Health and Schools:
A Partnership for Results

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

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EXECUTIVE SUMMARY

A growing body of research shows a concrete relationship between health and academic performance, including a disturbing correlation between poverty, poor health, and academic achievement. Given the impact health has on student performance, it is only natural that schools, health care providers, and other community organizations partner to improve student health. Schools and their community partners have an important role to play improving student health and academic achievement.

Arkansas currently has 31 schools districts in which at least one school has committed to address the eight components of the CDC's Coordinated School Health model. Twenty of the schools are funded by grants from the Arkansas Department of Health's Tobacco Prevention and Cessation Program, while the remaining schools use existing resources to fund their health initiatives. Additionally, nine new Coordinated School Health and Wellness Centers, funded by the state's tobacco tax increase in 2009 and operational in the 2010-2011 school year will offer more comprehensive services, including school-based mental health, to students in their districts. Because they are developed in partnership with each community, Wellness Centers can focus on a variety of issues including chronic diseases, nutrition, or acute diagnosis while continuing to address all eight components of the CSH model.

Even with limited resources, Arkansas schools and their partners can take steps to improve student health in ways that can impact achievement and long-term success.

- Use state "poverty"[1] funding to invest in school health initiatives.
- Take advantage of Medicaid reimbursement for health-related services provided in the schools.
- Help connect students with health insurance.
- Collaborate outside of school to help support and promote child wellness.[2]

- Continue collaborations among school wellness committees, wellness priorities, and school health initiatives.
- Strive for the highest quality physical education and health education.

This brief makes a case for school health partnerships and outlines these recommendations in more detail.

INTRODUCTION

Teachers have long known that when students are hungry, distressed, or unable to see the board, they have difficulty learning. But with a new focus on scores and curriculum standards, teachers find themselves over-extended and challenged to address 'non-academic' needs of their students such as their health. However, a growing body of research shows a concrete relationship between health and academic performance, including a disturbing correlation between poverty, poor health, and academic achievement.

- Fifty percent or more of minority and low-income children have vision problems that interfere with their academic work.[3]
- Poor children are three times as likely to have untreated cavities, which are distracting during class and testing.[4]
- Low-income children often have dangerously high blood levels of lead, as much as five times the rate of middle-class children. This can harm cognitive functioning and behavior and contribute to hearing loss.[5]
- Asthma rates are substantially higher for poor families. Low-income children with asthma are about 80 percent more likely than middle-class children with asthma to miss more than seven days of school a year from the disease.[6]
- Fetal Alcohol Syndrome is 10 times more frequent for low-income black children than for middle-class white children.[7]
- Children of mothers who smoked prenatally do not perform as well on cognitive tests, have more difficulty with language development, and have more serious behavioral problems, hyperactivity, and juvenile crime.[8]
- Low birth-weight babies, on average, have lower I.Q. scores and are more likely to have mild learning disabilities and attention disorders.[9]
- Thirteen percent of black children are born with low birth weights, double the rate for whites.[10]
- Low-income kindergartners whose height and weight

are below normal for children their age tend to have lower test scores.[11]

- Iron deficiency anemia affects cognitive ability; 8 percent of all children suffer from anemia, but 20 percent of black children do so.[12]
- The use of tobacco products by the nation's children is a pediatric disease of considerable proportion. Every day, nearly 4,000 young people under 18 try their first cigarette, and approximately 1,000 become daily smokers. Most adult smokers tried their first cigarette before age 18.[13]

These health risks faced particularly by low-income children make academic achievement an even more difficult task. Given the impact health has on student performance, it is only natural that schools, health care providers, and other community organizations partner to improve student health. Arkansas has shown recent focus on the health of students by funding new Coordinated School Health and Wellness Centers with the tobacco tax increase in 2009. Nationally, the Affordable Care Act of 2010 includes provisions for school-based health initiatives, indicating a national trend toward this alternative way to provide health services.

RESEARCH SAYS …

When schools play a role in health, the economy benefits. For every dollar spent on high-quality, comprehensive health education delivered in school, society saves more than $13 in direct costs for medical treatment of preventative diseases, counseling, alcohol-related motor vehicle accidents, and drug-related crime. Prevention also saves in-direct costs such as lost productivity and social welfare costs.[14] The benefits of school–health partnerships far outweigh the costs.

