



CHILD HEALTH ADVISORY COMMITTEE – Minutes

June 21, 2018

Subcommittees met: 9:00-9:20

Recess (9:20-9:21): Changes made in documents

Meeting called to order: Jerri Clark, Chair: 9:21

Roll Call: Marquita Little, Jerri Clark, Lucas Harder, Cheria Lindsey, Carole Garner, Rob Lindley, Paula Rawls, Lisa Washburn,

Zoom: Matthew Nix, Tamara Baker, Michelle Brown,

Absent: Alan Mease, Dave Oberembt, Dolores Sutterfield, Trina Kuklaw

Staff: Anna Haver, Shannon Borchert

Proxy: Brett Stone (Dr. Bennie Prince),

April 2018 minutes: Paula motioned, Rob second: motion carries. Minutes approved.

May 2018 minutes: Paula Rawls asked to correct “Paul” to “Paula”; Carole asked to correct Student and Staff Access recommendation 6(a); recommendation amended to reflect requested change. Lucas motion to approve with corrections/amendments, Rob second: motion carries. Minutes approved.

Monthly Program Updates

Act 1220:

- Dr. Blair Dean provided Active Recess Strategies training for 39 participants on June 12, 2018 in North Little Rock.
- There have been a few changes to the Act 1062 Extended Recess Pilot schools for 2018-19. The list of participating schools was distributed at the meeting. There are 26 schools from 19 districts participating. This encompasses 10 educational cooperatives and Pulaski County.
- Indistar district and school level health improvement priority forms updated for the 2018-19 school year. The system will close June 30th and be reset for the new school year in early July.
- Act 1220 Coordinators will be providing professional development through regional educational cooperatives in the months of June and July.
- ADH Act 1220 Coordinator will be advising Student Wellness Advocacy Groups (SWAG) in the 2018/2019 school year. Districts must apply and be chosen to participate and receive the \$1,000 sponsorship. The goal of SWAG is to develop students, schools, and communities into effective health advocates by providing training, education, and activities to develop or improve advocacy skills and health knowledge.
- Both Act 1220 Coordinators are working with their organizations and represented organizations to complete CHAC appointments.
- Both Act 1220 Coordinators will be participating in upcoming Healthy Active Arkansas Priority planning meetings.

Coordinator School Health:

1305

- Professional development will be offered to the 13 priority school district’s nutrition directors or a designated cafeteria staff member on June 13, 2018 at the University of Arkansas Pulaski Technical College Culinary Arts and Hospitality Management Institute. Attendees will receive 3

hours of nutrition education from a registered dietician and 3 hours of hands-on culinary skills by a chef. Immersion blenders will be provided for each participant to use in their school cafeteria to make healthy fruit smoothies which are reimbursable school meals under the National School Lunch Program. This tool and training will help increase the consumption of servings of fruits and vegetables and will help the school district sell more school meals in a shorter amount of time.

1801

- Arkansas Department of Education School Health Services Divisions and the Department of Health School Health Services Division received the CDC 1801 funding!!! As of June 4th we are currently revising the budget with a submit date of July 30th.

Old Business

Review and approval of CHAC recommendations:

- Changes made to document during meeting.
- Recommendations anticipated to be on August or September agenda for Board of Education/Board of Health consideration. Jerri, Lucas, Anna, and Shannon will develop cover letter for recommendations.
- Michelle motioned to accept recommendations for them to be presented to the Arkansas Board of Health and Arkansas Board of Education; Lucas second motion to accept recommendations: motioned carried.

Student and Staff Access to Healthy Foods

1. The Child Health Advisory Committee recommends at minimum, schools shall provide students with 20 minutes of seated time for lunch consumption in a pleasant and healthy environment.

