

2004 Clarian Health Community Plunge: Taking Action for Children's Health and Fitness

The mission of Clarian Health is to improve the health of our patients and community through innovation and excellence in care, education, research, and service. The Community Plunge closely aligns with Clarian's mission by first getting in touch with the needs and strengths of the surrounding community.

During this year's Community Plunge, legislators, community leaders, medical and health professionals, social service professionals, education professionals and community members will come together to examine action steps to improve children's health and fitness in Indiana. We hope this year's event facilitates partnerships and solutions to collaboratively influence children's health over the years to come.

Clarian Health would like to thank the following organizations for their financial support of the 2004 Community Plunge the Indiana Dairy and Nutrition Council, Indiana Department of Education: Division of School and Community Nutrition Programs, and the Indiana Action for Healthy Kids team. In addition, we would like to thank the organizations that served throughout the year on our Advisory Council:

- YMCA of Greater Indianapolis
- National Institute of Fitness and Sport
- Indianapolis Public Schools, Howe Academy
- IAHPERD (Indiana Association for Health, Physical Education, Recreation, and Dance)
- Roche
- Ruth Lilly Health Education Center
- Indiana State Department of Health
- Riley Children's Hospital Community Education and Child Advocacy
- Purdue Cooperative Extension, Family Nutrition Program
- Lawrence Township Public Schools, Forest Glen Elementary

Past Community Plunges have focused on tobacco, domestic violence, obesity and firearm violence prevention. If you would like more information about the Community Plunge, please call Clarian Health Promotions department at (317) 962-6110.

Clarian Health Promotions www.clarian.org

As an organization, Clarian Health values a patient's total care, including mind, body, and spirit; excellence in education for health care providers; quality of care and respect for life; charity, equality, and justice in health care; leadership in health promotion and wellness; excellence in research; and an internal community of mutual trust and respect. The Health Promotions department exists to implement programs and services to accomplish the vision of leadership in health promotion and wellness. Services and programs are designed around the needs of the community. With the guidance of a Community Benefits Advisory Committee, Clarian establishes priorities based on need, availability of funds/resources and community partnerships.

Some of the programs and services offered include:

- Think First, Head and Spinal Injury Prevention Program
- Substance Abuse Prevention and Intervention
- School Based Programming

- Willing 2 Wait, a teen pregnancy prevention program
- Clarian Tobacco Control Center
- Fitness/Nutrition Programs

For more information on Clarian Health Promotions, contact Don Deutsch at (317) 962-6110.

Dairy and Nutrition Council Inc. www.indianadairycouncil.org

Dairy and Nutrition Council Inc. (DNCI) is a not-for-profit organization funded by Indiana dairy producers. DNCI provides scientifically accurate and field-tested nutrition education materials, programs and services to educators, health professionals, media and consumers throughout the state of Indiana.

The nutrition education program is designed to create consumer awareness of the links between nutrition, diet and healthy habits, and to encourage healthful food selection patterns, which include dairy foods.

Educators and Health Professionals, visit www.indianadairycouncil.org to:

- View Dairy Council Nutrition Education Materials
- Learn about the Great Grow Along Animal Feeding Demonstration for Grades 4-6
- Check out the Calendar of Upcoming Events and Contests
- Read the Dairy Council Communicator E-Newsletter
- Review Available Grants

Health Professionals, Press and Media visit www.national-dairycouncil.org to:

- Browse the Nutrition Library for the latest Dairy Foods Research
- Check out the latest Patient Education Materials:
 - 3-a-day of Dairy Health Education Kit
 - Healthy Weight Health Education Kit
 - African-American Health Education Kit
- Read the Latest Press Releases
- Sign up for NDC Monthly E-Newsletter

Educators, School Foodservice and Parents, visit www.nutritionexplorations.org to find:

- Nutrition Resources, Lessons and Activities
- Teacher Idea Exchange
- Milk Vending Information, Mealtime Sampler Newsletter
- Menu Marketing Tools
- Meal Planning Tips
- Shopping Smart for Nutritious Foods

Dairy and Nutrition Council Inc.

Indianapolis: (800) 225-6455

South Bend: (574) 299-8040

Indiana Department of Education Division of School and Community Nutrition Programs

As the administering agency for the U.S. Department of Agriculture's Child Nutrition Programs, we are actively involved in improving the health and well being of Indiana's children and citizens. The division works closely with food

service professionals in a variety of settings, including public and private schools, day care organizations and other organizations, and homes which serve nutritious meals. Division employees develop and distribute a variety of resources and provide services aimed at educators and health care professionals, with the goal of helping the state's children choose healthy life styles for successful living. Collaborative relationships are maintained with many other governmental agencies and organizations with similar goals.

Mission Statement – Provide monetary assistance to schools and institutions participating in USDA Child Nutrition Programs enabling them to efficiently and attractively provide nutritious meals. The Division offers education, training, and technical assistance to eligible participants to ensure compliance.

Vision Statement – To be a nutritionally aware community that fosters the development of healthy Indiana citizens.

Indiana Department of Education
Division School and Community Nutrition Programs
Director: Michael E. Gill
(317) 232-0850 or (800) 537-1142
www.doe.state.in.us/food

Action for Healthy Kids

Action for Healthy Kids is an integrated, national-state effort that is addressing the epidemic of overweight, undernourished, and sedentary youth by focusing on changes in the school environment. An outgrowth of the 2002 Healthy Schools Summit for which first lady Laura Bush served as honorary chair, Action for Healthy Kids is chaired by former U.S. Surgeon General David Satcher, MD, PhD, and guided by 40 national organizations and government agencies representing education, fitness, and nutrition. Grassroots action is being carried out by 51 Action for Healthy Kids state teams that include volunteer leaders in education, administration, health, physical activity, government, student leaders, concerned parents, and business leaders.

The Action for Healthy Kids national organization supports and accelerates state action plans by developing shared resources, facilitating the exchange of information and experts among teams, and by raising public awareness of their efforts, among other activities. The national organization also evaluates state-based efforts to identify and disseminate best practices – further enhancing the efficacy and impact of this coordinated, but customized, effort.

For more information, please visit www.ActionForHealthyKids.org.

Members of the Action for Healthy Kids board of directors provide expertise and oversight to AFHK, a non-profit organization with 501(c)(3) status. Alicia Moag-Stahlberg, MS, RD, a nationally recognized authority in the field of nutrition and communications, serves as the organization's executive director. The National Dairy Council, National Football League and the Robert Wood Johnson Foundation have provided funding for Action for Healthy Kids.

The Indiana Action for Healthy Kids Team

The Indiana Action for Healthy Kids team was formed in October 2002 as a direct result of the 2002 Healthy Schools Summit. Drawing on "Commitment to Change" – the initiative's guiding

document, which was adapted from the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* – each team has developed an action plan that is appropriate for its own state's educational system, culture and resources.

In Indiana we have chosen to focus on the following goals:

- Provide age-appropriate and culturally sensitive instruction in health education and physical education that helps students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.
- Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.

Through the formation of and collaboration with local school community wellness councils, we hope to generate action and long-term solutions to facilitate healthy youth and healthier communities.

The Indiana Action for Healthy Kids team is guided by a steering committee consisting of experts in the field of child nutrition and physical activity. The organizations represented on the steering committee include the Indiana Dairy and Nutrition Council, Clarian Health Partners, Indiana Department of Education, Indiana State Department of Health, Fort Wayne Community Schools, Metropolitan School District of Perry Township, National Institute for Fitness and Sport, Indiana University, the Governor's Council for Physical Fitness and Sport, and concerned parents.

Organizations and agencies that participate as part of the team include:

- Purdue Extension
- Muncie Community Schools
- Evansville-Vanderburgh Schools
- PHM Schools
- American Cancer Society
- University of Southern Indiana
- Shamrock Springs Elementary
- American Heart Association
- Indiana School Food Service Association
- Greenfield Community Schools
- St. Francis Hospital
- Marion County Health Department
- Indiana University
- Purdue University
- Ball State University
- Yorktown Middle School
- Arnett Clinic
- Indianapolis YMCA
- Columbus Regional Hospital
- Indiana Dietetic Association
- Ruth Lilly Health Education Center
- Indianapolis Public Schools
- Lawrence Township Schools
- Indiana PTA
- Major Hospital

For more information about the Indiana Action for Healthy Kids team please visit www.actionforhealthykids.org and click on Indiana's page.