Fewer risky behaviors among students mean better attendance, less disciplinary problems, and improved school engagement. As teachers and administrators better recognize the relationship between health and learning, they are better able to use the school-health and counseling services. This results in fewer disciplinary problems in schools and delays risky health behaviors such as sexual activity and use of alcohol and other drugs that jeopardize both student health and academic achievement.[15]

Improving children's nutrition improves their learning. Even moderate under-nutrition or hunger can reduce cognitive development and school performance.[16] Child brain function—and school performance—is diminished by even the temporary hunger of missing or skipping meals.[17] Kids do better on standardized tests when they have eaten breakfast.[18] Children participating in a School Breakfast Program show greater improvements in standardized test scores and lower rates of tardiness and absenteeism than students who didn't participate in the program.[19]

COORDINATED SCHOOL HEALTH: THE FRAMEWORK AND VISION FOR SCHOOL-HEALTH PARTNERSHIPS IN ARKANSAS

For almost two decades, Arkansas has used the Coordinated School Health model in a small number of districts to support the various approaches that schools and communities can take to target the needs of the whole child. Coordinated School Health (CSH) gives schools a lead role in improving their ability to learn. Schools commit to address all eight components of the CSH model over time:

- Comprehensive health education
- Physical education
- Health services
- Nutrition services
- Counseling, psychological, and social services
- Healthy school environment
- Staff health promotion
- Family and community involvement

The CSH model is not designed to address each component in isolation. Rather, the components are viewed as interrelated pieces of a broad definition of health. Designing programs for schools that meet the needs of students in a variety of ways improves their ability to learn with an efficiency that is not possible when student health is ignored.

As a community-driven model, CSH looks different in each district. At a minimum, schools need a dedicated coordinator to manage partnerships within the schools and with community organizations and medical providers. Partnerships should result in community-driven solutions that address pressing student health needs. At the other end of the spectrum, with more dedicated resources, CSH may include a school wellness center, offering health services and wellness promotion on campus. CSH schools fall anywhere along this spectrum. There are overall model policies for administering each component, but school districts and communities should use programs that best fit the needs of their students. However, the model is only effective when embraced by school and community leaders and when each school addresses required components.

Thirty-one Arkansas school districts have at least one school participating in the Coordinated School Health initiative (see figure 1). Most schools were originally financed in 2006-2007 through the Arkansas Departments of Health and Education with federal support from the Centers for Disease Control. Now only 20 districts still receive funding; other districts have chosen to participate with their own resources. The 20 currently funded schools participated in a competitive process and were awarded $75,000 in state fiscal year 2009-2010 and $50,000 in fiscal year 2010-2011 from the Arkansas Department of Health's Tobacco Prevention and Cessation Program.

Coordinated School Health (CSH) Components

Comprehensive health education is one of two curriculum-driven pieces of CSH. It is classroom instruction that teaches about the physical, mental, emotional and social aspects of health, while developing lifelong knowledge, attitudes and skills to improve health, prevent disease, and reduce health-related risk behaviors.[23] The intent of health education is to motivate students to maintain and improve their health, prevent disease, and avoid or reduce health-related risk behaviors. It also provides students with the knowledge and skills they need to be healthy for a lifetime.

Physical Education. The ultimate goal of physical education is to promote lifelong physical activity. It is planned, sequential instruction designed to develop basic movement skills, sports skills, and physical fitness.[24] The importance of physical education lies in the idea that a healthy body promotes a healthy mind. As our country continues to struggle with its childhood obesity epidemic, it is more important than ever to encourage a lifetime of physical activity among young people.

Health services are preventative services, emergency care, and referrals which identify and prevent health problems in students.[25] Because most children attend school, schools are particularly ideal places to provide preventative services and screenings. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening rates, a federal requirement under Medicaid, could be drastically improved by using schools to provide services. In 2009, eligible children received only 34 percent of the screenings they should have received.[26] Schools also offer opportunities for mass treatment in areas with medical personnel shortages. School-based mental health services can also help identify and address behavioral challenges before they impede student learning.

Nutrition Services. This component is not simply considering what is on the lunch menu. While nutritious, affordable, and appealing meals are an important part of the nutrition services provided in schools, these services also include nutrition education and an environment that promotes healthy eating choices.[27] A knowledge of the nutritional needs of the body helps students to develop healthy lifestyles that will minimize disease and promote health throughout their lives.

School counseling, psychological, and social services focus on the cognitive, emotional, behavioral, and social needs of students and their families. These activities are designed to prevent and address problems and teach positive learning and healthy behavior.[28] Effective counseling, and psychological and social services for children and their families benefit schools and society by reducing health and welfare costs. School Based Mental Health programs show significant increases in school attendance, positive behavior and academic achievement.[29]

Healthy School Environment. The physical, emotional, and social climate of the school determines the school's environment. A healthy school environment should be safe and supportive to foster learning.[30] A safe, clean, and well-maintained school with a positive psychosocial climate and culture can boost student achievement and self-esteem.

Staff Health Promotion. Students of all ages are looking for role models. Promoting good health prepares faculty and staff for this role. The assessment, education, and fitness activities for school faculty and staff are designed to maintain and improve their health and well-being to serve as role models for students.[31] School-site health promotion for staff nurtures one of a school's most important resources: the teachers and staff who instruct, guide, and influence students.