Rationale:

1. Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors. The physical surroundings and psychosocial climate of a school should encourage all students to make healthy eating choices. Students can enjoy meal time more when they feel relaxed and are able to socialize without feeling rushed.
 - a. A study published in 2015 found that elementary and middle school students who are given at least 25 minutes to eat lunch are more likely to choose fruits and consume more of their entrees, milk, and vegetables
<https://www.elsevier.com/about/press-releases/research-and-journals/more-time-for-school-lunches-equals-healthier-choices-for-kids>
 - b. The consensus of numerous national organizations and select state is to provide an appropriate amount of time to sit and enjoy lunch. A Bridging the Gap Research Brief concerning the time allowed for students to eat lunch, notes the American Academy of Pediatrics (AAP) and the National Alliance for Nutrition and Activity (NANA) recommend at least 20 minutes of seated time for students to eat lunch.
http://www.bridgingthegapresearch.org/_asset/0h178v/BTG_lunchtime_brief_Oct2014_FINAL.pdf
 - c. Similarly, the Alliance for a Healthier Generation Model Wellness Policy – includes at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they have received their meal and are seated. In addition, identical recommendations for breakfast and lunch can be found in the CDC School Health Guidelines on page 18:
<https://www.cdc.gov/healthyschools/npao/pdf/MMWR-School-Health-Guidelines.pdf>
 - d. A survey of states by the National Association of State Boards of Education (NASBE) found 11 states with policies including 20 minutes or more of seated time for lunch. These include 5 neighboring states, AL, KS, LA, MS, and TX.
http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=3110

Fiscal Impact:

2. This will vary by school and school district depending on factors such as who provides supervision during meals – paid staff and/or volunteers, the seating capacity of the cafeteria, and the location of the cafeteria in relation to the classrooms.

Resources (recommended but not limited to):

3. Alliance for a Healthier Generation Model Wellness Policy:
https://www.healthiergeneration.org/_asset/wtqdwu/14-6372_ModelWellnessPolicy.doc
4. CDC School Health Guidelines on page 18:
<https://www.cdc.gov/healthyschools/npao/pdf/MMWR-School-Health-Guidelines.pdf>

2. The Child Health Advisory Committee recommends that breakfast serving time within the cafeteria be a minimum of 30 minutes, or alternative meal service options be considered i.e. Breakfast –in-the-Classroom, Grab n’ Go Breakfast, Second Chance Breakfast.

Rationale:

1. Children who do not eat breakfast at home or at school were less able to learn. Hunger can lead to lower math scores, attention problems, and behavior, emotional, and academic problems. Furthermore, studies show that children who are consistently or often hungry are more likely to repeat a grade. Children who eat a complete breakfast have been shown to work faster and make fewer mistakes in math problems and to perform better on vocabulary tests than those who ate only a partial breakfast. They also show improved concentration, alertness, comprehension, memory and learning. <http://frac.org/wp-content/uploads/breakfastforlearning-1.pdf> and https://fns-prod.azureedge.net/sites/default/files/sbp/breakfast_talkingpoints.pdf
2. The minimum of 30 minutes of serving time for breakfast allows an adequate time for students to eat, considering their school arrival time while not holding the child nutrition staff accountable for scheduling outside of their control, i.e. school buses and parent transportation, and before school athletic team and marching band practice time.
3. During School Year 2015-16, 347 Arkansas schools provided some form of alternative breakfast program for their students.

Fiscal Impact:

4. This will vary by school and school district. Districts such as Danville, Harrisburg and Little Rock have reported increased participation without increasing costs as Child Nutrition staff is already onsite.

Resources (recommended but not limited to):

5. Midwest Dairy Grant to Grow School Meals and Fuel Up to Play 60
<https://www.fueluptoplay60.com/funding/general-information>

6. Arkansas Hunger Relief Alliance <https://www.arhungeralliance.org/programs/no-kid-hungry/>
 7. Action for Healthy Kids <http://www.actionforhealthykids.org/tools-for-schools>
 8. United States Department of Agriculture (USDA) https://fns-prod.azureedge.net/sites/default/files/sbp/toolkit_waytoserve.pdf
3. The Child Health Advisory Committee recommends that the Arkansas Department of Education Child Nutrition Unit encourages and promotes the use of locally-grown produce in all Child Nutrition Programs; training and technical assistance will be provided at least annually.

