Component: Counseling, Psychological, and Social Services
Guiding Principle: All children and families need access to quality services and programs on campus or where child is best served that address cognitive, emotional, behavioral, and social needs.

Objective 1 of 2: By August 31, 2011, estimate the percentage of school campuses in Arkansas that assure students receive needed services in all four of the above domains.

Prepared by: Christine Patterson*, Bob West,* Elisabeth Burak*
Contact: Joy Rockenbach, staff
*CHAC member

Recommendation to ADE and ADH	Rationale
1. The Child Health Advisory Committee recommends the Department of Education, Education Cooperatives and school districts collect information on service needs and availability, through review of existing records, or survey process if needed.	An assessment of currently available services is needed to identify schools and communities most in need, and to establish a baseline so that progress in meeting students' needs may be measured.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)* CASSP/System of Care members, ADE, DHS – Div. Of Behavioral Health, Arkansas Behavioral Health Commission, Nat'l Assoc. Of Social Workers, other interested groups
Resources *(Funding, time, people, materials)*

Guiding Principle: All children and families need access to quality services and programs on campus or where child is best served that address cognitive, emotional, behavioral, and social needs.

Objective 2 of 2: By July 31, 2012, increase the percentage of schools that assure students receive needed services in all the above domains by at least 20% over baseline.

Recommendations to ADE and ADH	Rationale
1. The Child Health Advisory Committee recommends ADE and DHS develop guidelines for school-based behavioral health services to promote improved access, accountability, and outcomes.	Emotional problems, such as anxiety and depression, as well as family and social challenges, are extremely prevalent among children and adolescents. Schools are in an excellent position to help identify students in need of assistance. Due to economic, family, or other personal issues, many children and youth would only be able to access necessary behavioral health and social services in a school-based setting. Alternatively, some students need school personnel to assist in referral to an appropriate community provider.
2. The Child Health Advisory Committee recommends ADE and DHS support and fund positive behavioral support training for school personnel, to help them identify and positively respond to student behavior challenges. Schools should be encouraged to select from a range of evidence-based positive behavioral support approaches.	Certain positive behavioral support programs have been found to reduce behavioral incidents that result in disciplinary referrals. Such approaches benefit the individual student and help to minimize class disruptions.
3. The Child Health Advisory Committee recommends ADH and ADE support efforts of the Children's Behavioral Health Care Commission and DHS to fund pilot System of Care communities and expanded community-based services, driven by child needs, family preferences, and community priorities (e.g. respite care, family preservation, substance abuse services)	System of Care initiatives are a potent means of serving the behavioral, emotional, and social needs of a community's youth in a comprehensive, family-centered fashion. Preliminary evaluations of pilot System of Care projects in Arkansas communities show extremely promising results.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)* CASSP/System of Care members, ADE, DHS – Div. Of Behavioral Health, Arkansas Children's Behavioral Health Commission, Nat'l Assoc. Of Social Workers, Arkansas Advocates for Children and Families, other interested groups
Resources *(Funding, time, people, materials)*

Component: Health Education
Guiding Principle: All Children need pre-K through 12th grade standards-based, skills-based health education.

Objective 1of 2: By 2012, all pre-K – 12 Arkansas public school students will receive comprehensive, standards-based, skills-based health education.
Prepared by: Michelle Justus*, Margaret Harris*,Christine Reifeiss, Kathleen Courtney
Contact: Joy Rockenbach, staff
*CHAC Members

Recommendations to ADE and ADH	Rationale
1. The Child Health Advisory Committee recommends that health teachers receive 6 hours of professional development directly related to health education every year.	Health teachers need continuing education in their field to stay up to date on current practices
2. The Child Health Advisory Committee recommends that all Arkansas public schools, grades Pre-K-12, follow the guidelines of the National Health Education Standards when developing and implementing health education curriculum in Arkansas public schools.	The Arkansas Health Education frameworks currently met national Health Education standards to ensure that all students receive BOTH standards-based AND skills-based education.

