



2020
Child Health Advisory Committee
Recommendations for Coordinated School
Health



Background

The Child Health Advisory Committee (CHAC) was created in 2003 by the Arkansas General Assembly through Act 1220 of 2003. The purpose of Act 1220 and CHAC was to establish a formal group of professionals who would focus on obesity prevention strategies with a specific emphasis on public school students by monitoring, evaluating, and providing recommendations to the Board of Education and the Board of Health.

The committee also examines the progress of the Arkansas Coordinated School Health Program and makes recommendations to the Division of Elementary and Secondary Education and the Department of Health concerning the implementation of the Arkansas Coordinated School Health Program.

The three areas of focus for the 2020 CHAC Recommendations reflect the committee's goals, which are based on current resources available to Arkansas schools and community partners. The committee determined these focus areas to have the most potential to enhance awareness and education regarding factors contributing to the state's obesity epidemic.

The committee chose to focus its recommendations on the following areas:

- I. Student Mental Health**
- II. Student Nutrition**
- III. Staff and Student Health Education**

The CHAC was very deliberate when determining the priorities set forth in its 2020 recommendations to focus on those that pose the least fiscal impact while serving as a resource for strategies that schools and community leaders may implement by utilizing current resources and enhancing current activities. The CHAC encourages the Division of Elementary and Secondary Education of the Arkansas Department of Education and the Arkansas Department of Health to make these recommendations available to their constituents as a resource to promote health strategies in schools and communities.



Summary of Recommendations

I. Student Mental Health

1. The Child Health Advisory Committee (CHAC) recommends that the Division of Elementary and Secondary Education of the Arkansas Department of Education request that the Department of Human Services Division of Medical Services indefinitely extend COVID-19 era waiver policies related to telemedicine for mental and behavioral health services.

More specifically, this recommendation is for the continued suspension of rules for originating site requirements to allow provision of behavioral health services to patients in their homes via telemedicine (including via telephone), to allow telemedicine services for beneficiaries under age 21, to allow family therapy via telemedicine, and to allow licensed behavioral health professionals to provide crisis intervention via telemedicine. These rule suspensions are documented in Arkansas Medicaid emergency rule suspensions and guidance, and in the outpatient behavioral health services provider manual.

II. Student Nutrition

2. The Child Health Advisory Committee recommends schools provide students access to water through water-bottle filling stations, water stations, and other methods that ensure students have access to drinking water throughout the school day in an efficient manner.
3. The Child Health Advisory Committee recommends school district superintendents, food service directors, nursing directors, other relevant district staff, and school principals annually review the USDA and ADE-DESE rules related to wellness requirements and encourage school district personnel responsible for compliance with these rules to 1) access technical assistance from the Child Nutrition Unit (CNU), ADE-DESE & ADH Act 1220 Coordinators, and ADH Community Health Nurse Specialists (CHNS) and Community Health Promotion Specialists (CHPS) to fulfill Administrative Review findings' corrective action steps; and 2) use these individuals' expertise to provide ongoing enhancement to policy development and implementation.

III. Staff and Student Health Education

4. The Child Health Advisory Committee recommends that schools provide resources and education for students and staff regarding the short and long-term health consequences of e-cigarette use.
5. The Child Health Advisory Committee recommends that schools include a pathway to cessation as an option within the district's tobacco use policy.



Full Recommendations Report with Rationale

I. Student Mental Health

1. The Child Health Advisory Committee (CHAC) recommends that the Division of Elementary and Secondary Education of the Arkansas Department of Education request that the Department of Human Services Division of Medical Services indefinitely extend COVID-19 era waiver policies related to telemedicine for mental and behavioral health services.
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Rationale: It is unclear how long COVID-19 will continue to significantly impact the state's health system. Continued use of expanded telehealth services will help meet the demand for mental and behavioral health services for children in the state.

Fiscal Impact: Use of expanded telehealth services will offset an observed reduction in in-person services for many providers and clinics, particularly those in rural areas, to help sustain sufficient revenues.

