

*Promoting Healthy Schools
in Oklahoma*

Healthy Oklahoma Schools Manual

A guide for Healthy
& Fit School Advisory
Committees

Creating wellness
where Oklahoma
students learn



ACKNOWLEDGMENTS

Thanks to the Oklahoma State Department of Education, the Oklahoma State Department of Health, the Office of the Governor, Action for Healthy Oklahoma Kids, and the Oklahoma Fit Kids Coalition for their contribution and partnership in preparing the Healthy Oklahoma Schools Manual.

Special thanks to those Oklahoma schools and districts for sharing their success stories. We commend you for being leaders in school health promotion and encourage you to continue your efforts.





Oklahoma Governor

Like much of the nation, Oklahoma is facing the challenge of improving the health of its citizens. To build a stronger, healthier state, we must improve nutrition, increase physical activity, and decrease tobacco use and substance abuse. Chronic health problems and premature death take a personal toll on too many individuals and families and hurt our state's economy and quality of life.

Today's students represent the future of Oklahoma, but the statistics for their long-term health present a challenge. Because schools are a significant force in a child's life, the school setting can be the optimum place to provide guidance and encouragement to help students make healthier choices that will provide benefits over their lifetime. Healthy and Fit School Advisory Committees are essential to addressing wellness issues within our schools. The Centers for Disease Control and Prevention's Coordinated School Health Model can help engage parents and community leaders in the development of resources that encourage better health habits, more physical activity, and higher nutrition standards.

Let's work together to build a Strong and Healthy Oklahoma that will help our students enjoy healthier, longer, and more productive lives. They are certainly worth the effort.

Governor Brad Henry





The State Department of Education is proud to be a part of the collaboration providing the new Healthy Oklahoma Schools Manual for Healthy and Fit School Advisory Committees. This manual will help assist in making school environments healthier for both students and staff members. Schools have a great opportunity to be a valuable partner in combating health problems that result from poor nutritional habits and sedentary lifestyles. Research has shown there is a direct link between nutritional habits, physical activity, and academic achievement.

The Centers for Disease Control and Prevention ranks the implementation of a school health advisory council, such as the Healthy and Fit School Advisory Committee, as one of the top strategies for preventing childhood obesity. This manual will be an excellent resource for guidance as the committees make suggestions for improving the environment of their school sites.

We encourage all schools to be proactive in their efforts to help students have “Healthy Bodies and Strong Minds.” Thanks for all you do for the children of Oklahoma!

Sandy Garrett
Superintendent of Public Instruction



Oklahoma schools can play a critical role in combating problems associated with poor nutrition and inactive lifestyles while enhancing academic performance. The Healthy Oklahoma Schools Manual advocates use of an effective planning tool – the School Health Index – to assess strengths and weaknesses of schools with regard to their policies, curricula, and services. This tool’s modules correspond to the components of the Centers for Disease Control and Prevention’s (CDC) Coordinated School Health Model, a comprehensive approach to school health. The Oklahoma State Department of Health is pleased to partner with the State Department of Education, Fit Kids Coalition and the Office of the Governor to illustrate our dedication and our roles in pursuing the mission of development of lifelong habits that contribute to wellness.

The CDC’s national health promotion and disease prevention initiative, Healthy People 2010, outlines 107 national health objectives, directed specifically towards school age children. Although the CDC indicates that the full effects of being overweight during childhood may not be known for decades, poor nutrition and lack of physical activity can lead to complications such as elevated cholesterol and blood pressure, gallbladder disease, joint problems, asthma, Type 2 diabetes, several types of cancers, depression, anxiety, and sleep apnea. Between 70 and 80 percent of overweight children and adolescents remain overweight or become obese as adults. It has never been more important to support school health programs to improve the health status of our young people.

Dr. Mike Crutcher
Commissioner of Health



Contents

Table of

Introduction **i**

Purpose of Manual

The Role of Health in Academic Achievement **1**

Coordinated School Health Program **5**

It's All About Kids!

School for Healthy Lifestyles

Existing Policy, Law & Regulation **15**

Healthy & Fit School Advisory Committees

School Wellness Policy

School Assessment & Action Planning **23**

School Health Index

Oklahoma's Healthy & Fit School Scorecard

PECAT - Physical Education Curriculum Analysis Tool

Student Health Assessment **31**

Needs Assessment Tools

Youth Risk Behavior Survey (YRBS)

Oklahoma Youth Tobacco Survey

Oklahoma Prevention Needs Assessment Survey

Fitness Assessment

The President's Challenge

FITNESSGRAM

What's Happening in Oklahoma Schools **41**

Anadarko Public Schools

Beaver Public Schools

Bristow Public Schools

Broken Arrow Public Schools

Central Public Schools

Keys Public Schools

Kingfisher Public Schools

Leach Elementary School

Northwest Heights Elementary School

Sheddeck Elementary School

Western Village Academy

Yukon Public Schools

Resources **67**

Introduction

to the Healthy Oklahoma Schools Manual





This manual is a comprehensive guide intended to provide guidance and resources to Oklahoma schools, in particular Healthy & Fit School Advisory Committees, to improve school health policies and programs. This publication can help local schools integrate health program components into the academic structure of their schools and can be used by groups or individuals (school administrators, classroom teachers, physical education teachers, school counselors, school nurses, health care professionals, parents, students, and community members) who are interested in improving the health of children and youth.

The Healthy Oklahoma Schools Manual was created to ultimately benefit the health, well-being, and learning of all students.

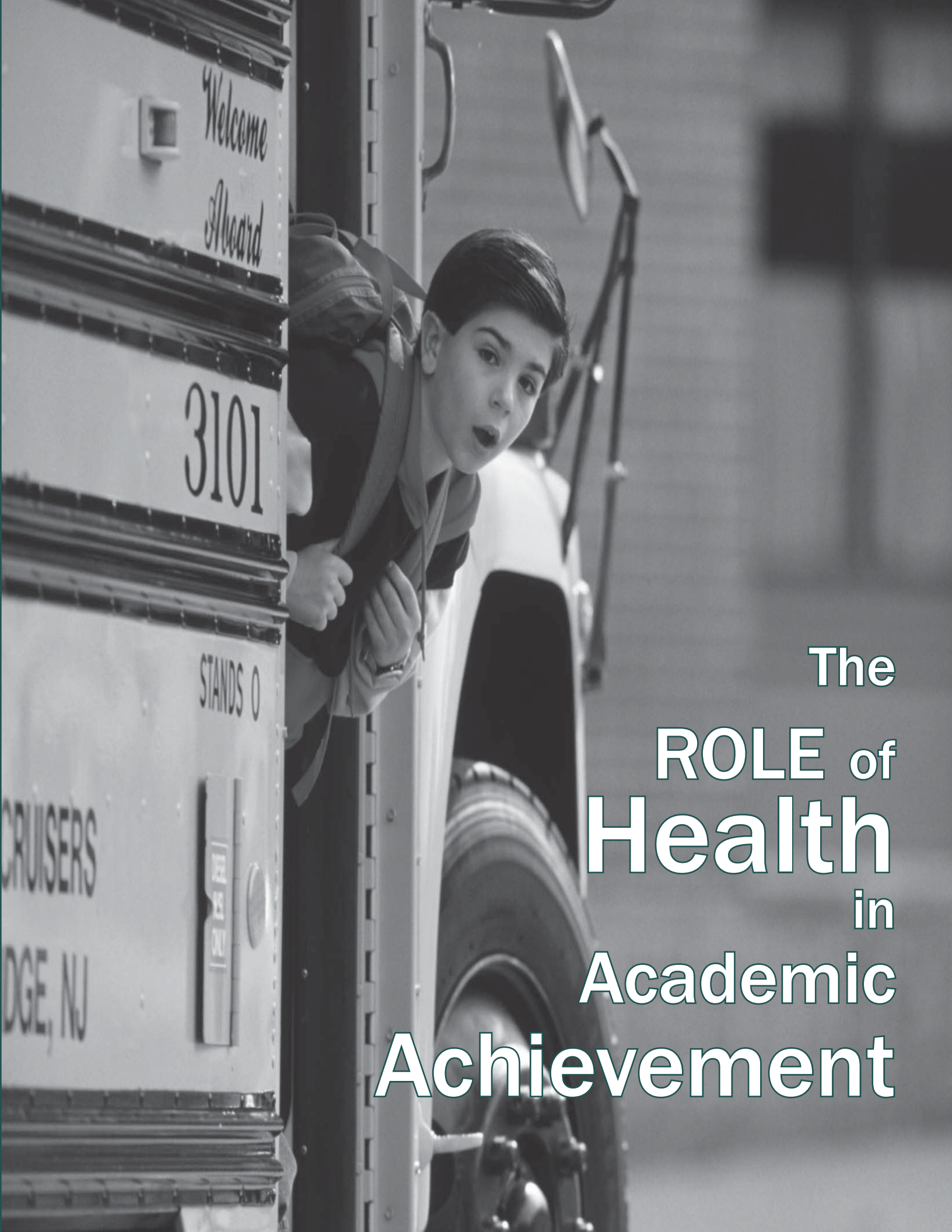
Research shows a direct relationship between the health of young people and academic achievement. Healthier students have a greater ability to concentrate, lower absenteeism, better productivity, fewer discipline problems, higher test scores, and better classroom participation. The influence of health on school success should not be underestimated.

Data from the Youth Risk Behavior Survey (YRBS)* should alert us. Oklahoma students engage in risky health behaviors such as not wearing a seat belt, binge drinking, smoking, unhealthy eating, little or no physical activity, violence, unprotected sex, and drug use. Beyond health and academic consequences, student health problems such as childhood obesity, malnutrition, asthma, injury, and other chronic diseases take an economic toll on schools. Schools bear the costs of providing extra resources and staff time to those students whose academic performance and/or behavior suffers because of health problems.

Improving student wellness helps students succeed in school. It is critical that schools promote health and wellness. Failure to do so may undermine schools' overall goal to provide high quality education for all students.

Oklahoma schools should utilize their Healthy & Fit School Advisory Committees to help foster family and community support and involvement in developing and implementing school health policies and programs. Students are most influenced to lead healthy and productive lives when the schools, parents, and other community groups work collaboratively. Each of these groups has unique roles for accessing students, identifying and sharing resources, and impacting health behaviors of children and youth. Healthy & Fit School Advisory Committees can serve as a catalyst for systemic changes in schools to promote student health and educational outcomes.

*Youth Risk Behavior Survey, read more about on page 31



Welcome
Aboard

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STANDS O

CRUISERS

DGE, NJ

SEE
THE
EXIT

The
ROLE of
Health
in
Academic
Achievement

1 The Role of Health in Academic Achievement

Research shows that schools with a systematic, coordinated, and integrated approach to student health have fewer incidences of behavioral problems, improved school attendance rates, enhanced interpersonal relationships, and higher student achievement.

- Gene Carter, Association for Supervision and Curriculum Development

THE LINK BETWEEN LEARNING AND STUDENT HEALTH

It is important to understand the close supportive relationship between healthy schools and students' achievement. Students who are in good health and who have their social and emotional needs met can concentrate better on learning than those who are sick or distracted.

Schools that create a comprehensive approach to health promotion and effectively address the complete physical, emotional, intellectual, and social well-being of students and staff are more effective in creating an environment where students can learn.

Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders.

Because emotional and physical health are critical to the development of the whole child, health should be fully embedded into the educational environment for all students. "Health and learning"

- is a multifaceted concept that includes the intellectual, physical, civic, and mental health of students
- provides coordinated and comprehensive health efforts that give students and staff effective teacher, school, family, community, and policy resources
- supports the development of a child who is healthy, knowledgeable, motivated, engaged, and connected
- is the reciprocal responsibility of communities, families, schools, teachers, and policymakers

For more information on health and academic achievement, visit the following sites:

The Energy Equation, Exercise Plus Good Nutrition will Improve Kids' Health- and Help Them do Better in School, An American School Board Journal Special Report
www.asbj.com/wellness/S3.html

The Bottom Line: Improving Nutrition and Health, Oklahoma State Department of Education
www.title3.sde.state.ok.us/health/Web%20stuff/Health/SBA_Jan05_Improving_Nutrition_and_Health.pdf

The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools, Action for Healthy Kids
www.actionforhealthykids.org/pdf/LC_Color_120204_final.pdf

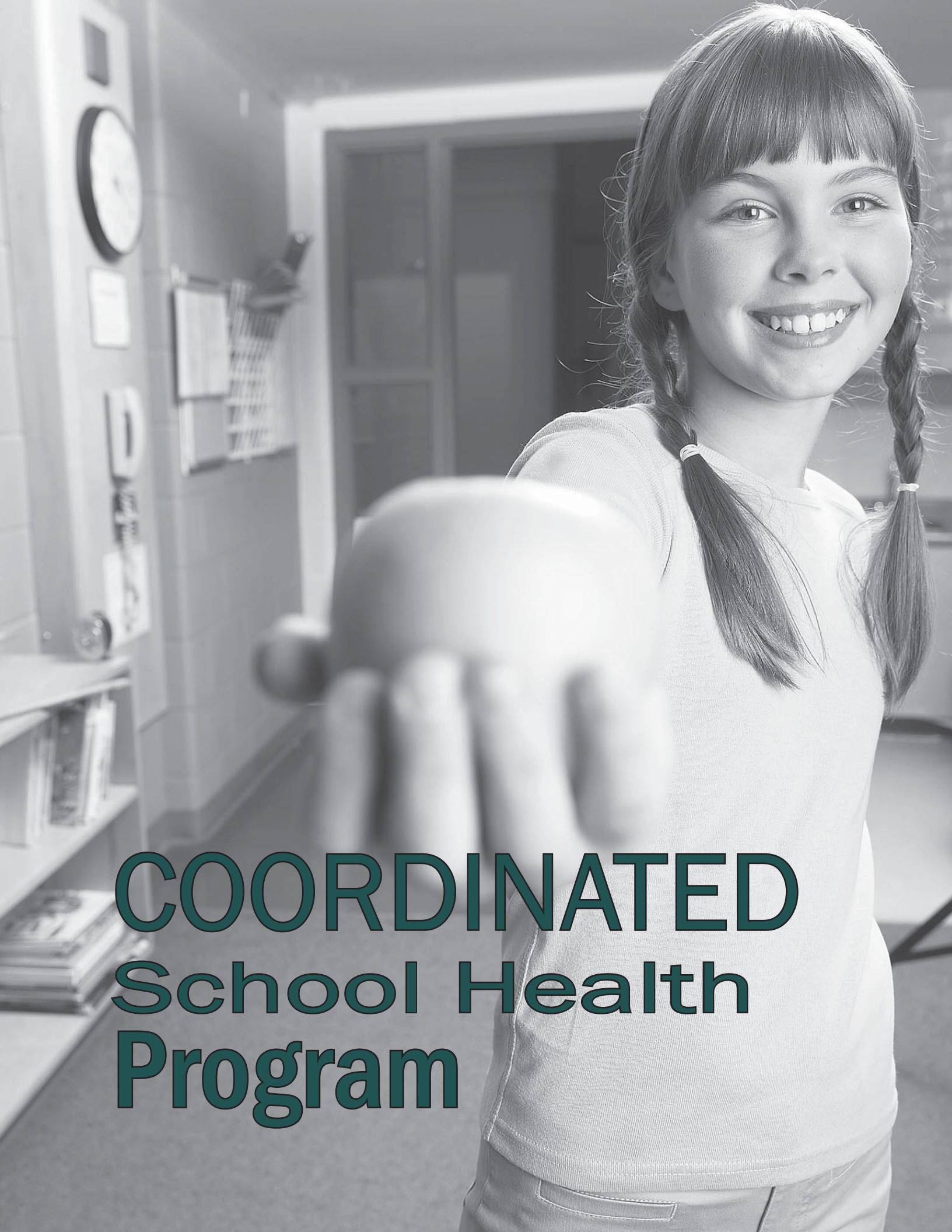
Making the Connection: Health and Student Achievement, Society of State Directors of Health, Physical Education and Recreation
www.wg.thesociety.org/home/publications

Better Nutrition and More Physical Activity Can Boost Achievement and Schools' Bottom Line, Action for Healthy Kids
www.nutritionexplorations.org/pdf/educators/SpecialReportFactSheet.pdf

The Role of Sound Nutrition and Physical Activity in Academic Achievement, Action for Healthy Kids
www.actionforhealthykids.org/filelib/facts_and_findings/fs_npaa.pdf

Physical Activity and Student Performance at School, The Journal of School Health August 2005 volume 75 no 6

No Time For Turf, A Resource to Promote Interagency Collaboration for Student Achievement and Health
www.ccsso.org/projects/School_Health_Project/Project_Publications/No_Time_for_Turf/



COORDINATED School Health Program

2

Coordinated School Health Program

Comprehensive school health programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives.