Dear 2004 Community Plunge Attendee:

Thank you so much for attending this year's Community Plunge, "Taking Action for Children's Nutrition and Fitness." We are confident that the content presented to you during the day's events will provide you with an abundance of information to make positive changes in your school and community with regard to children's health and fitness.

Indiana ranks ninth in the country for the number of adults who are overweight and obese¹. Adult obesity is directly related to childhood obesity; children of obese adults are three times more likely to become overweight or obese themselves². Given these statistics, Indiana's children are facing a grim future unless we work together to create effective and sustainable changes that promote healthy lifestyles across the lifespan.

The purpose of the 2004 Community Plunge is not to provide you with more information about the problem, but rather present you with possible solutions you can take back and implement in your community. Feel free to share the information gathered at this event with anyone and everyone in your community. We all need to work together to make change occur!

We have created this "Action Planning Guide" to provide support and resources as you begin to create change. It is best used as a workbook and reference guide to effectively create, implement, evaluate, and sustain healthy changes.

Remember, you do not have to embark on these efforts as an isolated community; rather you can utilize the existing efforts throughout the state. In fact, we strongly encourage you to utilize the Indiana Action for Healthy Kids team (IN AFHK) for support as your efforts expand.

Thank you for your attendance and support of the 2004 Community Plunge.

Sincerely,

The 2004 Community Plunge Planning Committee

Existing Efforts in Indiana

Legislation

The Partnership for Preventing Childhood Overweight and Obesity is a new coalition that is working to affect the legislative agenda in Indiana as well as state policies directly related to nutrition and physical education in schools. This coalition is being chaired by Indiana Representative Charlie Brown (D), Gary, Chairman, Indiana House Public Health Committee. Participating organizations include: American Cancer Society, American Heart Association, Indiana State Medical Association, Indiana Department of Health, Indiana Department of Education, Action for Healthy Kids, Clarian Health Partners Indiana Public Health Association, and many others. The goal of this coalition is to develop and implement effective legislation to promote health in schools.

Administrative

The Indiana Department of Education (IDOE) received a grant

from the Centers for Disease Control and Prevention to develop a Coordinated School Health Program (CSHP) intended to improve student health by reducing the use of tobacco and other drugs, increasing physical activity, and improving student nutrition. The IDOE can provide administrative training on the value of a CSHP in schools.

The Indiana Department of Health has hired a special consultant on childhood obesity to create a statewide strategic plan. This plan will focus on five action areas: (1) Increasing awareness of obesity as a public health issue; (2) Promoting opportunities for lifestyle change; (3) Establishing legislation around nutrition and physical activity; (4) Monitoring obesity rates and related health conditions; and (5) Identifying stakeholders to support future work.

Programming

The Indiana Action for Healthy Kids (IN AFHK) team is working to create, collect, and distribute programming resources to assist schools and communities. Some of these programs include A Taste of Family Fitness, milk vending machines, and pedometer programs. The main goal of the IN AFHK team is to disseminate information and technical assistance throughout the state to create lasting and effective change.

Using this Action Planning Guide

This guide will provide you with everything you need to know to:

- Create a school-community wellness council
- Assess your school and community
- Develop an action and evaluation plan

The guide will also provide an extensive resource list (both documents and web-based materials) to help your school and community be an effective coalition.

In addition, we have provided you with programming resources and a CD-ROM containing reproducible handouts and worksheets to keep you on the road to success.

As you work to develop your action plan, feel free to contact the Indiana Action for Healthy Kids team for free assistance.

¹ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2002 Prevalence Data. <http://apps.nccd.cdc.gov/brfss/>

² Strauss, R.S. and Knight, J. Influence of the Home Environment on the Development of Obesity in Children. *Pediatrics*; 1999; 103:85

Background

In the past, school health was often defined purely by clinical services or health education about current health issues or concerns. Today, the definition of school health has broadened to include school nutrition services, student counseling, the physical and emotional school environment, staff wellness, and how schools reach out to parents and communities for support.

There is a growing recognition that children's health status directly affects their capacity to learn and achieve academic success. Therefore, schools and communities are seeking ways to bridge the gap between health and academics. Experience has shown that when schools involve parents and community partners, the responsibility for student health and success can be addressed effectively.

One way to promote this partnership is through a school-community wellness council made up of a broad cross-section of parents, students, business and community leaders, and school staff.

The information in this section will provide you with an overview of how to develop or expand upon a school-community wellness council. Remember that you do not have to reinvent the wheel. School-community wellness councils can be formulated within existing coordinated school health councils, Step Ahead Councils, or Nutrition Advisory Councils.

Source: Promoting Healthy Youth, Schools, and Communities: A Guide to School-Community Health Councils. American Cancer Society and the Iowa Department of Public Health, January 2003.

Step 1: Convene Your Council

Schools alone are not and should not be solely responsible for the health and well being of youth. Creating a school-community wellness council allow schools to partner with parents, businesses, and community agencies to work together to identify health concerns, set priorities, and design solutions.

To successfully engage the school and community:

- Meet with key school personnel and/or community representatives
- Identify existing school and community groups that address health issues (don't reinvent the wheel)
- Find a coordinator for the council (preferably someone directly involved with the school or school corporation)

Effective school-community wellness councils can:

- Be instrumental in improving student health and creating healthy schools
- Help schools meet community involvement mandates and community expectations
- Support school-health staffed programs
- Provide a way for community members to work together with school personnel to accomplish school district goals
- Utilize and make the most of community resources and assets
- Influence more people within a community than a single institution could
- Be a credible, collective voice of support for healthy children and youth
- Provide a forum for sharing youth health and information resources

- Provide a range of advice and perspectives
- Foster personal satisfaction and help members understand their roles in strengthening their community
- Foster cooperation by building trust and consensus among grassroots organizations, community segments, and diverse citizens

For a council to be effective, it is important for the school to take an active role in convening the council and for the school superintendent and other key personnel to support the idea.

Source: Promoting Healthy Youth, Schools, and Communities: A Guide to School-Community Health Councils. American Cancer Society and the Iowa Department of Public Health, January 2003.

Potential Members for Council

Membership on the school-community wellness council should be as broad and diverse as possible, including students and parents. Include a cross-section of people from your community. Leadership takes many forms. It comes from charisma, connections, expertise, fame and visibility, integrity and credibility, life experiences, persuasive ability, position, and resources. You will find it easier to recruit leaders in the more formal, organized segments of your community, but don't overlook other candidates. Potential members may include:

- Business and Industry Leaders
- Civic Organizations
- Community Government Officials
- Community Leaders
- Extension Specialists
- Health Care Providers
- Parents
- Parent Teacher Organizations
- School Personnel
- Students
- Volunteer Health Agencies

Source: Promoting Healthy Youth, Schools, and Communities: A Guide to School-Community Health Councils. American Cancer Society and the Iowa Department of Public Health, January 2003.

Build Business Support

Reaching the business community can be an important step in helping your school-community wellness council be successful. It is important to identify businesses that are active in the community, that are likely to be supportive of your cause, and that are well respected by residents, policymakers, and other businesses. The local library and chamber of commerce can provide information and resources to help locate appropriate business partners. Other sources of information include:

- Human resources manager at local businesses
- Local health institutions and nonprofit health groups
- Professional and trade groups

To determine whether a business is an appropriate partner, establish a set of criteria against which potential partners can be evaluated. For example, you may want to ask:

- Is the company currently involved with or have a policy to be involved in community programs?
- Does the company have strong policies in place to support families and children?
- Has the company ever worked on or been outspoken about issues such as education reform or children's health?
- Does the company understand that unhealthy children lead to increased insurance usage, and eventually an unhealthy workforce in adults?
- What is the company's giving potential? What has it contributed either in direct funds or in other kinds of donations to other local efforts?
- Is the company fiscally healthy? Does it have a solid reputation in the community?
- What is the size of the company and how will that affect its ability to participate in your outreach efforts?