Recommendations to ADE and ADH	Rationale

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

Component: Health Education
Guiding Principle: All Children need pre-K through 12th grade standards-based, skills-based health education.

Objective 2 of 2: By 2012, Arkansas institutions of higher education will increase the capacity of professionals to teach standards-based, skills-based health education.

Recommendation to ADE and ADH	
1. The Child Health Advisory Committee recommends that institutions of higher education reinstate separate degreed programs for health education and physical education.	

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*

Resources *(Funding, time, people, materials)*

Component: Health Services
Guiding Principle: All children need quality well and sick child health services available on campus or where the child is best served.

Prepared by: Elton Cleveland*, Paula Smith*, Bob West*, Elisabeth Burak*,Tamara Baker
Contact: Joy Rockenbach, staff
*CHAC Members

Objective 1 of 3: By June 2010, identify and begin to promote "best practices" related to facilitation of health care access for children.

Recommendation	Rationale
1. The Child Health Advisory Committee recommends ADH and ADE identify and promote best practices for community partnerships that facilitate children's access to health services.	Collaboration among local health care providers, social service agencies, schools, and other involved agencies has the potential to create a seamless system of health care for children in a given community. Local authorities need guidance on best practices that will achieve that end.
Stakeholders and Partnerships *(To sustain strengths and identify opposition)* Medicaid, Arkansas Advocates for Children and Families, Natural Wonders, AR Chapter-American Academy of Pediatrics, Arkansas Academy of Family Physicians, Arkansas School Nurses Association, Arkansas Nurses Association-Advanced Practice Nurse Council, Arkansas Minority Health Commission, Coordinated School Health, Arkansas Head Start, DHS - Div. Of Child Care and Early Childhood Education, DHS – Div. Of Behavioral Health Services, Arkansas Foundation for Medical Care, other interested groups	
Resources *(Funding, time, people, materials)*	

Objective 2 of 3: By August, 2010, estimate the percentage of Arkansas school-aged children and youth who have access to comprehensive on-campus health services

Recommendations to ADE and ADH	Rationale
1. The Child Health Advisory Committee recommends ADE and ADH perform a comprehensive assessment of on-site health services available in schools in each region.	A compilation and analysis of resources by geographic region is needed to assess gaps and possible overlaps in health services so that informed recommendations for potential new school services may be made
Stakeholders and Partnerships *(To sustain strengths and identify opposition)* Medicaid, Arkansas Advocates for Children and Families, Natural Wonders, AR Chapter-American Academy of Pediatrics, Arkansas Academy of Family Physicians, Arkansas School Nurses Association, Arkansas Nurses Association-Advanced Practice Nurse Council, Finish Line Coalition, Coordinated School Health, Arkansas Minority Health Commission, Arkansas Head Start, DHS - Div. Of Child Care and Early Childhood Education, DHS – Div. Of Behavioral Health Services, Arkansas Foundation for Medical Care, other interested groups	
Resources *(Funding, time, people, materials)*	

Objective 3 of 3: By 2013, establish school wellness centers in at least 1-2 new sites.

Recommendations to ADE and ADH	Rationale
1. The Child Health Advisory Committee recommends ADE and ADH clearly define what constitutes a “wellness center,” in both conceptual and operational terms.	Confusion exists among policymakers, health and education personnel, and the general public regarding the mission of, and services provided in, a school wellness center
2. The Child Health Advisory Committee recommends ADE and ADH identify schools/communities who are most in need and most receptive to hosting wellness centers.	Successful implementation of a school wellness center demands the full support and enthusiasm of the community to be served;

	ideally the driving force originates (and is sustained) at the community level
3. The Child Health Advisory Committee recommends key stakeholders vigorously explore potential funding sources for wellness centers, both public and private.	Funding will be required to establish new wellness center sites; public funding may require legislative action
Stakeholders and Partnerships *(To sustain strengths and identify opposition)* Medicaid, Arkansas Advocates for Children and Families, Natural Wonders, AR Chapter-American Academy of Pediatrics, Arkansas Academy of Family Physicians, Arkansas School Nurses Association, Arkansas Nurses Association-Advanced Practice Nurse Council, Coordinated School Health, Arkansas Minority Health Commission, Arkansas Head Start, DHS - Div. Of Child Care and Early Childhood Education, DHS – Div. Of Behavioral Health Services, Arkansas Foundation for Medical Care, other interested groups	
Resources *(Funding, time, people, materials)*	

Component: Healthy School Environment
Guiding Principle: All children need an aesthetically pleasing school that provides a safe, healthy, and supportive environment that fosters learning.

