

The History of N.D. Coordinated School Health



March 2009

Session Outline

- ✓ Coordinated School Health (CSH) 101
- ✓ CSH Priority/Purpose – Mission
- ✓ CSH History – The First 5 Years
- ✓ CSH Resources
- ✓ Putting the Pieces Together
- ✓ CSH Accomplishments
- ✓ CSH Customers
- ✓ CSH Core Team Values



Components of a Coordinated School Health Model



A Coordinated School Health Model:

- ✓ Works with partners to identify local priorities and implement local solutions for health improvement
- ✓ A systemic approach to planning that aims to eliminate gaps and redundancies
- ✓ A rigorous approach that builds on accurate data and sound science (YRBS, YTS, Profiles, Environmental Scan)
- ✓ A focus on institutionalizing sustainable changes in systems

A Coordinated School Health Model:

- ✓ Provides a framework for developing and coordinating policies, procedures and activities to improve both health and education outcomes by addressing the needs of the whole child
- ✓ **Education** and **Health** are intertwined
- ✓ Improve health and healthy behaviors = Healthy children are better learners
- ✓ Improve health knowledge and skills
- ✓ Academic success/Improved educational outcomes

SEA/SHD Agencies Desired Collaborative Actions

- ✓ Monitor health-related behaviors, programs and polices
- ✓ Establish dedicated program management and administrative support system
- ✓ Build effective partnerships to support CSH
- ✓ Establish state polices to support implementations of CDC's CSH
- ✓ Provide technical assistance and resources
- ✓ Implement health communication strategies
- ✓ Implement a state plan for professional development
- ✓ Establish system for evaluating and improving polices and programs

N.D. Coordinated School Health Mission:



N.D. Coordinated School Health Purpose:

To build State education and health agency partnership and capacity to implement and coordinate school health programs across agencies and within schools.

The expected outcome of this effort is to help schools reduce priority health risks among youth, especially those risk that contribute to chronic diseases, specifically 1) reduce tobacco use and addiction, 2) improve eating patterns, 3) increase physical activity, and 4) reduce obesity among youth.

N.D. School Health Interagency Workgroup (SHIW) Mission Statement:

To build State education and health agency partnership and capacity to implement and coordinate school health programs across agencies, within schools and among key partners and organizations.

N.D. School Health Interagency Workgroup (SHIW) Mission Statement:

1999 – School Health Workgroup: education and program sharing

2003 – SHIW: education and program sharing specifically related to grant activities/workplan and YRBS question selection and data publication

2007 – SHIW: focus mainly on data collection and dissemination of YRBS and Profiles

History of N.D. Coordinated School Health

- ✓ DPI and DoH has a long history of partnering on CSH
- ✓ The first Roughrider Health Promotion Conference was held in 1986 – the conference was always focused around a CSH concept



History of N.D. Coordinated School Health

- ✓ N.D. applied for a CDC Infrastructure Grant in 2000, but did not receive funding.
- ✓ The first N.D. CDC Cooperative Agreement was awarded for the period of March 2003 through February 2008.



History of N.D. Coordinated School Health

Year 1	Year 2	Year 3	Year 4	Year 5
\$210,000 (requested \$225,000)	\$410,00 (requested \$410,000)	\$410,000 (requested \$430,000)	\$399,750 (requested \$415,308)	\$410,000 (requested \$410,000)
DPI-\$135,896 DoH-\$74,104	DPI-\$310,000 DoH-\$100,000	DPI-\$310,000 DoH-\$100,000	DPI-\$299,750 DoH-\$100,000	DPI-\$302,000 DoH-\$108,000



Structure of N.D. Coordinated School Health

Coordinated School Health Core Team – met weekly

Coordinated School Health Core Team Plus – met monthly

School Health Interagency Workgroup – met quarterly

Healthy North Dakota Statewide Networks – meetings varied



Major Focus Areas of Coordinated School Health: 2003 - 2008

- ✓ CSH Demonstration Sites – RFP, grant process, training and technical assistance, many successes at local level involving policy and/or environmental change
- ✓ Stronger focus on CSH at Roughrider
- ✓ Roughrider Mini-grants focusing on PANT and Heart Health – combination of several different grant sources (CSH, MCH, CVH, Team Nutrition)
- ✓ Implementation of School Health Index to attend Roughrider (previously used How Healthy is Your School)
- ✓ Development of Roughrider Success Stories