Rationale:

1. Farm to school programs provide an approach to connecting small farms to the school meal programs, encourages small farmers to sell fruits and vegetables to schools, and supports school in their efforts to buy locally. The program increases school/community involvement and improves students' knowledge of the food supply and careers. http://www.arkansased.gov/public/userfiles/Fiscal_and_Admin_Services/Child_Nutrition/Programs/Farm_to_School_FAQs.pdf
2. AR Act 617 of 2017 requires each state agency set a goal to buy at least 10% of its food products from local farm or food products producers during fiscal year 2018 and increasing to 20% by fiscal year 2019. <http://www.arkleg.state.ar.us/assembly/2017/2017R/Acts/Act617.pdf>
3. USDA procurement guidance allows for schools to indicate local preference in the food bidding process <https://fns-prod.azureedge.net/sites/default/files/f2s/10Facts.pdf>

Fiscal Impact:

4. Training is part of the Child Nutrition Unit budget. Other partners such as the AR Department of Agriculture and AR Farm to School also provide related training.
5. The USDA Farm to School Census notes that the 47 school districts participating in 2015 invested \$1,255,960 in local food. <https://farmtoschoolcensus.fns.usda.gov/find-your-school-district/arkansas>

Resources (recommended but not limited to):

6. Arkansas Farm to School <http://www.arkansasfarmtoschool.org/>
 7. USDA procurement guidance <https://fns-prod.azureedge.net/sites/default/files/f2s/10Facts.pdf>
4. The Child Health Advisory Committee recommends funding similar to Joint Use Agreement, be secured to support the expansion of the Fresh Fruit & Vegetable Program.

Rationale:

1. The USDA Fresh Fruit and Vegetable Program (FFVP) is designed to improve the overall diet quality of school children by providing healthful foods and helping children learn more healthful eating habits. Funding is allocated to schools with the highest percentages of low income students at a level of \$50 to \$75 per student over the school year. Schools must have 50% or more of the school's students eligible for free/reduced price meals.
2. FFVP has been successful in introducing school children to a variety of produce that they otherwise might not have the opportunity to sample, as well as increasing their consumption by 1/3 cup per day. Additionally, in schools that provided the FFVP and nutrition education, students increased their fruit and vegetable consumption at school and at home.
3. A study by the University of Arkansas – Fayetteville found that the Fresh Fruit and Vegetable Program causes a meaningful reduction in obesity of participating children.
4. USDA FFVP Fiscal Year (FY) 2018 funding allocation provided \$2,526,844 to Arkansas which funded 136 schools. <https://fns-prod.azureedge.net/sites/default/files/cn/SP35-2017os.pdf>

Fiscal Impact:

5. The Arkansas General Assembly provides \$500,000 each year for Joint Use Agreements to promote physical activity and could, if it would authorize and appropriate a similar amount for FFVP, potentially fund another 27 schools reducing obesity and impacting the overall health of their students. The funds would be spent locally, impacting farmers, grocers, and other food distributors.

Resources (recommended but not limited to):

6. USDA FFVP Handbook <https://fns-prod.azureedge.net/sites/default/files/handbook.pdf>

5. The Child Health Advisory Committee recommends vending machines in school faculty-staff area include at least 50% healthy choices.

i. **Rationale:**

1. The workplace is an important setting for health protection, health promotion and disease prevention programs. On average, Arkansas school staff working full-time spend more than one-fourth of their day, five days per week at school. Schools have abundant opportunities to promote individual health and foster a healthy work environment which in turn with a healthier workforce can affect insurance premiums and worker's compensation claims. The Centers for Disease Control and Prevention (CDC) provide examples of workplace health program components and strategies including making healthy foods available and accessible through vending machines or cafeterias.