How Businesses Can Support Your Council

The business community can support your school-community wellness council in a variety of ways. What works for one company or person may not work for another, so remember to be flexible and ready to offer an array of options. Following is a summary of activities that could be proposed to business leaders interested in supporting your school-community wellness council. This is by no means an exhaustive list, so use your creativity and knowledge about the local community to expand on these ideas or put a different twist on them:

- Suggest that a business adopt the school-community wellness council as an official corporate cause and encourage participation through employee programs.
- Suggest that a company sponsor local events, particularly at schools, to heighten community recognition and to stress the importance of Action for Healthy Kids and the school-community wellness council. The sponsoring company's logo would appear on all event materials and signs.
- Donate money or in-kind services to assist in promotion and advocacy efforts. Levels of involvement depend on the company's giving capacity.

Unless you have established relationships with local business leaders, you may be making a "cold call" to an audience that knows little, if anything about the importance of school health and the role the community plays. Think about what you will say and how you will capture their attention in the first few moments of the conversation.

Source: Promoting Healthy Youth, Schools, and Communities: A Guide to School-Community Health Councils. American Cancer Society and the Iowa Department of Public Health, January 2003.

A Story of Success: The Evansville–Vanderburgh School Community Council

Getting Started

The Evansville–Vanderburgh School Community Council had its beginnings the mid 1990's at one elementary school whose principal recognized children were coming to school unready to learn because of issues originating outside of the school. The principal began asking how she could help address some of those issues. She called on the support of the United Way and various community agencies. With everyone at the table communicating openly and honestly, a “full service model” school developed. The school saw better grades, better discipline, a uniting of the neighborhood, such as access to both dental and health care for children at school, and case management for all kinds of needs for families of Evansville students.

Recognizing the success of this “full service” school, the superintendent of the district mandated the principal to grow that model at other schools. He and the principal visited most of the CEO's of agencies and health care organizations in the Evansville area and asked if they were interested in taking the collaboration to the next level, which might positively impact all of the schools in the district. City government office holders were included. At the first ‘big table’ meeting, over 70 people attended to determine how this effort would be coordinated. The superintendent gave the elementary school principal more leverage to grow this model by making her an assistant superintendent over all Title I schools, health in schools, and grants.

A steering committee made up of key stakeholders from that original group of 70 met with a facilitator to determine a strategic plan that was eventually presented to the larger group for review and revision. The first year consisted of mainly setting up the infrastructure with an evaluation protocol and team to work on various issues.

Securing Funding

A large grant had been written and obtained by the school corporation from a local health foundation that allowed for paid positions: Director of the School Community Council, Assistant Director, and Administrative Assistant. These persons were responsible for setting up meetings, minutes, reminders of meetings and making sure the work of various teams was accomplished. Start-up money isn't necessary, but a grant to pay for staff has helped the project go farther, faster.

Council Structure

The council has evolved into a bi-monthly meeting of the larger school community council. This meeting is primarily an avenue for providing updates on the work of the smaller teams. The primary work happens within the various smaller teams who meet monthly for the most part. Sub-committees may meet more often for special projects. The teams include:

- Communications
- Evaluation
- Site Council Support Group
- After School Programs Team
- Access to Programs and Services
- Asthma
- Mental Health Issues

- Nutrition and Physical Activity.

In addition, Evansville now has 14 schools with site councils made up of schools, community agencies, and parents, determining the needs at the school and participating in the solutions.

Communication

By partnering with “Evansville Living” magazine, the school system was able to put out a quarterly newsletter which was distributed to the schools and chamber of commerce members. The newsletter highlights the progress of the School Community Council. In addition, the teams communicate as often as needed through email, phone, and face to face meetings.

Messages of Success

Anyone can start a collaborative table by finding others who care enough about issues of children to put aside turf battles and work together. It makes sense to leverage resources. Each organization only has so much to offer which limits how many children can be affected. By working together, we can make resources go much farther and not duplicate efforts. This work of collaboration is all about relationship building. Park your ego at the door and work for the success of children. A few people with the passion to work for the betterment of children can make great things to happen.

Strategic planning is a must. Evaluation planning is a must. Job assignments and accountability are important. Funding is great to help with staff. This idea can be sold just by knowing who the stakeholders are on various issues being addressed. Not many people are against giving children the best possible start in life and having them be successful in school. They are indeed our future.

Of course, we have people who do not participate anymore because they haven't been able to find their niche in this process, but more interested persons are joining all the time as they want to be part of the success and we are having successes!

Many joint ventures have taken place. Many grants have been written among agencies – not necessarily with us, but ones who might give money to those agencies for programs in schools. Success breeds success! We keep the momentum going with communication to everyone all the time. We email our large group and the teams, reminding them of a meeting or communicating what we want them to know. Written materials are shared at the big table meeting for everyone to study later. Meetings last one hour and they often include a healthy lunch, funded with grant dollars. Meeting leaders must be considerate of people's time so that attendees feel their time has been well spent.

Last year, Evansville was invited to Urban Network of Communities in Schools by the National Coalition of Communities in Schools. This network is made up of cities like Chicago, Boston, and Baltimore among others. Evansville is the smallest city represented. Evansville was also one of 10 districts chosen by the state of Indiana to develop a coordinated school health plan for the district. The 21st Century Community Learning Centers were chosen as one of twenty most promising programs in the nation. The Evansville School Community Council is living proof that small communities can accomplish great things!

Thank you to Ginny O'Connor, Director of the Evansville School-Community Council for providing this information.

CD-ROM Contents

Included in this Action Planning Guide is a CD-ROM provided by the American Cancer Society and the Iowa Department of Public Health. The CD-ROM contains reproducible documents that can assist you in setting up your school-community wellness council. The information on the CD-ROM is from the text “Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils”, American Cancer Society, 2003.

CD-ROM Contents

- Worksheet: Community-School Partners to Invite
- Sample: Letter of Invitation
- Sample: Response Form
- Information Sheet: Benefits of a School Health Council
- Sample: News Release
- Worksheet: Agenda Planning Guide for the Organizational Meeting
- Sample: Meeting Agenda for the Organizational Meeting
- Sample: Meeting Agenda for the Vision Meeting
- Transparency Master: Where We Want to Be
- Transparency Master: A Vision
- Worksheet: Creating a Vision for our Community and Schools
- Worksheet: Our Vision of the Future
- Sample: Meeting Agenda for the Action Planning Meeting

- Transparency Master: A Process for Change
- Transparency Master: What's Needed for Change to Occur?
- Information Sheet: Tips for Brainstorming
- Information Sheet: What Can We Do? Suggested Action Steps
- Worksheet: Evaluating Priorities
- Worksheet: Action Planning Guide
- Worksheet: Creating a Structure for Your School Health Council
- Worksheet: Building Social Marketing into Your School Health Council
- Information Sheet: Meeting Resistance to Change
- Information Sheet: Creating a Process for Resolving Conflicts
- Information Sheet: Possible Sources of Conflict within School Health Councils
- Worksheet: Planning an Outcome Evaluation
- Worksheet: Evaluating Your Council's Membership
- Information Sheet: Moving to the Next Level of School Health Improvement

A special thank you to Dru Szczerba, Director of Cancer Prevention and Health System Initiatives with the American Cancer Society for allowing us to provide you with this CD-ROM.

The worksheets provided in this section will help school-community wellness councils gain a high level of understanding of the school or community's strengths and weaknesses with regard to nutrition and physical activity.

To complete these worksheets, start by reviewing the Indiana State Profile on the Action for Healthy Kids website (www.actionforhealthykids.org). This is a good starting point to begin assessing your school and/or community. Some of the information you need may come from this document, while other information will come from collective knowledge or additional research conducted.

An extensive assessment tool can be obtained from the Centers for Disease Control (CDC), Division of Adolescent and School Health. The third edition of *School Health Index (SHI): A Self Assessment and Planning Guide* is now available. This version of the SHI will enable schools to address their policies and programs related to safety (unintentional injury and violence prevention), in addition to the physical activity, nutrition, and tobacco-free lifestyle issues addressed in previous editions.