Resources:

- A. Arkansas DHS's COVID-19 page: https://urldefense.proofpoint.com/v2/url?u=https-3A_humanservices.arkansas.gov_resources_response-2Dcovid-2D19&d=DwIFAw&c=27AKQ-AFTMvLXtgZ7shZqsfSXu-Fwzpqk4BoASshREk&r=qEqEPH8kcA9GtZXEJeHZ8nqwYC7Z_vH8lDctBH2ofG4&m=fDKUSPQROCVZ6vToELxVozmTO1ObfzFNh_EMrEhfp9M&s=DiZpqzLVUSZH1ULnqm4JQmnFmKkt1A9p_1TqGAJ-hFFU&e=
- B. Arkansas Medicaid COVID-19 Waivers: https://urldefense.proofpoint.com/v2/url?u=https-3A_humanservices.arkansas.gov_resources_response-2Dcovid-2D19_dhs-2Demergency-2Drules&d=DwIFAw&c=27AKQ-AFTMvLXtgZ7shZqsfSXu-Fwzpqk4BoASshREk&r=qEqEPH8kcA9GtZXEJeHZ8nqwYC7Z_vH8lDctBH2ofG4&m=fDKUSPQROCVZ6vToELxVozmTO1ObfzFNh_EMrEhfp9M&s=FpK7R7oceF3vizJ1zZL_1Yszx7gtl_zKjowqXZ_hDKE4&e=

References:

1. <https://www.cdc.gov/php/publications/topic/telehealth.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>



II. Student Nutrition

2. The Child Health Advisory Committee recommends schools provide students access to water through water-bottle filling stations, water stations, and other methods that ensure students have access to drinking water throughout the school day in an efficient manner.

Rationale: Promoting the consumption of plain water as a beverage and promoting better access to drinking water are important public health goals. Existing evidence suggests that more than half of school students didn't drink enough water, with children of color more likely to be inadequately hydrated.^{1,2} Beverages account for approximately 15 to 18 percent of total energy intake for Americans ages 2 years and older and for 30 to 60 percent of total added sugars intake. Non-Hispanic Black and Hispanic children have the highest consumption of sweetened beverages and the lowest consumption of water.³ Drinking plain water as a beverage instead of sugary drinks could help address obesity^{4,5} as well as reducing the risk for Type II diabetes⁶ and dental caries⁷.

Drinking enough water may also improve a child's performance in school. It has been shown to help with reasoning skills and short-term memory visual attention and fine motor skills, making it easier for children to learn what they are reading and potentially reducing the risk of wellbeing concerns such as headaches, stomachaches, and poorer cognitive function⁸⁻¹³.

Although several federal and state regulations require public schools in the United States to provide access to safe drinking water during the school day¹⁴⁻¹⁶, evidence suggests that many schools do not provide adequate access to meet these regulations¹⁷.

Schools can make it easier for students to have enough water. Studies show when water bottle filling stations are installed in schools, students nearly triple how much water they drink at lunch time¹⁸.

Fiscal Impact: Replacing an existing water fountain with a water bottle filling station or adding a new unit would be about \$1000 for the unit. Adapting an existing water fountain with a retro fit attachment would be about \$400-600. The number needed per school would follow state requirements. Grant opportunities periodically provide schools a way to support the additions.

Resources:

- A. Grant opportunities periodically provide schools a way to support the additions. Examples include Healthy Active Arkansas <https://healthyactive.org/grant-opportunity-rethink-your-drink-choose-water/>, Blue and You of Arkansas Foundation <http://www.blueandyoufoundationarkansas.org/>, Delta Dental Foundation of Arkansas <https://www.deltadentalar.com/giving-back/delta-dental-of-arkansas-foundation/funding-opportunities>
- B. Rethink Your Drink Toolkit <https://healthyactive.org/wp-content/uploads/2020/10/Rethink-Your-Drink-Toolkit-09.14.2020-final.pdf>
- C. Rethink Your Drink Toolkit (Spanish) <https://healthyactive.org/wp-content/uploads/2019/05/rethink-your-drink-toolkit-spanish-v02.pdf>
- D. CDC - Water Access in Schools <https://www.cdc.gov/healthyschools/npao/wateraccess.htm>

References:

1. Kenney, E.L.; Long, M.W.; Craddock, A.L.; Gortmaker, S.L. Prevalence of Inadequate Hydration Among US Children and Disparities by Gender and Race/Ethnicity: National Health and Nutrition Examination Survey, 2009–2012. *Am. J. Public Health* 2015, *105*, e113–e118.
2. Drewnowski A, Rehm CD, Constant F. Water and beverage consumption among children age 4-



- 13y in the United States: analyses of 2005-2010 NHANES data. *Nutr J.* 2013;12:85. doi: 10.1186/1475-2891-12-85.
3. Dietary Guidelines Advisory Committee. 2020. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.
 4. Pan, A.; Malik, V.S.; Hao, T.; Willett, W.C.; Mozaffarian, D.; Hu, F.B. Changes in water and beverage intake and long-term weight changes: Results from three prospective cohort studies. *Int. J. Obes.* 2013, 37, 1378–1385.
 5. Muckelbauer, R.; Gortmaker, S.L.; Libuda, L.; Kersting, M.; Clausen, K.; Adelberger, .; Muller-Nordhorn, J. Changes in water and sugar-containing beverage consumption and body weight outcomes in children. *Br. J.Nutr.* 2016, 115, 2057–2066.
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 7. Iheozor-Ejiofor, Z.; Worthington, H.V.; Walsh, T.; O'Malley, L.; Clarkson, J.E.; Macey, R.; Alam, R.; Tugwell, P.; Welch, V.; Glenny, A.-M. Water fluoridation for the prevention of dental caries. *Cochrane Database Syst. Rev.* 2015, CD010856. Popkin, B.M.; D'Anci, K.E.;
 8. Rosenberg, I.H. Water, hydration, and health. *Nutr. Rev.* 2010, 68, 439–458.
 9. Kempton MJ, Ettinger U, Foster R, et al. Dehydration affects brain structure and function in healthy adolescents. *Hum Brain Mapp.* 2011;32:71-79.
 10. Edmonds CJ, Jeffes B. Does having a drink help you think? 6-7-year-old children show improvements in cognitive performance from baseline to test after having a drink of water. *Appetite.* 2009;53:469-472.
 11. Edmonds CJ, Burford D. Should children drink more water? The effects of drinking water on cognition in children. *Appetite.* 2009;52:776-779.
 12. Community Services Task Force. Preventing Dental Caries: Community Water Fluoridation. <http://www.thecommunityguide.org/oral/fluoridation.html>.
 13. Masento, N.A.; Golightly, M.; Field, D.T.; Butler, L.T.; van Reekum, C.M. Effects of hydration status on cognitive performance and mood. *Br. J. Nutr.* 2014, 111, 1841–1852.
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 15. Onufrak, S.J.; Park, S.; Wilking, C. Student-Reported School Drinking Fountain Availability by Youth Characteristics and State Plumbing Codes. *Prev. Chronic. Dis.* 2014, 11, 11.
 16. U.S. Department of Agriculture. Healthy Hunger-Free Kids Act of 2010 (Pub. L. 111-296); U.S. Department of Agriculture: Washington, DC, USA, 2010.
 17. Kenney, E.L.; Gortmaker, S.L.; Cohen, J.F.W.; Rimm, E.B.; Cradock, A.L. Limited School Drinking Water Access for Youth. *J. Adolesc. Health* 2016, 59, 24–29.
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3. The Child Health Advisory Committee recommends school district superintendents, food service directors, nursing directors, other relevant district staff, and school principals annually review the USDA and ADE-DESE rules related to wellness requirements and encourage school district personnel responsible for compliance with these rules to 1) access technical assistance from the Child Nutrition Unit (CNU), ADE-DESE & ADH Act 1220 Coordinators, and ADH Community Health Nurse Specialists (CHNS) and Community Health Promotion Specialists (CHPS) to fulfill Administrative Review findings' corrective action steps; and 2) use these individuals' expertise to provide ongoing enhancement to policy development and implementation.