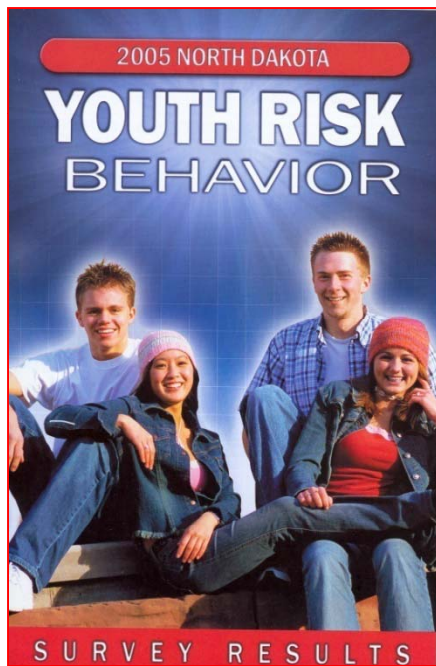


Major Focus Areas of Coordinated School Health: 2003 - 2008

- ✓ Green and Growing (Greenhouse) Project
- ✓ Development of promotional materials, strategy sheets, guidelines, etc.
- ✓ Involvement in policy and standard development (asthma and anaphylactic legislation, tobacco free schools, Health and Physical Education Standards, HCR 3046). Also involved in school nursing legislation, even though not successful



School Health Implementation/ Action Plan Tools for Development



North Dakota Coordinated School Health Strategies

Nutrition & Physical Activity

Physical Education

- Increase the amount of time all students spend doing moderate or vigorous activity in PE class, or make PE classes longer.
- Change activities or modify rules of the game so that all students are active.
- Teach students to use a variety of physical activity equipment in addition to offering health education.
- Involve students in physical activities they enjoy to boost self-esteem and increase lifelong activity.



Health Services

- Teach risk factors associated with poor nutrition and sedentary lifestyles.
- Focus on health at every size – not weight.
- Involve school nurses in the implementation and evaluation of the Local Wellness Policy.
- Identify and refer students with health problems affected by physical activity and nutrition to physicians or other health professionals.



Health Education

- Teach behavior skills to help students incorporate physical activity into daily routines; consider individual interests, preferences and readiness for change.
- Incorporate active learning strategies, such as learning games.
- Teach nutrition for growth, development, immunity and brain function; and physical activity for health and well-being.
- Focus on health at every size – not weight.



Nutrition Services

- Provide nutrition education and encourage increased intake of whole grains, fruits, vegetables and low-fat milk.
- Focus on health at every size – not weight.
- Involve school food service personnel in the implementation and evaluation of the Local Wellness Policy.
- Provide after-school and summer programs that offer nutrition education, nutritious meals/snacks and physical activity.

www.dpi.state.nd.us/health

North Dakota Coordinated School Health Strategies

Healthy School Environment

- Create or enhance access to physical activity and nutrition combined with information about outreach activities.
- Provide and promote whole grain foods, fruits, vegetables and low-fat milk to students and staff, plus physical activity, during and after school and in summer programming.
- Prohibit the use of physical activity as punishment, and the use of food as a reward or punishment.



Family & Community Involvement

- Plan community-wide campaigns which may include TV, radio, billboards and mailings, in addition to environmental or policy changes, risk factor screening and education.
- Teach behavior skills to help people incorporate physical activity into daily routines.
- Attempt to change the local environment to create opportunities for physical activity (e.g., create walking trails, provide access to community and school facilities).

Counseling, Psychological & Social Services

- Address physical, psychological, social and spiritual dimensions of health to produce positive outcomes.
- Focus on health at every size – not weight.
- Identify and refer students with health problems affected by physical activity and nutrition to physicians or other health professionals.