Prepared by: Carole Garner*, Tyrone Harris*, Joe Don Parris*, Tony Thurman, Don Johnson, and Cheryl Lindly
Contact: Mary Wells, staff
*CHAC member

Objective 1 of 3: By 2015 schools will provide an environment free of unhealthy marketing practices

Recommendation to BOARD of EDUCATION	Rationale
1.The Child Health Advisory Committee recommends that banners, signage (including vending machines), equipment, etc. shall promote healthy lifestyles (including anti-tobacco) • Corporate sponsorship from businesses related to the food and beverage industry can incorporate product advertising meeting the following guidelines • Beverages • 1). Unflavored, unsweetened water • 2). 100% fruit juice • 3). Low-fat or fat-free milk • Food Items (nuts are exempt) • 1). Fat content ≤ 35% total calories, and • 2). Trans fat content ≤ 10% total calories, and • 3). Sugar ≤ 35% total package/item weight • Corporate sponsorship from an organization or business unrelated to healthy living and a healthy lifestyle may utilize their name, e.g., First State Bank of "X"	Youth spend a significant portion of their day and lives in school providing an environment that plays a critical role in shaping their dietary behaviours. High quality education services create and maintain a school environment focused on learning, protect and promote students' health and welfare and minimize the commercial exploitation of its students. The promotion of unhealthy food choices compromises the educational environment of the school setting. The Institute of Medicine has found that food marketing influences children's attitudes, preferences, food purchase requests, diets and health. In addition, studies show that labelling and signage on school campuses affect students' food selections at school.
Stakeholders and Partnerships *(To sustain strengths and identify opposition)*	
Resources *(Funding, time, people, materials)*	

Component: Healthy School Environment
Guiding Principle: All children need an aesthetically pleasing school that provides a safe, healthy, and supportive environment that fosters learning.

Objective 2 of 3: By 2015 adequate seat time shall be allowed for students to receive and consume meals in a pleasant environment.

Recommendation to BOARD of EDUCATION	Rationale
1.The Child Health Advisory Committee recommends all public schools built after 2015 with a capacity of 350 or more students shall have a cafeteria (kitchen and dining facilities) specifically for that building.	Student participation is the school meals programs will increase due to reasonable meal times and length of lunch lines. (Carole checking with Doug Eaton, ADE Facilities Coordinator to determine if there are any pending rules and/or regulations relative to this recommendation.)
2. The Child Health Advisory Committee recommends at minimum, schools shall provide students with 20 minutes of seated time for lunch consumption in a pleasant and healthy environment.	This is an USDA recommendation.
3. The Child Health Advisory Committee recommends that breakfast serving time be a minimum of 30 minutes.	This allows an adequate time for students to eat, considering their school arrival time while not holding the child nutrition accountable for scheduling outside of their control, i.e. school buses and parent transportation.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

Component: Healthy School Environment
Guiding Principle: All children need an aesthetically pleasing school that provides a safe, healthy, and supportive environment that fosters learning.

Objective 3 of 3: By 2015 schools will provide appropriate time and space for physical activity.

