



## **CHILD HEALTH ADVISORY COMMITTEE**

### **Meeting Minutes**

August 16, 2018 · 9:00 a.m. – 1:50 p.m. · Camp Aldersgate

Meeting Called to order:

Jerri Clark, Chair: 8:55 a.m.

Member Introductions (roll call):

**Members:** Lucas Harder, Jerri Clark, Rosa Hatch, Dan Breshears, Carole Garner, Michele Brown, Paula Rawls, Matthew Nix, Cheria Lindsey, Dave Oberembt, Elaine Prewitt, Lisa Washburn, Charles Hervey, Marquita Little, Melinda Kinnison, Tamara Baker

**Absent:** Debbie Stewart, Rob Lindley

**Staff:** Shannon Borchert

Ice Breaker:

Meet & Greet

New Member Orientation:

Q & A

Issues schools are dealing with:

- 37% of students in Arkansas are on grade level for reading
- 157,694 students suffer from a chronic disease and receive services on a school campus: obesity, asthma, ADHD.
- 35,041 students have a known ADHD diagnosis
- 1,279 students have a substance abuse issue
- 16,388 students receive long-term prescriptions at school

Act 1220 Coordinator & Coordinated School Health Reports: (included in packet)

Act 1220 Coordinator Report:

- Anna Haver, MCHES® has taken a position with Arkansas Department of Health's (ADH) Hometown Health Improvement (HHI) Program as the Central Region Coordinator.
- The 2017-2018 School and District BMI reports are live on <http://www.achi.net/>
- Anna Haver, Shannon Borchert, Tamara Baker, Cheria Lindsey, Carole Garner, and other Arkansas Center for Health Improvement (ACHI) and Arkansas Department of Health (ADH) team members met to update the Height and Weight Measurement Training Manual and BMI Data Entry Training Manual. The ACHI Body Mass Index and CHAC webpage will have the updated tools posted soon.
- Student Wellness Advocacy Group(s) (SWAG) applications have been developed for release to create groups that aid in developing students' abilities to be health advocates. The goal is to get 24 SWAG groups that will participate in 10 webinar style meetings that will take the knowledge and skills gained and translate the skills into 4 successful activities and 1 larger project during the school year.
- The CHAC webpage is undergoing updates. Please send other recommendations and edits to [shannon.borchert@arkansas.gov](mailto:shannon.borchert@arkansas.gov) to be considered with remaining items to be updated.

Coordinated School Health (CSH) Update:

- Ariel Schaufler (ADH CSH Director), Lisa Mundy (ADE CSH Director), and Cheria Lindsey (ADE/ADH State School Nurse Consultant) will be attending the mandatory CDC 1801 Grant training in September 17-19, 2018.



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- Memorandum of Agreements with the six (6) target schools have been sent to Blytheville, Marvell-Elaine, El Dorado, Malvern, Magazine, and Springdale.
- Tentative CSH meeting dates are: October 3, 2018; January 9, 2019; March 13, 2019; May 15, 2019
- The School Health Services staff are working to draft short video presentations that will be available on the ADE's Sandbox video platform. The videos will offer short resources ideas, technical assistance on FAQs regarding School Based Health Clinics, Joint Use Agreements, and aspects of the WSCC model. The availability of these videos will be announced through e-mailing lists and Commissioner's Memos that are posted on the ADE website.
- SPARK trainings were held this summer. This is the fourth year of SPARK workshops for physical education teachers. The trainings focus was elementary and middle school education curriculum. Participation was evenly split between teachers with content degrees and licensure and those general licensed elementary teachers that move from classroom to gym. Participants expressed interest in additional trainings on physical activity/education mandates, movement analysis of motor skills, physical education pedagogy, assessments, funding opportunities for equipment and curriculum, and advocacy focused on the benefits of physical education and physical activity. Participants were pleased a licensed, veteran physical educator is currently employed by ADE.
- Lisa Mundy will be taking on the Recess Pilot tasks in Anna's departure.

#### **Review of June 2018 Minutes:**

Strike through language of "is attached" in Act 1220 Update referring Pilot School list. Change to "list was distributed at the meeting"

Under Old Business amend language regarding presentation of recommendations to boards to "anticipate to be..."

Under Old Business amend minutes to include "motion to accept minutes for them to be presented to the Arkansas Board of Health and Arkansas Board of Education"

Motion to accept minutes made as amended by Tamara Baker; Michelle Brown second. Motion carried.