- National School Board Association

There is a growing acknowledgment that children's health status directly affects their ability to learn and achieve academically. It is difficult for children to be successful if they are tired, hungry, stressed, using drugs or alcohol, or being abused. Coordinated School Health Program (CSHP) is a way to improve children's health and remove barriers to learning. CSHP teaches children how to make healthy choices and helps them become healthy adults through linking parents, schools, and communities.



WHAT IS COORDINATED SCHOOL HEALTH PROGRAM?

A CSHP model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

EIGHT COMPONENT MODULES

The following are working descriptions of the eight components of a coordinated school health program.

1. Health Education

Health education is a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

No knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved.

- The Carnegie Foundation Report on Secondary Education in America

2. Physical Education

Physical education is a planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

Physical activity increases learning and academic achievement.

3. Health Services

Health services are provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

Pregnant teens have lower academic achievement and economic productivity.

4. Nutrition Services

Nutrition services include providing access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

Adequate nutrition increases the brain's ability to learn.

5. Counseling and Psychological Services

Counseling and psychological services are provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such

as certified school counselors, psychologists, and social workers provide these services.

Substance use and abuse decreases learning and increases classroom management problems.

6. Healthy School Environment

Healthy school environment is the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

A healthy school environment is one that is safe and communicates caring for youth. This type of environment promotes learning. Positive sense of community affects behavior norms and is more predictive than: drop out rate, average daily attendance, parent ratio on PTA, proportion of college-bound students.

7. Health Promotion for Staff

Health promotion for staff includes opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

When teachers are enthusiastic and healthy, they are role models of healthy living for students and the community.

- National Council of Chief State School Officers

8. Family/Community Involvement

Family/Community involvement integrates school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

The interaction between parents and children may well be the most important key to lasting, long-term improvement in the overall health status of this country.

-James O. Mason



WHY IS THERE A NEED FOR CSHP IN OKLAHOMA?

- 23% of Oklahoma children under the age of 18 are trapped in poverty — which is 8th highest in the nation. (www.aecf.org/kidscount)
- 15% of Oklahoma children under age 18 are uninsured (2004-2005 Kaiser State Health Facts www.statehealthfacts.org)
- Three of every five children (58.5%) under age 18 do not have a medical home (www.statehealthfacts.org)
- One in six children (16.5%) have significant problems getting specialty care, services or equipment after it has been recommended or prescribed for them (www.statehealthfacts.org)
- 51.8% of children needing mental health care do not receive it (www.statehealthfacts.org)
- The total number of children under age 18 enrolled in SoonerCare (Oklahoma Medicaid) increased 56% from 1999 to 2006 (Oklahoma Healthcare Authority)
- In 2005, there were 6,795 births to teens in Oklahoma or 19 births per day (Vital Statistics Oklahoma State Department of Health)
- Only 192 certified school nurses are in Oklahoma schools (1 nurse per 3,125 students) compared to the recommended 1 nurse per 750 regular classroom students (Healthy People 2010, American Academy of Pediatrics, National Association for School Nurses)
- 27.9%, almost 1 in 3, had ever felt sad or hopeless almost every day for two weeks or more during the past 12 months
- 15%, almost 1 in every 6, had seriously considered attempting suicide in the past 12 months
- 30%, almost 1 in every 3, were overweight or at risk for being overweight as measured by their body mass index
- Only 58.8% exercised to lose or avoid gaining weight during the past 30 days and only 31.3% attended physical education class daily
- Only 15.9%, almost 1 in every 6, consumed the recommended daily intake of fruits and vegetables during the past seven days
- 37.2% had an asthma attack in the past 12 months
- 40.5%, 2 in every 5, had at least one drink of alcohol on one or more days during the past 30 days
- 62% had tried cigarette smoking, even one or two puffs
- Oklahoma students were over 10% more likely to have used some kind of tobacco in the past month when compared to students nationally (Oklahoma = 34.6% and U.S. = 28.4%)
- 36.3% had sexual intercourse during the past three months
- 49% ever had sexual intercourse

2005 Youth Risk Behavior Survey indicated that among Oklahoma high schools students:

- 12%, almost 1 in 8, had been in a physical fight on school property

HOW CAN CSHP BENEFIT STUDENTS AND SCHOOLS?

Students benefit from a consistent, reinforced message that supports healthy behaviors. Schools with effective CSHP have reported the following:

- Reduced school absenteeism
- Fewer behavior problems in the classroom
- Improved student performance — higher test scores, more alert students, and more positive attitudes among students
- New levels of cooperation and collaboration among parents, teachers, school and health officials, and organizations within the community
- A more positive spirit among educators and their students
- The inclusion of health awareness in the fabric of children's lives
- Young people who are more prepared to become productive members of their communities and who can better cope with the world around them

Efforts involving schools and communities can reduce risky behaviors, such as smoking, drinking and drug use. Some evaluated efforts have helped students learn to eat well, exercise more frequently, or improve their school performance. Others have decreased fighting at school, cut down on course failure, lowered rates of teen pregnancy, and/or decreased depression and suicidal behavior.

Source: Why Support a Coordinated Approach to School Health, American Association of State and Territorial Health Officers



It's All About Kids!



Coordinated School Health Program in Tulsa, Oklahoma
Tulsa Health Department

“It’s All About Kids” is a prevention program for school aged children.* The focus is to reduce obesity, improve school performance and build decision-making skills. The program includes the following services: child development, parent education, health education, physical education, nutrition education, oral health education, community health services, and health promotion for school personnel.

CHILD DEVELOPMENT

Child Development Services addresses the needs of the school community on many levels. The main area of focus is to provide assistance and ensure that the participating families’ basic needs are met. This is accomplished through on-going case management, parent education, links to community resources, home visitation, medical assistance, support with truancy issues and assistance with SoonerCare applications. These services are based out of the school and will be readily available to address any barriers and provide assistance when needed.

HEALTH EDUCATION

Health Education collaborates with schools and communities to promote health issues through community events, health fairs, and educational programs. Health educators provide classroom instruction and facilitate health topics such as: self-esteem, anger management, healthy relationships, violence prevention, life plans, and conflict resolution with children and their families.

PARENT EDUCATION

“It’s All About Kids” program is all about families too! On-site parenting events are held at participating schools. Families receive up to date information regarding nutrition, fitness, safety, illness prevention, and many other health topics. These events can be offered in conjunction with other school programs throughout the year. The goal is to provide health information through

fun, family centered activities. Parenting events include: safety fairs, gardening nights, cooking demonstrations, walk through the food pyramid and walk through the activity pyramid.

PHYSICAL EDUCATION

The Physical Education program introduces the concept of physical activity for a lifetime to the students, families and communities in which they live. The student will develop a foundation of fitness and progress to a sustained level of fitness in order to enhance their health and well-being.

NUTRITION CURRICULUM

A six week nutrition curriculum is taught by OU nursing students, OSU dietician students, other nutrition specialists, and by Tulsa Health Department’s Health Education Specialist staff. The curriculum is interactive and based on the USDA.

Food Pyramid Guidelines for children. The classes are offered to children in the 1st through 5th grades. The topics include: Go, Glow, & Grow, The Great Mysteries of Nutrition, Give Me Five Colors that Jive (Fruits and Vegetables), Think Your Drink (Dairy/Calcium), Make Half your Grains Whole, Breakfast Tic Tac Toe, Snack Attack. The program will be implementing the Coordinated Approach to Child Health (CATCH) curriculum during the 2006-07 school year.

ORAL HEALTH SERVICES

The goal of oral health education program is to provide instruction in the causes of oral health disease and the measures necessary for prevention. The 2-day program is presented through interactive learning to ensure that the participants can demonstrate proper brushing techniques and good oral hygiene. While this program is primarily targeted for fourth graders, there are programs available for ages 2 through 100 as well.

* It’s All About Kids is a modified CSHP



HEALTH SERVICES

To address the health needs of the school community, a school based nurse case manager will provide services that include home visitation, health education, transportation assistance for medical appointments and necessary community referrals. In addition to these services, the nurse will assist in promoting wellness for the whole school community by coordinating a walking program for employees, producing a health newsletter, and presenting health education topics as needed.

AFTER SCHOOL PROGRAM

To further enhance the program, we partnered with the YMCA of Greater Tulsa, one of 20 agencies in the country to receive an Activate America grant. We joined our efforts and implemented an after-school program that included health education, peer education, and physical activity.

PARTNERSHIPS

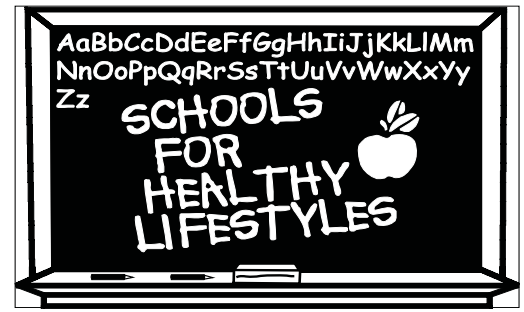
Partnerships are a vital part to the success and overall sustainability of a school health program. Saint Francis Health Systems is one of the major partnerships with the “It’s All About Kids” program. They collaborate on marketing efforts, provide funding to the program, and assist in parenting events which include the *Walk Through the Activity Pyramid*. Most recently, the Tulsa Health Department and Saint Francis Children’s Hospital launched a Childhood Obesity marketing campaign to focus on physical activity. “Play, It’s a Powerful Thing” was the message used to target moms and has aired on several television stations this summer. The next phase is to add a nutrition message to our overall Childhood Obesity campaign.

Other partners include the Community Health Foundation, Oklahoma State Department of Health, Tulsa Public Schools, Union Public Schools, Sand Springs Public Schools, Broken Arrow Public Schools, OSU Extension Center, Mayor’s Fitness Challenge, OU College of Nursing, OU Bedlam Clinics, Oklahoma State University, Oklahoma Fit Kids Coalition, Oklahoma Institute for Childhood Advocacy, Midwest Dairy Council, and Tulsa Junior League.

For more information about the “It’s All About Kids” program, contact the Manager of School Health at (918) 595-4418.

“How to get a CSHP developed in your community” is available at the Tulsa Health Department. Contact (918) 595-4418 for more information.

Schools for Healthy Lifestyles



The Schools for Healthy Lifestyles (SHL) program was developed in 1997 to promote and maintain healthy lifestyles among children, families and school faculty.* Participation in the program benefits not only students but entire school communities. The founding partners of SHL are Oklahoma County Medical Society, Oklahoma City Public Schools and Oklahoma City-County Health Department. The program is endorsed by both the Oklahoma State Department of Education and the State Department of Health.

SELECTED SCHOOLS

Schools that are selected to enter the School for Healthy Lifestyles program focus on four key areas which are related to reducing the leading causes of poor health among Oklahoma residents:

- Promoting physical activity and fitness
- Nutrition education
- Tobacco use prevention
- Injury prevention

SCHOOLS IN THE SHL PROGRAM DEVELOP EDUCATIONAL PROGRAMS AND RESOURCES THAT ENCOURAGE:

- Adopting healthy lifestyles and making healthier choices
- Improving health knowledge, attitudes, skills and behaviors
- Increasing physical activity and fitness levels

BENEFITS TO SCHOOLS:

SHL schools receive the opportunity to enhance the health knowledge of students, families, and school faculty plus provide educational intervention in the attitudes and behavioral skills required for the adoption of healthy lifestyles.

SCHOOLS ALSO RECEIVE:

- \$1,000 grant award
- Public recognition, certificate and school flag
- Intense training at the Summer Health Institute
- Link to community resources and presenters
- Educational ideas and materials
- Health and physical education curricula
- Assessment materials and FITNESSGRAM kit
- Ongoing technical assistance and support
- Lifeline newsletters
- Adopt-A-Doc partnership

Forty-one elementary schools within selected districts (Atoka, Blackwell, Chickasha, Choctaw, Deer Creek - Edmond, Duncan, Edmond, Kingfisher, Mid-Del, Muskogee, Okarche, Oklahoma City, Panola, Putnam City, Shawnee, Tahlequah, Tulsa, and Yukon) are now participating in the program. Schools for Healthy Lifestyles is working to expand the number of schools participating within these districts, as well as other districts within Oklahoma, as funding allows.

** Schools for Healthy Lifestyles is a modified CSHP*

For further information, or if you have any questions or comments, please call the SHL office at 606-8435 or check our website www.healthyschoolsok.org.

**EXISTING
Policy,**

**Law &
Regulation**



3

Existing Policy, Law & Regulation

Education that does not address health misses the heart of the matter.

- C. Everett Koop, Former U.S. Surgeon General

HEALTHY & FIT KIDS ACT OF 2004

September 1, 2004

Each public school in Oklahoma must establish a Healthy & Fit School Advisory Committee to study and make recommendations regarding health, physical education, physical activity, and nutrition and health services in every Oklahoma public school.

