood obesity. To reduce possible duplication of effort, Texas DSHS has strengthened partnerships and coordinated an approach to focus on Coastal Bend-area school districts. This localized project and a statewide professional development initiative contribute to a collective impact within Texas.

## Next Steps and Sustainability

Texas DSHS plans to continue developing and implementing tools for schools to improve their physical education and physical activity policies and practices, including the promotion of research that supports the positive linkages between physical activity, student behavior, and learning. Collaborating with partners across the state, including Education Service Centers, and leveraging resources may help ensure sustainability and identify future sources of funding.

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## References

- <sup>1</sup> <https://liinkproject.tcu.edu/>
- <sup>2</sup> <http://www.esc2.net>
- <sup>3</sup> <https://www.cdc.gov/healthyschools/npao/strategies.htm>

## VERMONT:

### Improving School Nutrition and Physical Activity through Wellness Policies

The Vermont Department of Health (VDH) and partners have helped guide schools in improving school nutrition and physical activity policies and practices. More than 13,000 students in 13 targeted school districts and schools have benefited from Vermont's integrated approach to align messaging and support around school wellness policies. Targeted schools receive professional development and technical assistance from VDH, community-level VDH school liaisons, and additional stakeholders to assess, revise, and adopt school wellness policies.

#### Achieving Impact

- **Statewide partnership involving VDH, Agency of Education (AOE), and Agency of Agriculture Food & Markets (VAAFAM) to revise and advance the implementation of the *Vermont School Wellness Policy Guidelines*,<sup>1</sup> which aims to strengthen the development and implementation of comprehensive wellness policies that meet or exceed federal and state laws and regulations.** The guidelines reflect the final rules of the Healthy, Hunger-Free Kids Act of 2010 (USDA Final Rules) and incorporate the Whole School, Whole Community, Whole Child (WSCC) model and related resources.<sup>2</sup> A companion resource, the *Vermont Wellness Policy Implementation Tool*,<sup>3</sup> assists schools with monitoring and evaluation of strengthened policies. In addition, VDH and partners contracted with a professional chef to develop a Low Sodium Recipe Booklet for school food service professionals to meet sodium targets in school nutrition standards.<sup>4</sup>

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- **Integration of Farm to School (FTS) activities in school wellness policies to develop new and strengthen existing participation of schools in the FTS Network.** An estimated 83% of Vermont school districts report participation in FTS activities, and the state holds the highest participation within the U.S.<sup>5</sup>
- **Established state-level WSCC team facilitated by VDH that incorporates school wellness policy as a way to streamline collaboration.** The team represents maternal and child health, immunizations, oral health, data analysis, and other areas pertinent to student health. This effort ties to a variety of training opportunities for school wellness policy development within a WSCC framework offered to school staff and community members.

#### One Local School District Success

The Dorset School, a part of the Bennington-Rutland Supervisory Union public school system,<sup>6</sup> located within a small, rural community, received funding and technical assistance from VDH to revise, implement, and evaluate their district wellness policy. As a result, school and community members established a comprehensive wellness team to revise the wellness policy and create a culture of health within their school, informed by the *Vermont School Wellness Policy Guidelines* and the WSCC model. The team devised procedures to meet six wellness goals for the school year pertaining to physical activity, farm to school, classroom celebrations, and nutrition education and services. To meet nutrition education goals for staff and students, for example, they coordinated a six-week nutrition program on label reading, effects of sugar, nutrients, and more. As a strategy for success in implementing school-level programs and policies, the team strengthened school employee wellness to empower staff to make changes for themselves and their classrooms and model healthier behaviors for students. The team meets regularly to focus on wellness goals and set targets for their achievement with attention to resource and staff needs. In addition, they conduct program evaluation to assess and improve activities within the school environment.

## Key Partners

VDH collaborates with AOE, VAAFM, Vermont FTS Network, School Nutrition Association of Vermont, SHAPE Vermont, and other stakeholders across the state. VDH has 12 district offices with designated school liaisons assigned to targeted school districts and schools. The school liaisons improve the capacity of school wellness teams and school wellness policies in supporting healthy behaviors, and many of them are school wellness team members and directly involved in policy development. In addition, VDH is working with the Vermont State School Boards Association to communicate their endorsement of the *Vermont School Wellness Policy Guidelines* with schools and encourage improved school wellness policy adoption by local school boards.

## Additional Factors Instrumental to Success, Including the CDC

- CDC funding and technical assistance has helped build the capacity and recognition for VDH to engage in improving school nutrition and physical activity and expand its reach in providing professional development and technical assistance to schools. CDC resources important to their work include 1) *School Health Guidelines to Promote Healthy Eating and Physical Activity* and 2) *Health and Academic Achievement*,<sup>7,8</sup> as well as other resources available on CDC's Healthy Schools website such as the Parents for Healthy Schools resources.<sup>9</sup>
- A rule within the Vermont Education Quality Standards, which requires students in grades K-12 to participate in at least 30 minutes of daily physical activity (e.g., recess, movement built into the classroom) that does not replace physical education classes, has been a policy lever to drive wellness policy development and implementation and obesity prevention efforts. The Dartmouth-Hitchcock Norris Cotton Cancer Center approached VDH for ways to influence obesity prevention in schools, and as a result, they with the New Hampshire Department of Health and Human Services, developed *Active Learning: A Toolkit for Teachers* to help incorporate physical activity into the classroom.<sup>10</sup>

## One Challenge Being Addressed

Vermont has rural and underserved communities that may have limited capacity and a small staff to help assure sustainability. VDH provides customized professional development and technical assistance and leverages partners to meet local need. For example, the Vermont FTS Network fosters community resources and makes fresh fruits and vegetables more accessible within schools.

## Next Steps and Sustainability

Partnership development across the state and internal collaboration within VDH is being strengthened and will offer support to overcome any barriers. School districts and schools working with VDH and partners continue to assess, revise and adopt wellness policies aligned with the USDA Final Rules.

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## References

- 1 <http://www.healthvermont.gov/wellness/physical-activity-nutrition/school-and-early-child-care>
- 2 <https://www.cdc.gov/healthyschools/wsc/index.htm>
- 3 [http://www.healthvermont.gov/sites/default/files/documents/2017/01/HPDP\\_PAN\\_Vermont%20Wellness%20Policy%20Implementation%20Tool.pdf](http://www.healthvermont.gov/sites/default/files/documents/2017/01/HPDP_PAN_Vermont%20Wellness%20Policy%20Implementation%20Tool.pdf)
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- 9 <https://www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm>
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