#### **Review of CHAC 2018 Recommendations Document:**

Please e-mail comments/concerns to: [jerri.clark@arkansas.gov](mailto:jerri.clark@arkansas.gov), [Shannon.borchert@arkansas.gov](mailto:Shannon.borchert@arkansas.gov), [lucas@arsba.org](mailto:lucas@arsba.org), [tamara.baker@arkansas.gov](mailto:tamara.baker@arkansas.gov)

#### **2019 Strategic Planning:**

Attendees visited stations displaying the 2018 Recommendations to list schools currently implementing part or all of listed recommendations; list barriers to implementing the recommendation; develop ideas to build on the listed recommendations. Recommendations and condensed comments below:

##### ***1. Engaging Leaders to Take Ownership in Promoting Health and Wellness***

- Magazine, Fayetteville Schools, Springdale (Sonora Middle School), Van Buren School District, Rison/Cleveland County, Lamar, and Blytheville: incorporate physical activity into family nights, community involvement, and/or teacher in-services.
- What is the definition of a "wellness" activity?
- A promotional piece could lead to better practices at home and in the community, impacting a larger population

##### ***2. Improve Student and Staff Access to Healthy Foods***



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- Centerpoint, LRSD, Harrisburg, Danville, Magazine, Fayetteville Schools, Springdale (Sonora Middle School), Van Buren School District, Rison/Cleveland County, Lamar, and Blytheville: do some or multiple aspects of this recommendation group.
- A list of schools who have lost FFVP program to help them find funding due to high student and staff involvement
- Could the summer feeding program be included in this group?
- Farm to School Census

### ***3. Improve Student Access to Quality Physical Education and Nutrition Education***

- Magazine

### ***4. Enhance Awareness of Environmental Factors Among Decision and Policy Makers***

- Springdale hosted Dr. Mease to connect with district personnel

Attendees visited stations displaying the below prompts to respond. Attendees then visited stations 1, 2, 3 and 5 to vote on responses. The responses with the most stickers will be used to aid in the direction of 2019 recommendation development. Paraphrased responses and votes are as follows:

### ***1. What would be your big wish to improve the obesity rate/healthy living in Arkansas?***

- Tax dollars reallocated to education from healthcare/ Full funding of initiatives without taking it from other budgeted areas/ Provide funding for more physical education to be provided/ Adequate funding to obtain/provide quality age appropriate activities/opportunities: 11
- A sustainable school-based nutrition counseling program (Medicaid billable)/ Nutritional counseling for all staff and students: 6
- Access and availability (and marketing) of affordable, fresh produce to rural families (lots of our folks “grocery” shop at Dollar General) \*especially low-income folks/ Support access to healthy affordable food for rural communities and low (income) communities: 6
- Increased physical education minutes and physical activity (quality)/ Have daily PE for K-12: 5
- Educators/Administrators required to have formal training in health and long-term effects (of health) when seeking degree: 3
- Obesity prevention policies and programs across the state, reaching all ages: 3
- All kids have safe places to be physically active: 2
- All kids know and understand the high value of health (and culturally we place a high value on health)/ Change the “norm” to embrace healthy eating and physical activity for all regardless of income, ability, size, etc.: 2
- That Arkansas would do monthly healthy and wellness activities; examples: fun run, obstacle courses, bike safety programming, cooking classes, etc: 2
- Release the time constraints so PA can increase without applying for waivers: 2
- State appropriated funding to address the obesity epidemic: 1
- Every child and parent that (comes in) contact (with) each school receives education on the importance/impact of proper nutrition; take every electronic device out of the hands; if short period of time, have the kids play outside the house; discipline on both parents and kids: 1
- That by having healthier students and staff, schools will be more engaged and satisfied in the learning environment: 1
- Training and support on the social determinants of health and connection between obesity and ACEs for educators and pediatricians



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- For Arkansas to improve in national obesity rates among children-move up 1 spot in state rankings each year for 5 years
- 2. What opportunities currently exist for CHAC to impact obesity?**
- Bring more wide spread awareness of best practices, programming, funding, and resources to support healthy learning environment/ CHAC has the ability to raise the level of discussion and to challenge the status quo in terms of child health: 11
  - Create a unified platform for the conversion of ideas and resources to actually have a voice and make things happen: 9
  - By making well-informed recommendations that lead to policy changes that increase access to healthy foods and physical activity at school and after school: 7
  - Healthy Active Arkansas: 2
  - Taxes: soda and candy tax set to offset decrease in veterans' income tax. Use some to fund FFVP for schools unable to get funding from ADE/USDA program.: 2
  - Bring together the resources from across the state and nation to help each other make a change/ Increased nutrition education and funding; increased awareness of local efforts throughout the state to inspire others: 2
  - Passing recommendations give us strength in the process and getting the word out to Arkansas helps them become more educated on the importance of their mission/ Make recommendations to create laws or rules that impact lives: 1
  - CHAC can include recommendations that schools provide educational sessions at parent conferences on the importance of encouraging children to play outside (take electronics away from the children) *Electronics may be given affects*: 1
  - Experts in many areas in the state
  - Assist in breaking down the silos of childhood wellness
  - Media blitz to inform and influence families (especially young families and low income) to healthy choices (social media?)
- 3. What do you think is the biggest barrier that contributes to obesity?**
- Education: many of our adults don't know about nutrition or have skills to budget, buy, or cook healthy. Marketing is a barrier. Limitation for schools is funding and time/ Lack of understanding. Many folks think "healthy" eating is baked chips and chocolate chip granola: 15
  - Lack of resources -> lack of knowledge -> unimportance in culture. For those of us that do have knowledge, resources and access do we use it? LIFESTYLE/ Culture, health education at home and at school and lack of physical activity/ Knowledge/ Lack of health/nutrition education at individual and family level; health education that is culturally competent/ Lack of knowledge and discipline by the parents/leaders/ Culture at home: 10
  - Lack of access to affordable food and to active living environment/ Food insecurity, finances, mindset, fast food/ Access/lack of access to affordable, fresh produce: 5
  - Priorities-school districts need to understand that the obesity rate does affect our students and how well they learn. Emphasis on learning doesn't mean spending all day in the classroom. Quality learning incorporates movement: 4
  - Recognition that obesity is a complex problem influenced by environment, social determinants of health; not just personal responsibility/ Obesity is often considered a personal issue not a