In addition to the revised edition, an online version of the SHI can be found at <http://www.cdc.gov/HealthyYouth/SHI>. This web-based version will allow you to select only those topics your school is interested in and print a customized score card and discussion questions.

The SHI is designed for use at both the elementary and middle/high school levels. It was developed to provide schools with a tool to assess their policies and programs in relation to the recommendations of CDC school health guidelines. *The CDC provides the SHI free to anyone interested. You may obtain a printed copy by emailing healthyouth@cdc.gov or calling (888) 231-6405.*

The worksheets that follow are not as extensive as the SHI, but provide you with an overview of your school/community strengths and weaknesses so that you can develop and implement an appropriate action plan.

General Instructions

1. Rate each assessment question on the worksheet (e.g. “yes”, “no”, “needs improvement”, etc.).
2. After the rating is completed, write in additional questions that are of importance to your council and rate them.
3. Complete the summary questions at the end of each worksheet.
4. After completing all three assessment worksheets, begin to develop an action plan.

These assessment sheets are based on the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity (2001)*, which provides effective goals to accomplish change in regard to nutrition and fitness in schools.

There are 12 action goals:

1. Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.*
2. Provide students in pre-kindergarten through grade 12 with behavior-focused nutrition education integrated into the curriculum that is interactive and teaches the skills they need to adopt healthy eating habits.
3. Ensure that meals offered through all school feeding programs meet federal nutrition standards.
4. Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.*
5. Provide food options that are low in fat, calories and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.
6. Ensure that healthy snacks and foods are provided in vending machines, school stores and other venues within the school's control.
7. Prohibit student access to vending machines, school stores, and other venues that contain foods of minimal nutritional value and compete with healthy school meals in elementary schools, and restrict access in middle, junior and high schools.
8. Provide an adequate amount of time for students to eat school meals, and schedule lunch periods at reasonable hours around mid-day.
9. Provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.
10. Provide daily recess periods for elementary school students, featuring time for unstructured but supervised active play.
11. Provide adequate co-curricular physical activity programs, including fully inclusive intramural programs and physical activity clubs.
12. Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

* *Goals selected by the Indiana State Action for Healthy Kids team*

Based on U.S. Department of Health and Human Services, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD.: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.

Assessment Worksheet #1 – Health, Physical & Nutrition Education

Instructions:

- This worksheet allows you to assess whether Commitment to Change Actions #1, #2, and #9 are happening in your school.
- If an area “needs improvement,” make a brief note about issues blocking implementation of this Action item.

Commitment to Change Action #1: Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills, and behaviors to adopt, maintain, and enjoy healthy eating habits and a physically active lifestyle.

Commitment to Change Action #2: Provide students in pre-kindergarten through grade 12 with behavior-focused nutrition education integrated into the curriculum that is interactive and teaches the skills they need to adopt healthy eating habits.

Commitment to Change Action #9: Provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

Assessment Questions	Yes	In Progress	Needs Improvement	Need More Information
1. Your school has adopted a policy that follows national or state health education standards or guidelines.				
2. Your school has adopted a policy stating that students will be tested on health topics in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
3. Your school provides culturally sensitive instruction in health education in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
4. Your school provides culturally sensitive instruction in nutrition education in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
5. Your school provides behavior-focused, interactive nutrition education in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
6. Your school provides culturally sensitive instruction in physical education in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
7. Your school has current policy addressing nutrition, health, and physical education.				
8. Your school provides daily physical education for all students.				

Assessment Questions	Yes	In Progress	Needs Improvement	Need More Information
9. Your school provides physical education for all students at least one day per week.				
10. Someone in your school oversees or coordinates physical education.				
11. Your school has adopted a policy stating that newly hired staff who teach physical education will be certified, licensed, or endorsed by the state to teach physical education.				
12. Your school has adopted a policy stating that teachers will earn continuing education credits on physical education topics to maintain certification, licensure, or endorsement to teach physical education.				
13. Your school has adopted a policy that will teach physical education in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
14. Your school has adopted a policy that prohibits using physical activity (e.g., laps or push-ups) to punish students for bad behavior in physical education.				
15. Your school has adopted a policy that prohibits excluding students from all or part of physical education as punishment for bad behavior in another class.				
16. Your school has adopted a policy stating that physical activity and fitness (classroom instruction) will be taught in: <ul style="list-style-type: none"> • senior high schools • middle/junior high schools • elementary schools 				
17. Your school has adopted the National Standards for Physical Education or has developed standards based on the National Standards for Physical Education.				
18. Your school requires assessment of student learning in physical education.				
19. Your school has a current focus on physical fitness/physical education.				

Summary of Assessment Worksheet #1

1. Review the assessment questions you've marked "needs improvement."
2. Briefly cross reference your "needs improvement" items against the three Commitment to Change Actions listed at the top. Which Commitment to Change Action(s) appear to be most in need of improvement in your school?

3. Review the assessment questions you've marked "not enough information." Are any of these areas important enough to your council members to warrant further investigation/research by council members? (List)

Assessment Worksheet #2 – Nutrition and School Foodservice

Instructions:

- This worksheet allows you to assess whether Commitment to Change Actions #3 – #8 are happening in your school.
- If an area “needs improvement,” make a brief note about issues blocking implementation of this Action item.

Commitment to Change Action #3: Ensure that meals offered through all school feeding programs meet federal nutrition standards.

Commitment to Change Action #4: Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.

Commitment to Change Action #5: Provide food options that are low in fat, calories and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.

Commitment to Change Action #6: Ensure that healthy snacks and foods are provided in vending machines, school stores and other venues within the school’s control.

Commitment to Change Action #7: Prohibit student access to vending machines, school stores, and other venues that contain foods of minimal nutritional value and compete with healthy school meals in elementary schools, and restrict access in middle, junior and high schools.

Commitment to Change Action #8: Provide an adequate amount of time for students to eat school meals, and schedule lunch periods at reasonable hours around mid-day.

Assessment Questions	Yes	In Progress	Needs Improvement	Need More Information
1. In your school, meals offered through your feeding programs meet federal nutrition standards.				
2. Your school has adopted policies stating that all foods and beverages available on school campuses and at school events will contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.				
3. Your school requires or recommends that food options be provided that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.				
4. A significant number of students in your school eat five or more servings of fruits and vegetables per day.				
5. A significant number of students in your school drink three or more glasses of milk per day.				
6. Your school requires or recommends that fruits or vegetables be included among foods, offered in vending machines.				
7. Your school requires or recommends that junk foods* be prohibited from being offered in vending machines.				
8. Your school requires or recommends that elementary students be prohibited to access vending machines.				
9. Your school requires or recommends that students be given limited access to vending machines in <ul style="list-style-type: none"> • senior high school • middle/junior high schools 				
10. Your school requires or recommends that fruits or vegetables be included among foods offered in after-school programs.				
11. Your school requires or recommends that junk foods* be prohibited from being offered in after-school programs.				

12. Your school requires or recommends that fruits or vegetables be included among foods offered a la carte during breakfast or lunch periods.				
13. Your school requires or recommends that schools be prohibited from offering junk foods* a la carte during breakfast or lunch periods.				
14. Your school requires or recommends that elementary students be prohibited access to school stores.				
15. Your school requires or recommends that students have limited access to school stores in <ul style="list-style-type: none"> • senior high schools • middle/junior high schools 				
16. In your school, adequate time is provided for students to eat school meals.				
17. Your school lunch periods are scheduled at reasonable hours around mid-day.				
18. Your school addresses nutrition and dietary behavior.				
19. Your school has adopted a policy stating that someone will oversee or coordinate foodservice.				
20. Your school offers certification, licensure, or endorsement to foodservice coordinators.				
21. Your school has adopted a policy stating that foodservice coordinators will earn continuing education credits on nutrition or school foodservice to maintain state certification, licensure, or endorsement.				
22. Your school has adopted a policy prohibiting using food or food coupons as a reward for good behavior or academic performance.				
23. Your school has a current focus on nutrition.				

* "Junk foods" is terminology used in the original data source (SHPPS 2000). This is defined as: "Foods which provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals."