Rationale: The CHAC Nutrition Subcommittee reviewed the number and frequency of Act 1220 of 2003¹ violations noted on the Administrative Review² forms completed by CNU staff and posted to the Arkansas Department of Education Division of Elementary and Secondary Education webpage <http://dese.ade.arkansas.gov/divisions/child-nutrition-unit/administrative-review/administrative-review-findings>. The specific categories reviewed related to the purview of CHAC were in Section C General Program Areas: Local School Wellness Policy³, Competitive Foods⁴⁻⁵, Smart Snacks in School⁶, and Water³⁻⁵. Based on USDA regulations², the CNU is to monitor school districts on a 3-year cycle. The first year for CNU to closely monitor school districts' compliance with USDA and AR wellness standards was school year 2016-2017. The webpage included links to reviews completed in school years 2016-2017, 2017-2018, 2018-2019 and 2019-2020. A review summary is provided below. A detailed spreadsheet is attached.

Table 1. Number and Percentage of Findings Noted in Reviewed School Districts in Select School Years

School Year	# Districts Reviewed	Number w/findings	Percent w/findings
2016-2017	82	25	30%
2017-2018	84	18	21%
2018-2019	78	20	26%
2019-2020	71	14	20%

During the noted 4 years, 71 school districts had two reviews. Sixty-six were a combination of years 2016-2017 and 2019-2020, and five were reviewed with a 2-year interval 2017-2018 and 2019-2020. Seventy-nine percent of the districts that initially had no findings and maintained that status or had initial findings and in the subsequent review had no findings. However, 21 percent either started with no findings and had some later or started with findings and still had findings in the second review.

Although school district reviews are to be triennial, 16 districts that had reviews in 2016-2017 did not have a follow-up in 2019-2020.

As shown in Table 2, 59 percent of the findings were in the Wellness Policy category, 33 percent in Smart Snacks and 8 percent Competitive Foods.

Table 2. Categories of Findings Found by School Year

School Year	LSW Policy	Competitive Foods	Smart Snacks	Water
2016-2017	18	6	3	0
2017-2018	9	0	12	0
2018-2019	17	0	6	0
2019-2020	7	1	8	0

Wellness Policy – The findings generally indicate one or more of these concerns: the committees did not meet quarterly as required, dates/agendas/minutes not posted or otherwise available to the public, and often attendance at meetings was low, school menus not reviewed. District wellness policy was not on the website/part of the School Improvement Plan or included in Indistar actions. The School Health Index was not complete for one of more schools.

Competitive Food & Smart Snacks – The findings generally indicate one or more of these concerns: vending machines and/or the a la carte line contained food or beverage items that did not meet Smart Snack and AR Nutrition Standards, and the items did not have Smart Snack documentation to show compliance with criteria; machines were turned on during meal service and some all day; students and teachers were selling food/beverage items during the school day; food was being used as a reward with monthly pizza parties; some schools not counting birthday and pizza parties as components of the 9 allowed special event days; the 9 special events were not posted on the schools' eSchool calendar.



Water – anecdotal reports noted water as not being available to students during meal time, however, during Administrative Reviews, this was not a found problem.

Fiscal Impact: Review and implementation of required rules by school administrators and other personnel are a part of their work responsibilities. Providing technical assistance by the aforementioned staff is also a part of their job descriptions.

Resources:

- A. Federal Register Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010 Final Rule, July 29, 2016
- B. Arkansas Department of Education Division of Elementary and Secondary Education Child Nutrition Unit, Rules Governing Nutrition and Physical Activity Standards and Body Mass Index for Age Assessment Protocols in Arkansas Public Schools October 1, 2020
http://dese.ade.arkansas.gov/public/userfiles/Legal/Legal-Current%20Rules/2020/FINAL_Nutrition_and_Physical_Activity.pdf
- C. Arkansas Department of Education Division of Elementary and Secondary Education Child Nutrition Unit, Health Advisory Committee Maximum Portion Size List, 2016, 2017, 2018, 2019, 2020.
- D. Food and Nutrition Service, USDA, A Guide to Smart Snacks in School, July 2018

References:

