



Physical
Activity
Nutrition
Tobacco
&
Asthma



PANTA School Resource Guide 2006



Quick Reference Phone Numbers

Regional Prevention Center: _____ Phone Number: _____

Regional Mental Health Center: _____ Phone Number: _____

FRYSC Contact: _____ Phone Number: _____

Local Health Dept.: _____ Phone Number: _____

Tobacco Coordinator: _____ Phone Number: _____

School Nurse: _____ Phone Number: _____

Cooperative Extension: _____ Phone Number: _____

_____ Phone Number: _____

PANTA School Resource Guide 2006



Contact Information

Cabinet for Health and Family Services

Kentucky Department for Public Health
275 East Main Street
Frankfort, KY 40621
502-564-4830, 1-800-462-6122
<http://chfs.ky.gov>



Irene Centers, BA – Program Manager, Tobacco Prevention and Cessation
Irene.Centers@ky.gov, phone extension 3808. Funding from the Centers for Disease Control and Prevention

Christos Dimitriadis, MS - Physical Activity Coordinator, Obesity Prevention Program
Christos.Dimitriadis@ky.gov, phone extension 3847. Funding from the Centers for Disease Control and Prevention

Victoria Greenwell, BSW, MA - Administrator, Coordinated School Health
Victoria.Greenwell@ky.gov, phone extension 3588. Funding from the Centers for Disease Control and Prevention Division of Adolescent and School Health

Jennye Grider, BA – Coordinator, Physical Activity Program Jennye.Grider@ky.gov,
phone extension 3795. Funding from the Preventative Health and Health Services Block Grants

Tricia McLendon, MPH – Coordinator, Asthma Program
Patricia.McLendon@ky.gov, phone extension 3819

Elaine Russell, MS, RD, LD - Nutrition Services Coordinator, Obesity Prevention Program Elaine.Russell@ky.gov, phone extension 3843. Funding from the Centers for Disease Control and Prevention



Kentucky Department of Education

Nutrition and Health Services
2545 Lawrenceburg Road
Frankfort, KY 40601
(502) 564-2706
<http://education.ky.gov>



Jim Tackett, M.Ed., CHES – Consultant, Coordinated School Health,
James.Tackett@education.ky.gov

Stephanie Bunge, M.Ed., CHES – Consultant, Coordinated School Health,
Stephanie.Bunge@education.ky.gov

Funding from the Centers for Disease Control and Prevention
Division of Adolescent and School Health





OFFICE OF THE FIRST LADY

GLENN A FLETCHER

FIRST LADY

700 CAPITOL AVENUE

SUITE 112

FRANKFORT, KY. 40601

(502) 564-2611

FAX: (502) 564-8154

As First Lady of Kentucky, I am committed to working with the issues I believe will make a difference in the lives of Kentucky families, children and youth. The health and education of our children and youth are two of my primary concerns. Through several of my initiatives, I have promoted and supported programs that improve the health status of our children and youth.

In harmonization with the goals for an improved health status in the Commonwealth, the Department for Public Health and the Department of Education have partnered to develop this school-based resource guide on physical activity, nutrition, tobacco and asthma (PANTA).

