

Building Healthy SCHOOLS

A Collaborative Approach to Improve School-Based Wellness Initiatives

TABLE OF **CONTENTS**

YEAR 1

THE PROBLEM

- YEAR 2
- **COLLABORATIVE SOLUTION:** Building Healthy Schools Program
- PROFESSIONAL DEVELOPMENT

SNAPSHOT: Participant Overview **OUTCOMES AND LESSONS LEARNED**





Nationally, one in three children ages two to 19 are considered overweight or obese. Unfortunately, PA has not escaped this epidemic with approximately one in three youth reporting overweight or obesity.

THE PROBLEM

Childhood obesity is a national epidemic. Nationally, one in three children ages two to 19 are considered overweight or obese.² This is triple the rate from just one generation ago. The 1.8 million school-age youth in Pennsylvania (PA) spend most of their waking hours in school. This time significantly influences what they eat and drink and how often they can move around during the day. Schools can play a critical role in obesity prevention by establishing policies and practices that support good nutrition and encourage physical activity.

BUILDING HEALTHY SCHOOLS PROGRAM



The PA Department of Health provided funding to PRO Wellness through two federal funding sources to facilitate programs focused on healthy eating and physical activity in up to 15 school districts (81 schools) across the Commonwealth through the Building Healthy Schools (BHS) program. The BHS program took place over a five-year period, beginning the 2014-15 school year and ending in June 2018. The invited districts were divided into three participation rounds and enrolled for two-year cycles.

Through the BHS Program, Penn State PRO Wellness (PRO Wellness) provided personalized technical assistance to help school districts

create realistic, long-term action plans around nutrition and physical activity and education over a two-year period. The BHS Program used the Comprehensive School Physical Activity Program (CSPAP) model, designed by the Centers for Disease Control and Prevention and Society of Health and Physical Educators (SHAPE) America, as a framework for planning and implementing wellness changes in school districts.3 This model was expanded to include additional components from the Whole School, Whole Community, Whole Child Model to address nutrition and include a wellness policy assessment to ensure long-term sustainability of wellness efforts 4



WHAT IS TECHNICAL ASSISTANCE?

With a focus on wellness policy and programming in schools, key national organizations in the fight against childhood obesity call upon the use of technical assistance (TA) and professional development as a best practice for advancing overall student health. TA can be delivered in many forms, including assisting schools in assessment, professional development, identification of administrator support, community partnership development, program implementation and wellness council development. In addition, TA can be used to facilitate program planning and policy updates and has been shown to increase the effectiveness and sustainability of both.



SCHOOL DISTRICT PARTICIPANT SNAPSHOT

MAP KEY

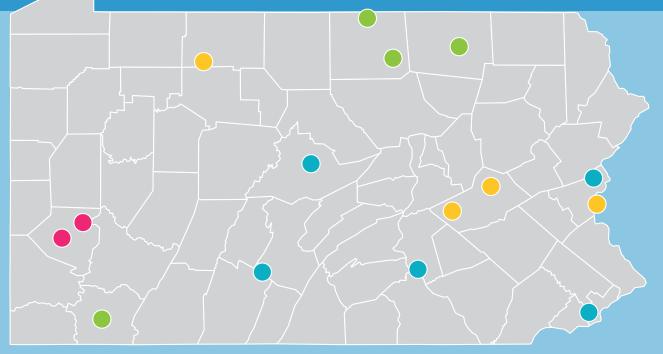
ROUND 1

ROUND 2

ROUND 3

Affiliates

Data provided from the PA Department of Health was used to identify school districts throughout PA for participation in the BHS Program. Out of the 15 school districts invited, 13 agreed to participate in the program. Recognizing the importance of community and family involvement within our 13 school districts, two districts were enrolled in an adapted version of the BHS Program. The BHS Affiliate Program was a condensed version of the BHS Program, taking place in approximately one and a half years and focusing on sustainable improvements of CSPAP, as well as family and community engagement.