Health Promotion for Staff

- Teach behavior skills to help people incorporate physical activity into daily routines.
- Encourage staff to provide supportive relationships for behavior change (e.g., create a buddy system, set up walking groups).
- Attempt to change the local environment to create opportunities for physical activity (e.g., create walking trails, provide access to facilities).
- Place signs by stairs that encourage physical activity for health benefits.



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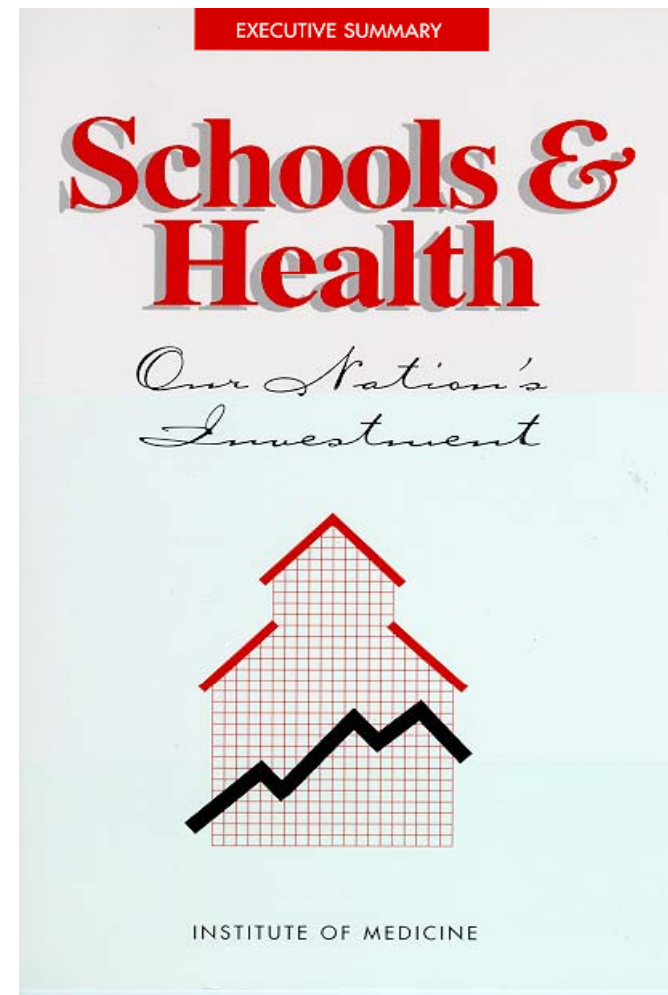
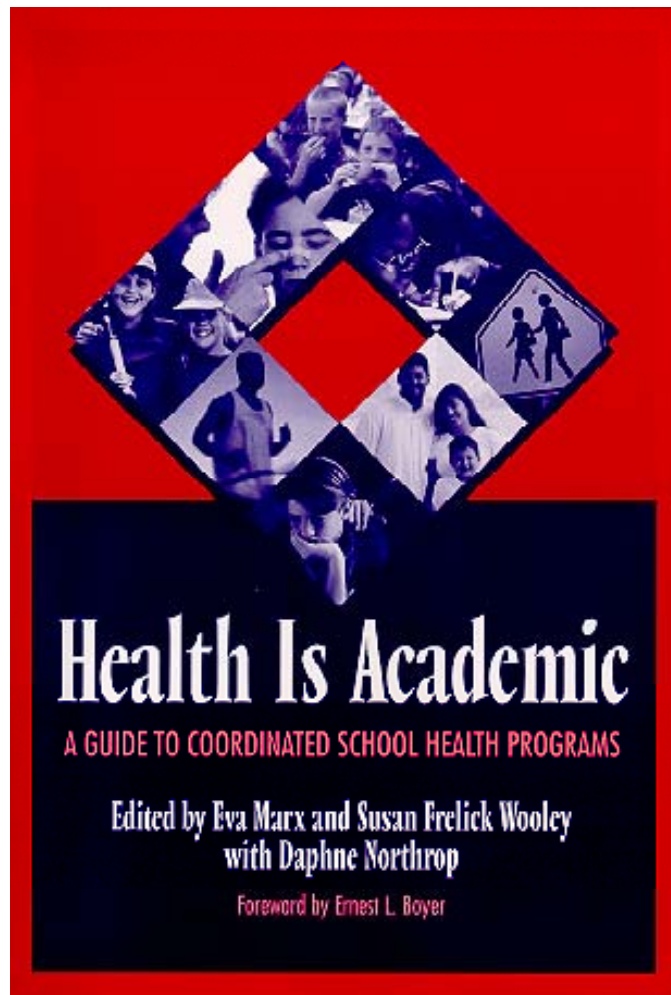
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Major Focus Areas of Coordinated School Health: 2003 - 2008