ii. **Fiscal Impact:**

1. Survey data from the Arkansas Employee Benefits Division indicates cost to the state health plan are 34.5% more for obese individuals than non-obese people, higher if the risk factors of smoking and physical inactivity are included.

iii. Resources (recommended but not limited to):

1. American Heart Association Healthy Workplace Food and Beverage Toolkit
http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployerResources/Healthy-Workplace-Food-and-Beverage-Toolkit_UCM_465195_Article.jsp#.WuJU4C7wbDA

6. The Child Health Advisory Committee recommends the following procedures for scheduling of the nine special event days for schools:

- a. At least 5 of the 9 days be limited to after lunch.
- b. A change in schedule to any of the 9 days must include a minimum two week notice to school personnel, to include the child nutrition department.
- c. Districts and schools should encourage the inclusion of healthy options and physical activity opportunities for students during events.

Rationale:

1. The National School Lunch Program (NSLP) provides nutritious foods that help reduce the harmful impact of food insecurity and improve outcomes for children. Research found that children eating NSLP lunches consume fewer empty calories and more fiber, milk, fruit, and vegetables than nonparticipants. School events that occur before or during lunch time have a negative impact on the students eating a healthy meal.
2. School Food Service personnel must plan the meals far ahead to insure on time delivery of needed food items as well as preparation/cooking time. When the projected student participation is cut due to an unanticipated event, the food and money expended to purchase and prepare it is wasted creating a significant fiscal impact.

Fiscal Impact:

3. This will vary by school depending on factors such as the day's menu and number of meals prepared but not consumed and the related cost of food, labor and supplies. A 2015 USDA study noted per meal costs in south-western states ranged from \$2.46/meal (suburban) to \$2.67/meal (rural)
https://www.ers.usda.gov/webdocs/publications/45438/54357_err-196.pdf?v=42313

Resources (recommended but not limited to):

4. Alliance for a Healthier Generation – Healthy Celebrations
https://www.healthiergeneration.org/_asset/nvgd8g/13-6162_HSPHealthyCelebration.pdf
5. Healthy Ways to Reward Kids
https://www.healthiergeneration.org/_asset/tljc7f/12-5933_NonFoodRewards.pdf

6. Reward and Party Ideas

<https://www.lrsd.org/sites/default/files/Wellness/2016/School%20Rewards%20and%20Parties%20Sheet%204.pdf>

Student Access to Quality Physical Education and Quality Nutrition Education:

1. The Child Health Advisory Committee recommends a scientifically sound, evidence and assessment based, sequential curriculum be used for K-12 physical education.

Rationale:

1. The *Journal of the American Medical Association* (JAMA) (2007;297(24):2836.) lists incorporating "physical activity into daily life when children are young to prevent sedentary lifestyle associated with obesity" as a prevention method for childhood chronic diseases such as diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, fatty liver disease, gallstones, etc.
2. Quality physical education is a key part to a comprehensive school-based physical activity program and is essential to fulfilling the Whole School, Whole Community, Whole Child model of learning (Whole School, Whole Community, Whole Child, 2018).
3. The physically literate individuals demonstrate competency in a variety of motor skills and movement patterns; apply knowledge of concepts, principles, strategies and tactics related to movement and performance; demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness; exhibit responsible personal and social behavior that respects self and others; recognize the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction (SHAPE America, 2018).
4. Health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race (JAMA, Feb 10, 1999)

Fiscal impact:

5. The fiscal impact of requiring curriculum will range based on the curriculum the school chooses. Curriculum cost will vary on the size of the school district.

Resources (recommended but not limited to):

6. National Association of State Board of Education: http://www.nasbe.org/healthy_schools/hs/state.php?state=arkansas
7. Shape America: <https://www.shapeamerica.org/publications/resources/download-s-lessons-curriculum.aspx#top%2F%23>
8. Special Olympics: <https://www.specialolympics.org/SimpleStories/SimpleStory.aspx?id=42662>
9. CATCH.org: <https://catch.org/>
10. We Can!: <https://snapedtoolkit.org/interventions/programs/ways-to-enhance-childrens-activity-and-nutrition-we-can/>
11. Spark: <https://sparkpe.org/>

2. The Child Health Advisory Committee recommends a scientifically sound, evidence and assessment based, sequential curriculum be used for K-12 nutrition education.