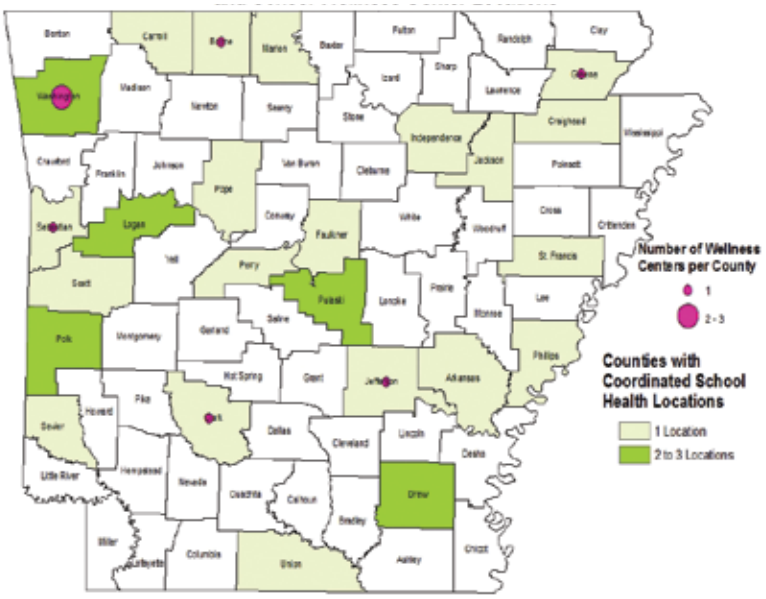
Family and Community Involvement. Partnerships among schools, families, and community groups share and maximize resources and expertise.[32] Just as each of these eight components does not exist in isolation with a school, a school does not exist in isolation within a school, nor does a school exist in isolation within its community. Without cooperation from families and the community, students may receive conflicting messages. When a community works to design and launch a coordinated school health program, lessons that students learn in classrooms are cemented into a positive and healthy lifestyle.

CSH Wellness Centers will take the CSH model to the next level with on-site health services. In 2010, nine existing CSH districts (see map on next page) were selected to receive $175,000 or more annually over five years to create school wellness centers. These new wellness centers will implement school-based health activities and services on campus, including required school-based mental health services. Wellness centers are one piece of the health care initiative funded by the tobacco tax increase, championed by Gov. Mike Beebe and passed during the 2009 session of the Arkansas General Assembly.

These wellness centers will provide screening, diagnosis, treatment, health counseling services, and immunizations needed to enable students to attend class and learn. School health personnel are able to identify and treat minor health complaints and reduce unnecessary absences, but in some cases, they provide appropriate and timely referrals to health care providers in their community for further diagnosis and treatment. School health personnel also play an important role in health education. By leading activities to promote health, they enable students, their families, and school staff to identify and adopt healthy habits. As of 2002, almost 1,500 schools in the United States use school-based health centers to provide primary care services.[20] The National Health and Education Consortium defines a school-based health center as "a health center located in a school or school grounds that provides, at a minimum, on-site primary and preventative health care, mental health counseling, health promotion, referral and follow-up services for young people enrolled."[21] These school-based health centers provide the premier opportunity for addressing the school health service needs of students, their families, and staff.

Educators and child advocates across the nation recognize the link between student health and learning, and as a consequence, know that even if they do not directly address students' health, they will deal with it indirectly. In fact, the recently passed health reform law, the Affordable Care Act, included competitive grants for school-based clinics starting in 2010.[22]

Figure 1: CHS Districts and School Wellness Center Locations



WHAT IT TAKES TO BRING HEALTH AND SCHOOLS TOGETHER

Arkansas has been laying groundwork for successful school health partnerships for many years, providing a solid foundation for success and even national recognition. Coordinated School Health began in earnest in Arkansas in 1993 when the Center for Disease Control and Prevention awarded its first grant to the Arkansas Department of Education (ADE). ADE works closely with the Arkansas Department of Health (ADH) to plan and implement coordinated school health programs and the new wellness centers. The Arkansas Department of Human Services, Arkansas Center for Health Improvement and Arkansas Medicaid in the Schools (ARMITS) also partner with ADE and ADH to maximize agency resources and coordinate efforts.

Act 1220 and Body Mass Index (BMI) Screens in Schools. In 2003, Arkansas increased requirements for schools to address the health of its students with the passage of Act 1220, "An Act to Create a Child Health Advisory Committee; To Coordinate Statewide Efforts to Combat Childhood Obesity and Related Illnesses; To Improve the Health of the Next Generation of Arkansans." The landmark legislation, which made Arkansas a leader in school health nationally, initiated Body Mass Index (BMI) screening in schools to identify and support overweight students or those at risk, strengthened physical education requirements, restricted the amounts of unhealthy food choices in schools, and established Wellness Committees in each school district to coordinate and oversee efforts to improve student health.[33]

The Tobacco Prevention and Cessation Program. Since 2007 the Tobacco Prevention and Cessation Program has funded Coordinated School Health in Arkansas. In 2009-2010, 20 districts were supported with more than $1.5 million to advance health education, healthy school environment, health and wellness for staff, and family and community involvement. Areas of focus for schools funded in 2010 included tobacco prevention education, development, implementation and enforcement of comprehensive school tobacco policies, and the promotion of cessation interventions for faculty, staff and students.