(70 O.S. § 24-100)

WALK ACROSS OKLAHOMA

July 1, 2005

- Requires the Oklahoma State Board of Education to establish a physical education curriculum for 5th grade students
- Curriculum must incorporate the fitness challenges adopted by the President's Council on Physical Fitness and Sports
- The State Board of Education is required to adopt a "Walk Across Oklahoma" program for school districts electing to offer a walking plan for 5th graders

(70 O.S. § 11-103.9)

PHYSICAL EDUCATION IN SCHOOLS

2006 – 2007 school year

- Full Day Kindergarten - 5th grade physical education, minimum of 60 minutes/week
- PE as an elective in middle and high schools

(70 O.S. § 11-103.9)

NUTRITION IN SCHOOLS

July 1, 2007

Elementary Schools

- Must remove foods/beverages of no or low nutritional value, except for special occasions

Middle Schools

- Must limit foods/beverages of no or low nutritional value to after school, evening events, and special occasions, except for diet soda
- Must make healthy vending machine options available during the school day

High Schools

- Must offer some healthy vending machine options with incentives to encourage the purchase of healthier items

(70 O.S. § 5-147)

FARM TO SCHOOL

November 1, 2006

- Created the Oklahoma Farm to School program to assist schools and farmers in coordinating efforts to bring more locally grown, fresh fruits and vegetables to school children in Oklahoma
- Other benefits include activities that provide students with hands-on learning opportunities such as farm visits, cooking demonstrations, school gardening programs, and integrate nutrition and agriculture education into school curricula

(2 O.S. § 5-60.1)

HEALTHY & FIT SCHOOLS' RESOURCES

November 1, 2006

- The Healthy and Fit School Advisory Committees are encouraged to utilize the School Health Index available from the CDC or the Oklahoma Healthy and Fit Schools Scorecard available on the Governor's Council on Physical Fitness and Sports website as a program assessment and monitoring instrument
- The Healthy and Fit School Advisory Committees shall be involved in the monitoring, implementation, and evaluation of the newly established regulations limiting access to foods of minimal nutritional value (70 O.S. § 24-100b)

SCHOOL WELLNESS POLICIES

June 30, 2004

- USDA – WIC Reauthorization Act
- Public Law 108-265, Section 204, requires each School Food Authority (SFA) to establish a local school wellness policy no later than July 1, 2006. At a minimum, the policy must:
 - Include goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the SFA determines appropriate
 - Include nutrition guidelines for all foods available on each school campus during the school day with the objectives of promoting student health and reducing childhood obesity
 - Provide an assurance that guidelines for reimbursable meals shall not be less restrictive than regulations and guidance issued by USDA pursuant to the Child Nutrition Act
 - Establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy
 - Involve parents, students, representatives of the SFA, the school board, school administrators, and the public in the development of the school wellness policy

Healthier Schools = Healthier Students, Faculty, & Staff

Healthier Students, Faculty, & Staff = Improved Academic Achievement, Increased Productivity, Increased Morale, and Increased Retention

Education in today's school must focus on the needs of the whole child. The link is clear: physical, mental, and emotional good health in childhood enables life-long learning that results in a productive and inquiring adult citizenry.

- Roberta G. Doering, National School Boards Association



HEALTHY & FIT SCHOOL ADVISORY COMMITTEE



Together we can make a difference in the health of our nation's children.

- David Satcher, Former Surgeon General

WHAT IS A HFSAC?

A Healthy & Fit School Advisory Committee (HFSAC) is an advisory group of at least six individuals who represent segments of the community. The group acts collectively to provide advice to the school regarding school health issues. HFSACs are committed to creating healthy school environments so students may reach their learning potential.

WHY WE NEED TO GET A HFSAC STARTED?

- The Healthy and Fit Kids Act of 2004 requires each public school in Oklahoma to establish a Healthy & Fit School Advisory Committee
- A critical need for effective School Health Programs
- A critical need to improve the health of school age children and adolescents in Oklahoma
- Healthy People 2010 objectives focus on the role of schools in improving the health of young people
- HFSACs can improve the health of schools
- Legislation passed in 2005 includes Healthy and Fit School Advisory Committees as a component for accreditation
- Legislation passed in 2006 includes resources for Healthy and Fit School Advisory Committees

SCHOOL ADMINISTRATION RESPONSIBILITIES IN SUPPORTING THE WORK OF HFSACs

Implementation of successful school health programs can begin with the schools, the school district, or the Healthy & Fit School Advisory Committees. Regardless of where ideas originate for development or revisions of school health policies, programs, or services, the support of the school administration is critical for successful

implementation of recommendations for change. HFSACs are dependent on the leadership and support of the school district in maintaining its effectiveness as an advisory committee. To strengthen the effectiveness of HFSACs, school districts should consider the following supportive actions:

- Principal shall consider recommendations for healthy school changes
- Promote the Coordinated School Health Model (see page 5)
- Strengthen the communication channels among the HFSAC, the school administration, the school board, and the community
- Help the HFSAC members increase their understanding of the existing school health program so that they may become advocates
- Work with the HFSAC to identify the general functions and areas of concern that need attention, including a working definition of school health programming that is standard to all within the school district
- Identify potential members for the HFSAC
- Designate a school personnel member to serve as the primary contact for HFSAC activities
- Recognize and utilize the support of the HFSAC in improving the school health program within the school district

WHAT DO HFSACs DO?

Healthy & Fit School Advisory Committees can have a variety of roles, depending on the school. HFSACs should be designed to provide advice to the school on aspects of the school health program (health education, healthful school environment, health services, physical education, school counseling, food service, health promotion for faculty and staff, and integrated school and community programs). HFSACs shall be involved in the monitoring, implementation, and evaluation of the newly established regulations limiting access to foods of minimal nutritional value and are encouraged to utilize the School Health

Index or the Oklahoma Healthy and Fit Schools Scorecard as a program assessment and monitoring instrument. Some other roles of a HFSAC include, but are not limited to:

Needs Assessment:

HFSACs use the School Health Index or the Oklahoma's Healthy & Fit School Scorecard to identify strengths and weaknesses of the school's health policies/programs.

Action Planning:

HFSACs use the School Health Index to develop an action plan for improving student health, problem solve, plan synergistic activities, participate in curriculum selection and adaptation, provide for discussion of health issues, and provide in-service training programs.

Advocacy:

HFSACs provide visibility for school health within the school and community, ensure that sufficient resources are allocated to school health, intervene when unfavorable changes alter school health programs, facilitate understanding between school and community, and engage representatives from community to provide resources and to serve as a buffer against threats to programs.

Fiscal Planning:

HFSACs assist in determining how much funding is required to conduct school health improvement action plans, help raise funds for local programs, and prepare grant applications.

Liaison with district and state agencies:

HFSACs work with agency personnel in areas of curriculum selection, allocation of school nurse time, development of food service programs, distribution of federal or state funds, and policymaking.

Direct Intervention:

HFSACs initiate policy related to smoking, alcohol use, and the sale of nutritious foods at schools, and organize school-wide activities like health fairs and health promotion.

Evaluation, accountability, and quality control:

HFSACs ensure that school health funds are spent appropriately, food service programs offer healthy menus, and that health-related activities are conducted, conduct focus groups with parents, teachers, administrators, and students, examine existing school services relative to need, and assess the physical and psychological environment of the school.

HOW TO GET A HFSAC STARTED?

If your school does not already have a HFSAC, here are some steps you can take to begin one:

1. Contact school
2. Speak with school administrator
3. Explain the need to organize the HFSAC
 - a) Provide information regarding the role of a HFSAC
 - b) Component of accreditation
4. Offer your help with facilitation/guidance
5. Advise administrator of whom to invite/assign/appoint to be on the HFSAC
6. Schedule first meeting

WHO ARE MEMBERS OF A HFSAC?

Most importantly, HFSAC members are committed to quality health programs and policies for the children of their community. Members can include, but are not limited to educators, parents, students, school support staff, school nurses, interested community members, food service personnel, physical education teachers, counselors, medical professional, etc.

HOW TO RECRUIT PARTNERS?

- Utilize existing relationships
- Spread the word, let school and community know of the need
- Market Healthy & Fit School Advisory Committee through media (websites, newsletters, flyers, radio/television)
- Contact local public health professionals
- Identify and contact health advocates
- Contact PTA

NEXT STEPS

- Continuously seek out advocates for your school from your local community
- Assess school's needs in the 8 areas of the Coordinated School Health Program
- Use the School Health Index
- Develop action plans for school's health programs and policies
- Districts use this information to monitor and revise District Wellness Policy
- Implement action plans
- Monitor progress
- Reassess school's needs



No nation is any healthier than its children — the well nourished school child is a better student. He is healthier and more alert. He is developing good food habits that will benefit him for the rest of his life. In short, he is a better asset for his country in every way.

- Harry S. Truman

To help combat childhood obesity, Congress passed a law requiring each School Food Authority (SFA) participating in the United States Department of Agriculture's (USDA's) school meals programs to establish a local wellness policy.

Schools play a critical role in establishing a healthy school nutrition environment for the prevention of childhood obesity. In addition, a healthy school nutrition environment helps prevent problems associated with a poor diet and physical activity-related chronic diseases.

Schools must set goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness. Schools must also establish nutrition standards for all foods that are available on each school campus during the school day, with the objective of promoting student health and reducing childhood obesity. Schools are required to measure the implementation of the wellness policy and to involve a broad group of individuals in its development.

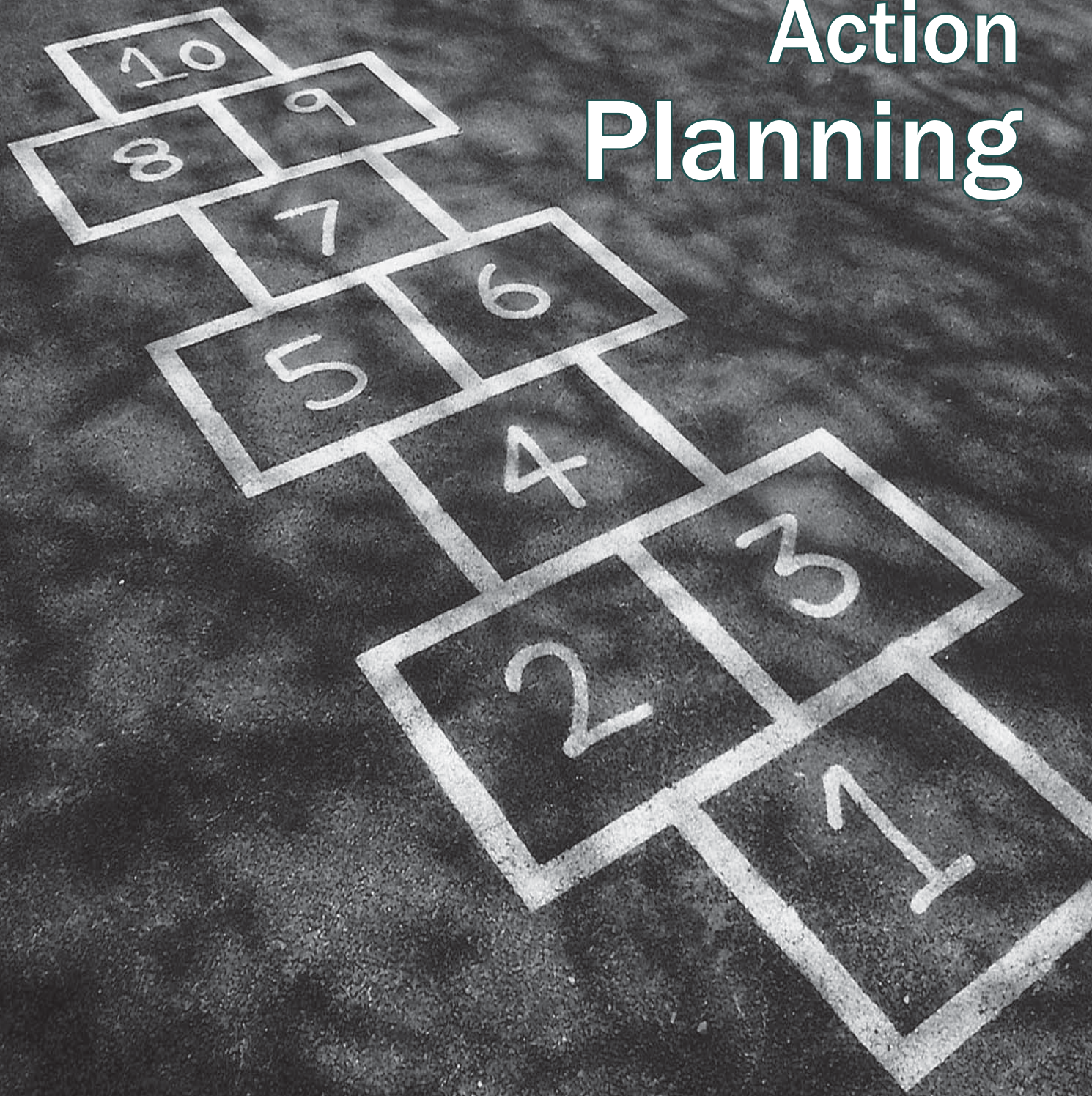
Information may be found on USDA's Team Nutrition Website www.teamnutrition.usda.gov and Oklahoma State Department of Education Child Nutrition Program website at <http://www.sde.state.ok.us>, Site Index, Child Nutrition Programs, Wellness Policy Resources.

Public Law 108-265, Section 204, requires each SFA to have established a local school wellness policy by July 1, 2006. At a minimum, the policy must:

- (a) Include goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness in a manner that the SFA determines appropriate
- (b) Include nutrition guidelines for all foods available on each school campus during the school day with the objectives of promoting student health and reducing childhood obesity
- (c) Provide an assurance that guidelines for reimbursable meals shall not be less restrictive than regulations and guidance issued by USDA pursuant to the Child Nutrition Act
- (d) Establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy
- (e) Involve parents, students, representatives of the SFA, the school board, school administrators, and the public in the development of the school wellness policy

For more School Wellness Policy resources, see page 74

SCHOOL
**Assessment &
Action
Planning**



4

School Assessment & Action Planning

You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated.

-M. Joycelyn Elders, M.D., Former Surgeon General

SCHOOL HEALTH INDEX

WHAT IS THE SCHOOL HEALTH INDEX SELF-ASSESSMENT & PLANNING GUIDE?

The School Health Index (SHI) is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs.

WHY USE SHI?

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

- Increase students' capacity to learn
- Reduce absenteeism
- Improve physical fitness and mental alertness

WHO DEVELOPED THE SHI?