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public health issue among policy makers/ We deal with surface issues and neglect social determinants of health: 3

- Mindset/mental health: 3
- Immediate injury (and) death, i.e. gun violence, opioid issues, get attention and action while “slow death” from obesity/chronic disease pushed to back of action line: 3
- Poverty/Poverty, lack of resources, education-lack of knowledge and awareness: 3
- Educational gap/funding inequalities across districts/schools: 2
- Current funding and miss information/ Lack of awareness about impact of obesity and lack of resources to address it: 2
- Are we practicing what we preach? Do we model for others and believe in the importance of it all?

#### ***4. What resources does your organization have to improve obesity rates? (not an all-encompassing list)***

- NPTA occasionally offers grants to units for offering programs
- ARPTA occasionally invites speakers and gives workshops at state level meetings on these topics
- JUA/CSH
- Ability to support/oppose legislation; advocate for certain policy changes
- Partnership, professional development technical assistance
- UAMS: telehealth obesity program; Children’s Hospital: classroom lessons; County Ext: nutrition programs
- Staff that provide education at the local school district level to bring about awareness and empower staff and students to make healthier lifestyle choices
- Align with HAA, also consider developing a grant application toolkit for schools to be aware of and use when completing applications
- Components of HAA-including the many related to schools-are part of our organization’s strategic plan
- Programming in the schools (CATCH), MyPlate Presentations, nutrition education
- Community educators in every county charged with conducting nutrition education (among other things)
- ArkAHPERD could provide training and in-services to faculty and certified personnel
- Public opinion: do a social media push similar to “Ice Bucket Challenge”
- ASCD Whole Child Initiative: Whole Child in Action: Whole Child Network and WSCC; ASCD School Improvement Tool
- ACH/ADH School Nurses
- AHA: Information and materials; funds and publishes research; has the ability to lobby
- School districts have captive audiences which allows us to educate our students on the importance of being healthier, active individuals

#### ***5. How would improving obesity rates impact your organization?***

- Work is shaped by priority state and local needs. Improvements in obesity would mean improved quality of life (which would also mean other improvements in social determinants of health). Focus of work could shift to provide support there instead of scratching the surface as we do now. A social focus instead of individual focus/ Reallocation of resources/ Because obesity has several comorbidities, improving obesity levels would significantly improve ADH progress in



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other focus areas as well/ Allow ADH to focus on other public health areas. Our work could be more impactful if overall obesity was improved.: 7

- Better quality of life thus improving overall community outcomes/ Impacts the whole community, student health, attendance, grades, success of students/ In a school district, healthy children are better learners, therefore bringing down the obesity rate will improve learning/ Healthy students are better students: 6
- Financial savings/ Decrease insurance cost/ Impacts health care costs, specifically state Medicaid budget: 5
- Impact education outcomes related to chronic absenteeism, etc./ Decrease absenteeism due to conditions of obesity (social, mental, and physical health): 3
- Healthier students would engage in more physical activity and increase social interactions: 3
- Healthy employees have less healthcare costs and greater productivity/ Increase attendance at work: 3
- Decrease amount of people needing medical nutrition therapy and increase wellness discussions: 2
- Lower obesity in Arkansas means more adult role models in our community and schools: 2
- A reduction in obesity will have a positive effect on multiple health indicators/ Better physical and mental wellness
- If successful, it validates the need to continue research and outreach and use of data to support policy changes

Additional barriers of interest discussed:

- healthcare costs to school staff
- the cost of treating chronic disease/obesity from youth to adulthood versus investing in preventative healthcare
- appropriate marketing of being healthy

#### **Member Legislative Updates & Announcements:**

Charles Hervey: ArkAHPERD Conference November 8-9 at UCA; Arkansas AHPERD is considering name change to SHAPE.

Mike Motley: updated BMI training tools will be posted on ACHI site.

Rosa Hatch: Office of Minority Health & Health Disparities is aiding in hosting the HAA Ambassador Training Saturday, September 22, 2018.

#### **Adjourn:**

Jerri 1:50 p.m.

#### **Next Meeting:**

Thursday, September 20, 2018 from 9:00 a.m. – 12:00 p.m. at Freeway Medical Building, 5800 W. 10<sup>th</sup>, Boardroom 906, Little Rock, AR 72205

**Guests:** Gretchen Carlton, Brittany Rogers, Kaley Spears, Lisa Mundy, Kim Hooks, Mike Motley, Donna Robinson, Ariel Schaufler