2009 Legislative Health Care Initiative. A tobacco tax passed in 2009[34] raised money for critical investments in health care: a new statewide trauma system, expanded ARKids First health insurance for kids (currently on hold), expanded substance abuse services for teens and pregnant women, life-saving automated external defibrillator (AED) devices in schools, vaccinations, support for the public health infrastructure, and many other investments. Public officials had the foresight to invest $2 million in preventative efforts through the CSH school wellness center initiative, recognizing the critical role that schools can play.

Joint Use Agreements. Also included in the 2009 health care initiative, Joint Use Agreements (JUA) improve health and education and reduce obesity by sharing community facilities. The agreements encourage communities to create opportunities for increased physical activity and promote healthy lifestyles. The money allows schools and nonprofit organizations to share indoor and outdoor spaces like gymnasiums, athletic fields, playgrounds and walking tracks. Eleven schools around the state have been awarded JUA funds during round one of the 2010-2011 grant cycle, 14 are expected to be awarded during round two in the Fall of 2010, and one additional round is anticipated during the school year.

Improving Health Literacy through HealthTeacher.com. The website designed for use by K-12 teachers and health educators, addresses the top six health risk behaviors identified by the U.S. Centers for Disease Control and Prevention. In use in more than 300 school buildings statewide, the program equips teachers with the online tools and training needed to create a curriculum that promotes healthier lifestyle choices among children. From December 2009 through May 2010 this effort saw an increase of about 70 percent to about 271 active schools and an 87 percent increase in active users, for a total of 675 users. An additional fifty schools are also participants in the Child Wellness Improvement Project (CWIP, see below). The site is a public-private partnership of Arkansas Children's Hospital, ADE, ADH, and other Coordinated School Health partners invested in the long-term improvement of the health literacy among the youth of our state using school-based curriculum.

At the end of the 2009-2010 academic year, HealthTeacher.com conducted a user survey nationally.[35] Ten percent of the national respondents were Arkansas teachers. The majority of Arkansas

respondents agreed that healthteacher.com has enhanced students' health advocacy, enhanced their connections with students, and improved classroom culture, among other benefits. Arkansas teachers also identified the most pressing health issues and behaviors facing students:

- **Nutrition (71 percent)**
- **Bullying (70 percent)**
- **Physical Activity (61 percent)**

Child Wellness Intervention Project. CWIP is designed to strengthen health and wellness education in the schools. CWIP focuses on improving physical education standards by increasing physical activity time in schools using curriculum-based programs. Participating schools agree to use evidence-based physical (SPARK) and health (healthteacher.com) education curricula and increase the class time dedicated t physical education. CWIP is a collaboration of the Arkansas Tobacco Settlement Commission, Coordinated School Health, and Arkansas Children's Hospital.

Efforts to address childhood health have created a sense of urgency to improve students' health and turn around obesity rates for the next generation of Arkansans. In this climate, school-health partnerships have the potential to take hold and transform the culture of health in Arkansas.

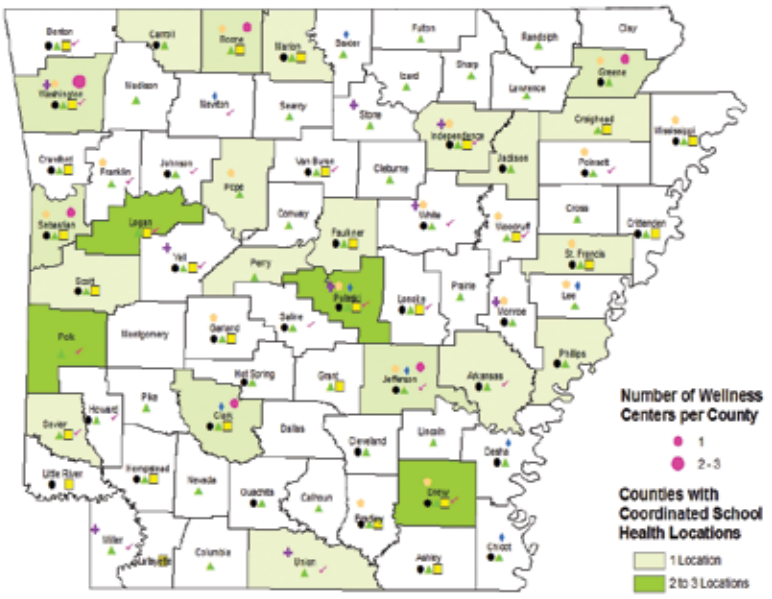
School Influenza Campaign. In 2009, Arkansas Departments of Health and Education and partners received national recognition for the fifth highest percentage of children immunized against H1N1 in the country. ADH held 1,098 school events and gave more than 345,000 doses (H1N1 and seasonal) of vaccine in the school clinics. This success was due to collaboration among state agencies school districts, local health units and community volunteers.