Rationale:

1. The *Journal of the American Medical Association* (2007;297(24):2836.) lists encouraging “ healthy eating habits beginning at an early age” to prevent poor nutrition associated with obesity as a prevention method for childhood chronic diseases such as diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, fatty liver disease, gallstones, etc.
2. The *Journal of Nutrition Education and Behavior* (2008; 50(5):494) determined that “opportunities to develop cooking skills by adolescents can result in long-term benefits for nutritional well-being in adulthood. Confidence in cooking ability led to fewer fast food meals, more meals as a family, and more frequent preparation of meals with vegetables in adulthood.”
3. The Centers for Disease Control and Prevention describes a healthy school nutrition environment including opportunities “to learn about and practice healthy eating throughout the time children spend on school grounds (School Nutrition, 2018).”
4. Quality nutrition education is essential to fulfilling the Whole School, Whole Community, Whole Child model of learning (Whole School, Whole Community, Whole Child, 2018).
5. The National Academic Press states that “poor eating” increases the likelihood of poor educational outcomes which will have a direct impact on the future state of society (Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth, 2007).

Fiscal impact:

1. The fiscal impact of requiring curriculum will range based on the curriculum the school chooses. Curriculum cost will vary on the size of the school district.

Resources (recommended but not limited to):

2. CATCH.org: <https://catch.org/>
3. We Can! <https://snapedtoolkit.org/interventions/programs/ways-to-enhance-childrens-activity-and-nutrition-we-can/>
4. UC Davis Classroom Curriculum: <https://cns.ucdavis.edu/resources/classroom>
5. Arkansas Farm to You: <https://www.uaex.edu/health-living/food-nutrition/youth/farm-to-you.aspx>
6. Campus Kitchens: <https://campuskitchens.org/curricula/>
7. Learntobehealthy.org: <http://www.learntobehealthy.org/nutrition>

2. The Child Health Advisory Committee recommends professional development:
 - a. Elementary classroom teachers certified in physical education should receive professional development of 6 hours for physical education and nutrition education with no less than 3 hours in nutrition education.

- b. Licensed elementary classroom teachers who are not content certified in physical education but teach physical education are to take an additional 3 hours of physical education content.
- c. Secondary physical education and nutrition education teachers should receive no less than 6 hours of professional development in physical education and nutrition education with no less than 3 hours in nutrition education.

Rationale:

1. According to learningforward.org (2017), "research has shown that teaching quality and school leadership are the most important factors in raising student achievement." Requiring professional development will aid in maintaining and developing quality teachers.
2. Teachers need professional development in primary and secondary content they teach to aid in personal growth; remain updated on subject content, advances in technology, and laws and procedures; sharpen or develop new skills in instructional methods; and address student learning needs.

Fiscal:

3. Teachers have various opportunities for quality professional development through the Arkansas Department of Education cooperatives and the ADE Child Nutrition Unit with a variation in cost. Professional development is available throughout the school year through various online and physical venues across the state and nationwide. The fiscal impact would be dependent on the provider, location, and number of hours earned.

Resources (recommended but not limited to):

4. Society of Health and Physical Educators: <https://www.shapeamerica.org/prodev/>
5. SPARK: <http://sparkpe.org>
6. PE Central: <http://www.pecentral.org/professional/ecourses.html>
7. School Nutrition Association: <https://schoolnutrition.org/education/>
8. American Society for Nutrition: <https://nutrition.org/professional-development/>
9. School Nutrition Association: <https://schoolnutrition.org/Cert/USDAProfessionalStandards/>

3. The Child Health Advisory Committee recommends a study to determine the feasibility of developing and requiring a ½ credit course for nutrition education for high school to align with nutrition educational standards; or allow credit for college Basic Nutrition course as concurrent credit fulfilling the ½ credit for nutrition education.