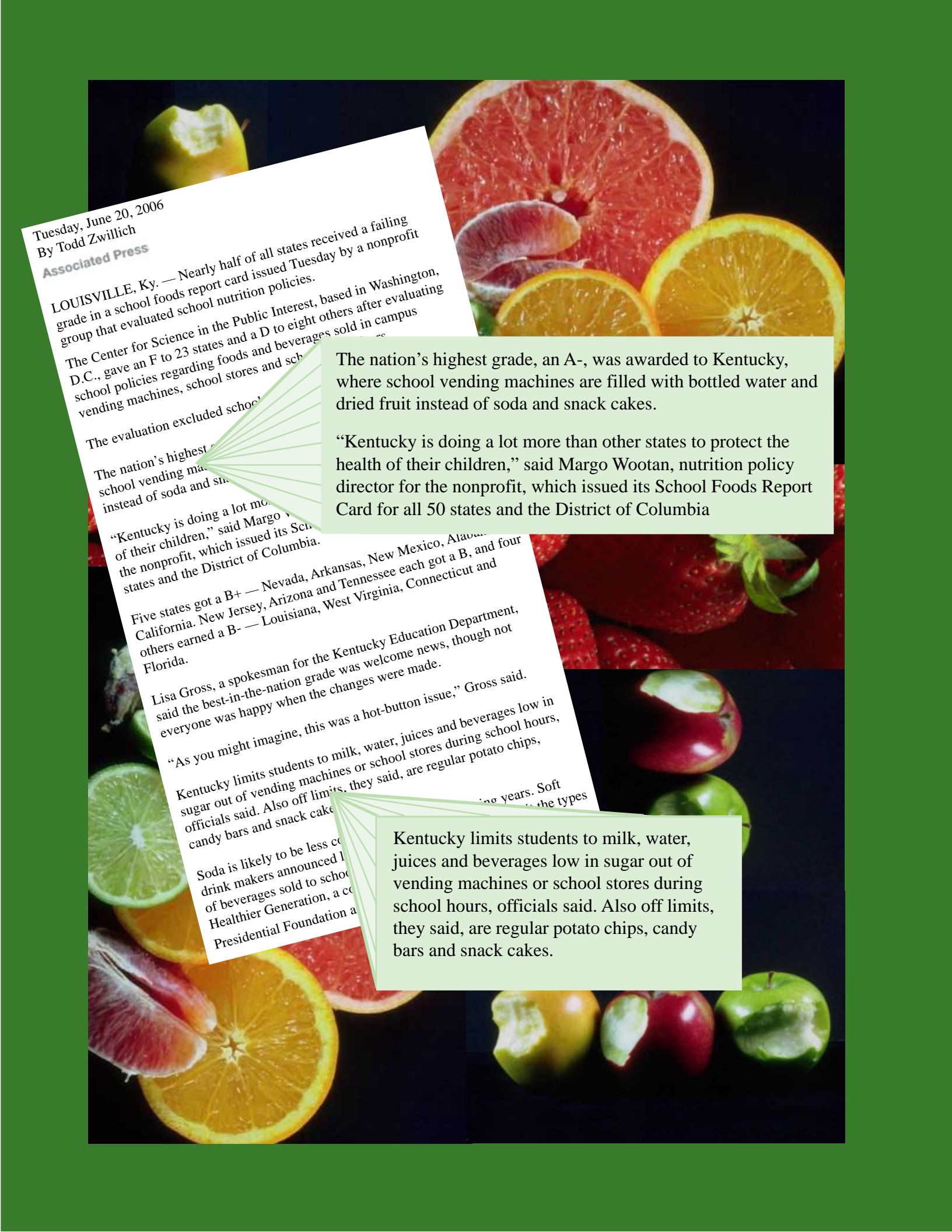
The PANTA School Resource Guide will assist schools and their local partners as they work with health issues such as obesity and chronic diseases that challenge our children and youth's ability to succeed in school. Lifestyle changes are emphasized for the purpose of promoting healthier choices for all our students as well as staff members.

I applaud and wholeheartedly endorse the work of the Kentucky Department of Public Health and the Kentucky Department of Education for their immense contribution to the welfare and future of our youth.

Best wishes,

A handwritten signature in blue ink that reads "Glenna Fletcher".

Glenna Fletcher



Tuesday, June 20, 2006
By Todd Zwillich
Associated Press

LOUISVILLE, Ky. — Nearly half of all states received a failing grade in a school foods report card issued Tuesday by a nonprofit group that evaluated school nutrition policies.

The Center for Science in the Public Interest, based in Washington, D.C., gave an F to 23 states and a D to eight others after evaluating school policies regarding foods and beverages sold in campus vending machines, school stores and schools.

The evaluation excluded schools

The nation's highest grade, an A-, was awarded to Kentucky, where school vending machines are filled with bottled water and dried fruit instead of soda and snack cakes.

"Kentucky is doing a lot more for the health of their children," said Margo Wootan, nutrition policy director for the nonprofit, which issued its School Foods Report Card for all 50 states and the District of Columbia.