Fresh Fruits and Veggies Grant. Schools are always looking for innovative ways to help children make healthier lifestyle choices. The USDA's Fresh Foods and Vegetables Program, run by ADE's Child Nutrition unit, helps elementary schools incorporate fresh fruits and vegetables into a child's daily diet. In addition to exposing school-age children to new fruits and vegetables, the program has a goal of eliminating childhood obesity by helping kids develop better eating habits. Schools may also use money for non-food related costs, such as purchasing up-to-date equipment for school cafeterias. Many schools will partner with community organizations to help provide fruits and vegetables to students before and after school.

MANY ARKANSAS INITIATIVES CAN "PLUG IN" TO SCHOOL HEALTH

It is impossible to highlight every initiative or program that

Figure 2: Initiatives Related to School Health



Green shaded counties: These counties have at least one Coordinated School Health district as of the 2009-2010 school year.

- CSH School Wellness Centers (see above).
- 21st Century Community Learning Centers (21CCLC), a federally-funded afterschool and summer initiative administered by the Arkansas Department of Education
- Arkansas Better Chance (ABC), the state's pre-k program predominantly serving 3- and 4-year-olds,
- Schools for the 21st Century support families through guidance and support for parents, early care and education, after-school and summer programs, health education and services, networks and training for child care providers, and information and referral services for families.
- Human Service Workers, School-based staff, supported by the Arkansas Departments of Human Services and Workforce Services, to help coordinate health and social services for students.
- Family Resource Centers, provide support services to children and families connected with the child welfare system (DHS Division of Children and Families), as well as other families. Support consists of job skills training, housing location, resource referral, and seminars related to improving life in the community.
- Districts awarded Joint Use Agreement (JUA) grants in first round of 2010-11 school year (see description above)
- Child Wellness Intervention Project (see description above)

could conceivably connect into CSH, especially since each school and community must determine how best to organize resources based on their local circumstances. The map in Figure 2 on the previous page offers some idea of programs and initiatives that support the work of CSH in districts.

Other important statewide resources not listed on the map:

Community Health Centers:
http://www.chc-ar.org/

UAMS Area Health Education Centers:
http://www.uams.edu/ahec/

Community Health Promotion Specialists and Community Health Nurses are located in education cooperatives across the state, and are terrific resources to the districts they serve. For co-op locations see
http://arkansased.org/about/schools/coops.html

Department of Health Local Health Units:
http://www.healthy.arkansas.gov/programsServices/localPublicHealthOffices/Pages/default.aspx

Department of Human Services County Offices:
http://www.arkansas.gov/dhs/NewDHS/CountyOffice/DHSCountyOffices.htm

Care Coordinating Councils, an initiative of the new Arkansas System of Care to provide wraparound supports and services, in partnership with schools and other organizations serving families, to children with severe behavior challenges in communities across the state. For more information, see
https://ardhs.sharepointsite.net/ARSOC/default.aspx

HOW ARE ARKANSAS SCHOOLS USING COORDINATED SCHOOL HEALTH TO ADDRESS HEALTH PROBLEMS?

What CSH components have Arkansas schools focused on? Table 1 on the next page shows the CSH components that school districts in Arkansas have addressed since school year 2006-2007 (some districts have since dropped out of the CSH program due to lack of funding and many others have since become designated CSH schools starting in the fall of 2010). For some of the components, school districts have had multiple programs for several years. However, for the purposes of the table on the next page, those distinctions were not included. It is clear from the table that certain CSH components receive more attention than others.

Of the 37 school districts, many addressed health education, physical education, health promotion for staff, or family and community involvement in some way in their CSH plan during the past four years. On the other hand, fewer districts included health services, counseling, psychological and social services, or nutrition services in their plans. This does not mean the district does not address those components but does suggest that those initiatives may not be integrated within the CSH effort. The table also reveals that some school districts are including more components than others in their CSH plans. Seven of the 37 school districts address all of the components in their CSH plans in some way. Early efforts have laid a foundation for the development and sustainability of Coordinated School Health, so Arkansas' efforts should not be minimized. However, a fully developed CSH program that is moving toward a fully functioning school wellness center should include all eight of the model components to fully impact student achievement. New CSH wellness centers are required to move toward all eight components, with counseling and psychological services required to receive the new money.

The following experiences in schools offer examples of ways districts have addressed at least one of the eight components of CSH:

Creating a positive culture for physical education in Springdale. The second-largest school district in Arkansas, Springdale has been a CSH school district since 2007. The Springdale School District has made a full commitment to its CSH program. While activities throughout the school district are varied, the emphasis and importance of being healthy are universally expressed. Creating a culture where making healthy decisions is the rule, not the exception. At all Springdale middle schools, the students attend PE classes five days a week, and spend more than four hours a week engaging in fun, technology-focused activities that encourage lifetime fitness. All middle school PE teachers have been trained in the PE4Life curriculum. The school has designated five areas for PE activities so that five classes can be conducted simultaneously. It is the administration's priority to develop a schedule and facilities plan that allow this commitment to physical education and activity. At Springdale High School, the administration established a night school that incorporates physical activity along with a credit recovery plan. The night school develops positive relationships between students and administrators, creates mentoring and role model opportunities, demonstrates physical activities, and allows the students to make up lost credits to encourage timely graduation. Again, it is the commitment and follow-through by high school leaders that have created positive opportunities for students. This dedication to positive, healthy opportunities is pervasive throughout the Springdale Public Schools.