1. Act 1220 of 2003, HB 1583, 84th General Assembly, Regular Session (AR 2003).
2. Arkansas Department of Education Division of Elementary and Secondary Education Child Nutrition Unit, Administrative Review web page accessed at
<http://dese.ade.arkansas.gov/divisions/child-nutrition-unit/administrative-review>
3. Federal Register Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010 Final Rule, July 29, 2016
4. Arkansas Department of Education Division of Elementary and Secondary Education Child Nutrition Unit, Rules Governing Nutrition and Physical Activity Standards and Body Mass Index for Age Assessment Protocols in Arkansas Public Schools, October 1, 2020
http://dese.ade.arkansas.gov/public/userfiles/Legal/Legal-Current%20Rules/2020/FINAL_Nutrition_and_Physical_Activity.pdf
5. Arkansas Department of Education Division of Elementary and Secondary Education Child Nutrition Unit, Health Advisory Committee Maximum Portion Size List, 2016, 2017, 2018, 2019, 2020.
Food and Nutrition Service, USDA, A Guide to Smart Snacks in School, July 2018

III. Staff and Student Health Education

4. The Child Health Advisory Committee recommends that schools provide resources and education for students and staff regarding the short and long-term health consequences of e-cigarette use.

Rationale: The use of e-cigarettes in youth has been increasing at an alarming rate. In 2019 more than 52 million youths reported current use, including 27.5% of high school students (up from 11.7% in 2017,) and 10.5% of middle school students. Twenty (20) % of Arkansas high school seniors reported current use in 2018. The most significant short term health consequence is the acute respiratory illness called EVALI (E-Cigarette, vaping product use associated lung injury.) As of January 2020, 2602 cases had occurred in all 50 states. E-cigarettes have enhanced nicotine which can be highly addictive and lead to long term use of cigarettes and all of the long term negative health effects of cigarette use. In addition, nicotine can harm brain development in young people. The policy steps taken thus far have not been successful in curbing the use of e-cigarettes in youths and young adults. For these reasons the Centers for Disease Control and



Prevention (CDC) has called for educational programs to attempt to offset the use of e-cigarettes by youth.

Fiscal Impact: No fiscal impact identified.

Resources:

- A. E-Cigarette use among youth and young adults: a report of the Surgeon General. Centers for Disease Control and Prevention. 2016 (https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/index.htm)
 - B. Cullen KA, Grentske AS, Sawdey MD, et al. E-cigarette use among youth in the United States, 2019. *JAMA*. 2019; 322(210):295-2103.
 - C. Janssen BP, Walley SC. AAP Section on Tobacco Control. *Pediatrics*; 2019; 143(2):e20183652 (<http://pediatrics.aappublications.org/content/143/2/e20183652>)
 - D. How to quit vaping: <https://teen.smokefree.gov/quit-vaping>
 - E. E-cigarette facts and resources from the American Academy of Pediatrics: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Electronic-Nicotine-Delivery-Systems.aspx>
5. The Child Health Advisory Committee recommends that schools include a pathway to cessation as an option within the district's tobacco use policy.

Rationale: Many e-cigarettes contain nicotine, which is highly addictive. The effects of exposure to nicotine during youth can be long-lasting and can prime young brains for addiction to other drugs, such as cocaine and methamphetamine. Students need help in breaking the cycle of dependency. In 2019, 57.8% of youth in middle and high schools who currently used tobacco products reported that they were seriously thinking about quitting, and 57.5% reported that they were trying to quit. The Tips from Former Smokers campaign, launched by the Centers for Disease Control and Prevention (CDC), identifies a key role in cessation is preparing a plan to quit.

Fiscal Impact: No fiscal impact identified.

Resources:

- A. E-Cigarette use among youth and young adults: a report of the Surgeon General. Centers for Disease Control and Prevention. 2016 (https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/index.htm)
- B. Smoking Cessation: Fast Facts, Centers for Disease Control and Prevention, 2020. (https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html)
- C. How to Quit Smoking, Tips from Former Smokers, Centers for Disease Control and Prevention, 2020. (<https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html>)
- D. Model policy: Lamar School District, Arkansas <https://drive.google.com/file/d/0B1A43BkiTbp9cmZ3boNKNzhjVko/view>
- E. Model policy: Magazine School District, Arkansas https://core-docs.s3.amazonaws.com/documents/asset/uploaded_file/897306/2020-2021Student_Handbook_update_May_2020.pdf
- F. Attorney General's office <https://arkansasag.gov/programs/vape/>.