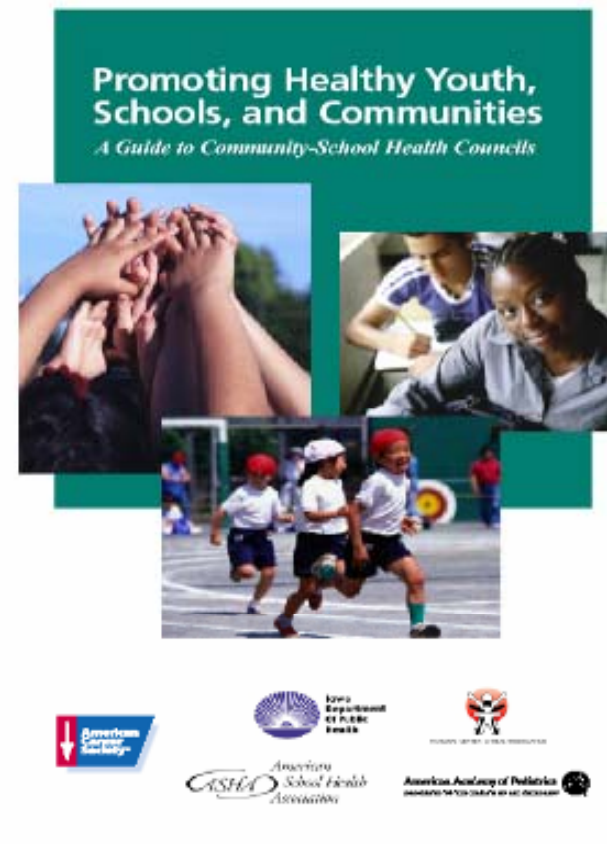
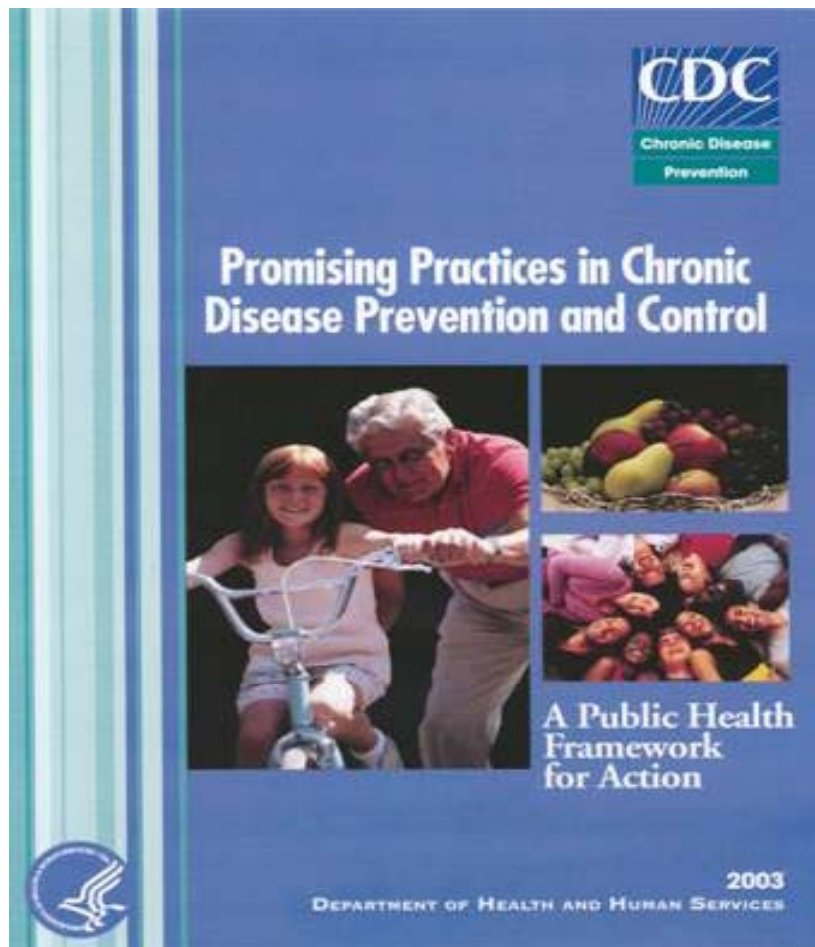
- ✓ Additional FTE to focus on Healthy Weight
- ✓ CSH staff involved in other program state plans (Diabetes, Cancer, HDSP)
- ✓ CSH staff involved in committees related to school health (i.e., Healthy Weight Council, Suicide Prevention, N.D. School Nurse Organization)
- ✓ CSH Evaluation (UND)
- ✓ And much more.....