Partnering with the medical community to offer health services in Hot Springs and Stuttgart. The Hot Springs School District (HSSD) has been particularly successful in developing relationships with health care providers in the Hot Springs area. Prior to the beginning of the school year, HSSD held a Back-to-School Bash where students had access to services from dentists, optometrists, pediatricians,

Table 1: CSH Component Activity Distribution, 2006-2010[36]

	Health Education	Physical Education	Health Services	Nutrition Services	Counseling & Psychological Services	Healthy School Environment	Health Promotion for Staff Family/	Community Involvement
Barton-Lexa School District								
Batesville School District	✓	✓		✓		✓	✓	✓
Brinkley School District						✓	✓	✓
Clarendon School District						✓	✓	✓
Dequeen School District								
Dollarway School District								
Drew Central School District	✓	✓	✓			✓	✓	✓
East End School District	✓	✓	✓			✓		✓
El Dorado School District	✓							
Fayetteville School District	✓	✓	✓			✓	✓	✓
Forrest City School District	✓	✓					✓	✓
Green Forest School District	✓	✓	✓	✓			✓	✓
Gurdon School District	✓	✓					✓	✓
Harrison School District	✓						✓	✓
Horatio School District								
Hot Springs School District	✓	✓						
Lavaca School District								✓
Little Rock School District	✓	✓				✓	✓	✓
Magazine School District	✓	✓						
Magnet Cove School District								
Marvell School District					✓		✓	
Mena School District	✓	✓	✓					
Monticello School District	✓					✓		✓
Nettleton School District								
Newport School District								
North Little Rock School District								
Ouachita River School District		✓						✓
Palestine/ Wheatley School District						✓	✓	✓
Paragould School District	✓						✓	✓
Paris School District								✓
Poyen School District								
Russellville School District		✓		✓				✓
Springdale School District	✓	✓				✓	✓	✓
Stuttgart School District								
Vilonia School District	✓					✓		✓
Waldron School District	✓		✓		✓		✓	✓
Yellville-Summit School District								

mental health agencies, the Department of Health, and the Department of Workforces Services. The students also received a backpack with information and school supplies donated by the community.

Stuttgart Public Schools has also developed partnerships with primary care physicians. Through a local physician, Stuttgart has been able to provide screenings and referrals that provide students with the care they need. Physicians in this district have also partnered with school officials to provide on-site services for parents who struggle to find transportation to a local physician.

Making nutrition education fun in Jonesboro. Although not a designated coordinated school health site, the Jonesboro School District has made an extensive commitment to nutrition education through its relationship with Arkansas State University. Jonesboro has worked closely with the Arkansas State University nursing program to create a dietetics curriculum. The nursing students use the school districts' kitchens at night as laboratory space and then teach the students how to make nutritious food choices during the school day. Additionally, in 2010 the district secured a Fresh Fruits & Vegetables grant through their food service program. Each week participating schools receive additional fresh fruits and vegetables that are served by teachers to their students during the afternoon hours. The fruits and vegetables are often some that students have never seen or tasted. The most remarkable program in Jonesboro is its Health/Wellness & Environmental Studies Magnet School. This school uses the University of California at Davis Life Lab curriculum to integrate core subjects into an outdoor classroom and student kitchen.

In Vilonia, the school district has a comprehensive tobacco policy. The policy, based on the Center for Disease Control and Prevention's Fundamental Checklist for a Comprehensive Tobacco Policy, includes the prohibition of tobacco use at all school-sponsored events off and on campus. It includes requirements for instruction on avoiding tobacco use, and has special implementation and enforcement provisions built in that are specific in order to prevent initiation of tobacco use among young people. The policy has helped to create a positive environment in which students, faculty and visitors are healthy and productive.

New ways to address counseling, psychological, and social services in Hot Springs and other towns. Unique to the Hot Springs School District are the intervention specialists located in every school. These individuals act in some ways like a CSH Coordinator in each school, providing follow-through and accountability for school health programs at the school rather than district level. These intervention specialists also coordinate the services that each student receives, ensuring that a student's psychologist, social worker and mentor (or combination thereof and including additional service providers) all have the necessary information to best serve the specific and unique needs of students.

Eleven districts in the state are using PBIS (Positive Behavior Interventions and Supports), which is a systems approach for establishing the culture and supports necessary for schools to be effective learning environments for all students and engaging schools in wraparound services.[37] Schools who have participated in PBIS for four years have had on average a 45 percent decrease in office discipline referrals. Over three years, the 16 participating schools had cost savings of almost $34,000 due to a decrease in the amount of time students, teachers, and administrators spent addressing disciplinary issues.[38]

Creating a healthy school environment makes a difference for students and also creates an inviting culture for parents. Parent interviews throughout Arkansas resulted in the same comments: A healthy school environment includes a clean building with well-maintained facilities, a friendly and welcoming staff, and student work displayed prominently throughout the school. Parents recognize that a positive school environment as one that takes proactive steps to create and nurture. A deliberate and conscientious approach to community and culture-building creates security and safety for student success.