Rationale:

1. The *Journal of the American Dietetic Association* found students understood basic nutrition concepts and made dietary changes based on knowledge they gained from college basic nutrition. (Nutrition Knowledge and Attitude Changes in College Students. Jahns, L. et al. *Journal of the American Dietetic Association* , Volume 98 , Issue 9 , A49)

2. The *Journal of the American Medical Association* (2007;297(24):2836.) lists encouraging “healthy eating habits beginning at an early age” to prevent poor nutrition associated with obesity as a prevention method for childhood chronic diseases such as diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, fatty liver disease, gallstones, etc.
3. The *Journal of Nutrition Education and Behavior* “determined that opportunities to develop cooking skills by adolescents can result in long-term benefits for nutritional well-being in adulthood. Confidence in cooking ability led to fewer fast food meals, more meals as a family, and more frequent preparation of meals with vegetables in adulthood (50(5), 494-500. (2018)).”
4. The Centers for Disease Control and Prevention (Whole School, Whole Community, Whole Child, 2018) describe a healthy school nutrition environment including opportunities “to learn about and practice healthy eating throughout the time children spend on school grounds.”
5. Quality nutrition education is essential to fulfilling the Whole School, Whole Community, Whole Child model of learning (Whole School, Whole Community, Whole Child, 2018).
6. The National Academic Press states that “poor eating” increases the likelihood of poor educational outcomes which will have a direct impact on the future state of society (Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth, 2007).
7. According to the US Department of Education 14% of Americans are “below basic” and 22% are as a “basic” level of nutrition literacy. Poor nutritional literacy leads to decreased knowledge of illness management, increased hospitalizations, decreased use of preventive care services, and increased cost of healthcare (Orthopedic Nursing, 2009, 28(1):27–32).

Fiscal impact:

8. NA

Resources (recommended but not limited to):

9. Arkansas Department of Higher Education:
<http://www.adhe.edu/institutions/academic-affairs/concurrent-credit/>
10. Arkansas Department of Education Rules Governing Concurrent College and High School Credit for Students who have Completed the Eighth Grade:
http://www.arkansased.gov/public/userfiles/rules/Current/ade_30_7_Concurrent_Credit_Rule_December_2012.pdf
11. Education Commission of the States:
<http://ecs.force.com/mbdata/mbstprofexc?Rep=DC13P&st=Arkansas>
12. An Act to Amend Provisions of the Arkansas Code Concerning Concurrent Credit; and for Other Purposes:

<http://www.arkleg.state.ar.us/assembly/2017/2017R/Acts/Act1118.pdf>

Enhancing Awareness of Environmental Factors Among Decision and Policymakers

1. The Child Health Advisory Committee recommends that Natural Wonders workgroups' research on messaging be used to integrate introduction of obesity and early childhood and related topics to elected officials, including candidates, and policy makers to offer data and information in existing forums (use storytelling, listening tour, video project etc.)

Rationale:

1. Developing and delivering meaningful messaging to stakeholders could lead to a more unified approach to obesity prevention and reduction (Early Child Social-Emotional Problems and Child Obesity: Exploring the Protective Role of a Primary Care-Based General Parenting Intervention. Gross, R. et al., *Journal of Developmental and Behavioral Pediatrics*, Volume 36, Issue 8, 594).

Fiscal Impact:

2. NA

Resources (recommended but not limited to):

3. <https://www.archildrens.org/media/file/82089%20Natural%20Wonders%20Action%20Plan.pdf>

2. The Child Health Advisory Committee recommends a partnership be established by the Arkansas Department of Health and the Arkansas Department of Education with the Adverse Childhood Experiences(ACEs) resilience workgroup to inform stakeholders about the impact of the ACEs on early obesity.

Rationale:

1. The development of community resilience. (Early Child Social-Emotional Problems and Child Obesity: Exploring the Protective Role of a Primary Care-Based General Parenting Intervention. Gross, R. et al., *Journal of Developmental and Behavioral Pediatrics*, Volume 36, Issue 8, 594.)