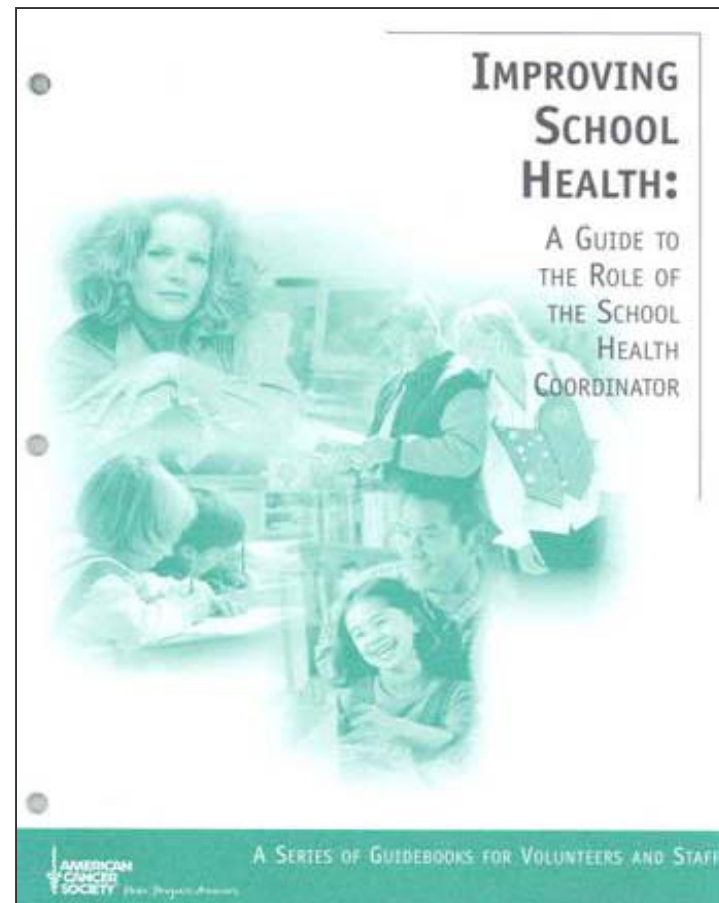
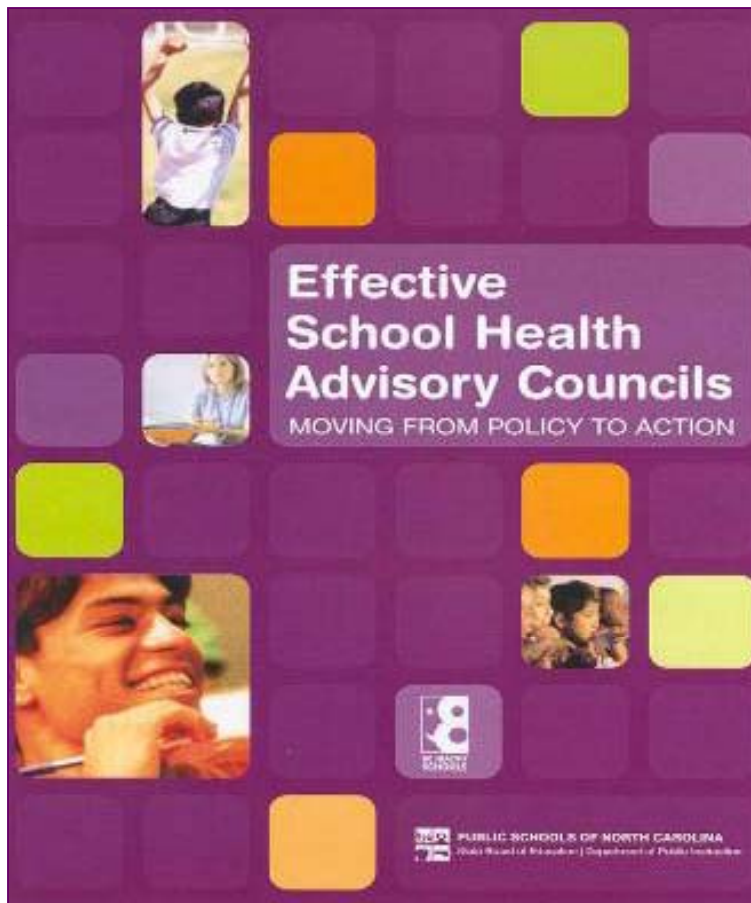
Coordinated School Health Resources