Summary of Assessment Worksheet #2

1. Review the assessment questions you've marked "needs improvement."
2. Briefly cross reference your "needs improvement" items against the six Commitment to Change Actions listed at the top. Which Commitment to Change Action(s) appear to be most in need of improvement in your school?

3. Review the assessment questions you've marked "not enough information." Are any of these areas important enough to your council members to warrant further investigation/research by council members? (List)

Assessment Worksheet #3 – Physical Activity

Instructions:

- This worksheet allows you to assess whether Commitment to Change Actions #10 – #12 are happening in your school.
- If an area “needs improvement,” make a brief note about issues blocking implementation of this Action item.

Commitment to Change Action #10: Provide daily recess periods for elementary school students, featuring time for unstructured but supervised active play.

Commitment to Change Action #11: Provide adequate co-curricular physical activity programs, including fully inclusive intramural programs and physical activity clubs.

Commitment to Change Action #12: Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

Assessment Questions	Yes	In Progress	Needs Improvement	Need More Information
1. Your school requires or recommends that elementary students be provided with regularly scheduled recess.				
2. Your school requires co-curricular physical activity programs.				
3. Your school requires fully inclusive intramural programs.				
4. Your school requires physical activity clubs.				
5. Your school encourages the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.				
6. Your school has a current focus on physical fitness and activity.				

Summary of Assessment Worksheet #3

1. Review the assessment questions you’ve marked “needs improvement.”
2. Briefly cross reference your “needs improvement” items against the three Commitment to Change Actions listed at the top. Which Commitment to Change Action(s) appear to be most in need of improvement in your school?

3. Review the assessment questions you’ve marked “not enough information.” Are any of these areas important enough to your council members to warrant further investigation/research by council members? (List)

Developing An Action Plan

Based on the information discovered via the previous section or the School Health Index, it is time to develop an action plan specific to your school-community wellness council. Too often in our haste to “do something” we fail to spend enough time planning. Shortchanging this valuable process may sabotage your council’s effectiveness down the road. Planning means taking a look at the big picture, setting priorities, and initiating rather than reacting.

This section will give you the opportunity to:

- Identify and prioritize goal areas
- Create evaluation plans
- Identify tactics your council can use to meet goals and objectives
- Create a detailed action plan

To promote lasting and effective change throughout the state of Indiana, the Indiana Action for Healthy Kids team suggests that local councils adopt the following two goals:

- Provide age appropriate and culturally sensitive instruction in health and physical education that helps students develop the knowledge, attitudes, skills and behaviors to adopt, maintain, and enjoy healthy eating habits and a physically active lifestyle.
- Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.

In addition to the above goals, it is suggested that each team develop one additional goal from the Commitment to Change document. The worksheets that follow will assist you in selecting the additional goal.

Identifying and Prioritizing Goal Areas

Now that you've assessed your school's current status in each of the three broad Commitment to Change areas, use the following worksheet to decide which third Commitment to Change Goals your council will address.

Instructions:

- Transfer into the first column (below) the Commitment to Change Goals identified as possible priority areas in Step 1.
- For each goal, indicate the level of impact that would be achieved by pursuing that goal.
- For each goal, indicate the relative importance to Council members.
- Add any comments related to each goal.

Commitment to Change Goal	Potential Impact	Priority for Council Members	Comments
1.	Great Some Little	High Medium Low	
2.	Great Some Little	High Medium Low	
3.	Great Some Little	High Medium Low	
4.	Great Some Little	High Medium Low	
5.	Great Some Little	High Medium Low	
6.	Great Some Little	High Medium Low	
7.	Great Some Little	High Medium Low	

Summary:

Which additional Commitment to Change goals will your council address?

1. Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.
2. Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.
3. _____

Creating objectives

Objectives are intermediate steps or milestones that need to be achieved by a specific target group in order to meet a goal. They are written as intended outcomes for the target group. Objectives are not tactics or tasks undertaken by your team (that will come later). Be sure your objectives are SMART: Specific, Measurable, Attainable, Realistic, and Time Specific.

The Indiana AFHK team has set objectives to help the entire state reach the identified Commitment to Change goals (Goals 1 and 4). However, we suggest that each individual council create specific objectives to help the community reach the specified goals.

Instructions:

- Develop 2-4 objectives for each goal.
- Tip: Many of the “assessment questions” on the Assessment Worksheets in Step 1 can serve as the basis for objectives.

Commitment to Change Goal
Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.
Objectives
1.
2.
3.
4.

Commitment to Change Goal
Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.
Objectives
1.
2.
3.
4.

Commitment to Change Goal (Council selects the third goal)
Objectives
1.
2.
3.
4.

Evaluating Your Plan

As mentioned in the Evansville-Vanderburgh School Community Council success story, evaluation is crucial. Evaluation allows your council to assess where they have been and more importantly, where they are headed. This is an important step on the road to success!

This worksheet will help your council focus on creating an evaluation strategy for each stated objective. As you develop your evaluation strategy, consider the following questions:

- How will you know if you are reaching your goals?
- What's a good measurement tool?
- Is there something to benchmark now that will help you gauge progress?

Instructions:

1. In the first column below, list the objectives developed in the previous Creating Objectives activity.
2. Discuss and record evaluation criteria in the columns that follow.

Commitment to Change Goal:			
Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.			
Objective #	How will we know if we met our objective?	Evaluation question(s)	Data collection method

Commitment to Change Goal:			
Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.			
Objective#	How will we know if we met our objective?	Evaluation question(s)	Data collection method

Commitment to Change Goal:			
Objective#	How will we know if we met our objective?	Evaluation question(s)	Data collection method

Developing Action Steps or Tactics

An action step or tactic is what your council will do to accomplish your objective. This may take some brainstorming and creativity! Remember, to keep your target audience in mind when developing tactics.

Listed below are the major areas of the Commitment to Change document and several sample tactics your council could take in each area. With your goals and objectives in mind, circle the broad areas where your council wants to make progress and mark any sample tactics that might work in your school. Jot down ideas for other tactics as your council thinks of them. Remember, you're not choosing or committing to any of these items yet.

Health, physical, and nutrition education

- Work with schools, districts, the state department of education, or state policy-makers to implement National Health Education Standards.
- Support the development or adoption of curriculum that could be implemented in your elementary, middle and high schools. For examples of school-based programs, see the What's Working and Resources sections of the Healthy Schools Summit website: www.ActionForHealthyKids.org.
- Support the piloting of a new health, physical, and/or nutrition education program in particular schools or districts.
- Provide volunteers who can visit classrooms to enhance health, physical, and/or nutrition education classes.
- Share the National Health Education Standards and the National Standards for Physical Education with school principals, district superintendents, chief state school officers, and state legislators.
- Share your state profile – and the importance of the information included there – with the media, school staff, board of education, state coordinate health councils, and/or community members.
- Visit the Resources and What's Working areas of the Action for Healthy Kids website: www.ActionForHealthyKids.org to locate other ideas, resources, guidelines, and materials.

Nutrition and school foodservice

- Develop and provide training about creating a healthy nutrition and school foodservice environment to foodservice directors, school principals, school nurses, other school staff, district administrators, teachers, and school board members.
- Work with schools and districts to implement existing professional nutrition and school foodservice development resources such as the USDA's "Changing the Scene."
- Suggest nutrition and school foodservice training topics and identify sources for training – such as the state's child nutrition office, National Food Service Management Institute, local colleges and universities that have nutrition programs, and the American School Food Service Association.
- Give presentations and/or host a booth at state-level conferences related to nutrition and school foodservice.
- Share your state profile – and the importance of the information included there – with the media, school staff, *board of education*, *state coordinate health councils*, and/or *community members*.
- Visit the Resources and What's Working areas of the Action for Healthy Kids website: www.ActionForHealthyKids.org to locate other ideas, resources, guidelines, and materials.

Physical activity

- Give presentations and/or host a booth at state-level conferences related to physical activity.
- Participate in state-wide and/or district-level healthy schools fairs to raise awareness about physical activity.
- Involve other youth-serving agencies in the community, such as parks and recreation departments, YWCAs and YMCAs, Boys and Girls Clubs, Big Brothers/Big Sisters. Explore ways that these programs might use school facilities to offer a greater range of opportunities for physical activity.
- Share your state profile – and the importance of the information included there – with the media, school staff, board of education, state coordinate health councils, and/or community members.
- Visit the Resources and What's Working areas of the Action for Healthy Kids website: www.ActionForHealthyKids.org to locate other ideas, resources, guidelines, and materials.