Recommendation to BOARD of EDUCATION	Rationale
1. The Child Health Advisory Committee recommends schools and communities develop partnerships that would promote facilities and playgrounds being accessible after school hours.	Funds are now available through the 2009 tobacco tax legislation to help schools and districts implement activities outside the school day through joint use agreements. These agreements promote community involvement and support.
2. The Child Health Advisory Committee recommends schools experiment with schedules to improve access to physical activity such as recess before lunch.	Recess before lunch improves academic performance and helps decrease behavioral problems.
3. The Child Health Advisory Committee recommends all public schools built after 2015 shall have a designated physical education facility.	Student participation is the physical education programs will increase due to availability and modernization of facilities. Appropriate facilities also help schools and districts attract better qualified teachers and staff.
4. The Child Health Advisory Committee recommends schools should develop and implement physical activities within the regular core curriculum.	Physical activity helps increase academic performance.
5. The Child Health Advisory Committee recommends playgrounds, fields, gymnasiums, and other designated areas for physical activities shall conform to ADE regulations and recommendations by NASPE.	Safe areas for physical activity are necessary for students' health and well-being and are conducive to promoting physical activity. Improved safety should save districts insurance costs. Carole checking with Doug Eaton, ADE Facilities Coordinator to determine current and pending rules and/or regulations relative to this recommendation.
Stakeholders and Partnerships *(To sustain strengths and identify opposition)*	
Resources *(Funding, time, people, materials)*	

STRATEGIES

STRATEGIES	Steps
1. The Child Health Advisory Committee shall work with schools and school districts through various mechanisms, i.e. coordinated school health initiatives, grantees, etc. to improve the content of fund raisers for school organizations occurring during the declared school day and/or off campus so that they will consist of only non-food or healthy food and beverage items. A potential exception might be Arkansas Activities Association sanctioned events.	

Component: Nutrition Services
Guiding Principle: All children need nutritious, affordable, and appealing meals served in an environment that promotes healthy eating behaviors. Children also need standards-based nutrition education.

Prepared by: Charlotte Davis*, Carole Garner*, Michelle Justus*, and Sheila Brown
Contact: Mary Wells, staff
*CHAC member

Objective 1 of 1: By 2012 all students will have equal access to healthy meal opportunities.

Recommendation to BOARD of EDUCATION	Rationale
1.The Child Health Advisory Committee recommends all school a la carte lines offering entree items must also provide all necessary components to meet the requirements of a reimbursable meal.	Enhancing the food and beverage items available on the a la carte line will improve the nutritional quality and nutritional variety for all students and not just the ones receiving free and reduced meals. In addition, it will increase district revenue.
2. The Child Health Advisory Committee recommends that the Arkansas Department of Education Child Nutrition Unit encourages and promotes the use of locally-grown produce in all Child Nutrition Programs. Training and technical assistance will be provided on an ongoing basis.	Farm to school programs provide an approach to connecting small farms to the school meal programs, encourages small farmers to sell fruits and vegetables to schools, and supports school in their efforts to buy locally. The program increases school/community involvement and improves students' knowledge of the food supply and careers.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

Component: Physical Education and Physical Activity
Guiding Principle: All children need comprehensive pre-K through 12th grade quality, standards-based physical education by a licensed professional that promotes lifelong physical activity.

Prepared by: Barbara Kumpe*, Patsy Smith*, Karen Young*, Debby Woods, Mark Oliver
Contact: Joy Rockenbach, staff
*CHAC member

Objective: 1 of 2: To improve the health and safety of students engaged in physical education and physical activity in Arkansas public schools.

Recommendations to BOARD of EDUCATION	Rationale
1. The Child Health Advisory Committee recommends 3 hours of professional development be required and provided for faculty and staff in basic first aid and safety.	
	Rationale: All faculty and staff may be present when a medical emergency occurs and need to know what steps to take.
2. The Child Health Advisory Committee recommends that 3 hours professional development be required and provided for Physical Education instructors on lifetime physical activity.	
	Rationale: Children need instruction on the importance of physical activity for their entire life and strategies on how to do this.
3. The Child Health Advisory Committee recommends safe, plentiful hydration for all school children during physical education and physical activity.	Strategy: Regular, planned water breaks should come from safe sources. Athletes should be allowed to hydrate beyond prescribed breaks and have convenient access to fluids. Rehydration fluids with electrolytes shall be provided if exercise is longer than 2 hours with excessive sweating, cramping or student shows signs of dehydration.
	From the Interassociation Task force on Exertional Heat Illnesses Consensus Statement (see American College of Sports Medicine website) Rationale: Dehydration can occur quickly in a hot, humid climate and the risk of morbidity and mortality is high.
4. The Child Health Advisory Committee recommends that safe places, both indoor and outdoor, be provided for physical activity and Physical Education classes.	Rationale: Minimizing and preventing injury during physical activity is important for all children.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

Component: Physical Education and Physical Activity
Guiding Principle: All children need comprehensive pre-K through 12th grade quality, standards-based physical education by a licensed professional that promotes lifelong physical activity.