Fiscal Impact:

2. NA

Resources (recommended but not limited to):

3. <https://www.acesconnection.com/fileSendAction/fcType/0/fcOid/470108789153908860/filePointer/470108789154224730/fodoid/470108789154224717/Arkansas%20TIC%20and%20ACEs%20Info%20Sheet.pdf>

Engaging Leaders to Take Ownership in Promoting Health and Wellness

1. The Child Health Advisory Committee recommends the Arkansas Department of Education (ADE) study the possibility and feasibility for linking and integrating school committees to encourage collaboration among the systems of support provided within districts.

Rationale:

1. School districts and individual buildings within districts may have many committees or workgroups with a stake in student's health and wellness. There may be some overlap in committee responsibilities, potential for the work of one committee to interact with or leverage the work of another. Such committees may involve common members, may operate in silos, or both. This is inefficient and may limit effectiveness. Integration of or linking various mandated and non-mandated committees, with a joint committee of council with representation from all committees, could help reduce redundancy and result in better outcomes for the school system, and the students and parents served. Collaboration among committees and alignment of goals across committees is recommended to support coordinated efforts.

Fiscal impact:

2. None

Resources (recommended but not limited to):

2. The Child Health Advisory Committee recommends schools incorporate wellness activities into required family nights, utilizing state and local agency resources.

Rationale:

1. Multiple interacting policies, social, environmental, and interpersonal factors can affect a child's health and wellness. Parents may lack awareness of the extent of their role and influence in supporting healthy behaviors for their children. Further, students, parents and teachers alike may be unaware of local resources to support healthy habits within the school and community settings. Parents and school staff are important role models. Required family nights provide an opportunity to highlight potential resources and strengthen partnerships between community and schools to support improved health among students. Inclusion of wellness activities in family nights highlight the importance of good health and provide a platform for increased engagement in healthy activities for parents and teachers.

Fiscal impact:

2. None

Resources (recommended but not limited to):

3. University of Arkansas Cooperative Extension Service
4. Arkansas Department of Health, Hometown Health Improvement (Community Health Nurse Specialists (CHNS), Community Health Promotion Specialists (CHPS):
<https://www.healthy.arkansas.gov/programs-services/topics/arkansas-hometown-health-improvement>
5. Arkansas Department of Education, Child Nutrition and School Health Services : <http://www.arkansased.gov/divisions/child-nutrition-unit>

6. ADE Child Nutrition: <http://www.arkansased.gov/divisions/child-nutrition-unit>
 7. AR School Health Services:
 - a. <http://www.arkansased.gov/divisions/learning-services/school-health-services/arkansas-coordinated-school-health>
 - b. <http://www.arkansased.gov/divisions/learning-services/school-health-services>
 8. Game and Fish Commission: <https://www.agfc.com/en/>
 9. Local and State First Responders (i.e. Fire Department, Law Enforcement, EMT):
 - a. Arkansas EMT Association: <http://www.aemta.org/>
 - b. Arkansas State Fire Association: <http://arsfa.org/>
 - c. Arkansas State Police: <http://www.asp.state.ar.us/>
 10. American Heart Association :
 - a. <http://www.heart.org/HEARTORG/>
 - b. http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/HealthyEating_UCM_001188_SubHomePage.jsp
 - c. http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Physical-Activity_UCM_001080_SubHomePage.jsp
 - d. http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/Healthy-Kids_UCM_304156_SubHomePage.jsp
 11. Local Public Health Organizations, County Health Units: <http://www.healthy.arkansas.gov/health-units>
 12. American Red Cross
 - a. <http://www.redcross.org/>
 - b. <http://www.redcross.org/local/arkansas>
 13. Arkansas Attorney General's Office: <https://arkansasag.gov/>
 14. Local and State Foundations (i.e. Winthrop Rockefeller Foundation, Blue and You Foundation)
 - a. Winthrop Rockefeller Foundation: <http://rockefellerinstitute.org/institute>
 - b. Blue and You Foundation: <http://www.blueandyoufoundationarkansas.org/>
 - c. Delta Dental: <http://www.deltadentalar.com/Foundation/education>
 - d. Healthy Active Arkansas: <https://healthyactive.org/>
 - e. Wal-Mart Foundation: <http://giving.walmart.com/apply-for-grants/local-giving-guidelines>
 15. State and Local Parks and Recreation/Tourism: <https://arkansasstateparks.com/>
 16. Mental Health Organizations: <http://humanservices.arkansas.gov/about-dhs/dbhs>
 17. Arkansas Children's Hospital: <http://www.archildren.org/>
 18. State Parks and Tourism- resources and ideas: <https://www.arkansas.com/things-to-do/family/parents-teachers/>
3. The Child Health Advisory Committee recommends schools incorporate wellness activities into teacher in-service days.