The SHI was developed by Centers for Disease Control and Prevention (CDC) in partnership with school administrators and staff, school health experts, parents, and national non-governmental health and education agencies for the purpose of:

- Enabling schools to identify strengths and weaknesses of health and safety policies and programs
- Enabling schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan

- Engaging teachers, parents, students, and the community in promoting health-enhancing behaviors and better health

There is growing recognition of the relationship between health and academic performance, and your school's results from using the SHI can help you include health promotion activities in your overall School Improvement Plan.

WHO COMPLETES THE SHI?

Healthy & Fit School Advisory Committees complete the eight self-assessment modules and a planning for improvement process. The self-assessment process involves members of your HFSAC discussing what your school is already doing to promote good health and identifying your strengths and weaknesses. The SHI allows you to assess the extent to which your school implements the types of policies and practices recommended by CDC in its research-based guidelines for school health and safety policies and programs.

After your HFSAC completes the self-assessment process, the committee will be asked to identify recommended actions your school can take to improve its performance in areas that received low scores. You will then be guided through a simple process for prioritizing the various recommendations. This step will help you select various actions to be implemented this year. Finally, you will complete the School Health Improvement Plan to list your steps in planning the implementation of

your recommended actions. Completing the SHI is an important first step toward improving your school's health promotion policies and practices. Your school can then act to implement the School Health Improvement Plan and develop an ongoing process for monitoring progress and reviewing your recommendations for change.

HOW DOES OUR SCHOOL GET A SHI?

The SHI is available at no cost. Several methods are available for using the SHI. All the methods are equally effective, and you need to decide which one is best for your school. The SHI is available in the following forms:

Online:

This method is interactive and customizable. You can select the topics you want to include in your SHI. Have your HFSAC members log in and participate. Go to <http://apps.nccd.cdc.gov/shi/NewUser.aspx> and follow the instructions for participating online.

Paper Format:

The SHI is also available in the paper formats (PDF download, Customizable Paper SHI, or by order). Go to <http://www.cdc.gov/healthyyouth/shi/paper.htm> and follow the links for the desired format.

6. Counseling, Psychological, and Social Services
7. Health Promotion for Staff
8. Family and Community Involvement

Within the eight CSHP components, the SHI covers the following five health topics. Additional health topics will be added in future editions.

- Safety
- Physical Activity
- Nutrition
- Tobacco Use
- Asthma

These topics were chosen because these health behaviors can play a critical role in preventing the leading causes of death, disability, hospitalizations, illness, and school absence. CDC has developed guidelines or strategies for schools to address each of them.

Physical inactivity, poor eating habits, and tobacco use are primary causes of the chronic diseases – such as heart disease, cancer, stroke, and diabetes – that are the leading causes of death in our nation. These risk behaviors are typically established during childhood and adolescence, and the physiological processes that lead to chronic diseases can also start in youth. Unfortunately, more children and adolescents are overweight than ever before, and more than one in three high school students currently uses some kind of tobacco product.

Unintentional injuries and violence are the leading causes of death and disability among children, adolescents, and young adults. Major causes of unintentional injuries include motor-vehicle crashes, drowning, poisoning, fires and burns, falls, sports- and recreation-related injuries, firearm-related injuries, choking, suffocation, and animal bites. Types of violence are homicide, suicide, assault, sexual violence, rape, child maltreatment, dating and domestic violence, and self-inflicted injuries. Children and adolescents engage in many behaviors that increase their risk of injury. These include not using seat belts, driving after drinking alcohol, carrying weapons, and engaging in physical fights. Safety-related behaviors are those that can help prevent unintentional injuries and violence.

Asthma is the third leading cause of hospitalizations and a leading cause of school absences. On average, in a classroom of 30 children, about three are likely to have asthma. The impact of illness and deaths due to asthma is disproportionately higher among low-income populations, minorities, and children in inner cities than in the general population.

WHAT SCHOOL HEALTH TOPICS DOES THE SHI ADDRESS?

The items in the SHI are based on CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in improving youth health risk behaviors. The SHI is structured around CDC's eight-component model of a coordinated school health program (CSHP). This model highlights the importance of involving all eight components, which can have a powerful impact on student health behaviors. The eight modules in the SHI correspond to the eight components of a coordinated school health program. The eight modules are:

1. School Health and Safety Policies and Environment
2. Health Education
3. Physical Education and Other Physical Activity Programs
4. Nutrition Services
5. Health Services



Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, live healthier, longer, more satisfying, and more productive lives.

- Carnegie Council on Adolescent Development

HOW MUCH TIME WILL IT TAKE TO COMPLETE THE SHI?

The assessment process can be completed in as little as five hours. Many of the improvements you will want to make after completing the SHI can be done with existing staff and with few or no new resources. A small investment of time can pay big dividends in students' improved health, safety, and readiness to learn. For those priority actions that do require new resources, your SHI results can help provide information needed to stimulate school board and community support for school health and safety, and can provide data and justification to support funding requests.

HOW DOES THE HFSAC COMPLETE THE SHI?

There is no single way to implement the SHI. Schools have developed many approaches, and you need to find the approach that meets your school's needs. The most essential thing to remember is that completing the SHI should be a group effort. The strength of the process comes from having individuals from different parts of the school community sit down together and plan ways to work toward improving school policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

School Health Index:

A Self-Assessment and Planning Guide, Division of Adolescent and School Health Centers for Disease Control and Prevention. www.cdc.gov/nccdphp/dash



Nutrition and physical activity have a significant impact on our nation's children, and schools that promote healthy habits are better able to help students achieve their educational potential. - Laura Bush

The creation of the Oklahoma Governor's Council on Physical Fitness and Sports has brought concern for Oklahomans' health and fitness to the highest level of state government. The Governor's Council serves in an advisory capacity to the Governor and State leaders on issues related to physical activity, providing vision and leadership to agencies and policy makers. It serves as a catalyst in the development and promotion of programs and activities that contribute to healthy lifestyles and wellness of the people of Oklahoma. The Oklahoma Council is charged with promoting the benefits of sports fitness and physical activity and motivating all Oklahomans to become and stay active and fit.

Oklahoma's Healthy and Fit School Scorecard is a self-assessment tool designed for schools and their Healthy and Fit School Advisory Committees to utilize in determining the quality of their nutrition and physical activity school programs. This web-based survey will offer feedback in the form of awarding a school either Bronze, Silver or Gold status based on the overall score achieved or identify areas where there is room for improvement. This program was launched in the Spring of 2007 and is available to all elementary schools in Oklahoma.

For more information, go to <http://www.ok.gov/OGCPFS/okfitness/index.php>.



PECAT - PHYSICAL EDUCATION CURRICULUM ANALYSIS TOOL

The Physical Education Curriculum Analysis Tool (PECAT) is an assessment tool developed by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH), in partnership with physical education experts representing state education agencies, school districts, schools, colleges, and national organizations. The PECAT helps school districts to conduct a clear, complete, and consistent analysis of written physical education curricula for grades K-12, for the delivery of high-quality physical education in schools.

NEED FOR THE PECAT

Schools have the opportunity to increase participation in physical activity through physical education. Schools can help improve the physical activity habits and health of young people by providing quality curriculum and instruction, programs, and services that promote enjoyable, lifelong physical activity. A high-quality physical education program is the cornerstone of a school's physical activity programming, and a well-written physical education curriculum is the foundation of a physical education program.

PECAT Users

- Curriculum committees or physical educators in school districts, schools, or community organizations
- State education agency staff
- Other curricula developers
- Institutions of higher education
- School-level physical education departments

The PECAT is based on National Standards for Physical Education from the National Association for Sport and Physical Education. These standards are a widely accepted guidance tool that frames physical education curriculum content at state and local levels.

To obtain a free copy of the PECAT:

- Download from the CDC Website: <http://www.cdc.gov/healthyyouth/PECAT>
- Request by e-mail: cdc-info@cdc.gov
- Request by phone: (800) CDC-INFO, Hearing impaired: (888) 232-6348

The National Standards emphasize meaningful content, including:

- Instruction in a variety of motor skills designed to enhance child and adolescent development
- Fitness education and assessment that allows students to understand and improve their physical well-being
- Development of cognitive concepts related to motor skills and fitness
- Opportunities to improve social and cooperative skills



Student Health Assessment

5

Student Health Assessment

In the larger context, schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.

- National Council of Chief State School Officers

YOUTH RISK BEHAVIOR SURVEY (YRBS)

WHAT IS THE YOUTH RISK BEHAVIOR SURVEY (YRBS)?

The YRBS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include tobacco use, unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, and behaviors that contribute to unintentional injuries and violence.

WHAT ARE THE PURPOSES OF THE YRBS?

Both the Centers for Disease Control (CDC) random sample and the self-selected YRBS were designed to determine the prevalence of health risk behaviors, assess whether health risk behaviors increase, decrease, or stay the same over time, and examine the co-occurrence of health risk behaviors. The YRBS provides comparable national, state, and local data, and it provides comparable data among subpopulations of youth. It also monitors progress toward achieving the Healthy People 2010 objectives and other program indicators.

WHAT ARE THE COMPONENTS OF THE YRBS?

The YRBS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. The CDC random sample surveys are conducted during the odd-numbered years, i.e. 2001, 2003, 2005, etc. and provide data representative of high school students in public schools in the United States. Results of the CDC random sampling YRBS are published on a regular basis in the CDC periodical, Mortality and Morbidity Weekly Report. The self-selected surveys are conducted on even-numbered years, i.e. 2000, 2002, 2004, etc. to prevent interference with the CDC random sample survey. The self-selected school surveys provide data that are only representative of participating local high school students within the selected schools. School district officials and administrators of participating schools decide if, how, and when the survey results will be made public.

WHAT IS DIFFERENT ABOUT THE SELF-SELECTED YRBS?

Since 1994, the Oklahoma State Department of Health (OSDH), Maternal and Child Health Service (MCH), Child and Adolescent Health Division (CAH) has been offering the YRBS to state schools on a voluntary basis. Oklahoma

schools must contact the OSDH-YRBS coordinator to request participation in the YRBS. The YRBS data from a local school becomes the sole property of that school. OSDH reserves the right to use all data collected through the self-selected YRBS to create aggregate reports about Oklahoma's youth. OSDH will never release information about a specific school or school district without expressed written permission from the school or school district. The participating school district and school make the decision when to release their YRBS results, how those results will be used, and what actions are needed to address those local issues.

HOW MUCH DOES IT COST AND WHAT IS INVOLVED?

There is no cost to the school district or school to conduct both the CDC random sample and the self-selected YRBS through the Oklahoma State Department of Health. (Note, the parental permission form is provided by OSDH, which can be sent home with students or mailed home directly. The host school absorbs any mailing costs.) Staff from OSDH or the County Health Department will make an initial visit to orient the staff/school officials on the CDC random sample or self-selected YRBS survey process and to discuss training of survey administrators. Other visits may be needed to provide training, assist with test administration, and to deliver the results of the analyzed data to school officials and whomever the school invites to the presentation. OSDH or the County Health Department provides training to local staff, survey materials, a completed analysis of the self-selected data results in a presentation format, and assistance in locating local resources to address issues highlighted through the YRBS.

HOW IS THE SURVEY ADMINISTERED?

The CDC random sample YRBS is usually administered to selected schools and classrooms during a given class period. Often, the self-selected YRBS is administered to the entire school population, which requires advance coordination so that all students are given the survey on the same day and, preferably, at the same time. The CDC random sample YRBS is often administered by the staff of the Oklahoma State Department of Health, Maternal and Child Health Division, Child and Adolescent Health Service and local County Health Department. The County Health Department personnel may administer the self-selected YRBS, or if the school population is large, school staff may administer the survey. Mandatory training will be provided to all staff, including school staff involved with administering the YRBS at their site. The way in which both the CDC random sample and self-selected survey is presented can make a tremendous difference in the validity and reliability of the data collected. Any bias (intentional or unintentional) introduced during

YRBS preparation or administration can affect how students respond to the survey. To ensure both survey results are as valid and as reliable as possible, all survey administrators are given specific guidelines about the survey atmosphere, confidentiality procedures and safeguards, and recommendations about how to handle student questions during the YRBS.

If you would like more information about YRBS please visit <http://www.health.state.ok.us/program/yrbs/index.html>.



OKLAHOMA YOUTH TOBACCO SURVEY

One child making healthier choices at a time can change the mindset of a nation.

- Robert Kennedy

Oklahoma Youth Tobacco Survey (OYTS) is conducted by the Oklahoma State Department of Health, in cooperation with the Centers for Disease Control and Prevention, the Oklahoma State Department of Education, and numerous other partners from local health agencies and local school districts. The OYTS is a representative survey of all middle school and high school students (6th through 12th grade) in Oklahoma conducted every two years. It consists of questions covering student use of various tobacco products including cigarettes, spit tobacco, and pipe tobacco. Issues addressed by the survey include prevalence of tobacco use, access to tobacco products, desire to quit, use of tobacco in schools, knowledge and attitudes, media/advertising awareness, exposure to environmental tobacco smoke, and general student demographics. By conducting the OYTS, Oklahoma and community agencies will be able to design, implement, and evaluate tobacco prevention and control programs.

For more information, contact The Tobacco Use Prevention Service at the Oklahoma State Department of Health at (405) 271-3619.

OKLAHOMA PREVENTION NEEDS ASSESSMENT SURVEY

Healthy Kids Make Better Students. Better Students Make Healthy Communities.

The Oklahoma Prevention Needs Assessment Survey collects outcome data and risk and protective factor data that will identify community needs on a local level and then allow schools, school districts, counties, and regions to target services to address those needs. The focus of the Oklahoma Prevention Needs Assessment Survey is on health risk behaviors such as violence and alcohol, tobacco, and other drug use that can result in injury and/or impede positive development among our youth. The survey also includes risk and protective factors, which are attitudes, behaviors, and opinions that research has shown to be highly correlated with these health risk behaviors. The survey is being offered to all schools in the state and is conducted in grades 6, 8, 10, and 12.

WHAT QUESTIONS DOES THE OKLAHOMA PREVENTION NEEDS ASSESSMENT SURVEY ASK?

The Oklahoma Prevention Needs Assessment Survey asks questions about behaviors students or students' friends may or may not have done. For the survey, students will be asked to respond to questions designed to gather information about risk and protective factors and questions related to alcohol, tobacco, and other drug use such as:

- “How often do you feel the school work you are assigned is meaningful and important?”
- “How wrong do you think it is for someone your age to pick a fight with someone at school?”
- “Which of the following activities for people your age are available in your community?”
- “On how many occasions (if any) have you used marijuana in the past 30 days?”
- “How many times in the past year have you taken a handgun to school?”
- “If you skipped school, would you be caught by your parents?”
- “If I had a personal problem I could ask my mom or dad for help?”

WHY SHOULD MY SCHOOL DISTRICT PARTICIPATE?