Other Ideas:

Now that you've identified all the exciting things your council might do, it's time to consider which tactics offer the most opportunity to help you meet your objectives. Review your brainstorming list above and consider:

- Which tactics are likely to bring about the changes you hope to make?
- Will this tactic help you assess your progress?
- Which tactics duplicate existing efforts? How can you join in that work or leverage its strengths to meet your goals?

Putting it all Together

The worksheet that follows will help you put your goals, objectives, and tactics together. This form is provided to frame the council's planning work only and should not limit the scope of the council's work. Once completed, submit your plan to the Indiana Action for Healthy Kids team to receive free technical support and assistance in implementation.

Commitment to Change Goal: Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.		
Objective #1	Tactics	Target Completion Date
Objective #2	Tactics	Target Completion Date
Objective #3	Tactics	Target Completion Date
Objective #4	Tactics	Target Completion Date

Commitment to Change Goal: Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.		
Objective #1	Tactics	Target Completion Date
Objective #2	Tactics	Target Completion Date
Objective #3	Tactics	Target Completion Date
Objective #4	Tactics	Target Completion Date

tab – putting it all together

Commitment to Change Goal:		
Objective #1	Tactics	Target Completion Date
Objective #2	Tactics	Target Completion Date
Objective #3	Tactics	Target Completion Date
Objective #4	Tactics	Target Completion Date

Action for Healthy Kids – Webpage

Throughout the course of this first year of AFHK, we have had the opportunity to document our state successes, current programs and activities, and resources on our very own AFHK state team web page. This web page can be found by going to www.actionforhealthykids.org. Once there, you'll find a wealth of information at your fingertips. It's just a few mouse clicks away.

From the toolbar heading on the main AFHK page, you can:

“State Teams”

- Find your state team to see what has been happening throughout the state.
- Join your state team and help become a part of something that will change the course of our children's lives forever.

“Tools for Action”

- Go to the “What's Working Database” to search more than 85 success stories containing profiles of model programs and initiatives that support children's nutrition and physical activity in and around the education environment.
- Search “The Resource Database” to find helpful information on more than 150 books, pamphlets, toolkits, CD-ROMs and websites that contain information to help you take action for children's nutrition and physical activity.
- View “Research and Reports” to see summarized relevant reports and data about children's nutrition, physical activity, health and achievement.
- Learn how AFHK has been “In the News” by viewing a list of articles and news stories related to Action for Healthy Kids, as published in educational and professional media; local, regional and national local news outlets.
- Learn about the “Healthy School Summit” held in October 2002 that kicked off our AFHK teams.

“How You Can Take Action”

- “Use These Tools” that have been contributed by more than 35 national education, fitness, health, and nutrition organizations and government agencies that collaborated on the 2002 Healthy Schools Summit and remain dedicated to taking action for our children's health.
- Learn about the “Commitment to Change.” This is the guiding document of Action for Healthy Kids, adapted from the 2001 report *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. This document outlines actions needed to create health-promoting schools that support sound nutrition and physical activity programs. Each state team has chosen as their goals action steps from the Commitment to Change.

Indiana Action for Healthy Kids – Web Page

Now that you know that Indiana has its own AFHK web page, you can see what has been going on around the state. From the main AFHK web page at www.actionforhealthykids.org, you can get to the Indiana page by clicking on “State Teams” on the top toolbar. Once there, click on “Find a State Team” located on the right side of the page. Select the state you wish to view and click the “Go” icon.

The Indiana AFHK web page contains:

- “Upcoming Events” – Find out where our AFHK team members will be speaking. If you do not see your next state conference listed, please contact the number below so that we can try to be added to the schedule and keep spreading the word about our team. You can also find information about our very own Indiana AFHK State Conference that is being organized for 2004.
- “Updates and Successes in Indiana” – Learn more about recent successes in Indiana schools: timing of recess, vending machines, school programs, and other updates.
- “In the News in Indiana and Abroad” – Learn about what's been in the news about child nutrition and physical activity. Learn what's happening with state and federal legislation regarding these issues.
- “Available Nutrition and Fitness Programs” – View a list of successful programs that already exist with direct links to their main web page. Examples include: Team Nutrition, California Project Lean, CATCH, SPARK, and many others.
- “Available Resources and Tools” – Learn about the Coordinated School Health Program, Making the Connections, Changing the Scene, and the School Health Index. In addition, view Indiana's own Outdoor Recess Strategy, Healthy Alternatives for Selling Candy for Raising Funds for Schools, and our Recess Position Paper.
- “Nutrition in the Classroom” – Learn what other teachers are doing to incorporate nutrition education into their curriculum. See what activities you can plan for your children.
- “Subcommittee Updates” – Learn what projects our Indiana subcommittees are completing to help reach their AFHK goals.
- “Indiana AFHK Partners” – View a list of partners involved with our Indiana AFHK team.
- “State Team Action Plan Goals” – See what our Indiana AFHK team is trying to accomplish throughout the state.

If you wish to have any information or success stories added to the Indiana webpage, contact Amy Moyer at amoyer@nifs.org or (317) 274-3432 x 287.

AVAILABLE RESOURCES AND TOOLS

CDC's Division of Nutrition and Physical Activity – The CDC's DNPA is pleased to announce the launch of the state legislation searchable database. The database allows users to search for state bills from 2001 to present related to nutrition and/or physical activity. Users can use search fields, enter keywords, or search the entire database. This database is available to the general public and no registration or password is required. Please visit the database at <http://apps.nccd.cdc.gov/DNPAleg/>.

Coordinated School Health Program – A coordinated school health model consists of eight interactive components. Schools by themselves cannot, and should not be expected to address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves must also be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well being of young people. For more information, click to http://www.cdc.gov/nccdphp/dash/about/school_health.htm. Or www.cancer.org.

Center for Science in the Public Interest has developed a School Foods Tool Kit: A Guide to Improving School Foods and Beverages. Click <http://cspinet.org/schoolfood/index.html> to download or print.

Making the Connection: Health and Student Achievement is a CD-ROM Power Point presentation that summarizes current research and data on the links between students' health status and academic performance. <http://www.csno.org/announcements/announce.htm> or <http://www.thesociety.org>.

Changing the Scene: Improving the School Nutrition Environment – A Guide to Local Action is an action kit to help teachers, parents, school administrators, school foodservice professionals and the community look at their school nutrition environment and identify areas needing improvement. Order the kit at <http://www.fns.usda.gov/tn/Healthy/form.htm>.

School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide is a tool to assist with implementation of CDC Guidelines for School and Community Programs to promote physical activity among young people and Guidelines for School Health Programs to promote lifelong healthy eating. Specific elementary or middle/high school versions are available. Download from the CDC website at www.cdc.gov/nccdphp/dash.

Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity outlines strategies that communities can use to help address health problems resulting from overweight and obesity. This report was the guiding document for the Healthy Schools Summit. www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf.

Fit, Healthy, and Ready to Learn: A School Health Policy Guide Developed by the National Association of States Boards of Education, this guide provides direction on establishing an overall policy framework for school health programs and specific policies on physical activity, healthy eating and tobacco use prevention. You can get this document by calling 1-800-220-5183 at a cost of \$22.00 plus \$4.00 shipping/handling. Quantity discounts available at <http://www.nasbe.org/healthy-schools/fitthehealthy.mgi>.

Eat Smart, Play Hard is about making America's children healthier. The practical suggestions will help you motivate children and their caregivers to eat healthy and be active. <http://www.fns.usda.gov/eatsmartplayhard>.

Kidnetic.com is an innovative, interactive educational website that delivers healthy eating and physical activity information in a compelling and motivating manner to children ages 9-11 and their families. <http://www.kidnetic.com>.

How Schools Work and How to Work with Schools: A Primer for Professionals Who Serve Children and Youth from the National Association of State Boards of Education. http://www.nasbe.org/NASBE_Bookstore/Safe_Healthy.html.