Staff health promotion engages staff and sets a good example for students. In order to promote physical, emotional, and mental health for school staff, the following essential elements should be included in programs for school health promotion for staff:[39]

- Screenings
- Education and supportive activities to reduce risk factors.
- Organizational policies that promote a healthful and supportive environment.
- An integrated employee assistance program.
- Employee health care, including health insurance, managed care organizations, and access to school health services.

Screenings help raise awareness and motivate action. With the proper information, staff can identify areas of their health that they wish to improve. Risk-factor education helps staff members develop the knowledge, attitudes, and skills needed to adopt healthy behaviors. Policies can be used to promote healthy behaviors, such as prohibiting smoking and only providing water in vending machines. Employee assistance programs are designed to provide counseling and advice to support mental health for staff. And employee health care with health insurance that covers dental and vision care ensures staff members have the medical resources necessary to maintain their health. For example, Jonesboro School District offers seven free mental health visits per year for faculty and staff through the school district's insurance plan. As role models, it is critical that teachers are educated in healthy lifestyle behaviors for students, but as employees it is also important that teachers and staff members have the resources available to them to stay healthy in order to be at school with their students. Many other school districts are encouraging staff wellness through sponsoring "The Biggest Loser" contests.

Opening doors for family and community involvement. The health and welfare of young people cannot and should not be the sole responsibility of schools. Working with schools, families and communities can help produce a generation of youth committed to healthy lifestyles. Stuttgart has been particularly successful at developing relationships with community members and businesses that have provided financial support through the Stuttgart Education Foundation, a private foundation established to support the efforts of the Stuttgart Public Schools. The Stuttgart School District Board of Directors raises money to support areas where public funds may be restricted. With these dollars, the district has been able to provide attendance and grade incentives to students to further engage them in their learning experiences. The foundation also gives parents and communities a way to make a direct investment in developing high-quality public schools in their town.

WHAT DO SCHOOLS THINK ABOUT SCHOOL HEALTH INITIATIVES?

School and community leaders understand the important role schools can play in addressing student health. Arkansas Advocates for Children and Families asked school leaders across the state for perspectives on school health through an online survey of superintendents and site visits in seven districts.

Survey of Superintendents. In late 2009, superintendents across the state were asked for their perspectives on the role of schools in student health and achievement.[40] Overall, school leaders expressed strong support for schools playing a role in student health beyond the current required screenings, but noted resource and time constraints. At least 40 percent of respondents currently receive or have sought public or private funds to:

- Create and expand partnerships with local service providers to better ensure children receive necessary health and social services.
- Keep school doors open after school and on weekends to provide space for the community to engage in physical activity or use school resources (now available through grants for Joint Use Agreements described above).
- Provide school-based health services.

While leaders understand the importance of addressing health issues, limited funding and staff resources have hindered progress. Even as student health is seen as critical, the primary function of student learning and academic achievement makes

it difficult to focus on indirect functions of schools, no matter how important. The challenge is determining how best to help schools address health without adding another program or initiative to their packed agendas. Thus, leveraging and connecting with community resources is critical to success.

Interviews with school and community leaders. A sample of leaders who work closely with school health initiatives were interviewed to gain additional perspective of the benefits of and challenge to offering school-based health. Seven site visits were conducted; four site visits were conducted in school districts with established CSH programs, and three were in non-CSH program districts. The school districts were geographically and demographically varied. The visits typically included a superintendent interview, tours of various schools and programs, and a parent discussion. However, not all components of the site visit were able to be included for all school districts visited.

Fun, access, and sustainability were reoccurring themes during the visits around Arkansas.

Make it fun and engaging for students. The importance of activities and curriculum being fun and engaging for students was emphasized over and over. It was noted that for these skills and habits to become a lifelong lifestyle, students must want them to be a part of their daily experience. In order for that desire to manifest itself, the students must be engaged and entertained by the process (Stuttgart interview, 2010).

Improve access to services, information, and resources. Access was also a reoccurring theme. Access to services, access to information, and access to equipment are necessary to fully affect a student's health.

Work on sustainability from the outset. The specter of a funding stream ending or being lost reduces the program's long-term effectiveness.

CREATING SCHOOL–HEALTH PARTNERSHIPS: WHAT DOES IT TAKE?

Even with limited resources, Arkansas schools and their partners can take steps to improve student health in ways that can also improve achievement and guarantee long-term success.

1. **Use state "poverty"[41] funding to invest in school health initiatives.** Poorer school districts in Arkansas receive additional state funds for high proportions of low-income students, based on participation in the free- and reduced-lunch program. Many districts carry large sums of these funds over from year to year, or do not spend them directly on initiatives proven to close the achievement gap. These funds can and should be spent on school health through CSH wellness centers, school nurses, school social workers or other coordinators, and other health-related programs that can have a real impact on closing the persistent achievement gap in our state.