The Oklahoma Prevention Needs Assessment Survey results can be used to assess current efforts and/or plan new prevention and intervention programs to combat such problems as alcohol, tobacco, other drug use, and violence in our schools and communities. The survey results can also help ensure that the state and participating regions and counties maintain important prevention funding which directly or indirectly benefits area school districts and schools. Information gathered through the Oklahoma Prevention Needs Assessment Survey can be used in the partial fulfillment of the Principles of Effectiveness requirements set forth by the Title IV Safe and Drug Free Schools and Communities Act (“No Child Left Behind” Legislation requirements). Survey results can be used for state and federal level Title IV Basic and Discretionary funds, School Safety Grants, and Safe Schools and other competitive fund processes. Information gathered from youth can also be useful for grant writing, program and school safety planning, as well as targeting interventions to meet the specialized needs of a school and/or community.



For more information, contact the Oklahoma Department of Mental Health and Substance Abuse Services Prevention Services Director at (405) 522-4002.

THE PRESIDENT'S CHALLENGE

Exercise and recreation...are as necessary as reading. I will rather say more necessary because health is worth more than learning.
- Thomas Jefferson

The President's Challenge is a program of the President's Council on Physical Fitness and Sports (PCPFS) recognizing youth, parents, teachers, community leaders, and schools.

The President's Challenge is the Physical Activity and Fitness Awards Program of the President's Council on Physical Fitness and Sports (PCPFS). Starting with the Presidential Physical Fitness Award (PPFA) in 1966, this program has rewarded and motivated millions of youth.

The President's Challenge currently consists of three distinct program areas:

INDIVIDUAL PROGRAMS

Active Lifestyle:

This program offers the Presidential Active Lifestyle Award (PALA) and the Presidential Adult Active Lifestyle Award (PAAL) to recognize those youth and adults who participate regularly in physical activity.

Physical Fitness:

Three award levels are offered for this program. The Presidential Physical Fitness Award (PPFA) is for those who score at or above the 85th percentile on all five events of the physical fitness program. The National Physical Fitness Award (NPFA) is for those who score at or above the 50th percentile, while the Participant Award (PA) is for those who fall below the 50th percentile but attempt all five physical fitness events.

Health Fitness:

The Health Fitness Award (HFA) recognizes those who meet a "healthy level of fitness" on all five events of this program, including a Body Mass Index (BMI) calculation.

SCHOOL RECOGNITION PROGRAMS

Physical Fitness State Champion:

The schools with the highest percentage of Presidential Physical Fitness Award (PPFA) winners in each category for every state are awarded the State Champion Award.

Active Lifestyle Model School:

A Model School is one that has 35 percent or more of their school enrollment earn the Presidential Active Lifestyle Award (PALA) two or more times during the school year.

Physical Activity and Fitness Demonstration Center:

Any school that includes a clear emphasis on physical activity and fitness within its physical education program is eligible to become a Demonstration Center. After serving as a Demonstration Center School for a period of three years, schools are eligible to become an Honor Roll School.

For more information on any of these programs, go to www.presidentschallenge.org

The President's Council on Physical Fitness and Sports
200 Independence Avenue, SW
Room 738H
Washington, DC 20201
202-690-9000
www.fitness.gov



FITNESSGRAM

What is in the stomach carries what is in the mind.

-African Proverb

FITNESSGRAM is an activity and fitness assessment and reporting tool. It was developed by The Cooper Institute in an effort to provide physical educators with a tool that would facilitate communicating fitness testing results to students and to parents. The assessment measures three components of health-related physical fitness that have been identified as important to overall health and function: aerobic capacity, body composition, and muscular strength, endurance, and flexibility.

FITNESSGRAM helps you achieve your goals by applying easy-to-use technology to:

- conduct fair and accurate fitness assessments and easily record the results, set individualized goals for students
- give students responsibility for managing and recording their own activities
- create detailed reports of progress and results for students, parents, and administrators
- help students and parents understand the value of physical activity

ACTIVITYGRAM, introduced in 1999, is a behaviorally based physical activity assessment tool. It provides a three-day record of activities performed during each 30-minute period. The report provides information in the following areas:

- total number of minutes of activity each day as compared to a goal of 60 minutes
- periods of time each day spent in activity
- types of activity

FITNESSGRAM/ACTIVITYGRAM enables you to promote awareness about the importance of physical activity and fitness, assess the fitness and activity levels of children in grades K-12, and help them develop patterns of lifelong, health-promoting physical activity. (The program is also appropriate for use with young adults up to age 30.)
Assessments

- FITNESSGRAM assesses three areas of health-related fitness listed previously. Many test items offer multiple options, so you can choose the

method you prefer. Each score is evaluated against criterion-referenced standards that have been established to indicate levels of fitness corresponding with health. Standards have been set for boys and for girls based on age. The use of health-related criteria helps to minimize comparisons between children and to emphasize personal fitness for health rather than goals based solely on performance. Since only modest amounts of exercise are needed for obtaining health benefits, most students who participate in physical activity almost every day will be able to achieve a score that will place them in the Healthy Fitness Zone.

- The ACTIVITYGRAM assessment is conducted over two school days and one non-school day. Students record their activity for each 30 minutes between 7:00 a.m. and 10:30 p.m. Each entry includes the time of day, the number of minutes in the activity, the intensity level of the activity, and the type of activity from the Activity Pyramid. Information is entered in the computer software and a summary analysis is provided.

Reports

- A FITNESSGRAM Report can be printed out for each student-and a special version for parents-that recommends physical activity program options to help students make it into the Healthy Fitness Zones for those areas where they need improvement. Plus, it explains in nontechnical terms why physical activity is important and how regular physical activity leads to improved health and fitness. The FITNESSGRAM report is a tangible reminder of what students learn in class and a great way to enlist parents' support in their children's physical activity programs.
- An ACTIVITYGRAM Report summarizes a student's activity data for the three-day period. Personalized messages provide suggestions of ways to increase or maintain physical activity. Recommendations are based on national guidelines developed by the Council for Physical Education for Children (COPEC), a division of the National Association for Sport and Physical Education (NASPE).

- A new Activity Log module has been added to FITNESSGRAM/ACTIVITYGRAM 8.0 so that students can more easily keep track of their physical activity. Students enter data on step counts from a pedometer or minutes of activity for any days they choose, set personal goals for the number of steps or minutes, and track progress by cumulative steps or minute totals or daily averages. Teachers can print summary reports that combine data for one or more teachers and one or more classes within a specified date range. Teachers also can print blank step count or minute log sheets for students to fill in at home and then enter the data for several days at once. The most innovative and motivational

feature of the Activity Log is that teachers or district administrators can create incentive challenges and issue these to classes within a school or, if using the networkable versions of the new software, to schools within a district. These challenges serve as motivation to the groups to see which ones can achieve the highest levels of physical activity and do the best job of achieving their goals.

For information about FITNESSGRAM, go to http://www.fitnessgram.net/FG8_Info.htm.

The health of the people is really the foundation upon which all their happiness and all their powers depend.

- Benjamin Disraeli





What's HAPPENING

In Oklahoma Schools

ANADARKO PUBLIC SCHOOLS

2087 students in the district
78 percent of students eligible for free and reduced-price school meals

Description

Over six years ago, Anadarko Public Schools (APS) partnered with the University of Oklahoma Prevention Research Center (OUPRC) to identify children at-risk for overweight and overweight in the Anadarko community. The OUPRC, with the support of the schools' administration and help from the school nurses, measured students' height, weight and blood pressure. The results prompted the OUPRC to partner with Anadarko High School to offer an intervention, the walking class, The Regular Activity In Life Study (TRAILS). TRAILS is a daily, self-paced walking program for 35 to 40 minutes that includes a research component to see the health benefits of daily walking. APS recognized the need to require physical education above state mandates and to improve school health environment.

Key Changes & Results

- APS offered a regularly scheduled, elective credit, TRAILS, to increase opportunities for physical activity and reduce sedentary lifestyles among high school students.
- APS provided a school personnel worksite wellness program that measured height, weight, blood pressure, body fat composition, cholesterol, triglycerides, and blood glucose.
- This program emerged from the interest staff and faculty had from observing the students' participation in TRAILS. School personnel were voluntarily screened and asked to increase physical activity and make healthier food choices.

Keys to Success

Close working partnership between APS and the OUPRC led to the success of programs that improve the health and wellness of Anadarko students. Working together to identify how many children and youth are at-risk of overweight and overweight was important to better understand the health problem. Although weight status results were troubling, this supported and motivated the Anadarko High School to look at the existing class schedule to replace what was a Leisure Time Activities Class (i.e., game board activities) with TRAILS. Anadarko Middle School also began walking programs during and after school in partnership with OUPRC.

Words of Wisdom

"Increasing physical activity for children and youth is critical to combat health problems associated with sedentary lifestyles. Schools can increase physical activity by implementing TRAILS. This is a simple process, but it requires dedication and oversight," Aietah Stephens, University of Oklahoma Prevention Research Center Research Assistant.

Future Plans

Future plans include continued partnership of APS and OUPRC. The Walking Class, TRAILS, will continue to provide another opportunity for students to be more physically active. Plans to share the success of the TRAILS program with other school districts and look at implementing the program throughout the state are underway.

What's
HAPPENING

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University of Oklahoma Health Sciences Center
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Oklahoma City, OK 73104
(405) 271-2330 Ext. 46862

BEAVER PUBLIC SCHOOLS

350 students in the district
30 percent of students eligible for free and reduced-price school meals

Description

Beaver Public School district values student health and aims to address core wellness issues first. The focus has been on nutrition, physical activity, emergency response, and asthma management. Partnerships with the County Health Department and Turning Point assist in the provision of services such as a school nurse, dental program, tobacco prevention, and hand hygiene.

Utilizing the School Health Index provided direction to improve existing health policies and programs. Nutrition related changes and goals include providing nutrition education to students, displaying art and message boards in the cafeteria communicating positive nutritional messages, stocking vending machines with fruit juice and water, eliminating snack machines, snack bars, and ala carte menu items, continuing collaboration between food service director and teachers regarding classroom activities and individual student needs, and meeting the nutritional needs of insulin dependent diabetic students. Physical activity related changes and goals include eliminating games that promote student inactivity during PE class, requiring 225 minutes of activity per week, extending PE participation to more upper grade level students, offering a wellness class, building a walking trail with grant money from Oklahoma Tourism and Recreation Department, partnering with Women, Infants, and Children (WIC) to receive trail equipment for exercise and stretches with signage and instructions, and utilizing Fit Kids curriculum available for use with the trail and equipment.

Other health improvements and future plans include purchasing an Automatic Electronic Defibrillator, selecting and training two emergency response teams, conducting emergency drills and asthma awareness trainings, and developing emergency response plans for all asthmatic students

Key Changes & Results

- Health needs survey was conducted to identify students with special health care needs
- Presentation of Oklahoma health statistics given to staff
- Formation of the Healthy and Fit Advisory Committee
- Utilization of the School Health Index
- Increased student access to healthful foods and beverages
- Requiring physical education above state mandates
- Emergency response plans
- Asthma awareness

Keys to Success

- Participation by key members of school staff, superintendent, and students
- Involvement of interested community members

What's
HAPPENING

Words of Wisdom

“I think we have a vested interest from our teaching staff and committee members because of the daunting statistics that identify Oklahomans at such risk for heart disease. I think providing this information has been key in generating a climate of awareness and cooperation,” Celeste Stone, School Nurse.

Future Plans

Beaver Public School district plans to explore all 8 modules of the School Health Index and to learn more about The Youth Risk Behavior Survey.

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Beaver Public Schools
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Beaver, OK 73932-0580
(580) 625-3693

BRISTOW PUBLIC SCHOOLS

1750 students in the district
80 percent of students eligible for free and reduced-price school meals

Description

Bristow Public Schools believe in the importance of student and staff health. The superintendent wanted to make Bristow schools healthier, so the district utilized the School Health Index to assess school health policies and programs. Many improvements have been made in the low scoring health areas of the School Health Index. Approaches taken to promote healthy eating and physical activity include establishing nutrition standards for competitive foods, influencing food and beverage contracts, making more healthful foods and beverages available, adopting marketing techniques to promote healthful choices, limiting student access to competitive foods, and requiring physical education above state mandates. The district is committed to involving families and the community in schools and providing health promotion activities for staff. All students have access to school counseling, psychological, and social services, clinical health services, and a school nurse. The school health environment has been improved through the adoption of a 24/7 no tobacco policy and the utilization of Healthy & Fit School Advisory Committees and student input and involvement for policy changes.

Key Changes & Results

- 24/7 tobacco free policy
- Health education K-8
- Limiting access to unhealthy foods
- Improving nutritional values of foods being served in cafeteria
- Participating in Game On! The Ultimate Wellness Challenge, nationwide back to school wellness event sponsored by Action For Healthy Kids
- Health article in monthly schools newsletter
- “Walk around the Lake” night in the spring
- Family fun night at elementary school gym with healthy snacks and a simulated heart obstacle course
- Abstinence information night for mother/daughter or father/son

Keys to Success

- The community’s partnership with Turning Point
- The community formed a coalition and made Bristow schools a priority

Words of Wisdom

“Don’t force the issues – communicate in a positive way to staff, students, parents and community. Getting the community involved is a must!” Sherry Fisher, Director of Health and Safety.

Future Plans

Bristow Public Schools plan to continue current activities, further educate parents and the community, and always aspire.

What's
HAPPENING

For more information, contact:
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and Safety
sfisher@bristow.k12.ok.us
Bristow Public Schools
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Bristow, OK 74010
(918) 367-5555

BROKEN ARROW PUBLIC SCHOOLS

15,000 students in the district
35 percent of students eligible for free and reduced-price school meals

Description

Broken Arrow Public Schools (BAPS) are dedicated to improving the health of students and staff. Efforts began as a result of supporting the Wellness Policy Legislation mandated by the federal government. The district's next step was getting approval from the school board for additional staffing and a budget allotment to implement changes. District health-promoting changes include establishing nutrition standards for competitive foods, influencing food and beverage contracts, making more healthful foods and beverages available, adopting marketing techniques to promote healthful choices, limiting student access to competitive foods, and using fundraising activities and rewards that support student health. In addition, approaches include the involvement of families and community in school, health promotion for staff, the provision of school counseling, psychological, social services, and availability of a school nurse for all students. The improvement of the school health environment is approached through the adoption of a 24/7 no tobacco policy, utilization of the Healthy & Fit School Advisory Committee and student input for policy changes. Currently, schools are continually working to gain support of all the staff.