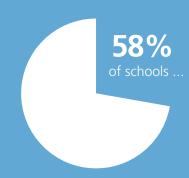
11 out of 15 school districts were located in rural regions





average number of students per district

(median = 1,849)



...had a free and reduced lunch program participation rate of **45% or greater** – indicating a lower socioeconomic status among the school communities.⁵



The 11 represented counties reported a higher obesity rate (mean 20%) than the national (17%) average.^{1,6}

YEAR ONE



In the first year, each district identified both areas of strength and gaps where improvement was needed in wellness practices and policies and created a plan to take action.





Each district identified one person to serve as their district wellness champion (champion). This person was the main point of contact for PRO Wellness staff and facilitated BHS Program activities within their district.



Each district assembled or enhanced an existing wellness council to guide implementation of BHS Program activities.



Self-Assessment – PRO Wellness assisted each wellness council in completing a self-assessment of the current state of nutrition and physical activity practices within the district. The Alliance for a Healthier Generation's Healthy Schools Program (HSP) framework served as the of physical activity and nutrition.

Wellness Policy Review - PRO Wellness reviewed each district's wellness policy using the Wellness School Assessment Tool (WellSAT 2.0), producing a policy-level snapshot of wellness



Using the assessment information, wellness councils identified areas for improvement and developed a plan for implementing policy and practice changes at both the building and district level.

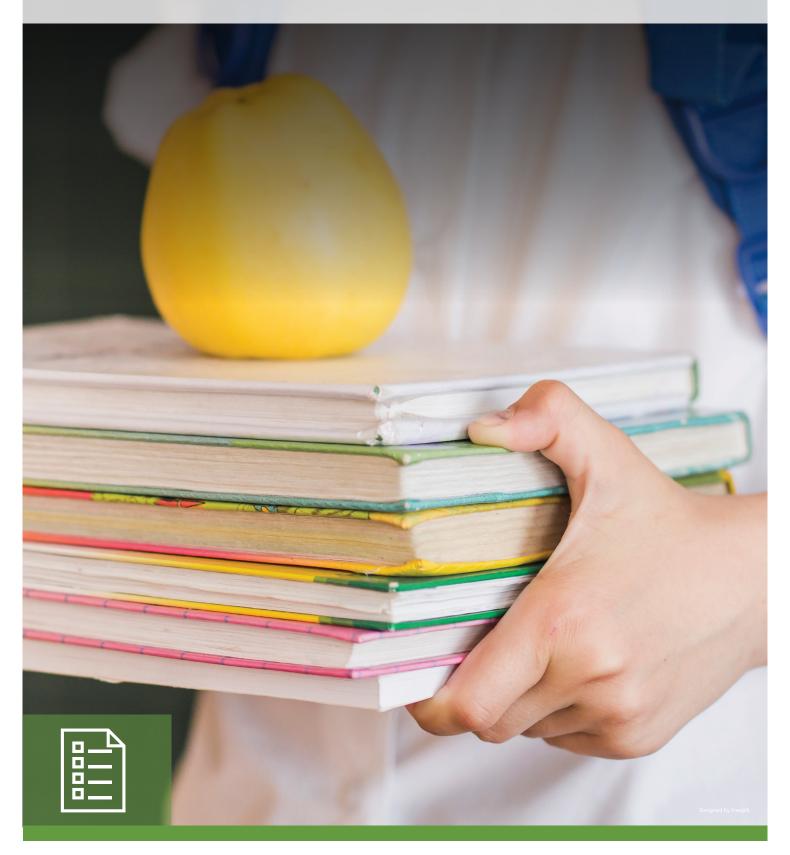


Each participating school district was eligible to request up to \$1,000 to:

- and plan activities; and/or
- fund a district kick-off campaign designed to raise awareness of Building Healthy Schools Program.

"Make it personal..identify key stakeholders and make the importance of wellness important to them."

DEER LAKES AREA SCHOOL DISTRICT WELLNESS CHAMPION



YEAR ONE: BARRIERS TO WELLNESS IDENTIFIED



In year one, the wellness needs and gaps identified in self-assessment results and wellness policy reviews were used to by each district to guide action planning. Additionally, these identified needs were utilized by PRO Wellness in planning professional development opportunities and resources that could best support each district.

Top District Wellness NEEDS According to SELF-ASSESSMENT Results:



Top District Wellness NEEDS According to WELLNESS POLICY REVIEWS:





YEAR TWO



In the second year, each district focused on implementation of the action plan developed in year one. In addition, PRO Wellness staff provided TA to help wellness councils with revisions to their wellness policy - the key to program sustainability.