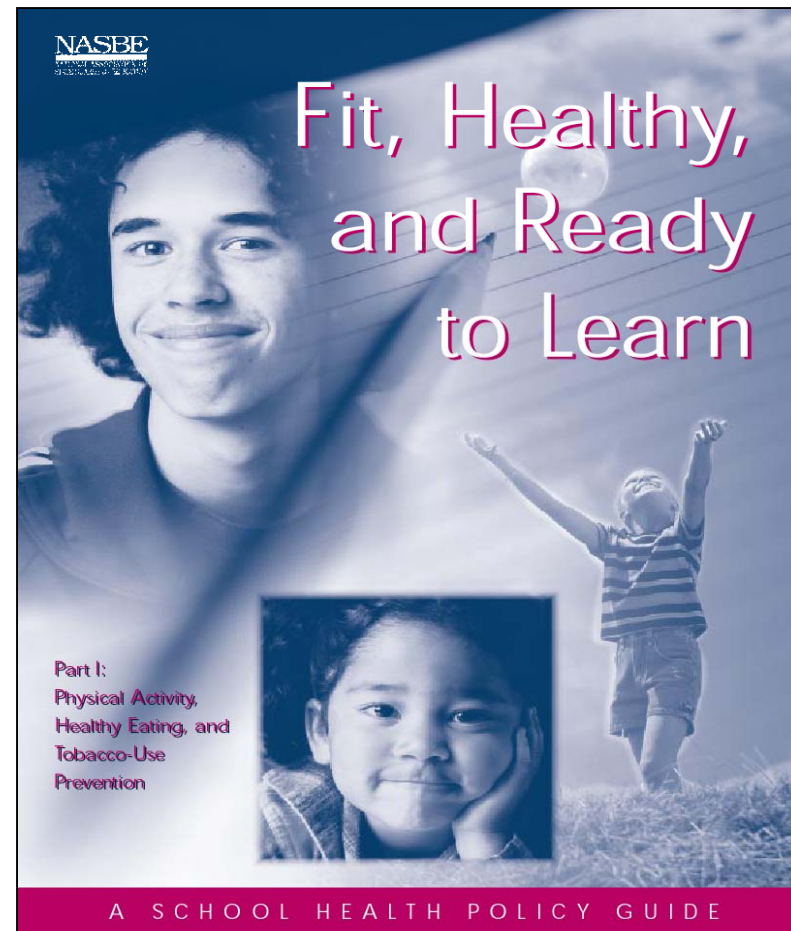
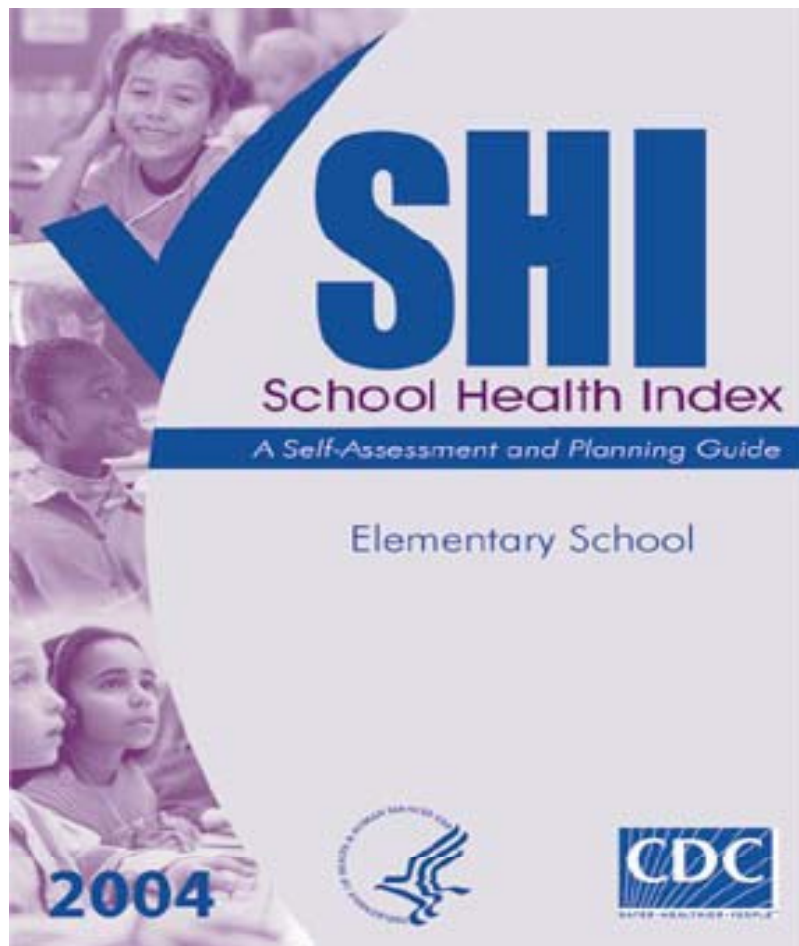
Coordinated School Health Resources