The President's Challenge is an active lifestyle program for a Healthier US. This is a program of the President's Council on Physical Fitness and Sport. <http://www.fitness.gov>.

Tips for Engaging Decision-Makers

A key part of your work as an AFHK State Team will be to share ideas, examples of what's working, and guidelines with key decision-makers, such as school principals, school boards, district superintendents, state education administrators and legislators. Here are some tips for working with these key players:

- Note serious problems and needs, but emphasize proposed solutions and guideline options.
- Articulate measurable short-term benefits, such as effects on student and staff attendance.
- Use current data from credible sources to support your statements.
- Stress how the guidelines you are offering are consistent with and supportive of existing school, district, board and state programs.
- Use current terminology frequently used by decision-makers, such as “ready to learn,” “standards-based curriculum” and “student achievement.”
- Highlight school health as an emerging trend that more and more schools, districts, boards and states are supporting (the “bandwagon effect”), particularly by sharing the news of the 2002 Healthy School Summit and the more than 30 national organizations that supported this landmark event.
- Enlist the endorsement of the community, parent organizations and local businesses.
- Suggest a pilot study in specific schools and districts if a broad-based program does not gain support or is not yet feasible.
- Anticipate, respond to and involve critics. Inviting selected opponents into the decision-making process can have positive results. Their constructive criticism could strengthen your proposed program. Critics might even be persuaded by the evidence presented to support your effort.
- Make presentations at meetings and conferences that decision-makers are likely to attend.
- Increase public awareness about the need for the proposed program. Decision-makers are likely to be attentive if a groundswell of public support is generated.

When communicating with decision-makers, keep the following tips in mind:

- Brief *oral presentations* should cover only the most important points, accompanied by a written summary.
- Documents should be as *succinct* as possible without sacrificing accuracy or context.
- Research *summaries* should be prepared on major questions that address disparate findings in a balanced way.
- Information should be *clearly written* in language that decision-makers, parents and other laypersons can understand (i.e., minimize academic and public-health jargon).
- *Charts and graphs* are useful for illustrating key findings.
- The information should be *timely*.
- Present *definite conclusions and program ideas*.

ADVOCACY

Educating and Building Awareness: Understanding Advocacy

Although most nonprofit organizations are prohibited from lobbying, individuals acting on their own can pursue any type of advocacy they wish. And although lobbying for specific legislation and lobbying for or supporting individual candidates or political parties is off-limits for most nonprofits, organizations may engage in the following *advocacy* activities:

- Communicating with or educating decision-makers and the general public about the general importance of an issue.
- Advocating for specific policies considered by non-legislative groups (e.g., retailer associations, school boards, state boards of health or education, public transportation authorities).
- Advocating for issues among audiences such as state attorneys general, regulatory authorities, administrative agencies, or police authorities for additional or more effective law enforcement or regulation.
- Advocacy aimed at governmental executives (e.g., mayors and governors) as long as you are not asking them to promote, discourage, or veto legislation.
- Public interest litigation or related judicial activities.
- Developing policy positions that are different from a specific legislative proposal.
- Testifying before legislative committees (if the committee has requested testimony) or testifying on a subject that involves an organization's own self-defense.
- Distributing voter registration material, as long as it provides a non-biased presentation of the positions of all the candidates' ideas and presents a broad range of issues.

Understanding the Legislative Process

Overview of Legislative Process—State and Federal

The *American Dietetic Association Advocacy Guide* offers a good *overview of the legislative process*. A description of state legislatures can be found on page 19, while a refresher on the federal legislative process (including how a bill makes it through the legislature and how a bill becomes law) can be found on pages 12-18. The guide can be found in a PDF Acrobat file at www.eatright.org/gifs/advoguide.pdf.

How a Bill Becomes a Law in Pennsylvania

www.elc-pa.org/how%20bill%20becomes%20law.TP%2011-02.1.16.03.pdf is an excellent specific example of how a bill becomes a law. It is available as a PDF Acrobat file. This three-page document describes the process in the state of Pennsylvania, from the introduction of a bill to its movement through the committee system, consideration in the House and Senate, to its final approval by the governor.

Individual State Legislatures: Descriptions and Websites

Fuller, more specific descriptions of *individual state legislatures* can be found at the National Council of State Legislatures website. Websites for specific state legislatures can be found at the NCSL database: www.ncsl.org/public/leglinks.cfm. Users can locate legislative rules for each state at www.ncsl.org/programs/legman/about/rules.htm. Information on legislative sessions can be found at www.ncsl.org/programs/legman/ABOUT/sessions.htm.

Finding Current Law and Pending Legislation

State Bills and Statutes Database

State legislation on a variety of education- and health-related issues can be accessed in searchable databases created and maintained by the National Council of State Legislatures. Users can search for pending bills or current law in a number of ways: in one particular state or in all states; by education issue or health issue category (e.g., physical activity or before- and after-school programs); or by keyword. State teams will find it helpful to locate current law and legislation in their own states but may also find it useful to look at health policy in other states as well. The education-related issues database can be found at www.ncsl.org/programs/educ/educ_leg.cfm. The health-related issues database can be found at www.ncsl.org/programs/health/pp/healthpromo.cfm.

Federal Legislation

Past, current, pending, and proposed federal legislation can be searched in the Library of Congress through their website: <http://thomas.loc.gov/>.

Working with State Leaders

ASCD Advocacy Kit

In addition to understanding current law and pending legislation in their own states and other states across the country, Action for Healthy Kids state teams must have effective strategies for educating legislators and other state leaders. The Association for Supervision and Curriculum Development's *ASCD Advocacy Kit* provides an excellent discussion of "Working with Policymakers." Written in a clear and direct step-by-step fashion, this guide provides *general tips for informing and educating legislators* ("do your homework," "understand the system," "begin the process early") as well as tools for *communicating effectively with legislators and their staff* (including letters, phone calls, email, personal visits, committee meetings and hearings). "Working with Policymakers" can be found at www.ascd.org/advocacykit/working.html.

American Dietetic Association Advocacy Guide

The *American Dietetic Association Advocacy Guide* also provides a good discussion of "Working with Your Elected Officials" (pages 20-31). This guide provides specific examples of *letters* and *phone call scripts* as well as suggestions for *effective meetings and follow-ups with state legislators*. The guide can be found in a PDF Acrobat file at www.eatright.org/gifs/advoguide.pdf.

American Public Health Association: Media Advocacy Manual

The American Public Health Association offers a good media advocacy manual that can easily be used to understand the advocacy process in general. It can be downloaded as a PDF file at http://apha.org/news/Media_Advocacy_Manual.pdf.

American School Health Association: Introductory Guide to Advocacy

The American School Health Association offers a 52-page *Introductory Guide to Advocacy: Working to Improve Advocacy for School Health Education and Services*. The ASHA description of the guide states: "Whether school health issues are before Congress, a state legislature, city council, local school board or one's neighborhood, public advocacy efforts can improve school health programs and thus, improve the

health and academic achievement of students. This guide was developed to assist advocates who support school health programs, both as volunteers and staff.” To purchase the guide (\$10 for ASHA members, \$15 for non-members), visit the ASHA website at www.ashaweb.org.

Community Toolbox

The University of Kansas Community Toolbox has an outstanding section on “Organizing for Advocacy.” This six-chapter section of the toolbox is available at http://ctb.lsi.ukans.edu/tools/EN/part_1009.htm.

Glossary of Legislative Terms

NCSL website: www.ncsl.org/programs/legman/aBOUT/glossary.htm.

ASCD Advocacy Kit: www.ascd.org/advocacykit/glossary.html.

Locating Additional Information

AFHK Collaborating Organizations: Web Resources on State Legislation and Programs

A number of AFHK collaborating organizations track legislation and programs at the state level.

- *American Academy of Family Physicians*
www.aafp.org/x21194.xml
- *American Academy of Pediatrics*
Division of State Government Affairs:
<http://www.aap.org/advocacy/stgov.htm>
State Legislation Report:
www.aap.org/advocacy/02statelegprpt.pdf
- *American Diabetes Association*
Action Center (by state)
http://advocacy.diabetes.org/site/PageServer?pagename=AC_homepage
- *National Coalition for Promoting Physical Activity*
State News, Events and Legislation:
www.ncppa.org/state.asp

AFHK Collaborating Organizations: State Chapters and Affiliates

Several of the AFHK collaborating organizations have state chapters and affiliates, many of which maintain current information about legislation and programs at the state level.