Five states got a B+ — Nevada, Arkansas, New Mexico, Alabama, California. New Jersey, Arizona and Tennessee each got a B, and four others earned a B- — Louisiana, West Virginia, Connecticut and Florida.

Lisa Gross, a spokesman for the Kentucky Education Department, said the best-in-the-nation grade was welcome news, though not everyone was happy when the changes were made.

"As you might imagine, this was a hot-button issue," Gross said. Kentucky limits students to milk, water, juices and beverages low in sugar out of vending machines or school stores during school hours, officials said. Also off limits, they said, are regular potato chips, candy bars and snack cakes.

Soda is likely to be less common in schools in the coming years. Soft drink makers announced last week that they would remove the types of beverages sold to schools. The move was part of a campaign by the Healthier Generation, a coalition led by the Robert Wood Johnson Foundation and the American Heart Association.

Kentucky limits students to milk, water, juices and beverages low in sugar out of vending machines or school stores during school hours, officials said. Also off limits, they said, are regular potato chips, candy bars and snack cakes.

Executive Summary

“Children are our hope – children are our future”. A well-known phrase that we all believe – yet how do we instill this desire for health and vitality in our children and their future? Chronic diseases disable millions of Americans annually. According to the Centers for Disease Control and Prevention, the medical expenditures directly related to adult smoking is approximately \$1.2 billion in Kentucky annually,¹ and adult obesity costs Kentuckians another approximately \$1.2 billion annually.² These expenses include ambulatory care, hospitalization, prescription drugs, nursing home care, and other costs attributed to smoking. But worse yet are the unnecessary suffering and premature loss of life.

Kentucky ranks in the top 10 in the nation for several chronic diseases including obesity, asthma, and terminal diseases like lung cancer. Poor diet, high tobacco use and low physical activity lead to chronic and terminal diseases.³ Unhealthy behaviors among Kentucky’s youth put them at great risk for developing chronic diseases — risking the quality of their childhood.

Is this the situation we envision for our children, a lifetime of poor nutrition, limited physical strength and mobility, that results in a poor quality of life? No! Our hope is for happy, healthy and productive children who mature into adults aware of the responsibility they have for their health, living with the benefits of maintaining a healthy lifestyle.




The Kentucky Department of Public Health (KDPH) and the Kentucky Department of Education (KDE) are pleased to release this school resource guide on **p**hysical **a**ctivity, **n**utrition, **t**obacco and **a**sthma (**PANTA**). We sought input from schools and community agencies across the state to create a tool to meet the needs of teachers, their community counterparts, and school administrators.

These initiatives are provided because they have proven to be successful in that they are:



- Evidence-based curriculum
- Rated as “Best practices”
- Model policies that have been effective
- Responses to “Frequently Asked Questions” by appropriate health and education professionals

Each section of this resource guide will generally address all of these areas.



We hope this resource will provide the tools to strengthen and expand local school wellness policies, and school programs and practices. PANTA School Resource Guide 2006 also provides resources to School Wellness and/or Coordinated School Health Councils with model policies to serve as guidelines in formulating local policies. We have included information about:

- Designing and planning policies and programs,
- Encouraging environmental change, and
- Promoting overall health of students, staff and the school community.

Please share the information in this guide with others in your community. By working together we can educate future generations to treasure their health; we can give them the tools to better care for themselves and their families, and we can create communities where healthy lifestyles are the norm.

Table of Contents

Introduction	10
The Eight Components of Coordinated School Health	12
Assessing School Policies, Environment and Developing a Plan	13
Evidence-Based Curricula and Best Practices Definitions	15
Kentucky's Education System	17
References	18
Physical Activity	20
Nutrition	37
Tobacco Prevention and Cessation	48
Asthma	71

Various aspects of physical activity, nutrition, tobacco, and asthma are addressed within this guide.

Experts in these areas have compiled information to assist you in making these positive changes in your schools and community.