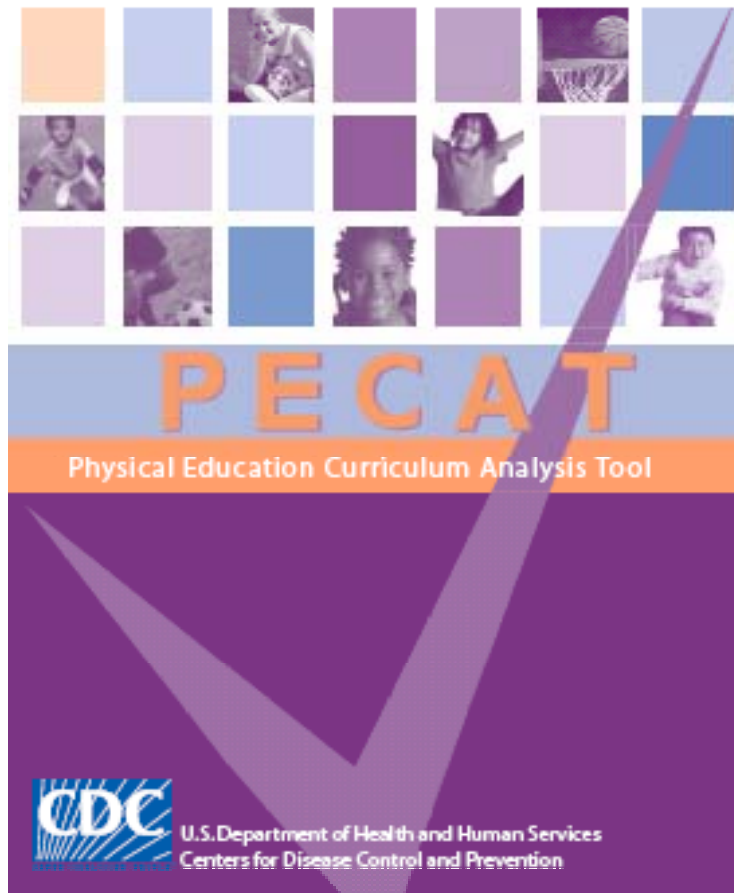
Coordinated School Health Resources



Coordinated School Health Resources



Coordinated School Health Resources



SCHOOL EMPLOYEE A Guide for Protecting **WELLNESS** the Assets of Our Nation's Schools



Bonding The Pieces Together What Does It All Mean?



Coordinated School Health can impact students' academic achievement and increase health behaviors!

Bonding The Pieces Together What Does It All Mean?



Coordinated School Health empowers students, staff and community members with the knowledge, skills and judgment to help them make smart choices in life!

Bonding The Pieces Together What Does It All Mean?



Healthy children make better
students and better students
make healthy communities!

Are The Pieces Bonded Together?



ND CSH Accomplishments

- ✓ Receipt of grant formally introduced CSH & validated need
Infrastructure created / PIQ's
- ✓ Expanded existing partnerships and created new partners
- ✓ Created baseline via Indicators & Process Evaluation
- ✓ Professional Development focus – CSH