Objective: 2 of 2: To improve the overall health, well being and learning capability of Arkansas children by increasing opportunity for physical activity in public schools.

Recommendations to BOARD of EDUCATION	Rationale
1. The Child Health Advisory Committee recommends that teachers guide students in movement/physical activities for at least two minutes after every one hour of seated time.	Rationale: 1) Pooling of blood in the legs from staying in the seated position for prolonged periods can cause blood clots, which are potentially dangerous. 2) Taking a physical break can help blood circulate into the brain, while giving a "mental break". This refreshes the child and allows them to be able to focus on their academic work much better.
2. The Child Health Advisory Committee recommends that Arkansas public schools return to the long term goal of physical activity of 150 minutes per week for elementary and 225 minutes per week for secondary by the year 2013.	Rationale: The ***2008 Physical Activity Guidelines for Americans*** published by the U.S. Department of Health and Human Services recommend that **children and adolescents, ages 6 to 17, should have 1 hour (60 minutes) or more of physical activity every day**. For children and adolescents, <u>the evidence is strong</u> that this will provide • Improved cardiorespiratory endurance and muscular fitness • Favorable body composition • Improved bone health • Improved cardiovascular and metabolic health biomarkers

Recommendations to BOARD of EDUCATION	Rationale
	The evidence is moderate that it will provide • Reduced symptoms of anxiety and depression The National Association of State Boards of Education recommends 150 minutes per week of PE for elementary students and 225 minutes per week for middle and high school students. (National Association of State Boards of Education. *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*. Alexandria, VA: National Association of State Boards of Education; 2000) Project SPARK (Sports, Play, and Active Recreation for Kids Curriculum) looked at increasing physical activity through modified PE and classroom-based teaching on health and skill fitness. Physical activity levels increased during PE classes, and fitness levels in girls improved as a result. It is interesting to note that, despite a significant increase in PE class time, there was no interference with academic attainment, and some achievement test results improved. A recent review of the literature suggests that school-based physical activity programs may modestly enhance academic performance in the short-term, but additional research is required to establish any long-term improvements. There does not seem to be sufficient evidence to suggest that daily physical activity detracts from academic success. (American Academy of Pediatrics **Council on Sports Medicine and Fitness and Council on School Health** PEDIATRICS Vol. 117 No. 5 May 2006, pp. 1834-1842)
3. The Child Health Advisory Committee recommends that the Arkansas Department of Education and the Arkansas Department of Health expand the opportunities for grants for schools to use for physical activity that encompasses all	Rationale: Schools in the state may take advantage of these grants to improve their school's physical activity opportunities.

Recommendations to BOARD of EDUCATION	Rationale
student populations on school grounds. In addition, provide education about other funding opportunities for physical activity and education.	

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

Component: Staff Wellness
Guiding Principle: All children need a faculty and staff who model healthy behaviors.

Prepared by: Charlotte Davis*, Margaret Harris*, and Jada Walker*
Contact: Mary Wells, staff
*CHAC member

Objective 1 of 3: Faculty/staff hear consistent healthy messages at the workplace.

Recommendation to ADE and ADH	
1.The Child Health Advisory Committee recommends signage with positive health messages in prominent or high traffic locations (such as bathroom, vending machines in faculty area and faculty-staff lounge)	

Recommendation to ADE and ADH	
2.The Child Health Advisory Committee recommends wellness topics, particularly fitness and nutrition, are included at least annually in faculty and staff orientations or in-service trainings.	
3.The Child Health Advisory Committee recommends Wellness Committees distribute announcements of available non-profit wellness education opportunities in the community with staff and faculty.	