Each section consists of:

- Assessment and Planning
- State and Federal Laws
- Data
- Evidence-based Curricula and Best Practices
- Policy and Environmental Change
- Resources
- References



Introduction

Kentucky ranks in the top 10 in the nation for several chronic diseases, including obesity, tobacco use, and asthma, and for poor diet and low physical activity.³ Unhealthy behaviors among Kentucky's youth also put them at the highest risk in the nation for developing chronic diseases. According to the 2003 Kentucky Youth Risk Behavior Survey (YRBS);⁴ 30 percent of youth are overweight or at risk of becoming overweight; 33 percent of youth smoked cigarettes at least once during the past month; only 13 percent of high school students eat the recommended 5 to 9 servings of fruits and vegetables each day; and only 21 percent participate in sufficient moderate physical activity.



The Kentucky Department for Public Health (KDPH) and the Kentucky Department of Education (KDE) have partnered to form a Coordinated School Health Interagency Council (CSHIC) that includes representation from many health prevention programs. The goals of the CSHIC are to promote the coordinated school health model and to collaborate at the state and local level to promote education and adoption of healthy behaviors to improve physical activity, nutrition, tobacco, and asthma.

Youth need to learn and understand proper nutrition, the importance of physical activity, the importance of not using tobacco, and how to manage asthma. Schools and their partner organizations play a key role in helping youth learn and engage in healthy behaviors. In doing this, schools should assess the current school health environment and policies, provide evidence-based curricula and instruction, and integrate state and federal laws into policy and environmental changes.



This guide provides the resources needed for assessment and planning; provides information on current state and federal laws on physical activity, nutrition, tobacco, and asthma and suggestions on ways of complying with those laws; includes examples of evidence-based curricula that promotes self-esteem and teaches decision-making skills to enable youth to adopt healthy attitudes and behaviors; and provides schools with methods to implement health policies and improve the school health environment. Offering a healthy environment to reinforce what youth are learning is crucial to promoting healthy behaviors.

Not only will these healthy behaviors help youth become healthy adults, but they may also become better students. There is strong evidence of a link between health and academic achievement. Research shows an association between obesity and poor school performance,⁵ while a strong, positive connection exists between physical activity and academic performance.⁶ Schools that offer



PANTA

quality breakfast programs not only show an increase in academic achievement, but also an increase in class participation and daily attendance.⁷

The Centers for Disease Control and Prevention (CDC) has made recommendations for school and community programs that address youth physical activity, nutrition, tobacco, and asthma. Those recommendations include:⁸

- Establish policies
- Provide safe, health physical and social environments
- Provide evidence-based curricula
- Train school staff
- Involve family and community members
- Evaluate the program

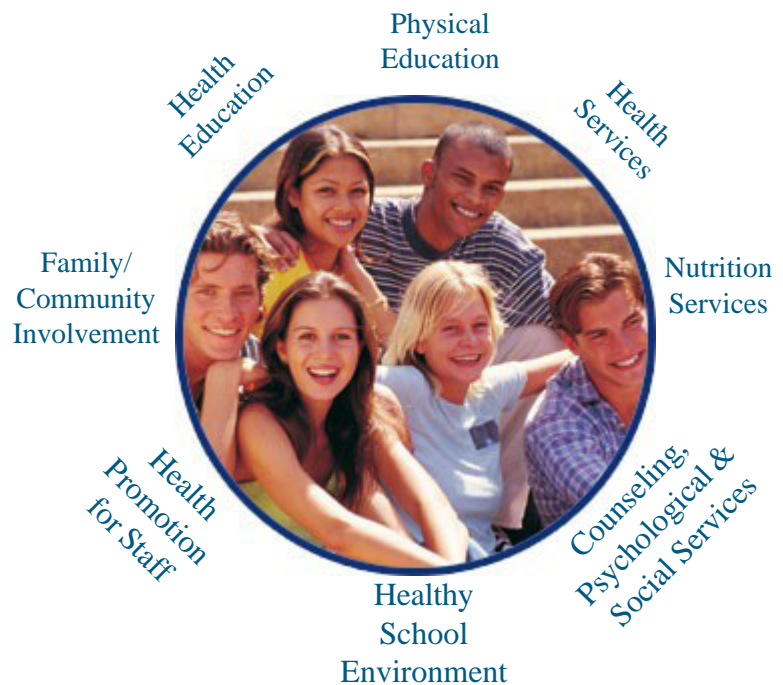


Healthy Schools for Healthy Kids

Tobacco Free Sports encourages student athletes to say “No” to tobacco products. Here, girls on the Bluegrass Club soccer team are signing pledge cards to remain tobacco-free.