Key Changes & Results

- Interactive website with health tips and nutrition education links
- Information on Broken Arrow television promotes health tips and healthier menu items
- Cafeteria design offers more fresh fruit and vegetable options, whole grains, and lower fat entrées and cheeses
- Healthier a la carte food items are sold during the lunch period
- Meetings are being conducted to discourage PTA groups and other school associations from selling candy and junk food items to raise money
- Implementation of the Coordinated Approach To Child Health Curriculum (CATCH) at all K-5 elementary site involves physical education, nutrition education, the school nurse, the school counselor, parents, and the community
- Health tip calendars are distributed to all elementary students
- Newly interactive website provides links to nutrition education for students and adults
- Wellness challenge to staff encourages healthier role models for the children

Keys to Success

- Research
- Other school success stories
- Administrative support

Words of Wisdom

"Stand firm in your beliefs for improvement. Remain passionate despite others lack of enthusiasm and negative remarks. Research, research, research!!! It will help provide the tools you need to gain administrative support," Jaime M. McCullough, Nutrition Education Coordinator.

What's HAPPENING

Future Plans

In the future, BAPS will keep building on the foundation previously created. Most importantly, more efforts need to be made in the middle and intermediate school sites to encourage physical education and nutrition education. Also, BAPS plan for bigger and better wellness challenges for staff.

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Broken Arrow Public Schools
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Broken Arrow, OK 74012
(918) 259-4565 Ext. 248

CENTRAL PUBLIC SCHOOLS

Sallisaw, Oklahoma

538 students in the district

62 percent of students eligible for free and reduced-price school meals

Description

Thanks to a grant from the Cherokee Nation, Central Public Schools have been able to promote student health, improve the school health environment, and prevent further health problems. The district wide approach addresses students' nutritional and fitness needs by increasing the availability of healthful foods and beverages, actively promoting healthy choices, limiting student access to competitive foods, influencing food and beverage contracts, requiring physical education above state mandates, and utilizing student input and involvement for policy changes. To support students' mental and physical health, Central Public Schools provide psychological and social services, clinical health services, and a school nurse available to all students. The district has also adopted a 24/7 no tobacco policy.

Key Changes & Results

- Improved the nutritional content of snacks available in the Senior candy store to healthy snacks and drinks

Keys to Success

- Cooperation from staff
- Cooperation from students
- Cooperation from parents and community

Words of Wisdom

"Ask for help, you'll be surprised who wants to really make a difference," Cheryl Riggs, Counselor.

Future Plans

Motivated by their current success, Central Public Schools plans to expand their wellness programs and extend walking opportunities to the entire community.

What's
HAPPENING

For more information, contact:
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Project Coordinator
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Central Public Schools
Route 1, Box 36
Sallisaw, OK 74955
(918) 775-5525

KEYS PUBLIC SCHOOLS

Park Hill, Oklahoma

850 students in the district

68 percent of students eligible for free and reduced-price school meals

Description

Keys Public School district sees the value in promoting health in school. Because of today's society and most parents working, the district makes sure students get healthy foods and drinks while at school. Planned methods are to influence food and beverage contracts, make more healthful foods and beverages available, use fundraising activities and rewards that support student health, and to involve families and community in school. In addition, approaches include the provision of school counseling, psychological, and social services and availability of a school nurse for all students. The improvement of the school health environment is approached through the adoption of a 24/7 no tobacco policy, utilization of the Healthy & Fit School Advisory Committee, and utilization of student input and involvement for policy changes.

Key Changes & Results

- Healthy foods and beverages for students to buy as an alternative to soft drinks and candy
- School nurse available for all students
- 24/7 Tobacco Policy

Keys to Success

- Student buy-in
- Parent support
- Community support

Words of Wisdom

"When making any changes, you must do it slowly and get everyone to accept the change,"
Jerry Hood, Superintendent.

Future Plans

Keys Public Schools plans to require health and physical education for all students in the High School.

What's HAPPENING

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26622 S. 520 Rd
Parkhill, OK 74451
(918) 458-1835

KINGFISHER PUBLIC SCHOOLS

1195 students in the district
58 percent of students eligible for free and reduced-price school meals

Description

Kingfisher Public School (KPS) district values student health. The wellness policy committee used the School Health Index to assess the school districts' health policies and programs and to make health-promoting changes. There was a need to improve nutrition and increase physical activity because of students' poor eating and physical activity habits. A youth speak-out also provided the district valuable input of students' perspectives. Participating students had an opportunity to share about the health issues they felt were important. Because of the districts' desire to improve school health, multiple approaches have been taken. Schools have made more healthful foods and beverages available, limited student access to competitive foods, involved families and the community, provided school counseling, psychological, social services, and a school nurse to all students. In addition KPS required physical education above state mandates, provided health promotion for staff, utilized the Healthy and Fit School Advisory Committee, and utilized student input and involvement for policy changes.

Key Changes & Results

- Increased awareness for teachers/students about the importance of nutrition and physical activity
- Increased availability of fresh fruit/veggies at lunches
- Utilized Priority Academic Student Skills (PASS) to teach nutrition topics
- Increased the number and frequency of speakers on health and drug issues
- Hosted a county wide 5th grade walking program/contest - weighed, measured, and calculated their BMI
- Provided nutrition and physical activity lessons for all the 5th graders
- Lessons/pedometers were presented at the elementary school for all ages
- Nutrition/dehydration information was given to athletes
- Nutrition and physical education lessons/contests were done at the Yellow Jacket Academy (Alternative Education)
- Implemented recess before lunch at the elementary level
- Wrote and received Schools for Healthy Lifestyles grant and Women, Infants, and Children (W)IC mini grant

Keys to Success

- Buy-in from administrators and the community
- Research and public speaking on health topics at the school
- Community groups provided the means for buy-in

Words of Wisdom

"Do the research first, get credible statistics, and then take it to administrators or the change maker in your school. Do the School Health Index. It works! Follow through with your goals," Rachel Cameron, School Nurse.

What's
HAPPENING

Future Plans

Kingfisher Public Schools plan to implement Schools for Healthy Lifestyles grant requirements, implement recess before lunch, host an August health fair, create teacher health/physical activity challenges, continue the 5th grade walking program, update health histories and action plans for all students, and offer an athletic nutrition class.

For more information, contact:
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rachelc@health.ok.gov
Gilmour Elementary School
1400 S. Oak
Kingfisher, OK 73750
(405) 368-5460

LEACH PUBLIC SCHOOLS

Jay, Oklahoma

170 students in the district

100 percent of students eligible for free and reduced-price school meals

Description

Leach Elementary School's USDA funded Oklahoma New Communities Project (ONCP) is a holistic approach to health education. ONCP promotes positive personal health behaviors, physical activity, good nutrition, and Native American culture. Due to high rates of obesity and diabetes among Native Americans, the goal of the project is to encourage youth to make wise decisions regarding their health by making food and activity choices that will enable them to grow into fit, responsible, and healthy individuals.

Leach students, with the help of local Cherokee elders, have created a vegetable garden on campus. The garden, along with a complete kitchen in the classroom, has actively involved youth in hands-on education related to gardening science, physical activity, nutrition, food preparation, and food safety. Native American culture is incorporated into many of the lessons (i.e. a "Three Sister's Garden" with beans growing up the corn stalks, and squash at the base as a mulch). Special needs students also benefit, using the garden as a reward or teaching tool. Other valuable partners include Delaware County Master Gardeners who constructed a compost bin and donated gardening tools, seeds, plants, manpower, and money and Cherokee Nation's Food Distribution Program who taught healthy and delicious cooking.

Health Educators from Sam Hider Indian Clinic have helped teach healthy lifestyles and conducted Body Mass Index (BMI) assessments on the students. Guest speakers presented programs on topics such as poisons, tobacco, diabetes prevention, oral health, heart health, drug awareness, and creative movement in the classroom. A variety of curriculum covering personal safety, character development, substance abuse prevention, hand washing, identifying food groups, the food pyramid, and emotional health were also integrated.

With a \$20,000 grant from Senator Littlefield, a greenhouse was built. Plants grown are used as fundraisers rather than selling candy to students and the community.

A variety of fitness equipment and a walking track provide many opportunities for students to be physically active. Students were inspired to participate in the competitive walking/nutrition challenge. As evidence to their commitment to health, the students chose traveling to a skating rink over the IMAX Theater as their reward for participating in the challenge.

Key Changes & Results

- Improved eating and cooking habits in the school cafeteria
- No deep fat fryer/fried foods
- More fresh fruits and vegetables
- Salad bar consumption doubled
- Use of garden to enhance classroom learning
- Health newsletters sent home regularly
- Cessation of traditional distribution of candy daily at recess, now a Friday only event
- Purchase of additional health curriculum to have accessible to school staff

What's
HAPPENING

- Purchase of a 20 foot teepee to bring reading and other activities out of the classroom and to the outdoors
- Partnership with Cherokee Nation/BMI testing and health presentations
- Healthy recipe book using recipes the students used in health/cooking/nutrition classes

Keys to Success

- Ownership and pride of students, administration, parents, teachers, community, and Cherokee Nation
- Funding and encouragement from OSU Extension and USDA

Words of Wisdom

“Take baby steps...don’t get overwhelmed. The community and school need to feel a part of the program and have a say in what’s done. Have focus groups and interview parents, students, teachers, key community leaders, administration and see what their views are on healthy lifestyles and what they think can be done to help and how they can also help,” Helen Page, ONCP Health Coordinator.

Future Plans

In the future, Leach School plans to continue the health/garden/nutrition/cooking program, develop a new “coach friendly” teaching curriculum using posters with 5-minute health lesson cards attached to the back, develop a school wellness plan, and use more school wide health-promoting posters, activities, and lessons.

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Jay, OK 74346
(918) 253-4330

NORTHWEST HEIGHTS

ELEMENTARY *Durant, Oklahoma*

560 students in the school
55 percent of students eligible for free and reduced-price school meals

Description

Northwest Heights' physical education teacher noticed how tired and unmotivated students were after brief exercise. Students complained often about exercising and did not see the value of exercise/fitness. Due to rising health concerns about childhood obesity and lack of nutrition knowledge, the physical education teacher wanted to be proactive and to change and improve students' attitudes about exercise/fitness. The school has taken many approaches to improving student health such as limiting access to competitive foods, involving families and the community in the school, requiring physical education above state mandates, providing health promotion for staff, and requiring health education.

Key Changes & Results

- Established a "Fitness Club"
- Put in walking track at school
- Students walk ten miles to earn "Fitness Club" t-shirt and other rewards
- Faculty and staff encouraged to participate
- Nutrition classes (healthy food/snack choices) for all students

Keys to Success

- Parents, administration, and community encouragement for the "Fitness Club"
- Community partnership formed with Choctaw Nation and Chief Pyle who provided funds to purchase t-shirts
- Community partnership formed with OSU-Extension nutrition specialist to provide nutrition classes for students

Words of Wisdom

"Make a strong commitment to make a positive change, because it takes much work to reach your goal. Build partnerships with parents, the community, and faculty/administration, because you will be more apt to be successful," Lisa Jestis, Counselor.

Future Plans

Northwest Heights Elementary School plans to continue the Fitness Club, nutrition classes, and provide greater fitness challenges to students and faculty.

What's
HAPPENING

For more information, contact:
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Durant, OK 74701
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SHEDECK ELEMENTARY

Yukon, Oklahoma

400 students in the school (K through 5th grade)
40 percent of students eligible for free and reduced-price school meals

Description

Shedeck Elementary School believes healthier children can learn better. Because of their commitment to improving student and staff health, the school promotes a breakfast program, faculty health, and before and after school programs. Other approaches taken to ensure a healthy school environment at Shedeck are influencing food and beverage contracts, making more healthful foods and beverages available, reducing sugary and fatty foods in holiday celebrations, limiting student access to competitive foods, decorating the cafeteria with nutrition posters, and using fundraising activities and rewards that support student health. Shedeck also values family and community involvement, requires physical education above state mandates, has adopted a 24/7 no tobacco policy, and utilizes their Healthy and Fit School Advisory Committee. To further support students' physical and mental health, the school provides school counseling, psychological, and social services, first aid kits and hand sanitizer to all staff and faculty, and places hand washing and health-related posters in the restrooms.

Key Changes & Results

- Healthier classrooms
- Annual Health Fair
- Healthy snacks
- Injury prevention

Keys to Success

- Administrator and faculty cooperation
- Community involvement
- Parent/teacher/student collaboration

Words of Wisdom

"Promote a healthy atmosphere in your classroom. Make gradual improvements in the school toward a healthier environment. Work with faculty, administrators, and community," Carma Branscum, Physical Education and Health Education Teacher.

Future Plans

Shedeck Elementary School plans to reintroduce recess walking/jogging, implement monthly faculty fitness, and promote a nutrition program throughout the school year.

What's
HAPPENING

For more information, contact:
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(405) 354-6601

WESTERN VILLAGE ACADEMY

Oklahoma City, Oklahoma

330 students in the school
89 percent of students eligible for free and reduced-price school meals

Description

When INTEGRIS Health created Western Village Academy (a charter school) eight years ago, there was an instant inclination to focus on health and fitness because of the nature of INTEGRIS' business and mission. Health, fitness and well-being permeate the school's culture. Awareness of each individual's health and fitness needs is motivation to do whatever is possible to improve student health. Because a high percentage of students at Western Village experience obesity issues, the school is committed to addressing them. Therefore, many programs and plans to promote positive health changes in the community have been developed.

Approaches taken to improve nutrition among students include refusing to offer any competitive foods, refusing to engage in any food and beverage contracts, sending home lists of healthy snacks for parents to send to class parties, sending home health tips in weekly "Thursday Note", hosting a first grade "Fresh Fruit Stand" fundraiser for field trips, selling dill pickles rather than candy as a fundraiser, providing non-food rewards as (pencils, games, stickers, rubber stamp designs on hands, free time, running or walking laps around the track, eating lunch with a teacher or principal, positive notes sent home, books), and planning healthy breakfast and lunch menus for a 9-week summer program.

Approaches taken to increase physical activity among students include requiring all students to participate in physical education twice a week for a total of 75 minutes and offering opportunities to exercise beyond school hours with the school jump rope, soccer, basketball and track teams.

The school's physician assistant and physical education teacher worked together to develop an obesity study to target at-risk students. Health and fitness screenings are administered to all students at the beginning of each school year. When students are identified with risk factors, the physician assistant and physical education teacher council the student's parents, offering diet recommendations and a fitness plan.

Western Village Academy values family and community involvement. Each student has a mentor who works with his/her mentee at least one hour per week (300 mentors). Three "Family Nights" are offered each year with free dinners (Fall - focus on reading with free take home library books, January - interactive arts/multiple intelligences activities, Spring - health fair). The school counselor hosts "2nd Cup of Coffee" the first Friday of every month. Parents come for juice, coffee, fresh fruit, and a video or presentation on parenting or a healthy lifestyles technique, participate in school-wide "Eagle Morning Pride", and return to the counselor's room for discussion. Success For All (SFA) Reading requires each student to read with an adult 20 minutes nightly and return a signed Read & Respond (R&R) form daily. Each Friday, the students who have returned their forms each day of that week receive a non-food prize. Once a month the students who have returned their R&R forms consistently get to attend SFA Café. The reading facilitator plans a lunch focused on a cultural theme. She decorates, dresses, plans a menu, and plays music reflecting the theme. (Country-Western, Mardi Gras, Black Heritage, Chinese New Year, Spring Picnic, etc.) Other activities include monthly PTA and Neighborhood Association meetings, parent-teacher conferences twice a

What's
HAPPENING

year, and an annual parent survey. Additional community partnerships with local churches, Oklahoma Christian University, and Heritage Hall private school provide services to our children and families.