CDC influences – best practice, national policy
- ✓ CSH developed into LEA level
Demonstration sites of varying size, demographics
Created opportunities to move to larger segment (REA)
- ✓ Began looking at disparities and gaps



ND CSH Accomplishments

- ✓ Created a legislative presence
- ✓ Document development
Content standards, State Plan, Resource Guide,
Brochure, Strategy Sheets, BMI position paper
- ✓ Evaluation mechanism helped create Cycle II
- ✓ Profiles took greater role and purpose in preparing for Cycle II

Who is Our Customer?

Is our customer ...

Students?

Parents?

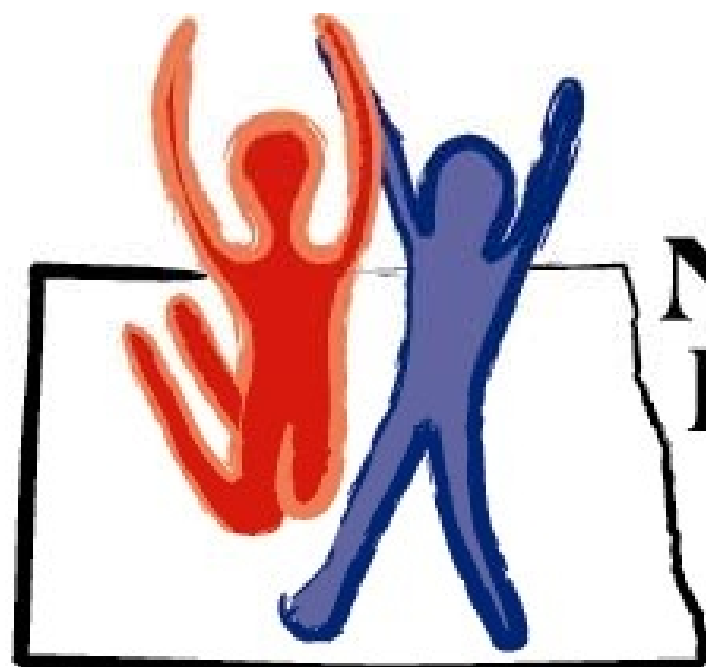
Educators?

Community?

What does CSH Core Team Value?

- ✓ Every child deserves to be healthy
- ✓ Healthy children are North Dakota's future
- ✓ Healthy children are better learners
- ✓ Healthy children benefit all systems
Academic, medical, social
- ✓ Every student deserves to be given current information
that is reliable, research-based and applicable





**North
Dakota
Coordinated
School Health**

Building Lifelong, Healthy Behaviors