The Eight Components of Coordinated School Health

One of the best ways to help prevent chronic diseases in the school setting is to implement a coordinated school health program (CSHP). A CSHP includes the areas of school environment, policies, curriculum, services, and involvement, all of which are recommended by the CDC for youth health programs. The CSHP model is comprised of the following eight components:⁹



1. Healthy School Environment

The physical and aesthetic surroundings and the psychosocial climate and culture of the school. This would include policies and procedures to deal with routine and emergency situations as well as providing opportunities for and reinforcement of student and staff healthy behaviors.

2. Health Education

A planned, sequential curriculum that addresses the physical, mental, emotional and social dimensions of health. The comprehensive health education curriculum includes: nutrition and healthy eating, family life education, mental and emotional health, personal health and fitness, environmental health, injury prevention and safety, consumer health, community health, tobacco, alcohol and other drugs prevention, and disease prevention and control.

3. Physical Education and Other Physical Activity Programs

A planned, sequential curriculum that promotes physical, social and emotional wellness, individual and team opportunities, and lifelong knowledge and skill development.

4. Nutrition Services

Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students with linkage to classroom learning. Facilitates the offering of healthy snacks.

5. School Health Services

Services provided for students to appraise, protect and promote health. These



services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services and the prevention of illness and injury.

6. School Counseling, Psychological, and Social Services

Services provided to improve students' mental, emotional and social health. Assists students with communication skills. Provides individual and group program strategies to optimize learning.

7. Health Promotion for Staff

Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle and serve as a role model for developing healthy student behaviors.

8. Family & Community Involvement

An integrated school, parent and community approach for enhancing the health and well-being of students.

Assessing School Policies, Environment and Developing a Plan

Promoting healthy and safe behaviors among students is an important part of the basic mission of schools that is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can:

- increase students' capacity to learn,
- reduce absenteeism, and
- improve physical fitness and mental alertness.

A small investment of time can pay big dividends in students' improved health, safety, and readiness to learn.

As school based efforts increase to address the epidemic of childhood obesity and other chronic diseases, a priority for schools and their community partners will be improving school health promotion programs and policies. For a school to advance health policies and programs, it is essential that first a school assess the current policies and practices. The Kentucky Department for Public Health (KDPH) and the Kentucky Department of Education (KDE) recognize that the Centers for Disease Control and Prevention's (CDC) School Health Index (SHI)¹⁰ is one tool that can assist in this endeavor.

The SHI is a self-assessment and planning guide for elementary, middle and high schools designed to help school staff and other key stakeholders evaluate the strengths and weaknesses of



school-based health promotion programs and policies and plan for further improvement. Structured around CDC's Coordinated School Health Model, the initial SHI assessment items were developed from empirical research and policies and practices recommended in two CDC reports: *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*¹¹ and *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People*¹². This model highlights the importance of involving all eight components, which can have a powerful impact on student health behaviors. The eight modules in the SHI correspond to the eight components of a coordinated school health program.

The SHI was developed by CDC in partnership with school administrators and staff, school health experts, parents and national nongovernmental health and education agencies for the purpose of:

- enabling schools to identify strengths and weaknesses of health and safety policies and programs,
- enabling schools to develop an action plan for improving student health,
- involving teachers, parents, students, community members and others in improving policies and programs, and
- incorporating the SHI Score Card in the local school improvement plan.

The SHI will provide structure and direction to your school's efforts to improve health policies and programs. There is growing recognition of the relationship between health and academic performance, and completing the SHI can become one of your school's data sources and become a part of the comprehensive school improvement plan.

Before using the SHI, it is important to know what the SHI is used for and what it is not used for:¹⁰

The SHI is a	The SHI is <i>not</i> a
Self-assessment and planning tool	Research or evaluation tool
Community-organizing and education process	Tool for auditing or punishing school staff
Focused, reasonable and user-friendly experience	Long, bureaucratic, painful process
Process that identifies no-cost or low-cost changes	Process that requires expensive changes
Process that provides justification for funding requests	Process that identifies unfunded mandates

The current edition of the SHI covers the following five health topics with additional health topics added in future editions: safety, physical activity, nutrition, tobacco use and asthma. These

topics were selected by CDC because these health behaviors can play a critical role in preventing the leading causes of death, disability, hospitalizations, illness and school absence.