"It takes patience and perseverance to implement change."

TUSSEY MOUNTAIN SCHOOL DISTRICT WELLNESS CHAMPION

YEAR 2: BREAKING THROUGH BARRIERS





PARTICIPANT SATISFACTION

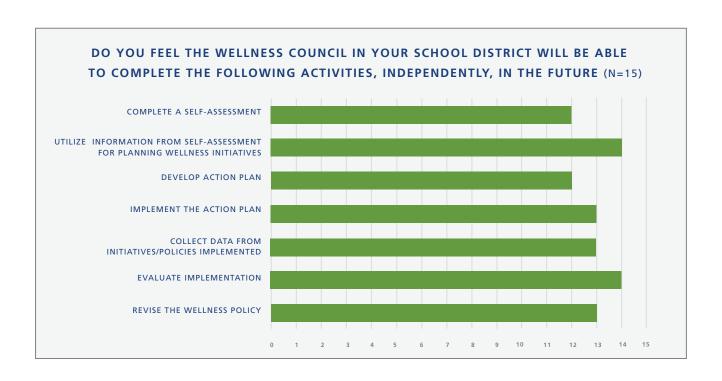
All wellness champions completed an exit assessment at the conclusion of the BHS Program. Participants consistently reported a positive experience with the program and many benefits for their school district.



100% OF PARTICIPANTS WERE SATISFIED OR VERY SATISFIED WITH BHS PROGRAM. (N=15)

OVERALL SUSTAINABILITY

Exit assessment results revealed wellness champions' confidence in continuing with all the necessary steps in BHS to develop, implement and evaluate future wellness activities. Fourteen of the 15 districts (93%) reported having an active wellness council. An active wellness council is defined as a group that holds meetings at least four times per academic year, has completed a self-assessment and has identified wellness priority areas. By developing or enhancing a wellness council, coupled with wellness policy revisions, participating districts were able to create sustainable wellness changes.



SCHOOL LEVEL OUTCOMES AND INITIATIVES





Districts implemented several new initiatives as a result of BHS Program. Wellness champions' exit assessment results indicated that district action plans were comprehensive and sustainable:

- 77.7% of action plan items were considered sustainable beyond the BHS Program.
- 100% of wellness champions believed that their action plans were implemented as planned

Action plan items included the following initiatives:

PHYSICAL ACTIVITY AND PHYSICAL **EDUCATION INITIATIVES:**

- classroom energy/brain breaks district-wide;
- Nutrition Habit Challenge;
- professional development for teachers;
- inclusion of heart rate monitors in PE;
- classroom mindfulness: and
- discounts for students/staff at local YMCAs.

FAMILY AND COMMUNITY ENGAGEMENT INITIATIVES:

- "open to the community" fitness classes;
- Passport to the Parks Program, increasing outdoor play and visits to local parks;
- community access to school facilities; and
- partnerships with local community organizations to create and promote walking clubs.

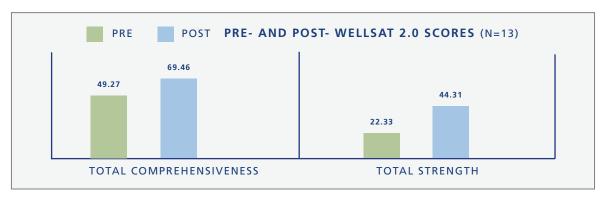
NUTRITION INITIATIVES:

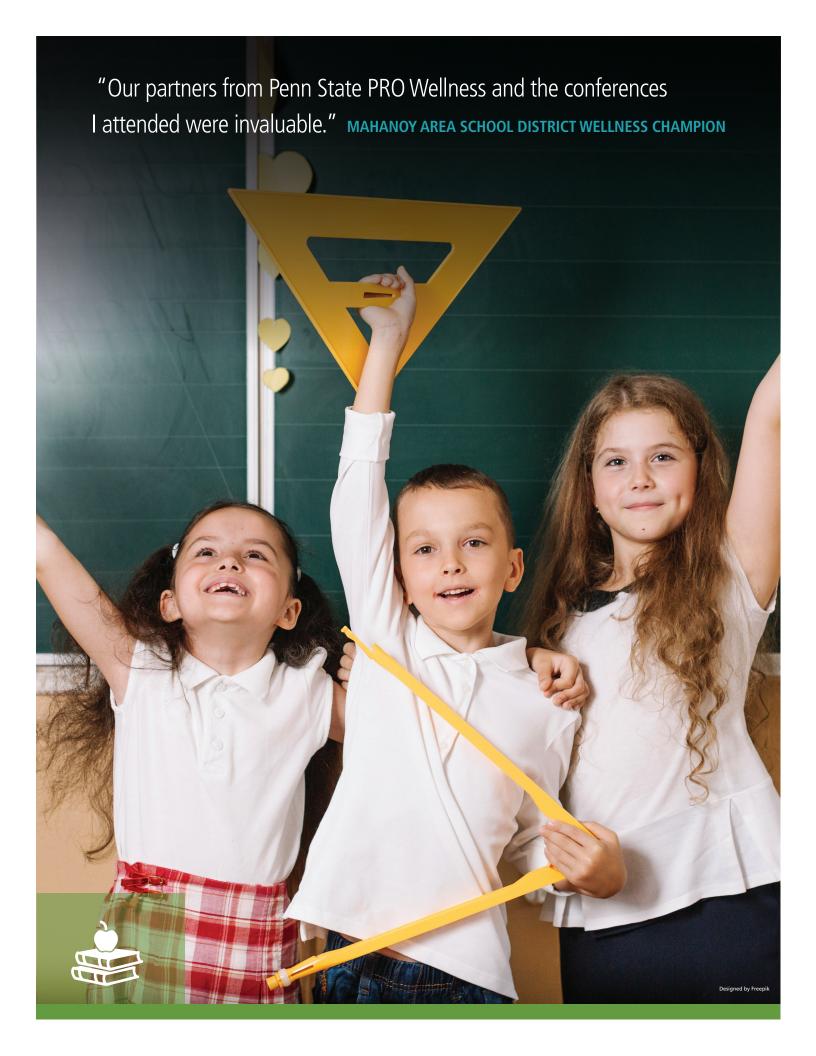
- compliance with USDA Smart Snacks Standards;
- introduction of healthy options as samples/taste tests in the cafeteria;
- incorporation of MyPlate into curriculum lessons;
- promotion of healthy nutrition (i.e healthy bulletin boards and posters);
- nutrition updates to district webpages;
- healthy snack option before/after school; and
- hydration stations to provide access to free



Thirteen of the 15 (86%) participating districts revised their wellness policy based on their self-assessment results and policy review, contributing to long-tern sustainability of wellness initiatives.

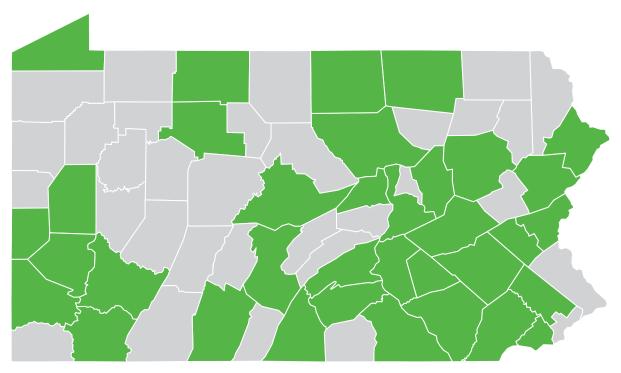
Note: WellSAT 2.0 provides two scores: Comprehensiveness, which reflects the extent to which content areas are covered in the policy; and Strength, which describes how strongly the content is stated. Both scores range from 0-100, with higher scores indicating more content and use of directive language.⁷





PROFESSIONAL DEVELOPMENT





The above map symbolizes the reach of the wellness trainings over the five year partnership between the PA Department of Health and PRO Wellness.

Within their first of two years of participation, each district was invited to participate in the annual Building Healthy Schools Institute (BHSI) training. This annual training provided the opportunity for district teams to receive professional development and training on a variety of topics related to program objectives and identified areas of need (per self-assessment results and wellness policy reviews). District teams were also asked to share successes and challenges, and learn from other districts.