The improvement of the school health environment is approached through the adoption of a 24/7 no tobacco policy, utilization and monthly meetings of the Safe and Healthy Lifestyles Committee (a combination of the Safe Schools and Healthy & Fit School Committees) and student input and involvement for policy changes. Twice a year, the committee conducts a facilities walk-through to target areas, which may cause health or safety hazards. When identified, problems are taken care of immediately (lint ridden air filters, dusty areas, broken playground equipment, unsafe or uncovered electrical cords or plugs, equipment and chemicals not stored properly, etc.).

Other health promoting activities include health promotion for staff and health education for students. The school physician assistant conducts annual physicals for all staff, provides free annual flu shots, and provides on-going health care as needed. Teachers are offered opportunities to participate in local charity-sponsored walks/runs and the school's walking challenge. The physical education teacher and counselor collaborate to teach specific health-related topics. Guest speakers are frequently brought in to enrich specific health lessons. Being a member of Oklahoma's "Schools for Healthy Lifestyles" provides additional health education resources. Training received at the annual three-day workshop is shared with the staff when school begins.

Key Changes & Results

- Obesity study
- Becoming a member of "Schools for Healthy Lifestyles"
- Walking track
- Mileage Club, a walking challenge for students, parents, and staff
- Weekly PE classes for all students in Kindergarten – fifth grade
- Sports teams
- Free Jazzercise classes for staff and parents (4:00-5:00 two days a week)
- Full time PE teacher
- Full time counselor teaches weekly classes, provides one-on-one and small-group counseling to students, serves as Family Support Coordinator, and provides and connects parents and families to social services
- Full time physician's assistant provides full services, free immunizations, and flu shots to all students, parents, teachers, and members of the community
- Annual Health Fair
- No vending machines
- Nutritionally balanced breakfasts and lunches during summer program
- Minimizing unhealthy food-oriented rewards and party treats

Keys to Success

"First and foremost, having INTEGRIS Health as our business partner put us in a position to have the finest and most accessible resources to utilize. Having a full time physician assistant, physical education teacher, and counselor who work together and collaborate superbly, has been a key factor. Closely connected to the multitude of resources is the fact that we have a very committed and supportive staff who embrace and implement healthy habits by modeling their efforts to change and by educating students and supporting their goals to improve health and fitness," Peggy Brinson, Western Village Academy Principal.

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Western Village Academy
1508 N.W. 106th
Oklahoma City, OK 73112
(405) 751-1774

6609 students in the district
30 percent of students eligible for free and reduced-price school meals

Description

Yukon Public School (YPS) district is making health improvements in all schools through the adoption of a district-wide policy wellness program. This new policy will enable students to grow up knowing how to make good choices regarding their health. Methods that YPS sees as effective is to establish nutrition standards for competitive foods, to influence food and beverage contracts, to make more healthful foods and beverages available, and to limit student access to competitive foods. The use of healthy fundraising activities and rewards, the involvement of families and the community, the improvement of the school health environment, the utilization of Healthy & Fit School Advisory Committees in each school, and student involvement in policy changes is equally beneficial to student health. YPS also provides school counseling, psychological services, social services, a school nurse for all students, and health promotion for staff.

Key Changes & Results

- District wellness policy to be used in all schools
- High school vending machines offer low fat and fat free foods
- Two elementary schools are “Schools for Healthy Lifestyles” schools
- 24/7 no tobacco policy

Keys to Success

- Student interest
- Board support
- Community support

Words of Wisdom

“Schools for Healthy Lifestyles is a very worthwhile and rewarding program for students,”
Becca Sullivan, Drug Free Coordinator.

Future Plans

The Yukon district plans to implement the newly adopted wellness policy.

What's
HAPPENING

For more information, contact:
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Yukon Public Schools
600 Maple
Yukon, OK 73099
(405) 354-2587

Resources



7 Resources

a

ADOLESCENT HEALTH

Oklahoma State Department of Health
Adolescent Health Program

www.state.ok.us/program/adh/index.html

ADVOCACY TOOLS

Oklahoma Institute For Child Advocacy

www.oica.org/advocacy_resources/index.html

Advocates for Youth

www.advocatesforyouth.org/

ASTHMA

National Asthma Education and Prevention Program:
Managing Asthma: A Guide for Schools

www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm

Asthma Action America

www.asthmaactionamerica.org/

American Academy of Pediatrics

www.aap.org/healthtopics/asthma.cfm

Oklahoma Lung Association of Oklahoma

www.lungusa.org/site/pp.asp?c=dvLUK900E&b=39107

Asthma and Allergy Foundation of America

www.aafa.org/

National Asthma Education and Prevention Program

Resolution on Asthma Management at School
www.nhlbi.nih.gov/health/public/lung/asthma/resolut.htm

b

BODY MASS INDEX

Centers for Disease Control and
Prevention, BMI

www.cdc.gov/nccdphp/dnpa/bmi/index.htm

Kids Health

www.kidshealth.org/kid/stay_healthy/fit/bmi.html

Center for Health and Health Care in Schools

www.healthinschools.org/focus/2006/no1.htm

BULLYING

Olweus Bullying Prevention Program

www.clemson.edu/olweus/index.html

National PTA, Think You Know What a Bully Looks
Like? Think Again

www.pta.org/archive_article_details_1117636233859.html

Stop Bullying Now

www.stopbullyingnow.hrsa.gov/index.asp?area=main

C

CHILDHOOD OBESITY

Action for Healthy Kids

www.actionforhealthykids.org/resources_topic.php?topic=9

Centers for Disease Control and Prevention

www.cdc.gov/HealthyYouth/overweight/index.htm

Institute of Medicine of the National Academies

www.iom.edu/?id=22623

**National Association of School Boards of Education,
The State Education Standard**

The Role of Schools in Preventing Childhood Obesity
www.nasbe.org/standard/17_Dec2004/Wechsler2.pdf

**Preventing Weight Problems Before They Become Too
Hard to Solve**

www.nasbe.org/standard/17_Dec2004/atkins.pdf

Healthy Policies for Healthy Kids

www.nasbe.org/standard/17_Dec2004/rhiner.pdf

**The Future of Children: A Publication of The Woodrow
Wilson School of Public and International Affairs at
Princeton University and The Brookings Institution.**

www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=349724

Oklahoma Fit Kids Coalition

www.fitkidsok.org

Community and Family Involvement

Action for Healthy Kids, Community/Family Outreach
www.actionforhealthykids.org/resources_topic.php?topic=11

CROSSCUTTING

**ENACT, Environmental Nutrition and Activity
Community Tool, Strategies for Schools**

www.preventioninstitute.org/sa/enact/members/index.php

Community Tool Box, University of Kansas

www.ctb.ku.edu/

d

DIABETES EDUCATION

American Diabetes Association

www.diabetes.org/for-parents-and-kids/for-schools.jsp

e

EATING DISORDERS

Academy for Eating Disorders

www.aedweb.org

National Eating Disorders Association

www.nationaleatingdisorders.org

Eating Disorders Coalition

www.eatingdisorderscoalition.org

Body Positive

www.thebodypositive.org

f

FOOD MARKETING TO CHILDREN

**Food Marketing to Children and Youth:
Threat or Opportunity?, Institute of
Medicine**

www.iom.edu/?id=31330&redirect=0

**Pestering Parents: How Food Companies Market
Obesity to Children, Center of Science in the Public
Interest**

www.cspinet.org/new/pdf/pages_from_pestering_parents_final_pt_1.pdf

www.cspinet.org/new/pdf/pages_from_pestering_parents_final_pt_2.pdf

www.cspinet.org/new/pdf/pages_from_pestering_parents_final_pt_3.pdf

**Review of Research on the Effects of Food Promotion
to Children, United Kingdom Food Standards Agency**

www.foodstandards.gov.uk/multimedia/pdfs/foodpromotiontochildren1.pdf

**Marketing Food to Children, World Health
Organization**

www.whqlibdoc.who.int/publications/2004/9241591579.pdf

**Guidelines for Responsible Food Marketing to
Children, Center for Science in the Public Interest**

www.cspinet.org/marketingguidelines.pdf

**Commercial Activities in Schools, U.S. General
Accounting Office**

www.gao.gov/new.items/d04810.pdf

**Action for Healthy Kids, Advertising/Marketing in
Schools**

www.actionforhealthykids.org/resources_topic.php?topic=6

**FRUIT AND VEGETABLE PROMOTION IN
SCHOOLS**

**Fruits and Vegetables Galore: Helping Kids Eat More,
U.S. Department of Agriculture**

www.fns.usda.gov/tn/Resources/fv_galore.html

**National Farm-to-School Program website, hosted by
the Center for Food and Justice**

www.farmtoschool.org

Fruits and Veggies, More Matters

www.fruitsandveggiesmorematters.org/

Oklahoma Farm-to-School: Growing Healthy Kids and a Healthy Rural Economy

www.kerrcenter.com/farm_to_school/

FUNDRAISING ACTIVITIES

Action for Healthy Kids, Fundraising in Schools

www.actionforhealthykids.org/resources_topic.php?topic=13

Creative Financing and Fun Fundraising, Shasta County Public Health

www.fwps.org/dept/nutrition/fundraiser.pdf

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GENERAL NUTRITION RESOURCES

Making it Happen: School Nutrition Success Stories, Centers for Disease Control and Prevention, U.S. Department of Agriculture, and U.S. Department of Education

www.cdc.gov/HealthyYouth/nutrition/Making-It-Happen/

Changing the Scene: Improving the School Nutrition Environment Toolkit, U.S. Department of Agriculture

www.fns.usda.gov/tn/Healthy/changing.html

Dietary Guidelines for Americans 2005, U.S. Department of Health and Human Services and U.S. Department of Agriculture

www.health.gov/dietaryguidelines/dga2005/document

Guidelines for School Health Programs to Promote Lifelong Healthy Eating, Centers for Disease Control and Prevention

www.cdc.gov/mmwr/pdf/rr/rr4509.pdf

Healthy Food Policy Resource Guide, California School Boards Association and California Project LEAN

www.csba.org/ps/hf.htm

Diet and Oral Health, American Dental Association

www.ada.org/public/topics/diet.asp

GRANT OPPORTUNITIES

The Center for Health and Health Care in Schools / Grant Alerts

www.healthinschools.org/home.asp

School Grants PreK - 12

<http://www.schoolgrants.org/>

U.S. Department of Education / Discretionary Grant Application Packages

www.ed.gov/fund/grant/apply/grantapps/index.html

National Coalition for Promoting Physical Activity

www.ncppa.org/Enewsletters.asp

P.E.4Life / PEP Grant Information

www.pe4life.org/pepgrant_news.php

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HEALTH EDUCATION

National Standards, American Association for Health Education

www.aahperd.org/aahe/pdf_files/standards.pdf

Action for Healthy Kids, Health Education

www.actionforhealthykids.org/resources_topic.php?topic=15

HEALTH FAIR

Texas Cooperative Extension, Health Fair Planning Guide

www.fcs.tamu.edu/health/health_fair_planning_guide/index.php

HIV PREVENTION

Oklahoma State Department of Health HIV/STD Service

www.health.state.ok.us/program/hivstd/index.html

Centers for Disease Control and Prevention / HIV/AIDS

www.cdc.gov/hiv/

U.S. Department of Health and Human Services

www.niaid.nih.gov/factsheets/hivinf.htm

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MEAL TIMES AND SCHEDULES

Eating at School: A Summary of NFSMI Research on Time Required by Students to Eat Lunch, National Food Service Management Institute (NFSMI)

www.schoolwellnesspolicies.org/resources/eating_at_school.pdf

Relationships of Meal and Recess Schedules to Plate Waste in Elementary Schools, National Food Service Management Institute

www.nfsmi.org/Information/Newsletters/insight24.pdf

MEDIA LITERACY

Media Literacy for Prevention, Critical Thinking, Self-Esteem
www.medialiteracy.net/

MENTAL HEALTH

Oklahoma Department of Mental Health and Substance Abuse Services
www.odmhsas.org/menthealth.htm

Oklahoma Disability Law Center
www.oklahomadisabilitylaw.org

National Mental Health Association
www.nmha.org/children/index.cfm

National Mental Health Information Center
www.mentalhealth.samhsa.gov/child/childhealth.asp

Child and Adolescent Health Division Oklahoma State Department of Health
www.health.ok.gov/program/ahd/index.html

MILK/DAIRY

Dairy Max
www.3aday.org

National Dairy Council, Nutrition Explorations
www.nutritionexplorations.org

National Dairy Council, Mid Atlantic Dairy Association
www.dairyspot.com

National Dairy Council, Milk Processor Education Program
www.whymilk.com

MINORITY OUTREACH

Action for Healthy Kids, Minority Outreach Programs
www.actionforhealthykids.org/resources_topic.php?topic=16

n NUTRITION

Celebrations Guide to Healthy School Parties, Action for Healthy Kids of Alabama
www.actionforhealthykids.org/filelib/toolsforteam/recom/N&PA%2032%20-%20parties.pdf

Classroom Party Ideas, University of California Cooperative Extension Ventura County and California Children's 5 A Day Power Play! Campaign
www.cspinet.org/nutritionpolicy/classroompartyideasCA.pdf

NUTRITION EDUCATION AND PROMOTION

Action for Healthy Kids, Nutrition Education
www.actionforhealthykids.org/resources_topic.php?topic=17

U.S. Department of Agriculture Team Nutrition
www.fns.usda.gov/tn/

The Power of Choice: Helping Youth Make Healthy Eating and Fitness Decisions, U.S. Food and Drug Administration and U.S. Department of Agriculture's Food and Nutrition Service
www.fns.usda.gov/tn/Resources/power_of_choice.html

Nutrition Education Resources and Programs Designed for Adolescents, American Dietetic Association
www.eatright.org/cps/rde/xchg/ada/hs.xsl/career_3275_ENU_HTML.htm

NUTRITION STANDARDS FOR FOOD AND BEVERAGES IN SCHOOLS

Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth, Institute of Medicine
www.iom.edu/CMS/3788/30181/42502.aspx

Recommendations for Competitive Foods Standards (a report by the National Consensus Panel on School Nutrition), California Center for Public Health Advocacy
www.publichealthadvocacy.org/PDFs/school_food_stan_pdfs/standards.pdf

School Foods Tool Kit, Center for Science in the Public Interest
www.cspinet.org/schoolfoodkit/index.html

State policies for competitive foods in schools, U.S. Department of Agriculture
www.fns.usda.gov/cnd/Lunch/CompetitiveFoods/state_policies_2002.htm