The SHI is available at no cost, and the assessment process can be completed on-line at the CDC Healthy Youth website at: <http://apps.nccd.cdc.gov/shi/default.aspx>. Many of the improvements schools will want to make after the completion of the SHI can be done with existing staff and with few or no new resources. A small investment of time can pay big dividends in students' improved health, safety, and readiness to learn. For those priority actions that do require new resources, the SHI results can help provide information needed to stimulate school board and community support for school health and safety, and can provide data and justification to support funding request.



Evidence-Based Curriculum and Best Practices Definitions

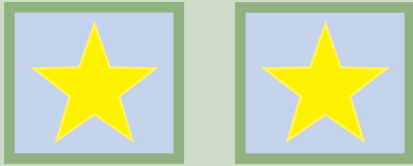
“Best” practice¹⁴ is a continuum of practices or programs ranging from promising, to evidence-based, to science-based.

Promising Practice



A promising practice:

- ★ Incorporates the philosophy, values, characteristics, and indicators of other positive and effective public health interventions.
- ★ Is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- ★ Is a process of continual quality improvements that:
 - ★ Accumulates and applies knowledge about what is working and not working in different situations and contexts.
 - ★ Continually incorporates lessons learned, feedback, and analysis to lead toward improvement and positive outcomes.
 - ★ Allows for and incorporates expert review, feedback, and consensus from the public health field.
- ★ A Promising Practice has an evaluation component or plan in place to move toward demonstration of effectiveness. **HOWEVER**, it does not yet have data available to demonstrate positive outcomes.



Evidence-based Practice

An evidence-based practice has been, or is being evaluated and:

- ★ Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.
- ★ Has been subject to peer review that has determined a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature.



Science-based Practice

A science-based practice results from a rigorous process of research and evaluation that indicates effectiveness in improving public health outcomes for a target population. A science-based practice:

- ★ Has been evaluated using a theory-based research methodology.
- ★ Inherent in such research methodology is that the practice was implemented as intended in order to clearly link positive effects to the program/practice being evaluated and not to extraneous factors.
- ★ Has been reviewed and substantiated by experts in the public health field according to predetermined standards of empirical research.
- ★ Is replicable, and produces desirable results in a variety of settings.¹³

Kentucky's Education System

Since 1990, Kentucky schools have been undergoing major changes to ensure that all students can learn at high levels, given equity, adequacy and uniformity. It was the Kentucky Supreme Court, just one year earlier, which struck down the state's educational system as unconstitutional. "Each child, every child, in this Commonwealth must be provided with an equal opportunity to have an adequate education," the court declared. As a result, major educational reform has been transforming the state since.

Being the most comprehensive education reform of its time, many things were changed. Changes included how schools were financed, how decisions were made and who made them, what kind of learning was expected from students, and what kind of performance was expected of teachers, administrators, and school boards. The new public education system would include:

- providing equitable resources for all schools and districts
- providing extra resources to those districts and schools with many children who come to school with disadvantages
- setting high standards for performance of all students, teachers, schools and districts
- empowering local schools to make decisions that affect their own learning environments
- holding schools accountable for reaching new standards
- rewarding successful schools
- assisting unsuccessful schools

A critical aspect of Kentucky's educational reform is local control. Prior to 1990, much of the decision-making was at the state and district level. Realizing that schools

best knew their students, teachers and communities, a change was made.

The School-Based Decision Making (SBDM) initiative puts responsibility for making decisions in the hands of those most affected by them –principals, teachers and parents. While local school boards are still responsible for setting overall district policies, school councils empower parents, teachers and principals to make the decisions about what happens in their school buildings.¹⁴

Making these key players the decision makers ensures their interests and concerns are considered in the policy-making process. In Kentucky, school councils have the authority over each school's budget, staffing assignments, professional development, curriculum, instructional materials and techniques in addition to other areas. Therefore, the school council has a unique role and opportunity in affecting the school's learning climate.