2. **Take advantage of Medicaid reimbursement for health-related services provided in the schools.** Schools don't have to implement a school wellness center to access available resources that help to address student health. Often schools are already providing services that could be reimbursed by federal Medicaid dollars. The state should also pursue other services with potential for Medicaid reimbursement. Arkansas Medicaid in the Schools provides assistance to districts to maximize reimbursement for services they are already offering, such as personal care or health screenings. Visit http://armits.org/ for more information.

3. **Help to connect students with health insurance.** School officials often know whether children have health insurance. They should take the next step to help connect these children with ARKids First if they are eligible. School social workers, nurses or school wellness staff members could help identify and enroll or re-enroll children for ARKids First. Any children eligible for free- and reduced-lunch programs should also be eligible for ARKids First. It pays to get kids health insurance, which could help reimburse for the cost of health services in schools. The reauthorization of the federal Children's Health Insurance Program (CHIP, which pays for ARKids First in Arkansas) also allows improved state- and district-level data sharing between schools and state Medicaid officials to help determine eligibility based on other federal programs, such as free- and reduced-lunch programs.[42] In addition, DHS recently developed Access Arkansas (https://access.arkansas.gov/), which allows individuals to enroll online for ARKids First and other DHS programs.

4. **Collaborate outside of school to help support and promote child wellness.**[43] By establishing partnerships with outside community organizations, before- and after-school programs and churches, students and parents can rely on a comprehensive system that supports and promotes child wellness. Joint Use Agreements, funded by the Arkansas Department of Education, provide resources to help schools and community-based organizations partner to keep school doors open outside regular hours for a range of activities.

5. **Continue collaboration between school wellness committees, wellness priorities, and school health initiatives.** Every school is required to have a wellness committee that outlines health and wellness priorities in their school improvement plans. Schools that connect these efforts to coordinated school health and related activities can better identify priorities and resources necessary to best address the health of students in their area.

6. **Strive for the highest quality physical education and health education.** The Child Wellness Intervention Project (CWIP) provides resources to schools that commit to supporting and promoting quality physical and health education. Participating schools agree to use evidence-based physical (SPARK) and health (HealthTeacher.com) education curricula and increase the class time dedicated to physical education. The Tobacco Prevention and Cessation Program (TPCP) provides resources through a competitive process to those CSH districts that are committed to making an impact on youth tobacco use in Arkansas. Currently, 20 districts are funded in four component areas with each component area containing an important tobacco control measure aimed at decreasing youth tobacco use rates. More schools across the state should follow the example of other schools that have taken advantage of resources through the Arkansas Tobacco Settlement Commission, the Arkansas Department of Health, the Arkansas Department of Education, and Arkansas Children's Hospital.

MOVING FORWARD

Arkansas schools have improved school-based services in recent years and now reach students who might not otherwise receive them. However, more schools should use the Coordinated School Health model and move toward school-based or school-linked health services in partnership with their community medical, mental health, and dental providers. Arkansas' nine Wellness Centers should be closely monitored to provide a foundation for new policies and funding opportunities for school health if they successfully improve the health status of Arkansas children. Interested schools should model new programs after successful programs and take advantage of state assistance to effectively implement school health initiatives. Pursuing funding opportunities such as Medicaid reimbursements for mandated services that are already offered would allow more schools to hire school health coordinators and expand services to more children. In addition to making better use of Medicaid, designated state funding for school health services would encourage more schools to join the CSH movement. Making school health a reality in Arkansas will create a generation of healthy children more likely to be successful in all aspects of their lives.

FOR MORE INFORMATION…

Arkansas Advocates for Children and Families:
www.aradvocates.org

Arkansas Coordinated School Health:
www.arkansascsh.org/

Arkansas Coalition for Obesity Prevention:
http://www.arkansasobesity.org/

Arkansas Medicaid in the Schools:
www.armits.org

Natural Wonders Partnership Council
(an initiative of Arkansas Children's Hospital):
http://www.archildrens.org/about/natural-wonders.asp

ENDNOTES

1 Also referred to as "poverty" or 'NSLA" funding because it is based on federal free- and reduced lunch participation. Note, however, that these are state funds offered to districts with higher proportion of low-income students. See also AACF (2010). Carried Over: Arkansas Students are Left Behind When Schools Stockpile Poverty Money. Available at www.aradvocates.org

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ERRATA AND CLARIFICATIONS

Page 8

Lincoln Public Schools should be listed as a Coordinated School Health (CSH) district

Page 5 and 6 – Maps

For clarification, the eight new CSH School Wellness Centers are located in schools within the following districts (indicated by pink dots on the maps):

Dollarway (Robert F. Morehead Middle School)

Fayetteville (The Owl Creek School)

Gurdon (Gurdon High School)

Harrison (Eagle Heights Elementary School)

Lavaca (Lavaca Middle School)

Lincoln (Lincoln Elementary)

Paragould (Paragould High School)

Springdale (Jones Elementary)