- *American School Food Service Association (ASFSA)*
State Affiliates: www.asfsa.org/about/stateaffiliates.asp.
- *American Dietetic Association (ADA)*
Affiliate (State) Associations:
www.eatright.org/Public/ContinuingEducation/index_8140.cfm
- *American Federation of Teachers (AFT)*
State Federation Websites: www.aft.org/web/stateweb.html
- *American Public Health Association (APHA)*
State Public Health Associations: www.apha.org/state_local/
- *Association of State and Territorial Health Officials (ASTHO)*
State and Territorial Links: www.astho.org/index.php?template=regional_links.php
- *National Association for Elementary School Principals (NAESP)*
State Affiliates' Membership Links: www.naesp.org/membmap.htm
- *National Association for Secondary School Principals (NASSP)*
State Affiliates: www.nassp.org/about_us/states.html
- *National Middle School Association (NMSA)*
Affiliates: www.nmsa.org/about/affiliates.htm

Legislation Databases

Many of the AFHK collaborating organizations maintain “Legislative Action Centers” – databases that provide current information about legislative issues.

- *American Academy of Family Physicians (AAFP)*
www.capwiz.com/aafp/home/
- *American Academy of Pediatricians (AAP, members only)*
www.capwiz.com/aap3/index_frame.dbq?url=http://capwiz.com/aap3/home/
- *American Diabetes Association (ADA)*
www.capwiz.com/ada/home/
- *American Dietetic Association*
<http://capwiz.com/eatright/home/>
- *American Federation of Teachers (AFT)*
www.aft.org/legislation/index.html
See also: www.capwiz.com/amft/home/
- *American Public Health Association (APHA)*
www.capwiz.com/apha/home/
- *American School Food Service Association (ASFSA)*
www.capwiz.com/asfsa/home/
- *Association for Supervision and Curriculum Development (ASCD)*
www.capwiz.com/ascd/home/
- *Association of School Business Officials International (ASBO)*
www.capwiz.com/asbo/issues/
- *Association of State and Territorial Health Officials (ASTHO)*
www.capwiz.com/astho/home/
- *National Association for Sport and Physical Education (NASPE)*
www.capwiz.com/aahperd/home/
- *National Association of Elementary School Principals (NAESP)*
www.capwiz.com/naesp/home/
- *National Association of School Nurses (NASN)*
www.capwiz.com/nasn/home/
- *National Association of Secondary School Principals (NASSP)*
www.capwiz.com/nassp/home/
- *National Education Association (NEA)*
www.capwiz.com/nea/home/
- *National Middle School Association (NMSA)*
www.capwiz.com/nmsa/home/
- *National School Boards Association (NSBA)*
www.capwiz.com/nsba/home/

BUILDING YOUR CASE

Study after study proves what educators have long believed to be true: when children's exercise and fitness needs are met, they have the cognitive energy to learn and achieve. Given the growing epidemic of obesity and the link between physical activity and academic performance, we must work together to make quality daily physical education a priority in our schools and to give our children more opportunities to be physically active throughout the school day.

Our children are getting fatter and are developing "adult" diseases.

Poor diet and inadequate physical activity are the second leading cause of death in the United States and together, account for at least 300,000 deaths annually. Obesity and overweight have "reached epidemic proportions in the United States" [1].

The epidemic has hit our children particularly hard: "today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980" [1]. In 2000, 15% of children ages 6 to 11 were overweight and nearly 16% of adolescents were overweight [2].

The CDC warns that one in three U.S. children born in 2000 will become diabetic unless people start eating less and exercising more [3]. Type 2 diabetes in adolescents increased ten-fold between 1982 and 1994 [4].

"Prevention is the key to fighting cardiovascular disease, cancer, Type 2 diabetes, and other chronic diseases—and helping students increase physical activity is one way to put prevention into action," says U.S. Secretary of Health and Human Services, Tommy Thompson [5], [6].

Our children are becoming increasingly less physically active.

Fewer than one in four children get 20 minutes of vigorous physical activity per week, and less than one in four get at least 30 minutes of physical activity per day [7].

Participation in all types of physical activity declines as age or grade in school increases. By the time they reach their teens, nearly half of America's youth are not vigorously active on a regular basis, and over one-third ages 12 to 17 are physically active less than 3 of 7 days a week [8].

Many of our children are sedentary at school.

The vast majority of children, 85%, travel to school by car or bus—only 13% of children walk or bike to school [9].

Since 1989, many school systems have abolished recess, with only "4.1% of states requir[ing] and 22.4% of states recommend[ing] that elementary schools provide students with regularly scheduled recess" [10].

In grade 9, 72% of students get regular physical activity, but by the time they reach grade 12, only 55% of them are physically active [8]. Nearly 10% of students in grades 9–12 participate in no vigorous or moderate physical activity on a weekly basis [10].

Emphasis on physical education in the public school system has markedly declined.

- Between 1991 and 1999, the percentage of students who took physical education on a daily basis dropped from 42% to 29% [11].
- Although most states have some mandate for physical education (78.4% at the elementary school level, 85.7% at the middle school level, and 82.4% at the senior high school level [10]), most states require only that physical education be provided. Local districts have control over content and format [12].
- No federal law requires physical education to be included in public schools, and Illinois is the only state to enforce daily physical education requirements in grades K–12 [12].
- While a majority of secondary school principal leaders agree that students' level of physical activity is important, for most the issue is a low priority compared to other concerns such as student achievement, teacher quality, school safety, alcohol and drug prevention, and school budgets. [27].

When children are active, their academic performance improves.

- "Nearly 200 studies on the effect of exercise on cognitive functioning suggest that physical activity supports learning" [13].
- Two studies demonstrated that providing more time for physical activity (by reducing class time) can lead to increased test scores, particularly in the area of mathematics [14], [15], and another study linked physical activity programs to stronger academic achievement, increased concentration, and improved math, reading, and writing test scores [16].
- The California correlation of the SAT-9 with the Fitnessgram, says California State Superintendent of Public Instruction Delaine Eastin, "provides compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically. We now have the proof we've been looking for: students achieve best when they are physically fit. Thousands of years ago, the Greeks understood the importance of improving spirit, mind, and body. The research presented here validates their philosophic approach with scientific validation" [17].
- Children with daily physical education exhibit better attendance, a more positive attitude to school, and superior academic performance [18].
- From the Comprehensive School Health Program in McComb, Mississippi, to the SPARK Program founded at San Diego State University, school administrators and education researchers are demonstrating again and again that physical education and physical activity may strengthen academic achievement, self-esteem, and mental health—all leading to stronger student performance [19], [20], [21], [22].
- "Evidence suggests," says the President's Council on Physical Fitness and Sports, "that time spent in physical education does not decrease learning in other subjects. Youth who spend less time in other subjects to allow for regular physical education have been shown to do equally well or better in academic classes" [23].

Our students and their parents join the U.S. Surgeon General, NASPE, and the CDC in calling for more opportunities for physical activity and physical education.

- A majority of student leaders, 72%, feel schools should make physical activity for all students a priority, with 81% calling for more students to get involved in physical activity and 56% stressing the importance of having more physical education classes [24].
- The vast majority of parents (95%) think “physical education should be part of a school curriculum for all students in grades K-12” [25].
- David Satcher, the former U.S. Surgeon General and chair of the Action for Healthy Kids Initiative, calls for all students to receive quality physical education on a daily basis [26].
- The National Association for Sport and Physical Education (NASPE) calls for all students to receive quality physical education as an integral part of K-12 education. NASPE also recommends that all states should set minimum standards of achievement in physical education and should develop standards for physical education based on the National Standards for Physical Education [12].
- The Centers for Disease Control (CDC) calls for sequential physical education that helps students develop the skills and knowledge to enjoy and maintain a lifelong physically active lifestyle [8].

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