The mechanism both schools and districts use to ensure students receive quality and equitable education is the Comprehensive School Improvement Plan (CSIP)/Comprehensive

District Improvement Plan (CDIP). This document outlines a strategic plan a given school will follow to address issues that impact student achievement. These may include such



issues as physical and mental health barriers, safety, instructional deficiencies or family involvement. Funding, staff responsibilities and timelines are designated within the plan to assist with implementation. Each SBDM is responsible to ensure that the CSIP is implemented, reviewed and updated on an annual basis. The CDIP's primary purpose is to improve student achievement, including school and district strategies and services to address deficiencies and/or sustain or strengthen current efforts. The CDIP should reflect priorities and funding streams consistent with the local school plans. Both schools and districts are required to conduct a thorough needs assessment prior to developing these plans. To view a specific school

and/or district improvement plan, visit their website.

During the past 15 years, significant changes have occurred. As demonstrated in the Kentucky Board of Education's 2005 Strategic Plan Progress Report, assessment scores have improved, student drop-out rates have declined, graduation rates continue to rise, more teachers are seeking national certification within their fields of expertise and more services are being utilized by students and families to decrease learning barriers. These improvements are all critical in addressing overall student performance in Kentucky.¹⁵

References

Last Accessed 8/31/06

1. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software, 2004. Available at <http://www.cdc.gov/tobacco/sammec>.
2. Finkelstein, E.A.; Fiebelkorn, I.C.; Wang, G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research*. January 2004, 12, 18-24.
3. United Health Foundation. America's Health Rankings: A Call to Action for People and Their Communities. <http://www.unitedhealthfoundation.org/shr2005/states/Kentucky.html>.
4. Centers for Disease Control and Prevention. Kentucky 2003 Youth Risk Behavior Survey (YRBS) results fact sheet. <http://www.cdc.gov/HealthyYouth/yrbs/pdfs/statefacts/kentucky.pdf>.
5. Taras, H.; Potts-Datema, W. Obesity and student performance at school. *Journal of School Health*. 2005, 75, 291-295.
6. Symons, C. W.; Cinelli, B.; James, T. C.; Groff, P. Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health*. 1997, 67, 220-227.
7. Powell, C. A.; Walker, S. P.; Chang, S. M.; Grantham-McGregor, S. M. Nutrition and education: a randomized trial of the effects of breakfast in rural primary school children. *Am J Clin Nutr*. 1998, 68, 873-879.
8. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity & Mortality Weekly Report*. 1994, 43, 7-14.

9. Centers for Disease Control and Prevention. Coordinated school health program. <http://www.cdc.gov/HealthyYouth/CSHP/>.
10. Centers for Disease Control and Prevention. School Health Index: a Self-assessment and Planning Guide. Atlanta (GA): Centers for Disease Control and Prevention; 2000. Available from: URL: <http://apps.nccce.cdc.gov/SHI/default.aspx>.
11. Centers for Disease Control and Prevention. *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*. MMWR Recomm Rep 1996;45(RR-9):1-41. Available from: URL: <http://www.cdc.gov/mmwr/PDF/RR/RR4509.pdf>.
12. Centers for Disease Control and Prevention. *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Youth People*. MMWR Recomm Rep 1997;46(RR-6):1-36. Available from: URL: <http://www.cdc.gov/healthyyouth/physicalactivity/guidelines/index.htm>
13. Association of Maternal and Child Health Programs. Common Best Practices Terms and Definitions. <http://www.amchp.org/policy/bestpractice-definition.htm>.
14. Kentucky Department of Education. Results matter: A decade of difference in Kentucky public schools 1999-2000. <http://www.education.ky.gov>. From KDE's home page click Publications and Videos. From that page, scroll down to *Report on the 10th Anniversary of Education Reform in Kentucky*.
15. Kentucky Department of Education. Strategic plan progress report 2005. <http://www.education.ky.gov>. From KDE's home page click Publications and Videos. From that page, scroll down to the Strategic Plan Progress Report 2005.