Stakeholders and Partnerships *(To sustain strengths and identify opposition)* School principals and superintendents; higher education (who can provide training and resources); food service; maintenance personnel; health educators; fitness trainers/gyms; nutritionists
Resources *(Funding, time, people, materials)* People can include faculty from higher education/local health oriented businesses (such as personal trainers) to help with resources and curricula; grants; possibly grocery stores/caterers who might donate or work with schools regarding healthy snacks

Component: Staff Wellness
Guiding Principle: All children need a faculty and staff who model healthy behaviors.

Objective 2 of 3: Faculty/staff are provided with an environment and opportunities conducive to making healthy behavior choices.

Recommendation to ADE and ADH	
1.The Child Health Advisory Committee recommends vending machines in faculty-staff area include at least 50% healthy choices.	
2.The Child Health Advisory Committee recommends faculty/staff be given access to school facility opportunities to engage in	

Recommendation to ADE and ADH	
physical activity during or immediately before or after the declared school day.	

Stakeholders and Partnerships *(To sustain strengths and identify opposition)* Staff (who will utilize resources); maintenance personnel/vending management in schools; principals; administration; possibly security
Resources *(Funding, time, people, materials)* Dependent on available school facilities

Component: Staff Wellness
Guiding Principle: All children need a faculty and staff who model healthy behaviors.

Objective 3 of 3: Faculty/staff engage students in and facilitate healthy behaviors.

Recommendation to ADE and ADH	
1.The Child Health Advisory Committee recommends faculty and staff model healthy behaviors for students.	

Recommendation to ADE and ADH	

Stakeholders and Partnerships *(To sustain strengths and identify opposition)* Principals, administration, teachers and staff (nurses,etc) who will buy in; opposition is teachers who may not be willing to change their own behaviors
Resources *(Funding, time, people, materials)*

Component: Family and Community Involvement
Guiding Principle: All children are more likely to succeed when families, schools, and communities work in partnership.

Prepared by: Elisabeth Burak*, Dee Cox*, Kathy McFetridge*, and Laura McDowell
Contact: Mary Wells, staff
*CHAC member

Objective 1 of 1: Increase the likelihood of partnerships among schools, families, and communities.

Recommendation to ADE and ADH	Rationale
1.The Child Health Advisory Committee recommends utilizing joint use agreements to allow communities to use school facilities after school hours.	The use of school facilities will increase “safe places” in the community that families and communities can use. Will help improve the quality of life for families and communities. The community will be able to easily identify what is available for their use.
2.The Child Health Advisory Committee recommends strengthening and integrating relationships and activities among	Strengthening and integrating these relationships and activities will bring together all components of CSH to be more effective at meeting the health needs of our children and families.

Recommendation to ADE and ADH	Rationale
Wellness Committees, wellness planning (e.g., ACSIP plans), and coordinated school health components.	
3. The Child Health Advisory Committee recommends promoting school and community partnerships which help to engage entire families in wellness activities (e.g., Boys and Girls Clubs, child care programs, pre-K, or other groups partnering with schools).	Promotion of school and community partnerships will help strengthen efforts being made.

Stakeholders and Partnerships *(To sustain strengths and identify opposition)*
Resources *(Funding, time, people, materials)*

STRATEGIES

STRATEGIES (EXTERNAL)	Steps
1. ADE will draw up joint use agreement guidance that the schools can use that addresses: liability, supervision, building cleanliness, staffing, etc. (Recommendation 1). 2. Each school will have a resource directory to let the community know what space is available for their use (Recommendation 1). 3. School wellness committees, CSH, and all involved will meet bimonthly to keep everyone engaged (Recommendation 2). 4. School wellness committees will evaluate activities regarding ACSIP plans bimonthly (Recommendation 2).	

STRATEGIES (EXTERNAL)	Steps
5. School wellness committees will plan for quality improvement (Recommendation 2).	