Additionally over the course of the five year program, PRO Wellness and the PA Department of Health co-presented several Comprehensive School Physical Activity Program (CSPAP) trainings. PRO Wellness, in partnership with the PA Departments of Education and Health, Action for Healthy Kids and other partners reached over 300 individuals across 38 counties through wellness trainings facilitated across the five-year period.

"As a direct result of the conference attendance, we are implementing "brain breaks" in the classroom throughout the academic day."

> **BANGOR AREA SCHOOL DISTRICT** WELLNESS CHAMPION



OUTCOME AND LESSONS LEARNED

Opportunities made available through PA Department of Health funds, and delivered through PRO Wellness, assisted schools to overcome barriers and create sustainable wellness changes. Technical assistance provided districts with the expertise in program operations, data collection and evidence-based resources. Participating districts demonstrated commitment to creating sustainable practice and policy changes by creating or enhancing a wellness council, participating in professional development opportunities and regular communication with PRO Wellness. Thanks to the efforts of wellness champions and wellness councils, the health and wellness in over 80 schools in PA has been improved.

Throughout the partnerships with the participating districts, several common challenges were present, including:

- availability of resources (time, staff, money, space) to support school-based programs that are evidencebased:
- consideration of timing needed to execute planning and collaboration on school and community-based partnerships; and
- the design of a unique program that will both directly address the self-assessment needs of a district and be sustainable once the grant funds have been exhausted.

These challenges provide valuable insight for any community or school-based organization wanting to improve wellness environments through sustainable initiatives in a school or district.

ACKNOWLEDGMENT



The longstanding partnership between the PA Department of Health and Penn State PRO Wellness has made the Building Healthy Schools program successful. The next generation relies on support from teachers, administrators and community members who help secure a safe and healthy school environment for all. PRO Wellness is proud to be a part of the PA Department of Health's mission to improve the health and wellbeing of children and families throughout PA. The Building Healthy Schools program would also have not have been possible without the support and hard work of the 15 participating school districts.

The project described was supported (or supported in part) by the National Center for Advancing Translational Sciences, National Institutes of Health, through Grant UL1 TR002014. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

ABOUT PENN STATE PRO WELLNESS

Penn State PRO Wellness is committed to educating and inspiring youth and their families to eat well, engage in regular physical activity, and become champions for bringing healthy choices to life. PRO Wellness provides healthy eating and active living strategies to approximately 800 schools in Pennsylvania, as well as communities and corporate business partners. Advised by over 50 corporate, government and academic officials, PRO Wellness is highly visible in the health and wellness arena and positioned as a statewide thought leader in obesity prevention. As an integral component of Penn State Health Milton S. Hershey Medical Center's community service mission, our approach of prevention, research and outreach provides schools, communities and like-minded organizations with program development and implementation, assessment and evaluation, capacity building, technical assistance, collaborative partnerships and access to proven wellness interventions. For more information, visit med.psu.edu/prowellness.

REFERENCES

- 1. The State of Obesity (2017). In. The State of Obesity in Pennsylvania. Retrieved from http://stateofobesity.org/states/pa.
- 2. Hales C, Carroll M, Fryar C, Ogden C. Prevalence of obesity among adults and youth: United States, 2015-2016. In. NCHS Data Brief: Centers for Disease Control and Prevention; 2017.
- 3. Centers for Disease Control and Prevention (2015). In. Comprehensive school physical activity program. Retrieved from https://www. cdc.gov/healthyschools/physicalactivity/cspap.htm.
- 4. ACSD. Whole school, whole community, whole child. In. Retrieved from http://www.ascd.org/programs/learning-and-health/wsccmodel.aspx2016.
- 5. Pennsylvania Department of Education (2017). In. National school lunch program reports. Retrieved from http://www.education. pa.gov/Teachers%20-%20Administrators/Food-Nutrition/Pages/National-School-Lunch-Program-Reports. aspx#tab-1.
- 6. Pennsylvania Department of Health (2011). In. Growth screens & BMI-for-age percentile. Harrisburg, PA.
- 7. Rudd Center for Food Policy and Obesity. WellSAT: Wellness School Assessment Tool. www.wellsat.org