Foods Sold in Competition with USDA School Meal Programs (a report to Congress), U.S. Department of Agriculture

www.cspinet.org/nutritionpolicy/Foods_Sold_in_Competition_with_USDA_School_Meal_Programs.pdf

O ORAL HEALTH

Dental Association

www.ada.org/public/topics/softdrink_faqa.asp

Oklahoma State Department of Health / Dental Health Service

www.health.state.ok.us/program/dental/index.html

Center for Disease Control

www.cdc.gov/OralHealth/

National Maternal and Child Oral Health Education Resource Center

www.brightfutures.org/oralhealth/about.html

American Dental Association

www.ada.org/public/index.asp

National Institutes of Health

www.nlm.nih.gov/medlineplus/childdentalhealth.html

OUT-OF-SCHOOL OPPORTUNITIES

Oklahoma Afterschool Network

www.okafterschool.org

Afterschool Alliance

www.afterschoolalliance.org

Finance Project

www.financeproject.org

Harvard Family Research Project

www.gse.harvard.edu/~hfrp/

National Institute on Out-of-School Time

www.niost.org

National Afterschool Association

www.naaweb.org

Council of Chief State School Officers

www.ccsso.org/projects/Extended_Learning_Opportunities/

Afterschool Now

www.afterschoolnow.org/

21st Century Community Learning Centers

www.ed.gov/programs/21stcclc/index.html

P PHYSICAL ACTIVITY & PHYSICAL EDUCATION

General Resources on Physical Activity Center for Disease Control and Prevention Healthy Youth

www.cdc.gov/healthyyouth/physicalactivity.index.htm

Action for Healthy Kids, Physical Activity

www.actionforhealthykids.org/resources_topic.php?topic=19

Guidelines for School and Community Programs to Promote Lifelong Physical Activity among Young People, Centers for Disease Control and Prevention

www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm

Healthy People 2010: Physical Activity and Fitness, Centers for Disease Control and Prevention and President's Council on Physical Fitness and Sports

www.healthypeople.gov/document/HTML/Volume2/22Physical.htm#_Toc490380803

Physical Fitness and Activity in Schools, American Academy of Pediatrics

www.aapolicy.aapublications.org/cgi/reprint/pediatrics;105/5/1156.pdf

Integrating Physical Activity into Classroom Setting Brain Breaks, Michigan Department of Education

www.emc.cmich.edu/brainbreaks

Energizers, East Carolina University

www.ncpe4me.com/energizers.html

PHYSICAL ACTIVITY OPPORTUNITIES BEFORE AND AFTER SCHOOL

Oklahoma City Kids Memorial Marathon

www.okcmarathon.com/KidsMarathon/tabid/57/Default.aspx

American Diabetes Association

www.diabetes.org/schoolwalk

Guidelines for After School Physical Activity and Intramural Sport Programs, National Association for Sport and Physical Education

www.aahperd.org/naspe/pdf_files/pos_papers/intramural_guidelines.pdf

The Case for High School Activities, National Federation of State High Schools Associations

www.nfhs.org/web/2004/01/the_case_for_high_school_activities.aspx

Rights and Responsibilities of Interscholastic Athletes, National Association for Sport and Physical Education

www.aahperd.org/naspe/pdf_files/pos_papers/RightsandResponsibilities.pdf

Action for Healthy Kids, After School Programs

www.actionforhealthykids.org/resources_topic.php?topic=4

Media Smart Youth: Eat, Think, and Be Active! National Institute of Health

www.nichd.nih.gov/msy/msy.htm

PHYSICAL EDUCATION

PE Central

www.pecentral.org

PE Links

www.pelinks4u.org/index.htm

American Alliance for Health, Physical Education, Recreation, and Dance

www.aahperd.org

Oklahoma Association for Health, Physical Education, Recreation, and Dance

www.oahperd.org/

PE 4 Life

www.pe4life.org

Action for Healthy Kids, Physical Education

www.actionforhealthykids.org/resources_topic.php?topic=18

Substitution for Instructional Physical Education Programs, National Association for Sport and Physical Education

www.aahperd.org/naspe/pdf_files/pos_papers/substitution.pdf

Blueprint for Change, Our Nation's Broken Physical Education System: Why It Needs to be Fixed, and How We Can Do It Together, PE4Life

www.pe4life.org/articles/blueprint2004.pdf

Adapted Physical Education

www.pecentral.org/adapted/adaptedmenu.html

PLAY

Partnership for Play Everyday

www.playeveryday.org

Building "Generation Play": Addressing the Crisis of Inactivity Among America's Children, A Report by Stanford University

www.playeveryday.org/Stanford%20Report.pdf

Alliance for Childhood, Restoring Play

www.allianceforchildhood.net/projects/play/index.htm



RECESS

Recess Before Lunch, Oklahoma State Department of Education

cnp.sde.state.ok.us/documents/RecessBeforeLunch.pdf

Recess in Elementary Schools, National Association for Sport and Physical Education

www.aahperd.org/naspe/pdf_files/pos_papers/current_res.pdf

Recess Before Lunch Policy: Kids Play and then Eat, Montana Team Nutrition

www.opi.state.mt.us/schoolfood/recessBL.html

Relationships of Meal and Recess Schedules to Plate Waste in Elementary Schools, National Food Service Management Institute

www.nfsmi.org/Information/Newsletters/insight24.pdf

The American Association for the Child's Right to Play

www.ipausa.org/recess.htm

REWARDS

Constructive Classroom Rewards, Center of Science in the Public Interest

www.cspinet.org/nutritionpolicy/constructive_rewards.pdf

Alternatives to Using Food as a Reward, Michigan State University Extension

www.tn.fcs.msue.msu.edu/foodrewards.pdf

Prohibition Against Denying Meals and Milk to Children as a Disciplinary Action, U.S. Department of Agriculture Food and Nutrition Service
www.schoolwellnesspolicies.org/resources/ProhibitionAgainstDenyingMealsAsPunishment.pdf



SAFE ROUTES TO SCHOOL

Safe Routes to School, National Highway Traffic Safety Administration

www.nhtsa.dot.gov/people/injury/pedbimot/bike/Safe-Routes-2002/toc.html

Kids Walk to School Program, Centers for Disease Control and Prevention
www.cdc.gov/nccdphp/dnpa/kidswalk/

Walkability Check List, Pedestrian and Bicycle Information Center, Partnership for a Walkable America, U.S. Department of Transportation, and U.S. Environmental Protection Agency
www.walkinginfo.org/walkingchecklist.htm

SAFETY & INJURY PREVENTION

Safe Kids Coalition of Oklahoma
www.oksafekids.org/

Injury Prevention Curriculum
www.riskwatch.org

Children's Safety Network
www.childrenssafetynetwork.org/

American Academy of Pediatrics
www.aap.org/family/tippmain.htm

American Trauma Society
www.emsc.nysed.gov/facplan/HealthSafety/child_safety.html

SCHOOL GARDENING

Children's Gardens in Which to Learn and Grow
www.pods.dasnr.okstate.edu/docushare/dsweb/Get/Document-1075/F-6402web.pdf

Oklahoma Ag in the Classroom
www.agclassroom.org/ok

School Gardens, The Department of Horticultural Sciences Texas A&M University
www.aggie-horticulture.tamu.edu/nutrition/schoolgardens/schgard.html

A Garden in Every School, California Department of Education
www.cde.ca.gov/ls/nu/he/garden.asp

SCHOOL HEALTH

Centers for Disease Control, Division of Adolescent & School Health
www.cdc.gov/HealthyYouth/

Center for Health and Care in Schools
www.healthinschools.org/home.asp

American School Health Association
www.ashaweb.org/

School Health Resources
www.schoolhealth.org/

SCHOOL HEALTH COUNCILS (HEALTHY & FIT SCHOOL ADVISORY COMMITTEES)

Action for Healthy Kids, School Health Advisory Councils
www.actionforhealthykids.org/resources_topic.php?topic=21

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils, American Cancer Society
www.schoolwellnesspolicies.org/resources/AguideToCommunitySchoolHealthCouncils.pdf

Effective School Health Advisory Councils: Moving from Policy to Action, Public Schools of North Carolina
www.schoolwellnesspolicies.org/resources/NC_SHAC_FINAL.pdf

SCHOOL MEALS

Action for Healthy Kids, School Meal Programs
www.actionforhealthykids.org/resources_topic.php?topic=20

Healthy School Meals Resource System, U.S. Department of Agriculture
www.healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=1

Lunch Lessons: Changing the Way We Feed Our Children
www.lunchlessons.org/

School Nutrition Dietary Assessment Study-II, a U.S. Department of Agriculture study of the foods served in the national School Lunch Program and the School Breakfast Program

www.cspinet.org/nutritionpolicy/SNDAlIfind.pdf

Local Support for Nutrition Integrity in Schools, American Dietetic Association

www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_3779_ENU_HTML.htm

Nutrition Services: an Essential Component of Comprehensive Health Programs, American Dietetic Association

www.eatright.org/ada/files/Servicesnp.pdf

Healthier US School Challenge, U.S. Department of Agriculture

teamnnutrition.usda.gov/HealthierUS/index.html

Breakfast for Learning, Food Research and Action Center

www.frac.org/pdf/breakfastforlearning.PDF

School Breakfast Scorecard, Food Research and Action Center

www.frac.org/School_Breakfast_Report/2004/

Got Breakfast Foundation

www.gotbreakfast.org/

SCHOOL WELLNESS POLICY

U.S.D.A. Food and Nutrition Service

www.teamnnutrition.usda.gov/Healthy/wellnesspolicy.html

Action for Healthy Kids

www.actionforhealthykids.org/resources_wp.php

School Nutrition Association

www.schoolnutrition.org/Index.aspx?id=1075

Oklahoma State Department of Education Child Nutrition Program

www.sde.state.ok.us/home/defaultie.html, Site Index, Child Nutrition Programs, Wellness Policy Resources

National Alliance for Nutrition and Activity

www.schoolwellnesspolicies.org/WellnessPolicies.html

SCREEN TIME

TV Turnoff Network

www.tvturnoff.org/

Why Reduce Screen Time

www.depts.washington.edu/tvhealth/reduce.htm

STAFF WELLNESS

Action for Healthy Kids, Staff Wellness Programs

www.actionforhealthykids.org/resources_topic.php?topic=22

School Staff Wellness, National Association of State Boards of Education

www.schoolwellnesspolicies.org/resources/SchoolStaffWellness.pdf

School Employee Wellness, A Guide to Protecting the Assets of our Nation's Schools

www.schoolempwell.org/

Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small, Partnership for Prevention

www.prevent.org/images/stories/Files/publications/Healthy_Workforce_2010.pdf

Well Workplace Workbook: A Guide to Developing Your Worksite Wellness Program, Wellness Councils of America

www.welcoa.org/wellworkplace/index.php?category=7

SUBSTANCE ABUSE

Oklahoma Department of Mental Health and Substance Abuse Services

www.odmhsas.org/menthealth.htm
www.odmhsas.org/subab.htm

Preventing Drug Abuse among Children and Adolescents, National Institute on Drug Abuse

www.drugabuse.gov/Prevention/Prevopen.html

Focus: Drugs and Teen Substance Abuse

www.focusas.com/SubstanceAbuse.html

National Institute on Drug Abuse

www.nida.nih.gov/Prevention/Prevopen.html

Children of Alcoholics Foundation

www.coaf.org/professionals/effects%20.htm

Not My Kid / 7th Grade Project

www.notmykid.org/parentArticles/substanceAbuse/

SUICIDE PREVENTION**Not My Kid / Project 7th Grade**

www.notmykid.org/parentArticles/suicide/

Healthy Place

www.healthyplace.com/COMMUNITIES/Depression/children_9.asp

Mental Health: A Report of the Surgeon General

www.surgeongeneral.gov/library/mentalhealth/chapter3/sec5.html

Youth Suicide Prevention

www.odmhsas.org/Prevention/YouthSuicidePrevention.htm

Youth Suicide Prevention Facts and Statistics for Oklahoma

www.health.state.ok.us/program/ahd/YSPFactPack2007.pdf

Suicide and the School

www.baltimorepsych.com/Suicide.htm

Children's Safety Network

www.childrensafetynetwork.org/default.asp

American Academy of Child and Adolescent Psychiatry

www.aacap.org/page/ww?name=Teen+Suicide§ion=Facts+for+Families

Kids Health

www.kidshealth.org/Search01.jsp

Centers for Disease Control and Prevention

www.cdc.gov/ncipc/factsheets/suicide-overview.htm

Oklahoma State Department of Health Youth Suicide Prevention

www.health.ok.gov/program/ahd/index.html

**TASTING AND COOKING****The Food Studies Institute**

www.foodstudies.org/Results/index.htm

Vermont Feed - Taste Test Guide

www.vtfeed.org/tools-resources/index.html

Cooking with Kids - Tasting Classes

www.cookingwithkids.net/What_We_Do/Tasting_Classes/

TEENAGE PREGNANCY**Healthy Teens OK! Project****Oklahoma Institute for Child Advocacy**

www.healthyteensok.org

National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

Oklahoma State Department of Health Teen Pregnancy Fact Pack

www.health.state.ok.us/program/ahd/Fact%20Pack%202007.pdf

TOBACCO**Center for Disease Control and Prevention**

www.cdc.gov/tobacco/tips4youth.htm

www.healthinschools.org/sbhcs/Tobacco/resources.htm

www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm

www.cdc.gov/TOBACCO/sgr/sgr4kids/sgrmenu.htm

Campaign for Tobacco Free Kids

www.tobaccofreekids.org/

Oklahoma State Department of Health Tobacco Use Prevention Service

www.health.state.ok.us/program/tobac/index.html

Kids Health

www.kidshealth.org/teen/drug_alcohol/tobacco/smoking.html

American Cancer Society

www.cancer.org/docroot/ped/content/ped_10_14_how_to_fight_teen_smoking.asp

Protect the Truth, Anti-tobacco education campaign

www.protectthetruth.org/truthcampaign.htm

**VENDING MACHINES/SNACKS****Healthy School Snacks, Center for Science in the Public Interest**

www.cspinet.org/nutritionpolicy/healthy_school_snacks.pdf

Action for Healthy Kids, Vending/Snack Stores

www.actionforhealthykids.org/resources_topic.php?topic=23

A guide for Healthy & Fit School Advisory Committees

Promoting Healthy Oklahoma Schools

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The complete Healthy Oklahoma Schools Manual is available online

www.fitkidsok.org

http://www.ok.gov/strongandhealthy/Where_We_Learn.html

www.sde.state.ok.us

www.health.state.ok.us/program/shcc/index.html

This publication will be updated periodically. If you would like to submit a school success story please email Oklahoma Fit Kids Coalition Program Coordinator at apittman@oica.org.