Rationale:

1. Worksite promotion of health and wellness can improve health of employees, reduce healthcare costs, and improve productivity. Healthy school faculty and staff have less absenteeism; a healthy workforce is critical for schools and student success. A healthy school workplace helps retain teachers and staff, increases job satisfaction, and reduces stress. Inclusion of wellness activities in teacher in-service days will emphasize the importance of healthy behaviors and the district's commitment to support employee physical, mental, social, and emotional health. It may also stimulate teacher engagement in policy and environmental change at the worksite, which may produce positive changes impacting both students and teachers. Biometric screening policy for public school employees.

Fiscal impact:

2. None

Resources (recommended but not limited to):

3. Catapult: Biometric Screening Information: <http://www.catapulthealth.com/>
4. University of Arkansas Cooperative Extension Service (stress management, healthy eating, mindfulness, sodium reduction): <https://www.uaex.edu/health-living/>
5. Employee Benefits Division, ARBenefitsPlus: <https://www.dfa.arkansas.gov/images/uploads/ebdOffice/2019WellnessGuidelines.pdf>
6. Centers for Disease Control and Prevention: <https://www.cdc.gov/workplacehealthpromotion/index.html>
7. Office of State Superintendents of Education, Health and Wellness Menu of Professional Development: https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Health%20and%20Wellness%20Menu%20of%20Professional%20Developments%2C%20Services%2C%20and%20Technical%20Assistance_0.pdf
8. Arkansas Department of Health (Tobacco Prevention and Cessation Program): <https://www.healthy.arkansas.gov/programs-services/topics/tobacco-prevention-and-cessation>
9. Arkansas Blue and You Foundation: <http://www.blueandyoufoundationarkansas.org/faqs/>

New Business

Child Health Advisory Committee Chair election:

Michelle nominates Jerri Clark for Chair.

Carole nominates Lucas Harder for Vice-Chair.

Lucas motioned to accept nominations due to no other nominations; the motion was not seconded.

Motion accepted by acclamation with no “yays” or “nays”.

Member Updates and Announcements

Carole: BMI data entry site closes end of June. Kathy is new sender of BMI report updates. Farm to School Grants Award and Conway, Ar schools won \$92,000 to go towards local food processing center and other projects.

Cheria Lindsey: First week of School Nurse Residency Program at Children’s Hospital has been a success.

Paula Rawls: ASCD conference was last week and had 500 in attendance.

Lisa Washburn: Coop Ext applying for CDC Obesity Prevention Grant that will focus on: Mississippi, St Francis, Lee, Phillips, and Chicot Counties.

Non-member Announcements:

Brittany Rogers: SBHC awarded to Highland, Hope, East End, Springdale. JUA schools will be sent out via email.

Adjourn: 10:30

Guests in attendance: Brittany Rogers, Lisa Mundy, Ariel Schaufler, Danna Shaffer

NEXT MEETING DATE!

****Next Meeting: Thursday, August 16, 2018, 9:00 am at a location to be determined.**